Public Document Pack

Health Policy and Performance Board

Tuesday, 11 August 2020 at 6.30 p.m.
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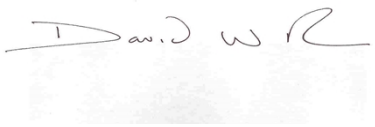

Chief Executive

BOARD MEMBERSHIP

Councillor Joan Lowe (Chair)	Labour
Councillor Sandra Baker (Vice-Chair)	Labour
Councillor Lauren Cassidy	Labour
Councillor Mark Dennett	Labour
Councillor Eddie Dourley	Labour
Councillor Pauline Hignett	Labour
Councillor Chris Loftus	Labour
Councillor Margaret Ratcliffe	Liberal Democrats
Councillor June Roberts	Labour
Councillor Pauline Sinnott	Labour
Councillor Geoff Zygadllo	Labour

Please contact Ann Jones on 0151 511 8276 or e-mail ann.jones@halton.gov.uk for further information.
The next meeting of the Board is on Tuesday, 29 September 2020

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

Part I

In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 25 February 2020 at Council Chamber, Runcorn Town Hall

Present: Councillors J. Lowe (Chair), Baker (Vice-Chair), Cassidy, Dennett, C. Loftus, Ratcliffe, Sinnott and Zygadllo

Apologies for Absence: Councillors Dourley, P. Hignett and June Roberts

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, A. Jones, D. Nolan, L Wilson, H. Moir and J. English

Also in attendance: M. Lunney – Age UK Mid Mersey, S. Constable – Warrington & Halton Hospitals NHS Foundation Trust, D. Sweeney – Cheshire & Merseyside Health & Care Partnership, Dr. A. Davies and L. Thompson – NHS Halton CCG

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HEA20 MINUTES

The Minutes of the meeting held on 26 November 2019 having been circulated were signed as a correct record.

HEA21 PUBLIC QUESTION TIME

The following public question had been received in advance of the meeting:

Why has a voluntary organisation Age UK – Mid Mersey, at present on contract to HBC, given the same opportunity and time to discuss my health and welfare, as the principle drivers, Cheshire and Merseyside Health and Care Partnership and NHS Halton CCG. Is Halton Council unsure that the Cheshire and Merseyside Health and Care Partnership and NHS Halton CCG can deliver my health and welfare requirements?

The following response was provided:

The primary responsibility of the Health Policy and Performance Board is to scrutinise Health and Social Care

Services provided to the residents of the Borough, to ensure that the services being delivered are of the necessary quality and are delivering on required outcomes for residents. These services include those that are contracted by Halton Borough Council and NHS Halton Clinical Commissioning Group from external organisations, both statutory and non-statutory.

As such, from time to time, organisations such as Age UK – Mid Mersey and other voluntary sector organisations e.g. British Red Cross etc. are requested to present information to the Board for consideration on the services provided and outcomes attained.

RESOLVED: That the public question be received and response noted.

HEA22 HEALTH AND WELLBEING MINUTES

The minutes from the Health and Wellbeing Board meeting held on 2 October 2019 were provided for the information of the Board.

RESOLVED: That the minutes be noted.

HEA23 AGE UK – MID MERSEY: SUPPORTING LATER LIFE

The Board welcomed Mark Lunney, Chief Executive of Age UK – Mid Mersey (Age UKMM) who presented a report and accompanying presentation on the work the Organisation undertook by them in the Borough.

Members were advised that Age UKMM had operated across Halton for over 30 years and was highly respected and recognised as the leading voice for older people. They delivered a range of services under contract agreements with the Local Authority (LA) and Clinical Commissioning Group (CCG) alongside delivery of a range of ageing well services via external grant funding work, advice, campaigning and lobbying for the interests of older people in the areas of Halton, St Helens, Knowsley and Warrington.

The report and presentation explained how the services were delivered using dedicated and highly experienced staff and volunteers. They also outlined the contracted services offered and the range of community based work carried out recently.

Members were also provided with information on the Respect Campaign *#DoYouSeeMe?* It was hoped the

Campaign would create a movement across the whole Merseyside area. Promotion leaflets about this were circulated to Members.

Appended to the report for Members information were the following documents:

- Information for Older People in Halton (Age UK Mid Mersey Engagement June 2019;
- Client satisfaction survey results;
- A practical guide to healthy ageing; and
- An example of a case study.

The following comments were made by Members and additional information provided following the presentation:

- It was important to know who was and where people were accessing these services, so the Council could follow on with any further services that were needed;
- One of the main challenges was reaching people who were not aware of the service;
- The isolation of older people was a concern in some Wards in the Borough;
- Age UK MM used intelligence sharing and a 'heat map' to identify people who may be in need;
- Schools were being targeted with the #DoYouSeeMe? Campaign as it was important to raise awareness and educate at a young age; and
- Despite the good work of Age UKMM, the importance of community organisations at the core of communities was crucial to older people and this was recognised.

Mr Lunney was thanked for his attendance.

RESOLVED: That the report and presentation be noted.

HEA24 AN INTRODUCTION TO SIMON CONSTABLE - CHIEF EXECUTIVE: WARRINGTON & HALTON HOSPITALS NHS FOUNDATION TRUST

The Board was introduced to Simon Constable, the new Chief Executive of Warrington and Halton Hospitals NHS Foundation Trust.

Members received a presentation which outlined the Trust's key priorities under his leadership. It also provided data on the Accident and Emergency Department in

Warrington Hospital and provided information on plans for both Hospitals in relation to the use of the estate and equipment.

Members welcomed the presentation and noted the challenges that may be faced in the future with the suggested key priories. The following information was provided in response to Members questions:

- Although in the past some specialist services had been difficult to recruit to, this had improved and as of today, all specialist areas were staffed with consultants with the exception of one;
- The success of neighbouring hospitals was recognised and the Trust hoped to learn from them;
- The improvement of waiting times at A&E was a priority – there were variations of patient numbers and waiting times during the week and at weekends; and
- Plans for diverting non-emergencies away from A&E would be improved using triage and educating the public.

On behalf of the Board, the Chair thanked Mr Constable for his attendance and invited him to return to a future meeting.

RESOLVED: That the Board notes the report and presentation.

Director of Adult Social Services

HEA25 CHESHIRE & MERSEYSIDE HEALTH & CARE PARTNERSHIP UPDATE

The Board was presented with an update on the Cheshire and Merseyside Health and Care Partnership, from the Implementation Lead, Dave Sweeney.

It was reported that the Cheshire and Merseyside Health and Care Partnership successfully submitted its first 5-year Health and Care Strategy into NHS England / Improvement on 15 November 2019. This would be a rolling 5- year Strategy, updated annually.

The report discussed the NHS long term plan; communication and engagement; the journey to becoming an integrated care system (ICS) and developing the integrated care partnerships (ICPs); the System Leadership Development Programme; and the collaboration at scale programmes.

The Board noted that a draft Partnership Memorandum of Understanding (MOU) was being worked through by the ICS Steering Group and it was important that Halton was a part of this. This would help clarify the purpose of the partnership, how decisions would be made and the composition of the Partnership Board – recognising the primacy of 'Place'.

The Chair thanked Mr Sweeney and it was agreed that a report on the progress of the MOU would return to the Board at a future meeting.

RESOLVED: That the Board notes the information and promotes and supports the Partnership and delivery of the 5-year Strategy for Cheshire and Merseyside. — Director of Adult Social Services

HEA26 NHS HALTON CCG STRUCTURES AND COMMISSIONING AT SCALE

The Board received a report and accompanying presentation from Dr Andrew Davies – Clinical Chief Officer, that gave an update on the NHS Halton Clinical Commissioning Group's (CCG) Commissioning at Scale Programme.

Dr Davies outlined for the Board proposed future commissioning arrangements and the associated relationships between Primary Care Networks (PCNs), Place Based Integrated Commissioning and commissioning at Scale. He also outlined the principles that would need to be in place to ensure that integrated commissioning and PCNs would be supported by the CCG. These included Primacy of Place, sovereignty, listening to the patient voice, engagement of Member practice and minimising costs of conformity.

The Board was advised that there would be an extraordinary meeting of the NHS Halton CCG's Governing Body on 11 March 2020, on proposals to develop a Mid-Mersey CCG which would cover Halton, Warrington and St Helens. A further update would be presented at the next meeting.

RESOLVED: That the Board notes the presentation and update.

HEA27 URGENT TREATMENT CENTRES UPDATE

The Board received a report from the Chief Commissioner for Halton, NHS Halton CCG, which updated

Members of the progress to date of the Widnes and Runcorn Urgent Care Centres since the decision not to re-procure the service.

The *Urgent Care Centre Progress Report* and *Service Development and Improvement Plan* (SDIP) were attached to the report together with the *Service Specification for the Halton Urgent Treatment Centres (previously known as Urgent Care Centres)* which included Appendices 1 and 2.

The Board was informed that since the publication of the agenda, the introduction of bookable appointments for GPs and advanced nurse practitioners were now available and clinicians at the Treatment Centres were able to ring the acute hospitals for advice and refer directly into the appropriate setting rather than go through A&E. It was noted that data relating to the performance of the Centres would be available in 6 months' time.

The following was noted in response to questions:

- Despite the UTC service, pressure on A&E had not reduced as much as it was hoped;
- Educating the public on the UTC service was important and there was further work planned around this;
- The GP extra service was praised, however it was not promoted in some surgeries so some people did not know about it;
- Some difficulties remained with the ICT services, however these were being worked through; and
- Transport was provided for patients if for example they were being transferred to hospital after clinical assessments at the Centres. It was not available to take people home after being discharged from the Centre.

RESOLVED: That the Board notes the update.

HEA28 DRAFT SCRUTINY REVIEW REPORT – DEPRIVATION OF LIBERTY SAFEGUARDS

The Board received a report from the Strategic Director – People, which introduced the conclusion to the scrutiny review of the Deprivation of Liberty Safeguards.

The findings of the scrutiny review were presented in a report – *Health Policy and Performance Board Scrutiny Review of Deprivation of Liberty Safeguards (DoLS) Report January 2020*, which was attached as appendix 1 to the

report. Within this report were the meeting minutes and presentations that took place over the scrutiny review for the information of all Board Members.

The overall conclusions and recommendations of the review were presented to the Board and Members were requested to endorse these for referral to the Executive Board.

Members considered the suggested topics that had been identified for consideration for scrutiny during the next Municipal year. After a vote, it was agreed that '*The GP Hub – Integration of Adult Social Care with GP practices (One Halton)'* would be the topic group for next year.

Director of Adult Social Services

RESOLVED: That the Board

1) endorses the recommendations of the scrutiny review and agrees that these be referred to the Executive Board; and

2) agrees that the scrutiny topic for the next Municipal Year be '*The GP Hub – Integration of Adult Social Care with GP practices (One Halton)*'.

HEA29 PERFORMANCE MANAGEMENT REPORTS - QUARTER 3 OF 2019/20

The Board received the Performance Management Reports for quarter 3 of 2019-20.

Members were advised that the report introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in quarter 3 of 2019-20. This included a description of factors, which were affecting the services.

The Board was requested to consider the progress and performance information and raise any questions or points for clarification; and highlight any areas of interest or concern for reporting at future meetings of the Board.

One Member queried the gaps in the homelessness statistics on page 273; these would be available April/May time so would be forwarded to the Board then. Under Key Performance Indicators for older people, ASC05b, a query relating to the drop in quarter 3 would be looked into by officers and reported back to Members.

RESOLVED: That the Performance Management Reports for quarter 3 be received.	Director of Adult Social Services

Meeting ended at 8.25 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 11 August 2020

REPORTING OFFICER: Strategic Director, Enterprise, Community & Resources

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2 Details of any questions received will be circulated at the meeting.

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

(i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.

(ii) Members of the public can ask questions on any matter relating to the agenda.

(iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.

(iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.

(v) The Chair or proper officer may reject a question if it:-

- Is not about a matter for which the local authority has a responsibility or which affects the Borough;
- Is defamatory, frivolous, offensive, abusive or racist;
- Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or

- Requires the disclosure of confidential or exempt information.

(vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.

(vii) The Chair will ask for people to indicate that they wish to ask a question.

(viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.

(ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton** - none.

6.2 **Employment, Learning and Skills in Halton** - none.

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

6.5 **Halton's Urban Renewal** – none.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

8.1 There are no background papers under the meaning of the Act.

REPORT TO: Health Policy and Performance Board

DATE: 11 August 2020

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes of the Health and Wellbeing Board from the meeting on 15 January 2020 are attached at Appendix 1 for information.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None

5.2 **Employment, Learning and Skills in Halton**

None

5.3 **A Healthy Halton**

None

5.4 **A Safer Halton**

None

5.5 **Halton's Urban Renewal**

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

8.1 There are no background papers under the meaning of the Act.

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 15 January 2020 at The Halton Stadium, Widnes

Present: Councillors Polhill, Woolfall and Wright and S. Bartsch, G Clark, G. Ferguson, T. Hemming, T. Hill, M. Larking, R. Macdonald, E. O'Meara, K. Parker, D. Parr, C Pritchard, S. Semoff, L. Thompson, S. Wallace Bonner and S. Yeoman.

Apologies for Absence: Councillor T. McInerney and Superintendent L. Marler, L. Haworth and L. Carter

Absence declared on Council business: None

ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD

Action

HWB22 MINUTES OF LAST MEETING

The Minutes of the meeting held on 2nd October 2019 having been circulated were signed as a correct record.

HWB23 2018-19 PUBLIC HEALTH ANNUAL REPORT - WORKPLACE HEALTH

The report was deferred until the next meeting.

HWB24 TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES AND/OR AUTISM AND/OR BEHAVIOURS THAT CHALLENGE

The Board considered a report and received a presentation which provided an update on the implementation of national recommendations to improve the lives of people with learning disabilities and/or autism and/or behaviours that challenge services within the Borough.

As a result of Sir Stephen Bubb's report Winterbourne View – Time for Change (2014), NHS England, the Department of Health, the Local Government Association, the Association of Directors of Adult Social Care, the Care Quality Commission and Health Education England united

and confirmed their commitment to strengthen the Transforming Care delivery programme by creating a new delivery board, bringing together the senior responsible owners from all our organisations. Nationally the programme would focus action on:

- ensuring joint health and care planning and commissioning of services to meet the needs of children and adults with behaviours described as challenging;incentivise the right model of local responsive personalised care;
- thereby prevent the placing of people inappropriately in in-patient settings;
- driving up quality in specialist health and care settings; and
- establishing robust monitoring of progress.

Members were advised on the progress that had been made to date in Halton to implement the Transforming Care national programme of work in conjunction with service users, their families, key stakeholders, clinicians and commissioners.

As part of the national service model, 48 Transforming Care Partnerships had been established and Halton was a member of the Cheshire and Merseyside Transforming Care Partnership Board. It was noted that there was still further work to be undertaken to achieve all the service model requirements. It was therefore proposed that an annual report would be presented to Halton Health and Wellbeing Board by way of assurance that the needs of people with learning disabilities and/or autism and/or behaviours that challenge were being met.

RESOLVED: That

1. the report be noted;

2. the current Halton position and progress outlined in Appendix 4 be acknowledged;

3. the Board receive an annual update report on progress made against the implementation of the national recommendations in Halton.

HWB25 CHESHIRE AND MERSEYSIDE WORKING TOGETHER AS A MARMOT COMMUNITY: STRENGTHENING SYSTEM LEADERSHIP FOR POPULATION HEALTH AND REDUCING HEALTH AND WELLBEING INEQUALITIES.

The Board considered a report of the Director of Public Health, which set out the benefits to Halton, Cheshire and Merseyside of becoming a Marmot sub region. In common with Halton's Health and Wellbeing Board, the Cheshire and Merseyside (C&M) Health and Care Partnership had identified tackling the difference between England and C&M in life expectancy and healthy life as its core purpose. Aligned to this there was an ambition to reduce inequalities in health outcomes within C&M. In order to achieve this ambition, it was proposed that the C&M Health and Care Partnership should become a Marmot Community.

Members considered a report which highlighted the benefits of a Marmot Community which included:

- Access to international expertise;
- Developing excellence in systems leadership for Population Health;
- Strengthening joint working with the NHS and local authorities;
- Maximising our impact on health inequalities together; and
- Promoting excellence in practice in C&M.

In addition the report detailed the role of the C&M Health and Care Partnership throughout the process and how they would build on current work and collaborate with the Marmot Team.

Arising from the discussion, Members had previously received a copy of the Expression of Interest for the Shaping Places bid and approval was requested to submit Board Member signatures to the document before the bid was submitted.

RESOLVED: That

1. the proposal of Cheshire and Merseyside becoming a Marmot Community be supported;

2. the Cheshire and Merseyside Health and Care Partnership will finance, oversee and assure this initiative with the support of partners; and

3. the Board agree to submit their signatures in support of the Expression of Interest for the Shaping Places bid.

HWB26 ONE HALTON - UPDATE REPORT

The Board considered an update report on the development of One Halton which included the work of the One Halton Forum, the Integrated Commissioning Group and the Provider Alliance. Since the last meeting the following progress had been made:

- The One Halton Plan was submitted to Cheshire and Merseyside Health and Care Partnership on the 31st October 2019 and positive feedback had been received;
- Organisations within the One Halton had been asked to share the One Halton Plan through their relevant Boards for endorsement;
- A One Halton summary document had been produced and a copy circulated to the Board;
- Development of a One Halton Delivery Plan;
- Cancer and Cardiovascular Disease had been chosen as the first two programmes of disease specific work to be reviewed collaboratively across Provider and Commissioner; and
- A request for funding had been received and approved. Full details of the request were detailed in the report together with a One Halton Budget Statement.

RESOLVED: That

1. the contents of the report be noted;

2. the final version of the One Halton Plan 2019-2024 be endorsed;

3. the One Halton Plan on a page be approved;

4. the initial priorities for a One Halton Delivery Plan were agreed as Cancer and Cardiovascular Disease;

5. One Halton Funding requests have been noted; and

6. the budget statement be noted.

HWB27 HALTON BOROUGH COUNCIL/NHS HALTON CLINICAL COMMISSIONING GROUP - PARTNERSHIP WORKING

The Board considered a report which provided an overview of the current partnership working arrangements between the Council, Adult Social Care and NHS Halton Clinical Commissioning Group (CCG).

In April 2013, NHS Halton CCG and Halton Borough Council (HBC) had established joint working arrangements which culminated in the organisations entering into an initial 3 year Joint Working Agreement (hosted by HBC) from April 2013 (Pursuant to Section 75 of the National Health Service Act 2006) for the commissioning of services for people with Complex Care needs.

Subsequently, in April 2015 with the introduction of the Better Care Fund (BCF), a revised Joint Work Agreement was agreed which included BCF allocation for 2015/16, along with Disabled Facility Grant for capital projects.

Members considered the current Joint Working Agreement and Governance Arrangements, including examples of joint working arrangements and future opportunities.

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

HWB28 PROVIDER ALLIANCE UPDATE REPORT

The Board considered an update report on the work of the One Halton Provider Alliance. Since the last meeting the Provider Alliance had met on three occasions on 9th October, 6th November and 4th December 2019. The Alliance had identified key workstreams and dedicated projects which were included in the One Halton Plan 2019-2024. Specific updates in respect of those areas were provided to the Board, together with a draft ten year vision document for Halton Place Based Integration.

RESOLVED: That the report be noted.

HWB29 INTEGRATED COMMISSIONING GROUP UPDATE

The Board received an update report on the two formal meetings of the Integrated Commissioning Group which had taken place on 15th October and 27th November 2019. In addition, the Board was provided with an update on

the Integrated Commissioning Workshop which had taken place on 12th November 2019.

RESOLVED: That the report be noted.

Meeting ended at 3.10 p.m.

REPORT TO: Health Policy and Performance Board

DATE: 11th August 2020

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Physical Environment

SUBJECT: Homelessness Services Update

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 To update the Board of the Homelessness service provision and robust activity during the Covid-19 pandemic. The report will also outline future service development, highlighting agency engagement and activity towards reducing homelessness within the Borough

2.0 RECOMMENDATION: That

1) **the report be noted**

3.0 BACKGROUND INFORMATION

3.1 On 26th March 2020, the Ministry of Housing Communities and Local Government (MHCLG) issued guidance to all Local Authorities, designed to ensure that everyone known to be rough sleeping, or those deemed to be at imminent risk of rough sleeping, would be offered accommodation. The purpose of the guidance was to protect vulnerable clients from the risk of contracting COVID-19, with additional funding made available to support the response, whereby, Halton was allocated a total of £6,000

3.1.1 In accordance with the Homelessness Reduction Act 2017, Local Authorities have a statutory obligation to provide temporary accommodation to those in *priority need* of housing accommodation. However, the new COVID-19 guidance required Local Authorities to accommodate all clients, regardless of *priority need* status. The guidance and funding did not specify a time-period, and MHCLG have not issued further guidance to revert to the statutory homelessness legislation. Subsequently, decisions are likely to remain with Local Authorities to determine future end date and implemented changes.

3.2 Halton response

3.2.1 The Housing Solutions Team are working from home and completing homelessness assessments via phone and skype. The service is managing the process exceptionally well and staff morale is good. Staff home working is reviewed and managed in accordance with Government guidelines and safety measures. However, the pandemic will have an impact upon future service delivery, staff working patterns and partnership engagement, which will be reviewed and agreed accordingly.

3.2.2 During the past months, there has been a fluctuation in homelessness presentations. Mid/late March there was a significant increase in homelessness presentations, partly due to the government announcement to remove all rough sleepers from the streets. However, the service has seen a gradual flow of manageable homelessness presentations and the team are striving towards reducing hotel/b&b usage. The table illustrates the temporary

accommodation usage June 2020.

Accommodation Provision	Usage
Hotel / B&B Use	25
Single Hostel	97
Grangeway Court	18
Women's Refuge	12
Private Rented Sector	16

3.2.3 As the government restrictions are eased and relationships breakdown / eviction warrants are executed, we anticipate a gradual increase in homelessness presentations. The team are working extremely hard to facilitate a number of prevention measures to mitigate tenancy re-possessions and will work with families to facilitate clients to remain within the home, if safe to do so.

3.2.4 Additional measures to provide additional short-term accommodation have been implemented, to meet the anticipated demand. Further discussions are underway with the private rented sector to encourage them to work directly with the Local Authority to increase accommodation options and tenant choice, to address and reduce future homelessness.

Homelessness Presentations	March – May 2020
Presentations	373
Homelessness Relief	255
Homelessness Prevention	188

3.2.5 Halton has taken a robust approach to tackling homelessness and meeting the needs of vulnerable homelessness clients. The main objective was to review the housing provision available within the Borough to ensure increased demand can be met. A number of options were agreed to secure and develop additional self-contained accommodation provision, which included;

- Working with My Space Housing to secure 17 units of housing accommodation.
- Procurement Lease arrangements for 14 additional accommodation units within Columba Apartments, Widnes.
- Block purchase of 6 self-contained units within Nightstop Communities
- Refurbishment of four mothballed units within Grangeway Court.
- Hotel and B&B usage across Merseyside and Manchester.

3.2.6 Halton remains committed to providing accommodation for all homeless clients that are rough sleeping or at imminent risk of homelessness. Halton has extended its commitment to continue to provide temporary accommodation to vulnerable homelessness/or at risk of homelessness clients until 31st July 2020, which will be reviewed and actioned accordingly.

3.3 Options and implications:

3.3.1 All options for the continuing service delivery to people presenting as homeless have been given due consideration and outlined within the preferred option below. Central government guidance/advice has not yet been released, it is therefore, considered unsafe to make substantial changes to the agreed process at this stage.

Halton will continue to provide accommodation to all homelessness clients; however, the process will be reviewed regularly. Details of activity to date;

- Increased costs and requirement to secure temporary accommodation (Columba Apartments) - £73,980 for 3 month period
- Accommodation will be deemed exempt and therefore, individuals placed will be eligible to apply for housing benefit, which would recoup some costs
- Additional allocation of present and future funding from MHCLG
- Re-allocation of proportion of Rough Sleepers Initiative Funding 2020 -21, to utilise towards incurred costs of temporary accommodation and furnishings.

3.3.2 Halton will continue to work directly with MHCLG and all agencies to address the ongoing issues and ensure that the Local Authority is fully equipped to deliver a competent and efficient service across the Borough.

3.4 Future Activity

3.4.1 **Rough Sleepers.**
Halton made a commitment to accommodate all vulnerable homeless clients, to ensure no one is sleeping out on the streets. To date, this has been achieved; however, it is monitored daily.

3.4.2 Engagement with the Police and local agencies is ongoing; to identify and accommodate all rough sleepers, so together we can promote lifestyle change for clients and assist them to achieve positive outcomes. Communication and teamwork between service agencies is excellent, enabling a quick response and implemented action to address crisis issues.

3.4.3 The Government recognises that there is not one single solution to end homelessness, and a strategic approach to tackling the causes of homelessness and the health and well-being of rough sleepers is as important as the supply of affordable homes and supported housing

YEAR	2015/16	2016/17	2017/18	2018/19	2019/20
National	3569	4134	4751	5251	5815
Halton	2	4	4	5	9

3.4.4 The numbers of rough sleepers remain low within Halton, but is no less important in our efforts to reduce homelessness. The figures represent a core group of rough sleepers with multiple complex needs such as drug and alcohol addictions, mental and physical health issues. The Local Authority now works alongside the relevant agencies to deliver a multi-agency approach to deliver solution-based options.

3.4.5 To date, there are no known rough sleepers on the streets within Halton. However, there is often confusion around begging and rough sleeping, which is being tackled daily by the Housing Solutions Team, Street Link, Police and the local community. All queries received are acted upon the same day, to address and resolve the identified issues.

3.4.6 **Domestic Abuse**
Halton has not seen a vast increase in DA referrals or helpline enquiries; however, we do anticipate that this will gradually change as the government ease the lockdown restrictions. Changing Lives' have reported that the IDVA service have had a significant increase in referrals, which is being managed effectively by the commissioned service provider.

3.4.7 Due to anticipated increase in demand, it was agreed that Halton Refuge won`t accept out of area referrals. The units will be retained for local victims, to ensure they are safe and to minimise movement and risk of infection.

3.4.8 **Armed Forces**
All Armed Forces Personnel are considered a priority and would be awarded housing priority banding status in accordance with the Cheshire Covenant. A designated Youth Officer is situated within the Housing Solutions Team, and manages this client group, to ensure an accelerated assessment approach is completed and the relevant support and accommodation is available.

To date, there have been no presentations for the armed forces.

3.4.9 **Prison Release**
It was confirmed that there would be approximately 7 Offenders due for release to Halton Borough, during June– July, which will be managed by Probation. Within the Housing Solutions Team, there is a designated officer, who works directly with Probation, prisons and Shelter to complete early assessments and arrange a structured planned move for offenders. The service in place is working exceptionally well and been highlighted as good practice.

3.4.10 The Early Prison Release Programme is aimed at offenders on remand or near the end of their sentence. The criteria for the programme, is that any identified offenders must have a secure address to reside at until the end of the sentence period. The offenders will also be GPS tagged and monitored regularly by Probation.

3.4.11 MHCLG funding is available to contribute towards temporary and long-term accommodation needs, which has eased the pressure upon Homelessness budgets.

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3.4.12 **Agency Support**
Whitechapel are a Liverpool City Region commissioned service, working with vulnerable homelessness clients and rough sleepers. The Whitechapel service is based in Liverpool and delivers an intensive outreach support service across the six Merseyside Local Authorities, to encourage rough sleepers to move off the streets and engage with the relevant services, e.g. health, housing, substance misuse etc.

3.4.13 The objective aim of the service is to assist Local Authorities to meet government targets and to reduce the level of rough sleepers within the Borough. During the past weeks, the level of engagement with this client group has proven positive, with all rough sleepers placed within temporary accommodation and working with agencies to address any complex needs.

3.4.14 HBC will continue with its commitment to accommodate all clients sleeping rough, to work directly with them to address any issues they have and promote positive lifestyle change and long-term tenancy sustainability.

3.4.15 **CGL – Substance Misuse Support Service**
The CGL service is situated within Halton and deliver outreach and intensive support for clients with substance misuse. The team are actively involved and working with all agencies, to deliver a joined up approach and to ensure the clients' needs are met.

3.4.16 CGL are monitoring the issues around methadone prescriptions and working with clients to manage the dosage, though, to date, there have been no reported issues. The service is presently operating from the Widnes location, to enable them to manage social distancing measures. They also provide an outreach support service with a designated nurse, which relieves pressure on the GPs.

4.0 Funding

4.1 MHCLG funding has enabled the Local Authority to develop a sit up service for rough sleepers, which is located within Halton Lodge, Runcorn. The service offers short-term temporary accommodation for upto 3 days, thus allowing the designated officers to complete the necessary assessments and refer the client to the relevant agencies for additional support. Details

YEAR	FUNDING	SERVICE DELIVERY
2018/19	£47.000 Rough Sleeper Initiative	Sit Up Service
2019/20	£106.000 Rough Sleeper Initiative	Continuation of sit up service

There are a number of varying funding streams available to tackle homelessness and assist with the additional costs incurred. To date, Halton has been successful with a number of funding bids, however, the Local Authority will continue to work directly with MHCLG to access future funding, to improve service delivery across the Borough and reduce homelessness.

4.2 POLICY IMPLICATIONS

There are no policy implications associated with the information within this report. Although the potential solutions for some of the issues highlighted may lead to changes in the future.

5.0 FINANCIAL IMPLICATIONS

5.1 Financial implications have been identified, due to the increased hotel/b&b usage, which will have a significant impact upon local budgets.

Further financial risks identified are part of the procurement process, and the agreement to increase temporary accommodation provision. However, MHCLG funding will cover/offset a proportion of the incurred costs..

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

6.2 The outreach intensive support team will identify and support young people sleeping rough to access the relevant services and ensure they are accommodated to eliminate any risk factors.

Housing support services provided to young people, within both supported accommodation and their own home, ensure they are empowered to access, maintain

existing education, training, health services, and support networks.

The Housing Solutions Team have a statutory duty to accommodate people who are homeless or threatened with homelessness. There is a designated youth officer within the Housing Solutions Team, who works directly with young people, to address their needs and refer into the relevant services. The officer will strive to ensure that young people are supported, safe and accommodated within a secure environment.

7.0 Employment, Learning and Skills in Halton

7.1 The Housing and Support Gateway ensures that the appropriate referrals are made into housing support services to meet any identified employment and training needs. The
7.2 officers work directly with Halton into Jobs and conduct drop in advice sessions.

Additional prevention funding used to recruit an officer within the housing solutions team. The purpose of the role is to work with statutory and voluntary agencies and clients to
7.3 facilitate access to the relevant services, to assist clients back into training and employment.

7.4 **A Healthy Halton**

Rough sleepers can experience additional complex health problems and prolonged periods of rough sleeping will have a significant impact upon a person`s mental and physical health, which can be detrimental to their life expectancy.

There is potential for health services and housing providers to be more proactive in their approach to tackling rough sleeping and clients who are at risk of homelessness. Whitechapel provide intensive outreach support, whilst the designated nurse will address all health needs for this vulnerable client group. The officers will work with clients to tackle the initial crisis and encourage engagement with agencies to make positive and sustainable lifestyle choices.

8.0 A Safer Halton

8.1 The Housing and Support Gateway ensures appropriate referrals are made into the relevant housing support services, to ensure vulnerable people are safe in the community. Rough Sleeping can have a negative impact upon the community and local businesses, which will be addressed via a multi-agency approach.

8.2

Whilst there have been a small amount of concerns shown reported by the general public, there are services who act to address, support and resolve the issues. However, homelessness and rough sleeping is monitored closely, which is complimented by the positive partnership working to support these vulnerable client groups.

9.0 Halton's Urban Renewal

9.1 None specifically highlighted.

RISK ANALYSIS

9.2 Financial risks identified above. However, the Homelessness service receives additional funding via the MHCLG grant, which will contribute towards some of the incurred costs. Also, Halton has been successful with a number of recent bids, which further support and fund the activity around homelessness

10.0 EQUALITY AND DIVERSITY ISSUES

10.1 Halton Borough Council is an equal opportunities organisation. All housing support Services are required to demonstrate that they embrace and comply with the Equality Act and ensure services are closely monitored.

10.2 It has not been appropriate, at this stage, to complete an Equality Impact Assessment (EIA).

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

11.1 There are no background papers under the meaning of the Act.

REPORT TO:	Health Policy & Performance Board
DATE:	11th August 2020
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Children, Education and Social Care
SUBJECT:	Health Policy and Performance Board Annual Report : 2019/20
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the Health Policy and Performance Board's Annual Report for April 2019 - March 2020

2.0 **RECOMMENDATION: That the Board:-**

i) note the contents of the report and associated Annual Report (Appendix 1).

3.0 **SUPPORTING INFORMATION**

3.1 During 2019/20, the Health Policy and Performance Board has examined in detail many of Halton's Health and Social Care priorities. Details of the work undertaken by the Board are outlined in the appended Annual Report.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications arising directly from the Annual Report. Any policy implications arising from issues included within the Annual Report will have been identified and addressed throughout the year via the relevant reporting process.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 As with the policy implications, there are no other implications arising directly from the report. Any finance implications arising from issues included within it would have been identified and addressed throughout the year via the relevant reporting process.

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

6.1 **Children & Young People in Halton**

There are no specific implications as a direct result of this report however the health needs of children and young people are an integral part of the Health priority.

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

None identified.

6.3 **A Healthy Halton**

The remit of the Health Policy and Performance Board 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 None associated with this report.

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**

9.1 None under the meaning of the Act.

Health Policy and Performance Board

Annual Report

April 2019 - March 2020

This year has been my fifth as Chair of the Health Policy and Performance Board and the Health and Social Care agenda we have been dealing with, as a Board, has been as busy as ever!

During the past 12 months, the Board has had the opportunity to comment on a number of proposals and developments, as outlined in this report, including the future development of the Urgent Carers Centre in Halton and the future of NHS Halton Clinical Commissioning Group and associated commissioning arrangements.

We continue to take our scrutiny responsibilities very seriously and as such choose at least one Scrutiny Topic to focus on each Municipal year. This year we focused on the Deprivation of Liberty Safeguards (DoLS). As part of the Scrutiny Topic, the Board examined the Council's duties under the legislation, the processes for fulfilling these duties and the protection arrangements that safeguards adults who lack mental capacity from risk of harm.

In February 2020, we were pleased to welcome Simon Constable, the new Chief Executive of Warrington and Halton Hospitals NHS Foundation Trust, to the Board, to hear with interest about the Trust's key priorities under his leadership, including plans for both Hospitals in relation to the use of the estate; we look forward to welcoming Simon back to hear how plans develop.

I'd like to take this opportunity to acknowledge the help and assistance the Board continues to receive from our Lead Officer, Sue Wallace Bonner and recognise the work of Council Officers and those in Partner organisations, who provide the Board with reports and information throughout the year in support of the Board scrutiny role.

Finally, I would like to thank all Members of the Board for their valued contribution and support to the Board's work over the last 12 months, particularly in respect to this year's Board Scrutiny Topic.

Cllr Joan Lowe, Chair

Health Policy and Performance Board Membership and Responsibility

The Board:

Councillor Joan Lowe (Chair)
Councillor Sandra Baker (Vice Chair)
Councillor Mark Dennett
Councillor Lauren Cassidy
Councillor Eddie Dourley
Councillor Pauline Hignett
Councillor June Roberts
Councillor Margaret Ratcliffe
Councillor Pauline Sinnott
Councillor Chris Loftus
Councillor Geoff Zygadllo

During 2019/20, David Wilson was Halton Healthwatch's co-opted representation on the Board and we would like to thank David for his valuable contribution.

The Lead Officer for the Board is Sue Wallace-Bonner, Director of Adult Social Services.

Responsibility:

The primary responsibility of the Board is to focus on the work of the Council and its Partners, in seeking to improve health in the Borough. This is achieved by scrutinising progress against the aims and objectives outlined in the Council's Corporate Plan in relation to the Health priority.

The Board have met four times in 2019/20. Minutes of the meetings can be found on the Halton Borough Council website. It should also be noted that the Board, at each of their meetings, receive and scrutinise the minutes from Halton's Health and Wellbeing Board and monitors work/progress within this area.

This report summarises some of the key pieces of work the Board have been involved in during 2019/20.

GOVERNMENT POLICY- NHS AND SOCIAL CARE REFORM

Criteria Based Clinical Treatments (CBCTs - Previously known as Procedures of Low Clinical Priority)

CBCTs are routine procedures that are known to have medical benefit only in very specific situations, or for a small number of people.

NHS Halton Clinical Commissioning Group (CCG) continues to work with five other local CCGs in Cheshire and Merseyside to review policies for more than 100 CBCT procedures.

The programme is now in its 3rd phase and NHS Halton CCG will continue to keep the Board informed of developments/changes to policies.

Delayed Transfers of Care (DTOCs)
The Board were provided with details on the current situation with regards to DTOCs which can occur if patients are ready to leave hospital, but are still occupying a bed.

Details were shared with the Board on why delays can occur and current performance information in relation to how Halton was performing in relation to DTOCs.

The Board appreciated how the continuing pressures across the health and social care economy continue to present ongoing challenges with regards to discharging patients in a timely manner, however were pleased to hear how the Council continues to proactively work with colleagues, on a daily basis, across the economy to minimise the number of DTOCs as far as possible.

In addition to focusing on DTOCs, the Council works hard with Acute Trusts to discharge patients on an ongoing basis, often individuals with complex needs, before they actually become a DTOC.

Bridgewater Community Healthcare and Warrington & Halton Hospitals NHS Foundation Trusts (NHSFTs): Collaboration
In September 2019, the Board was provided with an overview of the collaboration taking place between Bridgewater Community Healthcare (BCH) NHSFT and Warrington and Halton Hospitals (WHH) NHSFT.

The collaboration is an equitable partnership of two NHSFTs intended to support and accelerate the delivery of One Halton and Warrington Together priorities, with system partners to improve the health and wellbeing outcomes of both populations.

This collaboration was supported by the NHS Long Term Plan, published in January 2019, which promotes models of collaboration with the ‘breaking down’ of barriers between primary and community and acute care, with out of hospital provision of care prioritised and the development of integrated community teams and primary care networks.

Details were provided on system aims, progress made to date and the key next steps with regards to governance, workforce, clinical service sustainability and reducing costs in the system.

Cheshire & Merseyside Health & Care Partnership
The Board was presented with an update on the work of Cheshire and Merseyside Health and Care Partnership. The Board noted that the Partnership successfully submitted its first 5-year Health and Care Strategy into NHS England / Improvement in November 2019; this would be a rolling 5-year Strategy, updated annually.

The update include information on the NHS long-term plan; communication and engagement; the journey to becoming an integrated care system and developing the integrated care partnerships (ICPs); the System Leadership Development Programme; and the collaboration at scale programmes.

The Board noted that a draft Partnership Memorandum of Understanding (MoU) was currently being developed and Halton was involved in this work. This MoU would help clarify the purpose of the partnership, how decisions would be made and the composition of the Partnership Board – recognising the primacy of 'Place'.

SERVICES

Transforming Cancer Care
In June 2019, the Board received a presentation from the Chief Executive, NHS Knowsley Clinical Commissioning Group (Responsible Officer for Transforming Cancer Care) on current progress relating to the redesign of provision of non-surgical oncology across the Eastern Sector of Mid Mersey (Halton, Knowsley, St Helens and Warrington), to be more efficient and effective within a specialist hub.

At this point it was noted that the programme was in the pre-consultation engagement phase, and that formal consultation would start in July 2019 for 3 months.

The Board would continue to monitor the developments very closely, as ultimately it was felt that the proposals may constitute a significant change and therefore be subject to joint scrutiny across the four Boroughs effected.

Respite Provision
In June, the Board received details of the Respite Provision within the Borough and how this is accessed.

The report outlined details of the Shared Care Voucher process and investigated whether there were issues with the current system. The report highlighted that there could be issues with access, however it also highlighted options where improvements could be made to make sure the system becomes more effective/efficient.

Transforming Domiciliary Care
The Board received an update on the Transforming Domiciliary Care Programme, which was supported by a presentation by Premier Care, the Lead Provider for commissioned domiciliary care in the Borough.

The Board noted how the Council had been working with a range of partners to develop how domiciliary care was delivered in the Borough. The Board examined areas such as capacity and demand, service user assessment and management, workforce development and the administration of medication.

The Board agreed to monitor developments on an ongoing basis.

Support at Home Service
In November 2019, the Board received a presentation from the British Red Cross who deliver a Support at Home Service in the Borough. This service supports people for a short period of time (for up to 6 weeks) during the difficult transition from hospital to home. The Board heard how this service is an important part of the discharge management process, helping to alleviate the pressure on beds as well as offering practical support to people when they are at their most vulnerable.

Urgent Treatment Centres
The Board received updates from NHS Halton CCG throughout the year on the development of Urgent Treatment Centres (UTC) in the Borough and the associated procurement process.

The Board were informed that the NHS Halton CCG's Governing Body took the decision to suspend the procurement of both the Widnes and Runcorn UTCs. The current providers of the service have agreed to work with the CCG and system partners to implement an improvement plan to improve the quality of the current service whilst the CCG considers the future in the long term in line with the ambitions of the NHS Long Term Plan.

The improvement plan is being implemented with the support of a new transformational group where all stakeholders are engaged and working with NHS Halton CCG to deliver against the national UTC specification. The Service Development Improvement plans within the provider contracts will be used to ensure we have the necessary agreements to measure the performance indicators and specified outcomes in line with expected performance for a high quality service.

NHS Halton & NHS Warrington CCG Future Commissioning/Governance Arrangements
During 2019/20, the Board watched carefully the developments in relation to the future commissioning and governance arrangement between NHS Halton and NHS Warrington CCGs.

The Board was advised that there was a national requirement for CCGs to reduce the already stretched running costs by 20% by 2020/21. In addition, the ambition of the NHS Long Term Plan placed a greater focus on the streamlining of commissioning and place based integration and as such the Board were presented with details of how these costs could be reduced.

Three options were presented to the Board:-

- Do nothing;
- CCGs integrate with their respective Local Authorities; or
- Merger of the two CCGs.

The CCGs had decided to progress with their preferred option to merge the two CCGs.

Members raised numerous concerns with regards to the appropriateness of merging Halton and Warrington CCGs and the resulting dilution of the Halton Place agenda and the implications the merger would have on the medium and long term financial funding for health in Halton. The Board were subsequently informed that this option wasn't going to progress and futher work would be carried out on options.

In February 2020, Dr Andrew Davies, Clinical Chief Officer for NHS Halton CCG, attended the Board again and outlined proposed future commissioning arrangements and the associated relationships between Primary Care Networks (PCNs), Place Based Integrated Commissioning and Commissioning at Scale. He also outlined the principles that will need to be in place to ensure that integrated commissioning and PCNs will be supported by the CCG. These included Primacy of Place, sovereignty, listening to the patient voice, engagement of Member practice and minimising costs of conformity.

At the time of writing this report, a proposal is due to be presented to NHS Halton CCG's Governing Body on the development of a Mid Mersey CCG which would cover the areas of Halton, St Helens and Warrington. The Board intends to continue to watch developments very closely.

Named Social Worker / Transition Team

Board Members were pleased to receive an update on the work of the Transition Team, based within the Care Management Division of Adult Services. It focussed on the continued use of the Named Social Worker (NSW) approach, following the provision of funding from One Halton for 2019-20. It was reported that since April 2019, when One Halton funding was identified, the Transition Team had continued to have an impact on the lives of young people. The intensive and pro-active work of the team, enhanced by the NSW approach, resulted in better outcomes for individuals at the same time as achieving cost savings.

AGE UK – Mid Mersey

In February 2020, the Board welcomed a presentation from the Chief Executive of Age UK – Mid Mersey regarding the range of commissioned services delivered to the people of Halton. This includes work on benefit maximisation, providing information and advice, and campaigning and lobbying for the interests of older people, in not only Halton, but St Helens, Knowsley and Warrington as well.

The Board recognised that the services were delivered using dedicated and highly experienced staff and volunteers.

POLICY

Public Health Annual Report 2018-19

The Board received the Public Health Annual Report (PHAR) 2018-19, which was in the form a short film and focussed on Workplace Health as its theme.

It was noted that each year a theme was chosen for the PHAR so therefore it did not encompass every issue of relevance, but rather focused on a particular issue or set of linked issues.

SCRUTINY REVIEWS

Deprivation of Liberty Safeguards (DoLS)

During 2019/20, the Board undertook a scrutiny review on DoLS. The review examined the Council's duties under legislation, the processes for fulfilling these duties and the protection arrangements that safeguards adults who lack mental capacity from risk of harm. As a result of the review, the Board were able to understand the impact of DoLS on the Council, the plans to embed legislative reform in light of the proposed Liberty Protection Safeguards and make a number of service improvement recommendations.

PERFORMANCE

The Health Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, during the year the Board has been provided with thematic reports which have included information on progress against key performance indicators, milestones and targets relating to Health.

The Board also received information on how Halton compares within other Local Authority areas across the Northwest, via the presentation of the North West Annual Performance Report for Adult Social Care.

The Board also received reports through the year on key issues with respect to the quality of Care Homes and Domiciliary Care in the Borough. This included details of the 2019 Healthwatch Halton's survey on Domiciliary Care Services in Halton.

INFORMATION BRIEFING

During 2019/20, the Board continued to receive an Information Briefing Bulletin in advance of each of the Board meetings.

The Information Briefing is a way of trying to manage the size of the agendas of the Board meetings better. Including information on topics which were previously presented to Board as reports only for the Board's information now into the Information Briefing bulletin allows the Board to focus more on areas where decisions etc. are needed.

Example of areas that have been included in the Information Briefing over the last 12 months have included:-

- Local Accounts for 2017/18 and 2018/19
- Armed Forces
- One Halton All-Age Carers Strategy
- Adult Attention Deficit Hyperactivity Disorder (Adult ADHD) Service

WORK TOPICS FOR 2020/21:

At the Board's meeting in February 2020, a number of topics were considered for scrutiny.

Following discussion, it was agreed that the topic would focus on the integration of Adult Social Care with GP practices, as part of the One Halton GP Hub development.

Report prepared by Louise Wilson, Commissioning & Development Manager, People Directorate
Email: louise.wilson@halton.gov.uk Tel: 0151 511 8861

REPORT TO:	Health Policy & Performance Board
DATE:	11th August 2020
REPORTING OFFICER:	Chief Commissioner – Halton: NHS Halton Clinical Commissioning Group (CCG)
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Halton Haven Hospice
WARD(S):	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To inform the Halton Health Policy and Performance Board of the actions taken by NHS Halton CCG following the Governing Body and Urgent Issues recommendations on the 27th April 2020, to suspend the Halton Haven Hospice Specialist Consultant Palliative Care Service specification and commence with a Nurse Led Palliative Care model for 6 months with immediate effect.

2.0 RECOMMENDATION: That the Board:

i) Note contents of the report and associated appendices

3.0 SUPPORTING INFORMATION

Introduction

3.1 Since the beginning of the calendar year, the officers of Halton CCG have been in discussion with Halton Haven Hospice regarding the Specialist Consultant Palliative cover requirements for the service, following the retirement of the previous consultant. These discussions resulted in concerns being raised to the Governing Body in line with our governance and assurance requirements. In April 2020, the Governing Body members made the difficult decision to suspend the consultant led service and to move to a nurse led service for a 6-month period commencing 8th June 2020. This would allow a period for the CCG and Halton Haven Hospice to agree the actions, timescales and assurances required to resume to a Specialist Consultant Palliative Care led service.

3.2 Concerns and risks regarding the safe delivery of Specialist Consultant Palliative Care at Halton Haven Hospice had previously been presented to the Governing body and Urgent Issues Committee detailing the concerns and potential risks of the current service. A set of options for consideration moving forward to ensure safe, effective and well-led care was presented by the Chief Nurse and Chief Commissioner for Halton CCG. A preferred recommendation and subsequent actions where agreed and the action to suspend the Specialist Consultant Palliative Care Service was enacted with immediate effect**,** **Appendix 1**.

3.3 This report is to provide Health Policy and Performance Board with an overview on the

actions agreed including those directly agreed with Halton Haven Hospice.

3.4 Background

From January 2020 through to end March 2020 there have been a series of concerns raised to the CCG and by the CCG, regarding Halton Haven Hospice Specialist Consultant Palliative Care Medical Model. Currently Halton Haven Hospice have not been in a position to deliver the service specification required in the contract. Halton Haven terminated a subcontract arrangement that was in place with Bridgewater Community Healthcare FT (BCHFT) in January 2020 and entered a new subcontract arrangement with Supportive Care UK (SCUK). This new arrangement does not fulfil the contractual requirements and is not a like for like service provision. This subcontract arrangement does not deliver the service specification requirements.

3.5 It must be stressed at this point that the Nursing Care delivered by Halton Haven Hospice is to be commended and that the care and compassion for the patients has been recognised and supported throughout this arrangement.

3.6 Several options were presented to Halton Governing Body and to the Urgent Issues Committee to be considered by members present and the option to suspend the Specialist Consultant Palliative Care Service specification and commence with a Nurse Led Palliative Care model for 6 months with immediate effect was approved.

Conclusion

3.7 A remedial action plan and Service Development Improvement Plan (SDIP) was produced to support the hospice in the journey to recovery. The actions listed were an aide and are being addressed as part of the formal contractual arrangements.

3.8 Contract review boards and a series of meetings have been held with the executive team at Halton Haven Hospice where a formal response to all of the agreed actions will be addressed alongside the formal sign off of the NHS Standard contract and service schedules and contract particulars. In addition to the contractual specifications a service development plan and set of Key Performance indicators were agreed.

3.9 The CCG governing body members also agreed to facilitate a board to board meeting. This meeting was held virtually on the 12th June and the aim of the meeting was to build rapport and relationships, to create an appreciative opportunity for both parties to engage in conversations and to build upon the work that had been progressing over the previous months and weeks.

3.10 A series of clinically focussed meetings have been diarised and subsequently have taken place to progress a universal offer of consultant palliative care support to the system and an introduction of a clinical hub.

3.11 Dr Rhian Thomas the NHS Halton CCG clinical lead and Leigh Thompson the NHS Halton CCG Chief commissioner will lead on a networked approach across Mid Mersey to add sustainability and resilience into the offer for patients requiring specialised palliative care.

3.12 Formal communication **Appendix 2** has been circulated and system wide engagement has since taken place with colleagues in both acute providers (St Helens and Knowsley

& Warrington and Halton), primary care (all Halton GP practices received formal notification and meetings have taken place with the Primary Care Networks) NHS E/I, neighbouring Hospices, North West Borough's, Bridgewater and the specialist Macmillan team, plus the End of Life and Palliative Care network. The Clinical Chief Officer also spoke to and kept briefed Halton local MP's and the HBC council leader and Chief Executive of HBC.

3.13 Recommendations

The Health Policy and Performance Board are asked to note the report and in particular the temporary suspension notice and change to the service specification for Halton Haven Hospice, from Specialist Consultant Palliative Care led service to a nurse led service for a period of 6 months commencing 8th April 2020. This suspension notice will be continuously reviewed and monitored through the contractual governance arrangements.

4.0 POLICY IMPLICATIONS

4.1 There are no policy implications as this is a temporary service suspension

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There are no financial implications as the CCG has confirmed the contract value is secure during this suspension period.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

None

6.1 Children & Young People in Halton

None

6.2 Employment, Learning & Skills in Halton

None

6.3 A Healthy Halton

None

6.4 A Safer Halton

None

6.5 Halton's Urban Renewal

None

7.0 RISK ANALYSIS

7.1 NHS Halton CCG have undertaken a full risk analysis and mitigations are in place.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 N/A

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

9.1 None under the meaning of the Act.

NHS
Halton
Clinical Commissioning Group

First Floor
Runcorn Town Hall
Heath Road
Runcorn
WA7 5TD

9th April 2020

Viv Culleton
CEO/Registered Manager
Halton Haven Hospice
Barnfield Avenue
Murdishaw
Runcorn
Cheshire
WA7 6EP

Dear Viv,

SERVICE SUSPENSION NOTICE

This Contract Notice is issued by NHS Halton Clinical Commissioning Group (HCCG) as Co-ordinating Commissioner to Halton Haven Hospice under General Condition 16 (Suspension) of the NHS Standard Contract.

This notice is issued by Halton CCG and relates to concerns regarding the current arrangements that are in place to deliver specialist palliative medical input to the hospice. The CCG continues to have concerns that the current model does not meet the requirements of the existing service specification and has therefore decided that, with immediate effect, the current service specification is to be suspended.

As previously discussed, in the interim period, we would wish to commission an alternative model of hospice care as outlined in the attached service specification. In light of the current COVID19 situation, the CCG would envisage that these proposed arrangements would remain in place for a 6 month period, after which the specification would be subject to further review.

I would wish to provide assurance that during this period the financial contract value for the hospice would remain as previously stated and the CCG will waive the indemnification clause in General Condition 16.4.

It is therefore vital that these new arrangements are communicated to the various stakeholders and regulatory bodies as appropriate. As discussed, the CCG is happy to support the Hospice in undertaking this through involvement of its Communication Team.

NHS
Halton
Clinical Commissioning Group

If you have any further queries or require any further clarification, please do not hesitate to contact me.

Yours sincerely,

Leigh Thompson
Chief Commissioner
NHS Halton CCG

cc Dr Andrew Davies
Michelle Creed
David Marteau
Mervyn Kennedy

Marie Sherbourne
Karen Eden

NHS
Halton
Clinical Commissioning Group

Service Specification No.	HHH-2
Service	Hospice End of Life Service
Commissioner Lead	David Marteau, Commissioning Manager, Halton CCG
Provider Lead	Halton Haven Hospice
Period	8th April 2020 – October 8th 2020
Date of Review	8th October 2020

1. Population Needs

1.1 National / local context and evidence base

This service specification and corresponding outcomes are based on a number of key documents that have been published in relation to ensuring high quality care at the end of life care These include:

- Quality Standard for End of Life Care (NICE , 2011)
- End of life care strategy: quality markers and measures for end of life care (Department of Health, 2009)
- National End of Life Care Strategy (Department of Health, 2008)
- Improving supportive and palliative care for adults with cancer. NICE cancer service guidance (2004; NHS Evidence accredited - www.nice.org.uk/guidance/CSGSP).
- Best practice guidance including National Service Frameworks (2007)

In addition the specification will make reference to existing information and supporting resources for end of life planning including:

- NHS National End of Life Care Programme, advanced care planning guidance
  The differences between general care planning and decisions made in advance (17/3/10) www.endoflifecare.nhs.uk
- Gold Standard Framework for EoL Care www.goldstandardsframework.nhs.uk
- Best Interests at End of Life, Practical Guidance for Best Interests http://www.scie.org.uk/publications/mca/files/lancspct.pdf

1.2 Evidence Base

It is calculated that the number of adults needing end of life care services is 0.83% or 830 per 100,000 population aged 18 years or over.

In line with this estimated population QIPP launched its end of life programme 'Find your 1% campaign', which contains resources to assist commissioners and Providers and in particular GP practices in identifying this 1% of the population, so that they can be appropriately cared for at the end of life.

It is estimated, that 53% of deaths in the over 75 age group occur in an acute hospital with 75% of these deaths being associated with diseases of the circulatory system, respiratory system or related to cancer. Locally, data suggests that Halton has a significantly higher than average number of deaths related to respiratory disease and cancer and 54% of deaths occurred in hospital (www.endoflifecare-intelligence.org.uk) between 2008 and 2010.

Evidence suggests, that given the choice, most people would prefer to die at home with the following principles thought to be key in ensuring a 'good death'

- Being treated as an individual, with dignity and respect;
- Being without pain and other symptoms;
- Being in familiar surroundings; and
- Being in the company of close family and/or friends.

The care pathway outlined in the End of Life Care strategy (2008) identifies the following key steps in the end of life care pathway:

1. Identification of people approaching the end of life and initiating discussions about preferences for end of life care;
2. Care planning: assessing needs and preferences, agreeing a care plan to reflect these and reviewing these regularly;
3. Coordination of care;
4. Delivery of high quality services in all locations;
5. Management of the last days of life;
6. Care after death; and
7. Support for carers, both during a person's illness and after their death.

Locally the North West Model for End of Life Care, based on the end of life care strategy has been adopted to support planning at the end of life and ensure the key steps of the pathway are delivered. More information is available from:
http://www.endoflifecumbriaandlancashire.org.uk/info_health_socialcare_professionals/model.php

1.2 General Overview

In order to monitor the quality of the service provision put in place to deliver the end of life care pathway, NICE has specified 16 clinical and quality statements that should be taken into consideration when

delivering end of life care in order to ensure choice and individualised care planning at the end of life. These quality standards should be integral to all services delivering end of life care and will be delivered collectively across settings and organisations delivering end of life care.

Reducing inequalities and improving identification through de-stigmatising death and dying and encouraging healthcare professionals and people with end of life care needs and their families and carers to engage in open conversations.

Improving the quality of care including care after death, through holistic assessments and timely interventions in the right place by a knowledgeable, caring and competent workforce.

Increasing choice and personalisation through care planning and advance care planning, including advance statements and advance decisions to refuse treatment and provision of resources that enable these choices to be achieved.

Ensuring care is coordinated and integrated across all sectors involved in delivering end of life care.

Improving the psychological, physical and spiritual well-being of people with end of life care needs and their carers through access to an appropriately trained and resourced workforce.

Timely access to information and support to enable people with end of life care needs and their families and carers to make informed decisions.

Timely provision of continuing NHS healthcare funding to support people to die in their place of choice.

Supporting carers and ensuring access to an assessment of need as set out in the Carers and Disabled Children Act 2000 and the Carers (Equal Opportunities) Act 2004.

Timely access to generalist and specialist palliative care services on the basis of need and not diagnosis. This includes the provision of community based support and access to specialist advice (which may be via telephone) 24 hours a day, 7 days a week.

Reducing unnecessary hospital admissions and length of stay by developing capacity to deliver expertise to the person's usual place of residence through pathway redesign and workforce development. This includes supporting staff in social care settings such as care homes and domiciliary workers; supporting relatives and friends who are caring for a person with end of life care needs; and providing the necessary clinical

expertise, medicines and equipment.

Improving cross-boundary and partnership working through close working between health and social care services to ensure flexible and integrated services that have the infrastructure to enable this (for example shared IT networks). This should improve care coordination, minimise unnecessary duplication and reduce costs.

Improving knowledge and skills in generalist and specialist palliative care settings, and in social care settings including independent residential and nursing homes and domiciliary workers.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

The NICE quality standards associated with good quality end of life care can contribute to delivery of the following NHS Outcome Framework Domains:

Domain 2 Enhancing quality of life for people with long-term conditions
Domain 3 Helping people to recover from episodes of ill-health or following injury
Domain 4 Ensuring people have a positive experience of care
Domain 5 Treating and caring for people in safe environment and protecting them from avoidable harm

2.2 Local defined outcomes

There are a number of outcomes that would be expected as part of the end of life service to ensure that we are addressing the Quality Standards laid out in the NICE guidance, namely:

- More patients achieving their preferred place of care at the end of their lives and an increase in the number of people supported to die at home if that is their wish
- Reduction in the number of unplanned and inappropriate admissions into secondary care
- Supported discharge or a dignified death
- Improved quality of life and the promotion of dignity and self-worth for patients
- Increased awareness of the range of generic and specialist palliative care services and advice available
- Excellent patient satisfaction and a reduction in strain and anxiety for patients, their carers and family

These outcomes will be achieved by aligning care with the North West End of Life Care Model and ensuring the Quality Statements outlining

necessary processes and provisions are met.

3. Scope

3.1 Aims and objectives of service

Palliative Care services can be defined as the health and social care received in the period preceding and directly following death provided to both patients and their carers and families. It is not disease specific and covers patients with increasing general frailty at the end of their life. It is also not defined by a period of time, rather the identification of increasing need for support, within the context of progressive advanced disease and can be delivered in a variety of settings within the hospice.

On many occasions, end of life care may be managed by primary care and community-based teams supported by the Advanced Care Planning Team.
The hospice can support end of life care where the patient's symptom control is stable but they would also benefit from respite care, therapeutic interventions and where the support network of the patient is having difficulties in adjusting to/ coping with the illness functionally, psychologically, spiritually or emotionally.

3.2 Service description / care pathway

The hospice end of life service is required to provide a range of services to the people of Halton that is nurse led and provides high quality, flexible and appropriate care at the end of life as well as meeting the key steps laid out in the end of life strategy. These will include:

- Inpatient care
- Day hospice services
- Family support and bereavement services
- Complimentary therapies
- Clinical advice and support

Inpatient Care

All inpatient care must be nurse led and delivered through a core palliative multidisciplinary team (MDT), to provide holistic care and should be provided 24 hours a day, 365 days a year.

All patients admitted to the inpatient service must be assessed by the MDT. The MDT will be expected to devise a care plan, for the patients' utilising end of life tools where appropriate (unless already in place) which must be discussed and agreed with the patients and family/carer where possible. The care plan must be reviewed on a regular basis by the MDT or appropriate senior health care professionals and must continue to be discussed at local specialist palliative care (SPC) multi-disciplinary team (MDT) meetings where necessary.

Prioritisation of palliative care needs cases must be managed at the weekly MDT and supported by regular team admissions meetings. Admission decisions must be based on clinical need. Urgent admissions can take place out of hours and where possible, will be within 24 hours.

Inpatient Clinical Pathway

Inclusions	Referral criteria	Source of referrals	Exclusions	Managing referrals
+ Patients over the age of 18. + Patients with a life limiting illness at any stage in their illness.	+ End of life care where the patient's symptom control is stable. + Respite care. + Rehabilitation. + Where the support network of the patient is having difficulties in adjusting to/ coping with the illness functionally, psychologically, spiritually or emotionally.	Referrals will be accepted from: + Any health care professional, provided that the patient, carer and general practitioner/ consultant are aware and in agreement with referral to the service.	Patient has uncontrolled physical, psychological or spiritual symptoms.	The referrals meeting in Halton Haven Hospice should be held at least once every week day and led by the senior clinician.

Specialist Medical Palliative Care

Where a patient requires additional specialist support to manage more complex or unresolved symptoms and disease progression, these should be facilitated through out of area placement at either St Roccos Hospice, Warrington or Willowbrook Hospice, St Helens. Referrals to be determined through geographical location of the patient and will be subject to bed availability. Should there be no capacity at either hospice the Provider should liaise with the Palliative Care Team at Warrington and Halton Hospital to discuss whether hospital admission is appropriate.

Medication and Prescribing

- **Admission and discharge**

There must be a process for reconciliation of medication on admission to the unit including defining how the unit will manage and utilise patients own drugs. The process for discharge and how medication will be provided must also be clearly outlined.

- **In patient prescribing**

There must always be a qualified prescriber available to ensure safe and timely access to the appropriate medication and treatments for patients whilst an inpatient on the unit. The unit should have access to an agreed stock of medication and should also have a process to obtain medication outside of this stock list should the need arise.

For any Non-Medical Prescribers (NMP) there must be arrangements in place for ongoing clinical supervision and mentorship as well as availability of Medical oversight and input to support prescribing that may be outside of their scope of practice. All clinical staff working on the unit should have regular clinical supervision and professional development to ensure they are developing their skills in this area of practice and to ensure safe, effective prescribing.
The unit can choose to utilise skills from community specialist teams where this supports more effective clinical management of patients, this includes utilising the local OPAT service for IV therapy support if applicable.

- Policy, documentation and governance

There will be a medicines policy and associated standard operating protocols that will cover all aspects of safe handling of medicines in the unit. This should cover everything from admission, inpatient stay through to discharge. The policies must also include safe management of controlled drugs and a non-medical prescribing policy.

There must be clear documentation regarding administration of medication which should be audited on a regular basis to ensure adherence to local policy. Storage of medication of medication should also be audited regularly to ensure safety and quality.

Use of medication and prescribing should adhere to all legislative and statutory requirements as well as being in line with the local formulary and recommendations and national guidelines such as NICE. A system for ensuring that clinicians are kept up to date on changes in formulary and guidance must be in place.

The unit clinical manager will work with the Head of Medicines Management within the CCG to ensure the above policies and protocols are agreed and in place. They will also work with the CCG with regards to local audits and quality improvements with regards to prescribing and medication.

St Roccos Hospice Referral/Discharge Pathway
All onward referrals for out of area (borough) placements will be approved by the coordinating CCG Chief Commissioner following the agreement with the receiving hospice.

Referral criteria:

- Community referrals - all patients must have been assessed by the community Macmillan team or community palliative consultant to identify the requirement for specialist palliative medical intervention for uncontrolled physical, psychological or spiritual symptoms.
- Hospice referrals – patients under their care that have deteriorated and now require specialist palliative medical intervention as above.

- Hospital referrals – direct referral route for patients requiring ongoing specialist palliative medical intervention either through follow up out-patient appointments or in-patient bed facility.

Referral process:

- Referrals are to be completed on the electronic referral form and forwarded to the Warrington Integrated Palliative Hub Single Point of Contact warccg.srhspa@nhs.net (Telephone number: 03333 661066).
- Urgent referrals requiring specialist palliative medical intervention are discussed at the daily hub allocation meeting at 1.30pm daily.
- Halton Haven will be informed following the meeting of the outcome, including bed availability and expected timescales.

Discharge process:
Once the need for specialist palliative medical intervention has been addressed and the patient is stable, the patient may be either be:

- discharged back to the community, or
- transferred back to Halton Haven Hospice if there is a requirement for further therapeutic interventions or there are delays in community support being available.

Willowbrook Hospice Referral/Discharge Pathway;
All onward referrals for out of area (borough) placements will be approved by the coordinating CCG Chief Commissioner following the agreement with the receiving hospice

Referral criteria:

- Community referrals - all patients must have been assessed by the community Macmillan team or community palliative consultant to identify the requirement for specialist palliative medical intervention for uncontrolled physical, psychological or spiritual symptoms.
- Hospice referrals – patients under their care that have deteriorated and now require specialist palliative medical intervention as above.
- Hospital referrals – direct referral route for patients requiring ongoing specialist palliative medical intervention either through follow up out-patient appointments or in-patient bed facility.

Referral process:

- Referrals are to be completed on the electronic referral form.
- Urgent referrals requiring specialist palliative medical intervention are discussed at the daily hub allocation meeting.
- Halton Haven will be informed following the meeting of the outcome, including bed availability and expected timescales.

Discharge process:
Once the need for specialist palliative medical intervention has been addressed and the patient is stable, the patient may be either be:

- discharged back to the community, or
- transferred back to Halton Haven Hospice if there is a requirement for further therapeutic interventions or there are delays in community support being available.

3.3 Discharge Planning

Before a patient is discharged by the Provider, to home or another care setting, a "Discharge Package" will be in place.

Every patient as part of their MDT assessment and family support team assessment, must have details of the following provisions documented and provisions must be put in place to meet them in place:

- Where the patient is to be transferred to.
- What care packages (social and healthcare) have been arranged.
- Confirmation that the GP has been informed. This must be done electronically where possible.
- Information and a contact number have been provided to the Patient /Carer.
- The Provider will ensure that all discharges are planned on an individual basis based on discharge criteria.
- The discharge/transfer planning will involve the patient and if appropriate, the family/carer of the patient.
- Transfer or discharge planning is multidisciplinary and follows agreed pathways for referrals to other services.
- The discharge/transfer process will ensure continuity of care for the patient through communication and working relationships with relevant health and social care professionals and agencies.
- Prior to discharge the patient will be given an appropriate amount of medication with details that the patient and/or carer can understand of when and how to take it, or of how it will be given.
- Patients and their carers will be given information on how to access specialist advice and out-of-hours support.
- If appropriate, patients will be offered access to Day Services if they wish.
- The patient's GP, DN and Consultant will be advised of the inpatient's care plans and progress whilst in the hospice and on discharge (with the patient's permission).
- If the patient is transferred to another service, relevant information will be shared with the team taking over the patient's care, with the patient's permission.

For patients who have died there must be a formal care after death policy/guideline to ensure that the dignity of the patient and respect for the family remains paramount at all times. The Provider must also ensure notification of death to the GP is made within **24 hours** to ensure that GP's are able to assist with bereavement issues or coordinate care

for other dependants

Families who are assessed as requiring bereavement support must be referred appropriately and efficiently to the bereavement service at the earliest opportunity.

Day hospice services
Day hospice services must operate on a minimum of 4 days per week and must maintain a minimum of 5 hours of operation per day. The service should be operated flexibly, where possible, and be responsive to patient need. Day hospice services should be available to patients for a minimum of 12 weeks and transport provision must be made for patients.

Subject to availability of places, the Provider will endeavour to accept patients whose assessed needs can be suitably met by them and, when they feel unable to do so will, upon request of the CCG put those reasons in writing. Details of the relevant referral and admission criteria along with assessment procedures shall be available for inspection on request.

The hospice must also include provision for the following support services as part of the day hospice service:

Family Support and Bereavement Clinics
The family support service will maintain the provision of

- Listening Services
- Bereavement Counselling
- Carers support

This support must be available in a variety of formats and environments to provide as much patient choice as possible and this must include 1-1 sessions and group sessions. The need for support should be identified as part of the care planning process with patients and families.

Complimentary Therapies and Physiotherapy
Complimentary therapies and physiotherapy should be made available to any patients who are deemed to require this provision as part of their initial assessment.

Specialist Nursing and Medical Review
This provision should be provided, where possible, as part of the day hospice service to ensure appropriate advice on symptom management is available and an offer clinical support to patients.

Clinical Advice and Support
In addition to the services provided as part of the day hospice service, the hospice must continue to act as a resource for Nurse Led Palliative

Care Advice to the healthcare community of Halton. The Provider will be required to provide clinical information and advice to referrers or general advice on end of life if required. This advice and clinical support should be delivered via the 24/7 Telephone Advice Line Service wherever possible.

3.4 Referrals

Requests for care into any of the above services can be made by any primary or secondary health or social care professional or other agreed professionals. All referrals should be completed electronically on a Specialist Palliative Care Referral form, where possible. The Provider will accept verbal referrals by telephone but these should be followed up by an electronic form/fax at the earliest opportunity.

All referrals to the inpatient unit must be triaged as soon as possible or at the next earliest opportunity by the Senior Nurse Led Clinical Team. Admission is made on a priority basis. For all patients referred to the Inpatient Unit, the referrer will be contacted **within 24 hours**. The referrer must be advised at the earliest opportunity of the bed status at the Hospice at that current time. Contact is then maintained with the referrer until an Inpatient Unit bed becomes available.

In addition, self-referral to day hospices services should be available and can be requested by telephone. Patients referred to the day hospice must be contacted by phone within **3 days** and an assessment carried out. Patients should be offered the choice of assessment within the hospice or within their own home.

Any other referrals required as part of the assessments of patients should be made at the earliest possible opportunity which will include referrals to complimentary therapies and support services.

3.5 Information Management and Technology

It is expected that as a basic core minimum the following IM&T requirements need to be met Including:

- Connecting for Health
- Electronic Government Interoperability Framework
- Information Governance Statement of Compliance (IGSoC)

Additionally, to meet NHS Halton CCG IM&T requirements and in order to support the service model the following process and Information Management Technology requirements should also considered by the Provider.

Referrals into the service should be processed electronically, where

possible. Clinical Information and Patient consultations will be recorded electronically by the Provider into an electronic patient administration/reporting system, or equivalent that meets Information Governance Statement of Compliance (IGSOC) requirements and must be able to provide all necessary returns to the commissioner in the required format.

It is expected that Provider's discharges summaries and outpatient correspondence will be messaged to GP's electronically and should, where possible, integrate with the GP's Clinical system in line with local IM&T Strategy and local CCG Electronic messaging hubs.

The Provider must ensure that they are familiar with and comply with the NHS minimum information technology standards and ensure (and be able to demonstrate) that they have the necessary systems and processes in place to comply with the NHS information governance requirements.

Providers must ensure that the storage of medical records and information which is relevant to treatment and on-going care is passed between all parties in accordance with the Caldicott Principles and Data Protection Act (1998).

In addition, the Provider should also:

- Ensure that service Provider data on specified targets and clinical audit will be extracted electronically.
- The Provider should ensure that all members of staff are adequately trained in the use of any relevant information systems.
- Have robust business continuity with regard to their IM&T Systems to ensure that services are not affected and to safeguard information.
- Ensure that patient records are transferable in the case of the Provider ceasing to provide NHS services or in the case of the patient changing to another provider. This preferably should be done electronically

The NHS Halton CCG IM&T Commissioning Strategy sets out the importance of enabling a local shared electronic patient record through systems interoperability. It is expected that the Provider will work collaboratively with the CCG to progress the implementation on an electronic patient system as and when required.

3.6 Population covered

The population covered will be all people registered with a Halton GP, aged 18 years and over with advanced, progressive, incurable conditions; adults who may die within 12 months; and those with life-threatening acute conditions. Access for patients outside this criterion is

at the Provider and host Commissioners discretion.

Care must be provided in a location that is accessible to the patients of Halton. Where a patient requires Specialist Palliative Care support to manage more complex or unresolved symptoms and disease progression, these can be facilitated through out of area placements at St Roccos Hospice, Warrington or Willowbrook Hospice, St Helens based on the geographical location of the patient and subject to bed availability.

3.7 Any acceptance and exclusion criteria and thresholds

Inclusion criteria:

- Registered with a Halton GP
- Patients over the age of 18
- Patients with a life limiting illness who may die within 12 months
- Where the patient's symptom control is stable, but they would benefit from respite care, therapeutic interventions and where the support network of the patient is having difficulties in adjusting to/ coping with the illness functionally, psychologically, spiritually or emotionally.

  The Provider aims to be inclusive, but should an issue of exclusion arise it will be discussed with the commissioner.

Exclusion criteria:

- Patients requiring Specialist Palliative Care. These patients are to be referred to out of area placements at St Roccos Hospice, Warrington or Willowbrook Hospice, St Helens based on the geographical location of the patient and subject to bed availability.

3.8 Interdependence with other services / providers

The Service should be provided as part of an integrated approach to End of Life Care within the NHS Halton CCG catchment population, delivered in collaboration with multiple providers and working closely with the Commissioning body to ensure best practice, quality standards and regular reporting of outcomes. As part of this integrated approach, the service will be expected to work with the following organisations and bodies:

- Halton GP practices
- Community & Acute Services/Trust
- St Roccos Hospice, Warrington
- Willowbrook Hospice, St Helens
- Medicines Management and Pharmacy
- Halton Borough Council
- Marie Curie
- Local Healthwatch
- Third Sector and Voluntary Organisations
- Strategic Clinical Networks

In addition to any other bodies or organisations relevant to the delivery of End of Life care within Halton.

4 Applicable Service Standards

4.5 Applicable national standards (e.g. NICE)

- NICE Quality Standard for End of Life Care (2011)

4.6 Applicable standards set out in Guidance and / or issued by a competent body (e.g. Royal Colleges)

- RCGP Guidelines for End of Life Care

4.7 Applicable local standards

Adherence to the NHS Halton CCG formulary, policy, statements and guidance when prescribing or when making recommendations for prescribing medication to the referring clinician.
http://www.panmerseyapc.nhs.uk/index.html

5 Applicable Quality Standards & CQUIN goals

5.5 Applicable quality requirements (See Schedule 4 Parts A-D)

N/A

5.6 Applicable CQUIN goals (See Schedule 4 Part E)

N/A

6 Location of Provider Premises

The Providers Premises are located at:

Halton Haven Hospice
Barnfield Avenue
Murdishaw
Runcorn
Cheshire
WA7 6EP

NHS Halton Clinical Commissioning Group

Halton Haven Hospice – Change to services with immediate effect

We are writing to inform you of a change to the services provided at Halton Haven Hospice in that the Palliative Care Consultant Service is moving to a Nurse Led Palliative Care Hospice Service with immediate effect.

Background

Since January 2020 NHS Halton CCG has been supporting Halton Haven Hospice with regards to the challenges that the hospice has experienced in securing the appropriate specialist medical cover required for them to provide the consultant led Palliative Care Medical Model.

Despite the significant support provided by NHS Halton CCG, the hospice has not been able to secure the specialist expertise or put in place appropriate arrangements and the current situation is that there is no palliative care consultant on site at Halton Haven Hospice to provide face to face management of patients nor is there a palliative care consultant available to undertake the out-patient clinics.

Whilst there are concerns regarding the lack of appropriate consultant medical cover, it is important to note that there are **no concerns** regarding the Nursing Care delivered at the hospice, which is of a very good standard.

NHS Halton CCG Governing Body met on Wednesday 8th April 2020 to discuss the situation and agreed to suspend the Specialist Palliative Care Service model and commence a Nurse-led Palliative Care Model for an interim period 6 months.

This would allow the hospice to continue to provide a service in terms of non-complex pain and psychological management, respite and rehabilitation patients with oversight from a palliative care specialist Doctor and GP with special interest and would provide further time for the hospice to work with NHS Halton CCG on the model for the future.

NHS Halton CCG are confident that there has been no harm to patients, however given the lack of assurance the CCG had no choice but to take all appropriate actions to ensure that patient safety and quality of care was not compromised.

New Nurse led Palliative Care Pathway

In terms of the new Nurse Led Palliative Care pathway, the hospice will from today provide a range of services to the people of Halton that is nurse led and provides

high quality, flexible and appropriate care at the end of life as well as meeting the key steps laid out in the end of life strategy. These will include:

- Inpatient care
- Day hospice services
- Family support and bereavement services
- Complimentary therapies
- Clinical advice and support

All inpatient care will be nurse led and delivered through a core palliative multidisciplinary team (MDT), to provide holistic care 24 hours a day, 365 days a year. Please see below;

Inpatient Clinical Pathway

Inclusions	Referral criteria	Source of referrals	Exclusions	Managing referrals
+ Patients over the age of 18. + Patients with a life limiting illness at any stage in their illness.	+ End of life care where the patient's symptom control is stable. + Respite care. + Rehabilitation. + Where the support network of the patient is having difficulties in adjusting to/ coping with the illness functionally, psychologically, spiritually or emotionally.	Referrals will be accepted from: + Any health care professional, provided that the patient, carer and general practitioner/ consultant are aware and in agreement with referral to the service.	Patient has uncontrolled physical, psychological or spiritual symptoms.	The referrals meeting in Halton Haven Hospice should be held at least once every week day and led by the senior clinician.

NHS Halton Clinical Commissioning Group

Halton Haven Hospice – Change to services with immediate effect

We are writing to inform you of a change to the services provided at Halton Haven Hospice. The Hospice has been to date offering a Specialist Palliative Care Consultant led model. With immediate effect Halton Haven Hospice will move to a Nurse Led Palliative Care Hospice Service.

New Nurse led Palliative Care Pathway

In terms of the new Nurse Led Palliative Care pathway, the hospice will from today provide a range of services to the people of Halton that is nurse led and provides high quality, flexible and appropriate care at the end of life as well as meeting the key steps laid out in the end of life strategy. These will include:

- Inpatient care
- Day hospice services
- Family support and bereavement services
- Complimentary therapies
- Clinical advice and support

All of the above services will be nurse led and delivered through a core palliative multidisciplinary team (MDT), to provide holistic care 24 hours a day, 365 days a year. Please see below;

Inpatient Clinical Pathway

Inclusions	Referral criteria	Source of referrals	Exclusions	Managing referrals
+ Patients over the age of 18. + Patients with a life limiting illness at any stage in their illness.	+ End of life care where the patient's symptom control is stable. + Respite care. + Rehabilitation. + Where the support network of the patient is having difficulties in adjusting to/ coping with the illness functionally, psychologically, spiritually or emotionally.	Referrals will be accepted from: + Any health care professional, provided that the patient, carer and general practitioner/ consultant are aware and in agreement with referral to the service.	Patient has uncontrolled physical, psychological or spiritual symptoms.	The referrals meeting in Halton Haven Hospice should be held at least once every week day and led by the senior clinician.

Can you please ensure you have distributed this information to the relevant services within your organisation.

REPORT TO:	Health Policy & Performance Board
DATE:	11th August 2020
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Children, Education and Social Care
SUBJECT:	Adult Care Home Resilience Plan
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present the Health Policy and Performance Board with Halton's Adult Care Home Resilience Plan, which has been developed in light of the Coronavirus Pandemic.

2.0 RECOMMENDATION: That the Board:-

i) note the contents of the report and associated Plan (Appendix 1).

3.0 SUPPORTING INFORMATION

3.1 The COVID-19 Pandemic has presented an unprecedented challenge for Adult Social Care. There has been and continues to be an extraordinary amount of work underway up and down the country, with local authorities and care providers at the forefront of this vital response, working in partnership with the NHS.

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.

3.2 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

3.3 Below are just a handful of examples of this support, outlined in more detail in the Plan:-.

3.1 PPE

Having access to and maintaining adequate supplies of PPE is paramount. It is acknowledged that this was a challenge at the start of the Pandemic due to the plethora of changing national guidance being issued.

However, we have robust mechanisms in place for the supply and provision of the necessary PPE.

The Cheshire Local Resilience Forum (LRF) is leading the response and actions to the COVID-19 Pandemic. As part of the LRF, the Council has received its quota of PPE stock, which has been allocated by government. The Council has also used its own resources to procure further stocks of PPE. The Council's stocks are there to support with immediate emergency requests.

Halton have established a central PPE Hub, which has already responded to mutual aid requests from care homes and domiciliary care providers and will continue to do so. The Council's Procurement Team are also supporting services to find alternative suppliers if necessary.

3.2 Care Home Testing

We have robust arrangements in place, supported by a clear pathway, for the testing of both staff and residents within our care homes in Halton.

For example, staff who develop symptoms of Covid-19 or their household contacts can access testing via the government portal and all patients being discharged from hospital to a care home have access to testing prior to discharge.

We are also progressing with the testing of whole Care Homes, for staff and residents who are symptomatic and asymptomatic via a phased approach, in line with national guidance.

3.3 Alternative Accommodation

As outlined in the COVID-19: Adult Social Care Action Plan published on 15th April 2020, there is 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 is a regional and sub-regional resource across Cheshire and Merseyside and will provide additional care capacity to meet additional demands caused by the pandemic. We were able to undertake the necessary work required in approximately 6 weeks and the facility opened to admissions, both step up from the community and step down from hospital, on 11th May 2020.

3.4 Following assessment of progress within the Borough and listening to what colleagues in the Care Home sector have been saying, we have identified a number of areas, where we feel more can be done and this is specifically in relation to supporting Care Homes in respect to the prevention of outbreaks and outbreak management.

We need to ensure that Care Homes are as resilient as they can be to prevent outbreaks etc., but this can very much depend on the environment within individual care homes. As such, a Forward Plan has been developed and associated actions are being taken forward via the Care Home Resilience Plan Implementation Group, chaired by the Director of Adult Social Services, with representation from Public Health and NHS Halton Clinical Commissioning Group.

3.5 In conclusion, as we move through the Pandemic, even with the challenges faced, we have responded well as a system and have supported our Care Home sector to implement national guidance and responded effectively to the Pandemic.

As such, as a local health and social economy, there is a high level of confidence in the system's ability to continue to effectively respond and ensure that quality services and care provided within our Care Home sector is maintained.

4.0 POLICY IMPLICATIONS

4.1 There are no direct policy implications as a result of this report or associated plan.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Support is currently available to all contracted residential and nursing care homes within Halton. As providers focus on providing care, Halton are supporting providers alleviate cash flow concerns by introducing numerous measures, including:-

a) Writing to Care Providers on 25th March 2020 outlining an above inflation uplift on a 2-year basis, in line with guidance from the Association of Directors of Adult Social Services.

b) Provided details of 'payment reassurance'. For example, we offered to block purchase Care Home capacity and agreed to pay this to them in advance for capacity, on a monthly basis, until further notice.

c) On the 1st April 2020, we introduced a claim process to support Adult Social Care service providers with increased financial pressures in light of the current Pandemic, in recognition that providers may incur additional costs, over and above costs, which would ordinarily be incurred. For example additional costs involved in the purchase of PPE, additional staffing costs etc.

5.2 On the 13th May 2020, the Government announced the provision of an additional £600 million to support providers across the country through the new Adult Social Care Infection Control Fund. The primary purpose of this fund is to support adult social care providers to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience.

In line with the guidance, 75% of the total grant being received by Local Authorities is to be paid to Care Homes, whilst a small percentage of it (25%) may be used to support

Domiciliary Care providers and support wider workforce resilience to deal with COVID-19 infections. Local Authorities have the discretion to determine how this remainder of the grant is to is to be allocated.

Local Authority allocations have been based on the number of Care Quality Commission (CQC) registered Care Home beds that were in place as at May 2020.

Halton's total allocation is £1,008,396, which was based on a total of 779 CQC registered Care Home beds. Therefore 75% of the total allocation (£756,297) is being distributed to Care Homes, whilst 25% of the total allocation (£252,099), is subject to local determination, in respect to how it is to be spent. In respect to this allocation is has been agreed that the funding is used to support wider workforce measures in respect to infection control, particularly within the Domiciliary Care sector and Supporting Living providers.

The use of the grant is subject to robust monitoring processes to ensure that providers are spending it on its intended purpose.

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 remit of the Health Policy and Performance Board 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 With no effective vaccine or treatment yet for COVID-19, the support outlined in the Resilience Plan and the approach we have/are undertaking within Halton is intended to support the sector's ability to continue to effectively respond and ensure that quality services and care provided within our Care Homes is maintained.

7.2 The Care Home Sector has been supported and will continue to be supported in the following areas:-

- Effective infection, prevention and control in Care Homes;
- Regular testing for residents and staff;
- The effective and regular use of PPE;
- Support for the workforce and workforce planning ;
- Day to day clinical support for residents; and
- Local outbreak management.

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**

9.1 None under the meaning of the Act.

Adult Care Homes Resilience Plan

Coronavirus (COVID-19) Pandemic

(Live working document)

Contents

Document name	Halton Care Homes Resilience Plan
Version	V.9 : Updated 16th July 2020
Original Compilation Date	4th May 2020
Review due date	Weekly
Approved by	• Halton Borough Council – Chief Executive • Halton Borough Council – Director of Adult Social Services • NHS Halton Clinical Commissioning Group – Clinical Chief Officer

Background/Introduction

We currently have 25[1] care homes in Halton, including provision for Respite Care, Learning Disability, Mental Health and Intermediate Care (15 Older People's Care Homes and 10 Specialist Care Homes; total of 771 care home beds).

The market is a mixed one with a number of small to medium sized providers and prior to the Pandemic, we had a lower vacancy rate, circa. 5% compared with the national average.

The largest care home provider in Halton, is Halton Borough Council (HBC), with HBC having purchased four older people residential/nursing care homes in the past 2 years, in addition to already operating an Intermediate Care Unit.

In Halton, our aim is that people should be able to get high quality social care when and where they need it.

The work we undertake across the system, including the strong relationship we have built up with our Care Home Sector over the years and our ability to be able to constantly review our approach to our care home sector, when faced with the unprecedented challenges as a result of the Coronavirus Pandemic, we have been in an extremely strong position to effectively respond.

We have always used a system wide approach to support resilience within our Care Homes. This approach is enhanced through:

- Partnership working and integrated approaches where ever and whenever possible e.g. joint commissioning of NHS/local system of social care markets.

- Liaising with colleagues across the NHS and Public Health (PH) on routes for support and advice for care homes and other providers to help them to manage, reduce or prevent unnecessary hospital admissions.

- Having commissioning and brokerage staff involved directly with the hospital discharge planning process.

- Liaising across system partners on commissioning issues and considering and analysing impacts of care market demand and supply.

In addition to this, as part of normal contract arrangements with our Care Home sector, we expect that each care home has in place a detailed and up to date Business Continuity Plan that can be used to prevent or minimise the impact of events and emergencies, which could interrupt delivery of critical activities and services provided to vulnerable adults within the Care Home.

The World Health Organisation (WHO) declared COVID-19 as a Pandemic on the 11th March 2020, however prior that the WHO had already declared it be a Public Health Emergency of International Concern on 30th January 2020. This Pandemic, presents a significant challenge for the UK and especially within the Care Home sector, due to the substantial additional risk afforded to frail, older people.

[1] This number of homes excludes Lilycross Care Centre, which is a short term, regional and sub-regional resource being used across Cheshire and Merseyside; see Section 1.4 for further detail.

Challenges faced by the sector in Halton (and nationally) as a result of the Pandemic has been exacerbated by:

- Government were slow to recognise the risks Covid 19 presented to Care Homes and Care Home residents and workers;
- There was an over emphasis on the NHS to the exclusion of Care Homes;
- A whole system health and care approach was ignored;
- Hospital discharges into Care Homes were encouraged – without proper or effective Covid 19 testing, with devastating consequences;
- Personal Protective Equipment (PPE) was concentrated in NHS establishments at the expense of Care Homes;
- The number of changes made to national guidance issued to Care Homes at the start of the Pandemic e.g. PPE;
- Care workers and the fantastic work they do was not recognised as it should have been, while NHS workers were applauded, key workers in the care sector were largely ignored by government; and
- Testing was concentrated in hospitals and health settings.

In a national emergency such as the COVID-19 Pandemic, this document 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 and will be updated on an ongoing basis as we progress through the Pandemic to reflect when processes change or additional support is implemented.

With no effective vaccine or treatment yet for COVID-19, the following sections of this resilience plan outline the approach we have/are undertaking within Halton to support our Care Home sector respond to the current situation.

1. Infection Prevention and Control

We are acutely aware of how the transmission of COVID-19 within a Care Home can have a devastating effect on both residents and staff.

As such, we have in place robust systems and processes in place for supporting homes in terms of Infection Prevention and Control and these systems/processes and support has been strengthened as a result of the Pandemic.

Below is a summary of the support in place:-

- Re-deployed NHS Halton Clinical Commissioning Group (CCG) staff to support Care Home leadership and the Infection Prevention and Control (IPC) Team. In addition to this, the NHS Halton CCG Chief Nurse is acting as the Care Home Sector Lead.

- On a daily basis, the Infection Control Nurse will contact Care Homes, regardless of whether the homes have confirmed or suspected cases of COVID-19 to establish if there are any IPC, swabbing, management or mortality issues and offer advice as and when necessary. This contact and advice has been available 7 days per week since the beginning of April 2020.

- All care homes are using the PH England (PHE) North West Infection control in care homes guidance and all care homes continue to receive daily communications which includes updated information on IPC issues as and when necessary.

- Daily outbreak line listings are sent to all partners about any COVID outbreaks in care homes.

- Liaison with PHE about any new outbreaks in care homes. Any care homes with one case of COVID-19 is closely monitored for additional cases. The IPC team monitor results of swabs using the ICE lab system and report results to Care Homes.

1.1 Training in Infection Control

It is important to highlight that a programme of IPC training was in place prior to the COVID-19 Pandemic to support Care Homes manage things like MRSA, Cdiff, Norovirus infections, flu etc.

However, we stepped this up and have provided additional training to Care Home staff as a result of the Pandemic to include additional guidance/training on infection prevention and outbreak management, PPE (putting on/taking off), social distancing, hand hygiene etc. This also includes producing materials in easy read format and has been also been made available to Learning Disability Supported Living accommodation.

We are currently rolling out to all our care homes ‘Train the Trainer’ training on infection control, via the Super Trainer.

In summary, nominees for this and in line with the guidance this equates to two people for Halton (one trainer per 10 homes on average), however in Halton there are four staff being training, which means there will be one trainer per 6 homes. The trainers are not having to be clinical staff and can be wellbeing staff, environmental health officers etc.

We have confirmed with the Local Resilience Forum (LRF) that there is an offer to supply trainers who could be mobilised immediately if requested by care homes and as directed by Local Authorities.

An IPC Lead has been identified as a 'Super Trainer' (1 per 100 Care Homes) and local trainers, as outlined above have been identified.

The rolling out of this work is being undertaken at the direction of HBC and LRFs as they have the oversight and relationships with all Care Homes in their area.

The NHS is providing mutual aid[2] support to LRFs, and to support registered care home managers with their responsibilities. Any training provided will build on the good practice and relationships already in place in each local area.

1.2 Personal Protection Equipment (PPE)

Having access to and maintaining adequate supplies of PPE is paramount. It is acknowledged that this was a challenge at the start of the Pandemic due to the plethora of changing national guidance being issued.

However despite this, we have a robust mechanism in place for monitoring PPE supplies and stock levels on a daily basis with Care Home providers, as part of the daily intelligence gathering (see section 4.1).

We have ensured that on an ongoing basis, Care Homes have been provided with the guidance on the use of PPE as and when it has been changed and questions and queries are responded to by experts in the field.

The Cheshire LRF is leading the response and actions to the COVID-19 Pandemic. As part of the LRF, HBC received its quota of PPE stock, which has been allocated by government. The Council has also used its own resources to procure further stocks of PPE. The Council's stocks are there to support with immediate emergency requests.

Halton have established a central PPE Hub, which involved additional staff being re-deployed from all areas of the Local Authority to support the ordering and distribution of PPE across Halton. This Hub has already responded to mutual aid requests from Care Homes and will continue to do so.

The Council's Procurement Team is also supporting Care Homes to find alternative suppliers if necessary.

Services are clear on the process for escalating concerns regarding PPE in advance of any shortfall. The LRF 'Hub' is very responsive to emergency supply requests, meaning **no service has been without the necessary PPE, as per national guidance.** An example of this has included one of the Care Homes running out of some stock and being able to get a same day supply via the Hub, plus on a change of PPE guidance being able to access immediate PPE via a mutual aid arrangement.

1.3 Workforce Movement

We appreciate how staff movement between care homes, and also sometimes within care homes, dependent on their configuration, can lead to the spreading of infection.

We recognise the work that needs to take place in terms of workforce movement and the new Adult Social Care Infection Control Fund is supporting providers with this.

[2] Covid-19 Mutual Aid UK is a group of volunteers supporting local community groups organising mutual aid throughout the Covid-19 outbreak in the UK

However in advance of this, work has already been carried out by Care Homes on reviewing the impact staff movement has on the spread of the infection. Care Homes have been exploring and implementing necessary initiatives such as staff not moving across multiple homes and where agency staff are being used, block booking them so they are only working in one home and therefore minimsing staff movement.

We have also introduced across providers is the Care Homes Trusted Assessor to support discharge planning into Care Homes. This, in effect, reduces the need for Care Home staff to visit our local acute trusts to undertake an assessment, thus reducing the possible spread of infection. It also speeds up the discharge planning process.

1.4 Quarantining

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

In Halton, 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 is a regional and sub-regional resource across Cheshire and Merseyside and will provide additional care capacity to meet additional demands caused by the pandemic. This facility opened to admissions, both step down from hospital and step up from the community, on 11th May 2020 on a six month basis until the end of October 2020.

NHS England (North West) recently invited Health and Care systems across Cheshire and Merseyside to submit proposals for an additional 300 residential/rehab beds across Cheshire and Merseyside this winter (October 2020 to March 2021). Halton system partners subsequently submitted a proposal for Lilycross to provide 60 of the additional 300 beds being sourced for the winter period across Cheshire and Merseyside. This would mean an extension to the current commissioning arrangement to extend the provision of the Lilycross beds until the end of March 2021; a decision by NHS England (North West) on the proposal is awaited.

As part of the work required in this area, in conjunction with our two local Hospital Acute trusts, a Hospital to Care Home Discharge Pathway has been developed, in respect to discharges to Care Homes in relation to a patient's Covid status on discharge; see below:-

Hospital to Care Home Discharge Path

As part of this process, Care Homes undertake a risk assessment prior to discharge, to ensure they can appropriately provide isolation for 14 days from date of discharge in line with guidance provided by Infection Control / Public Health England. This risk assessment will demonstrate the Care Homes ability to isolate/cohort and take into account the views of the Service User and family.

In addition to the opening of an additional residential service in Halton, as outlined above, we have reviewed our current Intermediate Care Bed base and are currently using this resource more flexibly in relation to the service users who we are able to place there.

1.5 Sharing Good Practice

From early on in the Pandemic we were keen to share not only guidance, but good practice across the Care Home sector, as we recognise that we can all learn from other areas in terms of what works and what doesn't work. We already operate robust Multi-Disciplinary Teams (MDTs) to provide support to care homes and this is an excellent way to share good practice.

However to support this further, we introduced a daily communications briefing, which goes out to all providers not just Care Home providers, from HBC's Quality Assurance Team. Information distributed includes government guidance on areas such as PPE, how to work safely, COVID symptoms, Care Home - Public Health England Resource Pack etc.

Information shared includes information published by both the Social Care Institute for Excellence (SCIE) and the National Institute for Health and Care Excellence (NICE).

We have noted the development of the new best practice hub and will ensure that this is reviewed and information shared with providers as and when available.

In the meantime, we have developed a series of actions, which are being shared across the system, which aim to help prevent an outbreak of COVID-19 within a care home and support the management on an outbreak, if one occurs. An overview of these actions are outlined in the table below. Please note that this list is not exhaustive, as these actions would be supplemented by additional actions relevant to each individual care home.

Focus Area	Overview of Actions
Staffing Levels / Coverage	• Review of working hours across the management team of the Home – 7 day per week coverage/on call arrangements • Additional senior management cover to be put in place, as necessary • Care Home to have a specific contingency plan in place, in the event of staff shortages. This plan will establish the minimum staffing establishment for each home and take into account the necessary skill mix • Use of volunteers to support the care homes in the event of staff shortages, via initiation of mutual aid arrangements • Enhanced Multi-Disciplinary Team approach/support in place to provide the necessary additional support required • As an option, consider the provision of accommodation for staff on/off site to restrict the movement of staff as part of infection control and prevention measures
Support for Staff	• Personal Protective Equipment (PPE) – Ensure staff have timely access to all necessary PPE • Ensure staff have the required access to testing and additional staff are available to support on site testing, if necessary • Ensure appropriate welfare mechanisms are in place to protect the health and wellbeing of staff • Ensure staff have access to regular supervision and access to managerial support

	• Whilst ensuring the necessary staffing levels are maintained, introduce increased breaks for staff to support sessional use of PPE, if staff find it uncomfortable • Ensure staff can access Union/staff group support, as and when necessary
Service Users	• Ensure Service Users have the required family support they require, for example in respect to having access to their families, whether this take places electronically and as lockdown measures are lifted, face to face, in line with national guidance • Service Users continue to have access to planned activities, supported by staff. The level of staff and resident interaction is appropriately maintained • Services Users and their families, are kept informed of changes and developments within the Care Home ensuring they have access to what they require

Uniform Protocols	• To support Infection Control and Prevention introduce uniform protocols as outlined below:-
	  ○ Staff to get changed into uniform, including shoes, on site
	  ○ Provide facilities to wash uniform, on site
	  ○ Provide wash bags for those who want to wash uniforms, off site
	  ○ Increased uniform provision and provide access to scrubs, if required

Building and Technical	• Increased use of IT across the care homes, in order to support required communications
	• Increased signage re: social distancing, covid information etc. used throughout the care home
	• Consider how the accommodation within the care home can be used more flexibly to reduce the risk of infection
	  ○ This may involve the development of separate 'households' within the homes, staff entrances and staff rooms
	  ○ Access to outside space by residents at certain times etc.

Wider measures	• Up to date COVID care plans are in place and being acted upon, ensuring appropriate referencing to safeguarding and mental capacity is included. Ensure that the plans are updated on an ongoing basis as the situation changes. • Communication strategy across care home staff, residents, families etc. and partners is in place e.g. use of newsletters • Ensure that the required ongoing requirements in respect to quality e.g. requirement to undertake audits, is maintained

All Local Authorities were required to publish Local Outbreak Plans by the end of June 2020. As part of these plans, which aims to prevent and respond to local outbreaks, a Covid 19 Outbreak

Plan for Care Homes was published. This is the setting specific plan for preventing and responding to outbreaks in our Care Homes.

https://www3.halton.gov.uk/Pages/health/Covid-19-Preventing-and-Responding-to-Local-Outbreaks.aspx

It should be noted that the Local Outbreak Control Plans, like the Resilience Plan, are working documents and will be updated regularly to reflect changes required to ensure they remain up to date and can be successfully executed during outbreaks.

2. NHS Clinical Support

People living in care homes should expect the same level of support as if they were living in their own home and in Halton we recognise that this can only be achieved through collaborative working between Social Care, Health, Voluntary, Community, and Social Enterprise (VCSE) sector and care home partners.

This is demonstrated by the ongoing work undertaken on the Enhanced Health in Care Homes (EHCH) model, which moves away from traditional reactive models of care delivery towards proactive care that is centred on the needs of individual residents, their families and care home staff. Such care can only be achieved through a whole-system, collaborative approach.

We have established a governance structure to bring all the EHCH work together and to plan for post Covid-19 transformation developments in Halton.

This work dovetails to existing work underway via integrated work streams. Below are details of the Clinical Governance arrangements for the programme along with an associated draft Programme Plan with milestones and timescales.


HCCG WCCG Care Home Programme Gc


Programme Plan - Care Homes v2.1.xlsx

We tool a very pragmatic approach from the outset of Covid-19 pandemic to recognise what was in place and working well, how did we build on this and the timescales for this.

Since September 2018, NHS Halton CCG has commissioned an "Enhanced Care Provision to Older Peoples Care Homes LES" from General Practice which aligns 15 care homes containing 674 beds to 14 GP Practices. There is a requirement within it to provide a minimum of biweekly ward rounds.

A named Clinical Lead is in place for all 25 Halton homes.

Weekly ‘check ins’ are in place for the 15 Older People homes. During Covid-19 this has moved from being a physical ward round to a regular video / telephone calls. The local scheme has resulted in strong relationships being in place between Care Home and their aligned GP Practice supporting both the weekly check ins and any urgent requests for support.

We have enhanced health in care homes initiatives in place such as the Red Bag Scheme supporting hospital discharge, NHS.net accounts for transfer of secure information, nutrition and hydrations support and care home medicines management team.

As part of the COVID-19 response and to support the implementation of the Primary Care Network DES, discussions are underway regarding ensuring the appropriate support is in place for the remaining 10 specialist care homes. A scheme in place in a neighbouring borough, which also provides additional support to care homes, is also being reviewed and considered to further enhance the support available in Halton, ensuring it aligns to the support already in place and against the Primary Care Network DES requirements.

Laptops/i-pads have been purchased for some care homes who did not have them in place to enable video conferencing with GPs in all Care Homes to support communications and also enable virtual consultations to take place with Primary Care, plus equipment has been purchased such as Thermo Scan Thermometers.

Plans in place to consider the purchase of blood pressure monitoring, pulse oximetry, weight management basic observational equipment in line with telemedicine roll out.

NHS England has purchased pulse oximeters for all CQC registered care homes and these are being distributed with appropriate guidance.

Personalised support and care planning are in place for the 15 homes. This is actioned on admission to the home and reviewed regularly. A requirement of our local care home and GP alignment scheme is that:

"regular health care professional will also contribute to community/wider MDT meetings to explore care options, review care plans and where relevant develop new care plans."

Remote monitoring is in place as described above and is undertaken utilising video consultations from a General Practice perspective. If a face-to-face assessment is required, this will be undertaken. Care home residents are included in regular MDT team meetings. Plans are also being developed to implement telehealth solutions, which align to the service delivery model

In respect to End of Life Care, a COVID-19 24/7 end of life and palliative care advice line has opened for all providers including Care Homes. Training for staff regarding verification of death, do not resuscitate guidance and support, preferred place of care support and end of life medication supply management and dispensing.

The NHSE Advanced Care Planning Guidance and Template of 5th April 2020 has been shared with all practices to highlight the importance of this being in place and to understand if further improvement work is required, e.g. there is potential to develop a new template for GP Clinical Systems which incorporates all the required criteria. Plans are also being developed to implement telehealth solutions.

Care home staff and residents have access to clinical advice and there are weekly check-ins and we provide proactive support, including through personalised care and support planning as appropriate.

There has been proactive support for all care homes from the Medicines Management Care Homes support team including facilitating access to medicines (including urgent end of life medication), access to training, clinical and technical advice and working with local care homes with regards to how this support needs to evolve to maximise impact.

Support for care home residents with suspected or confirmed COVID-19 is in place through remote monitoring (and face-to-face assessment where clinically appropriate) by the MDT where practically possible, including those for whom monitoring is needed following discharge from either an acute or step-down bed.

A Clinical Skills Hub has been introduced where Care Homes can gain access to online Blood Pressure/Oximeter training which is intended to act as a timely reminder / confidence booster and learning tool in the recording of observations and in highlighting when to escalate issues.

3. Testing

Test, test, test! Effective testing is a key element in supporting Care Homes manage their way through the Pandemic.

Below are the arrangements in place in Halton for supporting Care Homes to identify new cases through the testing of residents and staff to try to prevent or respond to outbreaks.

3.1 Whole Care Home Testing for Care Home Residents and Staff

From 6th July onwards staff in care homes will be routinely tested weekly and residents will be tested every 28 days. All staff that work in the care home can be tested, which includes bank, agency and visiting staff. Care homes for those over 65 and for those with dementia will be prioritized, in the first wave, but this will be extending to all care homes over time. Care home managers request the swabs through the online portal and can also request additional swabs for staff who visit the care home. Please see the care home testing pathway for more details.

The swabs are delivered to the care homes and staff self-swab and swab the residents. Care homes are offered training on Infection control, Donning and Doffing and taking of swabs, through a training the trainer model. If they have not accessed this, they are asked to watch a tutorial video www.genqa.org/carehomes on how to conduct the test and the swab collection process

3.2 Staff Arrangements

Symptomatic staff should remain in self-isolation for 7 days from onset of symptoms and have temperature of less than 37.8^{o}C for 2 days prior to returning to work. If a member of their household displays symptoms, the staff member should self-isolate for 14 days from onset of symptoms in the household member.

Staff (or symptomatic members of their household) can arrange a home testing kit or be tested at a number of different sites. Staff can book a test at https://www.gov.uk/apply-coronavirus-test-essential-workers or by calling 119. They are also able to turn up and be tested without an appointment at a mobile testing site if they show their work Identification.

If the person who was symptoms (the staff member, or the member of their household) tests negative, the staff member can return to work (if they are well enough to do so). If they, or a member of their household, displays new symptoms at a later date, they MUST self-isolate again as above.

3.3 Resident Arrangements

All patients discharged from hospital to the care home have access to testing prior to discharge. New residents to the care home who are moving from their own home can access testing via the government portal or if they are unable to make arrangements themselves then testing can be arranged through the infection control team 3boroughs.infectioncontrol@sthelensccg.nhs.uk.

The infection control team are notified of all residents with suspected symptoms of Covid19 so that they can arrange swabbing by the clinical nurse swab team and provide infection control advice and support to the Care Home.

3.4 New Cases and Outbreaks

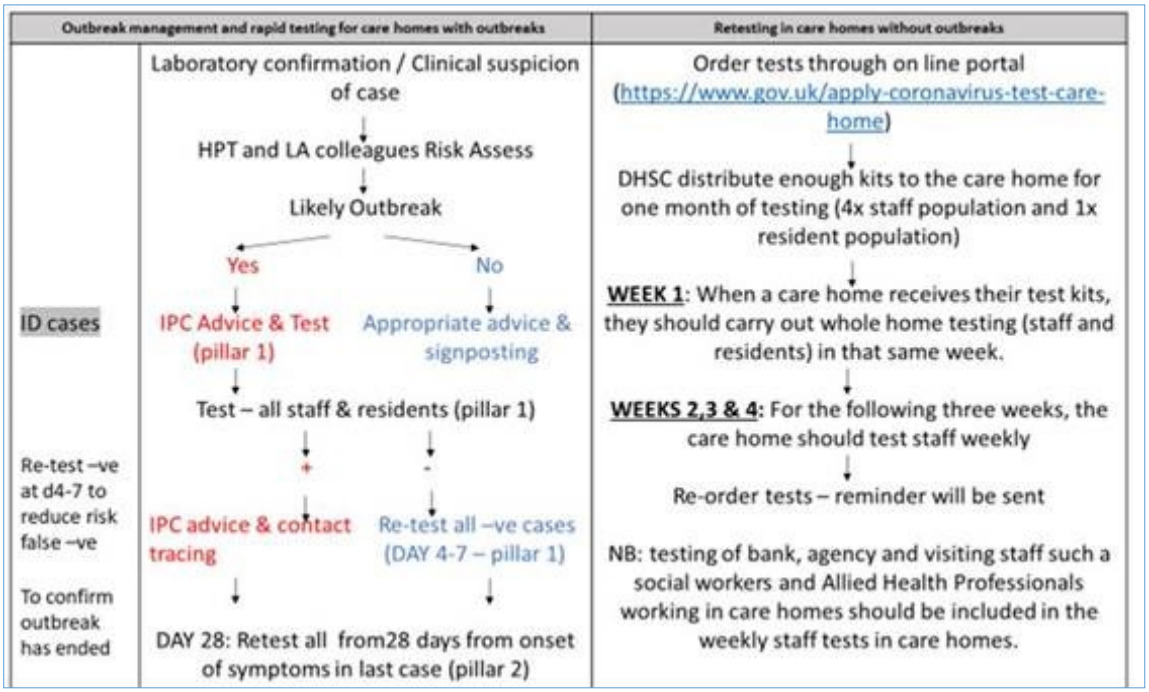
When a new case of Covid 19 is suspected in a care home the care home should contact the Infection Control Team so that they can conduct a public health risk assessment. If an outbreak is suspected then the infection control nurses will arrange for the whole care home to be tested including staff and residents. For those residents and staff who test negative, swabs will be repeated

between days 4 to 7. Re-testing of the whole home will take place again on day 28 from the last suspected case. Care homes will be supported by the infection control team through this process.

The Care home must notify the GP and the Infection Control team of residents with positive test results.

Note: HBC produced and distributed information to all Care Homes on the considerations that they need to be taking into account in respect to testing for Covid-19 and compliance with the Mental Capacity Act 2005.

3.5 Care Home Testing Pathway



4. Oversight and Compliance

Having oversight across the system on the current and developing situation in Care Homes is essential. The provision of data and intelligence is key in supporting this.

4.1 Data and Intelligence

From March 2020, HBC's Quality Assurance Team have been receiving, sharing and analysing daily updates from all Care Home providers within Halton, including those operated by HBC.

As a system, we therefore have an overview of the situation/resources and issues within the borough.

This information allows the Local Authority to monitor services and ensure there is resilience and prepare for changes or further emergencies. It also allows us to monitor and react to the Pandemic, and inform a recovery plan at the appropriate time.

The details collected from each Care Home on a daily basis and reviewed include:-

- Overview of residents' e.g. general wellbeing, activities, concerns, family etc.
- Any confirmed COVID-19 cases (include numbers and dates confirmed)
- Restrictions on Admissions
- Restrictions on Visitors
- Restrictions on social workers access
- Restrictions on healthcare professionals
- Staffing issues - including staffing levels, recruitment
- PPE Requirements (Face masks, eye protector, aprons, gloves, hand sanitizer, hand wash etc.)
- Medication supplies
- Other supplies
- Any IT issues and solutions in place to address
- Capacity Tracker status *NB. Regular requests have been made of providers to complete the Capacity Tracker*
- NHS Mail status
- Direct impact on ability to provide essential service. Failure to provide an essential service required to provide safe care.

This information is then formulated into a spreadsheet, which is disseminated to senior management across the system, who then review the intelligence and agree the escalation of any issues/priorities. To aid in this process we have recently developed and are currently piloting, a Community Capacity Escalation Triggers Framework for Adult Social Care, which aims to help inform any additional capacity requirements and of what type of service e.g. open additional beds, reclassify use of certain beds etc. Details of the framework can be found below:-

DRAFT Community Capacity Triggers ASC

Data is also provided to North West Association of Directors of Social Services (NW ADASS) twice weekly, which enhances local analysis and contributes to the national picture. In addition to this, there is also a weekly call with the Care Quality Commission (CQC) where we share intelligence and highlight any areas of concern.

As part of current oversight arrangements the Director of Adult Social Services hosts ‘check in’ calls, fortnightly, where all Care Homes are invited to participate in order for providers to escalate local issues etc.

At the outset of the Pandemic, extensive work was undertaken across the Health and Social Care system in response to Pandemic to review and establish systems and processes to ensure that the necessary support was in place for Care Homes, both residents and staff.

In addition to the areas already outlined in this plan, other examples of this support include:-

- Senior Managers across the system meeting, albeit virtually, several times per week to monitor situation, consider resources and agree priorities.

- Initiating a Single Point of Access (SPA) team within Adult Social Care and remodelling care management services to provide 7 day working.

- In recognition of the current pressures the social care system is faced with, we have made a number of temporary changes to the approach we take to our Adult Social Care Quality Assurance (QA) processes. This not only provides our Care Home sector with the necessary support during this difficult time, but also continues to ensure we are maintaining people’s human rights and safeguarding and thus continuing to deliver high quality care ensuring the safety and wellbeing of the people we support is carried out effectively. Details of our current QA process can be found below:-

QA Framework - Covid19 (Final 30.4.2(

5. Workforce

Our Care Home sector would not be able to effectively operate if it didn't have access to appropriately trained staff. They are our most valuable resource.

Care staff are working in challenging and stressful environments and with remuneration, generally low and variable support mechanisms existing between providers, this has led to the recruitment and retention challenges within the current care system, only exacerbated by the Pandemic.

We have needed to ensure that we have enough care staff and that they feel supported at this time.

We have already outlined above some areas where additional support to staff has been provided, such as additional IPC training. In addition to this we also developed a local resource pack to support the well-being of staff working within Care Homes. The well-being of staff will be an ongoing consideration as we move through the Pandemic as those on the front line working within Care Homes may require additional support with mental health and wellbeing in the future.

However, in order to ensure that we have the required numbers of 'feet on the ground', we have worked across the Adult Social Care sector to develop a local Hub of Volunteers to ensure that volunteers and redeployed staff, have been able to have their skills matched to roles to allow appropriate support to be provided to areas, as and when required, if or when there have been shortages in staff. The development of the Hub has included the development of on line training courses developed by partner agencies working with direct care services. HBC has also offered use of the HBC's e-learning portal to all care home providers within the borough and to date, 170 licences have been requested by Care Home providers.

This approach has supported the continual delivery of quality care within care homes. As we are aware this is a particularly anxious time for staff and both volunteers and substantive care home staff have had support to discuss their personal anxieties during this period; this has been invaluable in retaining staff. Care home staff have reported that they appreciate other colleagues across social care acknowledging their skills and expertise and they support they are being provided with.

We have established a panel, as a subgroup of the System Assurance Group, that will ensure that we share our available people and skills to provide a sustainable response to the COVID-19 pandemic. This panel has partnership sign up from acute, community, primary care and social care sectors. By working together, we can avoid any one sector being unsupported and unable to deliver for our population.

The purpose is to provide :-

- a co-ordinated workforce response to System Assurance Group priorities;
- to connect available and underutilised skills to the needs identified;
- ensure staff wishing to help are able to do so safely and with support;
- enable cross agency working with sound governance arrangements;
- avoid and resolve disputes;
- provide tracking information of the cross agency working underway; and
- permit flexible realignment of the workforce in response to shifting pressures.

We are actively involved in the NW ADASS Auxiliary staff recruitment campaign, which was launched at the beginning of April 2020 and aims to bring more staff in to the adult social care independent sector workforce. The aim of the campaign is to attract applications for job roles such as care workers, kitchen staff, cleaners, admin, maintenance etc. in services such as care homes, home care, supported living and extra care The campaign is called "Be a #CareHero" and working

with colleagues in the Council's Human Resources department we are linked into not just this campaign but also the national recruitment campaign as well.

We also ensure that any associated government guidance in respect to workforce is distributed to providers, for example the changes made in respect to the Disclosure and Barring Service (DBS) and the fast tracking of applications and the recent introduction of the Social Care Workforce App which is for the adult social care workforce in England and has been launched to support staff on-the-go through the coronavirus pandemic.

6. Funding

Support is available to all contracted residential and nursing care homes within Halton.

As providers focus on providing care, Halton are supporting them to alleviate cash flow concerns by introducing numerous measures, including:-

- Writing to Care Providers on 25th March 2020 outlining an above inflation uplift on a 2-year basis, in line with guidance from ADASS.

- Provided details of 'payment reassurance'. For example, we offered to block purchase Care Home capacity and agreed to pay this to them in advance for capacity, on a monthly basis. This arrangement ceased on 30th June 2020.

- On the 1st April 2020, we introduced a claim process to support Adult Social Care service providers with increased financial pressures in light of the current Pandemic, in recognition that providers may incur additional costs, over and above costs, which would ordinarily be incurred. For example additional costs involved in the purchase of PPE, additional staffing costs etc. *NB. Providers have received several reminders on the claim process since it's original introduction.*

We acknowledge the provision of the additional £600 million to support providers across with country through the new Adult Social Care Infection Control Fund and will be working with Care Home providers to seek assurances that this money is used within the sector to fund additional Infection Control measure, to reduce the rate of transmission in and between care homes and support the wider workforce resilience that is needed.

The grant has been allocated to Local Authorities based on the number of CQC registered beds there are within the locality, as at May 2020.

75% of the overall grant allocation will be paid from the Local Authorities directly to the care homes, based on the number of CQC registered beds they have, whilst Local Authorities have the discretion to determine how the remaining 25% of the overall grant is to be allocated. This proportion of the grant is being used to support wider workforce measures, particularly within the Domiciliary Care and Supporting Living sector.

Examples of Infection Control measures that providers can use the funding for include:-

- Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so. At the time of issuing the grant determination letter this included staff with suspected symptoms of Covid 19 awaiting a test, or any staff member for a period following a positive test;
- Ensuring, so far as possible, that members of staff work in only one care home. This includes staff who work for one provider across several homes or staff that work on a part time basis for multiple employers and includes agency staff (the principle being that the fewer locations that members of staff work the better;
- Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents;
- To support active recruitment of additional staff if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home, including by using and paying for staff who have chosen to temporarily return to practice, including those returning through the NHS returners programme. These

staff can provide vital additional support to homes and underpin effective infection control while permanent staff are isolating or recovering from Covid-19;

- Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms; and
- Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site or in partnership with local hotels.

As with all grants, the payment of the grant is subject to certain conditions and as outlined earlier we will need assurances from providers that it is being spent on what is required. As such, as part of our quality assurances processes, we will closely monitor and measure what is being delivered and it's effectiveness via the Borough Council's Quality Assurance team. If the funding is not fully spent or funding has not been used for infection control measures, the funding will need to be returned.

7. Conclusion

As we move through the Pandemic, as a health and social care system we will continue to work with providers to ensure that they have what they need during this difficult time and ensure that quality services and care provided within our Care Home sector is maintained.

We realise there are always opportunities to make improvements and as a system we will work tirelessly in our effort to ensure that any gaps are identified and the necessary plans are put in place to address them.

At the time of updating this version of the Care Home Resilience Plan (V9: 16th July 2020), the current gaps and forward plan, which will be reviewed on an ongoing basis, are outlined below

7.1 Gap Analysis

With such a challenging and evolving situation such as the Pandemic, I think we can all acknowledge that there are opportunities by which we can support the Care Home sector further.

However, we feel we should emphasise that the systems and support we have been providing/continue to provide, as outlined in our Care Home Resilience Plan, is already helping to ensure that the care home sector is in a strong position in Halton continue to deliver high quality care and support to our most vulnerable within society.

Following assessment of progress within the Borough and listening to what colleagues in the Care Home sector have been saying, we have identified a number of areas, against the Care Home Support Package, where we feel more can be done and this is specifically in relation to supporting Care Homes in respect to the prevention of outbreaks and outbreak management.

We need to ensure that Care Homes are as resilient as they can be to prevent outbreaks etc., but this can very much depend on the environment within individual care homes.

7.2 Forward Plan

In respect to our Forward Plan, we will continue to consolidate the extensive support already in place for Care Homes, so they can continue to effectively respond to this crisis, but also progress additional measures around the prevention of and better management of outbreaks, as outlined above.

For ease of reference, these consolidated/new measures have been outlined in specific areas of focus, such as Infection Prevention and Control etc.

Infection Prevention and Control

1. Continue to facilitate access to training in the use of PPE etc.
2. Ensure Care Homes continue to be supported in being able to access necessary PPE in order to meet demand.
3. Provide support and resources to Care Homes in their ability to being able to appropriately isolate residents.
4. Continue to offer practical advice, share best practice/experinces, via the establishment of a robust network, on how to minimise the number and severity of outbreaks, for example by restricting staff movement between (and within) Care Homes. Practical advice to include:-
    - Revise rotas and minimise handovers.
    - Implementing different Admission and Exit areas with clear signage around Homes for all staff.
    - Ensure staff are allocated to work /concentrate on one unit or wing.

- Identified Covid-19 Hot and Cold areas within Care Homes.
- Minimise use of agency workers.
- Staff kept separate – separate break out areas
- Redesign of areas of work/building use

NB. Need to be mindful of the longer-term impact that this may potentially have on care homes particularly in respect to restricting staff movement.

5. Keep under review the utilisation of alternative accommodation
   a) Minimise outbreaks in existing care homes by placing people in Lilycross/Oakmeadow prior to going home or returning to another care home.
   b) Consideration of moving residents out of care homes, if there is an outbreak.
   c) Facilitate reduced capacity in existing homes, e.g. 30% reduction in available beds to facilitate better opportunities to self-isolate, maintaining staffing levels etc.
6. Ensure that the Community Infection Control is appropriately resourced to respond effectively to the demands on its service.

NHS Clinical Support

1. Community provider developing the clinical model for in-reach within care homes to support individual provider and resident provision from a health perspective.
2. Support Care Homes in ability to fully utilise the support available via mutual aid offers.
3. Provide ongoing support to Care Homes in respect to access to medical equipment needed in response to the COVID-19 pandemic.
4. Add additional training in the use of key medical equipment needed into the Clinical Skills Hub.
5. Establishing communication and engagement strategies with all care homes to ensure all clinical information is cascaded in real time and meets the needs of care home staff.
6. Continue to promote safe medicines management including stock, storage and administration.
7. Develop a Clinical Nursing Network.

Testing

1. Continue to support homes to access Testing in line with the government guidance
2. Progress development of virtual Satellite Testing Centre.
3. Continue to roll out whole Care Home testing in line with government guidance. NB. Further training required when new test kits for antibodies is introduced
4. Ensure pathways remain current and up to date in order to provide the necessary support to care homes.
5. When rolled out, support care homes in respect to Test and Track in order to respond effectively and support local surveillance.

Oversight & Compliance

1. Reinforce the single route for all communication via Quality Assurance Team.
2. Pilot and refine, if necessary, the Community Capacity Triggers Framework.

Workforce

1. Continue to support Care Home providers in accessing additional capacity including from locally coordinated returning healthcare professionals and/or volunteers
2. Provide support to Care Homes on staff who are isolating.
3. Additional support for Register Managers via the re-establishment of the local Registered Managers network, focusing specifically on Care Home resilience in light of the Pandemic.

Funding

1. Continue to support Care Homes access available funding to support cash flow, market resilience and infection control e.g. Infection Control Grant.

7.3 Action Plan

The areas of focus outlined above in the Forward Plan have been collated into an associated action plan; see below. The actions are being taken forward 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.

CHR Group - Action Plan (@8.7.20).docx

REPORT TO: Health Policy & Performance Board

DATE: 11th August 2020

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: Quality Assurance in Care Homes

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Board and highlight key issues with respect to Quality Assurance in Care Homes and Domiciliary Care.

2.0 **RECOMMENDATION: That:**

The report be noted

3.0 **SUPPORTING INFORMATION**

3.1 It is a key priority for Halton Borough Council to ensure the provision of a range of good quality services to support adults requiring commissioned care in the Borough. The Care Act 2014 has put this on a statutory footing requiring a choice of diverse high quality services that promote wellbeing.

3.2 The care home market in Halton consists of 25 registered care homes which provide 771 beds operated by 14 different providers. The capacity within the care homes ranges from homes with 66 beds to smaller independent homes with 6 beds.

3.3 The local authority is now the largest provider of older people's care beds in the Borough supporting 163 beds.

3.4 Domiciliary care is commissioned by one lead provider who is working closely with the council to transform provision utilising a Reablement first model. They have a sub contractual arrangement with one other local agency.

3.5 Direct Payment offers choice of provision with a register of over 30 other organisations experienced in providing a range of services.

3.6 The Care Quality Commission (CQC) is responsible for the registration, inspection and assessment of all registered providers. However, the Care

Act 2014 places the duty of securing the quality of care in Halton on the Council itself who commission the Quality Assurance Team (QAT) to undertake this role.

3.7 NW ADASS now publish a series of dashboards, which summarises the CQC quality ratings for Care Homes and Community providers of Adult Social Care in the North West. It allows a comparison across the region and highlights key themes and trends in respect of Halton.

3.8 Both CQC and HBC QAT introduced a risk assessment approach to visiting care homes during the pandemic, which significantly reduced face-to-face contact with the providers and subsequently saw a reduction in intelligence and notifications received.

3.9 **Care Home Ratings**

HBC Rating July 20		CQC Rating July 20	
Green	19	Good	20
Amber	5	Requires Improvement	5
Red	1	Inadequate	0

3.10 In Halton:

- the smaller family run residential homes perform better than the larger national nursing homes.
- Halton performs above the sub regional average for care homes in the categories of good and outstanding.
- Halton has no inadequate care homes in the Borough.
- Halton has no care homes that have suspended placements

3.11 **Domiciliary Care**

HBC Rating July 20		CQC Rating July 20	
Green	0	Good	0
Amber	1	Requires Improvement	1
Red	0	Inadequate	0

The Council currently have 1 contracted provider who covers Runcorn and Widnes and they sub-contract to 1 provider who also cover Runcorn which are rated by CQC as good. 484 people with directly commissioned packages of care.

4.0 POLICY IMPLICATIONS

4.1 None identified at present.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified at present.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The HSAB chair and sub group chairs ensure a strong interface between, for example, Safeguarding Adults, Safeguarding Children, Domestic Abuse, Hate Crime, Community Safety, Personalisation, Mental Capacity & Deprivation of Liberty Safeguards.

6.2 Employment, Learning & Skills in Halton

None Identified at present.

6.3 A Healthy Halton

The safeguarding of adults whose circumstances make them vulnerable to abuse is fundamental to their health and well-being. People are likely to be more vulnerable when they experience ill health.

6.4 A Safer Halton

None identified at present.

6.5 Halton's Urban Renewal

None identified at present.

7.0 RISK ANALYSIS

7.1 Failure to consider and address the Statutory duty of the Local Authority could expose individuals to abuse and the Council as the Statutory Body vulnerable to complaint, criticism, and potential litigation.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 It is essential that the Council addresses issues of equality, in particular those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its safeguarding policies and plans. Policies and procedures relating to Safeguarding Adults are impact assessed with regard to equality.

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

9.1 None under the meaning of the Act

REPORT TO: Health Policy & Performance Board

DATE: 11 August 2020

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Performance Management Reports, Quarter 4 2019/20

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 This Report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in Quarter 4 of 2019/20. This includes a description of factors which are affecting the service.

2.0 **RECOMMENDATION: That the Policy and Performance Board:**

i) Receive the Quarter 4 Priority Based report

ii) Consider the progress and performance information and raise any questions or points for clarification

iii) Highlight any areas of interest or concern for reporting at future meetings of the Board

3.0 **SUPPORTING INFORMATION**

3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 3, 2019/20.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications associated with this report.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no other implications associated with this report.

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

6.1 **Children & Young People in Halton**

There are no implications for Children and Young People arising from this report.

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

There are no implications for Employment, Learning and Skills arising from this report.

6.3 **A Healthy Halton**

The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.

6.4 **A Safer Halton**

There are no implications for a Safer Halton arising from this report.

6.5 **Halton's Urban Renewal**

There are no implications for Urban Renewal arising from this Report.

7.0 **RISK ANALYSIS**

7.1 Not applicable.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no Equality and Diversity issues relating to this Report.

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

None under the meaning of the Act.

Health Policy & Performance Board Priority Based Report

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

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the fourth quarter of 2019/20 for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Adult Social Care (including housing operational areas)
- Public Health

2.0 Key Developments

There have been a number of developments within the fourth quarter which include:

Adult Social Care:

Care Management

From March 2020 in response to the Covid-19 Pandemic, the care management service temporarily drew together its teams to form a new Single Point of Access (SPA) service, which was introduced to deal with **all** Adult Social Care enquiries/referrals. This involve Care Management Teams (IAT, CCR, CCW & SCIP) being reconfigured into a single team covering 7 days a week (8am – 6pm), with input from/working alongside staff in the Capacity & Demand Team/RARS/Community Therapy. Safeguarding, Mental Health and Transition Teams sitting behind the SPA and will take enquires/referrals directly from the SPA, but not form part of the rota as outlined below. The new team included a management function, a screening team (of most experienced staff) and back office staff supporting the SPA. The team supported people to stay at home and worked closely with hospitals and the NHS during the crisis period.

Mental Health Services: the redevelopment and refurbishment of the Mental Health Resource Centre in Vine Street, Widnes, has been completed for some time now, and it has been used by a combination of borough council and NHS support and medical services for people with a range of mental health needs. As a result of Covid-19, the building has been closed until it is deemed to be safe enough to reopen. All borough council staff, including social workers based at the Brooker Unit, are now working from home, although direct contact is being maintained with all people known to the services, and all key statutory functions are being delivered. The Mental Health Outreach Team, which works with people with less complex mental health needs, is contacting all people referred to them on a regular basis, to check on their welfare.

The Halton Women's Centre: this service is based in Runcorn and is part of the service offer from the Mental Health Outreach Team. The service has recently obtained a considerable financial award, which will enable it to work closely with criminal justice and domestic violence services, to work with women who have offended or are at risk of offending. The service will support these women to access community supports, to manage their own physical and mental health, and to develop educational and career pathways

where appropriate. The funding is for one year and its effects will be evaluated throughout, to establish whether a further award should be sought.

24/7 Mental Health Crisis Line: as an immediate response to the coronavirus crisis, central government required all areas to set up and put in place a 24/7 mental health crisis line service, to be accessed by anyone with a mental health problem. Led by the North West Boroughs Mental Health Trust, this was established and operational within 10 days. Staffed by existing employees from within the Trust, this provides a service to children and young people, as well as adults; people can self-refer, and they do not need to be current patients of the Trust. At the point of contact, a detailed mental health initial triage assessment is completed, and people are then signposted to a full range of community support services, or are referred on for more intense mental health interventions. This development has been actively supported by the borough council, which was fully involved in its development and implementation. The service has strong links to the council's social care services and to the Emergency Duty Team. Contact information about the service has been circulated widely.

Public Health

The Covid 19 pandemic has necessitated new ways of working and reaching people to take out priorities forward. We have been successful in this as evidenced by an increase in stop smoking referrals and quit rates and working with people through social media on healthy weight. We have also increased our level of breast feeding as new mothers are worried about infection and understand that breast feeding provides enhanced protection against infection.

3.0 Emerging Issues

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

Adult Social Care
Intermediate Care:
An action plan was developed, with a system wide oversight group, and various work streams commenced, including work on reviewing the IC criteria and associated pathways and a 'case for change' in respect to a future model for the delivery of IC services in Halton.

However, this work was 'paused' in March 2020, due to the priority focus being the management of the Coronavirus pandemic. 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. One of the unexpected outcomes of the Pandemic in Halton and the approach needing to be taken has been the ability to 'reset' the system in respect to being able to create capacity within Intermediate and Domiciliary Care Services and change pathways and associated processes As a result of this, work recommenced in July 2020 on development of a new model for the provision of Intermediate Care in Halton. Itt's implementation will be progressed via the Intermediate Care Review Operational Group, which will shortly be re-established.

Care Homes:
Two of the five in house care homes experienced an outbreak of coronavirus. Work is underway to ensure adequate preventative measures are in place to reduce the risk of further outbreaks.
Work is underway across the homes to ensure the welfare of residents, their families and staff are prioritised.

A review of staffing establishment across the division is being undertaken to ensure the services have the skills and expertise needed within the financial envelope available.

Visitors are welcome on site, all be it outside and social distanced, this is in addition to other communication methods, i.e. newsletters, face time telephone.

Halton Borough Council care homes are adapting to the new normal, and continuing to adjust to the changing landscape. The priority and focus will continue to be residents, their families and care staff, to ensure all have the support and expertise to maintain quality care provision at all times.

Mental Health Services
The Review of the Mental Health Act: for some time, work has been taking place nationally to review and revise the current provisions of the Mental Health Act 1983. This has arisen because of concerns that too many compulsory admissions to hospital had been taking place, with a disproportionate impact on certain disadvantaged groups. Despite delays caused by the coronavirus, this work has been continuing, with considerable input from social care services. It is understood that further revisions are being considered, and any implementation of a new Act will be unlikely to take place within the next two years. This will require considerable revision of local policies and procedures.

The North West Boroughs Mental Health Trust: this Trust is the current provider of specialist mental health services to the local area, including all inpatient, outpatient and specialist community services for people with complex mental health needs. The Council has been notified that the Trust is in negotiation with Merseycare, a neighbouring specialist mental health Trust, to take over the running of the Trust's mental health services. this will be the subject of extensive consultations and is not likely to take place for at least another twelve months. If agreed, then existing working relationships with the specialist mental health services will need to be renegotiated.

Public Health

Cancer screening programmes were reduced during the Covid 19 outbreak and we are now promoting these to encourage early detection and treatment.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2018/19 Directorate Business Plans.

As a result, monitoring of all relevant 'high' risks will be undertaken and progress reported against the application of the risk treatment measures in Quarters 2 and 4.

5.0 Progress against high priority equality actions

There have been no high priority equality actions identified in the quarter.

6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Directorate. It should be noted that given the significant and unrelenting downward financial pressures faced by the Council there is a requirement for Departments to make continuous in-year adjustments to the allocation of resources in order to ensure that the Council maintains a balanced budget. Whilst every effort continues to be made to minimise any negative impact of such arrangements upon service delivery they may inevitably result in a delay in the delivery of some of the objectives and targets contained within this report. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

Commissioning and Complex Care Services

Adult Social Care

Key Objectives / milestones

Ref	Milestones	Q4 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	✓
1B	Integrate social services with community health services	✓
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	U
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	U
1E	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems.	✓
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	U
3A	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.	✓

Supporting Commentary

1A. Work is progressing to review our approach to the pooled budget to ensure the budget comes out on target.

1B. This work continues with the Primary Care Networks and Bridgewater community NHS trust

1C. No information provided.

1D. During Q4 Plans were made to develop a multi agency Halton Dementia delivery plan group, to refresh the local Dementia delivery plan in light of developments and achievements since the previous Halton Dementia Strategy. Whilst the group did not have opportunity to meet before the COVID-19 lockdown, key stakeholders had been identified and contacted for representation. It is anticipated that this group will convene in some form post lockdown. Before lockdown, HBC ASC reps met with Alzheimer's Society policy leads, who had offered free support in the development of our local plan. Our previous strategy, progress against strategy objectives and proposed areas for future focus developed by HBC were sent to Alzheimer's Society for review and comment. During Q4 and the lockdown period, the community dementia care advisor service temporarily ceased group and face to face interventions, but continued with increased contact calls and responded to requests for support and information via phone/email. All community led dementia groups ie Hope café and Hospice café ceased during lockdown, but hope to reconvene as soon as is safe to do so.
(Amber RAG due to inevitable delay in progress against anticipated time scales, and temporary reduction in services due to COVID-19 lockdown)

1E. This work has been completed.

1F. Information currently unavailable.

3A. Integrated approaches commissioning are developing through the one Halton Commissioning Group

Key Performance Indicators

Older People:						
Ref	**Measure**	**18/19 Actual**	**19/20 Target**	**Q4**	**Current Progress**	**Direction of travel**
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000	623.31	635	460.09	✓	↑

	population 65+ ***Better Care Fund performance metric***					
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. ***Better Care Fund performance metric***	891 (three months to Feb 19)	1269 (three months to Feb 2020)	1504 (three months to Feb 2020)		
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. ***Better Care Fund performance metric***	4893	4920	4710 (Q4 Dec 2019 to March 2020)		
ASC 04	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) ***Better Care Fund performance metric***	78%	63%	45%		N/A
Adults with Learning and/or Physical Disabilities:						
ASC 05a	Percentage of items of equipment and adaptations delivered within 5 working days (HICES)	N/A Merged data in 18/19	97%	96%		

ASC 05b	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	N/A Merged data in 18/19	97%	98% (three months to Feb 2020)	✓	N/A
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	78%	78%	72.8%	✓	N/A
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	36%	45%	29.8%	✗	N/A
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	86%	89%	91%	✓	↑
ASC 9	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5%	5%	7.2%	✓	↑
Homelessness:						
ASC 10	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief	117	500	N/A	N/A	N/A

	Prevention Homeless					
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	10	100	N/A	N/A	N/A
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	6	17	N/A	N/A	N/A
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	N/A	N/A	N/A	N/A	N/A
ASC 14	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)	1.64 %	6.00 %	N/A	N/A	N/A
Safeguarding:						
ASC 15	Percentage of individuals involved in Section 42	N/A	TBC	N/A	U	N/A

	Safeguarding Enquiries					
ASC 16	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	61%	56%	61%	✓	↑
ASC 17	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	89%	82%	N/A	N/A	N/A
Carers:						
ASC 18	Proportion of Carers in receipt of Self Directed Support.	100%	99%	95.6%	✓	↑
ASC 19	*Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)*	7.6%	9%	N/A	N/A	N/A
ASC 20	*Overall satisfaction of carers with social services (ASCOF 3B)*	52.1 % 2018/ 19	50%	N/A	N/A	N/A

ASC 21	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	77.6 % 2018/ 19	80%	N/A	N/A	N/A
ASC 22	Do care and support services help to have a better quality of life? (ASC survey Q 2b) ***Better Care Fund performance metric***	89.1 %	93%	N/A	N/A	N/A

Supporting Commentary:

Older People:

ASC 01 Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

ASC 02 There was an increase in delayed transfers of care towards the end of 2019/20. Feb 2020 is the last month for which data is available as, due to covid-19 the data reporting for this metric has been suspended centrally.

ASC 03 The CCG achieved the Q4 target, Although this was due to the impact of Covid19 in late March, this reduced the number of people attending A&E and consequently the number of non-elective admissions. For the first two months of Q4 the CCG was slightly over plan (3295 v 3208) however March was almost 300 under plan (1415 v 1712) this resulted in the CCG being 210 under plan for Q4

ASC 04 Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

Adults with Learning and/or Physical Disabilities:

ASC 05a Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

ASC 05b Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

ASC 06	Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.
ASC 07	Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.
ASC 08	Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.
ASC 09	Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

Homelessness:

ASC 10	Information currently unavailable
ASC 11	Information currently unavailable
ASC 12	Information currently unavailable
ASC 13	Information currently unavailable
ASC 14	Information currently unavailable

Safeguarding:

ASC 15	Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.
ASC 16	We have exceeded this target and staff continue to access the appropriate training.
ASC 17	Annual collection only to be reported in Q4, (figure is an estimate).

Carers:

ASC 18	Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

ASC 19	This is the Biennial Carers Survey which will commence in December 2020
ASC 20	This is the Biennial Carers Survey which will commence in December 2020
ASC 21	This is the Biennial Carers Survey which will commence in December 2020
ASC 22	This is the Biennial Carers Survey which will commence in December 2020

Public Health

Key Objectives / milestones

Ref	Milestones	Q4 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women.	✓
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel).	⟺
PH 01c	Work with partners to continue to expand early diagnosis and treatment of respiratory disease including Lung Age Checks, and improving respiratory pathways.	✓
PH 01d	Increase the number of people achieving a healthy lifestyle in terms of physical activity, healthy eating and drinking within recommended levels.	✓
PH 02a	Facilitate the Healthy child programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years.	✓
PH 02b	Maintain and develop an enhanced offer through the 0-19 programme for families requiring additional support, For example: teenage parents (through Family Nurse Partnership), Care leavers and support (when needed) following the 2 year integrated assessment.	✓
PH 02c	Maintain and develop an offer for families to help their child to have a healthy weight, including encouraging breastfeeding, infant feeding support, healthy family diets, physical activity and support to families with children who are overweight.	✓
PH 03a	Continue to develop opportunities for older people to engage in community and social activities to reduce isolation and loneliness and promote social inclusion and activity.	✓

PH 03b	Review and evaluate the performance of the integrated falls pathway.	✓
PH 03c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropriate age groups in older age.	⟺
PH 04a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	✓
PH 04b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA).	✓
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support in the community and within secondary care.	✓
PH 05a	Work with schools, parents, carers and children's centres to improve the social and emotional health of children.	✓
PH 05b	Implementation of the Suicide Action Plan.	✓
PH 05c	Provide training to front line settings and work to implement workplace mental health programmes.	✓

Supporting Commentary

PH 01a	**Supporting commentary** Halton Stop Smoking Service continues to support local people to stop smoking, extra emphasis is placed on routine and manual workers and pregnant women where extra support is required. To date Halton Stop Smoking Service has supported 76 pregnant smokers in their quit attempts of which 35 pregnant smokers successfully quit - achieving a quit rate of 46%. The service works closely with the Midwifery service to maintain established relationships via support and training to increase maternal referrals. All pregnant smokers are offered home visits to reduce stigma and encourage other family members to stop smoking. Among the Routine and Manual group, there have been 226 smokers accessing the service and 132 smokers quitting which is a quit rate of 58%.The service has seen an increase in throughput and quitting for this target group from the same period last year which was 172 accessing the service and 109 quitting.This is as a result of increasing delivery of the service in GP settings and workplaces.The service now delivers in 9 GP settings, 8 Community settings, 1 Respiratory Health Hub and Workplaces when possible.
PH 01b	**Supporting commentary** Health Improvement team have continued to work with partners to increase awareness of cancer screening programmes and increase uptake. As a result of Covid, while no national decision was made to suspend cancer screening programmes, many providers halted programmes from mid-end of March and activity to promoite uptake has temporily ceased.

PH 01c	**Supporting commentary** The Stop Smoking Service continue to deliver Lung Age checks to clients aged 35yrs and over as per NICE guidelines for COPD during consultations with clients and refer appropriately those clients that may need further investigation to GP's. To date the service has delivered 242 Lung Age checks and referred 16 clients to GP's for further investigation.The Stop Smoking Service has also delivered 9 sessions of Lung Age checks in 6 workplaces and offers weekly support to the new Respiratory Health Hub based in the Urgent Care Centre. All referrals into the service from the Respiratory Health team are offered home visits. Health Improvement Services are engaged with mulitple partners on the Respiratory Steering group co-ordinated by Halton CCG, aimed at improving respiratory pathways.The programme was continuing to roll out with a soft launch underway in Knowsley and Halton due to go live towards March. The programme has been suspended as a result of covid. Early indications show that good success was being achieved in Knowsley in terms of access, uptake and positive outcomes.
PH 01d	**Supporting commentary** Halton Weight Management Service has had over 150 new referrals in Q4. The service continued to provide healthy lifestyle advice and physical activity on a weekly basis to overweight Halton residents. The tier 2 group based approach is supplemented by an integrated tier 3 service for those requiring dietetic input. Following the 23rd March all weight management services switched to a remote phone and electronic offer. Physical activity sessions continued to be provided for clients with a history of cardiac, respiratory, neurological or chronic pain diagnoses. Specialist gym based sessions have also continued, aimed at assisting with re-introducing clients to exercise that have had physical or mental barriers to engaging previously. Active Halton meetings continue and action plan is continuously being worked on. All school are offered health checks and training around healthy lifestyles. Healthy lifestyles for the staff is promoted as part of the healthy schools ethos.
PH 02a	**Supporting commentary** The Bridgewater 0-19 service, including health visitors, school nurses and Family Nurse Partnership (FNP) continued to deliver all the elements of the Healthy Child programme to families in Halton, until it was limited due to lockdown on 23rd March, when national advice was for only essentail elements of the service to continue. Until lockdown the programme continued to have a health visitor working on the Talk Halton project, providing leadership to improve language and communication in preschool children and role was also developing an improved model for the delivery of the two year integrated review.
PH 02b	**Supporting commentary** The Family Nurse Partnership service continues to be fully operational and works intensively with first time, teenage mothers and their families. The Family Nurse Partnership programme is incorporating personalisation into their programme delivery. They continued to operate, largely through remote access following lockdown.

PH 02c	**Supporting commentary** Infant feeding support given to all mothers post discharge on Breastfeeding support or arificial feeding advice (pace and responsive feeding) ISF workshops available fortnigthly. Healthy family Diets/ PA support is part Healthy schools, Triple P parenting courses and Fit 4 life; camp, dietician support, Outreach and Parent Bitesize. Staff training available on brief lifestyle intervention to all practitioners working with children and families being delivered via skype video. **Data October – March** **Infant Feeding** BF support calls - 815 Postnatal Breastfeeding Home Visit Appointments - 254 AF support calls - 208 AN calls - 4 Your baby and you workshops (AN) 95 mums-to-be + 63 partners 6 wk calls - 176 **ISF** ISF calls = 3 Workshop sessions - 112 mums + 25 partners **HHEYS** 61 setting accessing HHEYS award and sessions (including mental health awareness, MECC, ISF) 206 staff engaged in sessions **Healthy schools Q4** 149 sessions delivered through the program (including; fit4Life, Tobacco, alcohol, esafety) 35 healthy schools awards processed through school visit 1716 pupils engaged in programme **Fit4Life** Outreach sessions – 14 sessions 206 people attending CYP – Brief lifestyle training – 8 sessions 79 people attending
PH 03a	**Supporting commentary** The Campaign to End Loneliness #HaltOnLoneliness continues to be promoted across the borough with partner agencies. We have ran a number of events encouraging older people to get together and make new friends.. In October for Older People Day we held a free Get Together where 70 people attend at Grangeway and 80 people at Upton Community Centre. Everyone had a great time. In December we organised a Christmas Party for 130 Older people at the Holiday Inn in Runcorn. There was a three course meal, live entertainment and a gift provided. We had great feedback from the event. We ran an Active Ageing event for a group of adults with learning disability and an event with Onward Housing to promote positive wellbeing for their tenants including support to tackle loneliness.

	In February we supported Age UK Mid Mersey to roll out their Do You See Me campaign. The campaign is about challenging people's perception of older people. As part of this we undertook an intergenerational project with a group of beauty therapy students who were due to commence a work placement in a sheltered housing scheme and care home setting that we had organised. The session was about challenging their perceptions and making them realise that regardless of age we all shared common interests. Following the session the student went on to spend time within a number of care settings and spent time talking to older people and sharing stories. Unfortunately due to COVID19 and the lockdown measures this had to stop in March however we hope to restart this in the future. In March, before the lockdown, we promoted the March on Loneliness campaign, where we were encouraging people across the Borough to March on Loneliness, any time any place and share their photos on social media using the Hashtag @HalOnLoneliness. We involved care home residents providing them with Pedometers and setting the challenge for them to count their steps in aid of the campaign and post on social media. . It helped encourage people be more active as well as raise awareness of loneliness. Between October and March we have ran 4 Age Well Training sessions which are aimed at front line professionals working with people in the community, to make them aware of the issues of loneliness and what support is available. We have trained 48 people within this period.
PPH 03b	**Supporting commentary** The falls Steering group continues to meet on a Bi Monthly basis. The membership of the group consists of wide representation from local stakeholders including, Halton Borough Council – Public Health, Adult Social Care, Bridgewater Community NHS Trust, Halton CCG, Warrington and Halton NHS Hospital Trust, Northwest Ambulance Service (NWAS), Primary Care colleagues and voluntary sector colleagues i.e. Age UK Mid Mersey, British Red Cross. The Falls steering group has overseen a number of collaborative promotional campaigns/ events to provide advice and guidance to the local community on how to prevent or reduce the risk of a fall. We organized a collaborative community falls prevention event in February 2020 which was well attended by the community. . In collaboration with Active Halton the steering group has ensured that there are sufficient opportunities across the borough to encourage older people to engage in some form of physical activity. In this quarter a number of new community classes have been developed that include Stay Strong Stay Steady, Rock Steady, Active Bingo, and Chair based exercise class. There have also been an increase in the number of health walks taking place across the borough, the latest being ran by British Red Cross in Victoria Park. A specific work stream has also been undertaken in care homes to improve the overall wellbeing of residents and to reduce their risk of falls. In December we ran a Shimmer my Zimmer competition where by residents were invited to

	personalize their walking frames with Christmas theme designs. This is an evidence based initiatives that has been seen to reduce the risk of falls in care homes by 60%. 21 residents over 7 care homes took part in this competition. A falls triage pilot commenced in September 2019 with a controlled group of people who are deemed at risk of falls. The aim of this pilot is to review the patient's journey, map the various referral pathways and to see where the greatest demand is on local treatment services. Intelligence gathered from this pilot will enable the Falls steering group to make recommendations and inform the commissioning of an integrated, evidenced based, falls prevention pathway across Halton. Up to the end of February 2020 460 falls incident forms have been triaged which is an average of 17 per week. These have all resulted in onwards referrals to the most appropriate service. 65% of the total number of incident were people who had fallen on more than one occasion. Key Findings: o 25% of the repeated faller cases were already open to a Social Worker or Occupational Therapist, who were notified of the falls. o 13% were referred onto the Falls Intervention Service. o 13% underwent a further triage phone call to determine the correct service to refer onto o 10% were referred onto the Rapid Access Rehabilitation Service. o 10% declined any intervention o 6% were admitted into hospital 35% of the total number of incidents were single cases of falls. Key findings: o 35% of these incidents received an information pack with the relevant information to be able to self-refer to falls services o 15% were admitted into hospital o 16% were already open to a worker and the worker was notified of the fall. o 7% referred to RARS o 7% Declined any intervention A report reviewing the progress of the integrated pathway and key findings was due to be presented to the Health and Wellbeing Board on the 25th March however this meeting was subsequently canceled with the outbreak of COVID19 and the lockdown measures put in place.
PH 03c	**Supporting commentary**
PH 04a	Flu activity continued through the quarter with an extension of the provision through GP practices as a result of previous delays in vacine supply. There was an improvement on the Q2 position but the final out turn was still below target levels. **Supporting commentary** Halton continues to work towards a reduction in the number of young people admitted to hospital due to alcohol. The Youth Service provides interventions and support for young people, and the Healthy Schools programme contains elements of information and awareness regarding substance misuse.

PH 04b	**Supporting commentary** Halton continues to work through the objectives of the alcohol strategy and engage partners in approaches to reduce the impact of harmful drinking. We have been successful in a bid across C&M for the delivery of Fibroscan machines which are able to identify early effects of alcohol harm on the liver. Two of these machines will initially be available in the Halton area and hope to identify liver problems early and further enable discussions about alcohol harms. Awareness is raised within the local community of safe drinking recommendations and local alcohol support services through social media campaign messages and promotion events across the borough. We are working with partner organisations to influence government policy and initiatives around alcohol such as the 50p minimum unit price for alcohol, restrictions of alcohol marketing and public health as a fifth licensing objective. The Stop Smoking Service continues to deliver Audit C screening and offers Brief Advice, when appropriate, during consultations with clients who are stopping smoking and who also wish to reduce their alcohol intake. To date over 646 clients have received Audit C screening from the Stop Smoking Service. Health Trainers also continue to deliver Audit C screening as part of Health Checks.
PH 04c	**Supporting commentary** We continue to monitor activity of the commissioned drug and alcohol misuse service through CGL and see good numbers of people referred for treatment and support. The quarter saw the start of work with the Homeless Hostels to provide a deicated nursing service as well as increased access to detoxification services. The completion of treatment rate for Halton continues to be above the PHE and CGL national average.
PH 05a	**Supporting commentary** The Heath Improvement Team provide a whole setting approach to schools and early years settings to support them to improve the mental health and wellbeing of their setting. - 11 schools are currently engaged - 29 early years setting or child minders are engaged
PH 05b	The Suicide prevention action plan is continuously updated and implemented. The plan links closely with the Cheshire and Merseyside No More Suicides strategy. Champs are leading on an area-collaborative approach to gain Suicide Safer Community Status. A real time surveillance intelligence flow is in place which enables faster identification of potential trends and clusters but also provides an opportunity for population level interventions when details of potential suicides are received. The suicide prevention campaign toolkit is being revisited with a view to be updated reflecting emerging risks in the current pandemic. A task and finish group has been established to plan additional work that can be carried out to mitigate against those at increased risk of

	suicide due to the pandemic. The local anti stigma Time to Change Halton campaign tackling mental health stigma in young people and adult men had to adapt to having a more online presence due to the pandemic. Work has still been taking place with champions to develop local resources for when lockdown has eased including Local Time to Change Champions (all of who are male) developing a series of videos to share their lived experience and tackle mental health stigma. Champs work to address: self harm, middle aged men, quality improvement within mental health trusts, primary care staff, workforce development training and developing a lived experience network has been placed on hold due to the pandemic. A new local Mental Health website has been laucnhed with the aim of supporting those who work and live in Halton to navigate support available. Since its launc on 14th of February it has recevied **1288** page views with **211** being covid related. A new local mental health crisis telephone number was launched during the pandemic and is available 24 hours a day for both children and young people and adults**. 49** Halton residents have accessed the information for needing help now in a mental health crisis via the local mental Health info point web page in Q4.
PH 05c	**Supporting commentary** A variety of training is provided to early years settings, schools, workplaces and the community. Mental health awareness training for adults 32 Mental health awareness for managers 22 Stress Awareness training for adults 85 Stress Awareness training for managers 0 Suicide Awareness training 26 Mental health awareness for early years settings 21 Mental Health awareness training for staff who work with CYP 53 Self Harm awareness training for staff who work with CYP 35

Key Performance Indicators

Ref	Measure	17/18 Actual	18/19 Target	Q4	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	64.5% (2017/18)	66.5% (2018/19)	66.1% (2018/19)	✗	↑
PH LI 02a	Adults achieving recommended levels of	62.8% (2017/18)	64.2% (2018/19)	68.6% (2018/19)	✓	↑

	physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)					
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	862.71 (2018/19)	848.0 (2019/20)	894.6 (2019/20) Provisional		
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	58.6 (2016/17-18/19)	55.6 (2017/18-2019/20)	59.4 (2017/18-2019/20)		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	15.0% (2017)	14.8% (2018)	17.9% (2018)		
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	33.7% (2017/18)	33.2% (2018/19)	Annual Data		
PH LI 03c	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	88.4 (2016-18)	88.9 (2017-19)	85.3 (2017-19) Provisional		

PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	170.9 (2016-18)	170.9 (2017-19)	167.0 (2017-19) Provisional		
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	53.5 (2016-18)	50.5 (2017-19)	52.5 (2017-19) Provisional		
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	349.7 (2018/19)	337.7 (2019/20)	388.3 (2019/20) Provisional		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	9.7% (2017/18)	9.4% (2018/19)	7.2% (2018/19)		
PH LI 05ai	**Male** Life expectancy at age 65 (Average number of years a person would expect to live based on	17.5 (2015-17)	17.6 (2016-18)	17.4 (2016-18)		

	contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*					
PH LI 05aii	**Female** Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*	19.3 (2015-17)	19.4 (2016-18)	19.7 (2016-18)		
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2970.0 (2018/19)	2900.0 (2019/20)	2833.6 (2019/20) Provisional		
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	72.0% (2018/19)	75.0% (2019/20)	71.6% (2019/20)		

Supporting Commentary

PH LI 01 - The percentage increased in 2018/19, and has failed to meet the set target.

PH LI 02a - The percentage increased in 2018/19 and met the set target.

PH LI 02b - Provisional data for 2019/20 indicates that, the target was not met for alcohol-related admissions episodes. The rate of admissions exceeded the target and was higher than the rate seen in 2018/19.
Data is provisional; published data will be released later in the year

PH LI 02c - Provisional data for 2017/18-2019/20 indicates that the target was not met for alcohol-specific admissions among those aged under 18. The rate of admissions exceeded the target and was slightly higher than the rate seen in 2018/19.
Data is provisional; published data will be released later in the year

PH LI 03a - Data was fed back in the Q3 2019/20 QMR document and is published annually. The next smoking prevalence data (for 2019) should be available after July 2020.

PH LI 03b – Data is released annually.

PH LI 03c - Provisional data suggests that the target has been met. This is due to the rate decreasing since 2016-18.

PH LI 03d – Provisional data suggests that the target has been met. This is due to the rate decreasing since 2016-18.

PH LI 03e - Provisional data indicates that it is unlikely the 2017-19 target will be met. However, the rate did decrease slightly from 2016-18.

PH LI 04a - Provisional data indicates the target for self-harm admissions (all ages) was not achieved for 2019/20. The rate for 2019/20 also shows an increase from the previous year.
Data is provisional; published data will be released later in the year

PH LI 04b - The percentage decreased during 2018/19, which means the target was met.

PH LI 05ai - The target for 2016-18 wasn't met and the male life expectancy at age 65 has decreased very slightly from the previous year.

PH LI 05aii – The target for 2016-18 was met and the female life expectancy at age 65 has increased from the previous year

PH LI 05b – Provisional data indicates the target for falls admissions (ages 65+) was achieved for 2019/20. The rate for the year was lower than the target and the equivalent rate for 2018/19.
Data is provisional; published data will be released later in the year

PH LI 05c - The target for 2019/20 was not achieved and the achievement for this year remains below the national 75% target

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT

Revenue Budget as at 31st March 2020

	Annual Budget £'000	Actual Spend £'000	Variance (Overspend) £'000
Expenditure Excluding Care Homes			
Employees	13,858	13,712	146
Premises	429	445	(16)
Supplies & Services	950	970	(20)
Aids & Adaptations	113	101	12
Transport	228	257	(29)
Food Provision	174	182	(8)
Contracts & SLAs	536	544	(8)
Emergency Duty Team	100	108	(8)
Agency	703	713	(10)
Payments To Providers	1,492	1,493	(1)
Revenue Contrib.To Capital	44	44	0
Total Expenditure	**18,627**	**18,569**	**58**
Income Excluding Care Homes			
Sales & Rents Income	-369	-352	(17)
Fees & Charges	-676	-688	12
Reimbursements & Grant Income	-1,100	-1,110	10
Transfer From Reserves	-1,382	-1,382	0
Capitalised Salaries	-111	-121	10
Government Grant Income	-882	-885	3
Total Income	-4,520	-4538	18
Net Operational Spend Excluding Care Homes	**14,107**	**14,031**	**76**
Recharges			
Premises Support	490	490	0
Asset Charges	246	246	0
Central Support Services	3,027	3,027	0
Internal Recharge Income	-167	-167	0
Transport Recharges	648	648	0
Net Total Recharges	**4,244**	**4,244**	**0**
Net Department Expenditure Excluding Care Homes	**18,351**	**18,275**	**76**
Care Homes Net Expenditure	**3,905**	**5,046**	**(1,141)**
Net Department Expenditure Including Care Homes	**22,256**	**23,321**	**(1,065)**

Comments on the above figures

In overall terms, the Net Department Expenditure, excluding the Complex Care Pool and Care Homes division, was £76,000 below budget at the end of the of the 2019/20 financial year. The budget savings approved by Council in March 2019 in relation to the 2019/20 base budget were achieved in full.

A net overspend of £1,141,000 against budget was recorded for the Care Homes Division, further narrative is recorded below. Overall this results in a net overspend for the Adult Social Care Department (excluding the Complex Care Pool) of £1,065,000.

The financial report includes expenditure and income related to the Housing Solutions division, which includes the Housing Solutions advisory service, 2 permanent and 1 temporary traveller sites, and the grant-funded Syrian Resettlement Programme. These services have a combined net budget of £604,000, expenditure was to budget for the year.

Employee costs were £146,000 under budget, due to savings made on vacancies within the department. Employee budgets are based on full time equivalent staffing numbers of 427. The staff turnover saving target in relation to vacant posts is £502,000, and this was achieved in full.

A number of new contracts in relation to transport for Adults with Learning Difficulties commenced in the third quarter of the financial year, resulting in an overspend of £29,000 for the year. Whilst this overspend was offset by savings in staff costs consideration will need to be given as to how these increased costs will be funded from the 2020/21 budget year onwards.

CARE HOMES DIVISION

Revenue Budget as at 31st March 2020

	Annual Budget £'000	Actual Spend £'000	Variance (Overspend) £'000
Expenditure			
Madeline McKenna	530	713	(183)
Millbrow	1,580	2,141	(561)
St Luke's	1,054	1,398	(344)
St Patrick's	741	794	(53)
Net Division Expenditure	**3,905**	**5,046**	**(1,141)**

Comments on the above figures

Overall the Net Care Homes Divisional Expenditure is £1,141,000 over budget at the end of the financial year.

The Care Homes Division was created during the third quarter of 2019/20 after the acquisition of two additional homes, St Luke's in Runcorn and St Patrick's in Widnes in

October 2019. The new Care Homes Division contains 4 homes, Madeline McKenna and Millbrow which transferred from the Complex Care Pool Division, along with the new homes, St Luke's and St Patrick's. They have a combined budget of £3.905M based on 100% occupancy levels.

Madeline McKenna Care Home

Madeline McKenna is a 23 bed residential care home with a budget of £530,000. At the end of the financial year the net expenditure is £183,000 over budget.

Employee related expenditure is £119,000 over budget, with £46,000 spent on overtime and £104,000 on agency staff covering vacant posts. Following an in year staffing restructure, vacancies have been advertised and most have been now been filled. However, the restructure included the harmonisation of terms and conditions that has added pressure to the staffing budget and this will continue to be a budget pressure in 2020/21.

Premises related expenditure is £58,000 over budget. The main areas of concern are repairs and maintenance to the building and utility bills. The costs for repairs and maintenance will continue to be a budget pressure in 2020/21.

Millbrow Care Home

Millbrow is a 44 bed residential and nursing care home with a budget of £1,580,000. At the end of the financial year, Millbrow's net expenditure is £561,000 over budget profile.

Employee related expenditure is £533,000 over budget, with £34,000 spent on overtime and £1,120,000 on agency staff covering vacant posts. Following an in year staffing restructure, vacancies have been advertised and most have now been filled. However, the restructure included the harmonisation of terms and conditions that has added pressure to the staffing budget and this will continue to be a budget pressure in 2020/21.

Premises related expenditure is £17,000 over budget. The main area of concern is repairs and maintenance to the building. However, a major refurbishment of the home is planned to start at the beginning of the 2020/21 financial year, which should in the medium-long term reduce expenditure in this area.

Expenditure on food provision is £14,000 over budget profile. This is despite an increase in budget from 2018/19 of £12,000. With the council's increased portfolio of care homes, this has opened up procurement opportunities, which could produce cost savings in this area amongst others in 2020/21.

St Luke's Care Home

St Luke's is a 56 bed care home providing residential and nursing care specialising in support for older people with dementia. Halton Borough Council acquired the care home in October 2019. The budget is £1,054,000. At the end of the financial year, St Luke's net expenditure is £344,000 over budget.

Employee related expenditure is £251,000 over budget, with £48,000 spent on overtime and £387,000 on agency staff covering vacant posts following the transfer of staff to Halton Borough Council. Work is already underway to review the staffing requirements for rotas at the care home. However, this will continue to be a budget pressure in 2020/21.

Premises related expenditure is £41,000 over budget. The main areas of concern are repairs and maintenance to the building and utility bills. The costs for repairs and maintenance will continue to be a budget pressure in 2020/21. Halton Borough Council inherited the utility suppliers, but arrangements have been made to transfer to corporate contracts.

Expenditure on food provision is £33,000 over budget. With the council's increased portfolio of care homes, this has opened up procurement opportunities, which could produce cost savings in this area amongst others in 2020/21.

St Patrick's Care Home

St Patrick's is a 40 bed dementia care nursing home. Halton Borough Council acquired the care home in October 2019. The budget is £741,000. At the end of the financial year, St Patrick's net expenditure is £53,000 over budget.

Employee related expenditure is £24,000 over budget, with £30,000 spent on overtime and £126,000 on agency staff covering vacant posts following the transfer of staff to Halton Borough Council. Work is already underway to review the staffing requirements for rotas at the care home. However, this will continue to be a budget pressure in 2020/21.

Premises related expenditure is £10,000 over budget. The main areas of concern are repairs and maintenance to the building and utility bills. The costs for repairs and maintenance will continue to be a budget pressure in 2020/21. Halton Borough Council inherited the utility suppliers, but arrangements have been made to transfer to corporate contracts.

This new division needs to be carefully monitored and will continue to be a pressure on the Council's budget in 2020/21.

Capital Projects as at 31st March 2020

	2019-20 Capital Allocation £'000	Actual Spend £'000	Total Allocation Remaining £'000
Bredon	30	28	2
Carefirst Upgrade	362	362	0
Orchard House	407	215	192
Purchase of 2 Adapted Properties	512	142	370
Total	1,311	747	564

Comments on the above figures:

The Orchard House allocation relates to the purchase and re-modelling of a previously vacant property, to provide accommodation for young adults who have a Learning Disability and Autism. The scheme was approved by Council on 15 November 2018. The £407,000 capital allocation reflected the projected remodelling and refurbishment costs of the property following its purchase in March 2019. The remaining capital allocation has been

carried forward to 2020/21, which, together with additional confirmed funding from NHS England, will enable the scheme's completion.

The capital allocation for the purchase of land and construction of 2 properties relates to funding received from the Department Of Health under the Housing & Technology for People with Learning Disabilities Capital Fund. The funding is to be used to meet the particularly complex and unique needs of two service users. The purchase of suitable land was completed in September 2019, and construction work is set to start in 2020/21. It is anticipated that the full cost of the project will be met from the original grant funding.

Complex Care Pool as at 31st March 2020

	Annual Budget £'000	Actual £'000	Variance (Overspend) £'000
Expenditure			
Intermediate Care Services	6,063	6,106	(43)
B3 beds	1,175	1,175	0
Oakmeadow	1,331	1,403	(72)
End of Life	200	180	20
Sub-Acute	1,940	1,907	33
Joint Equipment Service	613	682	(69)
CCG Contracts & SLA's	2,974	2,970	4
Inglenook	125	80	45
Intermediate Care Beds	599	599	0
BCF schemes	155	139	16
Carer's Centre	359	359	0
Adult Health & Social Care			
Residential & Nursing Care	20,928	21,513	(585)
Domiciliary & Supported Living	13,091	13,273	(182)
Direct Payments	9,853	10,931	(1,078)
Daycare	445	524	(79)
Carer's Breaks	394	313	81
Total Expenditure	**60,245**	**62,154**	**1,909**
Income			
Residential & Nursing Income	-6,958	-6,879	(79)
Care Homes Income	-1,533	-1,355	(178)
Community Care Income	-1,445	-1,511	66
Direct Payments Income	-581	-684	103
Winter Pressures	-639	-639	0
BCF	-10,377	-10,377	0
CCG Contribution to Pool	-15,129	-16,309	1,180
ILF	-656	-656	0
Oakmeadow Income	-604	-600	(4)
Income from other CCG's	-113	-113	0

Transfer from reserve	-319	-319	0
Other income	-47	-47	0
Total Income	**-38,401**	**-39,489**	**1,088**
Net Operational Expenditure	**21,844**	**22,665**	**(821)**

Comments on the above figures

The overall position for the Complex Care Pool budget is £821,000 over budget at the end of the financial year, of which £762,000 relates to the Adult Health & Social Care budget. The pressures on this budget have been significant, particularly with regard to continuing demand on the Adult Health & Social Care budget.

Intermediate Care Services, which includes the Therapy and Nursing teams, Rapid Access Rehabilitation (RARS) and the Reablement service, is £44k over budget. This service has delivered additional care than originally planned due to increased demand, resulting in an overspend position at the end of the financial year.

Spend on sub-acute services was £32,000 below the available budget due to savings on the main contract and the GP cover contract both with Warrington & Halton NHS.

The Joint Equipment Service overspent by £69,000 at the end of March. In addition to the rental costs of a specialist mattress costing £25,000 for one client based at Ferndale Court, there was a charge of £44,000 due to an increase in stock levels held at the end of the financial year.

The net spend for Adult Health & Social Care is a cumulative £1,944,000 over the available budget, of this £762,000 is the share for HBC and £1,182,000 for HCCG. HCCG have been invoiced for their share of the overspend. An analysis of the financial performance can be found below:

Residential & Nursing Care

HBC

The average number of HBC funded residential placements has increased by 2.3% from 2018/19 to 2019/20. The average weekly cost of a residential care package is currently £573 compared to £541 in April 2019 an increase of 6% in line with increases to providers.

HCCG

In contrast, the average number of clients in receipt of a fully health funded permanent residential & nursing package has fallen by 23% from 84 in 2018/19 to 65 in 2019/20. The average weekly cost of a care package has increased by 24% from £821 in April 2019 to £1,019 in March 2020.

Joint Funded

The average number of joint funded packages has increased over 5% from 2018/19 to 2019/20. However, the average cost of a residential package has increase by 30% from April 2019 to March 2020 from £968 to £1,247.

Domiciliary Care (including Supported Living)

HBC
The average total number of clients in receipt of a home care package, funded by social care, has reduced by over 4% from 2018/19 to 2019/20. The cost of an average package of care has increased by 7% from April 2019 to March 2020.

HCCG
The average number of health funded clients has reduced by 16% from April 2019 to March 2020. The average cost per week has increased by 9% during the financial year.

Joint Funded
The average number of joint funded clients has reduced by 11% from 2018/19 to 2019/20 however; there has been little change in the average weekly cost of packages through the year.

Direct Payments

HBC
The average number of HBC funded clients receiving a Direct Payment has increased by 7% (472 to 505) from 2018/19 to 2019/20. The average cost of a DP package is currently £369 per week compared to £318 in April 2019, an increase of 16%.

HCCG
In terms of health-funded clients, the average number of fully health-funded clients has slightly increased from 30 in 2018/19 to 32 in 2019/20. The average cost of a fully health funded DP is currently £1,088 per week, compared to £995 in April 2019.

Joint Funded
The average number of joint-funded clients has increased from 47 in 2018/19 to 51 in 2019/20. The average weekly cost of a DP has risen by 23% from £446 in April 2019 to £550 in March 2020.

Health and Social Care Outturn by Funding Stream

HBC Summary

HBC

Service Type	Annual Budget £000	Actual Spend Year-end £000	Out-turn Variance Under / (Over) £000
Residential & Nursing Care	11,621	11,925	(304)

Domiciliary Care, Supported Living & Day Care	7,061	6,956	105
Direct Payments	7,735	7,869	(134)
Residential & Nursing Income	-8,491	-8,234	(257)
Domiciliary Care Income	-1,445	-1,511	66
Direct Payments Income	-581	-684	103
ILF	-656	-656	0
Residential Income from other CCG's	-112	-112	0
TOTAL	**15,132**	**15,553**	**(421)**

HBC Joint Funded

Service Type	**Annual Budget £000**	**Projected Spend / - Inc. to Year-end £000**	**Projected Out-turn Variance Under / (Over) £000**
Residential & Nursing Care	1,707	1,922	(215)
Domiciliary Care, Supported Living & Day Care	1,461	1,336	126
Direct Payments	405	656	(251)
TOTAL	**3,573**	**3,914**	**(341)**

TOTAL HBC	**18,705**	**19,467**	**(762)**

HCCG Summary

HCCG CHC & FNC

Service Type	**Annual Budget £000**	**Projected Spend to Year-end £000**	**Projected Out-turn Variance Under / (Over) £000**
Residential & Nursing Care	3,591	3,533	58
Domiciliary Care, Supported Living & Day Care	1,801	2,172	(371)
Direct Payments	1,309	1,751	(442)
FNC - Residential & Nursing Care	1,043	1,058	(15)
TOTAL	**7,744**	**8,514**	**(770)**

HCCG Joint Funded

Service Type	Annual Budget £000	Projected Spend to Year-end £000	Projected Out-turn Variance Under / (Over) £000
Residential & Nursing Care	2,004	2,123	(119)
Domiciliary Care, Supported Living & Day Care	1,461	1,504	(43)
Direct Payments	405	655	(250)
TOTAL	**3,870**	**4,282**	**(412)**

TOTAL HCCG	**11,614**	**12,796**	**(1,182)**

Pooled Budget Capital Projects as at 31st March 2020

	2019-20 Capital Allocation £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	590	587	3
Stair lifts (Adaptations Initiative)	240	235	5
RSL Adaptations (Joint Funding)	245	245	0
Oak Meadow Redesign	105	85	20
Millbrow	139	138	1
Madeline McKenna Care Home	30	30	0
St Luke's Care Home	1,300	1,035	265
St Patrick's Care Home	1,100	1,045	55
Total	**3,749**	**3,400**	**349**

Comments on the above figures:

The scheme to refurbish Oak Meadow followed recommendations made in the Care Quality Commission report of December 2018. This scheme was wholly funded by government grant income, and an agreed contribution from St Helen's and Knowsley Teaching Hospitals NHS Trust. The project commenced in the winter of 2018; the £105,000 capital allocation in 2018/19 represented the funding carried forward from the previous financial year to enable the project's completion. The scheme is now complete, the residual funding of £20k is required to fund outstanding retention payments in early 2020/21.

Both St Luke's and St Patrick's care homes were purchased by Halton Borough Council on 30 September 2019.The two establishments are now under the management of the Council's Adult

Social Care department. The remaining capital allocations at year-end have been carried forward to 2020/21 to allow the continuation of refurbishments.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 31 March 2020

	Annual Budget £'000	Actual £'000	Variance (overspend) £'000
Expenditure			
Employees	3,696	3,656	40
Premises	5	5	0
Supplies & Services	254	226	28
Contracts & SLA's	6,526	6,526	0
Transport	10	7	3
Agency	18	19	(1)
Transfer to Reserve	38	38	0
Total Expenditure	**10,547**	**10,477**	**70**
Income			
Fees & Charges	-102	-89	(13)
Government Grant	-9,919	-9,919	0
Reimbursements & Grant Income	-484	-452	(32)
Total Income	**-10,505**	**-10,460**	**(45)**
Net Operational Expenditure	**42**	**17**	**25**
Recharges			
Premises Support	143	143	0
Central Support Services	726	726	0
Transport	23	22	1
Net Total Recharges	**892**	**891**	**1**
Net Department Expenditure	**934**	**908**	**26**

Comments on the above figures

In overall terms, the Net Department Expenditure for the year ending 31st March 2020 is £26,000 under budget

Employee costs are £40,000 under budget due to savings on a small number of vacancies and reductions in hours, within the Health & Wellbeing Division. The staff turnover saving target of £32,000 is achieved in full.

Expenditure on supplies and services was kept to essential items only throughout the year and actual expenditure is £28,000 below budget at the end of the financial year.

Income received is less than that anticipated at budget setting time. This is in the main due to saving targets of £50,000 included in the Department's budget, which has not been

achieved. Pest control income is also below budget. Due to staff sickness, it has been difficult to provide a full pest control service, however this shortfall in income is offset by the reimbursement from Wirral LA for services provided by the PH Consultant.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

Green		*Indicates that* **performance is better** *as compared to the same period last year.*
Amber		*Indicates that* **performance is the same** *as compared to the same period last year.*
Red		*Indicates that* **performance is worse** *as compared to the same period last year.*

N/A	*Indicates that the measure cannot be compared to the same period last year.*