

Public Document Pack



Health Policy and Performance Board

Tuesday, 15 February 2022 at 6.30 p.m.
Council Chamber - Town Hall, Runcorn

A handwritten signature in black ink that reads 'David Wilson'.

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
David Wilson	Healthwatch Co-optee

*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 to be confirmed.*

**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, 23 November 2021 in the Council Chamber, Runcorn Town Hall

Present: Councillors Ball, D. Cargill, Dyer, Goodall, Ratcliffe and J. Stockton (In the Chair)

Apologies for Absence: Councillors P. Lloyd Jones, Baker and D. Wilson (Healthwatch Co-optee)

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, A. Jones, D. Nolan, L Wilson, I. Onyia and S. Johnson Griffiths

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

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

Action

Due to apologies submitted by the Chair and the Vice-Chair, a motion was made for Councillor J. Stockton to take the role for the meeting. This was seconded and agreed by the Board.

HEA22 MINUTES

The Minutes of the meetings held on 28 September and 12 October having been circulated, were signed as a correct record.

HEA23 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

HEA24 HEALTH AND WELLBEING MINUTES

The minutes from the Health and Wellbeing Board meeting held on 7 July 2021 were attached for the information of the Board.

HEA25 THE STANDARDS FOR EMPLOYERS OF SOCIAL WORKERS AND THE SOCIAL WORK HEALTH CHECK

The Board received a report of the Director of Adult

Social Services, which provided information on work that had taken place within Adult Social Care (ASC) in relation to the *Standards for Employers of Social Workers in England*, which was published by the Local Government Association (LGA).

It was reported that a self-assessment exercise had been undertaken locally to establish Halton's performance in relation to the Standards and staff had also taken part in the Social Work Health Check survey, which was required under one of the employer standards.

The report provided Members with further information on the outcome of the Health Check survey as well as information on the Standards self-assessment exercise. It was noted that the Health Check survey had been co-ordinated at a national level by the LGA with national, regional and local reports being produced. Halton's social workers took part in the survey in December 2020 and the headline local report was received in January 2021 (Appendix A). A more detailed local report was received in May 2021 (Appendix 2).

It was noted that the Health Check survey was being run on an annual basis with the next one due to start in September 2021. Halton had registered interest in taking part and was waiting for further information.

The following further information was provided in response to Members questions:

- There were 22 respondents out of 55 to the survey, which represented 40% of staff;
- Continuous Professional Development (CPD) was good in Halton and improvements to this were always being looked at to encourage staff to stay; and
- Training opportunities had been reduced during the pandemic, however all staff had now been given training opportunities.

RESOLVED: The Board note the contents of the report.

HEA26 PUBLIC HEALTH RESPONSE TO COVID-19 CORONAVIRUS

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

The update and accompanying presentation included the most recent Covid-19 figures and data for Halton; how the Halton Outbreak Support Team (HOST) 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 the following additional information was provided:

- The Public Health Team recognised the remoteness of the vaccination centre on Manor Park and although they did not organise the centres, work was underway with NHS England to look for a more central location which would be easier for people to get to;
- Occasionally there were issues with the supplies of the vaccine to pharmacies;
- Communication of the importance of having the vaccine was still being concentrated on, to encourage those who were still resisting this. Public Health staff had also made visits to supermarkets and businesses to promote this;
- Public Health had a dedicated schools based team which held daily meetings where they compiled Covid data from schools;
- The vaccination data relating to NHS staff was reported to NHS England; and
- The vaccination site at the Brindley would close from 1 December 2021.

RESOLVED: That the update be received.

HEA27 ONE HALTON UPDATE

The Board received a paper from the Strategic Director – People (HBC) and the Chief Commissioner – NHS Halton CCG, which provided a position statement for One Halton in relation to the following:

- a) The Cheshire and Merseyside (C&M) Integrated Care Service developments;
- b) The C&M CCG Transition Programme;
- c) The C&M Integrated Care Board (ICB) Constitution consultation; and
- d) The One Halton place self-assessment against the C&M Development Framework.

Members discussed what the proposals meant for the people of Halton and for the staff from the CCG. It was reported that although some large scale projects would need

to be carried out across Cheshire and Merseyside, the public would see some changes to health services locally.

RESOLVED: That the report be noted.

HEA28 SUICIDE PREVENTION

The Board received a report of the Interim Director of Public Health, which provided an update on the suicide prevention agenda.

The report discussed:

- a) Public Health England Prevention and Promotion Mental health funding (£270,000) for mitigation against Covid impacts and outcomes achieved;
- b) Champs and the NO MORE Suicide Strategy and outcomes achieved so far;
- c) Core Local Activity – tackling mental health stigma in men with Halton's Time to Change Hub and the outcomes achieved to date; and
- d) Mental health teams in schools their outcomes achieved to date.

Members discussed the following:

- Champs funding from the NHS to help with the prevention of suicide amongst children;
- Staff working closely with schools to give psychological support but this had proved difficult due to lack of funding;
- Mental health first aid – what to look for. This was being taught in community venues and to front line staff to educate people to identify the signs of someone suffering with mental health problems; this was supported by social media campaigns; and
- The Multi Partner Implementation Group in relation to schools – this consisted of educational psychologists and staff from the education and the health implementation teams.

RESOLVED: That the Board notes the report.

HEA29 UPDATE ON THE IMPLEMENTATION OF MANDATORY VACCINATION REGULATIONS IN ADULT CARE HOMES

The Board considered a report of the Strategic Director – People, which gave an update in relation to the risks associated with the recent Government legislation published on the need to vaccinate people working or

deployed in care homes.

The implications of implementing the regulations identified in the original report (submitted to the Board on 28.09.21), were that staff who worked within care homes or were 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.

Members were provided with 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.

It was noted that an updated risk assessment had been carried out against the five risk areas outlined in the report – Employment, Workforce, Commissioning, Continuity of Care and Viability. Members were advised that the Council would continue to review the business contingency plans for Council run care homes and the numbers vaccinated were now being monitored daily. Further, the Council would continue to use all means available to encourage uptake and to ensure that providers continued to accurately and regularly report the vaccination status of their staff.

In response to a query regarding additional precautions being taken by staff who were medically exempt from vaccination but continuing to work in the care homes, it was noted that they were required to take two lateral flow tests per week; one PCR test per week; and wear the required PPE items prior to entering their place of work.

RESOLVED: That the Board notes the report.

HEA30 UPDATE ON MENTAL HEALTH ISSUES

The Board considered a report of the Strategic Director – People, which provided an 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.

It was reported that so far the take-over by MerseyCare NHS Mental Health Trust of the former NWB had made very little impact locally on front line service

delivery. A local multi-agency health partnership board was being re-established imminently, which would include Merseycare, and would make the transmission of information and service developments easier to maintain through consistent conversation.

Members were advised that the Mental Health Breathing Space (MHBS) scheme was introduced by central Government and implemented in May 2021. It aimed to provide people who were in debt and who qualified for the scheme, with a period of respite during which they could not be pursued by their creditors until their debts had been addressed by a specialist debt adviser. The elements and reasons for the scheme being set up were outlined in the report.

In response to members' questions it was noted that the measure of service delivery impact came from people on the ground, so feedback from front line teams. The Board recognised that financial problems did affect some people's mental health and they required specialist support to get them through this. The numbers of referrals made to date would be provided at a future meeting of the Board.

RESOLVED: That the Board notes the contents of the report and comments made.

Strategic Director
- People

HEA31 PERFORMANCE MANAGEMENT REPORTS, QUARTER 2 2021/22

The Board received the Performance Management Reports for quarter two 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 two of 2020-21. This included a description of factors, which were affecting the service.

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

It was noted that some areas within Adult Social Care, Public Health and NHS Services were still being effected by the pandemic so some data was limited.

ASC 13 – the numbers of households living in

temporary accommodation was down due to some resources still being used from the start of the pandemic.

ASC 16 – the percentage of existing HBC ASC staff that had received Adult Safeguarding Training in the past 3 years was down – since this data was compiled these numbers had improved, as discussed earlier in item 5 (a).

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

Meeting ended at 8.20 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 15 February 2022

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: 15 February 2022
REPORTING OFFICER: Chief Executive
SUBJECT: Health and Wellbeing minutes
WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Health and Wellbeing Board at its meeting on 6 October 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, 6 October 2021 at the Bridge Suite - Halton Stadium, Widnes

Present: Councillors Wright (Chair), J. Lowe, T. McInerney, Woolfall and S. Patel, R. Foster, D. Nolan, L. Gardner, D. Wilson, L. Thompson, P. Jones, C.Lyons, D. Parr, I. Onyia, K. Parker, S. Semoff, K. Roberts and G. Ferguson

Apologies for Absence: M. Larking, D. Merrill and S. Wallace Bonner

Also in attendance: Councillor P. Lloyd Jones

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

Action

HWB11 MINUTES OF LAST MEETING

The Minutes of the meeting held on 7 July 2021 having been circulated were signed as a correct record.

HWB12 PUBLIC HEALTH RESPONSE TO COVID-19 CORONAVIRUS

The Board received an update on the most recent Covid-19 coronavirus figures for Halton and how the Halton Outbreak Support Team were working successfully to identify and manage local outbreaks. The presentation also outlined the most recent information on testing and vaccination for people in Halton.

The Board discussed the importance of Lateral Flow Testing and the availability and distribution of testing kits.

RESOLVED: That the Board note the presentation.

HWB13 BETTER CARE (POOLED) FUND

The Board received a report of the Director of Adult Social Services, which provided an overview of the work carried out in order to ensure that the Better Care (Pooled) Fund (BCF) was balanced at the end of the financial year 2020/21. As a result of the pandemic, although there were significant challenges across the system during 2020/21, under the direction of the Pooled Budget Manager, work was

undertaken by colleagues across the Council and the Clinical Commissioning Group, to review the BCF schemes within the pooled budget. The work identified areas for savings and introduced new ways of working/reconfigured services within the Borough to relieve pressures across the system, including financial pressures. Examples of the work undertaken was outlined in the report.

The Board noted that as a consequence of the work undertaken during the previous 12-18 months, at the end of the financial year 2020/21 the BCF budget was £157k under budget. After deducting the overspend for the previous financial year, this left an underspend position of 40k.

RESOLVED: That the report be noted.

HWB14 ONE HALTON ICP POSITION STATEMENT

The Board considered a report which provided a position statement in relation to:

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

The ICS guidance had been published on 2 September and as part of the new ICS arrangements, ICS Leaders should confirm their proposed place-based partnership arrangements for 2022/23, including their boundaries, leadership and membership by 1 April 2022.

In addition, the report also provided detailed information on the One Halton Integrated Partnership meetings held on 18 August and 15 September and the Workshops held on 18 August and 17 September.

RESOLVED: That the report be noted.

HWB15 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) SUMMARY

The Board were updated on the Joint Strategic Needs Assessment which analysed the health needs of the population to inform and guide commissioning of health, wellbeing and social care services within local authority areas. The JSNA underpinned the health and wellbeing strategy and commissioning plans. A copy of the summary document for the Halton JSNA 2021 had been previously

circulated to the Board.

In 2012 the first executive summary of the JSNA mapped across the life course was presented. This approach had continued to receive good feedback from various partnerships and stakeholders. As a consequence the revised annual summary had used broadly the same approach, updating data and information since the previous version.

The Board received an update on the latest published whole year data JSNA summary, which was for the period 2019/20. The update provided the Board with the highlights of the 2021 JSNA, those areas which had remained difficult to improve, those that had worsened and the developments for the JSNA going forward. It was also noted that the JSNA could not take into account the impacts of the Covid-19 pandemic as much of the data was for the period 2019-2020.

The Board discussed the availability of NHS dentists in the Halton area and it was agreed that a report would be brought to a future meeting. In addition a report would also be brought to a future meeting on the outcomes of a recent Halton Healthwatch survey.

RESOLVED: That the report be noted and the draft summary document be approved for publication.

HWB16 COVID VACCINE UPDATE

The Board considered a report of the Director of Public Health, which provided an update on the Covid vaccination programme for Halton. As of 13 September:

- 90.48% of eligible people in Halton have had their first dose of vaccination and 82.51% of eligible people have had their second dose of vaccine;
- Around 50% of 16/17 year olds were vaccinated;
- the 12-15 year olds vaccination programme had also begun;
- the booster vaccine had begun to be rolled out to those in high risk groups; and
- the flu vaccine programme had also begun.

RESOLVED: That the Health and Wellbeing Board note the content of the report.

HWB17 MARMOT REVIEW AND THE MARMOT COMMUNITY PROGRAMME

The Board considered a report of the Director of Public Health, which provided an update on the Marmot Review including next steps following publication of 'Health Equity in England: The Marmot Review 10 years on' document in 2020; and informed the Board about the Marmot Community Review project.

The Board was advised that Cheshire and Merseyside (through CHAMPS and Cheshire and Merseyside Health Care Partnership) were working to achieve Marmot Community Status. Areas that were awarded the status of Marmot Community were those that could provide evidence that the six goals as set out in Sir Michael's Marmot's report from 2010 were addressed. As part of the next steps:

- the Marmot national team were looking to gain feedback from the nine local areas across Merseyside and Cheshire to develop action plans to tackle inequalities across local areas and to ensure local perspectives are incorporated into the national review report due to be published in 2022;
- the feedback would be provided by individual local area workshops. The Halton one would take place October/November 2021. Board members would be invited to the workshop;
- following the workshop, a Marmot Communities working group would be established with representation from all partners across Halton already working to tackle inequalities;
- the working group would establish a local work programme for the Marmot Community programme; and
- feedback from the programme would be provided to the Board.

RESOLVED: That the Board notes the content of the report and supports the Marmot Community programme workshop.

Meeting ended at 3.25 p.m.

REPORT TO:	Health Policy and Performance Board
DATE:	15 th February 2022
REPORTING OFFICER:	<ul style="list-style-type: none">• Clinical Chief Officer - NHS Halton & NHS Warrington Clinical Commissioning Groups• Director of Strategy and Partnerships - Warrington and Halton Teaching Hospitals NHS Foundation Trust
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Breast Screening Services
WARD(S):	Borough-wide Halton

1.0 PURPOSE OF THE REPORT

To notify the Board of:

- the proposal to consolidate and expand Breast Screening Services at Bath St Warrington by relocating Breast Screening services from Kendrick Wing Warrington Hospital;
- describe the public consultation process that is required for the consolidation; and
- to understand the impact on service users from Halton, who comprise up to 10% of existing Kendrick Wing appointments.

2.0 RECOMMENDATION

That the Board:

- 1) Note the contents of the report and associated consultation plan; and
- 2) Support the deployment of the consultation plan, as described.

3.0 SUPPORTING INFORMATION

3.1 The Breast Screening Service

Warrington, Halton, St Helen's and Knowsley Breast Screening Service (WHSKBSS) provides routine breast screening, diagnostic and onward referral services to a population of approximately 92,000 from across the four boroughs. Breast Screening is offered to all women aged 50 - 70 (up to their 71st birthday), in line with national programme/guidance where screening is conducted once every three years. Patients over the age of 70 able to self-refer for screening.

In 2019/20 the service invited over 28,000 people for screening and performed a mammogram on around 22,000. The WHSKBSS service is currently provided from the following locations, and women may choose any of these locations to have their mammograms:

- Warrington (Kendrick Wing Warrington Hospital and Bath St. Health & Wellbeing Centre (c.33k eligible)
- Halton Hospital (c.20k eligible patients)

- St Helens Hospital (c.29k eligible patients)
- Knowsley Whiston Hospital (c.9k eligible patients)
- Mobile Units (numbers counted in locations above)

Typically, approximately 10% of patients residing in NHS Halton CCG postcodes elect to have their screening at Kendrick Wing, Warrington Hospital. Based on 2019/2020 figures, this was 342 users out of a total of 2,898 appointments who originate from the NHS Halton CCG area.

However, since the opening of the new Breast Centre at the Captain Sir Tom Moore building at Halton the number of Halton residents travelling to Kendrick Wing has decreased significantly. Between the beginning of July 2021 when the Centre opened and end of December 2021, just 36 Halton residents attended Kendrick wing.

3.2 Phase 1 Breast Service reconfiguration – complete

- In the summer of 2021, the Breast Assessment and Symptomatic clinics relocated from Warrington Hospital to Halton Hospital's Captain Sir Tom Moore building, where a new £2.1m Breast Centre had been created on the ground floor of the Trust's flagship estate.
- A comprehensive formal public consultation and engagement process was carried out in the first half of the year which informed the Trust's decision to consolidate its diagnostic service and the specialist staff required to offer both diagnostics and onward referral to the co-located Breast teams if required. See consultation outcomes report [here](https://whh.nhs.uk/application/files/4716/3120/2269/Reconfiguration_of_Breast_Services_-_Public_Consultation_Outcomes_Report_July_2021.pdf)
- At the time of the public consultation the future of the screening service at Kendrick Wing was not consulted upon although a future consolidation of the service one mile away at Bath St Health Centre was described.
- The Trust is now in a position to move forward with the consolidation and expansion of breast screening services at Bath St and the cessation of the screening service at Warrington Hospital.

Currently approximately 5.3K patients attend for mammography at Bath Street and 3K at Warrington Hospital Kendrick Wing per annum.

3.3 Phase 2 - consolidating the Warrington Breast screening service at Bath Street:

- The number of patients screened each year by the service has doubled over the last 20 years. However, the service provided from the base at Warrington Hospital's Kendrick Wing has retained the same basic estate footprint, which is no longer fit for purpose and has no opportunity for obvious expansion.
- There are real opportunities to create a significantly enhanced patient experience and improve access, create a more efficient service and support the longer-term sustainability of the service by relocating to an alternative, modern, superior location.
- The current split site nature of Warrington's screening service creates inefficiencies in use of estate, equipment and workforce.
- The workforce challenges are significant with a local and national shortage of Mammographers making recruitment into crucial posts challenging.

- Significantly enhanced accessibility in the modern Bath Street facility in comparison to the current service at Kendrick Wing which has deteriorated over the years as it is a first-floor service requiring movements through multiple doors, steep stair access and a small lift which has multiple service issues.
- Car parking facilities at Bath Street are easier to access than those at Warrington due to lower volume of patients attending and close access to the building.
- Removing the need to attend at Warrington hospital reduces the risks associated with attending an environment with known Covid-19 positive patients.
- As well as expanding screening with the consolidation, the service is future-proofed at Bath Street with still further scope for expansion if necessary.
- The move maximises utilisation of Public Sector Health Estate at Bath Street.

3.4 Duty to Consult

NHS commissioning organisations have a legal duty under the National Health Service Act 2006 (as amended) to 'make arrangements' to involve the public in the commissioning of services for NHS patients ('the public involvement duty'). For CCGs this duty is outlined in Section 14Z2 (and Section 13Q for primary care services) of the Act to fulfil the public involvement duty, the arrangements must provide for the public to be involved in (a) the planning of services, (b) the development and consideration of proposals for changes which, if implemented, would have an impact on services and (c) decisions which, when implemented, would have an impact on services.

Further to this the Consultation Institute states "there are many statutory requirements for consultation, but the truth is that ALL significant changes to long-standing services need consultation".

3.4.1 Objectives of consultation

- To ensure the eligible population is made aware of the proposal to consolidate and expand breast screening services in Warrington at Bath St (augmented by mobile screening programmes as usual) and provided with a number of platforms to participate in the consultation
- To ensure that the eligible population is made aware of the impact of the consolidation in terms of the cessation of screening at Kendrick Wing, Warrington Hospital
- To ensure the eligible population is able to make alternative recommendations and suggestions relating to the proposed consolidation of the breast screening service at Bath St.
- To ensure any emerging issues and themes are taken into account and any potential mitigating actions are considered
- To prepare consultation outcomes reports for the appropriate stakeholder and advisory groups.

3.4.2 Methodology

- See attached plan (*Appendix 1*)

3.4.3 Timescales

- **Proposal to Health Policy and Performance Board**
 - Tuesday 15th February 2022
- **Preparation of communications and consultation materials**
 - 8-30 November 2021
- **Formal Public Consultation commences (6 working weeks)**
 - 25 April – 3 June 2022

- **Consolidation of outcomes and production of consultation outcomes report**
 - 08 -17 June 2022
- **Reporting to Commissioners (NHS England Specialist Commissioning and NHS Warrington)**
 - 17 June 2022
- **Health Policy and Performance Board**
 - To be confirmed
- **Relocate screening service from Kendrick Wing to Bath St**
 - To be confirmed

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **FINANCIAL IMPLICATIONS**

5.1 Warrington and Halton Hospitals will cover the costs of the consultation process.

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

6.1 **Children and Young People in Halton**

None identified.

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

None identified.

6.3 **A Healthy Halton**

The report being presented will directly link to this priority.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **Risk Analysis**

7.1 The project is governed in line with WHHNHS risk controls. A detailed risk log is available and mitigations are in place as appropriate.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 A comprehensive equality impact assessment has been carried out.

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

9.1 None under the meaning of the Act.



Reconfiguration of Breast Services in Halton, Knowsley, St Helen's and Warrington – Phase 2 (final element)

Relocation of Breast Screening Service from Kendrick Wing, Warrington Hospital to Bath Street Health and Wellbeing Centre

Communications Plan – Phase 2

Item	Elements/Notes
Summary/ Background	
1.1	<p>This document is an adjunct to the Reconfiguration of Breast Screening, Assessment and Symptomatic Services Public Consultation which concluded in June 2021 and relates only to the second and final phase (Relocation of Screening Services from Kendrick Wing, Warrington Hospital to Bath Street, Warrington) of the overall reconfiguration programme.</p> <p>The public consultation detail and outcomes report is available at this link: https://whh.nhs.uk/about-us/membership-and-engagement/breast-service-consultation</p>
1.2	<p>Summary and outline of existing service</p> <p>WHHNHS is the lead provider for the Warrington, Halton, St. Helens and Knowsley Breast Screening and assessment Service (WHSKBSS) which is commissioned by NHS England Specialist Commissioning. The symptomatic service is commissioned by the relevant borough commissioners.</p> <p>WHSKBSS provides routine breast screening, diagnostic and onward referral services to a population of approximately 92,000 from across the four boroughs. Breast Screening is offered to all women aged 50 - 70 (up to their 71st birthday), in line with national programme/guidance where screening is conducted once every three years. Patients over the age of 70 able to self-refer for screening.</p> <p>For clarity, Breast Screening refers to the periodic mammograms offered as part of the national programme to identify and treat breast cancers earlier.</p>
1.3	<p>Following an extensive engagement and consultation process between February and June 2021, a comprehensive examination and analysis of the engagement results and rigorous service design and governance oversight, the breast assessment and</p>



	<p>symptomatic service was relocated from Kendrick Wing Warrington Hospital to a new Breast Centre at CSTM Halton Hospital.</p> <p>The new Breast Centre at CSTM Halton Hospital opened in August 2021, with some breast screening services remaining at Kendrick Wing, Warrington Hospital.</p>
1.4	<p>During the overall breast screening service analysis and assessment - as part of the proposed change in service offering - numerous issues arising from the existing offer at Kendrick Wing were identified – chiefly an aging estate constraining improvement or refurbishment and persistently unreliable elevator access to the first-floor screening centre.</p> <p>For these reasons, it was decided that the breast screening services would move from Kendrick Wing to Bath Street, subject to approval.</p> <p>However, to ensure continuity of the breast screening service during the development of the new centre at CSTM Halton Hospital and the implementation of the new service offering, Kendrick Wing remained fully operation in situ. Now that the new centre is fully operational and service users have become familiar with the offering, it is proposed that the small screening service remaining at Kendrick Wing be consolidated with the existing service at Bath Street, Warrington, circa 1m away from the hospital.</p>
1.5	<p>As the services described will move location, ie from the hospital to a nearby health and wellbeing hub, public consultation is required.</p> <p>To gather views on the relocation of the service from Kendrick Wing to Bath Street, the following consultation plan will be deployed; findings from the consultation will subsequently inform the transition of services.</p>

2. Aims & objectives

	<p>Aim: To inform and consult with patients, carers, staff, general public, and stakeholders of the Trust’s plan to relocate the existing breast screening service at Kendrick Wing Warrington Hospital to Bath Street health and wellbeing centre in Warrington.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 2.1 To inform and involve current and new patients of the breast screening service of the proposals and seek their input and views 2.2 To ensure that WHH staff are informed and involved in the proposed relocation of services 2.3 To ensure the local population is made aware of the proposals and provided with multiple platforms to engage and participate 2.4 To ensure the local population is able to make alternative recommendations and suggestions relating to the proposed relocation of services 2.5 To ensure any emerging issues and themes are taken into account and any potential mitigating actions are considered
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	2.6 To gather views from all groups – ensuring particular attention to those with hearing and visual impairment and those that are hard to reach - to support development of a final consultation plan
3. Key Messages	
3.1	<p>The WHH Breast Screening Service has successfully completed a major reconfiguration of its service provision and location in August 2021 (phase 1).</p> <p>The final element of this reconfiguration is the potential consolidation of the breast screening service currently offered at Kendrick Wing, Warrington Hospital with the existing screening service at the Health and Wellbeing hub at Bath Street, Warrington.</p> <p>The consolidation with Bath Street will alleviate the restrictions placed on the existing service in Kendrick Wing due to the constraints of an ageing hospital estate and help improve access for patients and service users who previously have had to cope with problematic parking and a persistently unreliable elevator to the first floor service.</p> <p>The overall consolidation plan is designed to support and increase access to breast screening services at a more convenient and accessible location.</p>
3.4	Current staff will relocate with their service, there is no intention to decrease staffing levels and no member of staff will be disadvantaged by this relocation. The breast screening administration service will not relocate.
3.5	The vacated service space at Warrington Hospital will be reallocated for non-patient services.
3.6	The new breast screening location is circa 1mile from the existing Kendrick Wing site and has easily accessible car parking spaces and close access to the public transport interchange in Warrington town centre.

4. Engagement and Consultation plan(s)

Equality Impact Assessment	For service users
Information and engagement document	Include response mechanism
Information and engagement poster	Include response mechanism
FAQs	Add to these during engagement
Development of Easy Read, Additional Language and other format materials	On request
Promotion of the proposed plans for input	hosted across all partner websites
Media release and social media	Promotion by all partners
MP and other stakeholder brief	Issued by Communications
Briefing for advocacy groups	Issued by Communications



5. Stakeholder Groups	Materials/Communications format	Timeline	Status
Patients/Carers/General Public/Advocates	1. Posters 2. Website 3. Social Media 4. Media release		
Trust staff and staff side	1. Team Brief 2. Extranet 3. The Week		
Board/Governors	1. Board brief – Strategy update 2. Governors briefing note and FAQs		
Commissioners/GPs	1. Briefing note for CCGs		
Other stakeholders	1. Partners – briefing note 2. Advocates – briefing note		
MPs x 4	1. Briefing note		
Health Watch Warrington and Halton	1. Briefing note		
Media	1. Press Statement, Editors' notes, FAQs 2. Social media		
PALS/Complaints	1. Briefing for Pals/complaints		

6. Timeline

Task	Date	Task Lead	RAG
Report to Warrington Borough Council's Health Scrutiny Committee	4/11/20	WHH	
Communications Plan	15/11/21	Comms	
Suite of communications materials as described	29/11/21	Comms	
Slides for Team Brief	March 22	Strategy team	
Consultation commences	25/04/22	Services/ Strategy team	



	6 working weeks		
Write up consultation outcomes	08/06/22 to 17/06/22	Comms	
Consultation outcomes Report to WHH Execs and Trust Board, NHS Halton and NHS Warrington CCG Quality Committee, NHS England Specialist Commissioning,	17/06/22		
Consultation outcomes shared at WBC Health Scrutiny Committee	TBC (Papers in advance)		
Publish consultation outcomes on Trust website	TBC	Comms	
Relocate screening service from Kendrick Wing to Bath Street	TBC		

7 Risks and Mitigations	
<ul style="list-style-type: none"> Negative publicity Reputational harm 	<ul style="list-style-type: none"> Comprehensive communications plan in place PALs/Complaints team fully briefed Website services update
<ul style="list-style-type: none"> Situation becomes politicised – loss of services from the hospital 	<ul style="list-style-type: none"> MP briefing note and FAQs LA leaders (Warr and Halton) briefing note and FAQs

REPORT TO:	Health Policy & Performance Board
DATE:	15 February 2022
REPORTING OFFICER:	Chief Commissioner for Halton - Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Improving Access to Primary Care Services
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

- 1.1 To update the Board of Primary Care Services in the borough, and the improvement plans in place.

2.0 **RECOMMENDATION: That:**

- i) **The board receives and notes the update provided.**

3.0 **SUPPORTING INFORMATION**

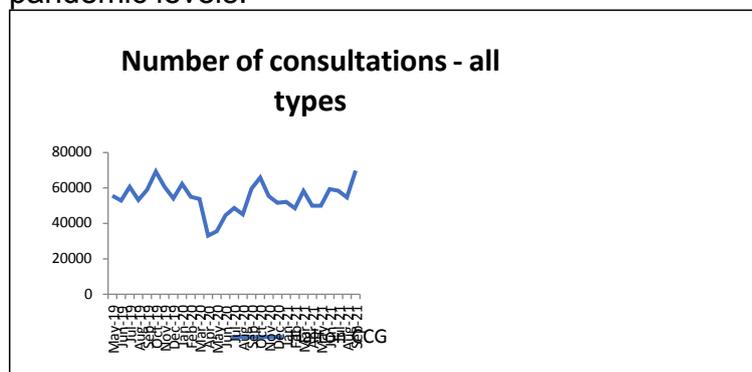
Core General Practice

- 3.1 General Practice has remained open during the pandemic. In March 2020 at the start of the pandemic all practices were required to follow the National Standard Operating Procedure (SOP) to keep patients and staff safe and reduce the risk of covid transmission. Whilst the national SOP has now been rescinded many practices have retained some of the requirements in order to continually ensure they can provide safe services. For example, practices continue to provide access via the telephone or on-line, with all patients triaged, some managed remotely, and a face-to-face appointment made available where clinically appropriate. Fortunately, no practice has needed to close.
- 3.2 Since December 2020 General Practice and the Primary Care Networks (PCN) has played a significant role in delivering the covid vaccination programme. In December 2021, in response to the Omicron variant, NHSEI announced changes to the national GP contract to support practices to step up the delivery of the boosters, whilst maintaining core services. This means that some services have been temporarily suspended until April 2022. For example elements of long term condition management and the PCN Direct Enhanced Services (DES.) All age vaccinations, cervical screening and maintenance of long-term condition registers continue.

3.3 NHSEI have provided additional Winter Access Funding (WAF) to support a local Primary Care Winter Access Plan. The local plan includes four key elements:

- a) **Expansion of General Practice Appointments:** The number of appointments available in the two GP Extended Access services (GP Extra) provided by the two GP Federations have been increased. The appointments are available Monday to Sunday including Bank Holidays and include additional capacity during the day, evenings and at weekends.
- b) **Consistent offer across all Halton Practices for Urgent / Same Day Appointments:** Up to the 31st March 2022 all Practices will ensure a minimum provision of Urgent / Same Day appointments at a ratio of 2 per 1000 population. This equates to 268 urgent on the day appointments.
- c) **Data Validation & Improvement Plans:** All practices are reviewing the provision and recording of their appointments to ensure when a consultation is undertaken face to face, by telephone or video, it is recorded correctly, and in line with direction from NHSEI the number of face-to-face consultations return to pre-pandemic levels. If the number of face-to-face appointments appears lower than expected, then a Practice improvement plan will be developed.
- d) **Community Pharmacy Consultation Scheme:** To support the national implementation, all practices are required to refer patients to the Community Pharmacy Consultation Scheme. The scheme allows a practice to offer and book patients, who require support to manage minor illness, into a same day consultation with a local Community Pharmacy.

Despite managing staff sickness and isolation, National GP Appointment data illustrates the high number of appointments provided throughout the pandemic across Halton Practices- the total number of consultations provided in September 2021 (latest data) was 69,705 which is higher than any month from May 2019. Of these 44,592 were provided face to face which is close to pre-pandemic levels.





NHS 111 and Out of Hours Services

- 3.4 During the out of hours period if a patient requires support access is via NHS111. Patient demand has continued to be high. Patients are assessed against national algorithms and if a GP is required the patient is passed to the GP Out of Hours service. This service is provided by Primary Care 24 (PC24) across Halton, Knowsley, Liverpool, South Sefton, Southport & Formby, St Helens and Warrington.

Demand for Out of Hours services remains high, who like all services face staff sickness and isolation challenges. The Christmas period and week following the New Year is always a particularly challenging period, and the pandemic compounded this. However, since then response times have improved, and returned to pre- Christmas levels. It is also anticipated that the work being undertaken to increase access during core hours, will reduce the pressure during the out of hours period.

4.0 POLICY IMPLICATIONS

- 4.1 None

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 None

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

N/A

6.2 Employment, Learning & Skills in Halton

N/A

6.3 **A Healthy Halton**

General Practices and Out of Hours Services in Halton have remained open during the Pandemic and continued to deliver core services during challenging circumstances. However, the full impact of the Pandemic on the health of the national and local population is currently unknown. It is anticipated that both national and local recovery plans will require an understanding of the impact, to best target services and patient care. In the meantime, services continue to provide the best care they can within the current constraints.

6.4 **A Safer Halton**

N/A

6.5 **Halton's Urban Renewal**

N/A

7.0 **RISK ANALYSIS**

7.1 N/A

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 *There are no Equality and Diversity implications arising.*

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

Document	Place of Inspection	Contact Officer
None		

REPORT TO:	Health Policy & Performance Board
DATE:	15 February 2022
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: 15 February 2022

REPORTING OFFICERS: HBC Strategic Director, People & Chief Commissioner, NHS Halton CCG

PORTFOLIO: Health & Wellbeing

SUBJECT: Update on One Halton Place Based Partnership

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 To provide an update on One Halton Place Based Partnership development with Cheshire Merseyside Integrated Care Board (ICB) and Integrated Care Partnership (ICP) context.

2.0 RECOMMENDED: That the report be noted.

3.0 SUPPORTING INFORMATION

3.1 The Health Policy & Performance Board received a comprehensive report in November 2021 setting out the requirements for the formation of Integrated Care Systems regionally (for Halton that is Cheshire & Merseyside) and an Integrated Care Partnership at Place level (locally this is One Halton Place Based Partnership) detailed in NHS Reforms set out in the White Paper, Integration & Innovation published in February 2021; this paper builds on the NHS long term plan. These are the most significant changes to health arrangements in a decade which aim to improve outcomes and reduce inequalities. 'Thriving Places' is a useful resource for further reading, a user friendly document providing the context and requirements for place based partnerships: -

<https://www.england.nhs.uk/wp-content/uploads/2021/06/B0660-ics-implementation-guidance-on-thriving-places.pdf>

3.2 Implementation of Integrated Care System, revised target date 1st July 2022



DAG Brief Jan 22
final.pdf

To allow sufficient time for the remaining parliamentary stages, a new target date of 1st July 2022 has been agreed for new statutory

arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established. This replaces the previous target date of 1 April 2022. This new target date will provide some extra flexibility to prepare for the new statutory arrangements and manage the immediate priorities in the pandemic response, while maintaining our momentum towards more effective system working.

- 3.3 The ICB (Cheshire & Merseyside), the accountable statutory body for the system is progressing through the gearing up stages of establishing the ICB, developing the Constitution, the Board membership, working with the nine places in the footprint to support the development on place based partnerships to manage due diligence for the disbanding of the Clinical Commissioning Groups and preparing for the staff and functions to transfer to the ICB under the new arrangements. There is significant focus on workforce to support the people and arrangements.

Recruitment to Senior Executive roles has commenced, the ICB has appointed a Designate Chief Executive, Graham Urwin who has connected with Halton Borough Council Chief Executive and the CCG Accountable Officer. Recruitment for the remaining three Executive roles was conducted just before Christmas and there are four further Executive posts out to recruitment currently. The ICB will then move to recruit place Directors, one of which will be the senior executive position for Halton.

Place Based Partnerships (One Halton) are keen to understand the financial envelope and arrangements in the new system however, this isn't clarified at this point. The ICB are working with the nine place based partnerships and local authorities to articulate funding at place level and determine proposals for the flow of funding from ICS to place. These will be reported in future update reports as the detail emerges.

- 3.4 As One Halton becomes the statutory body for health & care arrangements (at place level) there is greater emphasis in the new arrangements on integration and collaboration, tackling wider determinants of health and enabling increased third sector and community involvement.

- 3.5 One Halton conducted a self-assessment in October 2021 to gather a current position on the (place based) partnership, to aid a development plan for embedding One Halton as the place based partnership and meeting assurance requirements. The assessment considered activity against four domains: -

- 1 Ambition and vision
- 2 Leadership and culture
- 3 Design and delivery
- 4 Governance

Each domain had several descriptors to assess against with the assessment categories being emerging, evolving, established and thriving. The outcome of One Halton's assessment was: -

Descriptor	Assessment Level
Ambition & Vision	
Clarity of Purpose & Vision	Established
Objectives & Priorities	Evolving
Population health management to address health inequalities	Evolving
Leadership & Culture	
Place Based Leadership	Evolving
Partnership Working	Evolving
Culture / OD / Values & Behaviours	Evolving
Responding to the voice of our communities / public & patient engagement	Evolving
Design & Delivery	
Financial Framework	Evolving
Planning & Delivery of Integrated Services	Evolving
Digital	Emerging
Estates & Assets	Emerging
Governance	
Governance	Established

Overall, One Halton is assessed as an **evolving** place and is on a trajectory to be **established** by April 2022 with an ambition to achieve **thriving** by the end of the year with a Joint Committee structure of the ICB and the Local Authority. This will be an iterative process building on the existing One Halton model, expanding on the strengths of inclusivity recognising the democratic and statutory roles, governance and oversight of both HBC and the ICB.

- 3.6 There is a large and complex range of programmes and activities to be progressed in Halton to support the transition as detailed in the November report and become a thriving place base partnership. A Programme Management Office (PMO) is being established. The Senior Programme Manager, Nicola Goodwin commenced in post in mid-December 2021 with a Project Manager joining the team at the end of January 2022. The team will be further developed in the coming months.

The team will support One Halton to function as a partnership, steer One Halton through development and assurance to becoming a statutory body, support System Leaders to fulfil integrated & collaborative approaches in the One Halton framework and interact

with Cheshire & Merseyside ICS and the other eight place based partnerships in the ICS footprint.

The immediate priorities are to development an overarching Organisational Development plan that supports One Halton through the assurance process with Cheshire & Merseyside (ICB) and support system leaders and stakeholders with the three strands of support from **Advancing Quality Alliance (Aqua)**, **Local Government Association (LGA)** and **Hill Dickinsons LLP** which will develop the governance and work programme for One Halton.

- 3.7 **Hill Dickinsons LLP** – this work was commissioned to support One Halton integrated arrangements and future governance. Hill Dickinsons LLP has supported One Halton thus far with the structure of the governance arrangements; the guidance sets out five potential models for place based partnerships. One Halton has endorsed a Committee of the ICB at Place (Halton) with delegated authority to make joint decisions about the use of resources with a Sub-Committee structure. Further propositions and maturity within the system will facilitate further integration by the means of a joint committee between partner organisations. The relevant statutory bodies will need to agree to delegate defined decision making functions to the joint committee in accordance with their scheme of delegation. A budget can be defined by statutory bodies relevant to the resources delegated to the committee. Proposed legislation will allow setting up of Joint Committees (currently only possible as part of S75)

Hill Dickinsons LLP has provided a review of the existing Section 75, Joint Working Arrangements (JWA). System leaders need to consider Hill Dickinsons LLP report (December 21) which concluded the current JWA provides aligned rather than pooled funding and a revised Section 75 agreement should be negotiated. There needs to be clarity on the aims of the S75 partnership and what will be commissioned under the arrangement – in the current agreement this is by defined by client groups. A revised S75 should also incorporate non-financial contributions for example other goods, services or accommodation that support service delivery from the partners involved and an information sharing protocol re-visited.

Overall, there is further progress required to ensure the recommended steps to satisfy governance and place based arrangements are in place. The PMO will be supporting system leaders and the local partnerships to progress this.

- 3.8 **Advancing Quality Alliance (AQuA)** has supported both the Health and Wellbeing Board and One Halton previously. The offer is to support the wider population health management and will include but not limited to three strands of activity; Start Well, Living Well & Ageing Well. This work is being led by Public Health and will be delivered between January and March 2022 to provide a clear plan

and ambitious programmes for delivery. It will support Halton system leaders to have clarity about the work they are doing; facilitate the development of a clear strategic direction; support partners to re-commit to the work and share learning and experience of other systems working in this way.

Aqua's approach will examine the breadth of activity/delivery already in place and identify opportunities for key areas of work and alignment to other work streams such as Marmot to develop one plan for improving outcomes for Halton's residents.

3.9 Local Government Association – this is a peer support offer to the Health and Wellbeing Board (HWB) and its members. Halton Health and Wellbeing Board is part of the Cheshire & Merseyside Care Partnership and this support offer will develop the approach hence, it is essential the Board and its Members are supported to understand the system change and responsibilities. The LGA work will focus on:-

- It's about Halton Health and Wellbeing Board knowing and understanding its role in the wider system architecture
- building consensus and clarity on the distinct leadership role and responsibilities of the HWB
- reviewing the structure and format of the HWBB & One Halton Place Based Partnership Board and to be more decision-focused and impactful in driving delivery of better outcomes and reducing health inequalities for the people of Halton
- establishing greater collaboration between members and wider partners so it represents, reflects and drives forward local plans and priorities for the population it serves

LGA have provided two experts to work with the HWB. The peers have held, or currently hold senior positions and come as 'critical friends' to provide constructive challenge, a safe space for open and frank conversations and to help determine collective next steps.

There will be two LGA facilitated workshops in the coming months and it is imperative Board Members harness this approach. The HWB reflecting on the partnership and embracing this significant system change will be key to One Halton meeting assurance requirements around governance. Ultimately, the assurance process will impact on what is delivered at scale and what is delegated to Halton from Cheshire & Merseyside Integrated Care Board.

3.10 The PMO will provide update reports to the Health and Wellbeing Board and Health Policy & Performance Board and is available to support members and system leaders through the transition period and the agreed One Halton delivery programmes.

There is still much work to do however, Halton has a track record of strong effective partnership working which will enable the transition to One Halton Place Based Partnership.

4.0 POLICY IMPLICATIONS

White Paper, *Integrating Care: Next steps to building strong and effective integrated care systems across England* published February 2021. Once legislation is passed, a new NHS Framework will be shared which is likely to have impact on a number of policies and will need to be reviewed in due course.

5.0 FINANCIAL IMPLICATIONS

Anticipated, but not yet known. Cheshire & Merseyside ICB need to agree services to be delivered at scale and provision delegated to One Halton to enable us to fully understand the resource and financial impacts.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

6.1 Children and Young People in Halton

One Halton supports the Health & Wellbeing Boards priority of improving levels of early child development. The One Halton programme work has commissioned Aqua to work with Halton's stakeholders in developing a strategic and transformational approach to start well, live well and age well. This work stream is being led by the Interim Director of Public Health and will inform future system delivery plans.

6.2 Employment, Learning and Skills in Halton

One Halton shares the Council's priorities for employment, learning and skills in Halton. The workforce that supports the health & care system is significant in Halton and there will be a focussed work stream in the transition arrangements to ensure current staff are supported and there is planning and investment to develop skills and the future workforce.

6.3 A Healthy Halton

One Halton is a key stakeholder locally supporting the Council & Health and Wellbeing Boards priorities for supporting improved health outcomes and reducing health inequalities for Halton's population.

6.4 A Safer Halton

One Halton supports the Council's priorities to create a safer Halton. Health and wellbeing are pivotal characteristics of resilient communities; a whole system approach to place will intrinsically contribute to building a safer Halton.

6.5 Halton's Urban Renewal

The NHS reforms to Integrated Care Systems and Place Based Partnerships seek to engender a whole place collaborative approach.

As arrangements progress there will be a work stream around assets to understand the estate that supports delivery in Halton.

It is also imperative to plan appropriately for healthy communities utilising Public Health ensuring an evidence led approach to meeting the future needs of Halton's population. One Halton should be linked into future regeneration schemes and developments in the Borough to ensure appropriate planning and system partner involvement. There are recent examples of joint working with the delivery of a Hospital Hub in Shopping City (opening April 2022) and the development of the Town Deal for Runcorn Old Town.

7.0 RISK ANALYSIS

This will require further work to be shared in future reports as and when One Halton understands the services and activity that will be delivered at scale (Cheshire & Merseyside footprint) and those delegated to place (One Halton).

8.0 EQUALITY AND DIVERSITY ISSUES

In developing One Halton, all services will continue to require equality impact assessments for any fundamental changes to service delivery to ensure equality and access to services is considered.

The One Halton Board and its sub-committees also has membership of Halton's Third Sector organisations and will actively work alongside them to consider equality and diversity issues. Many of Halton's voluntary sector organisations exist to support vulnerable, disadvantaged or disenfranchised cohorts of the community and have a reach often beyond public service delivery.

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

None under the meaning of the Act.



Brief for Development Advisory Group – Wednesday 5th January, 2022

ICS development – new target date 1 July 2022

The Health and Care Bill, which intends to put Integrated Care Systems (ICSs) on a statutory footing and create Integrated Care Boards (ICBs), is currently being considered by Parliament.

To allow sufficient time for the remaining parliamentary stages, a new target date of 1 July 2022 has been agreed for new statutory arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established. This replaces the previous target date of 1 April 2022.

This new target date will provide some extra flexibility to prepare for the new statutory arrangements and manage the immediate priorities in the pandemic response, while maintaining our momentum towards more effective system working.

Together with our CCGs, we are continuing to prepare for the closure of CCGs and the establishment of NHS Cheshire and Merseyside Integrated Care Board, working towards the new target date.

Please be assured that this short delay does not affect our priorities and what we are currently doing to achieve a smooth transition of staff and functions. We will continue to focus on the immediate demands of Covid, the ambitious booster programme and the operational issues that ensue. Our work towards organisational redesign will continue at pace. If anything, the extra time will allow for better engagement with our partners, our communities and, of course, our staff.

Key questions

What happens between 1 April and 1 July 2022?

The first quarter of 2022/23 will now be an extension of the preparatory period.

During this period:

- CCGs will remain in place as statutory organisations. They will retain all existing duties and functions and will conduct their business (collaboratively where appropriate), through existing governing bodies.
- Our CCG leaders will work with designate ICB leaders on key decisions which will affect the future ICB, notably commissioning and contracting.



- NHS England and Improvement will retain all direct commissioning responsibilities not already delegated to CCGs.

Will this slow progress on integration, which has accelerated during the pandemic?

Joint working arrangements have been in place at system level for some time, and there has already been significant progress in preparing for the proposed establishment of the statutory Integrated Care System, including recruitment of Graham Urwin as our ICB Designate Chief Executive.

Designate ICB leaders will continue to develop system level plans for 2022/23 and prepare for the formal establishment of ICBs in line with the guidance previously set out by NHS England and Improvement and this updated timeline.

What does the timing mean for establishing Integrated Care Partnerships?

The Department of Health and Social Care's (DHSC) guidance on establishing ICPs sets an expectation that all systems will have at least an interim ICP up and running at the point when the statutory arrangements come into effect and ICBs are formed. Local authority and designate ICB leaders will continue to work together to develop Cheshire and Merseyside ICP arrangements in line with the DHSC guidance, working to the revised target implementation date of 1 July 2022.

Is this going ahead without the legislation?

The establishment of statutory ICS arrangements is subject to the passage of the Health and Care Bill, which is currently being considered by Parliament. Some preparatory steps are necessary to enable the new arrangements to come into effect at the point of establishment if legislation is passed. This preparatory phase will now be extended to reflect the new target date.

Could the implementation date change?

The establishment of statutory Integrated Care Systems is subject to the passage of the Health and Care Bill. Working towards a target date of 1 July 2022 is intended to give systems a clear timescale for preparations and many positive steps have already been taken to prepare for the establishment of Integrated Care Boards if and when the Bill is enacted.

For more information

Visit: www.cheshireandmerseysidepartnership.co.uk/ics-development



Recruitment to senior roles

The recruitment processes are well underway for key leadership roles, non-executive directors and the Designate Chair. We will soon be in a position to confirm the appointment of our Medical Director, Associate Medical Director and Finance Director. Other senior roles are currently being advertised and we will soon begin appointing to the positions of our nine place leads.

We will keep you informed of progress and confirm appointments as they are made.

The delay to the target date provides an opportunity for us to refine our thinking on staffing structures at Place. We had planned to engage with staff on this around 14th January, but this will be delayed slightly and will start later this month. The slight delay reflects the fact that whilst we want to make sure we get this right, we do not wish to lose momentum and are keen to provide staff with the information they need, as soon as is practicable.

Covid-19 Update

Here is a reminder of the current restrictions in place, which are to remain until 28th January.

- Face covering compulsory in most public indoor venues, other than hospitality
- NHS Covid Pass mandatory in specific settings, using a negative test or full vaccination via the NHS Covid Pass
- People asked to work from home if they can
- Vaccines and testing remain our best lines of defence

Boris Johnson said in his briefing on Tuesday this week that he hopes England can "ride out" the current wave of Covid-19 without further restrictions, but he acknowledged parts of the NHS would feel "temporarily overwhelmed" amid a surge of Omicron cases. The weeks ahead would be challenging and some services may be disrupted by staff absences. Sickness absence in Cheshire and Merseyside is currently at around 10% but this does not reflect bank and agency staff who are also affected and their availability is reduced, adding to the pressure.

He said the health service was moving on to a "war footing" with plans to set up coronavirus surge hubs at hospitals across England in preparation for a potential wave of admissions.

Covid admissions in C&M are currently at around 100 per day and critical care availability is ok. However, hospital occupancy rates are at around 95% so safe discharge remains a key priority. The system is taking a balanced, pragmatic approach with situation under continuous review. The community, mental health and social care sectors are also greatly pressured and virtual wards and respiratory wards are being stepped up.



To reflect the Level 4 Incident status of Covid, the hospital and out-of-hospital cell structure has been stepped up with daily meetings to monitor the situation.

Vaccination and Boosters

Latest figures show that 71.3% of the Cheshire and Merseyside population have received at least one vaccine, with 75.7% of the eligible population having had a booster. As expected, demand for the vaccine and boosters significantly reduced over the Christmas period and it is important we continue to urge everyone who is eligible to get their jab. There is sufficient capacity in the system and we need to increase take up. Vaccination remains the best line of defence against Covid. Concerted communications efforts continue but we appreciate all help in getting these key messages out.

- Everybody should be vaccinated to protect themselves and their loved ones.
- Vaccination not only reduces the chances of infection, it reduces severity and transmissibility.
- Full vaccination status affects accessibility to many events, venues and travel opportunities.
- And it's never too late – even if people have so far declined the opportunity to be vaccinated, they will be welcome in vaccination centres and staff will be only too happy to administer first, second or third doses.

Confirmatory PCR tests to be temporarily suspended for positive lateral flow test results

From 11th January in England, people who receive positive lateral flow results for COVID-19 will be required to self-isolate immediately and won't be required to take a confirmatory PCR test. This is a temporary measure while COVID-19 rates remain high across the UK. Whilst levels of COVID-19 are high, the vast majority of people with positive LFD results can be confident that they have COVID-19.

This move frees up capacity in PCR testing, increasing speedy access to those who need it most, like front line health and care staff and other essential workers.

Under this new approach, anyone who receives a positive lateral flow device (LFD) test result should report their result on [gov.uk](https://www.gov.uk) and must self-isolate immediately but will not need to take a follow-up PCR test. After reporting a positive LFD test result, they will be contacted by NHS Test and Trace so that their contacts can be traced and must continue to self-isolate.

REPORT TO:	Health Policy & Performance Board
DATE:	15th February 2022
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Safeguarding Update
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

- 1.1 To update the Board and highlight key issues with respect to Safeguarding in Halton.

2.0 **RECOMMENDATION: That:**

The report be noted

3.0 **SUPPORTING INFORMATION**

- 3.1 The current global Covid 19 pandemic is unprecedented and the impact for individuals, families, communities and wider society is significant and long lasting. It has touched every part of people's lives and has required individuals and organisations to adapt to new daily interactions, social distancing, shielding, undertaking assessments by phone or using digital solutions to continue essential business. Many of the existing protective factors in the lives of adults at risk of abuse and harm have been temporarily absent or limited.
- 3.2 COVID-19 has had a significant and sustained impact on the care homes and domiciliary care sectors, for both residents and staff. There is concern that both sectors are under pressure in terms of current sustainability and longer term financial viability, as well as issues around Personal Protective Equipment (PPE) and the risks associated with a reduction in visiting and face-to-face contact.
- 3.3 There is a high potential for compassion fatigue as well as emotional and physical stresses among all those continuing to provide support, both formal and informal, in highly volatile times leading to increases in safeguarding risks.
- 3.4 The pandemic has also impacted on the implementation of the replacement for Deprivation of Liberty Safeguards (DoLS). The Liberty Protection Safeguards (LPS) has been delayed further.

The Government announced on 17th December 2021 that the planned implementation date for LPS (April 2022) 'cannot be met' Currently there is no new implementation date – that will form part of the implementation process which is due to take place in early 2022.

- 3.5 Various regulations still need to be written to accompany the Act. These cover topics such as training for Approved Mental Capacity Professionals, transitional arrangements and who will regulate the LPS scheme.
- 3.6 There will be a new Code of Practice. The draft version of the new code is scheduled to be published in early 2022 which could trigger the 12 week consultation period. However, that is still subject to a couple of issues notably covid and is expected to be delayed further.
- 3.7 Throughout the pandemic the requirement for DoLS had not been amended and the restrictions remain robust. During the first wave there were lower number of referrals as the care homes battled with the virus and addressed essential care needs. The referrals have now returned to normal levels.
- 3.8 The COVID-19 pandemic and accompanying lockdowns have had an unprecedented and extraordinary impact on all aspects of day-to-day life and behaviours. There are ongoing concerns about how people with care and support needs may experience different or more abuse or neglect due to these changes. The Insight project was developed to look into the impact of the pandemic on safeguarding activity can firstly, describe what is happening, secondly, inform future activity to mitigate increased or different risks of abuse and thirdly, offer a national picture for the varied and shared local experiences. Data and intelligence provide evidence, both to emphasise the importance of safeguarding adults and influence policy and decision makers.
- 3.9 The Covid 19 adult safeguarding insight report published its third report in December 2021 and includes data from 50 councils including Halton. The key messages from their third report include:
 - Safeguarding concerns continue to show an upward trend, which decrease during lockdown and other restrictions followed by a sharp increase
 - Due to lockdown regulations, many safeguarding concerns have been reported to adult social care services later than prior to the pandemic.
 - The delays in reporting safeguarding concerns or related issues have altered how they have been dealt with since the pandemic. Delayed issues are less likely to be case managed, instead becoming safeguarding concerns.
 - The location of risk in the individual's own home has

increased notably during the pandemic, with risks located in residential and nursing care homes conversely making up a lower percentage share of Section 42 enquiries.

- Councils reported on the impact of COVID-19 on work with social care providers; increasing mental health issues; abuse of people with learning disabilities, safeguarding people experiencing homelessness, and carers' stress.
- Technology has had a significant impact on ways of working, opening up increased opportunities for multi-agency engagement with professionals and has had an impact on the safeguarding work with adults with care and support needs.

3.10 National Safeguarding week is an event which takes place on an annual basis organised by the Ann Craft Trust and is an opportunity for agencies to work together to raise awareness of important safeguarding issues. The theme for the safeguarding week (15th – 21st November) was 'creating safer cultures'. Promoting safer cultures is about how organisations and individuals can take steps to minimise harm occurring in the first instance and ensuring policies and procedures are in place so that safeguarding concerns that are raised, are recognised and responded to effectively. During the National Safeguarding week there was a theme for each day in order to focus on the different aspects of creating a safer cultures. The themes can be found on the safeguarding site - www.halton.gov.uk/adultsafeguarding **(please use google chrome to search for website so you can view the updated version)** and included emotional abuse and safeguarding mental health, the power of language, digital safeguarding, adult grooming, creating safer organisational cultures, safeguarding and you.

3.11 As part of ongoing pandemic support, and in response to Government recommendations, Halton Borough adopted a programme of work to look at 'lessons learned'. This approach involved a series of meetings with bed-based care providers to reflect on Covid19 outbreaks and captured the learning from them.

3.12 Case studies were written as a result of the lessons learned meetings that took place. Where possible the meetings involved other agencies so that a multi-disciplinary approach was taken to looking at the situation. Infection Prevention and Control were present at the meetings.

3.13 The evaluation of this work looks at the need for ongoing action from the Council, and this is, in the main, further covered under the Care Home Road Map, which is to be monitored by the Care Home Development Group and Halton Safeguarding Adult Board and will ensure the continued support to the care sector.

4.0 **POLICY IMPLICATIONS**

4.1 New policies in respect of LPS will be developed once the Code of Practice is published

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified at present

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

6.1 **Children & Young People in Halton**

Halton Safeguarding Adults Board (HSAB) membership includes a Manager from the Children and Enterprise Directorate, as a link to Halton Children and Young People Safeguarding Partnership (HCYPSP). Halton Children and Young People Safeguarding Partnership membership includes adult social care representation. Joint protocols exist between Council services for adults and children. The SAB chair and sub-group chairs ensure a strong interface between, for example, Safeguarding Adults, Safeguarding Children, Domestic Abuse, Hate Crime, Community Safety, Personalisation, Mental Capacity & Deprivation of Liberty Safeguards.

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

None Identified

6.3 **A Healthy Halton**

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

6.4 **A Safer Halton**

6.5 **Halton's Urban Renewal**

7.0 **RISK ANALYSIS**

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

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 It is essential that the Council addresses issues of equality, in particular those regarding age, disability, gender, sexuality, race,

culture and religious belief, when considering its safeguarding policies and plans. Policies and procedures relating to Safeguarding Adults are impact assessed with regard to equality.

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

None under the meaning of the Act

REPORT TO:	Health Policy and Performance Board
DATE:	15 February 2022
REPORTING OFFICER:	Strategic Director - People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Homelessness Services Update
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

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

2.0 RECOMMENDATION: That

- 1) the report be noted

3.0 BACKGROUND INFORMATION

- 3.1 On 26th March 2020, the Ministry of Housing Communities and Local Government (MHCLG) issued guidance to all Local Authorities, designed to ensure that everyone known to be rough sleeping, or those deemed to be at imminent risk of rough sleeping, would be offered accommodation. The purpose of the guidance was to protect vulnerable clients from the risk of contracting COVID-19, with additional funding made available to support the response, whereby, Halton was allocated a total of £6,000
- 3.1.1 In accordance with the Homelessness Reduction Act 2017, Local Authorities have a statutory obligation to provide temporary accommodation to those in *priority need* of housing accommodation. However, the new COVID-19 guidance required Local Authorities to accommodate all clients, regardless of *priority need* status. During pandemic Halton made a commitment to accommodate all homelessness clients and make one offer of secure accommodation.
- 3.1.2 Halton took a robust approach to tackling homelessness and meeting the needs of vulnerable homelessness clients. The main objective was to review the housing provision available within the Borough to ensure increased demand was met. A number of options were agreed to secure and develop additional self-contained accommodation provision, which included;
- Working with My Space Housing to secure 17 units of housing accommodation.
 - Procurement Lease arrangements for 14 additional accommodation units within Columba Apartments, Widnes.
 - Block purchase of 6 self-contained units within Nightstop Communities
 - Refurbishment of four mothballed units within Grangeway Court.
 - Hotel and B&B usage across Merseyside and Manchester
- 3.1.3 As part of the approach, additional measures were put in place to deliver a move on transitional plan for those placed in temporary accommodation. It was agreed with the Registered Social Providers that a direct property match process would be applied from

July 2020 and was further extended upto October 2021. Subsequently, all void properties were offered in the first instance to the Homelessness team to match with vulnerable clients. The process offered a positive response to effectively move clients out of temporary accommodation and into properties, offering sustainability.

3.2 Halton response

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

3.2.2 The past year has proven extremely challenging for the Housing Solutions Team, due to the increase in homelessness presentations. During mid/late 2020 there was a significant increase in homelessness presentations, partly due to the government announcement to remove all rough sleepers from the streets. However, the service has continued to see a gradual flow of homelessness presentations, placing additional pressure upon the team, who are striving towards reducing/preventing homelessness and hotel/b&b usage.

3.2.3 The table illustrate the commissioned temporary accommodation provision in place

Commissioned Accommodation Provision	Usage
Single Hostels	101
Grangeway Court	14
Women's Refuge	12
Private Rented Sector	7

3.2.4 The table illustrates hotel / B&B usage.

Year	Number of Clients	Number of Night
2018 - 2019	22	107
2019 - 2020	80	337
2020 - 2021	859	5191
2021 - Dec 21	690	5762
Jan 22	39	51

3.2.5 The Housing Solutions team are working extremely hard to facilitate a number of prevention measures to mitigate tenancy re-possession and will work with families to facilitate clients to remain within the home, if safe to do so.

Homelessness Presentations	October 2021 – December 2021
Presentations	397

Homelessness Relief	280
Homelessness Prevention	156

- 3.2.6 Further discussions are ongoing with the private rented sector to encourage them to work directly with the Local Authority. The Bond Guarantee Scheme was reviewed to offer increased incentives to landlords, in order to increase accommodation options and tenant choice, to address and reduce future homelessness.

3.3 Options and implications:

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

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

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

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

3.4 Future Activity

3.4.1 Rough Sleepers.

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

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

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

YEAR	2017/18	2018/19	2019/20	2020/21	2021/22
National	4871	5251	5815	5815	5850
Halton	4	5	9	0	0

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

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

The Local Authority has also commissioned a sit up service that provides temporary refuge for vulnerable rough sleepers to move off the streets and access the necessary services to make lifestyle changes.

3.4.3 **Domestic Abuse**

Halton did initially see a vast increase in DA referrals and helpline enquiries; however, this has gradually reduces as Government restrictions have eased. Changing Lives' have reported that the IDVA service have had a significant increase in referrals, which is being managed effectively by the commissioned service provider.

Due to the initial increase in demand, it was agreed that Halton Refuge would restrict out of area referrals. However, the restriction has now ceased, though the service provider is working closely with agencies to support local victims, to ensure they are safe and to minimise movement and disruption.

3.4.4 **Armed Forces**

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

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

3.4.5 **Prison Release**

Within the Housing Solutions Team, there is a designated officer, who works directly with Probation, prisons and Shelter to complete early assessments and arrange a structured planned move for offenders. The service in place is working exceptionally well and been highlighted as good practice.

Halton was recently successful with joint funding bid to recruit an Offender Co-ordinator who will work across Halton and Knowsley. The officer will co-ordinate services to ensure there is a planned pathway in place prior to the client being discharged from prison, making full use of the resources available across all statutory services.

3.4.6 **Refugee Resettlement Programme**

Due to the Covid 19 Pandemic the resettlement programme was suspended. As restrictions ease, the programme has recommenced and arrivals are being scheduled for the next 6 months.

As part of the initial Council commitment, Halton will has agreed to resettle the remaining 48 refugees. It is anticipated that the next cohort of arrivals will be March/April 2022.

As part of the resettlement programme, a bi-lingual case officer from British Red Cross has been commissioned to provide case work, support and signposting to asylum seekers who receive positive decisions to remain. The officer sits within the Housing Solutions Team and supports both statutory and voluntary agencies to meet the needs of this vulnerable client group.

3.4.7

Agency Support

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

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

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

3.4.8

CGL – Substance Misuse Support Service

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

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

3.5 **Funding**

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

YEAR	FUNDING	SERVICE DELIVERY
2021/22	£106.000 Rough Sleeper Initiative (RSI 4)	Sit Up Service Outreach support officer Outreach move on officer Nurse Practitioner Prevention Fund
2022/23	Rough Sleeper Initiative (RSI 5) submitted by 27/2/22	Continuation of sit up and support services
2022/23	£344,849 Annual Homelessness Grant	Continuation of homelessness delivery services Increase prevention incentives

5.0

5.1

There are a number of varying funding streams available to tackle homelessness and assist with the additional costs incurred. To date, Halton has been successful with a

number of funding bids, however, the Local Authority will continue to work directly with MHCLG to access future funding, to improve service delivery across the Borough and reduce homelessness.

6.0 POLICY IMPLICATIONS

- 6.1 There are no policy implications associated with the information within this report. Although the potential solutions for some of the issues highlighted may lead to changes in the future.
- 6.2

FINANCIAL IMPLICATIONS

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

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

IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.0 Children and Young People in Halton

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

Housing support services provided to young people, within both supported accommodation and their own home, ensure they are empowered to access, maintain existing education, training, health services, and support networks.

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

7.2 Employment, Learning and Skills in Halton

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

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

7.3 A Healthy Halton

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

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

8.0

A Safer Halton

8.1

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

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

9.0

Halton's Urban Renewal

9.1

None specifically highlighted.

RISK ANALYSIS

9.2

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

10.0

EQUALITY AND DIVERSITY ISSUES

10.1

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

10.2

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

11.0

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

11.1

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

REPORT TO:	Health Policy & Performance Board
DATE:	15 February 2022
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Scrutiny Topic for 2022/23 review
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present the Board with proposed scrutiny topic areas for the 2022/23 review.

2.0 RECOMMENDATION: That:

- i) The Board consider scrutiny topics for 2022/23 and make a decision in order for the review schedule to be taken forward.*

3.0 SUPPORTING INFORMATION

3.1 2021/22 Scrutiny

3.1.1 The 2021/22 scrutiny review is still underway and the final report is to be brought to the next meeting. The topic group is currently focussing on the outcomes from the ***'North West Association of Directors of Adult Social Services (NWADASS) Elected Member Commission: The impact of Covid-19 on People with Care and Support Needs, their Families, Carers and Communities'***¹ with a view to making recommendations for Halton.

3.1.2 Normally the scrutiny would be completed in December with the final report being brought to the Board for this meeting. Unfortunately, as a result of delays associated with the pandemic and Member availability the final meeting for the topic group was not able to take place until January. This means that the final report will come to the next Board meeting in June.

3.2 Scrutiny Review 2020/21

Prior to the 21/21 report being ratified the topic group for 22/23

¹ The full report and additional information regarding the commission can be found on the NWADASS website; <https://www.nwadass.org.uk/elected-member-social-care-commission>

needs to be arranged. This is to ensure the programme of activity associated with the review can be planned and organised.

3.2.1 As part of Member involvement in the current business planning process a range of topic areas have been identified for consideration for scrutiny during the municipal year 2022/23:

- Approaches to Adult Social Care workforce planning
- Provision of Learning Disability services in Halton
- Skills and training opportunities for social care provider staff

These are now open to discussion, and alternatives may be proposed.

3.2.2 It is intended that an outline brief for the topic area chosen is brought to the net Board meeting for final approval.

4.0 **POLICY IMPLICATIONS**

4.1 Scrutiny topics groups outcomes may involve further action in the form of policy or strategy development. This will be identified as part of the review.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified.

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

6.1 **Children & Young People in Halton**

N/A

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

N/A

6.3 **A Healthy Halton**

The scrutiny review is chosen to support the Council's strategic priority of Improving Health.

6.4 **A Safer Halton**

N/A

6.5 **Halton's Urban Renewal**

N/A

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

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

9.1 None identified

REPORT TO:	Health Policy & Performance Board
DATE:	15 February, 2022
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Performance Management Reports, Quarter 3 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 3 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 3 Priority Based report**
- ii) **Consider the progress and performance information and raise any questions or points for clarification**
- iii) **Highlight any areas of interest or concern for reporting at future meetings of the Board**

3.0 **SUPPORTING INFORMATION**

3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 3, 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 3 – Period 1st October 2021 – 31st December 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 third 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 third quarter which include:

Adult Social Care:

Intermediate Care Review – The new Halton Intermediate Care and Frailty Service (HICaFS) commenced on Monday 6th December 2021. From 6.12.21, the HICaFS Single Point of Access is initially operating 9am – 5pm, Monday – Friday, accepting referrals up to 3pm, however there are plans to increase hours of delivery with the aim of being able to deliver the Service from 8am - 8pm, 7 days a week by the end of March 2022.

Adult Social Care (ASC) Workforce Recruitment & Retention Fund – During Quarter 3, the Department of Health & Social Care released two separate funding allocations to Local Authorities to support ASC to meet the workforce challenges it faces this winter. Due to the staffing and capacity issues currently being experienced by both care home and community providers within Halton, the decision was made to distribute the funding directly to providers to help alleviate the pressures being experienced by them over this winter period, to help ensure they could continue to effectively deliver services within the Borough.

During Q3 COMT endorsed working towards a Dementia Friendly HBC. Work is currently underway to progress this Directorate managers. The Community Dementia Care Advisor Contract was extended for 6 months, by waiver, until end of March 2022.

Public Health

Covid-19 remains an ongoing issue requiring a public health protection response. The emergence of the Omicron variant which has the ability to infect more people as well as escape the effects of vaccination protection to a degree led to an increase in the push for Booster vaccination as well as a large increase in the number of cases of Covid-19.

Vaccination rates did increase, additionally the vaccination offer was spread to a wider age group including those aged 12-15. Initially it was stipulated by through NHS England that this should only occur via schools but later the opportunity for children to have their vaccination in the community was included.

Rates are currently plateauing again, but this time at a much higher level than we have experienced previously. Outside of London the spread of Omicron has been high in the North West and Halton has not been alone in experiencing a high case rate.

In spite of higher Covid-19 case rates, hospital admissions remain lower than last winter/ early spring despite the fact that case rates recently have been almost twice as high as the same period.

The Targeted Lung Health Check (TLHC) programme is now active and being implemented in Halton, supported by a stop smoking offer by the Health Improvement Team. Of 98 new referral received in a single week, more than half were through the TLHC route and all but one individual took up the offer of support.

Against the background of increased Covid cases, the team continues to support families to self isolate providing vouchers for food, transport to school and prescriptions among others.

The team continues to 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.

A snapshot of such activity includes:

NHS Health Check – 85 checks over December, which is an excellent effort given the circumstances.

Fresh Start – New Social media marketing campaign and new app content is now live.

With over 100 app sign ups since Jan 4th which is a great start

Workplaces- continuing to work with local business.

Sexual Health – The service continues to operate a blend of digital, telephone and face to face appointments with particular emphasis on directing people to the SH24 online offer.

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

3.0 Emerging Issues

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

Adult Social Care

Adult Social Care (ASC) Omicron Support Fund - In recognition of the increased pressure on existing funding sources caused by the Omicron variant, the government

announced at the end of last year that it was providing £60 million additional funding for January 2022 to support ASC in England. The purpose of this fund is to support the ASC sector with measures already covered by the infection prevention and control (IPC) element of the Infection Control and Testing Fund (Round 3) to reduce the rate of COVID-19 transmission within and between care settings through effective IPC practices. Halton's allocation will be passed to Care Homes to support IPC practices.

Public Health

The government is due to make a decision on whether to maintain restrictions brought in as part of Plan B. The outcome of this is likely to see a change in the number of cases of Covid-19 and how willing the community will be in engaging with additional advice whether in school, workplaces or other settings.

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	Q3 Progress
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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. Fully implemented.

1D. No Commentary received for Q3

1E. The local One Halton Dementia Strategy/Delivery Plan will sit under the new local Integrated Care Partnership. The recently appointed ASC Commissioning and Development Manager will be responsible for driving this work forward during the next quarter.

- The Community Dementia Advisor contract was extended, by waiver, for a further 6 months until the end of Q4.
- COMT endorsed adopting a Dementia Friendly HBC approach, engaging service areas form across the council to consider what action they can take to support the approach. This is in line with Council's commitment to the LCR Dementia Pledge and best practice from Alzheimer's Society and other trusted sources. Work will continue into Q4 to develop the associated delivery plan.

1F. The homelessness strategy remains current and reflects the key priorities and agreed action plan for a five year period. The strategy action plan continues to be reviewed

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

The pandemic has placed immense pressure upon the team and housing partners, resulting in the cancellation of the forum meeting. However, the forum is planned for April 2022. to review the key priorities and agree actions for the forthcoming 12 month period. Covid-19 changed working practices and resulted in additional measures implemented to meet the crisis led demand. The pandemic will continue to influence future activity and communication between partner agencies, which will further influence how services are commissioned and delivered in the future.

3A. No Commentary received for Q3.

Key Performance Indicators

Older People:						
Ref	Measure	20/21 Actual	21/22 Target	Q3	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	4116		

	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%	100%		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	74%	80%	72%		
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	21%	45%	31%		
ASC 08	Proportion of adults with learning disabilities who live in their own	92.4 %	88%	92.38 %		

	home or with their family (ASCOF 1G)					
ASC 09	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5%	5.5%	5.35%		
Homelessness:						
ASC 10	Homeless presentations made to the Local Authority for assistance in accordance with Homelessness Act 2017. Relief Prevention Homeless	N/A	2000	397 208 156 27		
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	N/A	250	27		
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	N/A	TBC	N/A	N/A	N/A
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	N/A	500	127 129 7		
ASC 14	Households who considered themselves as	N/A	5.0%	1.36%		

	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)					
Safeguarding:						
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	TBC	TBC	25.6%	<input checked="" type="checkbox"/>	
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%	<input checked="" type="checkbox"/>	
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%	98.2%		
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) Better Care Fund performance metric	N/A	93%	N/A	N/A	N/A

Supporting Commentary:

Older People:

ASC 01 Work is still in progress to look at the number of admissions to residential and nursing care, we will have an update for you at Q4.

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 Q3 figures are above target compared to Q3 figures last year and the impact COVID had.

ASC 06 While this figure is slightly lower than this time last year, we are aware of ongoing reporting issues. The figure does however remain above the North West average

ASC 07 We are continually looking at improving our reporting in this area, as we have had previous issues which have resulted in under reporting.

ASC 08 Figures continue to 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 Covid 19 and the government announcement of the 'all in' approach has been extended up to 31/3/2021. This resulted in an increase in homelessness presentations.

The government guidance instructed all LAs to remove all rough sleepers from the streets, to ensure all vulnerable homeless clients are accommodated.

The Homelessness Reduction Act has influenced the homelessness administration and service delivery, which changed homelessness administration and further increased homelessness presentations, with the emphasis placed upon prevention and relief measures to reduce homelessness.

ASC 11 The figure shown is for statutory homelessness acceptances, which is generally low.

The Homelessness Reduction Act 2017 changed the homelessness administration process, whereby, statutory homelessness acceptance is now the final stage of the decision making process.

The legislations places further emphasis upon prevention and relief.

ASC 12 Duplicate – relates to statutory homeless acceptance, detailed in ASC 11

ASC 13 The Covid 19 pandemic and government guidance to place all homelessness clients into accommodation, placed extreme pressure upon Local Authorities and housing providers to source suitable temporary and permanent accommodation. The all in` approach forced many Local Authorities to use hotel and B&B accommodation to meet the increased demand. The Local Authority also commissioned additional temporary accommodation provision to meet demand which is due to be decommissioned.

ASC 14 The Homelessness Reduction Act has influenced the homelessness administration and service delivery, thus placing additional pressure upon the Housing Solutions Team with the emphasis placed upon prevention and relief measures to reduce homelessness.

Safeguarding:

ASC 15 We are comparing quarterly information to produce a target for 2022/23.

ASC 16 Quarter 3 has seen the figures rise and exceed last year’s actual performance

ASC 17 Annual collection only to be reported in Q4, (figure is an estimate).

Carers:

ASC 18 We are on track to meet this target, although figures for Q3 are slightly lower than they were this time last year.

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	Q3 Progress
PH 01a	Facilitate the Healthy Child Programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being, stop smoking interventions and parenting advice and support.	
PH 01b	Maintain and develop an enhanced offer through the 0-19 programme for families requiring additional support, For example: teenage parents (through Family Nurse Partnership), Care leavers and support (when needed) following the 2 year integrated assessment.	
PH 01c	Maintain and develop an offer for families to help their child to have a healthy weight, including encouraging breastfeeding, infant feeding support, healthy family diets, physical activity and support to families with children who are overweight.	
Ref	Objective	
PH 02	Improved levels of healthy eating and physical activity through whole systems working.	
Ref	Milestone	Q3 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	Q3 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	Q3 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	Q3 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	Q3 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	Q3 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	Q3 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 Supporting commentary

01a Due to the multiagency antenatal programme 'Your Baby and You' not being back up and running as yet, Health Improvement's Infant Feeding Team have continued to provide the session virtually. Discussions are taking place between Health Improvement, Health Visiting 0-19 Team, Children's Centres and Warrington Midwifery Leads to get the 4 week face to face package running as soon as Covid restrictions allow and it is deemed safe for our clients to attend a group setting (current guidance from Bridgewater has been to delay until further notice). In the meantime, the Health Visiting 0-19 Team and Children's Centres will look at how they can transfer their sessions to a digital model.

Triple P is commissioned by the Early Help commissioners to run 8 sessions of Triple P each year: this includes 0-12, Stepping Stones and Teen. 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 continues to be a high number of referrals coming into the service. There has been an issue with capacity at venues for face to face delivery due to Covid restrictions, however we reintroduced some smaller face to face groups as well as some sessions being delivered virtually in Q3.

PH Supporting commentary

01b

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 Supporting commentary

01c

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.

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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 Supporting commentary

02a Implementation of the Healthy Weight Action Plan continues to be 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 Q3, work with the Halton Chamber of Commerce and local business has continued with a return of in person health checks in several local workplaces.

The Weight Management Service is a key part of the work with local businesses and the Fresh Start app is available to workplaces along with support from the HIT to tailor the app for use in each business.

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

02c 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 Halton Fresh Start Weight Management 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 been launched and marketed to families in.

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 Q3 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 continued to see good uptake in Q3. 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 170 referrals for Tier 2 weight management were received in Q3. Dietician led tier 3 weight management service operated a combination of remote telephone and in person appointments, 95 adult referrals were received over Q3. The service has seen an increase in referrals since Covid restrictions eased and the service is looking at ways to manage this through Q4 and into 2022/23. 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 Supporting commentary

03b Awareness is raised within the local community of safe drinking recommendations and local alcohol support services through social media campaign messages and the promotion of national campaigns via digital platforms. Champs Public Health Collaborative 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 **477** 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 Q3. Halton practices have been supported by HIT Health Check Officers in 95% of local surgeries. Q3 data shows 307 Health Checks were completed by HIT staff, this number has continued to rise each quarter through 2021/22. Practice data for the same period is not yet available. Interest has increased from Halton workplaces in resuming NHS Health Checks on site and Health Checks will be delivered in Q4 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 Widnes Market. 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 **672** clients of which **376** clients have successfully stopped smoking so far and **43** clients where outcomes are unknown as yet as they are midway through the programme. **225** clients accessing the service have never worked or are unemployed or are routine and manual smokers.

Phase 1 of the Targeted Lung Health Check (TLHC) programme launched in Halton on **2.1.2022**. Liverpool Heart and Chest Hospital have referred to date **56** Halton residents who are current smokers between the ages of 55 yrs and 75 yrs into the Stop Smoking Service.

The service has seen an unprecedented number of referrals into the service: **56** TLHC referrals and **63** other referrals.
Total referrals = **119** in the last 9 working days.

The service has now set up a Facebook page where advice and tips on stopping smoking are available to smokers – **97** 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 and physical activity 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 Q3 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 UKSHA (formerly 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 took place in November which was successful and further training has been commissioned. Halton's suicide prevention partnership board has promoted new training to partners. 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 Supporting commentary

05b 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 Supporting commentary

05c The latest wellbeing survey data for 2019/20 indicates 9.3% of people in Halton have a low happiness score; the data for 2020/21 is not yet available so it is unclear how COVID-19 has affected this.

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 10.8 suicides per 100,000 persons for the years 2018-20. 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. In Q3 it has received **1,108** page views with **419** unique users and **131** 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 video campaign targeting men who live in areas of deprivation is complete resulting with **118421** views. Halton was successful in its expression of interest to access PHE prevention and promotion better mental health funds. 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

06a *Please see PH04b*

Supporting commentary

PH Cancer Screening activity has resumed to normal levels compared to pre-Covid.
06b 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

06c 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 Supporting commentary

06d

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. We have received 68 new referrals during this period of time.

The team have held 4 Get Togethers during October and November we have had some great feedback. In total we had 180 people attend across both sites.

We have launched the 'Christmas Card that Cares' project inviting local children to make or write a Christmas card to an older adults who may be living alone either in the community and within a care home. The response was amazing, in total we received 300 Christmas Cards. Feedback from one lady in receipt of a card was to say thank you for the lovely Christmas card, it had really cheered her up. She laughed and said that she used to have her children do this for older people and she didn't realise, she was now one. She's 85.

**PH
07b**

Supporting commentary

The new Intermediate Care and Frailty Service was launched in December. We have now set up a new referral pathway.

A decision was made to put the falls steering group on hold until further information is gathered about the future plan of the falls service. This is currently being reviewed.

Despite the above, the Age Well service continues to deliver falls prevention advice and support. During this quarter we have triaged 232 falls incident forms received from the community wardens. We ensure that the individual gets the appropriate advice and support to manage their falls. 62 Active at Home Booklets have been sent out during this quarter. The Active at Home Booklet is a resource which is aimed at helping people to stay active at home to help prevent physical deterioration that increases the risk of falls, and loss of independence.

Our Age Well class continues to run which is aimed a falls prevention.

**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 isolation support calls to individuals and families, with follow up with emails and texts. We also have a range of testing options in the community supported by our outreach bus and pop up options.

PH

08b Supporting commentary

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

PH

08c Supporting commentary

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

The Regional surveillance group and epidemiological information from UKHSA (formerly PHE) 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 other vulnerable groups.

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	Q3	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	57.6% (2019/20)	58.2% (2020/21)	N/A	u	N/A

	19+ that achieve 150+ minutes of moderate intensity equivalent per week)					
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	896 (2019/20 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)	58.3 (2017/18 – 2019/20)	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</i>	87.1 (2018-20)	87.1 (2019-21)	95.8 (Q4 2018 – Q3 2021 provisional)		

	<i>year targets for</i>					
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>	162.4 (2018-20)	160.8 (2019-21)	148.2 (Q4 2018 – Q3 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>	52.1 (2018-20)	51.6 (2019-21)	45.7 (Q4 2018 – Q3 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</i>	73.8% (2020)	80% (national target)	N/A		N/A

	<i>were screened in 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)	388.3 (2019/20)	380.6 (2021/22)	293.6 (Q2 2020 – Q1 2021 provisional)		

	standardised rate per 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>	17.2 (2018-20 provisional)	17.2 (2019-21)	17.4 (Q4 2018 – Q3 2021 provisional)		
PH LI 05ai	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>	19.8 (2018-20 provisional)	19.8 (2019-21)	19.6 (Q3 2018 - Q2 2021 provisional)		
PH LI 05b	Emergency admissions due to injuries resulting from	2834 (2019/20)	2806 (2021/22)	2710 (Q2 2020 – Q1 2021)		

	falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)			provisional)		
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	71.6% (2019/20)	75% (national target)	79.9% (2020/21)		
PH LI 06a	COVID-19 case rate (positive cases per 100,000 population in previous 7 day period)	8.5 (30/06/21)	PHE THRESHOLDS  (Latest 7 day rate per 100,00)	2,514 (31/12/21)	N/A	
PH LI 06b	COVID-19 vaccination uptake (% population in all JVCI Groups covered by 2 Doses)	6.4% (31/03/21)	85% (national target)	50.7% (13/01/22)	N/A	

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 in 2020 and the first three quarters 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 three quarters 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 three quarters 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 LI 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 2021.
(Data is provisional; published data will be released later in the year.)

PH LI 05aii – Life expectancy has been impacted severely by excess deaths from COVID-19, both nationally and in Halton. Female life expectancy at age 65 reduced during 2020 and has continued to decline slightly in 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%. Flu vaccinations data for 2021/22 is not yet available.

PH LI 06a – The number of COVID-19 has increased rapidly during December, both nationally and locally. Infection rates are high in all age groups but highest in 19 to 24 year olds.

PH LI 06b - n.b. this indicator has changed to include booster dose, as this is what is reported nationally. Vaccinations are progressing at speed, with half of Halton's eligible population now having had 2 doses plus a booster.

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT

Finance

Adult Social Care

Revenue Operational Budget as at 31 December 2021

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	14,287	10,386	10,231	155	180
Premises	287	248	280	(32)	(40)
Supplies & Services	825	697	685	12	0
Aids & Adaptations	103	65	21	44	40
Transport	212	152	163	(11)	0
Food Provision	164	95	62	33	40
Agency	656	449	457	(8)	(20)
Supported Accommodation and Services	1,398	1,161	1,170	(9)	0
Emergency Duty Team	103	77	84	(7)	(10)
Contacts & SLAs	674	588	589	(1)	(10)
Capital Financing	43	21	21	0	0
Transfer To Reserves	453	0	0	0	0
<u>Housing Solutions Grant Funded Schemes</u>					
LCR Immigration Programme	755	175	175	0	0
Homelessness Prevention	345	70	67	3	0
Rough Sleepers Initiative	121	60	60	0	0
Total Expenditure	20,426	14,244	14,065	179	180
Income					
Fees & Charges	-463	-288	-272	(16)	(20)
Sales & Rents Income	-491	-438	-442	4	0
Reimbursements & Grant Income	-1,029	-748	-701	(47)	(60)
Housing Strategy Grant Funded Schemes	-1,221	-1,221	-1,221	0	0
Capital Salaries	-111	-83	-91	8	0
Government Grant Income	-530	-398	-398	0	0
Total Income	-3,845	-3,176	-3,125	(51)	(80)
Net Operational Expenditure Excluding Homes and Community Care	16,581	11,068	10,940	128	100
Care Homes Net Expenditure	7,710	5,595	5,723	-128	-112
Community Care Expenditure	17,860	14,034	14,054	-20	-22
Net Operational Expenditure Including Homes and Community Care	42,151	30,697	30,717	(20)	(34)

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Covid Costs					
Employees	0	0	143	(143)	(200)
Transport	0	0	12	(12)	(15)
Contracts	0	0	242	(242)	(280)
Infection Control	0	0	623	(623)	0
Workforce Retention & Recruitment	0	0	313	(313)	0
Rapid Test	0	0	428	(428)	0
Covid Loss of Income					
Community Services Transport	-72	-72	0	(72)	(72)
Community Services Placements	-75	-75	0	(75)	(75)
Government Grant Income					
Infection Control	0	0	-623	623	0
Workforce Retention & Recruitment	0	0	-313	313	0
Rapid Test	0	0	-428	428	0
Covid Grant Funding	0	0	-544	544	642
Net Covid Expenditure	-147	-147	-147	0	0
Recharges					
Premises Support	402	301	301	0	0
Transport Support	599	482	482	0	0
Covid Reserves	-544	-544	-544	0	0
Central Support	3,092	2,319	2,319	0	0
Recharge Income	-122	-91	-91	0	0
Net Total Recharges	3,427	2,467	2,467	0	0
Net Departmental Expenditure	45,431	33,017	33,037	(20)	(34)

Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is £0.128m below budget profile at the end of the third quarter of the 2021/22 financial year. Net expenditure is currently projected to be below budget by £0.100m at the end of the financial year.

Employee costs are currently £0.155 under budget profile, due to savings being made on vacancies. The bulk of savings are being made within the Care Management division, which have experienced difficulties in recruiting to vacant posts. Posts are currently being actively recruited to, and the level of savings from vacant post is projected to be at a reduced level for the final quarter of the financial year comparative with previous reporting periods.

There are a number of full grant funded Housing Strategy initiatives included in the financial table, 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 for the Homelessness Prevention scheme has increased significantly from £0.253m in 2020/21 to £0.345m in 2021/22. Total funding of all Housing schemes of £1.221m represents confirmed grant allocations for 2021/22, together with unspent funds carried forward from the previous financial year. Income currently significantly exceeds expenditure across the schemes.

The projected £0.060m 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 for 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. Estimates are based on the assumption that things will have returned to normal by the latter stages of the financial year, although an allowance has been made for additional costs, particularly in respect of reduced trading income levels as a result of changes to consumer confidence and spending patterns. It is currently envisaged the Council will receive no further Covid support from Government beyond this year. There is a significant risk that ongoing costs and loss of income relating to Covid will impact departmental net spending post 31 March 2022.

Capital Projects as at 30th December 2021

	2020-21 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Orchard House	40	34	34	6
Total	40	34	34	6

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.

Community Care**Revenue Operational Budget as at 31 December 2021**

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Residential & Nursing	13,017	8,305	8,165	140	358
Domiciliary Care & Supported Living	9,288	6,277	6,706	(429)	(573)
Direct Payments	9,678	8,561	8,993	(432)	(524)
Day Care	315	241	290	(49)	(65)
Total Expenditure	32,298	23,384	24,154	(770)	(804)
Income					
Residential and Nursing Income	-9,085	-5,886	-6,377	491	639
Domiciliary Income	-1,875	-1,131	-1,167	36	59
Direct Payment Income	-721	-456	-493	37	48
ILF Income	-656	-328	-328	0	0
Adult Social Care Grant	-1,200	-900	-900	0	0
Income from other CCG's	-113	-57	-57	0	0
Other Income	0	0	-186	186	36
Total Income	-13,650	-8,758	-9,508	750	782
Net Operational Expenditure	18,648	14,626	14,646	(20)	(22)
Covid Costs					
Extra Covid Packages	0	0	700	(700)	(904)
Hospital Discharge Programmes	0	0	862	(862)	(862)
Covid Loss of Income					
Community Care Income	-788	-592	0	(592)	(788)
Government Grant Income					
General Covid Fund	0	0	-1,292	1,292	1,692
Hospital Discharge Programmes	0	0	-862	862	862
Net Covid Expenditure	-788	-592	-592	0	0
Net Departmental Expenditure	17,860	14,034	14,054	-20	-22

Comment on the above figures

Community care expenditure is over budget profile at the end of Quarter 3 by £0.020m and is forecast to be overspent by £0.022m at the end of the financial year.

At 30 September 2021 the forecast outturn overspend was circa £1m. However, the Pool manager along with Finance colleagues in Health have worked closely together and have agreed to fund items of community care expenditure from within the Pool budget. The flexibility in being able to support the budget this way is limited to this year only.

It must be stressed that the budget pressures within community care remain an issue for the Council and are outlined below.

During the last financial year, service users were being discharged from hospital due to Covid. The hospital discharge plan was put in place to fund these placements. The costs were recovered from Halton CCG. Scheme 1 was for anyone discharged from hospital before 30 September 2020 until they were reviewed or at the end of the financial year, whichever was soonest.

Scheme 2 was for anyone discharged from 01 October 2020. However this funding was only for up to 6 weeks per client.

The cost of these schemes were £2.4m for residential and nursing placement, £2.0m for domiciliary care & supported living and £0.6m for Direct Payments.

To date all scheme 1 service users have now reverted back to normal funding streams i.e either HBC or CCG funded.

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, so 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 £0.862. This scheme has been extended to the end of the financial year.

RESIDENTIAL CARE

There are currently 436 service users in permanent residential care. This is an increase of 15% on those receiving a service at the end of last 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.

DOMICILIARY CARE & SUPPORTED LIVING

There are currently 613 service users receiving a package of care at home compared to 576 at the end of last year, an increase of 6%.

DIRECT PAYMENTS

The demand for a Direct Payment continues to increase. To date the net effect of new service users/ changes to packages is £0.053m per week. This includes 122 new people into the service and 146 people receiving an increase. Some of the increase referrals have been due to service users being unable to attend Day Services as a result of the pandemic.

To summarise, the increase in numbers of community care packages in the last financial year have previously been masked by the Hospital Discharge Programmes funding.

The Community Care budget remains very volatile and close monitoring of this budget will continue.

Care Homes**Revenue Operational Budget as at 31 December 2021**

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Expenditure					
<u>Madeline McKenna</u>					
Employees	514	393	444	(51)	(72)
Premises	44	34	34	0	(5)
Supplies & Services	12	7	10	(3)	(5)
Food	30	23	28	(5)	(17)
Total Madeline McKenna Expenditure	600	457	516	(59)	(99)
<u>Millbrow</u>					
Employees	1,612	1,222	1,438	(216)	(229)
Premises	66	50	54	(4)	(17)
Supplies & Services	45	34	37	(3)	(1)
Food	61	45	47	(2)	(16)
Total Millbrow Expenditure	1,784	1,351	1,576	(225)	(263)
<u>St Luke's</u>					
Employees	2,175	1,600	1,536	64	140
Premises	83	63	64	(1)	(16)
Supplies & Services	40	23	38	(15)	(16)
Food	100	75	58	17	(1)
Transfer from Reserves	-1	-1	-1	0	0
Total St Luke's Expenditure	2,397	1,760	1,695	65	107
<u>St Patrick's</u>					
Employees	1,468	1,014	891	123	212
Premises	82	62	66	(4)	(10)
Supplies & Services	32	19	43	(24)	(22)
Food	100	75	65	10	(12)
Total St Luke's Expenditure	1,682	1,170	1,065	105	168
<u>Care Homes Management</u>					
Employees	256	133	147	(14)	(25)
Transfer from Reserves	-78	-78	-78	0	0
Total St Luke's Expenditure	178	55	69	(14)	(25)
Net Operational Expenditure	6,641	4,793	4,921	(128)	(112)
Covid Costs					
Staffing	0	0	1,045	(1,045)	(1,405)
Hygiene, Medical & Cleaning	0	0	12	(12)	(12)
Premises	0	0	58	(58)	(64)
Government Grant Income					
General Covid Fund	0	0	-1,115	1,115	1,481
Net Covid Expenditure	0	0	0	0	0
Recharges					
Central Support	1,069	802	802	0	0
Net Total Recharges	1,069	802	802	0	0
Net Departmental Expenditure	7,710	5,595	5,723	-128	-112

Comment on the above figures

The Care Homes Division is made up of the following cost centres, Divisional Management Care Homes, Madeline McKenna, Millbrow, St Luke's and St Patrick's. Budgets for the four homes are based on 100% occupancy levels and 2021-22 bed rates agreed for external provision.

The Q3 spend across the division is over budget profile by £0.128m. The forecast for the end of the financial year is an expectation that the care home division will be £0.112m over budget. The new staffing structure and additional costs for the change in terms and conditions for St Luke's and St Patrick's have been included in this forecast and based on zero vacant posts. Recruitment of staff is a continued pressure across all care homes and subsequently increases costs by the use of agency staff and overtime to cover vacancies.

Temporary grants and the ability to offset costs to the general Covid fund continues to be in place until the end of this financial year.

Costs are analysed further below:

Employee Related Expenditure

St Luke's and St Patrick's are under budget profile by £0.187m at the end of Q3, in the main to the high level of vacant posts. Due to the Covid 19 pandemic, there was a significant delay in transferring employees at St Luke's and St Patrick's care homes to HBC's terms and conditions. This caused a delay in staff recruitment and agency staff have been utilised to support the workforce. The transfer took place on 01 November 2021 and the recruitment process for the vacant posts has started. All employee related costs are forecast on HBC's terms and conditions from this date, and the new structures for the two homes. Specific one off grants received and the ability to offset overtime and above average agency against general Covid costs have been utilised thereby reducing employee expenditure.

Madeline Mckenna and Millbrow are over budget profile by £0.267m at this stage of the financial year due to the increased pressures of the pandemic and use of agency staff which has not been budgeted for at the start of the year.

At the end of the financial year employee expenditure is currently forecast to be £0.051m under budget for the four care homes. However the following specific grants received have helped fund pressures across the care homes.

Specific Covid Grants for Four Halton Care homes to December 2021

Infection Control	£152,145
Rapid Testing Fund	£91,679
Workforce Recruitment and Retention	<u>£31,347</u>
	£275,171

Due to the high level of staff vacancies the care homes are currently reliant on agency staff and overtime. Recruitment drives are currently ongoing to recruit to vacant posts which will hopefully reduce agency and overtime. Employee costs are a significant pressure going forward, if the level of specific grants and general Covid grant are removed in the next financial year this will cause significant budget pressures.

Premises Related Expenditure

At Q3 repairs and maintenance costs are over planned budget by £0.008m across the four care homes. There is an expectation that the recruitment of a Facilities Manager to support the four

care homes will reduce this spend going forward, the recruitment process is ongoing. In the meantime, additional costs incurred due to the delay in recruiting to this post have been offset against the general Covid fund. This amounts to £0.058m as at the end of December.

It is anticipated that premises costs will be over budget by £0.048m at the end of the financial year.

Supplies and Services Expenditure

At Q3 Supplies and Services expenditure is over budget profile by £0.046m and the year-end position is expected to be similar.

Food Provision

At Q3 across the four care homes food provision is £0.019m under budget profile. The forecast for the end of Q4 has estimated that food provision will be £0.047m over budget.

Care Home Divisional Management

At Q3 employee costs are over budget profile by £0.014m with the expectation this will increase to £0.025m at the end of the financial year.

The forecast overspend includes standby hours from four care homes which have not been budgeted for, efficiency savings and the cost of an Assistant Managers post which was to be offset by savings identified on Millbrow staffing budget.

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

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Employees	4,159	2,387	2,022	365	498
Premises	5	0	0	0	5
Supplies & Services	303	181	140	41	60
Contracts & SLA's	7,462	4,791	4,791	0	0
Transport	4	3	1	2	2
Agency	20	20	20	0	0
Transfer to Reserves	434	0	0	0	0
Total Expenditure	12,387	7,382	6,974	408	565
Income					
Fees & Charges	-153	-134	-140	6	10
Reimbursements & Grant Income	-187	-165	-165	0	0
Transfer from Reserves	-609	-109	-109	0	0
Government Grant Income	-11,387	-6,817	-6,817	0	0
Total Income	-12,336	-7,225	-7,231	6	10
Net Operational Expenditure	51	157	-257	414	575
Covid Costs					
Contain Outbreak Management Fund	0	0	3,088	(3,088)	(4,188)
Practical Support Self-Isolation	0	0	87	(87)	(162)
Community Based Testing	0	0	170	(170)	(170)
Targeted Community Testing	0	0	237	(237)	(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	-3,088	3,088	4,188
Practical Support Self-Isolation	0	0	-87	87	162
Community Based Testing	0	0	-170	170	170
Targeted Community Testing	0	0	-237	237	367
Net Covid Expenditure	-29	-29	-29	0	0
Recharges					
Premises Support	119	90	90	0	0
Transport Support	24	18	17	1	1
Central Support	1,374	1,059	1,026	33	44
Support Income	-853	-716	-716	0	0
Net Total Recharges	664	451	417	34	45
Net Departmental Expenditure	686	579	131	448	620

Comments on the above figures

The net Department spend is £0.448m under budget profile at the end of Quarter 3 and the estimated outturn position for 2021/22 is for net spend to be £0.620m under the available budget.

Employee costs are currently £0.365m under planned budget at this point in the year. This is a result of savings made by staff continuing to work on COVID related activities and the associated costs funded from the Contain Outbreak Management Fund. Also higher than expected staff turnover and difficulties recruiting to some vacant posts has resulted in an increase in the departments underspend since Quarter 2. It is anticipated that a full year underspend of £0.498m 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.

Spend on Supplies and Services is currently £0.041m under budget profile. The anticipated full year underspend will be £0.060m. 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 2020. 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 £3.088m or 73.73% 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 quarter for Community Based Testing was £0.170m and grant funding received covers the full cost. Quarters 2 & 3 spend on Targeted Based Testing, is £0.237m and expenditure for the remainder of the year is estimated to be £0.130m, with grant funding received in arrears of monthly claims submitted and 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 £0.301m has been received and £0.087m or 28.9% has been spent. During the final quarter of the year, spend is estimated to be £0.075m, although this may change due to current high levels of infection in the community. 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 and fuel vouchers, 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 an internet connections, support for mental health and practical support, e.g. dog walking, collecting prescriptions, running errands and helping with caring responsibilities.

Loss of income due to COVID-19, Sure Start to Later Life and Pest Control were unable to generate income and the Health Improvement Team was only able to achieve reduced levels of income during the first quarter of the financial year. The resulting loss of £0.029m fees and charges income has been offset by a contribution from reserves. The loss of income in 2021/22 is estimated to remain at £0.029m, as some income levels will return to normal during the final quarter of the financial year.

COMPLEX CARE POOL**Revenue Budget as at 31 December 2021**

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Intermediate Care Services	6,444	4,826	3,624	1,202	1,318
Joint Equipment Store	783	522	522	0	0
Oakmeadow	1,167	876	832	44	51
Intermediate Care Beds	607	455	455	0	0
Sub Acute Unit	1,990	1,493	0	1,493	1,493
Inglenook	125	94	22	72	92
CCG Contracts & SLA's	3,319	1,399	1,399	0	1
Carers Centre	365	274	274	0	0
Red Cross	65	54	54	0	0
Carers Breaks	412	373	245	128	169
Intermediate Care Development Fund	968	726	0	726	968
Residential & Nursing	1,014	761	761	0	0
Domiciliary Care & Supported Living	2,422	1,816	1,818	(2)	(24)
Community Home First Care Support	0	0	3,000	(3,000)	(3,000)
Total Expenditure	19,681	13,669	13,006	663	1,068
Income					
BCF	-11,431	-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	-40	0	(40)	(54)
Total Income	-15,293	-7,678	-7,637	(41)	(56)
Net Departmental Expenditure	4,388	5,991	5,369	622	1,012
Covid Costs					
Infection Control/Vaccines	0	0	45	(45)	(45)
Rapid Testing	0	0	22	(22)	(22)
Workforce Retention & Recruitment	0	0	17	(17)	(17)
Government Grant Income					
Infection Control/Vaccines	0	0	-45	45	45
Rapid Testing	0	0	-22	22	22
Workforce Retention & Recruitment	0	0	-17	17	17
Net Covid Expenditure	0	0	0	0	0
Net Departmental Expenditure	4,388	5,991	5,369	622	1,012
CCG Contribution Share of Surplus	0	0	261	(261)	(425)
Adjusted Net Department expenditure	4,388	5,991	5,630	361	587

Comments on the above figures:

The overall position for the Complex Care Pool budget is £0.361m under budget profile at the end of December and the forecast year end position is expected to be approximately £0.587m under budget.

Intermediate Care Services is £1.202m under budget profile at the end of the third quarter of the new financial year. This is as a result of changes in the way services are delivered which came out of the pandemic. An Intermediate Care review is also underway. There are vacancies within the service.

The pandemic has enabled services to be provided in a different way and the community reablement model, as opposed to bed base, is proving to deliver better outcomes. The changes made across Intermediate Care and the home first model, alongside the impact of hospital pressures have resulted in a shift in financial spend. Budgets have therefore, been realigned against services where appropriate. The cessation of the Sub Acute Unit contract led to the reinvestment of funds in the Community Home Care First service along with the IC Development Fund.

Expenditure on Carer's Breaks is under budget profile by £0.128m as at the end of December and expected to be £0.169m 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. These will have been affected by Covid.

Oakmeadow is currently £0.040m under budget profile and is forecast to be £0.051m underspent at year end. Some of the forecast additional staffing expenditure is being offset by the Infection Control, Vaccine, Rapid Testing and Workforce retention grants that have been extended to the end of the financial year.

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

Other income will not meet targeted levels and is to be written out of the budget.

There is currently a forecast underspend through to the end of the financial year. However an Intermediate Care review is being undertaken which may result in resources and budgets being reallocated.

Health and Social Care colleagues are working closely in partnership to identify and prioritise pressures to allocate any underspends.

Pooled Budget Capital Projects as at 31st December 2021

	2021-22 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	650	450	387	263
Stair lifts (Adaptations Initiative)	250	180	131	119
RSL Adaptations (Joint Funding)	200	150	82	118
Millbrow Refurbishment	100	50	37	63
Madeline Mckenna Refurb.	100	20	11	89
St Luke's Care Home	40	10	3	37
St Patrick's Care Home	50	20	11	39

Total	1,390	880	662	728
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Comments on the above figures:

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

Slippage to Millbrow Refurbishment and St Luke's Care Home projects has resulted in allocations for the year being revised with capital funding being rolled forward into financial year 2022/23.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress**Green**

Objective
Indicates that the objective is on course to be achieved within the appropriate timeframe.

Performance Indicator
Indicates that the annual target is on course to be achieved.

Amber

Indicates that it is uncertain or too early to say at this stage, whether the milestone/objective will be achieved within the appropriate timeframe.

Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.

Red

Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.

Indicates that the target will not be achieved unless there is an intervention or remedial action taken.

Direction of Travel Indicator

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

Green		<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>