

Public Document Pack



Health Policy and Performance Board

Tuesday, 23 November 2021 at 6.30 p.m.
Council Chamber, Runcorn Town Hall

A handwritten signature in black ink, appearing to read 'David W R', written over a faint, illegible stamp.

Chief Executive

BOARD MEMBERSHIP

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

*Please contact Ann Jones on 0151 511 8276 or e-mail
ann.jones@halton.gov.uk for further information.
The next meeting of the Board is on Tuesday, 15 February 2022*

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

Part I

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Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.	
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In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 28 September 2021 in the Council Chamber - Town Hall, Runcorn

Present: Councillors P. Lloyd Jones (Chair), Baker (Vice-Chair), Ball, Bevan, D. Cargill, Goodall, Leck and Ratcliffe and D. Wilson – Healthwatch Co-optee

Apologies for Absence: Councillor Dourley

Absence declared on Council business: None

Officers present: S. Salaman, M. Vasic, A. Jones, D. Nolan, L Wilson, H. Moir and I. Onyia

Also in attendance: L. Thompson – NHS Halton Clinical Commissioning Group

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

	<i>Action</i>
HEA10 MINUTES	
<p>The Minutes of the meeting held on 29 June 2021 having being circulated were signed as a correct record, subject to noting that Mr Dave Wilson, the Healthwatch Co-optee was in attendance.</p>	
HEA11 PUBLIC QUESTION TIME	
<p>It was confirmed that no public questions had been received.</p>	
HEA12 HEALTH AND WELLBEING MINUTES	
<p>The minutes from the Health and Wellbeing Board meeting held on 24 March 2021 were attached for the information of the Board.</p>	
HEA13 PUBLIC HEALTH RESPONSE TO COVID-19 CORONAVIRUS	
<p>The Director of Pubic Health and Protection provided the Board with an update on the Public Health response to Covid-19 Coronavirus.</p>	

The update and accompanying 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.

Responses to Members questions were provided and it was agreed that a summary of the information, as it stood today, would be prepared for the Board and sent following the meeting.

RESOLVED: That the update be received.

Director of Public Health

HEA14 ONE HALTON UPDATE

The Board considered a paper from the Strategic Director – People and the Chief Commissioner, NHS Halton CCG. The report provided a position statement in relation to (a) One Halton and the development of the One Halton Integrated Care Partnership (ICP) and (b), the development of Cheshire and Merseyside Health and Care Partnership as an Integrated Care System (ICS).

The report also included latest information and relevant updates in relation to the White Paper and considered any impact for Halton.

It was reported that since the publication of this report, some progress had been made and the formal governance structure and legal framework was now in place; these updates would be included in a report for the next Board meeting in November. Comments made by the Chair were noted and it was confirmed that Halton would not see any reductions in services, no additional costs and there would be no cuts to budgets resulting from the ICP or the ICS.

RESOLVED: That the report be noted.

Strategic Director - People

HEA15 STAFF VACCINATION REGULATIONS IN ADULT CARE HOMES – RISKS

The Board considered a report from the Strategic Director – People, which provided details of the risks associated with the recent Government legislation published on the need to vaccinate people working or deployed in care homes.

It was reported that the regulations must be implemented by 11 November 2021 and although this legislation was expected to reduce the health risks to care home residents and staff, it would introduce a number of consequential risks, which threatened the operation of local health and care systems. The report explained these risks and the immediate actions that would be needed to prepare for workforce reductions that were expected to arise because of this legislation.

Members were advised that in the 11 days since the publication of this report, the information had changed considerably and the number of staff across the whole sector that were not vaccinated had reduced from 200+ to just 33. Nonetheless, the risks associated with non-vaccination of care home staff was still present, as described in the Statement of Risks (paragraph 3.4) and the subsequent impact assessment carried out against these risks (paragraph 3.5).

Further to Members' questions, the following information was noted:

- In-house care homes were almost full at the moment but there were no staff reductions;
- Those staff at risk of losing their jobs were being supported with finding other roles and contact with agencies had been made;
- Since the pandemic some care homes had shut parts of their building and these may or may not re-open;
- The recruitment and retention of staff in the care sector was challenging – it was noted that some work was being carried out by the Liverpool City Region in this area;
- Some staff were unvaccinated due to being exempt – they were subjected to rigorous testing prior to being in contact with residents; and
- Vaccination of domiciliary care staff was not yet mandatory; they were also subject to rigorous testing and use off PPE.

The Board requested an update on the situation at a future meeting.

RESOLVED: That the report and comments made be noted.

Director of Adult
Social Services

HEA16 INTERMEDIATE CARE & FRAILTY SERVICES IN HALTON: UPDATE

The Board received a report of the Strategic Director – People, which provided an update on implementation of a new model for the delivery of Intermediate Care and Frailty Services in the Borough, since the last update report presented to the Board in February 2021.

As outlined previously, one of the key aspects of the new service would 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 key objective of the SPA therefore, was to ensure the seamless, safe management of referrals for people requiring Adult Community Services, to either potentially prevent an admission, support early discharge, or co-ordinate care closer to home.

Members were referred to Appendix one which provided further detailed information on the model and Appendix two, which displayed the pathway into the new ICFS.

Further to a request from the Chair, an update would be provided at a future meeting.

RESOLVED: That the Board notes the report and appendices.

Director of Adult Social Services

HEA17 HALTON SAFEGUARDING ADULT BOARD (HSAB) ANNUAL REPORT 2020/2021

The Board received the Halton Safeguarding Adult Board (HSAB) Annual Report for 2020/21 and accompanying presentation, and was requested to approve this for publication.

It was noted that the HSAB was developed in conjunction with HSAB partners to ensure the report encompassed a multi-agency approach. The report included performance data and comparisons between years, achievements in the year and highlighted some of the good practice in the Borough.

RESOLVED: That the HSAB Annual Report be approved.

Strategic Director - People

HEA18 QUALITY ASSURANCE IN CARE HOMES AND DOMICILIARY CARE IN HALTON

The Board considered a report of the Strategic Director – People, which provided an update on and highlighted key issues with respect to Quality Assurance in care homes and domiciliary care.

It was reported that during the pandemic both the Care Quality Commission (CQC) and Halton's Quality Assurance Team had to amend the way that they supported 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 had significantly reduced intelligence and notifications received by the services, which also had an impact on reporting of ratings. It was noted that the Quality Assurance Team had now started to undertake safe and well visits and the CQC had resumed inspection activities.

The report provided Members with the care home ratings for July 2021 and the domiciliary care ratings for July 2020. It also discussed the sustainability of the care sector and challenges faced since the onset of the pandemic and highlighted the *Lessons Learned* and *Home First* approaches.

Further to a query the Board was advised that vacancies in care homes were only at 3% presently so they were filling up, but it should be noted that the closure of some units within care homes had affected their capacity.

RESOLVED: That the report be noted.

HEA19 PERFORMANCE MANAGEMENT REPORTS, QUARTER 1 2021/22

The Board received the Performance Management Reports for quarter one of 2021/22.

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 one 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.

Updates were provided to ASC 04, ASC 15 and ASC 18. It was noted that ASC's 17, 19, 20, 21, and 22 would not be available this year.

RESOLVED: That the quarter one Performance Management reports be received.

Meeting ended at 7.55 p.m.

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 12 October 2021 at the Council Chamber, Runcorn Town Hall

Present: Councillors P. Lloyd Jones (Chair), Ball, D. Cargill, Dourley, Dyer, Leck and Ratcliffe and D. Wilson (Healthwatch Co-optee)

Apologies for Absence: None

Absence declared on Council business: None

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

Also in attendance: P. Thomas – NHS Knowsley CCG, J. Spencer – Clatterbridge Cancer Centre, L. Thompson – NHS Halton Clinical Commissioning Group and Councillor J. Lowe

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

	<i>Action</i>
HEA20 PUBLIC QUESTION TIME	
<p>It was confirmed that no public questions had been received.</p>	
HEA21 TRANSFORMING CANCER CARE - EASTERN SECTOR CANCER HUB	
<p>The Board considered a report of the Strategic Director – People, which set out proposals to establish a Cancer Hub at St Helens Hospital for Halton, Knowsley, St Helens and Warrington patients.</p> <p>The Board welcomed Philip Thomas – Assistant Chief Executive, NHS Knowsley CCG and Joan Spencer, Chief Operating Officer from Clatterbridge Cancer Centre, who presented the proposals. Members were requested to assess whether they considered the proposals to constitute a substantial development or variation in the provision of health services for the residents of Halton.</p> <p>The Board was advised that commissioners in NHS Halton, NHS Knowsley, NHS St Helens and NHS Warrington Clinical Commissioning Groups (CCGs) and</p>	

NHS England Specialised Commissioning had undertaken a review of non-surgical cancer care in the local area in line with the National Cancer Transformation Programme. The review was carried out via a structured evaluation approach following the NHS England Service Change Assurance Process, which had identified the most suitable site for the Hub at St Helens and Knowsley Teaching Hospitals.

The pre consultation business case (PCBC) for the proposals was appended to the report, together with other supporting documents. The guests provided responses to Members' questions on the proposals. The Board agreed unanimously that the proposals would constitute a substantial variation in the provision of health services in Halton.

Members were advised that there would now be a joint scrutiny exercise with the other authorities affected by the proposals and that two members of this Board would need to be nominated from within the Board membership to represent Halton at the Joint Scrutiny Committee. Officers would write to Members following the meeting with details of the Protocol for Establishment of Joint Health Scrutiny arrangements for Cheshire and Merseyside, which is to be followed.

RESOLVED: That the Board

- 1) notes the contents of the report and its associated appendices; and
- 2) considers the proposal to constitute a substantial variation in the provision of health services in the Borough.

Director of Adult
Social Services

Meeting ended at 7.30 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 23 November 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: 23 November 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 from its meeting held on 7 July 2021 are attached at Appendix 1 for information.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

None

5.2 Employment, Learning and Skills in Halton

None

5.3 A Healthy Halton

None

5.4 A Safer Halton

None

5.5 Halton's Urban Renewal

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 7 July 2021 at Bridge Suite, DCBL Stadium, Widnes

Present: Councillors Wright (Chair) J. Lowe, T. McInerney and S. Bartsch, P. Cook, G. Ferguson, L. Gardner, J. Heritage, P. Jones, D. Merrill, D. Nolan, I. Onyia, E. O'Meara, D. Parr, J. Rigby, M. Roberts, S. Semoff, L. Thompson.

Apologies for Absence: M. Larking and B. Woolfall

Absence declared on Council business: None

Also In Attendance: Councillor P. Lloyd Jones

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

Action

HWB1 MINUTES OF LAST MEETING

The Minutes of the meeting held on 24 March 2021 having been circulated were signed as a correct record. It was noted that D. Merrill was also in attendance.

HWB2 PRESENTATION PUBLIC CONSULTATION OUTCOMES AROUND THE CREATION OF A 'HEALTH HUB' DELIVERING SOME OUTPATIENT HOSPITAL SERVICES FROM RUNCORN SHOPPING CITY - CARL MACKIE

The Board received a presentation from Lucy Gardner, Director of Strategy and Partnerships at Warrington and Halton Teaching Hospitals, which provided an update on the outcomes of the consultation exercise on the plan to utilise unused retail space in Runcorn Shopping City to deliver a number of clinical services. The plan had been developed by Warrington and Halton Teaching Hospitals NHS Foundation Trust in partnership with the Council and Liverpool City Region. It was noted that to date 254 survey responses had been received and 51% of those had used one of the services that it was proposed could be provided within the retail space.

It was anticipated that following the period of consultation, the services could begin to be provided in the

retail space from October/November.

In addition the Board received an update on the breast service reconfiguration proposal to the Sir Captain Tom Moore site at Halton Hospital. The consultation process would be completed on 8 July and the results would be shared with Board members.

On behalf of the Board the Chair thanked Lucy Gardner for her presentation.

RESOLVED: That the presentation be noted.

HWB3 AMENDMENT TO THE ONE HALTON HEALTH AND WELLBEING STRATEGY 2017-2022 IN THE CONTEXT OF THE GLOBAL COVID-19 PANDEMIC

The Board considered a report which provided an update on the amendment to the One Halton Health and Wellbeing Strategy 2017-2022, considering the impact of Covid-19 across the six priority areas and the health inequalities in the Borough. Key data and statistics had also been updated. A copy of the amended Strategy document had been previously circulated to the Board.

It was noted that the North West had seen higher rates of Covid-19 than England overall and had experienced restrictions over and above national measures as a result. People in more deprived groups were also most affected by control measures and restrictions and would bear the brunt of the economic impact of Covid-19 unless measures were in place to protect them. There had been a fall in income for younger workers and lower earners, with a rise in applications for Universal Credit and Jobseekers Allowance. Any economic downturn would lead to poorer health outcomes across the priority areas.

RESOLVED: That

1. the amended strategy be approved for publication and use; and
2. the Board considers the impact of the Covid-19 pandemic in preparing the next Health and Wellbeing Board Strategy.

HWB4 LILYCROSS CARE CENTRE

The Board considered a report on the continued use of Lilycross Care Centre which was opened to patient

admissions on 11 May 2020 as a response to the regional request for 300 extra community beds to support the anticipated surge of Covid patients at the beginning of the pandemic. The unit was opened to residents in all the boroughs of Cheshire and Merseyside but would primarily focus on the discharges from St Helens and Knowsley Hospitals and Warrington and Halton Hospital. Initially CQC registered it as a residential home and subsequently increased its offer to allow patients requiring nursing support.

The report outlined the designate use of the Centre, the demand for the surge beds and the Covid designated beds, and the level of activity within the Centre during 2020/21.

The Board was advised that the termination point for the 2020/21 contract with the provider was January with the minimum extension for 6 months which would cover the anticipated summer wave. However the CCG felt that the potential need for the continued additional bed base across the Mid Mersey region justified the potential financial risk and had committed to maintain the facility until March 2022. It was noted that given the current fall in the demand for Covid designated beds there was an opportunity to reconsider the ring fencing of the Covid 16 beds and these were now available for non Covid patients.

RESOLVED: That

1. the Board note that the CCG has continued the contract with Lilycross Care Centre for 2021/22; and
2. the additional community beds available at Lilycross Care Centre support the hospital discharge programmes and provide the designated Covid beds for the borough.

HWB5 BUILDING BACK BETTER - ENSURING PEOPLE GET THE RIGHT INTERVENTION, IN THE RIGHT PLACE, AT THE RIGHT TIME'

The Board received a report which presented the new models of support, care, rehabilitation and treatment through the Better Care Fund following the Intermediate Care Reviews. In Halton the review had progressed, incorporating the work and learning from the pandemic and work undertaken from the frailty service.

The report outlined the proposed reconfiguration

2021/22 and beyond. The substantial work had been completed across partners to develop a new model of care and Appendix 1 set out the agreed pathway and background information. It was noted that:

- The main body of the Reablement Service remained unchanged;
- Oakmeadow remained at 19 Intermediate Care Beds in the new model and further work was required on transitional capacity in 2021/22 and beyond; and
- The block purchase of 500 hours per week of domiciliary care to continue to assist system flow would remain for 2021/22 with a review in the autumn to determine 2022/23 and beyond.

RESOLVED: That the contents of the report and associated appendix.

HWB6 DOMICILIARY CARE IN HALTON: PROGRESS-PRESENTATION

The Board received a presentation from Damian Nolan, Divisional Manager – Urgent Care and John Regan - Director, Premier Care Limited regarding Domiciliary Care provision in Halton. The Board noted the background to the new contract arrangements, an overview of the Transforming Domiciliary Care Programme, details of the Pandemic Response and how Premier Care and the Council were continuing to work together to maintain the delivery of high quality services to the local population.

The Board thanked all Care Workers who had continued to provide an excellent service for care users throughout the pandemic.

Arising from the discussion, Lucy Gardener, on behalf of Warrington and Hospital Teaching Hospitals, offered to work with Premier Care to help develop a shared post approach.

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

HWB7 ONE HALTON ICP RECOMMENDATIONS

The Board considered a report which provided an update in relation to the proposed arrangements for the One Halton Integrated Care Partnership (ICP) and sought approval to progress the next phase in the development of the place based approach to integrated health and care in

Halton.

In March 2021 the Board delegated responsibility to the local authority Chief Executive to develop the One Halton Integrated Care Partnership (ICP) by engaging with One Halton Partners and Cheshire & Merseyside Health and Care Partnership (also referred to as ICS).

In May 2021 an informal One Halton ICP Meeting was established on an interim basis to steer One Halton and its partners through a period of change until a formal Halton ICP Board could be established. Through the One Halton ICP meetings, a revised governance structure, Terms of Reference and Memorandum of Understanding had also been developed and copies of these were included in the report.

The Board noted that whilst the foundations were already in place to progress One Halton to an ICP, work would continue to develop this further over the next 18 months and a summary of the next steps was outlined.

On behalf of the Board, David Parr congratulated Sophie Bartsch on her new appointment and thanked her for her contribution to One Halton.

RESOLVED: That

1. the report be noted;
2. the progress made by the Council, NHS Halton Clinical Commissioning Group and provider partners in establishing a One Halton ICP is noted;
3. the new governance structure for One Halton is approved (Appendix 1);
4. the proposed Terms of Reference for the One Halton ICP Board were supported (Appendix 2);
5. the draft collaboration agreement/Memorandum of Understanding is supported (Appendix 3);
6. responsibility for the development and implementation of a Halton Integrated Care Partnership is delegated to the One Halton ICP Board and the One Halton SRO; and
7. the One Halton Stakeholder Briefing is noted.

HWB8 PHARMACEUTICAL NEEDS ASSESSMENT

The Board considered a report of the Director of Public Health, which provided a briefing on the Pharmaceutical Needs Assessment (PNA), including risks associated with it and proposed local governance. It was noted that the current 2018-21 PNA remained live and the next PNA must be published by 1 October 2022.

The report detailed the proposed arrangements for producing Halton's next PNA. It was proposed to use the current framework developed across Merseyside to produce the next Halton PNA, with some minor amends. This would ensure that although each local authority PNA would be developed locally and differ according to the local area and population, it would be in the same format which would make it easier to use and review.

The Board was requested to nominate a board-level sponsor with responsibility for the PNA, with the management of the PNA being passed to the local steering group led by public health. The steering group would oversee the operational development and consultation for the PNA, reporting back to the Board for approval at strategic stages of the process, in line with regulations.

Once the draft PNA was completed this would be submitted to the Board for approval to publish it for the statutory 60-day consultation period. Following the consultation period, a response to each point that was fed back through the consultation process would be provided and any necessary amendments to the document would be made.

RESOLVED: That

1. the Director of Public Health be nominated as the Board level sponsor for the PNA;
2. the financial risks associated with the PNA be logged through the Council's risk assessment and register process; and
3. the establishment of a local steering group to oversee the PNA development process in line with national regulations. This group will report back to the Board on the draft before the statutory consultation begins and make amends to the final version of the PNA following the 60-day statutory consultation.

HWB9 PUBLIC HEALTH RESPONSE TO COVID-19

The Board was provided 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.

In summary:

- Number of cases had increased in Halton over the last 2 weeks;
- Hospital admissions had also increased slightly but were not as high as the peak in January and February;
- Overall testing numbers had remained stable as we were delivering a more targeted pop-up offer;
- Over 90% of those aged 60 and over living in Halton have had both doses of the COVID-19 vaccine;
- There have been a total of 306 COVID-19 deaths in Halton residents since the start of the pandemic; and
- An update on the work of the Halton's Outbreak Support Team was provided.

RESOLVED: That the presentation be noted.

HWB10 PUBLIC HEALTH ANNUAL REPORT 2020/21
PRESENTATION - EILEEN O'MEARA

The Board received a presentation from the Director of Public Health, on the Public Health Annual Report (PHAR) 2020/21. Each year a theme was chosen for the PHAR and for 2020/21 the Report focussed upon coronavirus. The report took a look back over the last year and reflected on the challenges the whole community faced highlighting the strength and resilience of people in Halton during these very difficult times. The report highlighted the joint working with NHS colleagues in Halton CC, Bridgewater Community Healthcare Trust, Warrington and Halton Hospital Trust, St Helen's and Knowsley Hospital Trust and in the community through Halton Voluntary Action and local pharmacies. It also acknowledged the work of Haltons' staff, the support of elected members and made recommendations for the remainder of 2021.

At the conclusion of the meeting the David Parr advised the Board that this was Eileen O'Meara, Halton

Director of Public Health, last meeting as she was retiring shortly. On behalf of the Board he thanked her for her work and support and wished her well for the future.

RESOLVED: That the presentation be report.

Meeting ended at 3.55 p.m.

REPORT TO:	Health Policy and Performance Board
DATE:	23 November 2021
REPORTING OFFICER:	Sue Wallace-Bonner, Director of Adult Social Services
PORTFOLIO:	Health and Wellbeing
SUBJECT:	The Standards for Employers of Social Workers and the Social Work Health Check
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 The purpose of this report is to provide PPB with information on work that has taken place within Adult Social Care in relation to The Standards for Employers of Social Workers in England, which are published by the Local Government Association (LGA).

1.2 A self-assessment exercise has been undertaken locally to establish Halton's performance in relation to the Standards and staff have also taken part in the Social Work Health Check survey, which is required under one of the employer standards. This report provides PPB with further information on the outcome of the Health Check survey as well as some brief information on the Standards self-assessment exercise.

2.0 **RECOMMENDATION: That:**

i) **PPB note the contents of the report.**

3.0 **SUPPORTING INFORMATION**

Background

3.1 In Autumn 2020, the Local Government Association (LGA) launched the refreshed Standards for Employers of Social Workers. According to the LGA:

“These are standards, which set out the shared core expectations of employers which will enable social workers in all employment settings to work effectively and safely. These expectations can be used within self-regulation and improvement frameworks for public services and by service regulators. All employers providing a social work service should establish a monitoring system by which they can assess their organisation's performance against this framework, set a process for review and, where necessary, outline their plans for improvement.”

3.2 There are eight standards (listed below) and under each standard there is a list of things that employers should do in order to meet that standard. Full details can be found on the LGA's website: <https://www.local.gov.uk/standards-employers-social-workers-england-0>

1. Strong and clear social work framework
2. Effective workforce planning systems
3. Safe workloads and case allocation
4. Wellbeing
5. Supervision
6. Continuing professional development
7. Professional registration
8. Strategic partnerships

3.3 One of the requirements under Standard 1 is for employers to “ensure that mechanisms are in place to listen to and respond to the views of practitioners on a regular basis, including undertaking an annual health check to ensure the organisation remains a place where the right environment and conditions exist to support best social work practice”.

Social Work Health Check 2020

3.4 The Health Check survey has been co-ordinated at a national level by the LGA with national, regional and local reports being produced. Halton social workers took part in the survey in December 2020 and the headline local report was received in January 2021 (see appendix 1) with a more detailed local report being received in May 2021 (see appendix 2).

3.5 Social Workers were invited to complete the survey to answer questions about how well their employer is meeting the Standards. In Halton, there were 22 respondents, which represents an estimated 40%* of the total social workers employed within Adult Social Services in Halton. *Based on 55 social workers on the Social Work Matters Forum distribution list, which was used to publicise the survey. However, managers were asked to ensure that all current employees (social workers only) received the survey so there may have been more potential respondents

3.6 At a national level, 133 councils and 10 non-councils took part and there were 9,095 survey responses in total. Further information on the national health check survey can be found online: <https://www.local.gov.uk/new-social-work-health-check-2020>

3.7 The Health Check survey asked social workers about the eight standards and five other areas – COVID, employee contribution, tensions, overall satisfaction and desire to stay. Responses were translated into a mean score falling under one of the following:

- Green (sustain);
- Amber (monitor);

- Red (improve).

3.8 Halton's initial report (see appendix 1) revealed a green rating for all standards/areas except:

- CPD – amber;
- Tensions ('I am often required to do more with less resources') – red;
- Overall Satisfaction ('Overall, I am satisfied with my employment 'deal' – what my employer provides for me and what I am expected to provide in return') – amber.

It is worth noting that amber and red ratings were reported for CPD and Tensions on a regional and national level also. However, Overall Satisfaction was green regionally and nationally.

3.9 The detailed report (appendix 2) examines the following questions about the experiences of social workers:

- How well do employers deliver the refreshed standards?
- How do employees perceive their working environment?
- What factors influence them to remain engaged with their work and minded to stay with their organisations?

3.10 In relation to the first question, the highest rated standard was strategic partnerships and the lowest was CPD.

3.11 In relation to the second question, the survey responses indicated that Halton social workers perceive that they are cared for by managers, there is a well-defined approach to social work and they are clear about their role and they are supported to work safely and effectively.

3.12 In relation to the third question, supervision was identified as a key factor influencing the desire to stay.

3.13 On the whole, the survey results present an overwhelmingly positive picture for Halton. Indeed, Halton's national ranking based on the mean scores for each standard was 24 (out of 143) and, regionally, Halton ranked 5 (out of 23).

3.14 It's clear from the responses to the survey that staff feel supported in their roles and that support has continued to be felt throughout the challenging times of the pandemic. A range of mental health and wellbeing support is provided to staff, including:

- An open door system whereby staff can call on managers for discussion at any time;
- Mindfulness training and dedicated sessions within teams;
- Occupational health referrals for staff who would benefit from individual counselling sessions;

- Supervision sessions during which staff can discuss their personal issues confidentially
- Team meetings and action learning sets where staff can discuss learning and be supported with work and complex cases;
- Corporate training for managers on dealing with bereavement following the sad passing of a member of staff and dedicated team support.

Self-Assessment against the Standards

3.15 Following the launch of the refreshed standards, and prior to the Health Check survey, a local working group was established comprising Principal and Practice Managers from across the Adult Social Care Social Work Teams. The group met on a regular basis and separated off in order to review each standard in further detail to determine whether Halton is fully, partially or not at all meeting each element of each standard.

3.16 In summary, the self-assessment exercise revealed that the working group felt that Halton's performance was generally good in relation to the Standards with most areas being identified as 'fully met'. The key areas for improvement (i.e. those areas identified as 'partially met' or 'not at all met') are as follows:

- Standard 1: Strong and clear social work framework – this standard states that “Employers should have in place a strong and clear social work accountability and assurance framework that promotes reflection and learning from experience, evidence and research of outcome-focused social work practice and from the voices of children, adults and families.” This is something that is not currently in place in Halton and needs to be developed. Additionally, this standard references gathering and acting on the views of service users and their families, which is an area that the group felt we could improve as well as promoting the role of social work to politicians, partners and the public.
- Standard 4: Wellbeing – learning and development opportunities (including secondments), making better use of digital technology to support service users, provision of admin support to maximise the time social workers have to spend working with service users and access to fellow professionals (e.g. legal advisors) were areas that the group felt Halton wasn't fully meeting the standard.
- Standard 6: CPD – one of the elements of this standard is to have a performance review system that includes feedback from people with lived experience of the social worker's practice; more could be done around this in Halton.

Next steps

3.17 The Health Check survey is being run on an annual basis and the next survey round is due to start in September 2021. At the time of

writing, Halton has registered interest in taking part and is awaiting further information.

3.18 The working group continues to meet on a regular basis to ensure that action is taken to address the areas for improvement identified via the self-assessment exercise and the results from the Health Check survey.

3.19 The current priority is the development of a Social Work Accountability & Assurance Framework, as per Standard 1. As part of developing this framework, we are considering how to strengthen CPD opportunities for staff, which was an area that appears to need improving from the Health Check survey.

4.0 **POLICY IMPLICATIONS**

4.1 Development of the Social Work Accountability & Assurance Framework is a key priority.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified.

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

6.1 **Children & Young People in Halton**

None identified.

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

See point 6.3 below.

6.3 **A Healthy Halton**

As stated by the LGA:

“Good social work can transform people’s lives and protect them from harm. In order to achieve consistently high-quality outcomes for service users and their carers, social workers must have and maintain the skills and knowledge to establish effective relationships with children, adults, families, and professionals in a range of agencies and settings, and be the key connectors in communities.

Employers should implement a whole systems approach to supporting the social work profession. These Standards set out the key components of whole systems approaches, and employers can use them to enhance their reputation as a service provider and employer by helping to develop a working environment where social work practice and social workers can flourish, in turn supporting recruitment and retention.”

6.4 **A Safer Halton**
None identified.

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

7.0 **RISK ANALYSIS**

7.1 Continued work to address gaps and areas for improvement identified through our work relating to the Standards and the Health Check is reliant upon the availability of social work practitioners to engage in this work. As the challenges resulting from the pandemic continue to be felt across social care, there is a risk that staff do not always have the time required to dedicate to service improvement activities.

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**

Not applicable.

Appendix 1: Halton initial report

Attached

Appendix 2: Halton detailed report

Attached

The Standards for Employers of Social Workers: Social Work Health Check Report



The page below provides a brief explanation into the data analysis used within this report.

The results for the rateable items were calculated using mean values, as illustrated below.

Example Survey Question:						
My supervisor and/or manager encourage and motivate me in my career development.						
	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	
	100	75	50	25	0	Score
Respondent 1	✓					100
Respondent 2					✓	0
Respondent 3				✓		25
Respondent 4		✓				75
Respondent 5		✓				75
Respondent 6			✓			50

Total = 325

Divided by total respondents (6)

$$325 \div 6 = 54$$

Effectively, this means that individual scores can register as '0' at the lower end and '100' at the upper end. In practice, aggregated or group scores are positioned within those two extremes and are assigned ranges as shown in the scales below and appear throughout the report.



This introductory table below highlights Halton Borough Council's mean scores for all eight Standards, engagement and COVID.

Halton Borough Council

Standard	Mean score
Standard 1 - Strong and Clear Social Work Framework	85
Standard 2 - Effective workforce planning systems	81
Standard 3 - Safe Workloads and Case Allocation	80
Standard 4 - Well-being	82
Standard 5 - Supervision	82
Standard 6 - CPD - Continuous Professional Development	72
Standard 7 - Professional Registration	85
Standard 8 - Strategic Partnerships	90
Employee Contribution	82
Tensions*	86
Overall satisfaction	73
Desire to stay	77
COVID	79
Number of respondents	22



*Reverse logic key



The table below provides a comparison between Halton Council's mean scores and the regional and national averages

Regional and national comparison

Standard	Mean	North West	National
Standard 1 - Strong and Clear Social Work Framework	85	81	81
Standard 2 - Effective workforce planning systems	81	78	77
Standard 3 - Safe Workloads and Case Allocation	80	79	78
Standard 4 - Well-being	82	76	75
Standard 5 - Supervision	82	76	75
Standard 6 - CPD - Continuous Professional Development	72	70	71
Standard 7 - Professional Registration	85	81	80
Standard 8 - Strategic Partnerships	90	82	79
Employee Contribution	82	86	85
Tensions*	86	82	80
Overall satisfaction	73	77	75
Desire to stay	77	81	79
COVID	79	78	78
Number of respondents	22	1563	8820



75 or more



51-74



50 or less

*Reverse logic key



50 or less



51-74



75 or more

The tables below highlight Halton Council's mean scores for the individual questions within the first three standards.

Standard 1 - Strong and Clear Social Work Framework ▲	Score
1. My organisation has a well-defined framework/approach to social work practice so I am clear about my role and accountability	83
2. I am able to use my professional judgement, creativity and autonomous decision making where appropriate	89
3. I receive an appropriate balance of professional support and reflective challenge (e.g. through supervision) to keep learning and developing my practice.	81
4. I have access to support and advice from senior social work leader/s within my organisation (e.g. Principal Social Worker or Senior Managers)	88
Standard 2 - Effective workforce planning systems ▲	Score
1. Through my organisation, I can access the post-qualifying training and development support I need to do my role and keep progressing	91
2. My supervisor and/or manager encourage and motivate me in my career development.	82
3. My organisation ensures fair and equal treatment of all staff.	69
Standard 3 - Safe Workloads and Case Allocation ▲	Score
1. I am usually allocated (or otherwise pick up) work through a fair process that takes account of my workload, my capabilities/skills and my health and wellbeing.	76
2. I can discuss workload and stress issues helpfully with my supervisor or manager and agree satisfactory ways forward	83
3. I know where to go to get help in my organisation if I am concerned about my wellbeing in respect of amount or nature of work I am expected to do	80
4. I would feel able to contact my Professional Association and/or Trade Union if I am concerned about safe working	83
5. I usually have a satisfactory level of control over my workload and the resources I need to fulfil my responsibilities	80



The tables below highlight Halton Council's mean scores for the individual questions within the standards 4 and 5

Standard 4 - Well-being	Score
1. I am encouraged and empowered by my organisation to make time for my own self-care and wellbeing activities	76
2. I have time and space for supportive peer to peer and team discussion	73
3. My organisation recognises the emotional demands of social work and provides me with the supervision, support and tools I need to deal with this	78
4. My organisation takes appropriate action to prevent and deal with risks of violence, bullying and harassment in any aspect of my work.	82
5. My organisation is actively committed to anti-racism and a positive, inclusive culture of opportunity for members of staff of all backgrounds and protected characteristics	91
6. My organisation facilitates my access to my Professional Association, Trade Union and other supportive organisations.	89
7. I feel cared for by my managers and/or supervisor.	83
8. I feel safe in my role & the work I am expected to do.	80
9. I have access to private, quality space in order to meet my supervisor & people I work with.	82
10. My employer has in place caring and effective systems for reporting and responding to concerns I raise, and will act to ensure I am able to work safely.	83
Standard 5 - Supervision	Score
1. I have uninterrupted, scheduled supervision at a suitable frequency with an appropriately skilled social work supervisor	85
2. Supervision helps me critically reflect on my work including working relationships, emotions and use of evidence	80
3. I identify my learning needs and access professional development opportunities and training through supervision	83
4. Supervision helps me reflect on how I meet professional regulatory standards	74
5. My supervisor coaches me in the development my professional judgement, creativity and autonomous decision making	85
6. I can raise concerns about the quality and suitability of my supervision with an appropriate person in the organisation if I need to	85



The tables below highlight Halton Council's mean scores for the individual questions within the standards 6 and 7

Standard 6 - CPD - Continuous Professional Development	Score
1. My organisation provides effective induction for all social workers when they join the organisation	88
2. (If you completed the ASYE in the last three years in your current organisation) My ASYE programme was effective in helping me learn and develop as a social worker and be more confident.	66
3. My organisation provides regular/annual appraisals (or performance reviews) that are relevant for social workers.	52
4. Within my organisation, I have an up to date plan of my professional development needs and how I and my employer will contribute to them (review)	49
5. I have dedicated time, resources, opportunities and support to carry out my CPD and record my learning in line with regulatory requirements	72
6. My organisation has non-discriminatory and transparent systems to enable all social workers to develop their professional skills, knowledge, specialisms and careers including access to accredited courses (e.g. AMHP, Practice Educator, Practice Supervisor)	85
7. I take action to ensure I am up to date with my CPD	93

Standard 7 - Professional Registration	Score
1. I have found the registration/re-registration process with Social Work England straightforward	89
2. My organisation supports me in keeping my CPD record up to date on the Social Work England website	83
3. My organisation understands, supports and provides conditions for social work practice that help me meet my professional standards	83
4. My organisation promotes a working environment that upholds ethical practice and quality standards	84
5. I am aware of the circumstances under which I could be referred to the regulator	90
6. I am confident my organisation would support me if I challenged unsafe practice or reported other concerns about services	83



The tables below highlight Halton Council's mean scores for the individual questions within Standard 8 and the COVID section of the survey

Standard 8 - Strategic Partnerships ▲	Score
1. I have good and effective relationships with key partners such as in the NHS, wider social care, education, housing, the third sector etc	90
2. My employer has a clear policy for recruiting, training and supporting social workers to train as practice educators, and practice supervisors.	91

COVID ▲	Score
1. I have been supported by my organisation to continue to work safely and effectively within a clear social work practice framework.	83
2. I have had access to the practice guidance and technology I have needed to work online/remotely with people using services and colleagues	83
3. My organisation has ensured all staff are appropriately protected from the risk of infection by the virus and taken account of different individual risks of infection on grounds of (e.g.) age, ethnicity, prior health conditions, caring for others etc.	85
4. I have been able to maintain enough, high quality, safe contact with the people I work with to ensure their welfare and to meet my statutory and/or organisational responsibilities	87
5. I have experienced an increase in severity of need in people being referred to me and/or my team	83
6. I have felt positive and able to cope with work most of the time	75
7. I have continued to have satisfactory one to one supervision	82
8. My supervisor has helped me manage my overall wellbeing and work life balance.	76
9. I have been able to continue to access relevant learning opportunities and training through my organisation	81
10. Changes during the pandemic have enabled me to work in a more strength based way with my clients.	57



The tables below highlight Halton Council's means scores for questions that probed how employees felt the delivery of the Standards shaped their workplace experience and contribution. Note: the reverse logic key for the tension question.

Employee contribution ▲	Score
1. I am confident in carrying out my role	89
2. I feel a sense of pride about my job	83
3. I would recommend my employer to a friend	74

Tensions* ▼	Score
I am often required to do more with less resources	86

Overall satisfaction ▲	Score
Overall, I am satisfied with my employment 'deal' – what my employer provides for me and what I am expected to provide in return	73

Desire to stay ▲	Score
As I see currently see things, I do not intend to leave my employer over the next 12 months	77



*Reverse logic key



The table below highlights Halton Council's mean scores for the demographic question, 'What type of social worker are you?'.
What type of social worker are you?

Standard	Adult social worker
▲	
Standard 1 - Strong and Clear Social Work Framework	85
Standard 2 - Effective workforce planning systems	82
Standard 3 - Safe Workloads and Case Allocation	80
Standard 4 - Well-being	80
Standard 5 - Supervision	81
Standard 6 - CPD - Continuous Professional Development	68
Standard 7 - Professional Registration	83
Standard 8 - Strategic Partnerships	91
Employee Contribution	85
Tensions*	79
Overall satisfaction	71
Desire to stay	79
Covid	78
Number of respondents	14

Note that when answers with fewer than ten respondents are not shown in this table.



The Standards for Employers of Social Workers

Halton Borough Council

Written by the team at Kinetiq
Lead Researcher: Dr Martin Reddington



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Report design: www.pauldrummond.co.uk

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Members of The Standards for Employers of Social Workers Group:

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The Association of Directors of Children's Services (ADCS)
British Association of Social workers (BASW)
The Department of Education (DfE)
The Department of Health (DHSC)
Health Education England
Joint University Council Social Work Education Committee (JucSWEC)
Local Government Association (LGA)
NSPCC
SCIE
Skills for Care (SfC)
Social Work England
UNISON the Public Service Union
What Works Centre
The Adult Principal Social Worker Network
The Children's Principal Social Worker Network

Introduction

Refreshed Standards

Purpose of the Research

1: Executive Summary

1.1: Consolidated findings

1.2: Demographics

1.3: Research Question 1

1.4: Research Question 2

1.5: Research Question 3

1.6: Employee Voices

2: Free Text Analysis

2.1: Reasons for Working in Social Work

2.2: Biggest Challenge Faced

2.3: Organisational Personality

3: Organisational Ranking

3.1: National Level

3.2: Regional Level

4: Scores

4.1: Gender

4.2: Ethnicity

5: Demographic Comparison

5.1: Comparison Tables

Appendix 1

Survey Design

Methodology: Survey Items and Data Collection

Methodology: Data Analysis

Methodology: Key Driver Analysis

Appendix 2

All Survey Items

Appendix 3

Demographic Scores

This timely report examines a number of critical questions about the experiences of social workers:

- How well do employers deliver the refreshed Standards?
- How do employees perceive their working environment?
- What factors influence them to remain engaged with their work and minded to stay with their organisations?

These questions feature prominently in regional and national news, as it is recognised that good social work can transform people's lives and protect them from harm. In order to achieve consistently high-quality outcomes for service users and their carers, social workers must have and maintain the skills and knowledge to establish effective relationships with children, adults, families, and professionals in a range of agencies and settings, and be the key connectors in communities.

The lessons that flow from the evidence in this report can and should shape the way leaders and managers in both the private and public sectors think about the people who work for them. They will also help to take forward the debate about what government and other policy makers can do to help promote a better environment to attract, develop and retain professional, compassionate and engaged staff who deliver high quality social work.

At the time of writing this report, with the country in the grip of the Covid-19 pandemic, the reliance on their services has never been greater.

Lastly, enormous appreciation is extended to all organisations that encouraged their staff to take part in this piece of research.

The employer standards for social workers in England were last refreshed in 2020. They set out the key components of whole systems approaches, and employers can use them, along with an appropriate supervision framework, to help develop a working environment where social work practice and social workers can flourish, in turn supporting recruitment and retention. They are explained in headline detail below:

Standard 1 - Strong and clear social work framework

This standard is about promoting a clear statement about the principles that constitute good social work practice, and how those principles function across the full range of social work settings.

Standard 2 - Effective workforce planning systems

This standard is about using effective workforce planning systems to make sure that the right number of social workers, with the right level of skills and experience, are available to meet current and future service demands.

Standard 3 - Safe workloads and case allocation

This standard is about ensuring employees do not experience excessive workloads, resulting in unallocated cases and long waiting times for individuals.

Standard 4 - Wellbeing

This standard is about promoting a positive culture for employee wellbeing and supporting social workers to have the practical tools, resources and the organisational environment they need to practice effectively and safely.

Standard 5 - Supervision

This standard is about making sure students and qualified practitioners can reflect critically on their practice through high quality, regular supervision being an integral part of social work practice.

Standard 6 - Continuing professional development (CPD)

This standard is about social workers being provided with the time and opportunity to learn, keep their knowledge and skills up to date, and critically reflect on the impact this has on their practice.

Standard 7 - Professional registration

This standard is about supporting social workers to maintain their professional registration with the regulator.

Standard 8 - Strategic partnerships

This standard is about creating strong partnerships and good collaboration between employers, higher education institutions and other training providers.

More information about these standards can be found at <https://www.local.gov.uk/standards-employers-social-workers-england-0>

The survey items used to measure these standards can be found in appendix 2.

Research Question 1

How well do employers of social workers deliver the refreshed Employer Standards?

Research Question 2

How do social workers perceive their working environment?

Research Question 3

What factors influence them to remain in their organisations, or choose to leave?

The insights gained from this study provide a lens on the workplace environment experienced by employees involved in the delivery of social work by social workers in Halton Borough Council. Some important features of the analysis are set out below in an 'at-a-glance' style. More granular details can be found in the report, with links to the relevant material.

Research Question 1: Delivery of refreshed Employer Standards

Highest rated Standards overall:

Strategic Partnerships

Lowest rated Standard overall:

CPD - Continuous Professional Development

Research Question 2: Perception of Workplace Experience

Top three survey items having biggest impact on social worker contribution:

I feel cared for by my managers and/or supervisor.

My organisation has a well-defined framework/approach to social work practice so I am clear about my role and accountability

I have been supported by my organisation to continue to work safely and effectively within a clear social work practice framework.

Employee voices

Most frequent themes:

Training & development

**Management Resources (including staffing)
Equality & diversity
I.T., Technology & Equipment**

Research Question 3: Factors influencing Desire to Stay

Top three survey items having biggest impact on desire to stay:

Supervision helps me reflect on how I meet professional regulatory standards

I identify my learning needs and access professional development opportunities and training through supervision

Supervision helps me critically reflect on my work including working relationships, emotions and use of evidence

The evidence set out in this report provides an opportunity for your organisation and related agencies involved in the delivery of social work to undertake *conversations for change* about how to improve the engagement and retention of staff through the adoption and delivery of the refreshed Employer Standards.

The research revealed a number of key themes, which have been examined in some detail within the main body of the report. These findings are broadly and succinctly summarised below:

1: Perception of Employer Standards

While the overall results should be a source of encouragement to your employer, ongoing efforts will be required to sustain and improve those levels. It is also important to note that views of employers' COVID-19 responses were well received overall – with employees reporting that they had received *good levels of support to work remotely and opportunities to maintain enough high quality, safe contact with colleagues*. The most challenging downsides of the pandemic were reported as an *increase in severity of need of people being referred and able to cope with workload and ability to work in a strength-based way*. These findings should be explored further and the lessons infused into the 'new normal' operating environment 'post Covid-19'.

2: Biggest impact on staff engagement

The quality of the employment relationship is shaped by the reliable delivery of obligations and promises by the employer. For example, the expectation that as an employee you will have access to adequate support, be treated fairly and offered the training essential to one's job role. In the narrative analysis, there were many positive comments regarding the existence of *strong support structures* helping to encourage a *sense of wellbeing and safety*. *Good conversations* – having *quality time and space to meet supervisor and colleagues to discuss work outcomes* – were also revealed as important.

3: Biggest impact on staff retention (desire to stay)

The desire to stay with an organisation is an expression of organisational commitment. The evidence pointed strongly to key shaping influences such as *employees having quality supervision and support in provision of personal learning and development opportunities*.

Please note that where appropriate this report contains data imported from the North West Region report, to inform the reader of insights emerging from analysis of a larger data sample. This is particularly prevalent for Key Driver Analysis of statistical data and thematic analysis of free text responses. The data from your own organisation has been used to provide a faithful representation, as best as possible, of how your own employees perceive their workplace experience.

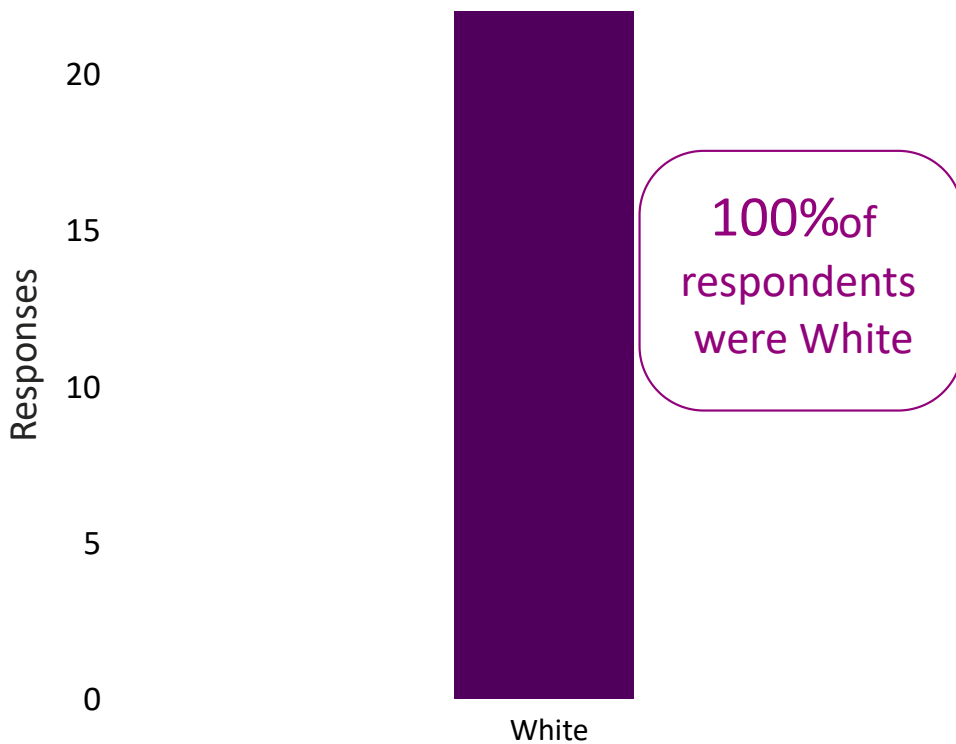
Respondents by Gender



Gender
● Female
● Male

82% of respondents were female

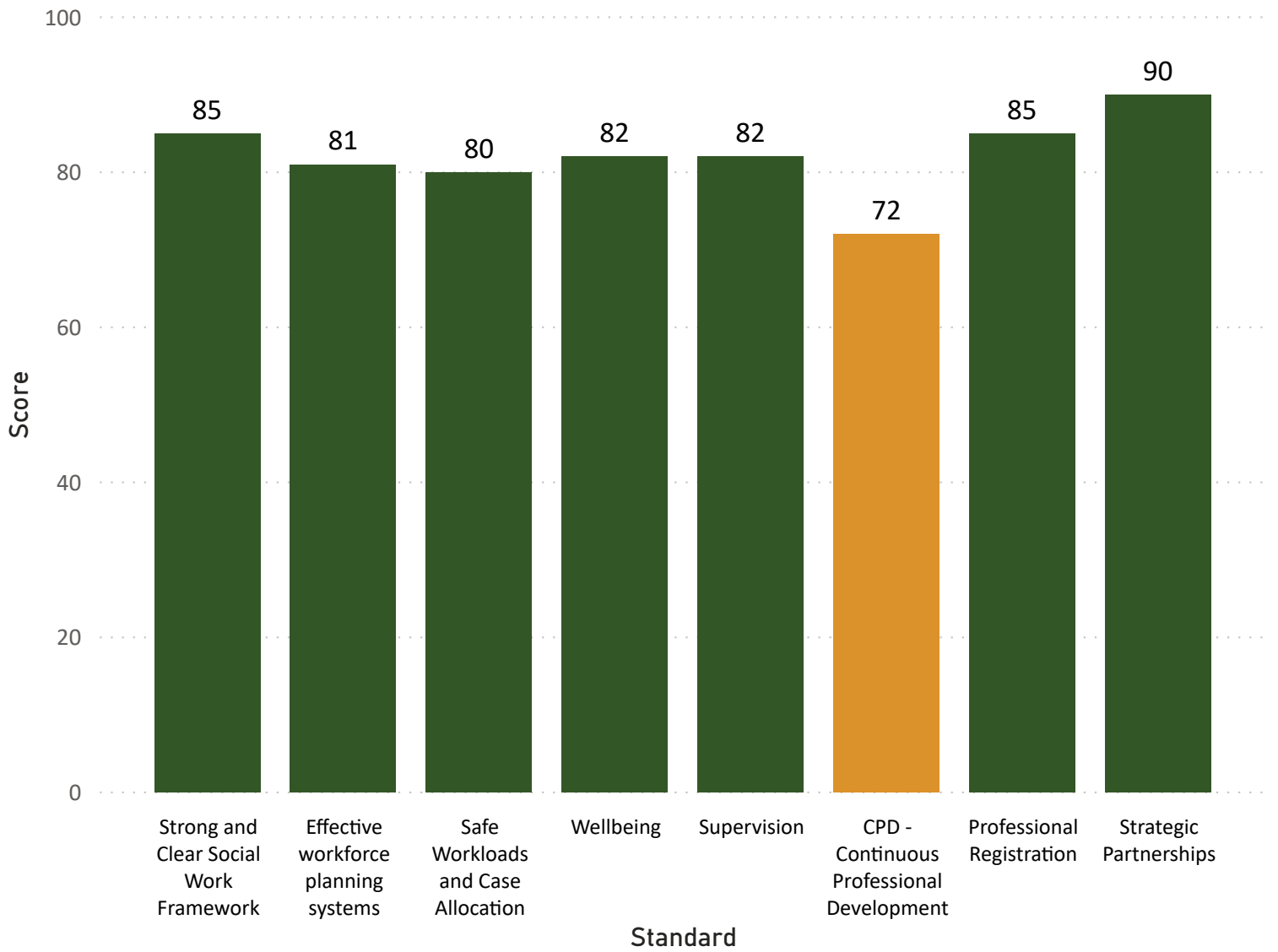
Responses by Ethnicity



How well do employers of social workers deliver the refreshed Employer Standards?

Figure 1 provides a visualisation of the mean scores across all Employer Standards. A more granular analysis of the survey items for the region can be found in appendix 2.

Figure 1: Standard Scores



(75+)

Good score / outcome to be celebrated.



(51-74)

Moderate score / outcome. Capable of improvement.



(50 or less)

Relatively poor score / outcome A clear sign to take steps to improve.

How do social workers perceive their working environment?

Key Driver Analysis (KDA) was used to discover which aspects of the Employer Standards were most potent (impactful) in driving employee contribution in the workplace. These aspects are highlighted below in figures 2 & 3. The model used in this research – The Employment Deal Diagnostic (TEDD®) - and the technique behind KDA are explained in more detail in appendix 1.

Key Driver Analysis requires large volumes of data. As such, the key drivers for the North West Region have been used in this report but importantly the values shown are for Halton Borough Council.

Improvements in these elements and others shown in figures 2 & 3 have the highest impact on employee contribution.

Figure 2: Employee Contribution at the Standard Level

Standards	Standard	Mean
Covid	Covid	73
Strong and Clear Social Work Framework	1	85
Professional Registration	7	85
Strategic Partnerships	8	90
Wellbeing	4	82



Figure 3: Employee Contribution at the More Granular Level

Questions	Standard	Mean
I feel cared for by my managers and/or supervisor.	4	83
My organisation has a well-defined framework/approach to social work practice so I am clear about my role and accountability	1	83
I have been supported by my organisation to continue to work safely and effectively within a clear social work practice framework.	Covid	83
I feel safe in my role & the work I am expected to do.	4	80
I have time and space for supportive peer to peer and team discussion	4	73



(75+)

Good score / outcome to be celebrated.



(51-74)

Moderate score / outcome. Capable of improvement.



(50 or less)

Relatively poor score / outcome A clear sign to take steps to improve.

What factors influence employees to remain in their organisations, or choose to leave?

Key Driver Analysis (KDA) was used to discover which aspects of the Employer Standards were most potent (impactful) in driving desire to stay in the workplace. These aspects are highlighted below in figures 4 & 5. The model used in this research – The Employment Deal Diagnostic (TEDD®) - and the technique behind KDA are explained in more detail in appendix 1.

Key Driver Analysis requires large volumes of data. As such, the key drivers for the North West Region have been used in this report but importantly the values shown are for Halton Borough Council.

Improvements in these elements and others shown in figures 4 & 5 have the highest impact on desire to stay.

Figure 4: Desire to Stay at the Standard Level

Standards	Standard	Score
Covid	Covid	73
Safe Workloads and Case Allocation	3	80
Strong and Clear Social Work Framework	1	85



Figure 5: Desire to Stay at the More Granular Level

Questions	Standard	Score
Supervision helps me reflect on how I meet professional regulatory standards	5	74
I identify my learning needs and access professional development opportunities and training through supervision	5	83
Supervision helps me critically reflect on my work including working relationships, emotions and use of evidence	5	80
My organisation understands, supports and provides conditions for social work practice that help me meet my professional standards	7	83
I have been able to continue to access relevant learning opportunities and training through my organisation	Covid	81



(75+)

Good score / outcome to be celebrated.



(51-74)

Moderate score / outcome. Capable of improvement.

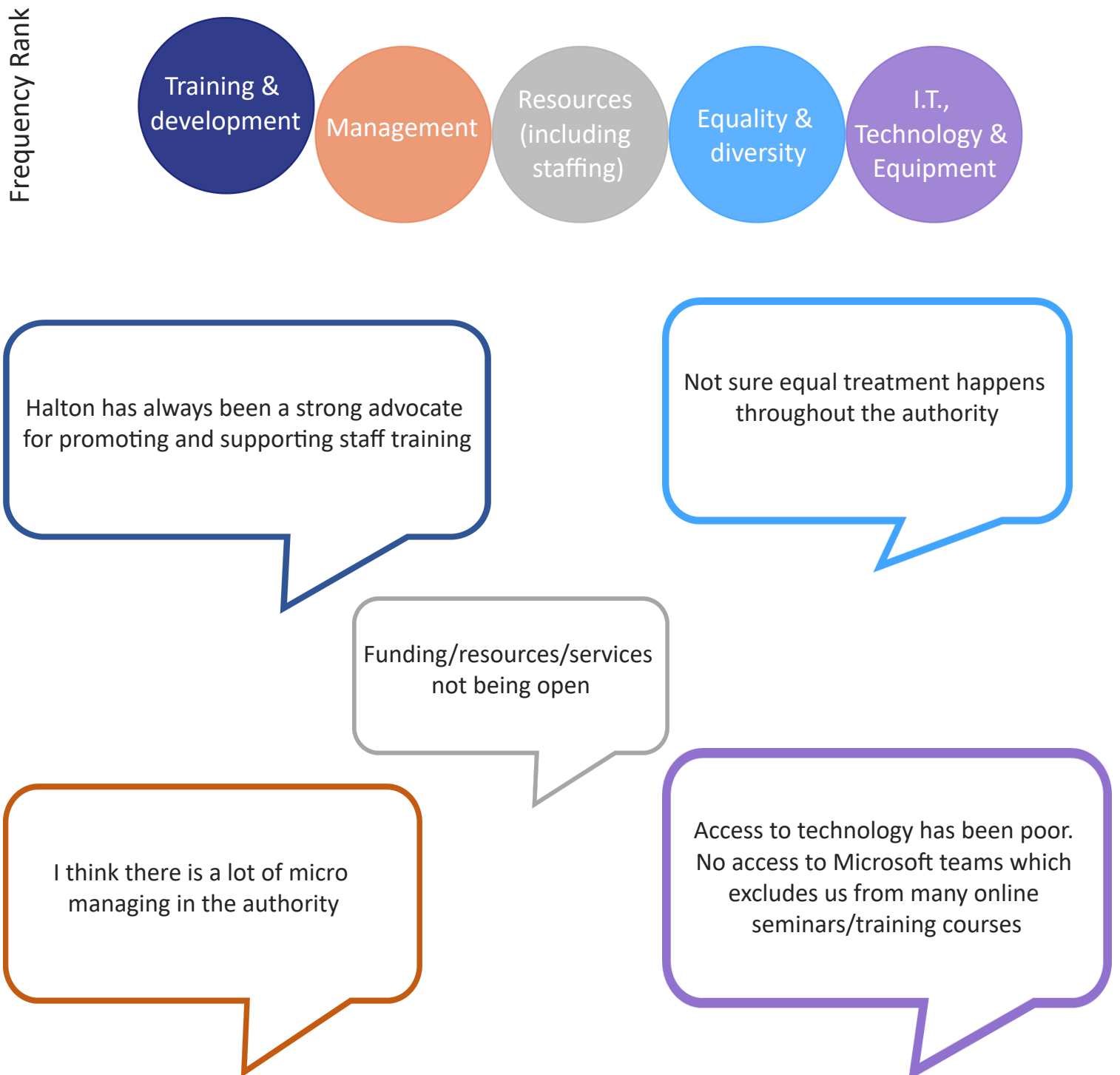


(50 or less)

Relatively poor score / outcome A clear sign to take steps to improve.

Respondents were given the opportunity to provide free text comments throughout the survey. The bubble chart below outlines the frequency rank of the top five themes from the free text comments collected from respondents at Halton Borough Council. There are free text examples colour coordinated to the relevant theme.

Figure 6: Key Themes Bubble Chart



Free Text Analysis

Survey respondents were given an opportunity, via the use of free text, to provide more insights into their reasons for being a social worker. A selection of responses collected from Halton Borough Council are provided below in figure 7.

Figure 7: Reasons for Working in Social Work Free Text Comments



Free Text Analysis

Survey respondents were given an opportunity, via the use of free text, to provide more insights into challenges faced in the workplace. A selection of responses collected from Halton Borough Council are provided below in figure 8.

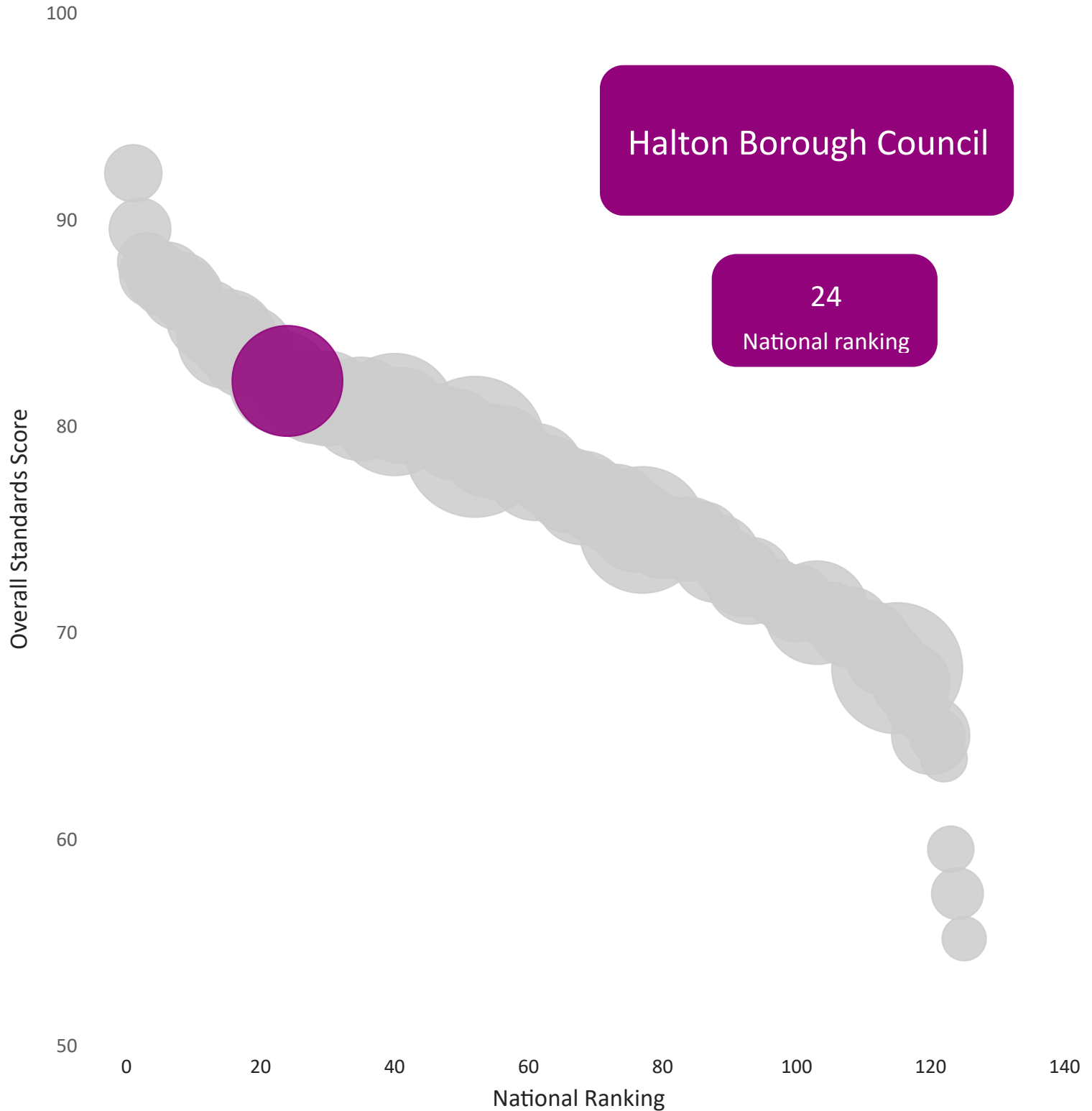
Figure 8: Biggest Challenge



Organisational Ranking

Figure 11 provides a visualisation of the organisation's overall mean scores for each standard compared to other participating organisations. The purple circle represents the specific organisation while other participating authorities are shown by the grey circles with their response numbers dictating the size of the circle.

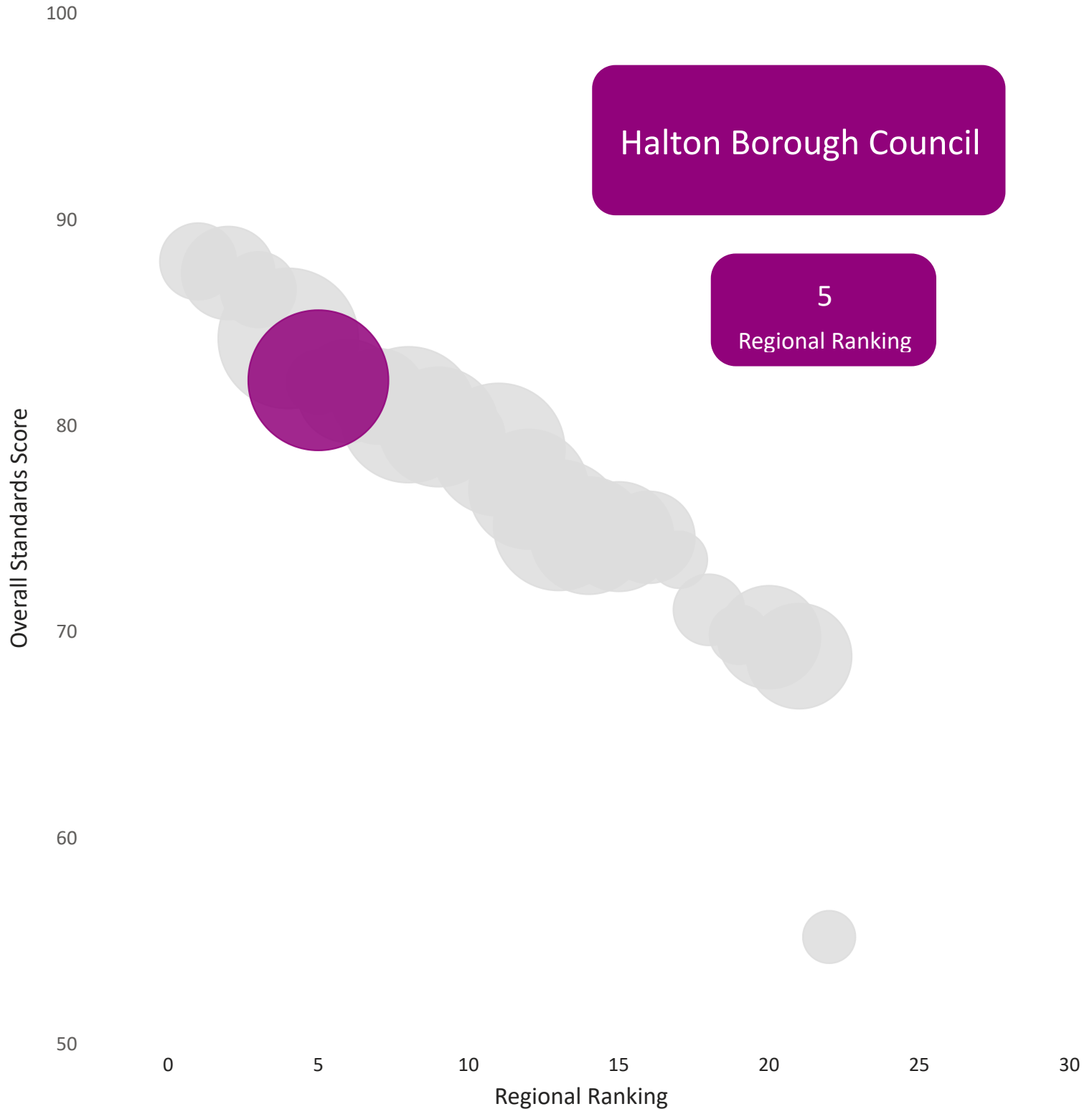
Figure 11: National Ranking by Overall Standard Score



Organisational Ranking

Figure 12 provides a visualisation of the organisation's overall mean scores for each standard compared to other participating organisations within the region. The purple circle represents the specific organisation while other participating authorities are shown by the grey circles with their response numbers dictating the size of the circle.

Figure 12: Regional Ranking by Overall Standard Score

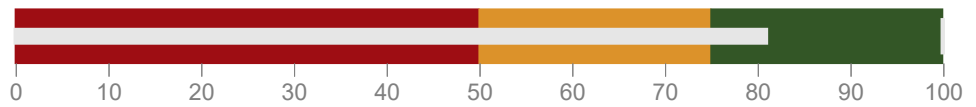


Demographic Scores

Figure 13 displays the overall mean scores for each standard as reported by gender for Halton Borough Council.

Figure 13 - Overall Average by Gender

Female



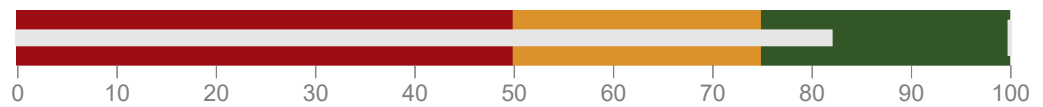
Please note that genders may be absent from the graph if there were less than 10 respondents from that category.

Demographic Scores

Figure 14 displays the overall mean scores for each standard as reported by ethnicity for Halton Borough Council.

Figure 14 - Overall Average by Ethnicity

White



Please note that ethnicities may be absent from the graph if there were less than 10 respondents from that category.

Demographic Comparison

The figures below provides a visualisation of the organisation's overall mean scores for each standard across different demographic categories along with their regional and national ranking.

Figure 15: Demographic National and Regional Ranking Table

Demographic Category	Mean Score	National Rank	Total National Organisations*	Regional Rank	Total Regional Organisations**
Female	81	45	118	9	22
White	82	31	126	7	23

*Number of organisations nationally that had 10 or more responses for the specific demographic category.

**Number of organisations within the region that had 10 or more responses for the specific demographic category.

Appendix 1

The new Employer Standards were refreshed most recently in 2020. The Local Government Association hosts the standards on its website on behalf of the sector and continues to work with stakeholder partners on their regular review through the Standards for Employers Working Group.

Supplementary items specifically related to the impact of Covid-19 and job/organisational engagement were added. The latter were drawn from TEDD® – an approach based on the concept of Social Exchange Theory (SET), which places the notion of reciprocity and mutuality at the heart of the employment relationship (also called the employment deal). This is used to create an expression of how employee engagement is encouraged, experienced and personified (Cropanzano and Mitchell, 2005; Conway and Briner, 2009; Francis et. al, 2012; Guest, 2014; Reddington and Weber, 2016).

A simplified illustration is shown in the figure below. For a more detailed explanation see – [Developing a New Employment Deal for Local Government \(2017\) 1.](#)

The model allows the delivery of the employer standards and Covid effort to be regarded as *Employer Contributions*, thereby permitting key driver analysis when viewing *Employee Contributions* and *Desire to Stay* as targets of interest.

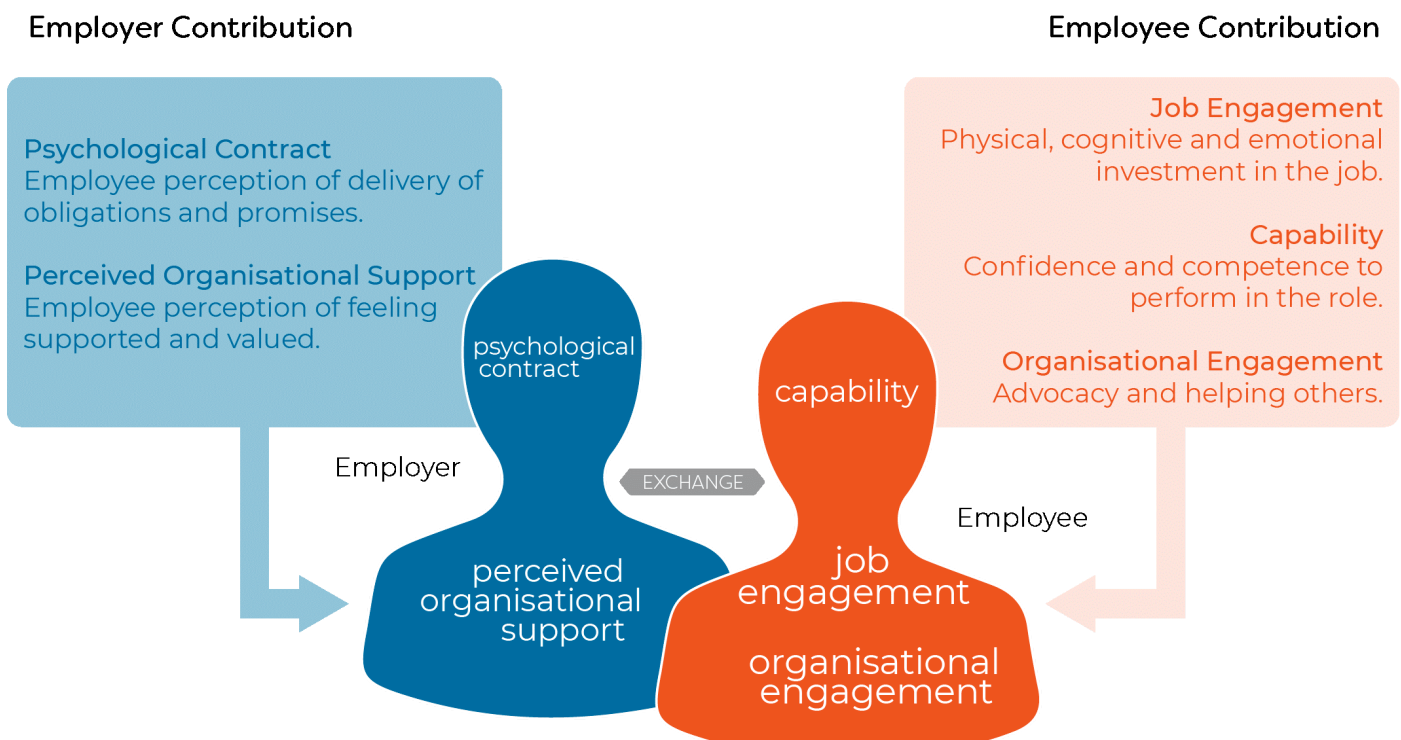


Figure 16: The Employment Relationship

Appendix 1

The survey comprised the following elements:

- a. 59 rateable items using a 5 point Likert scale ranging from 'Strongly Agree' through 'Strongly Disagree' covering perceptions of the 8 Employer standards, the impact of Covid-19 and job/ organisational engagement.
- b. Respondents had an opportunity to enhance their answers to the rateable questions with free text.
- c. A single free text item specifically requested a one-word answer about the 'personality' of the organisation.
- d. Demographics seeking information about a respondent's job role, length of service, employment status, work location, age, gender and ethnicity.

The survey question set can be found in appendix 2.

The data collection phase for social services provider organisations in England was initiated through an email campaign managed by the LGA. These emails were sent out between 16th – 20th November, before the official launch date of the survey on 23 November. Further email reminders were sent out until the closing date on 22nd December 2020 to all contacts that had given permission via GDPR to be approached for marketing purposes. The emails were sent out centrally, region-by-region. Various social media channels were also used to raise awareness of the exercise, supplemented by newsletters (such as Social Work England).

All of these initiatives were designed to drive enquiries to a specific LGA workforce email address. The LGA team assumed ownership of the relationship with each participating organisation and provided further support and guidance to facilitate participation in the project, supported by the Kinetiq research team as appropriate.

All organisations that expressed a willingness to participate were checked for eligibility to do so by the LGA and the successful ones were then provided with a link to an online survey home page and a unique code that would allow more granular analytics to be performed on the data.

The LGA published regular response level updates to encourage maximum engagement with the exercise.

Appendix 1

The quantitative (numeric) data was exposed to a variety of statistical analysis techniques:

- Cronbach’s Alpha – a test for internal consistency and reliability of the responses.
- Test for Significance – a formal procedure for assessing the confidence of claims made from the analysis of the data
- Multiple Regression - a formal procedure to predict the value of a variable based on the value of two or more other variables. This is the basis of key driver analysis, explained in more detail on page 22.

The results for the rateable items were calculated using mean values, as illustrated below. The thematic analysis of the qualitative data (free text) was conducted individually then collectively by the research team. Numeration (i.e. the frequency in which a theme appears within the data) was used to pull together the final set of themes, since numeration is one way of indicating their relative importance (Smith, Flowers & Larkin, 2009) and is widely used by researchers where this type of evidence is a significant source. The other technique used was sentiment weighting. Employees’ responses to the free-text questions were analysed using NVivo (a qualitative software analysis package), which helped to identify and extract opinions, emotions and attitudes from the qualitative data.

The research team were then able to blend statistical and free-text data to provide an enriched interpretation, with the relative importance of the different themes revealed when matched with the key drivers.

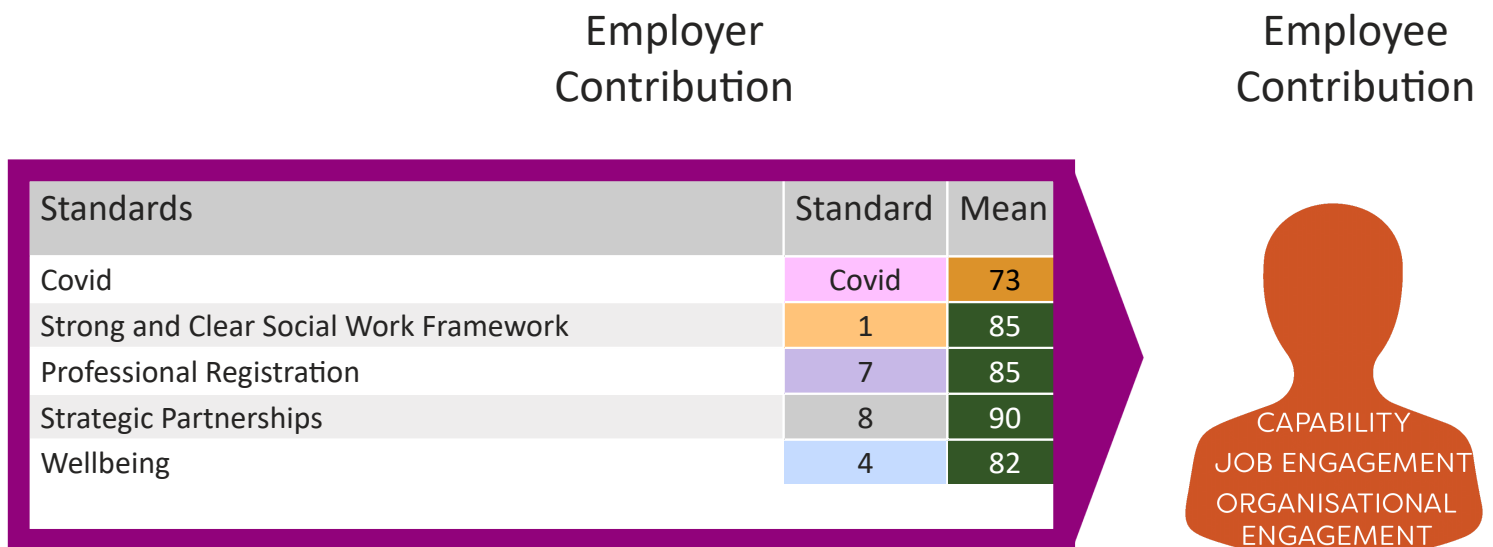
Example Survey Question:					
My supervisor and/or manager encourage and motivate me in my career development.					
Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	
100	75	50	25	0	
✓					Score 100
				✓	0
			✓		25
	✓				75
	✓				75
		✓			50
					Total = 325
					Divided by total respondents (6)
					325 ÷ 6 = 54

Appendix 1

Key Driver Analysis

Key Driver Analysis (KDA) helps to focus on those features of the employment relationship that have the greatest impact on how employees contribute at work, expressed as job engagement, organisational engagement and capability – see figure 18 below. Using an analysis technique known as multiple regression, the key drivers (predictor variables) are shown as questions from the survey with their associated mean scores and arranged in descending order of potency on employee contribution (outcome variable). The relevance of these results is explained in more detail in the discussion section of this report.

Figure 18: Illustration of Key Drivers impacting Employee Contribution



(75+)

Good score / outcome to be celebrated.



(51-74)

Moderate score / outcome. Capable of improvement.



(50 or less)

Relatively poor score / outcome A clear sign to take steps to improve.

Appendix 2

The tables below outline the scores for each question.

Strong and Clear Social Work Framework

Questions	Score
1. My organisation has a well-defined framework/approach to social work practice so I am clear about my role and accountability	83
2. I am able to use my professional judgement, creativity and autonomous decision making where appropriate	89
3. I receive an appropriate balance of professional support and reflective challenge (e.g. through supervision) to keep learning and developing my practice.	81
4. I have access to support and advice from senior social work leader/s within my organisation (e.g. Principal Social Worker or Senior Managers)	88

Effective workforce planning systems

Questions	Score
1. Through my organisation, I can access the post-qualifying training and development support I need to do my role and keep progressing	91
2. My supervisor and/or manager encourage and motivate me in my career development.	82
3. My organisation ensures fair and equal treatment of all staff.	69

Safe Workloads and Case Allocation

Questions	Score
1. I am usually allocated (or otherwise pick up) work through a fair process that takes account of my workload, my capabilities/skills and my health and wellbeing.	76
2. I can discuss workload and stress issues helpfully with my supervisor or manager and agree satisfactory ways forward	83
3. I know where to go to get help in my organisation if I am concerned about my wellbeing in respect of amount or nature of work I am expected to do	80
4. I would feel able to contact my Professional Association and/or Trade Union if I am concerned about safe working	83
5. I usually have a satisfactory level of control over my workload and the resources I need to fulfil my responsibilities	80

**(75+)**

Good score / outcome
to be celebrated.

**(51-74)**

Moderate score / outcome.
Capable of improvement.

**(50 or less)**

Relatively poor score / outcome A
clear sign to take steps to improve.

Appendix 2

Wellbeing

Questions	Score
1. I am encouraged and empowered by my organisation to make time for my own self-care and wellbeing activities	76
2. I have time and space for supportive peer to peer and team discussion	73
3. My organisation recognises the emotional demands of social work and provides me with the supervision, support and tools I need to deal with this	78
4. My organisation takes appropriate action to prevent and deal with risks of violence, bullying and harassment in any aspect of my work.	82
5. My organisation is actively committed to anti-racism and a positive, inclusive culture of opportunity for members of staff of all backgrounds and protected characteristics	91
6. My organisation facilitates my access to my Professional Association, Trade Union and other supportive organisations.	89
7. I feel cared for by my managers and/or supervisor.	83
8. I feel safe in my role & the work I am expected to do.	80
9. I have access to private, quality space in order to meet my supervisor & people I work with.	82
10. My employer has in place caring and effective systems for reporting and responding to concerns I raise, and will act to ensure I am able to work safely.	83

Supervision

Questions	Score
1. I have uninterrupted, scheduled supervision at a suitable frequency with an appropriately skilled social work supervisor	85
2. Supervision helps me critically reflect on my work including working relationships, emotions and use of evidence	80
3. I identify my learning needs and access professional development opportunities and training through supervision	83
4. Supervision helps me reflect on how I meet professional regulatory standards	74
5. My supervisor coaches me in the development my professional judgement, creativity and autonomous decision making	85
6. I can raise concerns about the quality and suitability of my supervision with an appropriate person in the organisation if I need to	85

**(75+)**

Good score / outcome
to be celebrated.

**(51-74)**

Moderate score / outcome.
Capable of improvement.

**(50 or less)**

Relatively poor score / outcome A
clear sign to take steps to improve.

Appendix 2

CPD - Continuous Professional Development

Questions	Score
1. My organisation provides effective induction for all social workers when they join the organisation	88
2. (If you completed the ASYE in the last three years in your current organisation) My ASYE programme was effective in helping me learn and develop as a social worker and be more confident.	66
3. My organisation provides regular/annual appraisals (or performance reviews) that are relevant for social workers.	52
4. Within my organisation, I have an up to date plan of my professional development needs and how I and my employer will contribute to them (review)	49
5. I have dedicated time, resources, opportunities and support to carry out my CPD and record my learning in line with regulatory requirements	72
6. My organisation has non-discriminatory and transparent systems to enable all social workers to develop their professional skills, knowledge, specialisms and careers including access to accredited courses	85
7. I take action to ensure I am up to date with my CPD	93

Professional Registration

Questions	Score
1. I have found the registration/re-registration process with Social Work England straightforward	89
2. My organisation supports me in keeping my CPD record up to date on the Social Work England website	83
3. My organisation understands, supports and provides conditions for social work practice that help me meet my professional standards	83
4. My organisation promotes a working environment that upholds ethical practice and quality standards	84
5. I am aware of the circumstances under which I could be referred to the regulator	90
6. I am confident my organisation would support me if I challenged unsafe practice or reported other concerns about services	83

Strategic Partnerships

Questions	Score
1. I have good and effective relationships with key partners such as in the NHS, wider social care, education, housing, the third sector etc	90
2. My employer has a clear policy for recruiting, training and supporting social workers to train as practice educators, and practice supervisors.	91

**(75+)**

Good score / outcome
to be celebrated.

**(51-74)**

Moderate score / outcome.
Capable of improvement.

**(50 or less)**

Relatively poor score / outcome A
clear sign to take steps to improve.

Appendix 2

Covid

Questions	Score
1. I have been supported by my organisation to continue to work safely and effectively within a clear social work practice framework.	83
2. I have had access to the practice guidance and technology I have needed to work online/remotely with people using services and colleagues	83
3. My organisation has ensured all staff are appropriately protected from the risk of infection by the virus and taken account of different individual risks of infection on grounds of (e.g.) age, ethnicity, prior health conditions, caring for others etc.	85
4. I have been able to maintain enough, high quality, safe contact with the people I work with to ensure their welfare and to meet my statutory and/or organisational responsibilities	87
5. I have experienced an increase in severity of need in people being referred to me and/or my team*	83
6. I have felt positive and able to cope with work most of the time	75
7. I have continued to have satisfactory one to one supervision	82
8. My supervisor has helped me manage my overall wellbeing and work life balance.	76
9. I have been able to continue to access relevant learning opportunities and training through my organisation	81
10. Changes during the pandemic have enabled me to work in a more strength based way with my clients.	57

Employee contribution

Questions	Score
1. I am confident in carrying out my role	89
2. I feel a sense of pride about my job	83
3. I would recommend my employer to a friend	74

Tensions

Questions	Score
1. I am often required to do more with less resources*	86

Desire to stay

Questions	Score
1. As I see currently see things, I do not intend to leave my employer over the next 12 months	77

Overall satisfaction

Questions	Score
1. Overall, I am satisfied with my employment 'deal' – what my employer provides for me and what I am expected to provide in return	73

(75+)

Good score / outcome to be celebrated.

(51-74)

Moderate score / outcome.
Capable of improvement.

(50 or less)

Relatively poor score / outcome A clear sign to
take steps to improve.*Indicates reverse logic i.e. a higher score is a relatively poor outcome.
(50 or less)

(51-74)

(75+)

Appendix 3

The following tables outline the scores across different types of demographics.

Note that demographic categories with less than 10 respondents are hidden from the tables.

Standard scores by Gender

Standard	Female
Strong and Clear Social Work Framework	84
Effective workforce planning systems	79
Safe Workloads and Case Allocation	79
Wellbeing	80
Supervision	81
CPD - Continuous Professional Development	72
Professional Registration	83
Strategic Partnerships	90

Standard scores by Ethnicity

Standard	White
Strong and Clear Social Work Framework	85
Effective workforce planning systems	81
Safe Workloads and Case Allocation	80
Wellbeing	82
Supervision	82
CPD - Continuous Professional Development	72
Professional Registration	85
Strategic Partnerships	90



(75+)

Good score / outcome
to be celebrated.



(51-74)

Moderate score / outcome.
Capable of improvement.



(50 or less)

Relatively poor score / outcome A
clear sign to take steps to improve.

REPORT TO:	Health Policy & Performance Board
DATE:	23 rd November, 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:	23 rd November 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 a position statement in relation to:

- a) The (C&M) ICS developments
- b) The Cheshire & Merseyside (C&M) CCG Transition Programme
- c) The C&M ICB Constitution consultation
- d) The One Halton place self-assessment against the Cheshire & Merseyside Development Framework

2.0 **RECOMMENDATION: That Members of the Board note the report.**

3.0 **SUPPORTING INFORMATION**

3.1 **Cheshire & Merseyside ICS**

Vision: We want everyone in Cheshire and Merseyside to have a great start in life and get the support they need to stay healthy and live longer

Mission: We will tackle health inequalities and improve the lives of our poorest fastest. We believe we can do this best by working in partnership

Aims:

- Improve the health and wellbeing of local people
- Shift from an illness focus to a health and wellbeing model
- Provide better joined up care, closer to home

3.2 **ICS principles and break through goals:**

- Improving population health and healthcare.
- Tackling unequal outcomes and access.
- Enhancing productivity and value for money; and
- Helping the NHS to support broader social and economic

development.

3.3 **The ICS has committed to have a key role in:**

- Providing system stewardship to ensure the nine Places and the rest of the partnership work together to achieve our aspirations. As regulatory responsibilities transfer from NHSE/I we will ensure we are able to participate with system partners in system level assurance
- Overseeing the delivery of NHS standards and improving the health outcomes of the population using robust population health intelligence – CIPHA
- Supporting and deepening relationships between system partners in C&M, acting, if and when necessary, as an “honest broker”
- Engaging the stakeholders, partners, staff and the public, at the C&M footprint level, to identify common and persistent health and well-being challenges and co-produce solutions to address them
- Developing system-wide clinical approaches, enabled by well-populated, high-performing clinical/professional networks that tackle key issues
- Working closely with academic partners to ensure our programmes are underpinned by the latest evidence and evaluated rigorously
- Facilitating and incentivising system working approaches (at ICS footprint, Place and neighbourhood) through learning, communications and development.

3.4 **The ICS Developments:**

- Produced an ICS Development Plan
- Ready to operate Statement
- Integrated Care Board (ICB) & Constitution & wide engagement on this
- Director of Transition – safe closedown of CCG Functions & appropriate transfer into ICS
- Established Provider Collaboration
- Establishing Place Based Partnerships
- Chief Officer recruitment across all 42 ICSs in progress
- David Florry continuing as Interim Chair until March 22
- 4 statutory roles to be recruited too – Chief Officer, Director of Finance, Medical Director, Director of Nursing

3.5 **Cheshire & Merseyside Transition Programme**

- 3.5.1 The C&M Transition Programme Board (TPB) has been established and has met twice. Workstreams have been established and are co-led by the CCG Accountable Officers and Cheshire & Merseyside ICS

core team leads.

- 3.5.2 The TPB is currently reviewing each workstream scope, milestones, deliverables and risks as we develop the more detailed task plans covering the key areas of due diligence, preparation for staff and functions transfer and stand up of the Integrated Care Board (ICB)
- 3.5.3 readiness for Day 1 operation.

The proposed governance is shared below in diagram 1.



3.5.4 Next steps

- Complete workstreams review by the TPB
- Identify interdependencies across the workstreams to ensure a fully joined up approach and reduce duplication
- Develop a week on week view of key milestones, products and decision required
- Forward plan agreed along with reporting framework and review exceptions and risks at workstream and programme level
- Ensure effective and timely communications with CCG Governing Bodies to provide assurance
- Provide assurance to the ICS team as well as externally to NHSE/I.

3.6 ICB Constitution

Establishing the New Integrated Care Board (ICB) for Merseyside and Cheshire

- 3.6.1 The ICS/ICB wrote to each place within C&M following the publication of national guidance on the establishment of NHS statutory bodies to be known as Integrated Care Boards (ICBs). The ICB are now in the process of developing the new ICB's Constitution and are engaging with our system partners and stakeholders.
- 3.6.2 The ICB will be responsible for implementing the overall NHS strategy in Cheshire and Merseyside, assigning resources, securing assurance and ensuring - with our partners – that the right activities

are focused on securing the best outcomes for our communities.

3.6.3 The ICB Constitution is heavily prescribed nationally to reflect the need for clear and consistent process on the management of NHS resources and decision making. However, specific choices are required in relation to the membership and size of the ICB including the number of executives, non-executives, and partner members.

3.6.4 **The broad proposals are:**

- Up to six non-executive directors including:
- Chair of the NHS Body and up to five others covering Audit; Remuneration; Patient and Public Engagement, Conflict of Interest Guardian.
- Four executive directors
- Covering the nationally mandated roles of Chief Executive, Executive Medical Director, Executive Director of Nursing and Executive Director of Finance.
- Two additional senior posts
- Focusing on People / Workforce and Performance, Planning, and Improvement.
- Six partner members
- There will be two representatives each from Primary Care, Local Authorities and NHS Trusts.
- This would mean 18 members in total. Whilst national guidance states that an ICB would ideally have no more than 13 members, the rationale for a larger board in Cheshire and Merseyside is linked to the size and diversity of the Cheshire and Merseyside Integrated Care System.
- In addition, the Board may invite specified individuals to be named participants (they would not be voting members of the Board) and they would cover the Voluntary Community and Faith Sector and public health colleagues.
- National timescales are moving rapidly, although they remain subject to legislation. We are asked to submit the first part of our constitution in relation to board membership to the NHS England and Improvement Northwest regional team for approval by 17th November.

[CM-ICB-Constitution-Letter-to-Stakeholders-22.10.21-V2.0.pdf](#)
[Cheshireandmerseysidepartnership.co.uk](#)

3.6.5 **Our One Halton Response is as follows:**

We broadly agree with the proposals and welcome the 2 x local authority Chief Executive seats on the board.

We would suggest that in line with the ICS focus on health inequalities, a Director of Public Health should have voting rights on the Board and that ChaMPs will support with the recruitment/nomination.

We would also suggest in line with the ICS focus on Health & Social care that either the 2 x local authority Chief Executives have a clear remit to represent all age social care or a DASS or DCS is present.


Voting would be our preference, but we are pragmatic and do appreciate the size of the membership and would suggest that you review the size of the Board to 14.

3.7 C&M Development Framework

3.7.1 Each of the 9 places within the C&M ICS have been asked to review the principles of the development framework and undertake a self-assessment.

3.7.2 The goal is to support all Places to move to the most advanced category of development as quickly as possible

3.7.3 The categories and definitions

 Categories and definitions

Categories		Description
A	Emerging	<ul style="list-style-type: none"> • Demonstrate some early awareness of needs and priorities, progress that partners are communicating and coming together through informal meetings to focus on how best to go about developing Place. Features such as shared ambition on Place-Based Partnership development and early plan development are key to a foundational Place-Based Partnership. • Has just begun the journey to working together in partnership • Some progress made but not yet moved beyond commitment stage
B	Evolving	<ul style="list-style-type: none"> • Early stage of Place-Based Partnership development with areas with gaps being addressed through more formal and strategic discussions between partners. Decision making abilities are explored in addressing health needs and priorities with agreed steps to engage all partners in configuring care pathways. • Has set up the foundations needed for the partnership and has identified steps needed to become effective • Plans are in place but have not yet been enacted
C	Established	<ul style="list-style-type: none"> • There is clear strategy, plans and leadership in place and where delivery is starting to occur with evidence of the Place-Based Partnership taking responsibility for some elements of commissioning such as, clinical pathway redesign and managing capacity and demand and ensuring all partners are represented in addressing priorities. • A established place, with the right components in place to be effective in delivery at place and delivery within the wider ICS • Plans are being delivered and changes are being embedded
D	Thriving	<ul style="list-style-type: none"> • Has a strong strategy and common purpose across all partners, showing strong delivery of local priorities including tackling local health inequalities and improving specific areas of service delivery. The leadership arrangements, governance and delivery structure including a PMO/engine room of delivery is well established. The Place-Based Partnership can have difficult discussions and partners are prepared to accept an impact on an individual organisation in order to deliver the overall shared objectives. Place-Based Partnership processes are established (or have even been refined based on learning) and clear evidence of successful delivery/impact on several areas. • seeks to go beyond the minimum and has an ambition to excel for its population • Sufficiently embedded enough to be a sustainable way of working that would continue even if leadership changed

3.7.4 The domain descriptors

Domain category	Domain descriptor
Ambition & vision	Clarity of purpose & vision
	Objectives & priorities
	Population health management to address health inequalities
Leadership & culture	Place-based leadership
	Partnership working
	Culture / OD / values & behaviours
	Responding to the voice of our communities / public & patient engagement
Design & delivery	Financial framework
	Planning & delivery of integrated services
	Enabler: Digital
	Enabler: Estates & assets
Governance	

3.7.5 One Halton Partnership self-assessment outcome in diagram 2 below:

Domain Category	Domain Descriptor	One Halton Aessment
Ambition and Vision -	Clarity of purpose & vision	Established
Ambition and Vision -	Objectives and Priorities	Evolving
Ambition and Vision -	Population health management to address health inequalities	Evolving
Leadership and Culture -	Place-based Leadership	Evolving
Leadership and Culture -	Partnership working	Evolving
Leadership and Culture -	Culture/OD/Values and Behaviours	Evolving
Leadership and Culture -	Responding to the voice of our community	Evolving
Design and Delivery -	Financial Framework	Evolving
Design and Delivery -	Planning & delivery of integrated services	Evolving
Design and Delivery -	Enabler: Digital	Emerging
Design and Delivery -	Enabler: Estates & assets	Emerging
Governance	Governance	Established
Final Assessment		Evolving

3.7.6 Next Steps

- One Halton PMO will review the outcomes and results.
- Will produce an action plan and timeline with the support from

Hill Dickinson re the governance and legislation and our statement of readiness.

- Will work with the LGA on the H&WBB and partnership arrangements.
- Will work with Marmot communities to focus on the social determinants of health – starting well, living well, ageing well.
- We will work with AQUA and NWLA on supporting our leaders and giving them the space and opportunities to encourage diverse leadership supporting continuity and sustainability.
- We will have a real focus on delivery

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **FINANCIAL IMPLICATIONS**

5.1 Anticipated, but not yet known.

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

6.1 One Halton supports the Council priorities.

7.0 **RISK ANALYSIS**

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

8.0 **EQUALITY AND DIVERSITY ISSUES**

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

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:	23 rd November 2021
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Suicide Prevention
WARD(S):	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 Provide update regarding suicide prevention agenda.

2.0 RECOMMENDATION: That the Board:

i) **Notes contents of the report.**

3.0 SUPPORTING INFORMATION

The effects of suicide are far reaching and have a devastating impact on families, friends, communities and colleagues. An estimated 130 people are greatly impacted for every suicide that occurs and there are approximately 25 people attempting suicide for every person that takes their own life. Therefore even if numbers of deaths by suicide may appear low they are just the tip of the iceberg and don't reflect those impacted and those attempting.

Suicide risk is greater in areas of deprivation, such as Halton, due to social and economic inequalities and the wider determinants of health. There are certain groups who we know are more vulnerable to suicide such as; those in debt, those living in poverty, unemployed, those bereaved and many more.

Evidence demonstrates that suicide is preventable. In Halton the local suicide prevention partnership board meet quarterly to drive the suicide prevention agenda and evidence based action plan. Since Halton has been recording potential suicides via its Real Time Surveillance system in 2017 it has seen a reduction in suicides from 16 in 2018 to 9 in 2020. This reduction isn't always reflected in ONS data as potential suicides are subject to a coroner's inquest that can take up to 6 months. This means potential suicides that happen in 2019 for example may not reach a verdict of suicide until 2020 and therefore are captured in 2020s statistics. This demonstrates the importance of having a local Real Time Surveillance system that captures potential suicides within the year they happened. Having said that table 1 – ONS data 2020 suicide figures demonstrates a reduction in the rate of suicide for Halton from 11.7 to 10.8. edging Halton closer to the North West average of 10.7 and the England average of 10.4.

Table 1- ONS data 2020 suicide figures

	2020	2019	Number of deaths and age-standardised suicide rates per 100,000 population - 2018-2020 rolling 3 year aggregate	Number of deaths and age-standardised suicide rates per 100,000 population - 2017-2019 rolling 3 year aggregate
Halton	9	14	10.8	11.7

3.1 Public Health England Prevention and Promotion Mental health funding

Haltons Public health team were successful in their application for Prevention and Promotion Mental Health funds of £270,000. The funding can only be utilised for prevention and promotion mental health programmes which help mitigate against the impact of the pandemic

12 months funding will be used to provide:

- Bereavement support to adults
- Bereavement support to children, young people and their families
- Support to those struggling with financial insecurity and debt
- 5 ways to wellbeing activities to improve children and young people's mental health and wellbeing
- Pilot outreach programme to engage young males in wellbeing activities
- Parenting programme co coordinator

Outcomes achieved so far since funds awarded in June

- Bereavement support services and additional support for those struggling with financial insecurity and mental health now available.
- Marketing and communication plans being developed to promote services to partners and public.
- Small grant application process co-developed with Youth Cabinet and promoted to VCSE organisations to encourage them to apply for funding to deliver 5 ways to wellbeing activities in the community. Successful applications will deliver activities between January 2022 and May 2022.
- Pilot programme to engage young males developed by Vibe with timeline for implementation
- Parenting programme co-ordinator vacancy role out to advert with aim to be filled by December.

3.2 Champs

The Champs Public Health Collaborative coordinates the joint actions for Cheshire & Merseyside (CM) to prevent suicide through the NO MORE Suicide Strategy. In 2018 NHS England (NHSE) announced a 3-year suicide prevention funding programme worth £25 million that will reach the whole country by 2021. It forms

part of the government's commitment to reduce suicides in England by 10% by 2021 and will support the zero suicide ambition for mental health inpatients announced by the Secretary of State in January 2018. Cheshire & Merseyside have secured £615,000 for 19/20 and additional £295k specifically for Middle age men's health. Halton continues to work with Champs to deliver the zero suicide agenda across Cheshire and Merseyside

Self-Harm

Champs have commissioned NHSE to lead a self-harm network to drive improvements in this area. Kate Bazley the mental Health and Wellbeing lead represents Halton at this network ensuring Halton contribute to developments and benefit from them.

Outcomes achieved so far by the network

- Self-harm guidance for front line staff is in under development
- Self-harm dashboard has been developed in collaboration with North West Ambulance Service (NWAS), NSHE and PHE. The dashboard captures the number of calls to NWAS in relation to self-harm and their outcomes. Local Suicide prevention leads will eventually have access to the dashboard and will be able to utilise the data to deliver local preventative work.
- Self-harm care kits - Currently being piloted across the region and evaluation conducted by John Moore's University. Evaluation will be brought to local suicide prevention partnership board for discussion
- Self-harm awareness training -Champs have commissioned the provider Harmless to deliver this training for front line staff. Kate Bazley is co-ordinating access to this training for Halton

Lived Experience Network

Champs have commissioned Wirral Mind to develop a lived experience network with members who have been impacted by self-harm or suicide. The lived experience members have opportunity to influence suicide prevention programmes across Cheshire and Merseyside.

Outcomes achieved so far

- Haltons suicide prevention partnership board now has lived experience representation with a local male time to change champion.
- Halton has access to lived experience members who can provide input into local suicide prevention work. The lived experience network has provided guidance on a variety of projects locally

Real Time Surveillance System

Due to delays in receiving data from coroners regarding potential suicides over the last 18 months Champs is working to adapt the Real Time Surveillance system to

be police led. A police led system has already been implemented in Merseyside and will soon be developed in Cheshire. By moving to a police led RTS system we will be able to receive a richer data set in a more timely fashion. This will enable Halton to respond to potential suicides more effectively and provide richer data to direct preventative work.

3.3 Core local activity

Tackling Mental Health Stigma in men with Halton’s Time to Change hub

Halton’s Time to Change hub secured funding to develop 20 second videos utilising footage previously filmed by male Time to Change Champions sharing their lived experience of struggling with their mental health, what helped and details of text support available. 75% of suicides both nationally and locally are male therefore it is essential we tackle mental health stigma which is a main barrier to men discussing their worries and seeking support. Evidence tells us the best way to tackle mental health stigma is by sharing lived experience stories in a safe way and by tackling mental health stigma we can reduce barriers to accessing help and seeking support. The 20 second video clips engage men via a video display campaign. The messages will be aimed at sharing what helps keep men mentally well as well as what other people can do to help someone who is struggling. The project is overseen by the Time to Change coordinator who is funded by NHSE monies received through Champs.

Table 2- outcomes achieved to date

Total views of 100% of the video	137,562
Total clicks through to full length video	914

Anecdotal evidence via Time to Change champions who took part in the video tells us many males have reached out to them after identifying with their stories and have sought support for the worries and difficulties they were facing

Workforce development

To improve the knowledge of front line staff and communities by influencing how they look after their own mental health and the mental health of those they work with the following training continues to be delivered by the Health Improvement team:

- Mental Health Awareness for staff working with adults
- Mental Health Awareness for managers
- Suicide Awareness for staff working with adults
- Mental Health Awareness for staff working with Children and Young People
- Self-harm awareness for staff working with children and young people

Whole Setting approach

Schools and early year’s settings continue to be supported by the Health

Improvement team to implement a whole setting approach to improve mental health and wellbeing. This preventative offer complements support provided by partners such as Educational Psychology, Nurture network, CAMHS and Behaviour Improvement team

24 hour crisis line

The 24 hour Mental Health crisis line continues to be promoted by Mersey care, the Local Authority and local partners to ensure those who need it have access to support 24 hours a day 7 days a week

The Help line is available 24 hours a day, 7 days a week and is available to people of all ages who need urgent mental health support including children and young people.

Tel: 0800 051 1508 Free to call from both landlines and mobiles

For further information regarding support available if you need help now with your mental health please visit [Mental Health Info Point Need Help Now](#)

Mental Health Teams in Schools

Halton CCG and Merseycare are leading the implementation of NHSE funded Mental health teams in schools. The following schools have been identified to take part based on a criteria established by NHSE:

Table 3- Runcorn schools

Primary	Secondary
Astmoor	The Grange Academy
Hallwood Park	The Bridge Pupil Referral unit (PRU)
Halton Lodge	St Chads Catholic High School
Woodside	

Table 4- Widnes Schools

Primary	Secondary
Widnes Academy	Wade Deacon
Chestnut lodge special school	Ormiston Chadwick
Simms Cross	

The Mental health Teams in Schools will provide support to pupils struggling with mild to moderate mental health issues. They will also support schools to develop a whole setting approach to improving mental health and wellbeing. Support will be available for pupils from January 2022

Outcomes achieved to date

- Education Mental Health Practitioners have been recruited and have started training for the role
- Schools are being liaised with to allocate Education Mental Health Practitioners and secure appropriate rooms to deliver interventions for pupils
- Partners who currently work to support schools to improve mental health and wellbeing of pupils and staff such as: Educational Psychology and Health Improvement team are engaging with the project to ensure it complements current provision.
- Multi partner implementation group established

4.0 POLICY IMPLICATIONS

4.1 There are no new Policy implications as a result of this report.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There is an economic cost of approximately £1.6 million for every person who takes their own life. Work to reduce suicides mitigates against this economic cost and the unseen implications on the wider system

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The population mental health work driven by public health aims to improve the mental health and wellbeing of children and young people as well as reducing suicides

6.2 Employment, Learning & Skills in Halton

The population mental health work driven by public health improves knowledge and skill of those who live and work in Halton via a variety of training available

6.3 A Healthy Halton

Population mental health work driven by public health improves the mental health and wellbeing of those who work and live in Halton as well as reducing suicides.

6.4 A Safer Halton

Population mental health work driven by public health improves the mental health

and wellbeing of those who work and live in Halton as well as reducing suicides.

6.5 Halton's Urban Renewal

No implication on Urban Renewal

7.0 RISK ANALYSIS

7.1 Covid has impacted population mental health negatively, the following cohorts have been specifically impacted; women, children and young people, adults who were shielding, adults living with children and lone mothers, ethnic minority population, adults with pre-existing mental health conditions, adults with low household income, unemployed. Risk of suicide has increased during the pandemic in the following: those isolated and lonely, those bereaved, those who have increased alcohol intake, those being domestically abused. Population mental health work that has taken place throughout covid has aimed to mitigate against these risks.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Population mental health work driven by Public Health aims to support organisations who work with clients with protected characteristics

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

9.1 None identified.

REPORT TO: Health Policy & Performance Board

DATE: 23rd November 2021

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: Update on the implementation of Mandatory Vaccination Regulations in Adult Care Homes

WARD(S): Borough-wide

1.0 PURPOSE OF REPORT

- 1.1 To provide the HPPB with an update report in relation to the risks associated with the recent Government legislation published on the need to vaccinate people working or deployed in care homes. This original report was submitted to HPPB on 28.09.21

2.0 RECOMMENDATION

RECOMMENDED: That the Board

(1) Note contents of the report.

3.0 SUPPORTING INFORMATION

3.1 Background

The implications of implementing the regulations identified in the original report were that those staff who work within care homes, or are required to visit care homes as part of their role who were not fully vaccinated or refused to be vaccinated by 11 November 2021, could not continue to be employed in that role.

This report provides an update on the actions taken so far to implement the regulations and monitor and mitigate, where appropriate the consequential risks associated with possible workforce reductions after 11 November 2021

3.2 HBC Care Home Vaccinations Implementation Group

The group which is chaired by The Director of Adult Social Services, includes Adult Social Care Divisional Managers, Human resources Managers and Union Representatives. The group has been meeting weekly since the beginning of August. The group has agreed and followed a full implementation plan which has included the production and distributed of comprehensive information required for staff working in and those professionals visiting care homes. The group has also

taken legal advice where appropriate and has now produced a full set of HR procedures, letters for individual staff, schedules for dismissal hearings and an appeals process. A full communications plan has also been implemented with all the information published and shared with all Care Homes staff, wider HBC staff and partners included.

3.3 Independent Care Providers

As at 13 August 2021 there were an estimated 920 staff working within Halton Care Homes. the headline vaccination rates at that time were 765 (81 %) of staff having received an initial vaccine dose and 722 (76%) of staff being fully vaccinated. As at 5 October 2021 there were 8 identified staff members within the independent sector within Halton that had not been fully vaccinated. An update to this figure will be provided at the board meeting.

3.4 HBC Care Homes

As the figures for both the independent sector and HBC Care homes are now changing daily, a short presentation will be made to the board at the meeting which will include updated numbers of HBC staff vaccinated and numbers that refused vaccination. This presentation will also hopefully include further details related to the outcome of the recent consultation regarding mandatory vaccinations in the wider health and social care sector.

3.5 Statement of Risks

Five risk areas were originally identified if care home staff are not fully vaccinated against Covid-19.

- a. **The “employment” risk**- Unvaccinated staff are at risk of losing their jobs because they are unable to be deployed within care homes ;
- b. **The “workforce” risk** - Care Homes are at increased risk of staffing shortages due to their inability to deploy unvaccinated staff;
- c. **The “commissioning” risk** - 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;
- d. **The “continuity of care” risk** - Severe staffing shortages may compromise the ability of care homes to maintain safe staffing levels for existing residents, forcing the relocation of some residents;
- e. **The “viability” risk** - 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

3.6 HBC Revised Impact Assessment

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

- a. **Employment Risk** – This has been dramatically reduced since August after all the relevant information and implications were provided to staff in both HBC Care Homes and Independent Care Homes.
- b. **Workforce Risk** – Homes will hopefully be able to adjust to small staffing reductions without significant detriment as most or all of their staff are now fully vaccinated. There is still a reduced risk within some HBC Care Homes, namely Millbrow Care Home, but the risk is being managed by HBC. Measures have been put in place to ensure all agency staff employed through the Council Matrix system are fully vaccinated in order to register
- c. **Commissioning Risk** – This risk is again dramatically reduced as most staff have been vaccinated with the likelihood of Care Homes contracting their bed capacity in order to ensure that the staffing ratios required to maintain safe standards of care can be met are decreased. The ability to place care home residents being discharged from hospital, will hopefully not be impacted.
- d. **Continuity of Care Risk** – This risk has been dramatically reduced as the maximum workforce reduction as at 15.10.21 is 8 staff within the independent sector and 12 staff within HBC care Homes. An update will be provided at the meeting.
- e. **Viability Risk** – Although some homes have been operating with low levels of occupancy for many months. The overall reduced workforce of 8 staff across the independent sector should reduce the viability risk linked to vaccinations. It should still be noted that any further reductions can still impact Care Homes just at the point that annual winter pressures are beginning to accelerate. This will continue to be monitored through HBC Quality assurance mechanisms.

3.7 **Mitigating the remaining Risks**

HBC will continue to review the business contingency plans for Council run care homes and the numbers vaccinated are now being monitored daily.

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

4.0 **POLICY IMPLICATIONS**

- 4.1 Associated changes in Human Resources and Care Home processes have been implemented to support the introduction of this legislation and are monitored weekly through the Implementation Group. A new vaccination Policy for Adult Care Homes has also been developed and will be published before 11 November 2021 implementation deadline.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are reduced financial issues linked to the Care Market as so many staff have now been fully vaccinated.

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

6.1 **Children & Young People in Halton**
None identified.

6.2 **Employment, Learning & Skills in Halton**
Full Vaccination status has been included as a requirement for all new employee contracts within Care Homes.

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: 23rd November 2021

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: Update on Mental Health Issues

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT:

1.1 This Report provides a brief update on two developments within local mental health services: the current impact of the take-over by MerseyCare NHS Mental Health Trust of the former North West Boroughs (NWB) Mental Health Trust, and the implementation of the national Mental Health Breathing Space scheme.

2.0 RECOMMENDATION: that

- i. The Board note the contents of this Report and make comment as appropriate

3.0 SUPPORTING INFORMATION:

3.1 MerseyCare NHS Trust:

3.1.1 The formal arrangements for the full transfer of the delivery of mental health services from the NWB to MerseyCare were completed earlier in the summer. As a part of the interim arrangements – which are expected to last for twelve months – the NWB has become a sub-Directorate of MerseyCare. It is understood that few changes are likely to take place during this interim period, whilst a detailed assessment of the type and quality of service delivery for the former NWB footprint is undertaken.

3.1.2 Locally, it seems that there has been very little impact on front line service delivery. There have been some changes to the senior management of the local services, and this has made it more difficult to keep a consistent “conversation” between ourselves and the Trust. However, the local multi-agency mental health partnership board is being re-established imminently: MerseyCare will have a full part to play in this, which will make the transmission of information and service developments easier to maintain.

3.1.3 On the ground, the Council’s mental health social work team remains closely aligned to the local clinical teams within MerseyCare,

particularly the wards, the community mental health services and older people's mental health services. The staff are based – when Covid restrictions allow – in offices next to the key services in the Trust, and there is regular and effective communication between both services. There has not been a substantial change in either the rates of referral to the social work services, or the numbers of people being put forward for detention under the Mental Health Act, which are good indications that, at this stage at least, the high-level strategic changes have not led to a noticeable change in front line service delivery.

3.1.4 There had been concerns, as the takeover by MerseyCare of the NWB services progressed, that local residents may experience problems in accessing inpatient beds, particularly for older people: one of the main inpatient services for older people was Atherleigh Park in Wigan, and this was, as part of the changes, transferred to the management of Greater Manchester NHS Trust. An interim arrangement has, however, been set up for the continued use of this resource

3.1.5 In general, our front line services have not reported major difficulties in accessing beds when they are needed for Halton residents. The same wards as before are still largely being used, and, although some people have had to be placed in beds outside the MerseyCare footprint, this is not thought to be any more than before the merger took place. This is not to say that there are no problems, and there is of course a national problem of the adequacy of numbers of mental health beds; MerseyCare is not immune from this. This will be the subject of further discussion at the Halton Mental Health Partnership Board.

3.2 **Mental Health Breathing Space (MHBS):**

3.2.1 The Breathing Space scheme was introduced by central government earlier this year, and was implemented at the start of May 2021. The scheme aims to provide people who are in debt, and who qualify for the scheme, with a period of respite during which they cannot be pursued by their creditors until their debts have been addressed by a specialist debt adviser. There are two elements to the scheme:

- A Standard Breathing Space, for anyone with a problem debt; this can only be initiated by a Financial Conduct Authority-approved debt advisor or a Local Authority which has a debt advice service
- A Mental Health Crisis Breathing Space (MHCBS) (see below)

3.2.2 The MHCBS was set up for two main reasons:

- It is well known that problem debt can add to a person's stresses and can lead to a crisis in their mental health
- Equally, it is well known that people with complex mental health problems, and particularly those in mental health crisis, can find

themselves in considerable debt because of their condition

- 3.2.3 As with the Standard Breathing Space, the scheme puts in place a moratorium on creditors being able to take action to recover debts whilst the person remains in mental health crisis, or add interest to the sum of the debt, until a debt adviser has been able to fully support the person to manage their debts. It lasts for the length of time that a person is deemed to be in mental health crisis, plus an additional thirty days after the crisis has ended.
- 3.2.4 Unlike the Standard Breathing Space, the MHCBS can only be initiated by an Approved Mental Health Professional (AMHP); by dint of their training and professional expertise, they were seen as the most appropriate people to certify that a person is in mental health crisis and needs the help of a specialist debt advisor service. AMHPs are almost always extra-qualified social workers (in some places in the country, this has been extended to other professional groups as well) who have specialist mental health knowledge and can operate within the framework of the Mental Health Act.
- 3.2.5 The AMHP's role is to certify that the person is in mental health crisis, and to refer them on to a specialist mental health debt advisory service, Rethink, which has been appointed by central government to undertake this role. The circumstances under which a person with mental health needs would qualify for the scheme are:
- That they have been detained in hospital for assessment or treatment under the Mental Health Act or
 - They have been taken by the police to a place of safety under Section 136 Mental Health Act or
 - They are receiving any other crisis, emergency or acute care in hospital or the community from a specialist mental health services that relates to a serious mental disorder
- 3.2.6 As part of the referral process to Rethink for specialist debt support, the AMHP must identify someone who can act as a Nominated Point of Contact (NPC). This will generally be someone who has continuing professional involvement with the person concerned, such as a care co-ordinator or mental health nurse. The NPC is the link between the mental health services and the debt advisor service, particularly in terms of keeping the debt advisor informed as to whether the person is still experiencing a mental health crisis: the NPC will be contacted every 20 or 30 days by the debt advisor to establish whether this is the case.
- 3.2.7 For the MHCBS to work effectively, there needs to be close cooperation between all components of those mental health services which deal with people in mental health crisis, and a good knowledge of the role and function of the scheme. With this in mind, the following processes have taken place to try to raise awareness and knowledge

within the mental health system:

- All AMHPs were briefed and attended national electronic training
- A policy and procedures for the delivery of the MHCBS was developed and widely distributed around the adult social care directorate
- Considerable contact took place with a senior manager in MerseyCare, to ensure that awareness of the scheme was raised and to establish agreement as to who should act as the NPC. Front line staff have also taken steps to ensure that their colleagues in the health services are made aware of this new scheme.

3.2.8 Since the MHCBS was implemented, four referrals have been made to the specialist debt advisory service (at the time of writing this report in mid-October 2021). This is a low number and it is clear that more needs to be done to raise awareness and promote use of the scheme locally. However, it should be said that the national picture is, if anything poorer: nationally there have only been 80 referrals to the scheme, and 27 of these were from Lancashire County Council. In that light, Halton is one of the better achievers: there are many councils, including a lot which are substantially bigger than Halton, which have not processed any referrals at all.

3.2.9 It is clear that the awareness and understanding of the MHCBS within the social services element of mental health services is good, and whenever referrals do come through, they are referred on to the debt advisors quickly and efficiently. There is a national problem and work is going on centrally to raise awareness within Mental Health Trusts across the country, but more also needs to be done locally to promote awareness and use of the scheme. With this in mind, further work is to take place with MerseyCare senior management, to remind them of the scheme and to seek their cooperation in promoting it amongst their staff.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications arising from this Report.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no other or financial implications arising from 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 in Halton 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:** Halton's mental health services work with people with some of the most complex needs and highest levels of risk in the local community. The development of the MHCBS is a positive step towards supporting people in mental health crisis, and although it has got off to a slow start, it has the potential to make a considerable difference to the people it supports.

It is less clear at this stage what the take-over of the former North West Boroughs by Merseycare will mean for local residents. What is clear is that no substantial changes will be taking place in the near future, but there will need to be close collaboration between Merseycare and local partners to ensure that any future changes create a positive benefit for local people.

- 6.4 **A Safer Halton:** as with 6.3 above.

- 6.5 **Halton's Urban Renewal:** there are no implications for Halton's Urban Renewal arising from this Report.

7.0 **RISK ANALYSIS**

- 7.1 The formal take-over of the North West Boroughs by Merseycare poses potential risks to service delivery in the longer term, as the "ownership" of these services moves to an organisation which has no direct history of working closely with Halton partners. There are therefore risks to both the numbers and quality of services that are delivered for local people with complex mental health problems, and these risks will need to be carefully scrutinised by Merseycare's partner organisations.

- 7.2 The MHCBS has the potential to deliver considerable improvement to the lives of people who are in mental health crisis and who experience debt problems. The scheme has not yet met its full potential, either locally or nationally, and more work needs to be done to improve this. Without this, vulnerable people could be left without the support which could make a real difference to their lives.

- 7.3 A formal risk assessment is not required at this stage.

8.0 **EQUALITY AND DIVERSITY ISSUES**

- 8.1 There are no specific equalities issues arising from this Report.

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

- 9.1 There are no background papers under the meaning of the Act.

REPORT TO:	Health Policy & Performance Board
DATE:	23 rd November 2021
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Performance Management Reports, Quarter 2 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 2 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 2 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 2, 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 2 – Period 1st July 2021 – 30th September 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 second 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 second quarter which include:

Adult Social Care:

Intermediate Care Review - Work has continued to take place over the past few months on the implementation of the new Halton Intermediate Care and Frailty Services (HICaFS). A comprehensive Operational Mobilisation Plan, along with an associated risk register, has been developed with the aim to phase 'go live' of the new model from 1st December 2021.

Adult Social Care Infection Control & Testing Fund – On 30.9.21, the Government announced an additional £388 million to prevent infections and provide testing in the care sector. Work is currently underway to determine provider allocations based on the grant conditions etc.

Mental Health Services:

Halton Women's Centre: the Centre is continuing to deliver a range of services and supports to vulnerable women in Halton, including some who have had contact with the criminal justice system. The service aims to support women to maintain their own homes and safe environments, help them to develop self-confidence and (where necessary) wider skills of self-care, develop opportunities for education, volunteering and employment, support them to engage more fully with their wider communities and reduce reliance on GP and other health care services. the support offered usually falls into three main categories:

- Short-term therapeutic work through counselling (6 – 12 weeks)
- Medium-term support through activities or counselling / listening ear/ individual support sessions (6 – 12 months)
- Longer-term support through practical activities (more than 12 months)

The main issues facing most of the women who access the Centre were depression, anxiety, low confidence and self-esteem and social isolation. Some of these cited COVID and associated restrictions as the main reason of the impact on their coping ability and mental health. There has also been a slight increase in referrals for women experiencing domestic violence (who are referred on as required to specialist domestic abuse services) and an increasing demand for counselling and 1:1 listening ear sessions. We also have had some referrals direct from probation services for Counselling, support and educational

sessions. Cases are more complex in nature, which was to be expected and is line with planning and development for the service.

North-West Boroughs Mental Health Trust: North-West Boroughs mental health services have now successfully migrated to the MerseyCare Mental Health Trust, becoming a sub-Directorate of that Trust. At this stage, there has been very little change in the delivery of mental health services to local people, with the only main changes taking place at more senior management levels. MerseyCare is undertaking a full review of provision, which is expected to take around twelve months.

Mental Health Crisis Breathing Space (MHCBS): this national programme, established by HM Treasury, is designed to ensure that people who are in mental health crisis and 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, which lasts for the time that a person is in crisis, plus an additional 30 days, 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.

Since the programme was put in place, Halton has processed four referrals under the MHCBS. This is still a low number and more work needs to be done with MerseyCare to ensure that their staff are fully aware and are referring people as necessary. However, the picture nationally is equally poor, with only 80 referrals being made across the whole country in the same period. Work is taking place

Nationally to encourage Mental Health Trusts to raise awareness of the scheme within their staff groups

Public Health

Covid-19 rates are continuing to plateau but at a high rate and consist almost entirely of cases of the Delta variant. The Delta variant is more rapidly transmissible. It is expected that the current rate is likely to remain at this level for a period of time with some additional uncertainty as winter approaches. Vaccination rates are over 75% for 1st and 2nd doses and a booster dose; flu vaccination is also being offered to at risk population groups. In spite of higher Covid case rates, hospital admissions remain lower than last winter/ early spring (when rates were also high).

The Targeted Lung Health Check programme has been signed off and is due to be implemented in Halton, supported by a stop smoking offer by the Health Improvement Team.

Whilst the rise in Covid activity that has happened since the national easing of restrictions is having an impact on the ability of the public health team to respond to non-Covid requests and activities, the team has made some progress on non-Covid activity with a return to

many face to face Health Improvement activity and a number of public health intelligence reports being produced.

3.0 Emerging Issues

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

Adult Social Care

Making vaccination a condition of deployment in the health and wider social care sector – The Government launched a consultation on 9.9.21 seeking views on whether or not to extend vaccination requirements to other health and care settings for COVID-19 and also for flu. The consultation is due to close on 22.10.21. If the recommendations outlined in the consultation are accepted, in line with the Mandatory vaccination requirements for staff working in Care Homes, this will have significant implication for the social care workforce.

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. Halton Borough Council submitted a detailed response to this consultation. The national responses have now been analysed and the government's response has been published. 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 taken place with the four Cheshire local authorities and their partner CCGs to resolve this issue, which is leading to the delivery of a county-wide protocol for ensuring an adequate local bed base.

Public Health

Covid booster vaccination programmes have started being offered to individuals who are at greater risk such, as the immune suppressed and also a school age 12-16. Whilst these are not delivered by the public Health team as Public Health Measures, the team works to support the seamless delivery.

Work on the integration agenda of the NHS is underway under the One Halton approach and the public health team is working with partners to support this work.

Homelessness

The homelessness strategy remains current and reflects the key priorities and agreed action plan for a five year period. The strategy action plan will be reviewed annually, to

ensure it is current and reflects economic and legislative changes, with many actions successfully achieved.

The pandemic and Government announcement for everyone in approach, placed immense pressure upon the team and housing partners, whereby, all vulnerable homeless clients were accommodated, irrespective of priority need. The `everyone in` approach ceased August 2021, and concerted efforts have been made to assist clients into secure and sustainable accommodation. Covid-19 changed working practice, with additional measures implemented to meet the initial crisis, but have remained in place and continue to influence future activity and communication between partner agencies and commissioned service delivery in the future

Homelessness services have been successful in a number of funding bids to support vulnerable residents. The rough sleeper initiative funding has provided crisis beds for rough sleepers, prevention funding to assist them into accommodation and a property conversion to provide 4 x 1 bed properties to support the client group.

Halton was successful in securing funding to deliver services across both Halton and Knowsley to ex-offenders. The provision will improve early intervention measures to assist clients leaving prison and ensure there is a clear move on pathway plan, both short and long term.

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	Q2 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	
1B	Integrate social services with community health services	
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	
1E	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems.	
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	
3A	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.	

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. We are restarting our rollout of training on Strengths based approaches across adult social care, currently working with SMT on leadership and with managers.

1D. Arrangements for the initiating the review of the local dementia strategy/new dementia strategy will be made when the new Commissioning and Development manager is in place, as they will be acting as strategy lead. However, in the interim, work has been ongoing within ASC to progress the Dementia Friendly HBC approach (as recommended as good practice for local dementia strategy) – with a draft action plan presented to COMT





in September 2021, and further work with the respective Management teams to progress in October. In addition, Alzheimer's Society are in talks with HBC about their proposal to enhance local provision through cognitive therapy sessions – as added value to the existing contract (in place until March 2021).









1E. Completed



1F. No Commentary received for Q2.







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



Key Performance Indicators

Older People:						
Ref	Measure	20/21 Actual	21/22 Target	Q2	Current Progress	Direction of travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ Better Care Fund performance metric	TBC	635	N/A		N/A
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. Better Care Fund performance metric	N/A	TBC	N/A		N/A
ASC 03	Total non-elective admissions in to hospital (general & acute), all age,	3341	5107	4139		

	per 100,000 population. Better Care Fund performance metric					
ASC 04	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) Better Care Fund performance metric	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 working days (VI/DRC/HMS)	72%	97%	78%		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	74%	80%	95.4%		
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	21%	45%	35%		
ASC 08	Proportion of adults with learning disabilities who live in their own	92.4 %	88%	92.79 %		

	home or with their family (ASCOF 1G)					
ASC 09	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5%	5.5%	5.29%	<input checked="" type="checkbox"/>	
Homelessness:						
ASC 10	Homeless presentations made to the Local Authority for assistance in accordance with Homelessness Act 2017. Relief Prevention Homeless	2000	2500	433 189 68 76	<input checked="" type="checkbox"/>	
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	114	300	76	<input checked="" type="checkbox"/>	
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	N/A	TBC	N/A	N/A	Duplicate – relates to statutory homeless acceptance, detailed in ASC 11 Eligibility and intentionality form part of the homelessness assessment to determine statutory homelessness

						s acceptance.
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast		300	47		
ASC 14	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)	6.62 %	7.0%	0.40%		
Safeguarding:						
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	TBC	TBC	N/A	N/A	N/A
ASC 16	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	62%	85%	67%		

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%	96.2%		
ASC 19	<i>Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)</i>	N/A	N/A	N/A	N/A	N/A
ASC 20	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	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 discussions about the person they care for (ASCOF 3C)	N/A	N/A	N/A	N/A	N/A
ASC 22	Do care and support services help to have a better quality of life? (ASC survey Q 2b)	N/A	93%	N/A	N/A	N/A

	Better Care Fund performance metric					
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Supporting Commentary:

Older People:

ASC 01 Work is in progress to look at the number of admissions to residential and nursing care, we will have an update for you at Q3.

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

ASC 03 Halton CCG continues to see low number of zero day length of stay admissions at Warrington Hospital, this is due to the use of assessment space as temporary bedded down units, this makes the space unavailable for same day admit to assess patients.

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 Q3.

ASC 06 There have been ongoing issues with reporting on this metric, which we now think has been resolved, however we need to continue to look at this in more detail and compare monthly to ensure that the figure continues in this direction.

ASC 07 As above we are continuing to look at our reporting in this area to ensure that our systems are reporting correctly.

ASC 08 Figures in this area remain stable

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. 'Known to' clients are those in receipt of long term support.

Homelessness:

ASC 10 No commentary received for Q2.

ASC 11 No commentary received for Q2.

ASC 12 No commentary received for Q2.

ASC 13 No commentary received for Q2.

ASC 14 No commentary received for Q2.

Safeguarding:

ASC 15 Work being done looking at the Actual/ target/Q2 figure.

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 This figure is slightly down from this time last year however, we are still on track to meet the target.

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	Q2 Progress
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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	Q2 Progress
PH 02a	Implementation of the Healthy Weight Action Plan	
PH 02b	increase the percentage of children and adults achieving recommended levels of physical activity.	
PH 02c	Reduce the levels of children and adults who are obese.	
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	Q2 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	Q2 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.	
PH 04e	Reduce the premature (under 75) death rate due to cardiovascular disease and stroke.	
Ref 05	Objective	
PH 05	Mental Health	
Ref	Milestone	Q2 Progress
PH 05a	Reduced level of hospital admissions due to self-harm.	
PH 05b	Improved overall wellbeing scores and carers' wellbeing scores.	
PH 05c	Reduced excess under 75 mortality in adults with serious mental illness (compared to the overall population).	
PH 05d	Reduce suicide rate.	
Ref	Objective	
PH 06	Cancer	
Ref	Milestone	Q2 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).	
PH 06c	Improved percentage of cancers detected at an early stage.	

PH 06d	Improved cancer survival rates (1 year and 5 year).	
PH 06e	Reduction in premature mortality due to cancer.	
Ref	Objective	
PH 07	Older People	
Ref	Milestone	Q2 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.	
PH 07b	Review and evaluate the performance of the integrated falls pathway.	
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	Q2 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 advice, and support and referral into partner agencies as appropriate.

Focus has returned to the provision of face to face visits / assessments where possible and a recovery plan is in operation to catch up any development reviews for families. The service is supporting the Covid vaccination programme for 12-15 year olds and is undertaking the annual flu programme as well.

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-establish a multiagency programme of support.

Parent healthy lifestyle sessions are available monthly 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 programme with the offer of both online and face to face courses. Currently we are working through the waiting list to try to ensure the parents are allocated to a course over the next 2 quarters. There has been an increase in referrals. There is also an issue with capacity at venues for face to face delivery is reduced.

**PH
01b** **Supporting commentary**

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.

The Family Nurse Partnership programme continues to work with first time teenage parents in Halton, and provides intensive support for some of our most complex families. The service has received some additional financial support from the CCG to embed mental health work as part of their delivery, as well as extending training to wider children’s workforce.

The Pause programme started in Halton in April 21, and works with women who have had children removed and are at risk of having future 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, with programmes in place to reduce their safeguarding risk and support their parenting capacity, should they choose to have a family in the future.

**PH
01c** **Supporting commentary**

Infant feeding support including breastfeeding support and sessions for Introducing solid food has been maintained throughout the pandemic and the physical activity and nutrition in pregnancy session will be part of the “Your Baby and You” program that was due to start in October.

Feedback from recent participants –

“Lots of support without judgement and made me feel like I was doing the right thing and could cope. I had numerous phone calls to check in and one face to face visit that showed me new techniques and I have been able to continue breastfeeding when I thought I may give up”.

“Support at children’s centre Elena was brilliant with lots of advice and support”.

“Regular phone calls but it was the face to face visit in relaxed surroundings that really helped. Knowledgeable, sensitive and empathetic staff”.

The Fit 4 Life service continues to develop a family app for those families and children who are overweight or want to make healthy changes. The app has now been launched promoting to referral partners. A public campaign to increase numbers will take place in January 21. Parent bitesize sessions continue to run with good uptake.

Holiday Activities Food (HAF) program provides school holiday provision to those on Free School Meals (FSM) and includes nutrition education, cooking and physical activity. It ran over summer with high percentage of those who took part eligible for free school meals. The holiday activity with food programme offers opportunities and experiences to children on free school meals who otherwise would not have been able to participate in such activities. The programme ensures that young people have positive engagement, healthy food, enrichment activities and daily nutritional education.

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 **Supporting commentary**

02a

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. In Q2, work with the Halton Chamber of Commerce has continued and the HIT has restarted breakfast meetings to engage with local business. 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. In Q2 this workplace offer has expanded to 3 businesses engaging with the app and the HIT Workplace Weight Management Team.

There has continued to be a range of parenting programmes 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 Holidays activity fund

has supported children through the pandemic, during the holidays, to access healthy and nutritious meals, and activities.

The community shop also enables 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 **Supporting commentary**

02b

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.

In Q2, HIT staff have been providing support to clients with long term conditions wishing to get more active. In Q2 45 initial consultations have been carried out with Halton residents looking to become more physically active. 57 Clients are currently in service and 3 HBC venues are now being used to deliver gym based sessions. 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 resumed after a mid- summer break. 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 through Q2. 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 **Supporting commentary**

02c

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 means the data will be based on a sample and may not reflect the full picture.

Development work has continued on the side of the app aimed at the whole family, with children as the focus of the programme, this will be a combination of interactive remote sessions, coaching and telephone calls. This has now had a soft launch with a wider roll out in the new year

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 Q2 and Halton's 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. The Adult weight Management 'Fresh Start' app has seen excellent uptake over Q2 with over 130 new users. 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 continued alongside 'Weigh in' clinics to make it easier for people to monitor their weight and access the service.

In total 230 referrals for Tier 2 weight management were received in Q2. Dietician led tier 3 weight management service operated a combination of remote telephone and in person appointments, 88 referrals were received over Q2. The service has seen an increase in referrals since Covid restrictions eased and the service is looking at ways to manage this through Q3 and 4. The service supports local people with high BMI's and those considering bariatric surgery.

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**03b****Supporting commentary**

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 have launched 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.

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 service delivers Brief Advice and Signposting to GP or referral to CGL, when appropriate.

To date the Stop Smoking Service have delivered 395 Audit C screenings to clients.

Health Trainers have had limited opportunities to deliver Audit C screening as part of Health Checks due to COVID.

PH**03c****Supporting commentary**

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 the quarter there has been a consistent number of individuals engaging with the service for support with individuals seeking support with alcohol being the highest number of new treatment journeys commenced.

The procurement of a new specialist substance misuse service for Halton is due to conclude shortly, with a new contract commencing on 1st April 2022.

Warrington Hospital is also developing an Alcohol Care Team function having received additional financial support from the NHS to optimise local provision. This builds upon work already commenced at St Helens & Knowsley Hospital and is a welcome local development.

PH**04a****Supporting commentary**

The NHS Health Check service has continued to increase the number of Halton residents completing a health check in Q2.

Halton practices have been supported by HIT Health Check Officers in 90% of local surgeries. Q2 data shows 282 Health Checks were completed by HIT staff (100 more than Q1). Practice data for the same period is not yet available

Interest from Halton workplaces in resuming NHS Health Checks on site has increased and Health Checks will be delivered in Q3 in local businesses as a result.

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. Face to face delivery of the service has now resumed in 5 GP settings and plans are afoot to steadily increase this offer. 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, never worked or unemployed smokers, smokers with respiratory disease, smokers addicted to substance misuse and smokers with mental health, where extra support is required. To date the service has supported 516 clients of which 231 clients have successfully stopped smoking so far and 112 clients where outcomes are unknown as yet as they are midway through the programme. 184 clients accessing the service have never worked or are unemployed or are routine and manual smokers. The service has been working closely with Liverpool Heart and Chest Hospital and Halton CCG on the Targeted Lung Health Check programme.

The service has now set up a Facebook page where advice and tips on stopping smoking are available to smokers – 90 people currently access the Facebook page.

PH **Supporting commentary**

04c 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.

Healthy eating advice forms part the weight management service, NHS Health Check and all Lifestyle Advisor consultations that the HIT carries out.

PH **Supporting commentary**

04d No further work has been carried out in Q1 with practices to review condition management due to limited access as a result of Covid

PH **Supporting commentary**

04e As stated in PH04a the NHS Health Check Programme has resumed in Halton and forms the cornerstone of early detection of heart disease risk factors. Prevention work has continued but it is thought that the start of the pandemic had an impact on heart disease and stroke due to people not accessing healthcare.

PH **Supporting commentary**

05a There has been a generalised reduction in the number of people admitted to hospital for self harm. We have continued to engage and promote positive 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 presently if the data reflects a real term reduction 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 variety of projects across Cheshire and Merseyside working towards reducing self harm in both children and young people and adults. The self harm dashboard developed by NWAS and PHE is complete and a monthly report is being shared with Champs. Local suicide prevention leads don't have access yet to the dashboard directly and its data set but will soon. The NHS England North West Coast Children and Young People Self Harm Pathway Development Group has commissioned Harmless to deliver self-harm awareness training for staff who work in community settings and front line mental health workers. A pilot will be taking place in November to ensure the training is suitable. Halton's suicide prevention partnership board has identified initial cohorts who would benefit from accessing this training once it has been assessed and is available. 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 kits are being piloted throughout September and will be evaluated by LJMU to assess their effectiveness.

Halton was successful in its application to PHE's Mental health Prevention and Promotion fund and has utilised the funds to provide the following:

- Bereavement support for children, young people and adults
- Development of a community grants fund, in partnership with young people, to deliver 5 ways to wellbeing activities in the community to children and young people
- Pilot programme aimed at engaging young males via Youth out reach
- Parenting programme co ordinator
- Additional support for adults experiencing financial insecurity

All of the above programmes will contribute to improved mental health and wellbeing of the local population and subsequently the indirect reduction in self harm.

PH 05b **Supporting commentary**

There is no data available in the Public Health Outcomes Framework to support measurements of carer wellbeing score.

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

PH 05c **Supporting commentary**

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.

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

PH **Supporting commentary**

05d 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.

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

Local Activity

The Mental Health Info Point continues to be promoted via social media and training. From April to June it has received **1,147** page views with **442** unique users and **184** 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. Mens anti stigma campaign continues to engage men who live in areas of deprivation with lived experience videos. The aim of the campaign is to reduce mental health stigma in men resulting with early help seeking and self help behaviour. The videos have received **61,265** views between July and September. Halton was successful in its expression of interest to access PHE prevention and promotion better mental health funds. Due to recommendations made by Health Watch in a recent report regarding children and young people's mental health. A letter and leaflet has been developed for secondary schools to communicate to parents/cares what support is available to them and their child if they are concerned about their mental health. The letter and leaflet has been provided to secondary schools for dissemination. Schools and early year's settings continue to be supported to implement a whole setting approach to improve mental health and wellbeing. Mental health awareness and suicide awareness training continues to be available to HBC staff and partners.

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 **Supporting commentary**

O6a *Please see PH04b*

The Stop Smoking Service have had to cease delivering COPD6 Lung Age Checks to clients aged 35 yrs and over as per NICE guidelines during consultations due to COVID and working remotely. However, CO monitoring has now resumed in 5 GP venue settings – albeit clients are offered and may decline if they feel uncomfortable - so it is based on clients choice.

Partnership working across Liverpool and Knowsley Stop Smoking Services, Liverpool Heart and Chest Hospital 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 Halton area will be targeted in January 2022. The service is looking to recruit 1 WTE in order to be able to deliver this programme. 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. Due to the programme being delayed and subsequent recruitment, the planned pilot scheme with GP's to refer all COPD clients that are smokers into the service for support to stop smoking is not able to go ahead.

PH **Supporting commentary**

O6b

Cancer Screening activity has resumed to normal levels compared to pre-Covid. It is too soon to say if the dip experienced in uptake of these programmes through initial lockdowns has recovered or if there remains a back log. However work has commenced to resume the activities of positive messaging and encouragement. Halton is participating in a number of activities to promote and encourage uptake of screening programmes as part of the Cheshire and Merseyside Cancer Alliance Prevention Board. Champs are undertaking a number of campaigns including Bowel screening uptake programme which is seeing the recruitment of system champions and navigators to encourage and assist people through the Bowel screening programme, early text message reminder prompts for cervical screening and currently developing a series of community engagement campaigns across a breadth of cancer prevention programmes, including screening.

PH **Supporting commentary**

O6c

Staging data is only available up to 2018. The percentages of cancers diagnosed at stage 1 or stage 2 has remained fairly static in the last 5 years.

- PH 06d** **Supporting commentary**
Cancer survival data is only available up to 2017; however the 1 year net survival % has increased year on year and the gap between Halton and the England average has narrowed considerably.
- PH 06e** **Supporting commentary**
The rate of premature mortality from cancer has seen a steady year on year decline, the latest available data is for the period 2017-19.
- PH 07a** **Supporting commentary**
Sure Start to Later Life continues to support older people to engage in community activities to reduce the risk of loneliness and social isolation. We have seen an increase in the number of community groups restarting since the pandemic which is increasing older people's social opportunities.
Our outreach visits to promote the role of the Information and Advice Officer and the function of Sure Start to Later Life has restarted and a schedule of visits has been produced.

The first Get Together since the pandemic is due to take place on Monday 11th October. Whilst the number of people allowed to the event has reduced from 80 to 50 we have increased the number of events to ensure that every one has the opportunity to take part. The Partners in Prevention meeting took place this quarter with over 25 Partners from all sectors in attendance. Lots of information was shared across professions and awareness raised about what services are available to support our older adults to access their community.

The Loneliness action plan has been revamped and the steering group is due to restart in the next quarter.
- PH 07b** **Supporting commentary**
No Change. During the pandemic there have been significant changes made to the falls pathway due to restructures of the Intermediate care service. A new service is due to be rolled out in December 2021.
- 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 by the 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 **Supporting commentary**

08b 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 **Supporting commentary**









08c Halton works with partners and has developed an Early Warning system for monitoring infections. We scrutinise this at the LOMB, the Health Protection Board and through the JBC.







The Regional surveillance group and epidemiological information from PHE/UKHSA as well as NW DsPH group provide additional information on regional covid activity from which we can learn best practice to incorporate or share our own best practice such as work with Asylum seekers and Seafarers.









Regionally the rate of 25 per 100 000 has not been achieved since lifting of national restrictions.








Key Performance Indicators



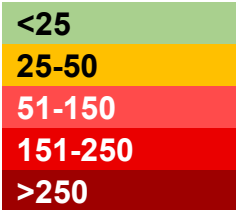



Ref	Measure	20/21 Actual	21/22 Target	Q2	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	66.1% (2018/19)	N/A	N/A	u	N/A
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that	57.6% (2019/20)	58.2% (2020/21)	N/A	u	N/A

	achieve 150+ minutes of moderate intensity equivalent per week)					
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	652 (2020/21 provisional)	877.7 (2021/22)	660 (Q2 20/21 – Q1 21/22 provisional)		
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	55.9 (2018/19-2020/21 provisional)	57.1 (2019/20 – 2021/22)	53.6 (Q2 18/19 – Q1 21/22 provisional)		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	14.9% (2019)	14.9% (2020)	N/A		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		N/A
PH LI 03c	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	85.7 (2018-20 provisional)	87.1 (2019-21)	90.2 (Q3 2018 - Q2 2021 provisional)		

PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	159.4 (2018-20 provisional)	160.8 (2019-21)	148.6 (Q3 2018 - Q2 2021 provisional)		
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	50.8 (2018-20 provisional)	51.6 (2019-21)	45.3 (Q3 2018 - Q2 2021 provisional)		
PH LI 03f	Breast cancer screening coverage (aged 53-70) <i>Proportion of eligible women who were screened in the last 3 years</i>	71.1% (2020)	70% (national target)	N/A		N/A
PH LI 03g	Cervical cancer screening coverage (aged 25 – 49) <i>Proportion of eligible women who were screened in</i>	73.8% (2020)	80% (national target)	N/A		N/A

	<i>the last 3.5 years</i>					
	Cervical cancer screening coverage (aged 50 – 64) <i>Proportion of eligible women who were screened in the last 5.5 years</i>	73.8% (2020)	80% (national target)	N/A		N/A
PH LI 03h	Bowel cancer screening coverage (aged 60 to 74) <i>Proportion of eligible men and women who were screened in the last 30 months</i>	60.4% (2020)	No national target as yet	N/A		N/A
PH LI 03i	Percentage of cancers diagnosed at early stage (1 and 2)	52.6% (2018)	53.1% (2019)	N/A		N/A
PH LI 03j	1 year breast cancer survival (%)	97% (2018)	97.25% (2019)	N/A		N/A
PH LI 03k	1 year bowel cancer survival (%)	79% (2018)	97.25% (2019)	N/A		N/A
PH LI 03l	1 year lung cancer survival (%)	41% (2018)	41.5% (2019)	N/A		N/A
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per	312.6 (2020/21 provisional)	380.6 (2021/22)	293.6 (Q2 2020 – Q1 2021 provisional)		

	100,000 population)					
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	9.3% (2019/20)	9.1% (2020/21)	N/A check		N/A
PH LI 05ai	Male Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	17.4 (2018-20 provisional)	17.2 (2019-21)	17.5 (Q3 2018 - Q2 2021 provisional)		
PH LI 05aii	Female Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	19.9 (2018-20 provisional)	19.8 (2019-21)	19.9 (Q3 2018 - Q2 2021 provisional)		
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s	2844 (2020/21 provisional)	2806 (2021/22)	2710 (Q2 2020 – Q1 2021 provisional)		

	(Directly Standardised Rate, per 100,000 population; PHOF definition)					
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 (30/04/21)	PHE THRESHOLDS  (Latest 7 day rate per 100,00)	366 (23/09/21)	N/A	
PH LI 06b	COVID-19 vaccination uptake (% population in all JVIC Groups covered by 2 Doses)	6.4% (31/03/21)	85% (national target)	75.3% (27/09/21)		

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 and Q1 2021/22 indicates the rate of alcohol related admissions has reduced since 2019/20 and is on track to meet the target. (Data is provisional; published data will be released later in the year.)

PH LI 02c - Provisional data for 2020/21 and Q1 2021/22 indicates the rate of under 18 alcohol admissions has reduced since 2019/20 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 increased 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) has increased slightly in 2020 and the first half of 2021; it is likely that COVID-19 has had an effect.

(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 first half 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 first half 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 03F - Breast cancer screening coverage dropped in 2020; COVID-19 may have affected this. Data is released annually.

PH LI 03g - Cervical cancer screening coverage improved during 2020 in those aged 25-49. Halton performed better than the England average (70.2%) but is still working towards the national standard of 80% coverage. Data is released annually. Cervical cancer screening coverage remained static between 2018 and 2020 in those aged 50-64. Halton did not perform as well as the England average and is still working towards the national standard of 80% coverage. Data is released annually.

PH LI 03h - Bowel cancer screening coverage improved during 2020 but Halton did not perform as well as the England average. Data is released annually.

PH LI 03i - The % of cancers diagnosed at early stage has fluctuated between 50% and 56% since 2013. Data is released annually.

PH LI 03j - 1 year breast cancer survival has improved steadily over the last 10 years. It was 97% in 2018, which was the same as the England average. Data is released annually.

PH LI 03k - 1 year bowel cancer survival has improved steadily over the last 10 years. It was 79% in 2018, which was slightly lower than the England average (80%). Data is released annually.

PH 03l - 1 year lung cancer survival has improved steadily over the last 10 years. It was 41% in 2018, which was lower than the England average (44.5%). Data is released annually.

PH LI 04a - Provisional 2020/21 and Q1 2021/22 data indicates the rate of self harm admissions has reduced since 2019/20 and is on track to meet the target.
(Data is provisional; published data will be released later in the year.)

PH LI 04b - Happiness levels worsened during 2019/20. 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 the first half of 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 but has stabilised during the first half of 2021.
(Data is provisional; published data will be released later in the year.)

PH LI 05b – Provisional annual data up to Q1 2021/22 indicates the rate of falls injury admissions has reduced slightly and is currently on track to meet the target.
(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%. The flu vaccinations for 2021/22 have not started yet.

PH LI 06a – The number of COVID-19 has been high nationally and locally since the start of June. Infection rates are high amongst young unvaccinated school children age 5-14. 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. This has not yet been reached nationally or locally.

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT

Finance **COMPLEX CARE POOL**

Revenue Budget as at 30 September 2021

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Intermediate Care Services	6,464	3,002	2,476	526	1,047
Joint Equipment Store	783	51	51	0	0
Oakmeadow	1,139	569	560	9	41
Intermediate Care Beds	607	304	304	0	0
Sub-Acute Unit	1,990	0	0	0	0
Inglenook	125	63	14	49	92
CCG Contracts & SLA's	3,319	119	117	2	2
Carers Centre	365	182	182	0	0
Red Cross Contract	65	33	32	1	0
Carers Breaks	412	279	204	75	142
Intermediate Care Development Fund	1,005	0	0	0	0
Residential and Nursing	1,014	507	507	0	0
Domiciliary Care and Supported Living	2,422	1,211	1,208	3	(23)
Total Expenditure	19,710	6,320	5,655	665	1,301
Income					
Better Care Fund	-11,468	-5,734	-5,734	0	0
CCG Contribution to Pool	-3,196	-1,598	-1,598	0	0
Oakmeadow Income	-612	-306	-305	(1)	(2)
Other Income	-54	0	0	0	(54)
Total Income	-15,330	-7,638	-7,637	(1)	(56)
Net Departmental Expenditure	4,380	-1,318	-1,982	664	1,245
Covid Costs					
Infection Control Fund	0	0	31	(31)	(31)
Rapid Testing	0	0	14	(14)	(14)
Government Grant Income					
Infection Control Fund	0	0	-31	31	31
Rapid Testing	0	0	-14	14	14
Net Covid Expenditure	0	0	0	0	0
Net Departmental Expenditure	4,380	-1,318	-1,982	664	1,245
CCG Contribution Share of Surplus	0	0	0	(279)	(523)
Adjusted Net Department expenditure	4,380	-1,318	-1,982	385	722

Comments on the above figures:

The overall position for the Complex Care Pool budget is £0.385 under budget profile at the end of September and the forecast year end position is expected to be approximately £0.722m under budget.

Intermediate Care Services is £0.526m under budget profile at the end of the second 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 currently underway.

Expenditure on Carer's Breaks is under budget profile by £0.075m as at the end of September and expected to be £0.142m underspent by year-end. The personalised break costs from Halton Carer's Centre continue to be quite low as are the direct payment carers breaks. Demand for these services will have been impacted by the Covid pandemic.

Oakmeadow was forecasting an overspend at quarter 1. However, the current position is an underspend of £0.009m with a forecast year end position of spend being £0.041m below the approved budget. This is due to a decrease in the use of agency workers.

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

Spend is currently forecast to be below budget by the end of March 2022 with the value of the overspend being in the region of £0.722m for the Council.. However an Intermediate Care review being undertaken may result in resources and budgets being reallocated.

Pooled Budget Capital Projects as at 30 September 2021

	2020-21 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remainin g £'000
Disabled Facilities Grant	650	300	204	446
Stair lifts (Adaptations Initiative)	250	125	94	156
RSL Adaptations (Joint Funding)	200	100	56	144
Millbrow Refurbishment	1,450	10	7	1,443
Madeline Mckenna Refurb.	100	20	11	89
St Luke's Care Home	240	10	3	237
St Patrick's Care Home	50	20	11	39
Total	2,940	585	386	2,554

Comments on the above figures:

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2020/21 spend and budget, and final 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 Coronavirus pandemic. The refurbishment programme is scheduled to start in the latter part of the current financial year.

Revenue Operational Budget as at 30 September 2021

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	14,252	6,847	6,755	92	150
Premises	287	165	188	(23)	(40)
Supplies & Services	722	480	480	0	0
Aids & Adaptations	113	56	41	15	0
Transport	647	305	322	(17)	0
Food Provision	183	51	41	10	30
Agency	565	188	191	(3)	(10)
Supported Accommodation and Services	1,398	719	717	2	0
Emergency Duty Team	103	0	0	0	0
Contacts & SLAs	657	514	512	2	(10)
Capital Financing	43	0	0	0	0
Transfer To Reserves	353	0	0	0	0
<u>Housing Solutions Grant Funded Schemes</u>					
LCR Immigration Programme	800	20	16	4	0
Homelessness Prevention	442	75	75	0	0
Rough Sleepers Initiative	121	40	36	4	0
Total Expenditure	20,686	9,460	9,374	86	120
Income					
Fees & Charges	-640	-276	-253	(23)	(20)
Sales & Rents Income	-287	-159	-165	6	0
Reimbursements & Grant Income	-967	-422	-387	(35)	(50)
Housing Strategy Grant Funded Schemes	-1,393	-1,348	-1,357	9	0
Capital Salaries	-111	-55	-61	6	0
Government Grant Income	-689	-601	-602	1	0
Total Income	-4,087	-2,861	-2,825	(36)	(70)
Net Operational Expenditure Excluding Homes and Community Care	16,599	6,599	6,549	50	50
Care Homes Net Expenditure	6,526	3,059	3,158	(99)	(198)
Community Care Expenditure	18,630	8,898	9,386	(488)	(1,033)
Net Operational Expenditure Including Homes and Community Care	41,755	18,556	19,093	(537)	(1,181)

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Covid Costs					
Employees	0	0	740	(740)	(1,401)
Premises	0	0	47	(47)	(85)
Transport	0	0	12	(12)	(18)
Supplies (Including PPE)	0	0	21	(21)	(42)
Contracts	0	0	224	(224)	(225)
Extra Care Packages	0	0	468	(468)	(873)
Infection Control	0	0	630	(630)	(630)
Rapid Test	0	0	448	(448)	(448)
Hospital Discharge Programme	0	0	560	(560)	(560)
Covid Loss of Income					
Community Care Income	-770	-375	0	(375)	(770)
Community Services Transport	-91	-61	0	(61)	(91)
Community Services Placements	-61	-37	0	(37)	(61)
Government Grant Income					
Infection Control Grant	0	0	-630	630	630
Rapid Test Funding	0	0	-448	448	448
CCG Hospital Discharge Programme	0	0	-560	560	560
Covid Grant Funding	0	0	-1,985	1,985	3,566
Net Covid Expenditure	-922	-473	-473	0	0
Recharges					
Premises Support	402	201	201	0	0
Transport Support	151	75	75	0	0
Central Support	4,161	2,616	2,616	0	0
Asset Rental Support	13	0	0	0	0
Recharge Income	-122	-61	-61	0	0
Net Total Recharges	4,605	2,831	2,831	0	0
Net Departmental Expenditure	45,438	20,914	21,451	(537)	(1,181)

Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is £0.050m below budget profile at the end of the second quarter of the 2021/22 financial year. Expenditure is currently projected to be below budget by a similar amount at the end of the financial year. Information covering Community Care and Care Homes can be found further within the report.

Employee costs are currently £0.092m under budget profile, due to savings being made on vacancies. The bulk of savings are being made within the Care Management division, which has experienced difficulties in recruiting to vacant posts. Posts are currently being actively recruited to, and the level of savings resulting from vacant posts is projected to be at a reduced level for the remainder of the year.

There are a number of full grant funded Housing Strategy initiatives included in the report above, 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. Income currently significantly exceeds expenditure across the schemes.

The projected £0.050m 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 more than compensated by savings in other areas, resulting in a budget underspend 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. Excluding specific grants total expenditure and loss of income has been recorded as £1.985m for April and September 2021. The total cost for the financial year (excluding spend fund from specific grants) is currently estimated at £3.566. Estimates are largely based on spend patterns continuing for the remainder of the year. They include costs for additional staffing at Council Care Homes, costing £0.645m for the year to date.

Other Covid costs relate to early hospital discharges. The hospital discharge plan was put in place to fund these placements with costs being recovered from Halton CCG. Scheme 1 was for anyone discharged from hospital before 30th September 2020 until they were reviewed or at the end of the financial year, whichever was soonest.

Scheme 2 was for anyone discharged from 1st October 2020. However this funding was only for up to 6 weeks per client.

For this financial year Scheme 2 funded clients for up to 6 weeks in the first quarter. However, this reduced to up to 4 weeks funding from Quarter 2, extended through to the end of the year. The income to cover these packages of care has drastically reduced and service users are coming onto normal funding streams sooner. The vast majority of these packages come to HBC to fund. Costs recovered for scheme 2 to date are £0.560m with additional care package costs being picked up by the Council. The cost of which to date is £0.468m, forecast to increase to £0.873 to the end of the financial year.

Occupancy of beds within Council run care homes is lower than forecast which is having an impact on income levels. The under occupancy of beds is being charged against the Covid grant, it is currently estimated the loss of income due to the Council through to the end of year will be in the region of £0.770m.

Community Care**Revenue Operational Budget as at 30 September 2021**

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Residential & Nursing	13,017	5,576	5,378	198	310
Domiciliary Care & Supported Living	9,288	4,151	4,329	(178)	(328)
Direct Payments	9,678	4,789	5,660	(871)	(1,745)
Day Care	315	124	155	(31)	(67)
Total Expenditure	32,298	14,640	15,522	(882)	(1,830)
Income					
Residential & Nursing	-9,103	-3,941	-4,093	152	564
Domiciliary Care	-1,875	-703	-717	14	36
Direct Payments	-721	-277	-319	42	188
ILF Income	-656	-164	-164	0	0
Government Grant	-1,200	-600	-600	0	0
Other Income	-113	-57	-243	186	9
Total Income	-13,668	-5,742	-6,136	394	797
Net Departmental Expenditure	18,630	8,898	9,386	(488)	(1,033)

Comments on the above figures:

Community care net expenditure is over the budget profile at the end of Quarter 2 by £0.488m and is anticipated to exceed the approved budget by £1.033m at the end of the financial year.

RESIDENTIAL CARE

There are currently 438 service users in permanent residential care. This is an increase of 15% on those receiving a service at the end of the last financial year. A number of people are in out of borough care homes, some of which attract a higher rate. This is being looked at, however some are out of borough as a legacy of the pandemic due to lack on in borough provision at the time.

DOMICILIARY CARE & SUPPORTED LIVING

There are currently 626 service users receiving a package of care at home compared to 576 at the end of last year, an increase of 8%.

DIRECT PAYMENTS

The demand for a Direct Payment continues to increase. To date there have been 76 new referrals into the service costing £24k per week. There have also been 78 increase referrals at a cost of £13k per week. Some of the increase referrals have been due to service users being unable to attend Day Services as a result of the pandemic, the gradual re-opening of this service will help reduce and control overall costs.

Care Homes**Revenue Operational Budget as at 30 September 2021**

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Expenditure					
<u>Madeline McKenna</u>					
Employees	500	253	286	(33)	(66)
Premises	44	21	21	0	0
Supplies & Services	12	5	7	(2)	(4)
Food	30	15	19	(4)	(8)
Total Madeline McKenna Expenditure	586	294	333	(39)	(78)
<u>Millbrow</u>					
Employees	1,577	847	981	(134)	(268)
Premises	66	17	29	(12)	(24)
Supplies & Services	45	28	29	(1)	(2)
Food	61	30	31	(1)	(2)
Total Millbrow Expenditure	1,749	922	1,070	(148)	(296)
<u>St Luke's</u>					
Employees	2,136	990	958	32	64
Premises	83	18	29	(11)	(22)
Supplies & Services	40	21	27	(6)	(12)
Food	100	35	37	(2)	(4)
Total St Luke's Expenditure	2,359	1,064	1,051	13	26
<u>St Patrick's</u>					
Employees	1,440	692	577	115	230
Premises	82	32	42	(10)	(20)
Supplies & Services	32	18	22	(4)	(8)
Food	100	50	43	7	14
Total St Luke's Expenditure	1,654	792	684	108	216
<u>Care Homes Management</u>					
Employees	256	65	98	(33)	(66)
Transfer from Reserves	-78	-78	-78	0	0
Total St Luke's Expenditure	178	-13	20	(33)	(66)
Net Expenditure	6,526	3,059	3,158	(99)	(198)

Comments on the above figures:

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 Q2 net spend exceeds the available budget by £0.099m, it is currently forecast net spend will exceed to approved budget £0.198m for the year to 31 March 2022. Net staffing costs for the four care homes to date are currently £0.053m above the approved budget, the forecast for the remainder of the year estimates staffing costs to be in the region of £0.106m 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.

All overtime & above average agency spend across the 4 care homes has been offset by the general Covid grant cost centre and is currently forecast to do so until the end of the financial year.

Capital Projects as at 30th September 2021

	2020-21 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remainin g £'000
Orchard House	30	32	32	(2)
Total	30	32	32	(2)

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 £0.407m, 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.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT**Revenue Budget as at 30 September 2021**

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Employees	4,183	1,446	1,305	141	261
Premises	5	0	0	0	0
Supplies & Services	234	90	69	21	42
Contracts & SLA's	7,152	3,172	3,172	0	0
Transport	10	4	1	3	5
Agency	20	20	20	0	0
Transfer to Reserves	50	0	0	0	0
Total Expenditure	11,654	4,732	4,567	165	308
Income					
Fees & Charges	-84	-18	-22	4	7
Reimbursements & Grant Income	-148	-99	-99	0	0
Transfer from Reserves	-584	-84	-84	0	0
Government Grant Income	-10,862	-4,197	-4,197	0	0
Total Income	-11,678	-4,398	-4,402	4	7
Net Operational Expenditure	-24	334	165	169	315
Covid Costs					
Contain Outbreak Management Fund	0	0	1,621	(1,621)	(3,783)
Practical Support Self-Isolation	0	0	51	(51)	(278)
Community Based Testing	0	0	170	(170)	(170)
Targeted Community Testing	0	0	126	(126)	(367)
Covid Loss of Income					
Pest Control income	-10	-10	0	(10)	(10)
Exercise class income	-16	-16	0	(16)	(16)
Day trip income	-3	-3	0	(3)	(3)
Government Grant Income					
General Covid Funding	0	0	-29	29	29
Contain Outbreak Management Fund	0	0	-1,621	1,621	3,783
Practical Support Self-Isolation	0	0	-51	51	278
Community Based Testing	0	0	-170	170	170
Targeted Community Testing	0	0	-126	126	367
Net Covid Expenditure	-29	-29	-29	0	0
Recharges					
Premises Support	119	59	59	0	0
Transport Support	24	12	12	0	0
Central Support	751	327	310	17	35
Support Income	-155	-155	-155	0	0
Net Total Recharges	739	243	226	17	35
Net Departmental Expenditure	686	548	362	186	350

Comments on the above figures

The net Department spend is £0.186m under budget at the end of Quarter 2 and the estimated outturn position for 2021/22 is for net spend to be £0.350m under the available budget.

Employee costs are currently £0.141m under budget. This is a result of savings made during the first half of the year by staff continuing to work on COVID related activities and the associated costs funded from the Contain Outbreak Management Fund. It is anticipated that a full year underspend of £0.261m 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 £0.021m under budget. The anticipated full year underspend will be £0.042m. 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.

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 was received in Quarter 1. Therefore £4.188m COMF funding is available to spend, with £1.621m or 38.71% 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.




From July, Targeted Community Based Testing for disproportionately impacted and underserved groups with no symptoms replaced Community Based Testing. The purpose of the targeted community testing is to enable local authorities to identify, support and reduce prevalence and harm in asymptomatic individuals from groups that are most affected by Covid-19. Spend in the first half of the year for Community Based Testing was £0.170m and grant funding received covers the full cost. Quarter 2 spend on Targeted Based Testing is £0.122m and expenditure for the second half of the year is estimated to be £0.240m, with grant funding received in arrears of monthly claims submitted, expected to cover the full cost of delivering this service.

Funding to help those required to self-isolate is continuing to be provided through the LA Practical Support for Self-Isolation grant. Funding of £0.278m has been received to date and £0.051m or 18.35% has been spent. This funding will continue until the end of the financial year. 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, providing transport to school for parents self-isolating, support for wellbeing e.g. providing reassurance, check-ins, welfare calls, social and digital inclusion e.g. helping people to access services online, providing 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-19, with Sure Start to Later Life and Pest Control unable to generate income to date during the financial year, the Health Improvement Team has only been able to achieve reduced levels of income. The resulting loss of £0.029m fees and charges income to date has been offset by a contribution from reserves. The loss of income in 2021/22 is estimated to remain at £0.029m, assuming some income levels will return to normal during the second half of the financial year.




APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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