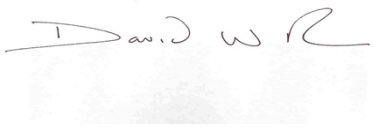
Public Document Pack

Health and Wellbeing Board

Wednesday, 7 July 2021 2.00 p.m.
Bridge Suite, DCBL Stadium, Widnes



Chief Executive

Please contact Gill Ferguson on 0151 511 8059 or e-mail gill.ferguson@halton.gov.uk for further information.
The next meeting of the Committee is on Wednesday, 6 October 2021

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

Part I

The Board will receive a presentation from the Director of Public Health, Eileen O'Meara, on the Public Health Annual Report 2020/21.

A copy of the Report can be viewed using the link below:

https://report.haltonbc.info/phar2020/index.html

HEALTH AND WELLBEING BOARD

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

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

Apologies for Absence: T. Hill and M. Vasic

Absence declared on Council business: One member of the public

ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD

Action

HWB17 MINUTES OF LAST MEETING

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

HWB18 PUBLIC HEALTH RESPONSE TO COVID-19 CORONAVIRUS

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

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

RESOLVED: That the update be noted.

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

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

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

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

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

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

HWB20 COVID-19 VACCINATION PROGRAMME

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

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

voluntary sector.

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

RESOLVED: That

1) the report be noted; and

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

HWB21 PRESENTATION HEALTHWATCH HALTON - KATH PARKER

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

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

RESOLVED: That the presentation be noted.

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

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

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

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

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

RESOLVED: That

1. the report be noted; and

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

HWB23 PRINCIPAL SOCIAL WORKER PROGRESS REPORT

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

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

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

RESOLVED: That the report be noted.

HWB24 PHARMACEUTICAL NEEDS ASSESSMENT 2021-2024

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

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

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

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

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

The Board considered a report which provided a summary update on the key elements outlined in the Government White Paper – Integration and Innovation: working together to improve health and social care for all – February 2021. The legislative proposals were due to be implemented in 2022 and were themed under the following headings:

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

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

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

RESOLVED: The report be noted.

HWB26 HEALTH REFORMS

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

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

RESOLVED: That the Board

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

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

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

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

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

5) support a programme of public and stakeholder engagement.

HWB27 FUTURE MEETING DATES

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

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

RESOLVED: That the dates of future meetings be noted.

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

Meeting ended at 3.55 p.m.

REPORT TO:	Health & Wellbeing Board
DATE:	7 July 2021
REPORTING OFFICER:	Chief Commissioner Halton CCG; Director of Strategy and Partnerships Warrington & Halton Teaching Hospitals NHS FT
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Presentation public consultation outcomes around the creation of a 'Health Hub' delivering some outpatient Hospital Services from Runcorn Shopping City
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

1.1 Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH), in partnership with Halton Borough Council and Liverpool City Region, has developed a plan to utilise unused retail space in Runcorn Shopping City to deliver a number of clinical services. The following presentation describes the outcomes of the associated consultation, as previously described to this Board on 24th March 2021.

2.0 RECOMMENDATION: That

1) the report be noted
2) .

3.0 SUPPORTING INFORMATION

Supporting information to be delivered via a presentation to the Board

4.0 POLICY IMPLICATIONS

None

5.0 FINANCIAL IMPLICATIONS

All physical and pathway changes will be funded via the LCR bid and through capital funding secured via WHH's capital programme. Additional revenue funding has been secured from the Trust to offset the ongoing revenue requirements of the scheme.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

Provision of health services for Children and Young People from a community location such as Shopping City, with increased transport links and free parking has potential to make access easier.

6.2 Employment, Learning and Skills in Halton

Potential for increased volunteering opportunities through offering of additional location for health care delivery. By providing health and care services within a community location, it raises the profile of employment opportunities within health and care.

6.3 A Healthy Halton

There is a potential for improved access to clinical services, including an expanded ophthalmology service, which might reduce any requirement for patients to travel out of Borough for healthcare.

6.4 A Safer Halton

None

6.5 Halton's Urban Renewal

There is potential for increased footfall within Runcorn Shopping City, for example there could be up to 200 patients per week who are accessing ophthalmic services.

7.0 RISK ANALYSIS

The project is governed in line with Warrington and Halton Teaching Hospitals risk controls. A detailed risk log is available, and mitigations are in place as appropriate.

8.0 EQUALITY AND DIVERSITY ISSUES

All design and construction of health assets within Runcorn Shopping City as a result of this project will be accompanied by a detailed Equality Impact Assessment.

Additionally, the new potential location would offer improved access and accessibility than the current service delivery location within Phase 1 of Halton General Hospital, including reduced travel from the car park to the service.

The new location will reduce the requirement for patients having to travel out of Borough to receive care.

There is a reduced risk of entering a hospital site during the covid-19 pandemic, especially for BAME residents, vulnerable residents, and residents with long-term conditions.

The attached presentation describes the diversity of those who have chosen to engage with the project.

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 and Wellbeing Board
DATE:	7th July 2021
REPORTING OFFICER:	Eileen O'Meara
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Amendment to the One Halton Health and Wellbeing Strategy 2017-2022 in the context of the global COVID-19 pandemic.
WARDS:	Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 The global pandemic arrived as we entered the second half of our five-year One Halton Strategy. This report is an amendment to the Strategy, considering the impacts of COVID-19 on our priorities and the health inequalities in our Borough. Key data and statistics are updated.

1.2 Eileen O'Meara, Director of Public Health asked a specialty registrar in public health (Dr Matthew Atkinson) to lead this rapid update of the One Halton Strategy.

2.0 RECOMMENDED: That

1) **the Board approves this amended strategy for publication and use.**
2) **the Board considers the impact of the COVID-19 pandemic in preparing the next Health and Wellbeing Board Strategy.**

3.0 SUPPORTING INFORMATION

<u>COVID-19</u>

3.1 COVID-19 has impacted on Halton's residents and every facet of our work to improve their health. Our frontline health and social care staff and public health professionals have worked tirelessly to fight COVID-19. But beyond this, every service and organisation has had to rethink how they deliver their work in a COVID-secure manner, whilst managing cases and outbreaks. We thank all our partners, from education settings, to businesses, to key service and infrastructure providers and to volunteers, for their continuing efforts to keep Halton safe.

3.2 The pandemic began in early 2020, at a time where England was already seeing a widening of health inequalities[1]. More deprived local areas saw higher death rates during the pandemic. Other factors, such as poorer living conditions, certain occupations and being from a Black, Asian or Minority Ethnic group increased the risk of severe disease, as did having a pre-existing health condition. Many residents will experience persistent symptoms following an episode of COVID-19.

3.3 We have seen higher rates of COVID-19 in the North West than England overall and have experienced restrictions over and above national measures as a result. People in more deprived groups were also most affected by control measures and restrictions and will bear the brunt of the economic impact of COVID-19 unless measures are in place to protect them. We have already seen falls in income for younger workers and lower earners, with a rise in applications for Universal Credit and Jobseeker's Allowance benefits. Any economic downturn will lead to poorer health outcomes across our priority areas.

Detrimental and beneficial impacts of the pandemic on Halton's six priorities:

3.4 Children and Young People: improved levels of early child development:

- Reduced social contact leading to under development of communication and social skills.
- Increased anxiety and depression in parents leading to change of behaviour in the child.
- Missed school or nursery leading to under development of educational and social skills.
- Increased food insecurity.

3.5 Generally Well: increased levels of physical activity and healthy eating and reduction in harm from alcohol:

- Reduced organised sport and exercise.
- Increased walking and cycling for some.
- More home cooking with fresh ingredients increasing nutrition.
- Increased reliance on ready meals and takeaways leading to weight gain and unhealthy eating.
- Shift from night-time economy to home drinking resulting in increased intake to harmful levels.
- People with excess weight are at greater risk from COVID-19.

[1] https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review

3.6 Long-term Conditions: reduction in levels of heart disease and stroke:

- People with pre-existing heart conditions are more at risk due to COVID-19.
- Impact of changes in physical activity, healthy eating and alcohol use is increasing heart disease.
- Impact of COVID-19 on capacity of primary care, secondary care and NHS Health Checks resulting in later diagnosis and treatment.
- Delayed presentations of heart and stroke conditions resulting in exacerbated conditions.
- Improved air quality due to reduced traffic.
- Increased inequalities in smoking with more people quitting but not in the most deprived groups.

3.7 Mental Health: improved prevention, early detection and treatment

- Direct impact of COVID-19, restrictions and lockdowns on people's social and emotional health.
- Financial stress and increased levels of precarious employment leading to anxiety and depression.
- Increased risk of exposure to domestic violence and abuse during lockdowns.
- Frontline staff reporting increased stress and post-traumatic stress disorder.
- Deferment of face-to-face counselling and related services resulting in worsening conditions.
- Increase in the requirement for bereavement services.

3.8 Cancer: reduced level of premature death

- Disruption to cancer screening and treatment resulting in late diagnosis and poorer outcomes.
- People presenting later with symptoms resulting in poorer outcomes.
- Increase in risky lifestyle resulting increased incidence of cancer.

3.9 Older People: improved quality of life

- Older people more at risk from COVID-19 resulting in higher rate of illness and deaths.
- Older people more vulnerable to social isolation, reduction in community services and groups and limits to visiting in care homes as a result of lockdown.
- Older people prioritised for COVID-19 vaccinations high uptake has resulted in a reduction in illness and death since December 2020.

4.0 POLICY IMPLICATIONS

4.1 The updated Strategy has implications for partner organisations undertaking recovery work. Partners should address underlying health

inequalities that have been exacerbated by the COVID-19 pandemic when designing and delivering interventions and services.

5.0 FINANCIAL IMPLICATIONS

5.1 There are no specific financial implications at this stage.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

Recognises that young people have been disproportionately affected by measures to control COVID-19, through loss of social contact and education opportunities. Those in the most deprived groups will be most affected through the impact of living in child poverty, or exposure to adverse events at home. Resources should be targeted to allow the most vulnerable groups to catch up.

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

Keyworkers and frontline health and care staff have been under pressure to deliver services safely and may need additional support. Some public facing jobs have put people at increased risk of contracting COVID-19. Those in the most deprived groups will face the most severe impact of the economic consequences of the pandemic. Young people have had disruption to their education and exams and will face an uncertain employment future, especially as many businesses in the hospitality and retail sectors face ongoing disruption.

6.3 **A Healthy Halton**

The pandemic has increased inequalities in health behaviours and we must ensure that those in deprived groups have improved access to healthier choices. We present the impact of COVID-19 on specific priorities, including heart disease and stroke, mental health, cancer and the health of young people and older people.

6.4 **A Safer Halton**

None anticipated

6.5 **Halton's Urban Renewal**

None anticipated

7.0 RISK ANALYSIS

Risk that we will make less progress against the priority areas than planned and that recovery from COVID-19 will continue to negatively impact the work of all partners.

8.0 EQUALITY AND DIVERSITY ISSUES

We discuss the impact of COVID-19 on different groups, including how both the disease and measures to control it have affected those in the youngest and oldest age groups, those living in areas of higher deprivation, those with existing health conditions and those in Black, Asian and Minority Ethnic groups.

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

'None under the meaning of the Act.'

One **Halton**

Health and Wellbeing Strategy 2017-2022 – amended in 2021

One Halton Health and Wellbeing Strategy 2017-2022 – amended in 2021

Contents

2021 introduction

In Halton, we have been delivering on the 2017-2022 One Halton Health and Wellbeing Strategy, which set out the case for change and outlined the key priorities for our system. However, the health and care landscape has changed dramatically as COVID-19 has impacted every aspect of our lives. This rapid update to the Strategy highlights some of these impacts on our priority areas as we begin preparations for our new strategy for the next phase of the One Halton programme.

In addition to discussing the impacts of COVID-19, we have taken this opportunity to update the figures and statistics presented with data from Public Health England and the Office for National Statistics. However, most of the document is unchanged from 2017.

Leader of the Council Councillor Mike Wharton:

The One Halton Health and Wellbeing Strategy 2017 – 2022 is an overarching strategy to improve health in Halton. It was jointly developed after consultation with Halton Borough Council, NHS Halton Clinical Commissioning Group, the voluntary sector, Community Health Services, Health Watch, the blue light services, housing and local community groups.

Our first Health and Wellbeing Strategy 2013 - 2016 provided us with an excellent platform to take forward our good track record of partnership working. It enabled us to focus extra effort on a few key health challenges for local people. The new strategy seeks to build on this work so improving health is embedded in all our systems and within the local community

Through the One Halton model, that engages local people and all partners, we proposed a radical change to the way we do things, so that by 2022 fewer people will be suffering from poor health. Effective prevention and early action can deliver a 'triple dividend' by helping people to stay well and live healthy lives, thus reducing the demand for costly services and creating the conditions for a prosperous economy. This is a whole systems approach with a focus on people and places. We know that people who have jobs, good housing, meaningful activities and are connected to families and community feel, and stay, healthier. We are working at scale to implement evidence based interventions and mobilise local communities to engage in their own health. We recognise the need to shift services into the community and make use of and build upon community assets.

We are working across the life course with identified and agreed priorities in each age group. As we achieve our ambitions in those priorities we will then review our strategy and replace that priority with a new one.

COVID-19

COVID-19 has impacted on Halton's residents and every facet of our work to improve their health. Our frontline health and social care staff and public health professionals have worked tirelessly to fight COVID-19. But beyond this, every service and organisation has had to rethink how they deliver their work in a COVID-secure manner, whilst managing cases and outbreaks. We thank all our partners, from education settings, to businesses, to key service and infrastructure providers and to volunteers, for their continuing efforts to keep Halton safe.

The pandemic began in early 2020, at a time where England was already seeing a widening of health inequalities[1]. More deprived local areas saw higher death rates during the pandemic. Other factors, such as poorer living conditions, certain occupations and being from a Black, Asian or Minority Ethnic group increased the risk of severe disease, as did having a pre-existing health condition. Many residents will experience persistent symptoms following an episode of COVID-19.

We have seen higher rates of COVID-19 in the North West than England overall and have experienced restrictions over and above national measures as a result. People in more deprived groups were also most affected by control measures and restrictions and will bear the brunt of the economic impact of COVID-19 unless measures are in place to protect them. We have already seen falls in income for younger workers and lower earners, with a rise in applications for Universal Credit and Jobseeker's Allowance benefits. Any economic downturn will lead to poorer health outcomes across our priority areas.

Detrimental and beneficial impacts of the pandemic on Halton's six priorities:

Children and Young People: improved levels of early child development:

- Reduced social contact leading to under development of communication and social skills.
- Increased anxiety and depression in parents leading to change of behaviour in the child.
- Missed school or nursery leading to under development of educational and social skills.
- Increased food insecurity.

Generally Well: increased levels of physical activity and healthy eating and reduction in harm from alcohol:

- Reduced organised sport and exercise.
- Increased walking and cycling for some.
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- Increased reliance on ready meals and takeaways leading to weight gain and unhealthy eating.
- Shift from night-time economy to home drinking resulting in increased intake to harmful levels.
- People with excess weight are at greater risk from COVID-19.

[1] https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review

Long-term Conditions: reduction in levels of heart disease and stroke:

- People with pre-existing heart conditions are more at risk due to COVID-19.
- Impact of changes in physical activity, healthy eating and alcohol use is increasing heart disease.
- Impact of COVID-19 on capacity of primary care, secondary care and NHS Health Checks resulting in later diagnosis and treatment.
- Delayed presentations of heart and stroke conditions resulting in exacerbated conditions.
- Improved air quality due to reduced traffic.
- Increased inequalities in smoking with more people quitting but not in the most deprived groups.

Mental Health: improved prevention, early detection and treatment

- Direct impact of COVID-19, restrictions and lockdowns on people's social and emotional health.
- Financial stress and increased levels of precarious employment leading to anxiety and depression.
- Increased risk of exposure to domestic violence and abuse during lockdowns.
- Frontline staff reporting increased stress and post-traumatic stress disorder.
- Deferment of face-to-face counselling and related services resulting in worsening conditions.
- Increase in the requirement for bereavement services.

Cancer: reduced level of premature death

- Disruption to cancer screening and treatment resulting in late diagnosis and poorer outcomes.
- People presenting later with symptoms resulting in poorer outcomes.
- Increase in risky lifestyle resulting increased incidence of cancer.

Older People: improved quality of life

- Older people more at risk from COVID-19 resulting in higher rate of illness and deaths.
- Older people more vulnerable to social isolation, reduction in community services and groups and limits to visiting in care homes as a result of lockdown.
- Older people prioritised for COVID-19 vaccinations high uptake has resulted in a reduction in illness and death since December 2020.

Our key priorities contribute to our shared outcomes:

- More Halton children do well at school by reaching a good level of development educationally, socially and emotionally.
- Healthy fit workforce to drive economic prosperity with fewer people suffering long term conditions from the age of 50.
- More people will be supported to stay well and live independently for as long as possible.
- People lead full, active lives using a wide range of facilities within local communities, including, good quality housing, parks, arts and cultural facilities, leisure services and safe cycling routes.
- Reduced demand on services, improved quality and access.
- More efficient use of financial resources.

Delivering this Strategy

Ultimate responsibility for the implementation of the Strategy lies with the One Halton Health and Wellbeing Board. However, in order to deliver our vision and priorities we need everyone who lives and works in Halton to take an active role. We are passionate about improving the health and wellbeing of people living in Halton. Local residents, statutory, voluntary, community and commercial organisations all have an important role to play in achieving this goal.

The One Halton Health and Wellbeing Strategy sets the framework for the commissioning of health and wellbeing services in Halton with a particular emphasis on prevention and early intervention. It does not replace existing strategies, commissioning plans and programmes, but influences them.

Integration is key to our strategic approach with all partners working together to deliver:

- joint commissioning,
- culture change through community development,
- training for all staff in how to deliver health messages so every contact counts,
- development of multi-disciplinary teams and
- joint advocacy and policy work.

Ultimate responsibility for the monitoring of the implementation of the Strategy lies with the Health and Wellbeing Board who are accountable to the public.

A governance structure and One Halton priority groups will oversee the development and delivery of these priorities. Each group will be responsible for the development of an action plan setting out what all stakeholders will do to deliver the outcomes we want. They will use a life course approach and ensure each action plan includes action to maximise prevention and early intervention, provide high quality treatment based on need and supports people in both the short and long term.

One Halton

The One Halton Health and Wellbeing Strategy is our borough based plan to improve the health and wellbeing of local people, their families and communities. This includes all people who live and work in Halton regardless of their age, gender, ethnicity, sexuality or occupation.

Our collective principles are that Halton people live healthy lives in vibrant communities; there is a fundamental change towards people managing their own health through the development of local care organisations that are mostly in the community with hospitals only used for specialist care. Hospitals will work together so everyone can benefit from high standards of specialist care and we will share clinical and non-clinical functions across lots of organisations.

Our purpose is to improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill-health, promoting self-care and independence, arranging local, community-based support whenever possible and ensuring high-quality hospital services for those who need them. We want to support people to stay well in their homes, in particular to avoid crises of care that can result in hospital admission. General practices will support and empower individuals and communities by promoting prevention, self-care, independence and resilience. We will work with local people and with partner organisations including healthcare providers and the voluntary sector. This will ensure that the people of Halton experience smooth, co-ordinated, integrated and high-quality services to improve their health and wellbeing.

Through signing up to deliver this One Halton Strategy we are jointly:

- Taking ownership of where we are now. We all recognise progress has been made but that there is more work to do.
- Being responsible for delivering on the agreed priorities and actions set out within this strategy.
- Making a commitment to make things better. For us to be successful all partners in Halton need to play their part including our local people.
- Being accountable for developing systems that deliver more joined up approaches to delivering services.

Halton has a vibrant and an active, participative, General Practice community. We have 16 practices, all of whom are involved and engaged in the development of the Halton Vision and General Practice Forward View. We are extremely proud of the progress we have made and the commitment from our partners to continuously improve the health and wellbeing of the population of Halton.

With our members we commit to delivering better care, better health and better value; investing in a sustainable provider landscape within a system that holds everyone to account.

Our vision as set out within our GP strategy is about “Involving everybody in improving the health and wellbeing of the people of Halton” with key values focused on People, Partnership, Openness, Caring, Honesty, Leadership, Quality and Transformation. Our commitment is to stabilize general practice, develop teams and partnerships, transform services and invest primary care.

Principles of working together

As outlined we will only be successful in delivering this strategy if all partners (including local people) play their part. We have therefore agreed principles of working together. In order to deliver the One Halton Health and Wellbeing Strategy all partners will work in the following ways:

- Engage with and understand the needs of our local communities
- Early intervention to prevent ill health
- Early identification and support for clinical conditions
- Skills developments to ensure people have the confidence to manage their own health and wellbeing
- Ensure people are at the centre of planning and delivery of services
- Work with local primary care, community and hospital providers to deliver accountable care
- Engage with and include the voluntary and third sector in all programmes

In order to do this we need to:

- Engage with people to better understand their motivation and offer options
- Work as integrated teams
- Ensure consistent communications across health and care providers
- Find or identify those people who do not access care
- Provide the very best in care, now and in the future
- Act as advocates for policies that reduce health inequalities
- Consider the impact of poverty and how this can be tackled
- Use innovative solutions, such as digital applications, to provide care and information

This will help us to:

- Build a social movement
- Reduce variation in care across the borough and compared to England
- Develop a wide range of on-going community conversations
- Reduce unnecessary demand and help focus services on those most in need
- Identify and further develop community advocates and champions
- Make the most of 'back office' services to increase efficiency

One Halton Place Based Plan 2019 – 2024

The Plan was developed to deliver this strategy through improved, joined-up services and an ask to the public to take opportunities to improve their health.

The full plan can be found at https://onehalton.uk/one-halton/

Cheshire and Merseyside approach

We are actively engaged with and providing leadership to Cheshire and Merseyside's ambitions to become a Marmot Community, improve health equity and build back fairer following COVID-19. Many issues are best tackled at a regional level and we collaborate with colleagues across Cheshire and Merseyside and the Liverpool City Region to ensure the plans meet the needs of Halton's residents.

Building on the success of our first Health and Wellbeing Strategy

In Halton we have a good track record of partnership working to improve health and wellbeing.

The Halton Health and Wellbeing Board was established in 2013 and one of its first actions was to develop a Health and Wellbeing Strategy to improve the health of the local population.

Halton's first Health and Wellbeing Strategy covered the period 2013 to 2016 and set out the vision for Health and Wellbeing in Halton. The Strategy was the overarching document for the Health and Wellbeing Board outlining the key priorities the Board has focussed on over the past three years.

We are pleased to report that good progress has been made against the original priorities, including:

- An increase in the number of children achieving a good level of development by the end of reception
- A reduction in the number of young people admitted to hospital due to drinking alcohol
- An increase in early diagnosis of cancer and cancer deaths reducing
- Extra investment in falls prevention services
- A major review of child and adult mental health services in Halton

Halton facts

Deprivation

More than 30% of Halton's small areas are in the 10% most deprived areas in England (the 13th most deprived local authority in England by this measure).

Child Poverty

20% of Halton's children live in low income households.

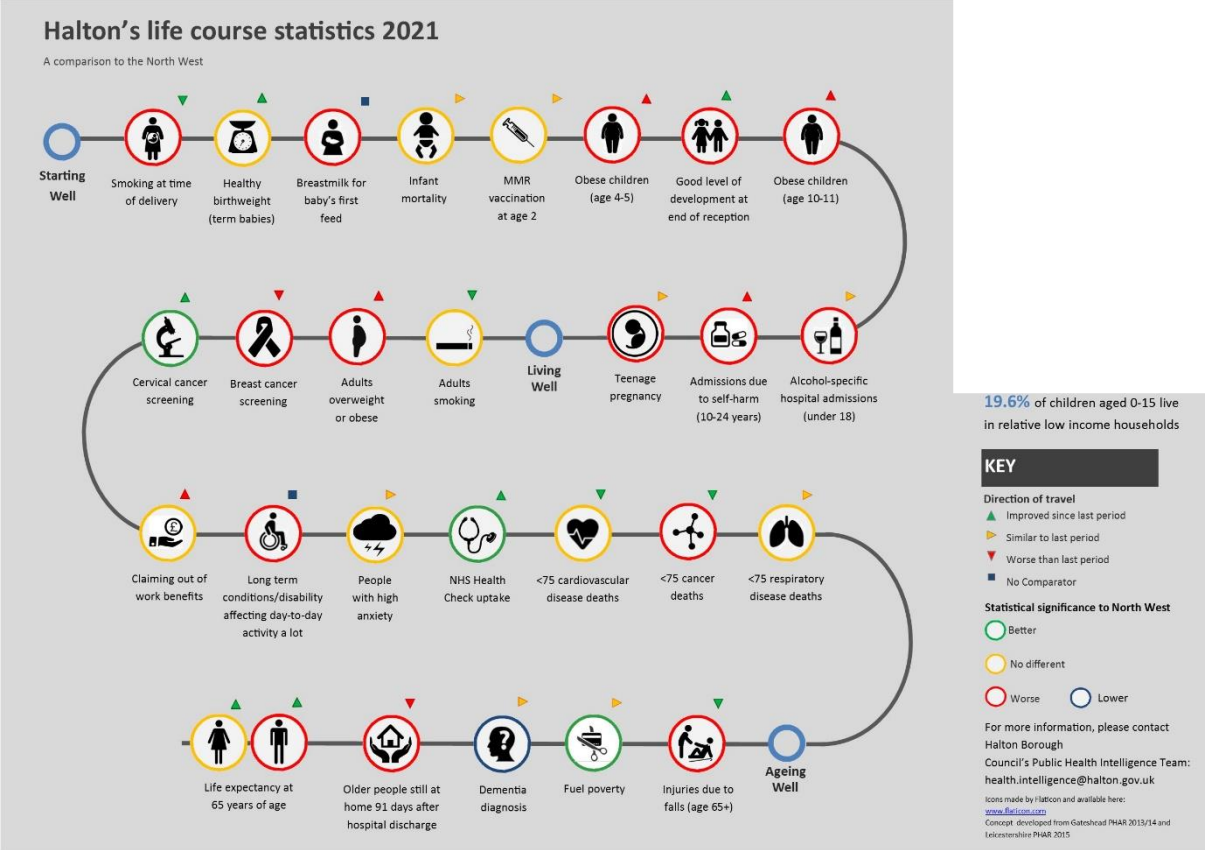
Population

Approximately **129,000** people live in Halton.

By 2041, this is projected to increase to 130,500, but with an increasing population over the age of 65:

- age 0-14 decreasing by 10.7%
- age 15-64 decreasing by 5.2%
- age 65+ increasing by 38%

Halton's health



How did we decide on our priorities?

The new One Halton Health and Wellbeing Strategy needs to reflect current priorities from elsewhere in the system whilst maintaining a local focus that is evidence based and reflects local people's views. Since 2013 when the first strategy was published there have been significant developments within the policy landscape. The new strategy is aligned with developing system level plans across local authorities and the NHS.

The priorities are backed by a strong evidence base considering the local Joint Strategic Needs Assessment, NHS benchmarking and performance data against the range of national as well as local targets. They cover the two biggest killers locally as well as issues that reduce the quality of people's lives. We have listened to our local communities in deciding both the priorities themselves and some of the key actions needed. We have also chosen the priorities based on were we believe we need to enhance current activity.

One Halton priorities have been developed using the following approach:

- Engagement – with GPs, partners and providers as well as patients and public – this is the research phase to ascertain what needs to change and how it can change. This stage lays the foundations for the programme and determines effective buy-in
- Consultation – once firm plans are in place, the CCG will consult with all stakeholders on plans before they are approved and implemented
- Informing – targeted communication will run through the entire programme to ensure all stakeholders are kept informed at every stage of the programme

For this strategy further consultation has been undertaken by One Halton portfolio directors using pre-existing networks and forums for engagement e.g. Halton Peoples Health Forum. For each priority a set of key actions were identified. There was wide spread community support for all the key actions we had identified as being needed to tackle each priority.

A fuller 'Story behind each of the priorities' is covered over the next few pages

The Story Behind the Priorities

Improved levels of early child development

What is the issue?

By 3 years of age children in families living below the poverty line are 8 months behind in language and 9 months behind in school readiness compared to those with incomes above the poverty line.

Activities such as daily reading, regular bedtimes and library visits can improve cognitive development

Despite improvements, 2019 data shows Halton still has one of the lowest percentage of children achieving a good level of development at age 5 in England: 66.1% of Halton children compared to 71.8% for England

Injury levels in children aged 0-4 are higher than the England average (139 per 10,000 compared to 117); this is also the case in children aged under 15.

3 Key actions partners and the public feel are important

1. Enhancing school readiness programmes.
2. Additional action to prevent child accidents.
3. Expanding parenting programmes and local Home Start schemes.

Outcomes: what would success look like?

Improvement in the percentage of children achieving a good level of development at age 5.

Reduction in child poverty levels.

Reduction in percentage of women smoking at time of delivery.

Increased percentage of women breast feeding (initiation and at 6-8 weeks).

Reduction in the rate of A&E attendances and hospital admissions amongst those age under 5 (generally and due to accidents).

Reduction in under 18 conception rates.

Increased reading skills in primary school aged children.

Increased influenza vaccination uptake amongst pregnant women and young people aged under 5.

Increased reading skills in primary school-aged children.

COVID-19 impact

Financial instability rose during the pandemic and will particularly impact on the high percentage of children living in poverty.

School closures have led to reduced social contact, inequalities in access to online learning and tutoring and have exacerbated food insecurity[2]. Children spending more time at home has put parents under increased stress. Our schools and children's teams have worked hard to minimise the impacts on our most vulnerable children.

Worries about the pandemic and the effects of restrictions has impacted on mental health and wellbeing. Children might be concerned about missed schooling and exams and the impact on their futures. Some will have been exposed to abuse in the home[3].

[2] https://www.childrenssociety.org.uk/sites/default/files/2021-01/the-impact-of-covid-19-on-children-and-young-people-briefing.pdf
[3] https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review

Generally Well: increased levels of physical activity & healthy eating and reduction in harm from alcohol

What is the issue?

Obesity levels in early childhood and in adults are above the national level with 14.3% of 4 and 5 year olds found to obese, and 78.3% adults either overweight or obese (compared to 62.8% in England).

There are clear links with heart disease, stroke, cancers, respiratory disease and dementia

Only 45% adults eat at least 5 portions of fruit & vegetables per day and only 58% take enough exercise. Levels of exercise are lower than England (66%) and are especially low amongst women

There are been significant improvements in the level of hospital admissions due to alcohol, especially for those aged under 18. However, levels remain higher than nationally for both under 18s and amongst the whole population: under 18s 58.3 per 100,000 in Halton compared to 30.7 per 100,000 for England with 863 per 100,000 all age in Halton compared to 664 per 100,000 for England as a whole

3 Key actions partners and the public feel are important

1. Mapping the public's access to fresh food.
2. Enhancing the infant feeding programme.
3. Promoting women's exercise programmes.

Outcomes: what would success look like?

Increased percentage of children and adults achieving recommended levels of physical activity

Increased percentage of children and adults meeting the recommended '5-a-day' of fruit and vegetables on a 'usual day'

Reduced levels of children and adults who are overweight and obese

Reduced rates of hospital admissions due to alcohol for those aged under 18

Reduced overall rates of alcohol-related hospital admissions

Reduced death rates due to alcohol-related liver disease

COVID-19 impact

COVID-19 has increased inequalities in health behaviours. Those who already had access to a healthy diet and opportunities to exercise were more likely to keep these up or increase them during lockdown restrictions. Some people in more deprived groups may have missed out on active transport to get to school or work and had a poorer diet when eating shifted to home and takeaway food. We have also seen an increased reliance on food banks.

Inequalities in diet and exercise are particularly concerning, given that those who are overweight and obese are particularly vulnerable to severe disease and death from COVID-19. With pubs and licensed premises closed, people have been drinking more at home. Those who drink above the recommended levels have tended to drink more. Those who have been able to enjoy walking and cycling should be supported to continue but we must ensure these exercise opportunities are available to all.

Long term conditions: heart disease and stroke

What is the issue?

Despite improvements in the number of people with long term conditions diagnosed, there is still under diagnosis of hypertension (high blood pressure) where only about 61% of Halton people thought to have the condition are diagnosed.

Death rates from heart disease continue to fall but remain the second single biggest killer in Halton. The borough still ranks one of the lowest in England: ranks 115 out of 146 local authorities for heart disease deaths and 124 out of 146 local authorities for premature deaths from stroke (where 1 is the best and 146 the worst).

Smoking prevalence has significantly reduced to 14.9% and is now similar to the England average of 13.9%.

3 Key actions partners and the public feel are important

1. Screening in the community for atrial fibrillation (irregular heartbeat).
2. Enhancing early diagnosis of heart disease and self-care programmes.
3. Increasing screening for hypertension (high blood pressure) in community pharmacies, general practice and other community settings.

Outcomes: what would success look like?

Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups

Increase the percentage of adults who undertake recommended levels of physical activity and eat at least five portions of fruit and vegetables per day.

Improve early detection and increase the proportion of people treated in line with best practice and reduce the variation at a GP practice level.

Reduce the level of hospital admissions due to heart disease, stroke and hypertension.

Reduce the premature (under 75) death rate due to cardiovascular disease and stroke.

COVID-19 impact

As outlined earlier in this strategy health behaviours have changed. With less exercise, poorer diet and increased alcohol intake comes a higher risk of cardiovascular disease and stroke. Some routine preventative programmes and follow-up appointments were paused or delayed so that some opportunities for early diagnosis were not available. Urgent care remained available, but people may have been reluctant to seek care and there was a fall in hospital admissions for heart attacks[4].

[4] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31356-8/fulltext

Improved mental health

What is the issue?

1 in 4 people attending their GP seek advice on mental health problems

16.1% of patients aged 18+ are diagnosed with depression, a higher rate than the England average and increased from 9.5% four years previously.

30% of people with dementia are not diagnosed.

Many social factors make children more at risk of development mental health problems.

Levels of hospital admissions due to self-harm in those aged 10-24 are significantly higher than England, 852 per 100,000 compared to 439 per 100,000 for England.

Halton has poorer outcomes than England for many of these and an estimated 10.2% of 5-16 year olds with mental health problems

3 Key actions partners and the public feel are important

1. Review the current Child and Adolescent Mental Health Services
2. Enhancing services for adults with personality disorders
3. Redesigning adult mental health services

Outcomes: what would success look like?

Improved diagnosis rate for common mental health problems and dementia

Reduced level of hospital admissions due to self-harm

Improved access to talking therapy services and increased percentage completing treatment and percentage recovery

Improved overall wellbeing scores and carers' wellbeing scores

Reduced excess under 75 mortality in adults with serious mental illness (compared to the overall population)

Increased percentage of care leavers with good mental health

COVID-19 impact

Many people were anxious throughout the pandemic, especially those with other health issues that meant they had to shield and made them or their loved ones more vulnerable. Many became ill themselves or suffered bereavement and loss.

Everyone has been affected by social restrictions and national lockdown measures, and many have found periods of social isolation or loss of usual activities particularly difficult. Others have been impacted by financial worries and the pressure on their livelihoods. Some harm could be hidden, such as exposure to domestic violence and abuse during lockdown periods.

Some face-to-face mental health and counselling services faced disruption. We must also acknowledge the tremendous pressure our health and care staff and keyworkers have been working under.

Reduction in early deaths from cancer

What is the issue?

Our death rates from cancer remain some of the highest in the country, and cancers combined are our leading cause of death.

The rate of new cancers per year (incidence) is highest for lung (124.8 per 100,000 in Halton compared to 75.8 for England), bowel (72.0 per 100,000 compared to 69.0 for England) and breast (176.2 per 100,000 compared to 170.8 for England).

Smoking rates have been falling and are similar to the national average, 14.9% of Halton adults smoke compared to 13.9% for England.

The proportion of cancers caught early has been rising and is similar to the England average at 52.6%.

Cancer screening rates have improved but are still lower than nationally, with rates for breast cancer screening, bowel cancer screening and cervical cancer screening (in those aged 50 to 64) all worse than the England average in 2020.

3 Key actions partners and the public feel are important

1. Enhancing the public awareness of early detection programmes.
2. Developing a new Tobacco Control Strategy and Action Plan.
3. Enhancing support for bowel screening to improve uptake.

Outcomes: what would success look like?

Reduced smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.

Increased uptake of breast, cervical and bowel screening.

Improved percentage of cancers detected at an early stage

Improved cancer survival rates (1 year and 5 year).

Reduction in premature death due to cancer in the under 75s.

COVID-19 impact

An increase in unhealthy lifestyle behaviours has put more people at risk of developing cancer. The disruption to cancer screening services will mean later diagnosis of cancers and later treatment leading to poorer outcomes for the patient. The impact of this will be felt for a number of years. We will aim to address the resulting issues with expediency.

Improved quality of life for older people

What is the issue?

The 65+ population has been increasing at a faster rate in Halton than in England overall so that both now have 18.4% of the population in these age groups. Halton's 65+ population increased by 31 % between 2010 and 2019.

Compared to the national average, Halton's men aged 65+ live 1.3 years less than men across England as a whole with Halton's women living 1 year less.

Halton's women spend 56.6 years of their lives disability free. The figure for men is 59.4 years.

This compares to the England averages of 61.2 years for women and 62.7 years for men

The numbers with dementia increased from 634 in 2010/11 to 982 in 2018/19. It is predicted this rise will continue

Older people are concerned about remaining healthy, independent and connected to others

The service older people most frequently cite as being of concern to them is transport

3 Key actions partners and the public feel are important

1. Marketing campaign on how to prevent loneliness.
2. Develop an older people's transport group.
3. Develop a directory of services for older people.

Outcomes: what would success look like?

Increased life expectancy at age 65

Increased disability free life expectancy at 65

Improved access to transport

Reduced levels of loneliness

Reduction in level of hospital admissions due to falls and hip fractures

Increased uptake rates for Influenza, pneumococcal and shingles vaccination

Reduction in permanent admissions to residential and nursing homes

COVID-19 impact

Older people were particularly vulnerable to COVID-19. Those who contracted the disease were more likely to suffer severe disease or to die. We saw outbreaks in several care homes. Fortunately, these age groups were prioritised for the COVID-19 vaccine and uptake in both care homes and the community has been excellent.

However, many have had less social contact or seen fewer visits from friends, family or professionals. Community groups have paused at times, as have businesses such as pubs and hairdressers. Some will have been able to maintain connections through technology, but we know that there are inequalities in access and use.

2021 Conclusion

Whilst COVID-19 has affected our whole population, it has highlighted some of the inequalities in our society. Those in lower paid work are often more likely to be exposed, as are those in more crowded housing. Self-isolation can be more difficult for those without social support or those in poorer housing.

Once infected, older people and those with underlying health conditions are more likely to become seriously unwell. More deprived groups are less likely to access the health care they need and we must ensure that preventative measures, testing and vaccination are available and taken up by all who will benefit from them.

We must now recognise the impact COVID-19 has had on the delivery of our Health and Wellbeing priorities. Whilst many of these impacts are negative, we must also capture the many excellent examples of rapid service redesign, innovation and partnership working, which will offer long-lasting improvements to how we do things.

We are still managing the pandemic response whilst working on recovery. In doing so we must build back fairer, not just better[5]. In managing COVID-19, we have seen how Halton can come together to overcome incredible challenges. When assessing our priority areas, we do it with the knowledge that none of our challenges are insurmountable.

We'd love to hear from you

Do you have stories about a local group you are involved with? Do you have any comments about this strategy or any of the ideas in it?

Please contact us at:
Halton Borough Council
Runcorn Town Hall
Heath Road
Runcorn
WA7 5TD
Telephone: 0303 333 4300

[5] https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review

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REPORT TO: Health & Wellbeing Board

DATE: 7 July, 2021

REPORTING OFFICER: Martin Stanley, Head of Acute Commissioning, NHS Halton CCG

PORTFOLIO: Acute Commissioning

SUBJECT: Lilycross Care Centre

WARD(S) All

1.0 **PURPOSE OF THE REPORT**

1.1 To brief the Board on the continued use of Lilycross Care Centre.

2.0 **RECOMMENDATION: That:**

i) The Board note that the CCG has continue the contract with Lilycross Care Centre for 2021/22.

ii) The additional community beds available at Lilycross Care Centre support the hospital discharge programmes and provide the required designated COVID beds for the borough.

3.0 **SUPPORTING INFORMATION**

3.1 Enhanced Discharge Response to COVID-19 - Lilycross Care Centre

3.1.2 Lilycross Care Centre opened to patient admissions 11th May 2020, as a response to the regional request for 300 extra community beds to support the anticipated surge COVID patients at the beginning of the pandemic.

3.1.3 The unit was opened to residents in all the boroughs of Cheshire and Merseyside but will primarily focus on the discharges from St Helens and Knowsley Hospitals and Warrington and Halton Hospitals, initially CQC registered as a residential home, and subsequently increased its offer to allow patients requiring nursing support.

3.1.4 There are 60 individual bedded rooms and has operated with up to 24 designated COVID beds for patients discharged from hospital with a COVID+ status and needing to complete their isolation period. The unit will accept residents who are:

3.1.5
- COVID-19 negative

- COVID-19 positive or exposed and are medically fit.

3.1.6 The unit will accept patients on a transitional basis when their normal home of residence is closed to their return, or they are awaiting a package of care to return to their own home or to a care home.

3.1.7 The demand for the surge beds has differed over the period of the pandemic and the stages of each of the waves.

- Hospital capacity and occupancy levels changes the flow of patients.
- Transitional capacity on the acute sites
- Care home outbreaks and closures
- Domiciliary care including staff infections and self-isolation.
- Need for transition and availability including Nightingale.
- Level of assessment for discharge
- Speed of the flow, driven by the front door.

3.1.8 The level of activity within the unit varied during 2020-21 primarily due to the capacity within the acute sector to retain patients, the level of care home outbreaks and appetite of care home to accept new residents, especially Covid recovered or exposed.

3.1.9 The demand of covid designated beds peaked in January 2021 during the second wave, as hospital overall occupancy was generally over 95% and discharge flow was crucial contain the level of covid wards within the hospitals.

3.2 <u>2021-22 Utilisation of Lilycross Care Centre</u>

3.2.1 The termination point for the 2020-21 contract with the provider was January when the system was in the middle but not at the peak of the third wave and if the contract was ended admissions would have had to stop in February and all residents discharged by the end of the year. The minimum extension was for 6 months which would cover the anticipated wave in the summer but close just prior to the start of the winter pressures.

3.2.2 There was uncertainty of the impact the D2A funding stopping, but the CCG felt that the potential need for the continued additional bed base across the Mid Mersey region justified the potential financial risk and has committed to maintain the facility until March 2022, as there were a number of other factors that needed to be taken into consideration:

- The need to restart hospital elective activity and work to clear the backlog of referrals.
- The growing non-covid non-elective demands on A&E and admissions.

- The national drive to speed the flow of hospitals discharges and reduce the number of stranded and super-stranded patients.
- The uncertainty of the impact of future waves of infection on acuity of patients, including long term complications.
- IPC rules for care home outbreaks.
- The closure of the Nightingale facilities.
- The requirement for all Local Authorities to maintain COVID designated beds within the community.

3.2.3 The drive for increased hospital discharges has been supported by the continuation of the central Discharge to Access funding and the local systems have adopted a set of principles:

- Home/reablement first approach is the priority.
- Protecting the therapy led intermediate care bed bases.
- Protecting the existing care home market
- Protect the acute flow and occupancy.
- Early and enhanced discharge pathways
- Discharge to assess.
- Minimise patient transfers.
- Admission avoidance
- Maintain covid bed base.

3.2.4 The rational across the system for maintaining additional community capacity has been justified based on the occupancy levels within Lilycross during April and May (averaging 85%), whilst system partners have adjusted to post third wave operational pressures. However, with the current fall in the demand for covid designated bed there is an opportunity to reconsider the ring-fencing of the 16 beds covid beds, and these are now available for non-covid patients if the demand increases. Should another wave of COVID enter the system and hospital admissions are reported, the beds would be returned to their COVID status.

3.2.5 The demand for the additional capacity Lilycross provides to the system will change throughout the year, depending on the continued admission levels in the acute hospitals and the Local Authorities ability to manage discharges within the existing care settings, and the impact of any further waves of Covid.

3.2.6 However, whilst Lilycross has been available as a discharge option, in Halton the Intermediate Care bed occupancy levels have been maintained at a significantly low level. This has resulted in the decommissioning of the B1 provision with Oakmeadow absorbing demand, with scope for escalation, and still averaging 40% occupancy throughout the duration of 2020/21 (93% occupancy in 2019/20).

3.2.7 Halton has also seen a positive impact from the enhancements to the Reablement Service with average length of stay reduced from

114 days in 2019/20 to 46 days during 2020/21. This provides confidence that the local system has resilience to manage increased demand over the winter period.

4.0 POLICY IMPLICATIONS

4.1 Lilycross Care Centre provides the designated COVID surge beds available across the system.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The CCG has committed to the costs of Lilycross Care Centre and will utilise the resources available within the Cheshire and Merseyside Discharge to Assess allocation to contribute to the costs.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

6.3 **A Healthy Halton**
None.

6.4 **A Safer Halton**
None.

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

7.0 RISK ANALYSIS

7.1 The expectations of further wave of COVID is high, but it is not anticipated that the severity of the outbreaks will impact on public, patients and services will be far lesser than the previous waves and that Halton is in a good position to deal with any needs within the borough.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 N/A

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

None.

REPORT TO:	Health & Wellbeing Board
DATE:	7th July 2021
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Adult Social Care
SUBJECT:	Building Back Better
WARD(S):	Borough-wide

1.0 **PURPOSE OF THE REPORT**

To present the HWBB the new models of support, care, rehabilitation and treatment through the Better Care Fund following the Intermediate Care Reviews

2.0 **RECOMMENDATION: That the Board note the contents of the report and associated appendix**

3.0 **BACKGROUND INFORMATION**

3.1 Prior to and during the Pandemic there has been a plethora of national and regional guidance supported by best practice models seeking to ensure that people receive the right kinds of interventions, in the right place and at the right time. This demonstrably improves the outcomes for vulnerable adults, significantly older people, whilst reducing the need for long-term services and hospital utilization. New guidance and requirements continue to be brought forward in 2021/22 (e.g. Community Rapid Response, within 2 hours)

3.2 Locally in Halton, the Intermediate Care review implementation has progressed, incorporating the work and learning from the pandemic and work undertaken from the frailty service. Detailed planning work has focused on both the available evidence of utilization, incorporating current and future requirements of community services and staffing capacity and skill mix. Several departments within Bridgewater Community NHS Foundation Trust, Halton Borough Council, NHS Halton Clinical Commissioning Group and Warrington and Halton Hospitals NHS

3.3 Foundation Trust have undertaken this work.

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

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

3.4

This clearly demonstrates that investment in the right community resources can improve outcomes for individuals, reduce reliance on short-term community bed based services (and therefore reduce the number required), reduce the utilization of acute hospitals (with potential to reduce admissions, readmissions and length of stay) and enable further investment in the community infrastructure.

3.5

During the pandemic the number of Intermediate Care (IC) and transitional beds required reduced, with the contract for the beds at Ward B1 Halton Hospital ceasing in October 2020, the pilot 'enhanced community reablement' ceasing in March 2021 and the utilization of Ward B3 at Halton Hospital ceasing in June 2020.

3.6

Length of stay at Oakmeadow IC bed unit reduced to an average of 3 weeks from July 2020 whilst the number of admissions increased by 60%. The net result was the achievement of almost as many admissions during 2020/21 in this single unit than had been seen across Ward B1 and Oakmeadow combined in 2019/20. Whist the 10 bedded 'transitional unit' at Oakmeadow has been available throughout, this has only been required to manage people COVID + requiring a pathway 2 discharge during the winter COVID wave.

3.7

3.8

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

The impact of the capacity at Lilycross has played a role in reducing the need for both B3 and the transitional unit at Oakmeadow though admission numbers are lower than the combined units in the 2019/20 period and lengths of stay shorter. Further work is required during the year to understand future demand and pathways associated with transitional care provision as this previously was provided in the wider care home sector where occupancy has remained an issue since the first wave of the pandemic.

3.9

3.10

The frailty service commenced in 2019. As part of the reconfiguration for management of the pandemic, this service operated as a rapid response function to support those with higher levels of clinical need in the community and for hospital discharge drawing on community matron capacity. An interim evaluation report was produced in February 2021 and utilized data from December 2019 – December 2021. A final evaluation was due to report in April 2021, but is yet to be published.

4.0

4.1

There were 552 people referred to the service during this period with the vast majority coming from the community. A&E attends and length of hospital stays were reported as reduced by 15.7% and 20% respectively with 171 people deemed as avoiding a hospital admission (31%). The provision of clinical pharmacy review was calculated to make savings on both hospital admission avoidance and reduction in medications.

4.2 **PROPOSED RECONFIGURATION 2021/22 AND BEYOND**

4.3 Substantial work has been completed across partners to develop a new model of care. ***Appendix 1*** shows the agreed pathway and background information. There are associated Standard Operating Procedures (SOP's)

4.4 in an advanced state of development and should be completed by June 2021, along with an overarching specification.

The main body of the Reablement Service (Care Coordination and Care and Support Workers) remains unchanged.

Oakmeadow remains at 19 Intermediate Care Beds in the new model and further work is required on transitional capacity in 2021/22 and beyond as at 3.6 and 3.8 above

The block purchase of 500 hours per week of domiciliary care to continue to assist system flow will remain for 2021/22, with a review in the autumn to determine 2022/23 and beyond.

5.0 **POLICY IMPLICATIONS**

5.1 These new model is in line with national and regional guidance for hospital discharge and crisis response in the community. It builds the infrastructure required to meet developing expectations during 2021/22 and beyond to deliver person centred, strengths based approaches to meet the health, care and wellbeing outcomes of the local population in, and as close to, their own home. Further work is required in 21/22 to ensure nationally mandated requirements of community services and rapid response targets are delivered.

6.0 **RESOURCE IMPLICATIONS**

6.1 Funding streams across all former service areas in 2020/21 came from a range of sources including: BCF; iBCF; HBC Winter; HBC Base; Scheme 1 and Scheme 2 COVID funding; Base allocation for COVID (Frailty Service).

COVID funding in 2021/22 is not available in the same way as 2020/21 and is highly unlikely to be available for the full year.

The reduction in expenditure on short-term bed base services (planned and unplanned) release previously committed resources to invest in home based provision.

It should be noted that there is significant recruitment required and therefore expenditure in 2021/22 will be below the established budget profile for the new model.

7.0 OTHER IMPLICATIONS

7.1 Contractual

Previous contracts were subject to 6 months' notice and expired on 31st March 2021. A Memorandum of Understanding (MoU) has been developed across the respective organisations to provide cover until 31st September 2021.

New contractual mechanisms need to be determined at a later date.

The four organisations involved in the model are also keen to develop an agreement that articulates their relationship, roles, responsibilities and mechanisms of reporting.

7.2 Implementation

An implementation has been developed and is being progressed.

8.0 RISK ANALYSIS

8.1 There is sufficient budget available to fund this proposal therefore no financial risk

There are a number of vacancies across existing services working into this proposal. Recruitment is a key priority for all the organisations involved

Monthly progress updates and papers on further developments and plans will be presented to the Better Care Development Group

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 None identified at this time. An Equality Impact Assessment (EIA) is not required for this report.

Appendix 1

Intermediate Care & Frailty Service

Introduction

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

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

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

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

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

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

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

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

Benefits to Service User of introducing the SPA include:

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

Benefits to the Halton system of the SPA:

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

Appendix 1

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

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

The SPA will accept referrals from:

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

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

SPA flowchart below:-

SPA Flowchart (Final May 2021).docx

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

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

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

Acceptance Criteria into the Service for Referrals

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

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

Pathways into Community Services

Reablement Service

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

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

Community Based Multi-Disciplinary Interventions will be provided when:

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

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

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

Oakmeadow

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

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

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

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

Community Rapid Response (CRR)

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

This CRR will respond when people are:-

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

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

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

The main elements of the CRR will be:

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

CRR – Management of Individuals

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

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

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

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

No further intervention required and discharged from SPA

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

Circumstances where this may occur are listed below:

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

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

REPORT TO: Health & Wellbeing Board

DATE: 7th July 2021

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Adult Social Care

SUBJECT: Domiciliary Care in Halton: Progress

WARD(S): Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To receive a presentation from Damian Nolan, Divisional Manager – Urgent Care, Halton Borough Council and John Regan – Director, Premier Care Limited regarding Domiciliary Care provision in Halton.

2.0 RECOMMENDATION: That:

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

3.0 SUPPORTING INFORMATION

3.1 One of the main drives over the past 10-15 years both locally and nationally has been to offer support to people in their own home for as long a period as is possible. One of the most effective ways to do this has been through offering care and support to people in their own home through a Domiciliary Care agency.

During 2017, Halton undertook the re-procurement of Domiciliary Care provision within the Borough, which led to there being one main provider, Premier Care Limited delivering provision.

3.2 The presentation will include background to implementation of the new contract arrangements, an overview of the Transforming Domiciliary Care Programme, details of the Pandemic Response and how we (Premier Care and the Borough Council) are continuing to work together to maintain the delivery of high quality services to our local population.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

6.3 **A Healthy Halton**
Domiciliary Care provision in Halton supports the Council's strategic priority of improving health.

6.4 **A Safer Halton**
None Identified.

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

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

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

9.1 None under the meaning of the Act.

HALTON BOROUGH COUNCIL

It's all happening IN HALTON

Domiciliary Care in Halton: Progress

Damian Nolan – Divisional Manager,
Urgent Care, Halton Borough Council

John Regan – Director, Premier Care Ltd

HALTON
BOROUGH COUNCIL

Background

- 2015 - Framework Contract in place
- 12 Providers - 8 which were active
- 60 - 1000 hours per week
- 10% of commissioned care not being provided
- Increasing use of care home and transitional beds

Transforming Domiciliary Care Programme

- Develop Reablement First Approach
- Increase supply through Value Based Recruitment
- Develop Outcomes Based Approach
- Monitor Quality
- Improve Conditions of Employment

Changed Contractual Framework

- 2017 awarded Contract for Single Provider - Premier Care Ltd.
- Utilised local care company as sub-contractor - ICARE
- Gaps in provision on transfer from other companies

Changed Contractual Framework (Cont'd)

- Recruitment proved difficult with those entering matched by those leaving
- Outcomes Model progressed
- Monthly Contract Monitoring
- February 2020 - Agreed short term '500 hours' block purchase to reduce use of transitional beds

Pandemic Response

- Focus on Home First, via Reablement
- Domiciliary Care increased through 500 hours block purchase
- Reduced / eliminated use of Transitional Beds (used for Pathway 3 - Discharge to Care Homes Pathway)

Pandemic Response
(Cont'd)

- Reablement Service now only providing Reablement
- Robust links between Reablement and Domiciliary Care
- Numbers 'waiting' on Domiciliary Care list in single figures and waiting for a few days at most

Premier Care

(excluding subcontractor)

- Currently Delivering:
  - 4,700 hours of care per week, prior covid 3,800
  - 10,300 calls per week
  - 430 Number of service users
- Local Care Team:
  - Continue to recruit locally within the Halton area
  - Introduced mileage payments to staff
  - We ensure all staff received full pay when unable to work due to Covid
  - Promotion of the vaccine take up for staff
  - Additional paid covid training to all staff

Premier Care
(Cont'd)

- Joint working with Halton Council:
  - Creation of a Rapid Response Team
    - Regular meeting with the council & MDT
    - Speedy discharges from hospital
    - Ability to react to the changing needs of Halton service users
    - Ability to pick up 15-20 packages of new care per week
    - The elimination of a waiting list for community support within Halton

Person Centred Care in the Pandemic

Examples include:-

- Delivery of emergency pads to aid the Continence Service.
- Changed lightbulbs, for an anxious daughter who's Mum was sat in the dark and was self-isolating.
- Delivered shopping, provided groceries, when families have been desperate.
- Provided urgent care when needs have dramatically changed.
- Provided domestic duties when required.
- Provided Christmas for people who could not be with their loved ones; wrapping presents, putting up Christmas trees and cooking Christmas lunch.

Person Centred Care in the Pandemic (Cont'd)

- Saved a life – a member of staff delivered CPR and successfully resuscitated a person, then went on to continue to deliver their duties as normal.
- Acted as vets, provided reassurance throughout the pandemic, listened to and heard people, laughed and cried with them. Consoled people when their loved one's have passed away.
- Continued to work under enormous pressure, sometimes with only half of the work force on duty, but always doing the absolute best and always delivering a safe and effective service.

The Pandemic & Beyond

- Change to Contract Monitoring arrangement
- Resurrect Outcomes Framework
- Refocus on Recruitment & Retention
- Work towards ‘real living wage’ - Requires Investment
- Maintain and expand Home First / Reablement First Approach

Thank you for listening

Any questions?

HALTON BOROUGH COUNCIL

REPORT TO:	Health and Wellbeing Board
DATE:	7 July 2021
REPORTING OFFICER:	David Parr Senior Responsible Officer, One Halton Chief Executive, Halton Borough Council
PORTFOLIO:	Health and Wellbeing
SUBJECT:	One Halton ICP Recommendations
WARDS:	Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide the Halton Health and Wellbeing Board with an update in relation to the proposed arrangements for the One Halton Integrated Care Partnership (ICP) and seek approval to progress the next phase in the development of the place based approach to integrated health and care in Halton.

2.0 RECOMMENDED: That

1) **the report be noted;**

2) **the progress made by Halton Borough Council, NHS Halton Clinical Commissioning Group and provider partners in establishing a One Halton ICP is noted;**

3) **the new governance structure for One Halton is APPROVED; (Appendix 1)**

4) **the proposed Terms of Reference for the One Halton ICP Board are SUPPORTED (Appendix 2)**

5) **the draft collaboration agreement / Memorandum of Understanding is SUPPORTED; (Appendix 3)**

6) **responsibility for the development and implementation of a Halton Integrated Care Partnership is DELEGATED to the One Halton ICP Board and the One Halton SRO; and**

7) **the One Halton Stakeholder Briefing is noted; (Appendix 4)**

3.0 SUPPORTING INFORMATION

Background

3.1 At the last Health and Wellbeing Board in March 2021, an update paper was shared in relation to the Government White Paper titled *"Integration and Innovation: working together to improve health and social care for all."*

3.2 An additional paper was shared in relation to next steps in developing One Halton and the Integrated Care Partnership for Halton.

3.3 From April 2022 the ICS (Integrated Care System) will have the statutory accountability for NHS Commissioning and all associated NHS functions previously held within a Clinical Commissioning Group (CCG), but it will aim to discharge many of those functions to Place Based Partnerships.

3.4 In order to delegate the relevant NHS functions to place, there will need to be an agreed Place Based Partnership/Integrated Care Partnership (ICP) with a governance structure and agreed Place Lead.

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

Overview

3.6 Halton already has strong partnership arrangements through One Halton. The creation of a One Halton ICP builds on that partnership, collaboration and lessons learned from the pandemic to create a framework for Halton that enables a true Place based approach to improving outcomes in Halton.

3.7 In response to the Government White Paper, there is an opportunity for One Halton to establish a highly successful ICP.

3.8 In May 2021 an informal One Halton ICP Meeting was established on an interim basis to steer One Halton and its partners through a period of change until a formal Halton ICP Board could be established.

3.9 Each month a One Halton update report is prepared for the One Halton ICP Meetings, a summary of those updates is included in the Stakeholder Briefing shared as Appendix 4. **The Health and Wellbeing Board are asked to note the updates provided.**

3.10 Through the One Halton ICP Meetings, a revised governance structure, Terms of Reference and Memorandum of Understanding (MoU) have been developed.

Governance

3.11 The **revised governance framework** for One Halton ICP shared as **Appendix 1** will include an ICP Board drawn from those Partner Organisations who previously were included in the One Halton Forum. The ICP Board will report directly into the Health and Wellbeing Board.

3.12 **It is proposed the Health and Wellbeing Board approves the revised governance structure and delegates responsibility for ICP development and ICP implementation to the One Halton ICP Board.**

3.13 The ICP Board will report to the Health and Wellbeing Board on a quarterly basis and will be subject to scrutiny by the Halton Health Policy and Performance Board (HPPB) as well as the ICS.

3.14 The Health and Wellbeing Board will remain responsible for setting the strategic direction for Halton.

3.15 However the One Halton ICP Board will be responsible for providing strategic oversight and management of the One Halton ICP. Additionally it will identify key priorities in achieving the overarching vision to improve the health and wellbeing of the people in Halton.

Terms of Reference

3.16 Draft **Terms of Reference** have been created for the One Halton ICP Board and these have been shared with partner organisations. They are included as **Appendix 2.**

3.17 **The Health and Wellbeing Board are asked to support the Terms of Reference for the One Halton ICP Board**

3.18 The One Halton ICP Terms of Reference are likely to require change as further legislation and guidance emerges. They will be continuously reviewed by the One Halton ICP Board.

Memorandum of Understanding (MOU)

3.19 The **Memorandum of Understanding** is shared as **Appendix 3**

3.20 The MoU is considered draft whilst awaiting feedback from all partners. Agreement for the MoU will be managed through the One Halton ICP Board.

3.21 **The Health and Wellbeing Board are asked to support the Memorandum of Understanding for One Halton ICP.**

3.22 The MoU is not a legally binding document, it is a statement of intent and each organisation will be required to sign the MoU as their commitment for collaborative working as part of the One Halton ICP.

Next Steps

3.23 The foundations are already in place to progress One Halton to an Integrated Care Partnership that being said, there is still a lot of work to progress in a short space of time and the One Halton ICP will continue to develop over the next 18 months as the ICS establishes itself also.

3.24 A summary of actions/**next steps** are tabled below;

Embed the new governance arrangements, continue to review their impact and revise as required.	Ongoing to March 2022
Address any actions required once the White Paper has had its second reading.	July 2021
Refresh the Health and Wellbeing Strategy	July 2021
Halton MoU to be signed by all partners	Aug 2021
ICS/ICP MoU to be signed	Sept2021
Move ICP from emerging place to developing place	Sept 2021
Develop and secure the system resources requirements.	Sept 2021
One Halton ICP Plan	Sept 2021
Demonstrate collaborative working, improving outcomes, budget management, pooled resources, strong plan, and joint workforce.	April 2022
Consideration for Joint Commissioner	2022/23

For Noting

3.25 *It was anticipated that the second bill in relation to the Government White Paper- Integration and Innovation would be read in Parliament during June 2021; at the time of writing this report the second bill has not be read, nor has the legislation been passed. This position may change prior to the Health and Wellbeing Board taking place on the 7th July 2021, although the outcome should not change the recommendations within this report. A verbal update will be provided in the meeting to describe the current status of the White Paper/second bill.*

4.0 POLICY IMPLICATIONS

4.1 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

5.1 Anticipated, but not yet known.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

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

6.3 **A Healthy Halton**
One Halton supports the Council priorities for a Healthy Halton.

6.4 **A Safer Halton**
One Halton supports the Council priorities for a Safer Halton.

6.5 **Halton's Urban Renewal**
None in this report.

7.0 RISK ANALYSIS

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

8.0 EQUALITY AND DIVERSITY ISSUES

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

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

None under the meaning of the Act

Appendix 1 – One Halton ICP Governance

The governance structure has been refreshed as part of the development of the One Halton ICP.

Appendix 2 – One Halton ICP Board – Terms of Reference

The terms of reference are draft and will managed through the One Halton ICP Board. They are likely to require change as further legislation and guidance emerges.

Appendix 3 – One Halton ICP – Memorandum of Understanding

The draft Memorandum of Understanding will managed through the One Halton ICP Board.

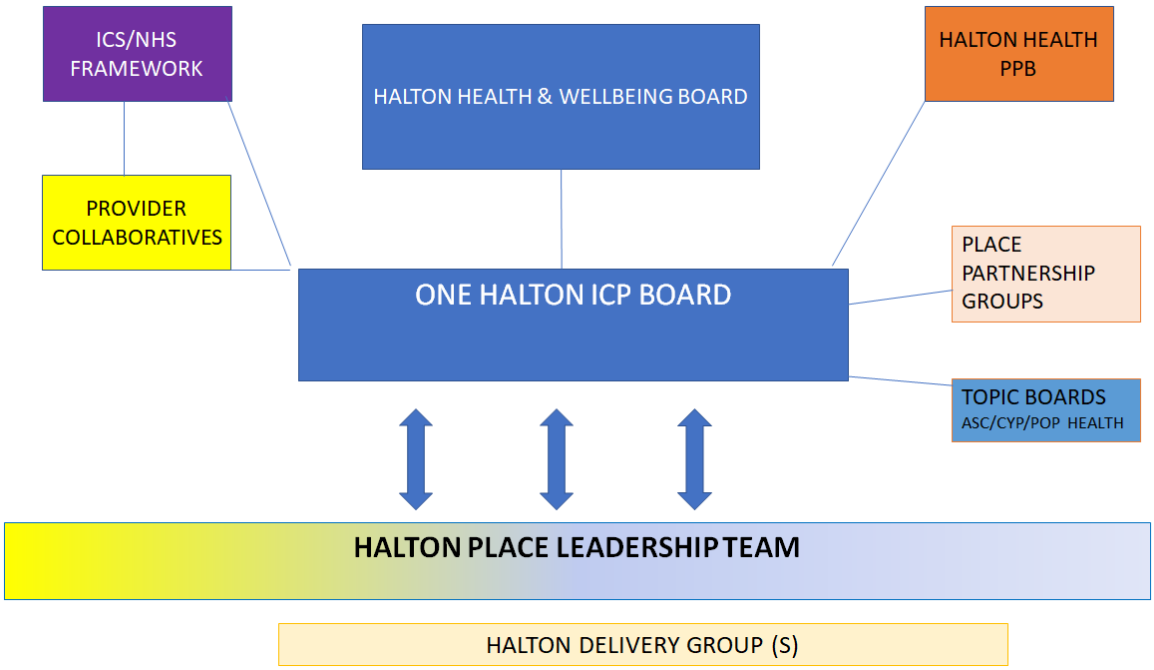
Appendix 4 – One Halton Stakeholder Briefing

The collated updates within the Stakeholder Briefing are provided for information and have previously been shared with One Halton partners.

One Halton ICP Recommendations
Health and Wellbeing Board
07 July 2021

Appendix 1 – Governance Structure

1.1 The governance structure has been refreshed as part of the development of the One Halton ICP and is shown below:



1.2 The **One Halton ICP Board** will provide strategic oversight and collective leadership to identify transformation priorities for Halton; monitor the delivery of the key priority areas to achieve the objectives of the Health and Wellbeing Strategy whilst overseeing the ICP arrangements and the ICP development in Halton.

1.3 The **One Halton ICP Board** will be supported by an Integrated **Place Leadership Team**, which describes the people providing the expertise and capacity to support the **One Halton ICP Board**.

1.4 The **Place Leadership Team** will have a Clinical Chair and will be responsible for providing the strategic oversight of the collective resources of the Partners within One Halton ICP.

1.5 The **Halton Delivery Groups** will be responsible for delivering the outcomes in respect of the key priority areas. They will be underpinned by:

- Engagement
- Strategy and Delivery Plan

- Quality and Safety
- Finance
- Performance
- Ops and Delivery

1.6 The **One Halton ICP Board** will also be accountable to the **ICS NHS Body**, although until the NHS Framework is published the exact requirements relating to this remain unknown.

1.7 Similarly there will be a relationship between the **One Halton ICP Board** and the **Provider Collaboratives** that should be clearer once the NHS Framework is published and the **ICS** have described their intentions.

1.8 **Place Partnership Groups** will manage programmes of work.

1.9 **Topic Boards** already exist; they will bring proposals to the **One Halton ICP Board**.

One Halton
Integrated Care Partnership Board
Draft Terms of Reference

Introduction

The Halton Health and Wellbeing Board has delegated the function of overseeing the local health and care system in Halton to this multi-agency board, established as the **One Halton ICP Board.**

The One Halton Integrated Care Partnership (**ICP**) Board will be responsible for the delivery of an Integrated Health and Social Care system through effective stakeholder collaboration and improved health and social care services to deliver better outcomes for the population of Halton.

It will adopt the definition of integration from the perspective of the patient / service user which is based upon the National Voices Coalition definition:
"Integrated care is not about structures, organisations or pathways – it is about better outcomes and experiences for citizens and service users"

Purpose

The purpose of the One Halton ICP Board is to provide strategic oversight and management of the One Halton ICP model of delivery to achieve the objectives of the Health and Wellbeing Board Strategy in line with the ICP Delivery Plan to improve the health and wellbeing of the Halton population.

The ICP Board will work within existing contractual frameworks and the existing Section 75 Agreement and Joint Working Agreement between the NHS and the Local Authority to transform the way in which health and care services are delivered.

The priorities and work plan for the ICP Board will be set out in the ICP Delivery Plan and aligned with the strategic direction for the Borough agreed by the Health and Wellbeing Board.

Accountability

The One Halton ICP Board will report into/be accountable to the Health and Wellbeing Board and the emerging Cheshire and Merseyside NHS ICS Body

A formal Memorandum of Understanding (MOU) between all partners and constituent members will regulate the operating arrangements.

The One Halton ICP Board is not a separate legal entity, and as such is unable to take decisions separately from its constituent members or bind any one of them; nor can one organisation 'overrule' the other on any matter.

The One Halton ICP Board is accountable for the alignment of planning, performance, and transformation of local services within the regulatory frameworks.

Key Responsibilities

Act as a multi-agency group of lead officers and key representatives, which takes strategic decisions aimed at: -

- Providing strategic and collective leadership to identify the transformational priorities for the One Halton ICP Board, in line with the strategic direction set by the Health and Wellbeing Board.

- Ensuring that the One Halton ICP Board objectives for the delivery of the services are met for those with identified care and support needs to improve quality, productivity and prevention.

- Designing and overseeing the One Halton ICP Board governance (quality and safety) arrangements including system leadership capacity and capability, monitoring delivery, financial stability, performance monitoring and system oversight.

- Promoting inter-agency co-operation, via appropriate joint working agreements/ arrangements, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust.

- Make recommendations as to the destination of the commissioning resources which may be retained by each statutory agency:
    - Reviewing all budgets, including those currently aligned to and formally agreed through a Joint Working agreement between Halton Borough Council and NHS Halton CCG and those yet to be aligned such as the integrated pooled budget, Better Care Fund, iBCF and associated aligned budgets as agreed by the Health and Wellbeing Board, One Halton ICP Board and delegated by the ICS.
    - To operate within the financial statutory duties and budgets of each organisation within the partnership.
    - To be assured of compliance with the relevant procurement and contractual standing orders.
    - To work collaboratively to develop financial recovery plans to ensure Halton meets its financial statutory duties.

- To have budgetary responsibility for the One Halton Place based monies.

- Driving efficiencies with the running of services supporting those with identified care and support needs, ensuring financial probity.

- Driving forward the continued implementation of achieving a whole system co-ordinated approach, including the strategic aims outlined in the One Halton ICP delivery Plan by overseeing the associated work of Partner organisations, monitoring performance, reviewing and evaluating services and taking assertive action where performance is not satisfactory.

- Approving proposals for system wide outcome measures and mechanisms for reporting collectively.

- Receiving and scrutinising reports and recommendations from operational meetings and groups

- Evaluating risk in relation to the One Halton ICP plans and Health and Wellbeing Board priorities, ensuring mitigations are robust.

- Approving the communication and engagement strategy and action plans for the One Halton ICP Board and monitoring delivery.

- Overseeing strategic boards, infrastructure, workstreams (e.g. enablers such as Digital, Estates, Workforce) and monitor progress.

- Assure itself that Safeguarding duties are met and that practice is aligned to the polices determined by the Halton Children Safeguarding Partnership and Halton Adults Safeguarding Board.

The One Halton ICP Board may establish subgroups/work streams to support its agreed functions; this can include co-opting members from other organisations/stakeholders and other external bodies in an advisory role;

- Groups will create space for stakeholders to collaborate on specific tasks which will include strategic and annual operational plans, service reviews and transformation, change programmes and local service delivery. In addition, enabling working will be created for Workforce, Digital, Communication and Engagement, Estates and Finance. Working groups leads will be appointed by the ICP Board

The One Halton ICP Board will receive and consider recommendations and proposals from the Integrated Programme Delivery Groups while fulfilling its functions.

The One Halton ICP Board will seek the views of the Stakeholder Forums (Yet to be established) to inform its proposals.

The One Halton board will seek the views of the population through appropriate representation, engagement, consultation and communication.

Membership and Chair

The One Halton ICP Board will include executive officers from the Local Authority, NHS commissioners, secondary and primary care providers, Primary Care Networks, nominated representatives from the Health and Wellbeing Board and NHS ICS Body.

The One Halton ICP Board will have the following delivery groups and strategic boards *(yet to be agreed):*

- Quality and Safety
- Finance and Performance
- Strategy and Transformation
- Operations and Delivery
- Stakeholder engagement
- Clinical and professional leadership

Each of the member organisations of the One Halton ICP Board will ensure that their designated officer:

- is appointed to attend and represent their organisation on the One Halton ICP Board with such authority as is agreed to be necessary in order for the One Halton ICP Board to function effectively in discharging its responsibilities as set out in these terms of reference which is, to the extent necessary, recognised in an organisation's respective scheme of delegation (or similar);
- has equivalent delegated authority to the designated officers of all other member organisations comprising the ICP Board (as confirmed in writing and agreed between the member organisations); and
- understand the status of the ICP Board and the limits of their responsibilities and authority.

The Chair shall preside over the ICP Board meetings. If the Chair is not present, then the Vice-Chair shall preside. If neither the Chair nor the Vice-Chair is present, the members of the One Halton ICP Board present shall select a Chair for the meeting from the members who are present at the meeting.

The Board will elect a Vice-Chair from within its membership.

Responsibilities of Members

All members of the One Halton ICP Board are responsible for ensuring effective two-way communication between the One Halton ICP Board, the subgroups and operational groups and the organisations that they represent.

Members of the Board have collective responsibility and accountability for its decisions. Members should strive to make decisions that further the aims of the Memorandum of Understanding (MoU) Joint Working Agreement in improving the outcomes for local residents.

Meetings

Frequency: The ICP Board will meet bi-monthly, scheduling dates for the following 12 months and will be disseminated at the beginning of the financial year. Due to the current pace of change the chair may convene extra ordinary meetings in the proceeding weeks.

Meeting may be held virtually and members may participate in a face to face meeting or via video conferencing facilities.

Agendas and Minutes: An agenda and minutes of the previous meeting will be circulated, wherever possible, 5 working days before each meeting, and papers relating to agenda items must be forwarded to the Chair at least 10 working days before the meeting for tabling.

The minutes from the meeting shall be sent to members of the Health and Wellbeing Board within 7 workings days of each meeting.

The minutes of meetings will clearly record decisions made and responsibilities for undertaking agreed tasks.

All members to prepare for meetings by reading through agenda and papers and preparing written reports as appropriate.

Administration responsibilities: Administrative support will be provided by HBC, including the minuting of meetings and the circulation of agendas and papers.

Attendance/Substitutes: All members to endeavour to attend all meetings.
There will be a named alternate representative from each organisation, who will be kept informed about developments and will attend meetings in place of the main representative where necessary. Named alternates should be kept appropriately briefed and carry suitable authority to participate in the business of the meeting, including making decisions.

Where neither the member nor substitute member is able to attend, apologies to be sent to the Chair in advance of the meeting.

The Board may co-opt persons to sit on the Board for a fixed period or to assist with specific matters but such co-opted members shall not be entitled to vote at any meetings of the One Halton ICP Board.

Interests: Members of the Board must disclose an interest when a Board meeting considers an item in which they have a personal interest and are likely to benefit. Members who disclose an interest should withdraw from the meeting until the item has been discussed. This should be noted within the minutes.

Decision making: Any decisions of the One Halton ICP Board must have the approval of the respective Parties Boards or strategic boards unless otherwise delegated to the members of the ICP Board as set out in their respective Schemes of Delegation.

One Halton Integrated Care Partnership

Memorandum of Understanding

Between

Halton Borough Council
and
NHS Halton Clinical Commissioning Group
and
Mersey Care NHS Foundation Trust
and
St Helens & Knowsley Teaching Hospitals NHS Trust
and
Warrington and Halton Teaching Hospitals NHS Foundation Trust
and
Bridgewater Community Healthcare NHS Foundation Trust
and
Runcorn Primary Care Network
and
Widnes Primary Care Network
and
Halton & St Helens Voluntary and Community Action
and
Halton Housing
and
Healthwatch Halton

Contents

Overarching Note

Memorandum of Understanding (MOU) for One Halton Integrated Care Partnership (ICP)

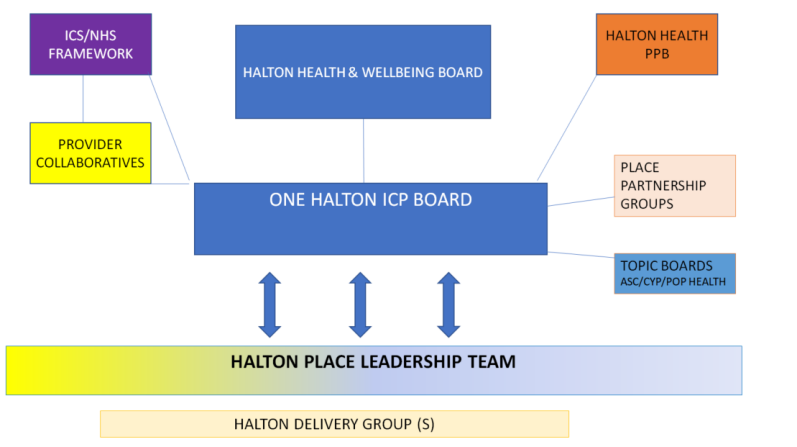
This MOU provides an overarching framework for the place-based approach to integrated health and care in Halton, known as the One Halton ICP. The arrangements set out build on the previous collaboration agreement between NHS and local authority partner organisations in Halton. They are intended to broaden the partnership to include key partners such as Housing, primary care networks and voluntary sector partners and further develop the established place-based integrated working between the partners for the benefit of the Halton population.

This MOU sets out the Partners' approach to the One Halton ICP model. This MOU will cover the agreed Priority Areas which shall be the key focus of the One Halton ICP for 2021/22 and beyond, subject to changes agreed between the Partners.

This MOU is based on a partnership approach and provides an overarching arrangement. It is designed to work alongside existing contracts and arrangements for the delivery of care, support and community services via the provider organisations to the extent such services are within the scope of the MOU. As at the commencement date, the MOU is not intended to be a legally binding document as this accountability remains with the statutory bodies.

The intention is that the Partners will work together under the governance framework set out in this MOU to develop the One Halton ICP approach to ultimately, over time, include requirements in relation to outcomes, risk/gain share, financial and contract management, and regulatory requirements. The Partners intend to work towards documenting such arrangements as may be agreed following the second reading of the White paper.

The approach that the Partners are working towards through this MOU is illustrated in Figure 1 below.



The Partners will review progress made and the terms of this MOU at six monthly intervals from the commencement date and may agree to vary the MOU to reflect developments.

1 Introduction

1.1 This Memorandum of Understanding (MoU) sets out the details of our commitment to work together in partnership, to realise our shared ambitions to improve the health and wellbeing of the people who live in Halton, reduce health inequalities and improve the quality of services.

2 Background

2.1 This MoU formalises our partnership arrangements. It is not a legal contract but rather a shared understanding between the partners of our collective objectives and purpose. It does not replace or override the legal and regulatory frameworks that apply to statutory NHS organisations and the Local Authority.

2.2 As part of the Government White Paper titled *"Integration and Innovation: working together to improve health and social care for all"* there is a requirement for areas within the Integrated Care System to have place based partnerships, referred to as Integrated Care Partnerships (ICPs).

2.3 One Halton ICP is the place based partnership in Halton. One Halton brings together the multiple organisations who work together in Halton address health inequalities, tackle the wider determinants of health, improve the experience and outcomes for the community, residents and patients.

3 Vision, Aims and Objectives

3.1 The overarching vison for One Halton is:

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

3.2 The overarching aim of One Halton is to work together to transform services across the health and social care system to deliver sustainable change with maximum benefits to communities, residents and patients. This includes joint accountability and decision making, improved commissioning and a move to integrated service delivery.

3.3 Specific objectives are:

- to develop an Outcomes Framework for the Priority Areas and an implementation plan in respect of these outcomes (the One Halton **ICP Plan**);

- to consider lessons learned by the partners during the Covid-19 pandemic and build upon the collaborative working arrangements developed during this period;

- to establish and operate collaborative governance arrangements in respect of the One Halton ICP;

- to ensure robust quality, performance and financial systems and frameworks are in place;

- to develop population health management systems and intelligence which use health, social and economic population measures to ensure high quality health, care, support and community services which improve health and wellbeing and reduce health inequalities;

- to develop a strong research and development culture in the One Halton ICP, with Primary Care taking a leading role.

4 Principles

4.1 The Principles underpin the delivery of the Partners' obligations under this MOU and set out key factors for a successful relationship between the Partners.

5 The Partners acknowledge and confirm that the successful development and delivery of the objectives and, ultimately, the outcomes will depend on the providers' ability to effectively co-ordinate and combine their expertise and resources in order to deliver an integrated approach to the development of the Priority Areas (together with the Council as a provider) under this agreement in conjunction with NHS Halton CCG (or NHS ICS) and Halton Borough Council (as a commissioner).

6 The Principles are that the Partners will work together in good faith and, unless the provisions in this agreement state otherwise, the Partners will:

- take decisions solely in terms of the patient/resident's best interest and not that of self or organisation;

- not place themselves under any financial or other obligation to outside individuals/organisations;

- in carrying out public business, make choices on merit when awarding contracts and making appointments;
- be accountable for their decisions and actions to the public and submit themselves to appropriate scrutiny;
- be as open as possible about all the decisions and actions that they take and give reasons for their decisions;
- have a duty to declare any private interests relating to their public duties;
- promote and support these principles by leadership and example;
- work together to develop over time and adopt, where appropriate and reasonable, mechanisms for collective ownership of risk and reward, including identifying, managing and mitigating specific risks and the implementation of an outcomes framework in respect of their performance of the obligations under Service Contracts;
- achieve continuous, measurable and measured improvement in Outcomes. Agree improvements which are specific, challenging, add value and eliminate waste; and
- always demonstrate that the best interests of people resident within Halton are at the heart of the activities which they undertake under this Agreement and the Services Contracts and not organisational interests, and engage effectively with the Population,

(Together these are the “Principles”)

7 Our Commitment

7.1 We agree that the Halton Health & Wellbeing Strategy provides the focus for our work together and sets out our vision to work together to reform health and social care services to improve the health outcomes of our residents and reduce health inequalities.

7.2 We agree that One Halton ICP will provide a focal point for prevention and early intervention, proactively identifying potential future demand and shifting the focus from unplanned and reactive services to planned, targeted and evidence based interventions.

7.3 We agree to put patients and residents at the heart of what we do.

7.4 We agree to put Primary Care at the centre of our care model.

7.5 We agree to design services (or co-produce) for users and not our organisational needs.

7.6 We will be transparent in the decisions and actions that are taken.

7.7 We will work together to develop over time and adopt, where appropriate and reasonable, mechanisms for collective ownership of risk and reward.

7.8 We will adopt a learning approach building on effective practice.

7.9 We will strive for excellence and have a strategic regard for the future and not just the present.

7.10 We will ensure that we meet our collective safeguarding responsibilities.

8 Values and Behaviours

8.1 We support each other and work collaboratively.

8.2 We act with transparency, honesty and integrity and trust each other to do the same.

8.3 We challenge constructively when we need to.

8.4 We assume good intentions.

8.5 We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

9 Monitoring

9.1 Ensure we achieve continuous, measurable and measured improvement in outcomes by agreeing improvements which are specific, challenging, add value and eliminate waste.

9.2 All partners commit to ongoing monitoring, with the aim of ensuring accountability and performance against milestones.

10 Designated Leads

10.1 Each partner will appoint a senior member of staff to lead on the work the development of One Halton ICP.

10.2 The partnership will consist of:

- Halton Borough Council
- NHS Halton Clinical Commissioning Group
- Mersey Care NHS Foundation Trust
- St Helens & Knowsley Teaching Hospitals NHS Trust
- Warrington and Halton Teaching Hospitals NHS Foundation Trust
- Bridgewater Community Healthcare NHS Foundation Trust
- Runcorn Primary Care Network
- Widnes Primary Care Network
- Halton & St Helens Voluntary and Community Action
- Halton Housing
- Healthwatch Halton

11 Partnership Governance and Oversight

11.1 Partners will work together under the governance framework set out in this MoU to develop the One Halton ICP.

11.2 The diagram below illustrates the governance arrangements for One Halton ICP.

11.3 We agree that the governance arrangements will be kept under regular review and be revised to reflect legislative requirements.

12 Problem Resolution And Escalation

12.1 Partners will attempt to resolve in good faith any dispute between them in respect of One Halton (or other related partnership) decisions in line with the value and behaviours set out in this memorandum.

12.2 Where necessary a dispute resolution process will be applied to resolve any issue which cannot otherwise be agreed.

12.3 The Partners will adopt a systematic approach to problem resolution in which they;

- seek solutions without apportioning blame;
- base on mutually beneficial outcomes;
- treats Providers and the Commissioners as equal Partners in the dispute resolution process; and
- contain a mutual acceptance that adversarial attitudes waste time and money.

12.4 If a problem, issue, concern or complaint comes to the attention of a Partner in relation to the Objectives, Principles or any matter in this MOU and is appropriate for resolution between the commissioners and the Providers such Partner shall notify the other Partners and the Partners each acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion within 20 Operational Days of such matter being notified.

13 Conflicts of Interest

13.1 Conflicts of interest will be appropriately declared and managed.

13.2 Each partner is responsible to disclose any conflict of interest that may arise in connection with this agreement or in connection with One Halton ICP.

14 Duration

14.1 This agreement shall take effect from the date signed until 31st March 2022.

14.2 The partners can agree in writing to terminate early, extend or revise at any point. It is anticipated this would be through the One Halton ICP Board.

15 Disclaimer

15.1 It should be noted that by signing this document or by participating in the One Halton Memorandum of Understanding the partners are not committing to legally binding obligations. It is intended that the partners remain independent of each other and that their collaboration and use of the term 'partner' does not constitute the creation of a legal entity, nor authorise the entry into a commitment for or on behalf of each other.

16 Signatories

Organisation	Signature	Name	Position	Date
Halton Borough Council				
NHS Halton Clinical Commissioning Group				
Mersey Care NHS Foundation Trust				
St Helens & Knowsley Teaching Hospitals NHS Trust				
Warrington and Halton Teaching Hospitals NHS Foundation Trust				
Bridgewater Community Healthcare NHS Foundation Trust				
Runcorn Primary Care Network				
Widnes Primary Care Network				
Halton Housing				
Healthwatch Halton				

One Halton ICP Recommendations
Health and Wellbeing Board
07 July 2021

Appendix 4 – One Halton Stakeholder Briefing June 2021

1.0 PURPOSE

1.1 Each month a One Halton Update Report is completed and shared with One Halton partners. It includes relevant updates relating to One Halton, development work relating to One Halton Integrated Care Partnership (ICP) and updates from Cheshire & Merseyside Health and Care Partnership (C&M HCP) which could have an impact on Halton.

1.2 Therefore this update is to provide an overview of key information received last three months, which some of Halton Health and Wellbeing Board members may have already seen through other updates and reports.

1.3 Moving forward, the aim is to create a One Halton Stakeholder News Bulletin which will contain the majority of these updates, thus removing the need for an update report of this nature in the future, as all information will be shared as soon as it is received.

2.0 ONE HALTON UPDATES

One Halton ICP Meetings

2.1 One Halton ICP meetings have been established with membership consisting of the previous One Halton Forum members. Informal meetings are taking place monthly to gain pace and momentum in progressing One Halton to becoming an Integrated Care Partnership. Moving forward these will be replaced by a One Halton ICP Board.

One Halton ICP Framework

2.2 Cheshire and Merseyside Health and Care Partnership (also referred to as ICS) have created a framework to support the development of ICPs and have identified seven core features of an ICP with set criteria identified for each feature.

2.3 This is an indication of the minimum work required to establish the One Halton ICP in order to receive delegated authority from the ICS to have autonomy for NHS Place Based Commissioning.

2.4 An initial assessment of Halton (including gap analysis) has been undertaken and is illustrated below.

	Core Features	Brief Detail	Gaps	Overall RAG
1	Integrated Care Partnership (ICP) Governance: clearly defined formal arrangements for place partners to meet and work together to deliver outcomes set by the Health & Wellbeing Board (HWB) and ICS.	Outline the Link to HWBB	N/A	Achieved
		Inclusion of wider partners beyond health and social care	N/A	Achieved
		Governance Framework Document MoU across One Halton MoU with the ICS	To complete and sign off MOU with ICS not yet developed.	In Progress
		Governance Framework signed off by all partners	In development	Started
2	ICP nominated 'Place Lead' with remit for integrated working who will connect with ICS	Place Lead endorsed by members	None	Achieved
		Place Lead main contact for ICS	To check Lead on appropriate meetings.	TBC
3	Shared vision and plan for reducing inequalities and improving outcomes of local people approved by HWB (underpinned by local population health and socio-economic intelligence)	Shared Vision	None. But refresh taking place	Completed, but refreshing
		Local population health and socio-economic intelligence (real time)	Needs work across NHS and LA. How to access and where information is available	In Part
		Up to date JSNAs	Update in progress	In Progress
		Plans and Strategies created using robust engagement with local people	In place. However consider resfresh	TBC
4	Agreed ICP development plan	ICP Assurance framework	Await guidance from ICS.	Not yet available
		Organisational Development Plan	Needed	Not Started
		Staff Development to work differently	Needed	Not Started
5	Defined footprints (e.g. neighbourhoods) for delivery of integrated care, clinically led by PCNs working with social care, community, mental health, public health and other community groups.	Neigbourhood Footprints agreed	Yes - however need Comms/Awareness for general public.	TBC
		Place Based Integration Programme (Integrated Community teams, PCN Led)	Needs to restart. Need Clinical Lead	Restart
6	Programme of ongoing public and wider stakeholder engagement at place	Communications team from each organisation working together.	Will need firmer arrangements and understand capacity needs	In development
		Local Engagement	Currently not formally part of One Halton	In development
		Wider Stakeholder and Public Engagement and an ICP Enagement Plan	None. However will require an update	TBC
7	Places will be expected to develop an integrated approach to commissioning between health and local authority (such as shared posts, joint teams and pooled budgets) to underpin and support the work of the ICP	Joint Commissioning Functions at Place Joint Posts	Further work required	Restart
		Integrated Commissioners and ProviderCollaborated working together on service re-design.	Further work required	Not Started

2.5 A tracker has been developed to monitor progress and manage the work required to be undertaken. This will be managed through the One Halton ICP Board.

Additional External Capacity

2.6 An offer of support has been available from the Local Government Association (LGA), aimed at supporting places to build system arrangements, strengthen relationships and embed gains achieved from partnership working during the pandemic.

2.7 To support One Halton in developing the governance model at pace, the ICS has also funded a package of support through Mersey Internal Audit Agency (MIAA).

2.8 This support is welcomed as it creates additional capacity. It has been accepted by Halton Borough Council and work is progressing to support the development of the One Halton ICP.

One Halton Leadership Development Programme

2.9 The One Halton Leadership Development Programme started in May 2021. The programme consists of five half-day workshops focussing on collaboration and building trust amongst partners.

2.10 The aim is to collate the learning, themes and ideas from each workshop to support the development of the One Halton ICP.

3.0 LATEST UPDATES ACROSS CHESHIRE AND MERSEYSIDE

Cheshire and Merseyside Health and Care Partnership Bulletin

3.1 Every two weeks, the ICS publishes a news bulletin called Connect, detailed updates are available here

Cheshire and Merseyside Health and Care Partnership Five Year Strategy

3.2 The ICS have published a new five year strategy which is available here. Summary provided below:

- Vision – we want everyone in Cheshire & Merseyside to have a great start in life and get the support they need to stay healthy and live longer.
- Strategic Objectives (4) –
    1. Improving population health and healthcare
    2. Tackling health inequality, improving outcomes and access to services
    3. Enhancing quality, productivity and value for money
    4. Helping the NHS to support broader social and economic development.

Cheshire and Merseyside Health and Care Partnership Meeting Summaries

3.3 Below summarises the key ICS meetings where there is likely to be a local authority representative required.

3.4 It is noted it is a guide only. Table One summarises those meetings where councillors and officers might be present and Table Two is intended to be more officer focussed.

One:

	Partnership Assembly	Partnership Board	Political Assembly[2]	Place Boards
What it is	The Partnership's representative or democratic council, akin to a shareholder AGM. It looks at knotty issues and initiates debate	The governing body of the Partnership (pending govt legislation which may establish and NHS Body and a Partnership Body)[1]	A forum for the Chair and senior ICS leaders to engage with Council leadership (politicians and officers)	Expected to emerge as decision making locations for ICS and partner's functions, including the integration agenda, at a borough level
Why it exists	Without it there would be no scrutiny of the Partnership Board & possibly narrower interests represented	Sets the strategic framework of the Partnership & monitors performance against it; gives authority for expenditure & policy decisions where appropriate	To discuss and explore matters. Assisting Partners in understanding central NHS processes, expectations and initiatives that must be translated locally.	A borough-based decision making vehicle for delegated ICS functions and agreed integrated partner activities. In time replacing CCGs and tbc role and interface with ICP structures and HWB Boards[3]
Where it fits	At the top, as the body of last recourse. Provides the context in which the Board works	Accountable to the Partnership Assembly. Holds the Partnership Executive to account	Engagement	Will report to the NHS Board (tbc and to be established following guidance). May be a joint committee of the ICS
Who's on it	Partnership Board, reps of all Partner orgs, stakeholders (open to public as auditors not contributors)	Chair, representation from LAs, CCGs, Trusts, VCSE, Public Health, PCNs, NHSE/I & Partnership Executive	Chief Officer, Chair, , Dir Strategy & System Development, Dir Comms & Engagement. Interested Council representatives	ICS guidance disseminated. To be determined at a borough level
When it meets	Three times a year	Alternate months	As needed (quarterly)	Monthly

Two:

	ICS Development Advisory Group (formerly Partnership Coordination Group)	OOH Cell (emerging Place Forum) 4	ICP Network	ICS Programme Board
What it is	A group of senior system leaders current (and new world) and partners providing advice on ICS Development. Initially established as an ad hoc operational group to coordinate the systems response to Covid-19	This group has been responsible for oversight of the Cell's activities, including monitoring system performance against agreed indicators.	Network to support the development ICPs within C&M	Coordinating and assurance Board for all ICS Programmes.
Why it exists	Provides support and challenge with proposed ICS responses to ICS Development agenda. Provides a coordination forum across the partnership	An NHS command and control structure which has value in defining a shape, going forward, to coordinate place and provider interfaces across C&M:	Provides a forum for sharing, problem solving, sharing of best practice and consistency within a localism agenda	To provide assurance on programmes of: • Delivery • Outcomes • Efficiency and value for money
Where it fits	Temporary arm of the Partnership Board	Manages interdependencies within the system covering; capacity and flow; discharge; mental health; Primary Care; Care homes; CIPHA.	Developmental forum. Has potential to provide a compliment to provider collaboration (with a place focus) when these forums are more fully developed	Partnership Board authorises programmes and this Board ensures delivery is achieved in line with scope and commitments
Who's on it	As per approved ToR: CCG and provider, LA, VCSE, PH reps, NHSE and HCP exec	All partners across Health and Social Care at a senior level	ICP representatives within C&M	Programme SROs and ICS Executive. Reports on alternate months to the Partnership Board
When it meets	Monthly	Weekly	Quarterly	Monthly

Cheshire and Merseyside Programmes

3.5 The transformation programmes across Cheshire and Merseyside have been revised and refreshed with a focus on population health and health inequalities. Subject to sign off by C&M Transformation Board in June, the anticipated Programmes have been defined as:

Programme	
1	Mental Health
2	C&M Local Maternity System Board
3	C& M Children's Transformation / Starting Well Board
4	Cardiovascular Disease Programme Board
5	Population Health Management Board
6	Urgent & Emergency Care Programme Board
7	Neuroscience Programme Board
8	Digital Programme Board
9	Corporate Programme Board
10	Medicine & Pharmacy Optimisation Programme
11	Diagnostics Programme
12	Elective Recovery

3.6 Where required, a Halton representative will be present on each of these Programme Boards and relevant feedback will be shared with the One Halton PMO for wider sharing with One Halton Partners.

Future ICS Appointments

3.7 Alan Yates and Jackie Bene, Chair and Chief Officer of C&M HCP have written to stakeholders to advise they will not be putting themselves forward as candidates when formal appointments are being considered for

the statutory ICS, advising the task is significantly different and will require a long term commitment.

3.8 It is confirmed that local authorities will be involved in the recruitment of the ICS Chair.

Commissioning Functions Review

3.9 Cheshire and Merseyside Health and Care Partnership (C&M HCP) have undertaken a commissioning function review in relation to the work currently undertaken by Clinical Commissioning Groups (CCGs). This is to determine what NHS services may be commissioning at scale (Cheshire and Merseyside) and what they may be commissioning at Place (Local Authority footprints) and shared their plans regarding this.

3.10 Approval through the C&M HCP Board is expected in July 2021; C&M HCP will work with NHS England and CCGs on a Transition Plan to move to the new commissioning operating models ahead of April 2022.

3.11 Work will continue at Place to explore opportunities for integrated commissioning with an MOU between Place and the ICS by end of September 2021

3.12 It is expected that C&M HCP (as the ICS) will delegate functions to Place (the ICP) only when they are satisfied there is an appropriate ICP framework in place.

Memorandum of Understanding (MoU)

3.13 All partners across Cheshire and Merseyside have signed the ICS Memorandum of Understanding as of June 2021.

Data Sharing Agreement

3.14 An updated Data Sharing Agreement has been circulated by C&M HCP in relation to Share2Care Tier 2 which covers data sharing of information for Direct Care.

3.15 Each organisation has been asked to sign and return the agreement. Halton Borough Council has signed this agreement.

4.0 LATEST UPDATES – NATIONAL

Integrated Care Systems: Design Framework

4.1 Formal guidance on ICS Partnerships will be developed jointly by the Department of Health and Social Care (DHSC), NHS England and NHS Improvement, and the Local Government Association (LGA), and consulted on ahead of implementation, including on the role and accountabilities of the chair of the Integrated Care Partnership.

4.2 On 16 June 2021, NHSE/I published Integrated Care Systems: design framework which provides an overview of the type of information expected to be included in that guidance.

4.3 One Halton ICP Board will review this guidance and act accordingly; a summary slide deck is available here.

REPORT TO: Health and Wellbeing Board

DATE: 7 July 2021

REPORTING OFFICER: Director of Public Health.

SUBJECT: Pharmaceutical Needs Assessment

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide members of the Board with a briefing on the Pharmaceutical Needs Assessment (PNA), including risks associated with it and proposed local governance.

2.0 RECOMMENDATION: That:

i) A Board level sponsor for the PNA be nominated

ii) The financial risks associated with the PNA be logged through Halton Borough Council's risk assessment and register process

iii) The Board note the establishment of a local steering group to oversee the PNA development process in line with the national regulations. This group will report back to the Board on the draft before the statutory consultation begins and make amends to the final version of the PNA following the 60-day statutory consultation.

3.0 SUPPORTING INFORMATION

3.1 The pharmaceutical needs assessment (PNA) is a statutory document that states the pharmacy needs of the local population. This includes dispensing services as well as public health and other services that pharmacies may provide. It is used as the framework for making decisions when granting new contracts and approving changes to existing contracts as well as for commissioning pharmacy services. First detailed in the NHS Act 2006 where PCTs were divested with the responsibility for producing the PNA, since 1 April 2013 this responsibility now sits with Health & Wellbeing Boards.

3.2 Background to the PNA

A PNA details the current pharmaceutical service provision available in the area and where there may need to be changes to this in the

future because of changes to the health needs or geographical location of the local population. It covers a 3-year period. Any changes to community pharmacy provision within the lifetime of the PNA can be detailed in supplementary statements to keep the document up-to-date.

NOTE: Due to Covid-19 the current PNA time period was extended by the Department of Health & Social Care, initially for 1 year and more recently for another 6 months. The current 2018-21 PNA remains live. The next PNA must be published by 1 October 2022.

The PNA enables all commissioners of community pharmacy services to make sure that any new contracts granted and pharmaceutical services commissioned are based on the information provided in the document. It means that anyone wishing to open a new pharmacy in the area needs to include in their application their plans to meet the needs of local people as identified in the PNA.

When making decisions about provision against levels of need, pharmacy provision is not taken in isolation. In some cases pharmacies are the sole provider of the service but in others there is a mix of provision.

The next PNA will be Halton's fourth document. The steering group has recently been re-established to oversee the next version of the PNA, chaired by a consultant in public health.

3.3 **Changes effective from 1 April 2013**

From April 1st 2013 health and wellbeing boards (HWBs) have had a statutory responsibility to publish and keep up to date the PNA. Health & Wellbeing Boards are also responsible for producing the Joint Strategic Needs Assessment (JSNA). Giving local authorities the responsibility for conducting both PNA and JSNA strengthens the links between the two documents and there may be opportunities, for combined working on both documents.

The responsibility for making decisions on pharmacy applications based on the PNA passed to NHS England from this date. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, effective from 1 April 2013, stipulate both the process for developing the PNA and minimum content. This includes a statutory 60 day consultation period.

3.5 **Commissioning arrangements**

NHS England are mandated under the same regulations to use the PNA when making decisions on applications to open new pharmacies and dispensing appliance contractor premises.

Public health teams and clinical commissioning groups should also use the PNA to inform their commissioning decisions on locally-commissioned services from community pharmacies. Robust, up-to-date evidence is important to ensure that community pharmacy services are provided in the right place and meet the needs of the communities they serve.

3.6 **Proposed arrangements for producing Halton's next PNA**

It is proposed to use the current framework developed across Merseyside to produce the next Halton PNA, with some minor amends. This will ensure that although each local authority PNA will be developed locally and differ according to the local area and population, it will continue to be in the same format which will make it easier to use and review. The amends reflect the need to continue to include the minimum dataset required for a PNA as set out in national guidance whilst recognising reduced capacity due to ongoing Covid-19 surveillance and activity.

A Cheshire and Merseyside group of local authority PNA leads, the NHS England pharmacy contracts team and representatives from the Local Pharmaceutical Committees have met to agree the common elements of the PNA, both content and information gathering exercises. This will avoid duplication of effort and enable easy sharing of information, especially in relation to the requirement to consider cross-border provision as part of the PNA. Amends to the framework have been agreed with this group.

The Health & Wellbeing Board is asked to nominate a board-level sponsor with responsibility for the PNA, with the management of the PNA being passed to the local steering group led by public health. For previous PNAs this has been the Director of Public Health.

The steering group will oversee the operational development and consultation for the PNA, reporting report back to the Health & Wellbeing Board for approval at strategic stages of the process, in line with the regulations.

It is important to ensure that all information within the PNA is accurate and up to date, and this can be achieved by ensuring that all relevant stakeholders are represented on the steering group. The membership includes:

- Public health teams,
- NHS England area team,
- Clinical Commissioning Group (CCG)
- Local pharmaceutical committee (LPC),
- representation from the local community (Halton & St Helens CVA),
- Healthwatch,

- an elected representative from the Health & Wellbeing Board.

There are several key points in the PNA development at which a report must be submitted to the Board:

- once the draft is completed this will be submitted to Board for approval to publish it for the statutory 60-day consultation period.
- Following the consultation period we are required to provide a response to each point that is fed back through the consultation process, making any necessary amends to the PNA document.

The PNA must be published by 1 October 2022 at the latest on a publically accessible website. The JSNA is published on Halton Borough Council website so the PNA will be made available alongside the JSNA.

3.7 **Resources**

This is a large piece of work which will extend over a considerable period of time. Typically to write the document and undergo the 60-day statutory consultation PNAs haves taken 12-15 months to complete. As well as information gathering from the organisations commissioning services from pharmacies as to current and future needs, there needs to be extensive work done by public health teams mapping the health and social needs of the local population compared to provision of pharmaceutical services. Work also needs to be done looking at future changes that could impact upon pharmaceutical need such as a new housing estate, closure of a local industry, firm plans for health arising from JSNA. The local population will also need to be consulted as to their views on current provision of pharmaceutical services and aspirations for future pharmaceutical services.

Unlike previous PNAs which drew heavily on continuously updated JSNAs, Covid-19 surveillance met JSNA development was halted. Work is underway to start to refresh key elements of the JSNA. Some of this will be occurring simultaneously to the PNA which puts additional pressures on the Public Health Intelligence Team responsible for overseeing both whilst maintaining a focus on Covid-19 surveillance. The amends to the framework, agreed with NHS England and the LPCs across Cheshire & Merseyside reflect this circumstance.

3.8 **Proposed next steps**

- Nominate board level sponsor for PNA
- Steering group to:
- Start to populate the PNA with information already available such as JSNA
- Start to gather information about community pharmacy

providers to update the current PNA

- Ask the local community for feedback on current pharmacy services and aspirations for future pharmacy services
- Speak to local authority planners and healthcare commissioners to determine future planning of housing, industry and healthcare.

4.0 POLICY IMPLICATIONS

4.1 The health needs identified in the JSNA should be used to develop the PNA.

The JSNA provides a robust and detailed assessment of need and priorities across Halton borough. As such is should continue to be used in the development of other policies, strategies and commissioning plans and reviews such as those of Halton Clinical Commissioning Group.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Any legal challenges to decisions based on information in the PNA may open the Health & Wellbeing Board up to Judicial Review. This can have significant financial implications.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
Improving the Health of Children and Young People is a key priority in Halton and this should be reflected in the PNA, detailing service provision that is appropriate to this age group.

6.2 **Employment, Learning & Skills in Halton**
Not applicable

6.3 **A Healthy Halton**
All issues outlined in this report focus directly on this priority.

6.4 **A Safer Halton**
Not applicable

6.5 **Halton's Urban Renewal**
The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing. Pharmacies provide a vital primary health care service to residents across the borough, are located within the heart of communities and offer open access to trained health professionals for advice on a wide range of issues.

7.0 RISK ANALYSIS

7.1 Failure to comply with the regulatory duties fully may lead to a legal challenge, for example, where a party believes that they have been disadvantaged following the refusal by NHS England over their application to open new premises based on information contained in the PNA.

7.2 The risk of challenge to the Health & Wellbeing Board who produced that PNA is significant and Boards should add the PNA to the risk register.

7.3 The development process, including the use of national guidance, involvement of local expertise throughout and statutory consultation, that has been detailed above will mitigate against this risk. HBC Solicitors will be consulted at key stages in the PNA development to further ensure any potential risks are identified and mitigated.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The PNA seeks to provide intelligence on which to base decisions about service provision that are based on levels of need across the borough. This includes analysis of a range of vulnerable groups and the need for targeted as well as universal services to meet the range of needs identified.

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

Document	Place of Inspection	Contact Officer

Report Prepared by: Sharon McAteer, Public Health Evidence & Intelligence Team
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REPORT TO:	Health and Wellbeing Board
DATE:	7 July 2021
REPORTING OFFICER:	Director - Public Health and Protection
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Public Health response to COVID-19 Coronavirus
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

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

2.0 RECOMMENDATION: That:

The presentation be noted

3.0 SUPPORTING INFORMATION

3.1 This public health response is dynamic and in order to provide the most up to date information a presentation will be provided.

3.2 The presentation will cover the most recent COVID-19 Coronavirus figures for Halton. An update on how the Halton outbreak support team are working to successfully identify and manage local outbreaks and the presentation will also detail the most recent information on testing and vaccination for people in Halton.

4.0 POLICY IMPLICATIONS

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

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There is ring fenced allocated funding for outbreak response.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

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

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

6.3 **A Healthy Halton**

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

6.4 **A Safer Halton**

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

6.5 **Halton's Urban Renewal**

None identified at present

7.0 **RISK ANALYSIS**

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

8.0 **EQUALITY AND DIVERSITY ISSUES**

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

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

None under the meaning of the Act