

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 3 – Period 31st October 2022 – 31st December 2022

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 2022/23 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

2.1 There have been a number of developments within the Directorate during the second quarter which include:

Adult Social Care

Adult Social Care (ASC) Discharge Fund - Announced in September 2022, the ASC Discharge Fund is worth £500 million, with £200 million being distributed to local authorities directly, based on the adult social care relative needs formula (RNF) and £300 million being distributed to integrated care boards (ICBs), targeted at those areas experiencing the greatest discharge delays, with all the available funding being expected to be pooled into local area Better Care Funds.

Funding is to be used to prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings. Funding can also be used to boost general adult social care workforce capacity, through staff recruitment and retention, where that will contribute to reducing delayed discharges.

HBC and ICB (Halton) colleagues have worked with partners to develop a spending plan which prioritises those approaches that we feel will be most effective in freeing up the maximum number of hospital beds and reducing bed days lost.

Public Health

The Public Health Team continue to deliver a range of health improvement and protection activities locally as well as work with regional partners. Examples of recent regional work includes successful launch event for the All Together Active physical activity strategy for C&M (find the strategy [here](#)). Providing input to the C&M system Integrated Care Board's 5-year strategy. The new Cheshire and Merseyside Suicide Prevention strategy was a great success (find the strategy [here](#)). Locally, officers

have provided Mental Health awareness training and suicide prevention information to staff and other teams.

The team worked with other partners to update and support for schools around infection prevention and control linked to Covid-19, coughs, colds, scarlet fever and Streptococcus A infections.

Winter well packs were distributed to around 2,000 vulnerable residents across Halton. This forms part of the public health contribution to wider cost of living crisis support available. There is help and support with cost-of-living for everyone at www.halton.gov.uk/costofliving, giving information and services available from the Council, local partners and organisations who are helping people with:

- Food including details of social supermarkets and community shop
- Heating and energy bills – energy efficiency, emergency vouchers, affordable warmth
- Water – water and money saving advice
- Housing – housing solutions for renters and homeowners
- Crisis/Emergency support – financial and other help
- Help with money worries and mental health
- Places of warmth – venues and events that offer a warm place

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

No emerging issues for Q3.

Public Health

Workforce concerns continue to limit the full effectiveness of the team. HR are supporting with several recruitment and vacancies in the team. Nationally and regionally there is a shortage in public health trained staff at consultant, specialist and intelligence analyst levels.

Two key drugs used to support Stop Smoking: Zyban and Champix have been withdrawn. This limits the interventions readily available to support smoking cessation. At present only Nicotine replacement products (NRT) are available. This outcome will have a negative impact on all services as access to a variety of products has been reduced further and reduced access for clients will likely result in reduced quit rates for service.

Access to data on uptake of flu vaccinations (and other vaccinations) is limited at present and no longer as timely as previously, making rapid system improvements and uptake campaigns difficult.

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	Q2 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	
1B	Integrate social services with community health services	
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	
1E	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

Governance of the Pooled fund now reflects the changes to NHS organisations with joint structure with the place based Integrated Care Board (ICB). The Pooled budget currently projecting an underspend at the end of the year. The central government submission for the Better Care Fund has been completed and awaiting approval


Work is ongoing to develop integrated working in the Borough. New structures with the ICB are bedded in.

One Halton Dementia Strategy is near completion. As part of the process a review of HBC Dementia Day Service and HBC/LLAMS Social Work pathway has been undertaken/is underway to understand 'post COVID-19' service operations and ensure that services continue to deliver to meet increasing demands in the best possible way. During Q3, One Halton Dementia Group have been invited to consider investment in the Liverpool Museums' House of Memories dementia app. Work is underway to determine feasibility/value for money/potential funding sources. In November 2022 Elected Members and Chief Officers of HBC undertook the national recognised 'Dementia Friends Awareness' session, hosted by Alzheimer's Society. Work is ongoing to establish an internal Dementia Friends resource to be able to deliver further sessions to additional Members and also as part of a rolling offer on the corporate training calendar.

Work continues with partners in health to develop integrated approaches to supporting adults

The Homelessness strategy action plan is reviewed annually, and a further report will be submitted to Senior Management Team to illustrate progress made. The homelessness Forums scheduled for February 2023 to identify priorities for forthcoming year.











Key Performance Indicators






Older People:						
Ref	Measure	21/22 Actual	22/23 Target	Q3	Current Progress	Direction of travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ Better Care	369.2	600	331.9 (as at Q2)		We are unable to provide the direction of travel as we did not have

	Fund performance metric					data for this period in 2021/22,
ASC 02	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. Better Care Fund performance metric	4071	No plan set	N/A		N/A
ASC 03	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) Better Care Fund performance metric	79	85%	NA	NA	NA

Adults with Learning and/or Physical Disabilities:

ASC 04	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	72	97%	100%		
ASC 05	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	81.5	80%	74.5%		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in	31.6	45%	22.6%		

	receipt of long term support) (Part 2) DP					
ASC 07	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	89.7	89%	92.4%		
ASC 08	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	7	5.5%	5.6%		
Homelessness:						
ASC 09	Homeless presentations made to the Local Authority for assistance in accordance with Homelessness Act 2017. Relief Prevention Homeless	1914	2500	857 201 214 130 312		
ASC 10	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	247	200	44		
ASC 11	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	520	N/A	145 120 25		
Safeguarding:						

ASC 12	Percentage of individuals involved in Section 42 Safeguarding Enquiries	30	30	60%		We are unable to provide the direction of travel as we did not have data for this period in 2021/22
ASC 13	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%	58%		
ASC 14	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)	83.9	89%	NA	NA	NA
Carers:						
ASC 15	Proportion of Carers in receipt of Self Directed Support.	98.8	99%	99.5%		
ASC 16	<i>Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value</i>	7.5	N/A	NA	NA	NA

	<i>shows good performance)</i>					
ASC 17	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	39.3	N/A	NA	NA	NA
ASC 18	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	69.5	N/A	NA	NA	NA
ASC 19	Social Care-related Quality of life (ASCOF 1A). (This figure is based on combined responses of several questions to give an average value. A higher value shows good performance)	17.9	20%	NA	NA	NA
ASC 20	The Proportion of people who use services who have control over their daily life (ASCOF 1B)	73.1	80%	NA	NA	NA
ASC 21	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	56.9	71%	NA	NA	NA

Supporting Commentary

Older People:

ASC 01 We are on track to stay below the target of 600 per 100K pop.

ASC 02 The collection of this dataset continues to be paused. No date has been provided for its recommencement.

ASC 03 Annual collection only to be reported in Q4.

Adults with Learning and/or Physical Disabilities:

ASC 04 Q3 figures continue to be above target.

ASC 05 Q3 figure is higher than this time last year and does remain above the Northwest average.

ASC 06 We are continually looking at improving our reporting in this area, as we have had previous issues which have resulted in under reporting.

ASC 07 Figures continue to remain stable.

ASC 08 We have currently exceeded this target and figures are higher than they were in the same quarter 2021/22.

Homelessness:

ASC 09 There continues to be a local and national increase in homelessness presentations. Contributable factors are affordability, increased living costs, unemployment, and lack of housing accommodation.

The service continues to make full use of all prevention options to assist prevent homelessness.

ASC 10 The figures show that statutory homelessness acceptances remain low. This is due to the increased emphasis upon homeless prevention.

ASC 11 The demand for temporary accommodation continues to be high. However, there has been a slight decrease in hotel use, this is a general trend during the Christmas period.

The majority of hotel placements are families, whereby, provisions are in place to review commissioned services for this client group

Safeguarding:

ASC 12 This is a relatively new indicator; figures need to be cleansed and may differ to year-end data.

ASC 13 No commentary received for Q3.

ASC 14 Annual collection only to be reported in Q4, (figure is an estimate).

Carers:

ASC 15 We are on track to meet this target and figures are higher than they were in the same quarter 2021/22.

ASC 16 - 22 Survey measures are reported annually for service users and bi-annually for carers. The results of these are provided in Quarter 4, however are not published until later in the year.







The next Adult Social Care Survey is due to be administered in January 2023, for results to be reported in the 2022/23 period.










The Survey of Adult Carers will be administered later in 2023 for results to be captured in the 2023/24 period.












Further details on both surveys can be found [here](#)

Key Objectives / milestones

Ref	Objective
PH 01	Improved Child Development: Working with partner organisations to improve the development, health and wellbeing of children in Halton and to tackle 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.	
Ref	Objective	
PH 02	Improved levels of healthy eating and physical activity through whole systems working.	
Ref	Milestone	Q3 Progress
PH 02a	Implementation of the Healthy Weight Action Plan	
PH 02b	Increase the percentage of children and adults achieving recommended levels of physical activity.	
PH 02c	Reduce the levels of children and adults who are obese.	

Ref	Objective	
PH 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.	
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 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.	
Ref	Objective	
PH 04	Cardiovascular Disease	
Ref	Milestone	Q3 Progress
PH 04a	Ensure local delivery of the National Health Checks programme in line with the nationally set achievement targets	
PH 04b	Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.	
PH 04c	Increase the percentage of adults who undertake recommended levels of physical activity and healthy eating.	
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.	
PH 04e	Reduce the premature (under 75) death rate due to cardiovascular disease and stroke.	
Ref 05	Objective	
PH 05	Mental Health	
Ref	Milestone	Q3 Progress
PH 05a	Reduced level of hospital admissions due to self-harm.	

PH 05b	Improved overall wellbeing scores and carers' wellbeing scores.	
PH 05c	Reduced excess under 75 mortalities in adults with serious mental illness (compared to the overall population).	
PH 05d	Reduce suicide rate.	
Ref	Objective	
PH 06	Cancer	
Ref	Milestone	Q3 Progress
PH 06a	Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.	
PH 06b	Increase uptake of cancer screening (breast, cervical and bowel).	
PH 06c	Improved percentage of cancers detected at an early stage.	
PH 06d	Improved cancer survival rates (1 year and 5 year).	
PH 06e	Reduction in premature mortality due to cancer.	
Ref	Objective	
PH 07	Older People	
Ref	Milestone	Q3 Progress
PH 07a	Continue to develop opportunities for older people to engage in community and social activities to reduce isolation and loneliness and promote social inclusion and activity.	
PH 07b	Review and evaluate the performance of the integrated falls pathway.	
PH 07c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropriate age groups in older age.	

Supporting Commentary

- PH 01a** Triple P is commissioned by the Early Help commissioners to run 8 programmes of Triple P per year. This quarter, 4 programmes were delivered with x15 parents fully completing and x8 partially completing the course.
- PH 01b** The 0-19 Service has continued to maintain support for children and families in Halton through the provision of the universal Healthy Child Programme, the Family Nurse Partnership and the Pause programme. The service is will require utilisation of 1 x 12 month extension to commence 1.4.2023. Meanwhile a wider review of the service will take place over the next 12 months.

- PH 01c** Antenatal Infant Feeding and Introducing Solid Foods workshops are now being delivered x1 face to face and x1 virtual per month. The multi-agency 'Your Baby and You' programme is on hold awaiting further planning meetings between all partners. Parent/carer bite-size workshops are being delivered virtually and face to face (Fussy Eating and Healthy Snacking, and Sleep and Screens). HHEYS support and training was offered to all EY settings and childminders. There continues to be increased engagement, with some settings completing their renewal to HHEYS, as well as some new childminders signing up.
- Fit 4 Life App download instructions have been added to all NCMP results letters for 2022-23, with unique invite IDs based on the weight category for the child to activate appropriate programme content for each weight category.
- PH 02a** There has continued to be a range of parenting programmes available to families to support them to develop healthy habits for their children. The Holiday Activity Fund (HAF) has supported children during the holidays, to access healthy and nutritious meals, physical activity sessions, nutrition education and enrichment activities. The whole system obesity strategy is currently in consultation phase with partners for review.
- PH 02b** The exercise referral programme re-started in Q3 2021. The Active Halton strategy is currently in the data and evidence finding stage.
- PH 02c** No update this quarter.
- PH 03a** Bridgewater (and GPs) are informed of nearly all 0-19 attendances at A&E and Urgent Care Centres and where appropriate, parent attendances. Bridgewater work within the framework of a clinical procedure which identifies a Trigger List. The information for those CYP with an attendance that fits within the list are referred to the Health Visitor, Family Nurse Partnership or School Nurse. The attendance is recorded on the record once scanned on and will have access to support/further input.
- PH 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 and local campaigns via digital platforms.e.g Regional Cheshire/Merseyside" Lower My Drinking App". Currently, work is taking place with IT to develop Audit C screening online. Audit C screenings are also delivered during Health Checks and stop smoking consultation to clients across Halton.
- PH 03c** The CGL service has maintained a Café which offers an opportunity to support clients; this has provided volunteering and peer support sessions to service users.

The out of prison programme continues to support prison service leavers on their road to recovery and has received exceptionally positive case studies, also recently opening their safe house in Halton.

- PH 04a** A local action plan is in development around barriers to accessing the NHS Health Check.
- PH 04b** Halton Stop Smoking Service continues to deliver the service remotely and also face 2 face (hybrid model) to support local people to stop smoking including those people directly referred into the service via the Targeted Lung Health Check programme. The TLHC programme commenced in Halton in January 2022 and to date (Q3) the service has received an extra 351 referrals into the service. Currently the service has achieved a quit rate of approx. 56% so far.
- PH 04c** See previous comments on weight management and exercise referral programs.
- PH 04d** In addition to the NHS Health Check data above, blood pressure champions have been screening in the community, on the vaccination health bus and in workplaces.
- PH 05a** 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. Self Harm kits, that have been developed at a regional level as a resource for staff working with children and young people, are being piloted locally.
- PH 05b** Latest available data for 2018-20 indicates that the excess under 75 mortality for adults with severe mental illness in Halton is significantly better than the England average. Continuing to ensure local primary care undertake annual reviews and engage with health services is key to ensuring that people with SMI experience no poorer health outcomes and services than any other individual.
- PH 05c** Halton's suicide rate for 2019-2021 period is lower than the England average. 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.
- PH 06a** Work is continuing with CHAMPS and the Cancer alliance to focus on activities to increase the uptake of bowel and breast cancer. Regional meetings have not yet been recommenced from UKHSA, though we are continuing to encourage uptake of all screening programmes at all opportunities.
- PH 06b** The Targetted Lung Health check programme is beginning to report early results which shows a positive detection rate of stage 1 cancers amongst people who have ever smoked in the targetted age cohorts.

PH 06c Cancer survival is improving year on year though the improvement is slowing. We continue to work with the cancer alliance and local partners to ensure new and improved diagnostics and treatments are locally available.

PH 06d Cancer mortality is seeing a small improvement year on year, as a factor of the works being undertaken on screening, early diagnosis and presentation and improvements in diagnostic and treatment technology and access.

PH 07a The team have received 77 new Sure Start to Later Life referrals in this quarter.



We have held 6 Get Together events, with a total of 291 people in attendance which is an increase on the previous quarter.












PH 07b This quarter we have had over 45 residents from various care homes attend the Sure Start to Later Life Get Together which is fantastic. The feedback received from these residents has been very positive. What they report that they most like about the event is ‘socialising with others, the food and entertainment’ and ‘being with friends’.






PH 07c The Age Well service continues to deliver falls prevention exercise classes, 4 times per week. We have received 10 new referrals direct from HICAF, SS2LL or capacity and demand. 17 people have attended the groups over this quarter; over 171 falls incident forms have been screened and supporting information has been provided as to how to reduce peoples risk of falls including signposting to relevant services.

Uptake of flu vaccination for seasonal 2021/22 was higher than average for most cohorts with increased but under target performance especially for pregnant women and 2-3 year cohorts.

Key Performance Indicators




Ref	Measure	21/22 Actual	22/23 Target	Q3	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development)	66.1% (2018/19)	N/A	60.1% (2021/22)		

	at the end of reception)					
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)	57.6% (2019/20)	58.2% (2020/21)	65.5% (2020/21)		
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	493 (2020/21)	877.7 (2021/22)	N/A		N/A
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	45.2 (2019/20-2021/22 provisional)	57.1 (2019/20 – 2021/22)	35.5 (Q3 19/20-Q2 22/23 provisional)		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	14.9% (2019)	14.9% (2020)	13.2% (2021)		
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	76.9% (2019/20)	77.5% (2020/21)	65% (2020/21)		
PH LI 03c	Mortality from cardiovascular disease at ages under 75	96.7 (2019-21 provisional)	96.7 (2020-22)	105.8		

	(Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>			(Q3 2019-Q3 2022 provisional)		
PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	151.0 (2019-21 provisional)	150.2 (2020-22)	144.8 (Q4 2019-Q3 2022 provisional)		
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	46.6 (2019-21 provisional)	46.4 (2020-22)	45.3 (Q4 2019-Q3 2022 provisional)		
PH LI 03f	Breast cancer screening coverage (aged 53-70) <i>Proportion of eligible women who were screened in the last 3 years</i>	58.8% (2021)	70% (national target)	N/A (Annual data only)		N/A

PH LI 03g	Cervical cancer screening coverage (aged 25 – 49) <i>Proportion of eligible women who were screened in the last 3.5 years</i>	71.9% (2021)	80% (national target)	N/A (annual data only)	u	N/A
	Cervical cancer screening coverage (aged 50 – 64) <i>Proportion of eligible women who were screened in the last 5.5 years</i>	72.5% (2021)	80% (national target)	N/A (annual data only)	u	N/A
PH LI 03h	Bowel cancer screening coverage (aged 60 to 74) <i>Proportion of eligible men and women who were screened in the last 30 months</i>	55.5% (2021)	No national target as yet	N/A (annual data only)	u	N/A
PH LI 03i	Percentage of cancers diagnosed at early stage (1 and 2)	55.5% (2019)	55.7% (2020)	N/A (annual data only)	u	N/A
PH LI 03j	1 year breast cancer survival (%)	97% (2018)	97.25% (2019)	N/A	u	N/A
PH LI 03k	1 year bowel cancer survival (%)	79% (2018)	79.25% (2019)	N/A	u	N/A

PH LI 03l	1 year lung cancer survival (%)	41% (2018)	41.5% (2019)	N/A		N/A
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	283.5 (2021/22 provisional)	380.6 (2021/22)	285.1 (Q3 21/22 – Q2 22/23 provisional)		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.1% (2020/21)	11.9% (2021/22)	N/A		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) <i>Published data based on 3 calendar years, please note year for targets</i>	17.2 (2019-21 provisional)	17.2 (2020-22)	17.3 (Q3 2019-Q2 2022 provisional)		
PH LI 05aii	Female Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates)	19.5 (2019-21 provisional)	19.5 (2020-22)	19.4 (Q3 2019-Q2 2022 provisional)		

	<i>Published data based on 3 calendar years, please note year for targets</i>					
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2707 (2021/22 provisional)	2806 (2021/22)	2358 (Q3 21/22 – Q2 22/23 provisional)		
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	81.6% (2021/22)	75% (national target)	78.9% (week 52 2022)		N/A

Supporting Commentary

PH LI01 Department for Education did not publish 2019/20 or 2020/21 data due to COVID priorities. The percentage of children achieving a good level of development has reduced by 6% between 2018/19 and 2021/22 in Halton; this is similar to the decline in England overall of 6.6% (from 71.8% to 65.2% in 2021/22).

PH LI02a Levels of adult activity increased in 2020/21. Data is published annually.

PH LI 02b Due to a national data change, quarterly data is currently unavailable.

PH LI02c The rate of under 18 alcohol specific hospital admissions has reduced recently. COVID-19 is likely to have had an effect on this. (2021/22 data is provisional; published data will be released later in the year.)

- PH LI 03a Smoking levels improved during 2019, 2020 and remained the same in 2021; 2021 data met the target.
- PH LI03b Adult excess weight reduced during 2021 and met the target.
- PH LI03c The rate of CVD deaths (in under 75s) increased in 2021, and the provisional 2022 data suggests that the rate has continued to increase. It is likely that COVID-19 has had an effect.
(Data is provisional; published data will be released later in the year.)
- PH LI03d The rate of cancer deaths (in under 75s) reduced slightly in 2021 and provisional data suggests it has continued to decrease into 2022. 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 LI03e The rate of respiratory disease deaths (in under 75s) has reduced slightly over 2020, and 2021, and data suggest it has continued to decrease slightly into 2022. 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 LI03f Breast cancer screening coverage dropped in 2020 and again in 2021; COVID-19 has most likely affected this. Data is released annually.
- PH LI03g Cervical cancer screening coverage improved during 2020 in those aged 25-49. Halton performed better than the England average both in 2020 and 2021 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 but fell slightly during 2021. 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 LI03h Bowel cancer screening coverage improved during 2020 but has fallen significantly in 2021. Halton did not perform as well as the England average in 2020 or 2021. Data is released annually
- PH LI03i The % of cancers diagnosed at early stage has fluctuated between 50% and 56% since 2013. The latest % is similar to the England average (55.1%). Data is released annually.
- PH LI03j 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 LI03k 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 LI03I 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.
- PH LI04a Provisional 2021/22 data indicates the rate of self-harm admissions has reduced since 2019/20 and has met the target. Provisional Q2 2022/23 data suggests the rate has remained at a similar level to 2021/22.
(Data is provisional; published data will be released later in the year.)
- PH LI04b Happiness levels worsened during 2019/20 and again in 2020/21. COVID-19 is likely to have had an impact. Data is published annually.
- PH LI05ai 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 and 2021 but has improved slightly during 2022.
(Data is provisional; published data will be released later in the year.)
- PH LI05aai 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 2021 but has improved slightly during 2022. However, it is unlikely that 2020-22 data will meet the target.
(Data is provisional; published data will be released later in the year.)
- PH LI05b Provisional 2021/22 indicates the rate of falls injury admissions has reduced slightly and has met the target. Provisional Q2 2022/23 data suggest the rate has continue to decrease.
(Data is provisional; published data will be released later in the year.)
- PH LI05c Flu vaccine uptake for winter 2021/22 didn't meet the national target of 85%.
It is too early to say if Halton will exceed the target for 2022/23 as data is currently only available until end of 2022.

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT

Finance

Revenue Operational Budget as at 31 December

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	16,122	11,904	11,781	123	140
Premises	311	242	247	(5)	0
Supplies & Services	849	644	648	(4)	0
Aids & Adaptations	38	26	27	(1)	0
Transport	187	170	203	(33)	(50)
Food Provision	187	117	115	2	0
Agency	617	471	473	(2)	0
Supported Accommodation and Services	1,463	1,273	1,269	4	0
Emergency Duty Team	105	78	94	(16)	(20)
Contacts & SLAs	567	465	460	5	0
				0	
Housing Solutions Grant Funded Schemes					
LCR Immigration Programme	300	242	243		0
Homelessness Prevention	356	200	68	132	0
Rough Sleepers Initiative	150	50	49	1	0
Total Expenditure	21,252	15,882	15,677	206	70
Income					
Fees & Charges	-761	-550	-535	(15)	(20)
Sales & Rents Income	-420	-279	-319	40	40
Reimbursements & Grant Income	-1,575	-1,292	-1,292	0	0
Capital Salaries	-121	-91	-89	(2)	0
Housing Schemes Income	-806	-792	-792	0	0
Transfer From Reserves	-1,392	-428	-428	0	0
Total Income	-5,075	-3,432	-3,455	23	20
Net Operational Expenditure Excluding Homes and Community Care	16,177	12,450	12,222	229	90
Care Homes Net Expenditure	8,324	6,266	7,587	-1,321	-1,497
Community Care Expenditure	18,975	14,303	15,095	-792	-1,130
Net Operational Expenditure Including Homes and Community Care	43,476	33,019	34,904	(1,884)	(2,537)
Recharges					
Premises Support	460	345	345	0	0
Transport Support	587	440	531	(91)	(90)
Central Support	3,563	2,672	2,672	0	0
Asset Rental Support	57	0	0	0	0
Recharge Income	-122	-92	-92	0	0
Net Total Recharges	4,545	3,365	3,456	(91)	(90)
Net Departmental Expenditure	48,021	36,384	38,360	(1,975)	(2,627)

Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is £0.138m below budget profile at the end of the third quarter of the 2022/23 financial year. Net expenditure is currently projected to be in line with budget by the end of the financial year.

Employee costs are currently £0.123m below profile at the end of December. This is attributable due to savings being made above target on vacancies. The bulk of savings are being made within the Care Management division, which have historically experienced difficulties in recruiting to vacant posts.

The current overspends on transport cost largely relate to increased fuel costs. These costs are projected to continue for the remainder of the year.

The projected shortfall in fees and charges primarily relates to Day Service trading activities, and the level reduced of consumer confidence post-pandemic. Such shortfall has been met from Covid related government grant funding in the previous two financial years, although funding no longer exists for the current financial year.

Housing Strategy initiatives included in the report above include the LCR Immigration Programme and Homelessness Prevention Scheme. The Homelessness Prevention scheme is an amalgamation of the previous Flexible Homelessness Support and Homelessness Reduction schemes. Funding has increased significantly from £0.253m back in 2020/21 to the current level of £0.356m for 2022/23.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 31 December 2022

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	4,270	3,216	3,151	65	96
Premises	5	0	0	0	0
Supplies & Services	452	242	216	26	33
Contracts & SLA's	7,130	4,638	4,638	0	0
Transport	15	13	12	1	1
Other Agency	21	21	21	0	0
Transfer to Reserves	79	29	29	0	0
Total Expenditure	11,972	8,159	8,067	92	130
Income					
Fees & Charges	-268	-247	-257	10	13
Reimbursements & Other Grants	-365	-353	-353	0	0
Government Grants	-11,537	-8,075	-8,075	0	0
Transfer from Reserves	-545	-43	-43	0	0
Total Income	-12,715	-8,718	-8,728	10	13
Net Operational Expenditure	-743	-559	-661	102	143
Recharges					
Premises Support	126	95	95	0	0
Transport Support	28	22	22	0	0
Central Support	1,324	993	993	0	0
Recharge Income	-482	-361	-361	0	0
Net Total Recharges	996	749	749	0	0
Net Departmental Expenditure	253	190	88	102	143

Comments on the above figures

The net Department spend is £0.102m under budget profile at the end of Quarter 3 and the estimated outturn position for 2022/23 is for net spend to be £0.143m under the available budget.

Employee costs are currently £0.065m under planned budget at this point in the year. This is a result of savings made on vacancies and funding from the Contain Management Outbreak Fund (COMF). Two posts within the Environmental, Public Health & Health Protection Division were filled in Quarter 2 and two are currently in the recruitment process. The level of savings is expected to increase during the final quarter of the financial year due to a reduction in hours and recruitment delays. The anticipated full year underspend is projected to be £0.096m. The employee budget is based on 89.7 full time equivalent staff. The staff turnover saving target of £0.048m is expected to be achieved in full.

The balance of £0.368m carried forward from last year's allocation from the Contain Outbreak Management Fund (COMF) has been used to fund continued spend within the Outbreak Support Team, targeting low COVID-19 vaccine uptake, enhanced communication and marketing, workplace prevention and contain measures and to help the clinically extremely vulnerable remain well. The balance remaining of £0.026m from the first half of the year was spent during October. Spending during the remaining 5 months of the year will be met from within the Public Health ring-fenced grant.

COMPLEX CARE POOL

Revenue Budget as at 31 December 2022

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Intermediate Care Services	6,403	4,351	3,896	455	633
Oakmeadow	1,165	903	949	(46)	(63)
Community Home Care First	1,300	708	708	0	0
Joint Equipment Store	815	543	543	0	0
Development Fund	662	0	0	0	0
Halton Integrated Care & Frailty Service	3,541	1,740	1,313	427	580
Contracts & SLA's	3,262	942	909	33	44
Carers Breaks	428	364	274	90	123
Carers centre	377	282	282	0	0
Residential Care	1,121	852	852	0	0
Domiciliary Care & Supported Living	2,556	1,894	1,959	(65)	(87)
Total Expenditure	21,630	12,579	11,685	894	1,230
Income					
BCF	-12,079	-9,058	-9,058	0	0
CCG Contribution to Pool	-2,831	-2,123	-2,123	0	0
ASC Discharge Grant	-213	-213	-213	0	0
Oakmeadow Income	-613	-459	-456	(3)	(3)
Transfer from reserve	-700	-700	-700	0	0
Ageing Well	-694	-694	-694	0	0
Total Income	-17,129	-13,247	-13,244	(3)	(3)
Net Expenditure	4,501	-668	-1,559	891	1,227
CCG Contribution Share of Surplus	0	0	446	(446)	(613)
Adjusted Net Departmental Expenditure	4,501	-668	-1,113	445	614

Comments on the above figures:

The overall position for the Complex Care Pool budget is £0.891m under budget profile at the end of December. Based on current demand the Pool net spend position is forecast to be £1.227m under the approved budget at financial year-end. The Council share of this is forecast to be in the region of £0.614m as the end of the financial year approaches this position may change. For example, HICaFS (Halton Integrated Care & Frailty Service) actual invoices against forecast may differ dependent on recruitment.

Expenditure is below budget profile mainly due to Intermediate Care and the HICaF service which cumulatively, are £0.882m under expected budget at this point of the financial year. HICaFS is currently carrying a vacant Divisional Manager post. In addition, Warrington NHS Trust have still not fully recruited their staff for this service.

The overspend on Oakmeadow is due to agency spend and high inflation on food and drink provisions and utilities.

Expenditure on Contracts is under budget by £0.033m at Q3. The forecast outturn underspend of £0.044m is less than estimated at Q2 due to Inglenook service users increasing from 1 to 2.

Carers' breaks are under budget profile by £0.090m at the end of the third financial quarter. Direct Payment carer's breaks are low as in previous years. Also, Family Placement Daycare started up in June after the pandemic but there have been no placements since July due to a lack of Carers.

The Pooled Budget Manager is working closely with finance colleagues to determine the best deployment of available resources to address existing pressures within Health & Social Care. This is likely to include Community Care services.

Pooled Budget Capital Projects as at 31 December 2022

	2022-23 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	580	435	429	151
Stair lifts (Adaptations Initiative)	220	165	168	52
RSL Adaptations (Joint Funding)	300	225	221	79
Telehealthcare Digital Switchover	400	100	100	300
Millbrow Refurbishment	180	110	104	76
Madeline Mckenna Refurb.	100	100	104	(4)
St Luke's Care Home	20	10	9	11
St Patrick's Care Home	150	100	100	50
Total	1,950	1,245	1,235	715

Comments on the above figures:

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2021/22 spend and budget, expenditure across the 3 headings is anticipated to be within budget overall, although there may be some minor variances within the 3 schemes. Spend patterns remain consistent with quarters 1 and 2 of the financial year.

The £0.400m Telehealthcare Digital Switchover scheme was approved by Executive Board on 15 July 2021. Significant capital investment is required to ensure a functional Telehealthcare IT system is in place prior to the switchoff of existing copper cable-based systems in 2025. The scheme is split into 4 phases, each with an estimated cost of £100,000.

The first phase was completed in July 2022, it is currently estimated that the scheme will be fully completed by March 2023.

On 16th June 2022 Executive Board approved a £4.2M refurbishment programme in respect of the four Council owned care homes, to be completed within a three-year timescale.

£1.6M was initially allocated in terms of estimated spend during the current financial year, although this allocation has now been revised down to £0.450m to reflect progress within year on individual care home refurbishment schemes. The residual £1.15M will be reprofiled to financial year 2023/24. This has resulted in the annual capital programme for Adult Social Care reducing from an annual budget of £2.5M as at Quarter 2 to the current net value of £1.95M. It is anticipated that the total cost of the care home refurbishment will remain consistent with the initial £4.2M capital allocation.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress

Green



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

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

Amber



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

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

Red






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

Indicates that the target will not be achieved unless there is an intervention or remedial action taken.

Direction of Travel Indicator

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

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