

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 3 – Period 1st October – 31st December 2019

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the third quarter of 2019/20 for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Adult Social Care (including housing operational areas)
- Public Health

2.0 Key Developments

There have been a number of developments within the third quarter which include:

Adult Social Care

Mental Health Services: redevelopment and refurbishment of the Mental Health Resource Centre in Vine Street, Widnes, is now complete. The bottom floor is now occupied by a team of nurses, doctors and administrative staff from the North West Boroughs, specialising in crisis intervention and home treatment. The top floor contains two teams managed by the Borough Council: the Mental Health Outreach Team and the Community Bridge Building Team. In addition, there are now a number of social workers based on this floor, as well as the specialist mental health carers assessor. This mix of mental health professionals has allowed for improved working relationships, a greater flow of information between the NHS staff and those of the local authority, and has resulted in a more efficient flow of referrals and assessments between the services, thereby providing a much greater set of options for people using the service.

Public Health

We are starting to see a significant reduction in pregnant women smoking. It has reduced from 17.3% last year to 15.5% so far this year. We are also starting to take forward the lung health check programme which will pick up local residents at risk of lung cancer from smoking.

The HaltOnLoneliness campaign has been successfully launched with all partners. We have also launched the new Healthy Weight Strategy which is a whole system approach developed with Leeds University.

3.0 Emerging Issues

3.1 A number of emerging issues have been identified during the third quarter that will impact upon the work of the Directorate including:

Adult Social Care

Mental Health Services

The Review of the Mental Health Act: this review was initiated by the previous government, triggered by concerns that, around the country, too many compulsory admissions to hospital may have been taking place, and that certain disadvantaged groups have been targeted for compulsory admission. Nationally, much work has taken place to provide input into any potential changes. Following the recent General Election, this review remains on the government's agenda and has been included in the Queen's Speech for consideration in this Parliament. It is understood however that further revisions are being considered, and it is likely that any final implementation of a new Act will not be for at least two years. This will require considerable revision of local policies and procedures.

The North West Boroughs Mental Health Trust: this Trust is the current provider of specialist mental health services to the local area, as well as a number of other local authority areas in the region. In the last Quarter, we were notified that the Trust is in negotiation with a neighbouring mental health Trust, Merseycare (which covers the Liverpool and Sefton areas), for Merseycare to take over the running of the North West Boroughs' mental health services. This will be the subject of extensive consultation and is not likely to take place for around eighteen months. If it does happen, then existing working relationships with the specialist mental health services will need to be renegotiated.

Intermediate Care: Following a joint review of Halton's Intermediate Care Services, supported by the Local Government Association and North West Association of Directors of Adult Social Services, Halton Borough Council (HBC) and NHS Halton Clinical Commissioning Group (CCG) held an Implementation Workshop on the 4th November 2019 where the information gathered from the review was examined and a comprehensive action plan for improvements was developed.

The focus of the action plan has been the areas where the system can improve patient flow in and out of intermediate care services (both community and bed based services) ensuring that the quality of care offered to Halton residents is being maintained.

The action plan will be progressed via the Intermediate Care Operational Group (multi-agency group), chaired by the Director of Adult Social Services. The first meeting of the Group was held on 9th January 2020.

Public Health

There have been a number of delays and issues across this flu season with access to vaccination supply including national stock supply issues affecting the vaccinations available for under 65 at risk groups and the children's vaccination. The season is not yet finished and we are continuing to encourage people to attend their GP and pharmacy for supply. We also need to encourage staff and all at risk groups to be immunised. This will improve health, reduce flu admissions to hospital and reduce A&E waiting times.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2018/19 Directorate Business Plans.

As a result, monitoring of all relevant 'high' risks will be undertaken and progress reported against the application of the risk treatment measures in Quarters 2 and 4.

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 Directorate. 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.

Commissioning and Complex Care Services

Adult Social Care

Key Objectives / milestones

Ref	Milestones	Q3 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	
1B	Integrate social services with community health services	
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	
1E	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems.	
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	
3A	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning	

Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.

Supporting Commentary

1A. Work is ongoing to review our overall approach to managing the financial risks in the pool.

1B. This work continues with the Primary Care Networks and Bridgewater community NHS trust.

1C. The Autism Action Alliance continues to meet regularly to review progress against the delivery plan. Significant progress has been made across many key areas of the delivery plan, in particular education. In adult services there is work currently underway to set up a social group for adults with autism (for all adults but specifically trying to target adults with no learning disability) and Bridge Builders, Halton Day services and CHAPs are working closely together to identify a venue and establish a group, additional creative solutions to the current lack of support for adults with autism and no other diagnosis are being considered and are likely to fall out of this work.

1D. Work has been underway to identify priority areas for Adult Social Care, based on recommendations from the Alzheimer’s Society local profile, NICE and Prime Ministers challenge on dementia. A number of key actions have been approved by SMT, and a detailed delivery plan is under development for 2020/21 and beyond.

The Halton dementia community pathway has been recommissioned for a 12 month period (1.10.19-30.09.20), with Alzheimer’s Society delivering 1:1 dementia care advisor support, information provision, connecting people to local assets and health and social care services navigation.





1E. Completed.

1F. Ongoing.













3A. No data available.

Key Performance Indicators

Older People:						
Ref	Measure	18/19 Actual	19/20 Target	Q3	Current Progress	Direction of travel
ASC 01	Permanent Admissions to residential and	623.3	635	TBC	TBC	TBC





	nursing care homes per 100,000 population 65+ Better Care Fund performance metric					
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. Better Care Fund performance metric	673 (Nov)	423	389 (Nov 19)		
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. Better Care Fund performance metric	4721	5005	4997 (Q3 to Nov)		
ASC 04	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) Better Care Fund performance metric	85%	TBC	N/A	N/A	N/A

Adults with Learning and/or Physical Disabilities:

ASC 05a	Percentage of items of equipment and adaptations delivered within 5 working days (HICES)	N/A Merged data in 18/19	97%	96%		
ASC 05b	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	N/A Merged data in 18/19	97%	60%		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	78%	78%	72%		
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	36%	45%	24%		
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	86%	89%	88.0 8%		
ASC 9	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.0%	5%	5.11 %		

Homelessness:

ASC 10	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless	117	500	N/A	N/A	N/A
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	10	100	N/A	N/A	N/A
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	6	17	N/A	N/A	N/A
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	N/A	N/A	N/A	N/A	N/A
ASC 14	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework	1.64%	6.00%	N/A	N/A	N/A

	intervention resolved their situation (the number divided by the number of thousand households in the Borough)					
Safeguarding:						
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	N/A	88%	76%		
ASC 16	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	61%	56%	N/A	N/A	N/A
ASC 17	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	89%	82%	N/A	N/A	N/A
Carers:						
ASC 18	Proportion of Carers in receipt of Self	100%	99%	72%		

	Directed Support.					
ASC 19	<i>Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)</i>	7.6%	9%	N/A	N/A	N/A
ASC 20	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	52.1% 2018/19	50%	N/A	N/A	N/A
ASC 21	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	77.6% 2018/19	80%	N/A	N/A	N/A
ASC 22	Do care and support services help to have a better quality of life? (ASC survey Q 2b) Better Care Fund performance metric	89.1%	93%	N/A	N/A	N/A

Supporting Commentary:

Older People:

ASC 01 We cannot complete due to the fact that panel is still incorrect from the teams

ASC 02 Delayed Transfers of Care continue below plan and in line with activity seen in August 2018

ASC 04 Annual collection only to be reported in Q4.
Data published October 2019, the latest data for 19/20 will be available in October 2020

Adults with Learning and/or Physical Disabilities:

ASC 05a We have not been able to provide December performance data due to the timing of this meeting. Data provided is to 30/11/2019 and will be updated to include the full quarter for the next meeting. Where November figures have been used for this report, we have compared these to where we were in November 2018 for the direction of travel.

ASC 05b We have not been able to provide December performance data due to the timing of this meeting. Data provided is to 30/11/2019 and will be updated to include the full quarter for the next meeting. Where November figures have been used for this report, we have compared these to where we were in November 2018 for the direction of travel.

ASC 06 We have not been able to provide December performance data due to the timing of this meeting. Data provided is to 30/11/2019 and will be updated to include the full quarter for the next meeting. Where November figures have been used for this report, we have compared these to where we were in November 2018 for the direction of travel.

ASC 07 We have not been able to provide December performance data due to the timing of this meeting. Data provided is to 30/11/2019 and will be updated to include the full quarter for the next meeting. Where November figures have been used for this report, we have compared these to where we were in November 2018 for the direction of travel. This figure will fluctuate due to the data available at the end of each period and the timing of services started and ended on the reporting system, we also need to be mindful that this figure does not represent a full quarter.

ASC 08 We have not been able to provide December performance data due to the timing of this meeting. Data provided is to 30/11/2019 and will be updated to include the full quarter for the next meeting. Where November figures have been used for this report, we have compared these to where we were in November 2018 for the direction of travel.

ASC 09 We have not been able to provide December performance data due to the timing of this meeting. Data provided is to 30/11/2019 and will be updated to include the full quarter for the next meeting. Where November figures have

been used for this report, we have compared these to where we were in November 2018 for the direction of travel.

Homelessness:

ASC 10 Data unavailable

ASC 11 Data unavailable

ASC 12 Data unavailable

ASC 13 Data unavailable

ASC 14 Data unavailable

Safeguarding:

ASC 15 We have not been able to provide December performance data due to the timing of this meeting. Data provided is to 30/11/2019 and will be updated to include the full quarter for the next meeting. Where November figures have been used for this report, we have compared these to where we were in November 2018 for the direction of travel. While this figure is lower than the same time last year and lower than the target, this is largely due to data loading, this will be rectified within the coming weeks.

ASC 16 Data unavailable

ASC 17 Annual collection only to be reported in Q4, (figure is an estimate).

Carers:

ASC 18 We have not been able to provide December performance data due to the timing of this meeting. Data provided is to 30/11/2019 and will be updated to include the full quarter for the next meeting. Where November figures have been used for this report, we have compared these to where we were in November 2018 for the direction of travel.









ASC 19 This is the Biennial Carers Survey which will commence in December 2020









ASC 20 This is the Biennial Carers Survey which will commence in December 2020

ASC 21 This is the Biennial Carers Survey which will commence in December 2020

Public Health**Key Objectives / milestones**

Ref	Objective
PH 01	Prevention and early detection of cancer, CVD and respiratory disease. Working with partner organisations to prevent disease onset and improve early detection of the signs and symptoms.

Ref	Milestones	Q3 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women.	
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel).	
PH 01c	Work with partners to continue to expand early diagnosis and treatment of respiratory disease including Lung Age Checks, and improving respiratory pathways.	
PH 01d	Increase the number of people achieving a healthy lifestyle in terms of physical activity, healthy eating and drinking within recommended levels.	
PH 02a	Facilitate the Healthy child programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years.	
PH 02b	Maintain and develop an enhanced offer through the 0-19 programme for families requiring additional support, For example: teenage parents (through Family Nurse Partnership), Care leavers and support (when needed) following the 2 year integrated assessment.	
PH 02c	Maintain and develop an offer for families to help their child to have a healthy weight, including encouraging breastfeeding, infant feeding support, healthy family diets, physical activity and support to families with children who are overweight.	
PH 03a	Continue to develop opportunities for older people to engage in community and social activities to reduce isolation and loneliness and promote social inclusion and activity.	

PH 03b	Review and evaluate the performance of the integrated falls pathway.	
PH 03c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropriate age groups in older age.	
PH 04a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	
PH 04b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA).	
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support in the community and within secondary care.	
PH 05a	Work with schools, parents, carers and children's centres to improve the social and emotional health of children.	
PH 05b	Implementation of the Suicide Action Plan.	
PH 05c	Provide training to front line settings and work to implement workplace mental health programmes.	

Supporting Commentary

PH 01a Halton Stop Smoking Service works continually to help support local people quitting smoking, extra emphasis is placed on routine and manual workers and pregnant women where extra support is required. To date Halton Stop Smoking Service has received 68 referrals from maternity services and achieved a quit rate of 50% for pregnant smokers. Among the Routine and Manual group, there have been 96 smokers accessing the service and 53 smokers quitting which is a quit rate of 55%.

PH 01b We continue to work across partners on all screening programmes and are contributing to the development of 3 key programmes for which we jointly successfully bid and were awarded £1.2million across Cheshire and Merseyside. We will be helping to develop and locally implement 3 programmes including:

Text messaging cervical screening reminders

Patient navigator approach to increase uptake and support through breast and bowel screening programmes

Develop local campaign materials and a making very contact count approach to cancer screening.

We have recently taken on the lead role as chair of the Cheshire and Merseyside Cancer prevention group of the Cancer Alliance which will help strengthen the work we do locally.

PH 01c The Stop Smoking Service continue to deliver Lung Age checks to clients aged 35yrs and over as per NICE guidelines for COPD and refer appropriately those clients that may need further investigation to GP's

Health improvement Services are engaged with multiple partners on a newly formed Respiratory Steering group co-ordinated by Halton CCG, aimed at improving respiratory pathways.

PH 01d Halton Weight Management Service has had over 215 new referrals this quarter. The service continues to provide healthy lifestyle advice and physical activity on a weekly basis to overweight Halton residents. The tier 2 group based approach is supplemented by an integrated tier 3 service for those requiring dietetic input.

Physical activity sessions continue to be provided for clients with a history of cardiac, respiratory, neurological or chronic pain diagnoses. Specialist gym based sessions have been added to assist with re-introducing clients to exercise that have had physical or mental barriers to engaging previously.

Active Halton meetings continue and action plan is continuously being worked on.

All schools are offered health checks and training around healthy lifestyles. Healthy lifestyles for the staff is promoted as part of the healthy schools ethos.

PH 02a The Bridgewater 0-19 service, including health visitors, school nurses and Family Nurse Partnership (FNP) continues to deliver all the elements of the Healthy Child programme to families in Halton. This quarter the team have been busy delivering the seasonal flu vaccine in schools, which is now available for all children of primary school age. The programme currently has a health visitor working on the Talk Halton project, to improve language and communication in preschool children. We are also working early years settings and health visitors to improve the delivery of the two year integrated review.

PH02b The Family Nurse Partnership service continues to be operational with a full caseload and works intensively with first time, teenage mothers and their families. The national family nurse partnership programme is introducing new elements and guidelines for the programme, these will be incorporated into the Halton delivery model, and will increase personalisation of the FNP delivery model.

PH 02c The breastfeeding support team calls all new mums after discharge. This quarter they have supported 408 women over the telephone and 124 through home visits. In addition 48 women have attended an antenatal session

Introducing Solid Foods - 40 family units have attended the 6 sessions available this month

Halton Healthy Early Years Status (HHEYS) supports early year's settings to be healthy and role model healthy behaviours. 69 early years settings are currently signed up visits since September 2019. From this status the settings can access training, awards and events for staff and parents including; HHEYS EY Fit4Life, MECC for EY, Infant Feeding for EY settings, EY Mental Health awareness, 5 ways to wellbeing award and Celebration Event. HHEYS has also worked with multi agency colleagues to devise a transition booklet to support children to be ready for starting school, this includes development and health aspects and will be rolled out to early year's settings in January 2020.

Halton Healthy Schools – now an multi agency umbrella concept supporting schools to embed a healthy whole school approach, schools sign up to the commitment and access sessions for pupils and parents, staff training, frameworks and needs assessment, resources and support around new health policies. Since September 32 schools have already signed up and have an action plan in place, with other schools booked in for healthy school visits over this month. There are more partners than ever including; Health

Improvement, School Nurses, School Games, Sports development, Cheshire Police, Road Safety, British Red Cross, The Daily Mile, Adult Learning and Child Bereavement UK.

Bite size workshops for parents have been popular in schools and in other settings, these sessions are aimed at parents and cover healthy eating and sleep/ screen time/ physical activity. **11 sessions have been delivered with 94 attendees during Q3.**

2 Fit 4 Life - Is now split into 3 areas in order to meet needs and build capacity, these below with figures for Q3:

Fit 4 Life Camp – sessions for families who want to make healthy lifestyle changes or who are worried about weight gain.	No camps during Q3
Fit 4 Life Outreach – sessions tailored for existing groups of children, yp, families or parents in the community	7 sessions delivered with 122 attendees
CYP Brief lifestyle intervention for practitioners (CPD accredited) aimed at the children and YP workforce and covers healthy eating, sleep and physical activity.	3 sessions delivered with 26 attendees

PH 03a The Campaign to End Loneliness #HaltOnLoneliness continues to be rolled out across the borough with partner agencies. The Loneliness Steering Group continues to meet regularly to drive the campaign forward ensuring that materials are being distributed far and wide to various organisations and businesses across the borough to help raise awareness and promote a single point of access for people who have been affected by loneliness to get help and support.

There are a number of initiatives planned this year to raise awareness of loneliness across the Borough, which include the March Against Loneliness in the month of March. The Great Get Together In June, Healthy and Active Ageing week in September and Older Peoples Day in October. For Older Peoples Day in October we had over 150 older people attend the Sure Start to Later Life Get Together, which was a great turnout.

The loneliness Resource Tool that is aimed at raising awareness of the issues of loneliness to professionals has now been launched. It is a resource tool that they can use if they are planning to organise events or signposting to services aimed at supporting people affected by loneliness.

The Loneliness Strategy has been presented to Senior Management Team and a number of amendments are required before it can be signed off. This is to be completed by Quarter 4

The Age Well Training sessions has now been planned until the end of the year. This training is aimed at giving community staff the opportunity to build confidence and learn practical skills using tools to identify people at risk of falls, loneliness or memory loss. In this quarter, 25 people have completed the training.

The task group for care homes around tackling loneliness continues to meet. We are currently looking at various funding stream to increase the homes capacity to provide

activities that are more meaningful for resident in care homes. At Christmas, we ran a 'Shimmer my Zimmer' Competition that is proven to reduce falls in care homes by 60%. 16 residents across a number of the homes joined in the fun and 3 lucky winners won lovely prizes.

PH 03b The falls steering group continues to meet bi monthly to monitor progress made against the falls strategy action plan and to review the pathways.

The falls triage pilot started at the end of September. Since the start of the pilot we have received 140 falls incident forms, an average of 11 per week. Each of these individuals will have received some relevant falls prevention literature whether that be via a phone call or letter. Initial results from the pilot to date show that 1/4 of patients triaged required some further medical intervention. However, 20% did not require any further medical intervention and that social prescribing was more a more appropriate outcome. The pilot is proving to have some great outcomes however, it will require additional resources to continue and expand this service provision in the future. This is something that the Falls steering group are tasked with looking into.

PH03c We continue to run a joint Halton and Warrington Flu group to provide oversight and action of flu vaccination and flu activity during the season. This is working well at increasing collaboration and sharing of resources.

There have been a number of delays and issues across this flu season with access to vaccination supply including national delays and national stock supply issues affecting the vaccinations available for under 65 at risk groups and the childrens vaccination. Uptake in Halton, at mid December was lower than the same time last year, though the season is not yet finished and we are continuing to encourage people to attend their GP and pharmacy for supply. School vaccination provider are continuing to provide vaccine in schools whose sessions were disrupted into January.

PH 04a Halton continues to work through the objectives of the alcohol strategy and engage partners in approaches to reduce the impact of harmful drinking. We have been successful in a bid across C&M for the delivery of Fibroscan machines, which are able to identify early effects of alcohol harm on the liver. Two of these machines will initially be available in the Halton area and hope to identify liver problems early and further enable discussions about alcohol harms.

PH 04b Good progress is being made towards implementing the Halton alcohol strategy action plan.

Awareness is raised within the local community of safe drinking recommendations and local alcohol support services through social media campaign messages and promotion events across the borough. We are working with partner organisations to influence government policy and initiatives around alcohol: 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective.

The Stop Smoking Service continues to deliver Audit C screening and offers Brief Advice when appropriate to clients wishing to reduce their alcohol intake. To date over 200 clients have received Audit C screening from the Stop Smoking Service. Also Health Trainers continue to deliver Audit C screening as part of Health Checks.

PH 04c We continue to monitor activity of the commissioned drug and alcohol misuse service through CGL and see good numbers of people referred for treatment and support. The completion of treatment rate for Halton continues to be above the PHE and CGL national average.

PH 05a The Health Improvement Team provide a whole setting approach to schools and early years settings to support them to improve the mental health and wellbeing of their setting.

- 14 schools are currently engaged
- 60 early years setting or child minders are engaged


PH 05b The Suicide prevention action plan is continuously updated and implemented. The plan links closely with the Cheshire and Merseyside No More Suicides strategy. Champs are leading on an area-collaborative approach to gain Suicide Safer Community Status. A real time surveillance intelligence flow has been set up which will enable faster identification of potential trends and clusters.













Work is underway to develop a suicide prevention pathway for children and young people along with a training package aimed at front line staff who work and support children and young people. A suicide prevention campaign toolkit has been developed and has been implemented by a wide variety of partners. Additional funding has been secured to extend the Time to Change Halton campaign which is tackling mental health stigma in young people and adult men. Local Time to Change Champions (all of who are male) will be developing a series of videos to share their lived experience and tackle mental health stigma. Champs has received NHSE funding to reduce suicides in the Cheshire and Merseyside region, the focus will be on the following: self harm, middle aged men, quality improvement within mental health trusts, primary care staff, workforce development training and developing a lived experience network.













PH 05c A variety of training is provided to early years settings, schools, workplaces and the community.





Mental health awareness training for adults	70
Mental health awareness for managers	7
Stress Awareness training for adults	41
Stress Awareness training for managers	7
Suicide Awareness training	113
Mental health awareness for early years settings	41
Mental Health awareness training for staff who work with CYP	84
Self Harm awareness training for staff who work with CYP	110

Key Performance Indicators

Ref	Measure	17/18 Actual	18/19 Target	Q3	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at	64.5% (2017/18)	66.5% (2018/19)	Annual Data	u	

	the end of reception)					
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)	62.8% (2017/18)	64.2% (2018/19)	Annual Data		
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	830.2 (2017/18)	827.7 (2018/19)	887.6 (Q3 2018/19-Q2 2019/20) Provisional		
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	57.6 (2015/16-17/18)	55.6 (2016/17-2018/19)	65.6 (Q3 2016/17-Q2 2019/20)		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	15.0% (2017)	14.8% (2018)	17.9% (2018)		
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	33.7% (2017/18)	33.2% (2018/19)	Annual Data		
PH LI 03c	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year,</i>	88.4 (2016-18)	88.9 (2017-19)	88.8 (Q4 2016-Q3 2019)		

	<i>please note year for targets</i>					
PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	170.9 (2016-18)	170.9 (2017-19)	171.7 (Q4 2016-Q3 2019)		
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	53.5 (2016-18)	50.5 (2017-19)	54.1 (Q4 2016-Q3 2019)		
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	340.0 (2017/18)	337.7 (2018/19)	366.0 (Q3 2018/19-Q2 2019/20) Provisional		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	9.7% (2017/18)	9.4% (2018/19)	Annual Data		
PH LI 05ai	Male Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	17.5 (2015-17)	17.6 (2016-18)	Annual Data		
PH LI 05aai	Female Life expectancy at age 65 (Average	19.3 (2015-17)	19.4 (2016-18)	Annual Data		

	number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>					
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2937.1 (2017/18)	2900.0 (2018/19)	2998.7 (2018/19) Provisional		
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	74.0% (2017/18)	75.0% (2018/19)	72.0% (2018/19)		

Supporting Commentary

PH LI 01 - Data is released annually.

PH LI 02a - Data is released annually.

PH LI 02b - Provisional data for 2018/19 indicates that the target was not met for alcohol-related admissions episodes. The rate of admissions exceeded the target and was higher than the rate seen in 2017/18.

Data is provisional; published data will be released later in the year

PH LI 02c - Provisional data for 2016/17-2018/19 indicates that the target was not met for alcohol-specific admissions among those aged under 18. The rate of admissions exceeded the target and was higher than the rate seen in 2017/18.

Data is provisional; published data will be released later in the year

PH LI 03a - Data was fed back in the Q1 2019/20 QMR document and is published annually. The next smoking prevalence data (for 2019) should be available after April 2020.

PH LI 03b – Data is released annually.

PH LI 03c - Provisional data to Q3 2019 is on target; however, it is not possible to know whether the target will be met until March 2020.

PH LI 03d – Provisional data to Q3 2019 is higher than the 2017-19 target. Full 2017-19 provisional data will be available in March 2020.

PH LI 04a - Provisional data to Q3 2019 indicates that it is unlikely the 2017-19 target will be met. Full 2017-19 provisional data will be available in March 2020.

PH LI 04b - Data is released annually.

PH LI 05ai - Data is released annually.

PH LI 05aii - Data is released annually.

PH LI 05b – Too early in the year, and too close to target value to specify whether we will or will not meet the target for 2018/19. However, as of Q2 2018/19, we are marginally below the target for the year.

Provisional figures are based on unverified data and as such caution is advised in their use

PH LI 05c - The target for 2018/19 was not achieved and the achievement for this year remains below the national 75% target.

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT

Revenue Budget as at 31st December 2019

	Annual Budget	Budget To Date	Actual Spend	Variance (Overspend)	Forecast Outturn Position
	£'000	£'000	£'000	£'000	£'000
<u>Expenditure</u>					
Employees	14,043	10,396	10,312	84	110
Other Premises	310	247	252	(5)	(10)
Supplies & Services	506	375	384	(9)	(10)
Aids & Adaptations	113	84	81	3	0
Transport	186	140	170	(30)	(30)
Food Provision	173	126	113	13	10
Contracts & SLAs	536	455	450	5	0
Emergency Duty Team	644	466	477	(11)	(5)
Other Agency	100	50	51	(1)	0
Payments To Providers	1,443	1,082	1,079	3	0
Revenue Contrib.To Capital	44	44	44	0	0
Care Homes	4,119	2,482	3,006	(524)	(676)
Total Expenditure	22,217	15,947	16,419	(472)	(611)
<u>Income</u>					
Sales & Rents Income	-353	-281	-297	16	10
Fees & Charges	-677	-510	-489	(21)	(15)
Reimbursements & Grant Income	-970	-589	-556	(33)	(45)
Transfer From Reserves	-1,243	0	0	0	0
Capitalised Salaries	-111	-83	-91	8	5
Government Grant Income	-123	-114	-115	1	0
Total Income	-3,477	-1,577	-1,548	(29)	(45)
Net Operational Spend	18,740	14,370	14,871	(501)	(656)

Recharges					
Premises Support	490	367	367	0	0
Asset Charges	13	0	0	0	0
Central Support Services	3,026	2,270	2,270	0	0
Internal Recharge Income	-1,850	-1,377	-1,377	0	0
Transport Recharges	549	334	334	0	0
Net Total Recharges	2,228	1,594	1,594	0	0
Net Department Expenditure	20,968	15,964	16,465	(501)	(656)

Comments on the above figures

In overall terms, the Net Department Expenditure, excluding the Complex Care Pool, is £501,000 over budget profile at the end of the third quarter of the 2019/20 financial year. Expenditure is expected to increase during the final quarter of the financial year, resulting in a projected net overspend for the Adult Social Care Department (excluding the Complex Care Pool) of £656,000.

The financial report includes expenditure and income related to the Housing Solutions division, which includes the Housing Solutions advisory service, 2 permanent and 1 temporary traveller sites, and the grant-funded Syrian Resettlement Programme. These services have a combined net budget of £604,000, and expenditure is currently projected to be to budget for the year.

Employee costs are currently showing spend of £84,000 under budget profile, due to savings being made on vacancies within the department. It is anticipated that a full-year underspend in the region of £110,000 will result by the end of the financial year. Employee budgets are based on full time equivalent staffing numbers of 427. The savings target in relation to vacant posts is £502,000, and this is anticipated to be achieved in full.

A number of new contracts in relation to transport for Adults With Learning Difficulties have commenced in the third quarter of the financial year, resulting in a projected overspend in the region of £30,000 for the year. Whilst this overspend will be offset by savings in staff costs, consideration will need to be given as to how these increased costs will be funded from the 2020/21 budget year onwards.

Income received from the Clinical Commissioning Group (recorded under the "Re-imbursments and Grants" heading) is projected to be below target. This income relates to Continuing Health Care funded packages within Day Services and the Supported Housing Network. The income received is dependent on the nature of service user's care packages. The shortfall is currently estimated to be in the region of £45,000 for the full year.

CARE HOMES DIVISION

	Annual Budget	Budget To Date	Actual Spend	Variance (Overspend)	Forecast Outturn Position
	£'000	£'000	£'000	£'000	£'000
<u>Expenditure</u>					
Madeline McKenna	583	406	493	(87)	(117)
Millbrow	1,747	1,217	1,557	(340)	(375)
St Luke's	1,063	502	588	(86)	(177)
St Patrick's	726	357	368	(11)	(7)
Net Division Expenditure	4,119	2,482	3,006	(524)	(676)

Comments on the above figures

In overall terms, the Net Care Home Division Expenditure is £524,000 above budget profile at the end of the third quarter of the 2019/20 financial year. Current expenditure patterns indicate that spend will continue to increase during the remaining quarter and a net overspend of £676,000 is projected for the 2019/20 financial year.

The Care Homes Division was created during the third quarter of 2019/20 after the acquisition of 2 additional homes, St Luke's in Runcorn and St Patrick's in Widnes in October 2019. The new Care Homes Division contains 4 homes, Madeline McKenna and Millbrow which transferred from the Complex Care Pool Division, along with the new homes, St Luke's and St Patrick's. They have a combined budget of £4.12M based on 100% occupancy levels.

Madeline McKenna Care Home

Madeline McKenna is a 23 bed residential care home with a budget of £583,000. At the end of third quarter, Madeline McKenna's net expenditure is £87,000 over budget profile.

Employee related expenditure is £39,000 over budget profile, with £40,000 spent to date on overtime and £67,000 on agency staff covering vacant posts. Following an in year staffing restructure, vacancies have been advertised and most have been filled in quarter 3. However, the restructure included the harmonisation of terms and conditions that has added pressure to the staffing budget.

Premises related expenditure is £42,000 over budget profile. The main areas of concern are repairs and maintenance to the building and utility bills. It is anticipated that the costs for repairs and maintenance will continue to increase in the final quarter of the year.

Millbrow Care Home

Millbrow is a 44 bed residential and nursing care home with a budget of £1,747,000. At the end of third quarter, Millbrow's net expenditure is £340,000 over budget profile.

Employee related expenditure is £328,000 over budget profile, with £19,000 spent to date on overtime and £784,000 on agency staff covering vacant posts. Following an in year staffing restructure, vacancies have been advertised and most have been filled in quarter 3. However, the restructure included the harmonisation of terms and conditions that has added pressure to the staffing budget.

Premises related expenditure is £8,000 over budget profile. The main area of concern is repairs and maintenance to the building. It is anticipated that the costs for repairs and maintenance will

continue to increase in the final quarter of the year. However, a major refurbishment of the home is planned to start at the beginning of new financial year, which should in the medium-long term reduce expenditure in this area.

Expenditure on food provision is £6,000 over budget profile. This is despite an increase in budget from 2018/19 of £12,000. The council's increased portfolio of care homes will open up procurement opportunities which could produce cost savings in this area amongst others.

St Luke's Care Home

St Luke's is a 56 bed care home providing residential and nursing care specialising in support for older people with dementia. Halton Borough Council acquired the care home in October 2019. The budget is £1,063,000. At the end of third quarter, St Luke's net expenditure is £86,000 over budget profile.

Employee related expenditure is £61,000 over budget profile, with £18,000 spent to date on overtime and £133,000 on agency staff covering vacant posts. The transfer of staff to Halton Borough Council has left vacant posts in the current structure and spending on overtime and agency staff is expected to rise further during the final quarter of the financial year. Work is already underway to review the staffing requirements for rotas at the care home.

Premises related expenditure is £16,000 over budget profile. The main areas of concern are repairs and maintenance to the building and utility bills. It is anticipated that the costs for repairs and maintenance will continue to increase in the final quarter of the year. Halton Borough inherited the utility suppliers, but arrangements have been made to transfer to corporate contracts.

St Patrick's Care Home

St Patrick's is a 40 bed dementia care nursing home. Halton Borough Council acquired the care home in October 2019. The budget is £726,000. At the end of third quarter, St Patrick's net expenditure is £11,000 over budget profile.

Employee related expenditure is £6,000 under budget profile. Work is already underway to review the staffing requirements for rotas at the care home.

Premises related expenditure is £15,000 over budget profile. The main areas of concern are repairs and maintenance to the building and utility bills. It is anticipated that the costs for repairs and maintenance will continue to increase in the final quarter of the year. Halton Borough inherited the utility suppliers, but arrangements have been made to transfer to corporate contracts.

This new division needs to be carefully monitored throughout the remainder of the financial year and will continue to be a pressure area in 2019/20 and beyond.

Capital Projects as at 31st December 2019

	2019-20 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Bredon	30	26	26	4
Carefirst Upgrade	362	362	362	0
Orchard House	407	34	34	373
Purchase of 2 Adapted Properties	512	130	124	388
Total	1,311	552	546	765

Comments on the above figures:

The upgrade to the Carefirst system will result in significant annual savings to the licence fee. These savings are being utilised to fund the capital purchase costs over a 5 year period

The Orchard House allocation relates to the purchase and re-modelling of a previously vacant property, to provide accommodation for young adults who have a Learning Disability and Autism. The scheme was approved by Exec. Board on 15 November 2018. The £407,000 capital allocation in the current year reflects the projected remodelling and refurbishment costs of the property following its purchase in March 2019.

The capital allocation for the purchase of land and construction of 2 properties relates to funding received from the Department Of Health under the Housing & Technology for People with Learning Disabilities Capital Fund. The funding is to be used to meet the particularly complex and unique needs of two service users. The purchase of suitable land was completed in September 2019, and construction work is set to start imminently.

COMPLEX CARE POOL

Revenue Budget as at 31 December 2019

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Forecast Variance (overspend)
	£'000	£'000	£'000	£'000	£'000
<u>Expenditure</u>					
Intermediate Care Services	5,890	4,070	4,203	(133)	(232)
End of Life	200	150	147	3	4
Sub-Acute	1,940	1,067	1,052	15	33
Joint Equipment Store	613	408	425	(17)	(25)
CCG Contracts & SLA's	3,458	437	395	42	49
Intermediate Care Beds	599	449	449	0	0
BCF Schemes	1,514	127	115	12	16
Carers Breaks	444	410	345	65	87
Oakmeadow	1,614	958	963	(5)	(14)
B3 Beds	1,226	866	945	(79)	(131)
Adult Health & Social Care Services:					
Residential & Nursing Care	18,883	14,873	15,516	(643)	(941)
Domiciliary & Supported Living	14,245	9,787	8,834	953	1,400
Direct Payments	8,022	7,614	9,226	(1,612)	(3,016)
Day Care	445	239	349	(110)	(157)
Total Expenditure	59,093	40,992	42,964	(1,972)	(2,927)
<u>Income</u>					
Residential & Nursing Income	-6,966	-4,523	-4,620	97	121
Domiciliary Income	-1,432	-881	-907	26	50
Direct Payments Income	-581	-357	-436	79	151
Winter Pressures	-639	-479	-479	0	0
BCF	-10,377	-7,782	-7,782	0	0
CCG Contribution to Pool	-15,112	-11,217	-11,217	0	0
ILF	-656	-328	-328	0	0
Oakmeadow Income	-604	-453	-450	(3)	0
Income from other CCG's	-126	-98	-98	0	0

Falls Income	-60	-45	-45	0	0
Total Income	-36,553	-26,163	-26,362	199	322
Net Department Expenditure	22,540	14,829	16,602	(1,773)	(2,605)
HCCG liability			-850	850	1,138
Adjusted Net Dept. Expenditure	22,540	14,829	15,752	(923)	(1,467)

Comments on the above figures:

The overall position for the Complex Care Pool budget is £1,773k over budget profile at the end of the third financial quarter and the forecast year end position is expected to be approximately £2,605k. It should be noted that the CCG are financially responsible for their overspend under the current pool budget agreement, therefore this reduces the year end liability for the council to £1,467k.

Intermediate Care Services includes the Therapy and Nursing teams, Rapid Access Rehabilitation (RARS), Reablement service and the Hospital team. The projected overspend relates to the Reablement service delivering an additional 8,000 hours of care than originally planned due to increased demand for the service.

Expenditure on **Carer's Breaks** is under budget profile by £65k as at the end of December. A couple of contracts have ended and the personalised break costs from Halton Carer's Centre continue to be quite low.

B3 beds - Budgetary provision has now been identified to help fund the costs relating to B3 beds up to the end of November 2019 plus the new Community Reablement model. These costs will be circa £1.3m and will be met from the Better Care Fund Development Fund, and slippage relating to Winter Pressure schemes (Intermediate Care, Spot purchase Beds and Domiciliary Care Crisis) and Additional Better Care Fund scheme (Reducing Pressure,NHS).

Health & Social Care –

The Health and Social Care budget is a mix of residential, domiciliary and direct payments and is funded by both HCCG (Continuing Health Care (CHC) & Funded Nursing Care (FNC)) and HBC (Social Care). The financial performance by funding type is analysed below:

HBC

Service Type	Annual Budget £000	Projected Spend to Year-end £000	Projected Out- turn Variance Under / (Over) £000
Residential & Nursing Care	14,939	15,585	(646)
Domiciliary Care, Supported Living & Day Care	8,284	7,857	427
Direct Payments	7,308	8,661	(1,353)
Residential & Nursing Income	-6,933	-7,054	121
Domiciliary Care Income	-1,431	-1,482	51
Direct Payments Income	-581	-727	146
ILF	-656	-656	0
Residential Income from other CCG's	-126	-126	0
SUB TOTAL	20,804	22,058	(1,254)

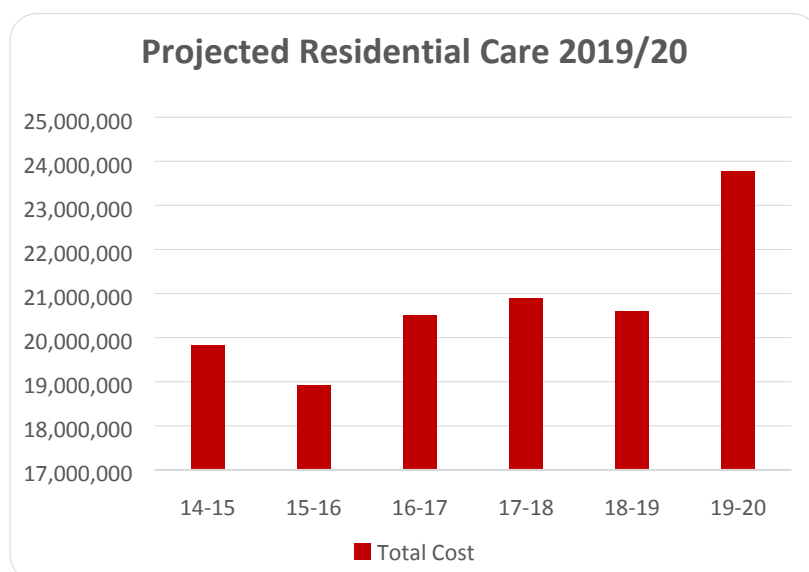
HCCG CHC & FNC

Service Type	Annual Budget £000	Projected Spend to Year-end £000	Projected Out-turn Variance Under / (Over) £000
Residential & Nursing Care	5,595	5,890	(295)
Domiciliary Care, Supported Living & Day Care	3,563	3,434	(129)
Direct Payments	1,414	2,377	(963)
FNC - Residential & Nursing Care	1,043	1,052	(9)
SUB TOTAL	11,615	12,753	(1,138)
TOTAL HEALTH & SOCIAL CARE	32,719	34,811	(2,392)

The Health and Social Care budget is very volatile as it is demand driven. The financial recovery working group remains in place to look at addressing/easing the current cost pressures within health and social care, whilst ensuring the needs of clients continue to be met. Expenditure has been analysed in more detail below:

Residential/Nursing Care

The table below shows the total spend for residential and nursing care over the last 6 years, for both council and CCG funded care packages. Expenditure on these services has increased by 20% since 2014/15 and 14% in the last 2 years.



In 2017 the CCG committed to reduce the number of CHC eligible service users and this can be evidenced from the figures below. Although this results in a reduction of Continuing Health Care (CHC) costs, there is no saving to the pool budget, as the service users become funded by either the council & funded nursing care (FNC) or joint funded between both partners. The table below shows that the numbers of clients deemed eligible for CHC have halved since 2017/18.

CHC ELIGIBLE NUMBERS

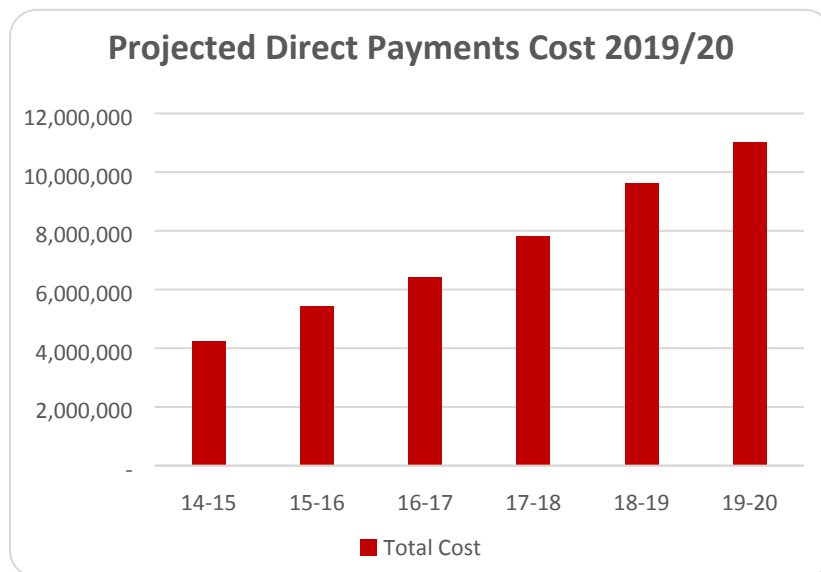
Year	Client Numbers
2017/18	63
2018/19	35
2019/20	30 to date

Direct Payments

There has been a significant increase in the number of Direct Payments (DP's) in the last 6 years, see graph below. Expenditure on DP's has increased more than 2 fold since 2014 and in the last 2 years alone costs have risen by 150% exerting pressure on the pool budget. The trend of service users choosing this service over a traditional commissioned domiciliary care package will continue as it provides a more flexible, personalised service.

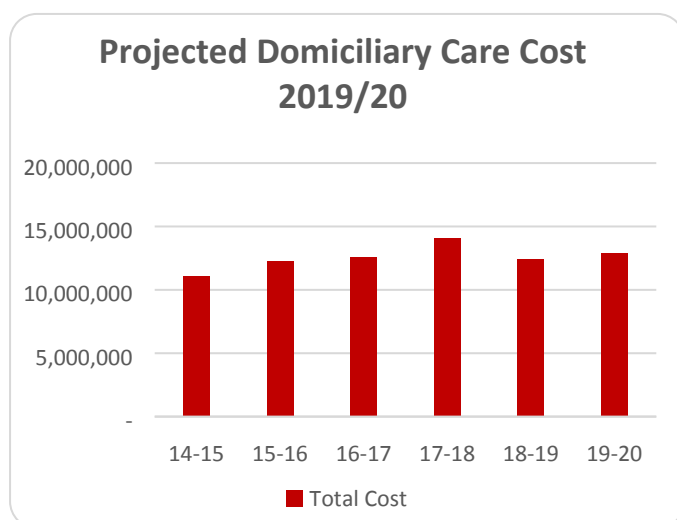
The number of Direct Payment awards as at 31 December was 605, compared to 564 at the start of the financial year. During the past quarter alone the net additional cost of Direct Payment care packages was £14k per week, equating to £728k over the course of the year.

There has also been an increase in the number of service users commissioning services from agencies, which charge more than the council's contract rate of £14.50 per hour. These are generally complex needs clients whose needs cannot be met by our contracted providers. The annual projection for these clients to date is over £162k.



Domiciliary & Supported Living

The number and associated costs of these services are reducing as service users take up Direct Payments. Expenditure from 2014 to date is shown below:



Pooled Budget Capital Projects as at 31 December 2019

	2019-20 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	601	450	413	188
Stair lifts (Adaptations Initiative)	256	190	173	83
RSL Adaptations (Joint Funding)	260	190	181	79
Oak Meadow Redesign	105	70	70	35
Millbrow	107	80	80	27
Madeline McKenna Care Home	20	14	14	6
St Luke's Care Home	1,300	1,020	1,017	283
St Patrick's Care Home	1,100	1,040	1,037	63
Total	3,749	3,054	2,985	764

Comments on the above figures:

The scheme to refurbish Oak Meadow follows recommendations made in the Care Quality Commission report of December 2018. This scheme is wholly funded by government grant income, and an agreed contribution from St Helen's and Knowsley Teaching Hospitals NHS Trust. The project commenced in the winter of 2018/19; the £105,000 capital allocation in current year represents the funding carried forward from the previous financial year to enable the project's completion.

Both St Luke's and St Patrick's care homes were purchased by Halton Borough Council on 30 September 2019. The two establishments are now under the management of the Council's Adult Social

Care department. The capital allocations reflect funding for the purchases, and the initial refurbishment/remodelling costs.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 31st December 2019

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance to Date (under spend) £'000	Forecast Outturn Position £'000
<u>Expenditure</u>					
Employees	3,690	2,768	2,720	48	67
Other Premises	5	0	0	0	0
Supplies & Services	296	227	165	62	80
Contracts & SLA's	6,586	4,281	4,348	(67)	(95)
Transport	10	7	6	1	1
Other Agency	18	18	19	(1)	(1)
Total Expenditure	10,605	7,301	7,258	43	52
<u>Income</u>					
Other Fees & Charges	-86	-82	-76	(6)	(8)
Government Grant	-9,919	-7,442	-7,442	0	0
Reimbursements & Grant Income	-229	-200	-193	(7)	(9)
Transfer from Reserves	-405	-44	-44	0	0
Total Income	-10,639	-7,768	-7,755	(13)	(17)
Net Operational Expenditure	-34	-467	-497	30	35
<u>Recharges</u>					
Premises Support	143	107	107	0	0
Central Support Services	786	589	589	0	0
Transport Recharges	23	17	16	1	0
Support Income	-17	-17	-17	0	0
Net Total Recharges	935	696	695	1	0
Net Department Expenditure	901	229	198	31	35

Comments on the above figures

In overall terms, the Net Department Expenditure for the third quarter of the financial year is £31,000 under budget profile.

Employee costs are currently £48,000 under budget profile, due to savings on a small number of vacancies and reductions in hours, within the Health & Wellbeing Division. The staff savings target of £32,000 will be achieved in full by the end of the financial year.

Budgeted employee spend is based on full time equivalent staffing numbers of 87.

Supplies and services expenditure is being kept to essential spend only and Managers continue to closely monitor this controllable expenditure.

Contracts and SLA's expenditure is £67,000 above budget profile and this is expected to continue for the remainder of the financial year. As spend against the Public Health Grant must balance to nil at the end of the financial year, it is anticipated that funds will be drawn down from the balance sheet to meet these costs.

Income received is currently running below target and is projected to continue to do so for the remainder of the financial year. This is in the main due to savings of £50,000 being applied to income targets included in the Department's budget, which are not achievable.

There is also an underachievement of pest control income, which is expected to continue for the remainder of the financial year. Due to staff sickness, it has been difficult providing a full pest control service. However, this shortfall in income has been offset by the reimbursement from Wirral LA for services provided by the PH Consultant.

The expected outturn position for the department to 31 March 2020 based on the current levels of income and expenditure is anticipated to be circa £35,000 under budget.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress

Green



Objective
Indicates that the objective is on course to be achieved within the appropriate timeframe.

Performance Indicator
Indicates that the annual target is on course to be achieved.

Amber



Indicates that it is uncertain or too early to say at this stage, whether the milestone/objective will be achieved within the appropriate timeframe.

Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.

Red



Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.

Indicates that the target will not be achieved 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 **performance is better** as compared to the same period last year.*

Amber



*Indicates that **performance is the same** as compared to the same period last year.*

Red



*Indicates that **performance is worse** as compared to the same period last year.*

N/A

Indicates that the measure cannot be compared to the same period last year.