

# Public Document Pack



## Health and Wellbeing Board

Wednesday, 20 January 2021 2.00 p.m.  
Via public remote access (please contact  
the Clerk named below for instructions)

A handwritten signature in blue ink that reads 'David W R'.

**Chief Executive**

*Please contact Gill Ferguson on 0151 511 8059 or e-mail  
gill.ferguson@halton.gov.uk for further information.  
The next meeting of the Committee is on Wednesday, 24 March 2021*

**ITEMS TO BE DEALT WITH  
IN THE PRESENCE OF THE PRESS AND PUBLIC**

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**HEALTH AND WELLBEING BOARD**

*At a meeting of the Health and Wellbeing Board on Wednesday, 7 October 2020 held remotely.*

Present: Councillors Polhill (Chair), T. McInerney, Woolfall and Wright and S. Bartsch, N. Bunce, P. Cooke, G. Ferguson, T. Hemming, T. Hill, P. Jones, M. Larking, R. Macdonald, E. O'Meara, K. Parker, D. Parr, C Pritchard, S. Quinn, S. Semoff, M. Stanley, M. Vasic, I. Whiley, D. Wilson and S. Yeoman.

Apologies for Absence: K. Parker, L. Thompson and S. Wallace Bonner

Absence declared on Council business: None

Also in attendance: One member of the press

**ITEM DEALT WITH  
UNDER DUTIES  
EXERCISABLE BY THE BOARD**

	<i>Action</i>
<p>HWB1 MINUTES OF LAST MEETING</p> <p>The Minutes of the meeting held on 15 January 2020 having been circulated were signed as a correct record.</p>	
<p>HWB2 CRF ACTION PLAN IN RESPONSE TO RAPID INCREASE IN COVID-19 CASES</p> <p>The Board received a report on the Cheshire Resilience Forum Action Plan in response to a rapid increase in COVID 19 cases. It was noted that all areas of Cheshire had seen an increased incidence of COVID-19 cases in the last week (as at 14 September) with more significant increases being observed in Warrington and Halton.</p> <p>In response to these concerns, the Cheshire Resilience Forum had produced an action plan, a copy of which had been previously circulated to the Board. The plan set out a summary of the epidemiological evidence for Cheshire and steps that were being taken now in response to the rapid increase in COVID-19 cases and also what steps were under consideration. The appendix at the back of</p>	

the action plan provided a more detailed summary of COVID-19 surveillance data for both Cheshire and Merseyside.

RESOLVED: That the contents of the report be noted.

#### HWB3 WINTER PLANNING

The Board considered a copy of the Mid Mersey Winter Planning document and the two local system winter plans which had been derived from local system partnerships of Warrington and Halton and St Helens and Knowsley. On receipt of the plans the Urgent and Care Network and the Cheshire and Merseyside Health and Care Partnership would aggregate the plans up as a Cheshire and Merseyside response.

It was recognised within the plan that winter was likely to place unique pressures on the health and care system. COVID-19 remained a concern with seasonal flu and other viruses, seeing an increase in transmissions over the winter period. Additional challenges were set out in the plan that would exacerbate pressures on the health and social care system in Winter 2020/21, increasing demand on usual care as well as limiting surge capacity. These factors had all been considered in the winter plans and mitigations of COVID-19 this winter had substantially changed the local response to that used for previous winter planning and the first wave of infection in Spring 2020.

RESOLVED: That the Board

1. acknowledge the winter planning requirements; and
2. support the two local system winter plans and the Mid Mersey submission.

#### HWB4 INITIAL REPORT ON THE IMPACT OF THE CORONAVIRUS ON HALTON'S ADULT SOCIAL CARE MENTAL HEALTH SERVICES

The Board considered a report of the Director of Adult Social Services, which provided a summary of the impact of the coronavirus on people known to the adult social care mental health services in Halton. The report set out the work of the Mental Health Social Work Services and the Mental Health Outreach Team. It included some of the adjustments to service delivery that had been made as a result of the pandemic.

The early indications were that the impact of the coronavirus on people's mental health and wellbeing in Halton had been considerable, although it would take at least another quarter before this was more fully understood. A further report could be brought to the Board in the near future which would provide more detailed information about referral rates and mental health outcomes in the subsequent quarter.

On behalf of North West Boroughs' Specialist Mental Health Services, T. Hill provided a brief update of their work and agreed to provide a more detailed update to a future meeting.

RESOLVED: That the Board note the contents of the report.

#### HWB5 LLOYDS BANKING UPDATE

The Board considered an update on the work of the Lloyds Banking Foundation in Halton. In November 2019, Halton was confirmed as one of the areas supported by the Lloyds Banking Foundation. In early March, colleagues from Lloyds came to Halton for a two day study visit and met with several key Partners. Since then some of the anticipated activities had been impacted by COVID-19 but colleagues from Lloyds had continued to support partners in Halton with:

- A small grant and advice to the Halton VCA;
- Ringfenced two development grants for Halton charities;
- Assisting with the Halton Foundation; and
- Information gathering on future initiatives in Halton.

RESOLVED: That the report be noted and the work of the Lloyds Foundation in Halton be supported.

#### HWB6 HBC LOCAL LOCKDOWN EMERGENCY PLAN TO SUPPORT SHIELDED, VULNERABLE AND THOSE SELF-ISOLATING

The Board considered a report that detailed Halton's Local Lockdown Emergency Plan to support shielded, vulnerable and those self isolating for shielded and vulnerable individuals. The plan had been produced in response to a risk of a local lockdown and the impact on these vulnerable individuals who resided within the Borough.

The Authority had developed a suite of Contingency

Plans in response to a virus outbreak occurring, copies of which had been shared with the Board. Should the mitigation measures detailed within the Outbreak Plans not be sufficient to reduce the spread of the virus, a Local Lockdown may be required. Therefore, the aim of the plan was to support the individuals and provide guidance for the Authority and partner agencies in response to the lockdown.

RESOLVED: That the Emergency Plan be noted.

HWB7 ONE HALTON - UPDATE REPORT

The Board received an update report on work relating to the One Halton Forum, the Integrated Commissioning Group and the Provider Alliance. The report summarised recent initiatives involving NHS Phase Three, Cheshire and Merseyside Health and Care Partnership, the potential for a Cheshire and Merseyside CCG, the Mersey Thought Session held on 16 September, future One Halton Priorities and One Halton Finance (a budget statement was shared with the Board).

RESOLVED: That the report be noted.

*Meeting ended at 3.00 p.m.*

<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	20 <sup>th</sup> January 2021
<b>REPORTING OFFICER:</b>	Director of Public Health
<b>SUBJECT:</b>	Overview of Covid-19 in Halton including the Health Protection Board and the local Covid-19 Outbreak Hub and the Cheshire & Merseyside Outbreak Hub
<b>WARD(S)</b>	Borough-wide

### 1.0 PURPOSE OF THE REPORT

1.1 To provide the Board with a briefing of Halton's position on Covid 19.

2.0 **RECOMMENDATION: That the Board note the briefing of Halton's position on Covid 19 data, testing and vaccinations.**

### 3.0 SUPPORTING INFORMATION

3.1 Data is provided to local authorities on a daily basis regarding our situation for Covid 19.

Halton's latest Action Plan will be shared.

Halton's Testing situation and vaccination update will be provided.

### 4.0 POLICY IMPLICATIONS

4.1 Halton is in line with Government requirements to address COVID 19.

### 5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There is ring fenced allocated funding for outbreak planning and staff.

### 6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

#### 6.1 Children & Young People in Halton

These plans will protect the health of children and young people in Halton.

#### 6.2 Employment, Learning & Skills in Halton

N/A.

#### 6.3 A Healthy Halton

These plans will protect the health of people in Halton.

**6.4 A Safer Halton**

These plans will protect the health of people in Halton.

**6.5 Halton's Urban Renewal**

N/A.

**7.0 RISK ANALYSIS**

7.1 These plans will reduce the risk to local people from an outbreak.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 There are no equality or diversity issues resulting from this report.

**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 Health Protection Board Terms of Reference and Halton Outbreak Plans.



<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	20 <sup>th</sup> January 2021
<b>REPORTING OFFICER:</b>	Sue Wallace Bonner – Director of Adult Social Services, Halton Borough Council
<b>PORTFOLIO:</b>	Health and Wellbeing
<b>SUBJECT:</b>	Halton's Adult Social Care: COVID-19 Winter Plan 2020/21
<b>WARD(S):</b>	Borough-wide

## 1.0 PURPOSE OF THE REPORT

- 1.1 To present the Board with an overview of Halton's Adult Social Care (ASC): COVID-19 Winter Plan 2020/21.

## 2.0 RECOMMENDATION: That the Board:

- i) **Note the contents of the report and associated Appendices.**

## 3.0 SUPPORTING INFORMATION

- 3.1 On the 18th September 2020, the Government published the [National ASC: COVID-19 Winter Plan](#), which was developed from the work undertaken nationally by the ASC Covid-19 Taskforce during the summer.

The plan sets out the actions that the Government are taking at a national level to support those who provide and receive care. It also outlines the actions that the Government expect every local area (local authorities and NHS partners) and every care provider to take, in order to ensure everything possible is being done to keep people safe.

- 3.2 Below is an example of some of the actions that the Government have outlined that they are undertaking as part of the national Plan:-

- Supporting the sector with an additional £546 million Infection Control Fund, to help with the extra costs of infection prevention and control measures – including the payment of care workers who are self-isolating in line with government guidelines.
- Scaling up their Personal Protective Equipment (PPE) distribution to make free PPE available for all adult social care providers and care workers through to March 2021.
- A Chief Nurse for Adult Social Care will be appointed to provide leadership to the social care nursing workforce. NB. It was announced on 7<sup>th</sup> December that [Professor Deborah Sturdy](#) will be taking up this role.
- A new dashboard will monitor care home infections and provide data to

help local government and care providers respond quicker.

3.3 As part of the national plan, Local Authorities were required to write to the Department of Health and Social Care (DHSC) by 31st October 2020 confirming that they have put in place a winter plan and that they are working with care providers in their area on their business continuity plans, highlighting any key issues if needed, in order to receive the second instalment of the Infection Control Fund. NB. This confirmation was provided.

3.4 In line with Government guidance, Halton's plan (see **Appendix 1**) considers the recommendations of the national Winter Plan and how we have responded/continue to respond to the local requirements.

Contributions were made to the plan from across ASC Services and NHS Halton Clinical Commissioning Group (CCG).

3.5 The overall aim of our Winter Plan 2020/21 is to ensure that high quality, safe and timely care is provided to everyone who needs it during the winter, whilst continuing to protect people who need care, their carers and the social care workforce from Covid-19.

3.6 Our objectives for ASC during winter are to:-

- ensure everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period;
- protect people who need care, support or safeguards, the social care workforce, and carers from infections, including COVID-19; and
- make sure that people who need care, support or safeguards remain connected to essential services and their loved ones, whilst protecting individuals from infections including COVID-19

3.7 Below are an example of the areas covered within the plan (list not exhaustive):-

- Safe Discharge from Hospital
- Provision of Alternative Accommodation
- Care Providers – Business Continuity/Resilience
- Outbreak Management
- Management of Staff Movement
- Flu Vaccinations
- Care Home Visiting Guidance

3.8 As part of the development of the winter plan a number of areas of outstanding action were identified and collated into an associated Action Plan. Progress has been monitored via the Care Home Resilience Plan Implementation Group, chaired by the Director of Adult Social Services, with representation from Public Health and NHS Halton CCG; see **Appendix 2** for progress towards outstanding actions as at 4<sup>th</sup> December 2020.

#### 4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None associated with this report.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

None identified.

6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

The aim and objectives of Halton's ASC: COVID-19 Winter Plan 2020/21 is directly linked to this priority.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 Health and Social Care services are always under considerable pressure over the winter period as demand for services tends to increase significantly with the onset of the cold weather etc. This demand is only being exacerbated this year due to the Pandemic.

With the prevalence of coronavirus still high within communities emphasising the need to maintain vigorous infection control measures and to make sure that every-one is doing the right things to reduce the risk of transmission during the winter period is essential.

7.2 Local Authorities have a crucial role to play in this and Halton's plan outlines the efforts/activities taking place, over the winter period, to help keep the transmission rates low but also ensuring that quality and effective service delivery is maintained.

We are confident that we are taking all the necessary steps to work across the health and social care system, including with care home providers, to keep everyone safe and well during this period.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

9.0

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

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
National ASC: COVID-19 Winter Plan	Internet: <a href="https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021">https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021</a>	Sue Wallace Bonner <a href="mailto:Susan.Wallace-Bonner@halton.gov.uk">Susan.Wallace-Bonner@halton.gov.uk</a> Tel: 0151 511 8825

Halton Borough Council

Adult Social Care: COVID-19 Winter Plan 2020/21

Action Plan

Action Point No.	ASC Winter Plan 20/21 Paragraph Reference	Key Action	Target Date	Responsible Officer/Organisation	Progress (@ 4.12.20)
1.	2.1.2	Work with CQC, partners and Lilycross, to ensure Lilycross is approved under the CQC Care Home designation scheme so we are able to provide a safe place for people to go, who are Covid-19 positive, when they are discharged from hospital.	Submission to register Lilycross made 14.10.20; waiting for CQC to progress	Divisional Manager (Urgent Care) – HBC	Lilycross approved 22.10.20
2.	2.1.3	Working with providers to establish an approach and framework to adopt ADASS' 'Cohorting, Zoning and Isolation Practice - Commissioning for Resilient Care Home Provision - Sept 2020' guidance.	30.10.20	Divisional Manager (Independent Living) – HBC	Baseline assessment completed and RAG rated. Various levels of compliance due to physical environment of homes
3.	3.2.1	Ensure providers have access to the Skills for Care on line training package for staff to support the carrying out of reviews following an outbreak of Covid-19 once available.	ASAP – Once package is available	Divisional Manager (Independent Living) – HBC	In the process of developing a framework for learning and reflection
4.	3.2.2 & 4.7	Ensure mechanism is in place to support providers in accessing additional capacity including from locally coordinated returning healthcare professionals and/or volunteers.	30.10.20	Divisional Manager (Independent Living) – HBC	Commencing implementation of Mutual Aid and Volunteering action plan
5.	3.2.3	Continue to ensure that providers are able to access the required PPE stocks they require.	Ongoing	Divisional Manager (Independent Living) – HBC	Providers accessing PPE via government portal – monitoring undertaken as part of Welfare calls
6.	3.3	Ensure all homes have been provided with oximeters.	ASAP	Chief Commissioner – NHS Halton CCG	Work ongoing in respect to the distribution of the oximeters and training of staff
7.	4.1	Review visiting arrangements on an ongoing basis, particularly from a human rights perspective and as guidance evolves, ensuring appropriate	Ongoing	DPH – HBC DASS – HBC	In House Care Home Policy developed & implemented (Nov'20). Policy updated in light

		arrangements are in place for those at end of life etc.			of new government guidance introduced 2.12.20.  Policy to be shared with external providers  Independent sector developed own policies which have been audited for compliance
8.	4.3	Keep under review the reopening of services e.g. Day Services etc. in light of local restrictions etc.	Ongoing	DASS – HBC	Ongoing review as part of RESET plans
9.	4.9	Ensure that the Strengths Based Approach Training Programme is relaunched in advance of winter.	Programme relaunched 15.10.20	Divisional Manager (Care Management) - HBC	Programme relaunched as planned, however due to pressure on services, further session(s) have had to be postponed
10.	4.9	Conclude the mapping of the LGA's 'Standards for employers of social workers in England' and development of associated action plan.	End Dec'20	Divisional Manager (Care Management) – HBC	Completed
11.	4.9	Ensuring that NHS partners fully understand their responsibilities in the Ethical Framework for Adult Social Care.	End Nov'20	Divisional Manager (Care Management) – HBC	Ethical Framework shared with colleagues in Health via the Complex Care Management Group
12.	5.1	Establish a weekly joint communication from the DASS and DPH to go to all local providers of adult social care through the winter months.	23.10.20 & ongoing	DPH – HBC DASS – HBC	Completed – Introduced w/c 16.11.20
13.	5.2	Ensure process is in place for the distribution of ICF Round 2 funding and associated reporting requirements.	30.10.20	Divisional Manager (Independent Living) – HBC	Completed – Ongoing monthly monitoring and reporting back to DHSC



# **Adult Social Care: COVID-19 Winter Plan 2020/21**

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## 1. Aim/Objectives of the Winter Plan

The overall aim of Halton's Adult Social Care (ASC) Covid-19 Winter Plan 2020/21 is to ensure that high quality, safe and timely care is provided to everyone who needs it during the autumn/winter, whilst continuing to protect people who need care, their carers and the social care workforce from Covid-19.

Throughout the pandemic, in Halton, we have worked in partnership across health and social care, including the voluntary and community sector, to ensure that care providers have had what they have needed during this difficult time, whilst continuing to ensure that quality services and care provided is maintained.

Our objectives for ASC during winter are to:-

- ensure everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period;
- protect people who need care, support or safeguards, the social care workforce, and carers from infections, including COVID-19; and
- make sure that people who need care, support or safeguards remain connected to essential services and their loved ones, whilst protecting individuals from infections including COVID-19

The following sections outline the context in which ASC in Halton is currently and will be operating over the autumn/winter period from a National, Regional and Local perspective.

### 1.1 National Context

The coronavirus (Covid-19) pandemic has taken a toll on ASC in England and has had a profound impact on people receiving and providing social care.

This winter is likely to exacerbate the pressures on an already stretched health and social care system.

Covid-19 will be co-circulating with seasonal flu and other viruses and transmission may increase over the winter period.

In response to this, on 18<sup>th</sup> September 2020, the Government published the Adult Social Care: Our Covid-19 Winter Plan 2020 to 2021, which sets out:-

- the steps that are being taken nationally to ensure that the sector is prepared for winter;
- the key actions expected to be taken by local authorities, NHS organisations and care providers;
- how the recommendations of the Social Care Sector Covid-19 Support Taskforce are being put into practice; and
- a stimulus for further local winter planning and preparedness

with the overall aim of protecting people who need care and the workforce that supports them.

The national plan, as does our local winter plan, applies to all adults (from age 18+) and to all settings and contexts in which people receive ASC, including people's own homes, extra care

housing, supported living, residential care homes, nursing homes, and other community settings, such as day services and Shared Lives schemes.

## 1.2 Regional Context

Halton forms part of the Mid-Mersey health and social care system which comprises of 4 Clinical Commissioning Groups (CCGs), 4 Local Authorities including Public Health (PH), health and social care providers, 2 Acute Hospitals, a Mental Health Hospital, a range of Community Care Providers, Primary Care, Voluntary and 3rd Sector providers.

The 4 local places of **Halton**, Knowsley, St Helens and Warrington support and manage the local populations health, care and wellbeing needs to provide local place based plans with a responsibility to respond to anticipated events such as Winter pressures, Flu, Covid-19 and local and regional surges in demand.

The two local system winter plans, Halton and Warrington and St Helens and Knowsley, have been aggregated into a [Winter Planning submission](#) for the Mid Mersey Accident and Emergency Delivery Board system.

Although Halton ASC and its response, in respect to Winter preparedness, is referenced in the Mid Mersey Winter Planning submission, this ASC Winter Plan references specifically Halton's response to the key actions expected to be taken by local authorities and NHS organisations outlined in the national ASC Covid-19 Winter Plan.

It should be noted that as from Wednesday 14<sup>th</sup> October 2020, the Liverpool City Region (Liverpool, Knowsley, Wirral, St Helens, Sefton and **Halton**) have been placed into Tier 3 of England's local COVID alert levels.

## 1.3 Local Context

As outlined above, as from 14<sup>th</sup> October 2020, Halton has been placed into Tier 3 of England's local COVID alert levels.

Further details of these alert levels can be found [here](#).

These measures will help to address the significant rise in coronavirus cases in Halton and the wider region in recent weeks.

The new restrictions will be monitored very closely and the next steps will depend on the impact these measures have.

Information on the latest local Covid restrictions and data in respect to number of confirmed cases etc can be accessed via the HBC website at the link below:-

<https://hbcnewsroom.co.uk/coronaadvice/>

### 1.3.1 Local Demography

18% of Halton's population is aged 65 and over (23,812), with 4.2% over the age of 80 (5,387). Halton's proportion of people aged 65+ is same as the England level, but the proportion of people aged 80+ is slightly lower (England, 5.0%). The largest percentage growth has been in the most elderly groups and this pattern is set to continue.

The registered population for the 14 GP practices covered by NHS Halton Clinical Commissioning Group (CCG) is slightly greater than the resident population. The proportion of the population aged 65+ in each GP practice varies greatly from 9.6% to 22.4%.

It is predicted that the older population will continue to grow. The 65+ population is predicted to increase by 38% between 2019 and 2041 with the 85+ age cohort more than doubling, from 2,400 to 5,700, over this time period.

Older people are living longer and spending a greater proportion of their old age in relatively good health. The Office for National Statistics (ONS) Annual Population Survey indicates that older people have some of the highest levels of wellbeing of any age with scores across the four indicators used being highest in the 65-74 group. Despite this older people in Halton face a number of challenges:

- A quarter of Halton older people live in the 10% most deprived parts of England, with around 43% living in the most deprived 20%.
- The proportion living alone increases with age after age 65, with those aged 85 and over most likely to live alone (83.9%).
- Only 42% of people living in Halton who were over the age of 65 said their health was very good or good. Just 30% in Windmill Hill to 60% in Birchfield, with levels highest in the more affluent areas and lowest in the more deprived areas (2011 Census)
- Two out of ten (20.9%) of the total population has a limiting long-term illness (LLTI) or disability, whereas double that percentage - 4 out of ten (42%) - of those over the age of 65 do so; over half of 65-74 year olds do (52%), two in three 75-84 year olds (70%) and 85% of those aged 85+. This equates to 10,956 people aged 65 and over with a LLTI. These proportions are higher than regional and national figures.
- Data from the latest available annual GP survey also shows an increase in LTCs by age; 60% of total respondents compared to 96% amongst those over age 85. High blood pressure, arthritis and lower back pain being especially prevalent.
- Using national research, we estimate that there may be 2,237 Halton residents aged 65 and over who are frail with a further 9,859 pre-frail. Assuming the prevalence rates remain static, these numbers are predicted to nearly double over the next 21 years.
- The Census shows that 10,956 older people indicated that difficulties with mobility limit their lives, 6,318 a lot (ranging from 28% of those aged 65-74 up to 59% of those aged 85+) and 4,638 a little. Not surprisingly then, nearly half of all those in receipt of adult social care have physical impairments which affect their mobility. 27% of the 65+ respondents in the 2019 GP survey said they had problems with physical mobility, for example, difficulty getting about their home.

The care home population (aged 65+) has remained fairly stable increasing by just 0.3% between the 2001 and 2011 Census despite a growth in the 65+ population being 11% over this time period. This is likely due to the increased emphasis on care at home to aid independence for as long as possible. However, this means that the care home population is ageing with those aged 85+ over-represented. It also means it is those with the most complex

health and social care needs that are moving to live in care homes. Whilst Halton has had a lower percentage of older people needing to move to live in care homes than the national average, the continued ageing of the population does mean there will be an increase in numbers in the future. Indeed this is starting to happen already with the downward trend in both temporary and permanent admissions to care homes starting to reverse both nationally and locally.

In Halton 2.8% of the 65+ population lives in a care home. This rises to 12.1% of those aged 85 and over. These percentages are lower than regional and national averages for both age groups.

Having a local care market that is viable and able to deliver high quality care, will be key in responding to the rising demand in provision, especially over the autumn/winter period.

Final

## 2. Adult Social Care - Capacity/Demand Management

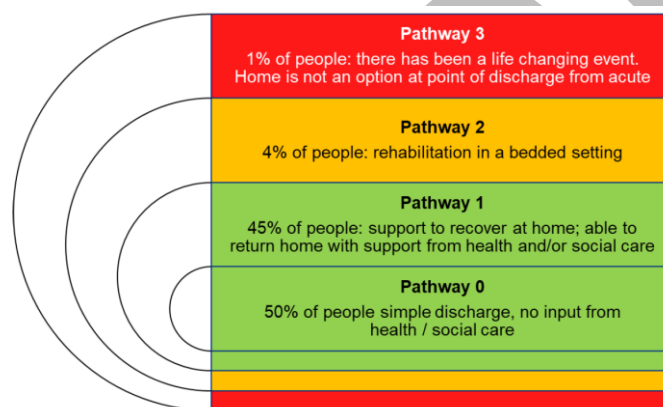
### 2.1 Safe Discharge from Hospital

#### 2.1.1 Discharge to Assess

As a result of the Pandemic and the need to ensure health and social care services could continue to effectively respond, there was a need to rapidly review service provision and introduce new ways of working.

As such, a key element of this was the national introduction of the COVID-19 Hospital Discharge Service Requirements on 19<sup>th</sup> March 2020, then being subsequently replaced with the Hospital Discharge Service: Policy and Operating Model on 21<sup>st</sup> August 2020.

In essence, this guidance provided, and continues to provide, a renewed focus on the Discharge to Assess model based on four clear pathways for discharging patients from hospital, as shown below:-



Systems and processes within our local Acute Trusts, HBC Care Management, Capacity and Demand and Intermediate Care (IC) Services needed to be realigned to support this approach in order to ensure that a capacity and demand led approach could be taken, in order to create sufficient and robust capacity to manage the predicted spike in hospital admissions.

Robust pathways for all commissioning and contracting of packages of care, including bed based services are in place and will remain so during winter. In Halton, we have an established Executive Lead for the leadership and delivery of our Discharge to Assess Model; HBC's Director of Adult Social Services (DASS).

In respect to winter 2020/21, the bed-based service will remain in place where home is not possible with a dedicated Multi-Disciplinary Team (MDT) approach being taken to improve function and continue rehabilitation at home. There continues to be pathways in place with voluntary sector organisations in Halton to support hospital discharge and aid recovery.

This model has been used throughout the pandemic successfully reducing Length of Stay (LoS) and therefore increasing bed based capacity.

Social work teams remain operational in the community and supporting hospital discharge, to ensure that discussion regarding a person's long-term care options take place, as early as possible after discharge. The care home sector is aligned to a trusted assessor model for

hospital discharge and the care home sector will be supported to manage current and ongoing pressures as a result of the pandemic.

NB. As at 5<sup>th</sup> October, care homes in Halton are currently running at an 8% vacancy rate (This excludes vacancies within care homes which as at the 5<sup>th</sup> October are closed to admissions).

An additional block purchased 500 hours of domiciliary care commenced in February 2020 and will continue throughout the winter period. This has successfully managed flow both out of hospital and bed based services.

The approach is to maintain an average LoS of between 14 and 21 days during winter in short term bed bases, which will really impact positively on available capacity. The role that community services (Reablement, domiciliary care, care homes, community health services) have with home first and the enhanced discharge pathways is key to this.

Daily board rounds and review within IC services in relation to discharge and movement on to home / long term service has resulted in significant reduced LoS' and therefore increased capacity. This approach will continue.

With the reintroduction of the NHS Continuing Healthcare (CHC) Assessments and the new discharge guidance, referred to above, Halton's Complex Care Management Group, which includes senior representatives from HBC and NHS Halton CCG, has worked together to establish the processes required to review the cohort of people now requiring assessments. This has been supplemented with a separate group developing 'back office' processes to help facilitate the assessments.

An associated Operational Group are meeting on a regular basis to ensure that there are sufficient staffing resources in place to address the CHC backlog and ensure work has been progressed. To date an additional social worker, funded via the COVID-19: NHS Continuing Healthcare Deferred Assessments – Workforce Programme and Financial Resourcing, has been identified to support the process.

### 2.1.2 Alternative Accommodation

As outlined in the COVID-19: Adult Social Care Action Plan published on 15<sup>th</sup> April 2020, there was an expectation that as a Local Authority, if appropriate isolation/cohorted care is not available with a local care provider, we would need to secure alternative appropriate accommodation and care for the remainder of the required isolation period.

In Halton, we had already been working on delivering this. In conjunction with system partners we developed an operational model including the provision of medical and district nursing cover and pathways and as a result were able to open a short-term Residential Service (60 beds) at Lilycross Care Centre in Widnes. The facility opened in May 2020 and is a regional and sub-regional resource across Cheshire and Merseyside providing additional care capacity to meet additional demands caused by the pandemic. The current contract for this service runs until 31<sup>st</sup> January 2021; this will be kept under review.

Lilycross will provide 16 beds for patients who are Covid positive on discharge from hospital and 44 beds for supporting general hospital discharges. Lilycross have appropriate isolation/cohorting facilities to ensure that they have safe accommodation for people who have been discharged from hospital with a positive or inconclusive Covid-19 test result.

We received information from the Department of Health & Social Care on the 12<sup>th</sup> October 2020 regarding the Care Quality Commission's (CQC) designation scheme for premises that are safe for people leaving hospital who have tested positive for Covid-19 or are awaiting a test result. The emphasis of the scheme is on stand-alone units or separate zones of accommodation and staffing and is underpinned by a number of principles including:-

- No-one should leave hospital without a test result;
- Designated places must be confident in testing, PPE, infection control, medical, DN, physio etc cover, staff isolation/restriction arrangements, etc.;
- More likely to be standalone than part of another unit;
- Providers must be willing and competent.

We are currently working with CQC, partners and Lilycross, to ensure Lilycross is approved under the designation scheme so we are able to provide a safe place for people to go, who are Covid-19 positive, when they are discharged from hospital.

### 2.1.3 Cohorting/Zoning

As part of our work on Care Home Resilience in the Borough (see section 3.1), we have worked with Care Homes on their ability to being able to appropriately isolate residents and as such produced documentation outlining the key points for Care Homes to consider in respect to isolation.

The publication of the Association of Directors of Adult Social Services (ADASS) 'Cohorting, Zoning and Isolation Practice - Commissioning for Resilient Care Home Provision - Sept 2020' guidance builds on information already shared with providers and we are actively working with them to establish an approach and framework to adopt this guidance.

## 2.2 Preventing Avoidable Admissions

### 2.2.1 Additional Capacity/Schemes

Details of the additional schemes and capacity that have been introduced with an aim of preventing avoidable admissions can be found in the Winter Planning submission for the Mid Mersey Accident and Emergency Delivery Board system referred to in paragraph 1.2.

Schemes include (list not exhaustive):-

- Access to Palliative Care Medicines
- High Intensity User Service
- 24 hour Mental Health Crisis Line
- Minor Eye Conditions Services
- Minor Aliments Service
- Urgent Treatment Centres.

### 2.3 Acute Hospital Admissions

Our local acute providers, Warrington & Halton Hospitals NHS Foundation Trust and St Helens & Knowsley Teaching Hospitals NHS Trust are both operating under the national guidelines



for hospital admissions and have liaised with the local Infection Prevention and Control Team to agree the procedures.

The hospitals are operating clean sites for elective activity, including the independent sector hospitals.

All patients are advised to self-isolate prior to attending the hospital, are temperature checked on arrival and are swabbed and isolated prior to admission to ward.

As outlined in Section 1.2, the two local systems, Halton & Warrington and St Helens & Knowsley, have developed winter plans to ensure that the systems are appropriately prepared for winter.

### **2.4 Social Prescribing**

Social Prescribing Link Workers (SPLWs) have been playing an important role during the pandemic, as part of Primary Care Network (PCN) teams and this will continue over winter.

In Halton, all Patients can access the NHS Halton CCG commissioned SPLWs service via self-referral, signposting from general practice staff member/clinician, or via a simple referral form. SPLWs undertake informal, wellbeing reviews of individual's needs and strengths and work with them to devise a wellbeing plan. This also includes navigation into health, community & voluntary services.

Prior to Covid-19, the NHS Halton CCG commissioned SPLW service was located in general practice, however during the pandemic the service has been working remotely. As PCNs recruit SPLWs and the CCG commissioned service is aligned, access to GP IT systems will be included as part of the developing model.

### 3. Care Providers – Business Continuity/Resilience

#### 3.1 Care Home Support/Resilience Plan

On the 14th May 2020, Local Authority Leaders received a letter from Helen Whately MP, Minister of State for Care, in which she asked that all local authorities review or put in place a care home support plan, drawing on local resilience and business continuity plans.

From the outbreak of the Pandemic, extensive work had already been taking place across the health and social care sector in Halton, to ensure our response to the crisis was robust and effective. In respect to the Care Home sector, this work had already been collated into Halton's overarching [Adult Care Home Resilience Plan](#); this plan was therefore reviewed and updated in light of the letter received.

This plan is being used in conjunction with each Care Home's individual Business Continuity Plan and the overarching Halton Adult Social Care Business Continuity Plan, to ensure that our response to the Pandemic is robust and effective. It will be updated on an ongoing basis as we progress through the Pandemic, to reflect when processes change or additional support is implemented.

The Resilience Plan addresses the following areas and outlines in detail the support that is in place:-

- Infection Prevention and Control (in. Training in Infection Control, Personal Protection Equipment etc.)
- NHS Clinical Support
- Testing
- Oversight and Compliance
- Workforce
- Funding

It should be noted that at the beginning of the Pandemic provider business continuity plans were all reviewed and updated. During September/October 2020, HBC's Quality Assurance Team (QAT) have been working with providers to ensure all plans have been reviewed and updated again in preparation for winter etc. QAT have developed a checklist to ensure that plans are robust and services supported to understand the shortfalls etc.

#### 3.2 Preventing & Controlling the spread of Infection in Care Settings

##### 3.2.1 Outbreak Management

In order to support the effective management of local outbreaks, it is essential to ensure we have robust local and operational procedures in place, based on learning, in order to minimise the transmission of the virus across care settings.

HBC has a suite of outbreak plans for a number of different settings including:

- Education and Childcare settings
- Complex Settings (workplaces, community settings, geographical locations)
- Care Homes

NB. Associated plans can be accessed [here](#)

There is a Joint Health Protection Board with Warrington Borough Council, which meets fortnightly, that oversees the development of local planning arrangements – testing, contact tracing, shielding and vulnerable cohorts; local data and intelligence, communications and escalation arrangements across, and includes all local health and care agencies.

We have a robust process in place to ensure all adult social care providers in the Borough are aware of the latest guidance, both nationally and local, including relating to care home visiting and are supported to implement it. This process is undertaken by HBC's QAT who act as the Single Point of Access (SPA) for all the latest guidance. Information is screened and then distributed to providers on a daily basis (if required).

Although, at the time of writing this plan, we are waiting for the publication of the Skills for Care on line training package for staff to support the carrying out of reviews following an outbreak of Covid-19, we are already actively working alongside NHS CCG colleagues to enhance our current learning review process to ensure that lessons learnt can be shared across providers/system in the event of an outbreak of the virus, at a local, regional and national level.

NHS Halton CCG continue to offer/provide clinical support and training across the system, as needed, through a variety of different ways from formal training to peer support.

### 3.2.2 Management of Staff Movement

Stopping staff movement in and between care settings is critical to minimising the risk of infection of Covid-19 and other viral illnesses, including flu and there are a number of areas/actions, which we will continue to undertake to support providers with this

The distribution of the Adult Social Care Infection Control Fund (ICF) is one of these areas. One measure that the ICF can be used for is in supporting providers restrict staff movement. Round 1 of the ICF saw 15 care homes in Halton specifically use the funding for this purpose, equating to 21% of Halton's total grant allocation. We have a robust process in place for ensuring that the fund is allocated appropriately and used in accordance with the grant conditions. This involves the HBC's QAT, Commissioning, Finance and Audit Teams. Further details of the ICF, including the Round 2 of funding available can be found in Section 5.2.

QAT has ensured services have received information and guidance on staff movement/redeploying staff and have discussed this with them to ensure that they have robust systems in place to achieve this as and when required.

We will continue to support providers in accessing additional capacity including from locally coordinated returning healthcare professionals and/or volunteers and the QAT will continue to review contingency arrangements to help manage staffing shortages, within social care provision, through the winter, with the aim of reducing the need for staff movement.

Clear communication channels with providers is key. Throughout the pandemic, QAT have undertaken welfare calls with all providers, which identifies any emerging pressures and ensures timely escalation. These have been carried out daily but recently reduced to twice weekly. However, as we head into the autumn/winter, the frequency of these welfare calls have now increased.

To support this process, QAT Officers monitor the NHS Capacity Tracker on a weekly basis and take appropriate action to address any emerging concerns including that of staff movement. Actions include establishing with providers that an appropriate risk management process is in place to limit movement and prevent the likelihood of infection/transmission of the virus. It should be noted that support and guidance is also given to providers, when needed, in respect to the completion of the capacity tracker and the updating of their adult social care workforce data set records, to help ensure effective local capacity monitoring and planning.

There is a named QAT Officer and QAT SPA with a Duty system that ensures that any emerging situation is resolved in a timely and preventative basis and as previously outlined QAT provide a SPA for information and signposting to guidance, professional and established helplines.

### 3.2.3 Personal Protection Equipment (PPE)

In response to the Pandemic, Halton Borough Council (HBC) established its own PPE HUB.

Care Homes and the Domiciliary Care sector sourced their own products and HBC have checked PPE supplies on a daily basis with providers to ensure that stocks and orders are in place; this process continues over winter.

As teams outside of Care Homes and Domiciliary Care were struggling to gain access to relevant PPE, the Hub evolved during the course of the Pandemic and now provides PPE right across the Authority.

With the announcement that the Government will be providing free PPE for COVID-19 needs (as recommended by COVID-19 PPE guidance), to Care Homes and Domiciliary Care providers via the PPE portal until March 2021, where relevant teams fit the criteria for use of the Government PPE Portal, they will continue to order via this route. Details have been shared with providers on the process they need to follow to access the necessary PPE.

At the time of writing this plan, we are aware that some providers have been experiencing issues with ordering certain quantities of stock via the Government portal as it was originally set up for emergency use only so therefore has limits on quantities attached. We are aware that work is taking place to remove these limits to ensure that providers can order 100% of their required Covid PPE stock via the portal; we will of course be monitoring this.

The HBC PPE HUB will remain operational throughout the winter season and where required will provide support on an emergency/limited basis to these teams. Where a team does not fit the criteria for use of the portal they will be able to continue as normal accessing the HBC PPE HUB.

The HBC PPE HUB Lead will act as a single point of contact for liaison with the Cheshire Local Resilience Forum PPE Cell who in turn will then report direct to the Department of Health & Social Care, on behalf of HBC, on any needs/shortages of stock.

### 3.2.4 Covid-19 Testing

Testing is a critical part of supporting the system in fighting Covid-19, helping to prevent and control the spread of infection and outbreaks.

We have robust local testing processes in place, in support of the national testing strategy, in order to ensure positive cases are identified promptly and appropriate action able to be taken.

HBC's PH Team links the Authority in to the testing system at all levels and are an active participant in regional testing capacity management levels.

Halton have access to a variety of testing facilities including regional testing sites, currently located at Haydock Racecourse, Liverpool John Lennon airport and Deeside. Haydock capacity will be relocating to the Heath Business Park in Runcorn in the near future as a relocation of regional capacity.

Halton has two local testing sites: The Brindley Theatre, Runcorn and Kingsway Leisure Centre, Widnes, in addition to Mobile Testing Units (MTUs) which rotate across the area and can be requested as capacity and need demands.

Care home outbreak and whole care home testing is facilitated using the 3 Boroughs Infection Control Team and a commissioned service via Bridgewater Community Healthcare NHS Foundation Trust Infection Control Team, with local follow up and management undertaken by the 3 Boroughs Infection Control Team.

We actively monitor the data and intelligence from a local level, alongside regional data which is used to inform local testing arrangements and provide challenge were needed to redeploy local MTU capacity as required or follow up with care homes where regular testing may not be taking place.

It should be highlighted that all patients throughout their stay in a hospital setting are tested and treated according to national guidance and on discharge from hospital all patients receive a test prior to leaving hospital and are not discharged without knowing the results, so the appropriate precautions can be taken, if necessary.

PH England works locally with Directors of Public Health (DPH) to feed in to the approaches and local systems for leadership and action on a number of areas including testing, intelligence reporting, data system development, outbreak planning arrangements, local and regional contact tracing for local communities, care settings, education and early year's provision and general public health advice and liaison.

PH Champions provide key facilitation on a number of programmes to ensure joint working and improved capacity within local systems.

### 3.2.5 Flu Vaccinations

With Covid-19 in wide circulation, it is more important than ever that this year frontline health and social care workers are vaccinated against the flu, in order to protect themselves and the people they care for.

Local communications team within HBC's PH, wider local authority as well partner communications teams within health and care partners, are engaged in a mutual communications approach to provide consistent messaging across the area, utilising national communications toolkits and localised targeted messaging where needed, in order to encourage eligible staff and people who receive care to get the flu vaccine. These

communications are therefore aimed at the general public risk groups, as well as specific messaging to eligible health and social care staff as to how and where to access vaccinations.

HBC is working with a variety of providers to ensure that there is access to a variety of venues to facilitate vaccination, including options for the use of local sites suitable for mass vaccination approaches as required, along with working with local PCNs to identify opportunities for alternative approaches to vaccination delivery.

GP and Community Pharmacies have commenced the seasonal Flu immunisation programme.

The local GP Care Home Alignment Scheme, which provides care over and above the national PCN Direct Enhanced Services (DES) Enhanced Health in Care Homes (EHCH), is supporting practices to ensure all patients in their aligned care home are receiving a Flu vaccination. Information on arrangements for providers have been shared with them and Practices have already started to attend homes to immunise all residents.

### 3.3 Enhanced Health in Care Homes

NHS Halton CCG, as part of the regular reporting to NHS England has already confirmed that all homes are aligned to a PCN. In Halton, as a local scheme was already in place, each older person's home is aligned to a practice and so provides care over and above the national PCN DES.

NHS Halton CCG continue to work with care home providers to support home's oximetry and have been providing oximeters to care homes.

Under the local GP Alignment Scheme, Older People's Care Homes in Halton have had in place for some time a named clinical lead who undertakes regular ward rounds. This is over and above the PCN named clinical lead.

Many of the elements of the PCN DES EHCH requirements have been delivered for some time as part of the local scheme. PCNs and the CCG have outlined the additionality provided by the local scheme and are working to continually improve the level of support over and above the national EHCH scheme.

PCNs have engaged with personalised care roles and have submitted Additional Roles workforce plans, which include care co-ordinators. PCNs are also working with the CCG to align the CCG commissioned social prescribing service with PCN workforce plans.

### 3.4 Technology & Digital Support

All care homes in Halton have been supported to enable NHSmail and provided with a laptop as part of the NHSX offer. This has enabled regular face-to-face pro-active ward rounds, provided by the aligned GP Practice, to be undertaken remotely via video consultation.

As part of this exercise, issues associated with information governance and local data sharing agreements between health and social care providers were progressed.

## 4. Supporting People who receive Social Care, the Workforce and Carers

### 4.1 Visiting Guidance

A top priority remains to prevent infections in care homes and protect staff and residents. However, it is recognised how important it is to allow care home residents to safely meet their loved ones, especially for those at the end of their lives.

Halton's DPH works closely with adult social care colleagues and Infection Control Teams in the assessment of appropriate visiting provision within the Borough. In addition to the interpretation of local enhanced restrictions as may be imposed by the Secretary of State at any time that may alter the requirements for care home visitation strategies.

In Halton, significant work has taken place with providers since the publication of the national Care Home visiting guidance in July on their individual home plans/policies. All the Borough's Care Home visiting plans/policies have been assessed, approved and implemented. However, with the introduction of enhanced restrictions for Halton from 22nd September 2020, these have been suspended with additional restrictions on visitations imposed, with the exception of those situations in which residents are exempt for extenuating circumstances. The visiting arrangements will be reviewed on an ongoing basis and as guidance evolves.

### 4.2 Direct Payments

Continuity of care and support is essential, whether arranged through direct payments or through services commissioned or provided directly by Local Authorities or Clinical Commissioning Groups. Most care and support cannot be deferred to another day without jeopardising people's wellbeing, and deferring this care and support could place people at risk of harm.

During the Pandemic and over the winter period, we will continue to consult guidance for any actions that should be taken to ensure that people receiving direct payments, their families and carers are able to meet their care and support needs. We will continue to take a flexible approach to the arrangements for people receiving all forms of direct payments, their families and carers will need to make, in order to continue to meet their care and support needs.

Payments will continue to be used flexibly and innovatively with no unreasonable restrictions placed on the use of the payment, so long as it is being used to meet eligible care and support needs. The Direct Payments Team will continue to make Adult Social Care Teams aware of any request to use a Direct Payment flexibly, so support plans can be kept up to date.

Direct Payment Clients/Personal Assistants will be kept up to date with any changes relating to them via letter/phone when required.

PPE will continue to be made available to Direct Payment Employers who directly employ Personal Assistants and to Direct Payment Providers when requested (If not eligible to register on the Government PPE portal). Direct Payments Team will order/deliver the PPE as and when required through the current arrangement via the Halton PPE HUB.

### 4.3 Support for Unpaid Carers

In Halton, there are 15,018<sup>1</sup> people who provide unpaid carer to their loved ones and we need to ensure that we are able to continue to support them to do this over the winter period.

During the national lockdown, Halton's Carers Centre were able to contact approximately 90% of our registered carers to complete reviews and ensure that the carer was coping during the lockdown and knew how to contact them or social services if needed, in order to ensure they were able to access services that meet their identified needs.

The feedback that the Centre was getting from carers was that they were grateful for the support via telephone calls that they were offering and just to have that communication with them helped. The Carers Centre have also been able to adapt their usual monthly support groups to offer these more regularly but via Zoom so the carers can still access the peer support. Although they had to put on hold the therapies/relaxation sessions, they were again able to offer an alternative via zoom which are relax and recharge sessions.

They have also been holding online training sessions which include Mental Health training for carers and have been regularly updating their social media with new activities they are hosting or changes to their services. They are regularly sending mass emails/post to carers who may not have access to social media to keep them updated.

Working with the Carers Centre, we will continue to make sure carers know what support is available to them and who to contact if they need help during the winter months.

As outlined in Section 4.2 (Direct Payments), we will continue to take a flexible approach to the arrangements for people receiving all forms of direct payments, their families and carers will need to make, in order to continue to meet their care and support needs.

The Carers Centre registration/reviews/assessments of carers have again been updating them of any changes that have been needed during Covid-19 and referring on when necessary to other services that have remained active when necessary; this has included referring to social services for support.

In respect to services that may have closed over the pandemic, from an Adult Social Care Communities Division perspective, only Day Services and the Adult Placement Service (APS) closed during lockdown. Day Services partially reopened on a severely reduced scale from July offering places to services users suffering the most strain as a result of the national lockdown. Day Services reopened ensuring that they were Covid safe, social distancing was adhered to and appropriate PPE was used.

Working with HBC PH, detailed and extensive planning to re-open Day Services further and restart APS has been undertaken. However, with the local Halton restrictions coming into force on 22<sup>nd</sup> September it was agreed to suspend further re-opening of these services. This situation is being reviewed every two weeks and at the time of writing this plan, no further re-opening/restart of the service has taken place.

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<sup>1</sup> Halton 2011 Census



## 4.4 End of Life

The needs of people approaching the end of life may be complex as well as highly individual, and are likely to span both health and social care. Therefore dying well is important to the person, their family and those important to them, as well as staff caring for them and if in a care home other residents as well.

In Halton, we have always and continue to undertake a personalised approach to delivering end-of-life care.

The advanced care planning process, which involves a MDT approach, continues to be undertaken by all care providers in the borough, supported by the Advanced Care Planning Team hosted by Halton Haven Hospice.

Ensuring that staff work within the legal framework of the Mental Capacity Act, HBC's Care Management Team support people with end of life support and work with the multi-professional support team working with individuals.

Any guidance issued from the centre is circulated to relevant providers and they are supported to ensure they are able to appropriately implement.

With the introduction of enhanced restrictions for Halton, which meant Care home visiting was stopped, we continue to work with providers to ensure that in line with guidance, that providers have access to resources and support to ensure that wherever practicable and safe, loved ones will be able to visit where someone is at the end of their life.

Arrangements are in place across all NHS settings to ensure arrangements are in place to facilitate visiting where someone is at the end of their life.

## 4.5 Care Act Easements

The Care Act Easements were introduced in March 2020 to enable the care system to manage the growing pressures on it as a result of the Coronavirus pandemic.

However, it is clear that ASC should, wherever possible, continue to provide services in line with the Care Act 2014, and only where this is not possible, should the Care Act Easements come into force.

Halton developed its own Framework for implementing Care Act Easements in April 2020, which incorporated the use of the Ethical Framework for ASC, detailed the steps that HBC would need to take before exercising any Care Act Easements and the process which would need to be taken to ensure relevant parties were notified that we would need to operate under Easements such as to the Department of Health & Social Care, providers, local MPs etc.

Although at the time of writing this plan, Halton has not needed to enact any easements, with the onset of winter, there will undoubtedly be an increase of pressure within the care system and therefore our Framework continues to remain in place and will be enacted, if it is required.

#### 4.6 Supporting the Workforce (inc. Wellbeing)

Supporting the workforce over winter, including looking after their mental health and wellbeing is going to be essential.

As a result of the pandemic, staff continue to work in challenging and stressful environments and with winter, approaching, this situation will only be exacerbated. The pandemic has had a huge impact on us all and prioritising mental health and wellbeing has never been more important.

Via HBC's QAT, we ensure that providers are aware of free induction training available to them and also provide opportunities for them to access other training such as Infection Control and Prevention. We also ensure that guidance for them is distributed and reinforce this via the QAT Welfare calls and discussed via the monthly Registered Managers Network meeting.

We have also developed a local resource pack to support the well-being of staff working within Care Homes and through the ASC sector in Halton. The well-being of staff will be an ongoing consideration as we move through the pandemic and winter, as those on the front line may require additional support with mental health and wellbeing in the future.

The continued use of the ICF has enabled services to support additional staff, which have been used creatively to provide additional opportunities for interactions with isolated residents.

In Halton, larger providers have had access to occupational health provision, so we have targeted smaller independent providers with information for staff about how they can access support if required.

Halton was actively involved with the Northwest (NW) ADASS project to produce a map of wellbeing and mental health support frameworks, identifying the needs and offers for the adult social care workforce, including those working in adult social care provision/work and unpaid carers.

As a result, a localised version titled "Halton Mental Health and Wellbeing Offer" was developed in June 2020, which was adapted to the national Framework as a good practice example for other Local Authorities. The NW ADASS launch was in July 2020 with both national and regional Materials. These have all been shared with Senior Managers for use and delegation, to be shared across the workforce and within care homes and providers.

#### 4.7 Workforce Capacity (inc. SW Team Assessment Capacity)

During winter, we will continue to work across the system in Halton to monitor and respond to capacity issues as a result of absence levels or vacancies.

As part of this we have worked with providers to review their contingency arrangements to help manage any staffing shortages throughout the winter period.

Using a lessons learned approach and the national COVID-19 Guidance on redeploying workers and involving volunteers, which provides practical advice on how adult social care employers can safely redeploy workers and involve volunteers during the COVID-19 pandemic when necessary to help meet service delivery, QAT will work with affected providers to link

with other local social care providers and the voluntary sector where necessary to address any staffing shortages that may be experienced during the autumn/winter period.

ADASS Guidance on the Managing the Movement of Staff has been distributed to providers to help support them. Workforce capacity is reviewed and discussed at the Registered Managers Network and QAT support the identification of best practice and ensure it is shared across the provider network.

QAT continue to focus on use of capacity tracker with providers during their welfare calls and during Registered Managers Network meetings, to ensure appropriate completion to help effective local capacity monitoring and planning.

We are currently revisiting the process introduced at the start of the pandemic in respect to the use of volunteers and lessons learned to explore how this can be expanded upon to support providers during winter. This will link into an offer of mutual aid for nursing support, as this will be a particular pressure during the winter period.

Social work teams have established alternative working practices to address any staff shortages.

#### **4.8 Shielding and People who are Clinically Extremely Vulnerable**

Clinically Extremely Vulnerable (CEV) were advised to take extra precautions during the peak of the pandemic in England. However, due to the rates of transmission of coronavirus in the community falling significantly, 'Shielding' was paused nationally on 1<sup>st</sup> August 2020.

As at 22.9.20 there are currently 6,125 (approx.) 'Shielded' individuals registered within the borough.

A HBC Local Lockdown Contingency Plan for Shielded and Vulnerable Individuals has been produced and this is updated on a weekly basis in relation to the NHS data received.

This document is held within the Emergency Planning Portal and Resilience Direct (for multi-agency use) and will be activated on receipt of notification of a local lockdown, so we can effectively co-ordinate local support.

There are a number of measures in place to support this activity i.e. 40 trained call handlers, Local Authority Hub (Halton Stadium), partnership working with foodbanks, community shop etc.

HBC's Chief Executive, chairs a monthly Local Authority HUB Meeting to review contingency planning arrangements relating to those who are identified as Shielding/CEV.

#### **4.9 Social Work & Professional Leadership**

The delivery of health and social care over winter will be reliant on the practice of professionals in the sector to support people through new discharge processes, whilst ensuring delivery of the duties set out in the Care Act and maintaining good quality practice. This will include Adult Safeguarding responsibilities as set out in the Care Act, working in partnership with local multi-agency safeguarding arrangements, including Halton's Safeguarding Adult Board.

In Halton, we have begun a programme of work with Manchester Metropolitan University on developing Strengths based approaches. We held a launch of the training programme just prior to the national lockdown, at the start of the Pandemic, and we are now exploring ways to continue with elements of the training through virtual means via Microsoft Teams. Ensuring that the application of new models and pathways are offering the best possible outcome for individuals, their families and loved ones, advocating for them and advising commissioners where these pathways cause a conflict is integral to our Strength Based Programme and associated approach.

Throughout the pandemic we have and will continue to apply legislative framework, including our duties under the Care Act and Mental Capacity Act, for example Best Interest Assessor Renewal Training took place, virtually, during August.

We continue to ensure that social work practice is fully cognisant of and acts on the issues of inequality and deprivation and the impact this has on communities and people's access to health and social care services. To support this Halton's Principal Social Worker continues to send out monthly newsletters to Teams and Halton's Social Work Matters forums are taking place virtually. Halton's Social Workers hold journal clubs to look at current issues and dilemmas and apply Social Work theory and models of good practice.

Halton's PH Team have worked with local partners, including intelligence leads and universities, to understand the impacts of Covid on local inequalities and aims to ensure that policies and procedures reflect the needs of vulnerable groups and minority ethnic communities and continue to signpost to advice and guidance as required.

Halton's ASC Senior Management Team has reviewed the NW ADASS Risk Assessment Tool, which is a document intended to be a practical toolkit for managers working in any ASC environment, as to how it can effectively be used in Halton. It provides practical advice and guidance to organisations on risk assessing staff from Black, Asian, and Minority Ethnic backgrounds, and identifying appropriate mitigations. This has been shared with social care providers in the Borough in order to pick up associated actions.

In light of winter and Covid-19 pressures, in order to ensure that our current quality assurance frameworks and governance oversight arrangements do not reduce the ability to deliver high-quality social work practice, we have established a steering group to begin work on mapping the Local Government Association's 'Standards for employers of social workers in England' and develop an associated action plan.

We continue to maintain links with professionals across the health and care system to ensure joined-up services, for example working with colleagues in NHS Halton CCG on addressing the backlog of CHC assessment and our Social Care in Practice staff continue to work closely with our GP practices and District Nursing services.

HBC lead the local application of the Ethical Framework for Adult Social Care, ensuring that NHS partners fully understand their responsibilities within it. This will be discussed at the next Continuing Health Care Forum.

#### 4.9.1 Safeguarding

During winter, we will continue to ensure that our core duties, such as maintaining human rights and safeguarding, in respect to ensuring the safety and wellbeing of the people we support continues to be carried out effectively.

We will continue to review any systemic safeguarding concerns that have arisen during the pandemic period and ensure actions are in place to respond to them, enabling readiness for any increased pressures over the winter period.

For example, during the pandemic Domestic Abuse figures increased. As a result, the Police and HBC reviewed reporting systems. HBC continue to have oversight at the Multi Agency Risk Assessment Conference (MARAC), highlight themes and trends, and escalate to Community Safety teams when appropriate.

We continue to support and lead Social Workers and safeguarding teams to apply statutory safeguarding guidance with a focus on person-led and outcome focused practice. For example, Making Safeguarding Personal (MSP) continues to be implemented and embedded as part of any s42 enquiries, continued auditing to ensure MSP is part of safeguarding practice and feeding themes and trends into the Social Work Matters Forum. Lessons learned from safeguarding briefings are shared with all staff and we continue to offer safeguarding awareness sessions to all provider services, in house and external.

Final

## 5. Supporting/Oversight of the Market

### 5.1 Local Oversight and Support

Having oversight, not only across the local health and social care system, but also regionally and nationally, especially in light of the current situation we find ourselves in, is essential.

We will continue to actively engage and work with providers, both at an operational and strategic level, to ensure that they have what they need during winter and decisions are able to be taken quickly, in order to ensure that quality services and care provided across our local care sector is maintained. As outlined earlier in this plan (Section 3.1) we are working with providers to ensure their own business continuity plans are updated in advance of winter.

This winter plan continues to build on the work already outlined in our Care Homes Support Plan, which was submitted to Government in May and our associated Care Home Resilience Plan (see Section 3.1). The Winter Plan, along with the actions which continue to be progressed in the Resilience Plan, will be monitored via the Care Home Resilience Plan Implementation Group, chaired by the DASS, with representation from PH and NHS Halton CCG.

We will continue to ensure that there are clear lines of communication between the HBC and providers and has such establish a weekly joint communication from the DASS and DPH to go to all local providers of adult social care through the winter months. This will complement the twice-weekly communications already in place, which are sent to providers.

We will continue to review the intelligence and data that is available to us e.g. through the Capacity Tracker, PH, Local Government Association etc, including the new dashboard (once available), referenced in the national ASC Winter Plan, which will monitor care home infections, to ensure that we are able to respond quickly to address issues in the Borough.

### 5.2 Funding

COVID-19 has been one of the greatest challenges for care providers nationally; both in relation to ensuring the health and wellbeing of their residents and service users, and the additional financial impact of the virus.

The levels of expenditure in this area are significant and essential to reduce the impact of the virus on vulnerable individuals, who rely on the providers to keep them safe and well.

It is important to note here, that the care market was fragile prior to the impact of Covid-19, with ongoing challenges in relation to sustainability and quality of care.

Since the start of the Pandemic the Government has made £3.7 billion of emergency grant funding available to Local Authorities to enable them to address the pressures on local services, caused by the pandemic, including in Adult Social Care. A further set of support measures was announced in July with the aim of reimbursing Local Authorities for lost income.

The emergency funding has been utilised locally to ensure financial support is available to all contracted care providers within Halton, in line with ADASS guidelines, in order to alleviate financial pressures and support the sustainability of our care providers. A process has been established to ensure only relevant Covid related expenditure is funded. In addition we have

not applied payment terms to ensure that all invoices are paid immediately, helping to support the cash flow of these independent businesses.

In May 2020, the Government announced that it would make available a £600m Infection Control Fund (ICF) for Adult Social Care. The purpose of this fund was to support the implementation of infection control measures advised in the Care Home Support Package, particularly the restriction of movement of workers between different care settings and full payment for staff who are required to self-isolate. The grant was allocated to Local Authorities based on the number of CQC registered beds there are within the locality, as at May 2020.

In line with Government guidance, 75% of the overall grant allocation has been paid from the HBC directly to care homes in the Borough, whilst the Local Authority had the discretion to determine how the remaining 25% of the overall grant was to be allocated. Halton Borough Council determined that this proportion of the grant was to be used to support wider workforce measures, particularly within the Domiciliary Care and Supporting Living sector and as such funding has been distributed to appropriate providers.

Care homes indicated to us that they used the funds to :-

- Introduce measures to isolate residents within their own care homes
- Undertake actions to restrict staff movement within care homes e.g. paying for additional staff
- Paying staff full wages while isolating following a positive test
- Increased infection control training
- Additional cleaning (staff costs)
- Costs of alternative transport to minimise social contact
- Increased Covid testing
- Cover recruitment and induction costs
- On-site accommodation for staff
- Additional equipment; such as uniforms, laptops/tablets.

This fund ran to the end of September 2020.

The Government have subsequently announced an extension to this funding (Round 2) to ensure it continues to provide support to providers through to March 2021.

In line with the grant conditions for Round 2, this time 80% of the grant will be provided to care homes **and** to CQC regulated community care providers, whilst Local Authorities have the discretion to determine how the remaining 20% of the overall grant is to be allocated; at the time of writing this plan, work is currently taking place to determine this.

Throughout the availability of the ICF, both Round 1 and Round 2 funding, a process has been established for the distribution of and reporting on the ICF in line with the grant conditions. Providers have been notified of the process involved. Any queries from providers are dealt with promptly and associated actions taken. We continue to report through to the DHSC expenditure against the allocation of the ICF, in line with grant conditions.

Note: Halton's total allocation for Round 1 of the ICF was £1,008,396 and for Round 2 was £957,055.

In May 2020, we were also asked to publish on our website information on the financial support we have offered to our ASC market as part of the COVID-19 pandemic response including agreed uplifts. Information is being updated bi-monthly and the latest information as at 30<sup>th</sup> September 2020 can be accessed [here](#).

### **5.3 Market & Provider Sustainability**

Local Authorities are responsible in ensuring people, who require ASC, receive services that prevent their care needs from becoming more serious, or delay the impact of their needs, which they can get the information and advice they need to make good decisions about care and support and have a range of provision of high quality, appropriate services to choose from.

As part of the Care Act 2014, although Local Authorities are required to help develop a market that delivers a wide range of sustainable high-quality care and support services, that will be available to their communities, we are not responsible for the care provided in Care Homes etc, unless run by the Local Authority, and therefore cannot be held accountable for their failings.

The Care Act statutory guidance states that 'high quality, personalised Care and Support can only be achieved where there is a vibrant, responsive market of services available'. The Local Authority role is seen as critical and, under section 5 of the Care Act, has a duty to shape and maintain an effective market of services for meeting care and support needs in the local area.

The duty applies in relation to services that the Local Authority commissions directly as well as other non-commissioned services (including those used by self-funders), universal services and services provided by partners (such as health or charitable services) that together form the marketplace.

In order to fulfil its duty to promote diversity and quality in service provision the Local Authority must ensure it has effective strategies to shape the marketplace and commission the right services and thus have oversight of provision. Local authorities are responsible for ensuring continuity of care.

As a local system we have utilised all available levers in the local community to improve and develop the care home and domiciliary care sector and address the issues of quality and sustainability and even though there is a need for a more sustainable funding model in respect to ASC in general, we have been working to develop a sustainable and effective approach to the challenges we are faced with, particularly the workforce challenges.

We have completed and submitted the Service Continuity and Care Market Review: Self-Assessment of the health of the local market management and contingency planning leading into winter.

### **5.4 Care Quality Commission Support: Emergency Support Framework and Sharing Best Practice**

In March 2020, the CQC introduced the Emergency Support Framework (ESF). This interim approach was put in place to lessen the burden of regulation on providers by taking a more data-driven and risk-based approach to regulation.



In recognition of the current pressures, the social care system was faced with, in Halton we also made a number of temporary changes to the approach we were taking with our Adult Social Care Quality Assurance (QA) processes. This approach will continue through the winter period and details can be found in the Care Home Resilience Plan referred to in Section 3.1. This not only provided our Care Home sector with the necessary support during the pandemic, but also continued to ensure we were maintaining people's human rights and safeguarding and thus continuing to deliver high quality care ensuring the safety and wellbeing of the people we supported was carried out effectively.

As a Local Authority, we will continue to work with the CQC to promote and inform providers about monitoring processes. We have established fortnightly meetings between senior managers from HBC and CQC to discuss local provision and updates in relation to changes in inspection. Information from these meetings and ongoing communications is shared via the Registered Managers Network and briefings sent out to providers.

Final

## 6. Action Plan

Action Point No.	ASC Winter Plan 20/21 Paragraph Reference	Key Action	Target Date	Responsible Officer/Organisation
1.	2.1.2	Work with CQC, partners and Lilycross, to ensure Lilycross is approved under the CQC Care Home designation scheme so we are able to provide a safe place for people to go, who are Covid-19 positive, when they are discharged from hospital.	Submission to register Lilycross made 14.10.20; waiting for CQC to progress	Divisional Manager (Urgent Care) – HBC
2.	2.1.3	Working with providers to establish an approach and framework to adopt ADASS' 'Cohorting, Zoning and Isolation Practice - Commissioning for Resilient Care Home Provision - Sept 2020' guidance.	30.10.20	Divisional Manager (Independent Living) – HBC
3.	3.2.1	Ensure providers have access to the Skills for Care on line training package for staff to support the carrying out of reviews following an outbreak of Covid-19 once available.	ASAP – Once package is available	Divisional Manager (Independent Living) – HBC
4.	3.2.2 & 4.7	Ensure mechanism is in place to support providers in accessing additional capacity including from locally coordinated returning healthcare professionals and/or volunteers.	30.10.20	Divisional Manager (Independent Living) – HBC
5.	3.2.3	Continue to ensure that providers are able to access the required PPE stocks they require.	Ongoing	Divisional Manager (Independent Living) – HBC
6.	3.3	Ensure all homes have been provided with oximeters.	ASAP	Chief Commissioner – NHS Halton CCG
7.	4.1	Review visiting arrangements on an ongoing basis, particularly from a human rights perspective and as guidance evolves, ensuring appropriate arrangements are in place for those at end of life etc.	Ongoing	DPH – HBC DASS – HBC
8.	4.3	Keep under review the reopening of services e.g. Day Services etc. in light of local restrictions etc.	Ongoing	DASS – HBC

9.	4.9	Ensure that the Strengths Based Approach Training Programme is relaunched in advance of winter.	Programme relaunched 15.10.20	Divisional Manager (Care Management) - HBC
10.	4.9	Conclude the mapping of the LGA's 'Standards for employers of social workers in England' and development of associated action plan.	End Dec'20	Divisional Manager (Care Management) – HBC
11.	4.9	Ensuring that NHS partners fully understand their responsibilities in the Ethical Framework for Adult Social Care.	End Nov'20	Divisional Manager (Care Management) – HBC
12.	5.1	Establish a weekly joint communication from the DASS and DPH to go to all local providers of adult social care through the winter months.	23.10.20 & ongoing	DPH – HBC DASS – HBC
13.	5.2	Ensure process is in place for the distribution of ICF Round 2 funding and associated reporting requirements.	30.10.20	Divisional Manager (Independent Living) – HBC

FIND

<b>REPORT TO:</b>	Health and Wellbeing Board
<b>DATE:</b>	20 <sup>th</sup> January 2021
<b>REPORTING OFFICER:</b>	Faye Woodward, Commissioning Manager Children and Families, NHS Halton CCG
<b>PORTFOLIO:</b>	Health and Well Being
<b>SUBJECT:</b>	Children and Young Peoples Mental Health Joint Local Transformational Plan (LTP)
<b>WARDS:</b>	Borough Wide

## **1.0 PURPOSE OF THE REPORT**

- 1.1** NHS Clinical Commissioning Groups (CCGs) have been required, in partnership with a wide range of local and regional stakeholders, to publish a local transformation plan (LTP) and to refresh this annually. Over the last few years, Halton and Warrington CCGs have worked in close partnership on a number of initiatives focussed on transforming mental health and wellbeing services for children and young people. Some of this work has also been on a wider geographical footprint with neighbouring Mid-Mersey CCGs. In February 2018 it was proposed that a joint Halton and Warrington refresh be undertaken. In many areas, where the priorities and aims align and where there is a single main provider of mental health services, it made sense to have a consistent approach across the two boroughs

The 19/20 and 20/21 refresh of the Halton and Warrington Joint Children and Young People's Mental Health LTP will be presented to the board by power point. It reflects the commitment locally to improving the mental health and wellbeing of our children and young people. Nationally, there is an ambitious 5 year plan (up until 2016 - 2021) and as we reach the end, we can demonstrate that significant progress has been made in Halton and Warrington and our continued commitment in the future is established through our upcoming plans.

## **2.0 RECOMMENDATION: That**

- 1) the Children and Young Peoples Mental Health Joint Local Transformational Plan be noted; and**
- 2) the Board approves the Children and Young Peoples Mental Health Joint Local Transformational Plan for sharing in the public domain**

# Warrington and Halton Children and Young People's Mental Health and Wellbeing Local Transformation Plan (LTP) Refresh 19/20 and 20/21



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# Introduction

Children and Young people's mental health has been a national priority since the launch of Future in Mind (2015) and the Five Year Forward View for Mental Health (2016).

NHS Clinical Commissioning Groups (CCGs) have been required, in partnership with a wide range of local and regional stakeholders to publish a local transformation plan (LTP) and to refresh this annually. This 2020/21 refresh should be viewed in conjunction with the documents from previous years which can be found on the relevant CCG websites.

Over the last few years, Halton and Warrington CCGs have worked in close partnership on a number of initiatives focussed on transforming mental health and wellbeing services for children and young people. Some of this work has been on a wider geographical footprint with neighbouring Mid-Mersey CCGs.

Following the appointment of a joint Chief Accountable Officer for NHS Halton and Warrington CCGs, in February 2018 it was proposed that a joint Halton and Warrington LTP refresh be undertaken. In many areas, where the priorities and aims align and where there is a single main provider of mental health services, it makes sense to have a consistent approach across the two boroughs. However, through local placed based partnership arrangements within the wider 'One Halton' and 'Warrington Together' programmes, there continues to be scope and plans to tailor services to local need and local pathways.

To reflect this joint approach, the 2020/21 LTP is therefore a **joint Halton and Warrington Plan**.

Through local partnerships, there continues to be a recognition of the importance of the **5 key themes from Future in Mind**:

- Promotion resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

# Executive Summary

This 2020/21 refresh of the Warrington and Halton children and young people's 'Local Transformation Plan' is a reflection of the commitment locally to improving the mental health and wellbeing of our children and young people.

The [NHS Long Term Plan](#) sets out the priorities for expanding Children and Young People's Mental Health Services (CYPMHS) over the next 10 years. It aims to widen access to services closer to home, reduce unnecessary delays, and deliver specialist mental health care which is based on a clearer understanding of young people's needs and provided in ways that work better for them.

To achieve this, Halton & Warrington CCG's aim to develop effective, evidence-based services which can meet the goals set out in the [Mental Health Implementation Plan](#). These will combine local, system-wide leadership and ownership with the participation of essential partners including children, families and carers.

We will continue to build on the major service transformation programme we embarked upon in 2015, re-shaping the way services are commissioned and delivered, in line with proposals put forward in [Future in Mind](#).

## **Progress to date includes:**

- ✓ A continued focus on prevention and early support and intervention
- ✓ An increase in the number of children and young people being able to access help
- ✓ Easier access through self referral, drop in sessions and support in schools
- ✓ A more integrated model of care which includes more choice for young people about what help they can get, including online support
- ✓ A dedicated specialist eating disorder service
- ✓ A focus on having an appropriately skilled workforce that can provide the best evidence based interventions



# Executive Summary - Continued

## **Key Priorities:**

- We are still committed to a greater focus on our most vulnerable young people and there is work underway to improve care for young people in the youth justice service, with neurodevelopmental conditions and those young people on the edge of care/in care.
- For 2020/21 we aimed to focus on the implementation of Intensive Home Based Treatment for Warrington and Halton (now in place), to embed our Crisis offer and develop our Schools and Neuro SEND offer further.
- We will continue to work in partnership to drive forward the plans for 2021-2022 to ensure we deliver the national and local ambitions for our young people.

# Ambition

The partnerships across Halton and Warrington continue to be ambitious in delivering transformation change across the system to ensure we achieve the best outcomes for children and young people with mental health and emotional wellbeing needs.

**Our ambitious objectives require close partnership working with all stakeholders, including children, young people and their families; clinical commissioning groups; local authorities including early help; children's services, education and schools; voluntary Sector; specialised commissioning; youth justice services, Primary Care; and regional assurance teams.**

For both CCGs, plans and priorities cover the full range of need from promotion and prevention to specialist in-patient care including:

- ✓ Early help
- ✓ Evidence based routine care (in line with children and young people's improving access to psychological therapies programme)
- ✓ Crisis care and intensive interventions
- ✓ Supporting vulnerable children and young people including those who have experienced trauma or abuse/adverse childhood experiences, looked after children, children with learning disability and/or autism, young people in the youth justice system and children with long-term conditions.

A focus on understanding local need has been ongoing over the last 5 years (see previous LTP refresh documents). This year, there is a much greater focus on embedding Crisis Care, implementing an agreed model for Homebased Treatment and extending the Mental Health in Schools offer to Halton and further development of a new care model for tier 4 CAMHS between C&M Partners. All of which seeks to maintain children and young people in their homes and communities and preventing avoidable admissions to Secondary Care and Tier 4 CAMHS Inpatient facilities.

Slides 72 show a significant improvement in the use of data to ensure accountability and transparency; there is the ambition is to ensure this continues and develops further, including through more consistent use of and reporting of outcome measures.

We want to ensure that the changes we make deliver real improvements in the experience of care and the outcomes for the children and young people of Halton and Warrington.

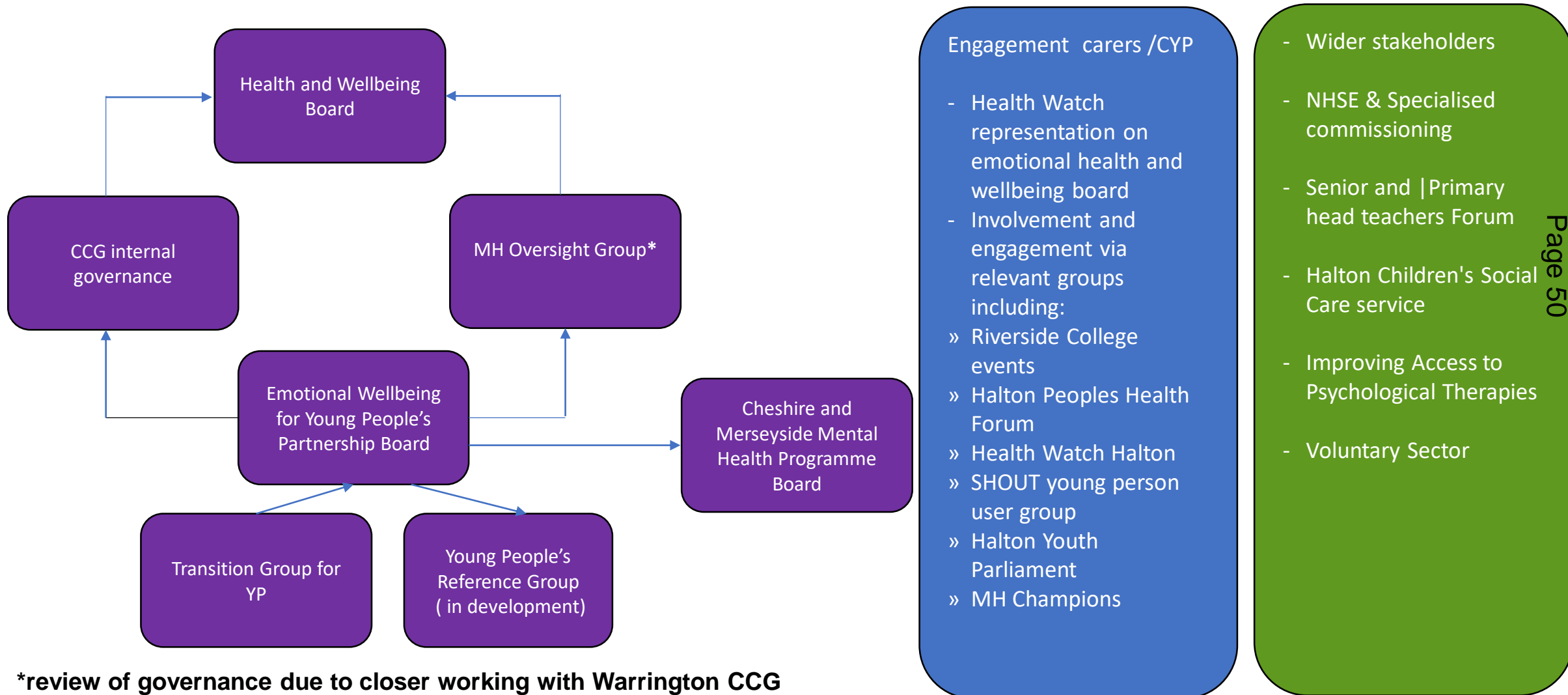
# Cheshire and Merseyside Health and Care Partnership Mental Health Programme Board

Cheshire and Merseyside Health and Care Partnership developed its five year health and care strategy 'Cheshire and Merseyside Better Lives Now' in 2019/20, closely aligned with the NHS England Long Term Plan. The strategy was due to be published by the end of March 2020. Mental Health is a key element within both the NHS England Long Term Plan and 'Better Lives Now' and the CYP Transformation Plan is fully aligned to the priorities outlined for children and young people's mental health. The Mental Health Programme (MHPB) in Cheshire and Merseyside is a strategic programme within the Health and Care Partnership, leading on those NHS England Long Term Plan Mental Health Priorities that are to be planned at scale.

The MHPB are currently leading on the development of a new care model in Cheshire and Merseyside for the delivery of CAMHS Tier 4 services. A whole system approach is being taken to the development of the care model and it is anticipated that this work will complete in late 2020/21. Cheshire and Wirral Partnership NHS Foundation Trust have been successful in a bid to become 'Lead Provider' for the Cheshire and Merseyside CAMHS Tier 4 Provider Collaborative and will therefore be the vehicle through which the new care model will be implemented. It is anticipated that the MHPB will also take a lead on the development of a Cheshire and Merseyside wide model for CYP crisis care, this work will also incorporate a whole system approach, contributed to by all stakeholders in 2020/21. All other priorities within the Long Term Plan for CYP mental health are being led at scale and therefore incorporated in detail within this transformation plan.

# Halton - Governance

Halton's oversight and governance arrangements have remained consistent and have enabled a balance of wide engagement and operational input and delivery, with strategic oversight and decision making when required.



**\*review of governance due to closer working with Warrington CCG**

# Halton Emotional Health and Wellbeing Service Offer

All agencies share a responsibility to provide emotional health and wellbeing information, advice, support and treatment proactively to the children, young people and their families living in Halton.

Halton THRIVE offer seeks to enhance awareness of the full range of mental health promoting practices (MHPP) and to facilitate a multi-agency approach to their use. The THRIVE services provide a range of interventions covering all of the quadrants, as outlined in the Thrive model below.



## Thriving

All those children, young people and families **who do not currently need individualised mental health advice or help**. They may benefit from more general approach to maintaining good mental health and wellbeing, provided by services/groups such as:

- Sports and Leisure [www.activehalton.co.uk](http://www.activehalton.co.uk)
- Community centres <http://haltoncommunitycentres.co.uk/>
- Libraries <https://www3.halton.gov.uk/Pages/libraries/libraries.aspx>
- <https://www.girlguiding.org.uk/what-we-do/brownies-7-10/im-a-brownie/>
- <https://www.scouts.org.uk/home/>
- Halton Local Offer <https://localoffer.haltonchildrenstrust.co.uk/>
- We are With You' support for drug and alcohol use  
<https://www.wearewithyou.org.uk/services/halton-for-young-people/> Tel: [01928 240406](tel:01928240406)
- GP <https://www.nhs.uk/Services/Trusts/GPs/DefaultView.aspx?id=89570>
- Halton and St Helens Voluntary and Community action  
<https://www.haltonsthelensvca.org.uk/>
- FREE mindfulness apps for children and adults <https://www.smilingmind.com.au/>  
<https://www.stopbreathethink.com/>

## Getting Advice

All children, young people and families, will from time to time experience events that cause emotional distress. Events such as bereavement, divorce and separation or other life events that will naturally cause emotional distress. Most families can support their children and young people through these events, however some may need some advice to support recovery from the emotional distress that has resulted. **Support may come from a universal service, or if more targeted services are already involved, the expectation is that they will provide support.** Advice can be accessed from a range of local services:

- **Headz Up Halton drop in hubs**, available on Wednesdays at the Grangeway Community Centre in Runcorn and Fridays at the Kingsway Children's Centre in Widnes; both from 2.30pm-4.30pm. They offer signposting, self-management advice and consultations for children, young people and their families and carers.
- **Kooth** provide anonymous on-line advice and support <https://kooth.com>
- **'We are With You'** support for drug and alcohol use <https://www.wearewithyou.org.uk/services/halton-for-young-people/> Tel: [01928 240406](tel:01928240406)
- **GP Practice** <https://www.nhs.uk/Services/Trusts/GPs/DefaultView.aspx?id=89570>
- **School nurse** <http://www.bridgewater.nhs.uk/schoolnursing/>
- **Health Visitors** <http://www.bridgewater.nhs.uk/healthvisitingsservice/>
- **iCART** <https://children.haltonsafeguarding.co.uk/contact-and-referral-team/>
- **CBUK** bereavement support for children and families <https://childbereavementuk.org>. Tel: [01928 577164](tel:01928577164)  
Email: [cheshiresupport@childbereavementuk.org](mailto:cheshiresupport@childbereavementuk.org). Face to face support and app available
- **Read Well** –self help books for young people and adults <https://library.haltonbc.info/books-on-prescription/>
- **Primary Schools** can gain advice via attending group consultation with CAMHS and Educational Psychologists. Group consultation takes place every 6 weeks
- **Secondary schools** can gain advice by staff speaking to their CAMHS link worker

## Getting Help

This grouping comprises those children, young people and families who would benefit from **focused, evidence-based treatment**, with clear aims, and criteria for assessing whether aims have been achieved.

Provided by services such as:

- **CAMHS** service offer 1-3 goal focussed evidence based interventions <http://www.nwbh.nhs.uk/camhs-halton>  
Tel: 01928 568 162
- **Kooth** provide anonymous on-line support and face to face sessions <https://kooth.com/>
- **PAPYRUS** – support for young people experiencing suicidal thoughts <https://papyrus-uk.org/hopelineuk/>
- **Educational Psychologists** <https://localoffer.haltonchildrenstrust.co.uk/educational-psychology-service/>
- **Youth Offending Service** Tel: 0151 511 7208
- **‘We are With You’** support for drug and alcohol use <https://www.wearewithyou.org.uk/services/halton-for-young-people/> Tel: [01928 240406](tel:01928240406)
- **CBUK** bereavement support for children and families <https://childbereavementuk.org>. Tel: [01928 577164](tel:01928577164)  
Email: [cheshiresupport@childbereavementuk.org](mailto:cheshiresupport@childbereavementuk.org). Face to face support and app available
- **Night Stop** - provide a variety of mental health services <http://ncnw.co.uk/> Tel: 0151 3456454
- **School based counselling support**
- **iCART** <https://children.haltonsafeguarding.co.uk/contact-and-referral-team/>
- **CAB** ‘Live well Spend Well’ service for adults in debt or struggling to pay bills, Tel: 0151 257 2449  
Email: [advice@citizensadvicehalton.org.uk](mailto:advice@citizensadvicehalton.org.uk)



## Getting More Help

This grouping comprises those young people and families who would benefit from a more intensive level of support, which may include inpatient care, but may also include extensive outpatient provision.

**Getting Risk Support** may also be an element of this package.

- **CAMHS service** – complex presentation and need, requiring 3 or more evidence based interventions or receiving additional agency support <http://www.nwbh.nhs.uk/camhs-halton> Tel: 01928 568 162
- **Kooth** provide anonymous on-line support and face to face sessions <https://kooth.com/>
- **‘We are With You’** support for drug and alcohol use <https://www.wearewithyou.org.uk/services/halton-for-young-people/> Tel: [01928 240406](tel:01928240406)
- **Youth Offending Service** Tel: 0151 511 7208
- **iCART** <https://children.haltonsafeguarding.co.uk/contact-and-referral-team/>
- **RASASC** -Rape and sexual abuse support centre <https://www.rapecentre.org.uk/contact.php>  
<https://www.nspcc.org.uk/services-and-resources/childrens-services/>

## Getting Risk Support

This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment, this may have been tried, but the behaviours and risk taking that cause concern are still present and they remain a **significant concern and risk**. This group might include children, young people who self-harm, or engage in other behaviours the continue put themselves at significant risk.

**All agencies may be involved in supporting these young people.** Commonly this may include the following services, however this not an exhaustive list, as all services involved in a child will participate in risk support:

- **iCART** <https://children.haltionsafeguarding.co.uk/contact-and-referral-team/>
- **Youth Offending Service** Tel: 0151 511 7208
- **‘We are With You’** support for drug and alcohol use <https://www.wearewithyou.org.uk/services/halton-for-young-people/>  
Tel: [01928 240406](tel:01928240406)
- **CAMHS** can offer consultation and advice to those professional systems involved in supporting these young people  
<http://www.nwbh.nhs.uk/camhs-halton> Tel: 01928 568 162

Other useful websites and national support:

- **Young Minds Parents Help Line:** offers advice to anyone worried about someone under the age of 25 call for free Mon-Fri from 9.30am to 4pm 0808 8025544 [www.youngminds.org.uk](http://www.youngminds.org.uk)
- **Young Minds 24/7 crisis service** for young people <https://youngminds.org.uk/find-help/get-urgent-help/youngminds-crisis-messenger/>
- **Minded** Info and guidance for parents and carers <https://www.minded.org.uk/>
- **Child line** FREE support for children and young people up to 18 <https://www.childline.org.uk/get-support/>
- **Stay Alive** app- suicide prevention app which offers help and support both to people with thoughts of suicide and people concerned about someone else [https://www.prevent-suicide.org.uk/stay\\_alive\\_suicide\\_prevention\\_mobile\\_phone\\_application.html](https://www.prevent-suicide.org.uk/stay_alive_suicide_prevention_mobile_phone_application.html)
- **Calm Harm** app helps people to resist and manage the urge to self harm <https://calmharm.co.uk/>

# Halton Working with Schools



- Named link practitioners from the CAMHS team are allocated to every primary, secondary and special school in Halton, to offer advice and support.
- The CAMHS team provide multi-agency consultations to primary and secondary schools on a 6 weekly basis.
- Early help and children's services can directly access consultation via a practitioner being co-located within multi-agency safeguarding hubs.
- \* NHS Halton CCG have bid for national funding to have two teams of Education Mental Health Practitioners (one in Widnes and one in Runcorn) to support children and young people in all primary and secondary schools in Halton, including the Special Schools and the Pupil Referral Unit. The outcome of the bid will be known by the end of March 2020.



# Healthwatch Halton Thrive Survey

- Healthwatch Halton is the patient champion for health and social care services in Halton.
- They collect feedback from the public, patients and service users who have used health and social care services. The feedback that they collect is used to inform the people who design services and those that deliver them of people's experiences and to encourage them to make improvements to the services.
- Following the introduction of the Thrive model, Healthwatch Halton collected anonymous feedback about children's and young people's mental health services in Halton. This survey was designed to find out from young people about how they would go about getting help if they needed it. The survey can be accessed here: <https://wh.snapsurveys.com/s.asp?k=154202954831>
- Responses were collected from 20<sup>th</sup> November to 31<sup>st</sup> December 2020, and the answers will be used to write an evaluation report in February 2021, that will be shared with service providers and commissioners to help us to continue to improve the local offer.

# Halton Mental Health Champions



- Children and Young Peoples Mental Health was an issue regularly raised at the Halton Youth Cabinet (HYC). It featured amongst the campaign issues for Members of Youth Parliaments across the UK and was an annual topic on their 'Mark Your Mark' ballot. Most HYC members had experienced mental health (MH) issues or knew people who had, and a number of concerns relating to CYP accessing services in Halton and the support young people received through schools and colleges had been raised.
- In response to this, in 2018, working with Young Addaction, HYC developed the Halton MH Champions Programme. 18 young people received accredited Mental Health First Aid training through the Mental Health Foundation. They ran peer led sessions with HYC members, looking at the issues facing young people in relation to mental health, access to decision makers to talk about young people and mental health, and support from partners about campaigning around mental health.
- The MH Champions continue to work with schools, the community and decision makers to promote MH awareness, and to campaign for more effective services and support for young people.

# Halton – Promotion and Prevention



## Healthy Schools Mental Health Offer

### Framework and Needs Assessment – Primary and Secondary

A school that effectively supports pupils' mental health and resilience has:



**Mental Health and Resilience in Schools (MHARS) Self assessment** sets out 7 key areas for good mental health, wellbeing & resilience. We will support you to assess your current practice, support development & celebrate good practice.



**5 Ways to Wellbeing Award-** Based on a framework of 5 everyday activities that boosts children's wellbeing. Schools can achieve the award by imbedding these activities into everyday school life

### Primary Only



**School Council sessions** are available to support pupils to make a difference in their school as part of the 5 ways to wellbeing award

### Readiness to deal with death and suicide – Primary and Secondary



**Help when we need it most guidance- how to prepare and respond to suicides in schools-** Guidance to be imbedded within bereavement policy to ensure schools are prepared to respond to suicide appropriately reducing the risk of further suicides in staff, pupils and the school community.



Guidance on bereavement policies available from CBUK <https://www.childbereavementuk.org/primary-school-bereavement-policy>

# For Staff – Wellbeing – Primary and Secondary



**Staff Wellbeing Workshop** Helps staff to reflect on what impacts their wellbeing within school and explore possible solutions as a school to improve staff wellbeing.



**Stress Awareness Training** Helps staff understand how the body reacts to stress, the impact it has on our mental health and ability to function at work and introduce tools to reduce stress.



**The Access to work mental health support services** Confidential and vocational support for employees who are struggling with their mental health provide a range of support and interventions

## Staff Training provided by Healthy Schools – Primary and Secondary



**Basic Mental Health Awareness Training-** Provides a basic knowledge of children and young people's mental health including; risk and resilience factors, wellbeing, resilience and support available.



**Self-Harm Awareness Training-** Provides a basic knowledge of self-harm including; why young people self-harm, risk factors to look out for, tips for talking about self-harm and support available



**Mental Health Resources workshop-** Provides an overview of evidence based resources and lesson plans available to imbed mental health awareness within the curriculum



**Mental health awareness for managers-**Provides managers and supervisors with knowledge and resources to support staffs mental health and wellbeing

## Specialist support available – Primary and Secondary



**Educational Psychology team-** Work with Families, schools and other professionals to bring about positive change for children and young people where there are concerns about their learning, behaviour or emotional wellbeing. For Further information contact a member of the Educational Psychology team [Educational Psychology team details](#)



**Halton Behaviour Support Service-**Work collaboratively with schools across the primary and secondary age range to embed a culture of consistency of practice, promote positive behaviour management policies, techniques and strategies. Offers Mental Health First Aid Training For further information contact [HBSS@halton.gov.uk](mailto:HBSS@halton.gov.uk)



**Nurturing Approach** - Nurture is a whole school approach which involves developing physical, social and emotional resilience, in order to allow children and young people to thrive. There are also regular network meetings to provide support and training for schools. For further information visit [Halton Nurture Strategy](#)



**CAMHS-** Support children and young people up to age 18 with their emotional and mental health and wellbeing. For further information or to contact CAMHS visit [Halton Child and Adolescent Mental health Service](#)

## Time to Change anti stigma campaign – Secondary only



**Time to Change Training for staff** This session is designed to equip you with knowledge and resources for you to deliver anti stigma activity directly with students



**Young Leaders Campaign Training** Equips young people with the knowledge, skills and resources to deliver campaigns to challenge stigma and discrimination. Creates a culture where young people can talk openly about mental health



## Recommended Training – Primary and Secondary



**Mental Health First Aid- 2 day course** Will teach you the skills and confidence to spot the signs of mental health issues in a young person, offer first aid and guide them towards the support they need- For further info contact Halton Behaviour Support Service [HBSS@halton.gov.uk](mailto:HBSS@halton.gov.uk)



**Emotional Literacy Support Assistant Training (ELSA)-** ELSA training aims to give Teaching Assistants / Pastoral Workers / Learning Mentors the knowledge and skills they need to plan and deliver individualised programmes of support to pupils with additional social, emotional and mental health (SEMH) needs. For Further information contact a member of the Educational Psychology team [Educational Psychology team details](#)



**Bespoke SEMH training packages-**The Educational Psychology Service can offer a wealth of bespoke training packages that can be delivered to promote the SEMH of children, young people, parents, carers and/or staff. For Further information contact a member of the Educational Psychology team [Educational Psychology team details](#)



**CAMHS-** Halton CAMHS offer a variety of training to any professionals working with children, young people and families. For details of the training provided by CAMHS please contact [HaltonTier2.CAMHSTraining@nwbh.nhs.uk](mailto:HaltonTier2.CAMHSTraining@nwbh.nhs.uk)

## OTHER TRAINING



**Basic Mental Health Awareness Training** for those who work with children and young people that don't work in a school, for example children's homes staff etc.

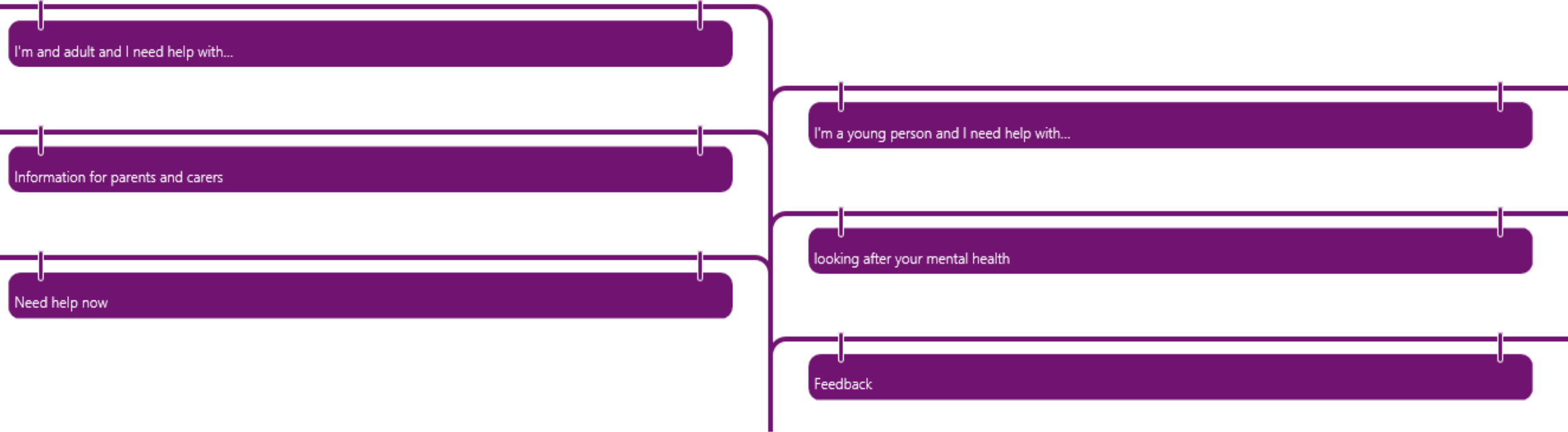


**Self-Harm Awareness Training** for those who work with children and young people that don't work in a school, for example children's homes staff etc.

# Halton Mental Health Service Directory

The directory is now live and can be accessed via the following web link: [www.halton.gov.uk/mhinfopoint](http://www.halton.gov.uk/mhinfopoint)  
Below is a snap shot of the landing page when you click onto the website link.

## Mental Health Info Point



Updating the list of services is work in progress, and a marketing and communications plan will be developed to promote it widely across the borough.



# Halton: Needs Assessment, Engagement and Equality – a Focus on Vulnerable Groups

## Neurodevelopmental

Following initial investment in 2016/17 into nursing support for children with ASD/ADHD, an audit had been undertaken which identified some significant issues with delivery of the diagnostic pathway which lead to an intensive review of the service offer during 2018/19 and associated recommendations. The Woodview Children's Development Centre have since made a number of positive changes to the service:

- Staff implemented a revised pathway that encompassed service processes, including updated and newly developed processes, shared ownership of problems and solutions. A Service Leaflet was developed for patients and parents that explained the referral and assessment process. Further information can be found here: <http://bridgewater.nhs.uk/halton/woodview-specialist-childrens-services/>
- Comprehensive MDT meetings and panels with care plans and pathways now in place to ensure coordination of case management.
- The Trust designed and distributed a Parent Information Leaflet to clarify the role of the MDT as an assessment function with support provided by the range of wider services. This was to help build the level of trust from parents, promote the positive improvements that have taken place and manage expectations moving forward.
- New System and processes in place to receive and action parent/family/patient feedback. Case co-ordinator recruited to lead on co-ordination and case management of children. All children allocated to the case coordinator within 48 hours of referral.
- Drop in sessions and individual meetings were offered to 143 families with regards to outstanding complaints and reopened complaints. Over 20 families attended the sessions to discuss the issues. Complainants are now contacted verbally by the Service Lead within 2 working days of any complaint receipt.
- The service undertook a demand and capacity modelling exercise to fully demonstrate measures and highlight any areas of concern or pressure. A Quality Impact Report outlining changes was submitted to the CCG that included; clarified service changes, data cleanse on referrals and waiting list (System One) and agreed significant operational changes.
- The service introduced full electronic patient records. This included a clear and achievable project plan for transfer of existing records to the electronic process.
- The service is working with other local children's services, with regards to them participating in 'Sharing the News Meetings' with parents/carers. This is to address any concerns or questions with regards to the outcome of a child's assessment.

# Halton: Needs Assessment, Engagement and Equality – a Focus on Vulnerable Groups

## Learning Disabilities



- ODN Model of care Audit was carried out in 2019 to assess the progress that local areas were making towards meeting the recommendations of The North West England Operational Delivery Network model of care for Children and young people with Learning disability and / or Autism service model. This used the Thrive framework - and recommended that all services (including mainstream ones) will be supported by locality Single Points of Access/Hubs. Further work on the actions agreed through the audit will continue this year and updates on progress will be reported accordingly.
- The children's Dynamic Support Database is up and running and is being embedded across Halton. This is currently for CYP with a Learning Disability, Autism or both who engage in challenging behaviour (Emerson 1995) or have an mental health condition who are at risk of a tier 4 bed admission.. Each CYP on the database has a lead professional who develops the multi-agency contingency plan.

# Halton: Needs Assessment, Engagement and Equality – a Focus on Vulnerable Groups



## Children in Care

- The Local Authority successfully commissioned a bespoke service provided by Core Assets, to support the mental health needs of children in care and support to fostering/adoption carers, which acknowledges the increasing complexity of problems experienced by children in care who may have been subject to abuse/neglect. There is currently a scoping exercise to be undertaken to explore the options of jointly commissioning this service between health and social care in the future. The service does not have a waiting list and 64 cases were referred and supported last year.
- There has been an increase in positive feedback from children, young people, foster carers and professionals accessing the service. The EHWP panel chaired by the CIC Divisional Manager continues to provide clear communication and a more coherent way of collaborating with wider professionals, who have provided great feedback on how valuable they find the panel.



# Halton – Vulnerable Children



There are a large number of factors that can increase the vulnerability of children and young people who are experiencing mental health problems. Our early help services and social work teams have a range of interventions to work with these children identified with early help needs, or where they are open to social care as children in need or are looked after. There is increasing alignment and integration of these services with health services to achieve the best outcomes for children and young people, e.g. implementation of the local THRIVE model.

Area of Priority	Progress	Forward Plans
<p><b>Children with emerging needs are supported through targeted early help support</b></p>	<p>'We are with you' Halton is commissioned by the local authority as an Integrated Youth Provision. The target group for this contract is all young people aged 10-19 and up to 25 for those with additional needs in Halton. The service was formally known as Young Addaction, and now has three strands to its service offering:</p> <ol style="list-style-type: none"> <li>1. Treatment interventions that are recovery and participative orientated including one to one psychosocial interventions and a range of talking therapies including MI, Solution Focussed therapies and ITEP mapping for young people who are experiencing problems with substance misuse.</li> <li>2. It is the main hub within Halton for driving and delivering targeted and preventative early interventions, working within all of the high schools. The service also provides a Hidden Harm Service operating on a whole family approach, working with children and their parents where domestic abuse and or substance misuse is prevalent, breaking the cycle of intergenerational substance use and improving family functioning. An outreach service is also in operation which includes a dedicated street based team , travelling to areas that wouldn't ordinarily access services. This allows us to take our integrated provision into the community thus ensuring that our reach is truly borough wide.</li> <li>3. A universal youth provision which is again targeted in areas that are most in need, delivering and facilitating diversionary activities, art and play therapy classes whilst at the same time providing safe environments for children and young people to socialise and relax in.</li> </ol>	<ul style="list-style-type: none"> <li>• Runcorn Primary Care Network 'R Health', are piloting an enhancement to the current health engagement officer service which will provide additional capacity to support families presenting in primary care with non medical issues including emotional wellbeing,</li> <li>• NHS Halton CCG are submitting collaborative proposal with NHS St Helens CCG, NHS Knowsley CCG and NWB to bid for Mental Health in school teams, initially based in Runcorn, and followed there after in Widnes, to help upskill school staff and provide an early offer of help for lower level support.</li> </ul>



# Halton – Vulnerable Children



Area of Priority	Progress	Forward Plans
<b>Children with emerging needs are supported through targeted early help support</b>	<ul style="list-style-type: none"><li>• There is a regular monthly children in care emotional wellbeing panel where cases are brought by social care to a multi agency panel including CAMHS staff, for advice and guidance, support on making referrals and on appropriate placements.</li><li>• Halton Borough Council have embarked upon a project to improve provision for children and young people with emotional health and wellbeing needs and displaying challenging behaviours. The project to have two resource bases in key stage one for children with these needs is now underway.</li><li>• Integrated risk support pathways in line with the THRIVE model have been developed</li><li>• Development of the One Halton all age autism strategy 2018 -2021</li><li>• Emotional Literacy Support Assistant Training for Teaching Assistants / Pastoral Workers / Learning Mentors to plan and deliver individualised programmes of support to pupils with additional social, emotional and mental health (SEMH) needs. Currently in primary and Secondary Schools but will be rolled out to early years</li><li>• Co-location of MH Practitioner in Social care front door now in place and thrive model firmly embedded in the local system.</li></ul>	<ul style="list-style-type: none"><li>• As part of the SEND agenda, a pilot has been funded by NHS St Helens CCG, to increase the skillset within the CAMHS service to accommodate children with LD /Additional needs. Evaluation of the pilot will be in 2021 and if successful it will be rolled out across Halton and other Mid Mersey boroughs.</li><li>• To roll out the Emotional Literacy Support Assistant Training to early years groups.</li></ul>



# Halton Data and Performance

## Children and Young Peoples Mental Health Targets 19/20

### Nationally:

- **Eating Disorder target** – achieved 100% for routine cases in 19/20. There have been no urgent cases that required treatment within 1 week.
- **CAMHS Access Target** - Halton achieved the 34% CAMHS access target for 19/20. This also included the Kooth online data and drop-in hubs activity that started to flow data to the MHSDS in March 2020.
- **Early intervention in Psychosis target** – achieved the 19/20 target of 50% seen within 2 weeks (14-65yrs)
- **Children and Young People Liaison Mental Health Service** - provides a 24/7 core liaison service (including CAMHS) at St Helens and Knowsley Hospitals Trust (STHK). The core liaison service is currently available 7 days a week from 8am - 8pm at Warrington and Halton Hospitals Foundation Trust (WHHFT), however as from April 2020, the same 24/7 provision will be available.

### Locally:

- Comprehensive Performance Outcomes Framework in place with new THRIVE based Service specification
- Outcomes reporting in place



# Halton Children's and Young People's Access Target

In **19/20** Halton CCG reached the **34% access target** for CYP with a diagnosable condition receiving treatment by NHS-funded community services. The data originally recorded through the MHSDS did not include the Headz up Halton Drop In activity, however from March 2020 the activity started to flow to the MHSDS, so it was officially able to count towards the access target. (See table below)

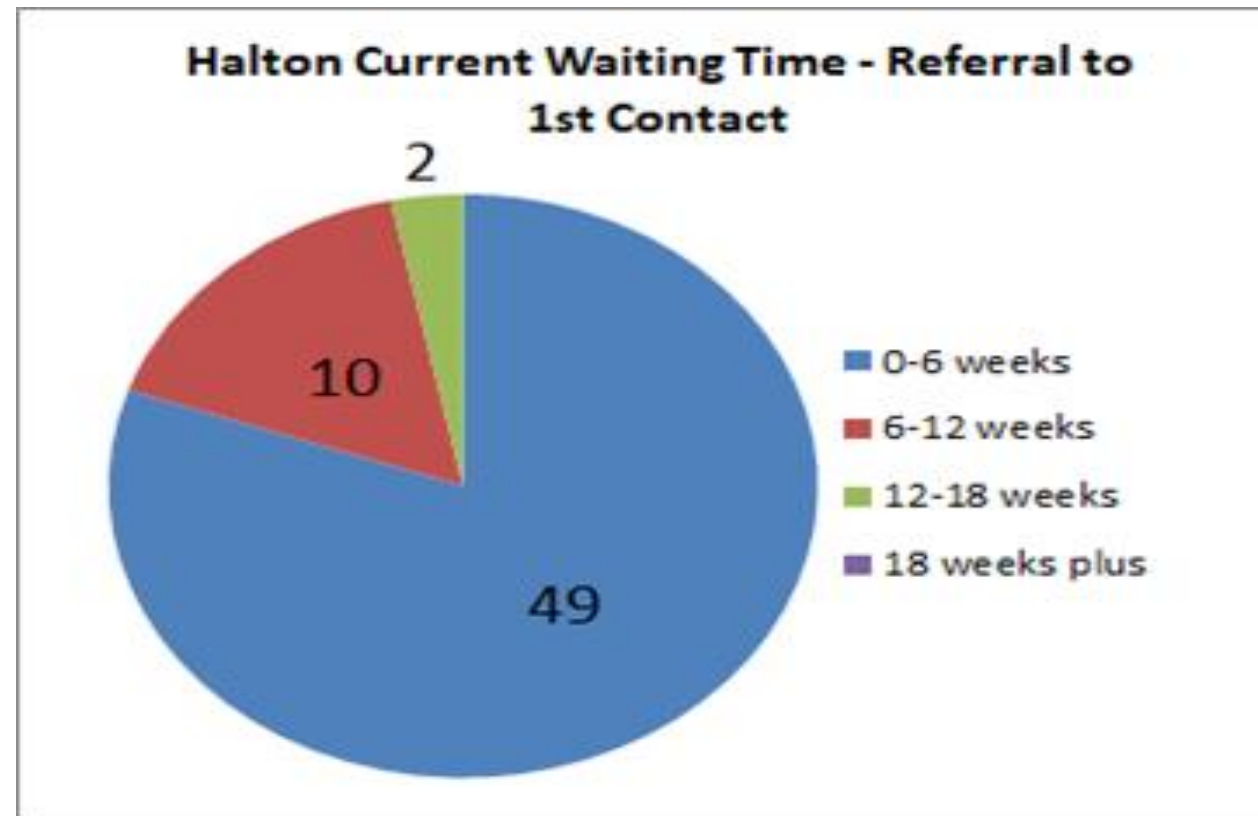
As of **Nov 2020**, Halton CCG is **currently at 24% of the 35% access target for 20/21**. Due to the nature of the drop ins, they were the first to close in March 2020, due to the COVID restrictions, and remain closed at present. Although other services continued, this impacted upon service delivery. It is anticipated that the target may not be met due to these restrictions, however the provider has a trajectory plan in place to achieve as near to the target as is possible, including the adoption of virtual technology that will become further embedded in the final quarter to support achievement, and the reinstatement of the drop ins as soon as is practicable. This is the last year for the national access target.

For **21/22**, we have agreed to set a **local target of 35%** and plans are in place for jointly commissioning with the Local Authority a bespoke offer to Children In Care around emotional Wellbeing and Mental Health and the new provider will be able to flow data to supplement the access target from April 21/22. Plans are also in place to flow data from the neurological pathway using System1 during 21/22.

% Access													
Target/Forecast	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
Halton (incl KOOth Online)	5.3%	10.8%	13.5%	16.4%	18.4%	19.9%	21.5%	23.7%	25.4%	28.1%	29.9%	31.6%	
Local NWBH CAMHS Data (Cumulative) (2019/20)													
Actual	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Forecast Mar-20	Difference from 34% Target
Halton	141	285	351	419	465	504	545	592	632	695	737	779	-203
Kooth Online	11	26	39	54	68	71	78	92	102	118	127	136	
Halton + Kooth online	152	311	390	473	533	575	623	684	734	813	864	915	-67
Headz Up Halton Drop Ins		4	6	5	5	9	9	6	14	20	19	16	+27

# Halton CAMHS Waiting Times Referral to 1<sup>st</sup> Contact (as of 10 March 2020)

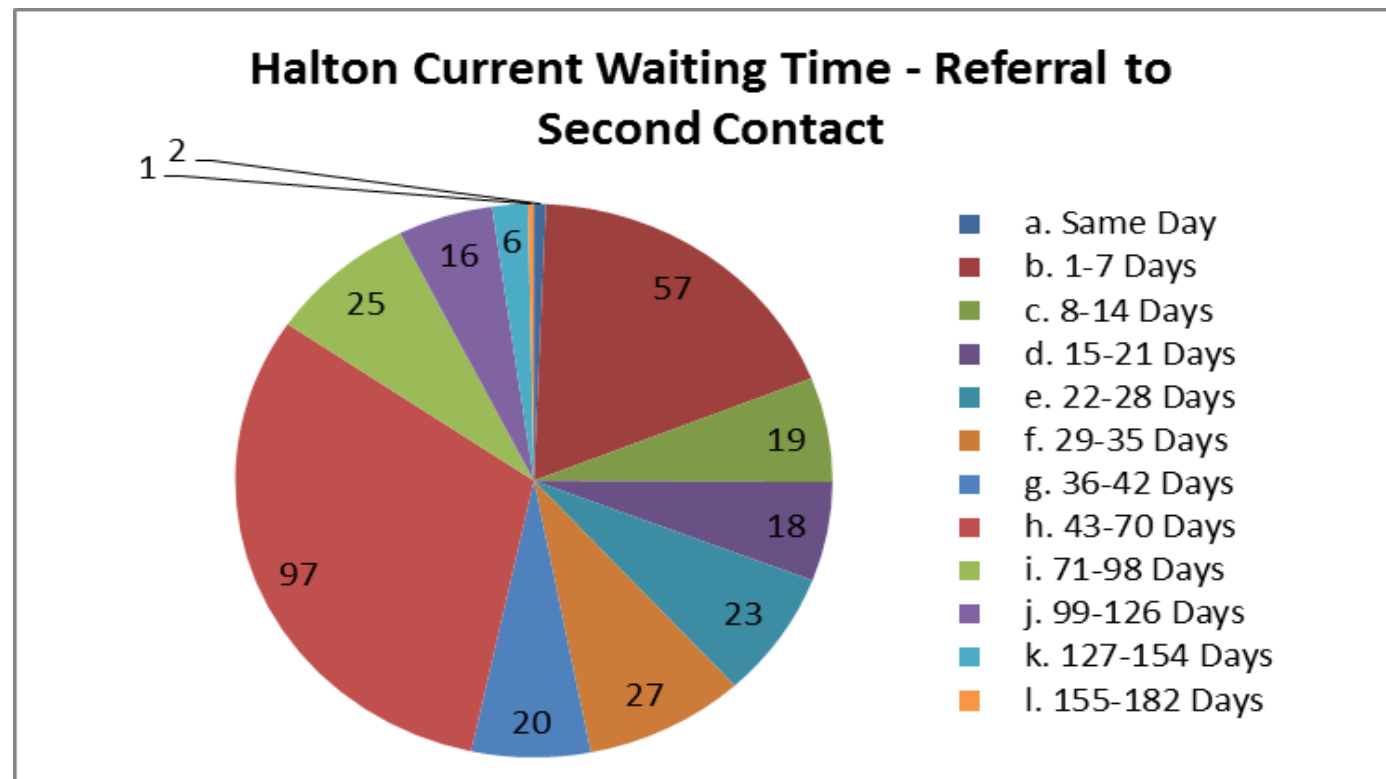
- There are no current issues with waiting times to first contact in the team, over 80% are currently seen within 6 weeks.
- Referral to treatment times average at 5 weeks (which include indirect contacts). Any long waiters are monitored on a weekly basis and proactively followed up if they DNA or cancel their appointments.



**80% Waiting < 6 weeks  
No over 18 week waiters**

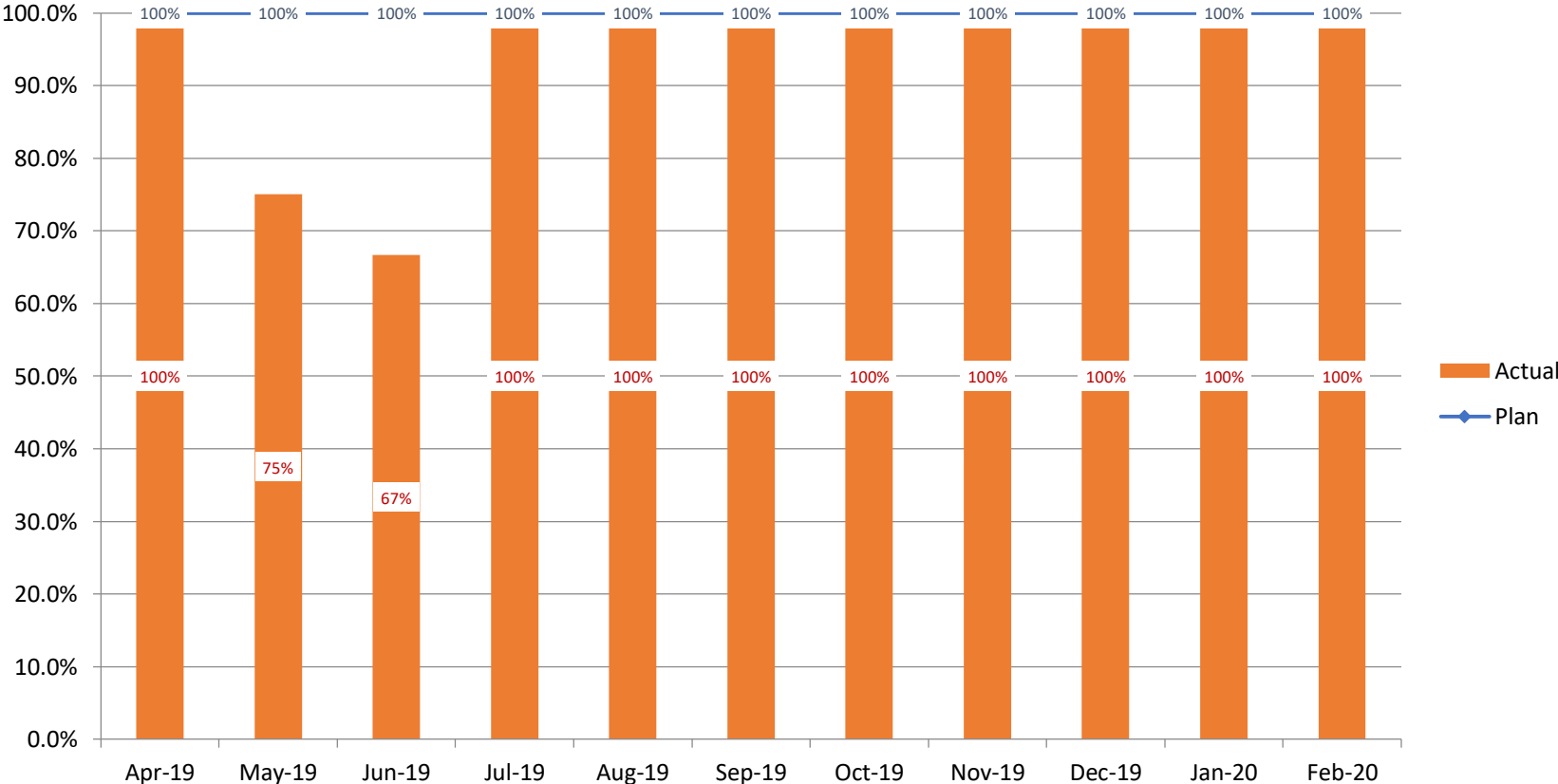
# Halton CAMHS Waiting Times Referral to 2<sup>nd</sup> Contact (Treatment) (as of 10 March 2020)

- 62% accessed treatment within 3 weeks (21 days)
- 71% accessed within 5 weeks and the remaining 29% (10 patients) commenced treatment within 10 weeks



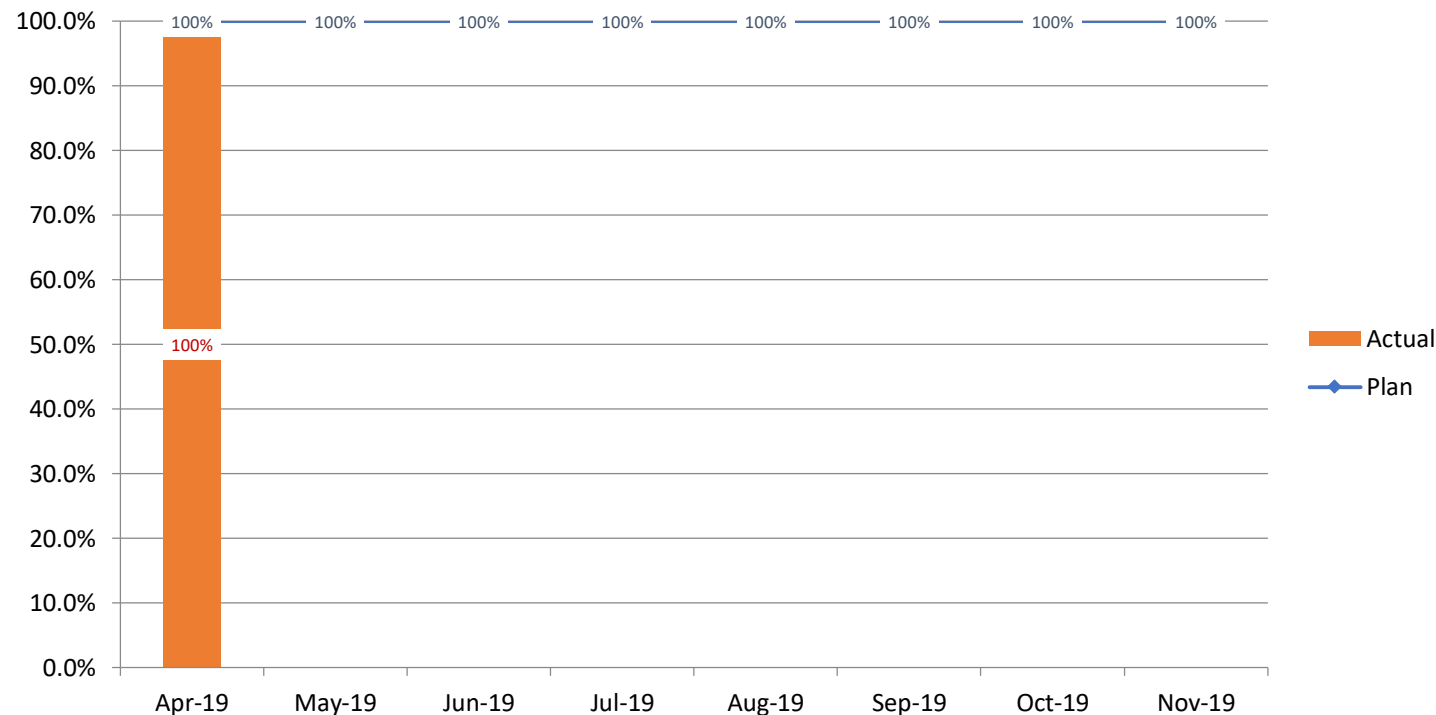
# 4 Weeks Waiting Time Target Eating Disorder Routine Referrals

Since July, 100% of Children and young people referred for assessment or treatment for an eating disorder have received NICE-approved treatment with a designated healthcare professional within 4 weeks



# 1 Weeks Waiting Time Target Eating Disorder Urgent Referrals

Since April 2019, there have been no urgent referrals to the eating disorder service.



# Halton Road Map – Key Priorities

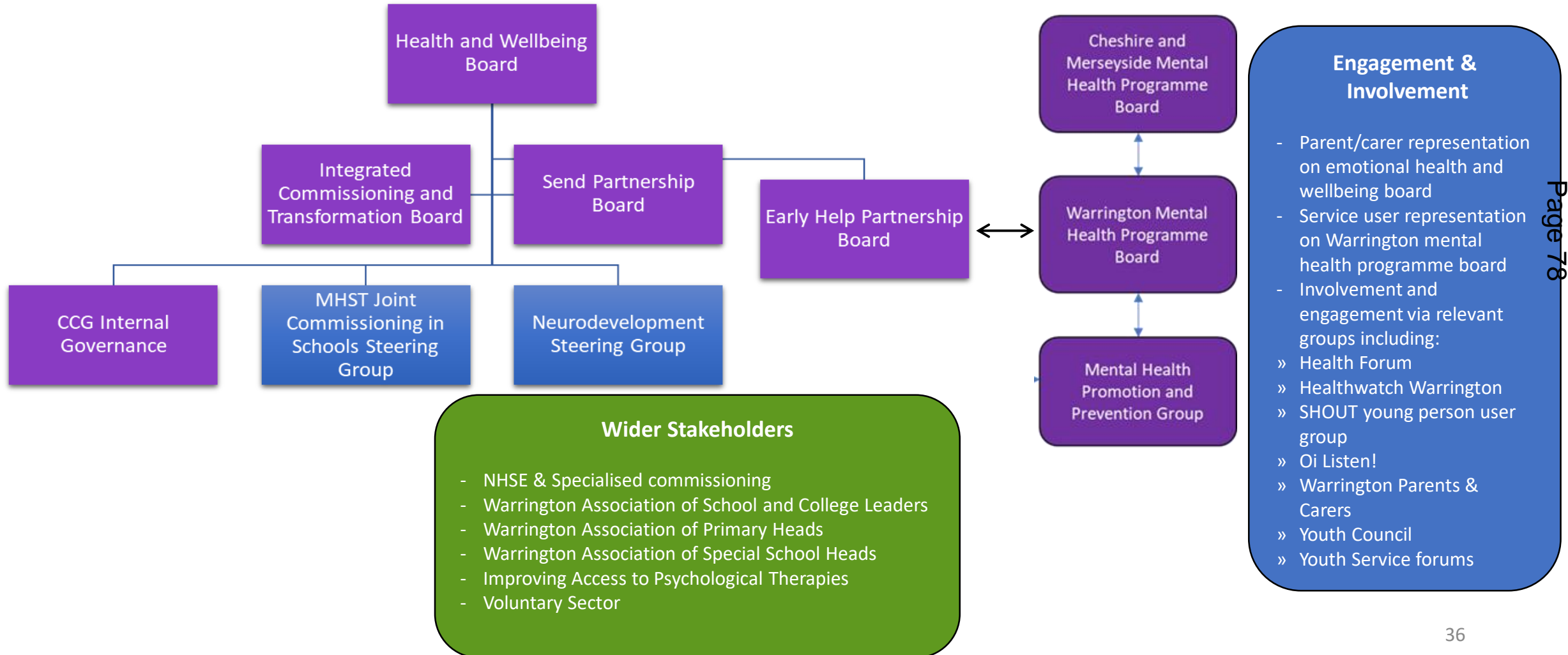


# Halton – Financial Investment 3 Year Plan

Commissioner	Service	Actual Spend	Actual Spend	Actual Spend	Planned Spend
		2018/2019	2019/2020	2020/2021	2021/22
Halton CCG Total Spend on CYP MH		1,907,848	1,881,038	1,916,580	1,964,080
CCG	THRIVE provision (Specialist CAMHS & Kooth, BIBs, Crisis Response, schools link and YOT service)	1,657,853	1,657,917	1,670,480	1,670,480
CCG	YJS Grant Allocation	9,000	9,000	9,000	9,000
CCG	Eating Disorders	120,995	124,121	135,600	135,600
CCG	Neurodevelopmental LD Nurses	90,000	90,000	90,000	90,000
CCG	ADHD Support	N/A	N/A	N/A	35,000
CCG	Grants to variety of 3 <sup>rd</sup> sector organisations utilisation of CAMHS slippage	30,000	0	24,000	24,000
Public Health	0-19 service and Family Nurse Partnership	3,450,000	3,450,000	3,450,000	3,450,000
Council	Looked after children’s MH Service	187,000	187,000	187,000	227,000 (Joint Commission CCG/LA)
Council	Substance misuse services for YP	171,000	171,000	171,000	171,000
Total Spend across CYP System		5,715,848	5,689,038	5,737,080	5,812,080

# Governance - Warrington

Warrington's oversight and governance arrangements have remained consistent and have enabled a balance of wide engagement and operational input and delivery, with strategic oversight and decision making when required.





# Warrington's Emotional Health and Wellbeing Service Offer

All agencies share a responsibility to provide emotional health and wellbeing information, advice, support and treatment proactively to the children, young people and their families living in Warrington.

Warrington THRIVE offer seeks to enhance awareness of the full range of mental health promoting practices (MHPP) and to facilitate a multi-agency approach to their use.

Warrington THRIVE services provide a range of interventions covering all of the Thrive quadrants, as outlined in the Thrive model below: -



## Thriving

All those children, young people and families **who do not currently need individualised mental health advice or help**. They may benefit from more general approach to maintaining good mental health and wellbeing, provided by services/groups such as:

- **Warrington Borough Council** <http://happyoksad.warrington.gov.uk/children-and-young-people.aspx>
- **Sports and Leisure** <https://livewirewarrington.co.uk/>
- **Community centres** <https://www.mylifewarrington.co.uk/>
- **Libraries** <https://www.warrington.gov.uk/libraries-0>
- <https://www.girlguiding.org.uk/what-we-do/brownies-7-10/im-a-brownie/>
- <https://www.scouts.org.uk/home/>
- **Warrington's Local Offer AskOllie**  
<https://www.mylifewarrington.co.uk/kb5/warrington/directory/localoffer.page?localofferchannel=0>
- **Warrington's Local Offer Warrington Families Information Service**  
<https://www.mylifewarrington.co.uk/kb5/warrington/directory/directory.page?directorychannel=1>
- **Warrington's Voluntary and Community action** <https://www.warringtonva.org.uk/>
- **FREE mindfulness apps for children and adults** <https://www.smilingmind.com.au/>  
<https://www.stopbreathethink.com/>
- **ADDvanced Solutions Community Network** <https://www.addvancedsolutions.co.uk/our-offers/our-offer-in-warrington.html>

## Getting Advice

All children, young people and families, will from time to time experience events that cause emotional distress. Events such as bereavement, divorce and separation or other life events that will naturally cause emotional distress. Most families can support their children and young people through these events, however some may need some advice to support recovery from the emotional distress that has resulted. **Support may come from a universal service, or if more targeted services are already involved, the expectation is that they will provide support.** Advice can be accessed from a range of local services:

- **Warrington Borough Council** <http://happyoksad.warrington.gov.uk/children-and-young-people.aspx>
- **Orford Youth Base** - offer drop-in sessions. They offer signposting, self-management advice and consultations for children, young people and their families and carers.
- **Kooth** provide anonymous on-line advice and support <https://kooth.com>
- **Warrington Youth Service** offers support for drug and alcohol use  
<https://www.mylifewarrington.co.uk/kb5/warrington/directory/service.page?id=vFSDD42nQhA>
- **GP Practice** <https://www.nhs.uk/service-search/find-a-gp/results/Warrington?latitude=53.3895712237609&longitude=-2.59089667658018>
- **School nurse** <http://www.bridgewater.nhs.uk/schoolnursing/>
- **Health Visitors** <http://www.bridgewater.nhs.uk/healthvisiting-service/>
- **CBUK** bereavement support for children and families <https://childbereavementuk.org>. Tel: [01928 577164](tel:01928577164) Email: [cheshiresupport@childbereavementuk.org](mailto:cheshiresupport@childbereavementuk.org). Face to face support and app available
- **Primary Schools** can gain advice via attending group consultation with CAMHS and Educational Psychologists. Group consultation takes place every 6 weeks
- **Secondary schools** can gain advice by staff speaking to their CAMHS link worker
- **Early Help** – Offer assessments through professionals to identify and assess families needs  
<https://www.mylifewarrington.co.uk/kb5/warrington/directory/advice.page?id=sQnBZtzP2FQ&&>

## Getting Help

This grouping comprises those children, young people and families who would benefit from **focused, evidence-based treatment**, with clear aims, and criteria for assessing whether aims have been achieved.

Provided by services such as:

- **CAMHS** service offer 1-3 goal focussed evidence based interventions <https://www.nwbh.nhs.uk/camhs-warrington>
- **Warrington Borough Council** <http://happyoksad.warrington.gov.uk/children-and-young-people.aspx>
- **Kooth** provide anonymous on-line support and face to face sessions <https://kooth.com/>
- **PAPYRUS** – support for young people experiencing suicidal thoughts <https://papyrus-uk.org/hopelineuk/>
- **CBUK** bereavement support for children and families <https://childbereavementuk.org>. Tel: [01928 577164](tel:01928577164)  
Email: [cheshiresupport@childbereavementuk.org](mailto:cheshiresupport@childbereavementuk.org). Face to face support and app available
- **Warrington Safeguarding Partnership** <https://www.warrington.gov.uk/warrington-safeguarding-partnership>
- **Early Help** – Offer assessments through professionals to identify and assess families needs  
<https://www.mylifewarrington.co.uk/kb5/warrington/directory/advice.page?id=sQnBZtzP2FQ&&>
- **MHST Teams:** Children and Young People can access an Education Mental Health Practitioner in school. Warrington currently has two teams working across 40 schools
- **St Joseph's** offers a range of counselling support <https://www.saintjosephsfamilycentre.co.uk/counselling>

## Getting More Help

This grouping comprises those young people and families who would benefit from a more intensive level of support, which may include inpatient care, but may also include extensive outpatient provision.

**Getting Risk Support** may also be an element of this package.

- **CAMHS service** – complex presentation and need, requiring 3 or more evidence based interventions or receiving additional agency support <https://www.nwbh.nhs.uk/camhs-warrington>
- **Kooth** provide anonymous on-line support and face to face sessions <https://kooth.com/>
- **Early Help** – Offer assessments through professionals to identify and assess families needs <https://www.mylifewarrington.co.uk/kb5/warrington/directory/advice.page?id=sQnBZtzP2FQ&&>
- **Youth Offending Service** Tel: 0151 511 6622/0055
- **RASASC** -Rape and sexual abuse support centre <https://www.rapecentre.org.uk/contact.php>  
<https://www.nspcc.org.uk/services-and-resources/childrens-services/>

## Getting Risk Support

This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment, this may have been tried, but the behaviours and risk taking that cause concern are still present and they remain a **significant concern and risk**. This group might include children, young people who self-harm, or engage in other behaviours the continue put themselves at significant risk.

**Warrington's CRISIS Response Team** offer support between 9am and 9pm 7 days a week on 01744 627618

**All agencies may be involved in supporting these young people.** Commonly this may include the following services, however this not an exhaustive list, as all services involved in a child will participate in risk support:

- **Warrington Safeguarding** <https://www.warrington.gov.uk/warrington-safeguarding-partnership>
- **Youth Offending Service** Tel: 0151 511 6622/ 0055

Other useful websites and national support:

- **Young Minds Parents Help Line:** offers advice to anyone worried about someone under the age of 25 call for free Mon-Fri from 9.30am to 4pm 0808 8025544 [www.youngminds.org.uk](http://www.youngminds.org.uk)
- **Young Minds 24/7 crisis service** for young people <https://youngminds.org.uk/find-help/get-urgent-help/youngminds-crisis-messenger/>
- **Minded** Info and guidance for parents and carers <https://www.minded.org.uk/>
- **Child line** FREE support for children and young people up to 18 <https://www.childline.org.uk/get-support/>
- **Stay Alive** app- suicide prevention app which offers help and support both to people with thoughts of suicide and people concerned about someone else [https://www.prevent-suicide.org.uk/stay\\_alive\\_suicide\\_prevention\\_mobile\\_phone\\_application.html](https://www.prevent-suicide.org.uk/stay_alive_suicide_prevention_mobile_phone_application.html)
- **Calm Harm** app helps people to resist and manage the urge to self harm <https://calmharm.co.uk/>

# Warrington – Promotion and Prevention

- Warrington’s Public Health Team leads an all age mental health promotion and prevention strategy that is aligned with the children and young people’s local transformation plan
- Prevention & Early Intervention is a key element within universal settings, schools, colleges and primary care
- Public Health promote a whole school/setting approach, as part of overall THRIVE model, through:
  - 0 to 19 public health commissioned service with specific KPI’s around mental wellbeing
  - PSHE network meetings
  - Academic delivery plans
  - Youth Health Champions
  - Training
  - Promotion of evidenced based mental wellbeing campaigns e.g. In Your Corner
  - [www.happyoksad.org.uk](http://www.happyoksad.org.uk) website
  - Suicide Prevention and intervention



- There is a named lead in each primary and secondary school for mental health who has received mental health first aid training. This includes a senior lead and an operational lead. In addition, every secondary school has a named CAMHS link worker.
- There is some early data to indicate that there are increased opportunities for the wider system to get support and advice on managing and containing lower level mental health needs at home and in schools, leading to a reduction in referrals to specialist services. It is hoped this then creates capacity for a greater number of the appropriate referrals to receive evidence based interventions.

# Warrington – Promotion and Prevention

Warrington runs a variety of courses to support Children and Young People

Course	Run by	Description	Audience
Understanding and Managing Low Mood	CAMHS	Focus on Cognitive Behavioural Therapy for young people to manage anxiety and low mood	Staff who work with young people – teachers, SENCO, Teaching assistants, voluntary sector
Anxiety and Panic Self-Harm Awareness	CAMHS	Offered to School Employees to support the early identification of Children with anxiety and suffering with self-harm	School Colleagues
Learning Acceptance and Commitment Therapy Skills	CAMHS	Stopping the Struggle with Emotions, using Acceptance and Commitment Therapy.	Teachers, SENCO, Teaching assistants, youth workers, voluntary sector
Child Development and Attachment	CAMHS	The course covers brain development, normal developmental and emotional milestones, attachment styles and identifying attachment difficulties	Family support workers, Youth Workers, School Nurses and Health Visitors
Adolescent Brain Development Training	CAMHS	Focus on supporting teenagers through adolescent years, through the learning of brain development during puberty and the importance of child-parent relationships	School Nurses, Health Visitors, Youth Workers, Family Support, SENCO
Teaching Mindfulness	CAMHS	Introduction of mindfulness to delegates & support them with skills to introduce mindfulness to young people	Voluntary Sector Workers, Teachers, Youth Workers
DBT Manage Strong Emotions	CAMHS	Introduction to Dialectical Behaviour Therapy to support regulation of emotions	Teachers, Teaching assistants, family support, school nurses



# Healthy Child Programme – Health Visiting and School Nursing

Warrington Public Health 'Healthy Child Programme 0-19 years' Commissioned service is based on the delivery of the 4–5–6 Model for Health Visiting & School Nursing.

The 4-5-6 model is an evidence based approach to deliver the healthy child programme. It encompasses the reach and impact of health visiting and school nursing services through:

- 4 levels of service
- 5 universal reviews
- 6 high impact areas of which EHWP features in the following:
  - Early Years High Impact Area 2 – Maternal and (Perinatal) Mental Health
  - Early Years High Impact Area 1 – Transition to Parenthood and the early weeks
  - School nursing High Impact Area 1 (Resilience and emotional wellbeing)

# Healthy Child Programme – Health Visiting and School Nursing

Warrington HCP 0-19 service:

- Have care pathways clearly defined with other organisations and agencies providing Level 1, 2 and/or 3 mental wellbeing services and other primary care providers; including perinatal mental health and infant mental health
- Provides early identification and access for children and young people showing early signs of emotional distress or attachment difficulties for infants.
- Provides appropriate referral to Child and Adolescent Mental Health Services & other local services.
- Supports schools to adopt a comprehensive whole-school approach to social and emotional wellbeing

# Healthy Child Programme – Health Visiting

Health visiting services deliver the core Mandated contacts of the Health Child Programme. Emotional health needs are discussed at every contact.

- Pre-Birth Assessment (for all clients) -Mental Health – previous, peri-natal and family
- Birth Visit 10-14 days - Observation and assessment of peri-natal mental health using evidence based tools
- 6-8 week Visit - Observation and assessment of peri-natal mental health using evidence based tools
- 9-12 Month Contact and developmental assessment -Peri-natal mental Health
- 2-2 1/2 year developmental assessment.

# Healthy Child Programme – School Nursing

- Support the emotional health and wellbeing early help offer.
- School Nursing Service offer holistic weekly drop in service in Warrington High Schools
- School nurses offer enhanced EHWP support to pupils in secondary school (up to 6 contacts) based on evidence based practice (SFBT etc)
- EHWP Lesson delivery is offered to primary schools for all Year 5/6s on request as part of half day entitlement.
- Support the Public Health delivery of the school health champions and the EHWP campaigns.

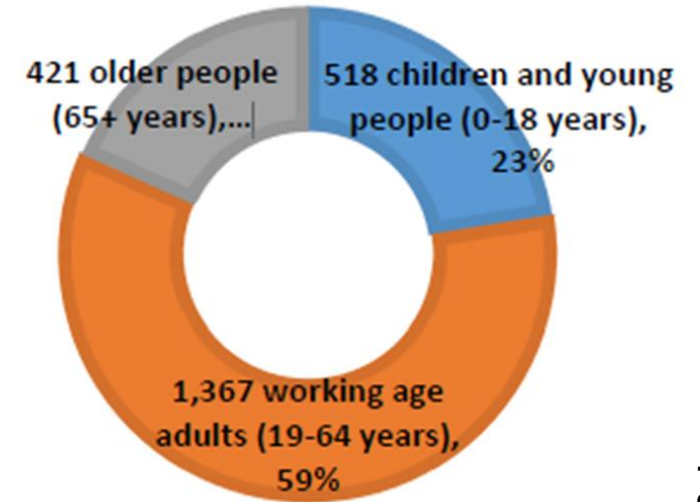
# Warrington – Working with Schools

- MHST – Warrington have two teams of Education Mental Health Practitioners who will be supporting children and young people in 40 schools across Warrington, including the Special School and the Pupil Referral Unit
- Warrington are also working with the Anna Freud Centre to deliver the Schools Link Programme to schools with access to MHST in 2020. This will be rolled out to other schools over the coming years
- NHS Warrington CCG continue to joint commission with the schools across the borough for dedicated support and consultation from mental health services within the schools.
- Early Help have delivered the ROAR Programme in Primary Schools to support Mental Health in young children through awareness and early identification.

# Warrington's Autism Strategy

**Autism in Warrington** - based on the national estimate that 1.1% of the population has Autism, it is likely that there are 2,307 people living in Warrington with Autism.

- There has been an increase in the diagnosis of neurodevelopment conditions in children and young people as a result of better understanding of conditions such as Autism, Pathological Demand Avoidance and Attention Deficit Hyperactivity Disorder. There are currently 348 children and young people known to health services with Autism.
- There are some inconsistencies in the diagnostic pathway for children and some are diagnosed very early in their lives and others wait several years.
- The number of pupils with Autism has increased 40% in the past four years and as of January 2018 there were 335 pupils in primary, secondary and special schools were receiving additional support from school or an with an Education, Health and Care Plan.



**Our priorities** are based on what we know about the needs of children, young people and adults living with Autism in Warrington and the changes we need to make to the way we run our services so that they are Autism friendly.

**Our priorities are for people with Autism to:**

1. Be supported by professionals who understand Autism
2. Be identified at the earliest opportunity
3. Get the best from school and college
4. Be prepared for adulthood
5. Live as independently as possible.

We also understand that parents and carers of children, young people and adults with Autism also need help and support to ensure that they are able to cope with the daily challenges that face them. 50

## Warrington Families

- Open Access Community Network Group  
<https://www.advancedsolutions.co.uk/our-offers/open-access-community-network-groups.html>
- Family Learning Programmes and Workshops  
<https://www.advancedsolutions.co.uk/our-offers/family-learning-programmes-and-workshops.html>
- Family Activity Days
- Awareness Raising Training for Professionals  
<https://www.advancedsolutions.co.uk/our-offers/awareness-raising-training-for-professionals.html>
- Supporting Children and Young People  
<https://www.advancedsolutions.co.uk/contact>



**ADDvanced Solutions**  
Community Network  
Supporting you to find the answers

The team has over 20 years' professional experience from across education, health and social care, criminal justice system and community development working with families living with neurodevelopmental conditions, learning difficulties and associated mental health needs.

# Warrington: Needs Assessment, Engagement and Equality – a Focus on Vulnerable Groups

NHS Warrington CCG has undertaken extensive engagement and needs assessment to inform the development of the newly commissioned THRIVE model. Detailed information can be found on the [CCG website](#) in both previous LTPs and supporting documents.

Following implementation of THRIVE, there continues to be a need to focus on some specific vulnerable groups e.g. children looked after or that have been abused, and children with neurodevelopmental conditions.

## Neurodevelopment and Special Educational Needs and Disabilities (SEND)

Based on national prevalence data, it is expected that in Warrington there are 407 children with autism spectrum disorder (ASD) and between 740 and 1851 children with attention deficit hyperactivity disorder (ADHD). A joint strategic needs assessment for SEND in Warrington can be found [here](#).

After recent quality reviews of the neurodevelopmental pathways which highlighted some clear opportunities to improve services a new pathway went to consultation in 2019. Recommendations from the consultation are forming further improvements to the pathway including the co-design with Early Help and an improved communication and engagement plan, which has been designed with WarrPAC to include a parents briefing.

Warrington CCG and Warrington Council will continue to co-design the pathway with the aim to implement in on the 1<sup>st</sup> of April 2020, following further recruitment to the planned workforce.

Warrington CCG and Warrington Council have developed a process by which schools can apply for funding for individual children and young people with complex medical needs in an equitable manner.



# Warrington: Needs Assessment, Engagement and Equality – a Focus on Vulnerable Groups

## Children in Care

In June 2018, the rate of children in care in Warrington was significantly higher than the England average, at a rate of 93 per 10,000. Over the past 18 months there has been a significant decrease in the number of children in care, Warrington currently has a rate of 83 per 10,000. Interventions have focused on avoidance of unnecessary care admissions, early help, edge of care and a restorative approach to family breakdown.

Upcoming programmes for children in care:

### No Wrong Door Programme

- A 2 year programme aiming to provide support to young people who are within or on the edge of the care system
- Through co-production a local community hub will host an MDT style model to combine residential care with fostering
- The Hub will include speech therapists, a clinical psychologist, community foster families and staffed community supported lodging
- The Warrington No Wrong Door is planned to go live in March 2021.

### Mockingbird Programme

- Warrington will be implementing the Fostering Network's Mockingbird Family Model which aims to improve the stability of fostering placements and strengthens the relationships between carers, children and young people, fostering services and birth families. The model can support young people's wellbeing and can reduce foster carer isolation.
- The Mockingbird Family Model is a method of delivering foster care using an extended family model which provides sleepovers, short breaks, peer support, regular joint planning and training, and social activities.
- The first Mockingbird constellation is due to be launched in late April 2020

# Warrington – Vulnerable Children

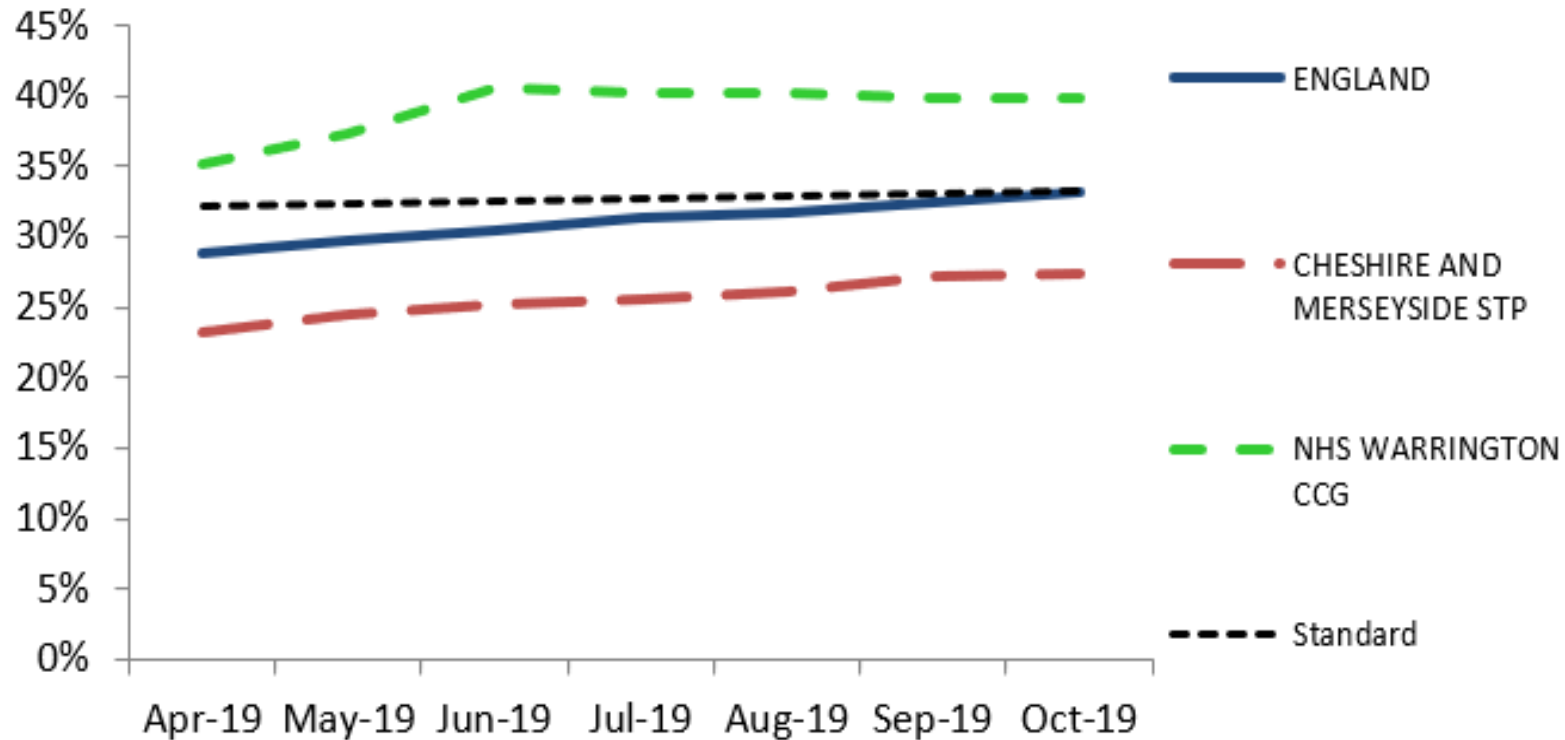
There are a large number of factors that can increase the vulnerability of children and young people who are experiencing mental health problems. Our early help services and social work teams have a range of interventions to work with these children identified with early help needs, or where they are open to social care as children in need or are looked after. There is increasing alignment and integration of these services with health services to achieve the best outcomes for children and young people, e.g. in moving to a THRIVE model.

Area of Priority	Progress	Forward Plans
<p><b>Children with emerging needs are supported through targeted Early Help support</b></p>	<ul style="list-style-type: none"> <li>• Many Warrington schools and the Early Help division are trauma trained to support adverse childhood experiences</li> <li>• The Youth Service facilitates and promotes the health drop-ins and provide targeted interventions for young people, e.g. emotional wellbeing, drugs and alcohol, sexual health</li> <li>• Risky Behaviours education, advice &amp; support to all year 7 &amp; 10 pupils within Warrington education settings</li> <li>• Working in partnership with children’s mental health services to deliver the THRIVE model, e.g. mental health practitioner co-located in the multi-agency safeguarding hub.</li> <li>• Early help staff co-deliver training to the wider workforce including health, e.g. GPs.</li> <li>• The Early Help division has 2 x Therapeutic social workers supporting children with conduct disorder through the redesign</li> <li>• Early Help Practitioners (Family Support Workers) support families with children with complex needs to enable them to remain at home.</li> <li>• MHST have moved into Orford youth base and will be working in partnership with the Early Help Integrated teams (Family Support, Youth service, Children centre staff).</li> <li>• 10 Mental health champions are part of the Early Help workforce.</li> <li>• Whole family practitioners based in the Early Help Support team are linked with all schools to model whole family working and promoting the importance of timely Early Help assessments being completed.</li> </ul>	<ul style="list-style-type: none"> <li>• Development of integrated risk support pathways in line with the THRIVE model</li> <li>• Early Help, along with schools to support action on the impact of social media on mental health</li> <li>• Development of an all age autism strategy</li> <li>• Early help strategy to include a focus on mental health, drug and alcohol and domestic violence, along with CSE</li> <li>• To work towards a trauma informed council</li> <li>• A new timetable supporting the existing offer of Mind works (Mental health drop in) due to Youth Café and NTH closure moving to another town centre space.</li> <li>• Revised model of YP targeted drug and alcohol and Risky behaviour programme facilitated by the Early Help Youth service in partnership with PH and schools</li> <li>• Health visitor to be part of the triage team and process at the Early Help front door/MASH to identify children at an earlier stage</li> <li>• To work with corporate communications around the use of social media to promote Early Help Services in line with other LA</li> </ul>

Area of Priority	Progress	Forward Plans
<b>Targeted Interventions /Edge of care</b>	<ul style="list-style-type: none"> <li>The Families First Service deliver a range of edge of care interventions to support children to remain at home where safe to do so, providing low level support for children’s emotional wellbeing including interventions based on the principles of multi systemic practice; targeted support from a therapeutic social worker; and trained therapy practitioners. Children’s mental health services are integrated within the edge of care service, to guide and support interventions with more complex children so needs can be met early and at home.</li> <li>Trained social workers undertake effective direct work with children, supported by an additional therapeutic social worker based in the permanency team, linking to children's homes, foster carers and offering 1:1 therapeutic work to a small number of children.</li> <li>Social workers commission bespoke psychological treatments when required.</li> <li>2 social workers have accessed the systemic family practice training through the national IAPT programme.</li> </ul>	<ul style="list-style-type: none"> <li>Continued roll out of a workforce development programme for all social care workforce based on relationship based systemic practice.</li> <li>An ambition to offer mental health first aid training to the whole children’s services workforce.</li> <li>Develop links between peri-natal mental health and infant mental health pathways where specialist support is needed to strengthen attachment, and with specialist services such as forensic CAMHS and sexual assault services.</li> <li>The No Wrong Door Hub “Life Coach”, a Clinically Trained Psychologist, will provide open access to in-house psychological services for young people working with No Wrong Door.</li> </ul>
<b>Children in Care</b>	<ul style="list-style-type: none"> <li>Children in care receive an annual assessment of their emotional wellbeing, though the use of the Strengths and Difficulties Questionnaire (current uptake 92%). Children who score high are supported by the children in care therapeutic social worker and are prioritised for mental health support.</li> <li>Children’s emotional needs are best met through stable, family based care. Where children need to come into care, Warrington seeks to ensure they are provided with this. Warrington has greater placement stability than other areas, with 73% of our children being in the same placement for 2 or more years.</li> <li>The focus of the service is on family based care, and we have invested in our fostering team to ensure we can recruit and retain foster carers equipped, and supported, to manage children with lower level mental health needs. Training includes: Solihull approach – understanding behaviour, emotional first aid, ADHD, attachment, foetal alcohol syndrome training, autistic spectrum disorder training.</li> <li>The service has been gathering the views of children in care and care leavers through the “The Your Life, Your Care” and “Your Life Beyond Care” surveys. The results of the surveys will help us understand young people’s emotional wellbeing and consider service developments.</li> </ul>	<ul style="list-style-type: none"> <li>Through a range of individual support and interventions, there will be a trend of improvement when the strengths and difficulties questionnaire is repeated.</li> <li>Explore the use of a wider range of outcome tools</li> <li>More engagement with children in care to find what they want in terms of support for their mental health and wellbeing</li> <li>Develop the role of a dedicated educational child psychologist</li> </ul>

# Warrington Data and Performance

Warrington CCG is on track to meet the national targets in relation to CYPMH:



**Children's and Young People's Access Rate (latest 12 months)**

# Warrington are on target for year 2019/20!



## MHSDS Access Target

At least 35% of CYP with a diagnosable MH condition receive treatment from NHS funded community MH services

Borough	2017/18	2018/19	2019/20 As at Nov 19	2020/21
National Target	30%	32%	34%	35%
Halton CYP Target	870	928	982	1,012
M8 2019/20	490 / 17%	845 / 29%	587 / 23%	
Forecast Year End			31%	
Knowsley CYP Target	1,019	1,090	1,154	1,188
M8 2019/20	620 / 18%	450 / 13%	374 / 11%	
Forecast Year End			15%	
St Helens CYP Target	1,101	1,175	1,248	1,285
M8 2019/20	790 / 22%	995 / 27%	1124 / 31%	
Forecast Year End			43%	
Warrington CYP Target	1,192	1,272	1,351	1,391
M8 2019/20	1220 / 31%	1375 / 35%	1015 / 30%	
Forecast Year End			37%	

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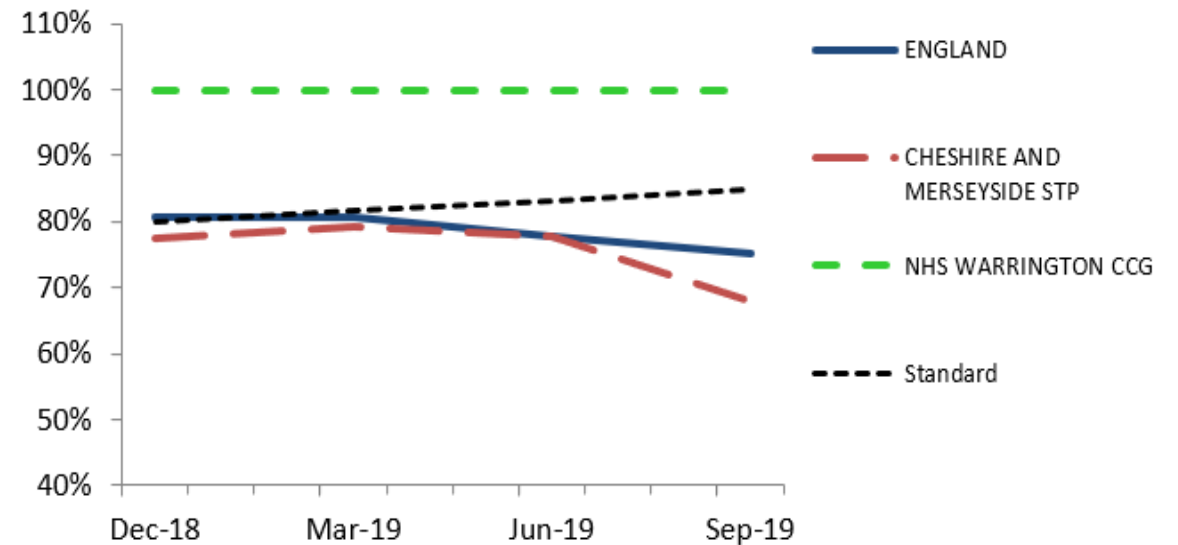
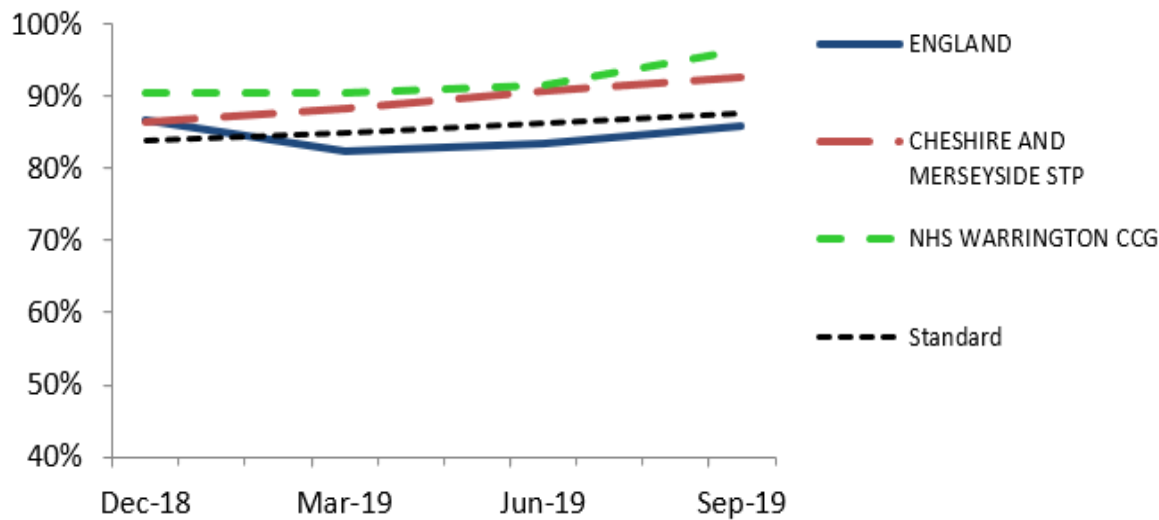
# Eating Disorder Services Performance Data

## Warrington meeting the required standards!

Mid Mersey	Indicators	Thresholds	2018/19				2019/20	
			Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2
<b>Children and Young Persons Eating Disorder Service-Completed Pathway into NICE recommended treatment</b>	Proportion of routine referrals who receive a NICE concordant treatment within 4 weeks of referral	75% by 2018 85% by 2019 95% by 2020	93.0%	81.3%	92.3%	70.8%	100.0%	100.0%
	Proportion of urgent referrals who receive a NICE concordant treatment within 1 week of referral		75.0%	100.0%	100.0%	81.8%	100.0%	100.0%

# Warrington Data and Performance

Warrington CCG is on track to meet the national ED waiting time targets in relation to CYPMH



**CYP Eating Disorder Waiting Time – Routine (rolling 12 months – quarterly for national & regional)**

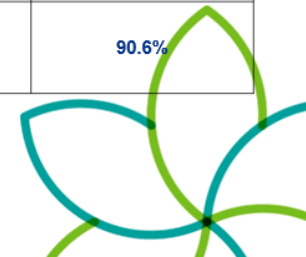
**CYP Eating Disorder Waiting time - Urgent (rolling 12 months - quarterly for national & regional)**

# Improving picture to 'Second Appointment'!

## Numbers waiting for Treatment as at 6<sup>th</sup> January 2020 – Thrive Teams Second face to face attendance - unvalidated



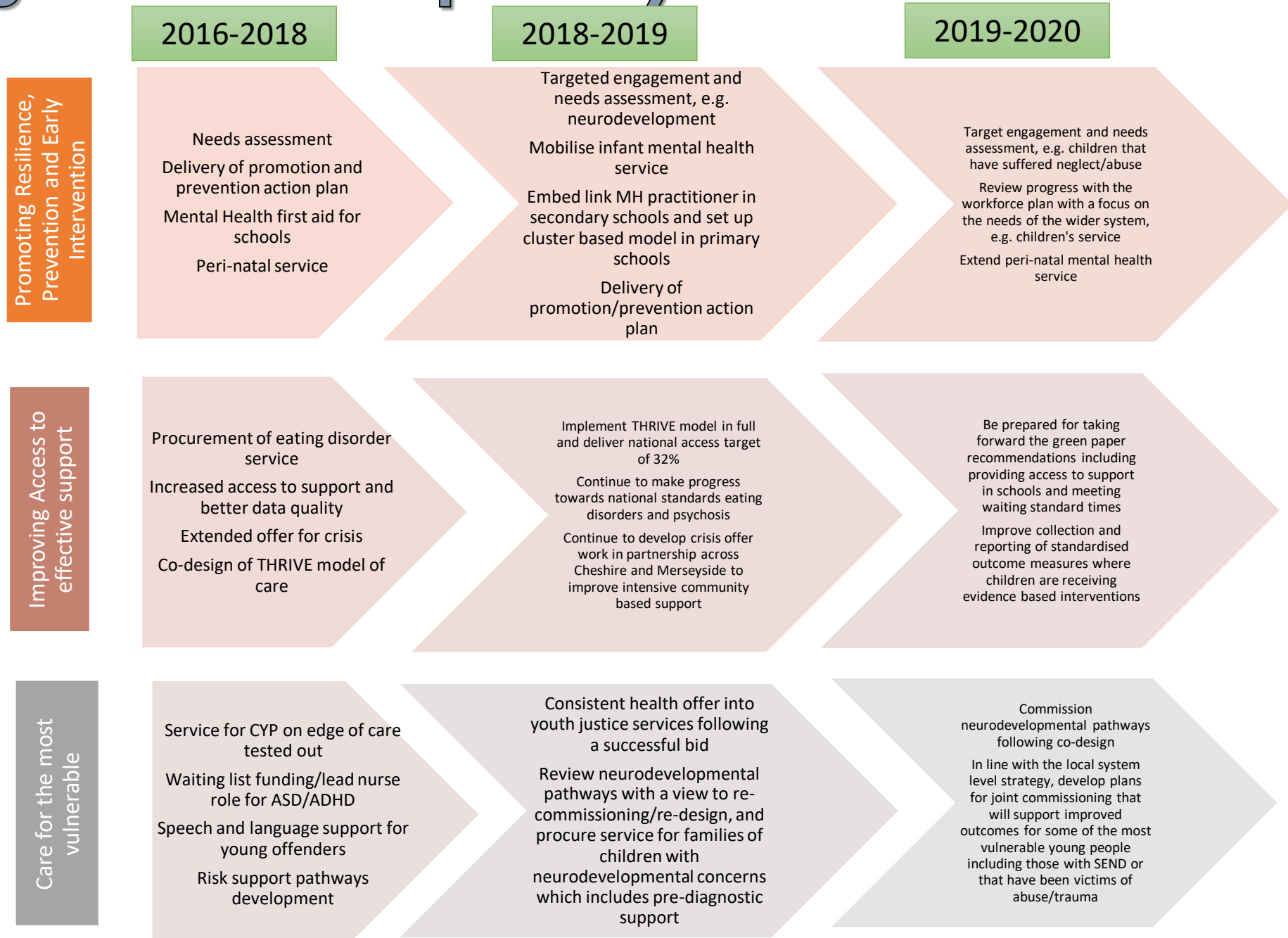
Borough	0-6 weeks	6-12 weeks	12-18 weeks	18 weeks plus	Total	% within 18 weeks
Halton	19	12	3	4	38	89.5%
Knowsley	27	14	1	4	46	91.3%
St Helens	20	14	8	10	52	80.8%
Warrington	46	26	21	4	97	95.9%
<b>Total</b>	<b>112</b>	<b>66</b>	<b>33</b>	<b>22</b>	<b>233</b>	<b>90.6%</b>



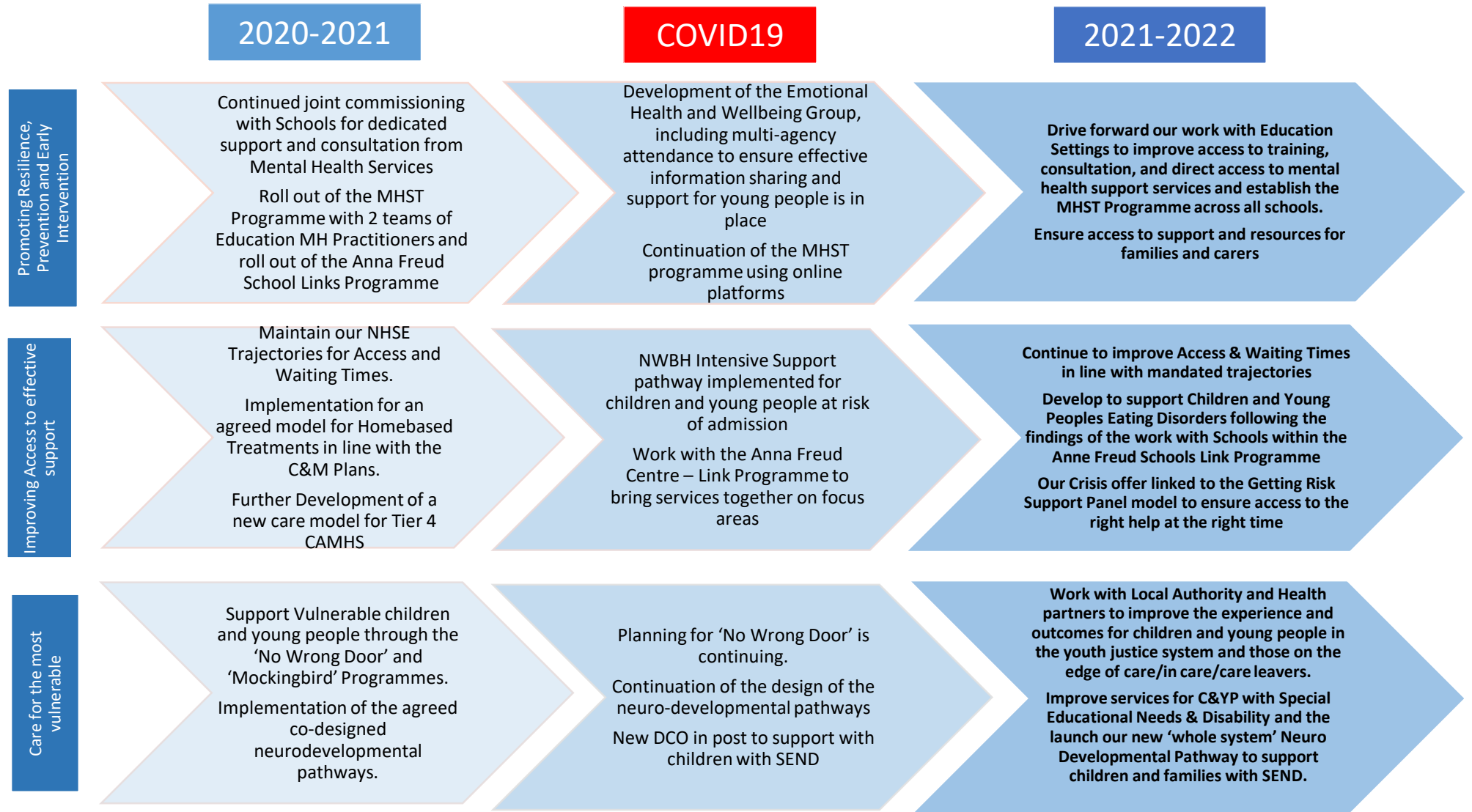
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# Warrington Road Map – Key Priorities 2016- 2020



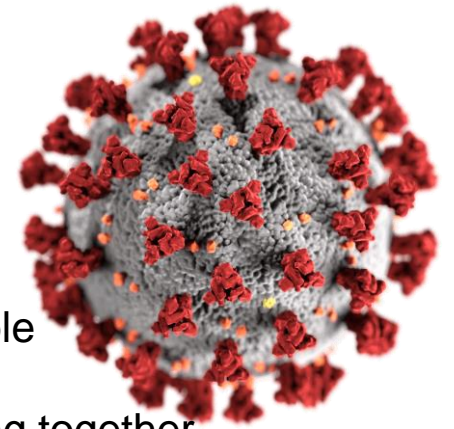
# Warrington Road Map – Key Priorities 2020 -2022



# Warrington – Financial Investment 3 Year Plan

	2018/19 Actual	2019/20 Actual	2020/21 Plan	2021/22 Plan
Warrington Total CCG Spend on C&YP MH	£928,521	£1,101,710	£1,775,590	£1,947,922
NHSE CCG Allocation - Thrive	£644,000	£720,000	£983,000	TBC
Youth Justice Service Allocation		£25,036	£25,036	£25,036
NHSE CCG Allocatio - Eating Disorder Services	£175,236	£175,236	£264,156	£26,156
NHSE CCG Allocation - MHST Programme	£123,708	£123,708	£528,434	£528,434
NHSE CCG Allocation MHST Programme (Non Recurrent)	£40,000	£40,000	£0	£0
Primary School Joint Commissioning Income	£0	£35,000	£35,000	£35,000
Secondary Schools Joint Commissioning Income	£0	£25,000	£25,000	£25,000
Neuro-Developmental Pathway for 0-19	£0	£0	£50,000	£220,000
Waiting list monies	£20,000	£0	£0	£0
Improved Access to Talk Therapies (IAPT)	£112,000	£0	£0	£0
WBC School Health Service & Health Visitors and FNP Allocation	3,533,586	3,533,586	3,533,586	TBC
Total Allocation	£4,648,530	£4,677,566	£5,254,292	TBC
Total Spend	£4,462,107	£4,635,296	£5,204,480	TBC

# COVID-19



In light of the COVID-19 Pandemic, additional measures have been taken to support children and young people across Warrington and Halton, especially as some have been unable to attend school and in the transition back to education.

- Emotional Health and Wellbeing Groups have been developed in both areas in order to bring together professionals across all agencies to share information and highlight concerns;
- Materials have been developed and shared with Education settings to support the transition back to school for children and young people and also to support staff in managing anxiety and worries;
- Modelling around Home-Based Treatment pathways and Neurodevelopmental pathways have continued;
- Warrington's Mental Health Support Teams (MHST) have developed new ways of working remotely with schools and continued with their training courses;
- Work with the Anna Freud Centre Schools Link Programme in Warrington has taken place to bring services together to focus on particular areas of concern.
- It has been recognised that there has been an increase in the prevalence and levels of acuity of Eating Disorders during the pandemic. System wide work commenced in August 2020 and ensured a robust and clear offer was in place across Warrington and Halton for children and young people. Overall investment was increased substantially in October 2020 to support meeting this increase in demand.

Unfortunately the pandemic has meant that other ambitions have had to be put on hold, such as training the workforce in Warrington in Functional Behaviour Assessments and Positive Behaviour Support, and also the review of the Baby Infant Bonding Support (BIBS). This will be reviewed in due course.

# Halton and Warrington Partnership Working Warrington

In recent years Halton and Warrington CCGs have worked in close partnership on several initiatives focussed on transforming mental health and wellbeing services for children and young people. Some of this work has been on a wider geographical footprint with neighbouring Mid-Mersey CCGs. Positive progress has been made on a number of the joint working initiatives over the last 12 months and is demonstrated on the next slides.

# Halton and Warrington – What has been achieved in 19/20

Area of Priority	NHS Warrington CCG Update on Progress	NHS Halton CCG Update on Progress
<p><b>THRIVE/Improving access to effective support (from prevention to specialist community based care).</b></p>	<p>The Thrive model was successfully implemented in 2018/2019. This model along with workforce planning and capacity and demand planning continues to support delivery of the national access target as all providers now flow data consistently to the mental health services dataset, including Kooth online.</p> <p>Successful submission of online data from KOOTH now available through NHS Digital <a href="https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/final-october-provisional-november-2019">https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/final-october-provisional-november-2019</a></p> <p>Mind Works drop-ins are available across Warrington for children and young people and/or parents, allowing self referral/access to support. Currently the activity data flows in to the MHSDS to contribute towards the access target. Drop-in sessions run from the Orford Youth Base Centre, Capesthorpe Road Warrington and the Warrington Youth Café New Town House, Buttermarket Street.</p>	<p>Headz Up Halton drop-ins are available in both Widnes and Runcorn for children and young people and/or parents, allowing self referral/access to support. Plans are in place to flow the activity data to the MHSDS to contribute towards the access target. Following the success of previous years, the CCG plans to continue funding the 4 third sector organisations to support system wide response to EWB issues for Young People - the right service in the right place at the right time:</p> <ul style="list-style-type: none"> <li>• Cheshire Autism CHAPS</li> <li>• Widnes and Runcorn Cancer Support group</li> <li>• Child Bereavement UK</li> <li>• Halton Community Radio</li> </ul>
<p><b>Schools and the Green Paper</b></p>	<p>Warrington CCG continue to jointly commission with primary and secondary schools in the town to provide access to training, consultation and direct support in respect to children and young peoples mental health</p> <p>Warrington CCG has successfully bid for MH Teams in both Primary and Secondary Schools, The opportunity to has allowed implantation for 2 teams of MH workers to begin their training and work with schools to provide better early prevention and intervention. Following publication of the green paper, the partnership will need to be prepared to align local and national plans in line with national recommendations and national roll out.</p>	<p>All primary and secondary schools in Halton have a named link mental health worker who works in conjunction with the educational psychologist aligned to each school to provide advice and guidance to staff. Following publication of the green paper, the CCG has worked with a task and finish group of children’s health, social and educational professionals to agree a suitable model for the mental health teams in schools. A joint Mid Mersey bid has been submitted by the provider North West Boroughs, on behalf of the CCGs. If successful, a team will be recruited to support all schools in Runcorn initially due to its higher deprivation, shortly followed by a team to support all the schools in Widnes. We are also exploring the opportunity to bid for a team to support the local college.</p>

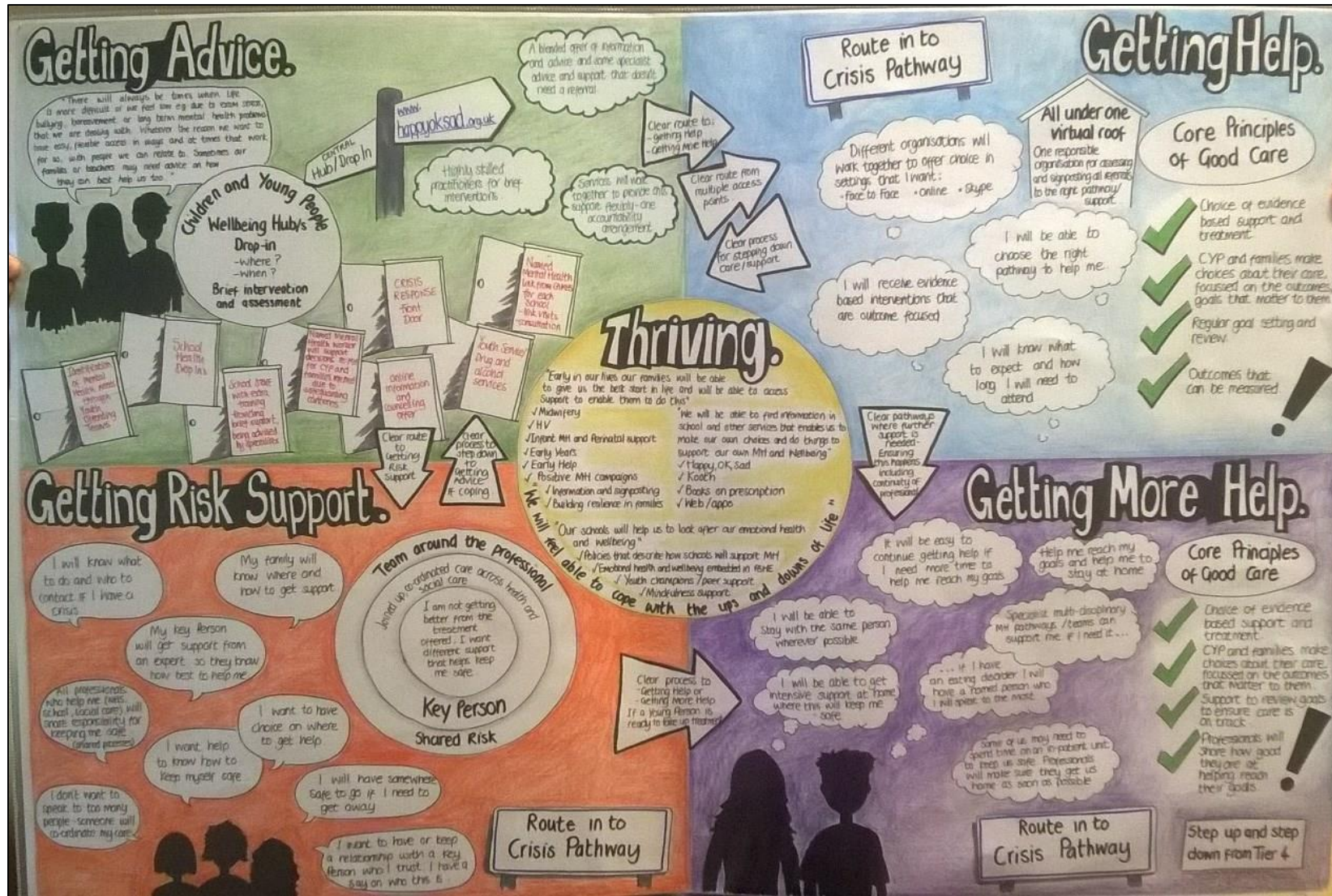
# Halton and Warrington – What has been achieved?

Area of Priority	NHS Warrington CCG Update on Progress	NHS Halton CCG Update on Progress
<b>Eating Disorders</b>	<p>The CCGs co-commission a specialist community based eating disorder service with NHS Knowsley and St Helens CCGs which operates in line with the model recommended in NHS England commissioning guidance and which is signed up to the national quality improvement programme. In Halton, the service has met the national 4 weeks waiting time target to date, with 100% of CYP routine and urgent referrals being completed within 4 weeks, and they are on track to achieve the target in the last quarter. (see data and performance information, slides xx)</p> <p>The Eating Disorder Awareness Group has been recognised nationally as an innovative model of good practice, and the service were approached by NHS England to present at the Royal College of Psychiatry Conference on 5<sup>th</sup> December. The group enables CYP who are high risk be identified quicker and low risk to exit the service sooner. The service are also exploring the opportunity of having an ED champion in each of the Mid Mersey CYP Mental Health service teams. The ED champion will help to improve identification, assessment and communication around ED and raise baseline confidence of other staff members around eating disorder's.</p> <p>The Family Therapy Team have trialled intensive clinics for the more complex cases by working in partnership with Warrington CYPMHS, Trauma and CBT Therapist to offer a combination of interventions to families that need more intensive support. So far this has been a positive intervention and they will continue to trial it with their high risk children. Due to its success, the 4 CCGs have agreed for the contract to be extended for a further 2 years.</p>	
<b>EIP</b>	<p>The CCGs co-commission a specialist early intervention in psychosis team with NHS Knowsley and St Helens CCGs for ages 14 years + that offers NICE recommended treatment. The service is meeting current national access and waiting times standards. The service has now achieved level 3 accreditation for both Halton and Warrington.</p>	
<b>CAMHS Crisis Offer</b>	<p>Both CCGs commission a Pan Borough (St Helens, Knowsley, Halton, Warrington) emergency response team from North West Boroughs Partnership Trust, that manage all front door emergency assessments/FU/Intensive support packages ,including children with a learning disability and/or autism. They also act as liaison between the community CAMHS teams and Tier 4 inpatient beds. They are a link for children in custody with a mental health concern and police point of contact for any young people who are detained on a section 136, as well as street triage point of contact. They provide a 24/7, 365 days per year response, this includes: 9am-9pm crisis duty line (can also be accessed via NHS 111), a dedicated practitioner at both hospital sites from 9pm – midnight 7 days a week (as part of an all age liaison psychiatry offer), and a sleeping on call clinician for psychiatric emergencies. In addition there is still an online offer available in both boroughs via kooth.com until 10pm, 7 days per week. Commencement of pilots for implementing 111 pathways and direct self emergency referrals are currently underway, and the trusts have widened their offer of the crisis drop in clinics by borough, available daily. New KPIs have been implemented and work is now underway with the crisis team, Acute Trust's and Local Authority to develop the home intensive treatment offer.</p>	

Area of Priority	NHS Warrington CCG Update on Progress	NHS Halton CCG Update on Progress
<p><b>Peri-natal and infant mental health</b></p>	<p>The Cheshire and Mersey Specialist Community Perinatal Mental Health Service is fully mobilised. The service provides assessment and support to women who are pregnant or have a baby, and are experiencing severe or complex mental health problems. The service also provides pre-conception advice to women with pre-existing Mental Health needs who are planning a pregnancy; and provides advice to other health professionals. In a 2019 survey, 100% said they would recommend the service to others (122 responses).</p> <p>The CCGs continue to invest additional resource into a dedicated infant mental health offer (BIBS) that focuses on attachment and bonding where maternal mental health is not a significant concern - this service will work closely with the peri-natal service.</p>	<p>Halton CCG invested 12 months funding for 19/20 in a 3<sup>rd</sup> sector organisation 'Parents in Mind', who provide evidence based safe and effective perinatal mental health peer support to pregnant woman and mothers of new babies up to the age of 2 years, who are struggling with low level mood or feeling isolated or anxious. Parents in Mind are linked in well with the local offer and makes onward referrals to the appropriate services where necessary. The CCG will be extending the contract for a further 2 years, following the success of the first year.</p>
<p><b>Transition CQUIN (commissioning for quality and innovation)</b></p>	<p>The provider for Halton and Warrington's children's and adult mental health services was signed up to deliver on the national mental health transition 2 year CQUIN (2017-19). The CQUIN covered all services including eating disorders. All commissioners agreed that the Trust had met the full CQUIN requirements based on the evidence they were presented with. Post transition survey responders said:</p> <ul style="list-style-type: none"> <li>• <b>100%</b> had a transition plan and achieved their goal</li> <li>• <b>100%</b> of young people had either a transition plan or discharge plan in place</li> <li>• <b>92%</b> of the young people (the nominator) had a meeting to prepare for transition. Since Q4 in 2018 this is a significant increase from 70%</li> <li>• <b>67%</b> had this meeting either at least 6 months before transitioning or for individuals who are less than 6 months from transition age on joining the sending service, at least 1 month before transition.</li> </ul> <p>Of those not held within the timescales, details were provided to show when the meeting took place and in some cases why the timescale wasn't met. Positive outcome for the patient summary numbers and feedback was that Halton transition meetings were much better than other areas. The Trust Lead was asked if they were linked into SEND agenda and this was confirmed through the preparing for adulthood meetings. There was no CQUIN in place for 19/20.</p>	
<p><b>Children and Young People's improving Access to Psychological Therapies (CYP-IAPT) and Workforce Planning</b></p>	<p>There is a CYP-IAPT partnership across 4 CCGs (including NHS Halton and Warrington CCGs) with both a strategic and operational lead identified from the main mental health provider. There is a reporting mechanism that tracks compliance with key principles including collaboration and participation, and routine outcome measurement. This is reported to commissioners and decisions are made in relation to funding training places for providing evidence based interventions. In 2019 the CCGs funded 4 x Systemic family practice (SFP) PG Diploma courses (2 x Warrington social care and 2 x Halton Social care), 1 x parenting PG Diploma (Warrington social care), 1 x CBT (Halton CAMHS) 2 x Systemic Supervision course (1 x Warrington CAMHS and 1 x CEDS – pan borough), 2 x CYWPs (Warrington CAMHS) All trainees either passed/completed or are about to. The courses helped to meet the IAPT principle of evidence based practice, skilling staff up in an evidence based way of working. The courses also emphasise all the other principles of IAPT and this aspect of the training is measured by an exam on CYP IAPT which is one of the assessments of the courses.</p>	



# THRIVE – a whole system approach



# Joint Progress with Thrive

- NHS Halton and Warrington CCGs' THRIVE model of care has been fully implemented and embedded into the local offer for children and young people. The work undertaken to model capacity and demand in line with THRIVE has contributed to increasing access to support.
- CYP and their parents/carers can self refer and access prompt information, advice and signposting via the drop in hubs, which are now available:
  - Halton on Wednesdays at the Grangeway Community Centre in Runcorn and Fridays at the Kingsway Children's Centre in Widnes; both from 2.30pm-4.30pm..
  - Warrington at the Youth Base and Youth Café, Capesthorpe Road, Orford

(Both of these were suspended under Covid 19 and are currently under review).

- Named link practitioners are allocated to each primary and secondary school in Halton and Warrington, and early help and children's services can directly access consultation via a practitioner being co-located within multi-agency safeguarding hubs.
- Multi agency re-launch of THRIVE model has taken place, and regular communication takes place via various CCG social media outlets.
- There is increasingly dedicated support to the Youth Justice population following a newly developed health offer that includes dedicated mental health provision and speech and language therapy, Co-location of staff and shared training and development, consistent service specification and key performance indicators and linking with local authorities in relation to AIM assessments for sexualised behaviours.
- A joint Halton and Warrington Thrive Steering group has been established on a bi-monthly rotational basis.

# Children and Young People's Improving Access to Psychological Therapies (IAPT)



- There is a CYP-IAPT partnership across 4 CCGs (including NHS Halton and Warrington CCGs) with both a strategic and operational lead identified from the main mental health provider. There is a reporting mechanism that tracks compliance with key principles including collaboration and participation, and routine outcome measurement. This is reported to commissioners as made in relation to funding training places for providing evidence based interventions.
- In 2019 the CCGs funded 4 x Systemic family practice (SFP) PG Diploma courses (2 x Warrington social care and 2 x Halton Social care), 1 x parenting PG Diploma (Warrington social care), 1 x CBT (Halton CAMHS) 2 x Systemic Supervision course (1 x Warrington CAMHS and 1 x CEDS – pan borough), 2 x CYWPs (Warrington CAMHS) All trainees either passed/completed or are about to.
- New courses for 2020 started in January and February, with no drop outs to date. Training is on-going for 3 x SFP PG Diploma courses (2 x Warrington social care and 1 x Halton CAMHS), 1 x CBT PG Diploma course (Warrington CAMHS) 2 x Systemic Supervision course (1 x Warrington CAMHS and 1 x CEDS – pan borough), 4 x CYWPs (2 x Warrington and 2 x Halton) .
- The courses have helped to meet the IAPT principle of evidence based practice, skilling staff up in an evidence based way of working. The courses also emphasise all the other principles of IAPT and this aspect of the training is measured by an exam on CYP IAPT which is one of the assessments of the courses. There is a strong focus on the courses for outcome measuring, working collaboratively, reducing stigma and helping people in need to get the right treatment in a timely way.
- In the boroughs, THRIVE has helped implement the IAPT principles by ensuring access to getting advice and help, as well as the getting more help aspect of traditional CAMHS.
- In the CAMHS services, there is a continued push to use outcome measures and data on this is now flowed through the MHMDS. North West Boroughs have an on-going plan for in house training (next one planned is for the ORS – Outcome rating Scale).
- They continue to have monthly CYP IAPT meetings with all the CAMHS teams, Warrington social care and our partners Kooth, St Josephs and Barnardos, where we jointly plan and implement the courses and IAPT principles.

# Halton and Warrington Baby and Infant Bonding Support (BIBS)



- After a successful pilot, BIBS was recognised as a 'Rare Jewel' by the Parent Infant Partnership in 2019.
- BIBS is 1 of 27 specialised parent-infant relationship teams in the whole of the UK
- BIBS was commissioned in 2018, locally it has been well received by those who have accessed the service
- Following feedback from the CCG's Clinical Leads, it has been noted there are opportunities to develop this service even further.
- Currently, there has been limited access to this service due to the low staffing levels and strict referral criteria.
- During 2020/21 a review will take place to establish the potential the service has to offer our local community.

# Halton and Warrington Health and Youth Justice

## Ambition

- To narrow the health inequalities gap between those in the criminal justice system and the rest of the population and improve their outcomes.
- To support a reduction in the number of people who are detained as a result of undiagnosed and untreated mental health issues and also support continuity of care after release.

## Achieved

- Equality of access to health assessments at the point of arrest rather than post sentence – this has resulted in young people with unidentified / unmet health needs being diverted to health services as opposed to the criminal justice pathway
- Dedicated mental health provision for young offenders
- Dedicated speech and language therapy provision for young offenders.
- More than 500 have been diverted from the criminal justice system across the Cheshire footprint – many into more applicable treatment to support their health and special educational needs that had previously not been identified.



NHS England Health and Justice

# Halton and Warrington Health and Youth Justice

## Collaborative Commissioning Network

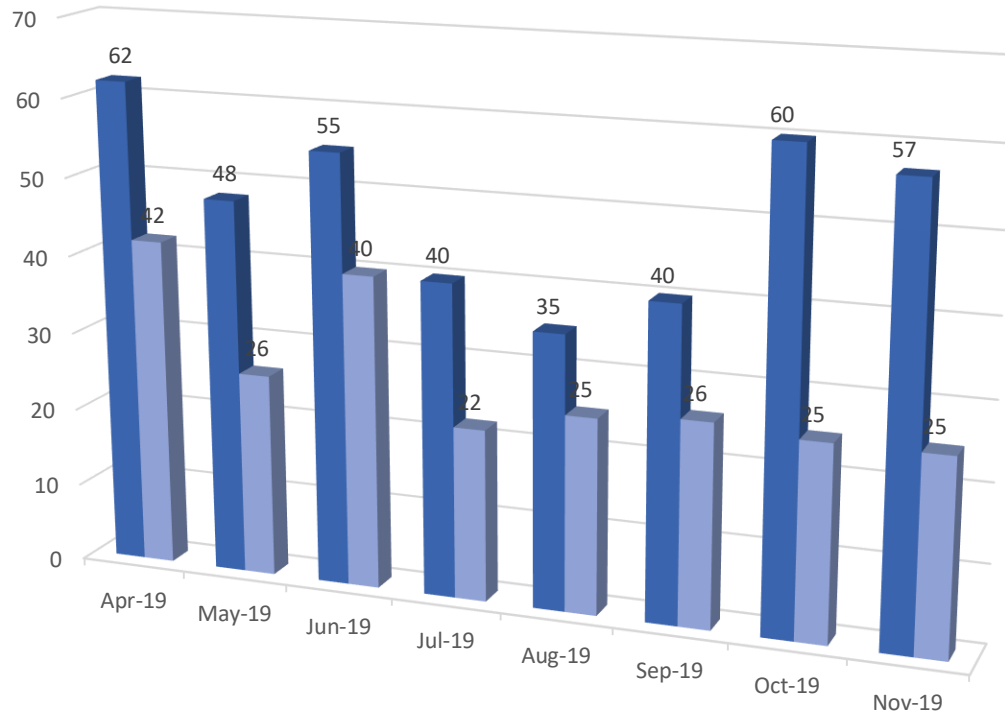
- Includes stakeholder representation from the six clinical commissioning groups, four local authorities, the Police and Crime Commissioner, NHSE and Public Health across the Youth Justice Service
- The Health and Youth Justice Subgroup has been established and is reporting to the Youth Justice Management Board – focused specifically on those young people in contact with the Youth Justice Service as a vulnerable group
- Attracted NHSE investment to establish a consistent health offer across the area which includes:
  - ✓ Co-location of health and justice staff
  - ✓ Shared training and development
  - ✓ Consistent service specification and key performance indicators



# Halton and Warrington Health and Youth Justice

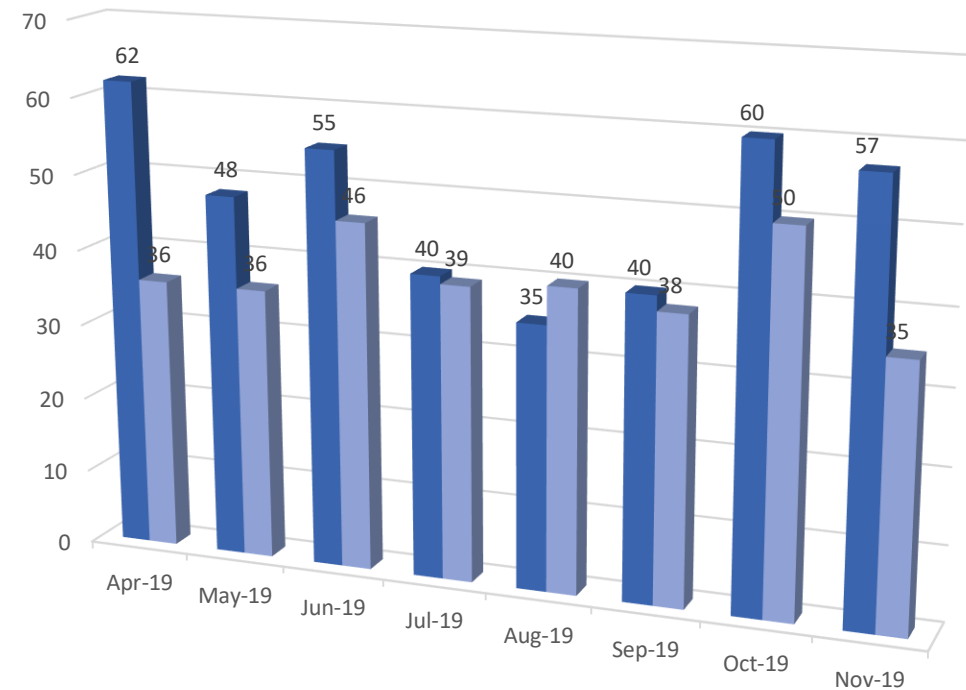
## Specialist CAMHS Services for High Risk Young People with Complex Needs

Referrals received



- Number of referrals received by the Community F:CAMHs Team
- Number of referrals that lead to formal direct case involvement

Ongoing mental health involvement



- Number of referrals received by the Community F:CAMHs Team
- Number of cases with ongoing mental health involvement as part of the integrated care plan

# Flowing data to the Mental Health Services dataset (MHSDS) and Outcome Measures



The CCGs recognise the importance of accountability and transparency in the delivery and performance of children and young people’s mental health services. All fully or partially NHS funded services are contractually required to flow data to the mental health services data set. In Halton and Warrington, through the new lead provider arrangements, all providers are now flowing face to face and online data. Data quality has continued to improve over the past few years.

CCG	2016/2017	2017/2018	2018/2019	2019/2020	20/21	21/22
<b>NHS Halton CCG</b>	North West Boroughs flowing limited data	<ul style="list-style-type: none"> <li>KOOTH begin to flow face to face data if quarter 4</li> <li>No indirect contacts data flowing</li> <li>No outcome measures data flowing</li> <li>No online data flowing</li> </ul>	<ul style="list-style-type: none"> <li>All NHS funded providers are flowing face to face data</li> <li>Indirect contacts data flowing July 2018</li> <li>Online data to flow from December 2018</li> <li>Work underway to flow outcome measures</li> </ul>	<ul style="list-style-type: none"> <li>All NHS providers flowing complete and accurate data</li> <li>% Increase in reporting of paired scores (outcome measures)</li> <li>Increased recording of indirect contacts/activity</li> </ul>	<ul style="list-style-type: none"> <li>Drop in hubs activity data to flow</li> <li>Explore the opportunity to flow data from Children in Care service</li> <li>Explore the opportunity to flow data from local third sector providers</li> </ul>	<ul style="list-style-type: none"> <li>National target ended. Set up a local LTP target of 35%</li> <li>Jointly commission Children in Care EHW service data to flow</li> </ul>
<b>NHS Warrington CCG</b>	North West Boroughs flowing limited data	<ul style="list-style-type: none"> <li>St Joseph’s begin to flow data</li> <li>Kooth submit data for national data refresh</li> <li>No indirect contacts data flowing</li> <li>No outcome measures data flowing</li> <li>No online data flowing</li> </ul>	<ul style="list-style-type: none"> <li>All NHS funded providers are flowing face to face data.</li> <li>Indirect contacts data flowing from July 2018</li> <li>Online data to flow from December 2018</li> <li>Work underway to flow outcome measures</li> </ul>	<ul style="list-style-type: none"> <li>All providers flowing complete and accurate data</li> <li>% increase in reporting of paired scores (outcome measures)</li> <li>Increased recording of indirect contacts/activity</li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor</li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor</li> </ul>





# Cheshire and Merseyside Workforce Planning

**The C&M Health and Care Partnership 5 Year Strategic System Plan 19/20 to 23/24 'Better Lives Now'** states on page 56: 4.7.2 Children and Young People (CYP) “By 2023/24:

- 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school- or college-based Mental Health Support Teams (in addition to the FYFVMH commitment to have 70,000 additional CYP accessing NHS services by 2020/21).
- There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults.
- The 95% CYP Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained.
- There will be 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions.
- CYP mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people’s services, and health and justice”



# Cheshire and Merseyside Workforce Planning

## NHS Long Term Plan

Our children and young people will be able to access and receive age appropriate support and services to help them in times of crisis; with eating disorders; with services that are better joined up and that build towards a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults. To do this, our Mental Health Board will:

- Require evidence of alignment with wider plans e.g. for CYP with learning disabilities and/or autism special educational needs and disability (SEND), CYP services and health and justice.
- CYP 0-17: Ensure there is a robust, up to date Local Transformation Plan in place, with evidence of progress against the plan and developed in line with the 2019/20 Local Transformation Plan Key Lines of Enquiry.
- Require evidence of services being commissioned to meet the specific needs of children (including under 5s).
- Encourage Places to develop closer working relationships with education, local authority, voluntary and community sector, and put in place joint agreements to support this approach (s75 agreements for example).



# Cheshire and Merseyside Workforce Planning

## Developing The Workforce – C&M Approach: CAMHS Services

It is recognised by the C&M CAMHS Collaborative Commissioning Network that there are a number of challenges in developing CAMHS workforce – as articulated in the service aspirations above. It is acknowledged that future funding, commissioning intentions and the number/complexity of service providers plays a critical role in securing our workforce for current and future CAMHS services. We recognise that the majority of our staff consistently go above and beyond what is required of them and deliver outstanding care for our communities, irrespective of what part of the service they work in – and that interorganisational collaboration across CCGs and Providers (both NHS and non-NHS is required) to enable effective workforce development. This will involve:

- Whole System Workforce Strategy – utilising the framework of the C&M People Strategy (see attached) develop a common strategy across CAMHS
- Workforce Plan – agreeing a current workforce baseline and action plan for priority areas (which links into....)
- Workforce Training and Development – SASAT completion for CAMHS for ongoing workforce development and quality improvement
- CYP IAPT



# Local Workforce Planning

Following the publication of the CYP mental health Mid-Mersey workforce plan 2017 - 2020, capacity and demand modelling exercise was undertaken in line with THRIVE to plan the required workforce. As of February 2020, the workforce levels for each team are shown below:

## Warrington

### Clinical/Medical

Clinical Manager (B7)  
Deputy Manager (B6)  
Senior MH Practitioners (B7)  
Senior MH Practitioners (B6)  
Clinical Psychologist (B8a)  
Clinical Psychologist (B7)  
Consultant Family and Systemic Psychotherapist  
Child and Adolescent Psychotherapist (8a)  
Support Workers (B3)  
Consultant Child and Adolescent Psychiatrist

**Total Clinical/Medical Workforce =**  
Required workforce = 31.6

## Halton

### Clinical/Medical

Clinical Manager (B7) 1.00 WTE  
Deputy Manager (B6) 1.00 WTE  
Senior MH Practitioners (B7) 0.60 WTE  
Senior MH Practitioners (B6) 7.80 (WTE)  
Clinical Psychologist (B8a) 2.00 WTE  
Clinical Psychologist (B7) 0.60  
Consultant Family and Systemic Psychotherapist(8c)0.60 WTE  
Child and Adolescent Psychotherapist (8a) 0.50 WTE  
Support Workers (B3) 2.00 WTE  
Consultant Child and Adolescent Psychiatrist 1.50 WTE

**Total Clinical/Medical Workforce = 17.5 wte**  
**Required workforce = 20.6wte**



# Using Data to Inform Improvements

Future in Mind highlighted the need for improved transparency and accountability in relation to children and young people's mental health services. Historically, there has been very limited information/data to inform commissioning and support improvements in services. **This is now changing.** In addition to CCGs publishing local transformation plans, there is an increasing range of data sources, benchmarking and monitoring/evaluation to enable an evidence based approach to improvement. **This includes:**

- New local outcomes and reporting framework monitored through contract arrangements
- Involvement in local and national evaluation of THRIVE implementation
- Mental Health Services dataset
- National and regional dashboards (in development)
- Rightcare data packs
- Hospital data (SUS data)
- Development of local dashboards to track key measures through partnership arrangements
- Accountability to NHS England through local 'deep dive' meetings to confirm and challenge
- Accountability to local health and wellbeing boards, safeguarding children's boards and other local forums
- Supporting capacity and demand planning to enable effective flow
- Supporting workforce planning and staff development needs in order to provide appropriate evidence based interventions

# Risks to Delivery

Risk	Risk level	Mitigation
Workforce – recruitment, retention, evidence based interventions	High	Workforce plan developed and aligned with implementation of THRIVE model to include new roles, new training routes, improving retention, IAPT training places
IT and performance support to support flowing data	Medium	This has reduced from high risk and work to ensure all providers flow all required information is on track.
Current NHS and system level infrastructure both local, regionally and nationally not developed sufficiently in terms of integration to support ambitions	Medium	Undertake the ground work, e.g. needs assessment, engagement in order to be prepared for when the wider system changes can support and enable some of the changes in the more complex, integrated pathways
Financial pressures within CCGs, local authorities, and providers impacting on ability to invest	High	Ensure good awareness of the national requirements and CCG responsibilities, work with finance to incorporate into budget setting, prioritise resource to enable delivery of key national targets.
Covid 19	High	Work to ensure alternative access to services using technologies and protective practices to minimise risk

# Warrington Appendices



- [Warrington Action plan 2018 - 2020](#)
- [Warrington children's mental health joint strategic needs assessment](#)
- [Warrington children's special educational needs and disabilities joint strategic needs assessment](#)
- [Mid Mersey children's mental health workforce plan](#)
- [Corporate parenting report 2018](#)
- Warrington Autism Strategy: [https://www.warrington.gov.uk/sites/default/files/2019-08/revised\\_autism\\_strategy.pdf](https://www.warrington.gov.uk/sites/default/files/2019-08/revised_autism_strategy.pdf)
- Warrington SEND Strategy: <https://www.warringtonccg.nhs.uk/Maternity%20Children%20and%20Young%20people/Integrated%20Special%20Educational%20Needs%20and%20Disabilities%20Strategy%20201821.pdf>
- Warrington SEND JSNA: <https://www.warrington.gov.uk/sites/default/files/2019-09/jsna-special-educarion-needs-2017.pdf>
- Warrington Early Help Strategy: [https://www.warrington.gov.uk/sites/default/files/2019-09/early\\_help\\_strategy.pdf](https://www.warrington.gov.uk/sites/default/files/2019-09/early_help_strategy.pdf)

# Halton Appendices



- Halton children's Mental Health and Emotional Well Being JSNA [JSNACYPMHEW](#)
- Halton SEND strategy 2016 – 2020 <http://www.haltonccg.nhs.uk/your-health/Documents/SEND-Strategy.pdf>
- One Halton All age Autism Strategy  
<https://www3.halton.gov.uk/Pages/councildemocracy/pdfs/adultsocialcare/autismstrat.pdf>
- Halton's Trust Joint Commissioning Strategy <https://haltonchildrenstrust.co.uk/wp-content/uploads/2018/02/Halton-Joint-Commissioning-Strategy-2018-2021-FINAL.pdf>
- Everyone Early Help Strategy <https://localoffer.haltonchildrenstrust.co.uk/wp-content/uploads/2018/12/Everyone-Early-Help-Strategy-2018-20121.pdf>
- Halton Suicide Prevention Strategy <https://www3.halton.gov.uk/Pages/health/PDF/health/SuicidePreventionStrategy.pdf>
- Woodview Children's Specialist Services Information - <http://bridgewater.nhs.uk/halton/woodview-specialist-childrens-services/>
- Mid Mersey Children's mental health Workforce Plan  
<https://www.warringtonccg.nhs.uk/Downloads/About%20Us/CYPMHS%20Mid-Mersey%20Workforce%20Plan.pdf>



**REPORT TO:** Health & Wellbeing Board

**DATE:** 21<sup>st</sup> January 2021

**REPORTING OFFICER:** Director of Adult Social Services

**SUBJECT:** Halton Borough Council and NHS Halton Clinical Commissioning Group : Joint Working Arrangements

**WARD(S):** Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 To present an overview of the new working arrangements between Halton Borough Council (HBC) and NHS Halton Clinical Commissioning Group (CCG), which took effect from 1st April 2020.

## 2.0 RECOMMENDATION: That the Board:

i) **Note the contents of the report and associated Appendices**

## 3.0 SUPPORTING INFORMATION

3.1 HBC and NHS Halton CCG have had a Joint Working Agreement (JWA), including a pooled budget, in place for the commissioning of services for people with Complex Care needs since April 2013; from April 2015, the JWA included the Better Care Fund.

3.2 A review of the JWA was undertaken during the first six months of 2019/20, which resulted in HBC and NHS Halton CCG agreeing that the Continuing Healthcare (CHC) and Community Care budget elements of the pooled budget would be separated out, which has resulted in the development of a revised JWA for the Better Care Fund (including the Disabled Facilities Grant, Winter Pressures and Improved Better Care Fund).

3.3 The Board should note, that as both HBC and NHS Halton CCG remain committed to developing our integrated approach to service delivery and transformation to improve the Health and Well-Being of Halton residents, we also worked on developing financial, commissioning and contracting arrangements for Joint Funded packages, Funded Nursing Care and Direct Payments which fall under the CHC and Community Care Budgets, which now sit outside of the pool budget w.e.f 1st April 2020.

3.4 The JWA was reviewed by both HBC and NHS Halton CCG and has been amended/updated to reflect changes in organisational structure, governance arrangements associated with the JWA and agreed Pooled Budget; see **Appendix 1**.

3.5 In respect to the working arrangements associated with the management of the CHC and Community Care budgets as outlined in paragraph 3.3 above, HBC and NHS Halton CCG has developed the associated processes necessary with regards to managing our organisation's aligned budget, consisting of the following funding

streams:-

- Community Care;
- Continuing Health Care (CHC);
- Funded Nursing Care (FNC); and
- Jointly Funded Care, including Section 117

3.6 Attached at **Appendix 2** is a diagram, which aims to outline the governance arrangements, associated with the new working arrangements introduced from 1<sup>st</sup> April 2020.

3.7 As part of ongoing developments proposed by the NHS and DHCS to the health and social care system such as Integrated Care Systems and Integrated Care Partnerships etc., it may be appropriate to review the JWA in the plan period. The appropriateness of this will be kept under review by the Better Care Development Group and Executive Partnership Board and further reports brought to the HWBB as appropriate.

#### 4.0 **POLICY IMPLICATIONS**

4.1 None identified.

#### 5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 With effect from 1<sup>st</sup> April 2020, the revised pooled budget includes:-

- Better Care Fund and Improved Better Care Fund (iBCF)
  - Includes spend in areas such as Intermediate Care Services, Carers, Equipment Services, Care Homes, Domiciliary Care, Telecare, Supported Discharge, Community Respiratory and Rehabilitation Services
- Disabled Facility Grant
- Winter Pressures Funding

#### 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### 6.1 **Children & Young People in Halton**

None identified

##### 6.2 **Employment, Learning & Skills in Halton**

None identified.

##### 6.3 **A Healthy Halton**

Those people who are in receipt of long term care whether that is funding from Health or Social Care are those people in our communities with some of the most clinically complex and severe on going needs, so it is essential we have effective mechanisms in place to ensure that people we provide services to receive appropriate outcomes.

The integrated system, pooled budget arrangements and continued alignment of our CHC and Community Care budgets will continue to ensure that the resources available to both Health and Social Care are effectively used in the delivery of personalised, responsive and holistic care to those who are most in need.

6.4 **A Safer Halton**  
None identified

6.5 **Halton's Urban Renewal**  
None identified

## 7.0 **RISK ANALYSIS**

7.1 The JWA complies with the financial standing orders of HBC and NHS Halton CCG and the regulatory and monitoring arrangements contained within.

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

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

Document	Place of Inspection	Contact Officer
Joint Working Agreement between HBC and NHS Halton CCG 1.4.16 – 31.3.19	Copy available via Email	Sue Wallace Bonner <a href="mailto:Susan.Wallace-Bonner@halton.gov.uk">Susan.Wallace-Bonner@halton.gov.uk</a> Tel: 0151 511 8825
Memorandum of Understanding HBC and NHS Halton CCG 1.4.19 – 30.9.19	Copy available via Email	Sue Wallace Bonner <a href="mailto:Susan.Wallace-Bonner@halton.gov.uk">Susan.Wallace-Bonner@halton.gov.uk</a> Tel: 0151 511 8825
Memorandum of Understanding HBC and NHS Halton CCG 1.10.19 – 31.3.20	Copy available via Email	Sue Wallace Bonner <a href="mailto:Susan.Wallace-Bonner@halton.gov.uk">Susan.Wallace-Bonner@halton.gov.uk</a> Tel: 0151 511 8825

### **Appendix 1: Joint Working Agreement – HBC & NHS Halton CCG 2020/23**

### **Appendix 2: Joint Working Arrangements (Post 1.4.20)**

**HALTON BOROUGH COUNCIL**

**AND**

**NHS HALTON CLINICAL COMMISSIONING  
GROUP**

**JOINT WORKING AGREEMENT  
Pursuant to S.75 of the National  
Health Service Act 2006**

**1<sup>st</sup> APRIL 2020 – 31<sup>st</sup> MARCH 2023**

**Relating to**

**Better Care (Pooled) Fund**

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**THIS AGREEMENT** dated 1st day of April 2020

MADE BETWEEN the following parties:-

- (1) **HALTON BOROUGH COUNCIL (HBC)**, Municipal Building, Kingsway, Widnes.
- (2) **NHS HALTON CLINICAL COMMISSIONING GROUP (CCG)**, Runcorn Town Hall, Heath Road, Runcorn.

**1. Definitions**

- 1.1 **“the 2006 Act”** means the National Health Service Act 2006
- 1.2 **“Budget Manager”** means any manager in HBC or the CCG with responsibility for a budget (not Pooled Fund) relating to the Services
- 1.3 **“Better Care Fund”** means the Better Care Fund as described in NHS England Publications Gateway Ref. No.00314 and NHS England Publications Gateway Ref. No.00535 as relevant to the Partners
- 1.4 **“Better Care Fund Plan”** means the plan agreed by the Parties on 2<sup>nd</sup> October 2019 and which is to be reviewed by the Parties and NHS England setting out the Parties plan for the use of the Better Care Fund
- 1.5 **“Capital Assets”** means (but not by way of limitation) the purchase, construction or replacement of a tangible asset which has a life of more than 12 months and a value exceeding £5,000)
- 1.6 **“Capital Expenditure”** means such sum exceeding Five Thousand Pounds (£5,000) expended from the Pooled Fund upon the purchase, construction or replacement of the Capital Assets
- 1.7 **“CCG”** means the NHS Halton Clinical Commissioning Group
- 1.8 **“CCG Statutory Duties”** means the Duties of the CCG pursuant to Sections 14P to 14Z2 of the 2006 Act
- 1.9 **“the Client/Clients”** means a person or persons who satisfies the requirements of the Eligibility Criteria and is/are a member of the Client group.
- 1.10 **“the Client Group”** means any person (adults) registered with a Halton GP and is a Halton resident, with care being provided for a disability or illness due to a physical, mental health or learning disability and satisfies the requirements of the Eligibility Criteria.

- 1.11 **“the Executive Partnership Board”** means the Board whose role, function and rules are set out in Schedule 1 of this agreement
- 1.12 **“Eligibility Criteria”** means the Criteria agreed between the Parties as to the conditions to be satisfied for a Client to be a member of the Client Group.
- 1.13 **“Exempt Information”** means “such information which the Parties resolve that the remainder of their meetings be held in private because publicity would be prejudicial to the public interest or the effective conduct of public affairs etc....” as set out in Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960 and may include such matters as mentioned in Appendix 1
- 1.14 **“a Financial Year”** means a year commencing on 1st April and ending on the following 31st March
- 1.15 **“Force Majeure Event”** means one or more of the following:
- (a) war, civil war (whether declared or undeclared), riot or armed conflict;
  - (b) acts of terrorism;
  - (c) acts of God;
  - (d) fire or flood;
  - (e) industrial action;
  - (f) prevention from or hindrance in obtaining raw materials, energy or other supplies;
  - (g) any form of contamination or virus outbreak; and any other event,
- in each case where such event is beyond the reasonable control of the Party claiming relief
- 1.16 **“HBC”** means Halton Borough Council
- 1.17 **”Health Related Functions”** means such of the functions of HBC as are prescribed in Regulation 6 of the Regulations as far as they relate to the Client Group
- 1.18 **“ the Host Party”** means the organisation responsible for the accounts and audit of the Pooled Fund Arrangements as prescribed in Regulation 7 of the Regulations
- 1.19 **“HWB”** means the Health and Wellbeing Board established by the Council pursuant to Section 194 of the Health and Social Care Act 2012
- 1.20 **“Integrated Commissioning”** means arrangements by which both Partners commission Services on behalf of each other in the exercise of both the NHS Functions and Council Related Functions through integrated structures



- 1.21 **“Joint Commissioning”** means a mechanism by which the Partners jointly commission a Service. For the avoidance of doubt, a joint commissioning arrangement does not involve the delegation of any functions pursuant to Section 75
- 1.22 **“Lead Commissioner”** means the Partner responsible for commissioning the Services
- 1.23 **“Lead Commissioning”** means the arrangements by which one Partner commissions Services on behalf of the other Partner in exercise of both the NHS Functions and the Council Related Functions
- 1.24 **“NHS Functions”** means such of the functions of the CCG as prescribed in Regulation 5 of the Regulations as far as they relate to the Client Group
- 1.25 **“the BCDG”** means the Better Care Development Group whose role, functions and rules of procedure are set out in Schedule 2 of this agreement
- 1.26 **“the Parties”** means HBC and the CCG (and “Party” means either one of the Parties)
- 1.27 **“the Pooled Fund”** means the Better Care Fund, including the minimum contribution from the CCG, Disabled Facilities Grant, Improved Better Care Fund and Winter Pressures Grant, in accordance with the terms hereinafter appearing and in pursuance of the Pooled Fund Arrangements and which is pursuant to Regulation 7 of the Regulations
- 1.28 **“the Pooled Fund Arrangements”** means the arrangements agreed by the Parties for pooling their resources and to be expended upon the costs of the Services and to be maintained in accordance with the requirements of clause 6 hereof
- 1.29 **“the Pool Manager”** means the officer appointed by the Parties for the purposes of managing the Pooled Fund and authorising payments in accordance with the Scheme of Delegation from the Pooled Fund in respect of the costs of the Services. The Pool Manager is the Divisional Manager (Urgent Care) for HBC.
- 1.30 **“the Provider”** Means a provider or providers of any of the Services commissioned under the arrangements set out in this agreement.
- 1.31 **“the Regulations”** means the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 S.I. No.617 and any amendments and subsequent re-enactments
- 1.32 **“the Revenue Budget”** means the annual budget agreed by the Parties made up of the Revenue Payments

- 1.33 **“the Revenue Payments”** means such sums as contributed and paid by the Parties into the Pooled Fund at the commencement of the Term and thereafter on the 1<sup>st</sup> April of each subsequent year in accordance with the terms of Schedule 3 in respect of the costs incurred or to be incurred in paying for the Services
- 1.34 **“Scheme of Delegation”** means the delegated limits which apply to such members of the Parties authorised to take decisions for and on behalf of the Parties and to the Pool Manager for incurring expenditure out of the Pooled Fund as more particularly set out in Schedule 4
- 1.35 **“the Service Contracts”** means the Contracts entered into by either one or all of the Parties for the purposes of commissioning the Services provided that such contracts may be in the form of service level agreements and entered into with voluntary, independent and public sectors
- 1.36 **“the Services”** means the services of care and support provided for a disability or illness due to physical, mental health or learning disability provided such clients satisfy the Eligibility Criteria and which shall be provided in accordance with the Service Contracts including inter alia the aims and objectives set out in clause 4 hereto
- 1.37 **“Section 151 Officer”** means an Officer as required under Section 151 of the Local Government Act 1972. This requires local authorities to make arrangements for the proper administration of their financial affairs and appoint a Chief Financial Officer to have responsibility for those arrangements.
- 1.38 **“the Term”** means the period beginning 1st April 2020 and ending 31st March 2023 subject to review as hereinafter set out

## **2. Recitals**

- 2.1 Pursuant to Section 75 of the 2006 Act the Parties have agreed to establish a Pooled Fund which may subsequently also include either Joint Commissioning, Integrated Commissioning or Lead Commissioning arrangements for the purposes of commissioning the Services in the exercise of the Health Related Functions.
- 2.2 The objectives of the commissioning arrangements mentioned in clause 2.1 and the Pooled Fund Arrangements are to improve the services for Clients through closer working between the CCG and HBC and which is pursuant to the obligations upon the Parties to co-operate with each other as referred to in the Section 75 of the 2006 Act.
- 2.3 The commissioning arrangements mentioned in clause 2.1 and the Pooled Fund Arrangements proposed by this Agreement are intended to fulfill the objectives set out in the NHS Long Term Plan, Cheshire & Merseyside Health & Care

Partnership Business Plan, One Halton Plan, Halton's Health and Wellbeing Strategy, the duties of HBC under the Care Act 2014 and the Better Care Fund Plan.

2.5 The provisions of this Agreement shall take effect on the 1<sup>st</sup> April 2020.

### **3. Governance**

3.1 Each Party will retain (notwithstanding the terms of this Agreement) the statutory responsibility for their respective functions carried out under the Pooled Fund Arrangements and the activity of their employees in the undertaking of clinical and/or social care duties.

3.2 The Parties have established an Executive Partnership Board, as a joint committee within the meaning of Regulation 10 (2) of the Regulations, for the purpose of monitoring and discharging their duties in relation to the strategic commissioning and provision of Services. The powers of the Executive Partnership Board to undertake this role is derived from the Executive Partnership Board's membership of Executive Members who have been given delegated authority from the Parties. The Executive Partnership Board is not an autonomous body and does not therefore have legal status.

3.3 Governance arrangements exist within the Parties to address the issues of clinical governance, public accountability and probity as well as satisfy HBC and the CCG Standing Orders and prime financial policies and the CCG's Statutory Duties and HBC's Statutory Duties. The Executive Partnership Board will monitor these partnership arrangements for the purposes of discharging these duties and governance arrangements when acting on behalf of the Parties and report to the Boards of the respective Parties as outlined in Schedule 1.

3.4 The Parties have established the Better Care Development Group (BCDG). The BCDG will report directly to the Executive Partnership Board. The BCDG is not an autonomous body and does not have legal status and is responsible for implementing the strategic commissioning of the Services as advised by the Executive Partnership Board and reporting to the Executive Partnership Board upon the progress of the meeting those strategic objectives. Members of the BCDG may if authorised by the Parties within their respective scheme of delegation authorise the commitment of expenditure and the entering into any contracts for the provision of the Services

3.5 Decisions of the BCDG and/or the Pool Manager which are or are intended to be beyond their respective delegated authority limits or are inconsistent with the terms of this agreement will require the prior approval and/or ratification of the governing bodies of the Parties organisations.

### **4. Executive Partnership Board**

4.1 The aims and objectives of the Executive Partnership Board are to:

4.1.1 Determine the strategic direction and policy for the provision of the Services to those with identified care and support needs to improve quality, productivity and prevention.

4.1.2 Promote inter-agency cooperation, via appropriate joint working

agreements/arrangements, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust

4.1.3 Review all related budgets, including Continuing Health Care and Community Care, ensuring financial probity.

4.1.4 Drive forward the continued implementation of achieving a whole system coordinated approach, including the strategic aims outlined in Halton's Better Care Plan by overseeing the associated work of Partner organisations, monitoring performance, reviewing and evaluating services and taking assertive action where performance is not satisfactory.

4.2 Membership:

The membership of the Executive Partnership Board is outlined in Schedule 1.

## **5. Pooled Fund**

5.1 A budget timetable for agreeing the Pooled Fund in years 2021 and 2022 is outlined in Schedule 3. The Revenue Payments to be contributed by the Parties for the Financial Year beginning 1<sup>st</sup> April 2020 are set out in Schedule 3.

5.2 The Pooled Fund will cover the expenditure on both staffing and Service Contracts by the Parties during the Term of this Agreement, the costs of which will be agreed by the Parties prior to each Financial Year.

5.3 The Parties may contribute additional amounts to the Pooled Fund during the term of this agreement whereupon the proportionate contribution of the Parties to the Pooled Fund will be adjusted accordingly for the purposes of dividing the Pooled Fund at the termination of the agreement as outlined in 11.3.1.

5.4 The management of and administration of the Pooled Fund shall be carried out in accordance with clause 6 and the terms and conditions set out in Schedule 3 and within the delegation limits set out in Schedule 4.

5.5 Parties may agree to establish other Pooled Fund arrangements in the event that other partnership arrangements are entered into for other services, in which event, details of those arrangements including the Host Party and the pooled fund manager will be agreed by the Parties.

## **6. Management of the Pooled Fund**

6.1 The Host Party for the purposes of this Agreement and of Regulation 7(4)<sup>1</sup> of the Regulations shall be HBC or such other Party as the Parties may from time to time unanimously agree.

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<sup>1</sup> NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000. S.I. 617

- 6.2 The Parties will appoint an officer from time to time to be the Pool Manager for the purposes of Regulation 7(4) of the Regulations<sup>2</sup> who may delegate some or all of their functions as hereinafter set out. The Pool Manager shall be the Divisional Manager (Urgent Care), HBC.
- 6.3 The Pool Manager shall ensure that the standard budgetary controls, standing orders, financial contract regulations and monitoring arrangements of the Host Party are complied with and all actions are taken within the Scheme of Delegation.
- 6.4 The Pool Manager shall manage the Pooled Fund within the Revenue Payments and shall submit bi monthly financial reports to the BCDG, quarterly reports to the Executive Partnership Board and Parties. The Pool Manager will ensure an end of year memorandum of accounts and balance sheet extract are prepared relating to the income and expenditure from the Pooled Fund and other information which the Parties may reasonably require so that the Parties may monitor the effectiveness of the Pooled Fund arrangements. Financial reporting will comply with the audit requirements of both HBC and the CCG.
- 6.5 The Revenue Budget for the Pooled Fund shall be agreed annually by the Parties and expenditure incurred shall be in accordance with the Scheme of Delegation. Revisions to the Revenue Budget must be agreed by the Parties and reflected in the bi monthly financial reports presented to BCDG.
- 6.6 The Pool Manager will provide to the BCDG and the Executive Partnership Board all relevant information concerning specific grants and other funding initiatives so that development bids can be coordinated against the relevant funding.
- 6.7 Where the Pooled Fund is administered by the HBC, it will arrange for the accounts of the Pooled Fund to be audited annually and shall request Grant Thornton or such other appointed Auditors agreed by the Parties to make arrangements to certify an annual return of those accounts under Section 28(1) (d) of the Audit Commission Act 1998.

## **7. Charges**

- 7.1 Charges do not apply to Clients eligible for Intermediate Care and Equipment Services in line with current national and local guidance.

## **8. Pooled Fund Audit and Monitoring Arrangements**

- 8.1 Grant Thornton or such other accountants agreed by the Parties will act as external auditors and will assume responsibility for auditing the Pooled Budget. HBC Internal Audit will also provide an independent review of the systems associated with the management of the Pooled Budget, in line with their Audit Plan.

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<sup>2</sup> NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000. S.I. 617

- 8.2 Where the Pooled Fund is administered by the HBC the Section 151 Officer of HBC will ensure the Pool Manager receives a retrospective bimonthly Pooled Budget statement not more than one month after the end of the previous month. This will form the basis of the bi monthly finance report referred to in 6.4.
- 8.3 The Pool Manager will monitor and scrutinise the Pooled Budget statement and investigate discrepancies and report such discrepancies to the BCDG.
- 8.4 Where the Pooled Fund is administered by the HBC procurement of, and payment for, all services and goods from the Pooled Budget will be undertaken using HBC Agresso financial system.
- 8.5 The Pool Manager will ensure that detailed financial reports are presented to the BCDG and the Executive Partnership Board and they reflect the latest financial position as previously reported at BCDG.
- 8.6 Where the Pooled Fund is administered by the HBC, it will prepare an end of year financial memorandum of accounts and extract balance sheet. Once the memorandum has been certified by Grant Thornton (or such other appointed Auditors) it will be presented to the BCDG, Executive Partnership Board and the Parties by the Pool Manager.

## **9. Staff and Accommodation Relating to the Pooled Fund**

- 9.1 The Pool Manager shall for the purposes of this agreement be an employee of HBC or such other person as agreed by the Parties.
- 9.2 The Chair of the BCDG shall lead within the BCDG on implementing the commissioning priorities to achieve the required outcomes of this Agreement and the Pooled Fund Arrangements.
- 9.3 The Chair of the BCDG will make recommendations to the Executive Partnership Board and the Parties upon the type and level of staff and support required to ensure the successful operation of the Pooled Fund in consultation with the Pool Manager
- 9.4 HBC and the CCG, following the recommendations of the BCDG and the Executive Partnership Board, will provide the necessary staff accommodation and support services required in connection with the administration of the Pooled Fund Arrangements. This include HBC Finance, HBC Administration support for meetings and HBC and CCG Commissioning.

## **10. Commissioning and Contracting Arrangements**

- 10.1 The BCDG shall be responsible for overseeing the commissioning and contracting management of all the Services and prepare reports for the Executive Partnership Board on the same.

- 10.2 In developing new commissioning proposals, the BCDG will need to determine the appropriate contractual route for the provision of any of the Services. This may be the use of the NHS Standard Contract, a joint contract developed between the parties or a HBC contract. The Executive Partnership Board shall review commissioning and contracting proposals, determine the appropriateness or otherwise of the proposals, report to the Parties, and obtain approval to the implementation of the proposals. Services approved by the Parties and commissioned through contracts and / or service level agreements shall be authorised on behalf of the Parties by the chair of the BCDG or such members of the BCDG acting within their respective Schemes of Delegation.

## **11. Duration and Termination of this Agreement**

- 11.1 This agreement will commence on 1<sup>st</sup> April 2020 and terminate on 31<sup>st</sup> March 2023 provided that the Parties may agree to renew this Agreement at the expiration of the Term. Annual reviews of the viability of the agreement during the Term will be conducted by the BCDG with recommendations to be made to the Parties by 1<sup>st</sup> March before the next relevant financial year.

- 11.2 Any of the Parties may terminate this agreement during the Term by the giving at least six months prior written notice to the other.

- 11.3 Upon the termination:-

11.3.1 Each of the Parties shall in respect of any unspent Revenue Payments held by the Pooled Fund on behalf of the Parties, be entitled to be repaid from the Pooled Fund the contributions they shall have made to it in the same proportion as the contribution made at the beginning of the Financial Year, with any additional contributions made during the year taken into the proportioning.

11.3.2 None of the Parties will be obliged to make any further Revenue Payments to the Pooled Fund other than to discharge the reasonable costs, liabilities and expenses incurred by the Pooled Fund prior to the date of termination. HBC shall use its best endeavors to mitigate such costs, liabilities and expenses.

11.3.3 Upon the date of termination such of the Capital Assets purchased with monies provided from the Pooled Fund will be disposed of with the proceeds reverting to the Pooled Fund after taking into account the reasonable cost of disposal and the proceeds shall be discharged in accordance with the proportions set out in paragraph 11.3.1 above. Alternatively, with the agreement of the Parties ownership of a Capital Asset may transfer to one of the Parties on receipt of funds to the Pooled Fund by the acquiring Party equivalent to the value of the said asset on the date of termination.

## **12. Review**

- 12.1 The Executive Partnership Board will in addition to the BCDG review this agreement during the Term (on an annual basis) and report and make recommendations as to its viability and on progress to the Parties by the 1<sup>st</sup> March before the next relevant Financial Year.

### **13. Complaints**

- 13.1 Complaints and compliments relating to Services jointly commissioned by HBC and the CCG serving the Client Group will be dealt with in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- 13.2 Any other complaints relating to the Services, which are the statutory responsibility of either Party to commission, shall be dealt with in accordance with their respective complaints policies.

### **14. Disputes**

- 14.1 The Parties will act together in good faith to resolve any dispute that may arise under this agreement. If the parties are unable to resolve a dispute then this will be escalated to the respective Party's Management Team for consideration. If at this point the dispute cannot be resolved then either party may require the matter to be referred to arbitration by either NHS Northwest or the Regional Government Office who will either adjudicate on the point at issue or will direct the parties as to the method of dispute resolution.

### **15. Contract (Rights of Third Parties) Act 1999**

- 15.1 Unless the right of enforcement is expressly provided, it is not intended that a third party should have the right to enforce a provision of this agreement pursuant to the Contract (Rights of Third Parties) Act 1999.
- 15.2 The parties may, by agreement, rescind or vary this agreement without the consent of a third party to which the right of enforcement of any of its terms has been expressly provided.

### **16. Risk Management**

- 16.1 Each of the Parties shall assume responsibility (subject as set out below) for the liability for all claims which are related to their statutory functions and duties and arising from this agreement including clinical negligence, Professional indemnity, Employers and Public Liability, income tax, national Insurance, VAT or other taxation liabilities however arising. This assumption of liability also applies to existing contracts operated by the Parties and any liability arising there from. The Parties hereby each individually indemnify each other from any liability arising from this agreement. All new contracts awarded by HBC or the CCG on behalf of the Parties will require that the contractor (private or voluntary organisation) will provide their own indemnity insurance. Neither Party will accept any claims from the other Party, which relates to the period prior to the commencement of this agreement.



- 16.2 Subject to Clause 16.3, and 16.4, if a Party ("First Party") incurs a Loss arising out of or in connection with this Agreement or the Services Contract as a consequence of any act or omission of another Party ("Other Party") which constitutes negligence, fraud or a breach of contract in relation to this Agreement or the Services Contract then the Other Party shall be liable to the First Party for that Loss and shall indemnify the First Party accordingly.
- 16.3 Clause 16.2 shall only apply to the extent that the acts or omissions of the Other Party contributed to the relevant loss. Furthermore, it shall not apply if such act or omission occurred as a consequence of the Other Party acting in accordance with the instructions or requests of the First Party or the BCDG.
- 16.4 If any third party makes a claim or intimates an intention to make a claim against either Party, which may reasonably be considered as likely to give rise to liability under this Clause 16. the Party that may claim against the other indemnifying Party will:-
- 16.4.1 as soon as reasonably practicable give written notice of that matter to the Other Party specifying in reasonable detail the nature of the relevant claim
- 16.4.2 not make any admission of liability, agreement or compromise in relation to the relevant claim without the prior written consent of the Other Party (such consent not to be unreasonably conditioned, withheld or delayed);
- 16.4.3 give the Other Party and its professional advisers reasonable access to its premises and personnel and to any relevant assets, accounts, documents and records within its power or control so as to enable the Indemnifying Party and its professional advisers to examine such premises, assets, accounts, documents and records and to take copies at their own expense for the purpose of assessing the merits of, and if necessary defending, the relevant claim
- 16.5 Each Party shall ensure that they maintain policies of insurance (or equivalent arrangements through schemes such as those operated by the National Health Service Litigation Authority) in respect of all potential liabilities arising from this Agreement.
- 16.6 Each Party shall at all times take all reasonable steps to minimise and mitigate any loss for which one party is entitled to bring a claim against the other pursuant to this Agreement

## **17. Data Protection**

- 17.1 The Parties acknowledge their respective obligations under the General Data Protection Act 2018 and associated General Data Protection Regulations (GDPR) 2018, Freedom of Information Act 2000 and the Environment Information Regulations 2004.
- 17.2 The Parties agree that each will facilitate the performance by the other of their obligations under the Acts, the Regulations and under any other legislation that requires disclosure of information.

- 17.3 The Parties will agree an Information Sharing Protocol for the sharing of the Client Group information if the need arises.

**18. Conflict of Interest**

- 18.1 The Partners shall comply with their respective policies for identifying and managing conflicts of interest<sup>3</sup>.

**19. Force Majeure**

- 19.1 Neither Party shall be entitled to bring a claim for a breach of obligations under this Agreement by the other Party or incur any liability to the other Partner for any losses or damages incurred by that Party to the extent that a Force Majeure Event occurs and it is prevented from carrying out its obligations by that Force Majeure Event.
- 19.2 On the occurrence of a Force Majeure Event, the affected Party shall notify the other Partner as soon as practicable. Such notification shall include details of the Force Majeure Event, including evidence of its effect on the obligations of the affected Party and any action proposed to mitigate its effect.
- 19.3 As soon as practicable, following notification as detailed in Clause 19.2, the Party shall consult with each other in good faith and use all best endeavours to agree appropriate terms to mitigate the effects of the Force Majeure Event and, subject to Clause 19.4, facilitate the continued performance of the Agreement.
- 19.4 If the Force Majeure Event continues for a period of more than [sixty (60) days], either Partner shall have the right to terminate the Agreement by giving [fourteen (14) days] written notice of termination to the other Partner. For the avoidance of doubt, no compensation shall be payable by either Partner as a direct consequence of this Agreement being terminated in accordance with this Clause 19.

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<sup>3</sup> For the CCG, NHS England's Managing conflicts of interest: revised statutory guidance for CCGs 2017 shall apply

**20. Notices**

20.1 Any notice to be given under this Agreement shall either be delivered personally or sent by first class post or electronic mail. The address for service of each Party shall be as set out in Clause 20.3 or such other address as each Partner may previously have notified to the other Partner in writing. A notice shall be deemed to have been served if:-

20.1.1 personally delivered, at the time of delivery;

20.1.2 posted, at the expiration of forty eight (48) hours after the envelope containing the same was delivered into the custody of the postal authorities; and

20.1.3 if sent by electronic mail, at the time of transmission and a telephone call must be made to the recipient warning the recipient that an electronic mail message has been sent to him (as evidenced by a contemporaneous note of the Partner sending the notice) and a hard copy of such notice is also sent by first class recorded delivery post (airmail if overseas) on the same day as that on which the electronic mail is sent

20.2 In proving such service, it shall be sufficient to prove that personal delivery was made, or that the envelope containing such notice was properly addressed and delivered into the custody of the postal authority as prepaid first class or airmail letter (as appropriate), or that the electronic mail was properly addressed and no message was received informing the sender that it had not been received by the recipient (as the case may be).

20.3 The address for service of notices as referred to in clause 20.1 shall be as follows unless otherwise notified to the other Partner in writing:-

20.3.1 if to the Council, addressed to the

Director of Adult Social Services  
Halton Borough Council  
Second Floor  
Runcorn Town Hall  
Heath Road  
Runcorn  
Cheshire, WA7 5TD  
Tel: 0151 511 8825

and

20.3.2 if to the CCG, addressed to the

Clinical Chief Officer  
NHS Halton CCG  
First Floor  
Runcorn Town Hall  
Heath Road  
Runcorn  
Cheshire, WA7 5TD

Tel: 01928 593479

## **21. Variation**

21.1 No variations to this Agreement will be valid unless they are recorded in writing and signed for and on behalf of each of the Partners.

## **22. Change in Law**

22.1 The parties shall ascertain, observe, perform and comply with all relevant Laws, and shall do and execute or cause to be done and executed all acts required to be done under or by virtue of any Laws.

- 22.2 On the occurrence of any Change in Law, the Partners shall agree in good faith any amendment required to this Agreement as a result of the Change in Law subject to the Partners using all reasonable endeavours to mitigate the adverse effects of such Change in Law and taking all reasonable steps to minimise any increase in costs arising from such Change in Law.

**23. Waiver**

- 23.1 No failure or delay by any Partner to exercise any right, power or remedy will operate as a waiver of it nor will any partial exercise preclude any further exercise of the same or of some other right to remedy.

**24. Severance**

- 24.1 If any provision of this Agreement, not being of a fundamental nature, shall be held to be illegal or unenforceable, the enforceability of the remainder of this Agreement shall not thereby be affected.

**25. Assignment and Sub Contracting**

- 25.1 A Party shall not sub contract, assign or transfer the whole or any part of this Agreement other than to a statutory successor of all or part of a Party's statutory functions.

**26. Exclusion of Partnership and Agency**

- 26.1 Nothing in this Agreement shall create or be deemed to create a partnership under the Partnership Act 1890 or the Limited Partnership Act 1907, a joint venture or the relationship of employer and employee between the Partners or render either Partner directly liable to any third party for the debts, liabilities or obligations of the other.

- 26.2 Except as expressly provided otherwise in this Agreement or where the context or any statutory provision otherwise necessarily requires, neither Partner will have authority to, or hold itself out as having authority to:-

26.2.1 act as an agent of the other;

26.2.2 make any representations or give any warranties to third parties on behalf of or in respect of the other; or

26.2.3 bind the other in any way

**27. Governing Law and Jurisdiction**

- 27.1 This Agreement and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of England.

- 27.2 Subject to Clause 14 (Dispute Resolution), the Partners irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to hear and settle any action, suit, proceedings, dispute or claim, which may arise out of, or in connection with, this Agreement, its subject matter or formation (including non-contractual disputes or claims).

## **28. Partnership Flexibilities**

- 28.1 The Partners may during the Term of this agreement establish one or more of the following in the commissioning and contracting of the Services:
- 28.1.1 Integrated Commissioning
  - 28.1.2 Joint Commissioning
  - 28.1.3 Lead Commissioning
- 28.2 The process where decisions will be made in respect to which arrangements would apply will be made in line with the process as outlined in paragraph 10 of this Agreement.
- 28.3 In developing these arrangements, the Council may delegate to the CCG and the CCG agrees to exercise, on the Council's behalf, the Health Related Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the NHS and Council Related Functions.
- 28.4 In developing these arrangements, the CCG may delegate to the Council and the Council agrees to exercise on the CCG's behalf the NHS Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the Council Related Functions.
- 28.5 Where the powers of a Party to delegate any of its statutory powers or functions are restricted, such limitations will automatically be deemed to apply to the relevant Service and the Parties shall agree arrangements designed to achieve the greatest degree of delegation to the other Party necessary for the purposes of this Agreement which is consistent with the statutory constraints.

## **29. Commissioning Arrangements**

The following shall apply to Integrated Commissioning:-

- 29.1 Where there are Integrated Commissioning arrangements in respect to the commissioning of a Service, both Parties shall work in cooperation and shall endeavor to ensure that the NHS Functions and Council Related Functions are commissioned with all due skill, care and attention.
- 29.2 Both Parties shall be responsible for compliance with and making payments of all sums due to a Provider pursuant to the terms of each Service Contract.

- 29.3 Both Partners shall work in cooperation and endeavor to ensure that the relevant Services are commissioned within each Parties financial contribution in respect of that particular Service in each Financial Year.

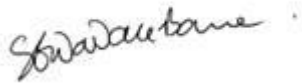
**30. Appointment of a Lead Commissioner**

- 30.1 Where the Parties agree that there are to be Lead Commissioning Arrangements the Lead Commissioner shall:-
- 30.1.1 exercise the NHS Functions in conjunction with the Council Related Functions
  - 30.1.2 endeavour to ensure that the NHS Functions and Council Related Functions are funded within the parameters of the financial contributions of each Party in relation to each particular Service in each Financial Year
- 30.2 Commission Services for individuals who meet the respective Eligibility Criteria.
- 30.3 Contract with a Provider(s) for the provision of the Services on terms agreed with the other Party.
- 30.4 Comply with all relevant legal duties and guidance of both Parties in relation to the Services being commissioned.
- 30.5 Where Services are commissioned using the NHS Standard Form Contract, perform the obligations of the “Commissioner” and “Co-ordinating Commissioner” with all due skill, care and attention and where Services are commissioned using any other form of contract to perform its obligations with all due skill and attention.
- 30.6 Undertake performance management and contract monitoring of all Service Contracts.
- 30.7 Make payment of all sums due to a Provider pursuant to the terms of any Services Contract.
- 30.8 Via the BCDG, keep the other Party regularly informed of the effectiveness of the arrangements including the Better Care Fund and any overspend or underspend in a Pooled Fund.

## SIGNATURES SHEET

**SIGNED on behalf of**

**HALTON BOROUGH COUNCIL**



**(signature)**

**SUSAN WALLACE-BONNER**

**(print name)**

**DIRECTOR OF ADULT SOCIAL SERVICES (position)**

**(duly authorised in that behalf)**

**SIGNED on behalf of**

**NHS HALTON CLINICAL COMMISSIONING GROUP**



**(signature)**

**DR ANDREW DAVIES**

**(print name)**

**CLINICAL CHIEF OFFICER**

**(position)**

**(duly authorised in that behalf)**



## **Schedule 1: Role, Function and Rules of the Executive Partnership Board**

- S1.1 In this Schedule, “member” or “members” shall be defined by reference to the bodies (as amended from time to time as hereinafter set out) as set out in this Schedule 1
- S1.2 There will be regular reviews of the composition of the Executive Partnership Board in order to reflect any changes in the Parties and members or in national guidance or legislation
- S1.3 Any of Parties may from time to time replace or fill a vacancy of one or more of its appointees to serve on the Executive Partnership Board
- S1.4 Each of the Parties shall appoint named persons as substitute members who shall attend meetings of the Executive Partnership Board in the absence of the member for whom they are a substitute member.
- S1.5 The Executive Partnership Board may co-opt persons to sit on the Executive Partnership Board for a fixed period or to assist with specific matters but such co-opted members shall not be entitled to vote at any meetings of the Executive Partnership Board.
- S1.6 Any representative/appointee of the member of the Executive Partnership Board wishing to resign shall give written notice to the Chair of the Executive Partnership Board who shall report the matter to the member body who has appointed the representative/appointee
- S1.7 The Chair of the Executive Partnership Board will be HBC’s Executive Portfolio Holder (Children, Education and Social Care).
- S1.8 The Chair shall preside over the Executive Partnership Board meetings. If the Chair is not present then the Vice-Chairperson shall preside. If neither the Chair nor the Vice-Chairperson is present the members of the Executive Partnership Board present (with voting rights) shall select a Chair for the meeting from the members who are present at the meeting.
- S1.9 The Executive Partnership Board shall meet on a quarterly basis. The timing of the meeting may change in exceptional circumstances with the agreement of the Parties and the Chair. Reports and agendas shall be circulated, wherever possible, to the members at least five working days in advance of the said meeting. The agenda papers shall be sent to the members of the Executive Partnership Board and to such other persons and agencies who would normally receive the papers had the Parties been reporting to their own respective boards in respect of funding arrangements. Any items or matters, which are deemed to be exempt from discussion in public or before the press must be properly and clearly marked and endorsed with the reason thereof. For Exempt Information see definition 1.13 on Page 6 and for further information Appendix 1.
- S1.10 The minutes of all meetings of the Executive Partnership Board shall be sent to the HWB its members and the Parties within 7 working days of the said meeting.

- S1.11 Extraordinary meetings of the Executive Partnership Board may be called at any time upon a request by at least one third of the members entitled to vote and giving at least 5 working days prior written notice
- S1.12 The members of the Executive Partnership Board may be authorised by the Parties within the Service of Delegation (which is received through their respective organisation's own financial scheme of delegation) to agree Lead Commissioning, Integrated Commissioning or Joint Commissioning Arrangements for the purposes of the provision of the Services.
- S1.13 Members of the Executive Partnership Board must disclose an interest when a Board meeting considers an item in which they have a personal interest and are likely to benefit. Members who disclose an interest should withdraw from the meeting until the item has been discussed. This should be noted within the minutes
- S1.14 The role of the Executive Partnership Board is to ensure that an integrated system is developed and appropriately managed to ensure that the resources available to both Health and Social Care, including the Continuing Health Care and Community Care budgets, are effectively used in the commissioning of the delivery of personalised, responsive and holistic care to those who are most in need within our community. This will be achieved through :-
- Ensuring that the Partners strategic objectives for the delivery of the Services is met for those with identified care and support needs to improve quality, productivity and prevention.
  - Promoting inter-agency cooperation, via appropriate joint working agreements/ arrangements, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust.
  - Review all related budgets, including Continuing Health Care and Community Care, ensuring financial probity.
  - Driving forward the continued implementation of achieving a whole system coordinated approach, including the strategic aims outlined in Halton's Better Care Plan by overseeing the associated work of Partner organisations, monitoring performance, reviewing and evaluating services and taking assertive action where performance is not satisfactory.
- S1.15 The Executive Partnership Board will encourage the full use of the Health Act Flexibilities as defined within the NHS Act 2006.
- S1.16 The Executive Partnership Board will take responsibility for the overseeing, monitoring and use of the Pooled Fund Arrangements for the Services, receive reports and information on the operation of the same from the Pool Manager and the BCDG.
- S1.17 Meetings of the Executive Partnership Board shall be quorate when at least two members from the CCG and two members from HBC are in attendance.

**S1.19 Membership**

The Executive Partnership Board is chaired by HBC's Executive Board Portfolio Holder (Children, Education and Social Care) and membership of the Board will consist of the following representatives:-

- ***Halton Borough Council***
  - HBC Executive Board Portfolio Holder (Resources) (Vice Chair)
  - Director of Adult Social Services
  - Divisional Manager (Urgent Care)
  - Chief Accountant or representative
  
- ***NHS Halton Clinical Commissioning Group***
  - Chief Commissioner - Halton
  - Chief Nurse
  - Chief Finance Officer
  - Governing Body Lay Member

S1.20 The Executive Partnership Board will elect a Vice Chair from within its membership.

S1.21 The Board has the right to co-opt non-voting members and invite non-voting individuals to attend for specific issues.

S1.22 Any of the Parties may from time to time replace one or more of its representatives to serve on the Board.

S1.23 Any member of the Board wishing to resign shall give written notice to the Chair who shall report the matter to the Executive Partnership Board. Members from HBC and the CCG shall cease to be members of the Board where their employment with or elected membership of HBC and the CCG ceases.

S1.24 The Executive Partnership Board will be accountable to the Parties. The CCG will present a key issues report from the Executive Partnership Board to the CCG's Governing Body, on a quarterly basis.

S1.25 The minutes of all meetings shall be sent to the BCDG within 7 working days of the said meeting.

S1.26 The Executive Partnership Board shall adhere to the role, function and constitution as laid out in Schedule 1.

S1.27 Any decisions of the Executive Partnership Board must have the approval of the respective Parties Boards or Governing Body unless otherwise delegated to the members of the Executive Partnership Board as set out in their respective Schemes of Delegation.

## **Schedule 2: Role, Function and Rules of the Better Care Development Group (BCDG)**

- S2.1 The aims and objectives of the BCDG are:-
- S2.2 To develop and make recommendations to the Executive Partnership Board on the strategic, commissioning and operational direction of the Services in Halton.
- S2.3 To be responsible for oversight of the management, monitoring and use of the Pooled Fund by the Pool Manager, through monthly reports from the Pool Manager, and for reporting to the Executive Partnership Board and Parties in all matters relating to the Pooled Fund. Reports shall be produced in a manner and format agreed by both parties and shall contain all relevant information to enable all members to effectively discharge their statutory responsibilities. As a minimum reports shall contain accurate quality, activity and financial information.
- S2.4 To be responsible for the monitoring contractual relationships with Providers financed by the Pooled Fund through the implementation of a performance management framework and for reporting to the Executive Partnership Board in all matters relating to such monitoring.
- S2.5 To develop and prepare the performance management framework.
- S2.6 To be responsible for the implementation of the decisions of the Executive Partnership Board relating to the strategic objectives for the commissioning of the Services and for the operational delivery of those Services including those outlined in the Better Care Fund Plan.
- S2.7 To prepare detailed planning proposals for the Services and present to the Executive Partnership Board for discussion and approval.
- S2.8 To consider bids for projects from the Executive Partnership Board, and to prepare reports with recommendations to the Executive Partnership Board.
- S2.9 To analyse government policies, local and national research and audit and national information relating to care and support services and to present such information to the Executive Partnership Board for the purposes of the development and commissioning of Care and Support Services in Halton within the resources of available funding.
- S2.10 Meetings of the BCDG shall be held monthly.
- S2.11 The BCDG will be accountable to the Parties. It's minutes shall be provided to the Parties, the HWB and the BCDG within 7 days of its meetings.

S2.12 The members of the BCDG may be authorised by the Parties within the Scheme of Delegation (which is received through their respective organisations own financial scheme of delegation) to authorise expenditure from the Pooled Fund where it is not within the delegated limits of the Pooled Fund Manager and the entering into Service Contracts with a Provider.

**S2.13 Membership**

The BCDG is chaired jointly by HBC's Director of Adult Social Services and the CCG's Chief Commissioner for Health. Membership of the Board will consist of the following representatives:-

- Director of Adult Social Services (Joint Chair)
- Divisional Manager (Urgent Care), HBC
- Finance Manager, HBC
- Development & Commissioning Manager, HBC
- Principal Manager Policy, Performance and Customer Care Support Services, HBC
- Chief Commissioner for Halton, NHS Halton CCG (Joint Chair)
- Deputy Chief Finance Officer, NHS Halton CCG
- Deputy Chief Nurse, NHS Halton CCG
- Head of Contracts, NHS Halton CCG
- 1 x Commissioning Manager, NHS Halton CCG

S2.14 The rotation of the joint chair will occur every 6 months. The Chair for the initial 6-month period will be the Director of Adult Social Services. In line with the rotation of the Chair, administrative support for the BCDG will also rotate as necessary.

S2.15 The BCDG may co-opt members for the purposes of providing expertise to the BCDG in relevant matters.

S2.16 Meetings of the BCDG shall be quorate when the following officers are in attendance:-

- Joint Chair;
- 1 Finance Representative from each party; and
- 1 representative from each party.

## **Schedule 3: Finance**

### **S3.1 Contributions – Financial Year 2020/21**

S3.1.1 For the purposes of Paragraph 5, the Better Care (Pooled) Fund for the period 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 are set out below (subject to variation as agreed between the Parties):-

Better Care (Pooled) Fund: £20,168,485

Breakdown of the above budget is outlined in Appendix 2.

### **S3.2 Contributions - Years 2021/22 and 2022/23**

S3.2.1 The contributions for the financial years 2021/22 and 2022/23 will be determined by the respective Parties and agreed by 1<sup>st</sup> March of the respective preceding financial year.

### **S3.3 Additional Funds**

S3.3.1 If any additional funding related specifically to the Better Care Fund becomes available to any of the Parties during the current Financial Year the Pool Manager should be advised of such circumstances and the funds shall be transferred to HBC or the CCG dependent on who is the host party, for inclusion in the Pooled Fund.

### **S3.4 Variations of Contributions**

S3.4.1 If in exceptional circumstances any of the Parties should wish to reduce their contributions to the Pooled Fund during the Term of this agreement by a sum which would exceed 5% of their annual contribution, then such party shall serve six months previous notice in writing upon the other.

### **S3.5 Overspends**

S3.5.1 The Pooled Fund shall be managed by the Pool Manager with the intention of producing a balanced budget at the end of the financial Year

S3.5.2 In the event that the Pool Manager identifies (at any period during the financial year) that there will be insufficient budgetary provision to meet the likely expenditure for the current Financial Year then this shall be reported to the BCDG. That report shall clearly set out a validated finance and activity position and a clear rationale for why expenditure is expected to exceed the budget. Any party may request an audit of that report to assure the BCDG of the actual position and to support the development of a remedial action plan. The report shall also articulate any risks associated as a consequence of insufficient funds being available. At such point, the lead commissioner for the service will be consulted and remedial action considered against that party to support the collective management of the pooled budget.

S3.5.3 In the event referred to in paragraph S3.5.2 the following procedure will take effect:-

S3.5.3.1 The BCDG will be convened within 2 weeks of the report by the Pool Manager to produce a financial plan to address the budget insufficiencies within the existing Pool Fund allocation.

S3.5.3.2 The financial plan will be presented to the Parties for discussion and agreement within 4 weeks of the report by the Pool Manager.

S3.5.3.3 Where the Pool Fund is unlikely to be able to meet the agreed contractual duties of this Agreement then the Pool Manager may make proposals, supported by the respective commissioning lead, to the BCDG including a reduction in service activity, and seek further action of the Parties as special conditions for the temporary support of the budget. In the event of any agreed reduction in service an Equality Impact Assessment and Quality Impact Assessment will be required in advance of any reductions in service being actioned.

S3.5.3.4 Prior to the implementation of the financial plan referred to above at S3.5.3.2 any conditions which the Pool Manager shall seek to impose including amendments to this Agreement shall first be agreed with the Parties.

Where emerging pressures are identified to be supported by the BCDG, through integrated commissioning arrangements, an appropriate risk share agreement will be established to support such responses.

S3.5.4 In the event that there is a overspend on the Pooled Fund at the end of the relevant financial year, then the Pool Manager shall seek agreement through the BCDG to either:

(i) Carry forward the overspend into the next financial year, or

(ii) To offset the overspend, seek additional funding from the party.

### **S3.6 Termination of this Agreement**

S3.6.1 At the expiration of the Term or at any other date of termination as hereinbefore referred to, any surplus of monies held in the Pool Fund shall be repaid to the Parties in such proportion, as is equal to their respective contributions made during the Term of this agreement subject to Audit approval.

S3.6.2 Any surplus of monies left in the Pooled Fund at the end of the relevant Financial Year, other than at termination, representing an underspend for that year shall be rolled over into the next successive Financial Year unless otherwise agreed by the parties.

### **S3.7 S.151 Officer / Chief Finance Officer for the CCG**

S3.7.1 The Pool Manager will be accountable for managing the Pooled Fund and reporting to the HBC's Operational Director (Finance), who is the officer appointed by HBC for the purposes of S.151 of the Local Government Act 1972 and S.114 of the Local Government Finance Act 1988 or to the CCG's Chief Finance Officer where the CCG is the Host Party.

### **S3.8 CCG's and HBC's Financial Standing Orders and Finance Regulations**

S3.8.1 The CCG's and HBC's Financial Standing Orders will apply to the operation of the Pooled Fund.

S3.8.2 All Service Contracts and conditions of either of the Parties existing at the commencement of this agreement will be honoured until the date of their expiry. Any new Service Contracts entered into by either Party will be made in accordance with paragraph 3.8.1.

### **S3.9 Monitoring and Reporting Arrangements**

S3.9.1 The CCG or the HBC (depending upon who is the Host Party) will provide the Pool Manager with bimonthly budget reports on the Pooled Fund and any expenditure incurred from the same. Where expenditure is incurred on behalf of the Pooled Fund by the Parties or those it commissions to carry out such work then those agencies will be required to record the detailed transactions within their accounting systems and provide bimonthly reports (in a format to be agreed by the Parties) to either the CCG or the HBC for inclusion within the bimonthly Pooled Fund reports to the BCDG.

### **S3.10 VAT**

S3.10.1 The Parties shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant Guidance from HM Customs and Excise.

### **S3.11 Expenses**

S3.11.1 Any expenses as agreed by the Executive Partnership Board incurred by service users and carers in attending meetings of the Executive Partnership Board may be paid from the Pooled Fund in accordance with or the CCG or the HBC subsistence and travel rules and the expenses of any other members of the Executive Partnership Board shall be met by their employers or respective body.



### **S3.12 Payment Arrangements**

- S3.12.1 In the event of the CCG making its Revenue Payment to the Pooled Fund hosted by HBC such payment shall be by monthly installments within 5 working days of the start of each quarter month commencing on 1<sup>st</sup> April 2020 on production of an invoice from HBC with any relevant supporting documentation provided that such payment to the HBC will be dependent upon receipt of the Revenue Payments made into the Pooled Fund by the HBC.
- S3.12.2 In the event of the HBC making its Revenue Payment to the Pooled Fund hosted by the CCG such payments will be made in 12 equal monthly installments on receipt of an appropriate invoice and where necessary, with supporting documentation on 15<sup>th</sup> of each month commencing from 15<sup>th</sup> April 2020 provided that such payment to the CCG will be dependent upon receipt of the Revenue Payments made into the Pooled Fund by the CCG.

### **S3.13 Efficiency Savings**

- S3.13.1 The Pooled Fund will have to demonstrate that it is achieving the required efficiency targets set by the Parties.

### **S3.14 Capital Expenditure**

- S3.14.1 Capital expenditure for the purchase of Capital Assets cannot be incurred without the prior written approval of the BCDG and Section. 151 officer and the CCG's Chief Finance Officer.
- S3.14.2 In the event of approval being given as in clause S3.15.1 the Parties shall decide which of them shall purchase and own the Capital Assets on behalf of the Parties and thereafter be responsible for the maintenance, repair, renewal and insurance costs of the Capital Assets on behalf of the Parties.
- S3.14.3 The Pool Manager shall be responsible for producing and thereafter maintaining a register of Capital Assets purchased from the Pooled Fund.
- S3.14.4 On the disposal or sale of any of the Capital Assets, either during the Term of this agreement or upon termination of the same (for whatever reason) the net proceeds from such disposal or sale shall be returned by the Pooled Fund.
- S3.14.5 If the proposed cost of any of the Capital Assets shall exceed £5,000 (other than those purchased through the DFG) then such cost shall not be funded from the Pooled Fund but shall require the submission and preparation by a manager of an initial Business Case to be made to the BCDG which shall, if it accepts the validity of the Business Case, then refer such request for making a formal bid or request whether by submission of a formal Business Case for approval or otherwise to the appropriate statutory funder for such monies and if approved such Party shall retain legal ownership of the Capital Assets.

S3.14.6 In the event of either Party receiving Capital Expenditure grant from the Government or other public department a protocol will be agreed by the BCDG, taking advice from the S.151 officer of the HBC and the Chief Finance Officer of the CCG as to how such monies may be returned to the relevant party on termination of this Agreement howsoever accruing.

### **S3.15 Specific Grants**

S3.15.1 It is recognised by the Parties that the contribution to the Pooled Fund made by HBC and the CCG will not initially include specific grant monies from the Department of Health. In the event that specific grant monies become available for the Client Group the process described at S3.3.1 is to be followed, if the parties wish for the monies to be included in the Pooled Fund.

S3.15.2 In the event that such grants monies are withdrawn none of the Parties shall be required to fund such shortfall from its own resources and the Parties shall inform the Executive Partnership Board and the Pool Manager of such event arising as soon as reasonably practicable

S3.15.3 The Parties shall apply such information detail and audit evidence relating to the expenditure incurred by the Pooled Fund as may be required by the Parties and their auditors to satisfy any of the conditions which may have been imposed upon the Parties by the relevant funding body on receipt of such grant monies including evidence of the activities upon which such expenditure was incurred

### **S3.16 Budget Timetable**

S3.16.1 The annual HBC Budget for the whole Council will be set in accordance with the HBC's Corporate Budget Setting Process, identified below and which shall include those monies to be contributed by HBC to the Pooled Budget.

S3.16.2 Subject to which party is holding the Pooled Fund either the Chief Finance Officer for the CCG or the Chief Accountant for the HBC will contact the budget managers for the relevant Services, including the Pooled Manager, to request any information required and arrange meetings with Budget / Pool Manager during September and October each year, in preparation of setting the budget for the forthcoming year. It is essential that the information be provided promptly so that the overall deadlines for budget preparation are to be achieved.

S3.16.3.1 The indicative budget timetable for HBC is as follows:

- The current year budget will be revised continuously, as soon as virements are approved in accordance with standing orders.
- The current year budget will be reviewed each year in September & October, in conjunction with Budget Managers.
- The forthcoming year's base budget (i.e. before growth and savings) will be prepared by Mid-December.
- The Provisional Local Government Finance settlement from Central Government is expected by mid-December.
- Management Team and Executive Board will then consider the forthcoming base budget in the light of the provisional settlement.
- Management Team and Executive Board will consider growth and savings options during January and once approved these will be built into the forthcoming budget
- The budget will be approved and published in the People Directorate's electronic Budget book. This will be available to all Budget Managers by the end of March.
- Executive Board will consider the levels of fees and charges proposed for the forthcoming year during March.

S3.16.3.2 The indicative budget timetable for the CCG is as follows:-

- Commences October through to January with review of spend and expected outturn including identification of next year's pressures
- Initially planning of budget presented to Governing Body during January
- January to February budget meetings are held across the CCG to agree on-going committed spend and identify new spend
- Final budgets are agreed with commissioning intentions and plans during March with further budget plan to Governing Body
- Regular reviews of budget planning are managed through Performance and finance committee reporting to Governing Body
- April at commencement of financial year final budgets are presented to Governing Body for approval

S3.16.4 The CCG Deputy Chief Finance Officer will confirm the CCG's minimum contribution to the Better Care Fund, to the HBC Finance Manager, by the end of March each year.

S3.16.5 The Parties shall agree the budgets and their respective contributions to the Pooled Fund by the 1<sup>st</sup> April for the next financial year beginning on 1<sup>st</sup> April. This will be subject to the national timetables for issuing guidance to support the Better Care Fund development for the period.

S3.16.6 Partners of the Pool Fund need to ensure a realistic and sustainable budget is set and approved by Senior Management at the start of each financial year. This should include identifying significant cashable efficiency gains and should protect front line services and vulnerable members of the community as far as possible. It should deliver improved procurement and ensure value for money. The council's budget will be set in accordance with the Medium Term Financial Strategy which provides the context and assumptions upon which the following year's budget will be prepared. Both partners must ensure budgets include appropriate uplifts for pay and price inflation in respect Salary Budgets at the very minimum, to ensure a balanced budget at year end and to prevent exposing the pool to financial risk.

## Schedule 4: Delegation Limits

### S4.1 Delegated Authority

As stated in Governance 3.2, neither the Executive Partnership Board nor the BCDG is an autonomous body and does not therefore have legal status. Any decisions of the BCDG and/or the Pool Manager which are beyond their respective delegated authority/limits (as set out below) or are inconsistent with the terms of this agreement would require the prior approval and/or the ratification of the governing bodies of the Parties organisations in accordance with both Parties Standing Orders, Prime financial policies and Schemes of Delegation.

- S4.1.1 As stated in Schedule 3, paragraph 9.1 the Pooled Fund will (subject who is the Host Party) be operated under either the CCG's or the Council's Constitution, Standing Orders and Finance Regulations. Within paragraph 3.4 of the Council's Standing Orders relating to Finance there is provision for Delegated Authority to be granted to Officers of the Council for the certification of financial and personnel documents with the approval of the Strategic Director People & Economy and Head of Internal Audit.
- S4.1.2 Delegated powers to authorise expenditure from the Pooled Fund and enter into Services Contracts with Providers for the respective Parties together with the limits of their authorisation, including the Pool Fund Manager, will be in line with each respective organisation's schedule of delegated financial limits.
- S4.1.3 Authorised Certifying Officers shall be responsible for all financial arrangements delegated as per their organisation's schedule of delegation list and shall maintain a sufficient record of all transactions to account to the Pool Manager for the Pooled Funds.
- S4.1.4 The Pool Manager should ensure that certifying officers are familiar with the procedures and requirements set out in the Standing Orders Relating to Finance and Procurement and be satisfied that officers are aware of and comply with the correct procedures.
- S4.1.5 Authorised Certifying Officers have a responsibility to assist the Internal Auditors acting on behalf of the Council when reviewing any internal or financial control system for which they are responsible.
- S4.1.6 Delegated powers are restricted to individual areas of management control as stated within this Agreement. In particular the certification of financial documents requires responsibility for ensuring adequate budgetary provision is available and documents are processed strictly in accordance within the specific authorisation limits as detailed in the list.
- S4.1.7 Any changes to the officers included in the list can only be authorised jointly by the Strategic Director, People, CCG Chief Finance Officer, and the Chief Internal Auditor.
- S4.1.8 Specimen signatures have been obtained for all the certifying officers and copies provided to the relevant sections within the People Directorate, and the Enterprise, Community and Resources Directorate.

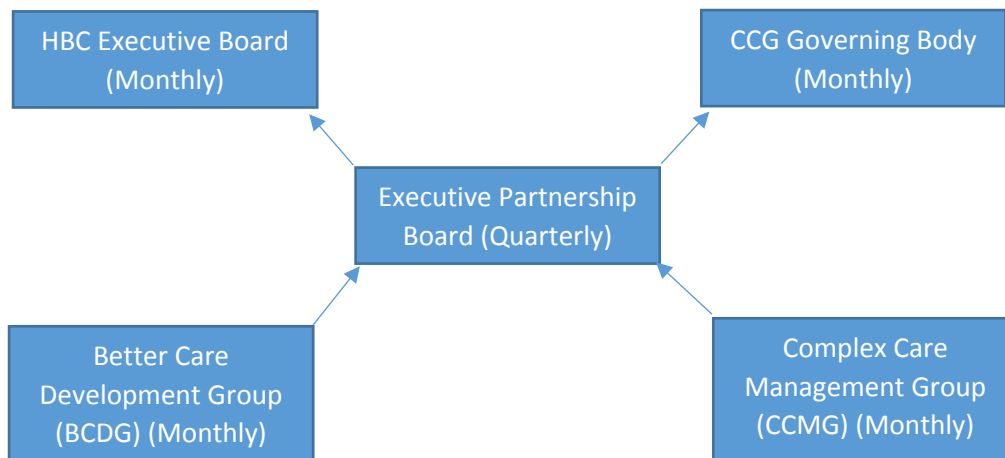
## Appendix 1: Exempt Information

- 1 The Executive Partnership Board may choose to discuss in private certain information which includes or is likely to involve discussion of Exempt Information for the purposes of Schedule 12A Local Government Act 1972. The categories of Exempt Information applicable as at 29 September 2004 are listed for illustrative purposes only below and references in Schedule 12A aforesaid to 'the authority' shall in the context of this Agreement be taken to refer to the BCDG
- 2 The Executive Partnership Board shall discuss in private any item of business which includes or is likely to involve discussion of confidential information.
- 3 In the context of this Clause the expression 'Confidential Information' shall typically, though not exhaustively, mean:-
  - a) information furnished to the Executive Partnership Board of any member of the BCDG or to the Council or to the CCG by a government department upon terms (however expressed) which forbid the disclosure of the information to the public; or
  - b) information the disclosure of which to the public is prohibited by or under any enactment or by order of a court.

## Appendix 2: Finance

Breakdown of Better Care (Pooled) Fund Budget:-

- Minimum CCG Contribution (Better Care Fund) £10,890,683
- Disabilities Facilities Grant £1,757,984
- NHS Halton CCG Contribution to Pool £3,401,887
- HBC Contribution to Pool £4,117,931

**Joint Working Arrangements (Post 1.4.20)****Better Care Development Group**

Key Points:-

- New name for the Operational Commissioning Committee
- Be responsible for oversight, management etc of the Pooled Fund (Better Care Fund – which include the CCG Contribution, DFG, iBCF and Winter Pressures)
- Supported by a formal Joint Working Agreement (Section 75)

**Complex Care Management Group**

Key Points:-

- New group, to take over from the CHC/Community Care Task and Finish Group
- Be responsible for oversight of the management, monitoring and use of the aligned Community Care and Continuing Health Care budgets, Joint Funded Packages, including Section 117
- A Memorandum of Understanding will be drawn up to support this arrangement, including Terms of Reference for the new CCMG



<b>REPORT TO:</b>	Health and Wellbeing Board
<b>MEETING DATE:</b>	20 January 2021
<b>REPORTING OFFICER:</b>	David Parr Senior Responsible Officer, One Halton Chief Executive, Halton Borough Council
<b>PORTFOLIO:</b>	Health and Wellbeing
<b>SUBJECT:</b>	One Halton - Update Report
<b>WARDS:</b>	Borough wide

## **1.0 PURPOSE OF THE REPORT**

- 1.1 The purpose of this report is to provide the Health and Wellbeing Board with an update on matters relating to the development of One Halton, including the work of the One Halton Forum, the Integrated Commissioning Group and the Provider Alliance.

## **2.0 RECOMMENDATION: That the contents of the report are noted.**

## **3.0 SUPPORTING INFORMATION**

### **One Halton Meetings**

- 3.1 The last meeting of the One Halton Forum took place on 15 December 2020, this was the first Forum to take place since March 2020. Key updates in relation to One Halton are shared in this report.
- 3.2 The One Halton Provider Alliance and Integrated Commissioning Group have remained postponed during the pandemic but are expected to reconvene during 2021.

### **Programme Updates**

- 3.3 **Urgent Treatment Centres:** An Operational Delivery Group is in place and developing an improved standardised model of care. Work is being undertaken with the Primary Care Networks to increase capacity. A robust communications and engagement plan is being developed to ensure clear messages to the public about what services are available locally at the UTCs.
- 3.4 **Place Based Integration:** Progress with this programme has been delayed due to the pandemic, once capacity allows, the implementation plan to deliver the 10 Year Vision will commence.

- 3.5 **Making Every Contact Count:** This training programme has been paused during the pandemic. It is anticipated to restart in 2021 once capacity allows.
- 3.6 **Leadership Development:** A System Leadership Programme has been developed specifically for One Halton. The programme, which will commence in March 2021, for a duration of six months, is aimed at senior leaders, focussing on collaboration and shaping the future. The Programme is funded by NW Leadership Academy and the dedicated leadership funding provided by Cheshire and Merseyside Health and Care Partnership last year.
- 3.7 **Cancer Prevention:** This is a priority area for One Halton. It was agreed at the One Halton Forum to appoint a Clinical Lead, establish a collaborative project group and ensure cancer prevention programmes address the outcomes within the One Halton Plan and Health and Wellbeing Strategy. This work is ongoing.
- 3.8 **Cardiovascular Disease (CVD):** Work has continued within individual organisations. Once capacity allows the intention will be to ensure a collaborative CVD prevention programme is developed specifically for Halton.

**The Health and Wellbeing Board are asked to note the updates provided in relation to the One Halton Programmes.**

### **Integrated Care Systems**

- 3.9 The Cheshire and Merseyside Health and Care Partnership (C&M HCP) – formally the STP - are positioning themselves to become an Integrated Care System (ICS) by April 2021.  
*An ICS is a collaboration of Partnerships, bringing together local NHS providers and commissioners, local authorities and local partners to collectively plan and integrate care to meet the needs of the population.*
- 3.10 Halton is one of the nine Places/Boroughs that make up C&M HCP. *One Halton* is driving the work of Place in Halton. It will have a significant and important role in
- i. future service commissioning of health and social care in Halton
  - ii. high quality, clinically safe health and social care service delivery ‘closest to home’ in Halton
  - iii. ensuring Halton gets the necessary health and social care provision and funding to match need.
- 3.11 C&M HCP have developed a Memorandum of Understanding (MoU) which sets out the revised governance arrangements for the partnership as well as supporting collaborative partnership working. It is expected this will be finalised and approved in February 2021.
- 3.12 On the 24<sup>th</sup> November 2020 NHS England/Improvement published a consultation document [Integrating Care-Next steps for integrated care systems](#) which outlines how Integrated Care Systems could be embedded in legislation or guidance.

Two options are proposed within the document;

- i. Option1: A Statutory Committee Model
- ii. Option2: A Statutory Corporate NHS Body Model

NHS England/Improvement recommend option 2, advising it offers long term clarity in terms of system leadership and accountability.

Whichever option is decided upon, the intentions for Place are consistent with the vision outlined in the One Halton Five Year Plan.

3.13 The development of an ICS, ICPs, the development of the MoU and the NHS Consultation Document have raised a number of concerns, and will be subject to Joint Scrutiny across the Cheshire and Merseyside footprint. This will look at

*How the proposal for a single ICS and ICPs for Cheshire and Merseyside would impact on the following:*

- i. the commissioning and delivery of health and social care provision at Place and 'at scale' across the Cheshire and Merseyside footprint*
- ii. the funding of health and social care provision at Place and 'at scale' across the Cheshire and Merseyside footprint*
- iii. the quality of health and social care provision at Place and 'at scale' across the Cheshire and Merseyside footprint*
- iv. the clinical robustness of health and social care provision at Place and 'at scale' across the Cheshire and Merseyside footprint*
- v. the governance (including local democratic representation) of health and social care provision at Place and 'at scale' across the Cheshire and Merseyside footprint*
- vi. the democratic scrutiny of health and social care provision at Place and 'at scale' across the Cheshire and Merseyside footprint*

### **Integrated Care Partnerships**

3.14 One Halton already demonstrates effective system wide governance through the Health and Wellbeing Board. The Integrated Commissioning Group and Provider Alliance provide the foundation for One Halton to become an Integrated Care Partnership (ICP). ICPs are the fundamental building blocks for ICSs. An ICP will commission and deliver services locally on a Borough footprint.

3.15 At the last *One Halton* Forum on the 15<sup>th</sup> December 2020 the following next steps were agreed:

- i. Continue to build on the *One Halton* Partnership. This will be the Place driver for Halton and will work with the C&M HCP. Partnership to ensure Halton gets the best health and social care deal for Halton residents from the C&MHC Partnership
- ii. Review and strengthen existing integrated commissioning to create a Halton 'ask' based on need while seeking to remove the commissioner / provider split.
- iii. Re-energise and restart the Provider Alliance. Consider a name change to the 'Partnership Collaborative" or similar.
- iv. Supporting the PCNs to lead (and Chair) the Provider/ Partnership Collaborative.
- v. Local 'asks' (currently Commissioning) will be based on outcomes.
- vi. Do as much as possible at Place/Closer to home.
- vii. Participate in a collaborative workshop to develop a One Halton Framework for service delivery and provision in Halton.

**The Health and Wellbeing Board are asked to note the updates provided in relation Integrated Care Systems, Integrated Care Partnerships and the major role of ONE HALTON in ensuring the primacy of the Place Halton**

### **One Halton Finance**

- 3.16 At the Health and Wellbeing Board in July 2019, the Board agreed to delegate authority and management of the budget to the Chief Executive/One Halton Senior Responsible Officer in consultation with the Chair of the Health and Wellbeing Board and the Health and Wellbeing Portfolio Holder.
- 3.17 Since the last Health and Wellbeing Board there have been no requests for funding from the One Halton budget.
- 3.18 It was previously reported that One Halton was expecting to receive £425,000 for 2020/21 from Cheshire and Merseyside Health and Care Partnership which is top sliced from CCG budgets. However the allocation for 2020/21 has now been confirmed as £348,000.
- 3.19 For 2020/21 the revised One Halton budget is therefore £676,000. This includes money carried over from 2019/20 some of which is already allocated to existing projects.
- 3.20 For 2020/21, there is a balance of £336,000 available for investment to support the delivery of the One Halton Plan. This money can be carried over to the next financial year.
- 3.21 A One Halton Budget Statement is available as Appendix 1.

**The Health and Wellbeing Board are asked to note the update.**

## **4.0 POLICY IMPLICATIONS**

n/a

## **5.0 FINANCIAL IMPLICATIONS**

- 5.1 One Halton funding is used to provide resource and capacity as well as investing into new schemes. Funding from the Cheshire & Merseyside Health Care Partnership is received with guidance/caveats for how it should be spent. One Halton will ensure any funding received is used for its intended purpose and reported back through the appropriate channels.
- 5.2 The Health and Wellbeing Board has oversight over all One Halton spend.

## **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

One Halton supports the Council priorities for a Healthy Halton and the Health and Wellbeing Board Priorities.

### **6.1 Children and Young People in Halton**

One Halton supports the Council priorities for Children and Young People.

### **6.2 Employment, Learning and Skills in Halton**

One Halton supports the Council priorities for Employment, Learning and Skills in Halton.

### **6.3 A Healthy Halton**

One Halton supports the Council priorities for a Healthy Halton.

### **6.4 A Safer Halton**

One Halton supports the Council priorities for a Safer Halton.

### **6.5 Halton's Urban Renewal**

None in this report.

## **7.0 RISK ANALYSIS**

No risk analysis is required for the recommendations in this report.

## **8.0 EQUALITY AND DIVERSITY ISSUES**

One Halton supports the Council priorities to deliver equality and diversity in Halton.

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

**None under the meaning of the Act.**



<b>REPORT TO:</b>	Health and Wellbeing Board
<b>DATE:</b>	20 <sup>th</sup> January 2021
<b>REPORTING OFFICER:</b>	Director of Public Health
<b>PORTFOLIO:</b>	Health and Wellbeing
<b>SUBJECT:</b>	Outline for a rapid update of the One Halton Health and Wellbeing Strategy 2017-2022 in the context of the global Covid-19 pandemic.
<b>WARDS:</b>	Borough Wide

## **1.0 PURPOSE OF THE REPORT**

- 1.1 The global pandemic arrived as we entered the second half of our five-year One Halton strategy. We must now consider how we revise the strategy to take account of the pandemic, assess its impacts on our key priorities and refocus our efforts to mitigate its effects on achieving our aims.
- 1.2 Eileen O'Meara, Director of Public Health has asked a specialty registrar in public health (Dr Matthew Atkinson) to lead a rapid review of the One Halton strategy.

## **2.0 RECOMMENDED: That**

- 1) the Board agrees that the Strategy be updated and presented to the March 2021 Health and Wellbeing Board for approval**
- 2) the Board's members contribute to this review by providing information on the impact Covid-19 has had on services and health outcomes and by suggesting revised actions and goals**

## **3.0 SUPPORTING INFORMATION**

- 3.1 Covid-19 (coronavirus) has impacted every aspect of our lives. The global pandemic has directly affected our residents through infections, illness and in some cases, deaths. However, the effects of the pandemic will be felt much more widely. Restrictions will have changed our lifestyles and health behaviours. All services have experienced disruption, changes in work practices and altered levels of demand. Our economy will be impacted for many years and our physical and mental health will be affected. All of these changes will be disproportionately felt by our most deprived groups and may exacerbate the health inequalities in our area.

- 3.2 Not all impacts will be negative. Services have moved at pace to transform their provision. Communities and the voluntary sector have rallied around our most vulnerable groups.

### **Some potential impacts of the pandemic on our six priorities**

- 3.3 Children and Young People: improved levels of early child development
- Reduced social contact
  - Increased anxiety and depression
  - Missed school and exams
  - Increased food insecurity
- 3.4 Generally Well: increased levels of physical activity and healthy eating and reduction in harm from alcohol
- Reduced organised sport and exercise
  - Increased walking and cycling
  - More home eating and/or takeaways
  - Shift from night-time economy to home drinking
- 3.5 Long-term Conditions: reduction in levels of heart disease and stroke
- Impact of changes in physical activity, healthy eating and alcohol use
  - Impact of Covid on primary care, secondary care, NHS Health Checks
  - Delayed presentations
  - Improvement in air quality
  - Changes in smoking?
  - Vulnerable population to Covid
- 3.6 Mental Health: improved prevention, early detection and treatment
- Direct impact of Covid, restrictions and lockdowns
  - Economic impact
  - Risk of exposure to domestic violence and abuse
  - Staff wellbeing in frontline services
  - Effects on service provision eg face-to-face counselling and related services.
- 3.7 Cancer: reduced level of premature death
- Delays to cancer screening and treatment
  - Delayed presentations
  - Increase in risk factors for cancers (see above)
- 3.8 Older People: improved quality of life
- Vulnerable population to Covid – illness and deaths, including in care homes
  - Social isolation, reduction in community services and groups, limits to visiting in care homes

## **4.0 POLICY IMPLICATIONS**

- 4.1 This report sets out the intention to amend the One Halton strategy. The amended document, to be presented in a subsequent meeting, will have policy implications for the Health and Wellbeing Board partners.

## **5.0 FINANCIAL IMPLICATIONS**

- 5.1 There are no financial implications at this stage, but the amended report may have resource implications for partners.



## **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **6.1 Children and Young People in Halton**

Child development and health will be specifically referenced in the amended strategy.

### **6.2 Employment, Learning and Skills in Halton**

The impact of employment loss on health and wellbeing will be referenced.

### **6.3 A Healthy Halton**

This will be the main focus of the amended strategy and there will be implications.

### **6.4 A Safer Halton**

None anticipated

### **6.5 Halton's Urban Renewal**

None anticipated

## **7.0 RISK ANALYSIS**

No risks have been identified at this stage. Risks will be considered as part of the amended strategy.

## **8.0 EQUALITY AND DIVERSITY ISSUES**

No issues have been identified at this stage. Health inequalities will be considered as part of the amended strategy and any equality and diversity issues will be addressed.

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

None under the meaning of the Act.

<b>REPORT TO:</b>	Health and Wellbeing Board
<b>DATE:</b>	20 <sup>th</sup> January 2021
<b>LEAD:</b>	Lucy Gardner, Director of Strategy, Warrington & Halton Teaching Hospitals NHS Foundation Trust
<b>PORTFOLIO:</b>	Health and Wellbeing
<b>SUBJECT:</b>	Halton Hospital and Wellbeing Campus Strategic Outline Case
<b>WARDS:</b>	Borough Wide.

## **1.0 PURPOSE OF THE REPORT**

- 1.1 The purpose of this report is to provide an overview of progress to date in terms of the plans for new hospital developments in Warrington and Halton, seek support to continue to progress the plans for Halton hospital site redevelopment, and to ensure the provision of hospital services in a modern fit for purpose estate.

- 2.0 RECOMMENDATION: That support is given to progressing to the next stage of business case development in the planning for a new hospital and wellbeing campus for Halton.**

## **3.0 SUPPORTING INFORMATION**

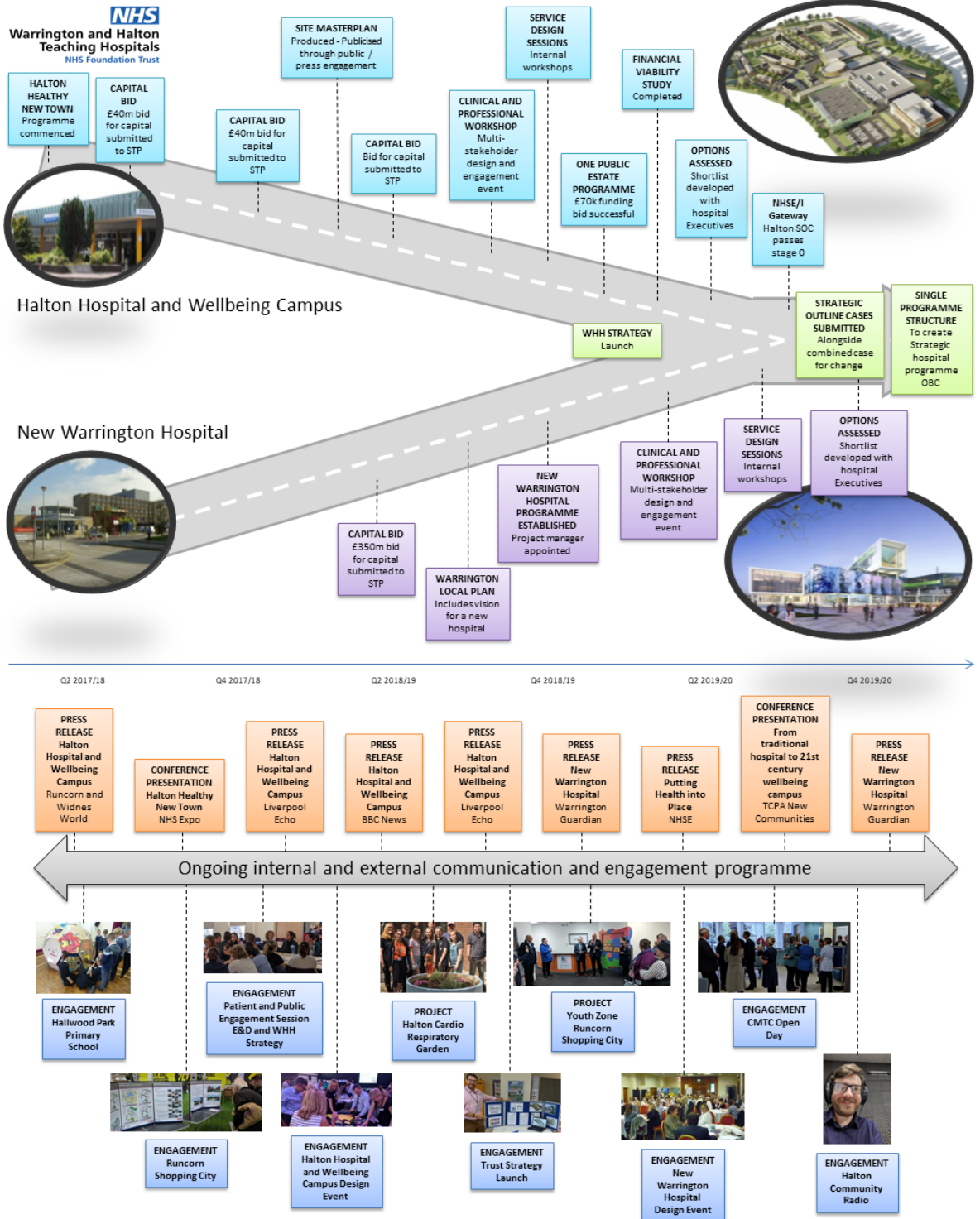
### **3.1 New hospitals: Context and progress to date**

- 3.1.1 Last year Warrington and Halton Teaching Hospitals NHSFT published its Estate and Facilities Strategy 2019-2024, which sets out its key aims to ensure our hospitals are safe, secure and fit for purpose. It reiterates the pressing need for modernisation and reconfiguration on both the Warrington and Halton sites, including the provision of a new hospital for Warrington and the completion of the development of a hospital and wellbeing campus on the Halton site. Plans for new hospital facilities in Warrington and Halton are included in both Councils' Local Plans.

- 3.1.2 The diagram on page 3 summarises key milestones delivered to date. Strategic Outline Cases ('SOCs') have been developed for both a new Warrington hospital and the redevelopment of the Halton hospital site. Both SOC's have been reviewed by NHSE/I through the informal Gateway review process and encouragingly positive feedback received. The SOC's have been approved by the Warrington and Halton Teaching Hospitals NHSFT's Board and by

Warrington and Halton CCGs.

- 3.1.3 Both Warrington and Runcorn have been selected to be part of the national Town Deal programme. Our plans for the new hospitals actively align and support the delivery of improved outcomes through the Towns' Investment Plans and also the delivery of the Town Centre Programme in Halton. For example, as part of Halton's Town Centre programme we plan to provide health services from Runcorn Shopping City, making services more accessible to patients, reducing backlogs due to COVID-19, increasing footfall in Shopping City to support economic regeneration and helping to sustain a key community asset, as well as supporting the development of new hospital facilities on the Halton hospital site and releasing land for housing.
- 3.1.4 We have engaged over 130 organisations and groups in our plans to date, including statutory bodies, charitable organisations and public and patient representative groups. A summary of some key engagement activities is included in the diagram below. All partners, patients and the public who have been engaged in this extensive exercise are very supportive of our plans and have been involved in their development.



### 3.2 Supporting the next stage of business case development

3.2.1 In order to further progress the planning for new hospital developments within Warrington and Halton to the next stage, the Halton Health and Wellbeing Board is asked to give their support to the programme and support in progressing to the next stage of business case development.

3.2.2 The following section sets out a summary of the Case for Change and the Strategic Outline Case.

3.2.3 The Case for Change for developing our future estate is compelling. The strategic case sets out the case for change for Halton across a number of key areas:

**Strategic: The national, regional and local strategic contexts.**

- Supporting the aims of the NHS Long Term Plan;
- A focus on prevention and health inequalities;
- An emphasis on digitally-enabled care.

**Demographics and Health and Wellbeing: The changing demographics of the Trust's catchment area and health outcomes**

- A fast-growing population within Cheshire and Merseyside;
- An increasingly ageing population in Halton (25% of population will be 65+ by 2041, currently 18%);
- Life expectancy for both males and females in Halton is below the national average;
- Health and wellbeing outcomes for Halton are below the national average, including high rates of alcohol specific conditions and high rates of elderly people suffering injuries from falls;
- Halton's population suffers with significantly higher prevalence of cancer than the national average.

**Economic: Estate challenges and a compelling case around value for money**

- The ageing estate at Halton General Hospital does not provide an ideal patient experience, with many facilities at odds with modern building specifications;
- Challenging layout of the hospital with poor clinical adjacencies;
- Development of the Halton site is key to Healthy New Town developments;
- Recent Value for Money ('VFM') analysis demonstrates a 280% VFM ratio for development of Halton.

3.2.4 In summary, to meet patient expectations, the demands of the growing, ageing and complex population it serves and to ensure delivery of local and national strategic objectives, significant development of Halton hospital is required.

3.2.5 A Strategic Outline Case ('SOC') has been developed in accordance with HM Treasury guidance as set out in the Green Book. It has been developed following the Five Case Model and focuses on the Strategic, Economic, Commercial, Finance and Management Cases. The SOC establishes the case for change, the project investment objectives, and the main risks, constraints and dependencies for the New Halton Hospital and Wellbeing Campus proposal.

- 3.2.6 The Trust is committed to developing the existing site at Halton to provide new hospital estate, fit for purpose for modern healthcare delivery.
- 3.2.7 The SOC defines a long list of options for new hospital facilities in Halton. These options were appraised through a number of different forums with clinical and non-clinical health and care stakeholders, patients and the public.
- 3.2.8 In line with the HM Treasury Green Book the shortlisted options will be taken forward and developed further as part of the Outline Business Case process. In line with the Green Book, 'Business as Usual' is mandatory for inclusion and reveals the change that will occur without intervention. All other options will be measured in terms of costs and benefits against this baseline option.
- 3.2.9 At Strategic Outline Case stage, the preferred options based upon the non-financial evaluation criteria are:
- Option 3 – Extend CMTC to accommodate current and additional services, and dispose of HGH, Brooker Centre and Blocks
  - Option 5 – Extend CMTC to accommodate current services only, and dispose of HGH, Brooker Centre and Blocks
- 3.2.10 Each of the above options will also impact upon (and be impacted by) any potential development considered as part of the Warrington New Hospital development. For example, Covid response has enabled an acceleration of increased elective surgery provision on the Halton hospital site. As such, these options will be considered in line with options developed through the Strategic Outline Case process for the Warrington site and considered as the Outline Business Case is developed.

### 3.3 **Health Infrastructure Funding ('HIP')**

- 3.3.1 In October 2019 the Government announced funding for a further 8 hospitals as part of its Health Infrastructure Plan. The Health Infrastructure Plan sets out a long-term plan of investment in health infrastructure, including capital to;
- build new hospitals
  - modernise primary care estate
  - invest in new diagnostics and technology
  - help eradicate critical safety issues in the NHS estate
- 3.3.2 Warrington and Halton Teaching Hospitals fully intends to compete to be considered as one of these eight new available schemes.

3.3.3 A New Hospitals Strategic oversight group, tasked with leading the programme of development of new hospitals for both Halton and Warrington, has been established, chaired by Dr Andrew Davies, including representatives from the Trust, CCGs, Councils, University of Chester and MPs. This group wrote to the Government in September setting out;

- The investment required to develop a modern fit-for-purpose hospital estate
- An opportunity to release land for circa 450 homes across Warrington and Halton
- How the investment will make a significant contribution to health outcomes improvement, increased life expectancy and economic regeneration in Halton and Warrington

3.3.4 In order that we are in the strongest position possible to apply for the next phase of the Health Infrastructure Plan it is essential that development of the cases for new hospital estate continues. The next phase of work for this is to produce Outline Business Cases for the new hospitals programme.

3.3.5 Support from the Health and Wellbeing Board at this time will be integral to the development of two aligned Outline Business Cases as the next step required under the NHS capital regime guidance.

#### **4.0 POLICY IMPLICATIONS**

4.1 None identified

#### **5.0 FINANCIAL IMPLICATIONS**

5.1 The high level costs of the new hospital and wellbeing campus on the Halton site are estimated to be between £46,015,000 and £56,500,000.

#### **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES [\(click here for list of priorities\)](#)**

6.1 The proposed development of the hospital and wellbeing campus at the Halton site supports all of the Councils priorities and in particular a Healthy Halton and Halton's Urban Renewal.

#### **7.0 RISK ANALYSIS**

7.1 A risk register has been produced to support the delivery of the

programme. The highest rated risk currently identified relates to the ability to secure funding for the project.

## **8.0 EQUALITY AND DIVERSITY ISSUES**

- 8.1 An equality impact assessment will be completed for the scheme. In addition equality will be proactively considered at every stage of planning.

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

None.



<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	20 <sup>th</sup> January 2021
<b>REPORTING OFFICER:</b>	Director Adult Social Services
<b>PORTFOLIO:</b>	Health and Wellbeing
<b>SUBJECT:</b>	Better Care Fund (BCF) 2020 – 21 update, Quarter 4 return and Risk Register
<b>WARD(S):</b>	Borough-wide

### 1.0 PURPOSE OF REPORT

- 1.1 To update the Health and Wellbeing Board on the BCF 2020/21, the Better Care Fund Risk Register and the Quarter 4 submission.

### 2.0 RECOMMENDATION

***RECOMMENDED: That***

- (1) Note the content of the report and associated documents.***

### 3.0 SUPPORTING INFORMATION

#### 3.1 Quarterly Monitoring

As presented to the Executive Partnership Board last October, the Better Care Fund Plan for 2019 - 20 is a continuation of the plan from 2017-19.

The BCF plan is monitored on a quarterly basis through NHS England, however, following COVID-19, the completion and submission of the Quarter 4 return (January to March 2020) was postponed until 4<sup>th</sup> September. However, no further returns have been required.

#### 3.2 BCF Planning Guidance 2020/21

Alongside the monitoring of the Better Care Fund Quarter 4 return being postponed, the guidance and templates for the BCF Plan 2020/21 have also been postponed. Although initially a new publication date from NHS England had indicated mid-September for this guidance, this has now been postponed again. Instead, systems will not be required to submit plans for assurance for 2020/21, rather prioritise continuity of provision, social care and system capacity and roll forward schemes from 2019/20, which is what Halton have done.

At year end, a short template will be made available for systems to use locally to calculate spend and compliance with the conditions on maintenance of social care and Clinical Commissioning Group commissioning out of hospital expenditure.

### 3.3 **Risk Register**

It is a requirement of the Better Care Fund to have a Scheme Level Risk Register which has been developed through the Better Care Development Group (BCDG) and is attached at the Appendix.

The Risk Register has been split into three main objective areas that are aligned to the National Metrics that form part of the BCF Plan, namely: Delayed Transfers of Care; Non-Elective Admissions; stay at home after discharge from hospital and maintain or reduce the level of residential care home admissions; and work within budget on integrated schemes through the BCF.

Each risk has been assessed using the Corporate Risk Matrix, through impact and likelihood. Under each identified risk, a list of risk control measures in the form of BCF schemes have been highlighted. These schemes have a residual risk score which then equates to an overarching Residual Risk Score for each risk. The Risk Register then helps to inform the priorities for the Better Care Development Group.

## 4.0 **POLICY IMPLICATIONS**

4.1 None identified at this stage.

## 5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The Better Care Fund sits within the wider pooled budget arrangement and the financial context of the local health and social care environment. The pooling of resources and integrating processes and approach to the management of people with health and social care needs will support effective resource utilisation.

## 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### 6.1 **A Healthy Halton**

Developing integration further between Halton Borough Council and the NHS Halton Clinical Commissioning Group will have a direct impact on improving the health of people living in Halton. The plan that is developed is linked to the priorities identified for the borough by the Health and Wellbeing Board.

## 7.0 **RISK ANALYSIS**

7.1 Management of risks associated with service redesign and project implementation are through the governance structures outlined within the Joint Working Agreement.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 None identified at this stage.

**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

Document	Place of Inspection	Contact Officer

## Better Care Fund – Scheme Level Risk Register 2019/20

		<b>Completion Date:</b>	January 2020
<b>Reporting Officer:</b>	Damian Nolan	<b>Authorising Officer:</b>	Sue Wallace-Bonner

Business Objective / Project	
Ref	Description
	Continue to work effectively on integrated schemes through system-wide approaches to reduce the number of Delayed Transfers of Care across Halton.

Assessment of current risk(s)				
Item	Identified risk	Impact (Severity)	Likelihood (Probability)	Score (I x L)
1	Failure to effectively transfer people of out hospital in a timely and safe manner back home or into a care home.	4	4	16

Assessment of residual risk(s) - Not enough capacity to meet demand to facilitate the timely and safe discharge of people out of hospital.						
Item	Risk control measure(s)	Lead Officer	Timescale / review frequency	Impact (Severity)	Likelihood (Probability)	Score (I x L)
1	Integrated Discharge Team	Damian Nolan	Monthly	4	4	16
2	Maintaining social care – residential placements – regular monitoring	Helen Moir	Quarterly	4	4	16
3	Intermediate Care – Schemes (beds and community)	Damian Nolan	Monthly	4	3	12
4	Early Supported Discharge – Stroke service	Louise Wilson	Monthly	3	4	12
5	Equipment	Louise Wilson	Quarterly	3	3	9
6	Improving Care Home provision and aligning primary care and community services	CHDG	Monthly	3	4	12
7	Out of Hospital Care (OPAT) – community based schemes – review of scheme	Natalie Vinton, CCG	Monthly	3	3	9

8	Bridgewater Community Therapies – support to intermediate care services – currently under review	Di Armstrong, CCG	Monthly	2	3	6
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<b>Progress update</b>
1-6 above remain in place. 7 and 8 are in development

<b>Overall Residual Risk Score</b>	<b>12</b>
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<b>Originating Department:</b>		<b>Completion Date:</b>	
<b>Contact Officer:</b>		<b>Authorising Officer:</b>	

		<b>Completion Date:</b>	January 2020
<b>Reporting Officer:</b>	Damian Nolan	<b>Authorising Officer:</b>	Sue Wallace-Bonner

Business Objective / Project	
Ref	Description
	Continue to work effectively on integrated schemes within the BCF through system-wide approaches to reduce the number of Non-Elective Admissions to Hospital

Assessment of current risk(s)				
Item	Identified risk	Impact (Severity)	Likelihood (Probability)	Score (I x L)
1	Failure to effectively manage preventative measures/services to reduce the number of people attending hospital through Non-Elective Admissions	3	4	12

Assessment of residual risk(s) – there are ineffective/insufficient out of hospital preventative services to reduce the number of emergency non-elective admissions						
Item	Risk control measure(s)	Lead Officer	Timescale / review frequency	Impact (Severity)	Likelihood (Probability)	Score (I x L)
1	Intermediate Care Schemes	Damian Nolan	Ongoing	4	4	16
2	Falls Service – review of service	Helen Walton, CCG	Monthly	2	3	6
3	Equipment Service – recent review	Louise Wilson	Monthly	3	4	12

Progress update
Review of Intermediate Care and associated services has moved to implementation stage. Falls service review is to recommence. Equipment service provision continues

<b>Overall Residual Risk Score</b>	<b>8</b>
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<b>Originating Department:</b>		<b>Completion Date:</b>	
<b>Contact Officer:</b>		<b>Authorising Officer:</b>	

		<b>Completion Date:</b>	January 2020
<b>Reporting Officer:</b>	Damian Nolan	<b>Authorising Officer:</b>	Sue Wallace-Bonner

Business Objective / Project	
Ref	Description
	Continue to work effectively on integrated schemes within the BCF through system-wide approaches to increase the number of people that stay at home after discharge from hospital and maintain or reduce the level of residential care home admissions.

Assessment of current risk(s)				
Item	Identified risk	Impact (Severity)	Likelihood (Probability)	Score (I x L)
1	Failure to effectively maintain/reduce the level of residential care home admissions	4	4	16

Assessment of residual risk(s) - there are ineffective/insufficient reablement services to keep people at home following discharge from hospital.						
Item	Risk control measure(s)	Lead Officer	Timescale / review frequency	Impact (Severity)	Likelihood (Probability)	Score (I x L)
1	DFG	Helen Moir	Quarterly	3	3	9
2	Intermediate Care Services	Damian Nolan	Ongoing	4	4	16
3	Support for Carers	Emma Sutton Thompson	Ongoing	3	3	9
4	ESD Stroke	Louise Wilson	Monthly	3	3	9

Progress update
DFG work has resumed with work on progressing assessments and works and reducing the waiting list. Intermediate Care review moved to implementation phase. Revised Carers Strategy and action plan agreed and in implementation phase. ESD Stroke remains in place



<b>Overall Residual Risk Score</b>	<b>10</b>
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<b>Originating Department:</b>		<b>Completion Date:</b>	
<b>Contact Officer:</b>		<b>Authorising Officer:</b>	

		<b>Completion Date:</b>	January 2020
<b>Reporting Officer:</b>	Mandy Walsh/Bryan Webb	<b>Authorising Officer:</b>	Sue Wallace-Bonner

Business Objective / Project	
Ref	Description
	Continue to work within budget on integrated schemes within the BCF through system-wide approaches to improve outcomes for users of services.

Assessment of current risk(s)				
Item	Identified risk	Impact (Severity)	Likelihood (Probability)	Score (I x L)
1	Failure to keep within budget on integrated schemes through system-wide approaches	5	4	20

Assessment of residual risk(s) – the budget is overspent on integrated schemes?						
Item	Risk control measure(s)	Lead Officer	Timescale / review frequency	Impact (Severity)	Likelihood (Probability)	Score (I x L)
1	Set jointly agreed scheme budgets within funding allocation	Mandy Walsh	Annually	5	4	20
2	Monitor spend against budget on all schemes.	Mandy Walsh	Monthly	5	4	20
3	Provide financial performance reports to BCF Development Group	Mandy Walsh	Monthly	4	4	16
4	Realign scheme budgets to meet changes in services	Mandy Walsh	Ongoing	3	3	9

Progress update
A balanced budget has been agreed between partners and a robust monitoring system put in place. Financial performance against services is presented to members of the service development group as a standing agenda item each month with recommendations to bring spend back in line with budget is appropriate.

**Overall Residual Risk Score** 16

<b>Originating Department:</b>		<b>Completion Date:</b>	
<b>Contact Officer:</b>		<b>Authorising Officer:</b>	

### Scoring Mechanism

Once the business risks are identified and analysed they are scored by multiplying the impact and likelihood. They will then establish a final score (or significance rating) for that risk:



I M P A C T	HI	5	10	15	20	25
	S	4	8	12	16	20
	M	3	6	9	12	15
	L	2	4	6	8	10
	IM	1	2	3	4	5
		H IMPROB	IMPROB	POSS	PROB	H PROB
		LIKELIHOOD				

Those that have been placed in the red boxes are the primary or **Top Risks** followed by lower risks leading to **improbable** risks.

Measures to control the risks are identified from the following options;

1. Reducing the likelihood; or
2. Reducing the impact; or
3. Changing the consequences of the risks by,
  - Avoidance
  - Reduction
  - Retention
  - Transference; or
4. Devising Contingencies, i.e. Business Continuity Planning

The risks are scored again to establish the effects the measures have once implemented on reducing the risks and identify a score rating for residual risks.