

**Reporting Period:** Quarter 3 – Period 1<sup>st</sup> October 2025 – 31<sup>st</sup> December 2025

## 1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the second quarter of 2025/26 for service areas within the remit of the Health & Social Care Policy and Performance Board. These areas include:

- Adult Social Care (including housing operational areas) *NB. There is limited data available for Q3.*
- Public Health

## 2.0 Key Developments

2.1 There have been a number of developments within the Adults & Public Health Directorates during the second quarter which include:

### Adult Social Care

#### **Halton Adult Social Care (ASC) Workforce Strategy**

A Halton wide ASC Workforce Strategy has been developed and was agreed at Executive Board in October 2025. The strategy sets out how we can meet the challenges that ASC currently face by building a workforce that is resilient, skilled, and truly valued; where people are supported to stay, to grow, and to make a lasting difference. Work will now be progressed on the Strategy's implementation, including the establishment of an associated Steering Group to provide the necessary direction required.

#### **Re-tender of the Single Homelessness Supported Accommodation Service (Halton Lodge, Brennan Lodge)**

The re-tender exercise for this service is currently in a period of extended standstill, owing to a letter of claim received by the incumbent provider. Adult Social Care is working closely with Legal to respond to the letter of claim.

#### **Cessation of Halton Borough Council's Community Meals Service**

Work is underway to prepare for the cessation of the Council's Community Meals service on 31<sup>st</sup> March 2026. The multi-disciplinary group are continuing to meet on a monthly basis to review progress. Service Users are being contacted by Care Management to explore options for alternative meals provision. No new referrals are being accepted into the service. HBC staff impacted by redundancy have been formally put at-risk and employment contracts for the staff impacted by the cessation of the service will end on 31<sup>st</sup> March 2026. In terms of commissioning, the contract with Apetito to provide ready meals will end on 30<sup>th</sup> June 2026.

## **Homelessness Strategy**

A review of the homelessness strategy is underway, consultation with service users and providers completed. Draft version of strategy is to be presented to SMT for approval 28<sup>th</sup> January 2026.

## **Youth Protocol / Strategy**

Joint review of youth protocol completed with Children's Services to develop a clear pathway plan for young people when presenting as homeless. The youth strategy is also being reviewed and a draft version will be presented to SMT for approval February 2026

## **Rough Sleeper Strategy**

The rough sleeper strategy 2022 – 2026 is due for review and presently underway. Upon completion a draft version will be presented to SMT in March 2026 for approval.

## **Grant Funding Allocation.**

The Local Authority has received confirmation of homelessness grant funding for period 2026 – 2029, which identifies a yearly uplift. A report will be presented to SMT January 2026 to outline proposed funding allocation for the continuation of services.

## **Learning Disability Strategy**

The final version of the learning disability strategy and an easy read version were agreed by the ALD Partnership Board in October. Work continues on the action plan and will be taken to ALD Partnership Board in April for final sign off.

## **Housing Strategy**

Consultation on the Council's housing strategy, which has a strong focus on supported housing, closed in November. An action plan is being developed for implementation of the strategy, and will be presented to Management Team together with a report highlighting any potential resource implications.

The supported housing development at the Panorama site, Castle Road, Runcorn is no longer being progressed. PossAbilities were looking to develop a 17 unit 'own front door' scheme on the site, but due to increasing build costs and potential rent restrictions the scheme is no longer financially viable.

## **Public Health**

Halton has been selected as a pilot site for NHS dental services, with Talking Teeth dental practice in Widnes offering routine care to vulnerable residents. Referrals have been coordinated through partnerships with the youth justice team and 0–19 services, ensuring that individuals without a regular dentist can access care.

Executive Board approved the direct award to Axess (current sexual health provider) via joint commissioning with Warrington Borough Council. Warrington being the lead commissioning authority.

Long-Acting Reversible Contraception (LARC) pilot began in October. This is to provide improved access within Primary Care / Community / Women's Health Hubs service models, LARC for gynaecological indications including, Heavy Menstrual Bleeding (HMB) Endometriosis, endometrial protection as part of a Hormone Replacement Therapy (HRT) regime.

Halton's Health Improvement Team is collaborating with Sport England, Merseyside Sports Partnership, Halton Borough Council Leisure Services, and the local VCFSE sector to develop a

system-wide approach to increasing physical activity. In September, Halton hosted its first stakeholder engagement event which was a huge success, with over 120 partners from across the system attending to feed into how Halton can develop a system approach to physical activity.

In July we held a launch event at the Stadium for our new 1:1 support service offer *Stronger for Longer* for people aged 55 and over who are struggling with loneliness and isolation, this provides a clear, structured 12 week programme of support tailored to an individual client's needs. The event covered the improvements made, how local groups and front-line professionals can refer into the new service and how we'd like to work closely with them moving forward. The event was very well attended with services ranging including Adult Social Care, Library Services, Community Development and a large amount of 3rd sector organisations such as Red Cross and Age UK.

### **3.0 Emerging Issues**

3.1 A number of emerging issues have been identified during the second quarter that will impact upon the work of the Adults & Public Health Directorates including:

#### **Adult Social Care**

##### **Adult Social Care (ASC) Commissioning Strategy for Care and Support**

The current ASC Commissioning Strategy, which is intended to outline our commissioning intentions for care and support within the Borough is due to end in March 2026. Work will therefore be taking place over the next couple of months to develop a new Commissioning Strategy. The Strategy itself will be seen as a transactional document which will bring together, in one place, intentions which have been identified via several sources e.g. through development of the Learning Disability Strategy etc. The commissioning intentions will aim to support residents, unpaid carers and their families to have access to the right services and information, advice and guidance to make good decisions about the care and support they need.

##### **Fair Pay Agreement Process in ASC**

As part of implementing the Employment Rights Bill, at the end of September 2025, the Government opened a consultation to gather views on the process for establishing a Fair Pay Agreement in ASC. This consultation is due to close on 16<sup>th</sup> January 2026.

##### **Tender of the Homeless Families Supported Accommodation Service (Grangeway Court)**

Work is being undertaken to prepare for a tender exercise for a new integrated service and will be subject to the new Procurement Regulations (2023). Work is being undertaken with Children's directorate and Corporate services (Community Safety) to expand the Service Specification to include 12 additional accommodation units at Grangeway Court that will be utilised for Domestic Abuse. It is proposed that there will be one, single support provider for the whole site (26 units of accommodation). A separate tender for refurbishment works for the additional 12 units of accommodation at Grangeway Court (currently in disuse) is currently live and the refurbishment works will run alongside the tender for the service provider. It is anticipated that the new contract will commence on 1<sup>st</sup> December 2026. Adult Social Care will lead on the commissioning of the new integrated service and will work alongside Children's and Community Safety throughout the tender process. It is proposed that there will be joint contract management once the service is in place, led by Adult Social Care, in conjunction with Community Safety.

## **Asylum / Refugee Homelessness**

Due to the change in discontinuation notice period from 56 days to 28 days this has resulted in an increase in presentations from asylum seekers receiving positive refugee decisions. Many clients do not meet the homelessness criteria, resulting in an increase in rough sleeping within the Borough and further legal challenges, which can prove costly to the Local Authority. It is anticipated that there will continue to be an increase across this cohort which is being closely monitored.

## **Public Health**

Our Health Protection team and Environmental Health team have been working with Emergency Planning and the Cheshire Resilience Form on a national exercise preparing for the next Pandemic. There will be some important learning from this exercise on how we can ensure that Halton Borough Council is aware of its duties and how to protect the local population. Key emerging issues are there needs to be an adequate amount of PPE available and therefore sufficient space to store this.

The public health intelligence team have produced a report on healthy eating in Halton that takes a look at the factors that impact on this issues.

<https://www3.halton.gov.uk/Documents/public%20health/JSNA/Healthy%20eating.pdf>

Key barriers to incorporating healthy foods in diets include:

- Cost of healthy food/ Cost of living
- High density of fast-food outlets
- Low nutritional literacy
- Limited cooking skills
- Food deserts in deprived area

The report concludes: Addressing the barriers to healthy eating requires a collaborative, multi-sectoral approach that ensures all residents, regardless of age, income, location understand how to nourish their bodies. By investing in nutrition education, improving food access, and supporting community-led initiatives, Halton can build a healthier, more resilient population for generations to come.

## **4.0 Risk Control Measures**

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of Directorate Business Plans, services were required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Registers.

## **5.0 Progress against high priority equality actions**

There have been no high priority equality actions identified in the quarter.

## **6.0 Performance Overview**

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Directorates. It should

be noted that given the significant and unrelenting downward financial pressures faced by the Council there is a requirement for Departments to make continuous in-year adjustments to the allocation of resources in order to ensure that the Council maintains a balanced budget. Whilst every effort continues to be made to minimise any negative impact of such arrangements upon service delivery they may inevitably result in a delay in the delivery of some of the objectives and targets contained within this report. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

## **Adult Social Care**

### **Key Objectives / Milestones**

<b>Universal Prevention &amp; Wellbeing:</b> Universal Services that connect people with their communities		
<b>Ref</b>	<b>Milestones</b>	<b>Q2 Progress</b>
DO1.1	Creation of a Universal offer for Wellbeing	
DO1.2	Evaluation from service users, carers and families and partners to feed into service development and commissioning processes	
DO1.3	Proportion of people aged 65 and over discharged from hospital into reablement and who remained in the community within 12 weeks of discharge (ASCOF 2D)	
DO1.4	Proportion of Carers in receipt of Direct Payments	
DO1.5	Proportion of Carers who receive self-directed support	

### **Supporting Commentary**

<b>Ref</b>	<b>Supporting Commentary</b>
DO1.1	Data not available for Q3
DO1.2	Data not available for Q3
DO1.3	Data not available for Q3
DO1.4	Data not available for Q3
DO1.5	Data not available for Q3

**Independent at Home:** Timely interventions that focus on strengths, wellbeing and independence. A responsive and co-ordinated offer of support in times of crisis or escalating need.

Ref	Milestones	Q2 Progress
DO2.1	Percentage of people who are signposted to services	u
DO2.2	Proportion of people who received short-term services during the year - who previously were not receiving services where no further request was made for ongoing support (ASCOF 2A)	u
DO2.3	Proportion of people aged 65 and over discharged from hospital into reablement and who remained in the community within 12 weeks of discharge (ASCOF 2D)	u
DO2.4	Number of People admitted into Reablement Service	✓
DO2.5	Number of people admitted into Intermediate Care Beds	✓

### Supporting Commentary

Ref	Supporting Commentary
DO2.1	Data not available for Q3
DO2.2	Data not available for Q3
DO2.3	Data not available for Q3
DO2.4	2024/25 Actual = 520 2025/26 Target = 520 2025/26 Q3 = 139  Cumulative figures (April'25 – December'25) = 369. Currently on track to achieve 2025/26 target.
DO2.5	2024/25 Actual = 161 2025/26 Target = 160 2025/26 Q3 = 43  Cumulative figures (April'25 – December'25) = 122. Currently on track to achieve 2025/26 target. The aim for 2025/26 is to maintain the 2024/25 level of admissions made into the Oakmeadow Intermediate Care Beds.

**Care in the Home:** Providing support in people's own homes, which is personalised, safe, and compassionate, creating an enabling environment for them to thrive, including for those with Complex Needs.

Ref	Milestones	Q2 Progress
DO3.1	Proportion of people who are supported in their own homes.	✓
DO3.2	DO3.2: Proportion of people who receive long-term support who live in their home or with family (ASCOF 2E)	u
DO3.3	Proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed (ASCOF 4B)	✓
DO3.4	Proportion of people using social care who receive self-directed support, and those receiving direct payments (ASCOF 3D)	u

### Supporting Commentary

Ref	Supporting Commentary
DO3.1	Data not available for Q3
DO3.2	Data not available for Q3
DO3.3	Data not available for Q3
DO3.4	Data not available for Q3

**Good, Local, Affordable, Quality Care:** Developing a care and support market, that provides choice, sufficiency and person-centred care

Ref	Milestones	Q2 Progress
DO4.1	Develop & Publish Halton Adult Social Care Market Position Statement.	✓
DO4.2	Work with providers on the effective deployment of the Market Sustainability Improvement Funding.	✓
DO4.3	New accommodation provision – increased number of “own front door” services.	u
DO4.4	Number of adults with learning disabilities who are in paid employment	u
DO4.5	Blended model of care (digital tech) to improve flexibility and independence and realise savings	u

### Supporting Commentary

Ref	Supporting Commentary
DO4.1	Data not available for Q3
DO4.2	Data not available for Q3
DO4.3	No new provision to date, but development with Halton Housing on schedule to deliver a 10 unit own front door scheme by September 2026.
DO4.4	Data not available for Q3
DO4.5	Data not available for Q3

### **A Confident, Sufficient and Skilled Workforce:** A skilled workforce that is recognised, respected and valued

Ref	Milestones	Q2 Progress
DO5.1	Development of Workforce Strategy	<input checked="" type="checkbox"/>
DO5.2	Proportion of staff in the formal care workforce leaving their role in the past 12 months (ASCOF 6A)	<input type="checkbox"/> u

### Supporting Commentary

Ref	Supporting Commentary
DO5.1	Workforce Strategy has been developed and was signed off by Executive Board in October 2025. Work will now focus on Strategy's implementation. Terms of Reference for an associated Steering Group has been drafted, and work will continue on development of an associated implementation plan.
DO5.2	2024/25 Actual = 150 2025/26 Target = TBA 2025/26 Q4 = NA The 2024/25 Actual figure has been updated and includes permanent and temporary staff leaving their role. This is an annual submission from the Adult Social Care Workforce Data Set; information will not be available until the submission has been validated. 2025/26 data will be published in April 2026.

## Public Health

### Key Objectives / Milestones

Service Objective 1: Child health												
Linked Indicators: PH02, PH03												
Milestone	Q3 Progress	Supporting Commentary										
Working with partner organisations to improve the development, health and wellbeing of children in Halton and to tackle the health inequalities affecting that population.	<input checked="" type="checkbox"/>	<p><b>0-19 Contract</b></p> <p>Overall, the most recent quarterly performance information (Q2) demonstrates a strong and increasingly integrated focus on improving child health outcomes across the 0-19 pathway, with good delivery of mandated contacts, strong safeguarding and SEND contributions (100% compliance with EHCNA), and clear evidence of impact in early intervention, emotional wellbeing and school health. Key strengths include sustained delivery of public health interventions (e.g. anxiety support, oral health, NCMP digitalisation, infant feeding, and PIMH), high levels of multi-agency working (CIN, MAP and safeguarding), and positive family feedback, alongside improving workforce stability with all key vacancies now recruited to. Notable developments include the digitalisation of NCMP, the 3-3.5 year integrated review pilot and strengthened 2-year review pathway, and significant progress in Parent Infant Mental Health and Start for Life offer, including new groups, pathways and a published evaluation. Infant feeding remains a strategic priority with ongoing work towards Gold standard, workforce expansion, earlier contact points (3-week contact) and strong community engagement, although data shows a modest short-term dip in breastfeeding continuation which is being actively addressed. The Family Nurse Partnership service continues to perform well with low attrition, good immunisation and breastfeeding outcomes.</p>										
	<input checked="" type="checkbox"/>	<p><b>Infant Feeding</b></p> <p>The infant feeding offer continues to offer weekly drop-in support groups, in addition to home visits and telephone support in the postnatal period, plus antenatal contact and workshops. HIT work closely with the Infant Feeding Specialist from Halton 0-19 team to offer joined-up universal and specialist services.</p> <table border="1"> <tr> <td>Women supported with <b>breastfeeding</b></td> <td>86</td> </tr> <tr> <td>of whom were supported via <b>home visits</b></td> <td>52</td> </tr> <tr> <td>Women supported with <b>safe formula feeding</b> via phone</td> <td>71</td> </tr> <tr> <td>Women attending <b>breastfeeding support groups</b></td> <td>27</td> </tr> <tr> <td>Parents attending <b>infant feeding drop-ins</b></td> <td>53</td> </tr> </table>	Women supported with <b>breastfeeding</b>	86	of whom were supported via <b>home visits</b>	52	Women supported with <b>safe formula feeding</b> via phone	71	Women attending <b>breastfeeding support groups</b>	27	Parents attending <b>infant feeding drop-ins</b>	53
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Expectant parents attending <b>antenatal infant feeding workshop</b>	19
Expectant parents successfully contacted in <b>antenatal period via phone</b>	104
Parents attending <b>Introducing Solid Foods</b> workshops	64
New settings joining <b>Breastfeeding Welcome scheme</b>	13
'Mammals and Milk' <b>school workshops</b> delivered	11
<b>Pupils</b> participating in 'Mammals and Milk' workshops	290

### **Parent workshops**

**HENRY Programme (preventing obesity for under 5s)** facilitated jointly by HIT and 0-19 staff.

Outcome data reports demonstrate consistent improvements in parenting confidence score and lifestyle scores by those completing courses. This quarter we delivered one 8-week programme, with **9 parents completing**. In addition to **15 parents** attending one-off HENRY workshops.

7 Halton practitioners attended 4-day training for **HENRY Healthy Families Growing Up (5-12 years)** this quarter. We are planning to launch delivery of this programme in Q4 predominantly in schools.

**HIT Parent workshops:** **12 parents** attended online parent workshops on sleep and screens, and physical activity and sugars.

### **Healthy Schools and Healthy Early Years**

At start of the 2025-26 academic year in September, we begin to re-engage schools with the **Healthy Schools award** for. This academic year, we are introducing **Gold, Silver and Bronze awards**. Bronze is a basic award for participation, Silver is for schools who evidence that they meet at least 15/18 criteria for whole school approaches to health and wellbeing, and schools achieve Gold if they demonstrate a commitment and actions to implement whole-school approaches to healthy weight.

In Q3, **19 schools** (29%) completed their **annual visit**. We delivered **29 pupil workshops** to a total of **560 children** (excluding 'Mammals and Milk' workshops already counted above). **10 pupils** completed a **School Council** campaign, facilitated by HIT.

We continue to engage early years settings and childminders to achieve or renew the Halton Healthy Early Years award (HHEYS). **15 settings/childminders achieved their award** this quarter.

The **Supervised Toothbrushing** programme continues to expand, with **29 staff from 5 settings** attending training. As a result, **238 additional children** can participate in the scheme.

		<p><b><u>Teen Lifestyle Programme</u></b></p> <p><b>27 young people</b> commenced on the Teen Lifestyle and Leisure Programme. This programme is for eligible 13-19 year olds, aligned with Core20Plus5 priorities. Young people receive support from a health coach over the phone and via What's App and receive a 3-month funded gym pass upon completion of baseline appointment. All <b>27</b> new starters live in <b>IMD 1-2</b>.</p> <p>For young people who fully engage with monthly progress calls with their health coach, they are granted a further 3 months funded gym pass. <b>14 young people progressed</b> on to a further 3 months on the programme this qua</p>
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<p><b>Service Objective 2: Adult weight and physical activity</b></p> <p><b>Linked Indicators: PH04, PH05</b></p>		
Milestone	Q3 Progress	Supporting Commentary
Reduce levels of adult excess weight (overweight and obese) and adult physical inactivity	<input checked="" type="checkbox"/>	<p><b>Fresh start</b> During <b>Quarter 3, 356</b> referrals were made into the service. This is an <b>decrease</b> on the previous quarter. The service target is to get at least 70% of those referred to engage with the program. This would equate to number 249 of patients. Of those who was referred during <b>quarter 3, 84</b> patients have so far recorded an initial contact, a further 39 have appointments booked, and <b>50 are awaiting action</b>. The Fresh Start service has a target to ensure 50% of those who have been referred onto the program achieve 12 weeks on the program and lose 5% of the starting weight. For <b>quarter 3</b> this number of patients should be <b>80</b> who started the service in <b>quarter 2</b>. This <b>quarter, 63</b> patients completed 12 weeks which is <b>39%</b></p> <p><b><u>Exercise on prescription</u></b></p> <p>During quarter 3, 370 referrals were made into the service. This is a decrease of 21% on referrals in the previous quarter. The service target is to get at least 70% of those referred to engage with the program. This would equate to 259 number of patients. Of those who was referred during <b>quarter 3, 232</b> patients have so far recorded an initial consultation. This equals 62.3% percentage of patients. This is an <b>increase</b> on the number of patients who started the service in the previous quarter.</p>

		<p>The Exercise on Prescription service has a target to ensure 50% of those who have been referred onto the program achieve 12 weeks on the program and all should improve some form of functional outcome. Functional improvements could improve strength, balance, sit to stand, timed get up and go, quality of life improvement or wellbeing improvement. For <b>quarter 3</b> the number of patients should be <b>106</b>, who started the service in <b>quarter 2</b>. This <b>quarter</b>, 88 patients have so far completed 12 weeks which is <b>41.5%</b> percentage.</p> <p>During Q3 Halton received notice that they have been successful in a funding bid from Sports England to invest in a place based expansion project to develop a system approach to increasing physical activity. Funding should be received during Q4. HIT have attended various meeting to promote this work and gain insights and buy in from partners which there has been a lot of interest across the system.</p>
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Service Objective 3: NHS Health Checks		
Linked Indicators: PH06		
Milestone	Q3 Progress	Supporting Commentary
Ensure local delivery of the NHS Health Checks programme in line with the nationally set achievement targets and locally set target population groups.	<input checked="" type="checkbox"/>	<p>Halton's invite target per quarter is to send 1900 invites. During Q3 2025/26 2017 invites were sent which is 26.5% of the yearly target achieved. Based on the number of invites sent there is a national target of 75% uptake of patients invited who should have a health check completed. This would equal 1512 patients for us in Halton. During Q3 1044 health checks were completed, which is a 66.4% uptake. From the number of health checks completed 497 people have been referred onto either primary care for clinical follow up or lifestyle services for behaviour change. This means that 49.5% of health checks completed have been referred on.</p>

		The NHS Health Check service has identified data following NHS Health Checks on the uptake of statin use as an area to work on and have met with Primary Care and ICB colleagues to plan how to support statin uptake to reduce cholesterol levels within the population. Work is ongoing.
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Service Objective 4: Smoking																												
Linked Indicators: PH07																												
Milestone	Q3 Progress	Supporting Commentary																										
Reduce smoking prevalence overall and amongst routine/manual and workless groups and reduce the gap between these two groups.	✓	<p><b>Quitting data from 01/04/2025 – 31/12/2025: Q1 &amp; Q2 &amp; Q3</b></p> <table border="1"> <tbody> <tr> <td><b>Total Referrals</b></td> <td><b>1,052</b></td> </tr> <tr> <td><b>Total Set a Quit Date</b></td> <td><b>669</b></td> </tr> <tr> <td><b>Engagement Rate</b></td> <td><b>64%</b></td> </tr> <tr> <td><b>Total Quit</b></td> <td><b>347</b></td> </tr> <tr> <td><b>Current Quit Rate</b></td> <td><b>52%</b></td> </tr> <tr> <td><b>However, still awaiting 4 week outcomes for 44 clients in Q3 so quit rate will change</b></td> <td><b>44</b></td> </tr> <tr> <td><b>Unemployed/Never Worked Set a Quit Date</b></td> <td><b>73</b></td> </tr> <tr> <td><b>Unemployed/Never worked Quit</b></td> <td><b>29</b></td> </tr> <tr> <td><b>Current Quit Rate</b></td> <td><b>40%</b></td> </tr> <tr> <td><b>However, still awaiting 4 week outcomes for 7 clients in Q3 so quit rate will change</b></td> <td><b>7</b></td> </tr> <tr> <td><b>Sick/Disabled/Unable to Return to Work Set a Quit Date</b></td> <td><b>191</b></td> </tr> <tr> <td><b>Sick/Disabled/Unable to Return to Work Quit</b></td> <td><b>93</b></td> </tr> <tr> <td><b>Current Quit Rate</b></td> <td><b>49%</b></td> </tr> </tbody> </table>	<b>Total Referrals</b>	<b>1,052</b>	<b>Total Set a Quit Date</b>	<b>669</b>	<b>Engagement Rate</b>	<b>64%</b>	<b>Total Quit</b>	<b>347</b>	<b>Current Quit Rate</b>	<b>52%</b>	<b>However, still awaiting 4 week outcomes for 44 clients in Q3 so quit rate will change</b>	<b>44</b>	<b>Unemployed/Never Worked Set a Quit Date</b>	<b>73</b>	<b>Unemployed/Never worked Quit</b>	<b>29</b>	<b>Current Quit Rate</b>	<b>40%</b>	<b>However, still awaiting 4 week outcomes for 7 clients in Q3 so quit rate will change</b>	<b>7</b>	<b>Sick/Disabled/Unable to Return to Work Set a Quit Date</b>	<b>191</b>	<b>Sick/Disabled/Unable to Return to Work Quit</b>	<b>93</b>	<b>Current Quit Rate</b>	<b>49%</b>
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<b>Routine/Manual Quit</b>	<b>63</b>											
<b>Current Quit Rate</b>	<b>54%</b>											
<b>However, still awaiting 4 week outcomes for 4 clients so quit rate will change</b>	<b>4</b>											
		<p>Overall <b>378/669</b> clients setting a quit date this year (<b>2025-2026</b>) so far are from workless and routine &amp; manual groups. This equates to <b>56%</b> majority.</p> <p>Overall <b>185/378</b> clients quitting this year (<b>2025-2026</b>) are from workless and routine&amp; manual groups. This equates to a current quit rate of <b>49%</b> with 4 week outcomes still required for <b>25</b> clients</p>										

<b>Service Objective 5: Suicide reduction</b>		
<b>Linked Indicators: PH08, PH09</b>		
Milestone	Q3 Progress	Supporting Commentary
Work towards a reduction in suicide rate	<input checked="" type="checkbox"/>	We continue to work closely with partners and Champs on the Zero Suicide Agenda and consistently drive Halton's action plan to contribute to reduction in suicides. The latest suicide audit is complete and will be used to refresh the local action plan. A draft suicide action plan has been

		<p>developed along with a draft suicide prevention strategy. Work is underway to create an engagement event on Worlds Suicide prevention day in September for partners and public to contribute to the new strategy and action plan. The new Real Time Surveillance QES system has been implemented by Champs. Further development of the system is planned to enable local areas to request real time information from key partners to understand whether the deceased was known to them enabling learning to take place in real time. Easy read version of Self harm work booklets developed for staff working with Children and Young People are now available. World Suicide prevention day: Collaboration with James Place to raise awareness of the lifesaving support for men in suicidal crisis. <b>31</b> attendees; <b>40</b> viewed the recording. Real Time Surveillance notifications for <b>Q3 2025/2026</b> is <b>2</b> which is the same for <b>Q3 for 2023/2024</b> however we wouldn't receive notifications for deaths of Halton residents that happen outside of Cheshire and Merseyside so Real Time Surveillance notifications for both periods could be higher than 2. National suicide rates provided by Fingertips public Health profiles demonstrate a probable increase in suicide rates for males aged 25-44 and a probable decline for males aged 45-64 for the period 2020-2024. However suicide rates are based on dates coroners inquests concluded the death was a suicide and not the date the death occurred. Delays in coroners inquests impact suicide rates as significant numbers of deaths occurred outside of the time period stated.</p>
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<b>Service Objective 6: Older people</b>		
<b>Linked Indicators: PH10, PH11</b>		
<b>Milestone</b>	<b>Q3 Progress</b>	<b>Supporting Commentary</b>

Contribute to the reduction of falls of people aged 65 and over and reduction in levels of social isolation and loneliness.	<input checked="" type="checkbox"/>	<p>In quarter 3, Stronger for Longer received 34 referrals. 14 assessments were completed. Of the 5 clients who finished the 12 week Stronger for Longer programme, 60% reported an increase in accessing social activities in the community and 80% reported an improvement in loneliness, measured indirectly using the ONS loneliness score. 100% of clients who completed the 12 week programme achieved or partially achieved at least one of their initial goals, therefore improving an aspect of their health and wellbeing.</p> <p>Following assessment, 36% of clients were suitable for and agreed to an Exercise on Prescription referral contributing to reducing the risk of falls of people aged 65 and over.</p> <p>Engagement in community events has dropped slightly, with 130 attendees across the events in Quarter 3, however there were 18 new attendees this quarter which is promising. Looking ahead to quarter 4 we have established a new collaboration with Adult Day Services to increase the healthy food offering at Get Togethers, alongside some tweaks to the activities on offer at the events. The events will have background music rather than live entertainment to allow attendees socialise, with the aim of reducing loneliness, as well as giving time for short introductory activities and signposting to activities in the community which attendees could continue as healthy living choices.</p>
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<b>Service Objective 7: Poverty</b>		
<b>Linked Indicators: PH12</b>		
<b>Milestone</b>	<b>Q3 Progress</b>	<b>Supporting Commentary</b>

<p>To increase awareness of fuel poverty and drive change to tackle the issue through better understanding of services available across Halton (staff and clients).</p>	<input checked="" type="checkbox"/>	<p>In partnership with Halton VCA we have brought together local community groups to relaunch a local food provision network. The network consists of community groups from the area that offer any form of food provision, community growers and any organisations offering connected support such as affordable cooking sessions. The main aims of the network are to secure the sustainability of the groups in the network, supporting them with locations and working together to secure a supply of affordable food remains in place. From our initial meetings we have begun to map all available outlets in the area which has helped to identify some gaps in provision and some smaller local groups that we can approach to help connect them to the wider offer.</p> <p>Work is ongoing at a local and regional level to work on new ways of integrating the support available for fuel poverty and improving home conditions within the care offer for those with health conditions exacerbated by cold homes. Partners in the area met at a Merseyside fuel poverty conference in November to discuss the impact different processes have had. Current schemes include sharing data with partners, including screening questions around fuel poverty within triage for those with certain conditions and taking advantage of co-location to offer holistic support together.</p>
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<b>Service Objective 8: Sexual health</b>		
<b>Linked Indicators: PH13, PH14</b>		
<b>Milestone</b>	<b>Q3 Progress</b>	<b>Supporting Commentary</b>

<p>To continue to provide an easily accessible and high quality local sexual health service, ensuring adequate access to GUM and contraceptive provision across the Borough, whilst reducing the rate of sexually transmitted infections and unwanted pregnancies.</p>	<input checked="" type="checkbox"/>	<p><b><u>Sexual Health Contract</u></b></p> <p>Overall, the contract continues to demonstrate good operational resilience and a strong focus on prevention and population health. Activity levels remain robust, with the service maintaining throughput despite workforce pressures, and there is clear evidence of continued improvement in outreach and engagement, particularly with young people and vulnerable groups. The provider is delivering an increasingly comprehensive prevention offer, including PrEP, vaccinations, HPV catch-up and targeted community initiatives, and is showing a positive commitment to service development through digital innovation, new delivery models and improved communications. Workforce development is being actively progressed, with successful recruitment to specialist roles and a growing internal skills base, and safeguarding governance remains well embedded. Taken together, this provides assurance that the service is clinically safe, strategically aligned and continuing to modernise while maintaining day-to-day performance.</p> <p><b>Contraception-</b></p> <p>95.3% of Halton pharmacies are registered to deliver an oral contraceptive service, with 76.5% actively delivering the service, which includes emergency contraceptive services.</p> <p><b>Reducing STI Rates-</b></p> <p>Axess continues to deliver sexual and reproductive health advice to Halton residents. Halton continues to experience higher reported rates of STIs than the England average, reflecting long-standing deprivation and testing patterns. Total new STI diagnoses have not shown a statistically significant reduction year-on-year in the latest published dataset. However, there are early positive signals in specific areas, particularly among younger people, which align with prevention activity.</p> <p><b>HIV Rates-</b></p>
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		<p>The Government published the HIV Action Plan for England 2025–2030 on 1 December 2025, setting out how health and care systems, including Halton's sexual health service, will work together to end new HIV transmissions by 2030. The plan focuses on prevention, testing and treatment, alongside tackling stigma and improving the quality of life for people living with HIV. It is structured around five priorities: preventing HIV transmission through equitable access to prevention services; scaling up testing; rapidly linking and retaining people in effective treatment; supporting people living with HIV to thrive by addressing stigma; and strengthening collaboration across the health system to improve HIV and wider sexual health outcomes.</p> <p>Key actions include commissioning a new HIV Prevention England programme, continuing opt-out blood-borne virus testing in emergency departments, expanding digital HIV testing via the NHS App, and launching the first national retention and re-engagement initiative to support people living with HIV to stay in care.</p>
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<b>Service Objective 9: Drugs and alcohol</b>		
<b>Linked Indicators: PH15, PH16</b>		
Milestone	Q3 Progress	Supporting Commentary
Work in partnership to reduce drug and alcohol related hospital admissions.	<input checked="" type="checkbox"/>	<p>The 2025 service review of Halton's adult drug and alcohol treatment service, delivered by CGL, was commissioned to assess performance, quality, outcomes and value for money ahead of the current contract ending in 2027, using a comprehensive mixed-methods approach including service user and partner feedback, benchmarking and performance analysis. The review found a high-performing and good-value service operating in the context of rising demand, with a 19% increase in people in structured treatment, a 47% rise in new presentations, outstanding CQC</p>

	<p>ratings, strong alcohol and opiate recovery outcomes, and high satisfaction from service users and partners, although challenges remain around high caseloads, drop-out rates, and weaker outcomes for non-opiate and some alcohol cohorts. The review concludes that while the core service is strong and well-regarded, system-wide improvements are needed, particularly in dual-diagnosis pathways, holistic recovery support (housing, employment and volunteering), and multi-agency working, and recommends strengthening performance monitoring, improving communication of the full service offer, managing workforce pressures, and embedding these priorities into commissioning and partnership governance arrangements.</p> <p>The Ketamine Task and Finish Group was established in early 2025 in response to growing local and national concern about rising ketamine use and associated harms, particularly among young adults, including bladder damage, mental health impacts and links to vulnerability and exploitation. The multi-agency group brings together public health, treatment services, local authority, police, education and hospital partners to coordinate a system-wide response. Since its inception, the group has improved needs assessment, data sharing and surveillance, developed a coordinated action plan, agreed clear referral and clinical pathways, and progressed targeted work across schools and other settings and frontline services. It is also continually working to ensure professional awareness and training, aligned enforcement and licensing approaches, and embedded ketamine within wider substance misuse and harm reduction strategies. This work has moved the system from fragmented activity to a more coherent, preventative response, with delivery now focused on implementation, scaling impact and monitoring outcomes.</p> <p>Audit C screenings are delivered during Health Checks, Stop Smoking consultations and Lifestyle Advisor sessions to clients across Halton. During Q1 and Q3 Health Trainers/Health Check Officers have delivered <b>2,047 Audit C screenings</b> in workplaces, GP practices and in the community. During Q1 and Q3 Lifestyle Advisors have delivered <b>131 Audit C Screenings</b></p>
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and during Q1, 2, and 3 the Stop Smoking Service have delivered **403**  
**Audit C screenings** with clients wishing to stop smoking.

Total combined **Audit C screenings delivered = 2,581**

Ref	Description	Actual 2024/25	Target 2025/26	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
PH01a	Healthy life expectancy at birth: females (years)	58.6 (2020-22)	58.8 (2019-21)	56.8 (2021-23)			2021-23 data showed a significant drop since 2020-22 of almost 2 years in healthy life expectancy. This will have been largely the result of the Covid-19 pandemic but also the cost of living crisis.
PH01b	Healthy life expectancy at birth: males (years)	58.6 (2020-22)	58.8 (2019-21)	56.6 (2021-23)			2021-23 data showed a significant drop since 2020-22 of 2 years in healthy life expectancy. This will have been largely the result of the Covid-19 pandemic but also the cost of living crisis.
PH02	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	61.2% (2023/24)	TBC*	62.2% (2024/25)			The Halton percentage increased in 2024/25. Halton performs below the England average. Data is released annually.
PH03	Health Visitor new births visits (% of new births receiving a face to face visit by a Health Visitor within 14 days)	90.1% (2024/25)	90% (standing target)	89.5% (Q1-2 2025/26)			The 2024/25 data has seen an increase from 2023/24, and has met the target of 90%. The Q1-2 percentage is similar to the 2024/25 level.
PH04	Prevalence of adult excess weight (% of adults estimated to be overweight or obese)	72.7% (2022/23)	72.0% (2023/24)	73.6% (2023/24)			Adult excess weight increased each year since 2020/21 and did not meet the target in 2023/24. Data is published annually by OHID.
PH05	Percentage of physically active adults	62.8% (2022/23)	62.8% (2023/24)	63.2% (2023/24)			Adult physical activity increased slightly in 2023/24, but is below the England average of 67.4%. Data is published annually by OHID.

Ref	Description	Actual 2024/25	Target 2025/26	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
PH06	Uptake of NHS Health Check (% of NHS Health Checks offered which were taken up in the quarter)	60% (2024/25)	60% (2025/26)	70% (Q1-2 2025/26)			Q1-2 2025/26 data has seen an increase in uptake from 2024/25 so far, and is on course to meet the target.
PH07	Smoking prevalence (% of adults who currently smoke)	13.7% (2023)	13.0% (2024)	8.5% (2024)			Smoking levels decreased in 2024 and met the target. Prevalence between 2020 and 2023 was revised as part of the 2024 update Data is published annually.
PH08	Deaths from suicide (directly standardised rate per 100,000 population)	15.4 (2022-24)	TBC* (2023-25)	n/a			The suicide rate increased during 2021-23 and 2022-24 and is now statistically higher than the England average. Official data is published annually over a three year period and provisional local data for 2023-25 will be available during Q4 2025/26.
PH09	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	224.4 (2023/24)	TBC* (2023/24)	179.4 (2024/25 provisional)			Provisional 2024/25 data shows the rate of self-harm admissions has reduced since 2023/24. Data is available annually.
PH10	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2,144 (2023/24)	TBC* (2023/24)	2,194 (2024/25 provisional)			Provisional data shows there have been a similar number of falls injuries in 2024/25 compared to 2023/24. Halton's rate in 2023/24 was statistically similar to the England average. Data is available annually.

Ref	Description	Actual 2024/25	Target 2025/26	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
PH11	Social Isolation: percentage of adult social care users who have as much social contact as they would like (age 65+)	36.2% (2022/23)	TBC*	40.7% (2023/24)	u	↑	The proportion of adult social care users having as much social contact as they would like increased in 2023/24. Data is available annually.
PH12	Fuel poverty (low income, low energy efficiency methodology)	12.4% (2021)	12.0% (2023)	10.7% (2023)	✓	↑	Fuel poverty has improved in Halton since 2020 and is slightly below the England average. Data is published annually but has not been updated since 2023.
PH13	New sexually transmitted infections (STI) diagnoses per 100,000 (excluding chlamydia under 25)	405 (2023)	399 (2024)	365 (2024)	✓	↑	New STI rates decreased in 2024 and rates are consistently better than the England. Data is published annually.
PH14	Long acting reversible contraception (LARC) prescribed as a proportion of all contraceptives	49.2% (2023/24)	50% (2024/25)	50.9% (2024/25)	✓	↑	Data 2024/25 shows a slight improvement on the 2023/24 annual figure and has met the target.
PH15	Admission episodes for alcohol-specific conditions (Directly Standardised Rate per 100,000 population)	922 (2023/24)	TBC*	1,008 (2024/25)	u	↓	Provisional data shows the alcohol-specific admissions rate has increased during 2024/25.
PH16	Successful completion of drug treatment (non-opiate)	24.9% (2024/25)	TBC*	26.1% (Oct 2024 – Sept 2025)	u	↑	The Halton figure increased in 2024/25 and met the target. Data from Oct 2024 to Sept 2025 shows the percentage has increased slightly from 2024/25.

\* We are awaiting the final publication of the national Local Government Outcomes Framework and will then review indicators and targets in line.

## Appendix 2: Financial Statements

### Appendix 3 Financial Statements

#### COMMUNITY CARE

##### Revenue Budget as at 30th November 2025

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
<b>Expenditure</b>					
Residential & Nursing	21,977	12,809	12,885	(76)	(169)
Domiciliary Care & Supported living	16,703	10,487	10,792	(305)	(488)
Direct Payments	15,665	10,528	10,608	(80)	(115)
Day Care	712	438	406	32	52
<b>Total Expenditure</b>	<b>55,057</b>	<b>34,262</b>	<b>34,691</b>	<b>(429)</b>	<b>(720)</b>
<b>Income</b>					
Residential & Nursing Income	-13,081	-7,610	-7,620	10	14
Community Care Income	-3,115	-1,747	-1,659	(88)	(140)
Direct Payments Income	-1,034	-540	-636	96	163
Income from other CCGs	-471	-230	-230	0	0
Market sustainability & Improvement Grant	-2,796	-1,864	-1,864	0	0
Adult Social Care Support Grant	-6,102	-4,068	-4,068	0	0
War Pension Disregard Grant	-54	0	0	0	0
<b>Total Income</b>	<b>-26,653</b>	<b>-16,059</b>	<b>-16,077</b>	<b>18</b>	<b>37</b>
<b>Net Operational Expenditure</b>	<b>28,404</b>	<b>18,203</b>	<b>18,614</b>	<b>(411)</b>	<b>(683)</b>

#### Comments on the above figures:

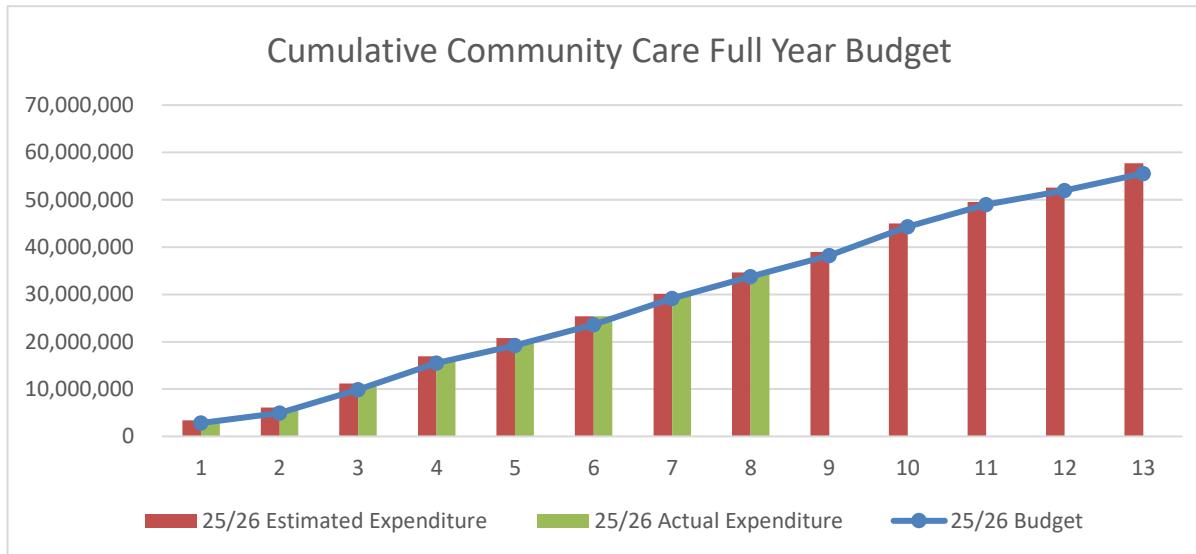
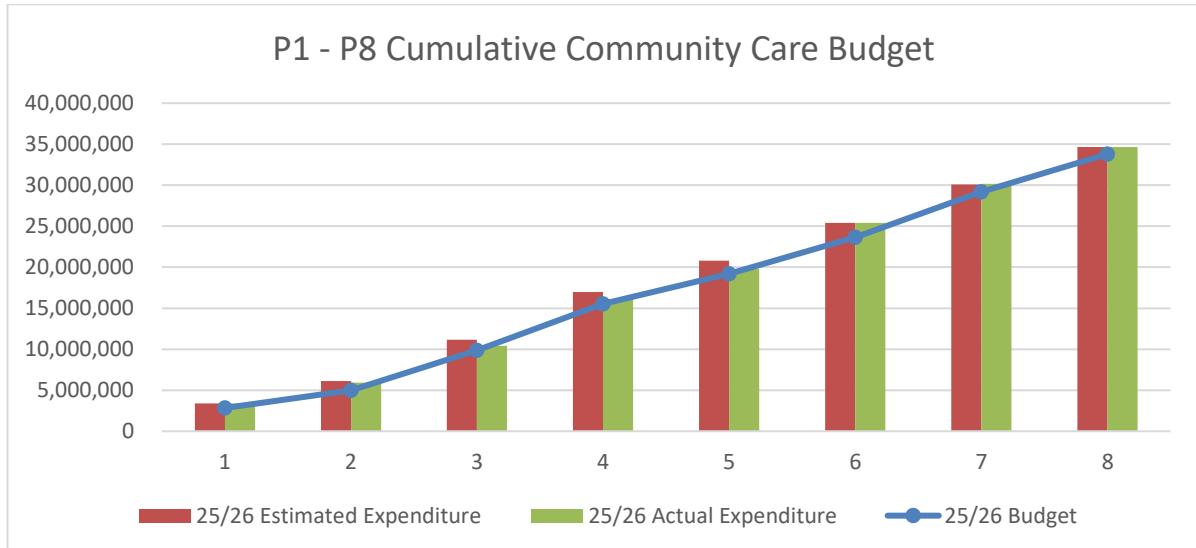
The net spend position for the community care budget at the end of November 2025 is currently £0.411m over the available budget and the year-end anticipated spend is forecast to be £0.683m over planned budget.

In September the expected year-end forecast was reduced from £2.627m to £2.315m due to the impact of the recovery plan. The forecast has since been reduced further to £0.683m by capitalising qualifying staffing and equipment costs against the Disabled Facility Grant (DFG) enabling revenue budget to be utilised against community care budget pressures. Additionally the pool budget has released £0.400m toward this budget's financial performance. Recovery meetings continue and currently focus is on the following areas to try to reduce spend further:-

- Review 1 to 1 packages of care for appropriateness
- Identify and signpost new 15 minute packages of domiciliary care (medicine prompts) which should be commissioned and funded by health under the Care Act.
- Ensure assessments carried out on discharge from hospital are complete and appropriate
- Maximise internal care home capacity

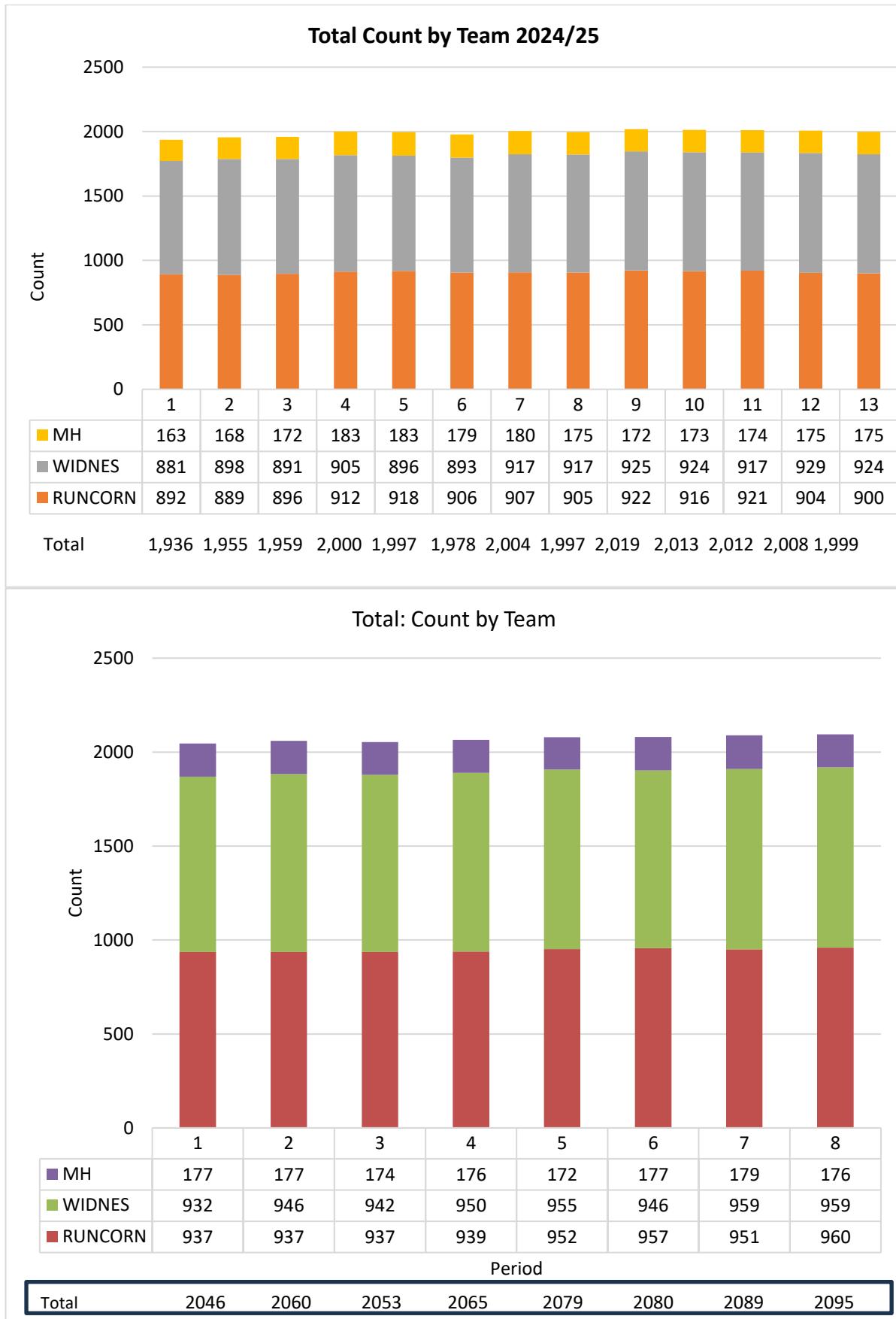
The graphs below show actual spend against expected spend and planned budget. In November actual spend is in line with predicted spend.

## Appendix 2: Financial Statements



The graphs below show the total numbers of service users for all services as a whole, residential/nursing, domiciliary/supported living and direct payments. The average total count for 2024/25 was 1,991 and the average for 2025/26 is currently 2,071 an increase of 4%. Numbers across the teams this year are pretty static and there have been no major changes.

## Appendix 2: Financial Statements

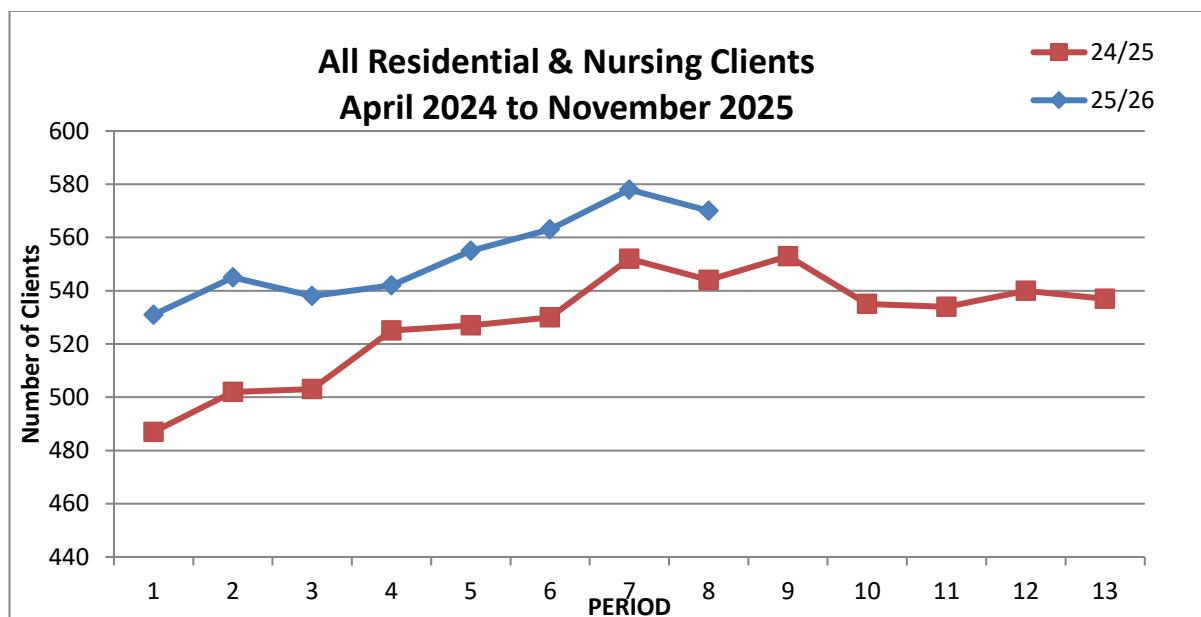


## Appendix 2: Financial Statements

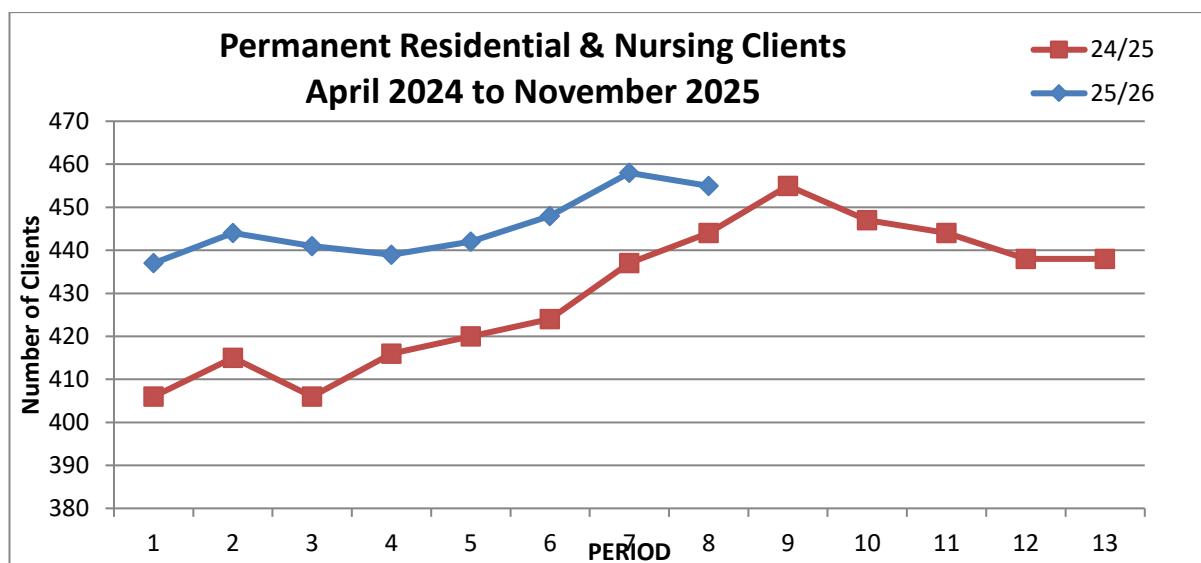
Further analysis of individual service budgets is provided below.

There are currently 570 residents in external residential/nursing care as at the end of November 2025. Compared to the 2024/25 average of 520 this is an increase of 9.6%. The average cost of a package of care is currently £949.76 compared to £850.24 at the end of 2024/25 an increase of 11.7%. Supplementary invoice payments so far amount to £0.509m.

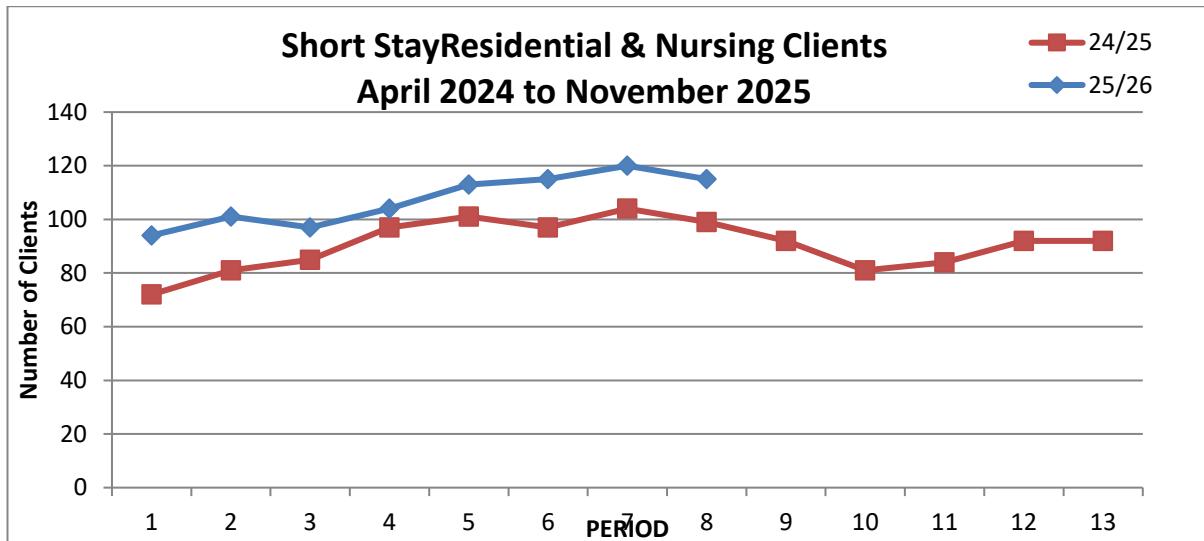
The graph below illustrates the demand for all residential and nursing placements.



The above external care home data can be further split out to show short stay and permanent placements as in the graphs below.



## Appendix 2: Financial Statements

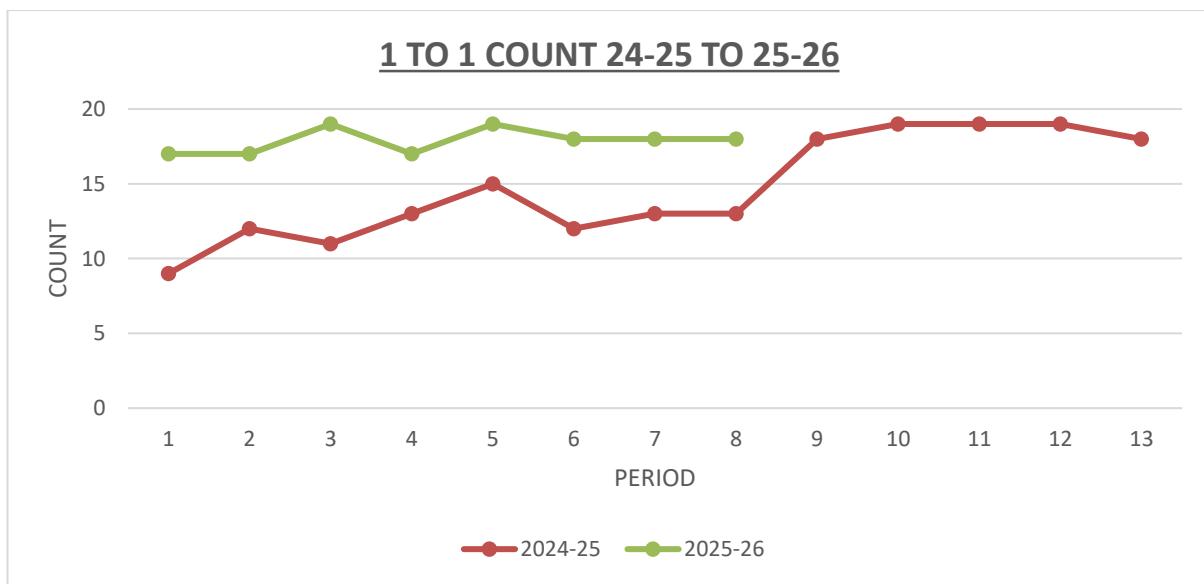


### 1 to 1 Support In Care Homes

Payments for 1 to 1 support continue to exert pressure on the budget. These are generally to mitigate the risk from falls particularly on discharge from hospital. The full year cost for 2024/25 was £837,882.

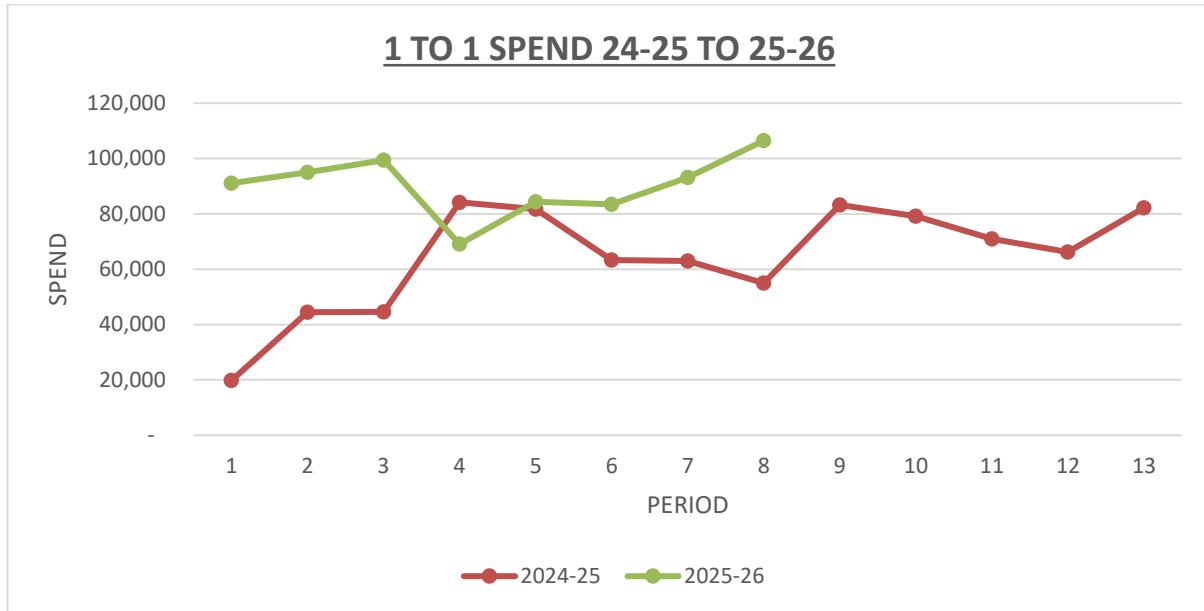
The graph below shows the count of service users receiving 1 to 1 care by period. Currently there are 18 compared to 13 at the same point last year. This is an increase of 38%. It is expected that these should reduce as packages continue to be reviewed, however commissioning of new packages with a 1:1 care element are resulting in numbers remaining high.

Care homes are providing monitoring reports as part of the review process to establish if there is a need for 1 to 1 care.



The following graph shows the spend on 1 to 1 care by period. This shows that the monthly spend dropped sharply in July as packages were reviewed and 1 service user became continuing healthcare funded. However, spend has continued to increase. This needs to be addressed otherwise the anticipated cost for 1 to 1 care at the current rate will be circa £1.2m at the end of the financial year.

## Appendix 2: Financial Statements



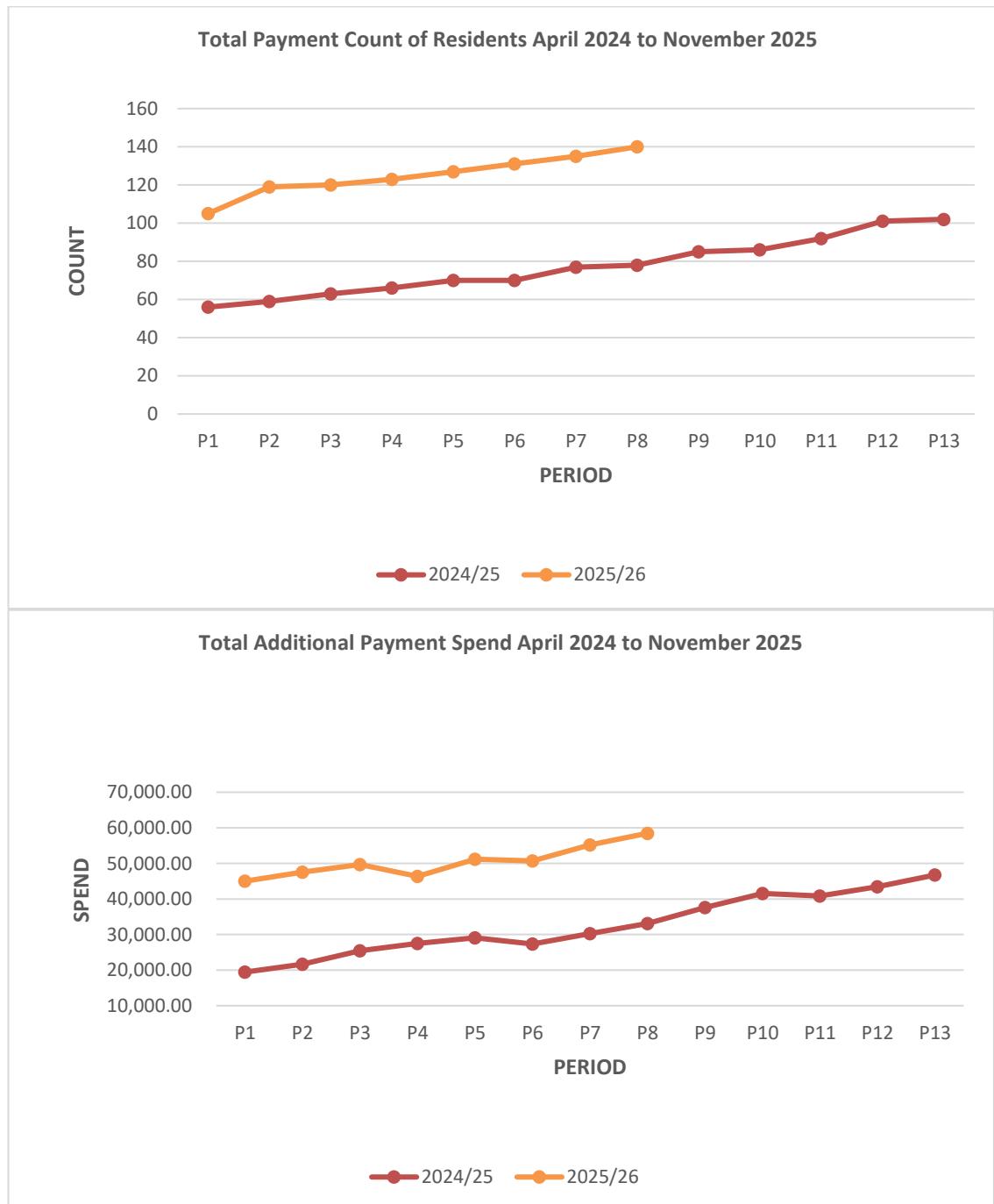
## Appendix 2: Financial Statements

### Additional Payments 2025/26

Additional payments to providers rose sharply throughout the last financial year, both in and out of the borough. These are where the care home charges an additional amount on top of the contracted bed rate. The cost of this for 2024/25 was £0.424m.

The graphs below illustrate the count and spend of service users with an additional payment by period.

This clearly shows a steady increase in numbers and costs for 2025/26, the spend up to November is £0.405m. If numbers and costs remain the same, the forecast spend for the year will be approximately £0.696m.



## Appendix 2: Financial Statements

### High Cost Packages

The number of permanent packages of care over £1k per week are tabled below:

Weekly Cost £	No of Permanent PoCs							
	PERIOD 1	PERIOD 2	PERIOD 3	PERIOD 4	PERIOD 5	PERIOD 6	PERIOD 7	PERIOD 8
1000-1999	60	61	61	57	55	55	61	58
2000-2999	23	28	25	27	31	31	32	32
3000-3999	6	6	6	6	7	7	7	8
4000-4999	9	8	8	8	8	8	8	9
5000-5999	5	5	5	5	6	6	6	5
6000-6999	2	2	3	3	3	4	3	2
7000-7999			1	1	1	1		1
8000-8999	1	1	1					
>10,000								
<b>Total</b>	<b>106</b>	<b>111</b>	<b>110</b>	<b>107</b>	<b>111</b>	<b>112</b>	<b>117</b>	<b>115</b>
 Over £1,000 Out of Borough	76	80	81	78	79	83	87	84
 Over £1,000 Joint Funded	47	48	51	51	52	54	56	45

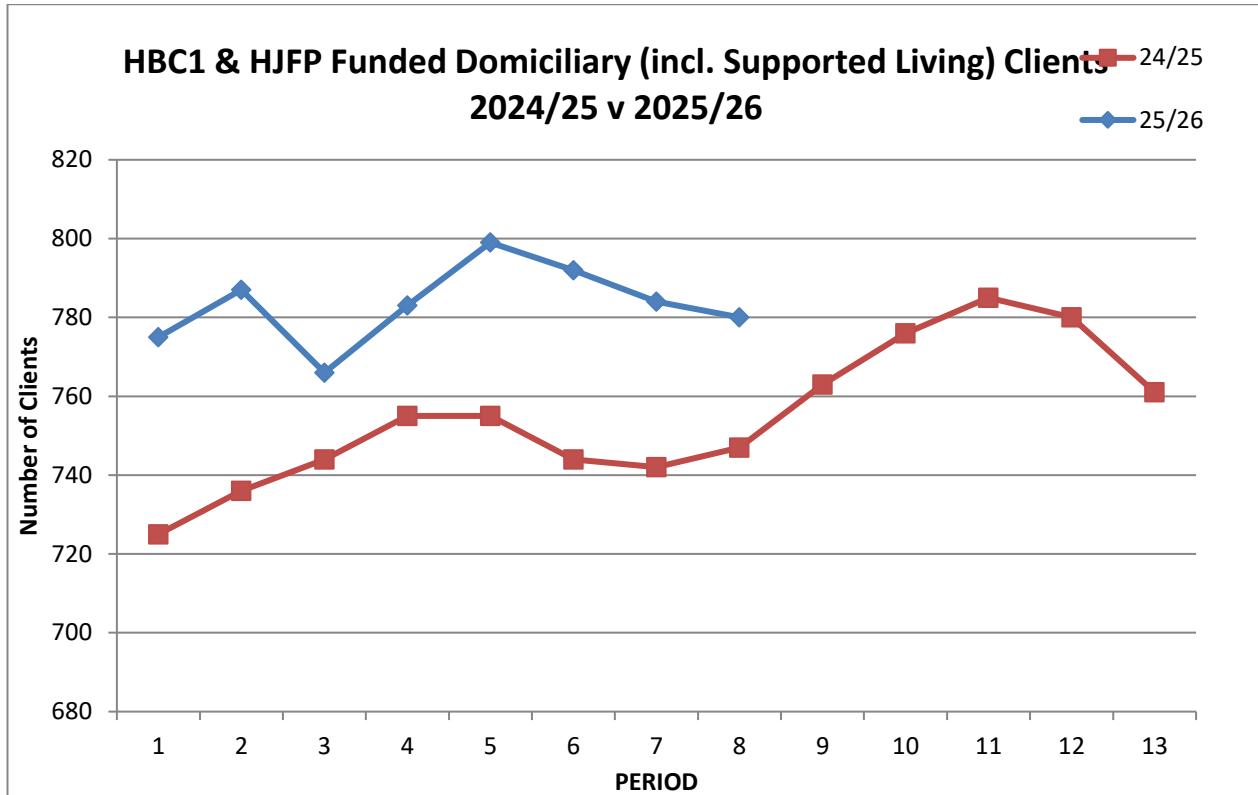
Since the beginning of the financial year the number of permanent packages over £1k has increased from 106 to 115. Out of borough placements over £1k have increased by 10.5% from 76 to 84. Joint funded packages of care over £1k has reduced by 4.2% from 47 to 45. The weekly care charge has increased from £0.250m in April to £0.283m in November, an increase of 13.2%

### Domiciliary Care & Supported Living

As at November there are 780 service users receiving a package of care at home, compared to the average in 2024/25 of 754, an increase of 3.4%. The average cost of a package of care is currently £537.15 compared with the average of £450.64 in 2024/25 an increase of 19.19%.

The graph below illustrates the demand for the service from April 2024 to November 2025.

## Appendix 2: Financial Statements

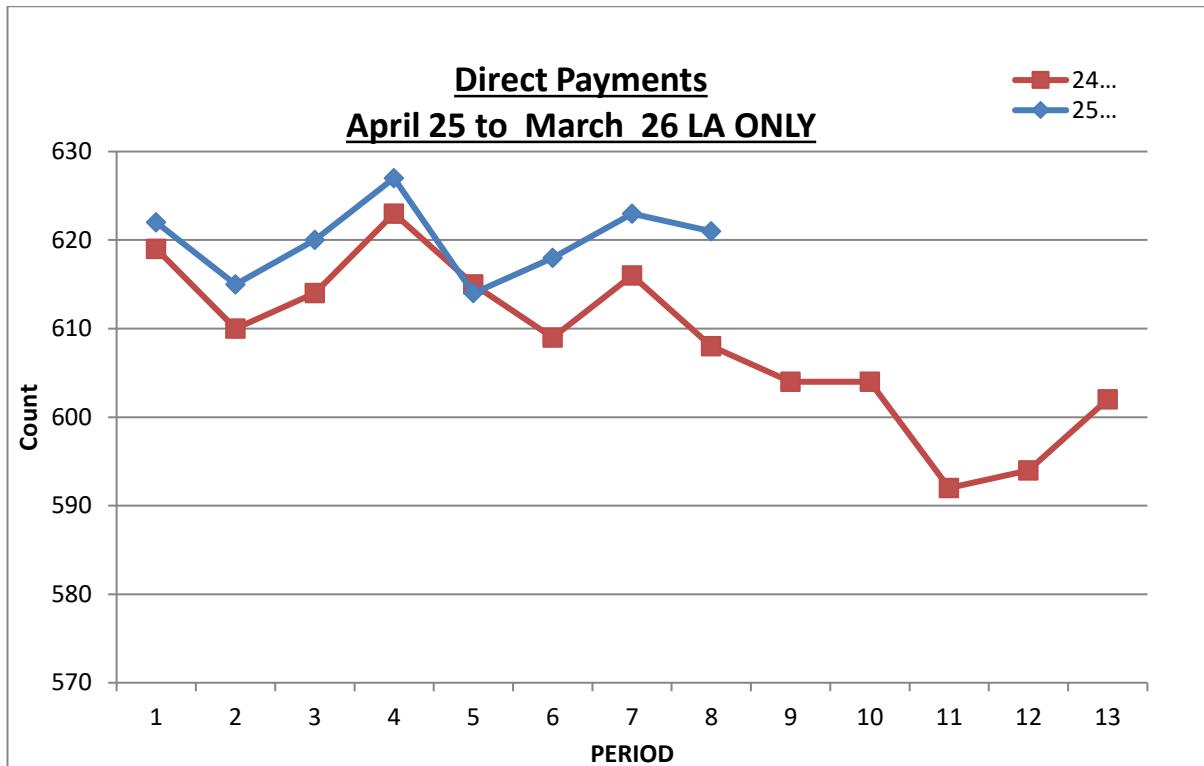


### Direct Payments

The average number of clients who received a Direct Payment (DP) in November was 621 compared with 622 in April, a small decrease. The average cost of a package of care has also decreased from £571.26 to £491.76, a reduction of 13.9%. The financial impact of this is a reduction in spend of approximately £200k per month.

The graph below shows movement throughout the year.

## Appendix 2: Financial Statements



The Community Care budget as a whole is very volatile by nature as it is demand driven, with many influential factors. It will continue to be closely monitored and scrutinised in year to quantify pressures on the financial performance. The Community Care budget recovery group continues to meet regularly to identify savings and cost avoidance actions to try to mitigate some of the risk of overspend against this budget.

## Appendix 2: Financial Statements

### CARE HOMES DIVISION

#### Revenue Budget as at 30<sup>th</sup> November 2025

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
<b>Expenditure</b>					
<b>Madeline Mckenna</b>					
Employees	783	521	464	57	85
Agency - covering vacancies	0	0	69	(69)	(92)
Premises	90	51	49	2	9
Supplies & Services	25	14	16	(2)	1
Food Provison	51	29	36	(7)	(3)
Private Client and Out Of Borough Income	-127	-79	-73	(6)	(11)
Reimbursements & other Grant Income	-34	-21	-21	0	0
<b>Total Madeline Mckenna Expenditure</b>	<b>788</b>	<b>515</b>	<b>540</b>	<b>(25)</b>	<b>(11)</b>
<b>Millbrow</b>					
Employees	2,172	1,455	836	619	959
Agency - covering vacancies	0	0	665	(665)	(1,177)
Premises	117	72	95	(23)	(33)
Supplies & Services	72	39	36	3	14
Food Provison	81	47	53	(6)	1
Private Client and Out Of Borough Income	-13	-4	0	(4)	(21)
Reimbursements & other Grant Income	-635	-375	-421	46	70
<b>Total Millbrow Expenditure</b>	<b>1,794</b>	<b>1,234</b>	<b>1,264</b>	<b>(30)</b>	<b>(187)</b>
<b>St Luke's</b>					
Employees	4,096	2,757	1,609	1,148	1,732
Agency - covering vacancies	62	62	1,101	(1,039)	(1,742)
Premises	156	94	127	(33)	(50)
Supplies & Services	68	39	53	(14)	(15)
Food Provison	128	64	84	(20)	(34)
Private Client and Out Of Borough Income	-153	-82	-21	(61)	(24)
Reimbursements & other Grant Income	-1,497	-905	-895	(10)	(18)
<b>Total St Luke's Expenditure</b>	<b>2,860</b>	<b>2,029</b>	<b>2,058</b>	<b>(29)</b>	<b>(151)</b>
<b>St Patrick's</b>					
Employees	2,212	1,474	884	590	865
Agency - covering vacancies	0	0	617	(617)	(918)
Premises	144	88	89	(1)	2
Supplies & Services	67	41	45	(4)	0
Food Provison	127	83	57	26	12
Private Client and Out Of Borough Income	-99	-61	-5	(56)	(93)
Reimbursements & other Grant Income	-866	-439	-409	(30)	(40)
<b>Total St Patrick's Expenditure</b>	<b>1,585</b>	<b>1,186</b>	<b>1,278</b>	<b>(92)</b>	<b>(172)</b>
<b>Care Homes Divison Management</b>					
Employees	322	215	123	92	136
<b>Care Home Divison Management</b>	<b>322</b>	<b>215</b>	<b>123</b>	<b>92</b>	<b>136</b>
<b>Net Operational Expenditure</b>	<b>7,349</b>	<b>5,179</b>	<b>5,263</b>	<b>(84)</b>	<b>(385)</b>
<b>Recharges</b>					
Premises Support	65	43	43	0	0
Transport Support	0	0	0	0	0
Central Support	663	442	442	0	0
Asset Rental Support	0	0	0	0	0
Recharge Income	0	0	0	0	0
<b>Net Total Recharges</b>	<b>728</b>	<b>485</b>	<b>485</b>	<b>0</b>	<b>0</b>
<b>Net Departmental Expenditure</b>	<b>8,077</b>	<b>5,664</b>	<b>5,748</b>	<b>(84)</b>	<b>(385)</b>

#### Comments on the above figures

#### Financial Position

The care home division is made up of the following cost centres, Divisional Management Care Homes, Madeline Mckenna, Millbrow, St Luke's and St Patrick's.

## Appendix 2: Financial Statements

Spend for the first nine months of the 2025/26 Financial Year to 30 November is £0.084M above profile, with an estimated spend above budget for the year of £0.385M. This primarily relates to unbudgeted agency staffing costs, and a current shortfall against target of client finance and out of borough income.

The projected outturn compares favourably to the previous report based on spend until the end of September, when a net overspend of £0.603M was projected for the full year.

Agency spend has reduced considerably as a result of the ongoing review of sickness absence, and it is possible that the projected current overspend will reduce further during the remaining 4 months of the financial year.

### **Supporting Information**

#### **Employee Related expenditure**

Employee related expenditure is anticipated to be above budget at the end of financial year by £0.152M. Projections take into account agency spending patterns over the previous 3 financial years, but also with reference to the recent decrease in agency expenditure, as referenced above.

Despite the cost reductions being achieved through absence management, the recruitment of staff is a continued pressure across the care homes. There remains a high number of staff vacancies across the care homes. A proactive rolling recruitment exercise is ongoing within the care homes and is supported by HR.

#### **Premises Related Expenditure**

Premises related expenditure is over budget profile at the end of November by £0.055M and is forecast as an estimated overspend at the end of the financial year 2025/26 of £0.072M.

Repairs and maintenance continue to be a budget pressure across all the care homes. The recruitment of a facilities manager would help to reduce these costs. Budget for this post has been made available but the recruitment to this position has so far been unsuccessful.

#### **Income**

Income Targets include those for privately funded residents, out of borough placements, and reimbursements from the ICB in respect Of Continuing Health Care, Funded Nursing Care, and Joint Funded placements. Income across all headings is currently projected to be under-achieved by £0.131M for the full year, although income can be volatile depending on the changing nature of resident's funding. The draft budget for 2026/27 has been amended to reflect these pressures, with a reduction to the income target.

#### **Approved 2025/26 Savings**

There are no approved savings for the care home division in financial year 2025/26.

#### **Risks/Opportunities**

The demand for agency staff within the care homes has been significantly high for several years.

Currently agency staff are being used for a variety of different reasons, to cover vacant posts, maternity leave and sickness absence.

## Appendix 2: Financial Statements

The forecasts for agency staff are continuously reviewed to account for fluctuations in demand, however, the difficulty in the recruitment of new staff and the inability to retain existing staff has resulted in continued reliance on agency staff. The expectation is that the use for agency staff will be an ongoing issue.

### **BETTER CARE POOLED BUDGET**

#### **Revenue Budget as at 30<sup>th</sup> November 2025**

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
<b>Expenditure</b>					
Intermediate Care Services	6,425	3,736	3,461	275	414
Oakmeadow	2,040	1,315	1,284	31	46
Community Home Care First	1,838	610	198	412	617
Joint Equipment Store	880	367	367	0	0
Contracts & SLA's	3,330	-7	-7	0	0
Inglenook	137	80	62	18	27
HICaFs	3,729	1,578	1,383	195	292
Carers Breaks	445	240	240	0	0
Carers centre	365	-15	-15	0	0
Residential Care	7,236	4,524	4,524	0	0
Domiciliary Care & Supported Living	4,336	2,890	2,890	0	0
Pathway 3/Discharge Access	426	286	286	0	0
HBC Contracts	72	65	65	0	0
Healthy at Home	28	-28	-28	0	0
Capacity	30	21	13	8	12
<b>Total Expenditure</b>	<b>31,317</b>	<b>15,662</b>	<b>14,723</b>	<b>939</b>	<b>1,408</b>
<b>Income</b>					
BCF	-15,032	-10,022	-10,022	0	0
CCG Contribution to Pool	-3,034	-1,973	-1,973	0	0
Oakmeadow Income	-2	0	0	0	(1)
<b>Total Income</b>	<b>-18,068</b>	<b>-11,995</b>	<b>-11,995</b>	<b>0</b>	<b>(1)</b>
<b>ICB Contribution Share of Surplus</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(704)</b>
<b>Net Operational Expenditure</b>	<b>13,249</b>	<b>3,667</b>	<b>2,728</b>	<b>939</b>	<b>703</b>

#### **Comments on the above figures**

The financial performance as at 30<sup>th</sup> November 2025 shows a significant underspend for the Complex Care Pool which is currently forecast to be the case through to the end of the financial year.

Intermediate Care Services is under budget to date by £0.275m, with an underperformance of £0.414m expected at the end of the financial year. This position is more favourable than Period 6 due to a reduction in spend on agency staff. However, the forecasts for unbudgeted spend on general supplies and services in Reablement has also been reduced following further analysis of the contracts.

Oakmeadow is currently under budget by £0.031m with an expected year end underperformance of £0.046m. This is due to a lower than anticipated expenditure on staffing, with spend on agency staff lower than expected for the first part of the year, but gradually increasing since period 5. The underspend on HICaFS is primarily due to an underperformance on the Warrington HICaFS contract. Based on current expenditure it is anticipated there will be a £0.367m underspend on this contract, with the Bridgewater HICaFS contract expected to spend to target. Performance on the contracts in this financial year will reduce the budget pressure on this service.

## Appendix 2: Financial Statements

Community Home Care First is currently indicating a £0.617m underperformance. The forecasts since earlier in the financial year have been revised to reflect actual spend to date and current contractual agreements with providers. Costs have notably reduced, due to significantly lower payments to providers for agency staff cover. This is a demand led budget and spend can fluctuate throughout the year, however current forecasting adopts a prudent approach, including additional estimates for winter pressures. It is expected that spend for the year will be considerably lower than previous years for this service.

Inglenook is expected to be £0.027m under budget by the end of the financial year. At present there are two clients using the service; however one client is funded by Continuing Health Care, which minimises the expenditure on this budget.

Carer's Breaks is expected to spend in line with allocated budget, indicating a slight increase in spend since period 6 due to an increased uptake in this service.

Pathway 3 is currently forecast to spend to target at the end of the financial year, however, as this is a demand led budget it carries the risk that the spend will increase further, potentially resulting in a more unfavourable position.

There is a slight underspend on the Capacity contract for improving residential care. This is due to majority of the contract costs being incurred during 24/25, leaving a surplus of £0.012m in this financial year.

The forecast outturn for year end is currently showing a substantial underspend. However, in accordance with the section 75 agreement any unallocated underspends at year end will be shared between the partners. The Halton Borough Council allocation will be used to contribute towards the pressures within community care.

### **Pooled Budget Capital Projects as at 30<sup>th</sup> November 2025**

Scheme Detail	2025/26 Original Allocation £000	2025/26 Revised Allocation £000	Cumulative Spend to 30 Nov 2025 £000	Cumulative Forecast Spend to 31 Jan 2026 £000	Cumulative Forecast Spend to 31 March 2026 £000	Allocation remaining £000
Grants - Disabled Facilities	2,200.0	2,000.0	999.0	1,400.0	2,000.0	0.0
Stair Lifts	400.0	650.0	355.0	450.0	650.0	0.0
Joint Funding RSL Adaptations	300.0	250.0	187.0	220.0	250.0	0.0
Madeline McKenna Residential Home	300.0	200.0	43.0	100.0	200.0	0.0
Millbrow Care Home	200.0	200.0	54.0	100.0	200.0	0.0
St Lukes	50.0	200.0	115.0	150.0	200.0	0.0
St Patricks	200.0	200.0	63.0	100.0	200.0	0.0
Care Home Refurbishment	0.0	0.0	0.0	0.0	0.0	0.0
Telehealthcare Digital Switchover	135.0	135.0	0.0	0.0	135.0	0.0
Oakmeadow and Peelhouse Network Improvements	40.0	40.0	0.0	0.0	40.0	0.0
Crow Wood Lane Specialist Housing	250.0	250.0	250.0	250.0	250.0	0.0
<b>Adults Directorate Total</b>	<b>4,075.0</b>	<b>4,125.0</b>	<b>2,066.0</b>	<b>2,770.0</b>	<b>4,125.0</b>	<b>0.0</b>

### **Comments on the above figures**

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are marginally below the capital allocation overall. Minor adjustments to the capital allocations have been made from the original allocations to reflect spending patterns within the 3 schemes, although the total allocation across the 3 schemes remains unchanged.

The £0.400m Telehealth care Digital Switchover scheme was approved by Executive Board on 15 July 2021. Significant capital investment is required to ensure a functional telehealth care IT system is in place

## Appendix 2: Financial Statements

prior to the switch-off of existing copper cable based systems. Procurement commenced in 2022/23 with an initial purchase to the value of £0.100m. It is anticipated that the scheme will be completed in the latter stages of the current financial year, fully funded from the residual capital allocation of £0.135m.

The Crow Wood Specialist Housing scheme represents a capital grant allocated to Halton Housing as a contribution to a new development at Crow Wood Lane in Widnes. The development consists of 10 one bed apartments, and three one bed bungalows, to be used solely for meeting the Borough's housing need. The grant was paid in full in October 2025.

Adult Social Care Commissioning have been working with Halton Housing to develop the service to be provided within the proposed accommodation to meet the Borough's identified needs. The use of accommodation and services provided will be governed by an Agreement between the Council and Halton Housing. This is similar to existing arrangements in place in respect of Barkla Fields also managed by Halton Housing.

The scheme is designed to support reducing the need for out of Borough placements and also reduce voids within out-dated provision within the Borough.

On 16<sup>th</sup> June 2022 Executive Board approved a £4.2M refurbishment programme in respect of the four Council owned care homes, initially to be completed within a three year timescale. Spend to 31 March 2024 amounted to £0.947m, leaving available funding of £3.253M at the start of the current financial year.

At present, detailed costing proposals are in development, with further revisions to the capital allocations to be submitted at a later date. The 2025-26 capital allocations against each home therefore just reflect ongoing minor refurbishment costs. The allocations have been revised slightly since the originals to reflect projected spend across the 4 homes, although total funding across all 4 homes remains unchanged.

## Appendix 2: Financial Statements

### ADULT SOCIAL CARE

#### Revenue Operational Budget as at 30<sup>th</sup> November 2025

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
<b>Expenditure</b>					
Employees	18,815	12,544	11,645	899	1,052
Agency- Covering Vacancies	0	0	1,180	(1,180)	(1,441)
Premises	498	353	327	26	67
Supplies & Services	698	628	768	(140)	(199)
Aids & Adaptations	37	24	28	(4)	2
Transport	341	227	239	(12)	(22)
Food & Drink Provisions	228	152	94	58	128
Supported Accommodation and Services	1,408	939	737	202	301
Emergency Duty Team	157	78	70	8	(20)
Transfer To Reserves	290	13	13	0	0
Contracts & SLAs	1,043	619	606	13	16
<b>Housing Solutions Grant Funded Schemes</b>					
Homelessness Prevention	548	397	275	122	0
Rough Sleepers Initiative	167	111	106	5	0
Trailblazer	75	50	38	12	0
<b>Total Expenditure</b>	<b>24,305</b>	<b>16,135</b>	<b>16,126</b>	<b>9</b>	<b>(116)</b>
<b>Income</b>					
Fees & Charges	-1,044	-696	-447	(249)	(314)
Sales & Rents Income	-538	-407	-351	(56)	(53)
Reimbursements & Grant Income	-2,203	-1,240	-937	(303)	(301)
Capital Salaries	-699	-640	-640	0	0
Housing Schemes Income	-783	-746	-727	(19)	0
<b>Total Income</b>	<b>-5,267</b>	<b>-3,729</b>	<b>-3,102</b>	<b>(627)</b>	<b>(668)</b>
<b>Net Operational Expenditure</b>	<b>19,038</b>	<b>12,406</b>	<b>13,024</b>	<b>(618)</b>	<b>(784)</b>
<b>Recharges</b>					
Premises Support	789	526	526	0	0
Transport	792	528	519	9	16
Central Support	4,039	2,693	2,693	0	0
Asset Rental Support	13	0	0	0	0
HBC Support Costs Income	-112	-56	-56	0	0
<b>Net Total Recharges</b>	<b>5,521</b>	<b>3,691</b>	<b>3,682</b>	<b>9</b>	<b>16</b>
<b>Net Departmental Expenditure</b>	<b>24,559</b>	<b>16,097</b>	<b>16,706</b>	<b>(609)</b>	<b>(768)</b>

#### Comments on the above figures

The above information relates to Adult Social Care, excluding Community Care and Care Homes.

Net Department Expenditure is currently £0.609m over budget profile at the end of the sixth period of the financial year. Current expenditure projections indicate an overspend for the full financial year in the region of £0.768m.

### **Comparison to previous year outturn and period 6 forecasted outturn**

The outturn position for financial year 2024/25 was £0.545m over budget. Based on the estimated outturn position for 2025/26, there is an expectation that the estimated outturn overspend will be £0.223m higher than the last financial year.

The outturn position for period 6 was £0.751m over budget. Based on the estimated outturn position for period 8, there is an expectation that the estimated outturn overspend will be £0.017m higher than period 6.

### **Employee related spend**

The projected full-year cost is above the annual budget by £0.389m. This a reduction of £0.082m from the projected full year over budget spend as at period 6.

Factors relating to the projected overspend include;

Unbudgeted agency costs are in respect of covering vacant posts, particularly in terms of front line Care Management and Mental Health Team posts. However, there continues to be a reduction in agency use across these divisions due to filling of vacancies. The reduction of use of agency staff members has been reflected in the forecasted spend until the end of the financial year. Agency spend across the division as a whole at the end of November 2025 stood at £1.180m, with a full year spend of £1.441m projected. This is partially offset by a forecasted underspend on the staffing budget of £1.052m.

Within period 4 reports, it was reported of an unbudgeted Market Supplement which has been awarded to social workers across the division. To assist with easing budgetary pressures, the budget to cover the market supplement has been provided on a temporary basis, initially for 12 months, resulting in an increase in budget of £0.391m. This increased budget is reflected within the figures above and has assisted in the reduction of the full-year forecasted over budget spend. As part of previous savings targets the budget for Care Arranger posts was removed. However, this has not been addressed within the actual staffing structure, resulting in a projected unbudgeted spend of £0.096m during the 2025/26 financial year.

### **Supplies and Services related spend**

The projected £0.199m forecasted full-year spend above budget relates to an increased volume of caseload with respect to Deprivation of Liberty Standards (DoLs) assessments. Spend to November 2025 was £0.132m, with a total spend for this financial year forecast at £0.217m. Demand for this service has increased significantly over the last few years, with this trend continuing throughout the current financial year.

### **Transport related spend**

The transport and transport recharge budgets were substantially increased for 2025/26 financial year. Due to this, the forecasted spend is broadly to budget.

### **Housing Strategy related spend**

Housing strategy initiatives included within the report include the Rough Sleeping Initiative and the Homelessness Prevention Scheme. The Homelessness Prevention Scheme is an amalgamation of the previous Flexible Homelessness Support and Homelessness Reduction Schemes, and is wholly grant funded. It is assumed that unspent funding is carried forward to the following financial year.

### **Income**

## Appendix 2: Financial Statements

Income for the Department as a whole is under the budgeted income target by £0.627m with a projected under achieved target at the end of the financial year being £0.668m. The main areas making up the under achievement of target income are Community Meals, Telehealthcare, Transport, Positive Behaviour Service and the Day Services Trading areas.

Within the projected income figures for the remainder of the financial year is a further reduction of income for Community Meals in the run up to the end of the service in March 2026.

Unachieved income targets forecast within the Positive Behaviour Service relate to historical contacts in place, which do not have an agreement within them to increase prices on an annual basis. This is therefore adding additional pressure to this budget. A number of contracts are due to end next financial year and this issue will be addressed when re-negotiating these contracts.

### **2025/26 Savings**

Savings targets including in the budgets for Positive Behaviour Service of £0.250m and Telehealthcare of £0.280m are unlikely to be achieved.

Progress against 2025/26 approved savings for the Adult Social Care Directorate are included at Appendix A.

**Appendix 2: Financial Statements**

**2025/26 Adult Social Care Directorate Savings**

Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value		Current Progress	Comments
			25/26 Agreed Council 01 February 2023 £'000	25/26 Agreed Council 05 March 2025 £'000		
Housing Solutions	474	Remodel the current service based on good practice evidence from other areas.	125	0	u	Currently Under Review
Voluntary Sector Support	N/A	Review the support provided by Adult Social Care and all other Council Departments, to voluntary sector organisations. This would include assisting them to secure alternative funding in order to reduce their dependence upon Council funding. A target saving phased over two years has been estimated.	100	0	✓	Achieved
Community Wardens/Telecare Service		Community Wardens/Telecare Service – a review will be undertaken of the various options available for the future delivery of these services, with support from the Transformation Delivery Unit.	0	280	x	Unlikely to be achieved – currently forecast overspend position

## Appendix 2: Financial Statements

Care Management Community Care Budget	Community Care – continuation of the work being undertaken to review care provided through the Community Care budget, in order to reduce the current overspend and ongoing costs.	0	1,000	x	Unlikely to be achieved to be achieved on a longer term basis. Interim measures in place to support the current year position includes use of surplus capital grants.
Various	Review of Service Delivery Options – reviews will be undertaken of the various service delivery options available for a number of areas including; Day Services, Halton Supported Housing Network, In-House Care Homes, Reablement Service and Oak Meadow.	0	375	x	Unlikely to be achieved by financial year-end.
<b>Total ASC Directorate</b>		<b>225</b>	<b>1,655</b>		

## Appendix 2: Financial Statements

### PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

#### Revenue Budget as at 30th November 2025

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
<b>Expenditure</b>					
Employees	5,631	3,410	3,318	92	109
Other Premises	6	4	0	4	6
Supplies & Services	439	168	228	(60)	(90)
Contracts	6,918	3,910	4,075	(165)	0
SLA's	372	115	77	38	0
Transport	4	2	2	0	1
Transfer to Reserves	660	0	0	0	(150)
Grants to Voluntary Organisations	20	2	2	0	0
Other Agency	24	24	24	0	0
<b>Total Expenditure</b>	<b>14,074</b>	<b>7,635</b>	<b>7,726</b>	<b>(91)</b>	<b>(124)</b>
<b>Income</b>					
Fees & Charges	-122	-57	-86	29	43
Reimbursements & Grant Income	-647	-737	-795	58	88
Transfer from Reserves	-428	-348	-357	9	13
Government Grant Income	-12,478	-9,285	-9,294	9	13
<b>Total Income</b>	<b>-13,675</b>	<b>-10,427</b>	<b>-10,532</b>	<b>105</b>	<b>157</b>
<b>Net Operational Expenditure</b>	<b>399</b>	<b>-2,792</b>	<b>-2,806</b>	<b>14</b>	<b>33</b>
<b>Recharges</b>					
Premises Support	209	139	139	0	0
Transport Support	24	16	17	(1)	(2)
Central Support	1,937	1,304	1,304	0	0
Asset Rental Support	0	0	0	0	0
Recharge Income	-669	-446	-446	0	0
<b>Net Total Recharges</b>	<b>1,501</b>	<b>1,013</b>	<b>1,014</b>	<b>(1)</b>	<b>(2)</b>
<b>Net Departmental Expenditure</b>	<b>1,900</b>	<b>-1,779</b>	<b>-1,792</b>	<b>13</b>	<b>31</b>

#### Comments on the above figures

#### Financial Position

The current financial position shows the net spend for the department is £0.013m under the budget profile. The estimated department outturn position excluding the ring fenced public health grant for 2025/26 is £0.031m net spend under available budget.

Employee costs are expected to be £0.109m under budget profile. This is due to a number of vacancies and some reduced hours within the main Public Health department and the Health Improvement Team. Budget pressures to be aware of are supplies and services which are currently forecasting a £0.090m overspend and contracts which whilst currently forecast to balance to budget, however, there are a number of contracts which are due for renewal and in the current financial climate are likely to increase significantly. £0.254m has been used from Public Health grant reserves to balance the current year budget. This leaves a forecast balance of £1.147m in the Public Health grant reserve, excluding any underspend from current year.

The department is proactive and work is currently being done to identify any areas where savings can be made as the use of reserves from previous years will not be available to balance future budgets.

## APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress		<u>Objective</u>	<u>Performance Indicator</u>
Green		Indicates that the <u>objective</u> is <u>on course</u> to be achieved within the appropriate timeframe.	Indicates that the annual target is <u>on course</u> to be achieved.
Amber		Indicates that it is <u>uncertain or too early to say at this stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	Indicates that it is <u>uncertain or too early to say at this stage</u> whether the annual target is on course to be achieved.
Red		Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	Indicates that the target <u>will not be achieved</u> unless there is an intervention or remedial action taken.

### Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green		Indicates that <b>performance is better</b> as compared to the same period last year.
Amber		Indicates that <b>performance is the same</b> as compared to the same period last year.
Red		Indicates that <b>performance is worse</b> as compared to the same period last year.
N/A		Indicates that the measure cannot be compared to the same period last year.