# Health Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 3 – Period 1<sup>st</sup> October 2021 – 31<sup>st</sup> December 2021

### **1.0 Introduction**

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the third quarter of 2021/22 for service areas within the remit of the Health Policy and Performance Board. These areas include:

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

### 2.0 Key Developments

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

### Adult Social Care:

**Intermediate Care Review** – The new Halton Intermediate Care and Frailty Service (HICaFS) commenced on Monday 6<sup>th</sup> December 2021. From 6.12.21, the HICaFS Single Point of Access is initially operating 9am – 5pm, Monday – Friday, accepting referrals up to 3pm, however there are plans to increase hours of delivery with the aim of being able to deliver the Service from 8am - 8pm, 7 days a week by the end of March 2022.

Adult Social Care (ASC) Workforce Recruitment & Retention Fund – During Quarter 3, the Department of Health & Social Care released two separate funding allocations to Local Authorities to support ASC to meet the workforce challenges it faces this winter. Due to the staffing and capacity issues currently being experienced by both care home and community providers within Halton, the decision was made to distribute the funding directly to providers to help alleviate the pressures being experienced by them over this winter period, to help ensure they could continue to effectively deliver services within the Borough.

During Q3 COMT endorsed working towards a Dementia Friendly HBC. Work is currently underway to progress this Directorate managers. The Community Dementia Care Advisor Contract was extended for 6 months, by waiver, until end of March 2022.

### Public Health

Covid-19 remains an ongoing issue requiring a public health protection response. The emergence of the Omicron variant which has the ability to infect more people as well as escape the effects of vaccination protection to a degree led to an increase in the push for Booster vaccination as well as a large increase in the number of cases of Covid-19.

Vaccination rates did increase, additionally the vaccination offer was spread to a wider age group including those aged 12-15. Initially it was stipulated by through NHS England that this should only occur via schools but later the opportunity for children to have their vaccination in the community was included.

Rates are currently plateauing again, but this time at a much higher level than we have experienced previously. Outside of London the spread of Omicron has been high in the North West and Halton has not been alone in experiencing a high case rate.

In spite of higher Covid-19 case rates, hospital admissions remain lower than last winter/ early spring despite the fact that case rates recently have been almost twice as high as the same period.

The Targeted Lung Health Check (TLHC) programme is now active and being implemented in Halton, supported by a stop smoking offer by the Health Improvement Team. Of 98 new referral received in a single week, more than half were through the TLHC route and all but one individual took up the offer of support.

Against the background of increased Covid cases, the team continues to support families to self isolate providing vouchers for food, transport to school and prescriptions among others.

The team continues to progress on non-Covid activity with a return to many face to face Health Improvement activity and a number of public health intelligence reports being produced.

A snapshot of such activity includes:

NHS Health Check – 85 checks over December, which is an excellent effort given the circumstances.

Fresh Start – New Social media marketing campaign and new app content is now live. With over 100 app sign ups since Jan 4th which is a great start

Workplaces- continuing to work with local business.

Sexual Health – The service continues to operate a blend of digital, telephone and face to face appointments with particular emphasis on directing people to the SH24 online offer. Work on the integration agenda of the NHS is continuing under the One Halton approach and the public health team is working with partners to support this work

### 3.0 Emerging Issues

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

### Adult Social Care

Adult Social Care (ASC) Omicron Support Fund - In recognition of the increased pressure on existing funding sources caused by the Omicron variant, the government

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announced at the end of last year that it was providing £60 million additional funding for January 2022 to support ASC in England. The purpose of this fund is to support the ASC sector with measures already covered by the infection prevention and control (IPC) element of the Infection Control and Testing Fund (Round 3) to reduce the rate of COVID-19 transmission within and between care settings through effective IPC practices. Halton's allocation will be passed to Care Homes to support IPC practices.

### Public Health

The government is due to make a decision on whether to maintain restrictions brought in as part of Plan B. The outcome of this is likely to see a change in the number of cases of Covid-19 and how willing the community will be in engaging with additional advice whether in school, workplaces or other settings.

### 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

Def	Milastanaa	Q3	
Ref	Milestones	Progress	

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1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	<ul> <li>✓</li> </ul>
1B	Integrate social services with community health services	<b>✓</b>
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.	<b>√</b>
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.	<b>~</b>
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	<b>✓</b>
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.	<b>√</b>

# **Supporting Commentary**

1A. Pooled budget on target in relation to projected spend.

1B. Halton Intermediate Care and Frailty model agreed and commenced implementation – plan to complete by September 2021. Further work being led through PCN's on hub development with primary care

1C. Fully implemented.

1D. No Commentary received for Q3

1E. The local One Halton Dementia Strategy/Delivery Plan will sit under the new local Integrated Care Partnership. The recently appointed ASC Commissioning and Development Manager will be responsible for driving this work forward during the next quarter.

- The Community Dementia Advisor contract was extended, by waiver, for a further 6 months until the end of Q4.
- COMT endorsed adopting a Dementia Friendly HBC approach, engaging service areas form across the council to consider what action they can take to support the approach. This is in line with Council's commitment to the LCR Dementia Pledge and best practice from Alzheimer's Society and other trusted sources. Work will continue into Q4 to develop the associated delivery plan.

1F. The homelessness strategy remains current and reflects the key priorities and agreed action plan for a five year period. The strategy action plan continues to be reviewed

annually, to ensure it is current and reflects economic and legislative changes, with many actions successfully achieved.

The pandemic has placed immense pressure upon the team and housing partners, resulting in the cancellation of the forum meeting. However, the forum is planned for April 2022. to review the key priorities and agree actions for the forthcoming 12 month period. Covid-19 changed working practices and resulted in additional measures implemented to meet the crisis led demand. The pandemic will continue to influence future activity and communication between partner agencies, which will further influence how services are commissioned and delivered in the future.

3A. No Commentary received for Q3.

# Key Performance Indicators

Older People	:					
Ref	Measure	20/21 Actual	21/22 Target	Q3	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,	3341	5107	4116	<ul> <li>Image: A start of the start of</li></ul>	ţ

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	per 100,000 population. Better Care Fund performance metric					
ASC 04	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehab ilitation services (ASCOF 2B) Better Care Fund performance metric	TBC	84%	N/A	N/A	N/A
Adults with L	earning and/or Physica	l Disabi	lities:			
ASC 05	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	72%	97%	100%		1
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	74%	80%	72%		Ļ
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	21%	45%	31%		1
ASC 08	Proportion of adults with learning disabilities who live in their own	92.4 %	88%	92.38 %	<b>~</b>	⇔

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	home or with their family (ASCOF 1G)					
ASC 09	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5%	5.5%	5.35%	<b>~</b>	1
Homelessness	:					
ASC 10	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless	N/A	2000	397 208 156 27		Î
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	N/A	250	27		Î
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	N/A	TBC	N/A	N/A	N/A
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	N/A	500	127 129 7	U	×
ASC 14	Households who considered themselves as	N/A	5.0%	1.36%	✓	1

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	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)					
Safeguarding:						
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	TBC	TBC	25.6%	<b>~</b>	1
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).	62%	85%	67%		1
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)	N/A	N/A	N/A	N/A	N/A

ASC 18	Proportion of Carers in receipt of Self Directed Support.	99.4 %	99%	98.2%	<b>~</b>	ļ
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)	N/A	N/A	N/A	N/A	N/A
ASC 20	Overall satisfaction of carers with social services (ASCOF 3B)	N/A	N/A	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)	N/A	N/A	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	N/A	93%	N/A	N/A	N/A

Supporting Commentary:

# **Older People:**

ASC Work is still in progress to look at the number of admissions to residential and nursing

care, we will have an update for you at Q4.

ASC The collection of this dataset continues to be paused. No date has been provided for

its recommencement.

- ASC Halton CCG continues to see low number of zero day length of stay
   admissions at Warrington Hospital, this is due to the use of assessment
   space as temporary bedded down units, this makes the space unavailable for same
   day admit to assess patients.
- ASC Annual collection only to be reported in Q4.

04

- Adults with Learning and/or Physical Disabilities:
- ASC Q3 figures are above target compared to Q3 figures last year and the impact 05 COVID had.
- ASC While this figure is slightly lower than this time last year, we are aware of ongoing
  - reporting issues. The figure does however remain above the North West average
- ASC We are continually looking at improving our reporting in this area, as we have 07 had

previous issues which have resulted in under reporting.

ASC Figures continue to remain stable.

80

ASC There are 22 people with a learning disability in paid employment. The 09 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. 'Known to' clients are those in receipt of long term support.

# Homelessness:

- ASC Covid 19 and the government announcement of the `all in` approach has been
- 10 extended up to 31/3/2021. This resulted in an increase in homelessness presentations. The government guidance instructed all LAs to remove all rough sleepers from the
  - streets, to ensure all vulnerable homeless clients are accommodated.

The Homelessness Reduction Act has influenced the homelessness administration and service delivery, which changed homelessness administration and further increased homelessness presentations, with the emphasis placed upon prevention and relief measures to reduce homelessness.

ASC The figure shown is for statutory homelessness acceptances, which is generally low. 11

The Homelessness Reduction Act 2017 changed the homelessness administration process, whereby, statutory homelessness acceptance is now the final stage of the decision making process.

The legislations places further emphasis upon prevention and relief.

- ASC Duplicate relates to statutory homeless acceptance, detailed in ASC 11
- 12
- ASC The Covid 19 pandemic and government guidance to place all homelessness clients 13 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 which is due to be decommissioned.
- ASC The Homelessness Reduction Act has influenced the homelessness administration 14 and service delivery, thus placing additional pressure upon the Housing Solutions Team with the emphasis placed upon prevention and relief measures to reduce homelessness.

# Safeguarding:

ASC 15	We are comparing quarterly information to produce a target for 2022/23.
ASC 16	Quarter 3 has seen the figures rise and exceed last year's actual performance
ASC 17	Annual collection only to be reported in Q4, (figure is an estimate).
Carers:	
ASC 18	We are on track to meet this target, although figures for Q3 are slightly lower than they were this time last year.
ASC 19	Annual collection only to be reported in Q4, (figure is an estimate).
ASC 20	Annual collection only to be reported in Q4, (figure is an estimate).
ASC 21	Annual collection only to be reported in Q4, (figure is an estimate).
ASC 22	Annual collection only to be reported in Q4, (figure is an estimate).

# Public Health

# Key Objectives / milestones

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Ref	Objectiv	/e					
PH 01	improve	ed Child Development: Working with partner organisati the development, health and wellbeing of children in Halt the health inequalities affecting that population.					
Ref		Milestones	Q3 Progress				
PH 01a		Facilitate the Healthy Child Programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being, stop smoking interventions and parenting advice and support.	✓				
PH 01b		Maintain and develop an enhanced offer through the 0-19 programme for families requiring additional support, For example: teenage parents (through Family Nurse Partnership), Care leavers and support (when needed) following the 2 year integrated assessment.					
PH 01c		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.	<b>~</b>				
Ref		Objective					
PH 02		Improved levels of healthy eating and physical activity through whole systems working.					
Ref		Milestone	Q3 Progres				
PH 02a		Implementation of the Healthy Weight Action Plan	U				
PH 02b		Increase the percentage of children and adults achieving recommended levels of physical activity.	<ul> <li>✓</li> </ul>				
PH 02c		Reduce the levels of children and adults who are obese.	U				
Ref		Objective					
РН 03		Reduction in the harm from alcohol: Working with key partners, frontline professionals, and local community to address the health and social impact of alcohol misuse.					
Ref		Milestone	Q3 Progress				
PH 03a		Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	<ul> <li>✓</li> </ul>				

Ref	Milestone	Q3 Progress
PH 06	Cancer	
Ref	Objective	
PH 05d	Reduce suicide rate.	-
РН 05с	Reduced excess under 75 mortality in adults with serious mental illness (compared to the overall population).	U
PH 05b	Improved overall wellbeing scores and carers' wellbeing scores.	U
РН 05а	Reduced level of hospital admissions due to self-harm.	✓
Ref	Milestone	Q3 Progress
PH 05	Mental Health	
Ref 05	Objective	
PH 04e	Reduce the premature (under 75) death rate due to cardiovascular disease and stroke.	U
PH 04d	Improve early detection and increase the proportion of people treated in line with best practice and reduce the variation at a GP practice level.	U
PH 04c	Increase the percentage of adults who undertake recommended levels of physical activity and healthy eating.	<b>~</b>
PH 04b	Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.	<b>~</b>
PH 04a	Ensure local delivery of the National Health Checks programme in line with the nationally set achievement targets	<b>✓</b>
Ref	Milestone	Q3 Progress
PH 04	Cardiovascular Disease	
Ref	Objective	
PH 03c	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.	<b>~</b>
PH 03b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA).	✓

PH 06a	Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.	<b>~</b>
PH 06b	Increase uptake of cancer screening (breast, cervical and bowel).	U
РН 06с	Improved percentage of cancers detected at an early stage.	U
PH 06d	Improved cancer survival rates (1 year and 5 year).	<ul> <li>Image: A start of the start of</li></ul>
PH 06e	Reduction in premature mortality due to cancer.	U
Ref	Objective	
PH 07	Older People	
Ref	Milestone	Q3 Progress
РН 07а	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.	<b>~</b>
PH 07b	Review and evaluate the performance of the integrated falls pathway.	U
РН 07с	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropariate age groups in older age.	✓
Ref	Objective	
PH 08	COVID-19	
Ref	Milestone	Q3 Progress
PH 08a	Ensure local systems are in place to identify, support and minimise the impact of any COVID cases, clusters and outbreaks.	
PH 08b	Work with key partners to achieve the target rate of vaccination coverage rate across all of the JVC Priority groups.	
PH 08c	Work with local partners to minimise COVID infections and utilise early warning systems to monitor local infection rates with a goal of 25 or less per 100,000 population.	

# PH Supporting commentary

**01a** Due to the multiagency antenatal programme 'Your Baby and You' not being back up and running as yet, Health Improvement's Infant Feeding Team have continued to provide the session virtually. Discussions are taking place between Health Improvement, Health Visiting 0-19 Team, Children's Centres and Warrington Midwifery Leads to get the 4 week face to face package running as soon as Covid restrictions allow and it is deemed safe for our clients to attend a group setting (current guidance from Bridgewater has been to delay until further notice). In the meantime, the Health Visiting 0-19 Team and Children's Centres will look at how they can transfer their sesssions to a digital model. Triple P is commissioned by the Early Help commissioners to run 8 sessions of Triple P each year: this includes 0-12, Stepping Stones and Teen. This is now ran as a hybrid programme with the offer of both online and face to face courses. Currently we are working through the waiting list to try to ensure the parents are allocated to a course over the next 2 quarters. There continues to be a high number of referrals coming into the service. There has been an issue with capacity at venues for face to face delivery due to Covid restrictions, however we reintroduced some smaller face to face groups as well as some sessions being delivered virtually in Q3.

# PH Supporting commentary

### 01b

Despite the impact of the pandemic, the 0-19 Service has continued to maintain support for children and families in Halton. During 2020/21 the service managed to deliver 79% of the face to face New Birth Visits within 30 days and recorded a reduction on the previous year to 24% of babies recorded as being "breastfed" at 6 weeks. Areas for improvement continue to include the 12 month and 2 ½ year check, which were both affected by the pandemic and the service has implemented a catch up plan to improve access to this part of the Healthy Child Programme.

The Family Nurse Partnership programme continues to work with first time teenage parents in Halton, and provides intensive support for some of our most complex families. The service has received some additional financial support from the CCG to embed mental health work as part of their delivery, as well as extending training to wider children's workforce.

The Pause programme started in Halton in April 21, and works with women who have had children removed and are at risk of having future children being taken into care. Pathways have been developed to ensure that women on the programme have rapid access to family planning and sexual health services, with programmes in place to reduce their safeguarding risk and support their parenting capacity, should they choose to have a family in the future.

### PH Supporting commentary

**01c** Despite the impact of the pandemic, the 0-19 Service has continued to maintain support for children and families in Halton. During 2020/21 the service managed to deliver 79% of the face to face New Birth Visits within 30 days and recorded a reduction on the previous year to 24% of babies recorded as being "breastfed" at 6 weeks. Areas for improvement continue to include the 12 month and 2 ½ year check, which were both affected by the pandemic and the service has implemented a catch up plan to improve access to this part of the Healthy Child Programme.

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care. Pathways have been developed to ensure that women on the programme have rapid access to family planning and sexual health services, with programmes in place to reduce their safeguarding risk and support their parenting capacity, should they choose to have a family in the future.

### PH Supporting commentary

**02a** Implementation of the Healthy Weight Action Plan continues to be impacted by the Covid pandemic: for example work with transport has not been possible. However there has been some significant gains made, particularly in relation to food poverty and working with businesses.

The public health team and HIT have worked extensively with businesses throughout the pandemic, and developed relationships that will support our work moving forward. The HIT workplace offer has continued throughout the pandemic and adapted to the needs of local businesses. The service has been providing advice and information on Covid safety, returning to the workplace and staff health and wellbeing. In Q3, work with the Halton Chamber of Commerce and local business has continued with a return of in person health checks in several local workplaces.

The Weight Management Service is a key part of the work with local businesses and the Fresh Start app is available to workplaces along with support from the HIT to tailor the app for use in each business.

There has continued to be a range of parenting programmes are available to families to support them to develop healthy habits for their children, and a parenting coordinator post is in development. The healthy schools programme has been hampered by Covid, but continues to be available to schools to access, and we have worked very closely with schools over the pandemic, supporting them to remain open as far as possible. The Holidays activity fund has supported children through the pandemic, during the holidays, to access healthy and nutritious meals, and activities. The community shop also enables low income families to access affordable food, and a wider food poverty network has been established, which will support low income families to access nutritious food through a range of interventions. Free school meal vouchers were made available to families

# PH Supporting commentary

**02c** The National child measurement programme was paused during the Covid pandemic, and only a small proportion of Halton's primary schools were measured in the academic year 2020/21. This means the data will be based on a sample and may not reflect the full picture.

Development work has continued on the side of the Halton Fresh Start Weight Management app aimed at the whole family, with children as the focus of the programme, this will be a combination of interactive remote sessions, coaching and telephone calls. This has now been launched and marketed to families in. Dieticians continue to carry out face to face clinics with children above 98th centile with their parents.

The Health Improvement Team have continued to provide a healthy weight offer in Q3 and Halton's Adult Weight Management Service continued its transition into a digital hybrid model. The 'Fresh Start' service now offers a full digital app service with online coaching as well as in person workshops for those that get more from a face to face service. The Adult weight Management 'Fresh Start' app has continued to see good uptake in Q3. The new Halton Fresh Start app provides a unique opportunity in Halton to engage with a wider group of local people who would not attend traditional face to face services. In person weight management workshops have continued alongside 'Weigh in' clinics to make it easier for people to monitor their weight and access the service. In total 170 referrals for Tier 2 weight management were received in Q3. Dietician led tier 3 weight management service operated a combination of remote telephone and in person appointments, 95 adult referrals were received over Q3. The service has seen an increase in referrals since Covid restrictions eased and the service is looking at ways to manage this through Q4 and into 2022/23. The service supports local people with high BMI's and those considering bariatric surgery.

The HIT is working closely with GP Surgeries to capitalise on a new primary care enhanced service incentive for obesity and weight management, with the aim of increasing significantly the number of local people that are referred into a weight management service.

## PH Supporting commentary

**03a** Work has continued to focus on reducing the rate of young people admitted to hospital due to alcohol, although this has been impacted due to COVID-19, lock down, and reductions in social interaction. A new outreach youth provision has commenced which will support young people and provide access to information and advice around alcohol and other risk taking behaviours and the Councils Early Help Team has commenced providing direct support for young people affected by substance misuse.

### PH Supporting commentary

**03b** Awareness is raised within the local community of safe drinking recommendations and local alcohol support services through social media campaign messages and the promotion of national campaigns via digital platforms. Champs Public Health Collaborative have

launched a new campaign funded by Cheshire & Merseyside Health & Care Partnership to promote the Lower My Drinking platform, which is now available for use in Halton.

The Stop Smoking Service has continued to deliver Audit C screening remotely and offers Brief Advice and signposting or referral to CGL, when appropriate, during consultations with clients who are stopping smoking and who also wish to reduce their alcohol intake. The service delivers Brief Advice and Signposting to GP or referral to CGL, when appropriate.

To date the Stop Smoking Service have delivered 477 Audit C screenings to clients.

Health Trainers have had limited opportunities to deliver Audit C screening as part of Health Checks due to COVID.

# PH Supporting commentary

### 03c

The Substance Misuse Service has continued to find innovative ways in which to support clients affected by substance misuse, including digital consultations and socially distanced appointments. During the quarter there has been a consistent number of individuals engaging with the service for support with individuals seeking support with alcohol being the highest number of new treatment journeys commenced.

The procurement of a new specialist substance misuse service for Halton is due to conclude shortly, with a new contract commencing on 1st April 2022.

Warrington Hospital is also developing an Alcohol Care Team function having received additional financial support from the NHS to optimise local provision. This builds upon work already commenced at St Helens & Knowsley Hospital and is a welcome local development.

### PH Supporting commentary

**04a** The NHS Health Check service has continued to increase the number of Halton residents completing a health check in Q3. Halton practices have been supported by HIT Health Check Officers in 95% of local surgeries. Q3 data shows 307 Health Checks were completed by HIT staff, this number has continued to rise each quarter through 2021/22. Practice data for the same period is not yet available. Interest has increased from Halton workplaces in resuming NHS Health Checks on site and Health Checks will be delivered in Q4 in local businesses as a result.

### PH Supporting commentary

04b Halton Stop Smoking Service has continued to deliver the service remotely throughout Covid-19 to support local people to stop smoking. Face to face delivery of the service has now resumed in 5 GP settings and Widnes Market. Remote working/telephone consultations for those clients who have difficulty attending stop smoking sessions due to ill health/childcare difficulties/ work commitments or accessibility will continue. Extra emphasis is placed on pregnant smokers, routine and manual smokers, never worked or unemployed smokers, smokers with respiratory disease, smokers addicted to substance misuse and smokers with mental health, where extra support is required. To date the service has supported 672 clients of which 376 clients have successfully stopped smoking so far and 43 clients where outcomes are unknown as yet as they are midway through the programme. 225 clients accessing the service have never worked or are unemployed or are routine and manual smokers.

Phase 1 of the Targeted Lung Health Check (TLHC) programme launched in Halton on **2.1.2022**. Liverpool Heart and Chest Hospital have referred to date **56** Halton residents who are current smokers between the ages of 55 yrs and 75 yrs into the Stop Smoking Service.

The service has seen an unprecedented number of referrals into the service: **56** TLHC referrals and **63** other referrals.

Total referrals = **119** in the last 9 working days.

The service has now set up a Facebook page where advice and tips on stopping smoking are available to smokers -97 people currently access the Facebook page.

# PH Supporting commentary

**04c** The Active Halton Steering Group continues to meet monthly to co-ordinate on strategies to increase physical activity uptake. Work is under way to utilise the 'Better Health' campaign locally, and to promote physical activity availability across Halton. Healthy eating and physical activity advice forms part the weight management service, NHS Health Check and all Lifestyle Advisor consultations that the HIT carries out.

# PH Supporting commentary

**04d** No further work has been carried out in Q3 with practices to review condition management due to limited access as a result of Covid

### PH Supporting commentary

**04e** As stated in PH04a the NHS Health Check Programme has resumed in Halton and forms the cornerstone of early detection of heart disease risk factors. Prevention work has continued but it is thought that the start of the pandemic had an impact on heart disease and stroke due to people not accessing healthcare

## PH Supporting commentary

**05a** There has been a generalised reduction in the number of people admitted to hospital for self harm. We have continued to engage and promote positive mental health and wellbeing messages although some direct face to face services have been unable to run as a result of the pandemic. It is unclear presently if the data reflects a real term reduction or if this is an artefact of the changes in secondary care provision as a result of the pandemic. Future data will help to indicate this.

Halton continues to deliver self harm awareness training to front line staff who work with children and young people as part of the wider preventative mental health agenda. Champs continue to lead a variety of projects across Cheshire and Mersesyside working towards reducing self harm in both children and young people and adults. The self harm dashboard developed by NWAS and UKSHA (formerly PHE) is complete and a monthly report is being shared with Champs. Local suicide prevention leads don't have access yet to the dashboard directly and its data set but will soon. The NHS England North West Coast Children and Young People Self Harm Pathway Development Group has commissioned Harmless to deliver Self-Harm awareness training for staff who work in community settings and front line mental health workers. A pilot took place in November which was successful and further training has been commissioned. Halton's suicide prevention partnership board has promoted new training to partners. The NHS England North West Coast Children and Young People Self Harm Pathway Development Group has also established a task and finish group to pilot Self- Harm care kits in non-clinical settings. The kits are being piloted

throughout September and will be evaluated by LJMU to assess their effectiveness.

Halton was successful in its application to PHE's Mental health Prevention and Promotion fund and has utilised the funds to provide the following:

- Bereavement support for children, young people and adults
- Development of a community grants fund, in partnership with young people, to deliver 5 ways to wellbeing activities in the community to children and young people
- Pilot programme aimed at engaging young males via Youth out reach
- Parenting programme co ordinator
- Additional support for adults experiencing financial insecurity

All of the above programmes will contribute to improved mental health and wellbeing of the local population and subsequently the indirect reduction in self harm.

### PH Supporting commentary

**05b** There is no data availabe in the Public Health Outcomes Framework to support measurements of carer wellbeing score.

Activity is continuing to engage individuals and communities in positive wellbeing messages and activites, though opportunities for face to face engagement and support has reduced during the pandemic.

### PH Supporting commentary

**05c** The latest wellbeing survey data for 2019/20 indicates 9.3% of people in Halton have a low happiness score; the data for 2020/21 is not yet available so it is unclear how COVID-19 has affected this.

Activity is continuing to engage individuals and communities in positive wellbeing messages and activites, though opportunities for face to face engagement and support has reduced during the pandemic.

## PH Supporting commentary

**05d** The latest published suicide rate is 10.8 suicides per 100,000 persons for the years 2018-20. We continue to work closely with partners and Champs on the Zero Suicide Agenda and consistently review the action plan for reduction of suicides in the community, even undertaking assessments for every individual suicide we are notified of.

The suicide prevention partnership board has continued to meet during the pandemic.

Champs have continued to work to address:

Self harm

Middle aged mens mental health Quality improvement within mental health trusts Primary care staff pilot Workforce development training Development of a lived experience network

# Local Activity

The Mental Health Info Point continues to be promoted via social media and training. In Q3 it has received **1,108** page views with **419** unique users and **131** visiting the need help now section for details of mental health crisis support. The local 24hr mental health crisis telephone number is continuously promoted by the Local Authority, NWBP and partners. Mens anti stigma video campaign targeting men who live in areas of deprivation is complete resulting with **118421** views. Halton was successful in its expression of interest to access PHE prevention and promotion better mental health funds. Schools and early year's settings continue to be supported to implement a whole setting approach to improve mental health and wellbeing. Mental health awareness and suicide awareness training continues to be available to HBC staff and partners.

Halton has been awarded £267,206 to deliver 5 prevention projects focussing on the following: bereavement support for children and young people, bereavement support for adults, support to address financial insecurity and debt, support to improve children and young people's mental health and wellbeing and support to improve Halton's parenting programme offer. All of these projects will potentially contribute to the reduction in suicides in Halton.

# PH Supporting commentary

O6a Please see PH04b

# Supporting commentary

PH Cancer Screening activity has resumed to normal levels compared to pre-Covid. It is too soon to say if the dip experienced in uptake of these programmes through initial lockdowns has recovered or if there remains a back log. However work has commenced to resume the activities of positive messaging and encouragement. Halton is participating in a number of activities to promote and encourage uptake of screening programmes as part of the Cheshire and Merseyside Cancer Alliance Prevention Board. Champs are undertaking a number of campaigns including Bowel screening uptake programme which is seeing the recruitment of system champions and navigators to encourage and assist people through the Bowel screening programme, early text message reminder prompts for cervical screening and currently developing a series of community engagement campaigns across a breadth of cancer prevention programmes, including screening.

# PH Supporting commentary

**06c** Staging data is only available up to 2018. The percentages of cancers diagnosed at stage 1 or stage 2 has remaind fairly static in the last 5 years.

# PH Supporting commentary

06d

Cancer survival data is only avaiable up to 2017; however the 1 year net survival % has increased year on year and the gap between Halton and the England average has narrowed considerably.

РН 06е

# Supporting commentary

The rate of premature mortality from cancer has seen a steady year on year decline, the latest available data is for the period 2017-19.

РН 07а

# Supporting commentary

Sure Start to Later Life continues to support older people to engage in community activities to reduce the risk of loneliness and social isolation. We have seen an increase in the number of community groups restarting since the pandemic, which is increasing older people's social opportunities. We have received 68 new referrals during this period of time.

The team have held 4 Get Togethers during October and November we have had some great feedback. In total we had 180 people attend across both sites.

We have launched the 'Christmas Card that Cares' project inviting local children to make or write a Christmas card to an older adults who may be living alone either in the community and within a care home. The response was amazing, in total we received 300 Christmas Cards. Feedback from one lady in receipt of a card was to say thank you for the lovely Christmas card, it had really cheered her up. She laughed and said that she used to have her children do this for older people and she didn't realise, she was now one. She's 85.

PH 07b

# Supporting commentary

The new Intermediate Care and Frailty Service was launched in December. We have now set up a new referral pathway.

A decision was made to put the falls steering group on hold until further information is gathered about the future plan of the falls service. This is currently being reviewed.

Despite the above, the Age Well service continues to deliver falls prevention advice and support. During this quarter we have triaged 232 falls incident forms received from the community wardens. We ensure that the individual gets the appropriate advice and support to manage their falls. 62 Active at Home Booklets have been sent out during this quarter. The Active at Home Booklet is a resource which is aimed at helping people to stay active at home to help prevent physical deterioration that increases the risk of falls, and loss of independence.

Our Age Well class continues to run which is aimed a falls prevention.

PH

# 07c Supporting commentary

Uptake of flu vaccination for the 2020/21 season has increased to 79.9% in the over 65s, which the national target of 75%. The uptake has been facilitated by the joint approach with local partners, including Warrington Council to maximise opportunities for engagement and emphasise the benefits of flu vaccination with the Covid pandemic.

PH

# 08a Supporting commentary

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Halton has robust services in place to identify cases of COVID via Halton Outbreak Support Team. We perform our own contact tracing and isolation support calls to individuals and families, with follow up with emails and texts. We also have a range of testing options in the community supported by our outreach bus and pop up options.

PH

# 08b Supporting commentary

Halton has a vaccination lead that works with local NHS partners to agree the best ways to encourage vaccine uptake. We have a range of options including pharmacies, buses, hospitals, GPs and mass vaccination sites. Halton has good uptake in the over 40s and moderate uptake in the younger age range as elsewhere. We are constantly looking for new ways of reaching people.

PH

# 08c Supporting commentary

Halton works with partners and has developed an Early Warning system for monitoring infections. We scrutinse this at the LOMB, the Health Protection Board and through the JBC.

The Regional surveillance group and epidemiological information from UKHSA (formerly PHE) as well as NW DsPH group provide additional information on regional covid activity from which we can learn best practice to incorporate or share our own best practice such as work with Asylum seekers and other vulnerable groups.

Regionally the rate of 25 per 100 000 has not ben achieved since lifting of national restrictions.

Ref	Measure	20/21 Actual	21/22 Target	Q3	Current Progres s	Directio n 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)	66.1% (2018/19)	N/A	N/A	U	N/A
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged	57.6% (2019/20)	58.2% (2020/21)	N/A	U	N/A

# Key Performance Indicators

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	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)	896 (2019/20 provisional )	877.7 (2021/22)	660 (Q2 20/21 – Q1 21/22 provisional )		1
PH LI 02c	Under-18 alcohol- specific admission episodes (crude rate per 100,000 population)	58.3 (2017/18 – 2019/20)	57.1 (2019/20 – 2021/22)	53.6 (Q2 18/19 – Q1 21/22 provisional )		1
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	14.9% (2019)	14.9% (2020)	N/A	U	N/A
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	78.3% (2019/20)	77.5% (2020/21)	N/A	U	N/A
PH LI 03c	Mortality from cardiovascula r disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published</i> <i>data based on</i> <i>calendar year,</i> <i>please note</i>	87.1 (2018-20)	87.1 (2019-21)	95.8 (Q4 2018 – Q3 2021 provisional )	X	ļ

	year for targets					
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	162.4 (2018-20)	160.8 (2019-21)	148.2 (Q4 2018 – Q3 2021 provisional )		Î
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published</i> <i>data based on</i> <i>calendar year</i> , <i>please note</i> <i>year for</i> <i>targets</i>	52.1 (2018-20)	51.6 (2019-21)	45.7 (Q4 2018 – Q3 2021 provisional )		1
PH LI 03f	Breast cancer screening coverage (aged 53-70) Proportion of eligible women who were screened in the last 3 years	71.1% (2020)	70% (national target)	N/A	U	N/A
PH LI 03g	Cervical cancer screening coverage (aged 25 – 49) <i>Proportion of</i> <i>eligible</i> <i>women who</i>	73.8% (2020)	80% (national target)	N/A	U	N/A

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	were screened in the last 3.5 years					
	Cervical cancer screening coverage (aged 50 – 64) Proportion of eligible women who were screened in the last 5.5 years	73.8% (2020)	80% (national target)	N/A	U	N/A
PH LI 03h	Bowel cancer screening coverage (aged 60 to 74) Proportion of eligible men and women who were screened in the last 30 months	60.4% (2020)	No national target as yet	N/A	U	N/A
PH LI 03i	Percentage of cancers diagnosed at early stage (1 and 2)	52.6% (2018)	53.1% (2019)	N/A	U	N/A
PH LI 03j	1 year breast cancer survival (%)	97% (2018)	97.25% (2019)	N/A	υ	N/A
PH ∟I ጋ3k	1 year bowel cancer survival (%)	79% (2018)	97.25% (2019)	N/A	U	N/A
PH LI D3I	1 year lung cancer survival (%)	41% (2018)	41.5% (2019)	N/A	U	N/A
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly	388.3 (2019/20)	380.6 (2021/22)	293.6 (Q2 2020 – Q1 2021 provisional )	<b>~</b>	1

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	standardised rate per 100,000 population)					
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	9.3% (2019/20)	9.1% (2020/21)	N/A check	U	N/A
PH LI 05ai	Male 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	17.2 (2018-20 provisional )	17.2 (2019-21)	17.4 (Q4 2018 – Q3 2021 provisional )		
PH LI 05ai i	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	19.8 (2018-20 provisional )	19.8 (2019-21)	19.6 (Q3 2018 - Q2 2021 provisional )	U	
PH LI 05b	Emergency admissions due to injuries resulting from	2834 (2019/20)	2806 (2021/22)	2710 (Q2 2020 – Q1 2021	✓	1

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	falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)			provisional )		
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	71.6% (2019/20)	75% (national target)	79.9% (2020/21)	<b>~</b>	1
PH LI 06a	COVID-19 case rate (positive cases per 100,000 population in previous 7 day period)	8.5 (30/06/21)	PHE THRESHOLDS <25 25-50 51-150 151-250 >250 (Latest 7 day rate per 100,00)	<mark>2,514</mark> (31/12/21)	N/A	l
PH LI 06b	COVID-19 vaccination uptake (% population in all JVCI Groups covered by 2 Doses)	6.4% (31/03/21)	85% (national target)	50.7% (13/01/22)	N/A	1

# **Supporting Commentary**

**PH LI 01** - Department of Education are not publishing 2019/20 or 2020/21 data due to COVID priorities.

**PH LI 02a** - Levels of adult activity reduced in 2019/20; we do not yet know how COVID-19 will have affected this in 2020/21. Data is published annually; 2020/21 data has not yet been published by Public Health England.

**PH LI 02b** - Provisional data for 2020/21 and Q1 2021/22 indicates the rate of alcohol related admissions has reduced since 2019/20 and is on track to meet the target. (Data is provisional; published data will be released later in the year.)

**PH LI 02c** - Provisional data for 2020/21 and Q1 2021/22 indicates the rate of under 18 alcohol admissions has reduced since 2019/20 and is on track to meet the target.

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

**PH LI 03a -** Smoking levels improved during 2019. 2020 data has not yet been published by Public Health England (data is published annually).

**PH LI 03b** – Adult excess weight increased during 2019/20; we do not yet know how COVID-19 will have affected this in 2020/21. Data is published annually; 2020/21 data has not yet been published by Public Health England.

**PH LI 03c** - The rate of CVD deaths (in under 75s) has increased in 2020 and the first three quarters of 2021; it is likely that COVID-19 has had an effect.

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

**PH LI 03d –** The rate of cancer deaths (in under 75s) has reduced slightly over 2020 and the first three quarters of 2021. It is yet unclear how COVID-19 has affected death rates from other major causes.

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

**PH LI 03e** – The rate of respiratory disease deaths (in under 75s) has reduced slightly over 2020 and the first three quarters of 2021. It is yet unclear how COVID-19 has affected death rates from other major causes.

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

**PH LI 03f-** Breast cancer screening coverage dropped in 2020; COVID-19 may have affected this. Data is released annually.

**PH LI 03g-** Cervical cancer screening coverage improved during 2020 in those aged 25-49. Halton performed better than the England average (70.2%) but is still working towards the national standard of 80% coverage. Data is released annually.

Cervical cancer screening coverage remained static between 2018 and 2020 in those aged 50-64. Halton did not perform as well as the England average and is still working towards the national standard of 80% coverage. Data is released annually.

**PH LI 03h-** Bowel cancer screening coverage improved during 2020 but Halton did not perform as well as the England average. Data is released annually.

**PH LI 03i-** The % of cancers diagnosed at early stage has fluctuated between 50% and 56% since 2013. Data is released annually.

**PH LI 03j-**1 year breast cancer survival has improved steadily over the last 10 years. It was 97% in 2018, which was the same as the England average. Data is released annually.

**PH LI 03k**-1 year bowel cancer survival has improved steadily over the last 10 years. It was 79% in 2018, which was slightly lower than the England average (80%). Data is released annually.

**PH LI 03I-**1 year lung cancer survival has improved steadily over the last 10 years. It was 41% in 2018, which was lower than the England average (44.5%). Data is released annually.

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**PH LI 04a** - Provisional 2020/21 and Q1 2021/22 data indicates the rate of self harm admissions has reduced since 2019/20 and is on track to meet the target. (Data is provisional; published data will be released later in the year.)

**PH LI 04b** - Happiness levels worsened during 2019/20. Data is published annually; 2020/21 data has not yet been published by Public Health England

**PH LI 05ai** - Life expectancy has been impacted severely by excess deaths from COVID-19, both nationally and in Halton. Male life expectancy at age 65 reduced during 2020, but has stabilised during 2021.

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

**PH LI 05aii –** Life expectancy has been impacted severely by excess deaths from COVID-19, both nationally and in Halton. Female life expectancy at age 65 reduced during 2020 and has continued to decline slightly in 2021.

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

**PH LI 05b** – Provisional annual data up to Q1 2021/22 indicates the rate of falls injury admissions has reduced slightly and is currently on track to meet the target. (Data is provisional; published data will be released later in the year.)

**PH LI 05c** – Flu uptake for winter 2020/21 exceeded the national target of 75%. This was an increase on 2019/20 uptake of 71.6%. Flu vaccinations data for 2021/22 is not yet available.

**PH LI 06a** – The number of COVID-19 has increased rapidly during December, both nationally and locally. Infection rates are high in all age groups but highest in 19 to 24 year olds.

**PH LI 06b** - n.b. this indicator has changed to include booster dose, as this is what is reported nationally. Vaccinations are progressing at speed, with half of Halton's eligible population now having had 2 doses plus a booster.

# **APPENDIX 1 – Financial Statements**

### ADULT SOCIAL CARE DEPARTMENT

**Finance** 

Adult Social Care

Revenue Operational Budget as at 31 December 2021

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	14,287	10,386	10,231	155	180
Premises	287	248	280	(32)	(40)
Supplies & Services	825	697	685	12	0
Aids & Adaptations	103	65	21	44	40
Transport	212	152	163	(11)	0
Food Provision	164	95	62	33	40
Agency	656	449	457	(8)	(20)
Supported Accommodation and Services	1,398	1,161	1,170	(9)	0
Emergency Duty Team	103	77	84	(7)	(10)
Contacts & SLAs	674	588	589	(1)	(10)
Capital Financing	43	21	21	0	0
Transfer To Reserves	453	0	0	0	0
Housing Solutions Grant Funded Schemes					
LCR Immigration Programme	755	175	175	0	0
Homelessness Prevention	345	70	67	3	0
Rough Sleepers Iniative	121	60	60	0	0
Total Expenditure	20,426	14,244	14,065	179	180
Income					
Fees & Charges	-463	-288	-272	(16)	(20)
Sales & Rents Income	-491	-438	-442	4	0
Reimbursements & Grant Income	-1,029	-748	-701	(47)	(60)
Housing Strategy Grant Funded Schemes	-1,221	-1,221	-1,221	0	0
Capital Salaries	-111	-83	-91	8	0
Government Grant Income	-530	-398	-398	0	0
Total Income	-3,845	-3,176	-3,125	(51)	(80)
Net Operational Expenditure Excluding					
Homes and Community Care	16,581	11,068	10,940	128	100
Care Homes Net Expenditure	7,710	5,595	5,723	-128	-112
Community Care Expenditure	17,860	14,034	14,054	-20	-22
Net Operational Expenditure Including Homes and Community Care	42,151	30,697	30,717	(20)	(34)

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Covid Costs					
Employees	0	0	143	(143)	(200)
Transport	0	0	12	(12)	(15)
Contracts	0	0	242	(242)	(280)
Infection Control	0	0	623	(623)	0
Workforce Retention & Recruitment	0	0	313	(313)	0
Rapid Test	0	0	428	(428)	0
Covid Loss of Income					
Community ServicesTransport	-72	-72	0	(72)	(72)
Community Services Placements	-75	-75	0	(75)	(75)
Government Grant Income					
Infection Control	0	0	-623	623	0
Workforce Retention & Recruitment	0	0	-313	313	0
Rapid Test	0	0	-428	428	0
Covid Grant Funding	0	0	-544	544	642
Net Covid Expenditure	-147	-147	-147	0	0
Recharges					
Premises Support	402	301	301	0	0
Transport Support	599	482	482	0	0
Covid Reserves	-544	-544	-544	0	0
Central Support	3,092	2,319	2,319	0	0
Recharge Income	-122	-91	-91	0	0
Net Total Recharges	3,427	2,467	2,467	0	0
	45.404	22.647	00.007	(00)	(2.1)
Net Departmental Expenditure	45,431	33,017	33,037	(20)	(34)

#### Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is £0.128m below budget profile at the end of the third quarter of the 2021/22 financial year. Net expenditure is currently projected to be below budget by £0.100m at the end of the financial year.

Employee costs are currently £0.155 under budget profile, due to savings being made on vacancies. The bulk of savings are being made within the Care Management division, which have experienced difficulties in recruiting to vacant posts. Posts are currently being actively recruited to, and the level of savings from vacant post is projected to be at a reduced level for the final quarter of the financial year comparative with previous reporting periods.

There are a number of full grant funded Housing Strategy initiatives included in the financial table, specifically the LCR Immigration Programme, Homelessness Prevention and Rough Sleepers Initiative. The Homelessness Prevention scheme is an amalgamation of the previous Flexible Homelessness Support and Homelessness Reduction schemes. Funding for the Homelessness Prevention scheme has increased significantly from £0.253m in 2020/21 to £0.345m in 2021/22. Total funding of all Housing schemes of £1.221m represents confirmed grant allocations for 2021/22, together with unspent funds carried forward from the previous financial year. Income currently significantly exceeds expenditure across the schemes.

The projected £0.060m under-achievement of Reimbursement and Grant income relates to the CCG funding received in respect of Continuing Health Care packages relating to Day Services and Housing Network provision in respect of Adults With Learning Difficulties. The level of funding is dependent on the care package provided, and annual fluctuations can occur as a result. However, it is anticipated that this under-achievement will be more than compensated for by savings in other areas, resulting in a budget underspend overall.

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Costs relating to the Covid-19 pandemic have been recorded separately, and a summary is recorded in the table above. Estimates are based on the assumption that things will have returned to normal by the latter stages of the financial year, although an allowance has been made for additional costs, particularly in respect of reduced trading income levels as a result of changes to consumer confidence and spending patterns. It is currently envisaged the Council will receive no further Covid support from Government beyond this year. There is a significant risk that ongoing costs and loss of income relating to Covid will impact departmental net spending post 31 March 2022.

#### Capital Projects as at 30th December 2021

	2020-21	Allocation	Actual	Total
	Capital	To Date	Spend	Allocation
	Allocation			Remaining
	£'000	£'000	£'000	£'000
Orchard House	40	34	34	6
Total	40	34	34	6

#### 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 reflects the final retention and snagging payments made now the scheme has been completed.

Community Care	
Revenue Operational Budget as at 31 December 2	2021

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Residential & Nursing	13,017	8,305	8,165	140	358
Domiciliary Care & Supported Living	9,288	6,277	6,706	(429)	(573)
Direct Payments	9,678	8,561	8,993	(432)	(524)
Day Care	315	241	290	(49)	(65)
Total Expenditure	32,298	23,384	24,154	(770)	(804)
Income					
Residential and Nursing Income	-9.085	-5.886	-6.377	491	639
Domiciliary Income	-1,875	-1,131	-1,167	36	59
Direct Payment Income	-721	-456	-493	37	48
ILF Income	-656	-328	-328	0	0
Adult Social Care Grant	-1,200	-900	-900		0
Income from other CCG's	-113	-57	-57	0	0
Other Income	0	0	-186	186	36
Total Income	-13,650	-8,758	-9,508	750	782
Net Operational Expenditure	18,648	14,626	14,646	(20)	(22)
Covid Costs					
Extra Covid Packages	0	0	700	(700)	(904)
Hospital Discharge Programmes	0	0	862	(862)	(862)
Covid Loss of Income					
Community Care Income	-788	-592	0	(592)	(788)
Government Grant Income					
General Covid Fund	0	0	-1,292	1,292	1,692
Hospital Discharge Programmes	0	0	-862	862	862
Net Covid Expenditure	-788	-592	-592	0	0
Net Departmental Expenditure	17,860	14,034	14,054	-20	-22

#### Comment on the above figures

Community care expenditure is over budget profile at the end of Quarter 3 by £0.020m and is forecast to be overspent by £0.022m at the end of the financial year.

At 30 September 2021 the forecast outturn overspend was circa £1m. However, the Pool manager along with Finance colleagues in Health have worked closely together and have agreed to fund items of community care expenditure from within the Pool budget. The flexibility in being able to support the budget this way is limited to this year only.

It must be stressed that the budget pressures within community care remain an issue for teh Council and are outlined below.

During the last financial year, service users were being discharged from hospital due to Covid. The hospital discharge plan was put in place to fund these placements. The costs were recovered from Halton CCG. Scheme 1 was for anyone discharged from hospital before 30 September 2020 until they were reviewed or at the end of the financial year, whichever was soonest.

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Scheme 2 was for anyone discharged from 01 October 2020. However this funding was only for up to 6 weeks per client.

The cost of these schemes were £2.4m for residential and nursing placement, £2.0m for domiciliary care & supported living and £0.6m for Direct Payments. To date all scheme 1 service users have now reverted back to normal funding streams i.e either HBC or CCG funded.

For this financial year Scheme 2 funded clients for up to 6 weeks in the first quarter. However, this reduced to up to 4 weeks funding from Quarter 2, so the income to cover these packages of care has drastically reduced and service users are coming onto normal funding streams sooner. The vast majority of these packages come to HBC to fund. Costs recovered for scheme 2 to date are £0.862. This scheme has been extended to the end of the financial year.

### **RESIDENTIAL CARE**

There are currently 436 service users in permanent residential care. This is an increase of 15% on those receiving a service at the end of last year. A number of people are in out of borough care homes, some of which attract a higher rate. This is being looked at, however some are out of borough as a legacy of the pandemic.

#### **DOMICILIARY CARE & SUPPORTED LIVING**

There are currently 613 service users receiving a package of care at home compared to 576 at the end of last year, an increase of 6%.

#### **DIRECT PAYMENTS**

The demand for a Direct Payment continues to increase. To date the net effect of new service users/ changes to packages is £0.053m per week. This includes 122 new people into the service and 146 people receiving an increase. Some of the increase referrals have been due to service users being unable to attend Day Services as a result of the pandemic.

To summarise, the increase in numbers of community care packages in the last financial year have previously been masked by the Hospital Discharge Programmes funding.

The Community Care budget remains very volatile and close monitoring of this budget will continue.

Care Homes	
Revenue Operational Budget as at 31 December 2	<u>021</u>

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Madeline McKenna					
Employees	514	393	444	(51)	(72)
Premises	44	34	34	0	(5)
Supplies & Services	12	7	10	(3)	(5)
Food	30	23	28	(5)	(17)
Total Madeline McKenna Expenditure	600	457	516	(59)	(99)
Millhrow					
Millbrow Employees	1,612	1,222	1,438	(216)	(229)
Premises	66	50	54	(210)	
Supplies & Services	45	34	37	(4)	(17)
Food	61	45	47	(3)	(1)
Total Millbrow Expenditure	1,784	1,351	1,576	(225)	(263)
	, -	,	,		
St Luke's					
Employees	2,175	1,600	1,536	64	140
Premises	83	63	64	(1)	(16)
Supplies & Services	40	23	38	(15)	(16)
Food	100	75	58	17	(1)
Transfer from Reserves	-1	-1	-1	0	0
Total St Luke's Expenditure	2,397	1,760	1,695	65	107
St Datrick's					
<u>St Patrick's</u> Employees	1,468	1,014	891	123	212
Premises	82	62	66	(4)	
Supplies & Services	32	19	43	(4)	(10)
Food	100	75	65	10	
Total St Luke's Expenditure	1,682	1,170	1,065	105	168
	.,	.,	.,		
Care Homes Management					
Employees	256	133	147	(14)	(25)
Transfer from Reserves	-78	-78	-78	0	0
Total St Luke's Expenditure	178	55	69	(14)	(25)
	0.044	4 700	4 004	(100)	(110)
Net Operational Expenditure	6,641	4,793	4,921	(128)	(112)
Covid Costs					
Staffing	0	0	1,045	(1,045)	(1,405)
Hygiene, Medical & Cleaning	0	0	1,043	(1,043)	,
Premises	0	0	58	(58)	
Government Grant Income			00	(00)	(04)
General Covid Fund	0	0	-1,115	1,115	1,481
Net Covid Expenditure	0	0	0		
Recharges					
Central Support	1,069	802	802		
Net Total Recharges	1,069	802	802	0	0
Net Departmental Expenditure	7,710	5,595	5,723	-128	-112

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#### Comment on the above figures

The Care Homes Division is made up of the following cost centres, Divisional Management Care Homes, Madeline McKenna, Millbrow, St Luke's and St Patrick's. Budgets for the four homes are based on 100% occupancy levels and 2021-22 bed rates agreed for external provision.

The Q3 spend across the division is over budget profile by £0.128m. The forecast for the end of the financial year is an expectation that the care home division will be £0.112m over budget. The new staffing structure and additional costs for the change in terms and conditions for St Luke's and St Patrick's have been included in this forecast and based on zero vacant posts. Recruitment of staff is a continued pressure across all care homes and subsequently increases costs by the use of agency staff and overtime to cover vacancies.

Temporary grants and the ability to offset costs to the general Covid fund continues to be in place until the end of this financial year.

Costs are analysed further below:

#### **Employee Related Expenditure**

St Luke's and St Patrick's are under budget profile by £0.187m at the end of Q3, in the main to the high level of vacant posts. Due to the Covid 19 pandemic, there was a significant delay in transferring employees at St Luke's and St Patrick's care homes to HBC's terms and conditions. This caused a delay in staff recruitment and agency staff have been utilised to support the workforce. The transfer took place on 01 November 2021 and the recruitment process for the vacant posts has started. All employee related costs are forecast on HBC's terms and conditions from this date, and the new structures for the two homes. Specific one off grants received and the ability to offset overtime and above average agency against general Covid costs have been utilised thereby reducing employee expenditure.

Madeline Mckenna and Millbrow are over budget profile by £0.267m at this stage of the financial year due to the increased pressures of the pandemic and use of agency staff which has not been budgeted for at the start of the year.

At the end of the financial year employee expenditure is currently forecast to be £0.051m under budget for the four care homes. However the following specific grants received have helped fund pressures across the care homes.

#### Specific Covid Grants for Four Halton Care homes to December 2021

Infection Control	£152,145
Rapid Testing Fund	£91,679
Workforce Recruitment and Retention	£31,347
	£275,171

Due to the high level of staff vacancies the care homes are currently reliant on agency staff and overtime. Recruitment drives are currently ongoing to recruit to vacant posts which will hopefully reduce agency and overtime. Employee costs are a significant pressure going forward, if the level of specific grants and general Covid grant are removed in the next financial year this will cause significant budget pressures.

#### **Premises Related Expenditure**

At Q3 repairs and maintenance costs are over planned budget by £0.008m across the four care homes. There is an expectation that the recruitment of a Facilities Manager to support the four

care homes will reduce this spend going forward, the recruitment process is ongoing. In the meantime, additional costs incurred due to the delay in recruiting to this post have been offset against the general Covid fund. This amounts to  $\pounds 0.058m$  as at the end of December.

It is anticipated that premises costs will be over budget by £0.048m at the end of the financial year.

#### **Supplies and Services Expenditure**

At Q3 Supplies and Services expenditure is over budget profile by £0.046m and the year-end position is expected to be similar.

#### **Food Provision**

At Q3 across the four care homes food provision is £0.019m under budget profile. The forecast for the end of Q4 has estimated that food provision will be £0.047m over budget.

### **Care Home Divisional Management**

At Q3 employee costs are over budget profile by £0.014m with the expectation this will increase to £0.025m at the end of the financial year.

The forecast overspend includes standby hours from four care homes which have not been budgeted for, efficiency savings and the cost of an Assistant Managers post which was to be offset by savings identified on Millbrow staffing budget.

# **PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT**

# Revenue Budget as at 31<sup>st</sup> December 2021

	Annual	Budget to	Actual	Variance	Forecast
	Budget	Date		(Overspend)	Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	4,159	2,387	2,022	365	498
Premises	5	0	0	0	5
Supplies & Services	303	181	140	41	60
Contracts & SLA's	7,462	4,791	4,791	0	0
Transport	4	3	1	2	2
Agency	20	20	20	0	0
Transfer to Reserves	434	0	0	0	0
Total Expenditure	12,387	7,382	6,974	408	565
Income					
Fees & Charges	-153	-134	-140	6	10
Reimbursements & Grant Income	-187	-165	-165	0	0
Transfer from Reserves	-609	-109	-109	0	0
Government Grant Income	-11,387	-6,817	-6,817	0	0
Total Income	-12,336	-7,225	-7,231	6	10
Net Operational Expenditure	51	157	-257	414	575
Covid Costs					
Contain Outbreak Management Fund	0	0	3,088	(3,088)	(4,188)
Practical Support Self-Isolation	0	0	87	(87)	(162)
Community Based Testing	0	0	170	(170)	(170)
Targeted Community Testing	0	0	237	(237)	(367)
Covid Loss of Income					
Pest Control income	-10	-10	0	(10)	(10)
Exercise class income	-16	-16	0	(16)	(16)
Day trip income	-3	-3	0	(3)	(3)
Government Grant Income					
General Covid Funding	0	0	-29	29	29
Contain Outbreak Management Fund	0	0	-3,088	3,088	4,188
Practical Support Self-Isolation	0	0	-87	87	162
Community Based Testing	0	0	-170	170	170
Targeted Community Testing	0	0	-237	237	367
Net Covid Expenditure	-29	-29	-29	0	0
Recharges					
Premises Support	119	90	90	0	C
Transport Support	24	90 18	90	1	1
Central Support	1,374	1,059	1,026	33	44
Suport Income	-853	-716	-716	33	44 C
	-853 664	-716 <b>451</b>	-/16 417	34	45
Net Total Recharges	004	401	417	34	45
Net Departmental Expenditure	686	579	131	448	620

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#### Comments on the above figures

The net Department spend is £0.448m under budget profile at the end of Quarter 3 and the estimated outturn position for 2021/22 is for net spend to be £0.620m under the available budget.

Employee costs are currently £0.365m under planned budget at this point in the year. This is a result of savings made by staff continuing to work on COVID related activities and the associated costs funded from the Contain Outbreak Management Fund. Also higher than expected staff turnover and difficulties recruiting to some vacant posts has resulted in an increase in the departments underspend since Quarter 2. It is anticipated that a full year underspend of £0.498m will result by the end of the financial year. The employee budget is based on 86.8 full time equivalent staff. The staff turnover saving target of £0.026m is expected to be achieved in full.

Spend on Supplies and Services is currently £0.041m under budget profile. The anticipated full year underspend will be £0.060m. This underspend has been generated by reduced spending on services that have been temporarily halted and spending is expected to return to normal once services return to precoronavirus activity.

During 2020/21, due to escalating numbers of coronavirus infections, Local COVID Alert Levels were introduced in England in October 2020. As a result, Halton Borough Council received a series of payments from the Contain Outbreak Management Fund (COMF) providing grant funding of £4.048m in the last financial year, with £0.989m spent and £3.059m carried forward into 2021/22. A one-off additional payment for 2021/22 of £1.129m was received in Quarter 1. Therefore £4.188m COMF funding is available to spend, with £3.088m or 73.73% spent to date. This funding has allowed the Halton Outbreak Support Team to be expanded, introduce 7 day working, increase contact tracing, deal with complex cases, target testing for hard-to-reach groups, and enhance communication & marketing and target interventions for specific sections of the local community and workplaces.

From July, Targeted Community Based Testing for disproportionately impacted and underserved groups with no symptoms, replaced Community Based Testing. The purpose of the targeted community testing is to enable Local Authorities to identify, support and reduce prevalence and harm in asymptomatic individuals from groups that are most affected by Covid-19. Spend in the first quarter for Community Based Testing was £0.170m and grant funding received covers the full cost. Quarters 2 & 3 spend on Targeted Based Testing, is £0.237m and expenditure for the remainder of the year is estimated to be £0.130m, with grant funding received in arrears of monthly claims submitted and expected to cover the full cost of delivering this service.

Funding to help those required to self-isolate is continuing to be provided through the LA Practical Support for Self-Isolation grant. Funding of £0.301m has been received and £0.087m or 28.9% has been spent. During the final quarter of the year, spend is estimated to be £0.075m, although this may change due to current high levels of infection in the community. The funding should be spent on practical, social and emotional support where required by individuals in order to successfully self-isolate. This could include support in accessing food and fuel vouchers, providing transport to school for parents self-isolating, support for wellbeing e.g. providing reassurance, check-ins, welfare calls, social and digital inclusion e.g. helping people to access services online, providing an internet connections, support for mental health and practical support, e.g. dog walking, collecting prescriptions, running errands and helping with caring responsibilities.

Loss of income due to COVID-19, Sure Start to Later Life and Pest Control were unable to generate income and the Health Improvement Team was only able to achieve reduced levels of income during the first quarter of the financial year. The resulting loss of £0.029m fees and charges income has been offset by a contribution from reserves. The loss of income in 2021/22 is estimated to remain at £0.029m, as some income levels will return to normal during the final quarter of the financial year.

# COMPLEX CARE POOL

### Revenue Budget as at 31 December 2021

	Annual	Budget to	Actual	Variance	Forecast
	Budget	Date		(Overspend)	Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Intermediate Care Services	6,444	4,826	3,624	1,202	1,318
Joint Equipment Store	783	522	522	0	0
Oakmeadow	1,167	876	832	44	51
Intermediate Care Beds	607	455	455	0	0
Sub Acute Unit	1,990	1,493	0	1,493	1,493
Inglenook	125	94	22	72	92
CCG Contracts & SLA's	3,319	1,399	1,399	0	1
Carers Centre	365	274	274	0	0
Red Cross	65	54	54	0	0
Carers Breaks	412	373	245	128	169
Intermediate Care Development Fund	968	726	0	726	968
Residential & Nursing	1,014	761	761	0	0
Domiciliary Care & Supported Living	2,422	1,816	1,818	(2)	(24)
Community Home First Care Support	0	0	3,000	(3,000)	(3,000)
Total Expenditure	19,681	13,669	13,006	663	1,068
Income					
BCF	-11,431	-5,734	-5,734	0	0
CCG Contribution to Pool	-3,196	-1,598	-1,598	0	0
Oakmeadow Income	-612	-306	-305	(1)	(2)
Other income	-54	-40	0	(40)	(54)
Total Income	-15,293	-7,678	-7,637	(41)	(56)
Net Departmental Expenditure	4,388	5,991	5,369	622	1,012
Covid Costs					
Infection Control/Vaccines	0	0	45	(45)	(45)
Rapid Testing	0	0	22	(22)	(22)
Workforce Retention & Recruitment	0	0	17	(17)	(17)
Government Grant Income				()	()
Infection Control/Vaccines	0	0	-45	45	45
Rapid Testing	0	0	-22	22	22
Workforce Retention & Recruitment	0	0	-17	17	17
Net Covid Expenditure	0	0	0	0	0
	- C				J
Net Departmental Expenditure	4,388	5,991	5,369	622	1,012
CCG Contribution Share of Surplus	0	0	261	(261)	(425)
Adjusted Net Department expenditure	4,388	5,991	5,630	361	587

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### Comments on the above figures:

The overall position for the Complex Care Pool budget is £0.361m under budget profile at the end of December and the forecast year end position is expected to be approximately £0.587m under budget.

Intermediate Care Services is £1.202m under budget profile at the end of the third quarter of the new financial year. This is as a result of changes in the way services are delivered which came out of the pandemic. An Intermediate Care review is also underway. There are vacancies within the service.

The pandemic has enabled services to be provided in a different way and the community reablement model, as opposed to bed base, is proving to deliver better outcomes. The changes made across Intermediate Care and the home first model, alongside the impact of hospital pressures have resulted in a shift in financial spend. Budgets have therefore, been realigned against services where appropriate. The cessation of the Sub Acute Unit contract led to the reinvestment of funds in the Community Home Care First service along with the IC Development Fund.

Expenditure on Carer's Breaks is under budget profile by £0.128m as at the end of December and expected to be £0.169m underspent by year-end. The personalised break costs from Halton Carer's Centre continue to be quite low as are the direct payment carers breaks. These will have been affected by Covid.

Oakmeadow is currently £0.040m under budget profile and is forecast to be £0.051m underspent at year end. Some of the forecast additional staffing expenditure is being offset by the Infection Control, Vaccine, Rapid Testing and Workforce retention grants that have been extended to the end of the financial year.

The underspend on Inglenook is due to vacancies at the property. This may change if the vacancies are filled.

Other income will not meet targeted levels and is to be written out of the budget.

There is currently a forecast underspend through to the end of the financial year. However an Intermediate Care review is being undertaken which may result in resources and budgets being reallocated.

Health and Social Care colleagues are working closely in partnership to identify and prioritise pressures to allocate any underspends.

### Pooled Budget Capital Projects as at 31st December 2021

	2021-22 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	650	450	387	263
Stair lifts (Adaptations Initiative)	250	180	131	119
RSL Adaptations (Joint Funding)	200	150	82	118
Millbrow Refurbishment	100	50	37	63
Madeline Mckenna Refurb.	100	20	11	89
St Luke's Care Home	40	10	3	37
St Patrick's Care Home	50	20	11	39

Total	1,390	880	662	728

#### Comments on the above figures:

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2020/21 spend and budget, and expenditure across the 3 headings is anticipated to be within budget overall.

Slippage to Millbrow Refurbishment and St Luke's Care Home projects has resulted in allocations for the year being revised with capital funding being rolled forward into financial year 2022/23.

# **APPENDIX 2 – Explanation of Symbols**

Symbols are used in the following manner:				
Progress Green	<u>Objective</u> Indicates that the <u>objective</u> is on course to be achieved within the appropriate timeframe.	<b>Performance Indicator</b> Indicates that the annual target <u>is on</u> <u>course to be achieved</u> .		
Amber u	Indicates that it is <u>uncertain</u> or too early to say at this <u>stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	Indicates that it is <u>uncertain or too</u> <u>early to say at this stage</u> whether the annual target is on course to be achieved.		
Red 🗴	Indicates that it is <u>highly</u> <u>likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	Indicates that the target <u>will not</u> <u>be achieved</u> unless there is an intervention or remedial action taken.		
Direction of Trav	vel Indicator			
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