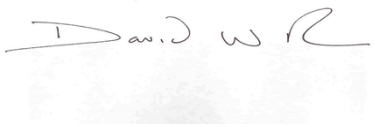
Public Document Pack

Health Policy and Performance Board

Tuesday, 28 September 2021 at 6.30 p.m.
Council Chamber - Town Hall, Runcorn



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, 12 October 2021

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

Part I

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

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 29 June 2021 at The Council Chamber, Runcorn Town Hall

Present: Councillors P. Lloyd Jones (Chair), Baker (Vice-Chair), Ball, Bevan, D. Cargill, Dyer and Leck

Apologies for Absence: Councillors Dourley, Goodall, Ratcliffe and J. Stockton

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, A. Jones, D. Nolan, L Wilson and E. O'Meara

Also in attendance: Lucy Gardner – Warrington & Halton Hospitals NHS Foundation Trust, Leigh Thompson – NHS Halton Clinical Commissioning Group and Dr Rhian Thomas – Grove House Practice

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HEA1 MINUTES

The Minutes of the meetings held on 23 February and 9 March were taken as read and signed as a correct record.

HEA2 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

HEA3 HEALTH AND WELLBEING BOARD MINUTES

The minutes from the Health and Wellbeing Board meeting held on 20 January 2021, were provided for the information of the Board.

HEA4 HEALTH POLICY AND PERFORMANCE BOARD ANNUAL REPORT : 2020/21

Councillor Baker presented the Health Policy and Performance Board's Annual Report for April 2020 to March 2021.

On behalf of the Chair during this period, Councillor Joan Lowe, she conveyed her thanks to all Members of the Health Policy and Performance Board and supporting Officers, for their commitment and hard work throughout what had been a very challenging year. Councillor Baker also thanked Councillor Lowe for her services to the Board as Chair over the past 5 years.

RESOLVED: That the annual report be received.

HEA5 RECONFIGURATION OF BREAST SCREENING, ASSESSMENT AND SYMPTOMATIC SERVICES - WARRINGTON & HALTON

The Board welcomed Lucy Gardner, of Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH), who provided the Board with an overview and presentation of the planned changes in respect to the Reconfiguration of Breast Screening, the Assessment and Symptomatic Services, outcomes from the pre-consultation engagement exercise undertaken and details of the next steps in the reconfiguration process.

It was reported that WHH, in partnership with St Helens and Knowsley Teaching Hospital NHS Foundation Trust (STHK), currently provided Breast Screening Services (mammography) and Breast Assessment and Symptomatic Breast Services across Warrington, Halton, St Helens and Knowsley.

Members were advised that WHH had recently completed a period of pre-consultation engagement with the general public, specifically focussing on users of the 3 elements of the current service across the catchment area, as outlined in the presentation (also appended to the report). This was due to part of the engagement being undertaken during the pre-election period. They sought the public's view on some service changes that were proposed and which they believed would help improve the quality of the service offered and future proof the service for future years.

In response to Members questions, the following was noted:

- The reconfiguration of breast screening, assessment and symptomatic services was a national strategy aimed at consolidating the services to create a centre of excellence;
- there was a national shortage of mammographers;

- As well as assessments, treatment would also be carried out in the same building;
- Access to clinical trials was not available for this at the moment but could be looked at in the future; and
- No issues had been raised during the consultation from employees with regards to relocation of their place of work.

Overall Members welcomed the reconfiguration of these services and supported them going forward.

RESOLVED: That the Board notes the report and presentation.

HEA6 PUBLIC HEALTH RESPONSE TO COVID-19

The Director of Pubic Health and Protection provided the Board with an update on the Public Health response to Covid-19 Coronavirus.

The presentation included the most recent Covid-19 figures and data for Halton; how the Halton Outbreak Support Team were working to successfully identify and manage local outbreaks; and gave details of the most recent information on testing and vaccination for people in Halton.

The following was discussed in response to Members questions:

- There was some vaccine hesitancy amongst the people in Halton but much less than in most areas of the country;
- the Delta variant was more transmissible than the Alpha and seemed to cause additional symptoms;
- Despite the infection rates rising, hospital admissions due to Covid remained low;
- The national booking system and the local GP's system of vaccination was clarified;
- It was the consensus that the infection rates in schools may get worse before they get better;
- Asylum seekers and traveller communities were being included in the vaccination programme – the Council had been commended in this area as good practice; and
- Walk in appointments in St Helens were currently being arranged.

RESOLVED: That the presentation be noted.

HEA7 WHITE PAPER – INTEGRATION AND INNOVATION: WORKING TOGETHER TO IMPROVE HEALTH AND SOCIAL CARE FOR ALL

The Board received a report from the Strategic Director - People, which provided an 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.

Members noted that the Department of Health and Social Care (DHSC) had published the White Paper that sets out legislative proposals for a Health and Care Bill. The Paper detailed proposals for NHS and social care reform, with a focus on integrated care and services adding value for end users.

The White Paper recognised that the response to Covid-19 was the current priority, however, as the system emerges from the pandemic the legislative measures aimed to assist with the recovery by bringing organisations together, removing barriers and enabling change and innovations.

The legislative proposals were due to be implemented in 2022 and the proposals were themed under 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.

The report discussed each of the above themes in detail. Also a summary of the Paper from the NHS was provided as well as information on the impact this would have on *One Halton*.

Further to Members queries the following additional information was provided:

- With regards to data sharing, it would be information of a non-personal nature;
- New IT systems were being devised for integration purposes and work was going on behind the scenes;
- Adult Social Care funding would remain as it is, from the Council;

- The financial implications of this were still unknown but would become clearer as the process moves along; and
- The *Discharge to Access* model was brought in as a response to Covid-19 to support hospitals with the smooth discharge of patients. This would replace the existing legal requirement for all assessments to take place prior to discharge and this had already been implemented in the area.

RESOLVED: That the contents of the report be noted.

HEA8 PALLIATIVE AND END OF LIFE REVIEW

The Board received a report from the Chief Commissioner, NHS Halton CCG and Dr Rhian Thomas, from Grove House Practice, which provided an update on the Palliative and End of Life project in Halton.

Members were advised that the project was established in November 2020 after a funding bid was secured from Macmillan Cancer Support, which funded the role of Macmillan Project Manager and the extension of the Programme Manager. A storyboard was communicated with stakeholders and the public to share insight and a monthly stakeholder steering group was established to support and drive the project forward. Appended to the report were the Project Milestones and activities tracker.

It was noted that the project would support the requirements of *Ambitions for Palliative and End of Life Care – a national framework for local action 2015-2020.*

The report discussed the CCG's requirement to deliver against the national requirements for Palliative and End of Life Care and the NHS Right Care data strategic priorities.

The following responses were given to Members questions:

- It was hoped that the outcomes felt by people following the consultation would be – a single point of access; a better model of care all round; gold standard framework in place; and improved service delivery;
- The approach to the ways of broaching end of life care was crucial for patients, carers and families;
- A reduction in the numbers of deaths in hospitals

would be expected with this new system although it was difficult to put a figure on it, as some patients chose to die in hospital;

- Healthwatch data stated that 70% of people would prefer to die out of hospital and it was about having those difficult conversations with people nearing end of life; and
- 51% of deaths in Halton occurred in hospital and there were only comparisons made with other demographically similar CCGs in the country – none was currently available to compare nationally.

RESOLVED: That the Board

1) note the experience based design engagement and co-design approach and feedback as per of the project; and

2) acknowledges that the Palliative and End of Life Care project should provide Halton with a more integrated and co-ordinated provision of care for palliative patients and their families.

HEA9 PERFORMANCE MANAGEMENT REPORTS, QUARTER 4 2020/21

The Board received the Performance Management Reports for quarter 4 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 4 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 reported that some data was unreported or to be confirmed due to the current situation with the pandemic however, a range of work had still continued. With regards to a query on ASC20, it was noted that this return was a nationally mandated return and the resulting information used to compile the data.

RESOLVED: That the Quarter 4 performance management reports be received.

Meeting ended at 8.00 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 29 September 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: 28 September 2021

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes of the Health and Wellbeing Board meetings on 20 January 2021 and 24 March 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, 20 January 2021 held remotely.

Present: Councillors T. McInerney, Polhill, Woolfall and Wright S. Bartsch, L. Carter, P. Cooke, G. Ferguson, T. Hill, P. Hughes, P. Jones, M. Larking, E. O'Meara, K. Parker, D. Parr, M. Vasic and D. Wilson.

Apologies for Absence: None

Absence declared on Council business: None

Also in attendance: One member of the press

ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD

Action

HWB8 MINUTES OF LAST MEETING

The Minutes of the meeting held on 7th October 2020 having been circulated were signed as a correct record.

HWB9 OVERVIEW OF COVID-19 IN HALTON INCLUDING THE HEALTH PROTECTION BOARD AND THE LOCAL COVID-19 OUTBREAK HUB AND THE CHESHIRE & MERSEYSIDE OUTBREAK HUB

The Board received an update 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.

On behalf of the Board the Chair thanked everyone within support team for their work.

RESOLVED: That Halton's position on COVID-19 data, testing and vaccinations be noted.

HWB10 HALTON'S ADULT SOCIAL CARE: COVID-19 WINTER PLAN 2020/21

The Board considered a report of the Director of Adult Social Services, which provided an overview of Halton's Adult Social Care COVID-19 Winter Plan 2020-21. On 18th September 2020, the Government published the National ASC: COVID-19 Winter Plan, which was developed from

the work undertaken nationally by the ASC COVID-19 Taskforce during the summer.

As part of the national plan, Local Authorities were required to write to the Department of Health and Social Care by 31st October 2020, confirming that they had put in place a winter plan and that they were working with care providers in their area on their business continuity plans. They were also asked to highlight any key issues in order to receive a second instalment of the Infection Control Fund. A copy of Halton's Plan was attached at Appendix 1 of the report.

The overall aim of Halton's Winter Plan 2020/21 was to ensure that high quality, safe and timely care was provided to everyone who needed it during the winter, whilst continuing to protect people who need care, their carers and the social care workforce from COVID-19. The objective and areas covered by the Plan were also outlined in the report.

The Board discussed the current position at Lillycross and the potential for the contract to be extended.

RESOLVED: That the report and associated appendices be noted.

HWB11 CHILDREN AND YOUNG PEOPLES MENTAL HEALTH JOINT LOCAL TRANSFORMATIONAL PLAN (LTP) - PRESENTATION - FAYE WOODWARD

The Board considered a presentation from Faye Woodward, Commissioning Manager Children and Families, NHS Halton CCG, on the refresh of the Halton and Warrington Joint Children and Young People's Mental Health Local Transformation Plan (LTP).

RESOLVED: That

1. the Children and Young People's Mental Health Joint Local Transformational Plan be noted; and

2. the Board approves the Children and Young People's Mental Health Joint Transformational Plan for sharing in the public domain.

HWB12 HALTON BOROUGH COUNCIL AND NHS HALTON CLINICAL COMMISSIONING GROUP : JOINT WORKING ARRANGEMENTS

The Board considered a report of the Director of Adult

Services, which provided an overview of the new working arrangements between the Council and NHS Halton Clinical Commissioning Group (CCG), which took effect from 1st April 2020. Since April 2013, the Council and NHS Halton CCG had a Joint Working Agreement (JWA) that included a pooled budget in place for the commissioning of services for people with complex care needs. From April 2015, the JWA included the Better Care Fund.

Following a review of the JWA which was undertaken during the first six months of 2019/20, it was agreed that the Continuing Healthcare (CHC) and Community Care budget elements of the pooled budget would be separated out. This had resulted in the development of a revised JWA for the Better Care Fund (including the Disabled Facilities Grant, Winter Pressures and Improved Better Care Fund). A copy of the revised JWA was attached as an appendix to the report.

RESOLVED: That the Board note the contents of the report and associated appendices.

HWB13 ONE HALTON - UPDATE REPORT

The Board received an update on matters relating to the development of One Halton, including the work of the One Halton Forum, the Integrated Commissioning Group and the Provider Alliance.

A meeting of the One Halton Forum had taken place on 15th December 2020 and the Board were requested to note the updates provided in relation to:

- Integrated Care Systems;
- Integrated Care Partnerships; and
- The role of One Halton in ensuring the primacy of the Place Halton.

With regard to finance, it was noted that One Halton had received £348,000 from the Cheshire and Merseyside Health and Care Partnership. Therefore, for 2020/21 the revised One Halton budget was £676,000. This included money carried over from 2019/20 although some of this was allocated to existing projects. It was also noted that for 2020/21 there was a balance of £336,000 available for investment to support the delivery of the One Halton Plan. This money could be carried over to the next financial year.

RESOLVED: That the contents of the report be noted.

HWB14 OUTLINE FOR A RAPID UPDATE OF THE ONE HALTON HEALTH AND WELLBEING STRATEGY 2017-2022 IN THE CONTEXT OF THE GLOBAL COVID-19 PANDEMIC.

The Board considered a report of the Director of Public Health, which advised on the intention to amend the One Halton strategy to take account of the global COVID-19 pandemic. The review would be carried out by a speciality in public health (Dr Matthew Atkinson) and would assess its impacts on the key priorities and refocus efforts to mitigate its effects on achieving the strategy's aims.

RESOLVED: That

1. the Strategy be updated and presented to the March 2021 Health and Wellbeing Board for approval; and

2. Board Member's contribute to the review by providing information on the impact COVID-19 had on services and health outcomes and by suggesting revised actions and goals.

HWB15 HALTON HOSPITAL AND WELLBEING CAMPUS STRATEGIC OUTLINE CASE

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 to continue to progress the plans for Halton Hospital site redevelopment and to ensure the provision of hospital services in a modern fit for purpose estate.

Members welcomed Lucy Gardener, from Warrington and Halton Teaching Hospitals NHS Foundation Trust, who presented the update.

The Board was advised that following the Warrington and Halton Teaching Hospitals NHSFT's publication of its *Estate and Facilities Strategy 2019-2024*, 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.

It was reported that the Strategic Outline Cases (SOCs) had been developed for both and reviewed by NHSE with positive feedback received. Further, the SOCs had been approved by the Warrington and Halton Teaching Hospitals NHSFT's Board and by Warrington and Halton

CCGs. In order to further progress the planning for the new hospitals to the next stage, Executive Board was asked to give their support to the programme and support in progressing to the next state of business case development, this was agreed at the last meeting of the Executive Board in November.

RESOLVED: That the report be noted.

HWB16 BETTER CARE FUND (BCF) 2020 – 21 UPDATE, QUARTER 4 RETURN AND RISK REGISTER

The Board considered a report of the Director Adult Social Services, which provided an update on the Better Care Fund (BCF) 2020/21, the Better Care Fund Register and the Quarter 4 submission to NHS England. The report highlighted that:

- due to COVID-19 the completion of Quarter 4 submission had been postponed and no further returns were required;
- the BCF guidance and templates for the BCF Plan 2021/21 had also been postponed due to COVID-19; and
- the BCF Scheme Level Risk Register had been developed through the Better Care Development Group and a copy of this was attached as an appendix.

RESOLVED: That the report be noted.

Meeting ended at 3.25 p.m.

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 24 March 2021 held remotely.

Present: Councillors Polhill (Chair), T. McInerney, Polhill, Woolfall and Wright and S. Bartsch, L. Carter, V. Davies, G. Ferguson, L. Gardner, P. Jones, M. Larking, W. Longshaw, M. Lynch, I. Onyia, K. Parker, D. Parr, M. Roberts, S. Semoff, B. Stokes, L. Thompson, S. Wallace Bonner and D. Wilson.

Apologies for Absence: T. Hill and M. Vasic

Absence declared on Council business: One member of the public

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB17 MINUTES OF LAST MEETING

The Minutes of the meeting held on 20 January 2021 having been circulated were signed as a correct record.

HWB18 PUBLIC HEALTH RESPONSE TO COVID-19 CORONAVIRUS

The Board received an update report from Ifeoma Onyia, on behalf of the Director of Public Health, on the Public Health response to Covid-19. The Board received information on the most recent coronavirus figures for Halton in comparison to the North West, how the Halton outbreak support team were working to successfully identify and manage local outbreaks, and the most recent testing and vaccination data for people in Halton.

The Board thanked the Public Health team for their work in response to Covid-19.

RESOLVED: That the update be noted.

HWB19 OVERVIEW OF COVID-19 IN HALTON INCLUDING THE HEALTH PROTECTION BOARD AND THE LOCAL COVID-19 OUTBREAK HUB AND THE CHESHIRE & MERSEYSIDE OUTBREAK HUB

The Board received a report of the Director of Public Health, which provided an update on Halton's position on Complex Outbreak Management and the associated Local Outbreak Management Plan Refresh. It was noted that the Government had previously requested individual Covid-19 Outbreak Plans for complex settings to be developed by all councils; the deadline for these was 30 June 2020. The Board was advised that the Plan had now been refreshed and was out for consultation with partners.

Alongside the Local Outbreak Management Plan, a Halton Roadmap had been developed which outlined how the Authority wanted services within the Council to support recovery out of lockdown and beyond. A copy of the Roadmap had been previously circulated to the Board.

In addition, the Board also noted the following initiatives which had taken place:

- Halton was part of Public Health England and Local Authorities Senior Leaders Cheshire and Warrington and Liverpool City Region Workshops for Roadmap and Recovery;
- Cheshire and Merseyside had developed the Combined Intelligence for Population Health Recovery data lake;
- A Cheshire and Merseyside Contact Tracing and Outbreak Support Hub had been developed; and
- Halton was part of the Liverpool City Region SMART Testing Pilot.

RESOLVED: That the briefing on Halton's Local Outbreak Management Plan Refresh 2021 be noted.

HWB20 COVID-19 VACCINATION PROGRAMME

The Board received an update report on the progress of the local Covid-19 vaccination programme for the Borough. Board Members were provided with information on what vaccines were available, how the vaccine was rolled out, the delivery model, who can have the vaccine and the current vaccine uptake including an update on the current issues and achievements to date.

In order to support the system vaccine delivery across Halton, a Steering Group met twice a week. The Group included representation from all key interested parties from across the system, including partners from the borough council, NHS providers, public health, commissioners and

voluntary sector.

The Board thanked everyone involved in the successful delivery of the Halton Vaccination Programme.

RESOLVED: That

1) the report be noted; and

2) the positive rapid escalation of plans and system wide response is recognised and praised.

HWB21 PRESENTATION HEALTHWATCH HALTON - KATH PARKER

The Board received a presentation from Kath Parker on behalf of Healthwatch Halton. Members were advised on the work of the organisation which included obtaining, collating and supplying feedback from local residents for variety of organisations on a number of initiatives including the proposed Health Hub at Shopping City and the Covid-19 vaccination programme and also contributing to Healthwatch England's reports.

On behalf of the Board, the Chair thanked Kath Parker for her presentation and for the work of Healthwatch Halton.

RESOLVED: That the presentation be noted.

HWB22 HOSPITAL SERVICES ENGAGEMENT AND CONSULTATION PRESENTATION - CARL MACKIE - WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST

The Board considered a report from the Clinical Chief Officer NHS Halton CCG and the Director of Strategy, Warrington and Halton Teaching Hospitals (WHTH) NHS Foundation Trust (FT) on the creation of a 'Health Hub', delivering some outpatient hospital services from Runcorn Shopping City.

It was reported that a partnership between WHTH NHS FT, Halton Borough Council and the Liverpool City Region (LCR) had developed a plan to utilise unused retail space in Runcorn Shopping City to deliver a number of clinical services. The presentation outlined the context, the progress made to date and the pre-consultation engagement work to date, including response rates and themed outcomes.

The next steps in the process included a full public consultation exercise between 7th May and 18th June with the results published in July 2021.

In addition, the Board received a brief update on the proposed relocation of the breast screening service, which was moving from Warrington to Halton whilst retaining a service in Warrington. The consultation period for this proposal was 28th May to 8th July 2021.

RESOLVED: That

1. the report be noted; and

2. the Board receives the proposal to begin formal consultation proceedings following local elections in May.

HWB23 PRINCIPAL SOCIAL WORKER PROGRESS REPORT

The Board considered a progress report on the Principal Social Worker (PSW) role and responsibilities. It was noted that Marie Lynch had held this role for over five years since it was first introduced for Adult Services in Halton.

The report highlighted areas of progress achieved by the PSW during the past year, which included:

- Maintaining her professional registration;
- Supporting Social Work staff to renew their registration and completing the Professional Capability Framework in November 2020;
- Supporting staff throughout the challenges of Covid-19 and assisting with the challenges for staff post Covid-19;
- Establishing an employee standards steering group;
- Assisting with an Organisational Health Check Survey;
- Improving practice supervision arrangements; and
- Ensuring reflective practice supervision was taking place across the authority.

RESOLVED: That the report be noted.

HWB24 PHARMACEUTICAL NEEDS ASSESSMENT 2021-2024

The Board considered a report of the Director of Public Health, which advised on the publication of the next

Pharmaceutical Needs Assessment (PNA) that covered 2021-2024. It was noted that the Department of Health and Social Care (DHSC) had announced that due to all current pressures across all sectors in response to the Covid-19 pandemic, the requirement to publish renewed PNA had been suspended until April 2022. Local Health and Wellbeing Boards retained the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time.

The Board was provided with an update on the current position and were requested to write to the Local Government Association (LGA) asking them to act on their behalf to request the DHSC to grant a further postponement of the PNA.

RESOLVED: That the Board write to the LGA detailing their concerns about the requirement to start the PNA process and ask that they lobby the DHSC for a further postponement.

HWB25 WHITE PAPER - INTEGRATION AND INNOVATION: WORKING TOGETHER TO IMPROVE HEALTH AND SOCIAL CARE FOR ALL

The Board considered a report which provided 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. The legislative proposals were due to be implemented in 2022 and were themed under the following headings:

- Working together and supporting integration;
- Reducing bureaucracy;
- Improving accountability and enhancing public confidence; and
- Proposals grouped as Social Care, Public Health and Safety and Quality.

Alongside the White Paper, NHS England had issued “Legislating for Integrated Care Systems: five recommendations to Government and Parliament”, details of which were set out in the report. As part of the proposals CCG functions and some NHS England functions would transfer to the new ICS NHS body; this would mean that CCGs would cease to exist when the new legislation came into effect. An employment commitment for NHS staff had been outlined and staff would be employed by the NHS ICS body.

In addition, the report detailed the impact on Place (One Halton), the commitment for Health and Wellbeing Boards to remain and the next steps which included a One Halton Strategy Workshop on 14 April.

RESOLVED: The report be noted.

HWB26 HEALTH REFORMS

The Board considered a report which provided information on the current developments on Integrated Care Systems (ICS) for Cheshire and Merseyside and Halton. An ICS was a system where: NHS bodies (commissioners and providers), local authorities and third sector providers each took collective responsibility for the management of resources, delivering NHS standards and improving the health of the population they served.

In Cheshire and Merseyside, the Health and Care Partnership (C&MHCP) was working as directed by NHS England, towards formal designation as an ICS by April 2021. As part of this process, the C&MHCP had produced a Memorandum of Understanding. Each of the Local Authorities had been designated “Place” within Cheshire and Merseyside and collectively the nine places made up Cheshire and Merseyside Health & Care Partnership.

RESOLVED: That the Board

1) note the current developments on Integrated Care Systems in the attached presentation;

2) support the development of One Halton as the Integrated Care Partnership for Halton;

3) agree that the
    a. Halton Health & Wellbeing Board should set the outcomes for Halton;
    b. Halton Health PPB provide scrutiny of the work of the HWBB, its officers and partners and the C&M Health Care Partnership;
    c. Halton Council CEO be nominated the ‘Place Lead’ for Halton;

4) delegate to the CEO responsibility to engage with the Partnership and One Halton partners, to develop:
    a. A shared Vision and Plan for reducing inequalities and improving health outcomes for Halton, based on a revised JSNA;

b. Defined neighbourhood footprints and arrangements for the delivery of integrated health and care ‘at Place’, (recognising the importance of clinically-led PCNs working, with adult and children social care, community, mental health, public health and voluntary / community groups);
c. Arrangements for the delivery of acute and specialist provision ‘at Scale’;
d. Operating arrangements;
e. Structures; and
f. Governance.

5) support a programme of public and stakeholder engagement.

HWB27 FUTURE MEETING DATES

The following dates of future Health and Wellbeing Board Minutes were circulated to the Board. All meetings would be held at 2pm.

7 July 2021
6 October 2021
19 January 2022
23 March 2022

RESOLVED: That the dates of future meetings be noted.

At the conclusion of the meeting on behalf of the Board, David Parr, announced that this was Councillor Polhill’s last meeting as Chair as he was standing down as Leader of the Council following the May elections. He thanked Councillor Polhill for his contribution and leadership of the Board.

Meeting ended at 3.55 p.m.

REPORT TO:	Health Policy & Performance Board
DATE:	28 September, 2021
REPORTING OFFICER:	Director - Public Health and Protection
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Public Health response to COVID-19 Coronavirus
WARD(S)	Borough-wide

1.1 **PURPOSE OF THE REPORT**

1.2 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.

4.1 **POLICY IMPLICATIONS**

4.2 There are no specific implications in respect of Council policy.

5.1 **OTHER/FINANCIAL IMPLICATIONS**

5.2 There is ring fenced allocated funding for outbreak response.

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

6.2 **Children & Young People in Halton**

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

6.3 **Employment, Learning & Skills in Halton**
N/A

6.4 **A Healthy Halton**

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

6.5 **A Safer Halton**

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

6.6 **Halton's Urban Renewal**

None identified at present

7.1 **RISK ANALYSIS**

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

8.1 **EQUALITY AND DIVERSITY ISSUES**

8.2 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

DATE: 28th September 2021

REPORTING OFFICER: Strategic Director, People
Chief Commissioner, NHS Halton CCG

PORTFOLIO: Health & Wellbeing

SUBJECT: One Halton Update

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 This report will provide Members of the Health PPB with a position statement in relation to:

a) One Halton and the development of the One Halton Integrated Care Partnership.
b) The development of Cheshire & Merseyside Health and Care Partnership as an Integrated Care System (ICS)

1.2 This report includes latest information, relevant updates in relation to the White Paper and considers any impact for Halton.

2.0 RECOMMENDATION: That the report be noted.

3.0 ONE HALTON ICP

One Halton Assurance Framework / Seven Core Features / Must Have's

3.1 The ICS, i.e., Cheshire and Mersey whole system, is waiting for further guidance before determining an assurance framework for Place Based Partnerships. The timescale for this is late August to Early September.

3.2 In the absence of this formal guidance, One Halton has been using the seven core features of an Integrated Care Partnership, which was shared by the ICS in February 2021, as a guide to the One Halton ICP Development.

3.3 An update is provided at each One Halton ICP Board.

3.4 See summary below

	Core Features	Ref	Brief Detail	Gaps	Overall RAG
1	Integrated Care Partnership (ICP) Governance: clearly defined formal arrangements for place partners to meet and work together to deliver outcomes set by the Health & Wellbeing Board (HWB) and ICS.	1a	Outline the Link to HWBB	N/A	Achieved
		1b	Inclusion of wider partners beyond health and social care	N/A	Achieved
		1c	Governance Framework Document MoU across One Halton MoU with the ICS	To complete and sign off	
		1d	Governance Framework signed off by all partners	In progress	
2	ICP nominated 'Place Lead' with remit for integrated working who will connect with ICS	2a	Place Lead endorsed by members	None	Achieved
		2b	Place Lead main contact for ISC	Need confirmtion DP sits on Place Collaborative Forum	Achieved
3	Shared vision and plan for reducing inequalities and improving outcomes of local people approved by HWB (underpinned by local population health and socio-economic intelligence)	3a	Shared vision and plans / strategies aimed at reducing inequalities & improving outcomes.	None. But refresh taking place	Completed but refreshing
		3b	Local population health and socio-economic intelligence (real time)	Needs work across NHS and LA. How to access and where information is available	
		3c	Up to date JSNAs	In progress	
		3d	Plans and Strategies created using robust engagement with local people	Consider as part of the refresh	
4	Agreed ICP development plan	4a	ICP Assurance framework	Don't know what this will look like yet	Not yet available
		4b	Organisational Development Plan	Needed	
		4c	Staff Development to work differently	Needed	
5	Defined footprints (e.g. neighbourhoods) for delivery of integrated care, clinically led by PCNs working with social care, community, mental health, public health and other community groups.	5a	Neigbourhood Footprints agreed	Comms/Awareness for general public	Completed but needs some comms
		5b	PCN led integrated health and care services. (Social care community, mental health, voluntary)	Previous PBI Programme paused.	
6	Programme of ongoing public and wider stakeholder engagement at place	6a	Communications team from each organisation working together. One nominated communications link from each ICP	Will need firmer arrangements and understand capacity.	
		6b	Local Engagement	not formally part of One Halton at present. In development	
		6c	Wider Stakeholder and Public Engagement and an ICP Enagement Plan	Will require an update	
7	Places will be expected to develop an integrated approach to commissioning between health and local authority (such as shared posts, joint teams and pooled budgets) to underpin and support the work of the ICP	7a	Joint Commissioning Functions at Place Joint Posts Pooled Budgets	Requires more work	
		7b	Integrated Commissioners and Provider Collaboratived working together on service re-design.	Requires more work	

3.5 In addition to the seven core features, the ICS have also shared a number of 'Must Haves' these are shown below:

Shared vision, purpose and behaviours
Clarity on scope: what will be done at Place, and what will be done at ICS level
Clear **leadership**
Shared **measures of key health outcomes** developed in line with the JSNA / JHWS and the ICS plan
Clarity on how **subsidiarity** will be enshrined at Place – decision-making devolved to lowest possible level (link with localities)
Supporting **delivery** of the shared endeavour e.g. business intelligence, shared resources in enabling functions (e.g. joint appointments), ultimately a 'place team'?
Enable local **provider collaboration** for delivery
A way of providing ongoing assurance to the ICS about accountability for the **delivery**, **quality** and **value for money** of NHS services at Place
An **enabling governance** structure at Place that has a **point of delegation** with the ICS: • through which **integrated commissioning** can be enabled • which has clear alignment with the **Health & Wellbeing Board**, with clarity on remits • which has a clear mechanism for dealing with disagreements
Financial governance at Place that enables the funds provided to be allocated between Place partners according to priorities.
Ways of holding one another to account regarding **performance** and **quality** of services
Ways of ensuring **inclusivity** of partners in the arrangements and wider **public involvement**
Keep the governance as simple as possible

One Halton ICP Development Workshops

3.6 As part of the development of One Halton members of the Halton ICP have attended two workshops to date facilitated by Hill Dickinson to support our progress in meeting the core features and 'must haves'. There is one more workshop planned at the moment.

One Halton Governance

3.7 For the ICS assurance of how the Place will be able to be accountable and work as a partnership at “Place” requires a robust Governance model. An initial One Halton governance structure was proposed at the HWBB and work is underway to develop the various subcommittees/ groups/structures that will not only meet the requirements of a place based partnership but also provide the means by which we can ensure we work better together to meet the health needs of people in Halton.

Memorandum of Understanding

3.8 All partners have confirmed their agreement to the Memorandum of Understanding the signatories are listed below.

Signed Memorandum of Understanding (MOU)
Organisation
Halton Borough Council
NHS Halton Clinical Commissioning Group
Mersey Care NHS Foundation Trust
St Helens & Knowsley Teaching Hospitals NHS Trust
Warrington and Halton Teaching Hospitals NHS Foundation Trust
Bridgewater Community Healthcare NHS Foundation Trust
Runcorn Primary Care Network
Widnes Primary Care Network
GP Health Connect Ltd
Widnes Highfield Ltd
Halton & St Helens Voluntary and Community Action
Halton Housing
Healthwatch Halton

JSNAs

3.9 Public Health are currently undertaking a refresh of the Halton JSNAs.

3.10 The updated JSNAs will be shared with HWB, Health PPB and the One Halton Board in the Autumn.

3.11 Public Health, along with other One Halton partners will then develop strategies and plans based on the updated JSNAs.

Communication and Engagement

3.12 As with all developments communication and engagement is both critical and a real challenge. A lot of work currently is about how governance and decision making will exist with the NHS proposed changes. Nevertheless, One Halton has always been wider than that and a group of individuals across partners has been established to better engage with our residents and inform them of changes and the benefits.

4.0 LATEST UPDATES - NATIONAL

Provider Collaboratives

4.1 In August 2021 NHS England released new guidance Working together at scale: guidance on provider collaboratives.

4.2 The guidance outlines expectations for how providers should work together in provider collaboratives, offering principles to support local decision-making and suggesting the function and form that systems and providers may wish to consider.

4.3 Key points include:

- Provider collaboratives will be a key component of system working, being one way in which providers work together to plan, deliver and transform services.
- By working effectively at scale, provider collaboratives provide opportunities to tackle unwarranted variation, making improvements and delivering the best care for patients and communities.
- Significant scope to deliver these benefits already exists within current legislation and, subject to its passage through Parliament, we expect the Health and Care Bill will provide new options for trusts to make joint decisions.
- All trusts providing acute and mental health services are expected to be part of one or more provider collaboratives by April 2022.
- Community trusts, ambulance trusts and non-NHS providers should be part of provider collaboratives where this would benefit patients and makes sense for the providers and systems involved.
- ICS leaders, trusts and system partners, with support from NHS England and NHS Improvement regions, are expected to work to identify shared goals, appropriate membership and governance, and ensure activities are well aligned with ICS priorities.

4.4 Working with Place Based Partnerships:

- Provider collaboratives and place-based partnerships will support and complement each other's work.
- Each NHS provider who is a member of a provider collaborative will be involved in a place-based partnership in the place or places in which it is geographically based.
- Areas of mutual support might include provider collaboratives working with place-based partnerships to understand population health indicators in local contexts and using patient insight and feedback collected at place and neighbourhood levels more consistently across different providers.
- Providers working across both collaboratives and place-based partnerships will be able to build joint engagement programmes, avoid duplication and help ensure alignment with ICS priorities.

ICS Boundary Reviews

4.5 In response to the proposed Health and Care Bill, DHSC asked NHS England to set out options for boundary alignments.

4.6 The aim is for ICSs to be coterminous with upper-tier local authority boundaries.

4.7 The review has now been concluded with advice provided to the Secretary of State, an update on those decisions is provided here.

4.8 It was advised that local areas may still wish to keep their boundaries under review. Due to local requests from stakeholders around Cheshire and Merseyside it was been announced the Secretary of State intends to review this system boundary along with others. It suggests this review will take place in 2 years following implementation of the Health and Care Bill.

5.0 LATEST UPDATES – Cheshire & Merseyside
Cheshire and Merseyside Bulletin – Connect – Issue 41

5.1 The latest C&M HCP bulletin was shared on the 21st July 2021.

5.2 Key information to note:

- New Service Launch for Stoma patients: a joint community service that will move prescribing responsibility from GPs; provide a telephone based “hub” for prescription requests, and local community clinics “spokes” to deliver enhanced patient care which is proactive and responsive to patients.

Programme Updates – Cardio Vascular Diease Programme Board / Cardiac Board

5.3 The last CVD Programme Board took place on the 29th July 2021.

5.4 From September 2021, the Cardiovascular Disease Board (CVD Board) of the Cheshire & Merseyside Integrated Care System (ICS) will have a principal focus on Cardiology and will be known as the Cheshire & Merseyside Cardiac Board.

5.5 Leigh Thompson is the Place representative for Halton on this Board, with several senior clinicians including our Interim DPH, Ifeoma Onyia and local GPs.

Cheshire and Merseyside Integrated Care Partnerships Network

5.6 The purpose of this network is for each of the nine Places/ICPs in Cheshire and Merseyside to share learning and ideas; as well as receiving the latest updates from Cheshire and Merseyside ICS.

5.7 The latest ICP Network took place on Thursday 15th July 2021.

5.8 Key highlights included:

- Update on ICS
- Reflection of Place themes from Hill Dickinson assessments
- Role of PCNs in ICPs/ICSs

Lower my drinking campaign and app

5.9 Champs Public Health Collaborative are launching a new campaign funded by Cheshire & Merseyside Health & Care Partnership to promote the Lower My Drinking platform, which is now available for use across Cheshire and Merseyside.

5.10 There is a request for all partners to promote the app and campaign on social media channels to increase the number of people reached in Halton.

6.0 POLICY IMPLICATIONS

6.1 Once legislation is passed, a new NHS Framework will be shared which is likely to have impact on a number of policies and will need to be reviewed in due course.

7.0 FINANCIAL IMPLICATIONS

7.1 Anticipated, but not yet known.

8.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

8.1 Children and Young People in Halton

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

8.2 Employment, Learning and Skills in Halton

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

8.3 A Healthy Halton

One Halton supports the Council priorities for a Healthy Halton.

8.4 A Safer Halton

One Halton supports the Council priorities for a Safer Halton.

8.5 Halton's Urban Renewal

None identified.

9.0 RISK ANALYSIS

9.1 This will require further work and shared in future reports.

10.0 EQUALITY AND DIVERSITY ISSUES

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

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

None identified.

REPORT TO:	Health Policy & Performance Board
DATE:	28th September 2021
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Adult Social Care
SUBJECT:	Staff Vaccination Regulations in Adult Care Homes – Risks
WARD(S):	Borough-wide

1.0 PURPOSE OF REPORT

1.1 To provide the Board with details of the risks associated with the recent Government legislation published on the need to vaccinate people working or deployed in care homes.

2.0 RECOMMENDATION

RECOMMENDED: That the Board

(1) Note contents of the report.

3.0 SUPPORTING INFORMATION

3.1 Background

Adult Care Homes are a "high risk" environment for Covid-19 infection, because of the age and frailty of residents and the close living and working conditions, which make transmission between residents and staff more likely.

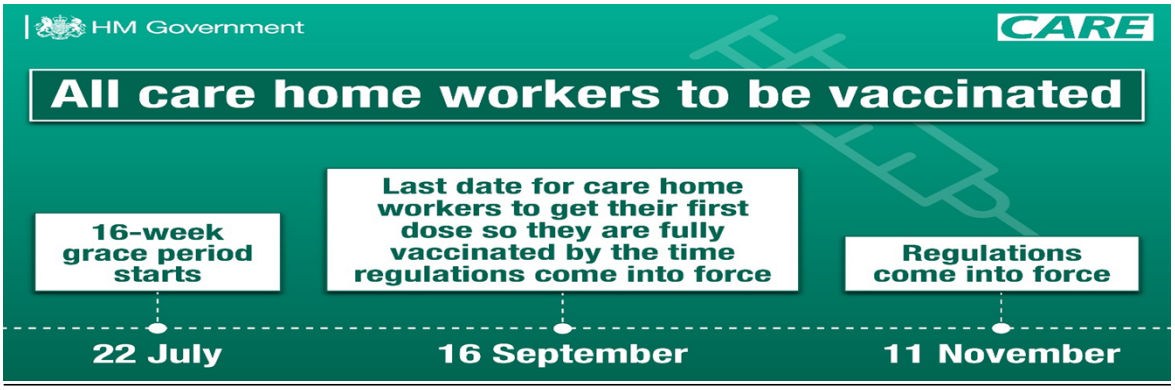
Mitigations in the form of infection prevention and control measures have recently been strengthened through the introduction of new legislation.

In order to now ensure that care homes are as safe as possible for the staff working in them and the people they care for, the Government has decided that the best way to do this is to regulate that all persons entering Care Quality Commission registered care homes must be fully vaccinated, in order to enter the indoor premises of a home.

The Board will note that there will be some exemptions from the vaccination regulations. This includes relatives and friends visiting residents within homes, those that are medically exempt from vaccination and those emergency services who are required to attend a care home in the event of an emergency.

The implications of implementing the regulations are that those staff who are not fully vaccinated or refuse to be vaccinated who work within care homes, or are required to visit care homes as part of their role cannot continue to be employed in that role.

3.2 The regulations were made on 22nd July 2021, published on 4th August and must be implemented by 11th November 2021.



Whilst this legislation is expected to reduce the health risks to care home residents and staff, the restrictions on staff deployment introduce a number of consequential risks which threaten the operation of local health and care systems.

This report considers these consequential risks and the immediate actions needed to prepare for workforce reductions that are expected to arise as a result of the legislation.

3.3 Halton – Current Assessment

There are an estimated 942 staff working within the identified Halton Care Homes. As at 13th August 2021 the headline vaccination rates are 765 (81 %) of staff having received an initial vaccine dose and 722 (76%) of staff being fully vaccinated.

Although staff vaccination rates continue to rise slowly, there are still some staff within care homes who remain totally unvaccinated. This means that approximatley 200 workers (24% of the workforce) could be prevented from working in care homes, unless they become fully vaccinated in the next few weeks.

The charts below show the total numbers of staff with one vaccine and those fully vaccinated across Halton compared to the staff total in each home.

Figure 1: Staff with one vaccine compared to total staff in each home

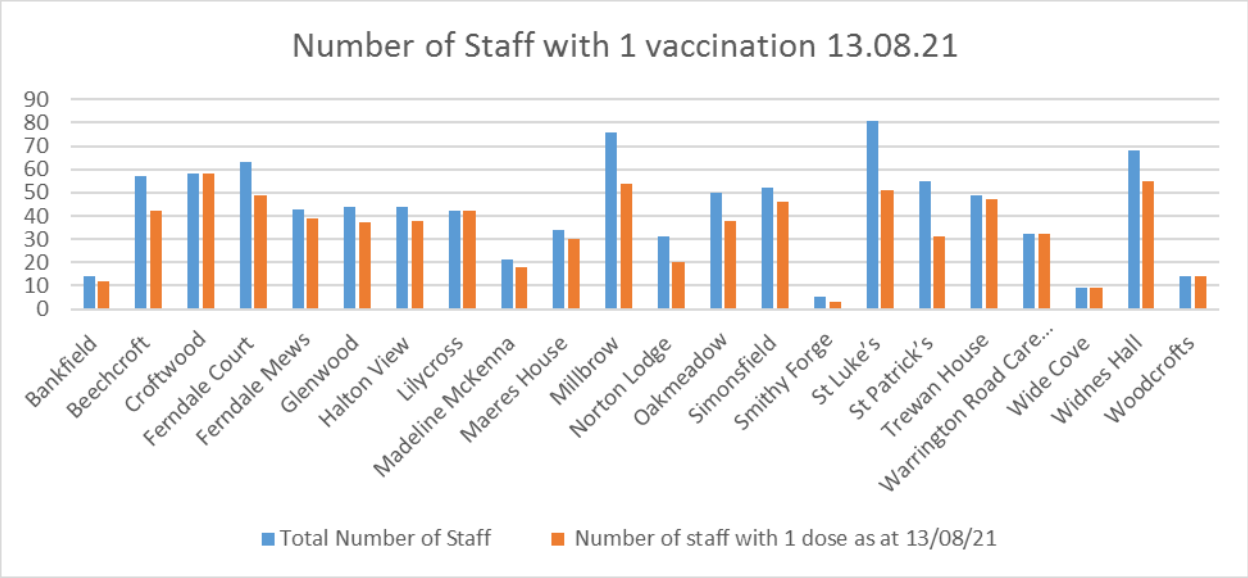
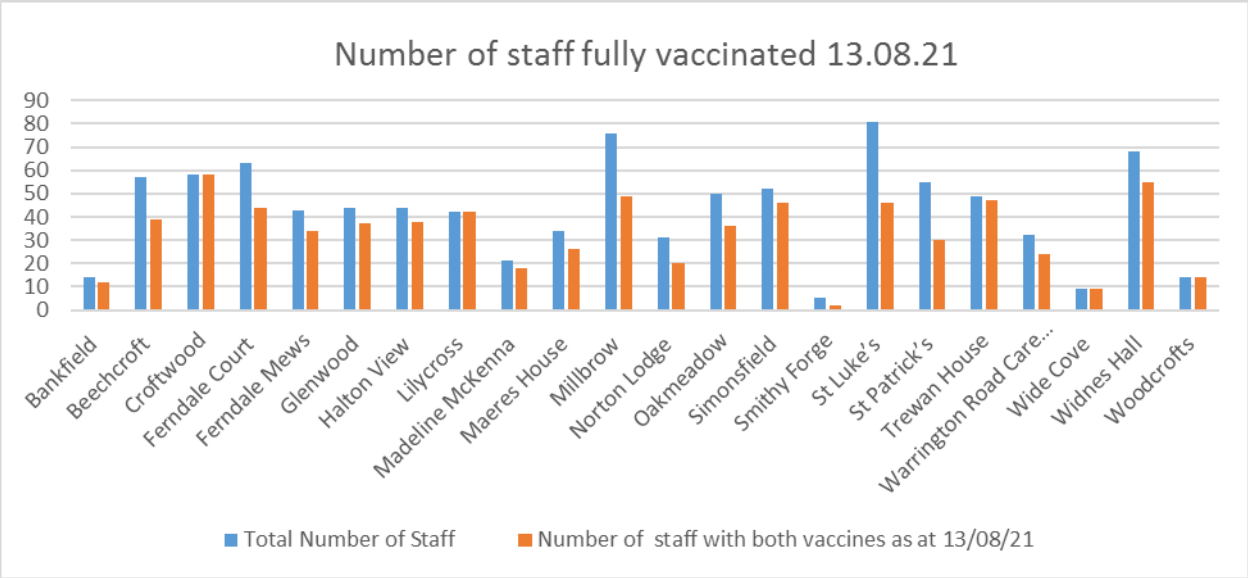


Figure 2: Staff fully vaccinated compared to total staff in each home



The graphs below show the number of staff in Halton Borough Council (HBC) Care Homes with one vaccinae and those fully vaccinated.

Figure 3: Staff within HBC Homes with one vaccine compared to total staff

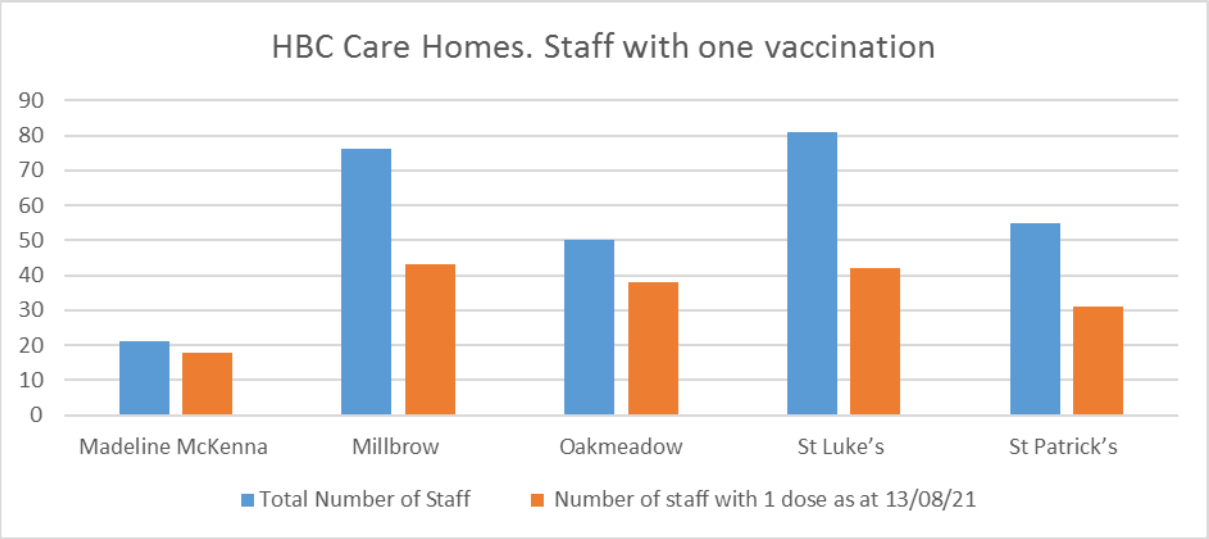
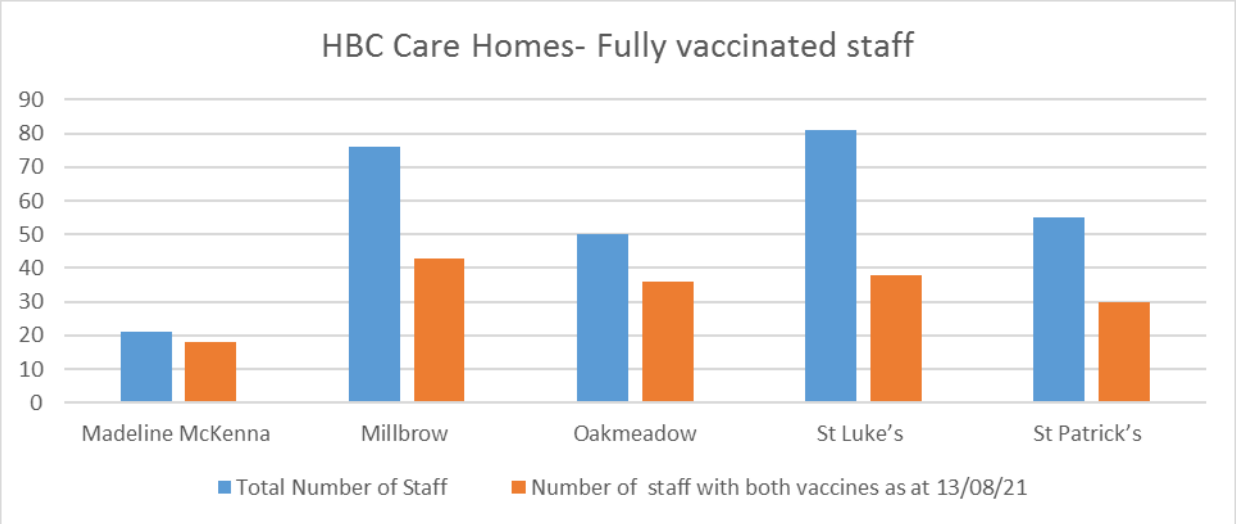


Figure 4: Fully vaccinated staff within HBC Care Homes compared to total



3.4 Statement of Risks

With only 3 homes (Croftwood, Lilycross and Wide Cove) currently reporting that all staff have received both doses of the vaccine, this has the potential to severely impact the Halton care market.

Several types of risks have been identified if care home staff (other than those clinically exempt under the legislation) are not fully vaccinated against Covid-19.

a. Unvaccinated staff are at risk of losing their jobs because they are unable to be deployed within care homes (**the "employment" risk**);
b. Care Homes are at increased risk of staffing shortages due to their inability to deploy unvaccinated staff (**the "workforce" risk**);
c. Staffing shortages may force care homes to reduce bed capacity and limit their ability to accept new residents, making it much more difficult for people to access residential and nursing care (**the "commissioning" risk**);
d. Severe staffing shortages may compromise the ability of care homes to maintain safe staffing levels for existing residents, forcing the relocation of some residents (**the "continuity of care" risk**);
e. Prolonged curtailment of operations due to below optimal occupancy levels will limit the revenues of care home operators and increase the risk of provider failure due to financial pressures (**the "viability" risk**).

3.5 Halton Impact Assessment

An impact assessment has been carried out against the 5 risk areas outlined above, as follows:-

3.5.1 **Employment Risk** – Approximately 200 care home workers face losing their jobs if they do not become fully vaccinated before the restrictions on staff deployment come into effect. The figurers currently show there is little difference between the numbers with one (765 people) or two vaccines (726 people) which may indicate that the remaining workers are reluctant to have the vaccination. The mandatory element of the new regulations may increase this, but this remains a high risk that these workers will remain unvaccinated and lose their jobs within care homes.

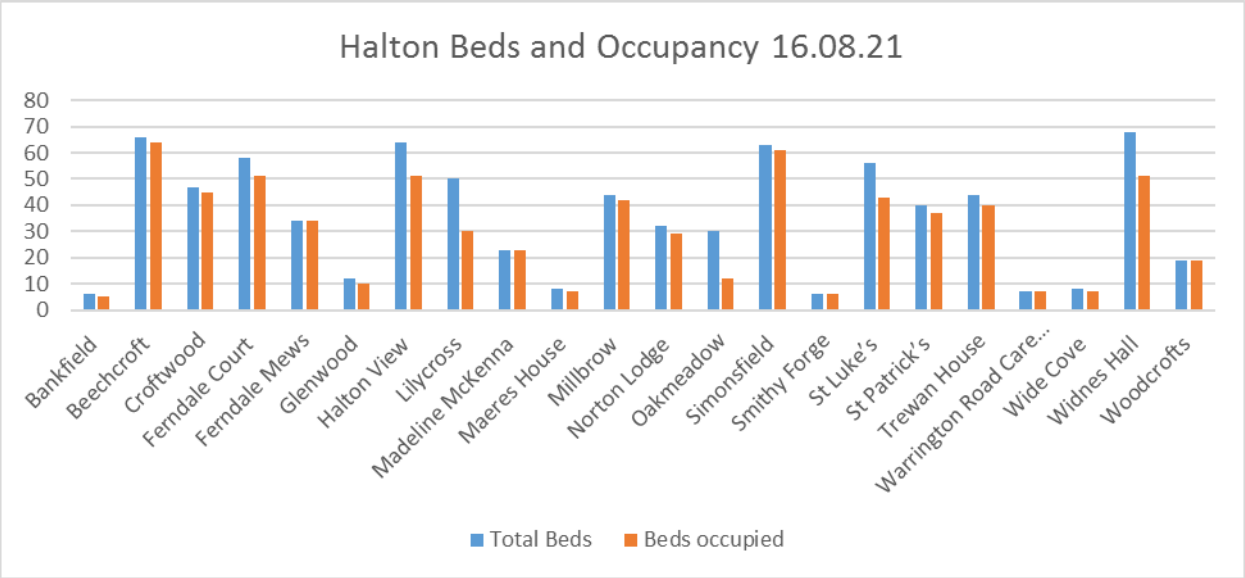
3.5.2 **Workforce Risk** – At this point in the vaccination programme there are only 3 homes that have reached 100% of staff being fully vaccinated, so unless uptake changes the remaining homes can expect to be unable to deploy some of their existing workforce. This is on top of current systemic recruitment and retention pressures, with some homes already operating below their full staff complement. Homes will hopefully be able to adjust to staffing reductions without significant detriment as most or all of their staff are fully vaccinated. However, there are some HBC homes with cohorts of unvaccinated staff and the ability of these homes to continue unaffected is more challenging.

3.5.3 **Commissioning Risk** – Care Homes may consider contracting their bed capacity in order to ensure that the staffing ratios required to maintain safe standards of care can be met. Finding suitable places in care homes for new residents – either publicly or privately funded will become more challenging, with a reduction in choice of accommodation at the very least being likely. This would also affect the ability to place care home residents being discharged from hospital, with the potential for longer discharge delays.

3.5.4 **Continuity of Care Risk** – There are currently approximately 790 care home beds in Halton with 560 occupied. That is 70% occupancy. With approximately 790 beds and 940 staff, this is a crude ratio of 1.1 staff members for every bed. If we assume a safe staff to resident ratio of 1.1, the loss of all staff yet to be fully vaccinated (200 staff), would potentially require a reduction of around 180 beds in Halton in order to maintain safe staffing levels.

With only 230 beds currently vacant across Halton, a staff reduction would eradicate available capacity and require significant reliance on contingency plans. Whilst a lower reduction in staffing is a more likely scenario the uneven distribution of staff vaccination uptake and vacancies in care homes means that the scale of the workforce risk for some homes makes it unlikely that they will be able to maintain staffing levels commensurate with safe standards of care for existing residents. In these circumstances, and in the absence of other workforce options, continuity of care will become a serious challenge for councils and for the homes concerned.

Figure 5: Total number of Beds vs Beds Occupied



3.5.5 **Viability Risk** – Some homes have been operating with low levels of occupancy for many months and with the workforce set to contract further, some may face the prospect of reduced revenues as they scale back their operations to ensure safe standards are maintained. For some, the scale of the workforce challenge could make it impossible for them to continue. It is a possibility that must be considered that the potential exists for provider failure just at the point that annual winter pressures are beginning to accelerate.

3.6 Mitigating the Risks

The above assessment is necessarily pessimistic in the absence of any clear current indication of a rapid increase in staff vaccination. If the risks identified are to be mitigated, urgent action is required across all care homes with less than full staff uptake.

HBC has been pro active in trying to overcome vaccine hesitancy and have consistently used the capacity tracker data to identify and contact homes with low vaccine uptake amongst staff.

The Home Managers and the Divisional Manager for HBC Care homes have offered support and met with and spoken to multiple staff within our homes. As at 18th August 2021, we are confident that two of the HBC care homes will have all staff fully vaccinated by the September deadline (Last date for Care Home workers to get their first does so they are fully vaccinated by the time regulations come into force).

Work is on-going in the other homes and plans are in place to minimise risk to service delivery within those homes. HBC will continue to review the business contingency plans for Council run care homes and the numbers vaccinated will be monitored weekly.

Commissioners are urgently establishing with providers the potential impact on care provision for a range of scenarios, based on best case, worst case and most likely case staff reductions.

Providers have been asked to review their plans on the basis of their individual current and projected staff vaccination uptake levels and to share the results with commissioners so that they can jointly assess the potential impact on continuity of care and future bed capacity.

HBC will then use this intelligence to develop strategies for both increasing uptake and simultaneously preparing for major adjustments in the workforce and care market.

HBC will continue to use all means available to encourage higher levels of uptake and to ensure that providers accurately and regularly report the vaccination status of their staff.

4.0 POLICY IMPLICATIONS

4.1 Associated changes in Human Resource and Care Home processes are required to support the introduction of this legislation and have been/continue to be developed.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 As this issues has the potential to severely impact the Halton care market, there will undoutbaly be resulting financial implications. Further work is being carried out to fully understand these.

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 availability of an effective Care Home market in Halton 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 This report specifically focuses on the risks associated with the introduction of the new legislation.

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 associated with this report.

REPORT TO:	Health Policy & Performance Board
DATE:	28th September 2021
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Adult Social Care
SUBJECT:	Intermediate Care & Frailty Services in Halton: Update
WARD(S):	Borough-wide

1.0 PURPOSE OF REPORT

1.1 To provide the Board with an update on implementation of a new model for the delivery of Intermediate Care & Frailty Services in the Borough, since the last update report presented to the Board in February 2021.

2.0 RECOMMENDATION

RECOMMENDED: That the Board

(1) Note contents of the report and associated appendices.

3.0 SUPPORTING INFORMATION

Background

3.1 As outlined in the previous report to Board in February 2021, although it was recognised that we were in the midst of the Pandemic and the system was under some considerable pressure, we felt that we needed to capitalise on the success creating capacity in the system had brought us and as such felt it was appropriate to revisit the recommendations of the previous Intermediate Care (IC) review.

3.2 Taking into account the review and the impact that the Pandemic has had on current structures, processes and pathways, work has been taken forward on the development and implementation of the new model for the delivery of IC and Frailty Services via the IC Review Steering Group (Multi Agency group), chaired by Halton's Director of Adult Social Services, supported by an IC Operational Group.

New Intermediate Care & Frailty Service (ICFS)

3.3 As outlined in the previous report, one of the key aspects of the new Service will be the introduction of a Single Point of Access (SPA) and the integration of the previous frailty service provided by the Halton Integrated Frailty Service (HIFS), with the ability to provide a Community Rapid Response within 2 hours, if assessed as necessary.

The aim of the SPA is to ensure people receive the necessary interventions for those needing rehabilitation, to promote independence, prevent unnecessary hospital admission and facilitate discharge from Hospital.

The key objective of the SPA is therefore to ensure the seamless, safe management of

referrals for people requiring Adult Community Services, either to potentially prevent an admission, support early discharge or coordinate care 'closer to home.'

Further details on the model can be found at ***Appendix 1***. The Pathway into the new ICFS can be found at ***Appendix 2***.

3.4 The model as a whole will be resourced by a multi-disciplinary team consisting of clinicians, nurses, therapists, administrative and social care staff.

3.5 The main focus of work over the past few months has to ensure that model has been agreed through organisation's various governance processes, undertaking the necessary staff consultation and progressing the recruitment required to ensure the model is appropriately staffed.

3.6 At the time of writing this report recruitment is progressing very well and at present organisations are not experiencing any issues in the ability to recruit the numbers of staff required; however, this will be kept under review.

3.9 As it will take a few months to recruit to all the posts and for individuals to commence employment, the IC Steering Group is currently looking at a phased approach to 'going live' with the model. However, it is anticipated that various elements of the model will be able to 'go live' from the beginning of December 2021 with full implementation soon after.

3.10 The long term ambition would be for those individuals with complex requirements to be referred onto and managed via the Primary Care Hub MDTs, however until these are developed further individuals would remain on the service for up to two weeks receiving the necessary interventions.

It is recognised that the introduction of a new model will not be the end of developments and it is anticipated that during 2022/23 further work will take place to assess the potential to expand the SPA to include Community Nursing and Community Therapy referrals from Hospital and the community, as well as linking in with the Primary Care Hub developments referenced above.

4.0 POLICY IMPLICATIONS

4.1 Associated changes in processes/operating procedures are required to support the new approach/model and have been/continue to be developed.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Any changes in approach/model provision are being made from within current resources available.

5.2 A Memorandum of Understanding (MoU) has been drawn up between Halton Borough Council, NHS Halton Clinical Commissioning Group, Bridgewater Community Health NHS Foundation Trust and Warrington & Halton Hospital's NHS Foundation Trust regarding the implementation of the new model.

Formal future contracting arrangments, including a detailed Service Specification will be introduced to support the new model at the appropriate time.

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 effective and efficient provision of IC & Frailty Services in Halton 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 We have capitalised on the opportunity the Pandemic has provided us with i.e. the creation of capacity within Intermediate and Domiciliary Care Services and a change in pathways and associated processes. This will ensure that the new ICFS in Halton is in a strong position to be able to effectively deliver necessary and appropriate services to those who require it within the Borough.

7.2 An associated risk register, with risk control measures, has been developed in respect to the implementation of the new Model. This risk register is kept under review and updated as necessary following every meeting of the IC Steering Group.

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

Document	**Place of Inspection**
An independent review, via the Local Government Association (LGA), by Dennis Holmes	Copies available from Damian Nolan Damian.nolan@halton.gov.uk
A North West Association of Directors of Adult Social Services (NW ADASS) Peer Review	

Appendix 1

Intermediate Care & Frailty Service

Introduction

The overall vision of the One Halton Place Based Plan 2019 – 2024 is:

Working better together to improve the health and wellbeing of the people of Halton so they live longer, healthier and happier lives.

The Plan identifies six key priorities, one being, improving the quality of life of Older People.

Although the aims and objectives of the Intermediate Care & Frailty Service will support this specific priority, it should be noted that the Service will not just support Older People it will support Adults, age 18+ and by doing so help improve the overall health and wellbeing of Adults in Halton so they live longer, healthier and happier lives.

Single Point of Access (SPA) – Aim, Objectives & Benefits

One of the key aspect of the new Service will be the introduction of an SPA.

The aim of the SPA is to ensure people receive the necessary interventions for those needing rehabilitation, to promote independence, prevent unnecessary hospital admission and facilitate discharge from Hospital.

The key objective of the SPA is therefore to ensure the seamless, safe management of referrals for people requiring Adult Community Services, either to potentially prevent an admission, support early discharge or coordinate care 'closer to home.'

Benefits to Service User of introducing the SPA include:

- Reducing the number of inappropriate referrals into services: right care first time.
- Reducing duplication of assessments and visits to people's homes through better care co-ordination.
- Facilitating discharge and preventing unnecessary admissions.

Benefits to the Halton system of the SPA:

- Alternative referral route for GPs and healthcare professionals.
- Simplified, efficient referral process which includes assessment and planning of care.
- Reduces the time currently spent by the referrer in identifying and arranging appropriate treatment, care and support across a range of disciplines.
- Improved access to a range of services.
- Communication of agreed plan of care back to referrer and to GP if not the referrer.
- Supports people to stay at home and minimises the need for admission to hospital.
- Increase activity in community services as a result of GPs referring into SPA rather than admitting people to acute hospitals.
- Having the seamless sharing of data and information across services/organisations.
- Increase face to face clinical time.
- Reduces the amount of Delayed Transfers of Care.

Appendix 1

The SPA will be resourced by a multi-disciplinary team consisting of clinicians, nurses, therapists, administrative and social care staff. The SPA will hold the role of "care co-ordinator" until the relevant onward referrals have been made/individual discharged from SPA. An individual will have a named care co-ordinator from within the SPA.

The SPA would have access to all necessary health and social care records.

The SPA will accept referrals from:

- Hospital Discharge & Other Specialist Hospital Teams in the circumstances outlined below:
  - Discharge to Assess Model Pathways
    - Pathway 1 (Reablement/D2A)
    - Pathway 2 (Intermediate Care Bed)
  - Complex Community Patients - Frailty

- Community sources (GPs, Social Care, Voluntary Agencies, Health Care Professionals e.g. District Nurse, Community Matron and NWAS via a Paramedic, not NHS111 route)

SPA flowchart below:-

SPA Flowchart (Final May 2021).docx

The Intermediate Care & Frailty Service, including the SPA will operate 7 days a week from:-

- 8am – 8pm: Monday – Friday
- 9am – 5pm: Saturday/Sunday

NB. Cut off point for new referrals: 6pm Monday – Friday & 3pm Saturday & Sunday.

Acceptance Criteria into the Service for Referrals

1. Age 18+; and
2. Registered with a Halton GP **or** Resident of Halton Borough.

NOTE: This criteria is inclusive of Service Users with a mild to moderate Dementia diagnosis/ individuals with learning disabilities.

Pathways into Community Services

Reablement Service

Halton Borough Council's (HBC's) Reablement Service is a multi-disciplinary team (MDT), which works with people of Halton to maximise their independence following an illness or disability.

The service aims to ensure all people in need of support receive a full functional assessment within their own home before any long-term care provision is commissioned. The Reablement Service will support with activities of daily living and promote independence through therapeutic interventions.

Community Based Multi-Disciplinary Interventions will be provided when:

- The home environment is suitable/conducive for assessments/interventions by MDT (Physio, OT, Nurse, Therapy Assistant or Social Care);
- The individual does not require 24 hour care support during Intermediate Care interventions, but may require a Reablement care package in own home during Intermediate Care Service intervention;
- The individual does not require nursing supervision/interventions over a 24-hour period, but can access nursing dependent on need

Adopting a strengths based approach, each person will have an agreed personalised plan (based on the amended derby score) describing care and therapy interventions that will contribute to the achievement of individual goals, maximizing independence and well-being at every opportunity.

It is expected that the Reablement Service will complete most episodes of care within 4 weeks.

Oakmeadow

HBC's Oakmeadow Intermediate Care Unit provides Intermediate Care Bed Based Services to support people to regain or retain their former level of independence following a period of ill health or a change in circumstances.

Oakmeadow will provide Bed Based Multi-Disciplinary interventions when:-

- The home environment is not suitable/conducive for assessments/interventions by a Multi-Disciplinary Team (MDT);
- The individual requires 24 hour care support during Intermediate Care interventions;
- The individual may require nursing supervision/interventions;
- Requires some investigations/interventions that aren't available in the community e.g. GP overview etc; or
- Requires a period of assessment following discharge from hospital or other care setting e.g. transitional care to determine long term care needs/placement.

The length of time someone requires such services is based on assessed need but the aim would be to complete episode of care at Oakmeadow/determine long-term care and support requirements within two weeks of admission.

Community Rapid Response (CRR)

The CRR will provide place based, multi-disciplinary proactive community support to help people remain at home **or** return home as soon as possible from hospital.

This CRR will respond when people are:-

- Experiencing a crisis.
- At risk of hospital attendance/admission or residential care admissions (all types of care home settings).
- Medically safe to be treated/cared for in a community setting.
- In need of assessment/intervention with two hours (safe to wait for up to 2 hours).
- Returning home from hospital and who may need extra support.

The CRR will be available 8am – 8pm Monday to Friday and 9am – 5pm Saturday and Sunday and aims to provide a response within two hours of an **urgent** referral and within 24 hours for all other referrals.

The service will provide immediate treatment, encompassing a rapid holistic assessment (covering clinical, therapy and pharmacological elements where appropriate) and co-ordinate healthcare, social and voluntary interventions in the community to enable people with frailty to be supported at home including care homes.

The main elements of the CRR will be:

- Clinical triage
- Initial triage of presenting people by an appropriate clinician
- Treatment and admission avoidance care plans
- Advanced care planning involving DNACPR and PPC
- Clinical medication review
- Optimising physical function
- Discharge plans
- Supporting self-care and peoples education

CRR – Management of Individuals

The service will manage people on virtual ward principles. The virtual ward will operate in the same way as a normal hospital ward; the difference is the person will stay comfortably and safely in their home.

People will be admitted and discharged from the virtual ward whilst they are at home, proactively case managed, or targeted to prevent deterioration in condition and avoid admission to hospital. The person's condition will be assessed and monitored on a daily basis, or more frequently if required, by a multi-disciplinary work force including input from a Consultant in the Care of Older People. People will remain on the virtual ward from 24 hours up to an average of two weeks, dependent upon the complexity of the care needs, and will then be discharged to the most appropriate community service.

In cases where effective treatment cannot be achieved, the person will be referred to A&E, frailty assessment unit or acute frailty hub, as appropriate for the degree of deterioration in health.

The long term ambition would be for those individuals with complex requirements to be referred onto and managed via the Primary Care Hub MDTs, however until these are developed further individuals would remain on the service for up to two weeks receiving the necessary interventions.

No further intervention required and discharged from SPA

Following screening of the referral by the SPA, if no referral is appropriate to either Reablement, Oakmeadow or CRR the individual will be discharged from the SPA.

Circumstances where this may occur are listed below:

- ***Not Medically Stable*** e.g.
    - Service User requires Acute hospital admission e.g. suspected fracture, chest pain;
    - Service User requires medical interventions which are not available in the Community;
    - Practitioner's clinical judgement based on information available e.g. history and observations.

- ***Independent***
- ***Onward referral*** e.g.
    - Voluntary Sector support;
    - Respite Care, Long Term adaptation or reinstatement of a long term package of care only required

Intermediate Care & Frailty Single Point of Access – Referrals

Referrals from Hospital Discharge Teams & Other Specialist Hospital Teams, in the circumstances outlined below:

- Discharge to Assess Model Pathways
  - Pathway 1 (Reablement/D2A)
  - Pathway 2 (Intermediate Care Bed)
- Complex Community Patients - Frailty

NB. Hospital Discharge Teams will assist ward staff with the identification of patient's most appropriate discharge

Urgent Care Single Point of Access (SPA)

8am – 8pm Monday – Friday & 9am – 5pm Saturday/Sunday

See acceptance criteria into SPA overleaf

NB. SPA to screen referral and determine the appropriate pathway.

Referrals from community sources:

- GPs;
- Social care;
- Voluntary agencies
- Health care professionals, e.g. District Nurses, Community Matron;
- NWAS (via Paramedic Route).

Where enhanced assessment, clinical intervention etc. may be required.

Reablement First (D2A)

Caseload: 45-50

Rehabilitation (IC bed)

Caseload: 12-19

Community Rapid Response

Caseload: 20-25

No further intervention required and discharged from SPA:

- Not medically stable
- Discharge independent
- Onward referral (e.g. voluntary sector, reinstate Long Term Care package, inc. a Long Term Care Placement)

Acceptance Criteria into SPA for Referrals:

1. Age 18+; and
2. Registered with a Halton GP **or** Resident of Halton Borough.

NOTE: This criteria is inclusive of Service Users with a mild to moderate Dementia diagnosis/ individuals with learning disabilities.

Pathways into Community Services (Guidance):

Reablement First (Discharge to Assess): *Community Based Multi-Disciplinary Interventions*

- Home environment is suitable/conducive for assessments/interventions by MDT (Physio, OT, Nurse, Therapy Assistant or Social Care);
- Does not require 24 hour care support during Intermediate Care interventions, but may require a Reablement care package in own home during Intermediate Care Service intervention;
- Does not require nursing supervision/interventions over a 24-hour period, but can access nursing dependent on need

Rehabilitation (IC Bed): *Bed Based Multi-Disciplinary Interventions*

- Home environment not suitable/conducive for assessments/interventions by MDT;
- Require 24 hour care support during Intermediate Care interventions;
- Nursing supervision/interventions may be required;
- Some investigations/interventions required aren't available in the community e.g. GP overview etc;
- Requires a period of assessment following discharge from hospital or other care setting e.g. transitional care to determine long term care needs/placement;
- Those patients with a Plaster of Paris/splint in place or who are unable to fully weight bear for a number of weeks following orthopaedic intervention;
- Early Supported Discharge (ESD) Stroke Pathway, based on category within the Pathway (Categories 1 and 5 excluded). NB. ESD Team would provide interventions as prescribed in the Stroke Rehabilitation Pathway.

Community Rapid Response (CRR)

This CRR will respond when people are:-

- Experiencing a crisis.
- At risk of hospital attendance/admission or residential care admissions.
- Medically safe to be treated/cared for in a community setting.
- In need of assessment/intervention with two hours (safe to wait for up to 2 hours).
- Returning home from hospital and who may need extra support.

No further intervention required and discharged from SPA

- ***Not Medically Stable*** e.g.
  - Service User requires Acute hospital admission e.g. suspected fracture, chest pain;
  - Service User requires medical interventions which are not available in the Community;
  - Practitioner's clinical judgement based on information available e.g. history and observations.
- ***Independent***
- ***Onward referral*** e.g.
  - Voluntary Sector support;
  - Respite Care, Long Term adaptation or reinstatement of a long term package of care only required

REPORT TO:	Health Policy and Performance Board
DATE:	28 September 2021
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Halton Safeguarding Adult Board (HSAB) Annual Report 2020/2021
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the Board with the HSAB Annual Report 2020/2021 at the Appendix.

2.0 **RECOMMENDATION: That the Board:**

i) Approve the HSAB Annual Report 2020/21 for publication

3.0 **SUPPORTING INFORMATION**

3.1 Under the Care Act 2014, Safeguarding Adults Boards are responsible for producing both an Annual Report, setting out achievements of the SAB and highlighting priorities for the following year.

3.2 The HSAB Annual Report has been developed in conjunction with HSAB partners to ensure the report encompasses a multi-agency approach. The Annual Report includes performance data and comparisons between years, achievements in the year and highlights some of the good practice in the borough.

3.3 Once approved, the Annual Report will be published widely and shared with HSAB members organisations through the SAB Board at the end of October.

4.0 POLICY IMPLICATIONS

4.1 The HSAB Annual Report is in line with current regulations and guidance from the Care Act 2014.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified.

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

6.1 **Children & Young People in Halton**
N/A

6.2 **Employment, Learning & Skills in Halton**
None identified.

6.3 **A Healthy Halton**
This document is an important part of the safeguarding policy framework ensuring that the Council fulfils its statutory obligations, in line with the Care Act 2014.

6.4 **A Safer Halton**
As above.

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

7.0 **RISK ANALYSIS**

7.1 Halton Safeguarding Adults Board strives to show improvement in fulfilling its statutory duties and a dedication to seeking and providing the best possible care and support to protect those members of our community that need it.

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 identified.

HALTON
SAFEGUARDING
ADULTS
BOARD

Halton Safeguarding Adults Board Annual Report

APRIL 2020 – MARCH 2021

Message from the Chair

This is my second annual report as Chair of Halton Safeguarding Board. All Safeguarding Adults Boards are required to publish an annual report to analyse the effectiveness of the work across agencies to safeguard those who require additional support and care. As Chair of the Halton Safeguarding Adults Board, I am very pleased to present the annual report 2020/21 which I hope you will find informative and useful.

On behalf of the Board, I would like to thank everyone for their hard work and ongoing commitment throughout this past year, all agencies have worked together to support the most vulnerable in our Borough.

In March 2020, the country went into lockdown due to Covid-19. Even with the constraints of working to social distancing measures, we were able to maintain our safeguarding adults work in Halton.

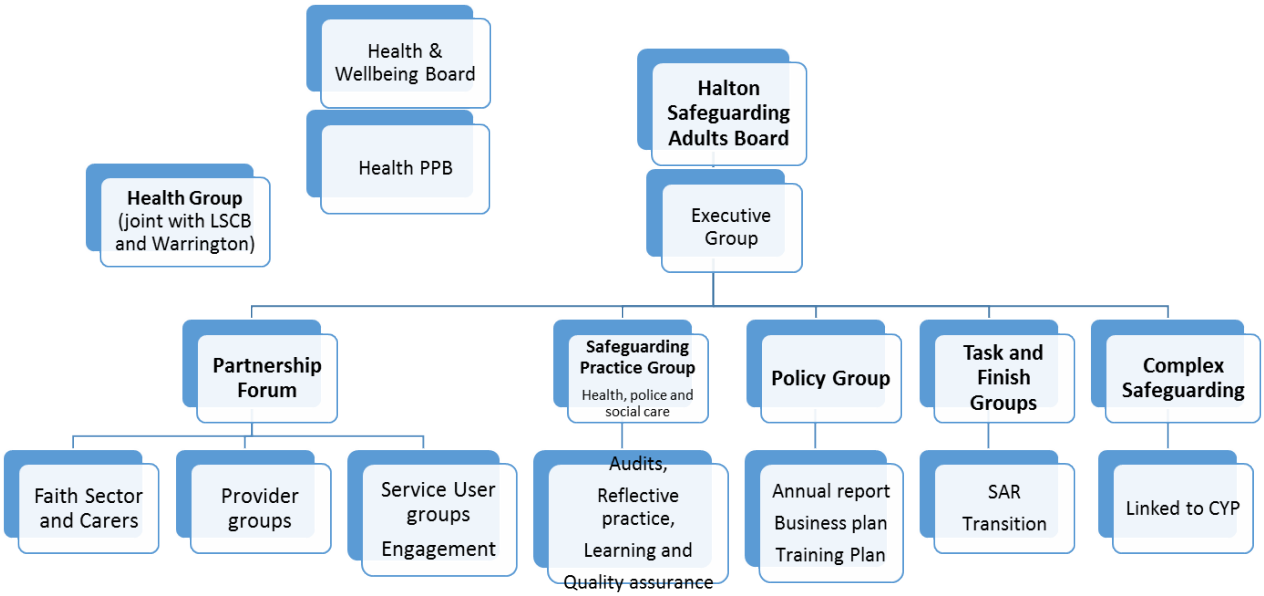
The context of our work over the next year, will remain focused on the safeguarding of adults, however, we want to further strengthen the voice of those who require services and ensure they influence how those services are delivered.

Thank you to all those who have worked hard to support the board, it has been a positive year and I am confident that by working together, we can continue to improve the lives and outcomes of many of our vulnerable residents.

Milorad Vasic

Strategic Director, People Directorate – Halton Borough Council

WHO ARE WE AND WHAT DO WE DO?



Review of SAB arrangements

During 2020/21 it was timely for the SAB to have an additional priority to review the current arrangements, due to a new Chairperson being appointed in 2019.

The review of the structure took place over the course of 2020/21 in order to strengthen the focus of the SAB sub-groups, and reaffirm their purpose, aims and objectives. The SAB introduced two new sub-groups, as shown in the organisational chart above: the Policy Sub-group with a focus on the Annual Report, Strategic/Business Plan and Training Plan; and the Practice Sub-Group focussing on safeguarding audits, reflective practice, learning and quality assurance.

In order to support the main SAB, and create linkages between the SAB and Sub-groups a new Executive Group was formed to filter the work of the SAB, and monitor the progress of the sub-groups. Following the implementation of the new structure, reviews of the arrangements have been planned for early 2022 to ensure they are working successfully and achieving their aims.

What is Halton's Safeguarding Adults Board?

Halton Safeguarding Adults Board (HSAB) is a statutory partnership between the Council, Cheshire Police, NHS, the Fire Service and other organisations that work with adults with care and support needs in our borough.

The job of HSAB is to make sure that there are arrangements in Halton that work well to help protect adults with care and support needs from abuse and neglect.

What is our vision?

"Our vision is that people with care and support needs in Halton are able to live their lives free from abuse and harm"

Halton Safeguarding Adults Board

Halton Safeguarding Adults Board strives to show improvement in fulfilling its statutory duties and a dedication to seeking and providing the best possible care and support to protect those members of our community that need it.

Board and its duties

Safeguarding Adults Board were established under the Care Act 2014		
Main SAB Objective	"To assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the safeguarding adult criteria".	
3 Core Duties	• Publish a Strategic Plan	• Publish an Annual Report
	• Conduct any Safeguarding Adults Reviews	

What is the purpose of the Annual Report?

The law states that we must publish a report every year to say what we have done to achieve our main goals and how our members have supported us to do this.

What does Safeguarding Adults mean?

Safeguarding Adults means stopping or preventing abuse or neglect of adults with care and support needs.

Adults with care and support needs are aged 18 and over and may:

- Have a learning disability
- Have a mental health need or dementia disorder
- Have a long or short term illness
- Have an addiction to a substance or alcohol
- And/or are elderly or frail due to ill health, disability or a mental illness

Who are HSAB's partner organisations?

OUR PRIORITIES IN 2020/21

Priority 1: Quality Assurance 	❖ Ensuring internal quality assurance frameworks are in place ❖ Ensuring any identified learning is shared ❖ Review of the safeguarding adults audit processes within Halton ❖ Sharing of information across HSAB members and provider services
Priority 2: Co-production & Engagement 	❖ Ensuring HSAB partner agencies have learning and professional development opportunities in place for their individual workforce ❖ Ensure there is a consistency and standardisation of safeguarding practice across Halton ❖ Ensure all agencies promote a making safeguarding personal (MSP) approach ❖ Ensure that there is effective communication of training opportunities shared within HSAB members and partner agencies ❖ Support the development of good multi-agency practice, sharing best practice, lessons learned and have the confidence to challenge decision making

	❖ To support adults at risk, informal carers and families with safeguarding and ensuring that they feel support within the safeguarding process
Priority 3: Learning & Professional Development 	❖ Reassurances that safeguarding approaches are developed actively including representation from all key areas ❖ Ensure that the voice of people who use services are heard, are involved in developing policy and are at the centre of any health and social care intervention ensuring their rights, wishes and feelings are at the heart of the decision making process
Priority 3: Review of the HSAB arrangements 	❖ Establishing new sub groups to further the development of safeguarding practice, assurances and accountability

WHAT HAVE WE BEEN DOING OVER THE PAST 12 MONTHS?

During the past 12 months, we have seen Government guidance change, at times on a daily basis. We have seen the implementation of the Coronavirus Act 2020, which has allowed easements for the Care Act 2014 for Adult Social care. However, in relation to the Deprivation of Liberty Safeguards (DoLS) and the Mental Health Act, there were no such easements, we therefore needed to think creatively to ensure people's rights were protected.

In May 2020, the first set of guidance was released for assessing DoLS and capacity. Following this, we developed an easy read version of the guidance, guidance for staff members and care home guidance to help facilitate virtual assessments and information sharing. This worked well and depending on individual circumstances, we continue to undertake virtual assessments.

The learning from this was a shared vision from adult social care and the care sector, to work together to protect people from the spread of the virus, and also ensuring that people's rights were assessed and protected.

From the beginning of the pandemic, we needed to ensure that information was accessible and available for people to utilize. This included our safeguarding policies and associated templates, as well as our toolkits and e-learning modules. We ensured that the Halton Safeguarding Adults website contained all the relevant information available for people, care providers and social care staff to access freely, which lessened the demand on teams to provide in more traditional formats.

Prior to the pandemic, work had been undertaken on the development of a self-neglect toolkit and pathway. This was co-produced with a number of agencies including health, environmental health, fire service, mental health services and adult social care. The work was halted due to the pandemic, however, it was able to be finalised via a virtual working group. The toolkit is now fully implemented, working well and provides a consistent approach, as well as identifying our specific legal duties to support people who self-neglect or hoard. It identified that virtual development meetings do work and with the increased demand in responding to cases or self-neglect, the implementation was also timely.

Due to the demands on hospitals and discharge to assess, we identified pathways were not clear for the reporting of quality issues directly to the hospital involved. In Halton, we do not have an acute hospital in the area and people who live in Halton are admitted to hospitals in neighbouring authorities. This meant that there were different approaches for each hospital causing confusion, which was exacerbated during the pandemic. We worked closely with the hospital safeguarding leads and devised a streamline and consistent pathway for both hospitals. The "Concerning Discharge Process" has worked well in identifying themes, trends and seeking assurances in a timely manner from both trusts.

During the pandemic, it became evident through the increase of issues regarding GP Practices, that there was no clear process within the Clinical Commissioning Groups (CCGs) of obtaining assurances around safeguarding involving a GP. We therefore developed a referral and outcome took which is sent to the GP Practice Safeguarding Leads to investigate concerns within a 14 day timeframe, to allow enquiries to be made and outcomes to be shared. This again, has worked well in identifying themes and trends.

All face-to-face training ceased during the pandemic, however, recruitment continued therefore the need for essential training was still in demand. This resulted in the Integrated Adult Safeguarding Unit developing and delivering training to a number of different agencies and sectors, as well as in-house teams around safeguarding, DoLS and the Mental Capacity Act. Delivering training virtually was the learning from this, as a positive and cost-effective way of ensuring the workforce were up-to-date with the knowledge, skills and practice to deliver a legally defensible service to the people we support.

Another learning point was around visiting, when it became safer to conduct visits to people's homes, care homes and hospitals, we were aware of the Government guidance focusing on care settings and health professionals, however, not necessarily social workers. As a result of this, we have development a risk assessment, working closely with the care sector to ensure there was a criteria for when a visit needed to be undertaken. In other areas, public health led on such tools. We have developed this looking at how to mitigate the risk, knowing staff now have access to Personal Protective Equipment (PPE) and were now fully aware of the risks of the virus. This tool is still in operation and has been shared with Public Health and the care sector, as a standard to ensure that visits are planned, Lateral Flow Tests (LFT) are completed prior to a visit being undertaken and appropriate PPE is used, which has all worked well.

We have identified that the guiding principles of safeguarding have been fully implemented during Covid-19. This means in practice, working towards ensuring we adhere to Making Safeguarding Personal (MSP), looking at the preventative approaches needed and challenging others to ensure that we are taking measures to prevent safeguarding concerns being raised. We have seen changes to care management teams, which had a direct impact on safeguarding activity. This included care reviews not being completed, requests for assessments not being completed in a timely manner, resulting in referrals being made to safeguarding. We have tried to utilize non-statutory enquiries, especially around people who self-neglect, applying Section 11 of the Care Act and our duties, to ensure that relationships are achieved and people get the best quality service, given the resource constraints at present.

HSAB participated in National Safeguarding Adults Awareness week during November 2020, with national collaborations with the Ann Craft Trust. Locally, HSAB collaborated with other statutory, private and voluntary services following key themes set over a seven day period, covering the following areas:

- **Safeguarding and Wellbeing**
- **Adult Grooming**
- **Understanding Legislation**
- **Creating Safer Places**
- **Organisational Abuse**
- **Sport & Activity**
- **Safeguarding in your Community**

In light of Covid-19 restrictions, consideration had to be given on how best to promote awareness to members of the public and professionals, in relation to safeguarding in general and also in line with the above themed areas.

A working group was formed to discuss the requirements of the event and agreement was reached that the most positive and interactive way forward, was to utilize social media platforms as much as possible during the week.

Last year's 7 minute briefing sessions were presented via YouTube videos; the links were also be available on our own and external partner agency social media sites.

Information was promoted via the HBC Intranet and Internet, Twitter, Facebook and Instagram pages.

We secured a place in Halton Carer's Centre's Newsletter and Healthwatch also used the article in their e-Bulletin.

Despite the pandemic lockdown restrictions, promotion and awareness-raising was successfully undertaken via social media platforms with a separate theme covered every day for seven days.

PARTNER ACHIEVEMENTS

Cheshire Constabulary

In early 2019 a review of Response and Investigation work streams was initiated, with a view to make efficiency savings during 2020/21 and beyond. Response and Investigations review established significant interdependencies between work streams across the constabulary. As a result the Cheshire Futures Programme commenced in October 2019.

Demand analysis established inefficiencies in the existing operating model of the force, therefore the Cheshire Futures Programme was to consider the benefits of a Functional Command Model to address the inefficiencies of the current Geographical Command Model.

The design principles of the Cheshire Futures Programme were as follows:

"We Care"
Resources and responsibility will be distributed **fairly**

Resources and responsibility will be distributed **equitably**

Resources and responsibility will be distributed **appropriately** in accordance with organizational need

The full business case was due to be scheduled for July 2020, due to Covid-19 this was delayed until October 2020. The main changes highlighted in the business case were:

- 8 local policing units removed
- Geographical local policing units command replaced with 4 functional commands and 3 operational command units
- There would be 4 functional commands:
  - **Response and Resolutions command**
  - **Local Investigation command**
  - **Neighbourhood, Prevention & Safeguarding command**
  - **Major Crime command**
- There would be 3 Operational Command Units
  - **North – Halton & Warrington LA areas**
  - **East – Cheshire East LA area**
  - **West – Cheshire West & Chester LA area**

- Current local policing footprint maintained for Response and Resolution and Local Investigations Commands
- Current local policing footprint enhanced for Neighbourhoods, Prevention & Safeguarding Command
- Specialist capabilities enhanced for major crime command

The benefits of the highlighted changes are as follows:

- Scalable model that enables officer uplift and future austerity to be accommodated without wholesale organisational restructure
- Increase in dedicated neighbourhood resources
- Resources consistently matched to demand within functional commands and across geography
- Improved accountability and governance
- Increased flexibility of specialist resources
- Improved consistency of service across the constabulary
- Enhanced local focus of neighbourhood resources
- Enhanced local focus of preventative resources
- Enhanced local focus of safeguarding resources

Health Operational Safeguarding Sub Group

NHS
Halton Clinical Commissioning Group

The Health Operational Subgroup has active engagement from Lead Named Nurses and Professionals from health services and covers both the children and adults safeguarding agendas. Due to Covid-19, the group has met virtually in May and June 2021.

The key priority of the group is:

Group to revisit the work plan considering the impact pf Covid-19 and refocused safeguarding priorities. Group to ensure work plan aligns to Halton SAB priorities and alignment to Warrington SAB priorities as a joint meeting is facilitated.

Learning Disability Mortality Review

The Learning Disability Mortality Review (LeDeR) programme is part of a national focus upon improving the lives and care of people with learning disabilities. It has derived as an

outcomes from a series of national reports that describe that whilst care in many instances has improved over the last decade, many aspects have not. There are still marked health inequalities for people with learning disabilities. Compared to that of the general population. These health inequalities are not inevitable, and progress can be achieved by preventative and/or timely access healthcare.

Reviewing the circumstances surrounding the deaths of people with a learning disability provides a real opportunity to learn from the past to help prevent avoidable deaths and improve future care for others.

Since 2019, NHS Halton CCG and NHS Warrington CCG agreed to take a combined approach to delivery of the LeDeR programme through the establishment of a LeDeR panel, shared Local Area Contact and agreed governance frameworks to capture local learning.

Locally across Halton & Warrington in 2020/21, there have been 36 new deaths notified to LeDeR for local review. In total, 62 deaths have been reviewed or quality assured through the LeDeR panel, as this also included a backlog of reviews. Four reviews have been removed, as they were found to be out of scope as the individuals did not have a learning disability. There are 10 reviews that remain ongoing, so will be reported on in the 2021/22 report.

NHS England and NHS Improvement (NHSEI)

NHSEI have worked together as a single organisation since April 2019, to help improve care for patients and provide leadership and support to the wider NHS. Below is a summary of the work NHSEI have been involved with over the last 12 months:

- National Host Commissioner Forum commencing 6th July 2021
- National Interim Units of Concern Protocol – to complement the host commissioner guidance in process of being signed off
- Lots of material being shared and stored on the futures MCA resource file
- Consultation for Code of Practice will commence soon, Government expected to provide their response in winter
- Plan for implementation of LPS remains for April 2022
- NICE has published guidelines that covers how to make shared decision-making part of everyday care in all healthcare settings. It promotes ways for healthcare professionals and people using services to work together to make decisions about treatment and care. It includes recommendations on training, communicating risks, benefits, and consequences, using decision aids and how to embed shared decision-making in organisational culture and practices.

North West Ambulance Service

NHS North West Ambulance Service NHS Trust

Policies and Procedures

During 2020/21 The Prevent Guidance and the Safeguarding Vulnerable Persons Procedures were updated.

Mersey Internal Audit

The Safeguarding Team welcomed Mersey Internal Audit (MIAA) into the Trust in November 2020 and worked with them to provide information of the safeguarding activity for the whole Trust. The draft report was received in January 2021. Following a review of the report, a management response was returned to MIAA in February. The final report received provided substantial assurance for the safeguarding agenda.

Safeguarding Concerns and Mental Health rejections

The primary reason for the rejection of safeguarding concerns continues to be Mental Health. During the COIVD-19 pandemic all mental health Trusts established a 24-hour mental health crisis helpline, this was a welcome resource which is envisaged will remain in place following the pandemic. Although this helpline provides a vital service for patients, not all mental health patients will meet the criteria for the mental health crisis help. This continues to leave a gap for patients who are suffering with mental ill health.

Training

Safeguarding compliance figures are monitored closely by the Executive Leadership Team. Figures are reported to the Safety Management Group, the Quality Performance Committee and Operation Outstanding Meetings on a bi monthly basis. Figures that are reported include the safeguarding module compliance. The end of year training figures for compliance are Level 1 and 2 training 82 per cent across the Trust; Level 3 (based on the previous TNA) 83 per cent and Level 4 100 per cent. The Safeguarding Team are continuing to work with the corporate learning and development department and local service delivery areas to improve the compliance figures.

Safeguarding Triage Deep Dive

Over a 4-week period the safeguarding team carried out a deep-dive review in relation to the safeguarding concerns which were being raised by the Trust. The findings show that there were a large number of safeguarding concerns being raised and shared inappropriately with Social Care. Following this report, extensive work has taken place with Social Care departments across the Trust footprint. The work which has been carried out has been done to facilitate a new safeguarding process, which will ensure that the information is shared to either safeguarding or early helps teams appropriately.

Healthwatch Halton

Healthwatch Halton joined with other SAB partner agencies to plan and attend the Adult Safeguarding Awareness Week event, held in Runcorn Shopping City to promote safeguarding across Halton

Our Community Outreach Leads give information on safeguarding along with contact details, to members of the public at outreach sessions held within the community. During the past year, 153 outreach sessions have been held, resulting in engagement with over 2700 people.

Our Healthwatch Halton and Healthwatch Advocacy staff teams undertook safeguarding training through Halton Borough Council, in addition to our organisation's own mandatory online safeguarding training.

Healthwatch Halton work closely with the Quality Assurance Team at Halton Borough Council to share information and any good practice or concerns we've noted during our "Enter and View" visits to local care homes and other service providers.

As part of the "Enter and View" programme of visits to local care homes, Healthwatch Halton has developed an online feedback form. This was set up to allow residents, their family members, or members of staff at the care homes, to feedback their comments if they were unavailable at the time of our visit.

Healthwatch Halton board members and volunteers are currently engaged in a programme of online training sessions covering the following topics:

- Safeguarding
- Equality and Diversity
- GDPR Essentials
- Mental Health Awareness
- Cyber Security

WHAT IS A SAFEGUARDING ADULT REVIEW (SAR)?

Under the Care Act, Safeguarding Adults Boards (SABs) are responsible for Safeguarding Adult Reviews.

A Safeguarding Adult Review takes place when agencies who worked with an adult who suffered abuse or neglect, come together to find out how they could have done things differently to prevent harm or death.

A SAR does **not** seek to blame anyone; it tries to find out what can be changed to that harm is less likely to happen in the future in the way it did to other people.

The law says HSAB must arrange a SAR when:

- There is reasonable cause for concern about how HSAB, its partners or others worked together to safeguard the adult; **and**
- The adult died and HSAB suspects the death resulted from abuse or neglect; **or**
- The adult is alive and HSAB suspects the adult has experienced abuse or neglect

During 2020/21, Halton did not conduct any Safeguarding Adult Reviews, however, NHS Halton Clinical Commissioning Group (CCG) implemented and embedded the Learning Disabilities Mortality Review (LeDeR) processes and learning from incidents; with formal reporting to HSAB for assurance. All LeDeR reviews are delivered within the national expected timescales, and there is good partner engagement and support for this agenda across Halton.

Halton CCG along with Warrington CCG, developed and hosted a LeDeR Conference, to promote learning with key messages being delivered through dramatization of real life experiences. This was supported by the development of a legacy video, which has been shared across the partnership. The legacy video can be viewed via the following link:

https://vimeo.com/430665513/9c96dc68c8

KEY SAFEGUARDING FACTS FOR 2020-21

1098
Concerns Received
(1068 in 2019/20)

336
Section 42 Enquiries
(489 in 2019/20)

Top 3 Primary Support Reasons for concluded Section 42 Enquiries:

- Physical Support
- Learning Disability Support
- Mental Health Support

Top 3 Types of abuse for concluded Section 42 Enquiries:

- Neglect and Acts of Omission
- Financial and Material
- Physical

Top 3 Locations of Abuse for concluded Section 42 Enquiries:

- Own Home
- Care Home – Residential
- Care Home - Nursing

53.9%
Asked what outcomes they want
(81.5% in 2019/20)

76.8%
Risk reduced or removed
(89% in 2019/20)

90.1%
Outcome fully or partially met
(91.5% in 2019/20)

4
Safeguarding involved strangers who were unknown to the victim

116
Concluded safeguarding enquiries listed the source of risk as known to the victim

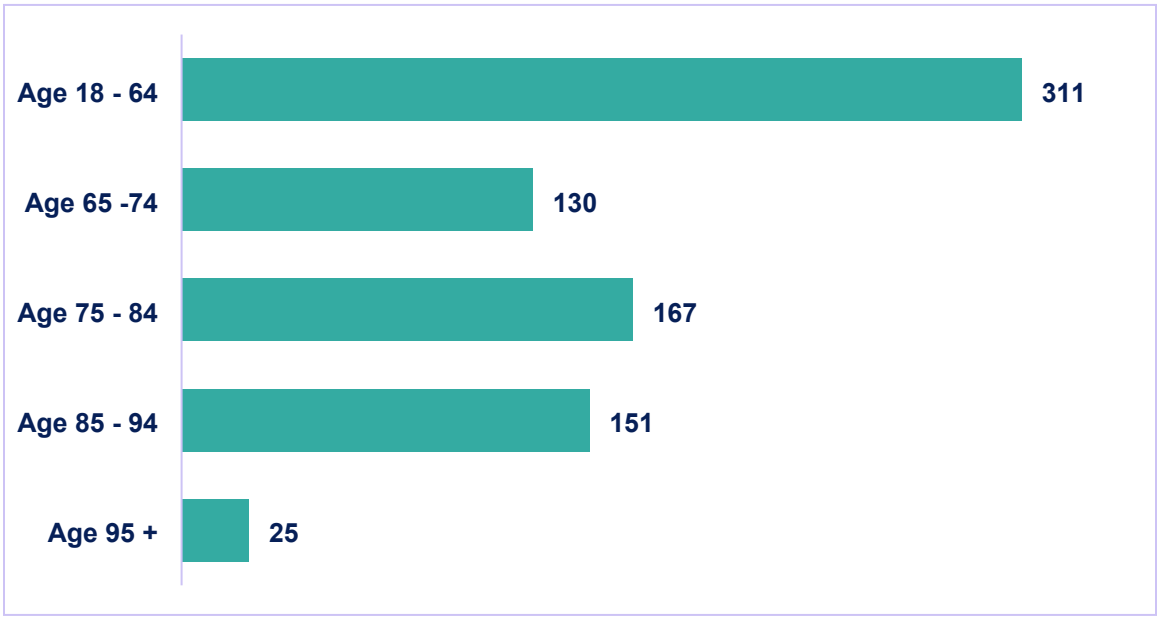
111
Safeguarding allegations involved abuse by social care staff

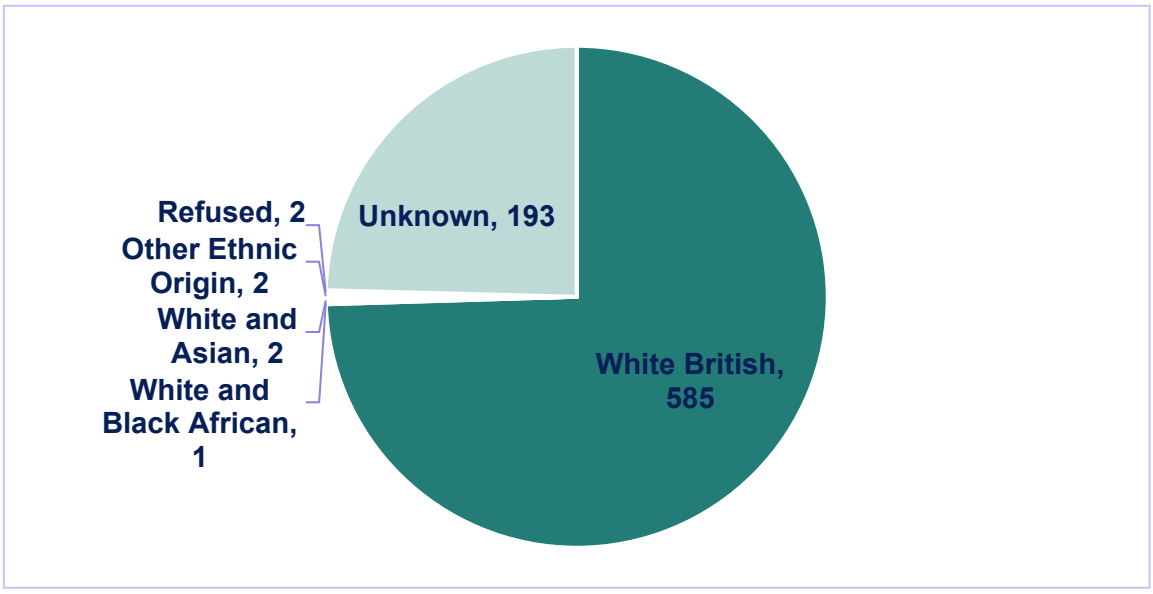
DEMOGRAPHICS FOR INDIVIDUALS INVOLVED IN SAFEGUARDING CONCERNS

Females
478

Males
305

The highest number of concerns received are for females aged 18-64 (162)





DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS) FOR 2020-21

569
Applications Received
(637 in 2019/20)

415
DoLS Granted
(339 in 2019/20)

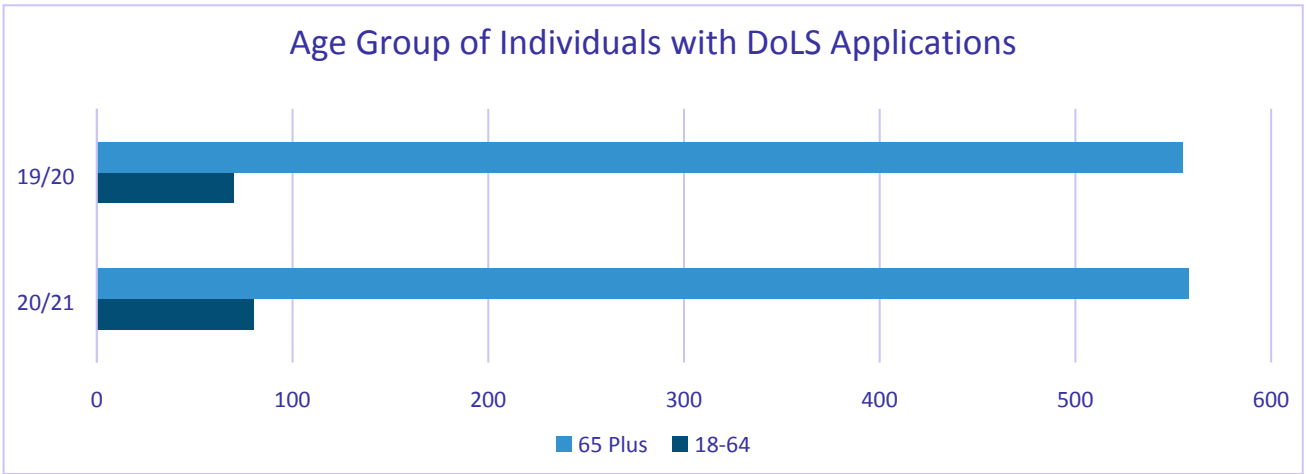
Top 3 Disability for DoLS Applications:

- **Mental Health needs - Dementia**
- **Mental Health needs - Other**
- **Physical Disability**

DEMOGRAPHICS FOR INDIVIDUALS WITH DEPRIVATION OF LIBERTY SAFEGUARDS

Females
389

Males
249



WHAT ARE OUR PRIORITIES FOR 2021/22?

Priorities for 2021/22 are in keeping with this year's over-arching work areas as these remain relevant. However, actions underneath each priority area will be updated as work progresses, with sub-group work programmes being monitored through the HSAB Executive Group to ensure consistency, relevance and progress.

REPORT TO: Health Policy & Performance Board

DATE: 28th September 2021

REPORTING OFFICER: Strategic Director - People

PORTFOLIO: Health & Wellbeing

SUBJECT: Quality Assurance in Care Homes and Domiciliary Care in Halton

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

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

2.0 **RECOMMENDATION: That:**

The report be noted

3.0 **SUPPORTING INFORMATION**

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

3.2 **CURRENT SECTOR**
The care home market in Halton consists of 24 registered care homes which provide 741 beds operated by 11 different providers. The bed capacity within the care homes ranges from homes with 66 beds to smaller specialist homes.

3.3 The local authority is now the largest provider of older people's care beds in the Borough supporting 163 beds and 26% of the sector.

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

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

3.6 **QUALITY ASSURANCES**

During the pandemic both CQC and Halton's Quality Assurance Team have had to amend the way that they support the sector undertaking a risk assessment approach and alternative arrangements for assessing and monitoring and only 'crossing the threshold' in relation to serious safeguarding issues. This has significantly reduced the intelligence and notifications received by the services and therefore has an impact on reporting of ratings too. However, the Quality Assurance team have now started to undertake safe and well visits and CQC have resumed their inspection activities.

3.7 **Care Home Ratings**

HBC Rating July 21		CQC Rating July 21	
Green	22	Good	21
Amber	1	Requires Improvement	3
Red	1	Inadequate	0

3.8 In Halton:

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

3.9 **Domiciliary Care**

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

3.10 The Council currently have 1 contracted provider (Premier Care) who covers Runcorn and Widnes and they sub-contract to 1 provider (ICare) who operates in Runcorn. 521 people currently receive directly commissioned packages of care within Halton, which equates to over 5000 hours per week. This represents an increase of 8% to pre pandemic figures.

3.11 **SUSTAINABILITY OF THE CARE SECTOR**

The impact of the pandemic on the care home sector has been significant. Care homes are struggling with a large number of vacancies which is affecting their financial sustainability. The highest number of vacancies are in the residential and residential dementia sector of the market. Trends indicate that people prefer to remain in their homes, which is reflected in demand within the domiciliary care sector.

3.12 Staffing across the sector also remains an issue with recruitment and retention now being affected by the resumption of activity in the wider economy.

3.13 Quality in the Care Home Sector is a key priority for Halton and as such is supported by the Care Home Development Project Group. Under the shared vision of achieving 'Outstanding care for all individuals who use bed-based services' the project work brings together health, social care, commissioned providers and stakeholder representation across the communities of Halton. It aims to replicate best practice, introduce and embed effective integrated working practices, pioneer innovative, and achieve market sustainability through shared goals and accountability. The group is supported by 7 work streams who work to deliver the vision and provides a robust framework to co-ordinate activity across the sector.

3.14 In domiciliary care work has recommenced to improve the quality of provision. This will initially focus on developing a trusted assessor approach that enables a more rapid increase or reduction in the level of care provided based on the needs of an individual. This model has been successfully adopted in a number of areas within Cheshire and Merseyside. Pay rates and other terms and conditions have improved in the commissioned domiciliary sector and further work is being undertaken to improve these further. Table 1 shows rates of pay compared to the living and 'real' living wage. Both Premier Care and ICare pay travel time, petrol and enhanced hourly rates for weekend and bank holiday working. Premier also provides pool cars for use by staff.

TABLE 1

Living Wage	Real Living Wage	Premier Care	ICare
£8.91 per hour	£9.50 per hour	£9.50 per hour	£9.00 per hour (increase to £9.75 from September 2021)

3.15 **LESSONS LEARNED**

The 'Lessons Learned' approach was an initiative facilitated by Halton Borough Council following the first 12 months of the Covid19 pandemic. It involved multi-agency meetings with bed-based adult social care provision in Halton to reflect on the experiences and challenges faced over the past year. Meetings were conducting during Feb to April 2021 and settings were asked to consider the impact of outbreaks, their observations of changes and developments, what difficulties they have come up against, what best practice approaches have been embedded and which ways of working are here to stay.

Meetings were primarily held with between service Registered Managers,

representatives from Halton Borough Council and Infection Prevention and Control. They looked at working practice within the settings and the relationships between partner agencies.

Findings were shared in a series of case studies, which all took account of what learning could be passed on to others.

Conclusions guided by responses:

- Requirements have changed rapidly and the initial unknowns have now been addresses. Homes are now in a position to feel much more stable about dealing with any future resurgences of the virus or other outbreaks. This has result in a call for consistency in policy and, going forward, change only where needed.
- The pandemic has highlighted funding shortfalls for Adult Social Care and the need for legislative reform which secures sufficient, and consistently long-term resources for the sector. This includes consideration of demographic need and local market position, which needs to take precedent over overarching Local Authority area population figures.
- A deficit in parity of status and pay, compared to NHS colleagues, has also been brought into focus. The adult social care workforce needs to be valued and the sector needs to be appropriately resourced.
- Social contact and interaction with the community is an important part of care home life. Having not been able to go out in their local communities care homes have worked to make alternative links where possible. National emphasis needs to be placed on recognition that care homes are part of a wider community.
- Investment in new technologies needs to consider care needs but also the social needs of residents.
- The closer multi-agency relationships built have been vital to homes managing during the pandemic. These need to be nurtured and support need to continue in a flexible and accessible way.
- Adult social care is a people-centric industry and the workforce who deliver services need to be recognised and celebrated in their own right. The pandemic has taken a significant toll on care staff and their ongoing wellbeing is paramount to the continuity of service delivery.

HOME FIRST APPROACH

3.16 During 2020/21, significantly more people have received interventions in their own homes with reductions in length of stay in short-term bed based and community Reablement services. This has been achieved through the

focused work of all staff, temporary changes in capacity in long term services (notably the block purchase of 500 hours of domiciliary care since February 2020), simplified processes for hospital discharge, focused multi-disciplinary / multi-agency work to improve pathways through short term services utilizing nationally endorsed models (ECIST et al) concentrated on day to day caseload management.

The Reablement service increased the number of people in receipt of a service by 143% during 2020/21. Again, this was achieved through a significant reduction on length of stay significantly impacted by the increase in domiciliary care provision

4.0 POLICY IMPLICATIONS

4.1 None identified at present

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified at present

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

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

6.2 Employment, Learning & Skills in Halton

None Identified at present

6.3 A Healthy Halton

There are no implications for a Healthy Halton arising from this report

6.4 A Safer Halton

None identified at present

6.5 Halton's Urban Renewal

None identified at present

7.0 RISK ANALYSIS

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

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 It is essential that the Council addresses issues of equality, in particular

those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its polices and plans.

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

DATE: 28th September 2021

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing
Adult Social Care

SUBJECT: Performance Management Reports, Quarter 1 2021/22

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 1 of 2021/22. This includes a description of factors which are affecting the service.

2.0 RECOMMENDATION: That the Policy and Performance Board:

i) Receive the Quarter 1 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 1, 2021/22.

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 1 – Period 1st April 2021 – 30th June 2021

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the first quarter of 2021/22 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 first quarter which include:

Adult Social Care:

Care Management

The Care Management 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 be necessity been on hold during the pandemic, an attempt to re-initiate was found unworkable, we are monitoring this. But it is hoped to restart this as soon as capacity issues are settled, in anticipation of early autumn.

Intermediate Care Review - Work has continued over the past few months on the development of a new Intermediate Care and Frailty Model. The Model and associated finances has been agreed by the Better Care Development Group and Executive Partnership Board and has been/is going through respective Partner organisation's own governance structures. We have now moved to the implementation phase and an associated implementation plan and risk register have been developed. The main focus of activity over the next 3 months will be the recruitment of staff into the new model.

Communities Division

An overhaul and refresh of the Learning Disabilities Strategy for Halton was launched at the ALD Partnership Board on 22nd June. 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. has now been decommissioned and all staff are now testing at home before coming into work. There have been no positive cases since January 2021. Test results are recorded and across the Division numbers of

tests consistently reach in excess of 200 tests per week. Staff are completing 2 LFT and 1 PCR tests per week. Across the Division of around 180 staff only 5 have yet to receive a first vaccination. PH have intimated that the government are likely to make vaccinations compulsory for this sector later in the year.

The Supported Living Services provided by the Independent also report good testing numbers and no positive cases.

Mental Health services

Halton Women's Centre: since the easing of the coronavirus lockdown measures, the Women's Centre has continued to develop its service, using the funding provided to support women who have had contact with the criminal justice system. The funding is intended to promote probation support in a more relaxed setting, whilst providing the women who attend with services to help them engage more effectively with their local communities. An additional part-time support worker has been appointed, which will allow an extension of the service into the Widnes area. IT upgrades have taken place within the Centre itself, including the development of an IT suite, which will help all women who use the centre to develop their confidence and skills in using IT.

The Centre continues to offer support to all women in Halton who are experiencing mental health issues, ranging from poor self-confidence, isolation and depression, to more complex mental health problems. Groups and individual sessions are available, according to each person's needs, and strong links have been made with a range of community organisations, including MIND (which provides courses designed to improve wellbeing and self-confidence) and Halton College.

North-West Boroughs Mental Health Trust: North-West Boroughs mental health services have now successfully moved to the Merseycare Mental Health Trust, becoming a sub-directorate of that Trust. All services will be continuing as before, whilst a full review of provision takes place, which is expected to take about twelve months. The Council has maintained its links with the Trust, both at senior management levels and through the delivery of operational, front-line services, to ensure that the interests and needs of local people are fully represented.

Mental Health Crisis Breathing Space (MHCBS): this national programme, established by HM Treasury, 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. The programme was implemented in early May 2021.

The lead role for delivering this programme has been identified by Central Government as being the Approved Mental Health Professional (AMHP), a role which is almost exclusively occupied by highly qualified social workers. They are seen as the only professional group which can decide whether a person is in mental health crisis and needs the support of the MHCBS. If so, they have a duty to refer the person for this support, and also to identify someone from the multidisciplinary team working with the person to act as a contact point for the debt adviser. Clearly this has the potential to add a considerable amount to the AMHPs's already complex caseloads.

As a result, much work has been going on, in conjunction with the North West Boroughs Sub-directorate of Merseycare, to develop a policy and procedure which addresses the requirements of the programme. Thus far, there has been no uptake of the programme

locally, which reflects the position both regionally and nationally, but it is expected that demand for the service will increase as it becomes more well known.

Public Health

Covid rates are currently seeing a rapid increase and consist almost entirely of cases of the Delta variant. The Delta variant is more rapidly transmissible. It is expected that the rise will be slower but longer than previous peaks.

This increased activity is putting considerable pressure up on our teams, at a time when return to business as usual was starting to take place on some work streams and some areas.

Targeted lung Health Check programme has been signed off and is being implemented in Halton before the end of the month. In addition, we have been identified as a participation area for a new national 'Grail' research which involved a blood test (called the Galleri test) offered to a selection of Halton Residents aged between 50-77 years of age. The blood test can identify early markers for over 50 different types of cancer. This can result in a rapid diagnosis and the earliest possible treatment for cancers.

3.0 Emerging Issues

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

Adult Social Care

Mental Health Services:

White Paper: Reforming the Mental Health Act: following the publication of the White Paper with draft proposals for changes to the existing mental health legislation, Central Government went through an extended consultation process, which ended in May 2021. The national responses are now being analysed, and a detailed written response will be published at the end of the year, setting out what additional changes will be put forward. Halton Borough Council submitted a detailed response to this consultation, and has since been notified that one quote from this will be included in the government's formal response. It is likely that, parliament time permitting, a draft bill will be presented to parliament in 2022, with a new Act being published later that year. A lead-in period will then be required, to ensure that all staff are suitably trained and appropriate systems and procedures are put in place.

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. With this in mind, the Chief Social Worker wrote 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. Detailed work has now been taking place with the four Cheshire local authorities and their partner CCGs to resolve this issue.

Adult Social Care Strengths Based Approach
Working alongside Professor Samantha Baron from Open University, work will re-commence in the second Quarter to design and implement a Strengths Based Approach across the whole of Adult Social Care. There are interdependencies between this work and the implementation of the Eclipse system. The Strengths Based Approach work will include re-design of the current Assessment approach across Adult Social Care and will enable new assessment forms and processes to be designed and then implemented within Eclipse.

Mandatory Vaccinations.

On the 16th June 2021, the Department of Health & Social Care (DHSC) announced that all people working in Care Quality Commission (CQC) registered care homes would need to be fully COVID-19 vaccinated, unless they have a medical exemption.

Legislation was passed by parliament in July and the Government has regulated that all staff working within care homes plus all professionals entering inside a care home must be fully vaccinated by 11 November 2021.

There are some exemptions from the vaccination regulations for relatives and friends visiting residents within homes and for those that are medically exempt from vaccination.

This means that from November 11th all staff working within a care home and all visiting professionals , will need to be able to evidence they have been fully vaccinated (unless they can evidence they have a medical exemption).

Work is ongoing with Public Health colleagues to support the few staff within HBC owned care homes that have declined the vaccinations to date, to make an informed choice going forward.

HBC human resources are working to devise a policy, and communication strategy to ensure staff will be notified and informed that by November 11th if un vaccinated they can no longer work in Care homes.

Implications to the wider staff teams who visit the care homes to undertake their roles are being carefully considered.

Public Health

The rapid rise in Covid activity is having an impact on the ability of the public health team to respond to non Covid requests and activities.

4.0 Risk Control Measures

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

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

5.0 Progress against high priority equality actions

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

6.0 Performance Overview

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

Commissioning and Complex Care Services

Adult Social Care

Key Objectives / milestones

Ref	Milestones	Q1 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	✓
1B	Integrate social services with community health services	✓
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	U
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	✓
1E	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems.	✓
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	U
3A	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning	✓

	Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.	

Supporting Commentary

1A. Pooled budget on target in relation to projected spend

1B. Halton Intermediate Care and Frailty model agreed and commenced implementation – plan to complete by September 2021. Further work being led through PCN's on hub development with primary care

1C. This work has been on hold during the pandemic but will be reviewed in the coming weeks.

1D. The review of the dementia strategy is currently on hold due to COVID response. This review was due to be initiated in early 2020. The Community Dementia Care Advisor contract with Alzheimer's Society is due to conclude at the end of September 2021. There is no option for extension of the current contract as that clause has been utilised for the current period. (*I am not sure what the commissioning intention is with this service beyond Sept 2021).* During Q1 HBC have been in talks with Riverside College (Cronton Campus) regarding the development of their new Health and Wellbeing Hub, with a particular focus on the dementia and residential care skills/curriculum and placements for student in HBC In House care homes with a longer term view of supporting the potential supply of local staff into local ASC posts and promoting local ASC careers as viable and desirable. This work will be ongoing throughout 2021/22. National Dementia Action Week took place during Q1. HBC offered Dementia Friends Awareness sessions for the public and HBC staff, and promoted activities and events that were available virtually across the LCR.

1E. Completed

1F. No Commentary received for Q1.

3A. This work forms part of the One Halton development (ICP)

Key Performance Indicators

Older People:						
Ref	**Measure**	**20/21 Actual**	**21/22 Target**	**Q1**	**Current Progress**	**Direction of travel**
ASC 01	Permanent Admissions to residential and nursing care	TBC	635	N/A	U	N/A

	homes per 100,000 population 65+ ***Better Care Fund performance metric***					
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. ***Better Care Fund performance metric***	N/A	TBC	N/A	U	N/A
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. ***Better Care Fund performance metric***	3341	5107	4606	✓	
ASC 04	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehab ilitation services (ASCOF 2B) ***Better Care Fund performance metric***	TBC	84%	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	72%	97%	52%	U	

	working days (VI/DRC/HMS)					
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	74%	80%	70%	✓	↑
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	21%	45%	22%	U	↓
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	92.4 %	88%	89.6%	✓	↑
ASC 09	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5%	5.5%	5.2%	✓	↑
Homelessness:						
ASC 10	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless	N/A	TBC	N/A	N/A	N/A
ASC 11	LA Accepted a statutory duty to	N/A	TBC	N/A	N/A	N/A

	homeless households in accordance with homelessness Act 2002					
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	N/A	TBC	N/A	N/A	N/A
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	N/A	TBC	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)	N/A	TBC	N/A	N/A	N/A
Safeguarding:						
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	TBC	TBC	TBC	N/A	N/A
ASC 16	Percentage of existing HBC Adult Social Care	62%	85%	60%	✓	↓

	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)	N/A	N/A	N/A	N/A	N/A
Carers:						
ASC 18	Proportion of Carers in receipt of Self Directed Support.	99.4 %	99%	TBC	N/A	N/A
ASC 19	*Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)*	N/A	N/A	N/A	N/A	N/A
ASC 20	*Overall satisfaction of carers with social services (ASCOF 3B)*	N/A	N/A	N/A	N/A	N/A
ASC 21	The proportion of carers who report that they have been included or consulted in	N/A	N/A	N/A	N/A	N/A

	discussions about the person they care for (ASCOF 3C)					
ASC 22	Do care and support services help to have a better quality of life? (ASC survey Q 2b) ***Better Care Fund performance metric***	N/A	93%	N/A	N/A	N/A

Supporting Commentary:

Older People:

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

ASC 02 The collection of this dataset continues to be paused. No date has been provided for its recommencement.

ASC 03 The number of non-elective admissions has increased considerably from Q1 2020/21 due to the very low numbers reported in Q1 2020/21 due to Covid. The numbers reported in Q1 2021/22 are more in line with historical levels although still not back to pre-pandemic rates. Performance is below target (good)

ASC 04 Annual collection only to be reported in Q4.

Adults with Learning and/or Physical Disabilities:

ASC 05 Due to a backlog in loading services figures appear low for this quarter, however there should be a significant improvement in Q2.

ASC 06 We are looking at our current reporting processes and updating these as there is a possibility they are not picking up some clients. Figures will be subject to change to services opening / closing in the quarter.

ASC 07 We are looking at our current reporting processes and updating these as there is a possibility they are not picking up some clients. Figures will be subject to change to services opening / closing in the quarter.

ASC 08 We have exceeded the target for Q1 2021/22 compared to Q1 2020/21

ASC 09	There are 22 people with a learning disability in paid employment. The percentage is based on the number of people with a learning disability "known to" the Council. The known to figure can fluctuate each month as people have been added to Care First or their assessments have been completed; this will have an overall effect on the percentage.

Homelessness:

ASC 10	No commentary received for Q1.
ASC 11	No commentary received for Q1.
ASC 12	No commentary received for Q1.
ASC 13	No commentary received for Q1.
ASC 14	No commentary received for Q1.

Safeguarding:

ASC 15	Data will be updated before 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).

Carers:

ASC 18	Data will be updated before the PPB meeting
ASC 19	Annual collection only to be reported in Q4, (figure is an estimate).
ASC 20	Annual collection only to be reported in Q4, (figure is an estimate).
ASC 21	Annual collection only to be reported in Q4, (figure is an estimate).
ASC 22	Annual collection only to be reported in Q4, (figure is an estimate).

Public Health

Key Objectives / milestones

Ref	Objective
PH 01	**Improved Child Development: Working with partner organisations to improve the development, health and wellbeing of children in Halton and to tackle the health inequalities affecting that population.**

Ref	Milestones	Q1 Progress
PH 01a	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, stop smoking interventions and parenting advice and support.	✓
PH 01b	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 01c	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.	✓
Ref	**Objective**	
PH 02	**Improved levels of healthy eating and physical activity through whole systems working.**	
Ref	**Milestone**	**Q1 Progress**
PH 02a	Implementation of the Healthy Weight Action Plan	U
PH 02b	increase the percentage of children and adults achieving recommended levels of physical activity.	U
PH 02c	Reduce the levels of children and adults who are obese.	U
Ref	**Objective**	
PH 03	**Reduction in the harm from alcohol: Working with key partners, frontline professionals, and local community to address the health and social impact of alcohol misuse.**	
Ref	**Milestone**	**Q1 Progress**
PH 03a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	✓

PH 03b	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 03c	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.	✓
Ref	**Objective**	
PH 04	**Cardiovascular Disease**	
Ref	**Milestone**	**Q1 Progress**
PH 04a	Ensure local delivery of the National Health Checks programme in line with the nationally set achievement targets	✓
PH 04b	Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.	✓
PH 04c	Increase the percentage of adults who undertake recommended levels of physical activity and healthy eating.	✓
PH 04d	Improve early detection and increase the proportion of people treated in line with best practice and reduce the variation at a GP practice level.	U
PH 04e	Reduce the premature (under 75) death rate due to cardiovascular disease and stroke.	✓
Ref 05	**Objective**	
PH 05	**Mental Health**	
Ref	**Milestone**	Q1 Progress
PH 05a	Reduced level of hospital admissions due to self-harm.	✓
PH 05b	Improved overall wellbeing scores and carers' wellbeing scores.	U
PH 05c	Reduced excess under 75 mortality in adults with serious mental illness (compared to the overall population).	U
PH 05d	Reduce suicide rate.	U
Ref	**Objective**	
PH 06	**Cancer**	
Ref	**Milestone**	Q1 Progress

PH 06a	Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.	✓
PH 06b	Increase uptake of cancer screening (breast, cervical and bowel).	U
PH 06c	Improved percentage of cancers detected at an early stage.	U
PH 06d	Improved cancer survival rates (1 year and 5 year).	✓
PH 06e	Reduction in premature mortality due to cancer.	U
Ref	**Objective**	
PH 07	Older People	
Ref	Milestone	Q1 Progress
PH 07a	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.	U
PH 07b	Review and evaluate the performance of the integrated falls pathway.	U
PH 07c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropriate age groups in older age.	✓
Ref	**Objective**	
PH 08	**COVID-19**	
Ref	**Milestone**	Q1 Progress
PH 08a	Ensure local systems are in place to identify, support and minimise the impact of any COVID cases, clusters and outbreaks.	✓
PH 08b	Work with key partners to achieve the target rate of vaccination coverage rate across all of the JVC Priority groups.	✓
PH 08c	Work with local partners to minimise COVID infections and utilise early warning systems to monitor local infection rates with a goal of 25 or less per 100,000 population.	✓

PH 01a **Supporting commentary**

Bridgewater Community Healthcare Trust continues to provide the 0-19 service for the families of Halton, which includes key health and development reviews, parenting support and advise, and support and referral into partner agencies as appropriate.

During Covid some of the assessments were done virutally, and there have been staffing capacity issues in school nursing and the CCG have served notice on the midwifery contract, which has caused uncertainty.

The multiagency antenatal programme 'your baby and you' has not been running due to a lack of midwifery capacity, but HBC have continued to provide infant feeding support and advice. Women have been offered an online antenatal package through midwifery and we continue to work to try and re-estbalish a multiagency programme of support.

Parent healtyhy lifestyle sessions are available monthy and parents can self refer onto sessions such as fussy eating and sleep and screen time. Triple P is commissioned by the early help commissioners to run 8 sessions of Triple P each year this includes 0-12, teen and stepping stones. This is now ran as a hybrid programe with the offer of both online and face to face courses.

PH 01b **Supporting commentary**

Family Nurse Partnership continues to work with first time teenage parents in Halton, and provide intensive support for some of our most complex families. This service has contined through Covid, and the mums respond positively to remote contact, although visits have also taken place.

The Pause programme started in Halton in April 21, and this programme works with women who don't currently have a child, but are at risk of having repeated children being taken into care. Pathways have been developed to ensure that women on the programme have rapid access to family planning and sexual health services, and putting place programmes to reduce their safeguarding risk and supporting their parenting capacity, should they choose to have a family in the future. For example through access to drug and alcohol, and smoking cessation servies.

Despite the impact of the pandemic, the 0-19 Service has continued to maintain support for children and families in Halton. During 2020/21 the service managed to deliver 79% of the face to face New Birth Visits within 30 days and recorded a reduction on the previous year to 24% of babies recorded as being "breastfed" at 6 weeks. Areas for improvement continue to include the 12 month and 2 ½ year check which were both affected by the pandemic and the service has implemented a catch up plan to improve access to this part of the Healthy Child Programme.

Before Covid there work was underway and new plans had been developed to improve the 2 year integrated review offer, however these were paused due to covid.

PH 01c **Supporting commentary**

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.

Infant feeding support including breastfeeding support and sessions for Introducing solid food has been maintained throughout the pandemic and the physical activity and nurition in pregnancy session will be re started in September.

Fit 4 Life service continues to develop familiy app for those families and children who are overweight or want to make healthy changes. Launch September 21. There is also parent and staff sessions under Fit 4 Life to encourage healthy lifestyle choices.

HAF programme provides school holiday provision to those on Free School Meals (FSM) and includes nutriction education, cooking and physical activity.

The NCMP programme was provided through a targeted sample with a small number of schools and it is anticipated that the full programme will resume in September.

PH 02a	**Supporting commentary** Implementation of the Healthy Weight Action Plan has been impacted by the Covid pandemic, for example work with transport has not been possible, however there has been some significant gains made, particularly in relation to food poverty and working with businesses. The public health team and HIT have worked extensively with businesses throughout the pandemic, and developed relationships that will support our work moving forward. The HIT workplace offer has continued throughout the pandemic and adapted to the needs of local businesses. The service has been providing advice and information on Covid safety, returning to the workplace and staff health and wellbeing. Working closely with the Halton Chamber of Commerce. The Weight Management Service is a key part of the work with local businesses and recently the Fresh Start app has been made available to workplaces along with support from the HIT to tailor the app for use in each business. Argos/Sainsbury's call centre has now begun piloting this and has offered 300 staff the opportunity to engage with the app and the HIT Workplace Weight Management Team. There has continued to be a range of parenting programmes are available to families to support them to develop healthy habits for their children, and a parenting coordinator post is in development. The healthy schools programme has been hampered by Covid, but continues to be available to schools to access, and we have worked very closely with schools over the pandemic, supporting them to remain open as far as possible. The Holiday's activity fund has supported children through the pandemic, during the holidays, to access healthy and nutritious meals, and activities. Community shop also enable low income families to access affordable food, and a wider food poverty network has been established, which will support low income families to access nutritious food through a range of interventions. Free school meal vouchers were made available to families.
PH 02b	**Supporting commentary**

The impact of the pandemic has resulted in many people leading more sedentary lives, with fewer opportunities for participating in sports and activities. There has been periods of lockdown, school closures, shielding, home working and self-isolation that will all impact on both levels of activity, mental health and diet. It is uncertain, but unlikely that there would be an increase in the levels of physical activity during this difficult period.

Individual face to face gym sessions began in May 2021, with staff providing support to clients with long term conditions wishing to get more active. To date 25 people have accessed this in person service. The telephone physical activity advice and online video sessions have also continued for clients that are unable to access in person services at this point. This exercise on referral service works predominantly with clients with a history of cardiac, respiratory, neurological or chronic pain diagnoses.
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 and services as we moved into Q1. The re-opening of HBC Leisure services and in particular the swimming pools has seen a significant uptake from local people and the HIT continues to signpost and advise all clients in Weight Management , Exercise Referral and Age Well services on accessing physical activity throughout Halton.

Professionals training aimed at increasing healthy lifestyles intervention when working with children and families continues. This training runs Alcohol and tobacco staff training to children and young people's practitioners including school.
There has been an increase in parents taking up the parent bite size sessions which target healthy lifestyle topics such as healthy eating, exercise and sleep

PH 02c

Supporting commentary

The impact of the pandemic has resulted in many people leading more sedentary lives, with fewer opportunities for participating in sports and activities. There has been periods of lockdown, school closures, shielding, home working and self-isolation that will all impact on both levels of activity, mental health and diet. It has also resulted in limiting the contact time in schools, and reducing the opportunities to work with families to support healthier lifestyles. It is uncertain, but unlikely that there would be a reduction in levels of obesity during this period.

The National child measurement programme was paused during the Covid pandemic, and only a small proportion of Halton's primary schools were measured in the academic year 2020/21. This will affect the accuracy of the figures when they are made available Development work continues on 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.

The Health improvement team have continued to provide a healthy weight offer in Q1 Haltons Adult Weight Management Service continued its transition into a digital hybrid model. The 'Fresh Start' service now offers a full digital app

service with online coaching as well as in person workshops for those that get more from a face to face service. In Q1 over 250 people have been using the app, with 10 new starters every week. 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. In person weight management workshops have also now resumed alongside 'Weigh in' clinics to make it easier for people to monitor their weight and access the service.
Dietician led tier 3 weight management service operated a combination of remote telephone and in person appointments, 96 referrals were received over Q1.
The service supports local people with high BMI's and those considering bariatric surgery. A Facebook group with over 400 active Fresh Start clients has been maintained throughout Q4.

The HIT is working closely with GP Surgeries to capitalise on a new primary care enhanced service incentive for obesity and weight management, with the aim of increasing significantly the number of local people that are referred into a weight management service

PH	Supporting commentary
03a	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. A new outreach youth provision has commenced which will support young people and provide access to information and advice around alcohol and other risk taking behaviours and the Councils Early Help Team has commenced providing direct support for young people affected by substance misuse.

PH	Supporting commentary
03b	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. Champs Public Health Collaborative are launching a new campaign funded by Cheshire & Merseyside Health & Care Partnership to promote the Lower My Drinking platform, which is now available for use in Halton. Campaign assets include videos for social media, images for Facebook / Instagram / Twitter posts. Printable assets (A4 / A3 posters, A4 leaflet, and business cards) 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. The Stop Smoking Service have delivered Audit C screening remotely to 534 clients. Health Trainers have had limited opportunities to deliver Audit C screening as part of Health Checks due to COVID.

PH	Supporting commentary
03c	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 quarter 4 we have seen a consistent

number of individuals engage within service for support (Total 149 for Q4), with individuals seeking support with alcohol being the highest number of assessments each quarter.

Substance of choice	Total Q1	Total Q2	Total Q3	Total Q4	Target YTD	Actual YTD
Alcohol	52	80	59	68	240	259
Opiates	23	41	35	18	140	117
Non-Opiates	33	32	35	34	120	134
Alcohol/Non-Opiates	12	32	21	29	80	94

PH 04a **Supporting commentary**

The NHS Health Check service resumed in March 2021. The previous 12 months had seen the programme suspended but for a 3 mnth period from August 2020. As such during Q1 the aim for the programme has been to mobilise the HIT Health Check Officer (HCO) team and begin supporting Halton GP's to resume the programme. Thirteen practices in Halton had HCO support by the end of Q1. HCO's are delivering increaseing numbers of Health Checks each month with 83 in June 2021.
Q1 data shows 265 Health Checks were completed by Halton practice staff with a further 180 delivered by HCO's giving a total of 445 Health Checks for Q1.

Resumption of NHS Health Cheks in community and workplace settings is being reviewed currently in Q2 with aim of restarting this valuable work in Q2/3.

PH 04b **Supporting commentary**

Halton Stop Smoking Service has continued to deliver the service remotely throughout COVID 19 to support local people to stop smoking.Through the use of digital platforms and contact with all referring agencies we have continued to promote the service to encourage referrals, however, there has been a decrease in all referrals during COVID. Plans are now in place to resume face 2 face delivery, as well as CO monitoring and Lung Age checks, in venues during August 2021. Remote working/telephone consultations for those clients who have difficulty attending stop smoking sessions due to ill health/childcare difficulties/ work commitments or accessibility will continue. Extra emphasis is placed on pregnant smokers, routine and manual smokers, smokers with respiratory disease, smokers addicted to substance misuse and smokers with mental health, where extra support is required. Although the quit rate is lower than previous years for pregnant smokers (34%). This reflects the need to resume house visits and the pregnancy incentive voucher scheme for pregnant smokers when face 2 face consultations resume in August 2021.
The service has now set up a FB page where advice and tips on stopping smoking are available to smokers – 89 people currently access the FB page.

Total Referrals into service Total Clients Engaged Engagement Rate Total setting a quit date Total clients quitting Quit Rate	832 759 **91%** 759 464 **61%**
Clients with mental health condition setting a quit date Clients with mental health condition quitting Quit Rate	177 106 **60%**
Clients with Respiratory Health condition setting a quit date Clients with Respiratory Health condition quitting Quit Rate	167 124 **74%**
Clients in Routine & Manual socio economic setting a quit date Clients in Routine & Manual socio economic quitting Quit Rate	264 142 **54%**
Clients with Drug and Alcohol dependency setting a quit date Clients with Drug and Alcohol dependency quitting Quit Rate	30 19 **63%**
Smoking in Pregnancy Clients setting a quit date Smoking in Pregnancy Clients quitting Quit Rate	86 29 **34%**

PH 04c **Supporting commentary**

The Active Halton Steering Group continues to meet monthly to co-ordinate on strategies to increase physical activity uptake. Work is under way to utilise the 'Better Health' campaign locally, and to promote physical activity availability across Halton.

PH 04d **Supporting commentary**

As stated in PH04a the NHA Health Check Programme has resumed in Halton and forms the cornerstone of early detection. No further work has been carried out in Q1 with practices to review condition management.

PH 04e **Supporting commentary**

Rates of death from cardiovascular disease have reduced year on year since 2001-03.

PH 05a **Supporting commentary**

There has been a generalised reduction in the number of people admitted to hospital for self harm. We have continued to engage and promote postive mental health and wellbeing messages although some direct face to face services have been unable to run as a result of the pandemic. It is unclear presnetly if the data reflects a real term recustion or if this is an artefact of the changes in secondary care provision as a result of the pandemic. Future data will help to indicate this.

Halton continues to deliver self harm awareness training to front line staff who work with children and young people as part of the wider preventative mental health agenda. Champs continue to lead a vareity of projects across Cheshire and Mersesyside working towards reducing self harm in both children and young people and adults. Work taking place on the development of the self harm dashboard by NWAS is almost complete. Local suicide prevention leads will soon have access to this resource which will provide data regarding the age range, sex and outcome of those calling an ambulance due to self harm. This insight will enable more targeted prevention work to take place to help reduce self harm. The NHS England North West Coast Children and Young People Self Harm Pathway Development Group has identified self-harm awareness training for staff who work in community settings and front line mental health workers. Halton's suicide prevention partnership board has identified initial cohorts who would benefit from accessing this training. The NHS England North West Coast Children and Young People Self Harm Pathway Development Group has also established a task and finish group to pilot self-harm care kits in non-clinical settings. The aim of the kits are to support individuals with distraction activities and good self-care. The pilot of the self-harm care kits with be evaluated by LJMU. If successful Halton will have access to the kits to be used locally

PH 05b **Supporting commentary**

There is no data availabe in the public health outcome framework to support measurements of carer wellbeing score.

Activity is continuing to engage individuals and communities in positive wellbeing messages and activites, though opportunities for face to face engagement and support has reduced during the pandemic.

PH 05c The latest wellbeing survey data for 2019/20 indicates 9.3% of people in Halton have a low happiness score; the data for 2020/21 is not yet available so it is unclear how COVID-19 has affected this.
There is no data available in the public health outcome framework to support measurements of carer wellbeing score.

Activity is continuing to engage individuals and communities in positive wellbeing messages and activites, though opportunities for face to face engagement and support has reduced during he pandemic.

PH 05d **Supporting commentary**

The latest published suicide rate is 1.7 suicides per 100,000 persons for the years 2017-19. We continue to work closely with partners and Champs on the Zero Suicide Agenda and consistently review the action plan for reduction of suicides in the community, even undertaking assessments for every individual suicide we are notified of.
The suicide prevention partnership board has continued to meet during the pandemic.

Concerns previously raised with Champs regarding potential delays and issues with the RTS system have been explored and it has been confirmed Halton is receiving all RTS notifications from Cheshire coroners. Champs are in discussions regarding moving to a police led RTS system to enable a richer data set to be received more quickly than the current systems allows.

Champs have continued to work to address:

Self harm
Middle aged mens mental health
Quality improvement within mental health trusts
Primary care staff pilot
Workforce development training
Development of a lived experience network

Updates for Q1

Self Harm
Work taking place on the development of the self harm dashboard by NWAS is almost complete. Local suicide prevention leads will soon have access to this resource which will provide data regarding the age range, sex and outcome of those calling an ambulance due to self harm. This insight will enable more targeted prevention work to take place to help reduce self harm. The NHS England North West Coast Children and Young People Self Harm Pathway Development Group has identified self-harm awareness training for staff who work in community settings and front line mental health workers. Halton's suicide prevention partnership board has identified initial cohorts who would benefit from accessing this training. The NHS England North West Coast Children and Young People Self Harm Pathway Development Group has also established a task and finish group to pilot self-harm care kits in non-clinical settings. The aim of the kits are to support individuals with distraction activities and good self-care. The pilot of the self-harm care kits with be evaluated by LJMU. If successful Halton will have access to the kits to be used locally.

Lived experience network
A representative for the lived experience network has attended a sucicide prevention partnership board meeting to introduce the network and how Halton can benefit from it. As a result of this Halton now has representation on the lived experience network and is also in discussions with one of its members to be the lived experience representative on the local suicide prevention partnership board.

Local Activity
The Mental Health Info Point continues to be promoted via social media and training. From April to June it has recevied **1345** page views with **480** unique users and **140** 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. Discussions have been taking place between NWBP, the Local Authority and police regarding how front line Police staff supporting children and young people in crisis can be better supported by mental health teams reducing the need for CYP to attend A and E. Halton was successful in its expression of interest to access PHE prevention and promotion better mental health funds. Halton has been awarded £267,206 to deliver 5 prevention projects focussing on the following: bereavement support for children and young people, bereavement support for adults, support to address financial insecurity and debt, support to improve children and young people's mental health and wellbeing and support to improve Halton's parenting

programme offer. All of these projects will potentially contribute to the reduction in suicides in Halton.

PH O6a
Supporting commentary
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 August 2021.
Partnership working across Liverpool and Knowsley Stop Smoking Services, Liverpool Heart and Chest Hosp.and Halton CCG is ongoing to implement the TLHC (Targeted Lung Health Check Programme) in areas of high Lung Cancer rates. This programme has started in Liverpool and it is envisaged Halton area will be targetted in January 2022. 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.In the interim period Halton Stop Smoking Service, in conjunction with Halton CCG, are running a pilot scheme with GP's to refer all COPD clients that are smokers into the service for support to stop smoking.

PH 06b
Supporting commentary
NHSE / PHE 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 Cheshire and Merseyside Cancer Alliance's Cancer Prevention Board has recently met and will be identifying priorities and action plans, which includes the cancer screening agenda.

Coverage and uptake of cancer screening has been quite varied during the Pandemic and the longer term data has yet to be assessed. Screening for Breast cancer saw a 2% decrease in uptake during 2020 compared to 2019, after a period of small but steady yearly increases.
Uptake for Bowel cancer saw a continued small annual increase . While for Breast cancer, the rate of uptake continued to increase in those aged 25 to 49, but remained the same as 2019 in those aged 50-64. There remains a backlog of eligible persons in some services which are being cleared as quickly as possible.

PH 06c
Supporting commentary
The Cancer Alliance Cancer prevention board has recently been reformed to include the Early detection of cancer. The Cancer Prevention Board and Early Diagnosis has recently met and will be identifying priorities and action plans, which includes the cancer screening agenda.

PH 06d
Supporting commentary
The 1 year survival rate for Breast, Bowel and lung cancers has shown a steady increase over the last few years. This is a positive step and usually identifies a positive shift to earlier diagnosis, and access to rapid assessment and treament services. The data which may show an impact of Covid-19 on the early presentation and early treatment has yet to be seen.

PH 06e
Supporting commentary

Premature deaths (deaths under 75 years) from cancer have reduced year on year in Halton. Halton has a significantly higher rate of early mortality from cancer than the North West and the rest of England. The rate of reduction is similar to that of England and so the inequality between Halton an dthe England is not reducing significantly. Latest data, yet to be validated, suggests that the decline is continuing, though the impact of Covid-19 has not yet been assessed.

PH 07a
Supporting commentary
The Sure Start team continue to support Older people to engage in community activities to reduce the risk of loneliness and social isolation. Whilst community opportunities are limited due to the pandemic the team continue to offer emotional support to people, sign posting them to existing services and providing a listening ear.

They continue to plan for the Get Together event which is planned for October. Letters have been sent out to people to make them aware that this event is to take place for the first time in 16 months. The response has been very positive. Residents of Halton are looking forward to attending.

PH 07b
Supporting commentary
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.
The intermediate care service is still under review. There are no dates set as to when the new service will be up and running

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.

PH 07c
Supporting commentary
Uptake of flu vaccination for the 2020/21 season has increased to 79.9% in the over 65s, which the national target of 75%. 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.

PH 08a
Supporting commentary
Halton has robust services in place to identify cases of COVID via Halton Outbreak Support Team. We perform our own contact tracing and follow up with emails and door knocking if people do not respond to phone calls. We also have a range of testing options in community centres, buses and pop up options.

PH 08b
Supporting commentary
Halton has a vaccination lead that works with local partners to agree the best ways to encourage vaccine uptake. We have a range of options including pharmacies, buses, hospitals, GPs and mass vaccination sites. Halton has good uptake in the over 40s and moderate uptake in the younger age range as elsewhere. We are constantly looking for new ways of reaching people.
PH 08c
Supporting commentary

Halton works with partners and has developed an Early Warning system for monitoring infections. We scrutinse this at the LOMB, the Health Protection Board and through the JBC.

Key Performance Indicators

Ref	Measure	20/21 Actual	21/22 Target	Q1	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)	N/A	N/A	U	**N/A**
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)	57.6% (2019/20)	58.2% (2020/21)	N/A	U	**N/A**
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	896 (2019/20 provisional)	877.7 (2021/22)	652 (2020/21 provisional)	✓	↑
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate	58.3 (2017/18 – 2019/20)	57.1 (2019/20 – 2021/22)	55.9 (2018/19-2020/21 provisional)	✓	↑

	per 100,000 population)					
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	14.9% (2019)	14.9% (2020)	N/A	U	**N/A**
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	78.3% (2019/20)	77.5% (2020/21)	N/A	U	**N/A**
PH LI 03c	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	87.1 (2018-20)	87.1 (2019-21)	87.1 (Q2 2018 Q1 – 2021)	✓	⇔
PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	162.4 (2018-20)	160.8 (2019-21)	157.2 (Q2 2018 Q1 – 2021)	✓	⇑
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population)	52.1 (2018-20)	51.6 (2019-21)	48.7 (Q2 2018 Q1 – 2021)	✓	⇑

	Published data based on calendar year, please note year for targets					
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	388.3 (2019/20)	380.6 (2021/22)	312.6 (2020/21 provisional)	✓	↑
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	9.3% (2019/20)	9.1% (2020/21)	N/A	U	**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) *Published data based on 3 calendar years, please note year for targets*	17.2 (2018-20 provisional)	17.2 (2019-21)	17.2 (Q2 2018 Q1 – 2021)	✓	⇔
PH LI 05aii	**Female** Life expectancy at age 65 (Average number of years a person would expect to live based on	19.8 (2018-20 provisional)	19.8 (2019-21)	19.7 (Q2 2018 Q1 – 2021)	U	↓

	contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*					
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2834 (2019/20)	2806 (2021/22)	2844 (2020/21 provisional)	U	
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% (2020/21)	✓	
PH LI 06a	COVID-19 case rate (positive cases per 100,000 population in previous 7 day period)	8.5 (30/06/21)	PHE THRESHOLDS **<25** **25-50** **51-150** **151-250** **>250** (Latest 7 day rate per 100,00)	257.3 (30/06/21)	U	
PH LI 06b	COVID-19 vaccination uptake (% population in all JVCI Groups covered by 2 Doses)	6.4% (31/03/21)	85% (national target)	60.6% (30/06/21)	✓	

Supporting Commentary

PH LI 01 - Department of Education are not publishing 2019/20 or 2020/21 data due to COVID priorities.

PH LI 02a - Levels of adult activity reduced in 2019/20; we do not yet know how COVID-19 will have affected this in 2020/21. Data is published annually; 2020/21 data has not yet been published by Public Health England.

PH LI 02b - Provisional data for 2020/21 indicates the rate of alcohol related admissions has reduced and is on track to meet the target.
(Data is provisional; published data will be released later in the year.)

PH LI 02c - Provisional 2020/21 data indicates the rate of under 18 alcohol admissions has reduced and is on track to meet the target.
(Data is provisional; published data will be released later in the year.)

PH LI 03a - Smoking levels improved during 2019. 2020 data has not yet been published by Public Health England (data is published annually).

PH LI 03b – Adult excess weight increase during 2019/20; we do not yet know how COVID-19 will have affected this in 2020/21. Data is published annually; 2020/21 data has not yet been published by Public Health England.

PH LI 03c - The rate of CVD deaths (in under 75s) increased slightly in 2020, as COVID-19 had an effect. Since then the rate has remained stable.
(Data is provisional; published data will be released later in the year.)

PH LI 03d – The rate of cancer deaths (in under 75s) has reduced slightly over 2020 and the start of 2021. It is yet unclear how COVID-19 has affected death rates from other major causes.
(Data is provisional; published data will be released later in the year.)

PH LI 03e - The rate of respiratory disease deaths (in under 75s) has reduced slightly over 2020 and the start of 2021. It is yet unclear how COVID-19 has affected death rates from other major causes.
(Data is provisional; published data will be released later in the year.)

PH LI 04a - Provisional 2020/21 data indicates the rate of self harm admissions has reduced and is on track to meet the target.
(Data is provisional; published data will be released later in the year.)

PH LI 04b - Data is published annually; 2020/21 data has not yet been published by Public Health England.

PH LI 05ai - Life expectancy has been impacted severely by excess deaths from

COVID-19, both nationally and in Halton. Male life expectancy at age 65 reduced during 2020, but has stabilised during Q1 2021.
(Data is provisional; published data will be released later in the year.)

PH LI 05aii – Life expectancy has been impacted severely by excess deaths from COVID-19, both nationally and in Halton. Female life expectancy at age 65 reduced during 2020 and Q1 2021.
(Data is provisional; published data will be released later in the year.)

PH LI 05b – Provisional 2020/21 data indicates the rate of falls injury admissions is similar to that of 2019/20. No data for 2020/22 is available yet.
(Data is provisional; published data will be released later in the year.)

PH LI 05c – Flu uptake for winter 2020/21 exceeded the national target of 75%.
This was an increase on 2019/20 uptake of 71.6%.

PH LI 06a – The number of COVID-19 has been rising nationally and locally since the start of June. Infection rates are high amongst young unvaccinated people age 17-24. Rates are lower in the over 60s.

PH LI 06b - Vaccinations are progressing at speed, with the aim of giving 85% of eligible people 2 doses by Autumn 2021.

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT

Finance

Adult Social Care

Revenue Operational Budget as at 30 June 2021

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	14,018	3,231	3,195	36	90
Premises	269	104	96	8	0
Supplies & Services	456	115	103	12	0
Aids & Adaptations	113	28	28	0	0
Transport	187	35	32	3	0
Food Provision	183	8	4	4	0
Agency	595	131	134	(3)	(10)
Supported Accommodation and Services	1,456	281	281	0	0
Emergency Duty Team	103	0	0	0	0
Contacts & SLAs	546	248	247	1	(20)
Capital Financing	43	21	21	0	0
Transfer To Reserves	353	0	0	0	0
Housing Solutions Grant Funded Schemes				0	
LCR Immigration Programme	250	9	10	(1)	0
Homelessness Prevention	345	5	5	0	0
Rough Sleepers Iniative	174	0	0	0	0
Total Expenditure	**19,091**	**4,216**	**4,156**	**60**	**60**
Income					
Fees & Charges	-630	-138	-136	(2)	(10)
Sales & Rents Income	-317	-118	-111	(7)	(20)
Reimbursements & Grant Income	-959	-139	-126	(13)	(30)
Housing Strategy Grant Funded Schemes	-769	-342	-344	2	0
Capital Salaries	-111	-28	-30	2	0
Government Grant Income	-87	-22	-22	0	0
Total Income	**-2,873**	**-787**	**-769**	**(18)**	**(60)**
Net Operational Expenditure Excluding Homes and Community Care	**16,218**	**3,429**	**3,387**	**42**	**0**
Care Homes Net Expenditure	6,363	1,526	1,584	(58)	(224)
Community Care Expenditure	18,199	3,576	3,812	(236)	(922)
Net Operational Expenditure Including Homes and Community Care	**40,780**	**8,531**	**8,783**	**(252)**	**(1,146)**

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Covid Costs					
Employees	0	0	356	(356)	(757)
Premises	0	0	9	(9)	(38)
Transport	0	0	8	(8)	(18)
Supplies (Including PPE)	0	0	73	(73)	(125)
Contracts	0	0	176	(176)	(225)
Infection Control	0	0	360	(360)	(360)
Rapid Test	0	0	241	(241)	(241)
Hospital Discharge Programme	0	0	241	(241)	(401)
Covid Loss of Income					
Community Care Income	-339	-339	0	(339)	(1,366)
Community ServicesTransport	-12	-12	0	(12)	(18)
Community Services Trading	-11	-11	0	(11)	(25)
Community Services Placements	-13	-13	0	(13)	(22)
Government Grant Income					
Infection Control Grant	0	0	-360	360	360
Rapid Test Funding	0	0	-241	241	241
CCG Hospital Discharge Programme	0	0	-241	241	401
Covid Grant Funding	0	0	-997	997	2,594
Net Covid Expenditure	**-375**	**-375**	**-375**	**0**	**0**
Recharges					
Premises Support	402	101	101	0	0
Transport Support	599	150	157	(7)	0
Central Support	4,161	1,040	777	263	0
Asset Rental Support	13	0	0	0	0
Recharge Income	-122	-28	-31	3	0
Net Total Recharges	**5,053**	**1,263**	**1,004**	**259**	**0**
Net Departmental Expenditure	**45,458**	**9,419**	**9,412**	**7**	**(1,146)**

Comments on the above figures

Net department expenditure excluding the Community Care and Care Homes Divisions, is £0.042m below budget profile at the end of the first quarter of the 2021/22 financial year. Net spend is currently projected to be to budget for the financial year overall. Information covering Community Care and Care Homes can be found further within the report.

Employee costs are currently £0.036m under budget profile, due to savings being made on vacancies. The bulk of savings are being made within the Care Management Division which have experienced difficulties in recruiting to vacant posts. However it is not anticipated that the current level of vacancies will continue for the full financial year.

There are a number of full grant funded Housing Strategy initiatives included in the report, specifically the LCR Immigration Programme, Homelessness Prevention and Rough Sleepers Initiative. The Homelessness Prevention scheme is an amalgamation of the previous Flexible Homelessness Support and Homelessness Reduction schemes. Funding has increased significantly from £0.253m in 2020/21 to £0.345m in 2021/22. Total funding of all Housing scheme of £0.769m represents confirmed grant allocations for 2021/22.

The projected £0.030m under-achievement of Reimbursement and Grant income relates to the CCG funding received in respect of Continuing Health Care packages relating to Day Services and Housing Network provision in respect of Adults with Learning Difficulties. The level of funding is dependent on the care package provided, and annual fluctuations can occur as a result. However, it is anticipated that this under-achievement will be compensated by savings in other areas, resulting in a balanced budget overall.

Costs relating to the Covid-19 pandemic have been recorded separately, and a summary is recorded in the table above. These figures are inclusive of costs relating to Care Homes and Community Care. Total expenditure and loss of income has been recorded as £1.839m for April and June 2021. The total cost for the financial year is currently estimated at £3.596m.

Care Homes

Revenue Operational Budget as at 30 June 2021

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Madeline McKenna					
Employees	482	100	126	(26)	(104)
Other Premises	60	11	10	1	4
Supplies & Services	12	1	2	(1)	(2)
Food	30	8	8	0	0
Total Madeline McKenna Expenditure	**584**	**120**	**146**	**(26)**	**(102)**
Millbrow					
Employees	1,568	392	425	(33)	(131)
Other Premises	72	4	13	(9)	(36)
Supplies & Services	45	15	15	0	(1)
Food	61	13	13	0	0
Total Millbrow Expenditure	**1,746**	**424**	**466**	**(42)**	**(168)**
St Luke's					
Employees	2,133	524	548	(24)	(94)
Other Premises	83	2	9	(7)	(26)
Supplies & Services	40	9	9	0	(1)
Food	100	19	22	(3)	(12)
Total St Luke's Expenditure	**2,356**	**554**	**588**	**(34)**	**(133)**
St Patrick's					
Employees	1,463	383	336	47	189
Other Premises	82	17	22	(5)	(20)
Supplies & Services	32	7	8	(1)	(3)
Food	100	21	18	3	13
Total St Patrick's Expenditure	**1,677**	**428**	**384**	**44**	**179**
Total Expenditure	**6,363**	**1,526**	**1,584**	**(58)**	**(224)**

Comments

The Care Homes Division consists of four internal care homes, Madeline McKenna, Millbrow, St Luke's & St Patrick's. St Luke's and St Patrick's transferred to the Council in 2019 & staff are not yet on Halton contracts as the process has been delayed due to the Covid pandemic. Budgets for the 4 homes have been set based on 100% occupancy levels and 2021/22 bed rates.

At Q1 net spend exceeds the available budget by £0.058m, it is currently forecast net spend will exceed to approved budget £0.224m for the year to 31 March 2022.
Net staffing costs for the four care homes to date are currently £0.036m above the approved budget, the forecast for the remainder of the year estimates staffing costs to be in the region of £0.140m above budget. Forecasts are based on the current staffing structure. It does not include the anticipated additional costs for St Luke's and St Patrick's staffing, once they

transfer to Council terms and conditions.

Significant agency costs are being incurred across the care homes to cover vacancies and to allow for managing Covid protocols. These costs are budgeted to reduce significantly after Q1, however this area will continue to be a budget pressure.
All overtime & above average agency spend across the 4 care homes has been offset by the general Covid grant cost centre and will continue to do so until the end of September and reviewed at this point.

Community Care

Revenue Operational Budget as at 30 June 2021

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Residential & Nursing	12,417	1,432	1,382	50	191
Domiciliary Care & Supported Living	8,822	1,056	1,194	(138)	(564)
Direct Payments	9,678	2,755	3,176	(421)	(1,730)
Day Care	381	77	73	4	14
Total Expenditure	**31,298**	**5,320**	**5,825**	**(505)**	**(2,090)**
Income					
Residential and Nursing Income	-8,934	-1,057	-1,260	203	894
Domiciliary Income	-1,475	-254	-280	26	95
Direct Payment Income	-721	-105	-145	40	179
ILF Income	-656	0	0	0	0
Adult Social Care Grant	-1,200	-300	-300	0	0
Income from other CCG's	-113	-28	-28	0	0
Total Income	**-13,099**	**-1,744**	**-2,013**	**269**	**1,168**
Net Operational Expenditure	**18,199**	**3,576**	**3,812**	**(236)**	**(922)**

Comments on the above figures:

Community care net expenditure is over the budget profile at the end of Quarter 1 by £0.236m and is anticipated to exceed the approved budget by £0.922m at the end of the financial year.

A number of factors are contributing to the forecast overspend. Last financial year, service users were being discharged from hospital early due to the Covid impact. The hospital discharge plan was put in place to fund these placements. Scheme 1 funded discharges from hospital before 30th September until they were reviewed or at the end of the financial year, which ever was soonest. Scheme 2 funded discharges discharged from 1st October but funding for this was only for 6 weeks per client.

The cost of these schemes was £2.4m for Residential and Nursing placements, £2.0m for Domiciliary Care & Supported Living and £0.6m for Direct Payments. To date, all service users on scheme 1 have now reverted back to normal funding streams i.e. either HBC or CCG funded.

Scheme 2, this financial year, is funded for 6 weeks in the 1st quarter but reduces to 4 weeks in the 2nd quarter so the temporary income to cover these packages of care has drastically reduced. Costs to date are currently £0.241m.

RESIDENTIAL CARE

There are currently 425 service users in permanent residential care an increase of 11% on those receiving a service at the end of last year. There are currently a number of people in out of borough care homes some of which attract a higher rate. This is to be investigated.

DOMICILIARY CARE & SUPPORTED LIVING

The number of service users receiving a package of care at home is currently 612 compared to 576 at the end of last year, an increase of 6%.

DIRECT PAYMENTS

14 new Direct Payments have commenced in June alone and 14 packages have increased. Taking into account closed packages and reimbursements, this still amounts to an annual increase of £0.231m.

In summary, the increase in numbers of community care packages in the last financial year may have been masked by the Hospital Discharge Programmes funding. Budgets relating to community care remain very volatile and close monitoring of the budget will continue.

Capital Projects as at 30th June 2021

	2020-21 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Orchard House	30	27	27	3
Total	**30**	**27**	**27**	**3**

Comments on the above figures:

The Orchard House allocation relates to the purchase and re-modelling of a previously vacant property, to provide accommodation for young adults who have a Learning Disability

and Autism. The original total capital allocation was £407,000, which reflected the projected remodelling and refurbishment costs of the property following its purchase in March 2019. The current year capital allocation reflects the final retention and snagging payments made now the scheme has been completed.

COMPLEX CARE POOL

Revenue Budget as at 30 June 2021

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Intermediate Care Services	6,478	1,322	1,072	250	1,047
Joint Equipment Store	783	0	0	0	0
Oakmeadow	1,125	269	289	(20)	(98)
Intermediate Care Beds	607	152	152	0	0
Sub-Acute Unit	1,990	0	0	0	0
Inglenook	125	21	4	17	92
CCG Contracts & SLA's	3,119	49	49	0	0
Carers Centre	365	91	91	0	0
Red Cross Contract	65	16	16	0	0
Carers Breaks	412	197	165	32	129
Intermediate Care Development Fund	1,205	0	0	0	0
Residential and Nursing	1,014	253	253	0	0
Domicilliary Care and Supported Living	2,401	582	584	(2)	(8)
Total Expenditure	**19,689**	**2,952**	**2,675**	**277**	**1,162**
Income					
Better Care Fund	-11,468	-1,650	-1,650	0	0
CCG Contribution to Pool	-3,196	-850	-850	0	0
Oakmeadow Income	-612	-153	-152	(1)	(4)
Other Income	-54	0	0	0	(54)
Contribution to Pool Reserve	0	0	276	(276)	(1,104)
Total Income	**-15,330**	**-2,653**	**-2,376**	**(277)**	**(1,162)**
Net Departmental Expenditure	**4,359**	**299**	**299**	**0**	**0**

Comments on the above figures:

The overall position for the Complex Care Pool budget is £0.276m under budget profile at the end of June and the forecast year end position is expected to be approximately £1.104m under budget. Balances on the Pool will be transferred to reserves at year-end or reimbursed to partner organisations.

Intermediate Care Services is £0.250m under budget profile at the end of the first quarter of the new financial year. This is as a result of changes in the way services are delivered which came out of the pandemic. An Intermediate Care review is also underway.

Expenditure on Carer's Breaks is under budget profile by £0.032m as at the end of June with spend expected to be £0.129m below the approved budget by year-end. The personalised break costs from Halton Carer's Centre continue to be quite low as are the direct payment carers breaks. These will have been affected by Covid.

The Oakmeadow forecast overspend of £0.098m is due to agency costs with difficulty in recruiting due to Covid.

The underspend on Inglenook is due to vacancies at the property. This may change if the vacancies are filled.

Pooled Budget Capital Projects as at 30 June 2021

	2021-22 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	650	160	114	536
Stair lifts (Adaptations Initiative)	250	60	49	201
RSL Adaptations (Joint Funding)	200	50	47	153
Millbrow Refurbishment	1,450	10	2	1,448
Madeline Mckenna Refurb.	100	10	11	89
St Luke's Care Home	240	10	2	238
St Patrick's Care Home	50	10	0	50
Total	**2,940**	**310**	**225**	**2,715**

Comments on the above figures:

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2020/21 spend and budget, and expenditure across the 3 headings is anticipated to be within budget overall.

The £1.450m capital allocation in respect of Millbrow refurbishment reflects the value of funding carried forward from 2020/21, as the bulk of the refurbishment programme was rescheduled from last year to this due to the Corovirus pandemic.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 30th June 2021

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Employees	3,917	625	592	33	138
Premises	5	0	0	0	0
Supplies & Services	229	50	42	8	33
Contracts & SLA's	7,136	1,922	1,922	0	0
Transport	10	2	0	2	5
Agency	19	19	20	(1)	(1)
Transfer to Reserves	50	0	0	0	0
Total Expenditure	**11,366**	**2,618**	**2,576**	**42**	**175**
Income					
Fees & Charges	-82	-12	-15	3	7
Reimbursements & Grant Income	-46	-18	-18	0	0
Transfer from Reserves	-576	-32	-32	0	0
Government Grant Income	-10,840	-2,352	-2,352	0	0
Total Income	**-11,544**	**-2,414**	**-2,417**	**3**	**7**
Net Operational Expenditure	**-178**	**204**	**159**	**45**	**182**
Covid Costs					
Contain Outbreak Management Fund	0	0	650	(650)	(4,188)
LA Practical Support Framework	0	0	6	(6)	(145)
Community Based Testing	0	0	169	(169)	(389)
Covid Loss of Income					
Pest Control income	-10	-4	0	(4)	(10)
Exercise class income	-3	-12	0	(12)	(3)
Day trip income	-17	-2	0	(2)	(17)
Government Grant Income					
General Covid Funding	0	0	-18	18	30
Contain Outbreak Management Fund	0	0	-650	650	4,188
LA Practical Support Framework	0	0	-6	6	145
Community Based Testing	0	0	-169	169	389
Net Covid Expenditure	**-30**	**-18**	**-18**	**0**	**0**
Recharges					
Premises Support	119	30	30	0	0
Transport Support	24	6	6	0	1
Central Support	751	181	179	2	8
Net Total Recharges	**894**	**217**	**215**	**2**	**9**
Net Departmental Expenditure	**686**	**403**	**356**	**47**	**191**

Comments on the above figures

The net Department spend is £0.047m under budget at the end of Quarter 1 and the estimated outturn position for 2021/22 is for net spend to be £0.191m under the available budget.

Employee costs are currently £0.033m under budget. This is a result of savings made during the 1st quarter by staff continuing to work on Covid related activities and the associated costs funded from 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 underspend. It is anticipated that a full year underspend of £0.138m will result by the end of the financial year. The employee budget is based on 86.8 full time equivalent staff. The staff turnover saving target of £0.026m is expected to be achieved in full by the end of the financial year.

Spend on Supplies and Services is currently £0.008m under budget. The anticipated full year underspend will be £0.033m. 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.

The will be a significant underspend from the Public Health ring-fenced grant to be transferred to reserves at the end of the financial year, although this is be determined after fully understanding the impact of the current third wave of COVID infections, the anticipated fourth wave during autumn and winter and the possibility of new variants of concern.

During 2020/21, due to escalating numbers of coronavirus infections, local Covid alert levels were introduced in England in October. As a result, Halton Borough Council received a series of payments from the Contain Outbreak Management Fund (COMF) providing grant funding of £4.048m in the last financial year, with £0.989m spent and £3.059m carried forward into 2021/22. A one-off additional payment for 2021/22 of £1.129m has been received in Quarter 1. Therefore £4.188m COMF funding is available to spend, with £0.650m or 15.52% spent to date. This funding has allowed the Halton Outbreak Support Team to be expanded, introduce 7 day working, increase contact tracing, deal with complex cases, target testing for hard-to-reach groups, and enhance communication & marketing and target interventions for specific sections of the local community and workplaces.

Following Liverpool's pilot of mass testing, Halton received funding of £14 per test 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. SMART (Systematic, Meaningful, Asymptomatic, Repeated Testing) testing began in December 2020 at Grangeway and Ditton Community Centres. 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 alongside a pop-up site at Widnes Market. In addition, lateral flow testing kits for use at home have been available through Community Collect, at the fixed and pop-up sites, as well as local Supermarkets and Runcorn Shopping City.

Funding to help those who are required to self-isolate through the LA Practical Support Framework of £0.036m per month has been received and £0.006m has been spent to date. This funding will continue until at least the end of September. The funding should be spent on practical, social and emotional support where required by individuals in order to successfully self-isolate. This could include support in accessing food, support for wellbeing e.g. providing reassurance, check-ins, welfare calls, social and digital inclusion e.g. helping people to access services online, providing an internet connections, support for mental health and practical support, e.g. dog walking, collecting prescriptions, running errands and helping with caring responsibilities.

Loss of income due to Covid, with Sure Start to Later Life and Pest Control unable to generate income to date during the financial year and the Health Improvement Team has only been able to achieve reduced levels of income. The resulting loss of £0.018m fees and charges income to date has been offset by a contribution from reserves. The loss of income in 2021/22 is estimated to be £0.030m, assuming some income levels will not return to normal until the second half of the financial year at the earliest.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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