

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 4 – Period 1st January – 31 March 2025

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the fourth quarter of 2024/25 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 fourth quarter which include:

Adult Social Care

Establishing the Debt Recovery Officer Roles within the ASC Review Team. The aim is to support people who are in significant debt to HBC, to maximise their benefits and establish repayment plans. Immediate success is in place.

Homelessness Strategy

A review of the homelessness strategy is underway, consultation with service users and providers being undertaken.

Youth Protocol / Strategy

Joint review of youth protocol being undertaken with Children's Services to develop clear pathway plan for young people when presenting as homeless.

The youth strategy is being reviewed, and youth event was held April 2025, with final strategy document completed by June 2025

Public Health

There have been lots of developments and progress across all public health areas over the last quarter. Key developments include:

- A proposal for the Health Improvement team to use healthcare data to identify and contact residents at risk of fuel poverty due to their health conditions was agreed. This will be done in partnership with local general practices. This is the first non-NHS application in C&M to use this data for this type of project and the principles established from this may open doors for similar future projects.

- The new contract for the 0-19 (+25 SEN) Healthy Child Programme was awarded to Bridgewater which went live on the 1st of April. The Healthy Child Programme is the national evidence based universal programme for children aged 0-19 and for children with Special Education Needs (SEN) up to age 25 to support giving every child the best start in life. The programme is led by health visitors and school nurses who work in partnership with a range of professionals and agencies to support children and families.
- New government funding for supervised toothbrushing has been announced for this year. Halton has already restarted a supervised toothbrushing programme and is a 'trail blazer' for a regional programme. The funding is only for this year but it is hoped that further funding will be announced at the Government Spending Review due in June as this was a manifesto commitment.

3.0 Emerging Issues

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

Adult Social Care

Asylum / Refugee Homelessness

The Housing Solutions team are seeing a vast increase in presentations from asylum seekers receiving positive refugee decisions. Many clients do not meet the homelessness criteria, resulting in an increase in rough sleeping within the Borough and further legal challenges, which can prove costly to the Local Authority. It is anticipated that there will continue to be an increase across this cohort

Public Health

NHS reorganisation

We await further announcements regarding the proposed changes to the NHS and Department of Health. This will include changes to the ICB as well as the disbandment of NHS England. We work closely with our colleagues in the NHS and will need to understand the potential impact to our work and residents.

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	Q4 Progress
1A	Monitor the Local Dementia Strategy Action Plan, to ensure effective services are in place.	
1B	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	
1C	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target.	
1D	Integration of Health and social care in line with one Halton priorities.	
1E	Monitor the Care Management Strategy to reflect the provision of integrated frontline services for adults.	
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

Dementia Delivery Group meeting in again (Feb 2025) to progress the delivery plan.

Plans being progressed to introduce a 'Dementia Inform' programme for One Halton staff (around services and support along the dementia pathway), standardised dementia messaging (signposting and myth busting) across One Halton orgs comms public channels, gathering PWD/Carer insight.

1B

Homelessness Forum consultation with providers as completed, with additional consultation underway with service users. The review of the strategy will be completed and submitted for approval April 2025.

1C

Budget balanced.

1D

The NHS has published new guidance on locality working. The ICB and HBC continue to work together to develop this in Halton.



1E









The Prevention & Well-Being Service have dedicated Carers Assessors and are responding to carers referrals in a timely manner. The carers assessors are spending 1 day a week at the Carers Centre, this allows assessments and support to take place without the carer having to complete a referral.






1F



A Complex Care Forum takes place on a weekly basis, Chaired by Head of Service to Quality Assure, Person Centred Support Plans, ensuring best value, adherence to legislation and safety, whilst remaining creative and complimenting a person's own assets. A Direct Payment Forum is in place to promote the recruitment and retention of Personal Assistants, to support flexibility for individuals with a personal budget.

Key Performance Indicators

Older People:						
Ref	Measure	23/24 Actual	24/25 Target	Q4	Current Progress	Direction of travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ Better Care Fund performance metric	616.3	600	769.3		TBC
ASC 02	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. Better Care Fund performance metric	Dec 23 to Jan 24 = 4,283	No plan set			
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	96.4%	85%	NA	NA	NA
Adults with Learning and/or Physical Disabilities:						
ASC 04	Percentage of items of	96%	97%	97.5%		NA

	equipment and adaptations delivered within 7 working days (VI/DRC/HMS)					
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	40.9%	45%	44.2%		
ASC 07	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	92.8%	89%	92%		
ASC 08	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	7%	7.5%	TBC	TBC	TBC
Homelessness:						
ASC 09	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless Advice	756	3500	882 246 213 140 382		
ASC 10	LA Accepted a statutory duty to homeless	121	800	140		

	households in accordance with homelessness Act 2002					
ASC 11	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	148 38 30 Single s 8 Famili es	800	171 108 Single s 40 Famili es 15 Famili es 6 Single s		NA
NEW 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	92%	TBC	NA	
ASC 12	Percentage of individuals involved in Section 42 Safeguarding Enquiries	34%	30%	40.9%		
ASC 13	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-	76%	85%	80%		

	learning, in the last 3-years (Previously PA6 [13/14] change denominator to front line staff only.					
ASC 15	Proportion of Carers in receipt of Direct payment	99%	99%	98%		

Published Data 2023/24 – Adult Social Care Outcomes Framework:

1A Quality of life of people who use services:

Halton	Peer Neighbours	North West	England
18.9	19.2	19.1	19.1

1C Carer reported quality of life:

Halton	Peer Neighbours	North West	England
7.0	7.3	7.3	7.3

1D Overall satisfaction of people who use services with the care and support:

Halton	Peer Neighbours	North West	England
68.7	65.7	66.8	65.4

1E Overall satisfaction of carers with social care:

Halton	Peer Neighbours	North West	England
44.4	44.6	37.3	36.7

2A Outcome of short-term services: sequel to service:

Halton	Peer Neighbours	North West	England
69.0	80.0	80.6	79.4

2B Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,00 population (*lower is better*)

Halton	Peer Neighbours	North West	England
7.8	16.8	16.5	15.2

2C Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population (*lower is better*)

Halton	Peer Neighbours	North West	England
616.3	693.5	636.8	566.0

2D1 Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

Halton	Peer Neighbours	North West	England
96.4	81.2	86.1	83.8

2D2 proportion of older people (aged 65 and over) offered reablement services following discharge from hospital

Halton	Peer Neighbours	North West	England
3.2	2.5	2.7	3.0

2E Proportion of adults with Learning Disabilities who live in their own homes or with their family

Halton	Peer Neighbours	North West	England
92.8	89.2	88.9	81.6

3A Proportion of people who use services who report having control over their daily life

Halton	Peer Neighbours	North West	England
72.9	79.0	78.6	77.6

3B Proportion of carer who report that they have been included or consulted in discussion about the person they care for

Halton	Peer Neighbours	North West	England
75.2	70.1	65.5	66.4

3C1 Proportion of people who use services who find it easy to find information about services

Halton	Peer Neighbours	North West	England
70.2	70.1	69.5	67.9

3C2 Proportion of carers who find it easy to find information about services

Halton	Peer Neighbours	North West	England
66.2	66.6	58.7	59.1

3D1A Proportion of people who use services who receive self-directed support

Halton	Peer Neighbours	North West	England
76.3	95.6	82.0	92.2

3D1B Proportion of carers who receive self-directed support

Halton	Peer Neighbours	North West	England
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97.9	98.7	88.0	89.7
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3D2A Proportion of people using services who receive direct payments

Halton	Peer Neighbours	North West	England
40.9	26.1	24.2	25.5

3D2B Proportion of carers who receive Direct Payments

Halton	Peer Neighbours	North West	England
97.9	85.0	80.3	77.4

4A Proportion of people who use services who feel safe

Halton	Peer Neighbours	North West	England
69.6	72.3	70.9	71.1

51A Proportion of people who use services who report that they had as much social contact as they would like

Halton	Peer Neighbours	North West	England
49.2	48.3	46.4	45.6

51B Proportion of carer who report that they had as much social contact as they would like

Halton	Peer Neighbours	North West	England
28.1	31.6	30.4	30.0

Halton performed well in most areas during 2023/24, where figures were below the regional or national average, these have been investigated and plans are in place, e.g.

- 4A – Proportion of people who use services who feel safe; we have looked at the people who say they do not feel safe as to why this is, people report they do not feel safe in the area they live or are scared of falling, it is not because of the care they receive; additional support is being provided to address these issues.
- 51B Proportion of carers who report that they had as much social contact as they would like; we have dedicated carers assessors within our Carers Centre to look at service provision and referral for assessment to look at support available to unpaid carers.

Supporting Commentary

Older People:

- ASC 01** Figures are subject to change due to data cleansing. We have had a change in system recording and statutory reporting in this financial year, we are, therefore continuing to analysis the data to ensure its accuracy. We do however expect to see an increase from previous years due to the increase in an aging population.
- ASC 02** NHS Midlands and Lancashire Commissioning Support Unit until around 6 weeks following the end of the month.
- ASC 03** Figures are subject to change due to data cleansing. We have had a change in system recording and statutory reporting in this financial year, we are, therefore continuing to analysis the data to ensure its accuracy. This measure is collated annually, and data is currently being processed; figures will be updated as soon as they are available.

Adults with Learning and/or Physical Disabilities:

- ASC 04** Figures are subject to change due to data cleansing. We have had a change in system recording and statutory reporting in this financial year, we are, therefore continuing to analysis the data to ensure its accuracy. Due to limited resources within the team, we have been unable to provide this information for Q4, however figures do tend to remain stable in this area.
- ASC 05** Figures are subject to change due to data cleansing. We have had a change in system recording and statutory reporting in this financial year, we are, therefore continuing to analysis the data to ensure its accuracy.
- ASC 06** Figures are subject to change due to data cleansing. We have had a change in system recording and statutory reporting in this financial year, we are, therefore continuing to analysis the data to ensure its accuracy. At the end of 2023/24, Halton did not achieve their target of 45 per cent, however we achieved the highest percentage across the Northwest, England and Peer Neighbours. At Q3 2024/25 the percentage had increased by 3.3 per cent from year-end 2023/24.
- ASC 07 (a)** This measure has been split into 2 parts to include people who receive support and live in the own homes and people who have a learning disability who live in their own homes or with their family.
- ASC 07 (b)** This measure has been split into 2 parts to include people who receive support and live in the own homes and people who have a learning disability who live in their own homes or with their family.

Homelessness:

- ASC 09** There continues to be an increase in homelessness nationally. Halton has seen an 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 after the officers have provided advice and assistance and prevention incentives available to resolve the identified issues.
- 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. Accommodation continues to be a barrier, especially for families.

- ASC 11** Due to the increase in homelessness this has placed additional pressure upon temporary accommodation providers, resulting in many clients being placed temporarily in hotels.
There continues to be an increase in families presenting as homeless, for the above stated reasons, resulting in many families being placed in hotel accommodation. The service has a robust process in place to transfer families from hotels into commissioned services as quickly as possible.

Safeguarding:

- ASC 12** We have a dedicated team who triage safeguarding concerns as they are received to ensure the appropriateness of these referrals.

- ASC 13** Although the target has not been met there is a 4 per cent increase on the same position last year.



- ASC 14** This is a new ASCOF measure for 2024/25. We will continue to monitor this new measure to inform future performance








Carers:

- ASC 15** We continue to support unpaid carers flexibly via direct payments to enable them to have choice and control over their breaks.

Public Health

Key Objectives / milestones

Ref	Objective 1: Child Health	
	Milestones	Q4 Progress
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	Q4 Progress
PH 02	Reduce levels of adult excess weight (overweight and obese) and adult physical inactivity	
Ref	Objective 3: NHS Health Checks	

	Milestone	Q4 Progress
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.	
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.	
Ref	Objective 5: Suicide reduction	Q4 Progress
	Milestone	
PH 05	Work towards a reduction in suicide rate.	
Ref 05	Objective 6: Older People	
	Milestone	Q4 Progress
PH 06	Contribute to the reduction of falls of people aged 65 and over and reduction in levels of social isolation and loneliness.	
Ref	Objective 7: Poverty	
	Milestone	Q4 Progress
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	Q4 Progress
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	Q4 Progress
PH 09	Work in partnership to reduce drug and alcohol related hospital admissions.	

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PH 01

Supporting commentary

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. Bridgewater Community Health Care Trust (Bridgewater) continue to deliver the 0-19 HCP from four teams in four localities across Halton. Bridgewater are a key partner in the delivery of the Family hubs and starting well strategy, leading on infant parent mental health and attachment. Working in collaboration with all our partner agencies including Halton BABs, which launched on 19th November 2024 Halton BABS (Building Attachment & Bonds Service) - Halton Safeguarding Children Partnership The 0-19 HCP continues to offer a comprehensive health and wellbeing service to children and young people within the Borough. Some discrete elements of the service include, but not limited to, Health Visitor Service for 0 - 5 years, Family Nurse Partnership (First time pregnancy in teenagers), School Nursing Services for 5 - 19 years, SEND up to 25 years, support service users to give children the 'best start in life' based on current evidence of 1001 Critical Days, Reception Age Hearing and Vision Screening, National Child Measurement Programme Services and Immunisation Services for children and young people aged 5 – 19 years (this element is commissioned separately by NHS England but forms an integral part of the service). The infographic below (using Q1 2024/25 performance data) gives an overview of the 0-19 HCP service and tracking the progress and impact of areas where the service is improving health outcomes for children and young people. These include maternity and first year of life, early years and school age and transition.

Public Health report to direct award to Bridgewater using the Provider Selection Regime went to the Executive Board in October and was approved. This report was to seek executive board approval to proceed with a procurement process to grant a direct award to Bridgewater Community Healthcare NHS Foundation Trust (Bridgewater) for the delivery of 0-19 (+25 SEND) Healthy Child Programme (0-19 HCP) for the period 1st April 2025 – 31st March 2030, with the option of 2 x plus 1-year, pre-determined extension periods up to 31st March 2032.

PH 02

Supporting commentary

The infant feeding offer continues to offer weekly drop-in support groups, in addition to home visits and telephone support in the postnatal period, plus antenatal workshops and engagement at community health visiting and midwifery clinics. HIT work closely with the Infant Feeding Specialist from Halton 0-19 team to offer a joined-up universal and specialist service.

HENRY is facilitated jointly by HIT and 0-19 staff. Outcome data reports demonstrate consistent improvements in parenting confidence score and lifestyle scores by those completing courses.

Triple P: Two cohorts completed this quarter with 18 parents completing fully and 6 partially completing course.

RSPH Award for Young Health Champions Two cohorts completed this quarter, with 13 young people completing – both at Ashley SEN School.

Healthy Schools and Healthy Early Years 43 schools (64%) have signed up so far in 2024/25. HIT have delivered 44 workshops this quarter to over 1,000 pupils, including alcohol awareness, tobacco & vaping, healthy eating, sleep & screens. HIT delivered a screen time and wellbeing workshop at the Crucial Crew multi-agency safety event for Year 5 pupils from a number of Halton schools. Supervised Toothbrushing Programme has launched, with the first Early Years settings being trained this quarter, ready to implement the scheme in the coming months.

Teen Lifestyle Programme 35 young people completed the Teen Lifestyle and Leisure Programme. This programme is for eligible 13-19 year olds, aligned with Core20Plus5 priorities.

PH 03

Supporting commentary

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 fourth quarter, Fresh Start has 721 referrals to the service from Halton residents. So far 246 have started on the face-to-face service and 130 started via the digital App version of Fresh Start. Towards the end of Q4 we were informed that the coaching platform for our digital offer would be closing down. Therefore the number of clients starting on the app is reduced this quarter.

PH 04/05

Supporting commentary

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 4, **331 referrals** have been made so far into this service and, **(196) 59%** of clients engaging with physical activity so far.

PH 06

Supporting commentary

The Health Improvement Team continues to offer NHS Health Checks in workplaces, working alongside the GP Practices and in the community. Each year 20% of the total eligible population should be invited for an NHS Health Check. In Halton the target for 2024/25 is 7,254 per year; this equates to 1,815 invites per quarter. In Q4 2024/25 up to now, 1,944 NHS Health Check Invites were sent, which is 107% of the quarterly invite target.

National targets are set that NHS Health Check services should aim to have a completion rate of around 80%. In Halton of those invited, so far in Q4 2024/25, 888 patients have received a Health Check, which is a 45.7% uptake rate. This is a decrease on quarter 3 performance in which 906 Health Checks were completed, with an 86% uptake rate. This large range of completion percentages across quarters can be explained by invite volumes changing over each quarter.

Following an NHS Health Check, Halton have a target that 30% of patients should be referred onto wider support services. In Q4 2024/25 473 referrals have been completed. This is 53% of NHS Health Checks completed. This is an increase on Q3's referral rate of 22%. Halton have prioritised tackling health inequalities within the service to which some key milestones have been achieved this year to date. These include:

- In Q3 2024/25, 100% of ethnic minorities who are eligible for an NHSHC have received an invitation.

Halton was highlighted at the Northwest NHS Health Check steering group as we have gone from ranked 92nd in the country for the uptake of NHS Health Checks in 2022/23 to 18th in the country year to date 2024/25. This is a significant improvement in the ranking of Halton's NHS Health Check service in comparison to other areas. In addition to this, Halton now represent Cheshire and Merseyside on the local implementor nation forum for the subregion. We now play a leadership role to feedback to the national time the progress and barriers for the subregion and to support the subregion with development from the national team.

PH 07

Supporting commentary

Overall **569/992** clients setting a quit date this year (2024/25) are from routine/manual and workless groups. This equates to **57%** majority.

Overall **285/532** clients quitting this year (2024-2025) are from routine/manual and workless groups. This equates to **54%** majority

PH 08, 09

Supporting commentary

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. Dual diagnosis standard operating procedure has been agreed by all relevant partners but still awaiting internal sign off by Merseycare. Merseycare, task and finish group exploring how the mental health of those with COPD accessing support from rapid respiratory response team can be improved has agreed key mental health info to be provided to this cohort and referral pathway to talking therapies, self-harm data capture form is being updated to ensure it meets the needs of education settings helping the most accurate data to be captured, Mental Health crisis number has now been replaced with NHS 111 option mental health, self harm booklets for staff working with CYP now available and being shared. Real Time Surveillance for Q4 2024/2025 are 50% lower than Q4 for 2023/2024 but variation could be naturally occurring due to small numbers.

PH10, PH11

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 Q4 there have been 37 clients attend a consultation and engage in the service who are active fallers, or at risk of falls. 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.

Data for Q4 shows 71 referrals into service with 56 assessments and 61 review appointments being completed. Of those clients reviewed in Q4, and answered questions regarding loneliness, 63% reported that they feel less socially isolated as a result of the intervention from the service. During Q4 72 local people attended Get Together events aimed at reducing loneliness and social isolation.

PH12

In Q4 we were successful in taking an application to access patient identifiable data from the CIPHA fuel poverty dashboard to the Data Access and Governance Committee. We are the first Public Health department in the area to be granted access to the dashboard. This opens up the option for us to be proactive in offering emergency support and help with accessing home improvement grants before winter. We have continued along the path to accessing this data with the support of both PCNs in the area. We will begin this project in September, focusing on those at greatest risk from fuel poverty due to severe respiratory conditions. We will be working with the Business Intelligence team in Cheshire and Merseyside to assess the impact the intervention has on the cohort supported, compared to a control cohort. We hope to provide an evidence base that can shape the way we approach fuel poverty and health conditions in the future.

PH13, PH14 The sexual health service continues to be delivered by Axess and provides free contraception and sexual health services across the borough, including dedicated Young People's clinics. It has been agreed to utilise the 'plus one' and extend the contract duration with Warrington for an additional year until Autumn 2026.

Work is ongoing at a local and regional level around Women's Health Hubs (WHH), where Halton have been identified as a priority area. The specifics of the funding allocation are still under discussion. The initial focus of developing WHH will be to increase access to LARC (IUD/IUS contraception and non-contraceptive) through enhanced training, inter-practice referrals and collaborative working between ICB, Local Authority, Primary Care, pharmacies and the sexual health service

PH15, PH16 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.















Health Check Officers completed **888** Audit C's in **Q4**.












Lifestyle Advisors completed **91** Audit C's in **Q4**





Stop Smoking Service completed **157** Audit C's in **Q4** so combined total for H.I.T delivering Audit C screenings in **Q4** is **1,136**

Key Performance Indicators

Ref	Measure	23/24 Actual	24/25 Target	Q4	Current Progress	Direction of travel
PH 01a	Healthy life expectancy at birth: females (years)	58.6 (2020-22)	58.8 (2019-21)	56.8 (2021-23)		
PH 01b	Healthy life expectancy at	58.6 (2020-22)	58.8 (2019-21)	56.6 (2021-23)		

	birth: males (years)					
PH 02	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	62.2% (2022/23)	62.5% (2023/24)	61.2% (2023/24)		
PH 03	Health Visitor new births visits (% of new births receiving a face to face visit by a Health Visitor within 14 days)	83.9% (2023/24)	90% (standing target)	89.5% (Q1-3 2024/25)		
PH 04	Prevalence of adult excess weight (% of adults estimated to be overweight or obese)	72.7% (2022/23)	72.0% (2023/24)	73.6% (2023/24)		
PH 05	Percentage of physically active adults	62.8% (2022/23)	62.8% (2023/24)	63.2% (2023/24)		
PH 06	Uptake of NHS Health Check (% of NHS Health Checks offered which were taken up in the quarter)	44% (2023/24)	60% (2024/25)	61% (Q1-3 2024/25)		
PH 07	Smoking prevalence (% of adults who currently smoke)	13.3% (2022)	13.0% (2023)	14.6% (2023)		
PH 08	Deaths from suicide (directly standardised rate per 100,000 population)	9.3 (2020-22)	9.9 (2021-23)	13.2 (2021-23)		

PH 09	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	261.6 (2022/23)	259.2 (2023/24)	224.4 (2023/24)		
PH 10	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2,206 (2022/23)	2,195 (2023/24)	2,144 (2023/24)		
PH 11	Social Isolation: percentage of adult social care users who have as much social contact as they would like (age 18+)	32.7% (2021/22)	40% (2022/23)	36.2% (2022/23)		
PH 12	Fuel poverty (low income, low energy efficiency methodology)	12.4% (2021)	12.0% (2023)	10.7% (2023)		
PH 13	New sexually transmitted infections (STI) diagnoses per 100,000 (excluding chlamydia under 25)	407 (2023)	399 (2024)	n/a		n/a
PH 14	Long acting reversible contraception (LARC) prescribed as a	49.2% (2023/24)	50% (2024/25)	51.4% (Q2 2024/25)		

	proportion of all contraceptives					
PH 15	Admission episodes for alcohol-specific conditions (Directly Standardised Rate per 100,000 population)	857 (2022/23)	848 (2023/24)	922 (2023/24)		
PH 16	Successful completion of drug treatment (non opiate)	19.1% (2023/24)	19.5% (2024/25)	24.8% (Q1-3 2024/25)		

Supporting Commentary

PH 01a - 2021-23 data showed a significant drop since 2020-22 of almost 2 years in healthy life expectancy. This will have been largely the result of the Covid-19 pandemic but also the cost of living crisis.

PH 01b - 2021-23 data showed a significant drop since 2020-22 of 2 years in healthy life expectancy. This will have been largely the result of the Covid-19 pandemic but also the cost of living crisis.

PH 02 - Despite the percentage rising in 2022/23, it decreased in 2023/24. Halton performs below the England average. Data is released annually.

PH 03 - The Q1-3 2024/25 data has seen an increase from 2023/24, and is close to the target of 90%.

PH 04 - Adult excess weight increased each year since 2020/21 and did not meet the target in 2023/24. Data is published annually by OHID.

PH 05 – Adult physical activity increased slightly in 2023/24, but is below the England average of 67.4%. Data is published annually by OHID.

PH 06 - Q1-3 2024/25 data has seen an increase in uptake.

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

PH 08 - The suicide rate increased during 2021-23 and did not meet the target. However the rate is statistically similar to the England average. Data is published annually over a three year period.

PH 09 - Published 2023/24 data shows the rate of self-harm admissions has reduced since 2019/20, and met the target. Data is available annually.

PH 10 - There has been a reduction in falls injuries in 2023/24 and the rate has met the target. Halton's rate is now statistically similar to the England average. 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 Q1-3 2024/25 shows a slight improvement on the 2023/24 annual figure and is on track to meet the target.

PH 15 – The alcohol-specific admissions rate has increased during 2023/24 (as it did across England as a whole) and has not met the target.

PH 16 - Data does fluctuate year on year but in 2022/23 and 2023/24, the Halton proportion of successful completions was worse than the England average. However, the figure has increased in so far in 2024/25 and is on track to meet the target.

Appendix 1 – Financial Statements

COMPLEX CARE POOL BUDGET

Revenue Budget as at 31st March 2025

	Annual Budget	Actual Spend	Variance (Overspend)
	£'000	£'000	£'000
Expenditure			
Intermediate Care Services	5,298	5,393	(95)
Oakmeadow	1,936	1,941	(5)
Community Home Care First	2,088	1,807	281
Joint Equipment Store	535	564	(29)
Development Fund	27	0	27
Contracts & SLA's	3,247	3,243	4
Inglenook	134	108	26
HICafs	3,703	3,373	330
Carers Breaks	554	455	99
Carers centre	357	357	0
Residential Care	6,952	7,552	(600)
Domiciliary Care & Supported Living	4,227	4,227	0
Pathway 3/Discharge Access	391	416	(25)
HBC Contracts	72	78	(6)
Total Expenditure	29,521	29,514	7
Income			
BCF	-13,484	-13,484	0
CCG Contribution to Pool	-2,959	-2,959	0
Oakmeadow Income	-19	-13	(6)
ASC Discharge Grant Income	-1,631	-1,631	0
ICB Discharge Grant Income	-1,282	-1,282	0
Other Income	-80	-80	0
Total Income	-19,455	-19,449	(6)
ICB Contribution Share of Surplus		1	(1)
Net Operational Expenditure	10,066	10,066	0

Comments on the above figures:

The pool has achieved a small underspend of £987 at the end of the financial year 2024/25.

The £0.095m overspend on Intermediate Care Services is primarily due to the use of agency staff in the Reablement team. In the previous financial year this area was underspent, and it is higher staffing costs and the absence of the LAUEC Grant this year which has caused to such a change from last financial year.

The underspend on HICafs is due to a reduction in value of both the Warrington and Bridgewater contracts

The Community Home Care First is a demand led service and the underspend of £0.281m is due to costs being lower than anticipated.

Expenditure on Carer's Breaks is £0.099m less than expected, as demand for services is still lower than pre-pandemic levels.

The BCF funding was underspent by £0.600m which was shared equally between the Council and The ICB to cover pressures in the Health & Social Care Budget. The councils share of £0.300m was allocated to Residential Care.

A balance of £987.21 has been carried forward into the new financial year.

The pool budget is balanced at the end of the year and as previously mentioned, funds have been diverted to cover Health and Community Care pressures. These pressures continue to rise but it cannot be guaranteed that we can rely on Pool underspends in the future to help cover the shortfall.

COMMUNITY CARE

Revenue Budget as at 31st March 2025

	Annual Budget £'000	Actual Spend £'000	Variance (Overspend) £'000
Expenditure			
Residential & Nursing	14,942	18,415	(3,473)
Domiciliary Care & Supported living	13,332	14,436	(1,104)
Direct Payments	14,291	14,194	97
Day Care	648	617	31
Total Expenditure	43,213	47,662	(4,449)
Income			
Residential & Nursing Income	-13,794	-13,836	42
Community Care Income	-2,670	-2,715	45
Direct Payments Income	-1,154	-1,157	3
Income from other CCGs	-587	-587	0
Market sustainability & Improvement Grant	-2,796	-2,796	0
Adult Social Care Support Grant	-5,167	-5,167	0
War Pension Disregard Grant	-67	-55	(12)
Total Income	-26,235	-26,313	78
Net Operational Expenditure before year end adjustments	16,978	21,349	(4,371)
Additional Non-Recurrent Funding Identified			
Capitalised salaries (DFG)	994	0	994
Capitalised equipment (DFG)	0	-326	326
Pool budget contribution	0	-300	300
ASC contribution	100	0	100
Total additional Non-Recurrent Funding	1,094	-626	1,720
Net Operational Expenditure after adjustments	18,072	20,723	(2,651)

Comments on the above figures:

At the end of the 2024/25 financial year expenditure on Community Care services before year end adjustments was overspent against budget by £4.371m. This is an increase of £0.844m from the previous position reported at the end of January 2025.

Residential and nursing net forecast spend increase over the period was £0.861m. Supplementary invoices over the period amounted to £0.290m. Various other factors contributed to the overspend and are included in the further analysis.

Domiciliary and Supported Living net forecast spend increase over the period was £0.466m. New packages of care amounted to £0.188m and increases in current packages of care (including 2:1 care) amounted to £0.107m. Small changes to packages of care resulted in a decrease of £0.006m. Supplementary invoices paid amounted to £0.177m. These invoices relate to service users not included on the Master Service Return as no financial assessments has yet been completed. This results in a delay in these service users being captured in the year end forecast.

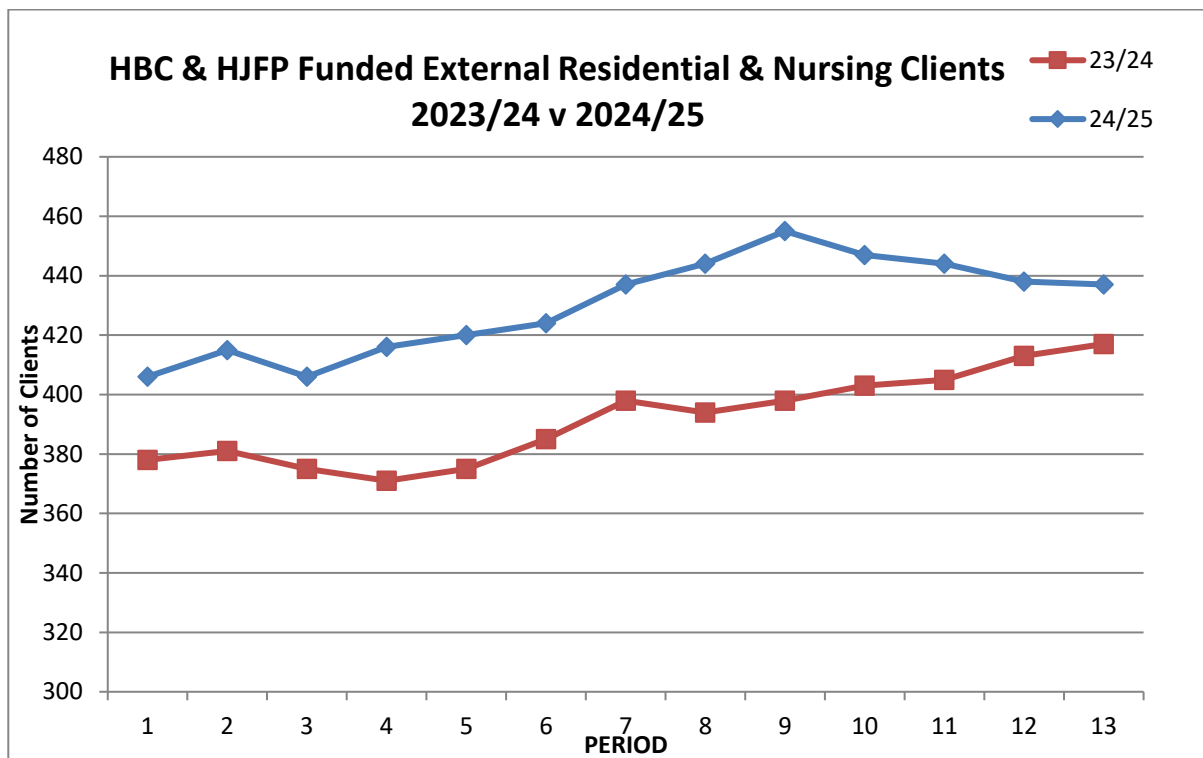
Direct Payments net expenditure decreased by £0.383m. The primary reason for this was reimbursements of £0.333m, the remaining £0.050m being a reduction of service users and reductions to packages of care.

Further analysis of individual service budgets is provided below.

Residential & Nursing Care

There are currently 437 residents in permanent external residential/nursing care as at the end of March 2025 compared to 406 in April 24, an increase of 7.6%. Compared to the 2023/24 average of 391 this is an increase of 11.8%. The average cost of a package of care in the current year for the same period has increased from £866.47 to £915.08 an increase of 5.6%. Supplementary invoice payments amounted to £1.2m for the year.

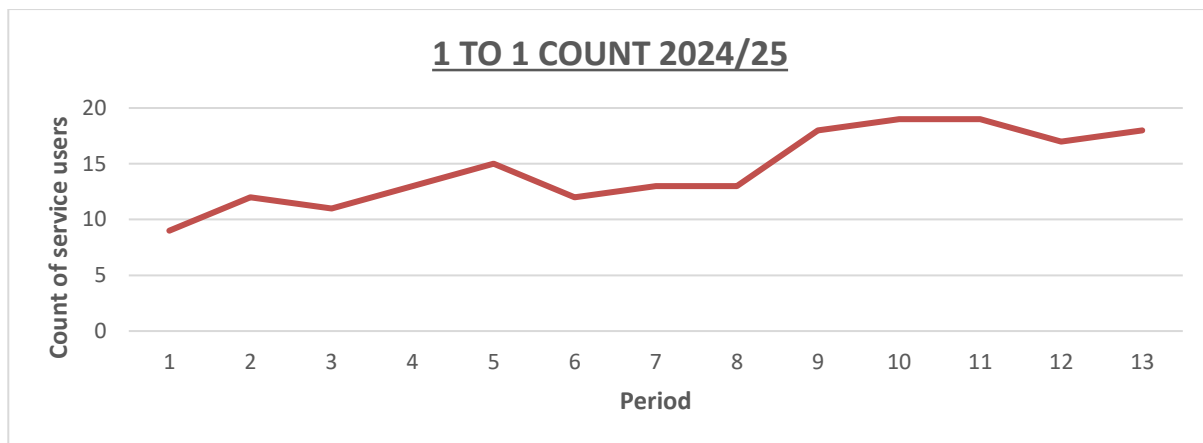
The graph below illustrates the demand for permanent placements.



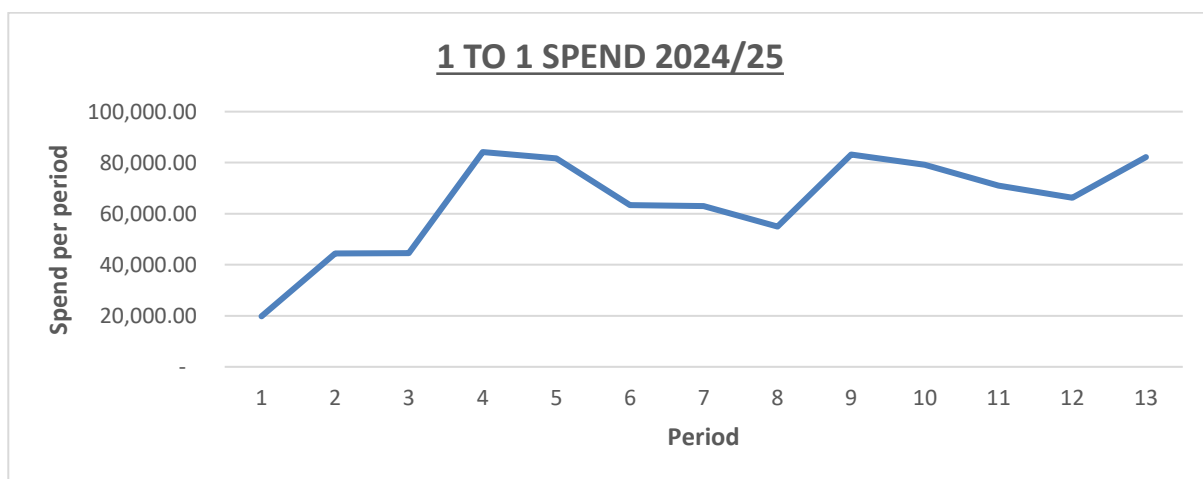
1 to 1 SUPPORT IN CARE HOMES

Providers are increasingly requesting payment for 1 to 1 support, especially on discharge from hospital. This is generally to mitigate the risk from falls. The full year cost is £0.838m with £0.219m spent in the final 3 months. This is exerting pressure on the budget.

The graph below shows 1 to 1 count of service users by period and demonstrates that numbers have doubled since the start of the year.



The graph below shows the spend on 1 to 1 by period. This clearly shows that the monthly spend has increased from £19,800.20 in April to £82,169.68 at the end of the financial year. This is an increase of 314%.



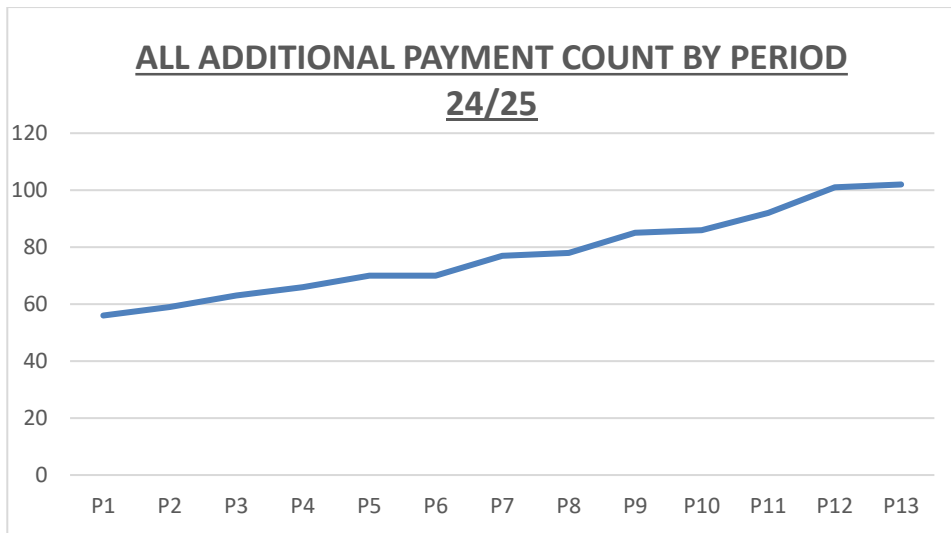
ADDITIONAL PAYMENTS 2024/25

Additional payments to care homes are rising, both in and out of the borough. These are where the care home charges an additional amount on top of the contracted bed rate. There does not appear to be any consistency in these extra charges even within the same care home.

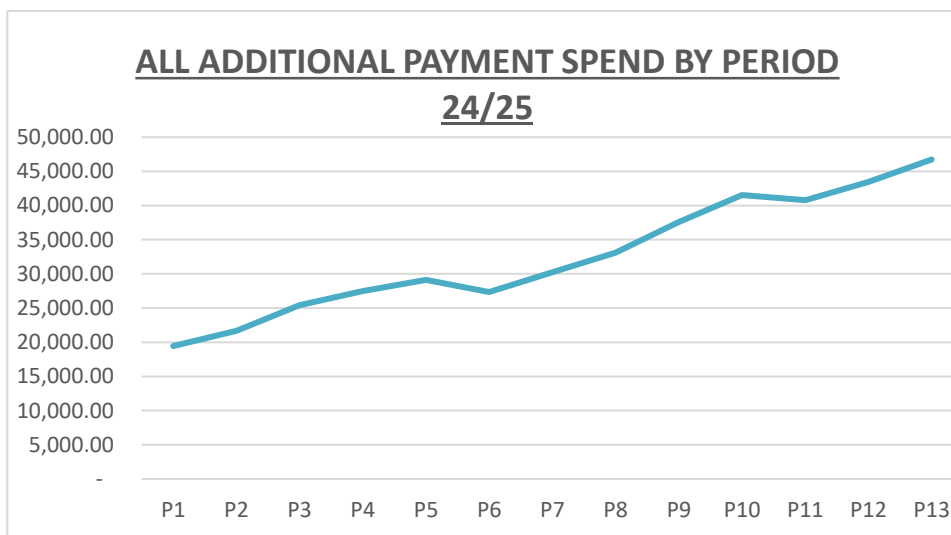
The risk, if the Council don't pay these extra charges, could be that care homes do not accept service users. This could result in even more people being placed out of borough at even higher rates.

The cost of this for 2024/25 is £0.424m. £0.131m of this occurred in the final 3 months. The average additional payment was £112.48 per week with the lowest being £12.50 week and the highest £748 per week.

The graph below illustrates the count of service users with an additional payment by period. This clearly shows a steady increase in numbers.



The graph below illustrates the cost of additional payments by period. This clearly shows a steady increase in costs.



The number of Permanent external packages over £1k per week are illustrated below:

Weekly Cost £	No of Permanent PoCs											
	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10	P 11	P 12
1000-1999	52	53	53	53	54	53	56	57	59	59	59	57
2000-2999	18	18	16	17	17	17	18	20	21	21	21	22
3000-3999	5	5	5	5	5	5	5	5	5	5	5	5
4000-4999	7	8	8	8	9	8	8	7	7	8	6	8
5000-5999	3	2	2	2	3	3	4	3	4	4	2	3
6000-6999	1	2	1	2	2	2	2	2	3	3	3	2
7000-7999		1	1	1	1	1	1	1	1	1	1	1
8000-8999												1
>10,000	1	1	1	1	1	1	1	1	1	1	1	
Total	87	90	87	89	92	90	95	96	101	102	98	99
Over £1,000 Out of Borough	60	62	60	62	63	62	66	67	74	73	74	72
Over £1,000 Joint Funded	41	43	42	43	46	46	48	46	48	50	48	47

Since the beginning of the financial year the number of permanent packages over £1k has increased from 87 to 99 (13.7%).

Out of borough over £1k has increased from 60 to 72 (20%).

Joint funded over £1k has increased from 41 to 47 (14.6%).

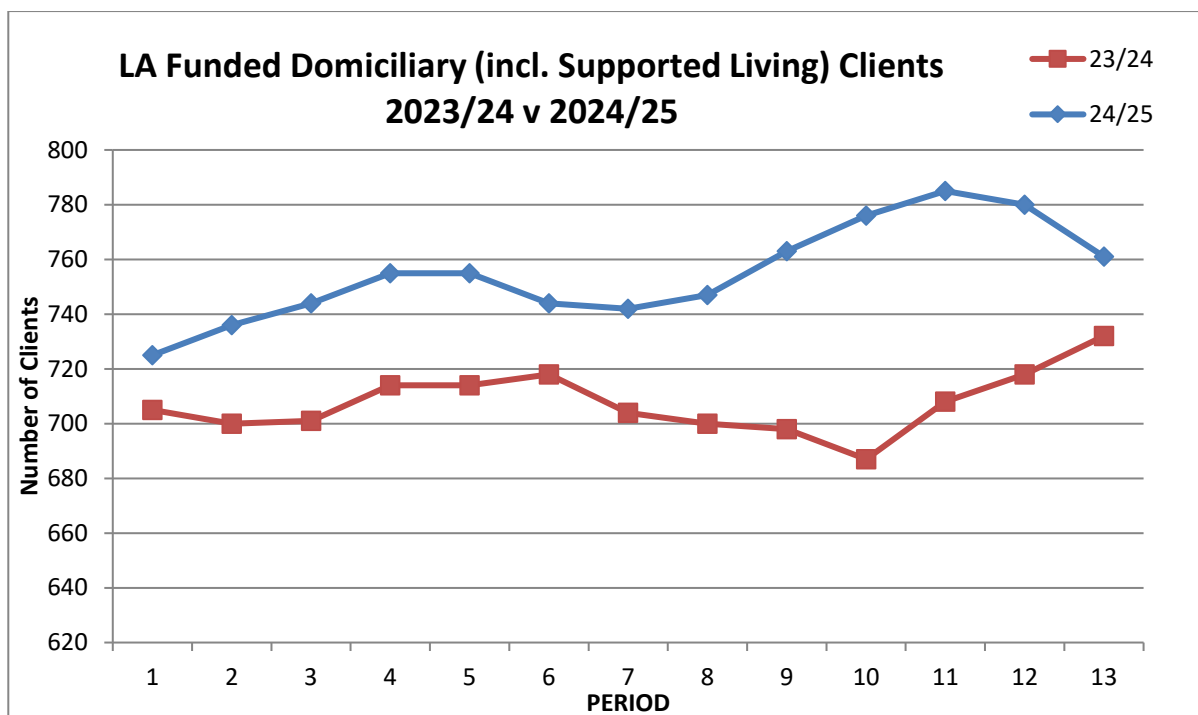
Domiciliary Care & Supported Living

There are currently 781 service users receiving a package of care at home compared to 776 in January an increase of 4 (0.6%). However, the average number of service users during 2023/24 was 707, so there has been an increase of 10.4% demonstrating that demand for the service has increased this financial year.

The average cost of a package of care has increased since January by 5.24% from £475.14 to £500.04.

The average cost over the full financial year has increased from £425.47 to £500.04, an increase of 17.52%. This suggests packages are more complex.

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



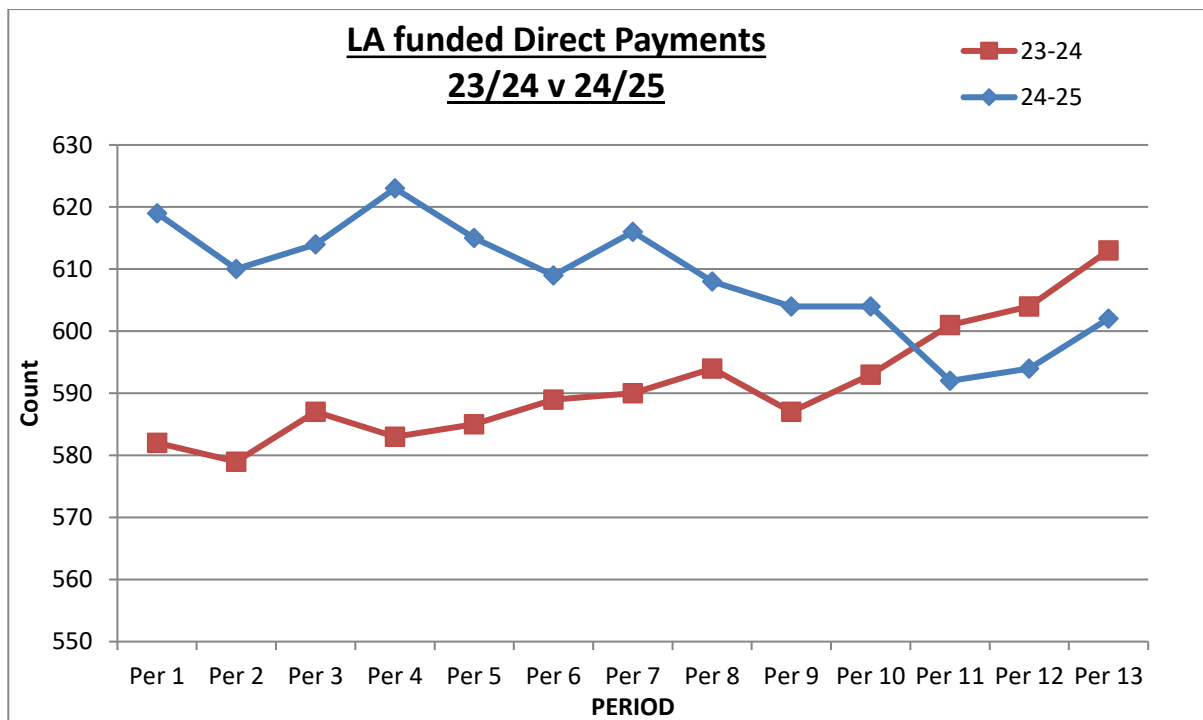
Direct Payments

The average number of clients who received a Direct Payment (DP) in 2024/25 was 608 compared with 591 in 2023/24, an increase of 2.8%.

The average cost of a package of care in 2024/25 was £486.65 compared with £488.68 in 2023/24, a decrease of 0.4%.

An amount of £1.6m has been recovered from service users following audits to seek assurance the DP is spent in line with their care and support needs.

The graph below shows movement throughout the year.



The Community Care budget as a whole is very volatile by nature as it is demand driven, with many influential factors. It will continue to be closely monitored and scrutinised in the next 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 overspends against this budget. At year end they have realised savings to date circa £2.5m.

Additional Non-Recurrent Funding

In helping to mitigate the overall net spend against the department, a number of adjustments have been made at year-end, including:

Salary and supply costs of £1.320m being capitalised and charged to a surplus of Disabled Facilities Grant funding (DFG). This is considered to be a one-off gain and unlikely to be achieved in future years due to diminishing levels of DFG.

A contribution of £0.300m from the surplus of the Pool budget, overall Pool budget surplus shared equally with ICB.

Pooled Budget Capital Projects as at 31st March 2025

	2024/25 Revised Allocation	Actual Spend to 31 March 2025	Allocation remaining
	£000	£000	£000
Adults Directorate			
Halton Carers Centre Refurbishment	0.0	0.0	0.0
Grants - Disabled Facilities	2,461.8	2,461.8	0.0
Stair Lifts	250.0	304.2	(54.2)
Joint Funding RSL Adaptations	250.0	317.9	(67.9)
Telehealthcare Digital Switchover	135.0	60.0	75.0
Oakmeadow & Peelhouse Network Improvements	40.0	0.0	40.0
Madeline McKenna Refurbishment	120.0	90.8	29.2
Millbrow Refurbishment	50.0	54.9	(4.9)
St Lukes Care Home	120.0	159.8	(39.8)
St Patricks Care Home	150.0	120.8	29.2
Adults Directorate Total	3,576.8	3,570.2	6.6

Comments on the above figures:

There are a number of capital schemes where spend for the year exceeds the revised budget as reported to Executive Board on 13 March 2025. Where this is the case funding for overspend against allocation will come from external grant.

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 switch off of existing copper cable based systems. Procurement commenced in 2022/23 with an initial purchase to the value of £0.100m. It is anticipated that the scheme will be completed early in the new financial year, fully funded from the residual capital allocation of £0.075m.

On 16th June 2022 Executive Board approved a £4.2M refurbishment programme in respect of the four Council owned care homes, initially 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.

At present, detailed costing proposals are in development, with further revisions to the capital allocations to be submitted at a later date.

The 2024-25 capital allocations against each home therefore just reflect ongoing minor refurbishment costs.

Care Homes Division

Revenue Budget 24-25 Outturn

	Annual Budget	Actual Spend	Variance (Overspend)
	£'000	£'000	£'000
Expenditure			
<u>Madeline Mckenna</u>			
Employees	698	674	24
Agency - covering vacancies	0	112	(112)
Other Premises	101	104	(3)
Supplies & Services	20	30	(10)
Food Provison	48	49	(1)
Total Madeline Mckenna Expenditure	867	969	(102)
<u>Millbrow</u>			
Employees	2,057	1,244	813
Agency - covering vacancies	3	1,071	(1,068)
Other Premises	129	169	(40)
Supplies & Services	61	104	(43)
Food Provison	78	80	(2)
Total Millbrow Expenditure	2,328	2,668	(340)
<u>St Luke's</u>			
Employees	2,884	2,158	726
Agency - covering vacancies	551	1,653	(1,102)
Other Premises	172	273	(101)
Supplies & Services	59	156	(97)
Reimbursements & other Grant Income	-325	-318	(7)
Private Client Income 1:1	-81	-81	0
Food Provison	120	143	(23)
Total St Luke's Expenditure	3,380	3,984	(604)
<u>St Patrick's</u>			
Employees	1,839	1,217	622
Agency - covering vacancies	91	1,067	(976)
Other Premises	157	156	1
Supplies & Services	63	12	51
Food Provison	122	114	8
Reimbursements & other Grant Income	-45	-45	0
Total St Patrick's Expenditure	2,227	2,521	(294)
<u>Care Homes Divison Management</u>			
Employees	305	244	61
Supplies & Services		4	(4)
Care Home Divison Management	305	248	57
Net Operational Expenditure	9,107	10,390	(1,283)
Recharges			
Premises Support	264	264	0
Transport Support	0	0	0
Central Support	683	683	0
Asset Rental Support	318	318	0
Recharge Income	0	0	0
Net Total Recharges	1,265	1,265	0
Net Departmental Expenditure	10,372	11,655	(1,283)

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 net departmental expenditure across the division is over budget for 2024-25 financial year by £1.283m.

Employee Related expenditure

Employee related expenditure was over budget at the end of the financial year by £0.953m.

The 2024-25 pay award offer of £1,290 was accepted, and included in the November pay award with backpay to April 2024. This resulted in an over budget spend of £0.188m across the Care Home Division for the full financial year.

It should be noted therefore that whilst the overspend for the current financial year is broadly comparable to the previous financial year figure of £0.846m, the previous year had employees spend offset by £0.245M of the market sustainability and workforce improvement grant (no grant received in current year), and did not include unbudgeted pay award costs.

Recruitment of staff is a continued pressure across the care homes. There remains a high number of staff vacancies across the care homes.

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 the financial year total agency spend across the care homes reached £3.815m, the cost of this has partially been offset by staff vacancies.

Throughout the year a number of residents within the care homes were identified as needing 1:1 care in addition to the support the care homes provide on a day to day basis. The staffing budget has been revised to take this into consideration. The revised budget helped support agency spend:

In-Year Revised Agency Budget

Millbrow	£3,168
St Luke's	£550,075
St Patrick's	£90,820
Total	£644,063

Premises Related Expenditure

At the end of financial year 2024-25 premises costs were over budget by £0.143m.

Premises related expenditure covers both repairs, maintenance and utilities. The budget was increased significantly for utilities in the previous 2023-24 financial year due to increases in costs in previous years, therefore the spend above budget relates to repairs and maintenance. This remains a budget pressure across all homes.

Supplies and Services Expenditure

Supplies and Services expenditure is over budget at the end of 2024-25 financial year by £0.057m.

Food Provision Expenditure

Food Provision expenditure is over budget at the end of 2024-25 financial year by £0.017m.

Approved 2024-25 Savings

There were no approved savings for the care home division in financial year 2024-25

Risks/Opportunities

Recruitment and retention of care and nursing staff within care homes remains the significant risk to the budget.

Adult Social Care

Revenue Operational Budget as at 31st March 2025

	Annual Budget	Actual Spend	Variance (Overspend)
	£'000	£'000	£'000
Expenditure			
Employees	17,409	16,377	1,032
Agency- Covering Vacancies	0	1,173	(1,173)
Premises	492	501	(9)
Supplies & Services	1,120	1,352	(232)
Aids & Adaptations	37	43	(6)
Transport	242	437	(195)
Food & Drink Provisions	213	197	16
Supported Accommodation and Services	1,385	1,153	232
Emergency Duty Team	115	104	11
Transfer To Reserves	75	75	0
Contracts & SLAs	1,090	1,149	(59)
<u>Housing Solutions Grant Funded Schemes</u>			
Homelessness Prevention	563	554	9
Rough Sleepers Initiative	137	135	2
Total Expenditure	22,878	23,250	(372)
Income			
Fees & Charges	-921	-938	17
Sales & Rents Income	-480	-495	15
Reimbursements & Grant Income	-1,933	-1,964	31
Capital Salaries	-1,115	-1,115	0
Transfer from Reserves	-49	-49	0
Housing Schemes Income	-995	-994	(1)
Total Income	-5,493	-5,555	62
Net Operational Expenditure	17,385	17,695	(310)
Recharges			
Premises Support	529	529	0
Transport Support	582	818	(236)
Central Support	3,465	3,465	0
Asset Rental Support	360	360	0
Recharge Income	-112	-112	0
Net Total Recharges	4,824	5,060	(236)
Net Departmental Expenditure	22,209	22,755	(546)

Comments on the above figures

The above information relates to Adult Social Care, excluding Community Care and Care Homes.

Net Department Expenditure

Net spend for the year is £0.546m above the approved budget, this is an increase of £0.079m from period 10 reporting.

Employee Related Spend

The backdated pay award was paid in November 2024 and is shown within the expenditure above. The full-year cost above full-year budget is £0.141m.

Agency expenditure across the division as a whole at the end of March 2025 stood at £1.173m. The unbudgeted agency costs are in respect of covering vacant posts, particularly in terms of front-line Care Management and Mental Health Team posts.

Supplies and Services related spend

The full-year spend of £0.232m above approved budget relates to an increased volume of caseload in respect of Deprivation Of Liberty Standards (DoLS) assessments. Spend to the end of the financial year on DoLS was £0.229m.

Transport related spend

Transport and transport recharge costs were substantially above budget both in this financial year and the previous financial year. Full-year spend above budget was £0.195m in respect of direct transport costs, and £0.236m in respect of internally recharged costs.

Following a review of the way the transport recharges are calculated, from April 2025, the average cost per trip is to be calculated and used for the recharge each month, ensuring a more accurate recharge for transport used.

Housing Strategy related spend

Housing Strategy initiatives included in the report above include the Rough Sleeping Initiative and Homelessness Prevention Scheme. The Homelessness Prevention scheme is an amalgamation of the previous Flexible Homelessness Support and Homelessness Reduction schemes, and is wholly grant funded. It is assumed that unspent funding is carried forward to the following financial year.

Income








Income for the Department as a whole is broadly to budget for the year, the income shortfall from Community Meals fees and charges being met from over-achievements in other areas.





Further information

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.

A list of 2024/25 and 2025/26 saving items approved in February 2023 is included at Appendix A.

Progress Against Agreed Savings

	Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value		Current Progress	Comments
				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		Currently Under Review
			Increase charges / review income.	170	0		Increased 2024/25 income target 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		
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		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.	100	0		Contracts being re-costed on renewal, saving anticipated to be achieved
			Review the Integrated Care Board contribution for Adults, to ensure the full recovery of related costs.	150	0		Increased contribution from ICB not agreed.
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	424	0		Costs now recharged to the ICB

			how they want to provide this function.				
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” ie. focused upon prevention.	500	1,000	U	Contribution of £0.400m received from 2024.25 Pool Budget. One-off contribution only. Uncertainty if this will be achieved in 2025.26
Total Adult Social Care Department				1,837	1,225		

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 31 March 2025

	Annual Budget	Actual Spend	Variance (Overspend)
	£'000	£'000	£'000
Expenditure			
Employees	4,799	4,796	3
Other Premises	6	0	6
Supplies & Services	354	287	67
Contracts & SLA's	7,741	7,704	37
Transport	4	2	1
Transfer to Reserves	1,281	1,281	0
Other Agency	24	24	(0)
Total Expenditure	14,208	14,095	113
Income			
Fees & Charges	-148	-147	(0)
Reimbursements & Grant Income	-714	-714	0
Transfer from Reserves	-1,714	-1,714	0
Government Grant Income	-12,231	-12,231	0
Total Income	-14,807	-14,806	(0)
Net Operational Expenditure	-598	-711	113
Recharges			
Premises Support	150	150	(0)
Transport Support	22	24	(3)
Central Support	2,387	2,399	(12)
Asset Rental Support			0
Recharge Income	-669	-669	0
Net Total Recharges	1,890	1,904	(15)
Net Departmental Expenditure	1,291	1,193	98

Comments on the above figures

Financial Position

The net Department spend for the year ending 31st March 2025 is £0.098m under the available budget.




Employee costs have achieved a very small underspend. Additional income has been received from the public health grant recharge to support the sure start to later life team. Staff savings targets for 24/25 have been achieved.

Expenditure on supplies and services was kept to essential items only throughout the year and has achieved an underspend of £0.067m.

There is a small underspend on Contracts & SLA's of £0.037m, however, budget pressures to be aware of are a number of contracts are due for renewal in the current financial climate and are likely to increase significantly in the next financial year.




APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress		<u>Objective</u>	<u>Performance Indicator</u>
Green		Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.	<i>Indicates that the annual target <u>is on course to be achieved</u>.</i>
Amber		Indicates that it is <u>uncertain or too early to say at this stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	<i>Indicates that it is <u>uncertain or too early to say at this stage</u> whether the annual target is on course to be achieved.</i>
Red		Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	<i>Indicates that the target <u>will not be achieved</u> unless there is an intervention or remedial action taken.</i>

Direction of Travel Indicator

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

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