

Public Document Pack



**Health Policy and Performance Board
Tuesday, 29 June 2021 at 6.30 p.m.**

**The Council Chamber, Runcorn Town
Hall**

A handwritten signature in black ink, appearing to read 'David W R', positioned above a grey rectangular stamp.

Chief Executive

BOARD MEMBERSHIP

Councillor Peter Lloyd Jones (Chair)	Labour
Councillor Sandra Baker (Vice-Chair)	Labour
Councillor Angela Ball	Labour
Councillor Laura Bevan	Labour
Councillor Dave Cargill	Labour
Councillor Eddie Dourley	Labour
Councillor Andrew Dyer	Green Party
Councillor Louise Goodall	Labour
Councillor Rosie Leck	Labour
Councillor Margaret Ratcliffe	Liberal Democrats
Councillor John Stockton	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, 28 September 2021*

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

Part I

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<p>Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.</p>	
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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 on Tuesday, 23 February 2021 held remotely

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

Apologies for Absence: Councillors P. Hignett and Zygadlo

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, M. Vasic, A. Jones, D. Nolan, L Wilson, H. Moir, K. Bazley and D. Parr

Also in attendance: Councillors Wright and Philbin, J. Bene and A. Yates – Cheshire & Merseyside Health and Care Partnership and one member of the press.

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

HEA28 MINUTES

The Minutes of the meeting held on 24 November 2020 having been circulated were signed as a correct record.

HEA29 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

HEA30 HEALTH AND WELLBEING BOARD MINUTES

The minutes from the Health and Wellbeing Board meeting held on 7 October 2020 provided for the information of the Board.

RESOLVED: That the minutes be noted.

HEA31 HEALTH REFORMS

The Board considered a report, which advised Members on the proposed reforms regarding integration of health and social care. The Chair welcomed Jackie Bene

Action

(Chief Executive) and Alan Yates (Chair) from the Cheshire and Merseyside Health and Care Partnership (C&MHCP), who presented the item.

The guests advised the Board of the national development of the integrated framework and the local application of this framework across Cheshire and Merseyside, and how these two matters were linked.

Members were referred to Appendix one which highlighted some consultation responses to the proposals from the Liverpool City Region (LCR) and Appendix two, which gave some examples of points for consideration at the meeting today.

In response to Board Member's queries and concerns on the proposals, the following information was provided:

- The framework would allow local authorities to make their own arrangements at a local level. The main body pulling together plans for Halton would be the Health and Wellbeing Board (HWBB), in partnership with other agencies, who would represent the health needs of the local population;
- Each local authority would have a representative on the overarching Board, eg the Chair of the HWBB;
- There will be opportunity at a local level for challenging the arrangements alongside partners;
- It was noted that there were omissions in the Paper and lack of detail around social care and care homes, but this could be developed at a local level with flexibility to suit need;
- The 'Discharge and Assess' model was seen as preferable to assessing then discharge, which was highlighted during the Pandemic;
- 'One Halton' would remain the driving force for Health reforms in Halton;
- A reliable IT system that worked for all was imperative to the success of the integration as so many users will be involved;
- It was recognised that strong relationships between communities, agencies and the local authority was important to develop deep knowledge of local people and this ethos would be supported under the new framework;
- It was hoped that in 3 years time the integrated programme would result in better partnership working, improved health of the local population,

reduced inequalities and an overall improved service for the benefit of the population of Halton.

RESOLVED: That the report, appendices and comments made be noted.

HEA32 PUBLIC HEALTH RESPONSE TO COVID-19

The Board received a report and supporting presentation from the Public Health Department, on the most recent data on COVID-19, including an update on Halton outbreak support team activity and the most recent information on testing and vaccination for the people in Halton.

Following Members questions the following was noted:

- The Public Health Team had been working alongside the Environmental Health Team in relation to work place safety for employees and support and guidance had been provided to them. A paper had been sent from Halton to the Department of Health with recommendations which may help with reducing outbreaks in work places;
- Daresbury Ward showed a higher infection rate which could be attributable to the high number of work places situated there on sites such as Daresbury Sci-Tech and Manor Park; and
- Testing in schools had begun in readiness for 8 March. Although Covid-19 infection rates amongst children in schools were low, all the required safety measures would be in place to protect children and staff.

On behalf of the Board the Chair thanked the Public Health team for their hard work for the people of Halton, at this unprecedented time.

RESOLVED: That the presentation be noted.

HEA33 POPULATION MENTAL HEALTH INCLUDING SUICIDE PREVENTION

The Board received a report from the Strategic Director – People, which provided an update regarding population mental health prevention work that had been

taking place during the Covid-19 Pandemic, including suicide prevention.

It was reported that mental health population involved an upstream approach targeting the majority of the population to keep people well. It used a whole systems approach to improving mental health and wellbeing and involved working in partnership with both statutory and voluntary organisations. The Health Improvement Team led on this area of work which fell into the following categories:

- Developing the workforce and communities;
- Tackling stigma and increasing awareness of support available;
- Supporting organisations to make positive changes in how they operate; and
- Suicide prevention.

The report provided detailed commentary and data on the work and activity carried out within each of these categories since April 2020.

RESOLVED: That the report be noted.

HEA34 INTERMEDIATE CARE SERVICES IN HALTON

The Board considered a report from the Strategic Director – People, which provided an update on Halton's Intermediate Care (IC) Services Review and progress towards the development of a new model for Intermediate Care in the Borough.

It was reported that in 2019, Halton commissioned a review of IC Services which included: an independent review via the Local Government Association (LGA) (this was attached at appendix 1); a North West Association of Directors of Adult Social Services (NWADASS) Peer Review (attached at appendix 2); and an 'Organisational Raid' to Rochdale, to view the service pathways and models operating in the Borough.

The Board received a summary of the recommendations/issues in relation to IC services in Halton resulting from the review. Members were advised that following this an action plan was developed with a system wide oversight group and various work streams had 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. It was noted that this work was paused in March 2020 due to the

coronavirus pandemic; the report outlined the impact of this on the action plan. The new IC model was also discussed, particularly with reference to the benefits of the Single Point of Access (SPA) and its Rapid Response Function (RRF).

One member provided positive feedback on the Frailty Team and commented that it was hoped to make this service long term. With regards to the training of Domiciliary Care staff at Warrington and Halton hospitals, this had ceased due to the progress of the new model. Comments made at the peer review with regards to the availability of information for the general public was picked up and a communications plan would be included on the action plan.

RESOLVED: That the report and appendices be noted.

Director of Adult Social Services

HEA35 SAFEGUARDING

The Board considered a report which highlighted the key issues with respect to the impact of Covid-19 on safeguarding in care homes.

It was noted that the current global Covid-19 Pandemic was unprecedented and the impact for individuals, families, communities and wider society was significant and long lasting. It had touched every part of people's lives and had required individuals and organisations to adapt to new daily interactions, social distancing, shielding, undertaking assessments by phone or using digital solutions to continue essential business. Further, many of the existing protective factors in the lives of adults at risk of abuse and harm had been temporarily absent or limited.

Members received information on the significant and sustained impact Covid-19 had had on the care home and domiciliary care sectors, for both residents and staff. It was noted that a Care Home Resilience Group had been established, chaired by the Director for Adult Social Care, which oversees work undertaken by all partners within the Borough in relation to care homes.

It was commented that nationally there was concern over the number of vacancies in care homes and the viability of some because of this. The situation was being monitored in the Borough.

RESOLVED: That the report be noted.

HEA36 SCRUTINY TOPIC – 2021/22

The Board considered a draft Topic Brief for the 2021-22 Scrutiny Review, looking at local implementation of the recommendations from the North West Association of Directors of Adult Social Services (NWADASS) Elected Member Commission report into '*The impact of Covid-19 on People with Care and Support needs, their Families, Carers and Communities*'.

The Board agreed the Scrutiny Review topic and all Members were invited to participate. The meetings would commence in March 2021 and a schedule would be sent to the Board following the meeting.

RESOLVED: That

- 1) the Scrutiny Review topic is approved; and
- 2) all Members of the Board are invited to participate in the review.

Director of Adult
Social Services

HEA37 PERFORMANCE MANAGEMENT REPORTS, QUARTER 3 2020/21

The Board received the Performance Management Reports for quarter 3 of 2020-21.

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 2020-21. This included a description of factors, which were affecting the service. 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.

It was noted that some areas within the report were not being collected at this time as some metrics were in the process of being changed by central Government. Adult Social Services saw no significant changes from last year and were on currently on target.

RESOLVED: That the quarter 3 performance management reports be received.

Members made statements on the hard work and dedication of Council staff, Public Health staff and Council Partnership staff and many others working in Halton's communities during the Pandemic. Members had been approached in the community and received positive feedback many times, with the public expressing their thanks and appreciation for the help they have received.

The Board wished to congratulate and thank everybody involved for their dedication to their jobs and the communities of Halton. They stated that they were very proud of the work carried out over the past year, in these extremely challenging times.

Meeting ended at 8.00 p.m.

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board on Tuesday, 9 March 2021 held remotely

Present: Councillors J. Lowe (Chair), Dennett, Dourley, C. Loftus, Ratcliffe and D. Wilson (Healthwatch Co-optee)

Apologies for Absence: Councillors June Roberts, Sinnott and Zygadlo

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, A. Jones and L Wilson

Also in attendance: Professor Simon Constable – Chief Executive of Warrington and Halton Hospitals NHS Foundation Trust, Dr A. Davies, M. Austin, M. Stanley and L. Thompson – NHS Halton CCG, and one member of the press

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

	<i>Action</i>
HEA38 PUBLIC QUESTION TIME	
<p>It was confirmed that no public questions had been received.</p>	
HEA39 COMPLEX SPINAL SURGERY SERVICE	
<p>The Board received a report from the Chief Commissioner, NHS Halton CCG, which provided an update on the status of the realignment of Complex Spinal Surgery services across Cheshire and Merseyside.</p> <p>The Chair welcomed Professor Simon Constable, Chief Executive of Warrington and Halton Hospitals NHS Foundation Trust, who presented the item with Dr Andrew Davies of NHS Halton and Warrington CCG. Maria Austin of NHS Warrington CCG and Martin Stanley of NHS Halton CCG, were also in attendance.</p> <p>The Board was advised that NHS England in collaboration with the national programme for improvement of acute services, <i>Getting it Right First Time</i> (GIRFT), set out guidance and plans for the centralisation of complex</p>	

spinal surgery and interventions to improve the outcomes and experiences of patients. This was developed in parallel with the production of the NICE Guidelines and National Pathway for the management of lower back pain to reduce the number of patients undergoing unnecessary surgical interventions.

Following an independent review of spinal surgery services in Cheshire and Merseyside by GIRFT, a number of recommendations were made; these were presented in paragraph 3.3 of the report. It was noted that these recommendations were then adopted as the design principles for a programme of work to establish a single service model for spinal surgery in Cheshire and Merseyside.

The report outlined the key drivers for change; how spinal surgery services would work under the new model; and the local engagement plans for Halton.

The guests responded to Members questions on the proposals, and the following was noted:

- The proposed lead provider would be The Walton Centre NHS Foundation Trust, working in collaboration with Liverpool University Hospitals;
- The remaining two spinal surgeons from Warrington Hospital would be relocated to the Walton Centre;
- The Halton Hospital site was being utilised more and more and there had been an increase in the number of cancer operations carried out there, also breast cancer services had moved to the Captain Sir Tom Moore Building;
- The Walton Centre was further away from Halton than Warrington, so there would be a requirement in some cases for transport assistance for patients;
- Under the new model it was proposed that there would be no change to the location of the Outpatient (Satellite) clinics and at present this did not include one at Warrington and Halton Hospitals (WHH). However work would continue on assessing whether the demand for a clinic at WHH was warranted. It was agreed that if this changed, then the details would be shared with the Board when the update on progress towards the development of the overarching model was presented; and
- Publication of the realignment of complex spinal surgery services would take place soon to raise public awareness.

On behalf of the Board the Chair thanked the guests for their attendance and they looked forward to receiving an update on progress at a future meeting.

RESOLVED: That

- 1) the Board notes that the reconfiguration proposal was in line with the national recommendation for the centralisation of complex spinal surgery; and
- 2) the Board acknowledges that the new service configuration would provide Halton with a single point of access to a high quality, multidisciplinary led surgical service.

Director of Adult
Social Services

Meeting ended at 7.00 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 29 June 2021

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: 29 June 2021

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes from the meeting of the Health and Wellbeing Board, 20 January 2021, 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, 7 October 2020 held remotely.

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

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

Absence declared on Council business: None

Also in attendance: One member of the press

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

Action

HWB1 MINUTES OF LAST MEETING

The Minutes of the meeting held on 15 January 2020 having been circulated were signed as a correct record.

HWB2 CRF ACTION PLAN IN RESPONSE TO RAPID INCREASE IN COVID-19 CASES

The Board received a report on the Cheshire Resilience Forum Action Plan in response to a rapid increase in COVID 19 cases. It was noted that all areas of Cheshire had seen an increased incidence of COVID-19 cases in the last week (as at 14 September) with more significant increases being observed in Warrington and Halton.

In response to these concerns, the Cheshire Resilience Forum had produced an action plan, a copy of which had been previously circulated to the Board. The plan set out a summary of the epidemiological evidence for Cheshire and steps that were being taken now in response to the rapid increase in COVID-19 cases and also what steps were under consideration. The appendix at the back of

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

RESOLVED: That the contents of the report be noted.

HWB3 WINTER PLANNING

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

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

RESOLVED: That the Board

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

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

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

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

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

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

HWB5 LLOYDS BANKING UPDATE

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

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

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

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

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

The Authority had developed a suite of Contingency

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

RESOLVED: That the Emergency Plan be noted.

HWB7 ONE HALTON - UPDATE REPORT

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

RESOLVED: That the report be noted.

Meeting ended at 3.00 p.m.

REPORT TO:	Health Policy & Performance Board
DATE:	29 th June 2021
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Health Policy and Performance Board Annual Report : 2020/21
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 2020 - March 2021

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 2020/21, the Health Policy and Performance Board has examined in detail many of Halton's Health and Social Care priorities, including the impact that the Coronavirus Pandemic has had in Halton. 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 2020 - March 2021



Well, what can I say about the last year? Except that I don't believe any of us would have thought we would have gone through what we have over the last 12 months.

Like many other sectors of the economy, the Health and Adult Social Care sector has faced unprecedented challenges over the past year because of the Coronavirus pandemic.

As a result of this, like many others, the Board has had to change and adapt to the 'new norm', including new ways of working over the past 12 months in order to continue to effectively discharge its health scrutiny duties.

As a result of the national lockdown in March 2020, we and other Council Policy and Performance Boards had to adjust our work programmes for 2020/21 along with the meetings of the Boards that had been planned and how they were conducted. We were unable to formally meet as a Board at the beginning of the year, however, through the use of technology we were able to reinstate meetings of the Board in August 2020.

The Board's focus of course, over the last year, has been assessing and reviewing the impact that the pandemic has had on Health and Adult Social Care services within the Borough and have received regular update reports on the evolving situation, particularly from colleagues within Public Health. However, this has not meant we have neglected other areas of work and as such have continued to receive and review a huge range of reports, from a range of organisations, to ensure that services continue to be effectively delivered. Areas of work have included review of the National Health reforms and the impact they are going to have locally and the development of the 'Health Hub' with Runcorn Shopping City.

Finally, I would just like to take this opportunity to pass the Board's sincere thanks onto all the dedicated staff and volunteers we have working across the health and social care system in Halton, both from the statutory and non-statutory sector. I have truly been humbled over the last 12 months by the level of dedication shown. Without this level of dedication and the continued hard work of our staff and volunteers, who throughout the pandemic have continued to work in challenging and stressful environments, we certainly would not have been able to continue to deliver quality services and care to the residents of Halton at such a difficult time. Thankyou!!!

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 Zygadlo

During 2020/21, 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 five times in 2020/21. 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 2020/21.

GOVERNMENT POLICY- NHS AND SOCIAL CARE REFORM

Care Home Support Plan

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

The Board heard from the Director of Adult Social Services how, 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.

The Board heard how the plan was 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 was robust and effective.

NHS111 First

The Board received details of NHS 111 First, which is a National Programme that would be rolled out in all systems by December 2020. The Board heard how this was the point of contact, as well as GP practices, that people went to when experiencing a health issue that was not immediately life threatening. It was noted that Warrington was one of two 'early mover' sites in the North West, which went live with NHS 111 First on 8th September 2020, whilst St Helens would be going live by December 2020, which would then mean the whole of Halton's population would be covered.

Health Reforms

In February 2021, the Board welcomed the Chief Executive and Chair of the Cheshire and Merseyside Health and Care Partnership to discuss the planned national health reforms and the impact that this would have from a national, regional and local level.

Key issues discussed included details that the reforms would allow local authorities to make their own arrangements at a local level and the main forum for this would be Halton's Health and Wellbeing Board (HWBB), in partnership with other agencies, who would represent the health needs of the local population.

New structures associated with the reforms would come into force from April 2022, so the Board will be following developments closely during the next twelve months.

SERVICES

Intermediate Care Service in Halton

In February 2021, the Board was provided with an update on Halton's Intermediate Care (IC) Services Review and progress towards the development of a new model for Intermediate Care in the Borough.

The Board received a summary of the recommendations/issues in relation to IC services in Halton resulting from the IC review conducted in 2019.

Members were advised that following this 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. It was noted that this work was paused in March 2020 due to the Coronavirus Pandemic but then in November 2020 work recommenced. An overview of the new IC model was provided, particularly with reference to the benefits of the Urgent Care Single Point of Access and the Community Rapid Response Service.

Homelessness Service

In August, the Board received a report which provided an update on the homelessness service provision and activity during the pandemic. It was reported that on 26 March 2020 the Ministry of Housing, Communities and Local Government 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. It was highlighted that the new COVID-19 guidance required local authorities to accommodate all clients, regardless of 'priority need' status.

The report provided detail on Halton's response to homelessness during the pandemic and outlined future service development, agency engagement and continued activity towards reducing homelessness within the Borough.

Halton Haven Hospice

NHS Halton Clinical Commissioning Group (CCG) provided details to the Board on the changes to the service at the Hospice. The changes included the suspension of the specialist Consultant Palliative Care Led Service and the move to a Nurse Led Service for a period. The Board also noted the work that was taking place to ensure that this change was continuously reviewed and monitored through the contractual governance arrangements, to ensure that it was fit for purpose.

Halton's Urgent Treatment Centres (UTCs)

The Board has continued to monitor the development of the Halton's Urgent Care Centres to ensure that they were fully operational and designated as UTC's by the beginning of October 2020.

Members received details on the progress made to date of both UTC's, information on the core set of standards for UTCs, the areas they covered and on the clinical system developments that were in place across the Runcorn and Widnes UTC's.

Members continue to monitor developments and associated performance of these valuable local resources.

Adult Attention Deficit Hyperactivity Disorder (ADHD) Service

The Board received an update on the Adult ADHD Service following the closure of the service by North West Boroughs Community Health NHS Foundation Trust in November 2019. The report provided the background to the service and advised Members that unfortunately the primary option for the future delivery of the service was no longer viable, so a secondary option was being explored with an alternative provider. NHS Halton CCG would continue to keep the Board informed of developments.

'Health Hub' – Runcorn Shopping City

In November 2020, the Board received details on the creation of a 'Health Hub', delivering some outpatient hospital services from Runcorn Shopping City.

It was reported that a partnership between Warrington & Halton Hospitals NHS Foundation Trust, Halton Borough Council and the Liverpool City Region had developed a plan to utilise unused retail space in Runcorn Shipping City to deliver a number of clinical services. The report outlined the context, the progress made to date

and described the next steps with regard to undertaking a patient, public and staff pre-engagement and consultation exercise to consider the proposal and detail within the plans.

Halton Hospital and Wellbeing Campus

Also in November, the Board considered a report which provided an overview of progress to date of the plans for new hospital developments in Warrington and Halton and sought support from the Board to continue to progress the plans for the Halton Hospital site redevelopment and to ensure the provision of hospital services in a modern fit for purpose estate.

The need for modernisation and reconfiguration on both the Warrington and Halton sites was reiterated. This included the provision of a new hospital for Warrington and the completion of the development of a hospital and wellbeing campus on the Halton site.

The Board would continue to watch these development closely.

Winter Planning

The Board welcomed details of Mid Mersey winter planning arrangements that had been developed to ensure that high quality, safe and timely health and social care services could continue to be provided during the winter period, in addition to being able to continue to effectively respond to the Pandemic.

Safeguarding

Members received information on the significant and sustained impact Covid-19 had had on the care home and domiciliary care sectors, for both residents and staff. It was noted that a Care Home Resilience Group had been established, chaired by the Director for Adult Social Care, which had been overseeing work undertaken by all partners within the Borough in relation to care homes.

Stroke Service

In September 2020, the Board received an update on the status of the realignment of stroke services across the Mid-Mersey health economy. It was noted that previous reports to the Board had outlined that the reconfiguration of stroke services between St Helens and Warrington Hospitals had begun in 2018 and was completed by end of the same year. Details were provided on the pathways and processes of the service since the realignment and the Board welcomed the news that the work was now complete and the pathways etc. were working well and the relationship between the two acute trusts and the community stroke service remained strong.

Transforming Domiciliary Care (TDC)

An update was provided to Members regarding the TDC Programme since it commenced in 2016 which aims to improve the provision and quality of domiciliary care commissioned by Halton Borough Council. A Programme Board was established in 2018 and in 2019 the original programme of work was reviewed and updated following consultation with key stakeholders.

It was noted that the overall purpose of the Programme remained the same i.e. to provide a modern and sustainable domiciliary care service across Halton. Members

were advised that the programme's associated work streams had to be paused due to the pandemic, but would be resumed as soon as possible and work would continue to be progressed.

North West Boroughs Healthcare NHS Foundation Trust: COVID-19 Response, Restoration & Recovery of Clinical Services

The Board received details from North West Boroughs Healthcare NHS Foundation Trust in respect to the Trust's response to Covid-19 and the subsequent restoration and recovery of clinical services for the local population of Halton.

An overview of the current Trust and local Borough service delivery, patient activity including referral rates, activity levels, waiting list sizes and how and where care was being delivered was presented along with details of the process the Trust had undertaken to restore services in the short, medium and long term.

Population Mental Health (inc. Suicide Prevention) Update

The Board received a report which provided an update regarding population mental health prevention work that had been taking place during the Pandemic, including suicide prevention.

It was reported that mental health population involved an upstream approach targeting the majority of the population to keep people well. It used a whole systems approach to improving mental health and wellbeing and involved working in partnership with both statutory and voluntary organisations. The Health Improvement Team led on this area of work which fell into the following categories:

- Developing the workforce and communities;
- Tackling stigma and increasing awareness of support available;
- Supporting organisations to make positive changes in how they operate; and
- Suicide prevention.

The report provided detailed commentary and data on the work and activity carried out within each of these categories since April 2020.

Complex Spinal Surgery Service

At a special meeting of the Board in March 2021, the Board received a report which provided an update on the status of the realignment of Complex Spinal Surgery services across Cheshire and Merseyside.

In summary, the model of care that has been developed sets out the proposed locations and model for outpatients, non-complex spinal surgery, complex spinal surgery, and emergency spinal surgery. Under the new model, the proposed lead provider will be The Walton Centre NHS Foundation Trust, who will work in collaboration with Liverpool University Hospitals for the management of the single clinical team and workplans.

The majority of elective surgery would be carried out at the Walton Centre, performed at scale. All complex and non-elective surgery would be performed at the Walton Centre.

Under the new service model there would be no change to the location of outpatient clinics and all outpatient clinics managed by the Walton Centre would continue, with satellite clinics at Whiston, Chester, Southport, Isle of Man and Wirral.

Under the new model it is proposed that there would be no change to the location of the Outpatient (Satellite) clinics (as above) and at present this doesn't include one at Warrington and Halton Hospitals (WHH). However work will continue on assessing whether the demand for a clinic at WHH is warranted. It was agreed that if this changes, then the details will be shared with the Board when the update on progress towards the development of the overarching model is presented back to the Board.

Patient engagement has been conducted at Cheshire and Merseyside level to inform the development of this proposal, but the Board heard that this will now be conducted more locally.

POLICY

Home Assistance Policy 2020-2023 & Home Adaptations for Disabled People Policy & Procedure

The Board were presented with two policy documents, as above, which were both concerned with the Council's provision of housing adaptations to assist disabled people to continue living independently at home when appropriate. One is a public facing document and the other is aimed at staff

Members were advised of some minor changes to practice, to be brought in by these updated Policies and how these changes would align all adaptations with the successful extended warranty approach already in place for stair lifts.

SCRUTINY REVIEWS

At the Board's meeting in February 2020, it was agreed that the scrutiny topic for 2020/21 would focus on the integration of Adult Social Care with GP practices, as part of the One Halton GP Hub development. However, as a result of the Coronavirus Pandemic, it was decided that scrutiny reviews, across all Policy and Performance Boards would not take place this year.

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 reports through the year on key issues with respect to the quality of Care Homes and Domiciliary Care provision in the Borough.

INFORMATION BRIEFING

During 2020/21, 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:-

- Healthwatch Halton Annual Report 2019/20
- Halton's Suicide Prevention Action Plan 2015-2020 - Update on Implementation
- HBC's Adult Social Care COVID-19 Winter Plan 2020/21
- Halton Adult Social Care Workforce Development Strategy 2021-2023
- Adult Social Care Annual Report 2019/2020
- Age UK – Mid Mersey : Annual Report & Accounts 2019-20

WORK TOPICS FOR 2021/22:

A North West Association of Directors of Adult Social Services (NWADASS) Elected Member Commission was established to investigate the impact of Covid-19 on adults aged 18+, their families and communities and what this tells us about the role communities play in supporting people to live independently at home.

The report of the Commission sets out a number of recommendations for councils that look beyond the pandemic at how the learning can shape future service design.

As such, at the Board's meeting in February 2021, it was agreed that the 2021/22 work topic would focus on the local implementation of the recommendations from this NWADASS Elected Member Commission report, '*The impact of Covid-19 on People with Care and Support Needs, their Families, Carers and Communities*'.

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

REPORT TO:	Health Policy and Performance Board
DATE:	29 th June 2021
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Reconfiguration of Breast Screening, Assessment and Symptomatic Services - Warrington & Halton
WARD(S):	Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH) will provide the Board with a brief overview of the planned changes in respect to the Reconfiguration of Breast Screening, Assessment and Symptomatic Services, outcomes from the pre-consultation engagement exercise undertaken and details of the next steps in the reconfiguration process.

2.0 RECOMMENDATION: That:

- i) The Board note the contents of the report and associated presentation.

3.0 SUPPORTING INFORMATION

- 3.1 WHH, in Partnership with St Helens and Knowsley Teaching Hospital NHS Foundation trust (STHK), currently provides Breast Screening Services (Mammography), Breast Assessment and Symptomatic Breast Services across Warrington, Halton, St Helens and Knowsley.

They have recently completed a period of pre-consultation engagement with the general public but specifically focussing on users of the 3 elements of the current service across the catchment area. This was due to part of the engagement being undertaken during the pre-election period.

They were seeking their views on some service changes that are proposed that they believe will help improve the quality of the service offered and future-proof the service for future years.

4.0 POLICY IMPLICATIONS

- 4.1 None identified.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 None identified.

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 presentation being provided to the Board will directly link 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 identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

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

9.1 None under the meaning of the Act.

Reconfiguration of Breast Screening, Assessment and Symptomatic Services across Warrington & Halton

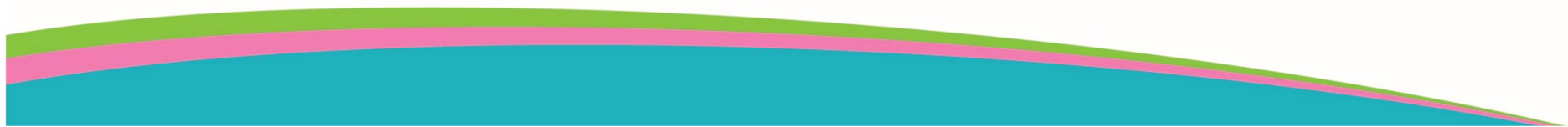
Pre-consultation engagement - outputs

Background and context

Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH), in Partnership with St Helens and Knowsley Teaching Hospital NHS Foundation trust (STHK), currently provides Breast Screening Services (Mammography), Breast Assessment and Symptomatic Breast Services across Warrington, Halton, St Helens and Knowsley.

We have recently completed a period of pre-consultation engagement with the general public but specifically focussing on users of the 3 elements of the current service across the catchment area. This was due to part of the engagement being undertaken during the pre-election period.

We are seeking their views on some service changes that we are proposing that we believe will help improve the quality of the service offered and future-proof the service for future years.



What are the proposed changes to the services?

- We plan to **relocate the Assessment Service from Kendrick Wing** on the Warrington Hospital site **to the Captain Sir Tom Moore building** on the Halton site to create a single assessment/results and rapid access symptomatic service for Warrington and Halton. The assessment service at St Helens Hospital will remain unchanged.
- We plan to **include the rapid access Outpatient Symptomatic clinics, currently provided at Warrington Hospital and Halton Hospital Delamere Centre in the new service at CSTM on the Halton site** alongside screening and the relocated assessment service.
- We will **retain Breast screening services in Warrington at either Kendrick Wing or Bath Street Health and Wellbeing Centre** to ensure all Warrington residents are able to continue to access screening in Warrington. Screening services will also continue unchanged at St Helens Hospital and the mobile screening units.



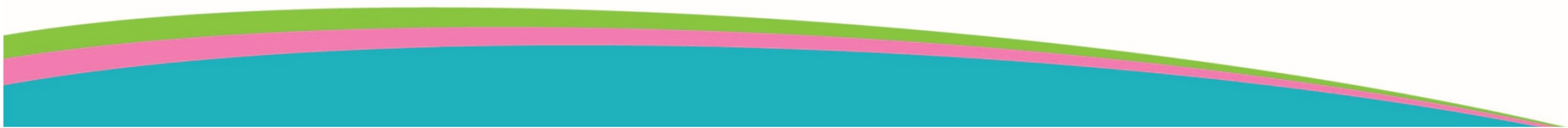
Pre-consultation engagement objectives

- To inform and involve all current and new patients of the various elements of the Breast services of the proposals and seek their input and views.
- To ensure the local population is made aware of the proposals and provided with multiple platforms to engage and participate.
- To ensure the local population is able to make alternative recommendations and suggestions relating to the proposed relocation of services.
- To ensure any emerging issues and themes are taken into account and any potential mitigating actions are considered.
- To gather views from all groups, including those that are hard to reach - to support development of a final consultation plan.



Pre-consultation Engagement Methods

- Pre-consultation engagement has taken place during April and May using the following three methods:
 - Electronic online questionnaire advertised via Trust channels incl. social media.
 - Hard copy paper questionnaire sent to a large sample of patients from the current caseload.
 - MS Teams Live sessions with an open invite to all interested parties.



Pre-consultation outcomes – Total Responses

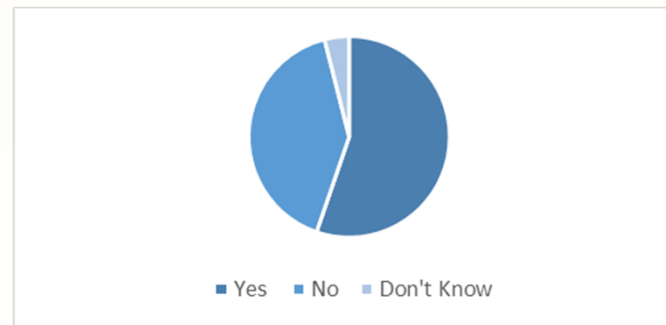
- 152 responses were received between 07.05.21 and 16.5.21:
 - 42 from online survey
 - 110 from paper forms returned to Trust
- 82% of all respondents that provided an answer have accessed services in Warrington.

	Location accessed:					
Service accessed:	Warrington	Bath St	Halton	St Helens	Mobile	No Answer
Breast Screening	70	22	21	18	7	15
Breast Assessment	42			12		
Outpatient Symptomaic Breast Services	12			6		

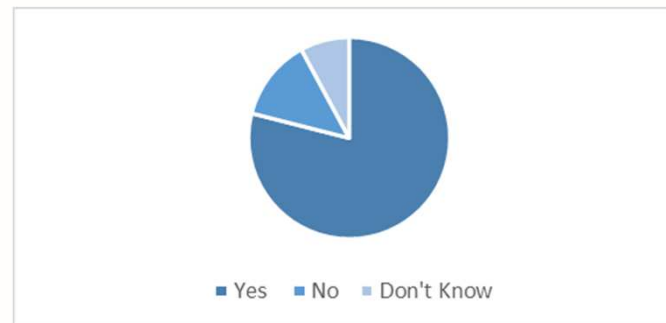


Pre-consultation Responses - Awareness

- 55% of respondents said they were aware of the proposed changes to the Breast Services at Warrington & Halton.



- 79% said they had been given enough information to form an opinion on the proposed changes.



Pre-consultation Responses – Preferred Location

- There was a range of responses to the question of where people would prefer to access Screening services (the highest % chose the CSTM building).

Preferred Location for Screening Services	Total Respondents	% of total
Warrington Hospital	54	28.0%
Warrington, Bath Street	40	20.7%
Captain Sir Tom Moore Building, Halton Site	56	29.0%
St Helens Hospital	22	11.4%
Mobile Breast Screening Unit	19	9.8%
None of these	2	1.0%
	193	

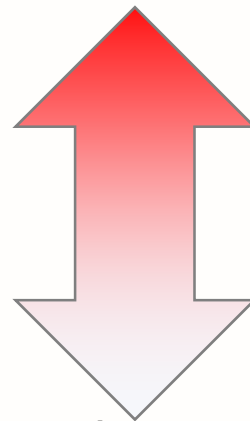
- In total, **73%** of all respondents said they would be either **“Very Satisfied”** or **“Satisfied”** to access Breast Assessment and Outpatient Symptomatic rapid access breast clinics at the Sir Captain Tom Moore Building.



Pre-consultation Responses – Critical Factors

- On average across all respondents, the factors that people felt were most important for them with regards attending a Screening or Assessment location are ranked in order below:

Most Important



Least Important

Waiting time to access the service

Outcome of treatment

Staff expertise

The location of the service

The environment and facilities

Car parking

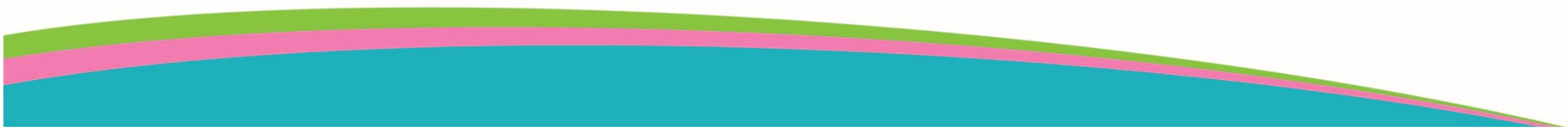
Pre-consultation Responses – Themes from comments

- If we were to implement our proposals to relocate Breast Screening and Assessment and Symptomatic services, please could you tell us how this would affect you or your family/loved ones, or if there is anything else you would like us to consider?
 - A number of comments regarding additional distance to travel but balanced out by the same volume commenting on improved travel times.
 - A number of comments regarding car parking availability – need to emphasise that parking on the Halton site is much better than at Warrington in formal consultation.
 - Some confusion around Screening availability in Warrington – need to clarify the point around screening remaining in Warrington as part of formal consultation.
 - A couple of negative comments relating to accessing Halton from North Warrington (e.g. Birchwood) – deemed to be a significant journey. Balanced out by shorter travel times for those travelling from South Runcorn. Need to emphasise that patients will retain the ability to choose assessment/symptomatic sites in the formal consultation.
 - A few comments around cost of travelling over to Halton – need to emphasise the availability of the shuttle bus service in the formal consultation.
 - A few specific comments regarding accessing the Halton site for those with disabilities – need further exploration with the project team during the consultation period.



Pre-consultation Responses – Themes re: CSTM site

- Do you have any reasonable adjustments that you would like us to make if we were to relocate Breast Assessment and Symptomatic Services to The Captain Sir Tom Moore building?
 - Signage on the CSTM site to ensure patients are able to navigate effectively.
 - Mobility/wheelchair access on the Halton hospital site.
 - Consideration around creating a separate waiting area for male patients.
 - Consideration around communication methods and providing consultation documents in different languages.



Response Themes

- In general, there appears to be a largely positive view from current patients around the proposed changes.
- Issues for further consideration:
 - Diversity of respondents – can we find a way to get views of minority ethnic groups/more men?
 - Ensure good access for people living with disabilities.
 - Need to emphasise and clarify access to shuttle bus service.
 - Need to emphasise and clarify retention of screening services in Warrington.
 - Need to emphasise and clarify patient choice for those unwilling/unable to travel to Halton site.
 - Some useful feedback for consideration around CSTM set up and service offer.
- These areas will be addressed through improvement of the consultation documents and FAQs.



Next Steps

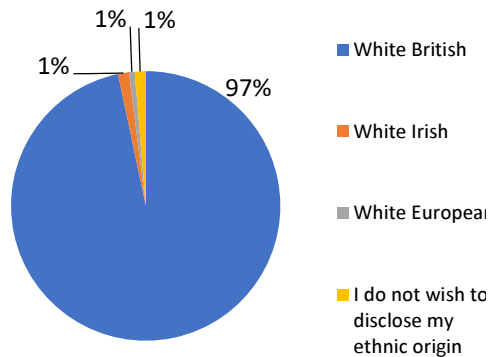
- The pre-consultation feedback will be used to:
 - Review our proposed service offer at CSTM
 - Influence on-going improvement work (to make sure that any improvements we can make now do not have to wait for the conclusion of the project)

- Key dates for next steps over the coming weeks are as follows:
 - Outputs from pre-consultation engagement shared with WHH Exec team and local CCGs – 27th May 2021.
 - Formal consultation start – 28th May 2021.
 - Outputs from pre-consultation engagement shared with Warrington HWBB/Health Scrutiny – 29th June 2021.
 - Outputs from pre-consultation engagement shared with Halton HWBB/HPPB – 29th June 2021.
 - (Interim) outputs from formal consultation shared with Halton HWBB – 7th July 2021.
 - Formal consultation end – 8th July 2021.
 - Outputs from formal consultation shared with Warrington HWBB – 15th July 2021.
 - Publish outcomes of consultation – week commencing 12th July 2021.
 - If supported, proceed with the movement of services – 19th July 2021.

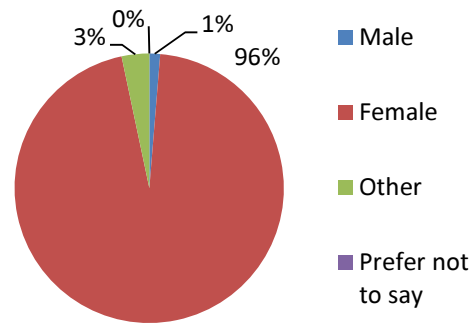


Respondent Demographics (1)

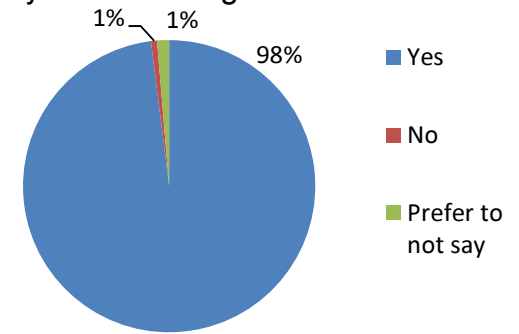
What is your ethnicity?



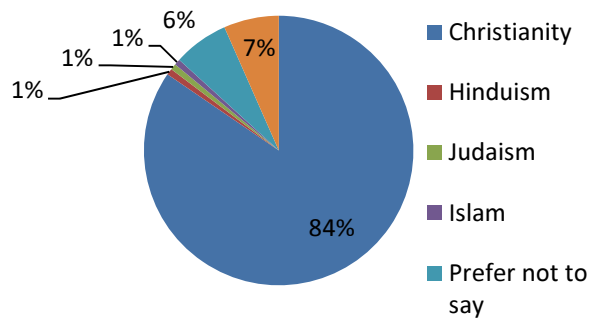
What is your gender?



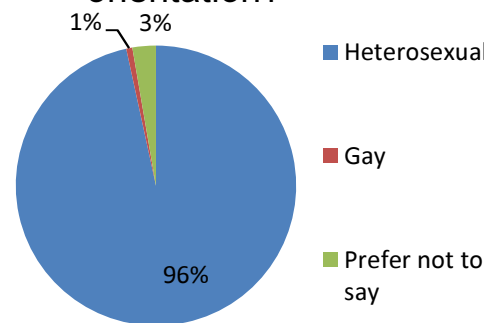
Do you identify as the same gender you were assigned at birth?



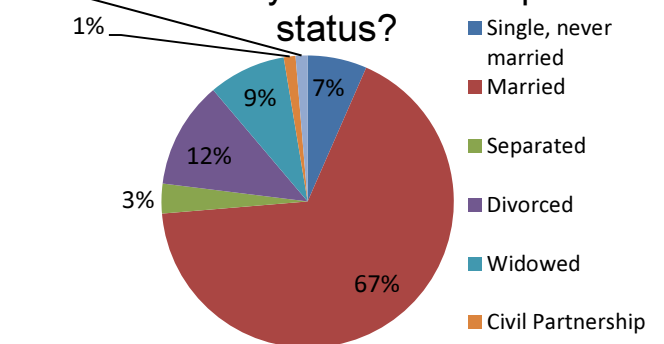
What is your religion or belief?



What is your sexual orientation?

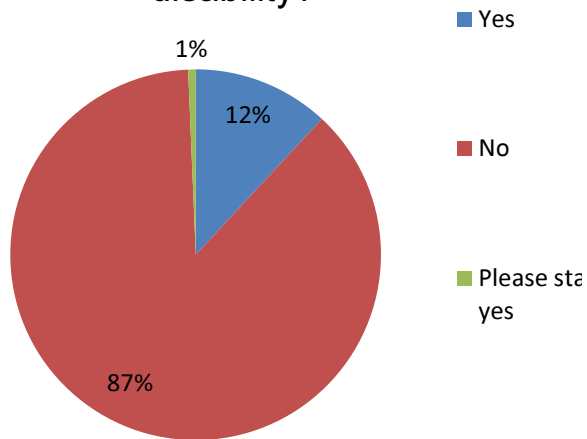


What is your relationship status?

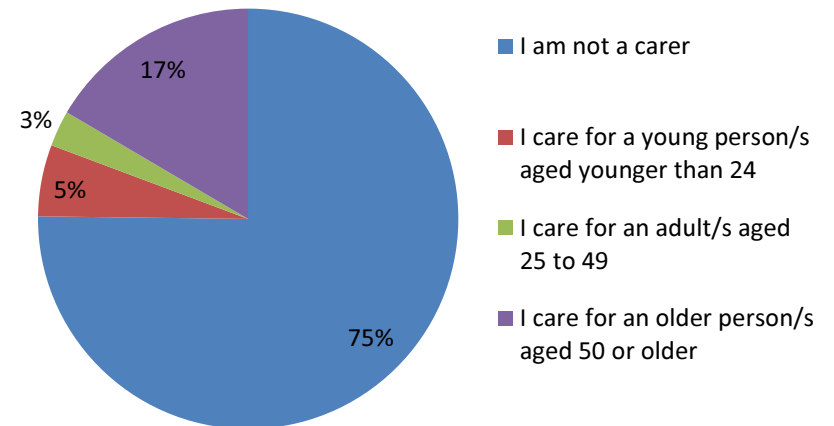


Respondent Demographics (2)

Do you consider yourself to have a disability?



Please tell us if you care for someone and if so, how old they are.



REPORT TO:	Health Policy & Performance Board
DATE:	29 th June 2021
REPORTING OFFICER:	Director - Public Health and Protection
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Public Health response to COVID-19 Coronavirus
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

- 1.1 To update the Board on the public health response to COVID-19 Coronavirus with a presentation covering the most recent data; latest update on Halton outbreak support team activity, Testing and Vaccination.

2.0 **RECOMMENDATION: That:**

The presentation be noted

3.0 **SUPPORTING INFORMATION**

- 3.1 This public health response is dynamic and in order to provide the most up to date information a presentation will be provided.
- 3.2 The presentation will cover the most recent COVID-19 Coronavirus figures for Halton. An update on how the Halton outbreak support team are working to successfully identify and manage local outbreaks and the presentation will also detail the most recent information on testing and vaccination for people in Halton.

4.0 **POLICY IMPLICATIONS**

- 4.1 There are no specific implications in respect of Council policy.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

- 5.1 There is ring fenced allocated funding for outbreak response.

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

6.1 **Children & Young People in Halton**

The outbreak response will protect the health of children and young people in Halton.

6.2 Employment, Learning & Skills in Halton

N/A

6.3 A Healthy Halton

The outbreak response will protect the health of people in Halton.

6.4 A Safer Halton

The outbreak response will protect the health of people in Halton.

6.5 Halton's Urban Renewal

None identified at present

7.0 RISK ANALYSIS

7.1 The outbreak response team will reduce the risk to local people from an outbreak.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 There are no equality or diversity issues as a result of the actions outlined in the presentation, however among people already diagnosed with COVID-19, people who were 80 or older were seventy times more likely to die than those under 40. Risk of dying among those diagnosed with COVID-19 was also higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those from minority ethnic groups, in particular those of Black and Asian heritage.

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

None under the meaning of the Act

REPORT TO: Health Policy & Performance Board (HPPB)

DATE: 29th June 2021

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: White Paper – Integration and Innovation: Working together to improve health and social care for all

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

- 1.1 To provide a summary update on the key elements outlined in the Government White Paper “Integration and Innovation: working together to improve health and social care for all” February 2021.

2.0 RECOMMENDATION: That HPPB

- a. Note the contents of the report and associated appendices.

3.0 SUPPORTING INFORMATION

Background

- 3.1 The Department of Health and Social Care (DHSC) has published a White Paper that sets out legislative proposals for a Health and Care Bill. Entitled ‘[Integration and innovation: working together to improve health and social care for all](#)’, the paper details proposals for NHS and social care reform, with a focus on integrated care and services adding value for end-users.
- 3.2 The legislative proposals are due to be implemented in 2022.
- 3.3 The White Paper recognises that the response to Covid-19 is the current priority; however, as the system emerges from the pandemic the legislative measures aim to assist with the recovery by bringing organisations together, removing the barriers and enabling change and innovations.
- 3.4 The legislative proposals are themed under the following headings:
- A. Working together and supporting integration;
 - B. Reducing bureaucracy;
 - C. Improving accountability and enhancing public confidence; and
 - D. Additional proposals grouped as Social Care, Public Health and Safety and Quality.
- A) Working Together and Supporting Integration**
- 3.5 There are a number of proposals included in the white paper to enable different parts of the health and care system to work effectively. These include creating statutory

Integrated Care Systems (ICS) (see **Appendix 1**), a duty to collaborate across the health and care system and a triple aim duty on health bodies.

- 3.6 Collaborative commissioning will enable “double delegation” back to Place supported by joint committees and joint appointments.
- 3.7 Other measures include: additional safeguard for financial sustainability; a power to impose capital spending limits on Foundation Trusts, in line with NHS England’s recommendation is proposed. Patient Choice will be preserved and strengthened within systems. Legislation will also ensure more effective data sharing across the health and care system, which is critical to effective integration, and will enable the digital transformation of care pathways.

B) Reducing Bureaucracy

- 3.8 The White Paper includes a number of measures aimed at reducing bureaucracy, such as changes to competition rules for healthcare services; a simpler national tariff; new measures for creating new trusts and removing Local Education Training Boards (LETBs). The aim is to remove barriers that prevent organisations working together and enable them to provide joined up care in the interest of the patient/user.
- 3.9 Where procurement processes can add value they will continue, but changes to the competition rules for healthcare will eliminate the need for competitive tendering where it adds limited or no value. The proposed removal of Local Education Training Boards will give Health Education England more flexibility to adapt its regional operating model.

C) Improving Accountability and Enhancing Public Confidence

- 3.10 Several measures to improve accountability, empower organisations and provide public confidence are being proposed. This includes the formal merger for NHS England and NHS Improvement and enhanced powers of direction for the government. Measures include reforms to the mandate to NHS England to allow for more flexibility of timing; the power to transfer functions between Arm’s Length Bodies, the removal of time limits on Special Health Authorities and new responsibilities for workforce planning.
- 3.11 An improved level of accountability will also be introduced within social care, with a new assurance framework allowing greater oversight of local authority delivery of care, and improved data collection.
- 3.12 There will be increased powers for the Secretary of State for Health and Social Care to enhance the accountability. This includes intervention powers and ability to set objectives for NHS England; ability to intervene in local service reconfiguration; obtain data from all registered adult social care providers about all services they provide, whether funded by the local authority or privately and the ability to make payments directly to adult social care providers. These powers do not allow the Secretary of State to direct local NHS organisations or intervene in individual clinical decisions.

D) Additional Proposals Grouped as Social Care, Public Health and Safety and Quality

- 3.13 The measures set out the Government's intention to modernise the legal framework that underpins the health and care system as well as putting in place targeted improvements for the delivery of public health and social care.
- 3.14 **Social Care**
Whilst the legislation is not the vehicle for wholesale social care or public health reform, the Government has sought to use it to address specific problems where legislative change could be beneficial. The Government has indicated that Social Care reforms remain a manifesto commitment and the Government intends to bring forward separate proposals on social care reforms later this year.
- 3.15 **ICS & Adult Social Care** - ICS legislation will complement and reinvigorate place-based structures for integration between the NHS and Social Care, such as Health and Wellbeing Boards, the Better Care Fund and pooled budget arrangements.. There will be published guidance that will offer support for how ICS Health and Care Partnerships can be used to align operating practices and culture with the legislative framework to ensure ICSs deliver for the Adult Social Care sector.
- 3.16 There does appear to be a stronger role for Local Authorities within the ICS with plans for a more clearly defined role for local authorities within the structure of an NHS ICS Body. It is hoped this will give Adult Social Care a greater voice in NHS planning and allocation.
- 3.17 **Quality and Availability of Data** - The proposal includes collection of additional data for social care services provided to those who self-fund care, linking client level data to health data on hours of care, services provided and their cost per person, together with data on financial flows, it will show how money flows to providers and workforce.
- 3.18 Improved data and data flows are needed. Changes to the data collected and frequency will need to be made, not just for central government assurance and oversight, but so that providers and consumers can access the data, they need while minimising the burden on data providers. The main focus within the paper is around a centralised data collection from social care providers. However, it is not clear how this links with the current plans to refresh the Adult Social Care Outcomes framework and develop an outcomes and performance framework.
- 3.19 Building on improvements made by existing tools, such as the capacity tracker, during the pandemic and an increased ability to gather data from social care providers (for Local Authority and private funded care) it will remedy gaps in available data to help understand capacity and risk in the system. The legislation is needed to ensure a continued high response rate that will provide high quality provider data collection. Long standing gaps in coverage in data on social care, both from Local Authorities and from care providers, have prevented making evidence based case for system change (with key gaps on self-funders, hours of care provided and cost per person) together with data on financial flows to providers and workforce mentioned. It is essential that Local Authorities ensure co-production/co-design; using the making it real principles (using the current capacity tracker will only focus on available capacity and risks to services; there is a danger of losing the focus on people and outcomes)
- 3.20 Integrated data flows are essential to ensure the system of care and support is fully understood. Historically this data and intelligence has sat with Local Authorities. Adult

Social Care understands the capacity and risks in our provider system. The implementation of the National Tracker did duplicate existing systems and approaches in Local Authorities. In addition, there are a number of data accuracy and interpretation issues with the National tracker. A local integrated data system would be the preferred approach; to really enable focus on place based care and support, delivering good outcomes to individuals.

- 3.21 With more and better data, it will enable improved future planning for the care of our population. There is a potential to generate significant health benefits such as increased independence, improved quality of care and higher patient satisfaction. However, ICS; system wide assurance verses sector assurances and selection of the right metrics needs to be considered. This could result in burden on Local Authorities and providers.
- 3.22 **New Assurance Framework** - The document proposes to introduce, through the Health and Care Bill, a new duty for the Care Quality Commission (CQC) to assess local authorities' delivery of their adult social care duties. It also adds that it wants to introduce a power for the Secretary of State to intervene where, following assessment under the new CQC duty, it is considered that a local authority is failing to meet their duties. CQC previously undertook Adult Social Care performance many years ago, which was very time consuming and overly bureaucratic. This system was replaced with Sector Led Improvement, which has demonstrated a number of successes over the years. There are concerns this could be a backward step.
- 3.23 The initial focus will be to improve the quality, timeliness and accessibility of adult social care data, with the assessment and intervention elements to be introduced over time as the final element of the assurance framework. There needs to be a balance between national system of assurance and sector led improvement. Consideration of existing tools; Peer reviews, Local Accounts, regional and national benchmarking.
- 3.24 There needs to be an opportunity for the Association of Directors of Adult Social Services to co-design methodology with CQC to ensure there are ratings that inspire and motivate improvement not create fear and apportion blame. Overall it appears that this a general move towards centralised control and assurance, similar to that seen in the NHS.
- 3.25 **Discharge to Assess: Model Changes** - The government is looking to bring forward measures to update approaches to this process to help facilitate smooth discharge, by putting in place a legal framework for a Discharge to Assess model, whereby NHS Continuing Healthcare (CHC) and NHS Funded Nursing Care (FNC) assessments, and Care Act assessments, can take place after an individual has been discharged from acute care. This will replace the existing legal requirement for all assessments to take place prior to discharge. At this stage, it is not clear what the funding arrangements for this will be.
- 3.26 **A Standalone Power for the Better Care Fund** - Legislation will be amending the process for setting the NHS mandate so that it is no longer set on a rolling annual basis. As such, there will be a standalone legislative power to support the Better Care Fund (BCF) and separate it from the mandate setting process. This will be a technical change, and will not have any impact on the function, purpose or policy intention for the fund.

3.27 **Public Health**

Alongside the Government's proposals for the future design of the public health system, including the creation of the National Institute for Health Protection (NIHP) and the closure of Public Health England, a range of targeted proposals in primary legislation relating to public health are proposed. They include:

- Making it easier for the Secretary of State to direct NHS England to discharge public health functions alongside the existing section 7A provisions.
- Help tackle obesity by introducing further restrictions on the advertising of high fat, salt and sugar foods, as well as a new power for ministers to alter certain food labelling requirements.
- The process for the fluoridation of water in England will be streamlined by moving the responsibilities for doing so, including consultation responsibilities, from local authorities to central government.

3.28 These public health measures will complement and augment the efforts of ICSs to make real inroads in improving population health in their areas, helping to tackle inequalities and 'level-up' across communities.

3.29 Building on the Government's obesity strategy, Tackling obesity: empowering adults and children to live healthier lives, the Government wants to help people make better-informed food choices and to help them improve their own health. The new powers will enable the swift introduction of key obesity strategy policies such as changes to our front-of-pack nutrition labelling scheme and mandatory alcohol calorie labelling, following consultation.

3.30 Water Fluoridation is clinically proven to improve oral health and reduce oral health inequalities. Since 2013, Local Authorities have had the power to propose, and consult on new fluoridation schemes, variations to existing schemes, and to terminate existing schemes and have however reported several difficulties with this process. In light of these challenges, the paper proposes giving the Secretary of State for Health and Social Care the power to directly introduce, vary or terminate water fluoridation schemes. This removes the burden from Local Authorities and will allow the Department to streamline processes and take responsibility for proposing any new fluoridation schemes. Central Government will also become responsible for the associated work, such as the cost of consultations, feasibility studies, and the capital and revenue costs associated with any new and existing schemes.

3.31 The Government suggests that the proposals will strengthen local public health systems, improve joint working on population health through ICSs, reinforce the role of local authorities as champions of health in local communities, strengthen the NHS's public health responsibilities, strengthen the role of the Department of Health and Social Care in health improvement, and drive more joint working across Government on prevention.

3.32 **Safety and Quality**

Measures included in the White Paper include:

- Healthcare Safety Investigation Branch (HSIB) will be put on a statutory footing; to improve the current regulatory landscape for healthcare professionals as needed;

- To establish a statutory medical examiner system within the NHS for the purpose of scrutinising all deaths which do not involve a coroner and increase transparency for the bereaved,
- Allow the Medicines and Healthcare products Regulatory Agency (MHRA) to develop and maintain publicly funded and operated medicine registries to provide patients and their prescribers, as well as regulators and the NHS, with the evidence they need to make evidence-based decisions.
- Measures to enable the Secretary of State to set requirements in relation to hospital food.
- Implement comprehensive reciprocal healthcare agreements with countries outside the EEA and Switzerland ('Rest of World countries') – expanding our ability to support the health of our citizens when they travel abroad, subject to bilateral agreements.

4.0 NHS SUMMARY

- 4.1 The White Paper proposed a significant number of changes relating to the NHS as described earlier, relating to working together and supporting integration, reducing bureaucracy, improving accountability and enhancing public confidence. The changes focus on the commissioning landscape and new governance arrangements with the creation of statutory ICSs.
- 4.2 Alongside the White Paper, on the same day, NHS England issued “Legislating for Integrated Care Systems: five recommendations to Government and Parliament” (see **Appendix 2**).
- 4.3 The broad aim of the recommendations are a duty to collaborate across the health and care system and a triple aim duty on health bodies, which require health bodies, including ICSs, to ensure they pursue simultaneously the three aims of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.
- 4.4 Clinical Commissioning Group (CCG) functions and some NHS England functions will transfer to the new ICS NHS body; this means CCGs across England will cease to exist when the legislation comes into effect.
- 4.5 To ensure a smooth transition process an “employment commitment” for NHS staff (below board level) has been outlined and staff will be employed by the NHS ICS body.
- 4.6 ICSs will be different organisations to CCGs by bringing in perspectives and skills from a wider range of partners from Providers and Local Authorities.
- 4.7 There is still a requirement for strong place-based working within the NHS ICS body.
- 4.8 The NHS Provider landscape is not formally changing.
- 4.9 There is a commitment to working with patients in ensuring that patient care is not affected by any of the changes.
- 4.10 There is a continued commitment to national contractual arrangements across the primary care contractor professions and also to the primary and community services

funding guarantee. However, there has been no specific detail provided in relation to Primary Care Networks.

- 4.11 Mental Health investment identified in the NHS Long Term Plan is guaranteed.
- 4.12 There are a number of areas that remain ambiguous and currently further guidance is awaited from NHS England as to next steps and actions required.

5.0 IMPACT ON PLACE (ONE HALTON)

- 5.1 Place level commissioning will align geographically to a local authority boundary and the BCF will provide a tool for agreeing priorities.
- 5.2 There are no legislative provisions about arrangements at place level; the expectation is NHS England will work with ICS NHS bodies on different models for place-based arrangements.
- 5.3 Specifically the White Paper states, *“Place based arrangements between local authorities, the NHS and between providers of health and care services are at the core of integration and should be left to local organisations to arrange. We expect local areas to develop models to best meet their local circumstances. We would expect NHS England and other bodies to provide support and guidance, building on the insights already gained from the early wave ICSs. The statutory integrated care system (ICS) will also work to support places within its boundaries to integrate services and improve outcomes – recognising that different places will be at different stages of development and face different issues.”*
- 5.4 It is expected that the ICS NHS Body will delegate significantly to Place. The exact division of roles and responsibilities between place and the ICS are still to be agreed.
- 5.5 There is a commitment for Health and Wellbeing Boards to remain in place and continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy.
- 5.6 Local authorities are recognised as an integral partner, including housing, leisure, employment services in addition to public health and social care.
- 5.7 One Halton already reports into the Health and Wellbeing Board. Further work will be needed to strengthen the governance process and refresh the Health and Wellbeing Strategy, due to be refreshed in 2022.
- 5.8 It is anticipated there will be a requirement for a Place Based Plan each year. Although the specific requirements remain unknown until further guidance is received from NHS England or the ICS. In the meantime, progress can be made to strengthen current governance arrangements for One Halton.

5.9 NEXT STEPS

- 5.10 One Halton will continue to work with Cheshire and Merseyside Health and Care Partnership as further guidance and information is shared in relation to the legislative proposals and NHS England recommendations. These will be reported and shared

formally with the Health and Wellbeing Board, as well as Health PPB, CCG Governing Body and other organisational boards as appropriate.

6.0 POLICY IMPLICATIONS

- 6.1 The Local Authority has a statutory responsibility to provide social care and to improve the health and well-being of the local population through the delivery of specialist public health advice and the continued access to health improvement services for residents in Halton. Changes to the legislation will require significant local and national policy change.

7.0 FINANCIAL IMPLICATIONS

- 7.1 The changes proposed in the White Paper will result in a systematic redesign of how local functions are designed, developed and deployed. Financial and resource implications are unknown at this moment but will form part of the consultation process and the local implementation of any changes required by the implementation of new legislation. Subject to its passage through Parliament, it is indicated that a new Bill will result in the introduction of these measures in 2022.

8.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

8.1 Children and Young People in Halton

The White Paper has limited detail relating to children, with the exception of childhood obesity, which is included within the Health and Wellbeing Strategy.

8.2 Employment, Learning and Skills in Halton

Employment, Learning and Skills are a key determinant of health and wellbeing and will therefore be a key consideration when developing strategies to address health inequalities.

8.3 A Healthy Halton

The proposals contained within the White Paper will shape and inform the council's delivery of the Health and Wellbeing strategy and will contribute to the achievement of the council's outcomes, including population health and reducing health inequalities as outlined in the priorities contained in the JSNA.

8.4 A Safer Halton

None

8.5 Halton's Urban Renewal

None

9.0 RISK ANALYSIS

- 9.1 As part of the development and implementation of the proposals outlined in the White Paper there is the potential for significant disruption to local system for the provision of health and wellbeing services for the local population. As any programme of implementation is developed a full risk analysis will need to be implemented and monitored.

10.0 EQUALITY AND DIVERSITY ISSUES

10.1 An Equality Impact Assessment (EIA) will be required as part of any significant change to the provision of local services or structures.

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

Document	Place of Inspection
Integration and Innovation: working together to improve health and social care for all – White Paper on Health and Social Care, HM Government. February 2021	https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version
Legislating for Integrated Care Systems: five recommendations to Government and Parliament, NHS England and NHS Improvement. February 2021	https://www.england.nhs.uk/publication/legislating-for-integrated-care-systems-five-recommendations-to-government-and-parliament/

Appendix 1: Integrated Care Systems

Every part of England will be covered by an Integrated Care System (ICS). ICSs will be accountable for outcomes of the health of the population, therefore they will work closely with local Health and Wellbeing Boards which have the experience as 'place-based' planners.

The ICS will be made up of a statutory ICS NHS Body and a separate statutory ICS Health and Care Partnership, bringing together the NHS, local government and partners.

The ICS NHS Body will be responsible for: developing a plan to meet the health needs of the population within their defined geography; developing a capital plan for the NHS providers within their health geography and securing the provision of health services to meet the needs of the system population.

The ICS NHS Body will merge some of the functions currently being fulfilled by STPs/ICSs with the functions of a CCG. It will have a unitary board and be directly accountable for NHS spend and performance within the system. The board will, as a minimum, include a chair, CEO, and representatives from NHS trusts, general practice, local authorities, and others determined locally, for example community health services (CHS) trusts and mental health trusts, and non-executives. Further guidance will be published by NHS England.

ICS Health and Care Partnership will be responsible for: developing a plan that addresses the wider health, public health, and social care needs of the system, as well as promoting partnership arrangements.

There is no intention to specify membership or detailed functions for the ICS Health and Care Partnership and local areas can appoint members and delegate functions as they think is appropriate.

The proposals around ICSs do not change the provider landscape, NHS Trusts and Foundation Trusts will remain separate statutory bodies with their functions and duties broadly as they are in the current legislation. The ICS NHS Body will not have the power to direct providers, and providers' relationships with the Care Quality Commission will remain unchanged. However, these arrangements will be supplemented by a new duty to compel providers to have regard to the system financial objectives.

Alongside the white paper, NHS England also issued [“Legislating for Integrated Care Systems: five recommendations to Government and Parliament”](#)

The five recommendations are:

1. The Government should set out at the earliest opportunity how it intends to progress the NHS’s own proposals for legislative change.
2. ICSs should be put on a clear statutory footing, but with minimum national legislative provision and prescription, and maximum local operational flexibility. Legislation should not dictate place-based arrangements.
3. The NHS ICS statutory body should be supported by a wider statutory health and care stakeholder partnership. Explicit provision should also be made for requirements about transparency.
4. There should be maximum local flexibility as to how the ICS health and care stakeholder partnership is constituted, for example using existing arrangements such as existing ICS partnership boards or health and wellbeing boards where these work well. The composition of the board of the NHS ICS statutory body itself must however be sufficiently streamlined to support effective decision-making. It must be able to take account of local circumstances as well as statutory national guidance. Legislation should be broadly permissive, mandating only that the members of the NHS ICS Board must include a chair and CEO and as a minimum also draw representation from (i) NHS trusts and Foundation Trusts, (ii) general practice, and (iii) a local authority. As with CCGs now, NHSE/I would approve ICS constitutions in line with national statutory guidance.
5. Provisions should enable the transfer of responsibility for primary medical, dental, ophthalmic and community pharmacy services by NHS England to the NHS ICS statutory body. Provision should also enable the transfer or delegation by NHS England of appropriate specialised and public health services we currently commission, and at the same time, NHS England should also retain the ability to specify national standards or requirements for NHS ICSs in relation to any of these existing direct commissioning functions.

REPORT TO: Health Policy & Performance Board

DATE: 29th June 2021

REPORTING OFFICER: Chief Commissioner, NHS Halton CCG

PORTFOLIO: Health & Wellbeing

SUBJECT: Palliative and End of Life Review

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Board on the Palliative and End of Life project in Halton.

2.0 **RECOMMENDATION: That:**

- i) The Board note the experienced based design engagement and co-design approach and feedback as part of the project.
- ii) The Board acknowledges that the palliative and end of life care project should provide Halton with a more integrated and coordinated provision of care for palliative patients and their families.

3.0 **SUPPORTING INFORMATION**

3.1 The project was established in November 2020, a funding bid was secured from Macmillan Cancer Support, which funded the role of Macmillan Project Manager and the extension of Programme Manager. The project team initially developed a storyboard, setting the baseline utilising all sources of available data in respect to those in the last 12 months of life. This was communicated with stakeholders and the public to share insight. The project established a monthly stakeholder steering group to support in developing and driving the project forward.

The project has developed documentation to support in line with the requirements of the project management office including milestone plan, logic model, risk and opportunities register, equality impact assessment, quality impact assessment, data protection impact assessment and outcomes. To date the project has met all milestones and is on track to meet future milestones.



Halton Int Pall & EOL
milestones.xlsm

3.2 The project will support the requirements of *Ambitions for Palliative and*

End of Life Care - A national framework for local action 2015-2020 (the framework is currently being refreshed).

CCG's are required to deliver against the national requirements for Palliative and End of Life Care:

- Increased percentage of people who die that have been offered the opportunity for personalised care planning in their last year of life: Nationally 39.6% (currently on GP palliative care register) increase to 75% in 10 years.
- Over 80% of people achieving their preferred place of death (nationally currently 59%).
- Improve experience of care reported by patients, carers and bereaved families, from current baseline, year on year.

This will be delivered through:

- Identification of people who are deteriorating from their condition(s) and likely to die within next 12 months.
- Better, proactive conversations through shared decision-making and personalised care and support planning.
- Appropriate sharing of key information.

- 3.3 NHS Right Care data set out strategic priorities for end of life care for 2020/21 to support to significantly improve patient choice in end of life care, including ensuring an increase in the number of people able to die in their place of choice, including at home.

Right Care data highlighted Halton's inconsistencies using data from the 10 most demographically similar CCGs in order to identify realistic opportunities to improve health and healthcare for the population:

- Below average percentage, nationally and against peers, for death in usual place of residence for people with cancer.
- Lowest quintile, nationally and against peers, of deaths in usual place of residence for people with circulatory diseases.
- High number of days (nights) emergency hospital admissions during last year of life for people with dementia, circulatory and respiratory diseases in comparison to peers.
- High number of days (nights) ordinary hospital admissions during last year of life for people with dementia, circulatory and respiratory diseases in comparison to the national average.
- High percentage of dementia and respiratory patients with an emergency hospital admission during last year of life 2013-2015, in comparison to peers.
- Highest quintile nationally of percentage of patients with Dementia with emergency hospital admissions in last year of life 2013-2015.

Measures of success:

- Increase in people with a life-limiting progressive illness identified as being in the last year of life.
- Increase in the number of people offered the opportunity to develop, record and share a personalised care plan.
- Interoperable Electronic Palliative Care Co-ordination system (EPaCCs) in place and used across the country by 2020.
- Increase in % of people who are cared for and die in their place of choice.

- Improvement in patient and carer experience, especially in symptom control, decision-making processes, coordination of care and knowing where and how to access help and advice when needed.
- Specialist palliative care advice is accessible 24/7 regardless of care setting.
- Increase in % of patients with non-malignant disease involved with specialist palliative care.

3.4 The project key drivers for change:

- Hospice UK (2016) state that 75% of deaths were 'predictable deaths' this allows for proactive advanced care planning, including acknowledgement of preferred place of death.
- In Halton in 2018 only 40% of patients died at home, 51% of deaths were in a hospital setting. The aim would be to increase the number of deaths outside of the hospital setting, this provides an opportunity to improve outcomes for patients, workforce and achieve financial sustainability.
- Current inconsistencies with Gold Standards Framework (GSF) meetings in Primary Care.
- Poor (Electronic Palliative Care Co-ordination Systems) EPaCCs uptake.
- No standardised in-depth retrospective death audit.
- There is currently no agreed Advance Care Plan document in Halton.

3.5

An aim of the project is to further development and implementation Electronic Palliative Care Coordination system for Halton. Which will facilitate sharing of up-to-date information about patient preferences and plan of care, in a format that allows sharing of information across different healthcare providers. A baseline of patients on the Gold Standards Framework was completed in November 2020, which highlighted that 1.1% of patients in Halton were registered on the GSF register, this is above the expected 1% however it varies significantly between practices and areas with Runcorn reporting 1.68% and Widnes reporting 0.46%. It is recognised that support is required to ensure that the right cohort of patients are being identified.

A potential reason for the reported poor performance could be that Primary Care are currently not recording the correct GSF codes. As part of the project, the EPaCCs template is being reviewed in collaboration with key stakeholders and then will be rolled out across Primary Care.

3.6

The Halton End of Life Care project's engagement process took place over a two-month period from February – April 2021. There were 12 responses submitted in the form of completed word documents. There were 38 professional/ staff responses to an online survey (the questions were the same as those in the word document). Additionally, there were 16 responses from families/carers/third sector groups. This makes a total of 66 responses, some of which represent a service/team. The responses are from a good range of different organisations and staff groups.

The feedback was independently analysed, and the main themes were:

- Communication and documentation need to be improved – with families, carers and professionals around what to expect, and what services are available.
- Identified need for a standardised advanced care plan. Some GPs seem to be very well engaged and work well together, others less so.
- Some specific mentions of not sharing, feeding back of information from e.g., GSF meetings.
- There are several mentions of requiring a ‘specialist’ palliative care hospice. Additionally, some mentions of specific outpatient clinics. This is a particular issue in the town with the Hospice being underutilised but at the same time incidents of referrals being declined. There is a sense that care needs to be equitable (particularly in the ‘hopes’ question).
- Some comments on CHC (Continuing Health Care), the process and not being available certain times (weekends/bank holidays).
- It is clear that care and support needs to be timely and responsive to patient need. Delays are frustrating for the patients/families and professionals.

Halton undertook a whole system self-assessment against the *Ambitions for Palliative and End of Life Care - A national framework for local action 2015-2020* in 2019. The areas highlighted as requiring improvement from the self-assessment were:

- Honest conversations, advanced communication training.
- Central information point where people can access.
- Integration of services
- Equity of end-of-life provision
- Person centred outcome measures
- Addressing all forms of distress
- Shared records, EPaCCS
- Single point of referral
- Everyone matters, inclusive strategy i.e. Learning Disabilities
- Education and training strategy available across all settings
- Use of new technology
- Public awareness and discussion, information available
- Volunteers to specifically support end of life patients

This was added to the report to provide a whole picture of work undertaken in Halton.

An engagement feedback event was held on 28th April 2021 to present the findings. Attendees at the event were asked to prioritise the themes to identify key workstreams for further development. The five workstreams identified were:

1. Standardised EOL Care Coordination
2. Education and Training
3. Specialist Medical Hospice Provision
4. Single Point of Access
5. Inclusion of vulnerable groups

The workstreams will feature members from the project’s Steering Group and professionals, patients and carers to co-design solutions.

4.0 **POLICY IMPLICATIONS**

4.1 The proposed integration of Palliative and End of Life Care services would ensure Cheshire and Merseyside are compliant with the National recommendations.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The reconfiguration is being developed within the existing resources for palliative and end of life care.

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

6.1 **Children & Young People in Halton** – none anticipated

6.2 **Employment, Learning & Skills in Halton** – none anticipated

6.3 **A Healthy Halton** – none anticipated

6.4 **A Safer Halton** – none anticipated

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

7.0 **RISK ANALYSIS**

7.1 The risks to the system for the project are being managed within the Palliative and End of Life Steering Group and Clinical Service Development group being assessed and mitigated before and service changes are made.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An equality and diversity assessment has previously been undertaken as part of the wider palliative and end of life programme.

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

9.1 None under the meaning of the Act.

Project Milestones & Activities Tracker

Project ID:	
Project Title:	Halton Integrated Palliative and End of Life Care Programme
Lead Officer	
SRO:	Leigh Thompson
Clinical Lead:	Rhiann Thomas
Date Created	01-Jun-20

Description of Key Milestone/Activity Key Milestone: A clearly defined endpoint for a group of related activities, e.g. 'Audit completed'. Activity: An individual sub-task which contributes towards achieving a milestone, e.g. 'Collect data'.	Activity Owner(s) Named lead(s) responsible for ensuring each action is implemented	Start date	End date	% Complete (RAG status)	Comments Notes on achievement or slippage
STAGE 1: Project Scoping and Planning		Jul 20	Nov 20	RAG	
Activity 1 Recruitment to Project Manager post	Kerry Gerrard/Rhiann Thomas	01/06/2020	05/10/2020		Recruitment completed commenced in post 05/10/2020
Activity 2 Update Logic Model and develop workbook	Diane Evans	01/09/2020	30/11/2020		Presented at initial steering group 16/12/2020
Activity 3 Stakeholder Mapping	Megan Bretherton/Diane Evans	01/11/2020	30/11/2021		
Activity 4 Scope existing practice and best practice models	Megan Bretherton/Diane Evans	01/11/2021	30/11/2020		
Activity 5 Attend relevant local/regional/national study/events share learning	EOL Team & stakeholders	05/10/2020	Ongoing		
STAGE 2: Project Set Up and Mobilisation		Oct 20	Jan 21		
Activity 1 Develop EOL Storyboard using Right Care data & socialise/reframe	Megan Bretherton/Rhiann Thomas	05/10/2020	16/12/2020		
Activity 2 Establish project steering group and agree ToR and membership	Megan Bretherton / Diane Evans	10/11/2020	20/01/2021		TOR to be signed off at steering group 20/01/21
Activity 3 Develop and agree Risk Management Strategy/Risk and Opportunities Log	Megan Bretherton / Diane Evans	10/11/2020	20/01/2021		
Activity 4 Develop Engagement Plan and identify resource requirements	Megan Bretherton/Katie Horan	13/01/2020	20/01/2021		Agenda item steering group 20/01/2021
Activity 5 Undertake Third Sector introductory visits and communication	Megan Bretherton/Katie Horan	29/10/2021	25/01/2021		Stakeholder engagement action plan developed
Activity 6 Commence monthly reporting	Megan Bretherton	21/01/2021	31/01/2021		
STAGE 3: Engagement and Comms		Jan 21	Nov 21		
Activity 1 Virtual launch event, introduction to Experience Based Design (EBD)	Megan Bretherton / Diane Evans / Katie Horan	20/01/2021	01/03/2021		Engagement Plan agenda item 20/01/2021
Activity 2 Commence engagement: Professionals, Third Sector, patient/carer/interviews	Megan Bretherton / Diane Evans / Katie Horan	25/01/2021	31/03/2021		First meeting 01/02/2021, engagement progressing to plan
Activity 3 Virtual event: feedback themes and priority areas/workstreams	Megan Bretherton / Diane Evans / Katie Horan	01/04/2021	30/04/2021		
Activity 4 Produce Engagement report	Katie Horan / Megan Bretherton	01/05/2021	31/05/2021		Engagement report to be shared at steering group on 19/05/21
Activity 5 Agree & hold key stakeholder workstreams to discuss and agree actions	Megan Bretherton / Diane Evans	01/05/2021	31/07/2021		On track
Activity 6 2nd stage engagement: ensure proposed model meets the needs of community	Katie Horan / Megan Bretherton	01/09/2021	30/09/2021		
Activity 7 Review Quality Impact Assessment Stage 2	Katie Horan / Megan Bretherton	01/10/2021	30/10/2021		
Activity 8 Develop suite of comms on social media	Comm Lead / Rhiann Thomas	01/02/2021	30/11/2021		
Activity 9 Develop CCG webpage	Comms Lead / Megan Bretherton	01/11/2021	30/11/2021		
EPaCCs		Oct 20	Dec 21		
Activity 1 Scope project and understand baselines and best practice	Jacqui Tudor / Megan Bretherton	05/10/2020	28/02/2021		
Activity 2 Establish and hold EPaCCs steering group	Jacqui Tudor / Megan Bretherton	14/01/2020	03/02/2021		
Activity 3 Agreement on a Halton standardised template	Jacqui Tudor / Megan Bretherton	27/01/2020	30/03/2021		Meeting scheduled for 10/03/2021
Activity 4 Undertake EPaCCs audits within Primary Care	Jacqui Tudor	28/01/2020	01/12/2021		Ongoing
Activity 5 Regularly distribute communications and host sessions throughout lifetime of project to update and involve relevant members/stakeholders	Jacqui Tudor / Megan Bretherton	13/01/2020	01/12/2020		Ongoing

Activity 6 Support Primary Care with EPaCCs implementation to increase sustainability of project	Jacqui Tudor / Megan Bretherton	28/01/2020	01/12/2020		
STAGE 4: Develop outcome based service specification		Nov 20	Oct 21		
Activity 1 Scope current commissioning arrangements	Megan Bretherton / Diane Evans	01/11/2020	31/03/2021		
Activity 2 EBD Co-design initial model completed in consultation with partners	Megan Bretherton	01/09/2021	30/10/2021		
Activity 3 Test draft model, adapt final model based on learning	Megan Bretherton / Diane Evans	01/09/2021	30/10/2021		
Activity 4 Understand any possible procurement implications	Kerry Gerrard/Megan Bretherton	01/09/2021	30/10/2021		
Activity 5 Scope commissioning framework options	Kerry Gerrard/Megan Bretherton	01/09/2021	30/10/2021		
Activity 6 Option agreed and approval through the necessary strategic forums	Kerry Gerrard	01/09/2021	30/10/2021		
Activity 7 Develop outcome based commissioning contract	Kerry Gerrard/Megan Bretherton	01/09/2021	30/10/2021		
Activity 8 Systems in place to evidence change, contract monitoring in place	Kerry Gerrard/Megan Bretherton	01/09/2021	30/10/2021		
STAGE 5: Sustainability		Nov 21	Nov 21		
Activity 1 Final Evaluation report of project	Megan Bretherton	01/11/2021	30/11/2021		
Activity 2 Project close and handover to CCG for managing EOL commissioning contract	Megan Bretherton	01/11/2021	30/11/2021		

Actions overdue
Actions complete

#REF!
#REF!

REPORT TO:	Health Policy & Performance Board
DATE:	29 th June, 2021
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Performance Management Reports, Quarter 4 2020/21
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 2020/21. 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 4, 2020/21.

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 second quarter of 2020/21 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 second quarter which include:

Adult Social Care:

Discharge Process – With effect from Tuesday 9th February 2021, there was a change in Halton's Hospital Discharge processes from Whiston Hospital. Halton's Hospital Workers who were previously part of the Whiston's Integrated Discharge Team along with St Helen's staff, now form part of HBC's Care Management Division rather than IDT.

Contracts – Work has progressed on the development of a number of new contracts during Q4. These include the new contract with Age UK – Mid Mersey to deliver Wellbeing & Engagement Services in Halton and the contract to provide the Halton Domestic Abuse Services.

The Autism strategy is entering its final year. Focus for this year will be to take stock of progress made and initiate a review of the current strategy and development of the next 3 year plan. Positive regard in organisations and across the Halton community for autism as part of the different variations of the brain that form the spectrum of human experience is critical to the development of an effective, forward looking strategy. Emphasis on the upcoming plan will be on better involvement in of autistic people in the development of the strategy as well as in the subsequent work to move this forward. Engagement of autistic adults who have no other diagnosis in the process is critical to the success of this process. Following the completion of the a post graduate certificate in Autism 2 practice managers from adult services will be involved in this process focusing on how language and the use of language is critical to how autistic people in Halton are viewed and view themselves.

Care Management

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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 involved 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. The teams are still required to have flexible arrangements around hospital discharges and covid-19 pandemic requirements. The teams continue to have capacity issues and increased demand for services throughout the lockdown.

We had started with a launch of a programme of work and training in March 2020 just before the pandemic, on Strengths Based Approaches. This approach focuses on an individuals' 'strengths' and connecting people to community based 'assets' or services, which fits well into place-based working. This work has been on hold during the pandemic, an attempt to re-initiate was found unworkable at this time. But it is hoped to restart this as lockdown is lifted over the coming summer months.

Dementia Connect – the current Dementia Community Advisor service will now operate under the Alzheimer's Society's new community model, Dementia Connect. Halton is the first area in the North West to introduce Dementia Connect. A briefing note has been sent to members to outline the new model and Alzheimer's Society have a communication plan in place to promote to Halton stakeholders. The service access and administration will benefit from Dementia Connects central hub, whilst the service objectives and outcomes remain as outlined in our original contract with Alzheimer's Society.

Communities Division

An overhaul and refresh of the Learning Disabilities Strategy for Halton is to begin shortly. In partnership with all stakeholders the strategy will pull together the levels and variety of current provision, identify gaps and set a new more coherent and ambitious plan for the future.

The LFT/PCR testing centre based at Moorfield rd. continues to test staff from Day Services and Supported Living on a weekly basis. Staff are completing 2 LFT and 1 PCR tests per week. The Supported Living Services provided by the Independent Sector have joined with the Communities Division and are providing detailed information on numbers of tests and vaccines for staff and service users in their services. Across the sector there is at least 80% of staff and service users vaccinated meaning that come the removal of lockdown measures service users will be able to return to their work, education or day service much more safely and rapidly.

Mental Health Services:

The Halton Women's Centre:

the award to the Centre of a considerable sum of money to support women who have had

contact with the criminal justice system has been described in previous monitoring reports. It is therefore very pleasing to report that there has been a further award of

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funding to develop this further. The funding is intended to promote probation support in a more relaxed setting, whilst also providing them with services which will help them to engage with their local communities more effectively. Many of these women have long-term mental health needs, complex lives (including experience of domestic violence), poor self-esteem and emotional issues. The initial funding has already been used to employ a support worker, and the additional funding is to be used to employ a further part-time worker, as well as upgrading the IT facilities in the Centre so that there is an IT suite available to the women who use the centre. The employment of additional support staff will allow the development of the Centre into the Widnes area.

The Centre continues to support a wide range of other women, and the services and groups provided within the Centre continue to expand, particularly as the Covid regulations relax. The Centre has been reopened to a number of groups, following the strict guidance from the Council's Property Services about the appropriate safety measures that had to be put in place. Throughout the lockdown period, the Centre also maintained contact with a considerable number of women by telephone, providing them with regular support and advice.

North-West Boroughs (NWB) Mental Health Trust: the work to deliver the take-over of most of the NWB's mental health services by MerseyCare is now nearly complete. Some elements of the NWB's activity changed on 1st April 2021: some services in the Wigan are have now been transferred to the Greater Manchester Mental Health Trust. There were some concerns in Halton that this might disadvantage local residents who used those services, but transfer arrangements have been put in place to avoid this risk, and no problems have been reported. The remaining transfer of the NWB's mental health services to MerseyCare will take place at the beginning of July 2021. At that point, the NWB services will effectively

Public Health

Plans for the implementation of the Targeted Lung Health Check Programme are now in final stages and it is hoped that the programme will go live from June 2021. Further details to be available soon.

Covid infection rates are now low and we starting to reopen health services. There is a substantial waiting list and the CCG has put a Restoration Programme in place.

Plans for the implementation of the Targeted Lung Health Check Programme are now in final stages and it is hoped that the programme will go live from June 2021. Further details to be available soon.

Halton has become part of the government programme for adult obesity. It will align with our new Weight Management Strategy.

Halton is part of the new Cheshire and Merseyside Mental Health in schools programme.

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Halton is also part of a new initiative to address substance misuse.

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 Review - Work has continued over the past few months on the development of a new Intermediate Care (IC) Model. It was anticipated that the introduction of the new model and associated Single Point of Access would take place on 1st April 2021, however this has not been possible, as work still needs to be finalised on the associated staffing model. It is anticipated that the new model will be introduced within the next 3 months.

Lilycross - Lilycross has continued to operate as a designated setting for Cheshire and Merseyside under the Winter Discharge Designation Settings scheme, however during Q4 the number of Covid +ve beds was reduced from 24 to 16. With effect from 1st April

2021, NHS Halton Clinical Commissioning Group will take over the contract from HBC with the Provider, under a one-year NHS contract.

Halton Community Dementia Advisor Service contract (incorporating Dementia Connect, as above) is due to expire at the end of September 2021.

Communities Division

Staff refusing vaccinations is a concern. While numbers are low people who refuse pose a moral and operational dilemma. There are solutions and services can make reasonable adjustments in the short term but there needs to be some clear overall guidance that will support managers to overcome obstacles easily.

Mental Health Services:

White Paper: Reforming the Mental Health Act: after some considerable delays, the White Paper on reforms to the Mental Health Act was finally published in January 2021. Although the White Paper is primarily about law reform, it also focuses on issues such as organisational culture, workforce and the systems which impact upon practice. There are a number of overarching themes:

- Increased choice and control
- Decreased use of compulsory powers
- A renewed focus on supporting people in the community
- Providing better mental health care overall

The White Paper sets out four key principles, in much the same way as happened with the Mental Capacity Act:

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- Choice and autonomy: ensuring patients' views and opinions are respected
- Least restriction: ensuring Mental Health Act powers are used in the least restrictive way
- Therapeutic benefit: ensuring patients are supported to get better and discharged as soon as possible
- The person as an individual – ensuring patients are seen and treated as individuals

A consultation process was set out in the White Paper, with 36 questions addressing the potential changes and developments to the Act. Halton Borough Council has submitted a detailed response to this consultation.

It is likely that it will take until the end of 2021 until the various responses from around the country have been collated and considered. A new Mental Health Bill will be drawn up and is expected to be considered by parliament in 2022, depending on the parliamentary programme. Implementation of the act is likely therefore to be in late 2022 or early 2023.

Mental Health Crisis Breathing Space (MHCBS): this national programme, set up by HM Treasury, is due to be implemented in early May 2021. It is designed to ensure that people who are in debt can receive advice and support during a “breathing space” period, during which creditors are not permitted to pursue debts or enforcement action, or add interest to any outstanding debts. During the breathing space period, debt advisers will work with the person concerned to ensure that their debts are properly managed.

There are two elements to the scheme: a standard breathing space which is open to anyone who qualifies for the support, and a Mental Health Crisis Breathing Space. This latter element was put in place because it was recognised that mental health problems and debt are often very closely linked, but that people with complex mental health needs may not have the emotional resources to effectively address their debts.

For people in a mental health crisis this can be even worse, which is why this element exists. A person who qualifies for this support will receive debt advice for the duration of their mental health crisis, plus an additional 30 days.

The MHCBS will have considerable implications for the Council's Approved Mental Health Professional (AMHP) workforce. AMHPs have been defined as the only professional group to decide whether a person is in mental health crisis, and will then be expected to refer the person to a dedicated national online service, which will then allocate the work to a local debt advice service. The AMHP will have to identify someone from a small group of professionals who can then act as the

contact point for the debt adviser, or undertake this role themselves. This will potentially add a considerable amount to their already complex caseloads.

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Work will therefore be taking place to analyse and set up the process required to implement the MHCBS, and this will be further reported on in the next Quarterly Monitoring Report.

Section 140 Mental Health Act: this section of the Act lays duties on CCGs to ensure that there are adequate numbers of mental health beds available in their locality to admit people detained under the Mental Health Act in situations of special urgency. Locally and nationally, there have been continuing concerns about suitable bed availability for people being detained under the Act, with many accounts of people having to be placed in hospitals far from their home areas. This can pose real problems for AMHPs who undertake Mental Health Act assessments, as delays in finding beds can make already complex situations even more difficult.

Recently the Chief Social Worker has written to all Directors of Adults Social Services to urge that local agreements are set up with CCGs, to ensure that beds are available when needed. This will be taken up with the local CCG and reported on in the next Quarterly Monitoring Report.

Public Health

Health inequalities have widened as a result of the pandemic and system wide plans are being developed to address this.

Cancer screening programme boards have not yet recommenced. Local activity is continuing with engagement with all services to encourage uptake and maximise participation in the screening programmes. The Cancer Prevention Board will soon be recommencing with cancer screening a key priority.

Access to Vision and Hearing Screening has been impacted by the pandemic and the service has been working to implement a programme of catch up as part of the recovery plans for work with local schools.

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








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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.	
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	
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.	
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.	

<u>Supporting Commentary</u>

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1A. Pooled budget is on target to balance at the end of the year.

1B. Work continues under the One Halton programme to develop integrated teams, across health and social care

1C. Implementation of the strategy is on target.

1D. The revision of the One Halton Dementia Strategy delivery plan has not yet been restarted due to COVID priorities, but during the last quarter recommendation papers have been published from Alzheimer's Society (Carers, Housing), which will form part of future discussions about the direction of the delivery plan and ASC priorities. HBC has reinstated Dementia Friends Awareness sessions for staff as part of the corporate training calendar and in support of HBCs commitment to become more a dementia friendly organisation.

1E. Completed



1F. Continues to be monitored on an annual basis.

3A. Continues to be developed across One Halton framework.

Key Performance Indicators

Older People:						
Ref	Measure	19/20 Actual	20/21 Target	Q4	Current Progress	Direction of travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <i>Better Care Fund performance metric</i>	TBC	635	TBC	TBC	TBC
ASC 02	Delayed transfers of care (delayed days) from hospital per	N/A	TBC	TBC	TBC	TBC



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	100,000 population. Better Care Fund performance metric					
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. Better Care Fund performance metric	4893	5182	3793		
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%	85%	N/A	N/A	N/A
Adults with Learning and/or Physical Disabilities:						
ASC 05	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	39%	97%	TBC	TBC	TBC
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long	72%	80%	TBC	TBC	TBC

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	term support) (Part 1) SDS					
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	35%	45%	TBC	TBC	TBC
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	88.73 %	87%	TBC	TBC	TBC
ASC 09	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.04 %	5.5%	TBC	TBC	TBC
Homelessness:						
ASC 10	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless	1822	2000 1000 500 250	TBC	TBC	TBC
ASC 11	LA Accepted a statutory duty to homeless households in accordance with	114	150	N/A	N/A	N/A

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	homelessness Act 2002					
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	TBC	150	N/A	N/A	N/A
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	105 15	150 80	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)	6.62 %	7.0%	N/A	N/A	N/A
Safeguarding:						
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	TBC	TBC	TBC	TBC	TBC
ASC 16	Percentage of existing HBC	61%	85%	62%		

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	Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).					
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%	90%	N/A	N/A	N/A
Carers:						
ASC 18	Proportion of Carers in receipt of Self Directed Support.	100%	99%	TBC	TBC	TBC
ASC 19	<i>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)</i>	7.6%	8%	N/A	N/A	N/A
ASC 20	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	52.1 %	52%	N/A	N/A	N/A

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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 %	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 Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

ASC 02 National reporting has been suspended due to the Pandemic, data is not available, there is no date provided for this to resume.

ASC 03 The very low numbers reported in Q4 are the direct result of fewer people attending A&E and being admitted due to changes in people's behaviour during coronavirus pandemic. People have been avoiding healthcare settings including A&E. In addition, significant bed pressures at the acute hospital sites due to Covid-19 admissions have meant that the usual process of admit to assess (0 LOS) has not been happening to the same degree, resulting in a more pronounced reduction in the 0 LOS admissions compared to 1+ LOS admissions.

ASC 04 Annual collection only to be reported in Q4.

Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

ASC 05 Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting

Adults with Learning and/or Physical Disabilities:

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ASC 06 Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

ASC 07 Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

ASC 08 Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

ASC 09 Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

Homelessness:

ASC 10 No data received for Q4

ASC 11 No data received for Q4

ASC 12 No data received for Q4

ASC 13 No data received for Q4

ASC 14 No data received for Q4

Safeguarding:

ASC 15 Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

ASC 16 Despite the pandemic the number of people undertaking safeguarding training has surpassed the previous year figures, however, they remain less than the target set.

ASC 17 Annual collection only to be reported in Q4, (figure is an estimate).
Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

Carers:

ASC 18 Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.








ASC 19 This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter

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ASC 20	This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter
ASC 21	This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter
ASC 22	This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter

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.	

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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	<p>Supporting commentary</p> <p>Halton Stop Smoking Service has continued to deliver the service remotely throughout COVID 19 to support local people to stop smoking. The voucher scheme previously used by the service to request products from Pharmacies has now been replaced by requesting products for clients directly through the pharmacists database – PharmOutcomes. The intention is to continue using PharmOutcomes when services resume post COVID. CO monitoring and Lung Age checks had to be stopped as well as the pregnancy incentive voucher scheme due to COVID 19. Through the use of digital platforms and contact with all referring agencies we have continued to promote the service to encourage referrals into the service. However, there has been a decrease in all referrals during COVID. Extra emphasis is placed on pregnant smokers, routine and manual smokers, smokers with respiratory disease, and smokers with mental health, where extra support is required. To date Halton Stop Smoking Service has received 105 pregnant smoker referrals, only 58 referrals from Midwives and the remaining 29 referrals from GP's. Out of 105 referrals, 87 clients engaged with the service and 27 pregnant smokers successfully quit - achieving a quit rate of 31%. Although only 18 clients did not engage with the service, albeit remotely, the quit rate is lower than previous years. This reflects the need to resume</p>
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	<p>house visits and the pregnancy incentive voucher scheme for pregnant smokers when face 2 face consultations resume in June 2021.</p> <p>Among the Routine and Manual group, there have been 163 smokers accessing the service and 86 smokers quitting – achieving a current quit rate of 53%.</p> <p>To date the service has seen a total of 770 clients that have been referred into the service, either by professional partners or self-referred. The service has a quit rate of 57% currently. However, data for Q4 is still not complete as there are 59 clients awaiting 4 week review outcomes some of which will be quits. The service has now set up a FB page where advice and tips on stopping smoking are available to smokers – 85 people currently access the FB page. The service has also supported Contact Track and Tracing and supported the Health Trainer Assessment programme this year.</p>
PH 01b	<p>Supporting commentary</p> <p>Cancer screening programme boards have not yet recommenced. Local activity is continuing with engagement with all services to encourage uptake and maximise participation in the screening programmes. The Cancer Prevention Board will soon be recommencing with cancer screening a key priority.</p>
PH 01c	<p>Supporting commentary</p> <p>The Stop Smoking Service have had to cease delivering COPD6 Lung Age Checks to clients aged 35yrs and over as per NICE guidelines during consultations due to COVID and working remotely. Resumption of face 2 face consultations is planned for June 2021. Partnership working across Liverpool and Knowsley Stop Smoking Services, Liverpool Heart and Chest Hosp. and Halton CCG is ongoing for the recently revived TLHC (Targeted Lung Health Check Programme). This programme is in the early stages of development but it is envisaged Halton area will be targeted in Autumn 2021. An increase in throughput into the service of potentially 1,600 current and ex smokers in Halton aged between 55 yrs and 75 yrs is anticipated.</p>
PH 01d	<p>Supporting commentary</p> <p>Haltons Adult Weight Management Service received 85 new referrals in Q4. The service worked remotely throughout, providing both an individual telephone based service and a new digital weight management coaching app. Fresh Start clients continued to receive healthy lifestyle and physical activity advice via phone calls or the app. The new Halton Fresh start app provides a unique opportunity in Halton to engage with a wider group of local people who would not attend traditional face to face services. The app has 174 users since its launch in February 2021. The Dietician led tier 3 weight management service operated remote phone based appointments during Q4 up until 8th March 2021, when face to face appointments were resumed. The service supports local people with high BMI's and those considering bariatric surgery. 201 appointments were booked in Q4. A Facebook group with over 400 active Fresh Start clients has been maintained throughout Q4.</p> <p>In person weight check clinics for clients to be weighed and have their blood pressure also resumed the week of 22nd March in both Widnes and Runcorn.</p>

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	<p>Telephone physical activity advice and online video sessions were provided for those clients referred to the HIT exercise referral service. Working predominantly with clients with a history of cardiac, respiratory, neurological or chronic pain diagnoses.</p> <p>The Active Halton steering group meetings have continued monthly, the group has focused on updating colleagues from across Halton on how services are being managed during the Covid-19 pandemic and changes to the availability of facilities during Q4.</p> <p><u>CYP</u></p> <p>Professionals training aimed at increasing healthy lifestyles intervention when working with children and families continues. In Qtr 4, 18 practitioners have trained in Children and Young people’s Brief Lifestyle Intervention for Practitioners (CYPBLIP), and 10 participants in Alcohol and Tobacco sessions allowing those staff to lead their own sessions. This training is also offered to school staff and supports the new health curriculum with additional resources. In Qtr 4 112 pupils in schools have participated in face to face Alcohol Awareness sessions and 186 pupils have participated in Fit 4 Life sessions.</p> <p>Children and families healthy lifestyle (Fit 4 Life) continue to engage families directly through remote parent Bitesize sessions, 22 parents attended in qtr. 4. Development work has now started on the Adult weight Management app to allow work with the whole family, with children as the focus of the programme, this will be a combination of interactive remote sessions, coaching and telephone calls. Dieticians continue to carry out face to face clinics with children above 98th centile with their parents.</p>
PH 02a	<p>Supporting commentary</p> <p>Despite the impact of the pandemic, the 0-19 Service has continued to maintain support for children and families in Halton. The most recent quarter (Q4) has seen the introduction of the new “Chat Health “ communications sytem – utilising online and text support for children and families which will increase access and availability of support as the service introduces its recovery plan for the next stage of its pandemic response.</p> <p>During Qtr 3, the service managed to deliver 79% of the face to face New Birth Visits within 30 days and 26% of babies were recorded as being “breastfed” at 6 weeks. Areas for improvement include the 12 month and 2 ½ year check, and the service has implemented a catch up plan to improve access to this part of the Healthy Child Programme.</p> <p>Access to Vision and Hearing Screening has been impacted by the pandemic and the service has been working to implement a programme of catch up as part of the recovery plans for work with local schools.</p>
PH 02	<p>Supporting commentary</p> <p>During the quarter, the 0-19 Service (comprising the Family Nurse Partnership, Health Visiting and School Nursing) continued to deliver support to children, young people and families.</p> <p>The service provided support to schools and early years settings and focused particularly on the flu vaccination programme and school age immunisations, as well as continuing to</p>

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	<p>support the increasing workload caused by safeguarding concerns and the response to the pandemic.</p> <p>The 0-19 Team has been integral in providing support to schools with regards to COVID Outbreak management and support and has been an integral part of the Councils outbreak management team.</p> <p>The team has responded to an increasing workload with regards to safeguarding and “early help” requests during the pandemic.</p>
PH 02	<p>Supporting commentary</p> <p>The Halton Early Years partnership has continued to meet remotely to consider how to support families and develop the local offer and is looking to re-establish the antenatal ‘Your baby and you offer’ remotely.</p> <p>Infant feeding support continues to be available to families from the HIT infant feeding team.</p> <p>Encouraging physical activity continues to be difficult to support directly, other than through social media.</p> <p>The NCMP programme was paused during lockdown, and now schools have returned local areas have been asked to measure 10% of the eligible population to collect a representative sample for 20/21.</p>
PH 03a	<p>Supporting commentary</p> <p>The Sure Start Telephone befriending service has grown from strength to strength during this period we have provided 167 hours of volunteer support.</p> <p>The team have received a 25 new referrals and have 500 reviews to complete for people who are deemed as socially isolated and lonely. We are hoping that in the next few months community groups will reconvene and we will be able to start signposting people to the relevant support group.</p> <p>We are now in the planning phase of restarting the Upton Get Together event in October for Older Peoples week subject to Government guidelines.</p> <p>The Loneliness training has been revamped during this period and the up to date training offer will be launched in the next Quarter.</p> <p>The Partners in Prevention network meeting was relaunched this Quarter. This is an opportunity for organisations from all sectors to share what their service has to offer. It is also a great networking event to share ideas of how to tackle loneliness across the Borough.</p> <p>We are working in collaboration with Cheshire Fire Service, as part of the ongoing Loneliness campaign, to produce a video to raise awareness about loneliness , the impact it has and how we can tackle it within our communities.</p>
PPH 03b	<p>Supporting commentary</p> <p>No Change . During the pandemic there have been significant changes made to the falls pathway. The Falls Intervention services ceases to exist as does the Rapid Access Rehabilitation Service. This has left a gap in the service provision.</p> <p>The intermediate care service is currently under review and the outcome of this review will not be known until April 2021. A decision has been made to put the falls steering group on hold until further information is gathered about the future plan of the falls service.</p>

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PH 03c	<p>Supporting commentary</p>																														
	<p>Uptake of flu vaccination for the 2020 season has increase for most cohorts (with the exception of pregnant women, though there have been known data denominator issues, which make this difficult to interpret). The 75% target was chieved in the over 65 age group.</p> <p>The uptake has been facilitated bythe joint approach with local partners, including Warrington Council to maximise opportunities for engagement and emphasise the benefits of flu vaccination with the Covid Pandemic.</p>																														
PH 04a	<p>Supporting commentary</p> <p>Work has continued to focus on reducing the rate of young people admitted to hospital due to alcohol, although this has been impacted due to COVID-19, lock down, and reductions in social interaction.</p>																														
PH 04b	<p>Supporting commentary</p> <p>Awareness is raised within the local community of safe drinking recommendations and local alcohol support services through social media campaign messages and the promotion of national campaigns via digital platforms. The Stop Smoking Service has continued to deliver Audit C screening remotely and offers Brief Advice and signposting or referral to CGL, when appropriate, during consultations with clients who are stopping smoking and who also wish to reduce their alcohol intake</p> <p>To date the Stop Smoking Service have delivered Audit C screening remotely to 532 clients.</p> <p>Health Trainers have had limited opportunities to deliver Audit C screening as part of Health Checks due to COVID.</p>																														
PH 04c	<p>Supporting commentary</p> <p>The Substance Misuse Service has continued to find innovative ways in which to support clients affected by substance misuse, including digital consultations and socially distanced appointments. During Qtr.3, 150 assessments were completed as per the breakdown below.</p> <table border="1" data-bbox="181 1570 1390 1816"> <thead> <tr> <th>Substance of choice</th> <th>Total Q1</th> <th>Total Q2</th> <th>Total Q3</th> <th>Target YTD</th> <th>Actual YTD</th> </tr> </thead> <tbody> <tr> <td>Alcohol</td> <td>52</td> <td>80</td> <td>59</td> <td>180</td> <td>191</td> </tr> <tr> <td>Opiates</td> <td>23</td> <td>41</td> <td>35</td> <td>105</td> <td>99</td> </tr> <tr> <td>Non-Opiates</td> <td>33</td> <td>32</td> <td>35</td> <td>90</td> <td>100</td> </tr> <tr> <td>Alcohol/Non-Opiates</td> <td>12</td> <td>32</td> <td>21</td> <td>60</td> <td>65</td> </tr> </tbody> </table> <p>Those requiring support for alcohol represented 53% of overall assessments, which is an increase on the previous quarter. At the end of Qtr.3 there were 149 people engaged in structured treatment for alcohol, with 63 in 'Recovery Support'.</p>	Substance of choice	Total Q1	Total Q2	Total Q3	Target YTD	Actual YTD	Alcohol	52	80	59	180	191	Opiates	23	41	35	105	99	Non-Opiates	33	32	35	90	100	Alcohol/Non-Opiates	12	32	21	60	65
Substance of choice	Total Q1	Total Q2	Total Q3	Target YTD	Actual YTD																										
Alcohol	52	80	59	180	191																										
Opiates	23	41	35	105	99																										
Non-Opiates	33	32	35	90	100																										
Alcohol/Non-Opiates	12	32	21	60	65																										
PH 05a	<p>Supporting commentary</p>																														

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The Health 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. Due to the pandemic the number of educational settings able to engage with preventative work has reduced due to additional demands on them. However despite this educational settings have still engaged with prevention work.

6 schools are currently engaged

12 early years setting or child minders are engaged

14 Parents and carers engaged in parent workshop on childrens mental health and wellbeing

55 Parents / Carers accessing information, resources and support available on the local Mental Health info point

49 Professionals accessing information and resources to help them support CYP mental health and wellbeing

The Health Improvement team work closely with partners to improve the mental health and wellbeing of children and young people. We have been part of the local nurture strategy and plan since it began in 2018. We actively encourage all schools we support to adopt a nurturing approach. In Q4 work has begun to support early years settings to adopt a nurturing approach too and the health improvement team have been actively involved in this.

PH
05b

Supporting commentary

The suicide prevention partnership board has continued to meet during the pandemic. There has been delays with the real time surveillance information which has been flagged as a concern with Champs. Champs have continued to work to address: self harm, middle aged men, quality improvement within mental health trusts, primary care staff, workforce development training and the development of a lived experience network throughout the pandemic

Local Activity

A follow on anti stigma campaign aimed at middle aged men started on the 24th of February with 30 second lived experience videos automatically playing when middle age aged men log on to websites locally. From the 24th of February to the 31st of March there has been **21263** views equating to **171** hours watched and **148** clicks through to the full length videos. Both the full length vidoes and the short video clips include local men talking about their lived experience and a 24 hour text help line if they want to talk about what is worrying them. The Mental Health Info Point continues to be promoted via social media and training. From January to March it has received **1297** page views with **435** users and **93** visiting the need help now section for details of mental health crisis support. The local 24hr mental health crisis telephone number is continuously promoted by the Local Authority, NWBP and partners. Due to concerns with money worries and mental health a local webinar was delivered in partnership with Citizens Advice and Warrington Borough Council and had **117** attendees. The aim was to raise awareness of the vicious cycle between money worries, debt and mental health enabling the local community and workforce to identify concerns in those they are supporting connecting them to appropriate

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support. The suicide prevention partnership board is working with Wirral Mind to increase representation from Halton on the Lived Experience Network with the overall aim to have lived experience representation on the local suicide prevention partnership board.

PH
05 c**Supporting commentary**

A variety of training is provided to early years settings, schools, workplaces and the community. Since the pandemic began face to face training has been cancelled and virtual training has been available in its place (although schools have still been able to access face to face training when safe to do so). To ensure quality is maintained numbers attending virtual training has been capped and is significantly lower than numbers attending face to face sessions. Also workplaces haven't engaged with any of the training offer due to the pandemic however information has been provided to them and a workplace section established on the MH info point to help support with staff wellbeing. 26 workplaces have accessed the workplace section during Q4.

Training	Numbers trained
Mental health awareness training for adults	71
Mental health awareness for managers	5
Stress Awareness training for adults	0
Stress Awareness training for managers	5
Suicide Awareness training	33
Mental health awareness for early years settings	17
Mental Health awareness training for staff who work with CYP	17
Self Harm awareness training for staff who work with CYP	0
Resilience Workshop for staff working with CYP	17
Staff wellbeing workshop for staff working with early years and CYP	45
Total trained	210









Key Performance Indicators

Ref	Measure	19/20 Actual	20/21 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)	66.1% (2018/19)	68% (2019/20)	N/A	u	N/A

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PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)	68.6% (2018/19)	N/A targets not set due to COVID pressures	N/A		N/A
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	896 (2019/20 provisional)	N/A 2020/21 targets not set due to COVID pressures	678 (Q4 2019/20 – Q3 2020/21)		
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	58.3 (2017/18 – 2019/20)	N/A 2020/21 targets not set due to COVID pressures	57.1 (Q4 2017/18 – Q3 2020/21)		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	14.9% (2019)	N/A 2020/21 targets not set due to COVID pressures	N/A		N/A
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	70.6% (2018/19)	N/A 2020/21 targets not set due to	N/A		N/A



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			COVID pressures			
PH LI 03c	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	85.3 (2017-19)	N/A 2018-20 target not set due to COVID pressures	87.1 (2018-20 provisional)		
PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	166.1 (2017-19)	N/A (2018-20 target not set due to COVID pressures)	162.4 (2018-20 provisional)		
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	52.5 (2017-19)	N/A (2018-20 target not set due to COVID pressures)	52.1 (2018-20 provisional)		
PH LI 04a	Self-harm hospital admissions (Emergency	388.3 (2019/20)	N/A (2020/21 target not	337.8		

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	admissions, all ages, directly standardised rate per 100,000 population)		set due to COVID pressures)	(Q4 2019/20 – Q3 2020/21)		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	7.2% (2018/19)	N/A (2019/20 target not set due to COVID pressures)	N/A		N/A
PH LI 05ai	Male Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	17.7 (2017-19)	N/A (2018-20 target not set due to COVID pressures)	17.2 (2018-20 provisional)		
PH LI 05aii	Female Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	20.3 (2017-19)	N/A (2018-20 target not set due to COVID pressures)	19.8 (2018-20 provisional)		
PH LI 05b	Emergency admissions due to injuries	2834 (2019/20)	N/A	2816		

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	resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)		(2020/21 target not set due to COVID pressures)	(Q4 2019/20 – Q3 2020/21)		
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	71.6% (2019/20)	75% (national target)	79.9% (Sept – Feb 2021)		

Supporting Commentary

PH LI 01 - The latest data is not available as Department of Education are not publishing 2019/20 data due to COVID priorities

PH LI 02a - The latest data has not yet been published by Public Health England.

PH LI 02b - Provisional data to Dec 2020 indicates the rate has improved since 2019/20.

However, we do not yet know the full effects of COVID-19 on hospital admissions.

Data is provisional; published data will be released later in the year

PH LI 02c - Provisional data to Dec 2020 indicates the rate has improved since 2019/20. However, we do not yet know the full effects of COVID-19 on hospital admissions.

Data is provisional; published data will be released later in the year

PH LI 03a - The latest data has not yet been published by Public Health England

PH LI 03b – The latest data has not yet been published by Public Health England

PH LI 03c - Provisional data for 2018-20 indicates the rate has increased (worsened) very slightly since 2017-19 However we do not yet the effects of COVID-19 on the categorising of other deaths.

Data is provisional; published data will be released later in the year

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PH LI 03d – Provisional data for 2018-20 indicates the rate has improved slightly since 2017-19. However we do not yet know the effects of COVID-19 on the categorising of other deaths.

Data is provisional; published data will be released later in the year

PH LI 03e - Provisional data for 2018-20 indicates the rate has remained similar to 2017-19. However we do not yet know the effects of COVID-19 on the categorising of other deaths.

Data is provisional; published data will be released later in the year

PH LI 04a - Provisional data to Dec 2020 indicates the rate has improved since 2019/20. However, we do not yet know the full effects of COVID-19 on hospital admissions.

Data is provisional; published data will be released later in the year

PH LI 04b - The latest data has not yet been published by Public Health England.

PH LI 05ai - Provisional data for 2018-20 shows life expectancy at age 65 has reduced by 6 months for males in Halton since 2017-19. This is due to the excess deaths seen in the over 65s in 2020 from COVID-19.

Data is provisional; published data will be released later in the year

PH LI 05aii – Provisional data for 2018-20 shows life expectancy at age 65 has reduced by 6 months for females in Halton since 2017-19. This is due to the excess deaths seen in the over 65s in 2020 from COVID-19.

Data is provisional; published data will be released later in the year

PH LI 05b – Provisional data to Dec 2020 indicates the rate has remained similar to 2019/20. However, we do not yet know the full effects of COVID-19 on hospital admissions.

Data is provisional; published data will be released later in the year

PH LI 05c - Data to Feb 2021 shows Halton has met the 75% national target.

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT

Finance

Revenue Operational Budget as at 31 March 2021

Appendix 3 Financial Statements

	Annual Budget £'000	Actual £'000	Variance (Overspend) £'000
Expenditure			
Employees	13,058	13,051	7
Premises	845	858	(13)
Supplies & Services	653	637	16
Aids & Adaptations	63	30	33
Transport	137	156	(19)
Food Provision	135	149	(14)
Agency	750	725	25
Supported Accommodation and Services	1,487	1,487	0
Emergency Duty Team	102	140	(38)
Contacts & SLAs	519	537	(18)
Residential & Nursing Care	3,760	3,760	0
Domiciliary Care	456	456	0
Transfer To Reserves	354	354	0
<u>Housing Solutions Grant Funded Schemes</u>			
LCR Immigration Programme	240	234	6
Flexible Homeless Support	86	78	8
LCR Trailblazer	67	65	2
Rough Sleepers Initiative	63	62	1
Total Expenditure	22,775	22,779	(4)
Income			
Fees & Charges	-327	-385	58
Sales & Rents Income	-617	-617	0
Reimbursements & Grant Income	-2,585	-2,603	18
Housing Strategy Grant Funded Schemes	-456	-456	0
Capital Salaries	-111	-121	10
CCG Reimbursement Re Lilliycross	0	0	0
Government Grant Income	-2,807	-2,817	10
Total Income	-6,903	-6,999	96
Net Operational Expenditure Excluding Homes and Community Care	15,872	15,780	92
Care Homes Net Expenditure	6,628	6,708	(80)
Community Care Expenditure	18,201	18,160	41
Net Operational Expenditure Including Homes and Community Care	40,701	40,648	53

Adult Social Care

Revenue Operational Budget as at 31 March 2021 continued

Appendix 3 Financial Statements

	Annual Budget	Actual	Variance (Overspend)
	£'000	£'000	£'000
Covid Costs			
Employees	0	1,738	(1,738)
Premises	0	110	(110)
Transport	0	120	(120)
Supplies (Including PPE)	0	735	(735)
Contracts	0	197	(197)
Food & Drink Provisions	0	12	(12)
Infection Control	0	1,846	(1,846)
Rapid Test	0	268	(268)
Workforce Capacity	0	302	(302)
Hospital Discharge Programme	0	5,146	(5,146)
Rough Sleeping Fund	0	6	(6)
Winter Covid Scheme	0	145	(145)
Deferred Savings	0	200	(200)
Covid Loss of Income			
Community Care Income	-359	0	(359)
Community Services Transport	-70	0	(70)
Community Services Trading	-80	0	(80)
Community Services Placements	-69	0	(69)
Government Grant Income			
Infection Control Grant	0	-1,846	1,846
Rapid Test Funding	0	-268	268
Rough Sleeping Fund	0	-6	6
Winter Covid Scheme	0	-145	145
Workforce Capacity Grant	0	-302	302
CCG Hospital Discharge Programme	0	-5,146	5,146
General Covid Funding	0	-3,690	3,690
Net Covid Expenditure	-578	-578	0
Recharges			
Premises Support	563	563	0
Transport Support	564	564	0
Central Support	3,588	3,588	0
Asset Rental Support	741	741	0
Recharge Income	-927	-927	0
Net Total Recharges	4,529	4,529	0
Net Departmental Expenditure	44,652	44,599	53

Comments on the above figures

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Net Department Expenditure, excluding the Community Care and Care Homes divisions, was underspent against budget by £0.092m for the financial year.

The Community Care and Care Homes Divisions are reported separately below. The Care Homes Division recorded a net overspend of £0.080m, and a net underspend of £0.041m was achieved by the Community Care Division. A more detailed analysis of the respective divisions spend is included in separate reports below.

Costs ran broadly to budget, and no significant budget variances were encountered during the year.

There are a number of full grant funded Housing Strategy initiatives included in the report above, specifically the LCR Immigration Programme, Flexible Homelessness Support Initiative, LCR Trailblazer and Rough Sleepers Initiative. Total funding was initially £0.735m, based on actual grant allocations for 2020/21, together with unspent funding carried forward from the previous financial year. In-year expenditure amounted to £0.456m across the schemes, the balance of funding has been carried forward to the 2021/22 financial year.

Costs relating to the Covid-19 pandemic have been recorded separately, and a summary is recorded in the table above, together with an analysis of the funding source. These figures are inclusive of costs relating to Care Homes and Community Care. Total expenditure and loss of income has been recorded for the financial year, as £9.298m, of which £5.146m related to the Halton Clinical Commissioning Group (CCG) funded Hospital Discharge Programme

Care Homes Division

Revenue Operational Budget as at 31st March 2021

	Annual Budget	Actual	Variance (Overspend)
	£'000	£'000	£'000
Expenditure			
Employees	5,880	5,881	(1)
Premises	309	367	(58)
Supplies & Services	291	282	9
Food Provision	283	283	0
Transfer to Reserves	0	79	(79)
Total Expenditure	6,763	6,892	(129)
Income			
Reimbursements & Grant Income	-135	-184	49
Total Income	-135	-184	49
Net Operational Expenditure	6,628	6,708	(80)
Covid Costs			
Repairs & Maintenance	0	104	(104)
Medical & Hygiene	0	79	(79)
Equipment & furniture	0	12	(12)
Additional Staffing Costs - Contracted	0	347	(347)

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Infection Control Grant	0	342	(342)
Rapid Test Funding	0	60	(60)
Workforce Capacity Grant	0	59	(59)
Additional Staffing Costs - Agency	0	982	(982)
Government Grant Income			
General Covid Funding	0	-1,524	1,524
Infection Control Grant	0	-342	342
Rapid Test Funding	0	-60	60
Workforce Capacity Grant	0	-59	59
Net Covid Expenditure	0	0	0
Recharges			
Premises Support	80	80	0
Central Support	261	261	0
Asset Rental Support	288	288	0
Recharge Income	0	0	0
Net Total Recharges	629	629	0
Net Departmental Expenditure	7,257	7,337	(80)

Comments on the above figures

Overview

The Care Homes Division contains four homes - St Luke's in Runcorn and St Patrick's, Madeline McKenna and Millbrow in Widnes, along with Care Homes Management Team. They have a combined budget of £7.25m based on 100% occupancy levels plus Covid Grants of £1.986m as per the breakdown above.

Divisional Summary

The final 2020-21 divisional spend of £0.080m over budget is far lower than initially forecast. This is due, in the main, to the delay, caused by the pandemic, of transferring the staff at St Luke's and St Patrick's onto Halton contracts. This significant, additional cost is expected to hit the budgets in 2021/22. Furthermore, £1.986M Covid grants have helped to offset additional costs incurred following the emergency response to the pandemic.

Unfortunately, not all of these additional costs are expected to reduce during 2021/22 due to the longer-term impact of the pandemic. Currently COVID grants are secure up to June 2021. If no further grant funding is delivered after Q1, it is anticipated this could create significant cost pressures on the budget.

Madeline McKenna Care Home

Madeline McKenna is a 23-bed residential care home with a budget of £0.686m (including £0.055m Covid grant allocations). The budget overspend of £0.108m is due to unachievable efficiency savings necessitated following the harmonisation of terms and conditions. Staff costs will continue to be a budget pressure in 2021/22.

Appendix 3 Financial Statements**Millbrow Care Home**

Millbrow is a 44-bed residential and nursing care home with a budget of £1.817m (including £0.124M Covid grant allocations). The final 2020/21 budget overspend is £0.295m.

Employee related expenditure, including agency supply, is £0.074m over budget. This, plus the unachievable efficiency saving of £0.190m for 2020/21, continues to create pressure across the staffing budgets.

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 £2.426m including £0.184M Covid Grant allocations.

The budget is underspent at year-end 2020/21 by £0.032m. As indicated previously, it has not been possible to move staff on to Halton terms & conditions during the pandemic, generating the underspend. Work is continuing to review the staffing requirements at the care home and move staff to Halton contracts; however it is expected this will create budget pressures going forward.

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 £1.698m, including £0.097m Covid grant allocations.

The budget has an underspend of £0.296m at year-end 2020/21. This is due to savings on staffing budgets as staff have been unable to transfer to Halton contracts due to the Covid pandemic. It is anticipated this will happen during 2021/22 leading to staffing costs becoming a budget pressure.

Premises Expenditure

Premises expenditure is overspent by £0.058m across the four care homes. This is due to repairs and maintenance of the buildings including the 2 new homes acquired in 2019. Recruitment of a Premises Officer to reduce costs in this area was delayed due to the pandemic.

Utilities costs were over budget at the beginning of the year as the new homes had not been transferred to Halton contracts – this has now been achieved and it is expected costs will reduce.

Summary

Work continues across all of Halton's care homes to address the various cost pressure areas, including

- Harmonisation to HBC terms & conditions
- Recruitment
- Reliance on Agency
- Premises expenditure

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- Reviewing supplies & services spend
- Model of care provision
- On-going impact of Covid pandemic

The pandemic has resulted in additional grant support, which has mitigated some of the costs in 2020/21, whilst also delaying the move of staff to Halton terms & conditions. This has delayed the full impact of these costs on the base budget. However, these costs have only been deferred and will affect the budget in 2021/22 and beyond.

The long-term impact of the Covid pandemic is yet to be seen, however it is anticipated that many of the additional costs incurred will remain in at least the short to medium term. The division therefore faces on-going cost pressures and will need to continue the work on all the areas above in order to have a sustainable post-COVID budget.

Community Care Budget

Revenue Budget as at 31st March 2021

	Annual Budget £'000	Actual £'000	Variance (Overspend) £'000
Expenditure			
Residential & Nursing	11,847	11,225	623
Domiciliary Care & Supported Living	8,338	7,446	893
Direct Payments	9,658	9,528	130
Day Care	370	350	21
Total Expenditure	30,214	28,548	1,666
Income			
Residential and Nursing Income	-9,069	-7,562	(1,507)
Domiciliary Income	-1,461	-1,366	(95)
Direct Payment Income	-714	-665	(49)
ILF Income	-656	-656	(0)
Income from other CCG's	-113	-139	26
Total Income	-12,012	-10,388	(1,625)
Net Operational Expenditure	18,201	18,160	41
Covid Costs			
Hospital Discharge Programmes	0	5,146	(5,146)
Infection Control Grant	0	1,452	(1,452)
Workforce Capacity Grant	0	209	(209)
Covid Loss of Income			
Fees and Charges	-359	0	(359)
Government Grant Income			
General Covid Funding	0	-359	359
Workforce Capacity Grant	0	-209	209
Infection Control Grant	0	-1,452	1,452

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CCG Hospital Discharge Programmes	0	-5,146	5,146
Net Covid Expenditure	-359	-359	0
Net Departmental Expenditure	17,842	17,801	41

Comments on the above figures:

The overall position for the Community care budget is £0.041m under budget profile at the end of the financial year.

The Covid pandemic has had a profound effect this year, both in terms of additional expenditure and loss of income.

£5.1m has been claimed from the Clinical Commissioning Group's (CCG) Hospital Discharge Programmes for additional demand. The CCG also agreed to fund existing expenditure of £0.6m for block purchasing.

Reduced spend on HBC funded care packages also resulted in less income as the packages funded by CCG are not chargeable.

The community care budget remains volatile and will need close monitoring, particularly if there are any major developments with the pandemic.

Capital Projects as at 31st March 2021

Project Title	2020/21 Capital Allocation £'000	Actual £'000	Total Allocation Remaining £'000
Purchase of 2 adapted properties	369	12	357
Orchard House	160	160	0
Lilycross	955	955	0
Re-design Oakmeadow Communal Space	20	9	11
Totals	1,504	1,136	368

Comments on the above figures:

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, although construction was delayed due to Covid-19. The grant funding has been re-profiled to 2021/22 to allow the scheme's completion.

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 Executive Board on 15 November 2018. The original total capital allocation was £0.407m, which reflected the projected remodelling and

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refurbishment costs of the property following its purchase in March 2019. The 2020/21 capital allocation of £0.160m represented funding carried forward from 2019/20 to enable the scheme's completion.

The former Lillycross care home in Widnes was adapted to help ease the pressure on hospitals treating patients with Covid-19. Capital costs were reimbursed by Halton CCG.

COMPLEX CARE POOL**Revenue Budget as at 31st March 2021**

	Annual Budget	Actual	Variance (Overspend)
	£'000	£'000	£'000
Expenditure			
Intermediate Care Services	6,575	6,724	(149)
End of Life	206	206	0
Sub Acute	1,641	1,128	513
B3 Beds	345	345	0
Joint Equipment Service	617	911	(294)
CCG Contracts & SLA's	3,025	3,080	(55)
Red Cross Contract	65	65	0
Intermediate Care Beds	607	607	0
Carers Breaks	405	265	140
Oakmeadow	1,167	1,254	(87)
Carers Centre	364	364	0
Inglenook	125	60	65
Health & Community Care packages	3,975	3,975	0
Balance Charged to Reserves	0	157	(157)
Total Expenditure	19,117	19,141	(24)
Income			
BCF	-10,891	-10,891	0
CCG Contribution to Pool	-3,402	-3,402	0
Oakmeadow Income	-612	-609	(3)
Other Income	0	-27	27
Total Income	-14,905	-14,929	24
Net Operational Expenditure	4,212	4,212	0
Covid Costs			
Care Costs	0	65	(65)
Infection Control	0	84	(84)
Rapid Testing	0	11	(11)
Workforce Capacity	0	17	(17)
Government Grant Income			
CCG Covid funding	0	-65	65
Infection Control	0	-84	84
Rapid Testing	0	-11	11
Workforce Capacity	0	-17	17
Net Covid Expenditure	0	0	0
Net Departmental Expenditure	4,212	4,212	0

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Comments on the above figures:

Net spend for the Complex Care Pool budget was £0.157m under the approved budget, this amount has been set aside as a reserve and will be carried forward to fund costs in 2020/21

The underspend of £0.513m on the Sub Acute Unit was due to the termination of two contracts with Warrington NHS Trust in October 2020. As part of the settlement it was agreed to fund B3 beds by a further £0.345m.

Expenditure on Carer's Breaks is under the approved budget by £0.140m. The personalised break costs from Halton Carer's Centre are lower than usual, as are the direct payment carers breaks.

The Oakmeadow overspend of £0.087k is mainly agency costs . This is due to difficulty in recruiting because of Covid.

The underspend on Inglenook is due to a reduction of service users at the property.

Pooled Budget Capital Projects as at 31st March 2021

Project Title	2020/21 Capital Allocation £'000	Actual £'000	Total Allocation Remaining £'000
Grants - Disabled Facilities	650	623	27
Stair Lifts	180	158	22
Joint Funding RSL Adaptations	150	133	17
Madeline McKenna Residential Home	20	20	0
Millbrow Care Home	516	71	445
St Lukes	265	22	243
St Patricks	55	6	49
Totals	1,836	1,033	803

Comments on the above figures:

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations were consistent with 2019/20 spend and budget, and expenditure across the 3 headings was below budget overall, partly as a result of reduced demand, and access to homes, as a result of the Coronavirus pandemic.

The bulk of costs relating to the refurbishment of Millbrow will now occur in the new financial year as a result of the Coronavirus pandemic.

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. As with Millbrow, the unspent capital allocation resulting from Covid related delays will be carried forward to the 2021/22 financial year.

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PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT**Revenue Budget as at 31st March 2021**

	Annual Budget £'000	Actual £'000	Variance (Overspend) £'000
Expenditure			
Employees	3,119	2,524	595
Premises	5	2	3
Supplies & Services	218	207	11
Contracts & SLA's	6,528	6,519	9
Transport	10	2	8
Agency	20	20	0
Transfer to Reserves	1,077	1,077	0
Total Expenditure	10,977	10,351	626
Income			
Fees & Charges	-226	-222	(4)
Reimbursements & Grant Income	-367	-367	0
Government Grant Income	-10,466	-10,466	0
Total Income	-11,059	-11,055	(4)
Net Operational Expenditure	-82	-704	622
Covid Costs			
Contracts & SLA's	0	15	(15)
COVID-19 Test & Trace	0	949	(949)
Contain Outbreak Management Fund	0	989	(989)
LCR SMART Testing	0	778	(778)
COVID Surge Enforcement Fund	0	88	(88)
Covid Loss of Income			
Pest Control fees & charges	-21	0	(21)
Health & Wellbeing fees & charges	-38	0	(38)
Government Grant Income			
General Covid Funding	0	-74	74
COVID-19 Test & Trace	0	-949	949
Contain Outbreak Management Fund	0	-989	989
LCR SMART Testing	0	-778	778
COVID Surge Enforcement Fund	0	-88	88
Net Covid Expenditure	-59	-59	0
Recharges			
Premises Support	112	112	0
Transport Support	23	21	2
Central Support	1,174	1,155	19

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Net Total Recharges	1,309	1,288	21
Net Departmental Expenditure	1,168	525	643

Comments on the above figures

The net Department spend for the year ending 31st March 2021 is £0.643m under the available budget.

Employee costs are £0.595m under budget. This is a result of savings made during the year by staff having worked on COVID related activities and the associated costs funded from the Test & Trace Support Service grant and the Contain Outbreak Management Fund. There are a small number of vacancies, maternity leave and reductions in hours within the department that have also contributed to the departments underspend. The employee budget is based on 86.7 full time equivalent staff. The staff turnover saving target of £0.025m is fully achieved.

Spend on Supplies and Services is £0.011m under budget and spend on Hired & Contracted Service £0.009m under budget. This underspend has been generated by reduced spending on services that have been temporarily halted and spending is expected to return to normal once services return to pre-coronavirus activity.

There is £0.975m underspend from the Public Health ring-fenced grant transferred to reserves at the end of the financial year. As mentioned above, this is due to staff working on COVID related activities.

Halton Borough Council has been allocated £0.949m from the Local Authority COVID-19 Test & Trace Service Support Grant to manage local outbreaks of COVID-19 through Halton's Outbreak Hub. This grant is fully spent.

With escalating numbers of coronavirus infections, Local COVID Alert Levels were introduced in England in October. As a result, Halton Borough Council received the first in a series of payments from the Contain Outbreak Management Support Fund (COMF). The first payment of £1.691m included £0.418m for enforcement and £0.087m for Clinically Extremely Vulnerable People. Five further payments of £2.357m have also been received, providing COMF grant funding of £4.048m by the end of the financial year, with £0.989m spent and £3.059m carried forward into 2021/22. A one-off additional payment of £1.129m is expected in Q1 2021/22. This funding has allowed the Halton Outbreak Support Team to be expanded, introduce 7 day working, increase contact tracing and deal with complex cases, as well as introduce community based mass asymptomatic serial testing known as lateral flow tests.

Following Liverpool's pilot of mass testing, the Liverpool City Region authorities were successful in a £16m bid to roll out SMART (Systematic, Meaningful, Asymptomatic, Repeated Testing) testing. Halton have been awarded £1.988m to extend community based no symptoms lateral flow tests to help reduce infection rates locally by identifying people who have no symptoms, but who are infectious. Spend to 31st March is £0.778m. The Council received 10,000 lateral flow tests initially, with supply's increasing so that the Council are able to test 10% of the population on a weekly basis until March 2021. With the support of the Army and the Health Improvement Team, two fixed sites at Grangeway and Ditton Community Centres were set up and opened to the public on the 14th December. From March 2021, pop-up SMART testing vans that move around to various locations within the borough to target specific areas where infection levels are particularly high have been used.




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COVID-19 costs for Contracts & SLA's for the year are £0.015m. The Public Health & Public Protection Department is likely to see medium and longer-term effects because of the current pandemic and changes to current restrictions.

Loss of income due to COVID-19, with Sure Start to Later Life and Pest Control unable to generate income during the financial year and the Health Improvement Team has only been able to achieve reduced levels of income. The resulting loss of £0.059m fees and charges income during the year has been offset by a contribution from reserves. The loss of income in 2021/22 is projected to remain at £0.059m, assuming income levels will not return to normal until beginning of the 2022/23 financial year.




APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

Green		<i>Indicates that performance is better as compared to the same period last year.</i>
Amber		<i>Indicates that performance is the same as compared to the same period last year.</i>
Red		<i>Indicates that performance is worse as compared to the same period last year.</i>

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N/A

Indicates that the measure cannot be compared to the same period last year.