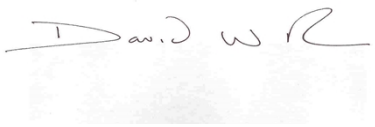
Public Document Pack

Health Policy and Performance Board

Tuesday, 29 September 2020 at 6.30 p.m.
Via remote access (please contact below for instructions)



Chief Executive

BOARD MEMBERSHIP

Councillor Joan Lowe (Chair)	Labour
Councillor Sandra Baker (Vice-Chair)	Labour
Councillor Lauren Cassidy	Labour
Councillor Mark Dennett	Labour
Councillor Eddie Dourley	Labour
Councillor Pauline Hignett	Labour
Councillor Chris Loftus	Labour
Councillor Margaret Ratcliffe	Liberal Democrats
Councillor June Roberts	Labour
Councillor Pauline Sinnott	Labour
Councillor Geoff Zygadllo	Labour

Please contact Ann Jones on 0151 511 8276 or e-mail ann.jones@halton.gov.uk for further information.
The next meeting of the Board is on Tuesday, 24 November 2020

ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC

Part I

In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 11 August 2020 via remote access

Present: Councillors J. Lowe (Chair), Baker (Vice-Chair), Cassidy, Dennett, Dourley, P. Hignett, C. Loftus, Ratcliffe and Zygadllo

Apologies for Absence: Councillors June Roberts, Sinnott and D. Wilson

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, A. Jones, D. Nolan, L Wilson, H. Moir and P. Preston

Also in attendance: Councillor R. Hignett (in accordance with Standing Order Number 33), L. Thompson – NHS CCG and one member of the press

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HEA1 MINUTES

The Minutes of the meeting held on 25 February 2020 having been circulated were signed as a correct record.

HEA2 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

HEA3 HEALTH AND WELLBEING MINUTES

The minutes from the Health and Wellbeing Board meeting held on 15 January 2020 were provided for the information of the Board.

RESOLVED: That the minutes be noted.

HEA4 HOMELESSNESS SERVICES UPDATE

The Board received a report from the Strategic Director – People, which provided an update of the homelessness service provision and its robust activity during the COVID-19 pandemic. The Chair welcomed Councillor R. Hignett to the meeting, Portfolio Holder for Housing

Strategy and Homelessness.

It was reported that on 26 March 2020, the Ministry of Housing, Communities and Local Government (MHCLG) issued guidance to all local authorities, designed to ensure that everyone known to be rough sleeping, or those deemed to be at imminent risk of rough sleeping, would be offered accommodation. The purpose of the guidance therefore was to protect vulnerable clients from the risk of contracting COVID-19 with additional funding made available to support the response, where Halton was allocated £6,000.

It was noted that in line with the Homelessness Reduction Act 2017, local authorities had a statutory obligation to provide temporary accommodation to those in 'priority need' of housing. It was highlighted that the new COVID-19 guidance required local authorities to accommodate all clients, regardless of 'priority need' status. Members were advised that as no further guidance had been issued since by the MHCLG on when to revert to the statutory homelessness legislation, it was likely that the decision on when to do this would remain with the Local Authority.

The report discussed Halton's response to homelessness during the Pandemic and outlined future service development, agency engagement and continued activity towards reducing homelessness within the Borough.

The following information was also provided in response to Members questions:

- All hostels including the refuge were full to capacity and there had been transitions from these into long term accommodation via Halton Housing Trust, using vacant properties. They also hoped to secure further housing units for domestic abuse clients;
- The homelessness service team held weekly update meetings with partner agencies and providers;
- The work of partner agencies with the homelessness service during the pandemic had been exemplary;
- The service had been successful with a number of funding bids, which it was hoped would offset the costs incurred during the pandemic;
- A new funding bid would be submitted on 20 August and it was hoped that this would offset some of the budget deficit;
- There would always be clients who refused help offered to them and were unwilling to move onto permanent housing;

- It was hoped that the precedent set over the past few months would continue and homeless people would be able to settle into their own homes and move on; and
- Presently there were no known rough sleepers in the Borough and no clients were currently being accommodated in hotels.

Councillor Hignett conveyed his thanks to all staff in the homelessness service; partner agencies and hostels for their hard work and commitment during this unprecedented time.

RESOLVED: That the report is noted.

HEA5 HEALTH POLICY & PERFORMANCE BOARD ANNUAL REPORT - 2019/20

The Board received the Health Policy and Performance Board's Annual Report for April 2019 to March 2020.

The Chair conveyed her thanks to all Members of the Health Policy and Performance Board and supporting Officers, for their commitment and hard work throughout the year which had contributed to the Board's success.

RESOLVED: That the Annual Report for April 2019 to March 2020 be noted and recommended to full Council.

HEA6 HALTON HAVEN HOSPICE

The Board considered a report from the Chief Commissioner – Halton: NHS Halton Clinical Commissioning Group (CCG). The report informed of the actions taken by NHS Halton CCG following the Governing Body and Urgent Issues recommendations on 27 April, to suspend the Halton Haven Hospice Specialist consultant Palliative Care Service specification, and commence with a Nurse Led Palliative Care model, for 6 months with immediate effect.

Attached with the report were the following documents:

- A 'Service Suspension Notice' from the Chief Commissioner NHS Halton CCG dated 9 April; and
- *Halton Haven Hospice – change to services with immediate effect,* formal communications circulated to relevant parties.

Members noted the details in the report and in particular the temporary suspension notice and change to the service specification for Halton Haven Hospice, from specialist Consultant Palliative Care Led Service to a Nurse Led Service, for a period of 6 months commencing 8 April 2020. It was also noted that the suspension notice would be continuously reviewed and monitored through the contractual governance arrangements.

RESOLVED: That the report and associated appendices be noted.

HEA7 ADULT CARE HOME RESILIENCE PLAN

The Board received a report from the Strategic Director – People, that presented Halton's Adult Care Home Resilience Plan, which had been developed in light of the Coronavirus Pandemic.

It was reported that the COVID-19 Pandemic had presented an unprecedented challenge for Adult Social Care and there had been an extraordinary amount of work undertaken throughout the Country between local authorities and care providers at the forefront, working in partnership with the NHS.

A letter was sent to local authority leaders from Helen Whately MP, Minister of State for Care, requesting that they review or put in place a care home support plan. By the time the letter was sent on 14 May, extensive work had already taken place across the health and social care sector in Halton to ensure the response to the crisis was robust and effective. In respect of the Care Home sector, this work had already been collated into Halton's overarching Adult Care Home Resilience Plan, this plan was therefore reviewed and updated in light of the letter received. Members were referred to the Plan at appendix one of the report – *Adult Care Homes Resilience Plan: Coronavirus (COVID-19) Pandemic,* which was a working document.

The report discussed the areas addressed in the Resilience Plan and outlined the support that was in place, presenting some examples for Members information.

Members raised concern over the under occupancy of care homes since the pandemic and the fact that this raised its own challenges with regards to funding. It was understood that confidence levels in the community were low since Covid-19 and some people were choosing to nurse and support relatives at home. It was reported that

some financial support had been provided to the Council led care homes and a request for funding from Government would be made for care homes across the board.

RESOLVED: That the Board notes the report and associated Adult Care Homes Resilience Plan.

HEA8 QUALITY ASSURANCE IN CARE HOMES

The Board was presented with a report from the Strategic Director – People, that highlighted key issues with respect to Quality Assurance in Care Homes and Domiciliary Care.

It was noted that a key priority for Halton was to ensure the provision of a range of good quality services to support adults requiring commissioned care in the Borough. Additionally the Care Act 2014 had put this on a statutory footing requiring a choice of diverse high quality services that promoted wellbeing. In Halton there were 25 registered care homes providing 771 beds, operated by 14 different providers. It was reported that the Local Authority was now the largest provider of older people's care beds in the Borough, supporting 163 beds.

Members discussed the information provided as well as the care home and domiciliary care ratings given in accordance with the CQC and Halton's Quality Assurance Team. It was noted that Halton performed above the sub regional average for care homes in the categories of good and outstanding when rated in July 2020 and there were no inadequate care homes in the Borough at that time. It was commented that Ryan Care Residential Home was closing on Friday and all residents had been rehoused.

RESOLVED: That the report be noted.

HEA9 PERFORMANCE MANAGEMENT REPORTS, QUARTER 4 2019/20

The Board received the Performance Management Reports for quarter 4 of 2019-20.

Members were advised that the report introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in quarter 4 of 2019-20. This included a description of factors, which were affecting the service.

The Board was requested to consider the progress and performance information and raise any questions or points for clarification; and highlight any areas of interest or concern for reporting at future meetings of the Board.

It was commented that there were no areas of concern for this quarter and some of the metrics had ceased to be collected since March, due to the pandemic.

RESOLVED: That the Performance Management Reports for quarter 4 be received.

Meeting ended at 7.20 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 29 September 2020

REPORTING OFFICER: Strategic Director, Enterprise, Community & Resources

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2 Details of any questions received will be circulated at the meeting.

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

(i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.

(ii) Members of the public can ask questions on any matter relating to the agenda.

(iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.

(iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.

(v) The Chair or proper officer may reject a question if it:-

- Is not about a matter for which the local authority has a responsibility or which affects the Borough;
- Is defamatory, frivolous, offensive, abusive or racist;
- Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or

- Requires the disclosure of confidential or exempt information.

(vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.

(vii) The Chair will ask for people to indicate that they wish to ask a question.

(viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.

(ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton** - none.

6.2 **Employment, Learning and Skills in Halton** - none.

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

6.5 **Halton's Urban Renewal** – none.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

8.1 There are no background papers under the meaning of the Act.

REPORT TO:	Health Policy and Performance Board
DATE:	29 September 2020
REPORTING OFFICER:	Sarah Johnson-Griffiths – Consultant in Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	COVID-19 Response Update
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

1.1 To provide the Board with a presentation covering the most recent data on COVID-19 Coronavirus; latest update on Halton outbreak support team approach, and Halton's testing approach in the community and for schools.

2.0 RECOMMENDATION: That

2.1 That the presentation content be noted.

3.0 SUPPORTING INFORMATION

3.1 While COVID-19 Coronavirus presents an unprecedented challenge, well-established local arrangements for public health are being used as the basis of an enhanced response. The pandemic has had a profound impact on the Council's finances, its staff, all of its services and the way it operates. This response is dynamic and in order to provide the most up to date information a presentation will be provided.

3.2 The presentation will cover the most recent COVID-19 Coronavirus figures for Halton. An update on how the Halton outbreak support team are working within the contain framework to successfully identify and manage local outbreaks using information from NHS Test and Trace and how this works with the Cheshire Hub.

3.3 The presentation will also detail the most recent information on Halton's testing approach in the community and for schools.

4.0 POLICY IMPLICATIONS

4.1 There are no specific implications in respect of Council policy.

5.0 FINANCIAL IMPLICATIONS

5.1 There is ring fenced allocated funding for outbreak response.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The outbreak response will protect the health of children and young people in Halton.

6.2 Employment, Learning and Skills in Halton

N/A.

6.3 A Healthy Halton

The outbreak response will protect the health of people in Halton.

6.4 A Safer Halton

The outbreak response will protect the health of people in Halton.

6.5 Halton's Urban Renewal

None.

7.0 RISK ANALYSIS

The outbreak response team will reduce the risk to local people from an outbreak.

8.0 EQUALITY AND DIVERSITY ISSUES

There are no equality or diversity issues as a result of the actions outlined in the presentation, however among people already diagnosed with COVID- 19, people who were 80 or older were seventy times more likely to die than those under 40. Risk of dying among those diagnosed with COVID-19 was also higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 29th September 2020

REPORTING OFFICER: Chief Commissioner, NHS Halton CCG

PORTFOLIO: Health and Wellbeing

SUBJECT: NHS 111 First

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Board on the progress of the NHS 111 First Project

2.0 **RECOMMENDATION: That:**

i) The Board note progress and update

3.0 **SUPPORTING INFORMATION**

3.1 NHS 111 First is a national programme that will be rolled out in all systems by December 2020.

3.2 With COVID still a real and present risk we must maintain our adapted responses to delivery:

- Remote assessment and management where possible
- Avoiding crowding in Emergency Departments and other Face to Face (F2F) services (to minimise nosocomial infection)
- Ensuring we look after vulnerable patients
- Maintaining staff safety

3.3 NHS 111 or your GP practice (both online and telephony) are the first places to go when experiencing a health issue that is not immediately life threatening:

- Encouraging people to access remote assessment first, before attending any services
- Ideally using digital routes to care, but supporting telephony and improved F2F where patients, e.g. in vulnerable groups, need them
- Deploying the optimal level of clinical assessment via the Clinical Assessment Service (CAS)
- Using new technologies to the limits of their capabilities
- Opening up new direct referral routes into services and opportunities to book attendance slots/appointments

3.4 The national expectation is:

- 20% (c.400,00) of current “unheralded” “unannounced” ED attendances should access remote assessment via 111
- 10% reduction in ED attendances
- Booking solution in all EDs by December 2020:
- 111 Outcomes to be ‘validated’ by a Clinical Assessment Service (CAS)
- Triage and streaming solution required at ED front-door
- National and local communications campaigns
- Reporting on progress and evaluation into NHSEI

3.5 The Warrington system is one of two ‘early mover’ sites in the North West. Blackpool is the other ‘early mover’ site and went live with NHS 111 first on the 25th August 2020. The Warrington system will have gone live with NHS 111 first on the 8th September 20.

3.3 The Warrington System in this case refers to all patients who ordinarily use the Warrington Hospital Emergency Department (ED). This covers Warrington CCG population and the Runcorn part of the Halton Population.

3.4 The St Helens system will go live later which will include the Widnes population of Halton with a mobilisation date before December 2020.

4.0 POLICY IMPLICATIONS

4.1 No anticipated impact.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 For both Warrington and Halton CCG’s delivery of the In Hours CAS service to support the mobilisation of NHS 111 first will require additional investment. The investment was planned through the new Integrated Out of Hours service due to mobilise on the 1st April 2021, but the CAS element needs to be brought forward.

5.2 An interim solution for Warrington CCG has been agreed with PC24 to support mobilisation.

5.3 Discussions are ongoing re the bring forward of the Integrated Out of Hours Service In Hours CAS offer in readiness for other systems going live before December. This is being co-ordinated by Liverpool CCG as the lead commissioner for the new service.

5.4 CCG Director of Finance and the Warrington Urgent Issues Committee is aware of the plan for the Warrington system go live.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton** – none anticipated

6.2 **Employment, Learning & Skills in Halton** – none anticipated

6.3 **A Healthy Halton** – none anticipated

6.4 **A Safer Halton** – none anticipated

6.5 **Halton's Urban Renewal** – none anticipated

7.0 **RISK ANALYSIS**

7.1 Risks are being managed in the North West Operational Delivery Group and Programme Board.

7.2 Local risks are being managed and mitigated through the NHS 111 Project team and escalated through to the North West structure if required.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Risk Assessment (EIRA) has been completed and submitted to the CCG Urgent Issues Committee for endorsement. The document is live and expected to be updated as more information and feedback is received from the patient engagement groups and wider system.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the Act.

REPORT TO:	Health Policy & Performance Board
DATE:	September 2020
REPORTING OFFICER:	Chief Commissioner, NHS Halton CCG
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Halton Urgent Treatment Centres
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To update the Board on the designation and mobilisation of the Urgent Treatment Centres (UTCs)

2.0 RECOMMENDATION: That:

i) Members are asked to note the progress towards re classifying both Urgent Care Centres to become Urgent Treatment centres as of October 2020.

ii) Members are also asked to note the risks identified with the national contracting arrangements and the contract variations as noted in the body of the paper.

iii) Members are also asked to note the progress made to date and support the Chief Commissioner in advancing the UTC specification and national requirements.

3.0 SUPPORTING INFORMATION

3.1 With the recovery, restoration and reset plans well underway and the winter planning and phase 3 planning letter dated 31st July it is critical that our 2 Urgent Care Centres are fully operational and designated as Urgent Treatment Centres (UTCs) by the beginning of October 2020.

The steps as agreed with NHSE/I were that we will work on varying in the UTC specification within the contract with effect from the 1st August. This will include any associated quality schedules, key performance Indicators, Service Development Improvement Plans and sub-contracting agreements as previously agreed. The Financial Schedules have been subject to the regional review of prospective service changes to reflect this position.

Local agreements between commissioners and providers have

progressed but as part of the NHS response to COVID 19, current contracting arrangements comprise nationally-set block contracts between NHS providers and commissioners, with retrospective top-up funding issued by NHSE/I directly to organisations to support delivery of breakeven positions. The latest guidance 'Third Phase Response' confirms that written contracts with NHS providers for the remainder of 2020/21 **will not be required.** Any service transfers would need to be managed through this arrangement.

3.2 **Risks**

Due to the block contract arrangements described above, any reductions in the number of A&E attendances, Non-elective admissions etc as a result of operational UTCs will not have the financial impact assumed in the business case that supported the level of planned investment. This represents a financial risk to the CCG.

3.3 **Progress to date**

Due to Covid 19 both UTC's have been operating a total triage system, booking patients in where necessary and continuing to offer telephone and video conferencing appointments as and when clinically appropriate. They have been seeing patients face to face as and when possible and have managed to safely cohort patients to maintain all safety measures during the pandemic. As part of the recovery plan Runcorn UTC has now fully operationalised the walk in facility whilst Widnes has a phased approach. Contract variations, specifications, quality schedules and KPI's have all been agreed. Local sub-contracting arrangements have progressed between STHK and BCHCT and internal clinical governance and operational delivery plans are being finalised for mobilisation during August and September. 90% of the criteria for the 27 core standards agreed by all parties are being met.

The core set of standards for urgent treatment centres (UTC) cover areas such as:

a. Be able to access urgent treatment centres that are open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray.
b. Have a consistent route to access urgent appointments offered within 4hrs and booked through NHS 111, ambulance services and general practice. A walk-in access option will also be retained.
c. Increasingly be able to access routine and same-day appointments, and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate.
d. Urgent treatment centre to be part of locally integrated urgent

and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E services and other local providers.

e. Urgent treatment centres, and NHS 111, should support patients to self-care and use community pharmacy whenever it is appropriate to do so.
f. Patients who “walk-in” to an urgent treatment centre should be clinically assessed within 15 minutes of arrival, but should only be prioritised for treatment, over pre-booked appointments, where this is clinically necessary. Following clinical assessment, patients will be given an appointment slot, which will not be more than two hours after the time of arrival.
g. Patients who have a pre-booked appointment made by NHS 111 should be seen and treated within 30 minutes of their appointment time.
h. All urgent treatment centres should have access to investigations including swabs, pregnancy tests and urine dipstick and culture. Near patient blood testing, such as glucose, haemoglobin, d-dimer and electrolytes should be available. Electrocardiograms (ECG) should be available, and in some urgent treatment centres near-patient troponin testing could also be considered.
i. Bedside diagnostics and plain x-ray facilities, particularly of the chest and limbs, are desirable and considerably increase the assessment capability of an urgent treatment centre, particularly where not co-located with A&E. Where facilities are not available on site, clear access protocols should be in place. Commissioners will need to consider patient throughput in their cost benefit analysis where capital investment will be required.
j. All urgent treatment centres should be able to issue prescriptions, including repeat prescriptions and e-prescriptions

With the core 27 standards being met we also expect to see reduced attendances and conveyances to A&E as a result of this standardisation and simplified access, as well as improved patient conveniences and patient experience as patients will no longer feel the need to travel and queue at A&E. Attendances at the urgent treatment centres will count towards the four hour access and waiting times standard and should improve waiting times and overall patient satisfaction and outcomes.

The list above is a snapshot of the 27 core standards and demonstrates the improvements made in both centres and the rigorous approach to improve service delivery. The main difference between the 2 sites at present is the digital enabling elements, NHS Digital have agreed that the Widnes UTC could be signed off from a data requirements perspective during August 2020, whilst the digital solutions for Runcorn will not be signed off till September. This does not affect how patients will be seen and treated just that the data and information sharing agreements will be different for a short period of time. With the 111 first implementation this will increase

the usage of the 2 UTC and will support the borough in managing our patients effectively and closer to their homes.

3.4 **Clinical System developments**

Since the establishment of Halton UCC's both Widnes and Runcorn sites have utilised separate clinical systems. In 2017 Halton CCG successfully bid for Estates and Technology transformation funding to implement the Electronic patient record system (EMIS) clinical system within the UCC's. The strategic intention of this project was to create an out of hospital clinical system environment which allowed seamless transfer of patient care between urgent care, community and primary care settings. EMIS Clinical system was chosen as it would allow a direct interface with the Halton EMIS GP clinicals systems which was not possible with other systems. The project was placed on hold in 2019 due to functionality gaps in the EMIS urgent care module to meet the UCC specification, these functionality gaps were then compounded by the release of the revised National UTC specification.

Currently Widnes UCC is using TPP SystmOne provided by Bridgewater Informatics team. This team have made significant progress towards meeting the clinical system requirements for UTC. Further work is required on GP connect to enable bi direction appointment bookings between Halton GP practice EMIS systems and Widnes UTC, however, Bridgewater have been identified as one of the trial sites for this piece by NHS digital.

Runcorn UTC are currently utilising the clinical system Lorenzo which is deployed across WHHFT. This system is designed for use in Acute trusts and AED departments so is not currently compatible with some of the more community/primary care facing digital requirements in the UTC Specification.

Prior to Covid-19 it was agreed based on a clinical audit of current systems available (SystmOne, Lorenzo, EMIS) that the easiest short-term solution would be to migrate Runcorn UTC onto SystmOne as at that time it was the clinical system of choice which met 90% of the UTC digital requirements.

Following this feedback, the UTC IT group were planning to assess the EMIS urgent care module against the UTC requirement and report back to the UTC leader group with the identified risks, required mitigations and potential timescales and resources required for implementation. Unfortunately, this process was interrupted by the arrival of COVID-19 and this work has been placed on hold since.

WHHFT are currently looking into purchasing SystmOne to facilitate

the 111 first initiative. This hybrid system approach will then enable Runcorn UTC and Warrington AED to receive bookings from 111 and book appointments bi-directionally with Halton and Warrington practices. This would be an interim solution to meet the 111 bookings direction, but further work would still be required to identify and implement a long-term solution for Runcorn UTC.

4.0 POLICY IMPLICATIONS

4.1 The designation of the UTCs will all a change in conveyance of patients away from A&E by the ambulance teams, as well as direct book by 111 into clinic slots for patients who have called 111 First.

4.2 System interoperability will allow the sharing of care records across the health care system for patients attending the UTCs

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The current NHS contractual arrangement during the pandemic has all hospitals income fixed until the end of March 2021. Therefore, the financial savings anticipated from the reduction in activity at the A&E sites will not be available to offset the costs of the UTC development and is a cost pressure to the CCG.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton** – expectations are for more children to be able to be assessed and treated at the UTC, rather than attending A&E and usually being admitted to the Paediatric Assessment Unit

6.2 **Employment, Learning & Skills in Halton**

6.3 **A Healthy Halton** – The UTCs are a key component in the provision of care close to peoples communities, offer an urgent and rapid response for diagnostic, assessment and treatment.

6.4 **A Safer Halton**

6.5 **Halton's Urban Renewal**

7.0 RISK ANALYSIS

7.1 The key financial risk relates to the current contractual arrangements during the pandemic period.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 No equality and diversity issues have been identified.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 29th September 2020

REPORTING OFFICER: Chief Commissioner, NHS Halton CCG

PORTFOLIO: Health and Wellbeing

SUBJECT: Adult ADHD Service

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 **To update on Adult ADHD Service**

2.0 **RECOMMENDATION: That:**

i) Update is noted

3.0 **SUPPORTING INFORMATION**

3.1 NHS Halton CCG commission an Adult ADHD service from North West Boroughs Community Heath Foundation Trust. The provider gave notice on the service in September 2019 and closed the service to new referrals in November 2019.

3.2 The service is a Pan Borough provision that is jointly commissioned with other mid Mersey CCG's (Warrington, Knowsley and St Helens). Each CCG has been exploring alternative options for future service delivery that will meet NICE Guidance and deliver assessment , titration of medication for those diagnosed with ADHD and ongoing prescribing and/or annual oversight for patients who are then transferred for ongoing medication prescribing to their GP under a Shared Care Protocol. Halton is the only area in Mid Mersey that has successfully implemented and funded Shared Care and subsequently will require a slightly different service provision in the short term from the other Mid Mersey CCG's. This adds an extra level of complexity to securing future service provision

3.3 The primary option for future delivery of this service was a joint venture with a partner CCG regarding continuation of provision by the current provider following revision of the investment to ensure sufficient capacity to meet demand.

3.4 Unfortunately, due to some difficulties in securing investment from the partner CCG this option is now no longer viable

Consequently, a secondary option is being explored with an alternative provider to understand the costs associated with

- Clearance of the current waiting list
- Titration of patients diagnosed
- Ongoing oversight to support shared care for a limited period
- Prescribing for the existing caseload and any new cases not suitable for transfer to Shared Care

Once feasibility and costs have been clarified a proposal will be made to the Integrated Management Team of NHS Halton CCG for a decision on supporting the proposal

The proposal will give the opportunity of a 12 months window to explore other longer term options which may become available due to the changing landscape of mental health provision in Merseyside and Cheshire

4.0 POLICY IMPLICATIONS

4.1 None

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Costs will be incurred for by the CCG

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

A small number of children aged over 16yrs are currently being held within the paediatric commissioned service with Bridgewater Community Foundation Trust as they cannot transition to the Adult Service however as Halton has a shared care offer we are working with local GP's to support their transition.

6.2 Employment, Learning & Skills in Halton

N/A

6.3 A Healthy Halton

None

6.4 A Safer Halton

N/A

6.5 Halton's Urban Renewal

N/A

7.0 **RISK ANALYSIS**

7.1 Currently the risks to patients and service delivery have been mitigated and plans are in place.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 29 September 2020

REPORTING OFFICER: Chief Commissioner, NHS Halton CCG

PORTFOLIO: Health and Wellbeing

SUBJECT: Stroke Service

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Board on the status of the realignment of Stroke services across the Mid-Mersey health economy

2.0 **RECOMMENDATION: That:**

i) The Board note that the reconfiguration of Stroke Services between St Helens and Knowsley Hospitals and Warrington and Halton Hospitals is complete.

ii) The Board note that Whiston Hospital site has been designated at the hyper acute unit, receiving all stroke patients requiring acute care, and has ring fenced beds for both the acute and rehabilitation phase. Warrington Hospital has a dedicated stroke rehabilitation unit.

3.0 **SUPPORTING INFORMATION**

3.1 In 2018 the reconfiguration of stroke services between St Helens and Warrington Hospital began and were completed by the end of the same year.

3.2 Patients first presenting and potentially requiring thrombolysis will be transferred to Whiston Hospital for their confirmed diagnosis and treatment and will be admitted to the stroke ward. Following their acute phase, they will be transferred to the rehabilitation unit either at Whiston Hospital or to Warrington Hospital depending on their residence and preference.

3.3 The pathways and processes have worked well and the relationship between the two acute trusts and the community stroke service has remained strong. The majority of patients are managed in their acute phase within the 72 hours anticipated and transferred to the rehabilitation service to support them back to their own homes.

3.4 The number of patients presenting with a stroke or a transient ischaemic attack (TIA) significant decreased during the initial period of the pandemic, raising concerns that patient in need were remaining at home more concerned about the risks of corona virus than those of their symptoms. The number of cases has now increased following the communication campaigns to advise the public not to ignore the symptoms that could relate to a more serious condition.

3.5 The Stroke Association have continued to provide support to Halton patients and families during the pandemic period and have adopted a range of remote and virtual offering for patients who were shielded and to comply with the infection control requirements.

4.0 POLICY IMPLICATIONS

4.1 The stroke care pathways are now well embedded into the local system and have operated effectively.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There is an expectation that there will be a requirement for additional beds at both sites and additional patient transport capacity in order to fully implement the reconfiguration.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton** – none anticipated

6.2 **Employment, Learning & Skills in Halton** – none anticipated

6.3 **A Healthy Halton** – stroke patients will receive high quality dedicated care in the hyper acute unit in a timely manner to deliver the best outcomes.

6.4 **A Safer Halton** – none anticipated

6.5 **Halton's Urban Renewal** – none anticipated

7.0 RISK ANALYSIS

7.1 The risks to the system for the reconfiguration has been managed within the Mid-Mersey Stroke Board and are being regularly assessed and mitigated.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 An equality and diversity assessment has previously been undertaken as part of the wider engagement programme for the reconfiguration.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the Act.

REPORT TO:	Health Policy & Performance Board
DATE:	29th September 2020
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Children, Education & Social Care
SUBJECT:	Home Assistance Policy 2020-2023 & Home Adaptations for Disabled People Policy & Procedure
WARDS:	Borough wide

1.0 PURPOSE OF REPORT

1.1 To present PPB with drafts of the following two inter-related policies for review and comment:

- Home Assistance Policy 2020-2023 (public-facing document); and
- Home Adaptations for Disabled People Policy & Procedure (for staff).

1.2 To highlight to PPB some minor changes to practice to be brought in by these updated policies (see section 4.0), which will align all adaptations with the successful extended warranty approach already in place for stair lifts. Additional background information regarding the approach is provided at appendix 1.

2.0 RECOMMENDATION

RECOMMENDED: That

(1) The report be noted; and
(2) PPB comment on the revised policies, in particular the changes to practice.

3.0 SUPPORTING INFORMATION

3.1 The two policy documents presented are both concerned with the Council's provision of housing adaptations to assist disabled people to continue living independently at home when appropriate. One is a public facing document and the other is aimed at staff:

- The Home Assistance Policy 2020-2023 policy describes how the Council will use its powers under the Regulatory Reform (Housing Assistance) (England and Wales) Order (RRO) 2002 to provide housing adaptations for disabled people. This is a public-facing document and local authorities must have such a policy in place if they wish to make use of their powers under the RRO.

- The Home Adaptations for Disabled People Policy & Procedure sets out the policy, procedure and practice associated with the provision of minor and major housing adaptations for disabled people living in Halton. This is a policy and procedure document for staff and is intended to assist those in the Initial Assessment Team and the Home Improvement Service to follow the local procedures in place.

3.2 The Home Assistance Policy replaces the Disabled Facilities Grant (DFG) Policy Statement that was developed in 2017 in order to set out the Council's policy position in relation to how DFG funds were designated.

3.3 There has previously been a Housing Adaptations Manual but this has been out-of-date for some time. The revised Adaptations Policy presented today has been subject to delays connected to work around a new model and contract for the provision of stair lifts.

3.4 Extensive work has taken place with relevant colleagues (detailed below) to ensure the policies are accurate and up-to-date:

- Divisional Manager, Independent Living Services;
- Practice Manager, Occupational Therapy, Initial Assessment Team;
- Project Leader, Home Improvement Service;
- Representatives from the Finance Department.

3.5 The Home Assistance Policy has been developed taking into account guidance published by Foundations 'Preparing a Policy under the Regulatory Reform Order (2002) Housing Renewal'. Foundations is the national body for Home Improvement Agencies and lead on the transformation of DFGs. The guidance sets out, based on the contents of the Order, what elements should be included in a policy prepared under the RRO. The draft policy presented includes the required elements.

3.6 In addition, as stated on page 6 of the Foundations guidance, in order to make use of the RRO, local authorities must comply with the following conditions:

- There must be a formally adopted policy in place, which sets out how the authority intends to use its powers;
- There must be notice to the public that a policy is in force;
- They must ensure that a copy of the full policy is available to the public for free at the council offices;
- There must be a summary document available on request (though a small charge to cover costs may be allowed).

Adults SMT considered the above points when the policies were presented for approval in July. It was agreed that the policy will be made available on the Council's website and promoted via press release and social media. Printed copies will be available on request via the Contact Centre / HDL offices. A summary document was not thought to be necessary given that the policy itself is not a lengthy document.

4.0 POLICY IMPLICATIONS

4.1 The attached policies detail how the Council's standard position is now that mechanical lifts, wash/dry toilets and adjustable height products will be provided with an extended warranty for a period of five years. After this period, the item becomes the responsibility of the individual in terms of ongoing maintenance and repair. This follows on from the successful change in model for stair lift provision to address the escalating costs of maintenance.

4.2 The only exception to this is ceiling track hoists, which need to be treated differently given the fact that they are subject to LOLER (Lifting Operations and Lifting Equipment Regulations) testing and are used by commissioned care staff. It is therefore proposed that ceiling track hoists are provided with a 10 year warranty, which represents the life cycle of the hoist.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The adaptations described in the attached policies are funded through the Council's DFG allocation

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

Children & Young People in Halton

N/A

Employment, Learning & Skills in Halton

N/A

A Healthy Halton

N/A

A Safer Halton

None identified

Halton's Urban Renewal

N/A

7.0 RISK ANALYSIS

7.1 In order to make use of powers under the RRO, local authorities must have a suitable policy in place. The existing DFG Policy Statement does not fully meet with the requirements of a policy prepared under the RRO (as described in the Foundations guidance referred to above). The Home Assistance Policy presented alongside this report will therefore ensure the Council is protected from any potential challenge.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 An Equality Impact Assessment (EIA) has been complete completed and is attached for information.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 None under the meaning of the Act.

Appendix 1: Background information regarding extended warranty approach

The Home Assistance Policy and the Home Adaptations for Disabled People Policy & Procedure detail a change in practice that brings other adaptations in line with the successful approach already taken with stair lifts.

In February 2018, Executive Board approved the new model for stair lift provision. Prior to this, stair lifts were installed with a standard two year-warranty after which ongoing servicing and maintenance would be via a maintenance contract funded through social care budgets. The new model saw stair lifts being installed with an extended five year warranty at the point of installation funded via the Council's Disabled Facilities Grant (DFG) allocation and after this time responsibility for ongoing servicing and maintenance would transfer to the individual (which is in line with practice for stair lifts installed via a formal DFG and is also common practice in other local authority areas).

The main reason for the change in practice with stair lifts was that the escalating costs incurred through the maintenance contract were proving to be unsustainable and research with other local authorities revealed that the Council's provision was over and above what was required by legislation and at odds with practice in other areas.

The new stair lift model has been operational for over 12 months alongside a new contract for stair lift installation with a more cost-effective supplier (as per a further report to Executive Board in line with Procurement Standing Orders in June 2018).

Given that the extended warranty approach has been successful in relation to stair lifts, it would be appropriate to bring other adaptations covered by the maintenance contract in line with this approach so as to eventually reach a point at which the Council no longer has responsibility for ongoing maintenance of any items and therefore does not need to fund the maintenance contract.

The two policies named above detail the Council's practice in relation to stair lifts and other adaptations. As the policies became due for review it seemed an opportune time to bring all adaptations in line with the successful practice already in place for stair lifts. The two key policy implications are summarised at section 4.0 of the report.

Adult Social Care Senior Management Team has expressed agreement with this change in approach as this means that all items currently covered under the maintenance contract will eventually have extended warranties funded through the DFG allocation received from Government thus avoiding the need

for continued funding of the maintenance contract from the Council's adult social care budget.

It is anticipated that Health PPB Members will also be in agreement with this alignment of practice given that there was overwhelming support for the new stair lift model and the revisions to the two policies simply bring other relevant adaptations in line with that approach and the principle behind these changes has already been formally approved by Executive Board.

EQUALITY IMPACT ASSESSMENT – STAGE 1

EIA Ref		
Lead Officer	Name	**Natalie Johnson**
	Position	**Service Development Officer**
	Contact details	**Via internal system**

SECTION 1 –Context & Background

1.1 What is the title of the policy/practice/service?

This EIA relates to two policy documents both concerned with the Council's provision of housing adaptations to assist disabled people to continue living independently at home when appropriate. One is a public facing document and the other is aimed at staff:

- Home Assistance Policy 2020-2023 (public-facing document); and
- Home Adaptations for Disabled People Policy & Procedure (for staff).

1.2 What is the current status of the policy/practice/service?

Existing		**Changed**	✓	**New**	

1.3 What are the principal aims and intended outcomes of the policy/ practice/service?

- The Home Assistance Policy 2020-2023 policy describes how the Council will use its powers under the Regulatory Reform (Housing Assistance) (England and Wales) Order (RRO) 2002 to provide housing adaptations for disabled people. This is a public-facing document and local authorities must have such a policy in place if they wish to make use of their powers under the RRO.
- The Home Adaptations for Disabled People Policy & Procedure sets out the policy, procedure and practice associated with the provision of minor and major housing adaptations for disabled people living in Halton. This is a policy and procedure document for staff and is intended to assist those in the Initial Assessment Team and the Home Improvement Service to follow the local procedures in place.

1.4 Who has primary responsibility for delivering the policy/practice/service?

HBC Occupational Therapy Service and Home Improvement Service.

1.5 Who are the main stakeholders?

Disabled people using the service, as well as their families/carers.

1.6 Who is the policy/practice/service intended to affect?

Residents		Staff	✓	Specific Group(s) - (add details below) ✓
As described at 1.4 and 1.5.				

EQUALITY IMPACT ASSESSMENT – STAGE 1

1.7 Are there any other related policies/practices/services?

As described in the policy documents.

SECTION 2 – Consideration of Impact

2.1 Relevance: – the Public Sector Equality Duty

Does this policy/practice/service show due regard to the need to: -

(a) Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
(b) Advance equality of opportunity between two persons who share a relevant protected characteristic
(c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Yes (✓) **No** ( )
State reasons below

The implementation of these comprehensive and updated policies and procedures will support fairness, consistency and flexibility to meet individual needs to ensure that housing adaptations continue to have a positive impact on the lives of disabled people and their carers.

2.2 Has data and information been used in determining the impact of the policy/practice/service (under review) on those with a protected characteristic?

Yes	✓	No	

In "Yes" - please provide a brief summary of the principal findings / conclusions of this data/information/consultation.
The policy review was subject to information sharing between a working group representing key members of staff involved in delivering the policy. Any issues highlighted were clarified appropriately within the revised policy.

If "No" – what further data/intelligence/consultation is (or will be) required to provide sufficient evidence of the impact on the protected characteristics.		
Information Source/Planned Activity	Timeframe	Lead Officer

EQUALITY IMPACT ASSESSMENT – STAGE 1

2.3 On the basis of evidence, has the actual / potential impact of the policy/ practice/service been judged to be positive (+), neutral (=) or negative (-) for each of the equality groups and in what way? And has the level of impact judged to be high (H), medium (M), or Low (L)?

Protected Characteristic	Impact type +, =, -	Level H, M. L, -	Nature of impact
Age	+	H	The policy has been written to ensure that those who require housing adaptations (e.g. due to age or disability) have their needs adequately met in order to ensure a positive impact on their lives.
Disability	+	H	
Gender	=	M	
Race / ethnicity	=	M	
Religion / belief	=	M	
Sexual Orientation	=	M	
Transgender	=	M	
Marital status/ Civil Partnerships	=	M	
Pregnancy/Maternity	=	M	
In Halton two further vulnerable groups have been identified: -			
Carers	+	H	The provision of housing adaptations can also have a positive impact on the lives of carers by assisting them in their caring role.
Socio – economic disadvantage	=	M	

2.4 How will the impact of the policy/practice/service be monitored?

Via regular service monitoring.
Monitoring of contracts with suppliers involved in the provision of adaptations.
The policies will be reviewed on a periodic basis or as required following changes in legislation, local practice etc.

2.5 Who will be responsible for monitoring?

HBC Occupational Therapy Service and Home Improvement Service.

2.6 If any *low to moderate negative* impacts, or potential *negative* impacts, have been identified, what mitigating actions will be put in place, thereby eliminating the need for a further Stage 2 assessment.

Where none have been identified insert 'no further action required' in the first column.

If any high impacts are identified – a Stage 2 assessment should automatically be completed.

Action & purpose / outcome	Priority	Timeframe	Lead Officer
No further action required.	*(M, L)*		

EQUALITY IMPACT ASSESSMENT – STAGE 1

2.7 Summary of stakeholders involved in this review

Job Title or Name	Organisation / representative of
Natalie Johnson, Service Development Officer	Policy, Performance and Customer Care Team, People Directorate (Adult Social Care), Halton Borough Council

2.8 Completion Statement

As the identified Lead Officer of this review I confirm that:-
No negative impact has been identified for one or more equality groups and that a Stage 2 Assessment is not required ☒

Signed: Natalie Johnson	**Date: 31.03.2020**

Completed EIAs should be sent to Shelah Semoff, Enterprise, Community & Resources Directorate, to be given a unique reference number and for inclusion on the central register.

HALTON BOROUGH COUNCIL

Home Adaptations for Disabled People

Policy & Procedure

February 2020

Policy, Performance and Customer Care Team
Adult Social Care | People Directorate

Contents

Policy Summary

Document name	Home Adaptations for Disabled People Policy
Version	1.0
Publication date	TBC
Review due date	TBC – 3 years?
Approved by	Adults Senior Management Team, People Directorate: date TBC
Status	Mandatory (all named staff must adhere to guidance)
Author	Natalie Johnson, Service Development Officer, Halton Borough Council
Contributors	Helen Moir, Divisional Manager, Halton Borough Council Sara Griffiths, Practice Manager / Occupational Therapist, Initial Assessment Team, Halton Borough Council Jean Cunningham, Project Leader, Home Improvement Service
Service area	Adult Social Care
Target audience	All members of staff involved in the provision of housing adaptations, especially: Initial Assessment Team (IAT), Care Management, People Directorate Home Improvement Service, Independent Living, People Directorate
Distribution	TBC
Related document(s)	Home Assistance Policy 2020-2023 (This is an inter-related policy covering much the same content as this document but differs in that it is public facing and is required under the Regulatory Reform Order [Housing Assistance] Order 2002 to set out what assistance the Council provides to disabled people for home adaptations)
Superseded document(s)	Housing Adaptations Policy & Procedure Manual 2013
Equality Impact Assessment	Completed 31.03.20

1.0 Policy

1.1 Introduction

This document sets out the policy, procedure and practice associated with the provision of minor and major housing adaptations for disabled people living in Halton.

1.1.1 Context

> ***"A suitable, well adapted home can be the defining factor in enabling a disabled person to live well and independently. At a time of financial constraints and policy change, delivering help with home adaptations in the most efficient and effective ways and making best use of scarce resources is more important than ever."***
>
> ***"The purpose of an adaptation is to modify the home environment in order to restore or enable independent living, privacy, confidence and dignity for individuals and their families. The focus is therefore on identifying and implementing an individualised solution to enable a person living within a disabling home environment to use their home more effectively rather than on the physical adaptation itself. This reflects the social model of disability which views disability as arising from the barriers presented by society and the built environment rather than being inherent in the person themselves. The model recognises that whilst people have physical, sensory, learning ability and psychological differences, these do not have to result in disability unless society fails to take account of these, and makes the necessary adjustments to ensure the inclusion of the individual, regardless of those differences."***

Quotes taken from: ***Home Adaptations for Disabled People: A detailed guide to related legislation, guidance and good practice****, Home Adaptations Consortium, 2015 [updated], which can be found on the Foundations website.*

1.1.2 Scope

This document is concerned with minor and major adaptations, as defined below. It is not concerned with community equipment; the provision of which is covered under a separate policy (see the Disability Equipment (Adult Social Care) Policy).

Minor adaptations are structural or non-structural works costing £1,000 or less, for example, hand rails, grab rails, stair rails. These are provided free of charge.

Major adaptations are more substantial works costing £1,000 or more, for example,

level access showers, hoists, bathroom alterations. These are generally, but not always, provided through a Disabled Facilities Grant (DFG).

This document is intended to support Occupational Therapists (OTs) and Community Care Workers (CCWs) based within the Council's Initial Assessment Team (IAT) and staff within the Home Improvement Service to follow the local procedures that are in place to ensure that disabled people are provided with the housing adaptations that are required in order to meet their assessed needs.

1.2 Legislative framework

Legislation relating to the provision of housing adaptations for disabled people is complex and cuts across a number of areas.

For more information on the legislation relevant to home adaptations, see the 'Home Adaptations: The Care Act 2014 and related provision across the UK' briefing published by the College of Occupational Therapists in 2016. See also section 2 of the Home Adaptations for Disabled People (2015) guide.

1.2.1 Social Services

The **Care Act 2014** reformed the adult social care system, creating a single, modern piece of law to replace a number of separate pieces of outdated legislation.

Therefore, the legislation relevant to the provision of adaptations for **adults** is laid out in the Care Act 2014. The Act sets out the requirement for local authority social services departments to carry out a needs assessment where it appears that any person for whom they may provide or arrange care and support services is in need of such services.

The Council's Social Work Practice Guidance fully details the policies and procedures concerning assessing need and determining eligibility for services at a local level in line with the Care Act.

Section 1 of the Care Act sets out the guiding principle of wellbeing, which local authorities have a duty to promote. Wellbeing is defined as being made up of nine components, a number of which could be influenced by the provision of adaptations (particularly, the suitability of accommodation, dignity, emotional wellbeing and control over day-to-day life).

Section 2 of the Care Act places a duty on local authorities to prevent, delay or reduce the needs of adults for care and support and the needs of informal carers for support. Minor adaptations, in particular, are likely to feature strongly amongst preventative services.

Eligibility under the Care Act is determined through three key questions:

1. Does the adult have care and support needs arising from, or related to, a

physical or mental impairment?
2. Is the adult unable to achieve at least two of the outcomes* listed in the regulations?
3. As a consequence, is there, or is there likely to be, a significant impact on the adult's wellbeing?

**The outcomes listed in the Care Act regulations are (many of which are affected by the provision of adaptations):*

- *Managing and maintaining nutrition;*
- *Maintaining personal hygiene;*
- *Managing toilet needs;*
- *Being appropriately clothed;*
- *Being able to make use of the adult's home safely;*
- *Maintaining a habitable home environment;*
- *Developing and maintaining family or other personal relationships;*
- *Accessing and engaging in work, training, education or volunteering;*
- *Making use of necessary facilities or services in the local community;*
- *Carrying out any caring responsibilities the adult has for a child.*

If all three questions are answered yes, there are eligible needs, which the local authority has a duty to meet (assuming the adult is ordinarily resident in the area), unless there is an informal carer able and willing to meet the needs.

Similarly, local authorities are not required to meet the need if it can be met through another statutory route (e.g. DFG or NHS continuing healthcare) and they are only required to meet the need in the most cost-effective way.

Local authorities are permitted to conduct a means test with a view to charging for services, except in the case of minor adaptations costing £1,000 or less, which the regulations state local authorities must not charge for.

It is also important to note that the Care Act represents a change of approach to informal carers; they have the right to be assessed against specific eligibility criteria for carers and, if they meet it, the local authority has a duty to meet their needs for support. Those needs can be met either by arranging provision for the carer or the adult and adaptations might be one way of meeting such needs.

The Care Act **does not** apply to children (other than the provisions regarding transition from childhood to adulthood). For **children**, the legislation covering the provision of adaptations is set out in the **Children Act 1989** and the **Chronically Sick and Disabled Persons Act 1970 (CSDPA 1970)**, which was repealed by the Care Act for adults but remains in place for children.

Section 2 of the **CSDPA 1970** states that local authority social services departments may discharge their duties by providing adaptations. It also states that there is a duty to ensure that disabled people get the assistance they need, particularly in cases where needs cannot be met through a DFG.

Section 17 of the **Children Act 1989** includes a general duty for local authorities to

safeguard and promote the welfare of children in need (which includes disabled children), which would include the provision of major adaptations.

The **Children and Families Act 2014** (which reformed special education law) is also of some relevance, as Section 37 states that anything provided for a child under section 2 of the CSDPA 1970 must be contained within the Education, Health and Care (EHC) Plan (a document that sets out a child or young person's education, health and social care needs). This would therefore include any adaptations.

1.2.2 Housing

The legislation concerning the provision of Disabled Facilities Grants (DFGs) is covered within the **Housing Grants, Construction and Regeneration Act 1996 (HGCRA 1996)**. This Act is unaffected by the Care Act and the right to apply for a DFG is absolute. For major adaptations, the HGCRA 1996 is usually the first port of call.

Eligibility for a DFG is determined by establishing whether:

- There is a disabled* occupant;
- The proposed adaptations fall within the prescribed list of purposes;
- The works are necessary and appropriate; and
- They are reasonable and practicable.

**For the purposes of a DFG, a person is disabled if:*

- *Their sight, hearing or speech is substantially impaired;*
- *They have a mental disorder or impairment of any kind; or*
- *They are physically substantially disabled by illness, injury, impairment present since birth, or otherwise.*

The maximum amount awarded under a DFG is £30,000. This is also subject to a deduction as a result of a means test in the case of adults but not children.

There is a further piece of housing legislation of relevance to adaptations – the **Regulatory Reform (Housing Assistance) Order (RRO) 2002**, which gives local authority housing departments the discretion to assist with local housing, including adaptations. If needs are not met (or not met in full) under the HGCRA 1996, the RRO 2002 can be used and this would mean that social services departments would not need to step in under the provisions of the Care Act.

There is no restriction on the amount of assistance that can be provided under the RRO 2002 and it may be in addition or as an alternative to a mandatory DFG. It may be used, for example, to avoid the procedural complexities of mandatory DFGs or to top-up the level of assistance provided through a DFG where the local authority believes the DFG assistance is insufficient to meet the level of need. It may also be used to assist with the acquisition of alternative accommodation in cases where the local authority is satisfied that this would benefit the occupant at least as much as adapting their existing accommodation.

In order to make use of the RRO 2002, local authorities must have a published policy setting out what use they intend to make of the power. At the time of writing this policy, Halton is in the process of developing a new Home Assistance Policy.

1.2.3 Health

In some cases, the provision of adaptations may be the responsibility of the National Health Service (NHS). The **NHS Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012** state that if a person's needs amount to a primary health need and thus constitute a continuing healthcare need, the person's package of care must be arranged and funded solely by the NHS. In addition, section 22 of the Care Act prohibits social services from doing anything that the NHS is required to do.

The position in relation to continuing care is less clear for children than it is for adults but as stated in the College of Occupational Therapists' briefing "the more closely related the adaptation is to the treatment of a complex health condition or essential medical need, the stronger the argument may become that the NHS should arrange or at least assist with an adaptation".

1.3 Underlying principles

Adaptations will be provided within the context of the following principles:

1.3.1 Stepped approach

When considering the need for adaptations the following stepped approach will be used:

- Consideration as to whether a different way of approaching tasks, rearranging the layout of the property and/or provision of equipment and /or minor adaptations may meet needs, reduce risks and alleviate the need for more major adaptation work.
- Where it is established that major adaptations are required, the adaptation should be done within the existing footprint of the property.
- Where extensive major adaptations are required, consider the possibility of assisting the disabled person to move to more suitable accommodation.

1.3.2 Best value and cost effectiveness

Best value requirements demand that local authorities seek to spend money cost effectively. It therefore follows that:

- Although the disabled person's preference will be taken into account, it is not the only consideration. The most cost effective solution, that also meets the disabled person's needs, should be found,
- If a more expensive option is available, the disabled person has the opportunity to pay the additional costs, provided that the adaptation is consistent with the needs of the disabled person and DFG processes.
- The stepped approach to considering the extent of adaptations will be used.
- Alternative housing will be recommended if a more suitable property would

remove the need for extensive adaptations or if adaptations are not technically feasible in the current property.

- There may be a need to be flexible in more complex cases. Such cases will be considered by Divisional Manager for Independent Living Services, together with Principal/Practice Managers, from the relevant Complex Care Team and staff from the Housing Improvement Service, if necessary.

1.3.3 Additional considerations

- The planning of adaptations should take account of the disabled person's current and long term needs.
- There must be due consideration given to a person's religious, cultural and ethnic background.
- The disabled person and their family/carers will be consulted at all stages of the process and provided with adequate information on which to base their decisions.
- Staff will always carefully record their evidence, reasoning and conclusions in determining the course of action they will follow, in conjunction with the disabled person and taking their views into account.
- Major adaptations cannot be considered until the disabled person has completed all recommended treatments and rehabilitation. However, interim help may be given through the provision of specialist equipment and/or minor adaptations.
- Adaptations are not a means of providing additional bedrooms to alleviate issues of overcrowding.
- Adaptations will not be provided to repair or replace features in the property which the home owner has failed to regularly and adequately maintain e.g. poorly maintained doors or windows resulting in difficulties in opening or poorly maintained, broken or leaking sanitary ware requiring replacement.

Where funding for adaptations is provided through a DFG or by Social Services and the service user subsequently receives payment in respect of an insurance or damages or personal injury claim, that includes an amount towards adapting their home, they will be expected to repay the grant so far as is appropriate, out of the proceeds of any claim.

2.0 Procedure

2.1 Assessment and Eligibility

As described in policy section 1.2, there are a number of legal avenues for the provision of home adaptations for disabled people. Assessment will take place in order to determine eligibility under the various pieces of legislation.

The three legal avenues through which adaptations are provided are described in the table below along with details of the types of adaptations that fall within each category within Halton:

Legal avenue	Adaptations provided
Assistance from local authority social services departments in line with the Care Act 2014 (for adults) and the Children Act 1989 / Chronically Sick and Disabled Persons Act 1970 (for children).	• Minor adaptations for owner-occupiers and tenants in the private rented sector (those in housing association properties will have minor adaptations provided by their landlord) • Major adaptations funded through the Social Services Panel process (via a Discretionary Support Loan)
Mandatory assistance (subject to eligibility) from local authority housing departments through a DFG in line with the Housing Grants, Construction and Regeneration Act 1996.	• Major adaptations funded through DFGs either using or not the Home Improvement Agency route
Discretionary assistance from local authority housing departments through local policies developed under the Regulatory Reform (Housing Assistance) Order 2002.	• Major adaptations through the Housing Association joint funded route • Stair lifts • Ceiling track hoists • At its discretion, the Council may offer loan assistance to help a disabled person in a privately owned dwelling to move to a different property if it is not reasonable or practicable to adapt the present home. The disabled person must have been resident in the borough for a period of 3 years and the new home must be considered suitable or capable of being made suitable for the needs of the disabled person.

Eligibility will be established in line with the criteria under relevant legislation as described in policy section 1.2.

2.1.1 The assessment process

Initially, the needs of a disabled person and any carer will be assessed by an Occupational Therapist (OT) or Community Care Worker (CCW) based within the Initial Assessment Team.

During the initial assessment process staff will gather information about the person's condition, the problems and difficulties they have in carrying out daily tasks using a balanced risk-taking approach, and explore whether all appropriate treatments, including rehabilitation, have been received.

Medical opinion and advice will be requested to clarify the nature and extent of the person's diagnosis and prognosis and identify any potential contraindications or risk created by proposed solutions.

In considering solutions to improving a person's independence, alternative methods of meeting people's needs, rather than the provision of major adaptations, will always be considered first.

See policy section 1.3, in particular the stepped approach.

Involving the disabled person and their family/carers

The disabled person and their family/carers will be fully involved in the assessment process and their views will be taken into account.

The amount of care and support provided by relatives and carers, and the type and size of equipment used, will be taken account of when determining the space requirements of any proposed adaptations.

A consensus on the final proposals for adaptations must be sought between the disabled person, their family/carers and other members of the household along with other agencies, where appropriate.

At all stages the disabled person and their family/carers must be provided with adequate information on which to base their decisions.

Deteriorating conditions

Assessments will always take account of the person's current and long term needs, particularly if the person has a condition that is likely to deteriorate over time.

Age and/or prognosis alone should not be a barrier to the provision of adaptations. However, in the case of major adaptations, due to the length of time required for building works, generally the disabled person's needs will be met by the supply of equipment and/or minor adaptations.

Assessing a child's need for adaptations

Planning adaptations for children needs to take account of their ability to grow, develop and increase in weight. Therefore, recommendations need to be appropriate for their level of development and their potential level of achievement.

The provision of adaptations to the family home where there is a disabled child or young person can be a complex process.

Any assessment or review of need must include the views of the child or young person and their parents.

The assessment must take account of the child's developmental needs, the needs of parents as carers and the needs of other children in the family.

With children it is not always possible to determine their long term needs, particularly if they are receiving treatment or training to improve their level of independence, or if they have not yet reached their developmental milestones. In these situations the provision of equipment and/or minor adaptations may be the best immediate solution while gathering all the relevant information on which to predict the child's future needs.

Occupational Therapists will consult widely with all those involved in providing the child's care and treatment to gain an appreciation of potential longer term needs.

2.2 Minor Adaptations

Minor adaptations are relatively small and inexpensive and can be defined as structural or non-structural works (see list below) costing £1,000 or less (this may be the cost of a single item or a combination of items).

It is accepted practice that minor adaptations costing £1,000 or less will be provided free of charge.

See the Minor Adaptations Criteria and Guidance at appendix 1.

HBC social services will fund minor adaptations for owner occupiers and private tenants.

Housing associations will fund minor adaptations for their tenants, and many of the larger housing associations accept self-referrals (further information should be obtained from individual housing associations). Cost-related criteria may vary between local housing providers meaning that the definition of items as either minor or major adaptations may also differ.

Structural minor adaptations:

- Hand rails – external
- Half steps
- Extra paving to widen pathways
- Re-siting of sockets
- Additional sockets
- Re-location of light switches
- Lower section of kitchen workspace
- Re-hanging of doors
- Re-location of radiators
- Widening of doorways – key access points
- Compressible threshold
- Alter position of WC
- Lowering of shower controls
- Alterations to service meter cupboard
- Trim window sill
- Trim newel post

Non-structural minor adaptations:

- Grab rails
- Stair rails – not the primary rail
- Lever taps
- Drop down rails
- Floor fixing of toilet frames
- Brackets for swivel bathers and bath boards
- Spatulate WC handles
- Lower wall cupboards/worktop
- Change door handles/kitchen door handles
- Flashing light door bells
- Smoke alarm alerts
- Door and wall protectors
- Intercom door release system
- Toilet plinth
- Microphone pick up units

The majority of minor adaptations are provided within 7 days, apart from external adaptations, door widening and WC alterations, which are provided within 4 weeks.

2.3 Major Adaptations

Major adaptations are more substantial items ranging from level access showers to ground floor extensions.

See the Major Adaptations Practice Guidance at appendix 2.

There are a number of different arrangements in place with regards to the provision of major adaptations depending on the type of adaptation and the tenure of the property:

1. Disabled Facilities Grant (DFG) route, which can be either using the Home Improvement Agency (HIA) or not using the HIA;
2. Non-DFG Housing Association joint funded route;
3. Non-DFG route for stair lifts;
4. Non-DFG route for ceiling hoists;
5. Non-DFG route via Panel (Discretionary Support Loan).

Each route is covered in more detail in the following sections.

2.3.1 Major Adaptations – DFG route

These are mandatory grants to fund eligible works up to the statutory maximum *(currently £30,000 including all professional fees, VAT and any client contribution etc.)*.

See appendix 3 for the guidance notes regarding the purposes for which a DFG may be given.

See appendix 4 for the DFG leaflet which is available for prospective applicants.

All grants are subject to a financial means test, except in the case of children. The financial assessment may result in the disabled person making a full or part contribution towards the cost of the adaptation. A DFG may fund major adaptations or minor works totalling more than £1,000, following a full assessment of need.

Although tenants of Housing Associations can apply for these grants, Halton has separate streamlined arrangements in place through partnership working arrangements with most Housing Associations (see 2.3.2).

Under the Housing Grants, Construction and Regeneration Act 1996 all adaptations provided through a DFG must be **'necessary and appropriate'** and **'reasonable and practicable'**.

To be **'necessary & appropriate'**, adaptations recommended by Occupational Therapist / Community Care Workers must be required in order to enable the disabled person to remain in the dwelling with a great degree of independence or in order to enable their carer to take care of them. The needs of the disabled person should be wholly or substantially met by the proposed adaptation.

Recommendations are subject to technical feasibility. If the proposed adaptations cannot be achieved within the existing footprint of the home, some people may find that their needs may be best met by support for re-housing to more suitable adapted accommodation or to accommodation that can be adapted.

The local housing authority must also decide whether the works are **'reasonable and practicable'**. This decision relates to the age and condition of the dwelling, i.e.:

- The architectural and structural characteristics of the dwelling, which may render certain types of adaptations inappropriate;
- The practicalities of carrying out adaptations to smaller or older properties where limited access could make wheelchair use difficult;
- The courts have stated that where the works would be abnormally expensive, due to the age and condition of the property, the local authority can take this into account when making a decision. However a general lack of resources and insufficient budget alone cannot justify a decision that the works are not 'reasonable and practicable'.

DFG flexibility

The Council will agree the most suitable and cost effective scheme to meet the needs of the disabled person and will award a DFG based on the eligible costs. In the event of the applicant deciding to carry out additional works or choosing to provide the adaptations in a different way, then the Council will only pay the cost of the Council's recommended scheme and the applicant will be required to pay for any additional costs.

The Council will also only make the payment if the revised scheme is considered to meet the needs of the disabled person. In these circumstances, the Council is unable to provide the services of the Home Improvement Agency.

Halton Home Improvement Agency (optional service; fees apply)

The Council's Home Improvement Agency provides a full agency service to owner occupiers and private tenants applying for a Disabled Facilities Grant. This ranges from initial help and advice in the completion of the application forms to a full architectural design and contract administration.

Note: Clients not wishing to use the in-house HIA can engage their own agent/designer to assist with the DFG funded works. Reasonable professional fees can be considered as part of the DFG award.

DFG using the HIA: Appendix 5 describes the process when using the HIA route and a process flow chart is included at appendix 6. Appendix 7 details the range of letters, leaflets, forms and memos that are used during the process. Appendix 8 is a leaflet for service users detailing the help provided by the HIA.

DFG not using the HIA: Appendix 9 describes the DFG process when not using the HIA.

Land Charges /Repayment of Grant (DFG)

In Halton, land charges are placed on all owner-occupied properties where the DFG exceeds £5k, in order to recover some of the cost of the grant if the property is sold, transferred or ceases to become the main residence of the disabled person within 10 years of completion of the works.

This will apply where the DFG is for more than £5,000 and the Council may then require repayment of that part of the grant, which is in excess of £5,000 up to a maximum of £10,000. However, repayment can be waivered in some circumstances.

2.3.2 Major adaptations – Housing Association joint funded route

A Joint Funding Agreement is in place with the majority of local housing associations through which the Council and the housing association each pay 50% of the cost of the eligible adaptation work (subject to the availability of resources by both parties). The Housing Association will organise and deliver the adaptations; on completion they will invoice the Council for the agreed amount.

See the Process for Major Adaptations in Housing Association Properties at appendix 10 and the HBC/Housing Association Joint Funding Agreement at appendix 11.

Tenants living in properties owned by Housing Associations, which have not participated in the joint funding agreement with the Council, can apply for a DFG to fund the eligible works.

2.3.3 Major adaptations – non-DFG route for stair lifts

In May 2019, a new process for the provision of stair lifts commenced.

Those who are assessed to be in need of a stair lift will be able to apply to have one provided through the Council's contract with

See appendix 12 for the stair lift grant process, appendix 13 for the stair lift process flow chart and appendix 14 for the stair lift leaflet.

Prism. This application will involve a means test in line with that used as part of the DFG application process, which may result in the individual having to contribute (in part or full) to the cost of the stair lift and associated works.

Under this contract, stair lifts are installed with an extended warranty for a period of five years. After this period, the lift becomes the responsibility of the individual in terms of ongoing maintenance.

2.3.4 Major adaptations – non-DFG route for ceiling hoists

Those who are assessed to be in need of a ceiling hoist will have one provided via the Council's contract with the supplier (currently Prism). There is no means testing. The hoists are provided with a 10 year extended warranty, which aligns with the life cycle of the hoist. After this point, if there is continued eligible need it is anticipated that a new hoist would be supplied, again with a 10 year warranty; responsibility for ongoing repair and maintenance of ceiling hoists will not transfer to individuals.

2.3.5 Major adaptations – non-DFG route via Panel (Discretionary Support Loan)

A Discretionary Support Loan may be granted in exceptional circumstances to fund a shortfall in contributions due to financial hardship.

See appendix 15 for more information on the Discretionary Support Loan / Panel process.

Occupational Therapists/ Community Care Workers can advise service users to apply to Panel if:

- They report an inability to pay their assessed contribution towards major adaptations;
- They do not qualify for a DFG (i.e. their borrowing power exceeds the costs of the work but they report an inability to pay the total cost of the works);
- The major adaptations are in excess of £30,000 (current DFG ceiling) and they report an inability to pay.

2.4 Major adaptations – warranties, maintenance and removal

Most items of equipment and building work will be covered by warranties for the first six months from completion. Some items may be covered for a longer period.

The disabled person and their family/carers must be supplied with information on which items are covered and for what period and who has ownership and responsibility for ongoing servicing and maintenance after the warranty period.

The responsibility for ongoing servicing and maintenance varies depending on the type of adaptation, the tenure of the property and how the works were funded, as described in the table overleaf:

Funding route/ type of adaptation	Responsibility for maintenance
DFG funded / Discretionary Support Loan via Social Services Panel	The standard position is that once items are installed they become the property of the individual who is therefore responsible for any ongoing servicing, maintenance and repair as necessary. The Council will secure an extended warranty for some pieces of equipment (mechanical lifts, wash/dry toilets and adjustable height products). The Council will also provide information as to how the individual can make their own arrangements for ongoing maintenance (e.g. by purchasing a warranty).
Housing Association properties	Either the tenant or their landlord will be responsible but practice varies according to the policies of the various Housing Associations. Tenants should check with their Housing Association (landlord) if they are unsure.
Stair lifts	Stair lifts are provided with a period of extended warranty (five years in total) at the point of installation, after which point they become the responsibility of the individual.
Ceiling hoists	Hoists are provided with a 10 year extended warranty, which aligns with the life cycle of the hoist. After this point, if there is continued eligible need it is anticipated that a new hoist would be supplied, again with a 10 year warranty; responsibility for ongoing repair and maintenance of ceiling hoists will not transfer to individuals.

It should be noted that a person cannot have a DFG for the same item twice, apart from mechanical lifts that are unrepairable or have reached the end of their life; a report as proof of this would be required.

In cases where the Council retains ownership of an item, the Council may recover the item if it is no longer required and/or at the request of the homeowner. It may then be re-used as appropriate for another disabled person.

Removal of some types of adaptations, for example through floor lifts and step lifts may cause damage to or disturb ceilings, walls, floors and floor coverings. Where ceilings, walls or floors are damaged or disturbed, the areas will be ‘made good’ by Halton Borough Council to a standard appropriate for re-decoration by the homeowner. Where carpets/floor coverings are cut and/or re-laid, they will be checked for safety but not replaced.

Where removal of bathroom adaptations, for example, clos-o-mat WCs and hi-lo baths, necessitates replacement of sanitary fittings, the Council will fund the cost of the basic item only and ‘making good’ to a standard appropriate for re-decoration by the homeowner.

Where items have been re-located or associated works have been carried out to make way for the adaptation, for example heating, sockets, meter cupboards, lowered kitchen worktop etc. they will be left in position following removal of the adaptation.

2.5 Complaints and feedback

If disabled people and/or their family/carers are dissatisfied with the way in which the policy has been applied to them, or if they have other concerns e.g. about the quality of the service they have received or the behaviour of staff, they can access the social services complaints procedure at any time.

The Home Improvement Service routinely sends out feedback questionnaires following the completion of DFG works in order to monitor the quality of service provision.

More information on the complaints procedure is available on HBC's website:

Adult Social Care

Children's Social Care

Appendices

Appendix	Document Name	Date of last update
1  Appendix%201%20-%20Minor%20Adaptat	Minor Adaptations Criteria and Guidance	June 2019
2  Appendix%202%20-%20Major%20Adaptat	Major Adaptations Practice Guidance	June 2019
3  Appendix%203%20-%20Purposes%20for%	Purposes for which a DFG may be given – Guidance Notes (2015)	2015
4  Appendix%204%20-%20DFG%20LEAFLET	DFG leaflet	July 2019
5  Appendix%205%20-%20DFG%20process%	DFG process – HIA route	January 2018

Appendix	Document Name	Date of last update
6  Appendix%206%20-%20Major%20Adaptat	Major Adaptations process flow chart (DFG route using HIA)	January 2018
7  Appendix%207%20-%20HIA%20DFG%20p	HIA DFG process – forms, letters, leaflets, memos	November 2017
8  Appendix%208%20-%20DFG%20AGENCY%	DFG using HIA leaflet	July 2019
9  Appendix%209%20-%20DFG%20process%	DFG process non-HIA (private) route	November 2017
10  Appendix%2010%20-%202019-20%20Appe	HBC process for major adaptations – RSL (housing association) properties	April 2019

Appendix	Document Name	Date of last update
11  Appendix%2011%20-%20RSL%20Joint%20	RSL Joint Funding Agreement 2019-20 (agreement between the council and housing associations)	April 2019
12  Appendix%2012%20-%20Stair%20lift%20G	Stair lift grant process	April 2019
13  Appendix%2013%20-%20Stair%20lift%20P	Stair lift process flow chart	April 2019
14  Appendix%2014%20-%20STAIRLIFT%20LE	Stair lift leaflet	July 2019
15  Appendix%2015%20-%20Discretionary%20	Discretionary Support Loan Process for Major Adaptations	August 2019

HALTON BOROUGH COUNCIL

Home Assistance Policy

2020 - 2023

Contents

1.0 Introduction

1.1 Purpose of the Policy

This policy describes how Halton Borough Council will use its powers under the **Regulatory Reform (Housing Assistance) (England and Wales) Order 2002** to provide home adaptations for disabled people.

1.2 Strategic Context

Halton's **Sustainable Community Strategy 2011-2026** sets out a vision for Halton:

> ***"Halton will be a thriving and vibrant Borough where people can learn and develop their skills; enjoy a good quality of life with good health; a high quality, modern urban environment; the opportunity for all to fulfil their potential; greater wealth and equality; sustained by a thriving business community; and safer, stronger and more attractive neighbourhoods."***

The Council's **Corporate Plan 2018-2020** supports this vision and contributes to achieving it through the following strategic priorities:

- A Healthy Halton
- Environment and Regeneration in Halton
- Employment, Learning & Skills in Halton
- Children & Young People in Halton
- A Safer Halton

This Home Assistance Policy contributes to the **'Healthy Halton'** priority, which is:

> ***"To improve the health and wellbeing of Halton people so they live longer, healthier and happier lives."***

Halton's **Better Care Fund (BCF) Plan 2019/20** includes strategic narrative on Halton's approach to integration with wider services, such as Housing. It includes our commitment and approach to using the Disabled Facilities Grant to support the housing needs of people with disabilities or care needs, and highlights how this Home Assistance Policy is aligned to the schemes within the BCF.

1.3 Aims of the Policy

This policy aims to ensure that residents with disabilities are provided with support to adapt their home so that it meets their needs and they are able to continue living safely and independently at home.

1.4 Resources

The assistance offered through this policy will be funded through the Disabled Facilities Grant allocation received from the Ministry of Housing, Communities & Local Government.

With the exception of statutory Disabled Facilities Grants (DFGs), any financial assistance provided is at the discretion of the Council and is subject to financial resources being available.

1.5 Review and monitoring

This policy will be reviewed in 2023 or at any other time as deemed necessary due to changes in funding or legislation.

Performance is regularly monitored through a range of internal mechanisms.

2.0 Types of assistance available

2.1 Disabled Facilities Grants (DFGs)

A mandatory grant to provide housing adaptations to enable disabled people to live independently at home. Typically for works to allow individuals to get in and out of their home more easily, to move around their home safely and to improve access to bathing and toileting facilities. The DFG scheme is statutory meaning that the rules and regulations are set out in law rather than Council policy. *The purposes for which a grant must or may be given are described in Section 23 of the Housing Grants, Construction and Regeneration Act 1996*[1]. *Information is also available at https://www.gov.uk/disabled-facilities-grants*	
Eligibility criteria	Eligible need assessed by HBC Social Services. Subject to a means test (financial assessment), except in the case of children.
Amount available	For works costing over £1,000 up to a maximum of £30,000. The Council will award Disabled Facilities Grants up to the statutory maximum (currently £30,000 including all professional and planning fees, VAT and any client contribution etc.).
Charges and fees	If the property is disposed of (whether by sale, assignment, transfer or otherwise) within 10 years of works being completed, grant monies exceeding £5,000 are repayable up to a maximum of £10,000. The Council will place a land charge on the property in order to reclaim the grant when the property is disposed of. The Council may agree to waive repayment of DFG in certain cases. Please see Appendix 1 for the DFG Repayment Policy. The Council has an optional Home Improvement Agency (HIA) service, available to owner occupiers and private tenants applying for a DFG; there is a charge for this service, however, the fee can be included within the DFG award as professional fees. The Council reserves the right to charge the applicant for agency services in the event that the applicant withdraws from the scheme.
Conditions	The detailed scheme conditions are set out in Part 1 of the Housing Grants, Construction and Regeneration Act 1996. The application will only be approved if the proposed works are considered to be **necessary and appropriate** to meet the needs of the disabled person and **reasonable and practicable** to achieve taking into account the nature, age, layout and condition of the property.

[1] http://www.legislation.gov.uk/ukpga/1996/53/section/23

	The Council will agree the most suitable and cost effective scheme to meet the needs of the disabled person and will award a DFG based on the eligible costs. In the event of the applicant deciding to carry out additional works or choosing to provide the adaptations in a different way, then the Council will only pay the cost of the Council's recommended scheme and the applicant will be required to pay for any additional costs. The Council will also only make the payment if the revised scheme is considered to meet the needs of the disabled person. In these circumstances, the Council is unable to provide the services of the Home Improvement Agency. Mechanical lifts, wash/dry toilets and adjustable height products will be provided with an extended warranty for a period of five years. After this period, the item becomes the responsibility of the individual in terms of ongoing maintenance and repair.
Application process	The first step in making an application is to call the Council's Contact Centre number for Adult Social Care on 0151 907 8306 or visit one of the Halton Direct Links at Halton Lea, Runcorn or Brook Street, Widnes. Eligible need to be assessed by one of the Council's Occupational Therapists (OT) or Community Care Workers (CCW) and identification of the necessary and appropriate adaptations works. An Initial Financial Assessment (means test) will also be carried out to establish DFG eligibility (form to be completed by the customer). **If applicants choose to use the Council's in-house HIA to arrange the DFG work:** the OT/CCW will send a referral to the HIA who will assist the customer in arranging the work (by preparing plans/quotes/ contract administration etc.) and applying for the DFG. **If the applicant is arranging the DFG work themselves:** the OT/CCW will send a DFG referral to the Council's Housing Grants Section. A grants inspection of the property will be carried out and DFG application forms and grant schedule will be issued to the customer for them to complete and return. Referrals will normally be dealt with in the order of being received, however, on occasions they may be prioritised in consultation with the Occupational Therapist or Community Care Worker according to the relative urgency of the works after taking account of the applicant's circumstances.

2.2 Discretionary Support Loan

Discretionary support in the form of a loan (repayable once the property is sold or transferred) may be available as a 'top-up' in connection with DFGs or Stair Lift Grants, particularly where the works exceed the maximum grant limit.	
Eligibility criteria	Eligible need assessed by HBC Social Services. Only where the disabled person, or couple, has savings and capital below the upper capital limit as set out by the Care Act (currently £23,250) would this form of assistance be considered. Where the disabled person does not qualify for a Disabled Facilities Grant i.e. their assessed borrowing power exceeds the costs of the work, they would not be considered for assistance. Financial assistance is discretionary and will be made available subject to the Council having adequate resources. This assistance will be available to owner-occupiers and private tenants but not Housing Association tenants. In the case of Housing Association tenants the expectation is that the landlord Housing Association will make up any shortfall.
Amount available	The maximum loan available will normally be £10,000.
Charges and fees	If the property is disposed of (whether by sale, assignment, transfer or otherwise) within 10 years of works being completed, the loan will be subject to repayment in full. The Council will place a land charge on the property in order to reclaim the loan when the property is disposed of. The Council may agree to waive repayment in certain cases in line with the circumstances under which repayment of a DFG would be waived. Please see Appendix 1 for the DFG Repayment Policy.
Conditions	This discretionary assistance will be considered for funding home adaptation works which are deemed as being necessary and appropriate by the Council's Major Adaptations Service in the following circumstances: • Following the means test there is a financial contribution and the disabled person reports an inability to pay their assessed contribution towards major adaptations; or • The major adaptations are in excess of £30,000 and the disabled person reports an inability to pay the additional costs. In the case of applications for DFG on behalf of a disabled child where no means test has been carried out, the applicants acting on behalf of the disabled child will be required to provide information to assist with the assessment for the discretionary assistance.

	Mechanical lifts, wash/dry toilets and adjustable height products will be provided with an extended warranty for a period of five years. After this period, the item becomes the responsibility of the individual in terms of ongoing maintenance and repair.
Application process	Any requirement for additional support will be identified as part of the DFG application. The applicant will be required to complete a separate Application Form so that the Council can determine whether a Discretionary Support Loan can be provided. The decision is made by a Panel of Social Care professionals.

2.3 Joint Funding Arrangement with Housing Associations

A Joint Funding Agreement is in place with the majority of local housing associations through which the Council and the housing association each pay 50% of the cost of the eligible adaptation work (subject to the availability of resources by both parties).	
Eligibility criteria	Eligible need assessed by HBC Social Services. Tenants living in properties owned by Housing Associations that have not participated in the joint funding agreement with the Council, can apply for a DFG to fund the eligible works.
Amount available	For works costing over £1,000 up to a maximum of £30,000 (£15k from Housing Association and £15k from the Council).
Charges and fees	There is no means test (financial assessment) required.
Conditions	Adaptation work to be completed with 12 months of funding being agreed.
Application process	The first step in making an application is to call the Council's Contact Centre number for Adult Social Care on 0151 907 8306 or visit one of the Halton Direct Links at Halton Lea, Runcorn or Brook Street, Widnes. Eligible need to be assessed by one of the Council's Occupational Therapists (OT) or Community Care Workers (CCW) and identification of the necessary and appropriate adaptations works. The OT/CCW will send a referral to the Housing Association, who will gather the information required (plans / quotes etc.) and submit a funding request to the council for 50% of the cost. On agreement of funding, the Housing Association will organise and deliver the adaptations and on completion they will invoice the Council for the agreed amount.

2.4 Stair Lift Grant

The Council provides grants to help pay for a stair lift in order to make it easier for those with disabilities to access the first floor of their home, therefore retaining independence. It is a local means tested grant that can be used towards the cost of a stair lift. The Council will arrange installation via an approved supplier. Stair lifts are provided outside of the full DFG process, allowing a timely response.	
Eligibility criteria	Eligible need assessed by HBC Social Services. Subject to a means test (financial assessment), except in the case of children.
Amount available	This depends on the cost of the lift required and the financial situation of the individual; it is a means tested grant based on a financial assessment (with exceptions for children and young people).
Charges and fees	This application will involve a means test in line with that used as part of the DFG application process, which may result in the individual having to contribute (in part or full) to the cost of the stair lift and associated works.
Conditions	The Council must consider the stair lift to be necessary and appropriate and that the works are reasonable and practicable. When the grant is agreed (together with any assessed contribution that the individual may have to pay towards the cost of the lift), the Council will arrange installation using their approved supplier. Stair lifts are installed with an extended warranty for a period of five years. After this period, the lift becomes the responsibility of the individual in terms of ongoing maintenance and repair.
Application process	The first step in making an application is to call the Council's Contact Centre number for Adult Social Care on 0151 907 8306 or visit one of the Halton Direct Links at Halton Lea, Runcorn or Brook Street, Widnes. Eligible need will be assessed by one of the Council's Occupational Therapists (OT) or Community Care Workers (CCW). A financial assessment (means test) will also be carried out to establish stair lift grant eligibility (form to be completed by the customer).

2.5 Ceiling Track Hoists

Ceiling Track Hoists are provided by the Council to assist disabled people to retain independence and quality of life at home. They can also support caregivers in their caring role. Hoists are provided outside of the full DFG process, allowing a timely response.	
Eligibility criteria	Eligible need assessed by HBC Social Services.
Amount available	Provision of a ceiling track hoist in line with assessed needs.
Charges and fees	There is no means test (financial assessment) required.
Conditions	The hoists are provided with a 10 year extended warranty, which aligns with the life cycle of the hoist. After this point, if there is continued eligible need it is anticipated that a new hoist would be supplied, again with a 10 year warranty; responsibility for ongoing repair and maintenance of ceiling hoists will not transfer to individuals.
Application process	The first step in making an application is to call the Council's Contact Centre number for Adult Social Care on 0151 907 8306 or visit one of the Halton Direct Links at Halton Lea, Runcorn or Brook Street, Widnes. Eligible need will be assessed by one of the Council's Occupational Therapists (OT) or Community Care Workers (CCW).

2.6 Minor Adaptations

Minor adaptations are relatively small and inexpensive and can be defined as structural or non-structural works (see list at appendix 2) costing £1,000 or less (this may be the cost of a single item or a combination of items).	
Eligibility criteria	Eligible need to be assessed by HBC Social Services.
Amount available	Up to £1,000.
Charges and fees	Minor adaptations costing £1,000 or less will be provided free of charge. The Council will fund minor adaptations for owner occupiers and private tenants. Housing associations will fund minor adaptations for their tenants, and many of the larger housing associations accept self-referrals (further information should be obtained from individual housing associations). Cost-related criteria may vary between local housing providers meaning

	that the definition of items as either minor or major adaptations may also differ.
Conditions	The majority of minor adaptations are provided within 7 days (of the request being made to the Council's contractor), apart from external adaptations, door widening and WC alterations, which are provided within 4 weeks.
Application process	The first step in making an application is to call the Council's Contact Centre number for Adult Social Care on 0151 907 8306 or visit one of the Halton Direct Links at Halton Lea, Runcorn or Brook Street, Widnes. Eligible need will be assessed by one of the Council's Occupational Therapists (OT) or Community Care Workers (CCW).

2.7 Repair and maintenance

The Council will make use of DFG funds to cover the costs of repair and maintenance of mechanical lifts and hoists that are owned by the Council.

The use of DFG funds for revenue purposes is in line with the flexibility that is encouraged since the DFG allocation sits within the Better Care Fund[2].

However, in most cases, lifts and hoists will be provided with an extended warranty and such items will not be repaired/maintained by the Council. Extended warranties will be secured using DFG funds at the point of installation; most items are provided with a five year warranty (which covers all repair and maintenance needs).

At the end of the warranty period, the individual will be responsible for ongoing repair and maintenance; the Council will provide information and advice to assist people in this respect.

The situation is different for ceiling track hoists, which are supplied with a 10 year warranty to cover the life cycle of the lift (individuals do not become responsible for repair and maintenance of ceiling track hoists).

3.0 Discretion

Although every effort has been made to ensure that this policy clearly sets out what assistance is for, who is eligible and the conditions that apply, it is accepted there may be exceptional circumstances not covered by this policy but where there are compelling reasons to justify the provision of assistance.

Whilst this policy will be the primary consideration, applications will be assessed on a case-by-case basis and exceptional cases falling outside of this policy will be considered by a

[2] 'Use of DFG funding for revenue purposes', Foundations, April 2017: https://www.foundations.uk.com/media/5000/use-of-dfg-funding-for-revenue-purposes.pdf

management panel and any assistance will be subject to approval by a Senior Manager/Director.

4.0 Further information, feedback and complaints

https://www3.halton.gov.uk/Pages/councildemocracy/Contact-Us.aspx

If you wish to contact the Council for further information or to provide general feedback, please call the Contact Centre on 0303 333 4300 (Mon-Fri, 8am-6pm) in the first instance. Alternatively, you can call into the one of the Halton Direct Links on Brook Street, Widnes or Halton Lea, Runcorn (Mon-Fri, 9am-5.30pm and Sat 9am-1pm).

If you wish to make a formal complaint, there is a procedure in place; for more information, please follow the web link above or request information via the Contact Centre or Halton Direct Link.

Appendix 1: DFG Repayment Policy

1.1 The Housing Grants Construction and Regeneration Act 1996: Disabled Facilities Grant (Conditions relating to approval or payment of Grant) General Consent 2008 allows Local Authorities to reclaim some of the DFG awarded in certain circumstances.

1.2 The local authority under this general consent is able to reclaim repayment of grant if the property adapted is disposed of (whether by sale, assignment, transfer or otherwise) within 10 years of completion of the relevant works but only where the cost of the grant awarded is in excess of £5,000. The maximum that can be reclaimed by the authority is £10,000. The applicant completes and signs a repayment of grant form with their application to confirm their understanding of this grant condition.

1.3 The government introduced the general consent to enable local authorities to maximise the potential for recycling funding for future major adaptations using DFG.

1.4 In order to enable the local authority to reclaim DFG funding a local land charge is registered on the property by the Council after the completion of the grant work in every case where the DFG awarded is in excess of £5,000.

1.5 Examples of potential reclaim are given below:

Example 1

Amount of DFG awarded was £5,679.50 for replacement of a bath with a level access shower together with cost of professional fees.

Property is sold 5 years after completion of works.

Amount of grant repayable to the local authority £679.50

Example 2

Amount of DFG awarded was £28,950.95 for provision of a ground floor bathroom extension and ramped access together with cost of professional fees.

Property is sold 2 years after completion of works.

Amount of grant repayable to the local authority £10,000

1. 6 The policy on repayment of DFG takes into account the circumstances from the General Consent which the Council should consider before deciding whether or not it may be appropriate to consider waiving repayment of grant and these are set out in 1.8 below. The policy also adds one other relevant circumstance (in 1.9 below) where repayment of grant will not normally be requested.

1.7 The Council will reclaim the applicable amount in all cases where the property is disposed of within 10 years of the date of final completion of the eligible works, including where the sale arises following the death of the disabled person.

1.8 Repayment may not be required in the following circumstances:

1.8.1 Where the recipient of the grant would suffer financial hardship were they to be required to repay all or any part of the grant

1.8.2 Where the disabled person or their partner are moving to take up employment or to change the place of employment.

1.8.3 Where the disposal is made for reasons connected with the physical or mental health or physical or mental wellbeing of the recipient of the grant or of a disabled occupant of the premises.

1.8.4 Where the disposal is made to enable the recipient of the grant to live with a person who is disabled or infirm and in need of care or where the recipient of the grant is disabled or infirm and is moving to receive such care from that person.

1.8.5 Where an adaptation can be removed and/or recycled e.g. stair lifts, wash and dry toilets etc. the recipient would not be expected to repay that element of the grant.

1.10 In such circumstances as described in 1.8.1 to 1.8.4 above and where a request is made to waive repayment of the applicable DFG amount then the decision will be made by the appropriate Operational Director on having received full supporting information from the person or persons making the request.

Appendix 2: List of Minor Adaptations

Structural minor adaptations:	Non-structural minor adaptations:
Hand rails – external	Grab rails
Half steps	Stair rails – not the primary rail
Extra paving to widen pathways	Lever taps
Re-siting of sockets	Drop down rails
Additional sockets	Floor fixing of toilet frames
Re-location of light switches	Brackets for swivel bathers and bath boards
Lower section of kitchen workspace	Spatulate WC handles
Re-hanging of doors	Lower wall cupboards/worktop
Re-location of radiators	Change door handles/kitchen door handles
Widening of doorways – key access points	Flashing light door bells
Compressible threshold	Smoke alarm alerts
Alter position of WC	Door and wall protectors
Lowering of shower controls	Intercom door release system
Alterations to service meter cupboard	Toilet plinth
Trim window sill	Microphone pick up units
Trim newel post	

REPORT TO:	Health Policy and Performance Board
DATE:	29th September 2020
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Update on the Transforming Domiciliary Care Programme and Response to the Healthwatch Survey of Domiciliary Care Users October 2019
WARDS:	Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide an overview of the Transforming Domiciliary Care Programme and Adult Social Care response to the Healthwatch Survey undertaken in October 2019.

2.0 RECOMMENDATION: That the report is noted.

3.0 Transforming Domiciliary Care

3.1 The Transforming Domiciliary Care Programme originally commenced in 2016 with the aim of improving the provision and quality of care commissioned by Halton Borough Council.

3.2 A Transforming Domiciliary Care Programme Board was established in 2018. In 2019 the original programme of work was reviewed and updated following consultation with key stakeholders.

3.3. The overall purpose of the Transforming Domiciliary Care Programme remains the same – to provide a modern and sustainable domiciliary care service across Halton. Five main Programme Aims have been identified:

1. Develop the Reablement First pathway connected with Discharge to Assess (D2A) approaches;

2. Link to the Strengths & Assets Based Approach in Adult Social Care;

3. Deliver a high quality, safe, effective, sustainable and value for money service;

4. Shift from a purely time and task-based delivery to one where care outcomes can also be demonstrated to show the impact on service users' health and wellbeing and on the use of resources;

5. Demonstrate more closely aligned delivery of domiciliary care within the local integrated health and social care system (including with the community and voluntary sectors).

3.4. Following the development of a Work Programme, a series of workstreams were established which also began to meet on a monthly basis. In terms of governance, each of the workstreams report into the Transforming Domiciliary Care Programme Board. The workstreams are;

3.4.1 **Reablement First (including Discharge to Assess Pathway (D2A)**
This workstream will oversee the continued development of the reablement first pathway.

3.4.2 **Workforce Development**
This is crucial to addressing the single greatest operational challenge facing providers – namely staff recruitment, retention and development.

3.4.3 **Capacity and Demand**
This workstream will focus on how best to manage demand and capacity in the local care system.

3.4.4 **Outcomes**
This workstream will oversee the continued development and management of an outcomes approach across the care pathway. This will include the development of routine outcomes measures such as outcomes surveys to measure the delivery of outcomes and satisfaction levels.

3.4.5 **Engagement**
This workstream will focus on engagement with a wide range of stakeholders.

3.5 Each workstream is headed up by a lead officer and supported by a number of stakeholders whom are able to progress the work of each workstream. Progress updates from each workstream are fed back to the Transforming Domiciliary Care Programme Board along with any issues/exceptions.

3.6 A number of Transforming Domiciliary Care Programme Board and workstream meetings had taken place prior to the incidence of the Covid-19 crisis. Work had just commenced on the priorities, for example starting to undertake regular outcomes surveys with Service users. However, due to the pandemic crisis response required, the

development programme was paused to allow attention to be directed to the provision of sustainable front line services, including domiciliary care, at a time when staffing constraints have provided significant operational challenges.

3.7 During the pandemic the borough has implemented the nationally mandated 'Discharge to Assess' / 'Home First' model where people return home from hospital or experience a change in home circumstances have the required rehabilitation, reablement, care and support rather than utilising short term bed facilities. The latter are only used where the risks associated with being at home and / or the intensity of rehabilitation requires a short term admission and then continuation of intervention at home. Whilst meetings have not been able to take place, during the crisis, domiciliary care has continued to be provided in a safe and effective way and where possible work has continued to improve domiciliary care provision within the borough, for example by commissioning an additional 500 domiciliary care hours per week. The previous capacity issues within the sector are no longer present with nobody waiting for care.

3.8 Currently, work is being undertaken within Adult Social Care to implement a 'Reset' Strategy. The purpose of the Reset strategy is to facilitate the smooth transition from the Covid-19 emergency situation back to a 'new normal'. As part of the work on the Adult Social Care 'Reset' strategy, consideration will be given to how the Transforming Domiciliary Care Work Programme can re-commence and how it may be taken forward.

4.0 Healthwatch Survey 2019

4.1 In October 2019 Healthwatch Halton published their survey of people in receipt of domiciliary care and reported to the Health Policy and performance Board (HPPB). The report contained 9 key areas for consideration which are set out and responded to below.

1. We would urge the local authority to adopt NICE Guidance requiring the involvement of service users and carers in all discussions about their care and support.

Response:
Halton Borough Council continues to work within the NICE Guidance. Social care members of staff and commissioned services seek to place Service Users and their significant others at the centre of decision making. Whilst the survey highlights that 20% of people responded that they were not very involved in decisions, a significant number reported that they asked their families to be involved in decisions. Halton Borough Council will continue to provide training and support to all staff in adopting person centred approaches to care.

2 We suggest the Local Authority go further by introducing a more continuous process for reviewing care plans where care staff and service users/families speak to each other to refine things as they go.

Response:
Care planning and provision are reviewed on a regular basis and is evidenced through regular performance monitoring.

3 We recommend that a review is carried out to ensure all service users and their families are being offered independent advice and support on care assessments.

Response:
Independent advice and support is available through local commissioned services Age UK and Halton Citizens Advice Bureau. Social Care teams are actively encouraged to make this information available.

4 It is recommended that, in line with NICE Guidance NG21, information on Direct Payments and other forms of funding is widely shared with Service Users.

Response:
Halton Borough Council has consistently been one of the highest Local Authorities to offer and provide Direct Payments to people in the North West. To facilitate discharge from hospital in a timely manner, the Council utilises its Reablement service and as part of this process would offer Direct Payments where long term care provision is required

5 Feedback received points to a level of unmet need. Although the evidence shows it to be in lower number of cases, this is something that the local authority may wish to explore and consider how to mitigate those needs.

Response:
Capacity and demand issues are a key factor in meeting unmet need. The Transforming Domiciliary Care programme has a specific focus on managing demand and meeting needs and will continue this work on resuming the programme

6 Information on how to raise a compliment, complaint or safeguarding concern should be included in Service User Care Plans. This should include details of independent organisations such as Healthwatch Halton who can offer support if required. This information should be available on provider and Local Authority Websites and in other ways appropriate to Service Users and their Carers.

Response:

Both Halton Borough Council and contracted care providers include information on how to make compliments, complaints and safeguarding concerns in assessment and care file documentation. Information will be reviewed to ensure independent organisations are referenced.

7 We would like to see all service users and their families provided with information on what to do in the event of a late or missed call. It is recommended that care providers review the procedures they have in place to deal with missed calls in order to prevent service users feeling that no action is being taken to deal with the issue.

Response:
Electronic systems are in use to monitor 'missed' and 'late calls'. This information is reviewed as part of contract monitoring.

8 We were given examples of Service Users having multiple carers over short periods of time. It is recommended that small teams would allow staff to become familiar with the particular needs of Service Users.

Response:
The development of standards in relation to number of carers forms part of the work of the Transforming Domiciliary Care Board. Capacity, demand and care workforce issues impact on providing services 7 days per week from 07:30 until 23:00 in a consistent manner. The number of carers visiting people is also reviewed through the monthly contract monitoring process.

9 We recommend that task-based visits are considered to ensure carers carry out all tasks required to be completed. We ask for review of the current system to ensure that Service Users are aware that this is the approach and full information on what should be accomplished during each visit is provided.

Response:
This recommendation forms part of the work of the Transforming Domiciliary Care programme.

5.0 Policy Implications

None at this time.

6.0 FINANCIAL IMPLICATIONS

None at this time.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 Children and Young People in Halton

None.

7.2 **Employment, Learning and Skills in Halton**

Domiciliary Care provision relies on a sustainable skilled workforce.

7.3 **A Healthy Halton**

Good domiciliary care promotes wellbeing and supports individuals to achieve their best outcomes.

7.4 **A Safer Halton**

None.

7.5 **Halton's Urban Renewal**

None.

8.0 RISK ANALYSIS

Failure to deliver the programme may undermine the opportunity to deliver a modern and sustainable domiciliary care service across the borough of Halton.

9.0 EQUALITY AND DIVERSITY ISSUES

None.

10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

10.1 None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 29 September, 2020

REPORTING OFFICER: Strategic Director - People

PORTFOLIO: Health & Wellbeing

SUBJECT: Performance Management Reports, Quarter 1 2020/21

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 This Report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in Quarter 1 of 2020/21. This includes a description of factors which are affecting the service.

2.0 **RECOMMENDATION: That the Policy and Performance Board:**

i) Receive the Quarter 1 Priority Based report

ii) Consider the progress and performance information and raise any questions or points for clarification

iii) Highlight any areas of interest or concern for reporting at future meetings of the Board

3.0 **SUPPORTING INFORMATION**

3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 1, 2020/21.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications associated with this report.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no other implications associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

There are no implications for Children and Young People arising from this report.

6.2 Employment, Learning & Skills in Halton

There are no implications for Employment, Learning and Skills arising from this report.

6.3 A Healthy Halton

The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.

6.4 A Safer Halton

There are no implications for a Safer Halton arising from this report.

6.5 Halton's Urban Renewal

There are no implications for Urban Renewal arising from this Report.

7.0 RISK ANALYSIS

7.1 Not applicable.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 There are no Equality and Diversity issues relating to this Report.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 None under the meaning of the Act.

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 1– Period 1st April – 30th June

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the first quarter of 2020/21 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 first quarter which include:

Adult Social Care:

Care Management

From March 2020 in response to the Covid-19 Pandemic, the care management service temporarily drew together its teams to form a new Single Point of Access (SPA) service, which was introduced to deal with **all** Adult Social Care enquiries/referrals. This involved Care Management Teams (IAT, CCR, CCW & SCIP) being reconfigured into a single team covering 7 days a week (8am – 6pm), with input from/working alongside staff in the Capacity & Demand Team/RARS/Community Therapy. Safeguarding, Mental Health and Transition Teams sitting behind the SPA and will take enquires/referrals directly from the SPA, but not form part of the rota as outlined below. The new team included a management function, a screening team (of most experienced staff) and back office staff supporting the SPA. The team supported people to stay at home and worked closely with hospitals and the NHS during the crisis period. The teams have been able to move back to normal working hours and we are looking at a re-setting back to the original teams, whilst ensuring flexible arrangements around covid-19 pandemic requirements.

Strengths based approaches

We have established a dedicated steering group to look at Strengths Based Approaches are predicated on the use of a conversational approach to social work assessment which focus on an individuals' 'strengths' and connecting people to community based 'assets' or services, which fits well into place-based working.

In Strengths Based working the Assessor adopts an approach that looks at a person's life holistically and considers their needs in the context of their strengths, skills, ambitions, and priorities. It is vital to support Social Work staff to have knowledge and familiarity with the local communities and places to enable them to draw on community assets such as libraries, leisure center's/activities, clubs, faith sector and, voluntary organisations etc. to enhance people's lives and wellbeing.

The Care Act 2014 introduced a requirement for Local Authorities to 'consider a person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help' in considering 'what else other than the provision of care and support might assist the person in meeting the outcomes they want to achieve'.

Halton is at the start of its journey in terms of implementing a strengths based approach to social work practice and has committed to working with Professor Samantha Baron who is currently the leading figure in the UK in the field of Strengths Based Approaches. Working alongside Professor Samantha Baron, a support programme has been tailored to Halton Borough Council to ensure that it meets the needs of the organisation and builds on current arrangements and proposals for embedding a strengths based approach. The programme of support has been tailored to take into account existing systems and paperwork and how they can be aligned with/adapted to new ways of working. The programme will commence Autumn 2020.

Mental Health Services

The Halton Women's Centre: this service is part of the service offer of the Mental Health Outreach Team. It is based in Runcorn, but is available to all Halton residents. It provides a service to vulnerable women of all ages, offering support, encouragement and care to women with low self-confidence, mental health problems, emotional difficulties, social isolation issues and complex needs. Specific sessions provided at the centre include counselling, personal development courses, education, health and wellbeing sessions, a range of therapeutic services and support to engage with wider community activities. There are strong links with a wide number of organisations, including probation, Halton College, the Health Improvement Team, the Widnes Vikings Education Programmes and Domestic Abuse services.

The service recently received a substantial financial award, which is helping the service to extend its provision to support women who have offended, working with them to help them engage with their local communities and to avoid future offending. This funding is for one year only but will be reviewed, and it is hoped that it will be extended if the outcomes are successful.

In common with all other day services, the Women's Centre was unable to offer face-to-face contact during the lockdown period of the coronavirus pandemic. Users of the service were contacted on a regular basis, however, to check on their welfare, and as the pandemic restrictions eased, so it has become possible to start running the services again. A limited service is now in operation, with significant safety measures having been put in place.

Care and Support in the Borough

Internal and external care and support services continue to operate in the borough through the q. ASC have continued to have daily contact with all services and providers to offer support with issues, concerns and maintain a joint approach to supporting vulnerable people. Detailed work has commence with the care home sector to understand the issues and particular concerns where homes have a larger vacancy rate. Regional work through ADASS and national work with central government is developing in relation to care home sustainability. The 'home first' approach continues to support more people coming out of hospital sooner and returning to their own homes whilst intermediate care beds continue to operate a 'discharge to continue rehab' so reducing the length of stay and providing more rehab, reablement and support in people's own homes. This approach will continue

to be strengthened between ASC and partners in health services. The well documented issue with PPE for the sector for a sustained period during the beginning of the pandemic had started to settle somewhat by the end of Q1 and further plans in place to improve this further into Q2 and beyond.

Public Health

No up to date data at present due to COVID-19.

3.0 Emerging Issues

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

Adult Social Care
Mental Health Services:

The North West Boroughs (NWB) Mental Health Trust: NWB is the current provider of specialist mental health services (including inpatient and community services) for Halton and a number of other boroughs. Earlier in the year, the Council was notified that the Trust was in negotiation with Merseycare NHS Trust, which provides mental health services to Liverpool, Sefton and part of Knowsley, with a view to Merseycare taking over the running of NWM's mental health services. Subject to extensive consultation and local agreement, this change will take place on 1st April 2021. A group consisting of the NHS commissioners for the NWB area is being set up, and will include very senior representatives from each local authority. If the proposed change takes place, existing working relationships between the council and the new Trust will need to be renegotiated.

Review of the Mental Health Act: understandably, most of the work that was taking place nationally around the review and reform of the Mental Health Act was put on hold during the period of the coronavirus lockdown and subsequent restrictions on activity. This is now being picked up nationally again, and mental health social services around the country are directly involved in supporting these developments and providing direct feedback.

Breathing Space (mental health support for people in debt): this introduces a legal structure to suspend collection and enforcement of debt (evictions, fees, debts, bailiffs etc) for people who are in crisis, including a mental health crisis. This was agreed in parliament this summer and there will be a specific mental health component in the new regulations. It is due to be in place by May 2021, and will ensure that people will be able to be supported through their period of crisis and until they recover.

Public Health

No up to date data at present due to COVID-19.

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	Q1 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.	U
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	U
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 progressing to review our approach to the pooled budget to ensure the budget comes out on target.

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

1C. Due to the pandemic further developments are currently on hold.

1D. Due to the epidemic, progress on developing a new dementia delivery plan for Halton, under One Halton, has not been progressed. This will be progressed as part of the reset strategy.
Halton Dementia Advisor Service has been available throughout the pandemic, via telephone and email, but referrals are still very low from LLAMS. Appreciating that the LLAMS service has also had to adapt during the lockdown, now things are returning to a more normal situation, the service managers for both LLAMS and Alzheimer's Society are in regular contact to try and improve referrals into the community provision. Alzheimer's Society have advised that from Autumn 2020 they will be moving towards Dementia Direct approach in Halton, which is essentially a more streamlined referral and admin processing approach, and is not anticipated to have any detrimental impact on Halton service users. LLAMS are being kept informed at each stage of the role out.
Community dementia groups (ie cafes and activity groups) will be starting to reconvene during the next quarter. Activity had been halted during quarter 1 due to the COVID risks associated with the cohort.

1E. Completed.

1F. The strategy reflects the key priorities and agreed action plan for a five year period. The strategy action plan will be reviewed annually, to ensure it is current and reflects economic and legislative changes
The homelessness forum will be arranged for November 2020, to review the key priorities within the Homelessness strategy and update the homelessness action plan
Covid-19 has changed working practices and will influence future activity and communication between partner agencies, which will further influence how services are commissioned and delivered in the future

3A. Integrated approaches commissioning are developing through the one Halton Commissioning Group

Key Performance Indicators

Older People:						
Ref	**Measure**	**19/20 Actual**	**20/21 Target**	**Q1**	**Current Progress**	**Direction of travel**
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ ***Better Care Fund performance metric***	TBC	635	N/A	U	N/A
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. ***Better Care Fund performance metric***	N/A	TBC	N/A	U	N/A
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. ***Better Care Fund performance metric***	4893	5182	3641 (April to June 2020)	✓	↑
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)	78%	85%	N/A	N/A	N/A

	Better Care Fund performance metric					
Adults with Learning and/or Physical Disabilities:						
ASC 05	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	39%	97%	81%	✓	↑
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	72%	80%	69%	U	↓
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	35%	45%	35%	✓	↑
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	88.73 %	87%	88.31 %	✓	↑
ASC 9	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.04 %	5.5%	5.25%	✓	↑
Homelessness:						
ASC 10	Homeless presentations made to the Local	TBC	2000 1000 500	412	✓	↑

	Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless					
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	TBC	150	44	✓	↑
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	TBC	TBC	N/A	N/A	N/A
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	105 15	150 80	153 57	✓	↑
ASC 14	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)	6.62%	7.0%	0.4%	✓	↑

Safeguarding:						
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	TBC	TBC	N/A	N/A	N/A
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%	85%	75%	☑	↑
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%	90%	N/A	N/A	N/A
Carers:						
ASC 18	Proportion of Carers in receipt of Self Directed Support.	TBC	99%	69%	☑	↑
ASC 19	*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)*	7.6% 2018/19	8%	N/A	N/A	N/A

ASC 20	*Overall satisfaction of carers with social services (ASCOF 3B)*	52.1 % 2018/19	52%	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 % 2018/19	93%	N/A	N/A	N/A

Supporting Commentary:

Older People:

ASC 01 Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

ASC 02 As a result of the Pandemic, current performance standards and reporting relating to Delayed Transfers of Care (DTOC) was suspended from Thursday 19th March 2020. There are no plans to return to this reporting arrangement at present and as such systems are currently not counting or recording DTOCs.

ASC 03 Q1 target achieved.

ASC 04 Annual collection only to be reported in Q4.

ASC 05 Data published October 2017, the latest data for 17/18 will be available in October 2018

Adults with Learning and/or Physical Disabilities:

ASC 06 Work being done looking at the measure

ASC 07 We are currently working towards a target of 45 per cent, albeit figures do appear to be low at present, we are travelling in the right direction and are in a better position than we were in Q1 2019/20. We have maintained 35 per cent from Q4 2019/20 despite the ongoing restrictions we have been faced with during the pandemic; we also benchmark well against out comparator / neighbouring authorities in this measure.

ASC 08 We are aware of issues with data quality with Primary support reasons, this may change the numerator meaning the percentage of clients will be lower.

ASC 09 There are 22 people with a learning disability in paid employment. The percentage is based on the number of people with a learning disability "known to" the Council. The known to figure can fluctuate each month as people have been added to Care First or their assessments have been completed; this will have an overall effect on the percentage.

Homelessness:

ASC 10 The figure shown is the annual figure for homelessness presentations made to the Local Authority. During the quarter there has been a vast increase in presentations, which is due to the Covid-19 pandemic and government guidance to remove all rough sleepers from the streets.
The Homelessness Reduction Act has influenced the homelessness administration and service delivery, which led to an increase in homelessness presentations The emphasis is placed upon prevention and relief measures to reduce homelessness.

ASC 11 The figure shown is for statutory homelessness acceptances, which is generally low. The statutory homelessness acceptance is now considered the last option of the homelessness assessment, with further emphasis placed upon prevention and relief.

ASC 12 No data provided

ASC 13 The Covid 19 pandemic and government guidance to place all homelessness clients into accommodation, placed extreme pressure upon Local Authorities and housing providers to source suitable temporary and permanent accommodation.
The ¬all in` approach forced many Local Authorities to use hotel and B&B accommodation to meet the increased demand.
The Local Authority also commissioned additional temporary accommodation provision to meet demand

ASC 14 The team focus is upon advice and assistance to reduce homelessness issues. The early intervention team take an accelerated approach to working with many clients, offering advice to avert the crisis.

Safeguarding:

ASC 15	Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system.
ASC 16	We have exceeded this target and staff continue to access the appropriate training.
ASC 17	Annual collection only to be reported in Q4, (figure is an estimate).
Carers:	
ASC 18	We need to look at the calculation of this measure. Carers Self Directed Support and Direct Payments is anticipated to be around 96 – 99 per cent.
ASC 19	This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter
ASC 20	This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter
ASC 21	This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter
ASC 22	This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter

Public Health

Key Objectives / milestones

Ref	Milestones	Q1 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women.	U
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel).	U
PH 01c	Work with partners to continue to expand early diagnosis and treatment of respiratory disease including Lung Age Checks, and improving respiratory pathways.	U
PH 01d	Increase the number of people achieving a healthy lifestyle in terms of physical activity, healthy eating and drinking within recommended levels.	U
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	U

	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.	U
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.	U
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.	U
PH 03b	Review and evaluate the performance of the integrated falls pathway.	U
PH 03c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropriate age groups in older age.	U
PH 04a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	U
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).	U
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.	U
PH 05a	Work with schools, parents, carers and children's centres to improve the social and emotional health of children.	U
PH 05b	Implementation of the Suicide Action Plan.	U
PH 05c	Provide training to front line settings and work to implement workplace mental health programmes.	U

Supporting Commentary

PH 01a	**Supporting commentary** No up to date data at present due to COVID-19.
PH 01b	**Supporting commentary** No up to date data at present due to COVID-19.
PH 01c	**Supporting commentary** No up to date data at present due to COVID-19.
PH 01d	**Supporting commentary** No up to date data at present due to COVID-19.

PH 02a	**Supporting commentary** No up to date data at present due to COVID-19.
PH 02b	**Supporting commentary** No up to date data at present due to COVID-19.
PH 02c	**Supporting commentary** No up to date data at present due to COVID-19.
PH 03a	**Supporting commentary** No up to date data at present due to COVID-19.
PPH 03b	**Supporting commentary** No up to date data at present due to COVID-19.
PH 03c	**Supporting commentary** No up to date data at present due to COVID-19.
PH 04a	
PH 04b	**Supporting commentary** No up to date data at present due to COVID-19.
PH 04c	**Supporting commentary** No up to date data at present due to COVID-19.
PH 05a	**Supporting commentary** No up to date data at present due to COVID-19.
PH 05b	**Supporting commentary** No up to date data at present due to COVID-19.
PH 05c	**Supporting commentary** No up to date data at present due to COVID-19.

Key Performance Indicators

Ref	Measure	19/20 Actual	20/21 Target	Q1	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	N/A	N/A	N/A	U	**N/A**
PH LI 02a	Adults achieving recommended levels of	N/A	N/A	N/A	U	**N/A**

	physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)					
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	N/A	N/A	N/A	U	**N/A**
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	N/A	N/A	N/A	U	**N/A**
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	N/A	N/A	N/A	U	**N/A**
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	N/A	N/A	N/A	U	**N/A**
PH LI 03c	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	N/A	N/A	N/A	U	**N/A**

PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	N/A	N/A	N/A	U	**N/A**
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	N/A	N/A	N/A	U	**N/A**
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	N/A	N/A	N/A	U	**N/A**
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	N/A	N/A	N/A	U	**N/A**
PH LI 05ai	**Male** Life expectancy at age 65 (Average number of years a person would expect to live based on	N/A	N/A	N/A	U	**N/A**

	contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*					
PH LI 05aii	**Female** Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*	N/A	N/A	N/A	U	**N/A**
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	N/A	N/A	N/A	U	**N/A**
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	N/A	N/A	N/A	U	**N/A**

Supporting Commentary

PH LI 01 - No up to date data at present due to COVID-19.

PH LI 02a - No up to date data at present due to COVID-19.

PH LI 02b - No up to date data at present due to COVID-19.

PH LI 02c - No up to date data at present due to COVID-19.

PH LI 03a - No up to date data at present due to COVID-19.

PH LI 03b – No up to date data at present due to COVID-19.

PH LI 03c - No up to date data at present due to COVID-19.

PH LI 03d – No up to date data at present due to COVID-19.

PH LI 03e - No up to date data at present due to COVID-19.

PH LI 04a - No up to date data at present due to COVID-19.

PH LI 04b - No up to date data at present due to COVID-19.

PH LI 05ai - No up to date data at present due to COVID-19.

PH LI 05aii – No up to date data at present due to COVID-19.

PH LI 05b – No up to date data at present due to COVID-19.

PH LI 05c - No up to date data at present due to COVID-19.

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT
Finance

Revenue Operational Budget As At 30th June 2020

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Employees	14,120	3,400	3,379	21	60
Premises	268	94	97	(3)	(10)
Supplies & Services	542	137	137	0	(10)
Aids & Adaptations	113	4	1	3	0
Transport	187	9	7	2	0
Food Provision	181	21	15	6	0
Agency	669	153	153	0	0
Supported Accommodation and Services	1,443	360	360	0	0
Emergency Duty Team	101	0	0	0	0
Contarcts & SLAs	543	311	315	(4)	(10)
Lillycross Contract Costs	320	156	156	0	0
Capital Financing	44	0	0	0	0
Housing Solutions Grant Funded Schemes					
LCR Immigration Programme	342	6	6	0	0
Flexible Homeless Support	169	9	9	0	0
LCR Trailblazer	69	17	17	0	0
Rough Sleepers Iniative	155	4	4	0	0
Total Housing Strategy Grant Funded	735	36	36	0	0
Total Expenditure	**19,266**	**4,681**	**4,656**	**25**	**30**
Income					
Fees & Charges	-690	-157	-147	(10)	(40)
Sales & Rents Income	-315	-164	-170	6	20
Reimbursements & Grant Income	-803	-118	-112	(6)	(20)
Housing Strategy Grant Funded Schemes	-735	-636	-636	0	0
Transfer from Reserves	-43	0	0	0	0
Capital Salaries	-111	-27	-30	3	10
CCG Reimbursement Re Lillicross	-312	-156	-156	0	0
Government Grant Income	-175	-87	-87	0	0
Total Income	**-3,184**	**-1,345**	**-1,338**	**(7)**	**(30)**
Net Operational Expenditure Excluding Homes and Community Care	**16,082**	**3,336**	**3,318**	**18**	**0**
Care Homes Net Expenditure	6,190	1,275	1,611	(336)	(1,334)
Community Care Expenditure	17,479	3,681	4,024	(343)	(652)
Net Operational Expenditure Including Homes and Community Care	**39,751**	**8,292**	**8,953**	**-661**	**-1,986**

Covid Costs					
Staffing	162	162	518	-356	-973
PPE	6	6	51	-45	-94
Telehealthcare Equipment	8	8	54	-46	-101
Bed & Breakfast Accommodation	20	20	20	0	-20
Medical, hygiene & cleaning	5	5	33	-28	-42
Lilycross	0	0	468	-468	-936
Contract Costs	95	95	95	0	-56
Covid Loss of Income					
Community Care Income	359	359	359	0	-359
Community ServicesTransport	33	33	33	0	0
Community Services Trading	15	15	15	0	0
Community Services Placements	22	22	22	0	0
Rentals	12	12	12	0	0
Contribution From Reserves	-737	-737	-737	0	0
Net Covid Expenditure	**0**	**0**	**943**	**-943**	**-2,581**
Recharges					
Premises Support	13	0	0	0	0
Transport Support	564	100	100	0	0
Central Support	3,589	894	894	0	0
Asset Rental Support	563	141	141	0	0
Recharge Income	-122	-27	-27	0	0
Net Total Recharges	**4,607**	**1,108**	**1,108**	**0**	**0**
Net Departmental Expenditure	**44,358**	**9,400**	**11,004**	**-1,604**	**-4,567**

Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is £0.018m below budget profile at the end of the second quarter of the 2020/21 financial year. A balanced budget is projected for the 2020/21 financial year overall.

The Community Care and Care Homes Divisions are reported separately below. At present, a net overspend of £1.334m is projected for the financial year for the Care Homes Division, and a net overspend of £0.652m is projected for the Community Care Division. A more detailed analysis of the respective divisions spend is included in separate reports below.

Adult Social Care (Excluding Care Homes and Community Care)

Employee costs are currently £0.021m under budget profile, due to savings being made on vacancies. It is anticipated that a full-year underspend in the region of £0.060m will result by the end of the financial year.

The revenue costs for Lillycross largely consist of a contract payment of £800 per week for 60 beds, for 26 weeks from 1 April 2020. The costs of 15 of these beds are recharged to the CCG (costs and income are shown in the main table above). The cost of the remaining beds are currently classed as Covid-19 related expenditure

There are a number of full grant funded Housing Strategy initiatives included in the report above, specifically the LCR Immigration Programme, Flexible Homelessness Support Initiative, LCR Trailblazer and Rough Sleepers Initiative. Total funding of £0.735m represents confirmed grant allocations for 2020/21 together with unspent funding carried forward from the previous financial year. Income currently significantly exceeds expenditure, and any unspent in-year funding will be carried forward to the 2021/22 financial year, in-line with grant conditions.

Income received from the Clinical Commissioning Group (recorded under the “Re-imbursements and Grants” heading) is projected to be below target. The shortfall is currently estimated to be in the region of £0.020m for the full year.

The costs attributed to the Covid-19 Pandemic reflect increased operating costs and the projected loss of income. Whilst the projections currently assume that the current situation will have returned to normal by the third quarter of the financial year, an allowance has been made for income (for example Community Services Trading Income) not returning to pre Covid levels due to a loss of consumer confidence.

The most significant costs are as follows:

Staffing . Costs relate to overtime payments to front-line staff, and increased agency costs in managing the pandemic in the short term. The bulk of the costs relate to the Care Homes, together with Care Management, and Community Services.

Lillycross. The costs relate to providing beds for Covis-19 patients, to ease the pressure on the hospitals.

Community Care Loss Of income. This is calculated on the assumption that the pandemic will result in a 20% loss of income from Direct Payments, and Residential, Nursing and Domiciliary Care

The loss of Community Services income relates to transport recharges to service users, together with the loss of income around trading activities such as catering, hairdressing, shopmobility, and the cafes at The Route and Norton Priory.

Care Homes Division
Revenue Operational Budget As At 30th June 2020

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Madeline McKenna					
Employees	470	108	129	(21)	(85)
Other Premises	54	8	13	(5)	(22)
Supplies & Services	14	1	0	1	1
Food	30	6	7	(1)	(1)
Total Madeline McKenna Expenditu	**568**	**123**	**149**	**(26)**	**(107)**
Millbrow					
Employees	1,521	352	465	(113)	(453)
Other Premises	72	14	18	(4)	(16)
Supplies & Services	50	13	15	(2)	(8)
Food	55	10	12	(2)	(5)
Total Millbrow Expenditure	**1,698**	**389**	**510**	**(121)**	**(482)**
St Luke's					
Employees	2,069	428	544	(116)	(463)
Other Premises	83	13	35	(22)	(85)
Supplies & Services	39	7	9	(2)	(11)
Food	99	7	16	(9)	(38)
Total St Luke's Expenditure	**2,290**	**455**	**604**	**(149)**	**(597)**
St Patrick's					
Employees	1,421	275	305	(30)	(122)
Other Premises	82	16	22	(6)	(11)
Supplies & Services	32	4	5	(1)	(4)
Food	99	13	16	(3)	(11)
Total St Patrick's Expenditure	**1,634**	**308**	**348**	**(40)**	**(148)**
Total Expenditure	**6,190**	**1,275**	**1,611**	**(336)**	**(1,334)**
Net Operational Expenditure	**6,190**	**1,275**	**1,611**	**(336)**	**(1,334)**

Comments on the above figures

Overall, the Net Care Homes Divisional Expenditure is £0.336m over budget profile. The forecast outturn position for 2020-21 is currently £1.334m over the available budget for the year.

The Care Homes Division was created during the third quarter of 2019/20 after the acquisition of two additional homes in October 2019; St Luke's in Runcorn and St Patrick's in Widnes. The new Care Homes Division contains four homes, Madeline McKenna and Millbrow which transferred from the Complex Care Pool Division, along with the two new homes, St Luke's and St Patrick's. They have a combined budget of £6.190M based on 100% occupancy levels; however this includes a one-off Infection Control Grant of £0.158m for the period 13th May to 30th September, following the COVID-19 pandemic.

Madeline McKenna Care Home

Madeline McKenna is a 23-bed residential care home with a budget of £0.568m (including £0.022 Infection Control Grant allocation). At the end of Quarter 1, Madeline McKenna's net expenditure is £0.026m over budget profile.

Employee related expenditure is £0.021m over the profiled budget at this point in the financial year. Agency staff expenditure of £0.017 is offset by underspends due to the vacant posts remaining following the staffing restructure in 2019-20. The harmonisation of terms and conditions following the restructure necessitated an efficiency saving of £0.108m for 2020/21, this, and the anticipated higher than budgeted pay award for the year, continues to create pressure across the staffing budgets.

Premises related expenditure is currently £0.005m over budget profile. Repairs and maintenance to the building is the main area of concern & its anticipated this will remain a cost pressure throughout 2020/21. The utility bills – specifically gas, are also above budget and consequently the suppliers are under review.

Millbrow Care Home

Millbrow is a 44-bed residential and nursing care home with a budget of £1.699m (including £0.043m Infection Control Grant allocation). At the end of Q1, Millbrow's net expenditure is £0.121m over budget profile.

Employee related expenditure is £0.113m over budget profile. Agency staff expenditure of £0.163m is offset by underspends due to vacant posts following the 2019/20 re-structure. The harmonisation of terms and conditions following the restructure necessitated an efficiency saving of £0.190m for 2020/21. This and the anticipated, higher than budgeted pay award for the year, continues to create pressure across the staffing budgets.

Premises related expenditure is £0.004m over budget at this point in the year. Predominantly this is due to repairs and maintenance to the building. A major refurbishment of the home was planned to start at the beginning of the financial year, however, the Coronavirus emergency response required a postponement. It is anticipated therefore that this will continue to be a budget pressure during 2020/21.

Expenditure on food provision is £0.002m over budget profile. With the council's increased portfolio of care homes, this has opened up procurement opportunities, which could produce cost savings. Unfortunately, the coronavirus emergency response has delayed progress in this area.

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 £2.290m including £0.054m Infection Control Grant allocation. At the end of Q1, St Luke's net expenditure is £0.149m over budget profile. The year-end position is expected to be circa £0.600m over budget.

Employee related expenditure is £0.116m over budget profile at the end of June. Agency staff expenditure of £0.239m is partly offset by underspends on contracted staffing budgets, due to vacant posts following the transfer of staff to Halton Borough Council. Work is underway to review the staffing requirements at the care home; however, this will continue to be a budget pressure in 2020/21.

Premises related expenditure is £0.021m over budget at Q1. The main areas of concern are repairs and maintenance to the building and utility bills – namely electricity and water. The costs for repairs and maintenance will continue to be a budget pressure in 2020/21. Halton Borough Council inherited the utility suppliers when the home transferred in 2019/20; gas is now on the corporate contract – however electricity is still outstanding. Water charges are currently under investigation.

Expenditure on food provision is £0.009m over budget profile. With the council's increased portfolio of care homes, this has opened up procurement opportunities, which could produce cost savings. Unfortunately, the coronavirus emergency response has delayed progress in this area.

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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 £1.634M, including £0.039m Infection Control Grant allocation. At the end of Q1, St Patrick's net expenditure is £0.040m over budget profile.

Employee related expenditure is £0.030m over planned budget at Q1. This includes £0.115m on agency staff that is partly offset with underspends on staffing budgets due to vacant posts following the transfer of staff to Halton Borough Council. Work is underway to review the staffing requirements at the care home, however this will continue to be a budget pressure in 2020/21.

Premises related expenditure is £0.006m over budget. Repairs and maintenance remains the main area of concern, and will continue to be a budget pressure in 2020/21.

Summary

It is still early days concerning the two new care home budgets, and unfortunately, the emergency response to the coronavirus pandemic created additional challenges across all care home provision – some of which may need to continue in the medium-term.

Work is on-going across all of Halton's care homes to address the various cost pressure areas and reduce the overspend position, including

- Recruitment
- Reliance on Agency
- Harmonisation to HBC terms & Conditions
- Premises expenditure
- Reviewing supplies & services spend
- Model of care provision

The division will continue to be carefully monitored throughout 2020/21 to mitigate, as far as possible, the forecast £1.334M overspend outturn position.

COMMUNITY CARE BUDGET

Revenue Budget as at 30th June 2020

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Residential & Nursing Care,	11,547	1,450	1,401	49	345
Domiciliary, Supported Living & Day Care	8,889	1,012	1,019	(7)	(19)
Direct Payments	9,415	2,959	3,148	(189)	(755)
Total Expenditure	**29,851**	**5,421**	**5,568**	**(147)**	**(429)**
Income					
Residential & Nursing Income	-7,072	-1,050	-955	(95)	(241)
Domiciliary Income	-1,461	-199	-201	2	15
Direct Payments Income	-714	-111	-112	1	3
CCG funded care home placements	-2,356	-380	-276	(104)	(187)
Reimbursement HCCG	0			0	187
Income from other CCG's	-113			0	
ILF	-656			0	
Total Income	**-12,372**	**-1,740**	**-1,544**	**(196)**	**(223)**
Net Operational Expenditure	**17,479**	**3,681**	**4,024**	**(343)**	**(652)**

Comments on the above figures:

The overall position for the Community Care spend is £0.343m over budget profile at the end of June and the forecast year end net spend position is expected to be approximately £0.652m over budget. This is based on information held at present.

An exercise has started to ensure packages of care during the pandemic have been charged to the correct funding stream. Work on Direct Payments has already started and work on residential and domiciliary is due to start week commencing 20th June. Therefore the position may fluctuate over the next few months as work progresses.

The year end net spend forecast for residential care has decreased by £0.252m as the number of service users has dropped over the past month.

Direct Payments, as in previous years, continues to be a budget pressure. However, on a positive note, a working group has been set up within the last few weeks. The aim of the group is to look at direct payment costs and review them, especially high cost packages. Already savings have been identified in the region of £0.261m per annum. This is a full year saving. For the current financial year the saving will be £0.238m.

There is a risk to the Council that once the pandemic is over and the Covid funding ends the cost of the Covid funded care packages will have to be funded by the Council. Presently there is uncertainty about when this will be. However, for assumption purposes if the funding ends in September the cost of those packages from October to the end of the financial year would be approximately £905k. It should also be noted that there will be an increase in client contribution income but it is very difficult to estimate this as each service user's circumstances are different.

Capital Projects As At 30 June 2020

	2020-21 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Orchard House	115	60	59	56
Lillycross	1,338	960	955	383
Purchase Of 2 Adapted Properties	369	0	0	369
Total	**1,822**	**1,020**	**1,014**	**808**

Comments on the above figures:

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 original total capital allocation was £0.407m, which reflected the projected remodelling and refurbishment costs of the property following its purchase in March 2019. The current year capital allocation has been carried forward from 2019/20, and will enable the scheme's completion.

The former Lillycross care home in Widnes has been adapted to help ease the pressure on hospitals treating patients with Covid-19. Capital costs are to be fully reimbursed by Halton CCG.

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 in 2020/21. It is anticipated that the full cost of the project will be met from the original grant funding.

COMPLEX CARE POOL

Revenue Budget as at 30 June 2020

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000	Forecast Variance (overspend) £'000
Expenditure					
Intermediate Care Services	7,264	1,200	1,199	1	3
End of Life	206	51	24	27	32
Sub-Acute	1,986	53	50	3	52
Joint Equipment Store	617	154	155	(1)	(5)
CCG Contracts & SLA's	3,016	18	18	0	0
Intermediate Care Beds	607	152	152	0	0
Carers Breaks	405	216	163	53	90
Oakmeadow	1,117	260	274	(14)	(82)
Carers Centre	364	91	91	0	0
Inglenook	125	21	10	11	59
Health & Community Care Packages	3,150	788	788	0	0

Total Expenditure	**18,857**	**3,004**	**2,924**	**80**	**149**
Income					
BCF	-10,891	-2,723	-2,723	0	0
CCG Contribution to Pool	-3,402	-850	-850	0	0
Oakmeadow Income	-612	-153	-153	0	0
Total Income	**-14,905**	**-3,726**	**-3,726**	**0**	**0**
Net Operational Expenditure	**3,952**	**-722**	**-802**	**80**	**149**
Covid Costs					
Additional hours, PPE	0	0	58	(58)	(60)
Government Grant Income	0	0	-58	58	60
Net Covid Expenditure	**0**	**0**	**0**	**0**	**0**
Net Department Expenditure	**3,952**	**-722**	**-802**	**80**	**149**

Comments on the above figures:

The overall position for the Complex Care Pool budget is net spend £0.080m under budget profile at the end of June and the forecast year end net spend position is forecast to be approximately £0.149m under budget.

Expenditure on Carer's Breaks is under budget profile by £0.053m as at the end of June. The personalised break costs from Halton Carer's Centre continue to be quite low as are the direct payment carers breaks.

There is currently a forecast underspend. However the current pandemic has changed how some of services are delivered. An Intermediate Care review being undertaken may result in resources and budgets being reallocated.

Pooled Budget Capital Projects as at 30th June 2020

	2020-21 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	600	150	103	497
Stair lifts (Adaptations Initiative)	270	60	58	212
RSL Adaptations (Joint Funding)	270	0	0	270
Millbrow Refurbishment	1,516	5	5	1,511
St Luke's Care Home	265	0	0	265
St Patrick's Care Home	55	0	0	55
Total	**2,976**	**215**	**166**	**2,810**

Comments on the above figures:

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations re consistent with 2019/20 spend and budget, and expenditure across the 3 headings is anticipated to be to budget overall.

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 allocation reflect funding carried forward to allow the continuation of refurbishments.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 30th June 2020

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	3,824	902	894	8	26
Other Premises	5	0	0	0	0
Supplies & Services	219	39	34	5	14
Other Agency	19	19	20	(1)	(1)
Contracts & SLAs	6,718	301	301	0	0
Transport	10	1	1	0	3
Total Expenditure	**10,795**	**1,262**	**1,250**	**12**	**42**
Income					
Other Fees & Charges	-48	-7	-9	2	3
Reimbursements & Grant Income	-78	-17	-11	(6)	(24)
Government Grant	-10,366	-1,144	-1,144	0	0
Transfer from Reserves	0	0	0	0	0
Total Income	**-10,492**	**-1,168**	**-1,164**	**(4)**	**(21)**
Net Operational Expenditure	**303**	**94**	**86**	**8**	**21**
Covid Costs					
Contracts & SLA's	0	0	15	(15)	(160)
Halton Outbreak Hub	949	0	0	0	0
Covid Loss of Income					
Fees & charges – Sure Start to Later Life	-5	-3	0	(3)	(5)
Fees & charges – Pest Control	-17	-4	0	(4)	(17)
Fees & charges – Health Improvement Team	-8	-3	0	(3)	(8)
Reimbursements & grant income – Health & Wellbeing	-25	0	0	0	(25)
Government Grant Test and Trace	-949	0	0	0	0
Government Grant Covid	0	0	-25	25	215
Net Covid Expenditure	**-55**	**-10**	**-10**	**0**	**0**
Recharges					
Premises Support	137	34	34	0	0
Transport Support	23	1	1	0	1
Central Support	760	190	190	0	0
Net Total Recharges	**920**	**225**	**225**	**0**	**1**
Net Departmental Expenditure	**1,168**	**309**	**301**	**8**	**22**

Comments on the above figures

The net Department spend is £0.008m under budget at the end of Quarter 1 and the estimated outturn position for 2020/21 is for net spend to be £0.022m under the available budget.

Employee costs are currently £0.008m under budget profile, due to savings on a small number of vacancies and reductions in hours within the department. It is anticipated that a full year underspend of £0.026m will result by the end of the financial year. The employee budget is based on 86.7 full

time equivalent staff. The staff turnover saving target of £0.025m is projected to be achieved in full by the end of the financial year.

Income received is currently running below target and is expected to continue to do so for the remainder of the financial year. This is in the main due to savings of £0.050m applied to income targets included in the Department's budget, which are not achievable and a loss of income due to the coronavirus.

COVID-19 costs for Contracts & SLA's are £0.015m in the first quarter. Estimated additional expenditure of £0.145m is expected because of the coronavirus. The Public Health & Public Protection Department is likely to see medium and longer-term effects as a result of the current pandemic.

Halton Borough Council has been allocated £0.949m from the Local Authority COVID-19 Test & Trace Service Support Grant. This grant will be used to manage local outbreaks of COVID-19 through Halton's Outbreak Hub.

There is also a loss of income due to COVID-19. Sure Start to Later Life, Pest Control and the Health Improvement Team have been unable to generate any income during the first quarter of the financial year. This has resulted in a loss of £0.010m in the first quarter of 2020/21 that has been offset by a contribution from reserves. The loss of income in the remainder of the financial year is estimated to be £0.045m, assuming income levels return to normal after the first six months of the year.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress		**Objective**	***Performance Indicator***
Green	✓	Indicates that the objective is on course to be achieved within the appropriate timeframe.	*Indicates that the annual target is on course to be achieved.*
Amber	U	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.*