REPORT TO:	Health Policy and Performance Board
DATE:	26 <sup>th</sup> November 2024
REPORTING OFFICER:	Executive Director Adult Services
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Performance Management Reports - Quarter 2 2024/25
WARD(S)	Borough wide

## 1.0 PURPOSE OF THE REPORT

1.1 This Report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in Quarter 2 of 2024/25. This includes a description of factors which are affecting the service.

### 2.0 **RECOMMENDATION:** That

- 1) Receive the Quarter 2 Priority Based report.
- 2) Consider the progress and performance information and raise any questions or points for clarification.
- 3) Highlight any areas of interest or concern for reporting at future meetings of the Board.

### 3.0 SUPPORTING INFORMATION

3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 2, 2024/25.

### 4.0 POLICY IMPLICATIONS

4.1 There are no policy implications associated with this report.

### 5.0 FINANCIAL IMPLICATIONS

5.1 There are no policy implications associated with this report.

# 6.0 IMPLICATIONS FOR THE COUNCIL'S

- 6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence Improving Health, Promoting Wellbeing and Supporting Greater Independence
- 6.2 Building a Strong, Sustainable Local Economy None identified.
- 6.3 Supporting Children, Young People and Families None identified.
- 6.4 **Tackling Inequality and Helping Those Who Are Most In Need** The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.
- 6.5 Working Towards a Greener Future None identified.
- 6.6 Valuing and Appreciating Halton and Our Community None identified.
- 7.0 Risk Analysis
- 7.1 None identified.

# 8.0 EQUALITY AND DIVERSITY ISSUES

8.1 An Equality Impact Assessment (EIA) is not required for this report

### 9.0 CLIMATE CHANGE IMPLICATIONS

9.1 None identified.

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

10.1 None under the meaning of the Act.

#### 2.0 Key Developments

#### Adult Social Care

#### **Domiciliary Care**

Tender moderation has now been completed and a report will be presented to Executive Board on 14th November 2024 outlining recommendations for contract award.

#### Homelessness

A working party, focusing on current homelessness provision, has been established and is being led by Councillor Marie Wright. The purpose of the working party is for Members to better understand the current arrangements in place in relation to Homelessness.

#### Carers

The Council is part of a Cheshire and Merseyside consortium who bid for funding against the Accelerated Reform Fund. The bid was successful, and we have now had Year One funding for support with Carers Breaks. It's been agreed that this will be passported to Halton Carers Centre who have put forward a delivery programme to meet the outcomes of this project.

#### **Urgent & Emergency Care Improvement Programme**

New hospital discharge model for Halton patients introduced at Warrington & Halton Teaching Hospitals NHS Foundation Trust.

#### Supported Housing

Work continues through the Transformation programme to identify new supported housing opportunities which meet the needs of vulnerable adults across the borough.

#### Public Health

- Environmental Health team have been successful in their application for grant funding for the Healthy Homes project. The project will target the 3 wards that have a higher deprivation and will encourage tenants who are in private rentals to contact us when the landlord is not addressing the damp/mould issues in the property.
- Halton have been working with other local authorities and Liverpool John Moore's University to working to develop a Local Drug Information System. The system uses consistent and efficient processes for sharing and assessing information, and issuing warnings where needed, it helps ensure high-quality, effective information rapidly reaches the right people.

- Halton and Cheshire West & Chester staff have been supporting the ICB with development of an injuries due to serious violence dashboard. This will be used by the police and local community safety partnerships to target interventions.
- Our stop smoking team are now as part of the Government funded Swap 2 Stop scheme and a large number of our clients are now using vapes to stop smoking.
- Supervised Toothbrushing Programme. Halton have delivered over 15000 toothbrushes in a structured intervention to 2–7-year-olds in the 20% most deprived areas across Halton, this has been targeted provision of free toothbrushes and pastes in their communities. This programme aims to work in partnership with existing local schemes to reduce child oral health inequalities.
- As we head towards the colder winter months, preparatory work has taken place to ensure care home providers are delivering flu and Covid-19 vaccines for all those eligible. We are also working with pharmacies to commission free vaccinations for staff
- We continue via the Household Support Fund, to support our residents who may be struggling through hardship, this includes food vouchers, contributions to school uniform costs, heated throws for cancer patients and various other methods of support.

The Public Health Directorate continues to work on a wide range of issues linked to tackling the causes of ill health and improving health in Halton.

# 3.0 Emerging Issues

### Adult Social Care

### **Domiciliary Care**

During December and following Executive board approval, intention to award letters will be distributed to the bidders who have been successful in relation to the domiciliary care tender.

### **Urgent & Emergency Care Improvement Programme**

Work will continue to embed the new hospital discharge model for Halton patients introduced at Warrington & Halton Teaching Hospitals NHS Foundation Trust in quarter 2 and during quarter 3 explore introduction of new hospital discharge model for Halton patients at Whiston Hospital.

# Public Health

Ketamine is a class B controlled substance which means possession and supply of it is illegal. When ingested, ketamine affects the brain and body, reducing awareness, pain and coordination.

Recent studies have shown a significant increase in the number of young people taking ketamine and this would reflect the concerns that have recently been raised by our schools locally.

We are working together with other organisations including young people's drug treatment services, police, primary health care, mental health and the wider health and social care to shape and model good practice in a systems-based approach, ranging from prevention through to intervention.

#### 4.0 Performance Overview

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

#### Key Objectives / milestones

Ref	Milestones	Q2 Progress
1A	Monitor the Local Dementia Strategy Action Plan, to ensure effective services are in place.	<b>~</b>
1B	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	$\checkmark$
1C	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target.	<ul> <li>✓</li> </ul>
1D	Integration of Health and social care in line with one Halton priorities.	$\checkmark$
1E	Monitor the Care Management Strategy to reflect the provision of integrated frontline services for adults.	$\checkmark$

1F Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets.



#### **Supporting Commentary**

- **1A** The Dementia Delivery Plan was approved by One Halton Board in April 2024 and a Dementia Delivery Group has been established (meeting in October) to oversee the implementation of the delivery plan.
- **1B** Draft strategy to be presented to Management Team November 2024
- **1C** Budget projected to come in on target
- **1D** Integration work continues through the One Halton work streams
- **1E** We have funded additional dedicated support for front door referrals and Deprivation of Liberty Safeguards (DoLS) This has enabled us to clear the backlog 'at the front door' and allocate the correct support for those being referred within 24 hours.

Halton has established a Prevention and Wellbeing Service with the support of a redesign of adult social Care, placing outreach support with a Wellbeing approach at the front door. This approach has enabled us to progress these redesigns quickly and allocate more resources to the team of first assessors and has improved both the speed and impact of this work. We are allocating all new referrals within 24/48 hours.

**1F** All the Strengths based training has now been completed, with 250 staff trained and a train the trainer model in place.

The changes to ways of working have led to a more productive workforce who have more time to speak to clients, reviews are more informed, and Assessment work is more outcomes-focussed.

The Social Care IT system changed in June 24 from Care First 6 to Eclipse, with newly developed Person-Centred Documentation.

# Key Performance Indicators

Older Pe	ople:	Actual 23/24	Target 24/25	Q2	Progress	Direction of Travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+	347.50 22/23	600	NA	NA	NA
ASC 02	Total non-elective admissions into hospital (general & acute), all age, per 100,000 population.	Dec 23 to Jan 24 = 4,283	No plan set	0 Day LOS = 1862 >0 LOS = 2693 Total = 4555		93
ASC 03	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital ASCOF 2D (Formerly ASCOF 2B)	96% 23/24	85%	96.4%		NA
Adults w	ith Learning and/or Physic	al Disabili	ties:	1	1	
ASC 04	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	96%	97%	97.5%	NA	NA
ASC 06	Proportion of people in receipt of DP ASCOF 3D (Formerly ASCOF 1C – people in receipt of long- term support) (Part 2) DP)	47.6	45%	41%	NA	NA
ASC 07	<b>NEW</b> The proportion of people who receive long- term support who live in their own home or with their family ASCOF 2E (Formerly ASCOF 1G)	NA	89%	82%	<ul> <li>Image: A start of the start of</li></ul>	NA

Homeles	sness:	Actual 23/24	Target 24/25	Q2	Progress	Direction of Travel
ASC 09	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Reduction Act 2017. Relief Prevention Homeless Advice Triage	756 290 163 121 201	3500	872 254 257 88 192 141		1
ASC 10	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	121	800	48	<b>~</b>	1
ASC 11	Number of households living in Temporary Accommodation Hostel Bed & Breakfast / Hotels	148 38 30 Singles 8 Families	800	151 109 singles 40 Families 0 Singles 2 Families		NA
Safegua	rding:					
	<b>NEW</b> The proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed (ASCOF 4b)	NA	NA	Risk reduced 55.4% Risk removed 29%		NA
ASC 12	Percentage of individuals involved in Section 42 Safeguarding Enquiries	34%	30%	39%	<ul> <li>Image: A start of the start of</li></ul>	Î

		Actual 23/24	Target 24/25	Q2	Progress	Direction of Travel
ASC 13	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e- learning, in the last 3- years (Previously PA6 [13/14] change denominator to front line staff only.	76%	85%	77%		1
Carers:						
ASC 15	Proportion of Carers in receipt of Direct payment	99%	99%	98.9%	NA	NA
Adult Social Care and Carer Survey measures are reported annually for service users and bi-annually for carers – these measures will be included in the Q4 2024/25 report or following publication of the NHS Digital Reporting. Further information can be						

found <u>here</u>

### **Supporting Commentary**

### **Older People:**

- **ASC 01** Figures will be updated as soon as possible.
- ASC 02 Q2 data is not yet available and will not be until Mid-November. Unfortunately, the data is not available to NHS Midlands and Lancashire Commissioning Support Unit until around 6 weeks following the end of the month. This enables the data management teams to cleanse/ process the information before its available to report on. However, the Q1 data has been provided.
- **ASC 03** This measure replaces the previous measure which included discharge from hospital into reablement/rehabilitation services. Therefore, no comparison can be made to previous quarters.

#### Adults with Learning and/or Physical Disabilities:

- ASC 04 This figure is for HMS equipment only so does not represent a true figure for Q2 and is not comparable with the same period last year. This is due to changes in our reporting system we are unable to provide VI or DRC data at present.
- ASC 06 This ASCOF measure is new and reports on all people who receive a direct payment. No comparison can be made to previous quarters.
- **ASC 07** This ASCOF measure is new and reports on all people who receive long-term support who live in their own home or with family. It replaces the previous ASCOF 1G measure which reported on the proportion of learning disability people with long-term support who live in their own home or with their family. No comparison can be made to previous guarters.

#### Homelessness:

- ASC 09 There continues to be an increase in homelessness nationally. Halton has seen a gradual increase in family presentations, due to no fault S21 notice seeking possessions, placing additional pressure upon temporary accommodation providers. The main emphasis is placed upon prevention, and many clients are prevented from homelessness, with officers fully utilising the prevention service incentives to support clients to secure suitable accommodation across both social and private rented sectors.
- **ASC 10** There has been an increase in the homelessness acceptance duty. This is partly due to the increase in no fault eviction notices and affordability, whereby, the rents charged are far greater than the awarded local housing allowance.

ASC 11 Due to the increase in homelessness this has placed additional pressure upon temporary accommodation providers, with concreted efforts by all officers to support clients with the move on process. For this quarter, we have seen a gradual decrease in hotel usage.

However, the LA is still reliant upon hotel use but has implemented a robust transition plan to ensure clients placed out of area are transferred back to commissioned services as quickly as possible. There continues to be an ongoing review of temporary accommodation to ensure that provision is available to meet the ongoing demand.

# Safeguarding:

This is a new measure for 2024/25. We will continue to monitor this new measure to inform future performance.

- **ASC 12** Current figures have exceeded last year's actual figures and look to improve further over the course of the year.
- **ASC 13** Figures have already outperformed last year's actual figures.
- Carers:
- **ASC 15** This measure replaces carers in receipt of self-directed support. There is no comparison to previous quarters.

# Public Health

### Key Objectives / milestones

Ref	Objective 1: Child Health	Q2 Progress
	Milestones	
PH 01	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	Objective 2: Adult weight and physical activity	
	Milestone	
PH 02	Reduce levels of adult excess weight (overweight and obese) and adult physical inactivity.	<b>✓</b>
Ref	Objective 3: NHS Health Checks	
	Milestone	
PH 03	Ensure local delivery of the NHS Health Checks programme in line with the nationally set achievement targets and locally set target population groups.	U
Ref	Objective 4: Smoking	

	Milestone	
PH 04	Reduce smoking prevalence overall and amongst routine/manual and workless groups and reduce the gap between these two groups.	<b>~</b>
Ref	Objective 5: Suicide reduction	
	Milestone	
PH 05	Work towards a reduction in suicide rate.	$\checkmark$
	Objective 6: Older People	
	Milestone	
PH 06	Contribute to the reduction of falls of people aged 65 and over and reduction in levels of social isolation and loneliness.	$\checkmark$
Ref	Objective 7: Poverty	
	Milestone	
PH 07	To increase awareness of fuel poverty and drive change to tackle the issue through better understanding of services available across Halton (staff and clients).	
Ref	Objective 8: Sexual health	
	Milestone	
PH 08	To continue to provide an easily accessible and high quality local sexual health service, ensuring adequate access to GUM and contraceptive provision across the Borough, whilst reducing the rate of sexually transmitted infections and unwanted pregnancies.	
Ref	Objective 9: Drugs and alcohol	
	Milestone	
PH 09	Work in partnership to reduce drug and alcohol related hospital admissions.	$\checkmark$

## **Supporting Commentary**

#### PH Child health

**01** Regular contract performance meetings take place every quarter with the 0-19 (+ SEND) (0-19 HCP) service. The 0-19 HCP service are supporting the development of the Family Hubs model, starting well strategy, leading on infant parent mental health and attachment, the Local Offer, and the SEND priority action plan. 0-19 HCP staff have participated in the first Community of Practice meetings with Public Health Northwest bringing together reps from Commissioning and 0-19 services across the Northwest. The SEND policy review has now been ratified and all staff have been briefed. The infographic below, is based on Q1 2024/25 performance data. Giving an overview of the 0-19 HCP service and tracking the progress and impact of areas where the service is working towards and improving health outcomes for children and young people. These include maternity and first year of life, early years and school age and transition.



Source: 0-19 HCP produced by Public Health Evidence & Intelligence Team (October 2024)

The infant feeding offer continues to expand, now with 5 weekly drop-in support groups, in addition to home visits and telephone support in the postnatal period, plus antenatal engagement at community midwifery clinics.

### **Infant Feeding:**

Women supported with breastfeeding	138		
of whom were supported via home visits			
Women supported with safe formula feeding via phone	111		
Women attending breastfeeding support groups			
Parents attending infant feeding drop-ins	49		
Parents attending Introducing Solid Foods workshops	43		

# Halton Healthy Early Years (HHEYS)

Settings accessing training: 5 Total staff trained: 29 Topics: Oral health, Healthy eating.

#### HENRY Programme (preventing obesity for under 5s) & Parent Workshops: 8-week Right From the Start courses completed: 1.

Parent workshops: 4 Total attendees: 17.

**Young Health Champions** Cohorts completed: 2. Participants: 18: Cohort of Young Carers and cohort of pupils at Ashley High School (SEN).

**Healthy Schools** 58 schools (88%) were engaged in the programme at the end of summer term in July. 2024-25 school year has commenced with 21 visits booked or completed so far. Programme offer has expanded to include breastfeeding awareness, and sessions to promote immunisation uptake.

# PH Supporting commentary – Adult weight and physical activity

**02** Through the Fresh Start program the Adult Weight Management Service continues to offer an in-depth curriculum of advice and exercise that supports local people to manage their weight and positively impact their lifestyles. In the current climate, more focus has been emphasised within the service to increase support of weight management for target population groups such as low-income households by embedding key skills such as shopping on a budget, meal planning for 1 and supporting resilience.

Over the second quarter, Fresh Start had 649 referrals to the service from Halton residents. So far 141 have started on the face-to-face service and 158 started via the digital App version of Fresh Start. The team are currently updating the education on the program and will be doing staff development to support the increasing change toward more complex patients coming through the service.

Halton continues to support physical activity through the 'exercise on prescription' program. Exercise on Prescription is a free service, which supports people with health conditions to become more physically active and is part of their treatment to improve their condition management. Some of the common health conditions that clients come for support with include cardiovascular conditions, pulmonary &

respiratory conditions, mental health conditions, falls prevention and back and joint conditions. All clients in service receive brief intervention and advice around their health condition and guided support by an exercise specialist who is trained to deliver activity to people with health conditions. Throughout quarter two, **321 referrals** were made into this service and, **(133) 60%** of clients engaging with physical activity so far.

# PH Supporting commentary – NHS Health Checks

03

04

Each year 20% of the total eligible population should be invited for an NHS Health Check. In Halton the target for 2024/25 is 7254 per year. This equals 1815 invites per quarter should be sent. In Q2, 2225 NHS Health Check Invites was sent, which is 123% of the quarterly invite target.

National targets are set that NHS Health Check services should aim to have a completion rate of around 80%. Of patients who were invited in Halton this quarter, **1213 patients have received a NHSHC**, which is an **84% uptake** rate. This is an increase on quarter one's performance in which 1001 NHS Health Checks were completed which was a **69% uptake** rate. Following an NHS Health Check Halton have a target of 30% of patients should be referred onto wider support services. In Q2, **349 were completed**. This is 29% on NHS Health Checks completed. This is a decrease on last quarters referral rate of 35%. Halton have prioritised tackling health inequalities within the service to which some key milestones have been achieved this year to date. These include:

• In Q2, 100% of ethnic minorities who are eligible for an NHSHC have received an invitation.

• In Q2, 41% of NHSHC's completed are on patients from decile 1&2 IMD (index of multiple deprivation). Previous data shows this cohort has the lowest proportionate uptake.

• In Q2, 56% of NHSHC's were completed on patients in age categories 40-45,45-50, 50-55 which previous data shows Halton has the lowest proportionate uptake.

668
470
70%
182 so far
101
77
24
20
114
50
17
72
24
15

### PH Supporting commentary – Smoking

# PH Supporting commentary – Suicide reduction

**05** We continue to work closely with partners and Champs on the Zero Suicide Agenda and consistently drive Halton's action plan to contribute to reduction in suicides. Work continuing to take place on long term conditions, Dual Diagnosis, male mental health as well as supporting education settings with self-harm and suicide attempts. Insight work with teenage males to understand why they don't engage with mental health services at the same rates as teenage females is complete and next steps under development. Despite work continuing RTS for 2024/2025 are slightly higher than the previous year 2023/2024. Economic crisis is known to increase risk of suicide therefore issues with cost of living could be contributing to a potential increase locally.

## PH Supporting commentary – Older people

**06** The Exercise on Prescription Programme which includes falls prevention has been rolled out in some GP practices to target common health conditions such as hypertension and falls. In Q2 67 local people were identified as at risk of falling or as having had a previous fall. These service users have been supported with advice and a strength and stability class. There are some ongoing issues with the data from the Sure Start to Later Life service, due to the transition from Care First to Eclipse data systems by Adult Social Care Services However data is available for July and August of Q2 showing 38 referrals into service, with 35 assessments and 30 review appointments being completed. Out of the 30 reviews that took place 4 people reported that they feel less socially isolated as a result of the intervention from the service.

## PH Supporting commentary - Poverty

**07** We continue to work closely with regional partners on the Cheshire & Merseyside fuel poverty steering group to look at pro-active home support for those with high-risk long term health conditions. We have worked with national CIC Catapult over the last quarter to replicate locally the warm home prescription offer that they have successfully trialled over the last few winters.

### PH Supporting commentary – Sexual health

08 Halton Sexual Health Service has offered 1,644 face to face clinical appointments in Q1, 2024/25. This is an increase of 89 from Q4, 2023/24. A total of 233 young people aged 19 and under have accessed the service in Q1, an increase of 22 from the previous quarter. axess4u provision is promoted through Axess website, social media, outreach, and education teams. The number of males (all ages) accessing the service has risen by 44 in Q1, to a total of 441. A total of 1452 patients were seen during Q1, increases were seen in the 18-39 and 50-60+ age groups. Online bookings in Q1 rose by 34%, with out of area attendances rising by 4.3%. And a 29% increase in cervical screening numbers. In women under 18 there was a rise of 4% in the numbers taking up LARC including Depo and Sayana, and within that, the main method chosen was implant. Coding issues have been rectified in the service since Q4, hence the number of recorded BAME attendances has risen by 15%, bringing this back over target. A rise in mixed white/ black African and Caribbean. STI screening of all ages has risen by over 13% in Q1. With syphilis and HIV screening making up 40% of the total tests, with an increase in positive syphilis numbers since Q4. The total number of patients issued with PrEP in Halton through Q1 was 15% higher than the previous guarter. The service saw 161 LGBT+ patients in Q1, an increase of 12 from Q4.

The sub-contracted pharmacies have issued 178 emergency contraception prescriptions in Q1, an increase of 17 from Q4. GP's fitting IUC's have also raised activity in Q1 with 51 fittings, an increase of 12 from Q4.

Discussions continue around Women's Health Hubs and a new C&M WHH clinical lead has been appointed to support this work, focussing on increasing LARC access.

PH The first plus one for the contract extension with Change Grow Live has now been finalised, there is flexibility for another plus one for 2026/2027 if required. Commissioners in the North West have agreed to collaboratively fund a post to be employed by North West Ambulance Service (NWAS) initially over 2 years. The post will support strategic planning to ensure targeted and tailored support is provided following a non-fatal opiate overdose. This means that every opiate non-fatal overdose is automatically referred to the local drug and alcohol service, with or without patient consent.

The role is unique to England and is expected to make a significant contribution to improved responses to non-fatal overdoses in the North West and contributing to a reduction in drug-related deaths in the region. The expected outcomes include:

- Increase in referrals into drug and alcohol treatment services.
- Contribution towards a reduction in drug-related deaths.

Audit C screenings are delivered during Health Checks and Stop Smoking consultations to clients across Halton. During Q1 Health Trainers/Health Check Officers have delivered **974 Audit C screenings** in workplaces, GP practises and in the community. During Q1 the Stop Smoking Service have delivered **278 Audit C screenings** with clients wishing to stop smoking Total combined **Audit C screenings delivered = 1,252** 

# Key Performance Indicators

Ref	Description	Actual 2023/24	Target 2024/25	Quarter 2	Current Progress	Direction of Travel
PH01a	Healthy life expectancy at birth: females (years)	58.0 (2018- 20)	58.0 (2019- 21)	n/a	U	1
PH01b	Healthy life expectancy at birth: males (years)	61.4 (2018- 20)	61.4 (2019- 21)	n/a	U	Î
PH02	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	62.2% (2022/2 3)	62.5% (2023/2 4)	n/a	U	1
PH03	Health Visitor new births visits (% of new births receiving a face-to-face visit by a Health Visitor within 14 days)	83.9% (2023/2 4)	90% (standin g target)	87.6% (Q1 2024/25 )	U	1
PH04	Prevalence of adult excess weight (% of adults estimated to be overweight or obese)	72.7% (2022/2 3)	72.0% (2023/2 4)	n/a	U	Ļ
PH05	Percentage of physically active adults	62.8% (2022/2 3)	62.6% (2023/2 4)	n/a	×	Ļ
PH06	Uptake of NHS Health Check (% of NHS Health Checks offered which were taken up in the quarter)	44% (2023/2 4)	60% (2024/2 5)	46% (Q1 2024/25 )	×	ļ
PH07	Smoking prevalence (% of adults who currently smoke)	13.3% (2022)	13.0% (2023)	14.6% (2023)	×	Ļ

Ref	Description	Actual 2023/24	Target 2024/25	Quarter 2	Current Progress	Direction of Travel
PH08	Deaths from suicide (directly standardised rate per 100,000 population)	9.3 (2020- 22)	9.9 (2021- 23)	13.4 (2021- 23 provisio nal)	×	Ţ
PH09	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	261.8 (2022/2 3)	259.2 (2023/2 4)	223.7 (2023/2 4 provisio nal)		1
PH10	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2,206 (2022/2 3)	2,195 (2023/2 4)	2,144 (2023/2 4 provisio nal)		€
PH11	Social Isolation: percentage of adult social care users who have as much social contact as they would like (age 18+)	32.7% (2021/2 2)	40% (2022/2 3)	36.2% (2022/2 3)	x	1
PH12	Fuel poverty (low income, low energy efficiency methodology)	12.4% (2021)	12.2% (2022)	12.2% (2022)	<b>~</b>	1
PH13	New sexually transmitted infections (STI) diagnoses per 100,000 (excluding chlamydia under 25)	407 (2023)	399 (2024)	n/a	U	n/a
PH14	Long-acting reversible contraception (LARC) prescribed as a proportion of all contraceptives	49.2% (2023/2 4)	50% (2024/2 5)	48.9% (Q1 2024/25 )	U	⇔
PH15	Admission episodes for alcohol-specific conditions (Directly Standardised Rate per 100,000 population)	857 (2022/2 3)	848 (2023/2 4)	934 (2023/2 4	×	Ļ

Ref	Description	Actual 2023/24	Target 2024/25	Quarter 2	Current Progress	Direction of Travel
				provisio nal)		
PH16	Successful completion of drug treatment (non-opiate)	19.1% (2023/2 4)	19.5% (2024/2 5)	19.4% (Q1 2024/25 )	U	⇒

### Supporting Commentary

**PH 01a -** Data is published annually by OHID. 2018-20 data showed a slight improvement; however, this may not continue due to the excess deaths that occurred during 2021

**PH 01b** - Data is published annually by OHID. 2018-20 data showed a slight improvement; however, this may not continue due to the excess deaths that occurred during 2021.

**PH 02 -** The percentage reduced by 6% between 2018/19 and 2021/22 in Halton; this is similar to the decline in England overall. However, the Halton percentage did increase slightly between 2021/22 and 2022/23. Data is released annually.

**PH 03 -** The 2023/24 and Q1 2024/25 data saw an increase from 2022/23 but failed to meet the target of 90%. However, they did meet the performance standard of 75%.

**PH 04 -** Adult excess weight increased in 2022/23 and did not meet the target. Data is published annually by OHID.

**PH 05 –** Adult physical activity decreased again slightly in 2022/23. Data is published annually by OHID.

**PH 06 -** There has been a reduction in uptake during 2023/24 and Q1 2024/25 as there were a large number of invites sent out. Q2 2024/25 data is not yet available.

**PH 07 –** Smoking levels increased in 2023 and did not meet the target. Data is published annually.

**PH 08 -** Provisional 2021-23 data indicates the rate has increased since 2020-22 and is not on track to meet the target. Data is published annually.

**PH 09 -** Published 2023/24 data shows the rate of self-harm admissions has reduced since 2021/22 and met the target. Data is available annually.

**PH 10 -** Provisional 2023/24 indicates the rate of falls injury admissions is similar to 2022/23 (a very small reduction) and has met the target. Data is available annually.

**PH 11 -** The proportion of adult social care users having as much social contact as they would like increased in 2022/23 but did not meet the target. Data is available annually.

**PH 12 –** Fuel poverty has improved in Halton since 2020 and is slightly below the England average. Data is published annually.

**PH 13 –** New STI rates increased slightly in 2023. However, rates are consistently better than the England. Data is published annually.

PH 14 – Data for Q1 2024/25 is similar to 2023/24 annual figure.

**PH 15 –** Provisional 2023/24 indicates the rate of alcohol-specific admissions has increased and has not met the target.

**PH 16** - Data does fluctuate year on year but in 2022/23and 2023/24, the Halton proportion of successful completions was worse than the England average. The figure has remained similar in Q1 2024/25.

# **APPENDIX 1 – Financial Statements**

### **COMMUNITY CARE**

### Revenue Budget as at 30<sup>TH</sup> September 2024

	Annual	Budget to	Actual	Variance	Forecast
	Budget	Date	Spend	(Overspend)	Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Residential & Nursing	13,372	6,302	7,279	(977)	(1,345)
Domicilary Care & Supported living	12,890	5,867	5,846	21	46
Direct Payments	14,125	7,389	8,035	(646)	(1,155)
Day Care	648	389	274	115	7
Total Expenditure	41,035	19,947	21,434	(1,487)	(2,447)
Income					
Residential & Nursing Income	-13,182	-5,842	-5,849	7	6
Community Care Income	-2,270	-1,043	-1,048	5	11
Direct Payments Income	-1,014	-435	-441	6	8
Income from other CCGs	-135	-34	-34	0	0
Market sustainability & Improvement Grant	-2,796	-1,398	-1,398	0	0
Adult Social Care Support Grant	-5,167	-2,583	-2,583	0	0
War Pension Disregard Grant	-67	0	0	0	(11)
Total Income	-24,631	-11,335	-11,353	18	14
Net Operational Expenditure	16,404	8,612	10,081	(1,469)	(2,433)

#### Comments on the above figures:

The Community Care budget has been realigned since the last report to reflect more closely services commissioned.

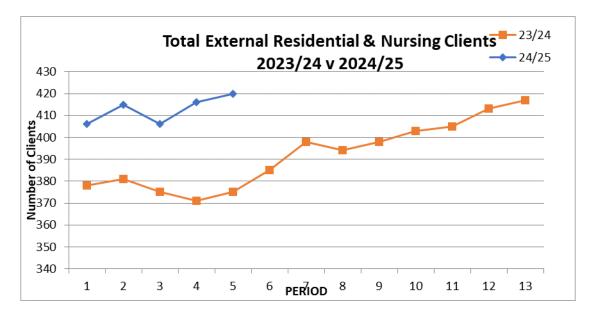
At the end of September 2024 expenditure on Community Care services is over budget profile by £1.4m. It is anticipated that at the end of the financial year it will be overspent by £2.4m. This is an increase of £0.3m from the previous position reported at the end of July.

Further analysis of individual service budgets is provided below. Note service demand referred to in the report is based on the most up to date information as at the end of August 2024.

#### **Residential & Nursing Care**

There are currently 420 residents in permanent external residential/nursing care as at the end of August 2024 compared to 406 in April, an increase of 3.4%. Compared to the 2023/24 average of 390 this is an increase of 7.6%. The average cost of a package of care since April has increased from £866 to £881 a slight increase of 1.7%. Based on this average cost the 4 additional service users from July to August will cost approximately £0.127m to year end. In addition to these placements there are 94 residents placed within council internal care homes.

The graph below illustrates the demand for permanent placements.



There are 25 external packages which charge a top up currently costing  $\pounds 2,592.14$  per week which equates to  $\pounds 0.135$ m per annum.

Extra 1 to 1 hours in external care homes currently cost £13,379 per week and the forecast to year end for this is circa £0.422m. This is for 14 individuals to date. Last year 20 individuals received 1 to 1 care at a cost of £0.255m. This suggests that either people are receiving more hours, or the rate is higher than last year.

The table below shows the number of Permanent external packages over  $\pounds$ 1,000 per week.

Weekly Cost	No of Permanent PoCs						
£	PERIOD 1	PERIOD2	PERIOD 3	PERIOD4	PERIOD 5		
1000-1999	52	53	53	53	54		
2000-2999	18	18	16	17	17		
3000-3999	5	5	5	5	5		
4000-4999	7	8	8	8	9		
5000-5999	3	2	2	2	3		
6000-6999	1	2	1	2	2		
7000-7999		1	1	1	1		
>10,000	1	1	1	1	1		
Total	87	90	87	89	92		
Over £1,000 Out							
of Borough	60	62	60	62	63		
Over £1,000 Joint							
Funded	41	43	42	43	46		

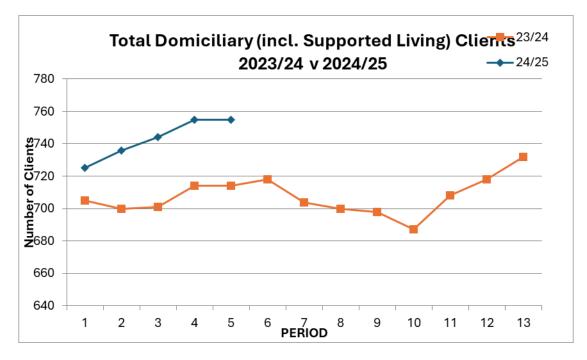
Between Period 4 and 5 the number of permanent packages over £1000 has increased by 3 at a cost of £6382.89 per week, circa £0.191m to year end.

Of the current 92 permanent placements 63 are out of borough and 46 are joint funded.

### **Domiciliary Care & Supported Living**

There are currently 755 service users receiving a package of care at home compared to 744 in June, a slight increase of 1.5%. However, the average number of service users during 2023/24 was only 707, an increase of 6.7% which demonstrates demand for the service has increased this financial year.

The graph below illustrates the demand for the service from April 2023 to date.



However, the average cost of a package of care is currently £433.89 compared with £490.65 in April, a decrease of 11.5% which is helping to achieve a balanced budget for the service.

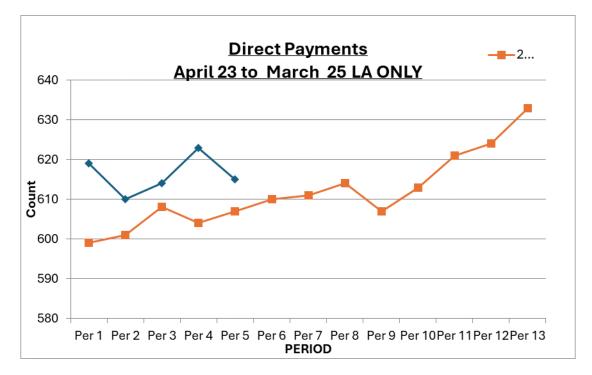
#### **Direct Payments**

In August 615 clients received a Direct Payment (DP) compared with 619 in April a very slight decrease of 0.64%. However, the average number of DP's in 2023/24 was 591, therefore there has been an increase of 4.06% on last year's average.

The average cost of a package of care has decreased since April from £529.04 to £455.65 in August, a reduction of 13.7%.

Currently there are 193 service users receiving a DP to pay care providers that have an hourly rate higher than the Council's domiciliary contracted rate of £21.18. This is an increase from period 4 of 32 clients and a financial increase of £5,860 per week (£0.152m to year end if this continues). This appears to be a trend and is exerting additional pressure on the budget.

The forecast position for Direct Payments assumes an amount of £1.4m will be recovered from users following an audit to seek assurance the DP is spent in line with their care and support needs. Variations to the amount recovered will directly affect the forecast.



The Community Care budget as a whole is very volatile by nature as it is demand driven, with many influential factors such as the ageing population, deprivation within the borough and also links to the health care sector.

It will continue to be closely monitored and scrutinised throughout the rest of the financial year to quantify pressures on the financial performance. The Community Care budget recovery group continues to meet to identify savings to try to mitigate the risk of further overspend against this budget. So far, they have realised savings to the tune of £1.2m.

# **Care Homes Division**

#### Revenue Budget as at 30th September 2024

Expenditure <u>Madeline Mckenna</u> Employees Agency - covering vacancies Dther Premises Supplies & Services Food Provison Fotal Madeline Mckenna Expenditure	Budget £'000 698 0 101 20 48	Date £'000 349 0 38 8	<b>£'000</b> 316 70	(Overspend) £'000 33	Outturn £'000
Addeline Mckenna         Employees         ogency - covering vacancies         Other Premises         Supplies & Services         Food Provison	698 0 101 20 48	349 0 38	316	33	
Addeline Mckenna         Employees         ogency - covering vacancies         Other Premises         Supplies & Services         Food Provison	0 101 20 48	0 38			
mployees gency - covering vacancies Other Premises Supplies & Services Food Provison	0 101 20 48	0 38			
Agency - covering vacancies Other Premises Supplies & Services Food Provison	0 101 20 48	0 38			
Other Premises Supplies & Services Food Provison	101 20 48	38	70		35
Supplies & Services Food Provison	20 48			(70)	(152)
ood Provison	48	8	39	(1)	(3)
			12	(4)	(2)
otal Madeline Mckenna Expenditure		20	24	(4)	(1)
	867	415	461	(46)	(123)
Aillbrow					
Imployees	2,056	1,028	618	410	679
gency - covering vacancies	3	3	458	(455)	(950)
Other Premises	129	51	70	(19)	(38)
Supplies & Services	61	27	49	(22)	(25)
Food Provison	78	33	39	(6)	()
otal Millbrow Expenditure	2,327	1,142	1.234	(92)	(333)
St Luke's	_,	.,	.,=• .	(/	(000)
Employees	2.884	1,442	1,012	430	740
Agency - covering vacancies	250	250	696	(446)	(1,023)
Premises	172	73	109	(440)	(1,023)
Supplies & Services	59	21	47	(30)	(07)
Reimbursement & Grant Income	-104	-104	-104	(20)	0
Client Income	-104	-104	-104	0	0
Food Provison	120	60	62	(2)	(3)
otal St Luke's Expenditure	3,337	1,698	1,778	(80)	(379)
St Patrick's	5,557	1,000	1,770	(00)	(373)
Employees	1,839	919	590	329	566
Agency - covering vacancies	42	42	504	(462)	(1,001)
Other Premises	157	55	64	(402)	(1,001)
Supplies & Services	64	29	22	(3)	14
Food Provison	122	50	49	1	2
Reimbursement & Grant Income	-21	-21	-21	0	0
otal St Patrick's Expenditure	2,203	1,074	1,208	(134)	(436)
	2,203	1,074	1,200	(134)	(430)
Care Homes Divison Management	202	400	4.44	20	77
	362	180	141	39	77
Supplies & Services	0	0	2 143	(2)	(4)
Care Home Divison Management	362	180	143	37	73
let Operational Expenditure	9,096	4,509	4,824	(315)	(1,198)
Recharges	3,030	4,505	7,027	(313)	(1,130)
	264	00	00	0	0
Premises Support	264	88 0	88 0	0	0
ransport Support	-				
	683	228	228	0	0
Asset Rental Support	0	0	0	0	0
Recharge Income	0	0	0	0	0
let Total Recharges	947	316	316	0	0
let Departmental Expenditure	10,043	4,825	5,140	(315)	(1,198)

#### Comments on the above figures

# **Financial Position**

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

The spend to  $30^{\text{th}}$  September 2024 across the division is over budget profile by £0.315m. The forecast for the end of 2024/25 financial year is an estimated outturn position of £1.198m over budget. This is assuming the level of agency continues at a similar rate and includes higher spend assumptions later in the financial year due to winter pressures surrounding staffing and utilities.

### Comparison to Previous Year Outturn and Period 2 forecasted Outturn

The outturn position for financial year 2023/24 was  $\pounds$ 1.056m over budget. Based on the estimated outturn position for 2024/25, there is an expectation that the estimated outturn overspend will be  $\pounds$ 0.142m higher than the last financial year.

The outturn position for Period 4 was £1.290m over budget. Based on the estimated outturn position for Quarter 2, there is an expectation that the estimated outturn overspend will be £0.092m lower than the previous quarter.

Employee expenditure specifically agency spend continues to be a pressure across the care homes, Agency spend will continue to be monitored to ensure the forecast remains in line with spend.

#### Supporting Information

#### **Employee Related expenditure**

Employee related expenditure is over budget profile at the end of September 2024 by  $\pounds 0.192m$  with the expected outturn position of employee related expenditure at the end of financial year 2024/25 as  $\pounds 1.029m$  over budget.

It has been assumed that the pay award offer of £1,290 will be accepted. This has been included within the forecasted outturn. This will result in an over budget spend of £0.188m across the Care Home Division.

Recruitment of staff is a continued pressure across the care homes. There remains a high number of staff vacancies across the care homes. A proactive rolling recruitment exercise is ongoing within the care homes and is supported by HR.

Due to pressures with recruitment and retention in the sector, heavy reliance is being placed on overtime and expensive agency staff to support the care homes. At the end of September 2024 total agency spend across the care homes reached  $\pm 1.887m$ , the cost of this has partially been offset by staff vacancies.

#### Premises Related Expenditure

Premises related expenditure is over budget profile at the end of September 2024 by £0.065m and is forecast as an estimated overspend at the end of the financial year 2024/25 by £0.125m.

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

#### Food Related Expenditure

Food related expenditure is over budget profile at the end of September 2024 by £0.011m and is forecast as an estimated overspend at the end of the financial year 2024/25 by £0.010m.

#### Approved 2024/25 Savings

There are no approved savings for the care home division in financial year 2024/25

#### Occupancy Levels

Current occupancy at September stands at 120 residents, which represents 74% of total capacity. This figure has reduced from the 128 residents recorded in April 2024.

#### **Risks/Opportunities**

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

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

The forecasts for agency staff are continuously reviewed to account for fluctuations in demand, however, the difficulty in the recruitment of new staff and the inability to retain existing staff has resulted in continued reliance on agency staff. The expectation is that the use for agency staff will be an ongoing issue. The care homes and the transformation team are working actively to look at options to reduce the reliance on agency.

# COMPLEX CARE POOL BUDGET

### Revenue Budget as at 30 September 2024

	Annual	Budget	Actual	Variance	Forecast
	Budget	to Date	Spend	(Overspend)	Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Intermediate Care Services	5,220	2,109	2,226	(117)	(233)
Oakmeadow	1,831	884	921	(37)	(74)
Community Home Care First	2,111	818	649	169	338
Joint Equipment Store	871	276	276	0	0
Development Fund	582	66	0	66	133
Contracts & SLA's	3,243	98	98	0	0
Inglenook	127	55	41	14	28
HICafs	3,703	1,210	1,066	144	289
Carers Breaks	494	225	156	69	138
Carers centre	371	0	0	0	0
Residential Care	7,225	3,629	3,629	0	0
Domiciliary Care & Supported Living	4,227	2,113	2,113	0	0
Total Expenditure	30,005	11,483	11,175	308	619
Income					
BCF	-13,484	-6,742	-6,742	0	0
CCG Contribution to Pool	-2,865	-1,432	-1,432	0	0
Oakmeadow Income	-19	-16	-13	(3)	(4)
ASC Discharge Grant Income	-1,631	-816	-816	Ó	Ó
ICB Discharge Grant Income	-1,282	-1,282	-1,282	0	0
Other Income	-20	0	0	0	0
Total Income	-19,301	-10,288	-10,285	(3)	(4)
ICB Contribution Share of Surplus				0	(307)
Net Operational Expenditure	10,704	1,195	890	305	308

### Comments on the above figures:

The financial performance as at 30<sup>th</sup> September 2024 shows the Complex Care Pool Budget is £0.305m under budget profile as this point of the financial year.

Intermediate Care Services are currently over budget to date predominantly due to the use of agency staff within the reablement team. This overspend is in contrast to the previous financial year, which was underspent, and is the result of higher staffing costs and the absence of the Local Authority Urgent and Emergency Care (LAUEC) Grant this year.

Spend is over budget at this point in the year on Oakmeadow due to increased costs in utilities, food, supplies & services and the use of agency staff. The majority of vacant posts have now been recruited to, but a few remain, and agency staff are required to cover staff sickness. This agency spend is currently being investigated by the service in order to ascertain as to whether it can be reduced in year.

The underspend on HICafs relates to the reduction in value of the Bridgewater contract due to the non-recruitment of two Pharmacy posts. This is offset by an overspend on staffing caused by unbudgeted spend on agency staff.

The underspend on Community Home Care First is due to agency costs being lower than expected at the start of the financial year, with current indications that this may continue throughout the financial year.

Expenditure on Inglenook is less than anticipated as although there are two clients using the service, one is now funded by Continuing Health Care which has reduced the pressure on this budget.

Expenditure on Carer's Breaks is £0.069m less than anticipated for the year to date, with a forecast outturn of £138m under budget as demand for services is still lower than pre-pandemic levels.

Based on current intelligence, the forecast outturn for year end is £0.615m under budget, however the year-end position will result in a balanced budget for the pool with any unallocated funds in year being split with the ICB in accordance with the terms of the pool budget to fund those services under extreme pressure – namely the Health & Community Care budget. This budget has historically always overspent due to limited resources and often relies on the pool budget underspend to offset pressures. It is important to note however, that it is not guaranteed that the Pool will always have the resources to contribute towards these underspends in the future.

	2024-25	Allocation	Actual	Total
	Capital	To Date	Spend	Allocation
	Allocation		-	Remaining
	£'000	£'000	£'000	£'000
Disabled Facilities Grant	1050	525	580	470
Stair lifts (Adaptations	200	100	89	111
Initiative)				
RSL Adaptations (Joint	150	75	77	73
Funding)		-		_
Telehealthcare Digital	135	70	60	75
Switchover		10	00	
Oakmeadow & Peelhouse	40	0	0	40
Network Improvements	40	U	0	40
Miadekine McKenna Refurb	100	50	82	18
			-	-
Millbrow Refurb	50	25	34	16
St Luke's Care Home	50	25	24	26
St Patrick's Care Home	50	25	30	20
Total	1,825	895	976	849

# Pooled Budget Capital Projects as at 30th September 2024

## Comments on the above figures:

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2023/24 spend and budget, and expenditure across the 3 headings is projected to be within budget overall for the financial year.

The £400,000 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 switch off of existing copper cable based systems. Procurement commenced in 2022/23 with an initial purchase to the value of £100,000. It is anticipated that the scheme will be completed in the current financial year, fully funded from the residual capital allocation of £135,000.

On 16<sup>th</sup> June 2022 Executive Board approved a £4.2M refurbishment programme in respect of the four Council owned care homes, to be completed withing a three year timescale. Spend to 31 March 2024 amounted to £947,000, leaving available funding of £3.253M at the start of the current financial year.

Executive Board have approved an additional £2M capital allocation in respect of energy efficiency initiatives. At present, detailed costing proposals are in development, with further revisions to the capital allocations to be submitted to Executive Board later in the year.

Initial 2024-25 capital allocations against each home currently therefore reflect just anticipated minor refurbishment costs.

# ADULT SOCIAL CARE

### Revenue Operational Budget as at 30th September 2024

	Annual	Budget to	Actual	Variance	Forecast
	Budget	Date	Spend	(Overspend)	Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	17,543	8,776	8,249	527	1,060
Agency- Covering Vacancies	0	0	580	(580)	(1,160)
Premises	481	263	247	16	
Supplies & Services	511	297	319	(22)	(45)
Aids & Adaptations	37	18	21	(3)	Ó
Transport	242	120	152	(32)	(60)
Food & Drink Provisions	214	107	89	18	. ,
Supported Accommodation and Services	1,385	652	608	44	90
Emergency Duty Team	115	0	0	0	0
Transfer To Reserves	282	0	0	0	0
Capital Financing	13	0	0	0	0
Contracts & SLAs	1,090	537	534	3	0
Housing Solutions Grant Funded Schemes					
Homelessness Prevention	471	148	130	18	0
Rough Sleepers Initiative	167	48	49	(1)	0
Trailblazer	100	50	43	7	0
Total Expenditure	22,651	11,016	11,021	(5)	(85)
Income					
Fees & Charges	-873	-430	-393	(37)	(70)
Sales & Rents Income	-480	-311	-317	6	-
Reimbursements & Grant Income	-2,208	-658	-635	(23)	0
Capital Salaries	-121	-61	-61	0	0
Housing Schemes Income	-631	-626	-625	(1)	0
Total Income	-4,313	-2,086	-2,031	(55)	(60)
				(6.0)	<i></i>
Net Operational Expenditure	18,338	8,930	8,990	(60)	(145)
Deskerres					
Recharges	500	004	00.4		0
Premises Support	529	264	264	0	-
Transport Support	581	291	400	(109)	(190)
Central Support	3,465	1,732	1,732	0	0
Asset Rental Support	13	0	0	0	0
Recharge Income	-112	-55	-55	0	0
Net Total Recharges	4,476	2,232	2,341	(109)	(190)
Net Departmental Expenditure	22,814	11,162	11,331	(169)	(335)

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is currently £0.169m above budget profile at the end of the second quarter of the financial year.

Current Expenditure projections indicate an overspend for the full financial year in the region of £0.335m

Employee costs, including agency, are currently £53,000 above budget profile. Spend projections are based on the current pay offer, costed on a full-year basis. This results in a projected full-year cost above current budget of £100,000. This relates to unbudgeted agency costs in respect of

covering vacant posts, particularly in terms of front-line Care Management and Mental Health Team posts.

Agency expenditure across the department as a whole at the end of September 2024 stood at £0.580m, with a full year spend of £1.160m projected. This compares with a spend for April to September 2023 of  $\pounds$ 0.404m, and a full year spend for last financial year of £0.928m.

The projected £0.045m full year spend above budget in respect of supplies and services relates to an increased volume of caseload in respect of Deprivation Of Liberty Standards (DoLs) assessments.

Transport and transport recharge costs were substantially above budget in the previous financial year. A review of costs, and apportionment of recharged costs between Children's and Adults Services is ongoing. Current projections imply a full year spend above budget of £0.060m in respect of direct transport costs, and £0.190m in respect of internally recharged costs.

Housing Strategy initiatives included in the report above include the Rough Sleeping Initiative, Homelessness Prevention Scheme, and the Trailblazer initiative. The Homelessness Prevention scheme is an amalgamation of the previous Flexible Homelessness Support and Homelessness Reduction schemes and is wholly grant funded.

Income for the Department as a whole is broadly to budget for the year, although there is a projected full-year under-achievement of £0.070m in respect of transport income charged to service users.

It is currently projected that Departmental spend will be £0.335m overspent at the end of the financial year, as a result of the above factors.

Whilst some of the 2024/25 approved savings have been achieved, work is still ongoing on a number of items. The above projections account for the currently projected delayed or partially achieved items.

	Service Area	Net Budget	Description of Saving Proposal		/ings alue	Current Progress	Comments
		£'000		24/25 £'000	25/26 £'000	-	
ASC1	Housing Solutions	474	Remodel the current service based on good practice evidence from other areas.	0	125	✓	Anticipated to be achieved, currently under review.
ASC2	Telehealthcare	680	Explore alternative funding streams such as Health funding or Disabled Facilities Grants.	170	0	U	Currently Under Review
			Increase charges / review income.	170	0	✓	Charges were increased by 40% w.e.f. April 2024, so this should be achieved
			Cease the key safe installation service.	15	0	×	Service still being provided
ASC17/18	Quality Assurance Team	395	Review the activities of the Quality Assurance Team, given there are fewer providers for domiciliary care and the transfer of four care homes into the Council.	0	0	✓	Saving implemented
			Merge the service with the Safeguarding Unit.	50	0	<ul> <li>Image: A start of the start of</li></ul>	

Progress Against Agreed Savings Adult Social Care

ASC16	Shared Lives (Adult Placement Service)	115	Engage with an external agency currently operating Shared Lives to take over the running of this service. It is anticipated that this would provide an improved service.	58	0	U	Service currently still provided in- house, although a balanced budget will be attained for 2024/25 as a result of current temporary savings, and work is ongoing to ensure the 2025/6 structure can achieve the permanent savings target
ASC19	Voluntary Sector Support	N/A	Review the support provided by Adult Social Care and all other Council Departments, to voluntary sector organisations. This would include assisting them to secure alternative funding in order to reduce their dependence upon Council funding. A target saving phased over two years has been estimated.	200	100		Anticipated to be achieved
ASC4	Positive Behaviour Support Service	349	Increase income generated in order to ensure full cost recovery, through increased service contract charges to other councils. Review the Integrated Care Board contribution for Adults, to	100	0	V	Contracts being re-costed on renewal, saving anticipated to be achieved ICB funding not secured, although a balanced budget will be attained for 2024/25 as a result of current temporary savings, and work is ongoing to

			ensure the full recovery of related costs.	150	0		ensure the 2025/6 structure can achieve the permanent savings target
ASC15	Learning Disability Nursing Team	424	Cease provision of this service. The service is a Health related function rather than Adult Social Care, but this is a historical arrangement. The Integrated Care Board would need to consider how they want to provide this function.	424	0		Costs now recharged to the ICB
ASC14	Care Management Community Care Budget	18,982	Attract £500k investment from the pooled budget (BCF) from 2024/25. Undertake work in years 1 and 2 to reduce reliance upon contracted services from 2025/26. Services are currently in the process of being redesigned on a "Strengths Based Approach" i.e. focused upon prevention.	500	1,000	U	Under Review
Total Adult Social Care Department		1,837	1,225				

#### PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

#### Revenue Budget as at 30 September 2024

	Annual	Budget to	Actual	Variance	Forecast
	Budget	Date	Spend	(Overspend)	Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	5,345	2,238	2,184	54	48
Agency - covering vacancies	0	0	17	(17)	0
Premises	6	0	0	0	0
Supplies & Services	387	188	169	19	38
Contracts & SLA's	7,913	3,372	3,319	53	16
Transport	4	2	0	2	0
Transfer to Reserves	19	19	19	0	0
Other Agency	24	24	24	0	0
Total Expenditure	13,698	5,843	5,732	111	102
Income					
Fees & Charges	-83	-61	-62	1	0
Reimbursements & Grant Income	-306		-276	0	0
Transfer from Reserves	-1,714	-65	-65	0	0
Capital Salaries	0	0	0	0	0
Government Grant Income	-12,193	-6,297	-6,297	0	0
Total Income	-14,296	-6,699	-6,700	1	0
Net Operational Expenditure	-598	-856	-968	112	102
Recharges					
Premises Support	149	75	75	0	0
Transport Support	22	11	11	0	0
Central Support	2,387	1,194	1,194	0	0
Asset Rental Support	0	0	0	0	0
Recharge Income	-669	-	-335	0	0
Net Total Recharges	1,889	945	945	0	0
Net Departmental Expenditure	1,291	89	-23	112	102

#### Comments on the above figures

#### **Financial Position**

The current financial position shows the net spend for the department is £0.112m under budget profile as at the end of September 2024. The estimated outturn position for 2024/25 is £0.102m net spend under the approved budget for the year. However, this does include a £0.509m forecast drawdown from reserves to cover additional expenditure and contributions to public health related HBC services from the public health grant. This has increased from the previous reporting period due to unexpectedly receiving a number of unaccounted invoices relating to previous years.

Due to recent recruitment, employee costs are running in line with budget profile.

Expenditure on supplies and services will be kept to essential items only throughout the year and is currently forecasting a small underspend.

A budget pressure to be aware of is a number of contracts are due for renewal and in the current financial climate are likely to increase significantly.

Symbols are us	Symbols are used in the following manner:						
Progress	<b>Objective</b>	Performance Indicator					
Green 🗸	Indicates that the <u>objective</u> <u>is on course to be</u> <u>achieved</u> within the appropriate timeframe.	Indicates that the annual target <u>is</u> on course to be achieved.					
Amber u	Indicates that it is <u>uncertain or too early to</u> <u>say at this 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 Tr	avel Indicator						
Where possible the following co		o identify a direction of travel using					
Green 1	Indicates that performance in period last year.	<b>s better</b> as compared to the same					
Amber 📛	Indicates that <b>performance</b> in period last year.	<b>is the same</b> as compared to the same					
Red	Indicates that <b>performance</b> i period last year.	<b>s worse</b> as compared to the same					
N/A	Indicates that the measure ca last year.	annot be compared to the same period					