

Health & Social Care Policy & Performance Board Priority Based Report

Reporting Period: Quarter 1 – Period 1st April 2025 – 30th June 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 first quarter of 2025/26 for service areas within the remit of the Health & Social Care Policy and Performance Board. These areas include:

- Adult Social Care (including housing operational areas) *NB. Quarter 1 data is not yet available*
- Public Health

2.0 Key Developments

2.1 There have been a number of developments within the Adults & Public Health Directorates during the first quarter which include:

Adult Social Care

Vulnerable Adults Supported Accommodation

The supported living development at Crow Wood Lane with Halton Housing is being progressed. The scheme will deliver 3 accessible 2 bedroom bungalows and a 10 apartment 'own front door' provision. The development will be funded through Homes England and additional contribution from Halton Housing and Halton Borough Council, agreements have been drafted and ready for sign off and the specification agreed. Work started on site July 2025.

Public Health

We are seeing an increase in measles cases in our region with more of our local children and young people becoming ill. The reason we are seeing more cases of is because fewer people are having the MMR vaccine, which protects against measles as well as two other viruses called mumps and rubella. A recent outbreak occurred at Alder Hey. Children in hospital who are very poorly for another reason, are at higher risk of catching the virus. For this reason we have increased comms going out to parents and schools reminding families and carers of the importance of vaccination.

We have experienced periods of hotter weather this year, and public health have provided advice and support through comms using hot weather communications toolkit. The toolkit is intended to provide basic health information that can be communicated during hot spells so that the right messages reach the right people at the right time

One of the team led a Safeguarding Partnership Focus on Ketamine event in July. Over 120 practitioners attended from a range of organisations, with speakers from CGL, Birchwood Detox & Rehab, NW County Lines, Drug & Alcohol Youth Support Service, and St Helens Safeguarding. Over the next few months various festivals are taking place across the UK.

Our Health Protection team and Environmental Health team are working alongside Emergency Planning and wider health and safety partners from the local area to ensure the event runs safely again this year.

3.0 Emerging Issues

3.1 A number of emerging issues have been identified during the first quarter that will impact upon the work of the Adults & Public Health Directorates including:

Adult Social Care

Learning Disability Strategy

The strategy has been developed following a series of coproduction events with people with learning disabilities, family, carers and professionals. A draft strategy and action plan was presented to the working group in June and ALD Partnership Board in July. Comments requested by the end of August and the final strategy is due to be taken to the ALD Partnership Board in October.

Public Health

There have been a number of changes within the NHS culminating in the launch of the long awaited ten year plan for health, The plan is expected to drive three big shifts to health service,

- from hospital to community
- sickness to prevention
- and analogue to digital

New Neighbourhood Health Services will bring healthcare closer to the public, and the NHS App will become the digital front door to the NHS. The plan follows a number of reforms including changes to the structure of the NHS regional and local organisation. The details are not yet available but it is expected that the ICB will change and some bodies like Healthwatch will cease to exist in their current form and the risk is the loss of public voice. It's likely that there will be a number of job losses and there is risk of capacity within NHS. Neighbourhoods are a big theme within the new plans and we will continue to work with partners to develop these.

A new LCR Mayoral Regions Health Inequalities lead has been recruited and the public health team have reached out to understand how we can work together to improve health and reduce inequalities.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of Directorate Business Plans, services were required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Registers.

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 Directorates. 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.





Adult Social Care






Key Objectives / Milestones

Information is not yet available.

Public Health

Key Objectives / Milestones

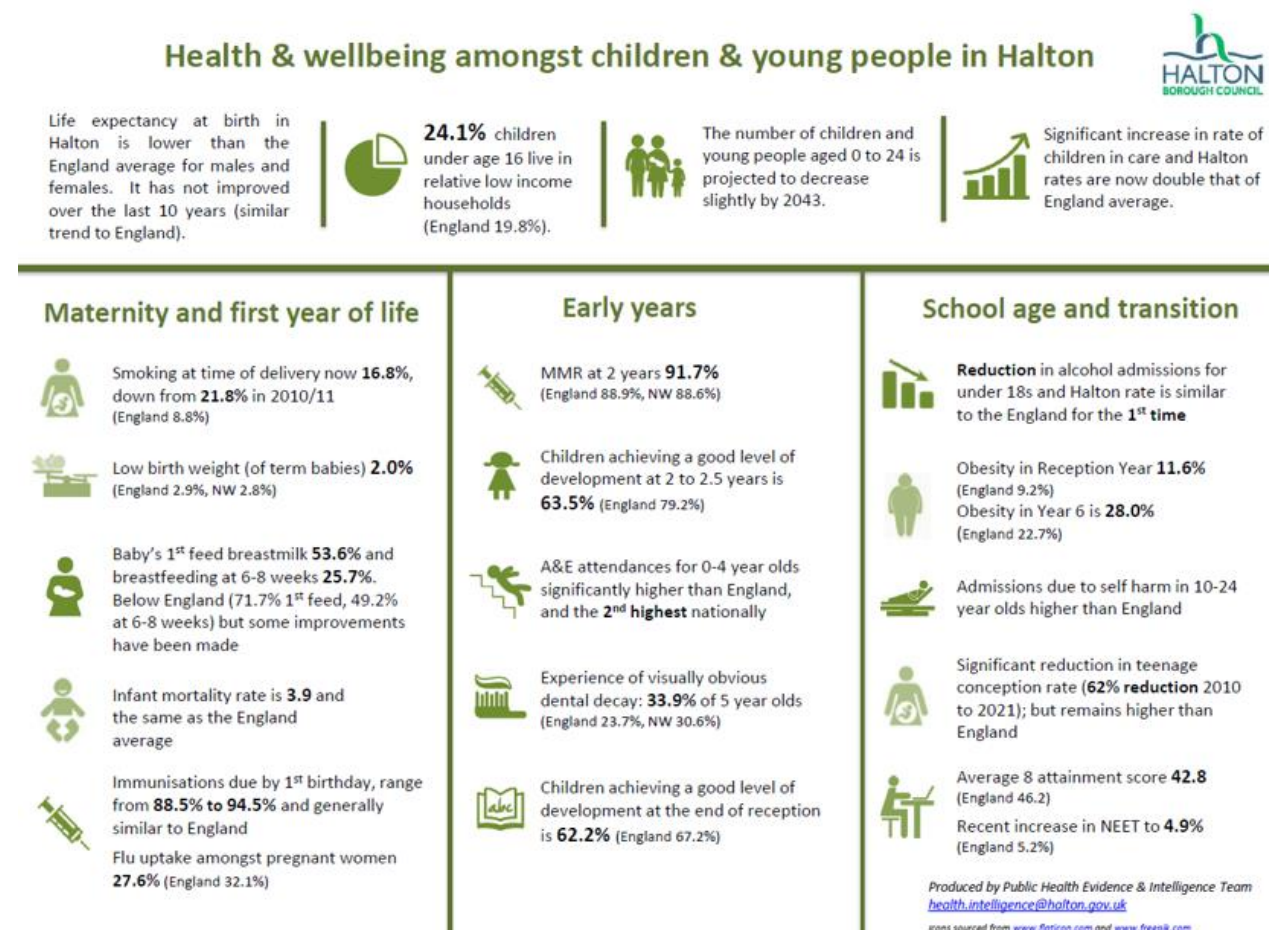
Ref	Objective 1: Child Health	
	Milestones	Q1 Progress
PH 01	Working with partner organisations to improve the development, health and wellbeing of children in Halton and to tackle the health inequalities affecting that population.	
Ref	Objective 2: Adult Weight and Physical Activity	
	Milestone	Q1 Progress
PH 02	Reduce levels of adult excess weight (overweight and obese) and adult physical inactivity	
Ref	Objective 3: NHS Health Checks	
	Milestone	Q1 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	Q1 Progress
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	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.	

Supporting Commentary

Ref	Supporting Commentary
PH 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. 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.



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

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.

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 joined-up universal and specialist services.

Women supported with breastfeeding	158
of whom were supported via home visits	47
Women supported with safe formula feeding via phone	85
Women attending breastfeeding support groups	31
Parents attending infant feeding drop-ins	59
Expectant parents attending infant feeding workshop	10
Parents attending Introducing Solid Foods workshops	68

HENRY Programme (preventing obesity for under 5s) 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. Plus **HIT Parent Workshops**:

Workshop	No. of courses	No. of completers
8-week HENRY Right From the Start courses completed	2	6
HENRY Parent workshops (one-off sessions)	6	20
HIT Fussy Eating workshop	1	12
HIT Sleep and Screens workshop	1	7
HIT Physical Activity and Sugar workshop	1	2

Healthy Schools and Healthy Early Years

Programme/event	Number of settings	Number of individuals
Schools engaged in Healthy Schools programme 2024-25	58 (88%)	-
HIT school workshops delivered in Q1	55	Over 1,400 pupils
Young Health Champions courses complete Q1	1	10 pupils
Schools represented at celebration event	28	110 pupils and staff
EY settings trained in Supervised Toothbrushing Q1	9	98 staff

Teen Lifestyle Programme 97 young people commenced on the Teen Lifestyle and Leisure Programme. This programme is for eligible 13-19 year olds, aligned with Core20Plus5 priorities. 66 of whom have completed or are currently fully engaged on the programme.

PH 02

Fresh start During **Quarter 1**, **1,640** referrals were made into the service. This is an **decrease** on the previous quarter. The service target is to get at least 70% of those referred to engage with the program. This would equate to **448** number of patients. Of those who was referred during **quarter 1**, **1,125** patients have so far recorded an initial contact, a further **46** have appointments booked, and **41 are awaiting action**. The Fresh Start service has a target to ensure 50% of those who have been referred onto the program achieve 12 weeks on the program and lose 5% of the starting weight. For **quarter 2** this number of patients should be **122** who started the service in **quarter 1**. **This quarter**, **104** patients completed 12 weeks which is **42%**

Exercise on prescription

During quarter 1, 343 referrals were made into the service. This is an increase of 3.5% on referrals in the previous quarter. The service target is to get at least 70% of those referred to engage with the program. This would equate to **240** number of patients. Of those who was referred during **quarter 1**, **205** patients have so far recorded an initial consultation. This equals **59.8%** percentage of patients. This is an **increase** on the number of patients who started the service in the previous quarter.

The Exercise on Prescription service has a target to ensure 50% of those who have been referred onto the program achieve 12 weeks on the program and all should improve some form of functional outcome. Functional improvements could improve strength, balance, sit to stand, timed get up and go, quality of life improvement or wellbeing improvement. For **quarter 1** the number of patients should be **82**, who started the service in quarter **4**. **This quarter**, **84** patients completed 12 weeks which is **50.1%** percentage.

PH 03















Halton's invite target per quarter is to send 1900 invites. During Q1 2025/26 1813 invites were sent which is 95.4% of the target achieved. Based on the number of invited sent there is a national target of 75% uptake of patients invited should have had a health check completed. This would equal 1425 patients for us in Halton. During Q1 1003 health checks was completed, which is a 55.3% uptake. This is a drop on the previous quarter



















	however it should be noted that there has been significant sickness within the team during this quarter accounting for the drop in the number of health checks completed. From the number of health checks completed 582 people have been referred onto either primary care for clinical follow up or lifestyle services for behaviour change. This means that 58% of health checks completed have been referred on. This is an increase on the previous quarter.		
PH 04	Quitting data from 01/04/2025 – 30/06/2025: Q1		<p>Overall 131/225 clients setting a quit date in Quarter 1 (2025-2026) are from routine/manual and workless groups. This equates to 58% .</p> <p>*So far 49/87 clients quitting in Quarter 1 (202-2026) are from routine/manual and workless groups. This equates to 56% .This will increase when full data for Quarter 1 is available.</p>
	Total of all referrals received in Q1	367	
	Total of all setting a quit date in Q1	225	
	Engagement Rate	61%	
	Total Quit	87	
	Quit Rate	Currently 39% *	
	* We are awaiting 4 week outcomes for 74 clients some of whom will have quit. Q1 is not complete data as 4 week outcomes for those that attend in June will not be available until July		
	Unemployed/Never Worked Set a Quit Date	26	
	Unemployed/Never worked Quit	6	
	Quit Rate	Currently 23% *	
	*Awaiting 4 week outcome for 11 clients. Q1 has incomplete data		
	Sick/Disabled/Unable to Return to Work Set a Quit Date	66	
	Sick/Disabled/Unable to Return to Work Quit	27	
	Quit Rate	Currently 41% *	
	*Awaiting 4 week outcome for 18 clients. Q1 has incomplete data.		
	Routine/Manual Set a Quit Date	30	
	Routine/Manual Quit	13	
	Quit Rate	Currently 43%*	
	*Awaiting 4 week outcomes for 10 clients. Q1 has incomplete data.		
	Home Carers (Unpaid) Set a Quit Date	9	
	Home Carers (Unpaid) Quit	3	
	Quit Rate	Currently 33%*	
	*Awaiting 4 week outcomes for 2 clients. Q1 has incomplete data.		
PH 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 is underway to complete the latest suicide audit and once complete information will be used to refresh the local action plan. Work is underway by Champs to update the RTS system from Power BI dashboard to QES. The QES Suicide Surveillance system has been designed to support the real-time recording, reviewing and reporting of suspected suicides to better inform prevention, postvention and bereavement support. QES will eventually enable local areas to request real time information from key partners to understand whether the deceased was known to them enabling learning to take place in real time. Work is underway to create an easy read version of the Self harm booklets that have been developed for staff working with Children and Young People. Understanding men and boys mental health needs conference webinar was delivered to 120 people in June for men’s health week and 58		



	<p>have since watched the recording. Real Time Surveillance for Q1 2025/2026 is 4 in comparison to 3 for Q1 for 2023/2024 overall the number of RTS notifications is lower by 2 in comparison to this time last year however variation is small and could be naturally occurring.</p>
PH 06	<p>In Quarter 1, Sure Start to Later Life received 49 referrals and completed 75 reviews. Of those reviewed, 37% of clients reported feeling less lonely as a result of our intervention, and 58% said the service had a positive impact on their overall health and wellbeing. These outcomes are particularly encouraging given that the new model is still in early implementation, with staff undergoing intensive training in preparation for full rollout of our new Stronger for longer program.</p> <p>As we prepare to launch Stronger for Longer—our new preventative programme replacing Sure Start to Later Life (SSTLL)—we have already started to adopt elements of the new model within the current service. Sure Start will officially close on 4th August, and Stronger for Longer will bring with it a more structured and meaningful way of capturing outcomes for older adults, including improvements in health, wellbeing, mobility, social connectedness, and confidence accessing community support as a result of our 12 week support. Engagement with our community events has also remained strong. In Q1, 147 local residents attended our Get Together events aimed at reducing loneliness and isolation. Each event included a co-production session where attendees were invited to share their views and experiences to help shape the design of Stronger for Longer. These sessions have been instrumental in ensuring the new programme reflects the needs and priorities of the people it is intended to support.</p> <p>We are also in the process of developing a more robust system to identify individuals at greater risk of falling through our Exercise on Prescription (EoP) service. Currently, those at risk are sometimes referred into our specialist falls prevention class, but this is not always the most suitable or accurate intervention. Moving forward, we are working to ensure we have a robust way to capture data on those identified as higher risk of falls, regardless of which EoP class they attend. This will allow us to better track and evidence our contribution to falls prevention among adults over 65, beyond just attendance at a single class type.</p>
PH 07	<p>Available funding for emergency energy bill payments for both pre-paid meters and direct debit schemes as well as heating system repairs has been secured for a further 12 months. This support will be delivered alongside advice and wraparound support offered by Energy Projects Plus. This continues an offer that has been in place for 3 years for residents whilst keeping the same referral route for professionals to use. We'll be running sessions for front line professionals pre-winter and using available online platforms to connect available funding to professionals in a position to refer appropriate patients. Furthermore, the funding forms an essential part of our Winter Cold Homes pilot ensuring we can offer a full range of options to deal with the effects of living in fuel poverty as part of a patients care this Winter. Our commitment to working towards a proactive approach to offering available support for fuel poverty based on health conditions will be included in the new Halton wide housing strategy currently being finalised. This is alongside the priority to maximise the rollout of available government housing retrofit and improvement schemes.</p>
PH 08	<p>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.</p> <p>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.</p>
PH 09	<p>A service review of the drug and alcohol treatment and recovery service, delivered by CGL, is currently ongoing. The contract for this has entered completed the first quarter of the first contract extension period.</p>

	<p>It is anticipated that the contract will be further extended by utilising the final one-year extension to take the contract until the end of March 2027.</p> <p>The North West Ambulance Service (NWS) post funded by commissioners across the North West is continuing to provide strategic planning to ensure targeted and tailored support is provided following a non-fatal opiate overdose. All Halton residents treated by the services for opiate non-fatal overdose are automatically referred to the CGL. Data is provided by NWS weekly for local monitoring of non-fatal overdoses.</p> <p>Locally CGL is working to increase access to Naloxone kits and training in the administration of the drug, which is used to counteract the effect of opioid drugs, for those who have overdosed. Harm reduction and safety advice is provided to service users, and information is shared with professionals and service users regarding particularly potent and harmful illicit substances that are being sold within the area.</p> <p>Health Check Officers completed 300 Audit C's in Q1. Lifestyle Advisors completed 71 Audit C's in Q1 Stop Smoking Service completed 124 Audit C's in Q1 so combined total for H.I.T delivering Audit C screenings in Q1 is 495.</p>
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Key Performance Indicators

Ref	Measure	Actual 2024/25	Target 2025/26	Quarter 1	Current Progress	Direction of Travel
PH01a	Healthy life expectancy at birth: females (years)	58.6 (2020-22)	58.8 (2019-21)	56.8 (2021-23)		
PH01b	Healthy life expectancy at birth: males (years)	58.6 (2020-22)	58.8 (2019-21)	56.6 (2021-23)		
PH02	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)		
PH03	Health Visitor new births visits (% of new births receiving a face to face visit by a Health Visitor within 14 days)	83.9% (2023/24)	90% (standing target)	90.1% (Q1-3 2024/25)		
PH04	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)		
PH05	Percentage of physically active adults	62.8% (2022/23)	62.8% (2023/24)	63.2% (2023/24)		
PH06	Uptake of NHS Health Check	44% (2023/24)	60% (2024/25)	60% (Q1-4 2024/25)		

	(% of NHS Health Checks offered which were taken up in the quarter)					
PH07	Smoking prevalence (% of adults who currently smoke)	13.3% (2022)	13.0% (2023)	14.6% (2023)		
PH08	Deaths from suicide (directly standardised rate per 100,000 population)	9.3 (2020-22)	9.9 (2021-23)	13.2 (2021-23)		
PH09	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)		
PH10	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2,206 (2022/23)	2,195 (2023/24)	2,144 (2023/24)		
PH11	Social Isolation: percentage of adult social care users who have as much social contact as they would like (age 65+)	32.7% (2021/22)	40% (2022/23)	36.2% (2022/23)		
PH12	Fuel poverty (low income, low energy efficiency methodology)	12.4% (2021)	12.0% (2023)	10.7% (2023)		
PH13	New sexually transmitted infections (STI) diagnoses per 100,000 (excluding chlamydia under 25)	405 (2023)	399 (2024)	365 (2024)		
PH14	Long acting reversible contraception (LARC) prescribed as a proportion of all contraceptives	49.2% (2023/24)	50% (2024/25)	50.9% (2024/25)		
PH15	Admission episodes for alcohol-specific conditions	857 (2022/23)	848 (2023/24)	922 (2023/24)		

	(Directly Standardised Rate per 100,000 population)					
PH16	Successful completion of drug treatment (non opiate)	19.1% (2023/24)	19.5% (2024/25)	26.9% (2024/25)		

Supporting Commentary

Ref	Supporting Commentary
PH01a	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.
PH01b	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.
PH02	Despite the percentage rising in 2022/23, it decreased in 2023/24. Halton performs below the England average. Data is released annually.
PH03	The 2024/25 data has seen an increase from 2023/24 and has met the target of 90%.
PH04	Adult excess weight increased each year since 2020/21 and did not meet the target in 2023/24. Data is published annually by OHID.
PH05	Adult physical activity increased slightly in 2023/24 but is below the England average of 67.4%. Data is published annually by OHID.
PH06	Q1-4 2024/25 data has seen an increase in uptake from 2023/24 and has met the target.
PH07	Smoking levels increased in 2023 and did not meet the target. Data is published annually.
PH08	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.
PH09	Published 2023/24 data shows the rate of self-harm admissions has reduced since 2019/20 and met the target. Data is available annually.
PH10	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.
PH11	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.
PH12	Fuel poverty has improved in Halton since 2020 and is slightly below the England average. Data is published annually.
PH13	New STI rates decreased in 2024 and rates are consistently better than the England. Data is published annually.
PH14	Data 2024/25 shows a slight improvement on the 2023/24 annual figure and has met the target.
PH15	The alcohol-specific admissions rate has increased during 2023/24 (as it did across England as a whole) and has not met the target.
PH16	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 increased in 2024/25 and met the target.

Appendix 1 – Financial Statements

COMMUNITY CARE

Revenue Budget as at 31st May 2025

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Residential & Nursing	20,674	1,340	1,395	(55)	(333)
Domiciliary Care & Supported living	15,564	691	861	(170)	(1,343)
Direct Payments	15,513	3,430	3,644	(214)	(972)
Day Care	712	62	60	2	13
Total Expenditure	52,463	5,523	5,960	(437)	(2,635)
Income					
Residential & Nursing Income	-11,881	-729	-732	3	14
Community Care Income	-3,115	-230	-159	(71)	(210)
Direct Payments Income	-1,034	-77	-80	3	204
Income from other CCGs	-420	0	0	0	0
Market sustainability & Improvement Grant	-2,796	-466	-466	0	0
Adult Social Care Support Grant	-6,102	-1,017	-1,017	0	0
War Pension Disregard Grant	-54	0	0	0	0
Total Income	-25,402	-2,519	-2,454	(65)	8
Net Operational Expenditure	27,061	3,004	3,506	(502)	(2,627)

Comments on the above figures

The net spend position for the community care budget at the end of May 2025 is currently £0.502m over the available budget and the yearend shows net spend to be £2.627m over the annual budget. It is worth noting that there has been a change to the methodology of the forecast for these services. In previous years the forecast was derived from extrapolating the spend incurred on each periodic Master Service Return (MSR) to the end of the year. However this has proved to be increasingly unreliable.

In order to gain a more accurate forecast at the start of the financial year, intelligence gained from the previous year has been used as a basis. This was inflated by the anticipated demographic growth (4.9%) and therefore the associated increase in demand for services and also the uplift to providers (8%). The financial performance against monthly targets will be monitored closely and the forecast will be adjusted as necessary as we move through the year.

This forecast is as things stand at the moment assuming no material changes, apart from increased demand of 4.9% and the agreed fee increase of 8% with care providers. However there is a risk that the forecast could be significantly more as the ICB carry out a formal “turnaround” reviewing all NHS spend which may impact on the community care budget and –could result in more challenges to social care funding requests.

To mitigate this financial risk a number of actions are being considered for implementation to reduce costs and help bring spend back in line with budget. These are detailed below:

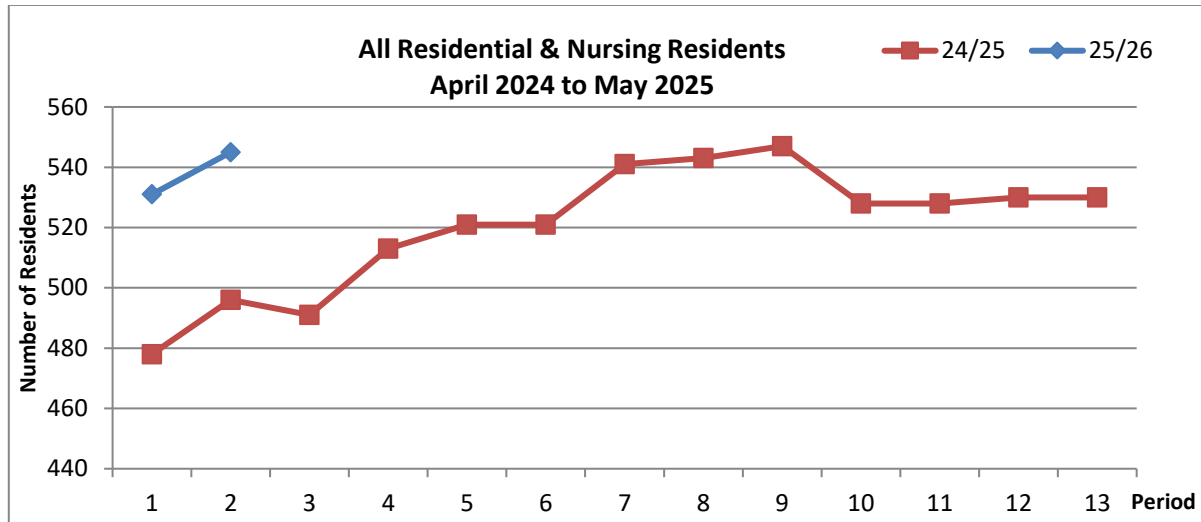
- Reduction of 1 to 1 packages of care if health’s responsibility
- Review 15 minutes packages of domiciliary care to identify medicine prompts which are health’s financial responsibility
- Ensure assessments carried out on discharge from hospital are complete and appropriate
- Maximise internal care home capacity

Further analysis of individual service budgets is provided below.

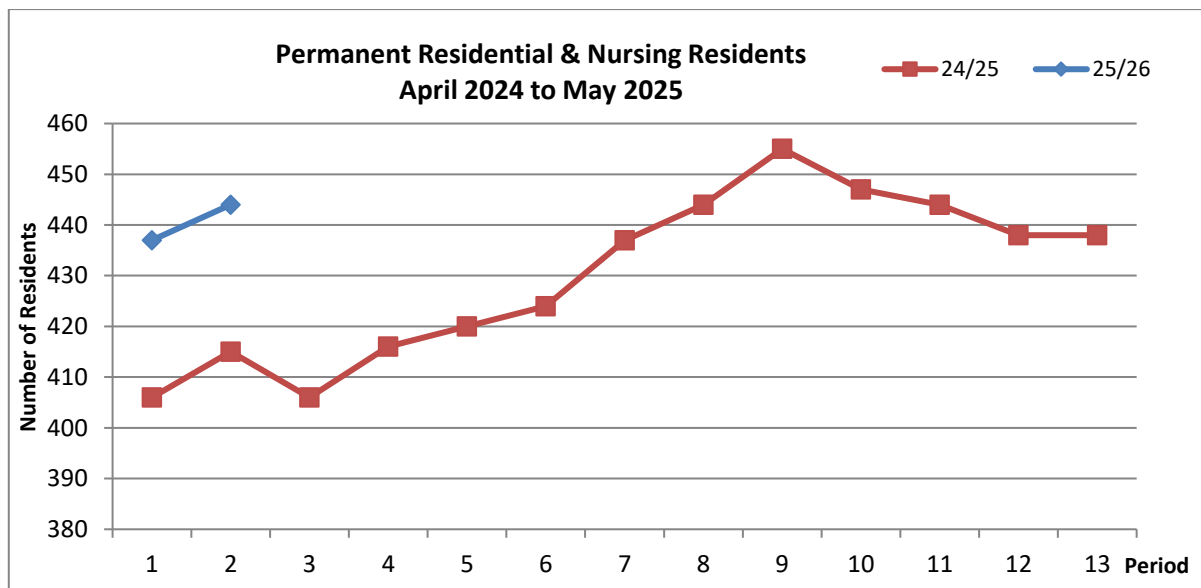
Residential & Nursing Care

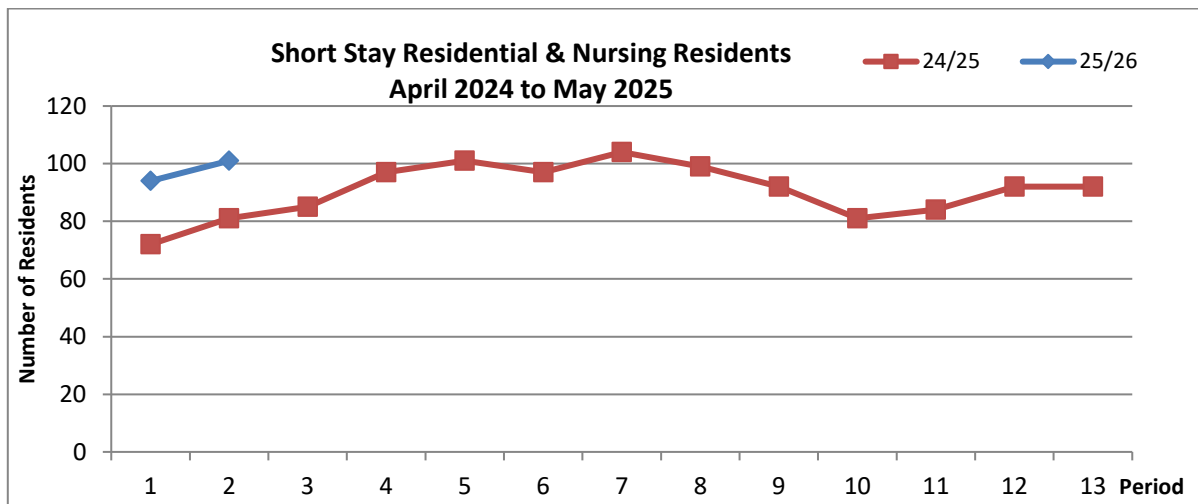
There are currently 545 residents in external residential/nursing care as at the end of May 2025 compared to 530 at the end of 2024/25, an increase of 2.8%. Compared to the 2024/25 average of 520 this is an increase of 4.8%. The average cost of a package of care is currently £940.85 compared to £850.24 at the end of 2024/25 an increase of 10.6%. Supplementary invoice payments so far amount to £86k.

The graph below illustrates the demand for all residential and nursing placements.



The above external care home data can be further split out to show short stay and permanent placements as in the graphs below.

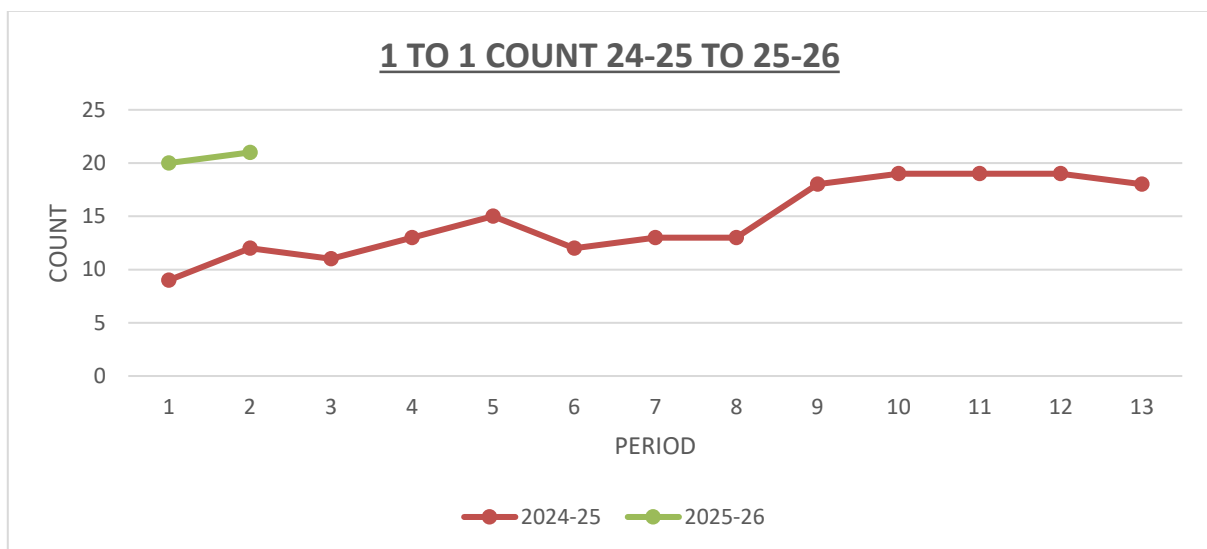




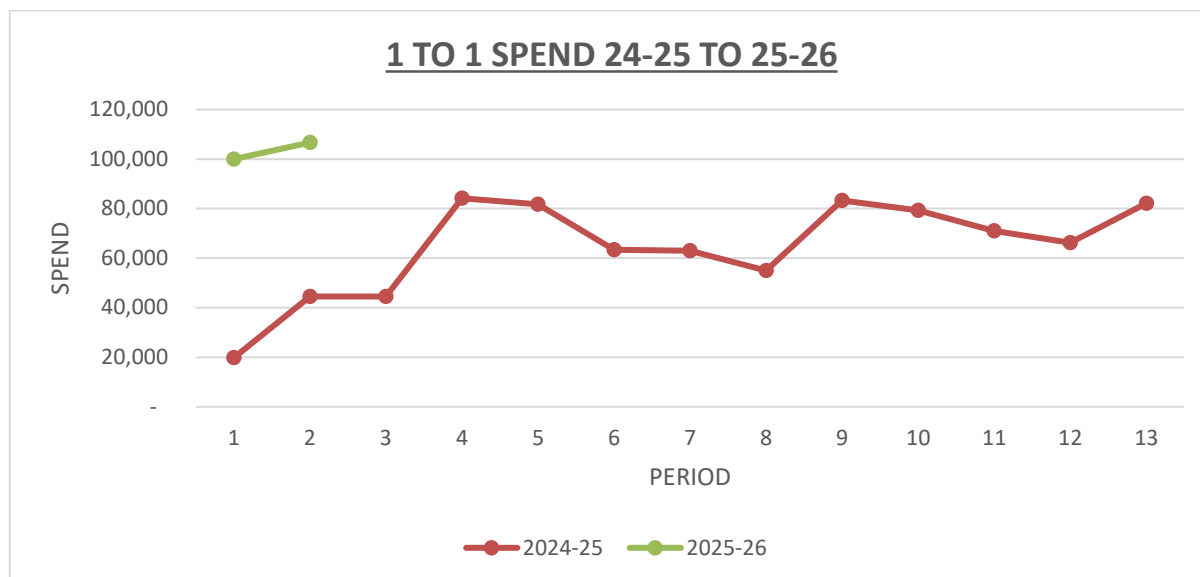
1 to 1 Support In Care Homes

Payments for 1 to 1 support continue to exert pressure on the budget, due to increasing demand. This is generally to mitigate the risk from falls particularly on discharge from hospital. The full year cost for 2024/25 was £837,882.

The graph below shows the count of service users receiving 1 to 1 care by period and clearly demonstrates an increase, particularly compared with the same period last year rising from 12 to 21. This is an increase of 75%.



The graph below shows the spend on 1 to 1 care by period. This shows that the monthly spend has increased 29% from £82k at the end of 2024/25 to £107k at the end of May. If the Council continue to pay 1 to 1 costs at the current rate this will amount to approximately £1.3m per annum.

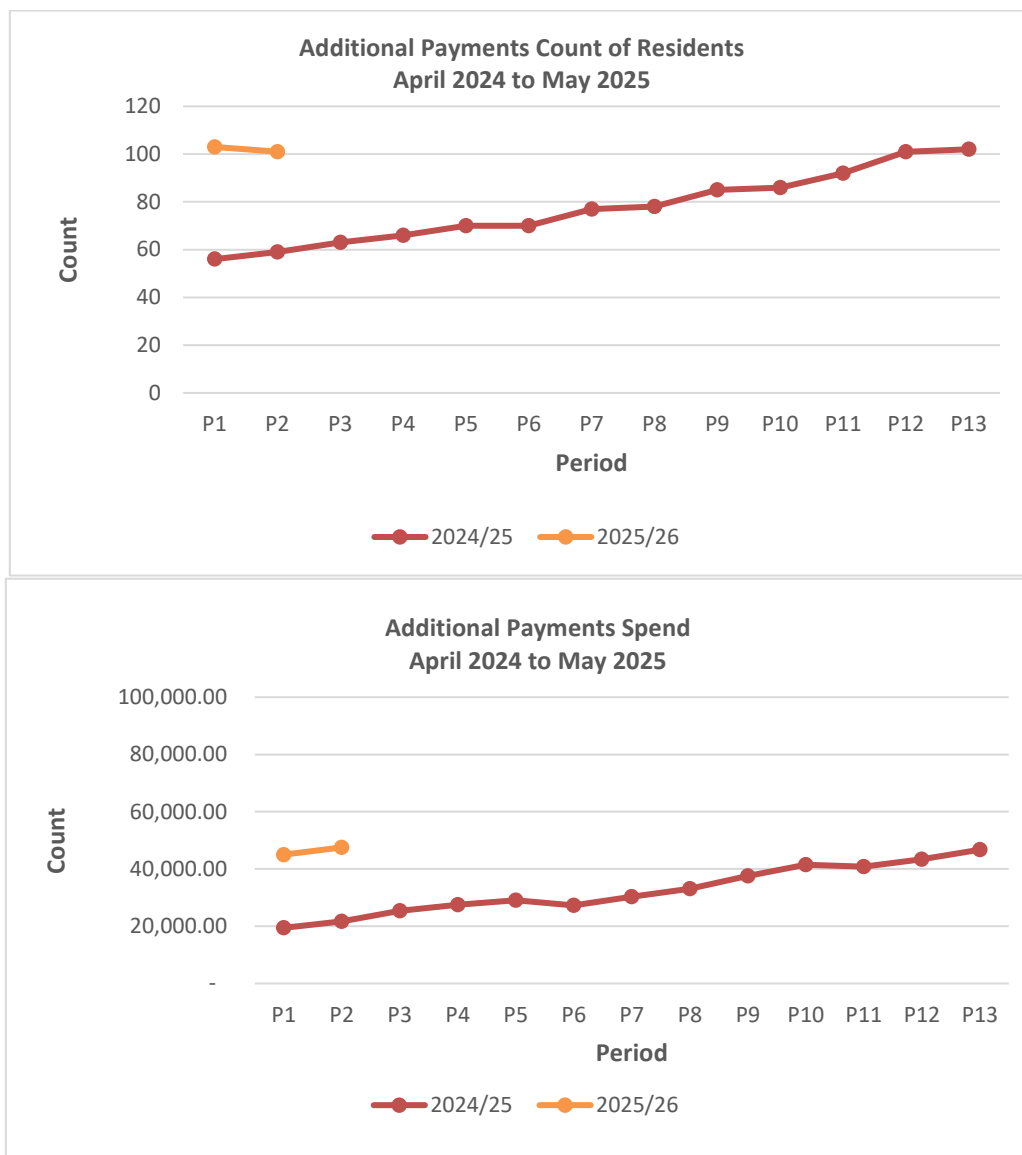


Additional Payments 2025/26

Additional payments to providers rose sharply throughout 2024/25, both in and out of the borough. These are where the care home charges an additional amount on top of the contracted bed rate. The cost of this for 2024/25 was £423,894.

The graph below illustrates the count of service users with an additional payment by period.

This clearly shows a steady increase in numbers and costs for 24/25. The spend up to Period 2 2025/26 is £92,526.32. If numbers and costs remain the same (101) the forecast spend for the year will be approximately £0.615m.



High Cost Packages

The number of permanent packages of care over £1k per week are tabled below:

Weekly Cost £	No of Permanent PoCs	
	P 1	P 2
1000-1999	60	61
2000-2999	23	28
3000-3999	6	6
4000-4999	9	8
5000-5999	5	5
6000-6999	2	2
7000-7999		
8000-8999	1	1
>10,000		
Total	106	111
Over £1,000 Out of Borough	76	80

Over £1,000 Joint		
Funded	47	48

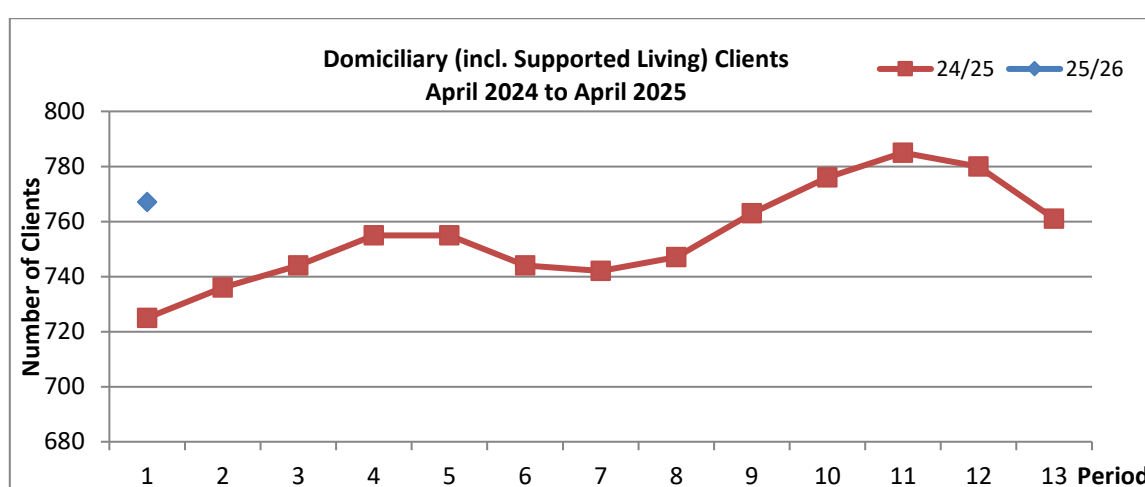
Since the beginning of the financial year the number of permanent packages over £1k has increased 4.7% from 106 to 111. Out of borough placements over £1k has increased 5.2% from 76 to 80. Joint funded packages of care over £1k has increased 2.1% from 47 to 48.

Domiciliary Care & Supported Living

Note only 1 period of data is available at the time of writing.

There are currently 767 service users receiving a package of care at home, compared to the average in 2024/25 of 754, an increase of 1.7%. However compared with April 2024 the increase is 5.8%. The average cost of a package of care is currently £452.39 compared with £450.64 in 2024/25.

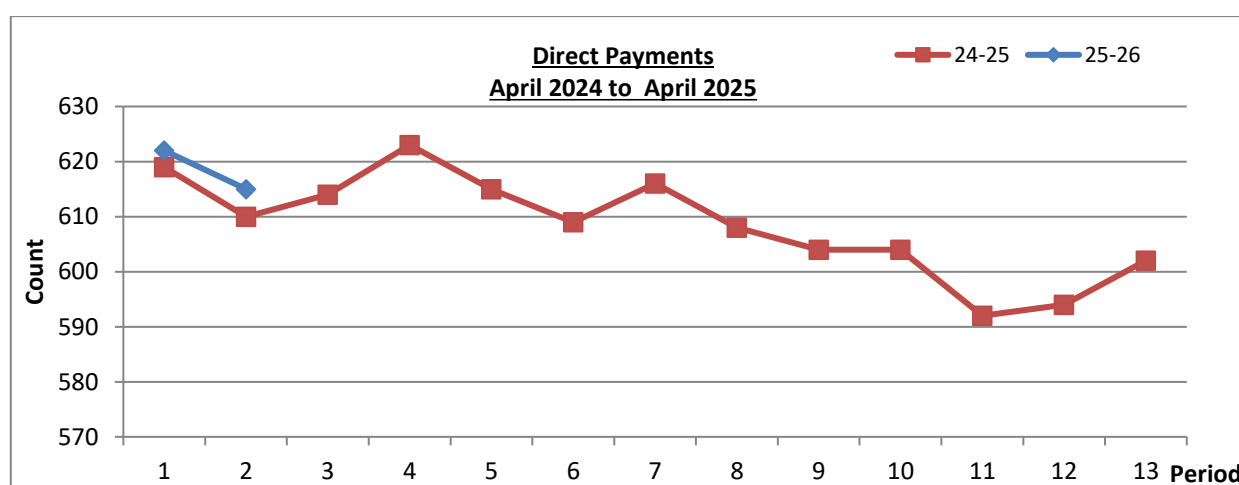
The graph below illustrates the demand for the service from April 2024 to April 2025.



Direct Payments

The average number of clients who received a Direct Payment (DP) in Period 2 was 615 compared with 622 in Period 1, a decrease of 1.1%. The average cost of a package of care has also decreased from £571.26 to £511.50, a reduction of 10.46%.

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 year to quantify pressures on the financial performance. The Community Care budget recovery group continues to meet regularly to

identify savings and cost avoidance actions to try to mitigate some of the risk of overspend against this budget.

CARE HOMES DIVISION

Revenue Budget as at 31 May 2025

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
<u>Madeline Mckenna</u>					
Employees	770	122	116	6	52
Agency - covering vacancies	0	0	10	(10)	(77)
Other Premises	90	14	5	9	15
Supplies & Services	26	3	6	(3)	(12)
Food Provison	51	4	9	(5)	(5)
Private Client and Out Of Borough Income	-127	-7	-5	(2)	(24)
Reimbursements & other Grant Income	-23	-2	-3	1	10
Total Madeline Mckenna Expenditure	787	134	138	(4)	(41)
<u>Millbrow</u>					
Employees	2,280	350	199	151	1,088
Agency - covering vacancies	0	0	178	(178)	(1,308)
Other Premises	117	16	19	(3)	(13)
Supplies & Services	72	11	16	(5)	(30)
Food Provison	81	7	13	(6)	(10)
Private Client and Out Of Borough Income	-13	-2	-5	3	11
Reimbursements & other Grant Income	-742	-62	-67	5	10
Total Millbrow Expenditure	1,795	320	353	(33)	(252)
<u>St Luke's</u>					
Employees	3,595	614	392	222	1,603
Agency - covering vacancies	0	0	252	(252)	(1,777)
Other Premises	156	19	29	(10)	(55)
Supplies & Services	67	10	13	(3)	(10)
Food Provison	128	21	26	(5)	(30)
Private Client and Out Of Borough Income	-152	-19	-15	(4)	0
Reimbursements & other Grant Income	-1,080	-83	-82	(1)	0
Total St Luke's Expenditure	2,714	562	615	(53)	(269)
<u>St Patrick's</u>					
Employees	2,031	338	365	(27)	700
Agency - covering vacancies	0	0	145	(145)	(927)
Other Premises	144	17	24	(7)	(20)
Supplies & Services	67	9	12	(3)	(10)
Food Provison	127	21	17	4	0
Private Client and Out Of Borough Income	-99	-8	-5	(3)	(10)
Reimbursements & other Grant Income	-684	-83	-48	(35)	(94)
Total St Patrick's Expenditure	1,586	294	510	(216)	(361)
<u>Care Homes Divison Management</u>					
Employees	322	54	30	24	129
Care Home Divison Management	322	54	30	24	129
Net Operational Expenditure	7,204	1,364	1,646	(282)	(794)
Recharges					
Premises Support	65	11	11	0	0
Transport Support	0	0	0	0	0
Central Support	663	111	111	0	0
Asset Rental Support	0	0	0	0	0
Recharge Income	0	0	0	0	0
Net Total Recharges	728	122	122	0	0
Net Departmental Expenditure	7,932	1,486	1,768	(282)	(794)

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 for the first two months of the 2025/26 Financial Year to 31 May is £0.282M above profile, with an estimated spend above budget for the year of £0.794M. This primarily relates to unbudgeted agency staffing costs.

Comparison to Previous Year Outturn

The outturn position for financial year 2024/25 was £1.283M over budget. It should be noted that during the 2025/26 budget setting exercise the staffing budget allowance in respect of holiday cover for care staff was recalculated to reflect a more accurate number of staff cover days needed. This resulted in a permanent increase to the base staffing budget of £0.425m.

Supporting Information

Employee Related Expenditure

Employee related expenditure is over budget profile at the end of May 2025 by £0.064M, with the expected outturn at the end of financial year being £0.517m over budget. Projections take into account agency spending patterns over the previous 3 financial years, which consistently show increased spending patterns in the latter half of the financial year.

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 May 2025 total agency spend across the care homes reached £0.585M, 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 May by £0.029M and is forecast as an estimated overspend at the end of the financial year 2025/26 of £0.073M

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.

Income

Income Targets include those for privately funded residents, out of borough placements, and reimbursements from the ICB in respect Of Continuing Health Care, Funded Nursing Care, and Joint Funded placements. Whilst most income targets are running generally to target, 2 Continuing Health Care residents sadly passed away early in the financial year. Income for this area is therefore currently reduced, and an under-achievement is currently projected.

Approved 2025/26 Savings

There are no approved savings for the care home division in financial year 2025/26.

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.

BETTER CARE POOLED BUDGET

Revenue Budget as at 31 May 2025

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Intermediate Care Services	6,312	494	500	(6)	(31)
Oakmeadow	1,995	299	295	4	22
Community Home Care First	1,941	142	132	10	42
Joint Equipment Store	880	0	0	0	0
Contracts & SLA's	3,262	0	0	0	0
Inglenook	134	14	8	6	34
HICafs	3,720	98	121	(23)	(124)
Carers Breaks	445	27	20	7	47
Carers centre	365	0	0	0	0
Residential Care	7,236	906	906	0	0
Domiciliary Care & Supported Living	4,336	723	723	0	0
Pathway 3/Discharge Access	426	0	0	0	(2)
HBC Contracts	72	22	22	0	0
Healthy at Home	28	0	0	0	0
Capacity	30	0	-4	4	12
Total Expenditure	31,182	2,725	2,723	2	0
Income					
BCF	-15,032	-1,253	-1,253	0	0
CCG Contribution to Pool	-2,959	-246	-246	0	0
Oakmeadow Income	-2	0	0	0	0
Total Income	-17,993	-1,499	-1,499	0	0
Net Operational Expenditure	13,189	1,227	1,225	2	0

Comments on the above figures

The financial performance as at 31 May 2025 shows a balanced financial forecast for the Complex Care Pool as at period 2 of the financial year.

Intermediate Care Services are marginally over budget to date, with an over spend against budget of £0.031m expected at the end of the financial year. This is due to spend on agency staff covering vacancies within the hospital team.

Oakmeadow is currently under budget by £0.004m with an expected year end underperformance of £0.022m. This is due to a lower than anticipated expenditure on care staff, with current spend on casual and agency staff currently lower than at this point in 24/25.

The overspend on HICaFS is primarily due to the use of agency staff to cover vacancies. In the previous financial year, this overspend was offset by the underperformance on the Warrington and Bridgewater HICaFS contracts. At present no contract spend information is available, therefore contracts are currently forecast to spend to target, however, any underperformance on the contracts in this financial year will reduce the budget pressure on this service.

Community Home Care First is currently indicating a £0.042m underspend. This is a demand led budget and spend will fluctuate throughout the year. Current forecasting adopts a prudent approach, however, there remains a risk that these costs could increase throughout the year adding pressure to the budget.

Inglenook is expected to be £0.034m under budget by the end of the financial year. At present there are two clients using the service, however one client is funded by Continuing Health Care, which minimises the expenditure on this budget.

Carer's Breaks is showing a forecast outturn of £0.047m under budget as demand for services is still lower than pre-pandemic levels.

Pathway 3 is currently forecast to be £0.002m over budget at the end of the financial year. Although currently this is only a small pressure, as this is a demand led budget it carries the risk that the spend will increase further, resulting in a more unfavourable position.

There is a slight underspend on the Capacity contract for improving residential care. This is due to majority of the contract costs being incurred during 24/25, leaving the a surplus of £0.012m in this financial year.

The forecast outturn for year end is currently showing a balanced budget. However, in accordance with the terms of the pool budget, should there be any unallocated funds at the end of the year, these will be shared equally with the ICB. The Halton Borough Council allocation will be used to contribute towards the pressures within community care.

ADULT SOCIAL CARE

Revenue Operational Budget as at 31 May 2025

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	18,077	3,038	2,778	260	1,302
Agency- Covering Vacancies	0	0	280	(280)	(1,567)
Premises	498	124	122	2	16
Supplies & Services	698	145	155	(10)	(52)
Aids & Adaptations	37	6	6	0	(4)
Transport	341	57	42	15	79
Food & Drink Provisions	228	38	24	14	78
Supported Accommodation and Services	1,408	235	184	51	269
Emergency Duty Team	157	0	0	0	(13)
Transfer To Reserves	295	0	0	0	0
Contracts & SLAs	1,050	189	189	0	0
					0
Housing Solutions Grant Funded Schemes					
Homelessness Prevention	548	196	193	3	0
Rough Sleepers Initiative	139	0	0	0	0
Total Expenditure	23,476	4,028	3,973	55	108
Income					
Fees & Charges	-1,044	-111	-62	(49)	(300)
Sales & Rents Income	-538	-175	-208	33	150
Reimbursements & Grant Income	-2,089	-96	-103	7	42
Capital Salaries	-117	0	0	0	0
Housing Schemes Income	-687	-687	-687	0	0
Total Income	-4,475	-1,069	-1,060	(9)	(108)
Net Operational Expenditure	19,001	2,959	2,913	46	0
Recharges					
Premises Support	789	132	132	0	0
Transport	792	132	142	-10	0
Central Support	4,039	673	673	0	0
Asset Rental Support	13	0	0	0	0
HBC Support Costs Income	-112	0	-19	19	0
Net Total Recharges	5,521	937	928	9	0
Net Departmental Expenditure	24,522	3,896	3,841	55	0

Comments on the above figures

The above information relates to Adult Social Care, excluding Community Care and Care Homes. Net Department Expenditure, is currently £0.055m under budget profile at the end of the second period of the financial year.

Current Expenditure projections indicate a balanced budget at the end of the financial year.

Employee Related Spend

The projected full-year cost is above the annual budget by £0.265m. The unbudgeted agency costs are in respect of covering vacant posts, particularly in terms of front-line Care Management and Mental Health

Team posts. Due to ongoing and increase in vacancies, there has been an increase in Agency staff use, with the continued use of these Agency staff members being forecasted until the end of the financial year. Agency expenditure across the division as a whole at the end of May 2025 stood at £0.280m, with a full-year spend of £1.567m projected.

Supplies and Services related spend

The projected £0.052m full-year spend above budget relates to an increased volume of caseload in respect of Deprivation Of Liberty Standards (DoLs) assessments. Spend to May 2025 was £0.018m with total spend for the financial year forecast at £0.215m, in line with the previous financial year's spend.

Transport related spend

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.

Housing Strategy related spend

Housing Strategy initiatives included in the report include the Rough Sleeping Initiative and the 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 over budget profile by £0.009m with a projected under achieved target at the end of the financial year being £0.108m. The main areas making up the projected under achievement of target income are Community Meals and Telehealth care.





2025/26 Savings

Progress against 2025/26 approved savings for the Adult Social Care Directorate are included at Appendix A.

Progress Against Agreed Savings

2025/26 Adult Social Care Directorate Savings

Appendix A

Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value		Current Progress	Comments
			25/26 Agreed Council 01 February 2023 £'000	25/26 Agreed Council 05 March 2025 £'000		
Housing Solutions	474	Remodel the current service based on good practice evidence from other areas.	125	0		Currently Under Review
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.	100	0		Achieved
Community Wardens/Telecare Service		Community Wardens/Telecare Service – a review will be undertaken of the various options available for the future delivery of these services, with support from the Transformation Delivery Unit.	0	280		Currently Under Review
Care Management		Community Care – continuation of the work being undertaken to review care provided through the	0	1,000		Unlikely to be achieved – currently forecast overspend position

Community Care Budget		Community Care budget, in order to reduce the current overspend and ongoing costs.				
Various		Review of Service Delivery Options – reviews will be undertaken of the various service delivery options available for a number of areas including; Day Services, Halton Supported Housing Network, In-House Care Homes, Reablement Service and Oak Meadow.	0	375	u	Currently Under Review
Total ASC Directorate			225	1,655		

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 31st May 2025

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Employees	5,627	802	772	30	177
Other Premises	6	1	0	1	6
Supplies & Services	322	87	100	(13)	(78)
Contracts & SLA's	7,206	253	219	34	200
Transport	4	0	0	0	1
Other Agency	24	24	24	0	0
Total Expenditure	13,189	1,167	1,115	52	306
Income					
Fees & Charges	-122	-12	-11	(1)	(4)
Reimbursements & Grant Income	-154	-59	-59	0	0
Transfer from Reserves	-59	0	0	0	0
Government Grant Income	-12,435	-3,098	-3,098	0	0
Total Income	-12,770	-3,169	-3,168	(1)	(4)
Net Operational Expenditure	419	-2,002	-2,053	51	302
Recharges					
Premises Support	209	35	35	0	0
Transport Support	24	4	4	0	(3)
Central Support	1,897	316	316	0	0
Asset Rental Support	0	0	0	0	0
Recharge Income	-669	-112	-112	0	0
Net Total Recharges	1,461	243	243	0	(3)
Net Departmental Expenditure	1,880	-1,759	-1,810	51	299

Comments on the above figures

The current financial position shows the net spend for the department is £0.051m under the budget profile. The estimated department outturn position excluding the ring fenced public health grant for 2025/26 is £0.299m net spend under available budget.

Employee costs are expected to be £0.177m under budget profile. This is due to a number of vacancies and some reduced hours within the main Public Health department and the Health Improvement Team.




Budget pressures to be aware of are supplies and services which are currently forecasting a £0.078m overspend.

Contracts and SLA's are currently showing a forecasted £0.200m underspend against budget, however, there are a number of contracts which are due for renewal and in the current financial climate are likely to increase significantly. Also £0.059m has been used from Public Health grant reserves to balance the current year budget. This leaves a forecast balance of £1.283m in the Public Health grant reserve.

The department is proactive and work is currently being done to identify any areas where savings can be made as the use of reserves from previous years will not be available to balance future budgets.




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