

Public Document Pack



Health and Wellbeing Board

Wednesday, 6 October 2021 2.00 p.m.
Bridge Suite - Halton Stadium, Widnes

A handwritten signature in black ink that reads 'David W R'.

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, 19 January 2022*

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

Part I

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HEALTH AND WELLBEING BOARD

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

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

Apologies for Absence: M. Larking and B. Woolfall

Absence declared on Council business: None

Also In Attendance: Councillor P. Lloyd Jones

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

	<i>Action</i>
<p>HWB1 MINUTES OF LAST MEETING</p> <p>The Minutes of the meeting held on 24 March 2021 having been circulated were signed as a correct record. It was noted that D. Merrill was also in attendance.</p>	
<p>HWB2 PRESENTATION PUBLIC CONSULTATION OUTCOMES AROUND THE CREATION OF A 'HEALTH HUB' DELIVERING SOME OUTPATIENT HOSPITAL SERVICES FROM RUNCORN SHOPPING CITY - CARL MACKIE</p> <p>The Board received a presentation from Lucy Gardner, Director of Strategy and Partnerships at Warrington and Halton Teaching Hospitals, which provided an update on the outcomes of the consultation exercise on the plan to utilise unused retail space in Runcorn Shopping City to deliver a number of clinical services. The plan had been developed by Warrington and Halton Teaching Hospitals NHS Foundation Trust in partnership with the Council and Liverpool City Region. It was noted that to date 254 survey responses had been received and 51% of those had used one of the services that it was proposed could be provided within the retail space.</p> <p>It was anticipated that following the period of consultation, the services could begin to be provided in the</p>	

retail space from October/November.

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

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

RESOLVED: That the presentation be noted.

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

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

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

RESOLVED: That

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

HWB4 LILYCROSS CARE CENTRE

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

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

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

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

RESOLVED: That

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

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

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

The report outlined the proposed reconfiguration

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

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

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

HWB6 DOMICILIARY CARE IN HALTON: PROGRESS-PRESENTATION

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

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

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

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

HWB7 ONE HALTON ICP RECOMMENDATIONS

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

Halton.

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

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

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

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

RESOLVED: That

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

HWB8 PHARMACEUTICAL NEEDS ASSESSMENT

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

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

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

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

RESOLVED: That

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

HWB9 PUBLIC HEALTH RESPONSE TO COVID-19

The Board was provided with an update on the Public Health response to Covid-19 Coronavirus.

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

In summary:

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

RESOLVED: That the presentation be noted.

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

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

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

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

RESOLVED: That the presentation be report.

Meeting ended at 3.55 p.m.

REPORT TO:	Health and Wellbeing Board
DATE:	6 th October 2021
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Public Health response to COVID-19 Coronavirus
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

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 Board note the presentation.

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.

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

All issues outlined in the presentation focus directly on this priority.

6.4 A Safer Halton

The outbreak response will protect the safety 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 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

REPORT TO:	Health & Wellbeing Board
DATE:	6 th October 2021
REPORTING OFFICER:	Director of Social Services
PORTFOLIO:	Adult Social Care Health & Wellbeing
SUBJECT:	Better Care (Pooled) Fund
WARD(S):	Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To receive a brief overview of the work carried out over the year in order to ensure that the Better Care (Pooled) Fund was balanced at the end of the financial year 2020/21.

2.0 RECOMMENDATION: That the Board note the contents of the report.

3.0 SUPPORTING INFORMATION

3.1 Background

In April 2013, Halton Borough Council (HBC) and NHS Halton Clinical Commissioning Group (CCG) entered into a Joint Working Agreement (JWA), hosted by HBC and pursuant to Section 75 of the National Health Service Act 2006, for the commissioning of services for people with Complex Care needs. This agreement was supported by a pooled funding arrangement.

With the introduction of the Better Care Fund (BCF) during 2015, a revised JWA took effect from April 2015, which included the BCF allocation, along with the Disabled Facility Grant (DFG) for capital projects.

- 3.2 Although the JWA was working well and pressures within pooled budget were managed effectively as a system, during the financial years 2018/19 and 2019/20 considerable pressures were placed onto the pool. In the main this was in relation to an overspend position on Continuing Health Care (CHC) and Community Care budgets.

As such, work took place during 2019/20 to separate out the CHC and Community Care budget elements, from the pooled budget arrangements. The new 3-year JWA was introduced from 1.4.20, running until 31.3.23, which reflected the changes in the arrangements of the pool, in order to ensure we were able to continue to work jointly/collaboratively on the challenges that face the health and social care system within the Borough.

- 3.3 At the end of the financial year 2019/20, we reported a final outturn position of £117k overspent, against a pooled budget of c. £22.4m (inc. DFG). As we had exceeded the budget, action was needed to bring the budget back in line during 2020/21.

3.4 As a result of Pandemic, although there were significant challenges across the system during 2020/21, under the direction of the Pooled Budget Manager, work was undertaken by colleagues across HBC and CCG to review the BCF schemes within the pooled budget, identify areas for savings and introduce new ways of working/reconfigure services within the Borough to relieve pressures across the system, including financial pressures.

Examples of this included:-

- Introduction on an additional '500' hours of block purchased, highly mobile and responsive domiciliary care commissioned from Premier Care – the lead provider. This recruited staff from outside of the borough. This arrangement continues to be a central component to achieving the Reablement First approach by releasing capacity in the established Reablement service, providing Reablement capacity if needed and significantly reducing the reliance on transitional beds.
- The strengthening of the Reablement First approach has facilitated more people out of hospital into the community with support. Processes through the service have reduced length of stay and therefore increased available capacity and been able to release a number of bed based environments.
- Rapid assessment and a speeding up of the pathway through Intermediate Care bed based services utilising discharge to assess approaches has significantly reduced length of stay, maintained the number of people benefitting from this service and reducing the overall number of beds required .

The Board should note that during 2021/22 we are continuing to focus released resources on enhancing community health and social care to support people in their own homes.

3.5 This work was overseen by the Better Care Development Group (BCDG), whose key responsibilities include being responsible for the oversight, management, monitoring and use of the Pooled Fund.

Regular updates were also provided to the Executive Partnership Board (EPB) whose overall aim is to ensure that an integrated system is developed and effectively used in the commissioning of delivery of personalised, responsive and holistic care to those who are most in need within our community.

3.6 Although additional financial support, associated with the Hospital Discharge Programme, will have provided some financial support into the pooled budget, it is only by working together collaboratively and in partnership, we have been able to provide a range of options to support people in their lives by jointly designing and delivering services around the needs of local people. This has aided our ability to be ensure that services are sustainable, particularly with the continued challenges that we are presented with and are appropriately resourced.

3.7 The work carried out during the past 12-18 months, resulted in an end of financial year 2020/21 position of £157k under budget, after deducting the overspend carried forward

from 2019/20, this left an underspend position of £40k, against an overall pooled budget of c. £21m.

3.8 Moving forward the EPB and BCDG are engaging in the development of place and utilising their experience of joint work and pooled budget management.

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The Better Care (Pooled) Fund currently provides funding for (list not exhaustive):-

- Intermediate Care Services (Bed Based & Community)
- Equipment
- Capital Projects (DFG)
- Carers Support
- Numerous community based schemes
- Maintaining Adult Social Care provision

5.2 The Better Care (Pooled) Fund for 2021/22 is c. £22.6m (inc. DFG).

5.3 As a result of the new ways of working through the continued development of the One Halton approach, there may be an opportunity to extend the current joint working arrangements and associated pooled funding arrangements within the context of One Halton place development.

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

6.1 **Children & Young People in Halton**

None identified.

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

None identified.

6.3 **A Healthy Halton**

The Better Care (Pooled) Fund 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

Document	Place of Inspection	Contact Officer
Joint Working Agreement – HBC & NHS Halton CCG	Available on request	Sue Wallace Bonner Susan.wallace-bonner@halton.gov.uk

REPORT TO:	Health and Wellbeing Board
DATE:	6 th October 2021
REPORTING OFFICERS:	Leigh Thompson / Mil Vasic
PORTFOLIO:	Health and Wellbeing
SUBJECT:	One Halton ICP Position Statement
WARDS:	Borough Wide

1.0 PURPOSE OF THE REPORT

- 1.1 This report will provide a position statement in relation to
- The development of Cheshire & Merseyside Health and Care Partnership as an Integrated Care System (ICS)
 - One Halton and the development of the One Halton Integrated Care Partnership (ICP)

2.0 RECOMMENDATION: That the report be noted.

3.0 SUPPORTING INFORMATION

ICS GUIDANCE PUBLISHED 2nd SEPTEMBER 2021

The guidance published on 2nd September 2021 is broadly centred on effective partnership working within Integrated Care Systems (ICSs). It builds upon the expectations already set out in the ICS Design Framework.

[Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems](#)

Co-produced by NHSEI and LGA, this guidance will support all partner organisations in ICSs to collectively define their place-based partnership working and to consider how they will evolve to support the transition to the new statutory ICS arrangements. It is published alongside [Delivering together for residents](#), prepared by the Society of Local Authority Chief Executives and Senior Managers. This guidance is aimed at all ICS partners and leaders.

Key points

- Place-based partnerships are collaborative arrangements formed by the organisations responsible for arranging and delivering health and care services in a locality or community.
- Place-based partnerships will remain as the foundations of integrated care systems as they are put on a statutory footing (subject to legislation), building on existing local arrangements and relationships.

- It will be for system partners to determine the footprint for each place-based partnership, the leadership arrangements and what functions it will carry out.
- The document describes the activities placed partnerships may lead, capabilities required and potential governance arrangements.

Action required

As part of the establishment of new ICS arrangements from April 2021 ICS leaders should confirm their proposed place-based partnership arrangements for 2022/23, including their boundaries, leadership and membership.

[Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership](#)

This guidance supports the development of distributed clinical and care professional leadership across ICSs and describes what “good” looks like. It is based on extensive engagement involving more than 2,000 clinical and care professional leaders from across the country, led by a multi-professional steering group. This guidance is aimed at all ICS leaders and ICS clinical and care professional leaders.

Key points

- The document identifies five core design principles for effective clinical and care professional leadership across ICSs.
- It asks system leaders to develop a local framework for embedding these principles in their ICS arrangements and to ensure that the full range of clinical and care professionals are involved in decision-making at every level of their system.
- To support implementation of this guidance, targeted improvement funding will be allocated to systems in the second half of 2021/2022.

Action required

- ICSs, and designate integrated care board (ICB) leaders as they are appointed, should:
- agree an initial local framework and associated development plan for clinical and care professional leadership with partners across the ICS, as part of establishing their arrangements from April 2022
- ensure leaders from all clinical and care professions are involved and invested in the vision, purpose and work of their ICS as it matures.

[Building strong integrated care systems everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector](#)

This guidance suggests how voluntary, community and social enterprise (VCSE) sector partnerships might be embedded in ICSs, recognising expectations set out in the ICS Design Framework that support close working with the VCSE sector as a strategic partner. This publication is for health and care leaders from all organisations in ICSs who are developing partnerships across local government, health, housing, social care and the VCSE sector.

Key points

- The VCSE sector is a key strategic partner with an important contribution to make in shaping, improving and delivering services, and developing and implementing plans to tackle the wider determinants of health
- VCSE partnership should be embedded in how the ICS operates, including through involvement in governance structures in population health management and service redesign work, and in system workforce, leadership and organisational development plans.

Action required

- By April 2022, ICBs are expected to have developed a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, ideally by working through a VCSE alliance to reflect the diversity of the sector.
- These arrangements should build on the involvement of VCSE partners in relevant forums at place and neighbourhood level.

[Building strong integrated care systems everywhere: ICS implementation guidance on working with people and communities](#)

This guidance sets out expectations and principles for how ICBs can develop approaches to working with people and communities, recognising that the ICS Design Framework sets the expectation that partners in an ICS should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. The guidance is designed for all ICS partners and ICS leads.

Key points

- A strong and effective ICS will have a deep understanding of all the people and communities it serves.
- The insights and diverse thinking of people and communities are essential to enabling ICSs to tackle health inequalities and the other challenges faced by health and care systems.

- The creation of statutory ICS arrangements brings fresh opportunities to strengthen work with people and communities, building on existing relationships, networks and activities.

Action required

- ICBs are expected to develop a system-wide strategy for engaging with people and communities by April 2022, using the 10 principles in this document as a starting point.
- ICB constitutions are expected to include principles and arrangements for how the ICB will work with people and communities.
- ICBs should work with partners across the ICS to develop arrangements for ensuring that integrated care partnerships (ICPs) and place-based partnerships have representation from local people and communities in priority-setting and decision-making forums.
- ICBs are expected to gather intelligence about the experience and aspirations of people who use care and support and have clear approaches to using these insights to inform decision-making and quality governance.

3.1 One Halton Integrated Care Partnership The Vision, Purpose, Aims, Principles and Objectives

The overarching vision for One Halton is:

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

The aim 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.

The One Halton ICP set of Principles, Objectives and Standard Operating Procedures have now been discussed and approved by partners. Following recommendations, the necessary changes as suggested by our key stakeholders have been amended and these will form the structure and governance of new ways of working.

It was agreed that to strengthen our local partnership arrangements we would commit to the 3rd workshop 17th September 2021, facilitated by Hill Dickinson, and that we would continue to commit to the leadership development programme and develop a series of sub committees and tools to enable and provide structure to the programmes of work.

3.2 Since the last Health and Wellbeing Board the One Halton ICP Board has had 2 formal meetings on 18th August and 15th September 2021.

3.3 Key points/actions from 18.8.21 are summarised below:

- Governance proposals were approved. Terms of Reference, MOU and subcommittee structures agreed. **The SOP is to be further developed and will be presented to the October board.**
- Leadership Programme Workshop 4 took place on 1st September 2021. Leigh Thompson (LT), Mil Vasic (MV) and Wayne Longshaw (WL) will work with colleagues on the following 2 workshops and align this work with the 7 core principles and the documents as referred to in the ICS summary above.
- One Halton Strategy and Transformation (Population Health) - it was agreed that Ifeoma Onyia and Leigh Thompson will hold a rapid prioritisation exercise on 1st October 2021 with key partners to bring together the One Plan for Halton.
- Digital Chatroom – The One Halton PMO (Stuart Aspin and Angela Cole) will look at options to progress this where partners can access papers and share information via a shared space.
- Assurance Framework – guidance has been issued. Forward Plan for Publications was discussed and shared. Assessment against the 7 core features was presented and progress was noted.
- Primary Care/PCNs - Agreement for One Halton PMO to work more closely with PCNs to assist, particularly with communications. Leigh Thompson and Mil Vasic to progress this with PCN Clinical Directors and formal presentations to take place in September/October board meetings.
- Michelle Osborne will be leading on communications and will be producing a One Halton Communications and Engagement Strategy, plus a draft framework for the October board.
- Provider Collaboratives – C&M, Mental Health & Learning Disabilities & Community Collaborative (MHLDC) and the Cheshire & Merseyside Acute & Specialist Trust (CMAST) were represented by key One Halton Partners who will keep the ICP board updated of developments.

3.4 Key points/actions from 15.9.21 are summarised below:

- ICP Guiding Principles and Outputs – Leigh Thompson and Mil Vasic shared with partners at the board the national, regional, and local position and outcomes from previous workshops. They shared the functional requirements of place and the design framework which will be continuously reassessed against the borough partnership plans and ambitions against those within the C&M ICB.
- Dr Paul Hurst, Widnes PCN delivered a presentation which included aspects such as the PCN vision, list of priority areas, opportunities to make the best use of PCN funding allocations and what has been achieved to date. The presentation can be found as *Appendix 1*.
- Provider Collaboratives – Lynne Carter delivered a presentation (*Appendix 2*) updating on progress of the (MHLDC). The MOU has now been approved,

provider collaborative forum is in place and meeting fortnightly, a management group has been established, priority workstreams (pillars) have been agreed with nominated Senior Responsible Officers are now in place.

- Immediate priority is restoration and recovery – discharge/flow and community rapid response.
- Links to ICS programmes/structures being clarified. Notably Out of Hospital cell, Ageing Well and Urgent and Emergency Care network.
- Next steps
 - Recruitment of Managing Director
 - Confirm programme infrastructure
 - Delivery plan
 - Progress and performance management framework
- Wayne Longshaw presented (*Appendix 3*) an update on the Acute Provider Collaborative provided by Linda Buckley, who starts in post as the APC Managing Director on 01/10/21. The main focus is around current system pressures and the Cheshire & Merseyside Acute & Specialist Trust (CMAST) vision. The continued focus is on system pressures and the elective recovery, critical care and urgent care programmes.

One Halton Assurance Framework / Seven Core Features

- 3.5 The ICS is waiting for further guidance before determining an assurance framework for Place Based Partnerships. Principles and guidance have been shared and further information and guidance is due out during September.
- 3.6 In the absence of any formal guidance, One Halton is using the seven core features of an Integrated Care Partnership, which was shared by the ICS in February 2021, as a guide to the One Halton ICP Development.
- 3.7 An update is provided at each One Halton ICP Board and shared with Management Team for information. See summary below:
- 3.8 Changes to note since last reporting period: 1b, 1c and 3a have been achieved. 4b and 4c are progressing.

Core Features	Ref	Brief Detail	Overall RAG
1 Integrated Care Partnership (ICP) Governance: clearly defined formal arrangements for place partners to meet and work together to deliver outcomes set by the Health & Wellbeing Board (HWB) and ICS.	1a	Outline the Link to HWBB	Achieved
	1b	Inclusion of wider partners beyond health and social care	Achieved
	1c	Governance Framework Document MoU across One Halton MoU with the ICS	Achieved
	1d	Governance Framework signed off by all partners	
3 Shared vision and plan for reducing inequalities and improving outcomes of local people approved by HWB (underpinned by local population health and socio-economic intelligence)	3a	Shared vision and plans / strategies aimed at reducing inequalities & improving outcomes.	Achieved
	3b	Local population health and socio-economic intelligence (real time)	
	3c	Up to date JSNAs	
	3d	Plans and Strategies created using robust engagement with local people	Completed but refreshing
4 Agreed ICP development plan	4a	ICP Assurance framework	Not yet available
	4b	Organisational Development Plan	
	4c	Staff Development to work differently	

One Halton ICP Development Workshops 2 & 3

3.9 The One Halton ICP Development Workshop 2 took place on Wednesday 18th August 2021. The workshop was facilitated by Hill Dickinson.

3.10 The objectives of Workshop 2 were:

- Ensuring commitment of the One Halton vision and ambitions.
- Agree One Halton principles of working together. (Based on Nolan Principles)
- Agree an outline governance framework for delivery of the One Halton Vision, ambition and priorities.
- Begin to forge a Standard Operating Procedure (SOP) and delivery plan.

All of the above actions and outputs have been addressed and the progress has been noted.

3.11 The scope of the workshop was to briefly revisit the espoused behaviours for people working in the system. Explore what do the words mean for people in the room.

3.12 Affirm the choice of topic area. Need to be clear that this is just the area of first focus, not chosen because it is more important than others, just it is a priority, and you have to start somewhere.

- 3.13 Address the questions, 'WHAT needs to be done?' and 'HOW are we going to behave to get it done?' (Clearly the second of these is the more important and the more challenging).
- 3.14 The focus was on testing the new model, agreeing the SOP, revision of any governance based on national guidance such as HR frameworks, legal frameworks, financial responsibilities, and senior appointments in the ICS. It was agreed that for the workshop 3, partners will test the principles as mentioned above and reaffirm the operating process by focussing on Mental Health and the importance of partnership working.

This work was be guided by the Draft Cheshire and Merseyside Health & Care Principles "*Borough Place Working*" document and the ICS Implementation: "*Guidance on Thriving Places*" document.

The outputs focused on the partnership seeking to understand the causes of Mental Health, using a different approach. Rather than jumping straight into problem solving, it was felt the partnership would focus on making time to understand the causes.

The place based interim Director of Public Health presented the partners with the borough position pre and post Covid-19. This information was critical in helping focus our attention on the priorities and socio economic factors that impact on the health and wellbeing of the population of Halton.

There was a desire to develop self-help focused on communities and families rather than clinical solutions. There is need to help people build resilience in addition to understanding the services the system has available.

Following on from the workshop the partnership wanted to map out current services in a more collaborative, innovative way, not developing a directory of services. The partnership wanted to develop a methodology where we could seek to understand what our service users are aware of, and what services they would like in order to support them.

The discussion was about us as a true partnership being curious, listening and promoting the positive aspects of our people and services.

A draft report from Workshop 3 has been produced by Hill Dickinson, which will be presented to the partnership and participants in advance of the next formal board.

One Halton Governance

- 3.15 Following the approval of the One Halton governance structure the next step was to approve the suggested subcommittees/groups/structures that will report into the One Halton ICP Board and identify appropriate leads.

3.16 All sub groups and leads are now in the early stages of development and PMO support is underway.

3.17 Preliminary leads have been identified; however it will be for the One Halton ICP partners to agree what is needed and who is most appropriate to lead on them.

PMO Resources

3.18 To support the development of One Halton as an Integrated Care Partnership dedicated resources will be required.

3.19 Recruitment for 2 senior posts is underway. Advertisements will be circulated during September. Interim arrangements are currently in place.

3.20 A series of tools have been created to support the governance of the board and the sub groups and further development work is progressing.

3.21 To support the PMO and create stability within the governance One Halton will also be looking to its partners to “Gift” resources to help lead and support the programmes of work.

JSNAs

3.22 The acting DPH Ifeoma Onyia presented the JSNA summary and the local data intelligence which will support the development of the One Halton Plan.

3.23 The updated JSNAs will be shared at the One Halton Board in November. This will help inform the priorities of One Halton.

3.24 Public Health, along with other One Halton partners will develop strategies and plans based on the updated JSNAs. This programme of work will feature in the Strategy and Transformation subcommittee of the One Halton Board. (To be reviewed at the Workshops 4 & 5 if they are to continue)

A prioritisation workshop is planned for 1st.October 2021.

4.0 LATEST UPDATES

5.0 POLICY IMPLICATIONS

5.1 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.

6.0 FINANCIAL IMPLICATIONS

6.1 Anticipated, but not yet known.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

7.1 Children and Young People in Halton

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

7.2 Employment, Learning and Skills in Halton

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

7.3 A Healthy Halton

One Halton supports the Council priorities for a Healthy Halton.

7.4 A Safer Halton

One Halton supports the Council priorities for a Safer Halton.

7.5 Halton's Urban Renewal

None in this report.

8.0 RISK ANALYSIS

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

9.0 EQUALITY AND DIVERSITY ISSUES

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

Appendix 1



Widnes PCN Update
Report. 15.09.21.pdf

Appendix 2



MHLDC Provider
Collaborative Update.

Appendix 3



CMASST Provider
Collaborative Update.



Developing Place

One Halton Partnership Shared Vision & Values

Our Vision

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



Our values

Our values guide the way we work every day. We want to make our services the best they can be for our population. Each value has a series of behaviours behind that we're building into everything we do.

One Halton Shared Purpose



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 and ensuring high quality services for those who need them.

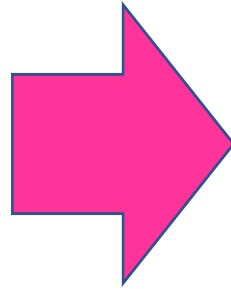
Shared Principles

Make decisions solely in terms of the patient/resident's best interest and not that of self or organisation.

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.

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



- ✓ **Selflessness** – act solely in the public interest
- ✓ **Integrity** – avoid placing themselves under any obligation to people or organisations that might try to influence them in their work. Not act or take decisions to gain financial or other material benefit for themselves or their family / friends. Declare and resolve interests and relationships
- ✓ **Objectivity** – act and take decisions impartially, fairly and on merit, using best evidence with without discrimination or bias
- ✓ **Accountability** – accountable to the public for their decisions and actions and must submit themselves to scrutiny necessary to ensure this
- ✓ **Openness** – act and take decisions in an open and transparent manner. Not withhold information from the public unless there are clear and lawful reasons for so doing
- ✓ **Honesty** – be truthful
- ✓ **Leadership** – exhibit these principles in their own behaviour. Actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs

Objectives (from MoU)



Develop an Outcomes Framework for the Priority Areas and an implementation plan in respect of these outcomes.

Consider lessons learned by the partners during the Covid-19 pandemic and build upon the collaborative working arrangements developed during this period.

Establish and operate collaborative governance arrangements in respect of the One Halton ICP.

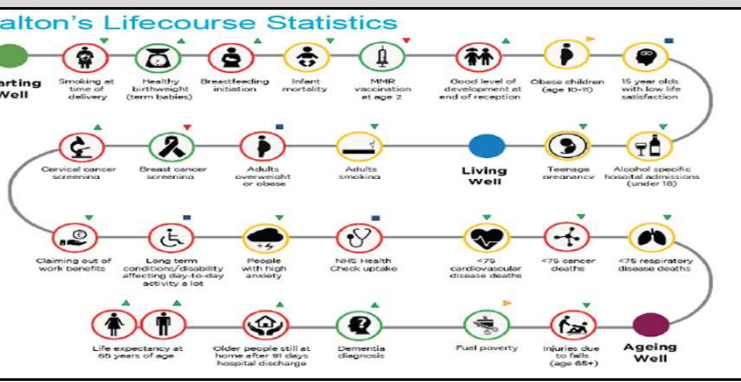
Ensure robust quality, performance and financial systems and frameworks are in place

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.

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

One Halton Partnership – Developing place

Where are we now?



Direction of travel

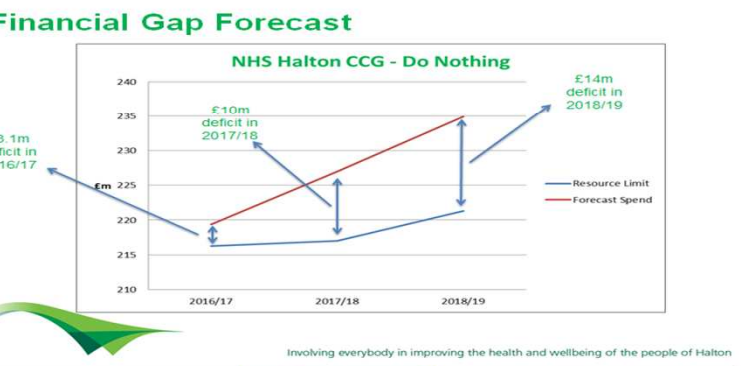
ACCOUNTABLE CARE SYSTEM GOALS

- 1** Enable people to take more responsibility for their own health and wellbeing. self-care
- 2** Stay well in own homes and communities as far as possible.
- 3** When complex care is required it should be timely and appropriate. timely & appropriate

How we will get there

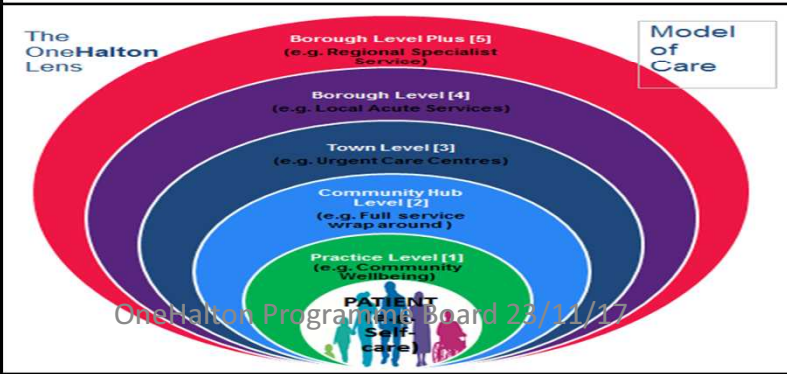
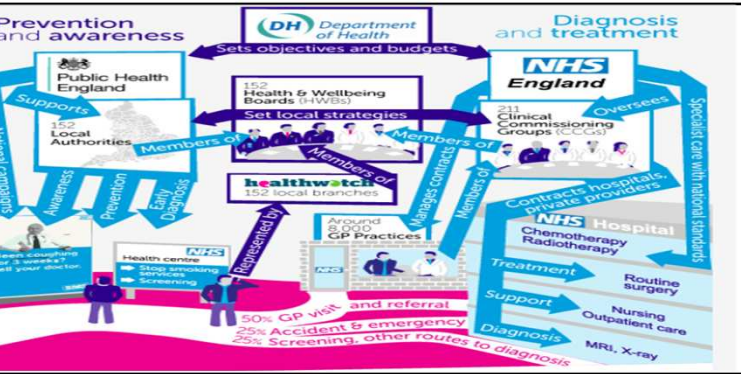
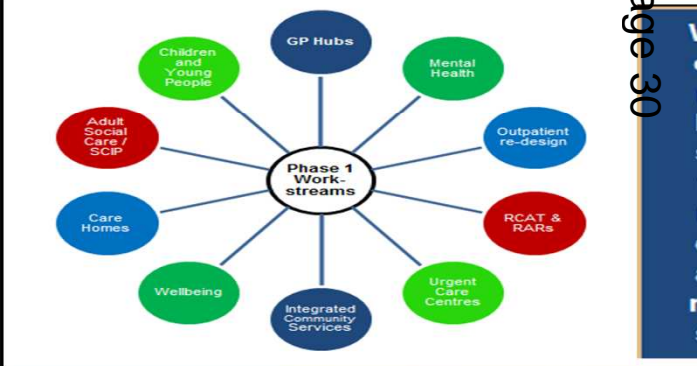
Our Six Priorities for 2017/2022

- Children and Young People
- Generally Well
- Long-Term conditions
- Mental Health
- Cancer
- Older People



OneHalton key design principles and objectives

- Objective 1:** Manage demand for services by promoting self-care independence and prevention.
- Objective 2:** Enable health and Social Care integration wherever possible and appropriate.
- Objective 3:** Design services around users and not organisations.
- Objective 4:** Incentivise Providers to work together to meet the needs of the whole person.
- Objective 5:** Treat people in the home and community for as long as it is appropriate and possible.



Progress on Must Have's

- Shared vision, purpose and behaviours – ✓
- Clarity on scope: what will be done at Place, and what will be done at ICS level – ✓
- Clear **leadership** ✓
- Shared **measures of key health outcomes** developed in line with the JSNA / JHWS and the ICS plan ✓
- Clarity on how **subsidiarity** will be enshrined at Place – decision-making devolved to lowest possible level (including with localities) ✓
- Supporting **delivery** of the shared endeavour e.g. business intelligence, shared resources in enabling functions (e.g. joint appointments), ultimately a 'place team'? ✓
- Enable local **provider collaboration** for delivery ✓
- A way of providing ongoing assurance to the ICS about accountability for the **delivery, quality and value for money** of NHS services at Place ✓
- An **enabling governance** structure at Place that has a **point of delegation** with the ICS:
 - through which **integrated commissioning** can be enabled ✓
 - which has clear alignment with the **Health & Wellbeing Board**, with clarity on remits ✓
 - which has a clear mechanism for dealing with disagreements ✓

Progress on Must Have's

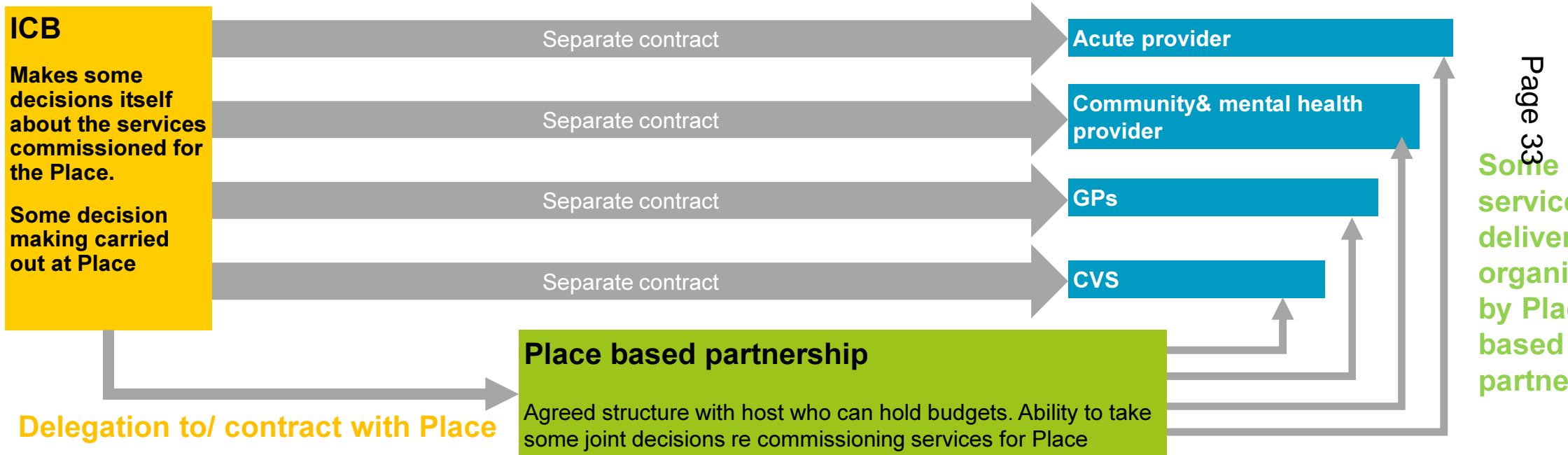
- **Financial governance** at Place that enables the funds provided to be allocated between Place partners according to priorities. ✓
- Ways of holding one another to account regarding **performance** and **quality** of services ✓
- Ways of ensuring **inclusivity** of partners in the arrangements and wider **public involvement** ✓
- **Keep the governance as simple as possible** ✓

Core Features	Ref	Brief Detail	Overall RAG
1 Integrated Care Partnership (ICP) Governance: clearly defined formal arrangements for place partners to meet and work together to deliver outcomes set by the Health & Wellbeing Board (HWB) and ICS.	1a	Outline the Link to HWBB	Achieved
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4 Agreed ICP development plan	4a	ICP Assurance framework	Not yet available
	4b	Organisational Development Plan	
	4c	Staff Development to work differently	

One Halton a developing place

We consider ourselves to be a developing place. ICB not yet fully 'assured'. We aim to meet the Place thresholds to operate as a functioning place with some delegation a plan during 2022 to move to a fully delegated approach.

Key areas to be developed at Place are the ability to collectively manage finance, take decisions about the shape of services and to be held accountable for delivery.



Developing Integration at Place

Integrated working and partnership working is effective and well established, health and social care teams to be co-located. ✓

The Place Director is appointed by the ICS Chief Officer with the full support of local authority (joint appointment process) and other key place partners / stakeholders and is recognised as 'place lead' – On track

Place Director is accountable to ICS Chief Officer and works closely and collaboratively with LA Chief Executive and other place leaders. They will have some accountability to LA Chief Executive. On track

Place Director will have some delegated authority from the ICB which can be discharged through a place 'committee' On track

Governance Structure

Approved by H&WBB



Halton Place Lead

(Executive Director – Health)

Executive Director for Health

Appointment – ICB & HBC involvement

Follow NHS & HBC HR requirements

Person Spec/JD – to be finalised by ICB & HBC

Contracts – to be finalised by ICB & HBC

ExDH will be an NHS employee

ExDH responsibilities – ALL health matters

- Commissioning
- Contract management
- Delivery/Performance
- Quality
- Oversight
- Finance/Audit
- Workforce
- etc

ExDH accountable to

- ICB CX
- LA CX

- SD (People) to work with the ExDH, DASS, DCS, DPH & other partners
 - to coordinate and develop the wider integration, alignment of outcomes and improved service delivery/efficiencies in respect of
 - Health
 - ASC
 - CYP
 - PH / Population Health
- DASS, DCS, DPH to remain accountable to SD (People) LA CX
- ASC to remain responsibility of DASS
- CYP to remain responsibility of CYP
- PH to remain responsibility of DPH
- All Halton partners to contribute to the effective delivery and integration of health and social care
- All Halton partners to ensure effective communication of the One Halton principles and values

HALTON HWBB

ONE HALTON EXECUTIVE BOARD

Health and social care integration to be delivered and accountable in Halton through the

- One Halton Executive Board; and it's
- Sub-committees.

Chaired by the LA CX

Place Convener = LA CX

The Board will be inclusive and comprise of

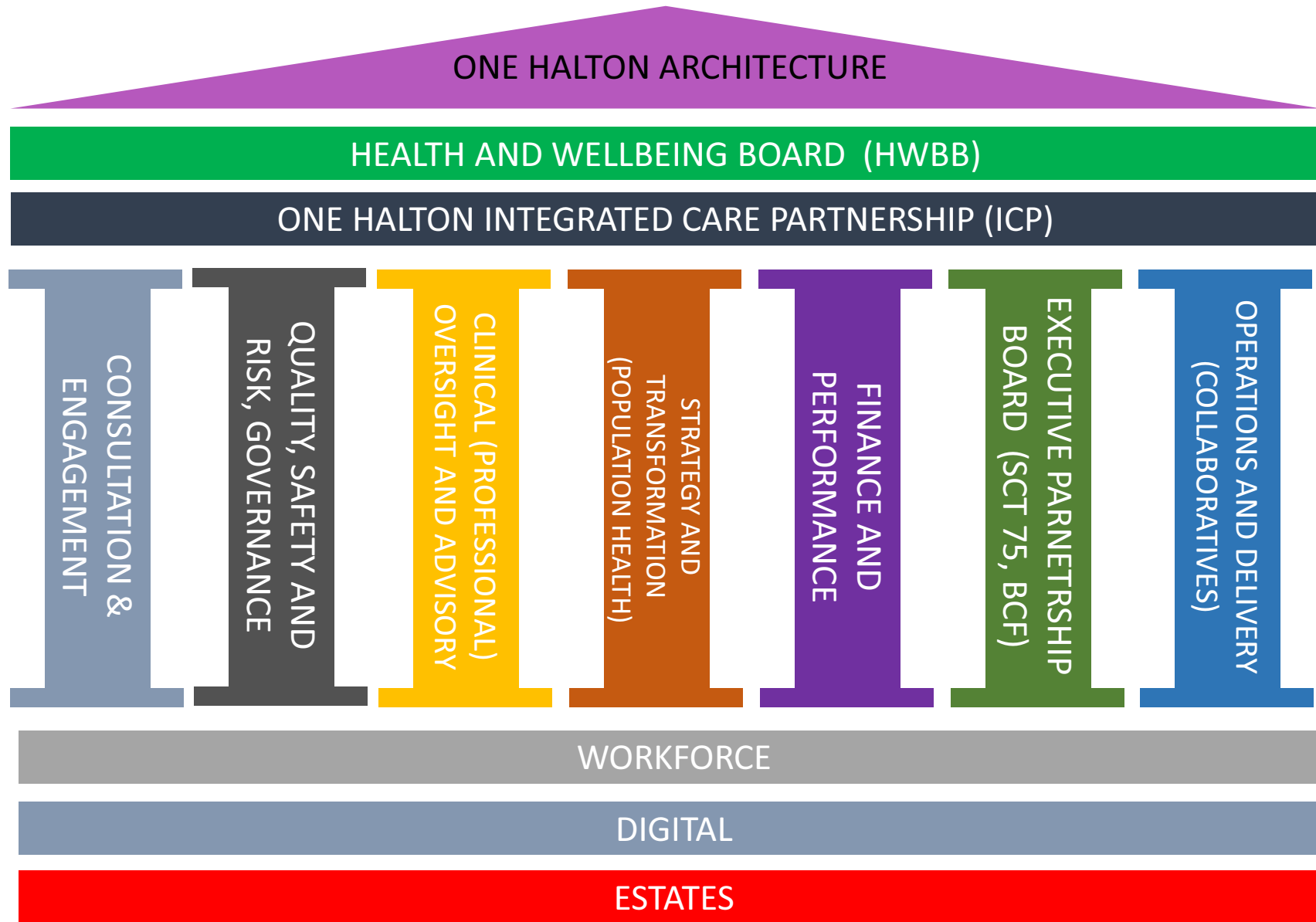
- ExDH
- SD (People)
- DASS
- DCS
- DPH
- DON
- DOF
- PCNs
- Providers
- VCFS

Will also have a relationship with the ICB on health delegation, responsibilities & accountabilities

- The Halton HWBB will set the strategy, policy and direction for One Halton based on the Halton JSI
- Provide oversight, scrutiny, checks and balances
- Chaired by Health Portfolio Holder
- The Board will be inclusive and comprise of
 - Elected members
 - Health partners (locally and sub-regionally)
 - Health providers
 - HBC and
 - the wider partnership e.g.
 - Healthwatch
 - Housing
 - Education
 - Employment
 - Police
 - Fire
 - VCF
 - etc

Rationale

- This approach will build on the existing One Halton Model which has served Halton well and has already aided joint working and integration.
- It is operationally robust so de-risks service delivery, quality and efficiency. While providing the strategic leadership to develop and improve services.
- It is outcome / delivery focussed
- It builds on the current strengths in Health, ASC, CYP and PH in Halton
- It is inclusive of the wider health and social care partnership
- It will maintain stability at a time of change which could de-stabilize the ICS and HBC but also offers opportunity for greater integration
- It recognises the statutory and democratic roles, governance, oversight and accountability of both the ICS and HBC
- It recognises the statutory position and accountability of the Health Lead, DASS, DCS and DPH



Effective governance is an ongoing effort, executed by people enabled by processes and supported by technology

Our Priorities



Population health : Giving every child the best start in life; enabling all people to maximise their capabilities, ensure a healthy standard of living

Children & Young People: Improved level of early child development

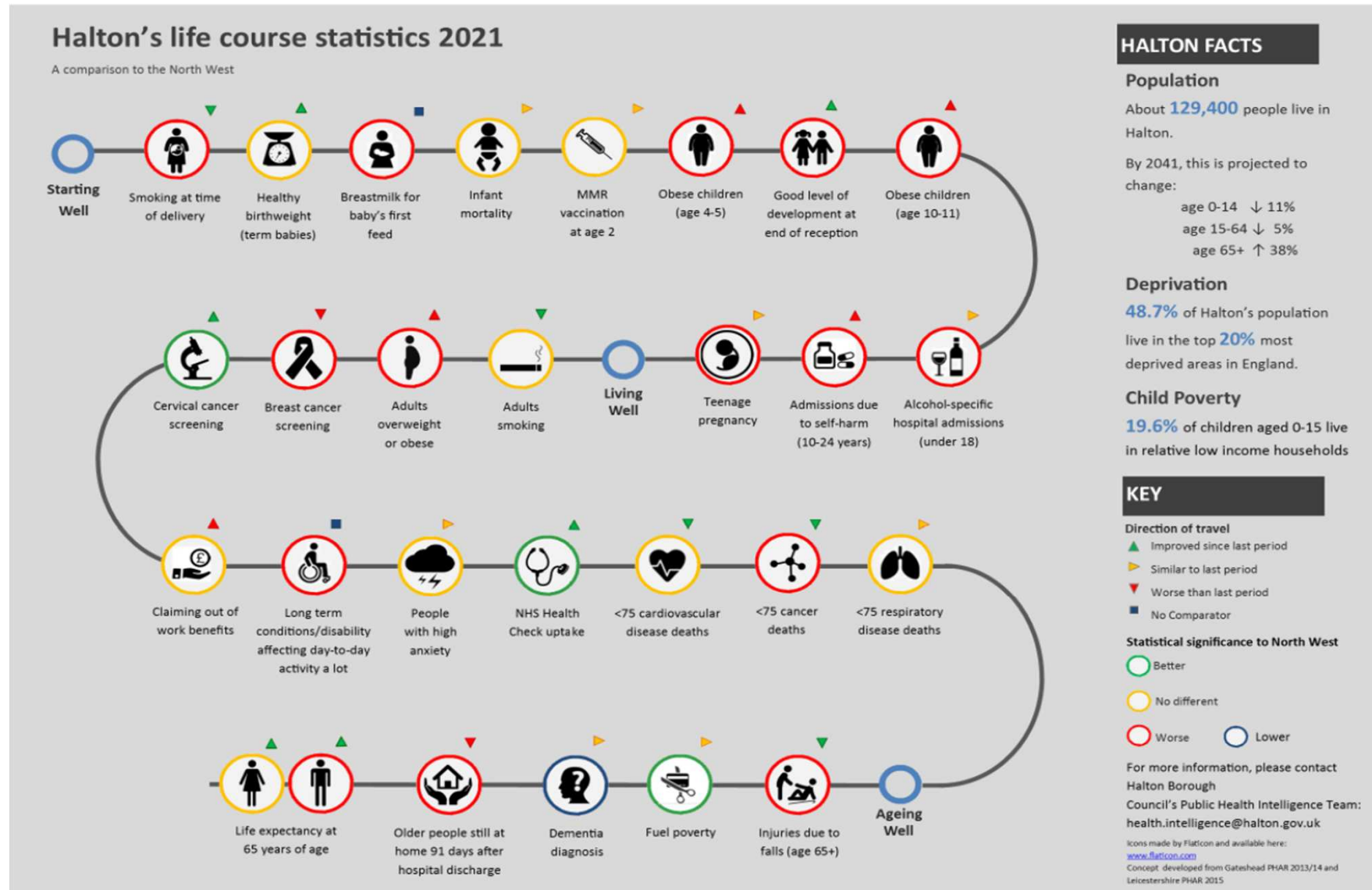
1.LTC – Reduction in levels of heart disease and stroke

1.Cancer – Early diagnosis and treatment, reduce premature death

1.Mental Health – Early detection & intervention

Older people – Improving quality of Life

One Halton Life Course Statistics



REPORT TO:	Health and Wellbeing Board
DATE:	6 October 2021
REPORTING OFFICER:	Director of Public Health.
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Joint Strategic Needs Assessment Summary
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To provide members of the Board with an update on the Joint Strategic Needs Assessment.

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

3.0 SUPPORTING INFORMATION

3.1 Background to the JSNA summary document

Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA underpins the health and well-being strategy and commissioning plans. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities.

In 2012 the first executive summary of the JSNA mapped across the life course (the approach advocated by the Marmot Review on tackle health inequalities) was presented.

This approach has continued to receive good feedback from various partnerships and stakeholders. As a consequence the revised annual summary has used broadly the same approach, updating data and information since the previous version.

3.2 Local development of the JSNA

The JSNA continues to be hosted on the Halton Borough Council website.

The JSNA is developed as a series of chapters, on a rolling programme, with an annual dataset, annual summary and local health profiles, keeping the data updated.

However, the Covid-19 pandemic meant the Public Health Evidence & Intelligence Team have been focussed on surveillance of the pandemic and JSNA work was suspended.

The JSNA summary document outlines the data across three key life stages:

- Starting Well: focus of children and young people
- Living Well: focus on adults of working age and those with long-term health conditions
- Ageing Well: focus on older People (65 and over)

It also includes sections on:

- The wider determinants of health
- Health Inequalities
- Covid-19

This summary document is attached as Appendix 1.

3.4 Key changes since the previous summary

Despite the continuing challenges the borough faces many of the health indicators show year on year improvements. So whilst the borough's health continues to be, generally, worse than the England average, these improvements show that we are moving in the right direction – we are doing the right things for the right people, who are then able to engage with services, making the most of them to bring about positive changes for themselves, their families and their communities.

Note: The latest available published whole year data in the 2021 JSNA summary is 2019/20. It has therefore not been possible to take the impacts of the Covid-19 pandemic into account in this report. However we know that Halton saw an extra 164 deaths in 2020 which is around 9% higher than pre-2020. Death rates due to Covid-19 were higher in the two most deprived quintiles

Some highlights include:

- Average life expectancy for both men and women has improved
- Reduction in the proportion of women smoking during pregnancy
- Improved levels of children achieving a good level of development by age 5. However, it remains statistically lower than the North West and England average

- Child immunisations and flu vaccination uptake continue to perform well. For example, uptake of MMR is similar to the North West and England
- Uptake of cervical cancer screening has improved as is better than the North West and England averages
- Uptake of NHS Health Checks has improved and is better than the North West and England averages
- Smoking prevalence amongst adults continues to fall and is now similar to the England average
- Hospital admissions due to alcohol during 2010-13, both all age and under-18s, have fallen compared to the previous period
- Whilst premature (under age 75) mortality remains a challenge, rates have fallen
- There has been a fall in the percentage of people with no formal qualifications and a fall in the employment gap between those with a long-term condition and the overall employment rate

However, some areas do remain difficult to improve and others have worsened since the previous reporting period:

- Both male and female life expectancy, at birth and at age 65, have improved but remain statistically worse than England. Internal differences in life expectancy remain substantial; 8.3 year gap between life expectancy at birth amongst men living in the most deprived 10% of Halton compared to the least deprived. For females the gap is 7.7 years.
- There has been an increase in the levels of children living in poverty. The levels of both child poverty and older people living in poverty are statistically higher than the England averages
- Smoking at time of delivery has improved but remains higher than the Merseyside and England rate
- Breastfeeding rates have remained static
- Levels of childhood obesity have increased and are statistically worse than the North West and England averages
- Hospital admissions amongst young people due to self-harm and due to alcohol are both worse than the North West and England averages. For self-harm admission rates have increased
- Breast cancer screening uptake has reduced and is statistically worse than the North West and England. Previously the uptake rate had been better than the North West average
- There has been an increase in the percentage of working age adults claiming out of work benefits and the rate is above the England average, although it is similar to the North West rate
- Older people being admitted to hospital due to injuries from falls remains a challenge locally with rates above the North West and England averages

- Influenza vaccination rates amongst those aged 65 and over have remained static, with uptake below the England average

3.6 **Developments for the JSNA during 2021/22**

It is important to recognise that the JSNA is an on-going, continuous process, refreshing data to ensure its timeliness, and producing 'deep dive' needs assessments to assist commissioning decisions.

The Public Health Evidence & Intelligence Team continues to devote a substantial proportion of its capacity to Covid-19 pandemic surveillance. This is limiting the capacity to work on JSNA.

However, as well as the annual JSNA summary work is planned for:

Life Expectancy

The team is currently working on a report examining the drivers for of local life expectancy figures. This includes an assessment of the impact the Covid-19 pandemic has had on life expectancy.

Pharmaceutical Needs Assessment

This is a statutory requirement, governed by Department of Health & Social Care regulations both in terms of timeframe (it must be published by October 2022), in terms of the process for development and content. This means the PNA is typically a year-long project. Work has started (paper to July 2021 Health & Wellbeing Board) and we aim to complete in time for the summer 2022 Health & Wellbeing Board meeting.

One Halton

The JSNA work will need to support the development of One Halton. The team will work closely with the One Halton ICP Board and One Halton Strategy and Transformation Sub-Group on this to identify priority areas.

Cheshire & Merseyside Population Health Dashboard

The team have led on the development of the dashboard, using the Combined Intelligence for Population Health Action (CIPHA) platform, on behalf of the Cheshire & Merseyside Health and Care Partnership (ICS) and Directors of Public Health. The dashboard focusses on health outcomes across a wide range of priority topics. It is built from Public Health England's Fingertips data tool data using local authority level indicators. Whilst not developed for One Halton Integrated Care Place specifically, it will nevertheless provide a useful source of outcome based metrics for onward monitoring including benchmarking against the ICS and England. It includes metrics for all of our One Halton Health and Wellbeing Strategy priorities.

Cheshire & Merseyside Cancer JSNA

The team have jointly led (with Wirral Council Public Health Intelligence team) an assessment of Cancers in collaboration with the Cheshire & Merseyside Cancer Alliance and NHS England Screening lead. This takes a whole pathway approach from risk factors and prevention, diagnosis and treatment, through to mortality from cancers. The work is due to be finalised October 2021 for publication November 2021.

4.0 POLICY IMPLICATIONS

- 4.1 The health needs identified in the JSNA have been used to develop the Health & Wellbeing Strategy.

The JSNA provides a robust and detailed assessment of need and priorities across Halton borough. As such it 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 None identified at this time.

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 is reflected in the JSNA, taking into account existing strategies and action plans so as to ensure a joined-up approach and avoid duplication.

6.2 Employment, Learning & Skills in Halton

The above priority is a key determinant of health. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents and is reflected in the JSNA.

6.3 A Healthy Halton

All issues outlined in this report focus directly on this priority.

6.4 A Safer Halton

Reducing the incidence of crime, improving community safety and reducing the fear of crime have an impact on health outcomes, particularly on mental health. Community safety is part of the JSNA.

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 and will therefore need to be addressed within the JSNA and Health and Wellbeing Strategy.

7.0 RISK ANALYSIS

7.1 Developing the JSNA does not in itself present any obvious risk. However, there may be risks associated with the resultant commissioning/action plans developed based upon it and these will be assessed as appropriate.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The JSNA seeks to provide intelligence on which to base decisions on action to tackle health inequalities. 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

Appendix 1

JSNA summary document

HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

SUMMARY DOCUMENT 2021

Introduction

This document aims to summarise the work undertaken under the banner of the JSNA over the last two to three years. Please note that due to COVID-19 pressures, no JSNA work was able to be completed during 2020/21. Some key national data sources were not updated during this time, which limits some scope of this year's summary. COVID-19 has undoubtedly had an impact on the health of the population of Halton. Not all of these impacts can be assessed right away, as they may be medium or long term .

This document contains information, analysis and infographics which show the overall state of the borough - the population, economy, employment - and the health of people living in Halton.

Also included in this document are some key points from the recent JSNA chapters. With the 2017-2022 Health and Wellbeing Strategy now being in place, there is also analysis relating to the key priorities for the borough set out in this document. This strategy is due to be updated ready for next year 2022.

The JSNA is a key statutory document for Integrated Care Systems (ICS) Partnerships:

“We expect the ICS Partnership will have a specific responsibility to develop an ‘integrated care strategy’ for its whole population using best available evidence and data, covering health and social care (both children’s and adult’s social care), and addressing the wider determinants of health and wellbeing. This should be built bottom-up from local assessments of needs and assets identified at place level, based on Joint Strategic Needs Assessments. We expect these plans to be focused on improving health and care outcomes, reducing inequalities and addressing the consequences of the pandemic for communities ”

Integrated Care Systems: Design framework (NHS England & NHS Improvement) 2021



Page 48

Further information and access to specific, topic-based JSNA chapters can be found via this link: <https://www4.halton.gov.uk/Pages/health/JSNA.aspx>.

If you have any queries or require further information, please contact the Public Health team via the email health.intelligence@halton.gov.uk.

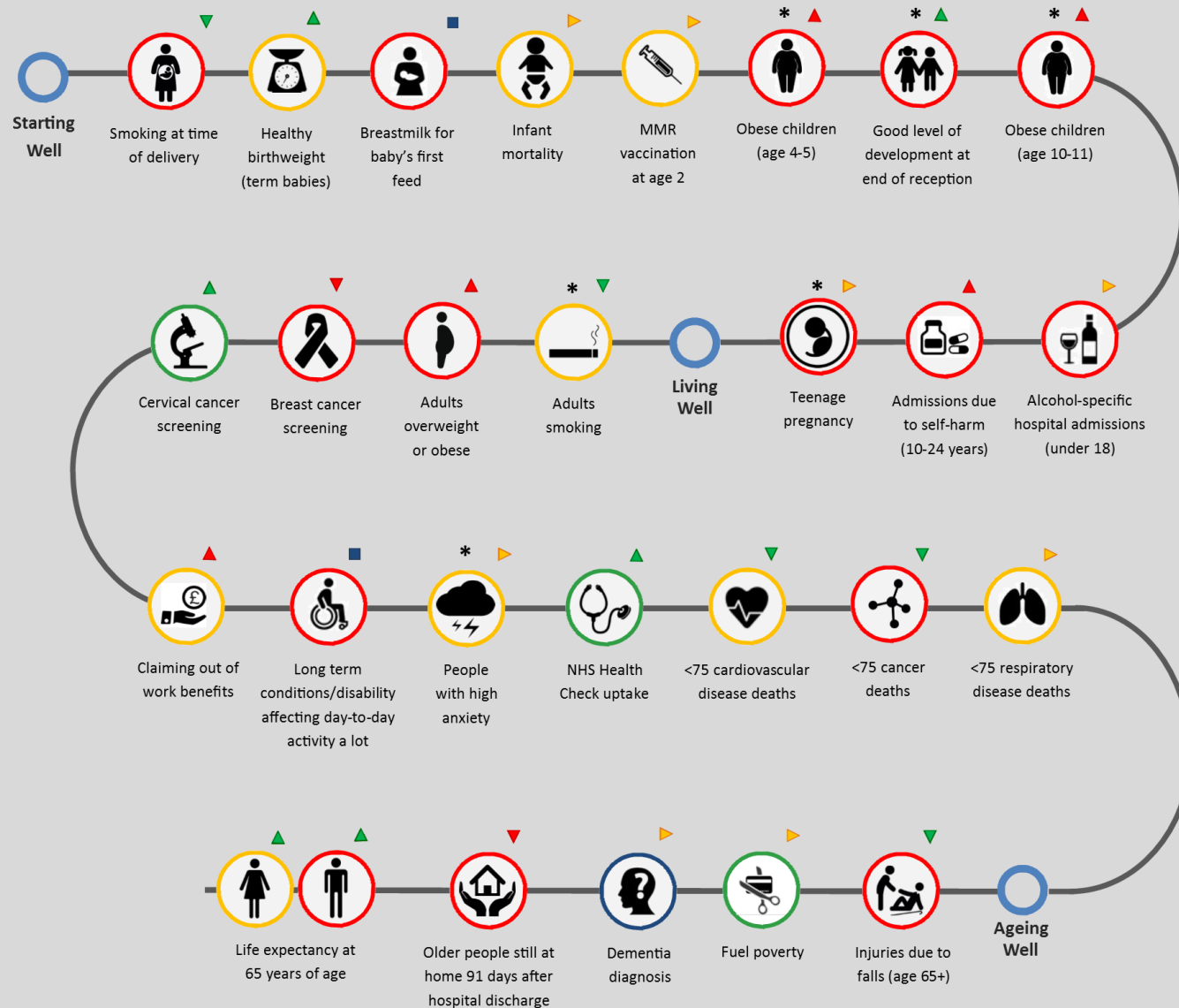


HALTON'S LIFE COURSE STATISTICS

Halton's life course statistics 2021

A comparison to the North West

* INDICATES NATIONAL DATA COLLECTION HAS BEEN AFFECTED BY COVID-19



HALTON FACTS

Population

About **129,400** people live in Halton.

By 2041, this is projected to change:

age 0-14 ↓ 11%
age 15-64 ↓ 5%
age 65+ ↑ 38%

Deprivation

48.7% of Halton's population live in the top **20%** most deprived areas in England.

Child Poverty

19.6% of children aged 0-15 live in relative low income households

KEY

Direction of travel

- ▲ Improved since last period
- ▶ Similar to last period
- ▼ Worse than last period
- No Comparator

Statistical significance to North West

- Better
- No different
- Worse
- Lower

For more information, please contact Halton Borough Council's Public Health Intelligence Team: health.intelligence@halton.gov.uk

Icons made by FlatIcon and available here: www.flaticon.com
Concept developed from Gateshead PHAR 2013/14 and Leicestershire PHAR 2015

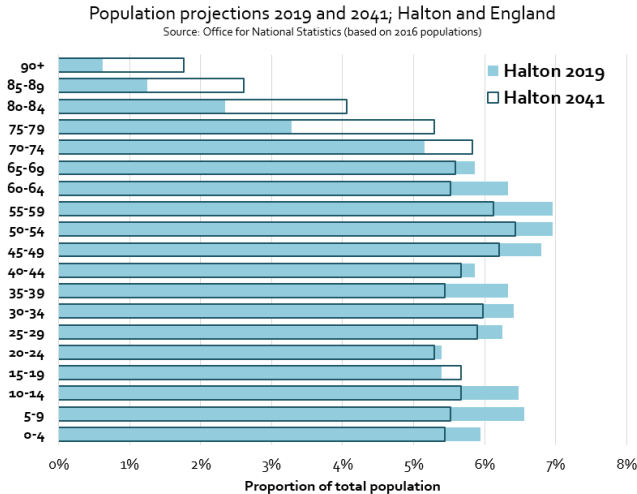
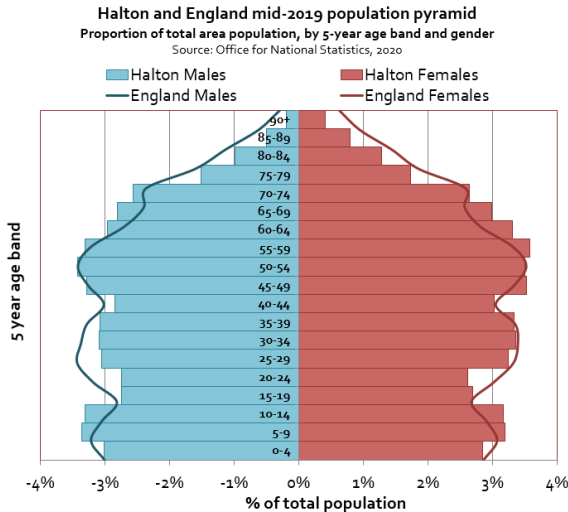
POPULATION

Population structure

Halton has a larger proportion of its population aged 50-69 than the England average, but a much lower proportion of the population aged between 15 and 44. This emphasises the potential for an ageing population to impact upon the borough's working age population. Although there are currently a relatively large number of working age people in Halton, many are within 10-20 years of retirement age and so this may present issues with workforce population in the future.

The age breakdown of Halton's population is expected to change over the next two decades. The proportion of people over the age of 70 is expected to swell and the proportion of children and people of working age is expected to contract. This is the case nationally also, but is predicted to be emphasised more so locally.

In 2019, 13% of Halton's population were aged 70 and above, whereas, in 2041 Halton's projected population aged over 70 will represent a fifth (20%) of the entire population of the area.



Ethnicity

The last full population ethnicity data is from the last Census in 2011, but is likely to have changed. The more recent 2020/21 Department for Education School Survey found that 8% were not of White British ethnicity. This is low in comparison to the North West (26%) and England (34.9%).

School population breakdown: White British and Ethnic Minorities

Source: School Census January 2021, Department for Education

Area	White British		All other ethnic minority groups*	
	Number	%	Number	%
England	5,410,043	64.9%	2,909,713	34.9%
North West	830,959	73.6%	293,368	26.0%
Halton	17,724	91.7%	1,545	8.0%

*All other ethnicity groups, including mixed ethnic groups, other than White British

Employment

Halton has a smaller proportion of its population who are economically active (75.0%), compared to England (79.5%) and the North West (77.6%); 73.0% of Halton's population are employed.

Slightly more males are in employment than the England average (80.7% vs 79.1%), but less females (66.5% vs 72.3%).

Employment and unemployment (Jan- Dec 2020)

Source: NOMIS (Annual Population Survey)

People aged 16-64	Halton		North West	England
	Numbers	%	%	%
Economically active	58,600	75.0	77.6	79.5
In employment	57,000	73.0	74.2	75.7
Employees	52,900	67.7	65.1	65.4
Self employed	3,700	4.7	9.0	10.1
Unemployed	1,600	2.7	4.3	4.8

INEQUALITIES

Inequalities

"Health inequalities are avoidable, unfair and systematic differences in health between different groups of people."

The King's Fund (2020)

Health inequalities across populations can exist due to a variety of "social, geographical, biological or other factors"¹. The social, economic and environmental factors are often referred to as the **wider determinants of health**, which are explored on the next page.

Health inequalities are generally measured by looking at **deprivation** levels, resulting in different **life expectancies**, as a measure of general health in a population.

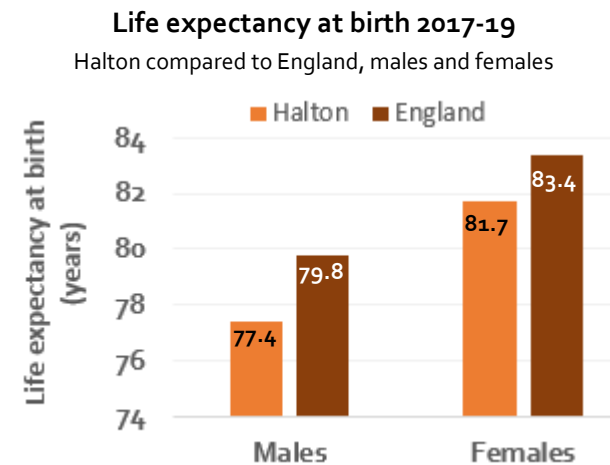
Halton is a deprived borough, relative to England as a whole (27th most deprived of 326) and over one quarter of its population live in areas classified in the 10% most deprived in England.

Residents of more deprived areas are more likely to be in worse health, spend more of their lives in poor health, require greater access to healthcare and other services; however they often do not have their greater needs met^{2,3}.

1. National Institute for Health and Clinical Excellence (2012) Health inequalities and population health
2. PHE: <https://www.gov.uk/government/publications/health-profile-for-england/chapter-5-inequality-in-health>
3. Cookson et al. (2016) Socio-Economic Inequalities in Health Care in England

Life expectancy

The average life expectancy at birth in Halton is lower than the national England average. The latest data for 2017-19 shows that males live 2.4 years less than England; for females it is 1.7 years less.



There are also varying levels of deprivation and life expectancy within Halton, meaning that there are internal inequalities. For males there is a **8.3** year gap between life expectancy at birth for those in the most deprived 10% of Halton, compared to the least deprived 10%; the gap is **7.7** years for females.

The sub-region of Cheshire and Merseyside is on track to tackle health inequalities head-on by becoming a **Marmot Community**. Sir Michael Marmot is working with colleagues across the area to address these significant challenges.

A JSNA chapter on inequalities in life expectancy will be published in summer 2021 (see our webpage www.halton.gov.uk/jsna).

WIDER DETERMINANTS OF HEALTH

The wider determinants of health

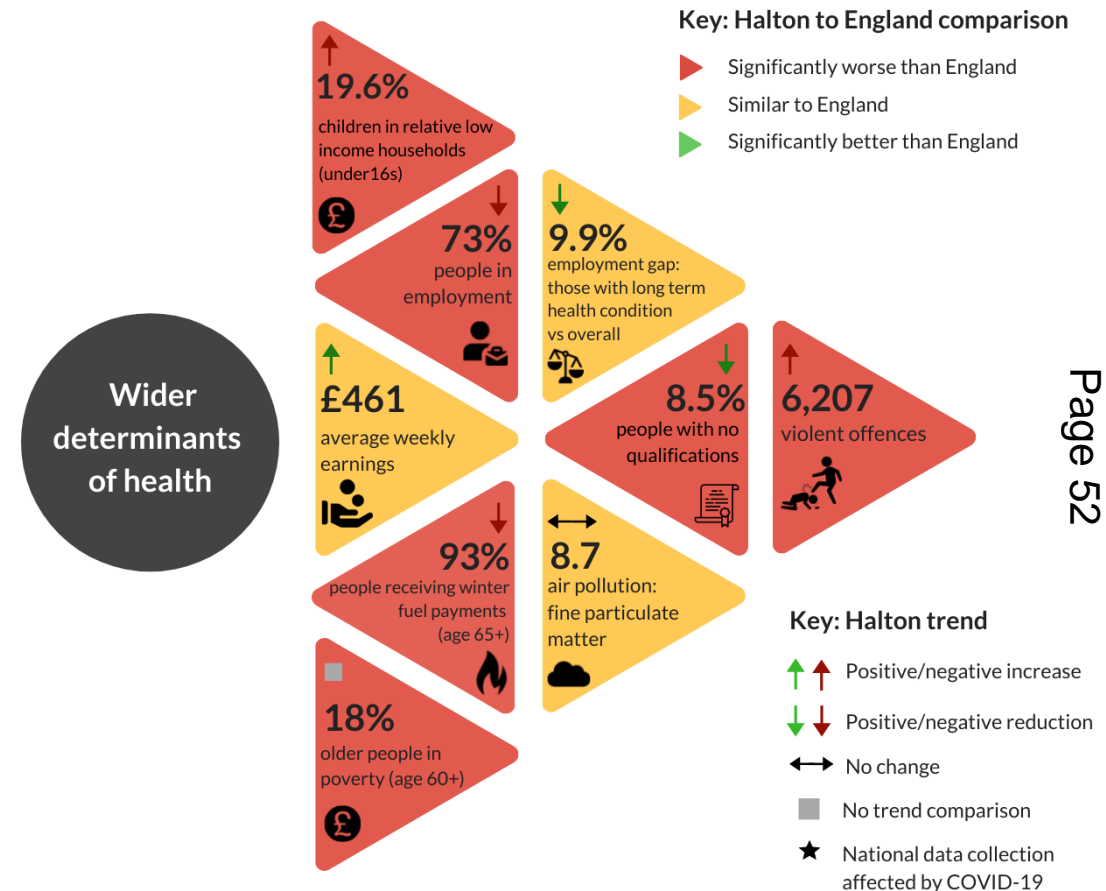
"The wider determinants of health are the social, economic and environmental conditions in which people live that have an impact on health. They include income, education, access to green space and healthy food, the work people do and the homes they live in".

King's Fund (2020)

The social, economic and environmental factors are often referred to as the wider determinants of health, and these are alterable, to varying degrees¹. Examples include lifestyle factors (such as smoking), social networks, secure fair paid employment, good quality housing and access to green space.

Poorer education, lower quality housing, lack of available transport and transport links, higher unemployment rates and lower income are all linked to worse health and lower life expectancy. People from more socioeconomically deprived areas are often the most disadvantaged in relation to wider determinants², which can impact on health and create health inequalities.

1. <https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health>
 2. <https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1/gid/1938133043/pat/6/par/E12000002/ati/102/are/E06000006>



COVID-19

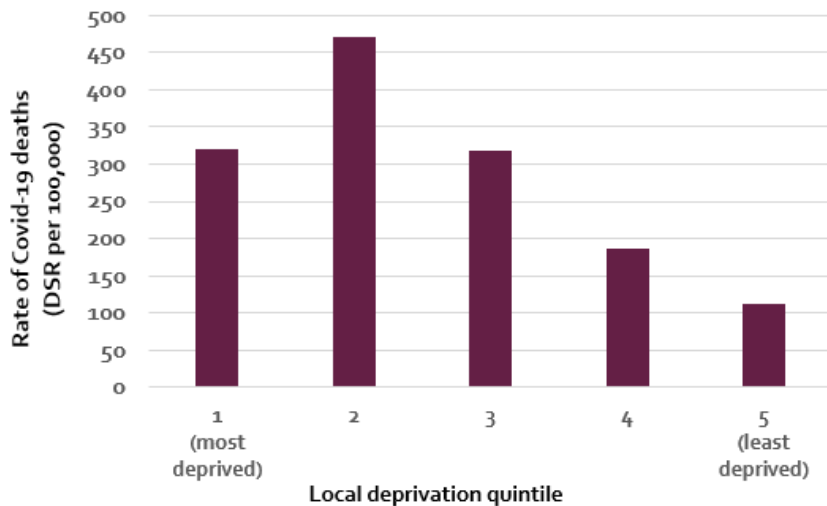
Impact of COVID-19 on health

COVID-19 has undoubtedly had a huge impact on people's lives and health. The impacts are short, medium and long term; we may not know the full extent for many years yet.

In terms of immediate effects on mortality, Halton saw 164 extra deaths in 2020 than usual, which is around **9% higher**. COVID-19 deaths have not impacted all of Halton's population equally; of the 298 deaths between April 2020 and March 2021, almost 75% occurred in those living in the most deprived 3 local quintiles (fifths).

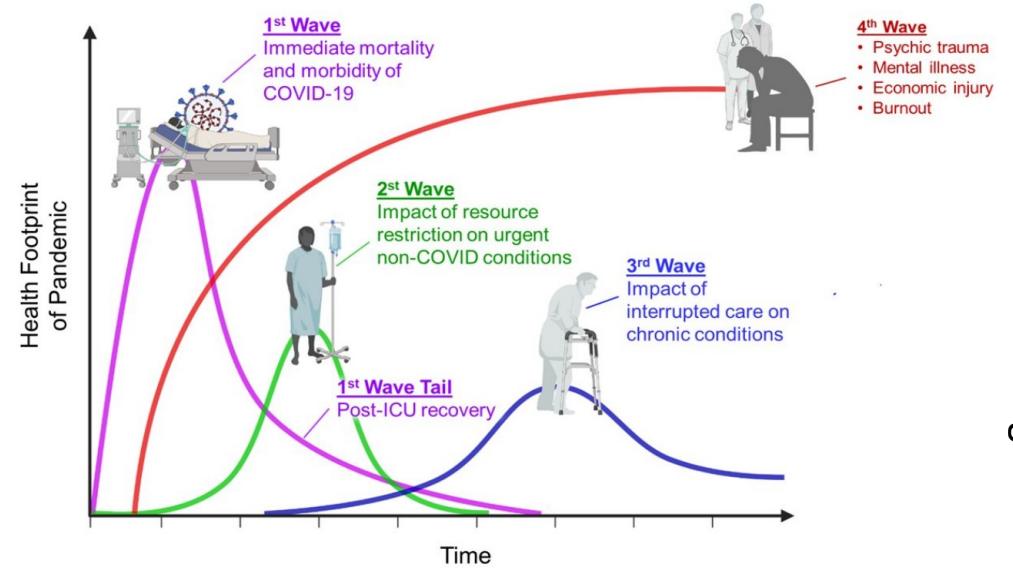
The chart below shows that most deprived 3 quintiles have higher rates of COVID-19 deaths than the least deprived fifth (quintile 5).

COVID-19 deaths in Halton residents April 2020 to March 2021, by local deprivation quintile (standardised death rate per 100,000 population)



These are deaths where COVID-19 is mentioned on the death certificate (source: Primary Care Mortality Database: via NHS Digital/ONS).

Health Footprint of the COVID-19 Pandemic



Source: Victor Tseng @VectorSting via Twitter

Medium to longer effects of the pandemic on population are likely to include:

- Mental health: an increase in anxiety, depression, isolation and loneliness.
- Delay in accessing services, diagnosis and treatment.
- Economic downturn, unemployment and financial hardship.
- Education disruption to children and young people.

A rapid [evidence review on the wider impacts](#) was published in July 2020 by Cheshire & Merseyside Intelligence Network. This provides a useful early framework; we hope to produce more detailed reports in due course on our JSNA webpage (www.halton.gov.uk/jsna).

CHILDREN & YOUNG PEOPLE

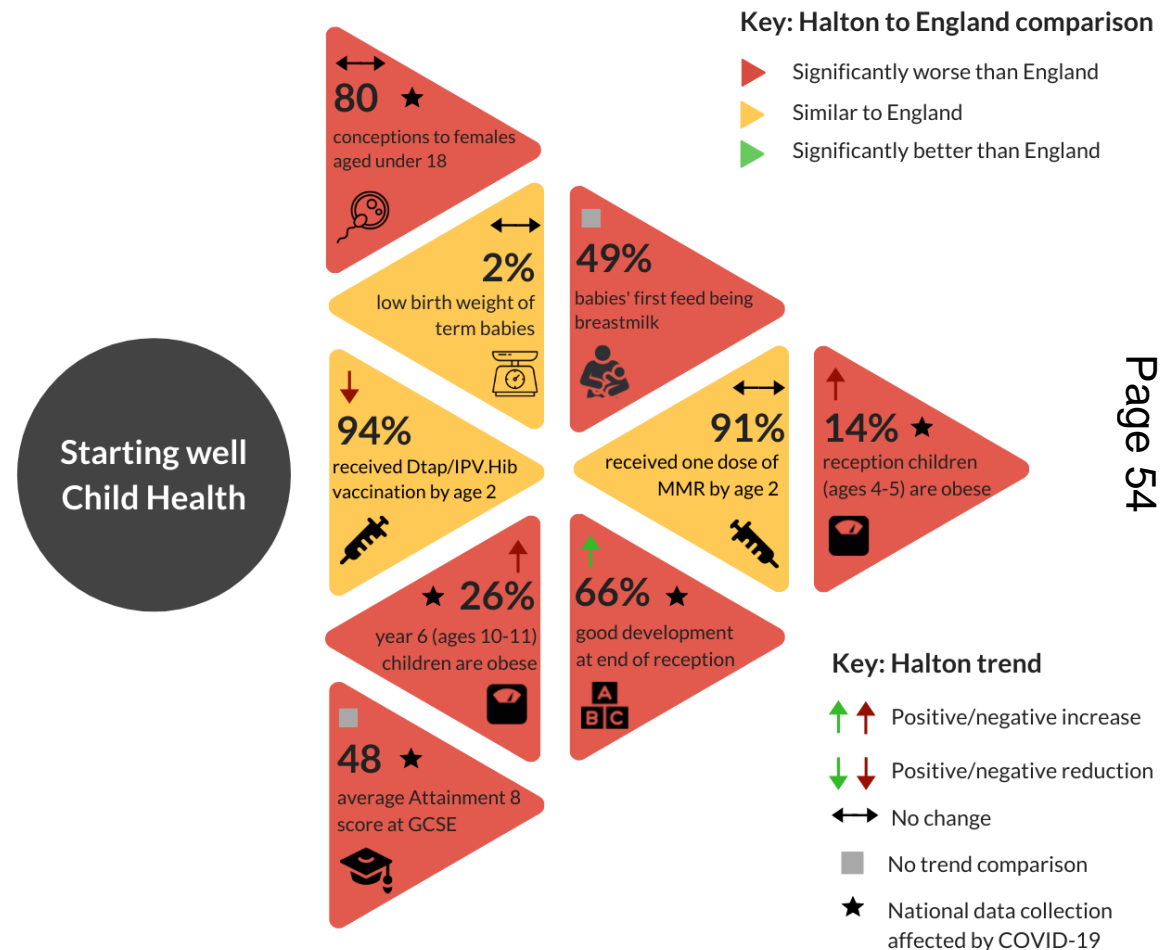
Child health

Early years experience is crucial to children’s physical, cognitive and social development. During this development period it is critical that the child has the best conditions and environment in which to achieve the ‘best start in life’. Improving the social context within which children live is essential to improving their development and, short and long-term life chances.

There are numerous individually and societally modifiable factors that can play a role in early childhood development, many which are linked to levels of deprivation and poverty. Breastfeeding is incredibly important in child and maternal health and greater levels of breastfeeding initiation and prevalence of breastfeeding has been linked to reduced levels of childhood obesity and reduced levels of hospital admissions in early life.

The Healthy Child Programme aims to promote health and wellbeing from pre-birth into adulthood. This 0-5 years programme aims to help bonding between children and parents, encourage care that keeps children healthy and safe, protect children from illness and disease via immunisations, reduce childhood obesity through healthy eating and physical activity, identify potential health issues early to enable a positive response and make sure all childcare supports children so that they can be ready to learn once they move onto primary school.

For further information please see [Halton’s Children’s JSNA Chapter](#)
Published data is available from the [PHE Fingertips Child and Maternal Health Profiles](#)



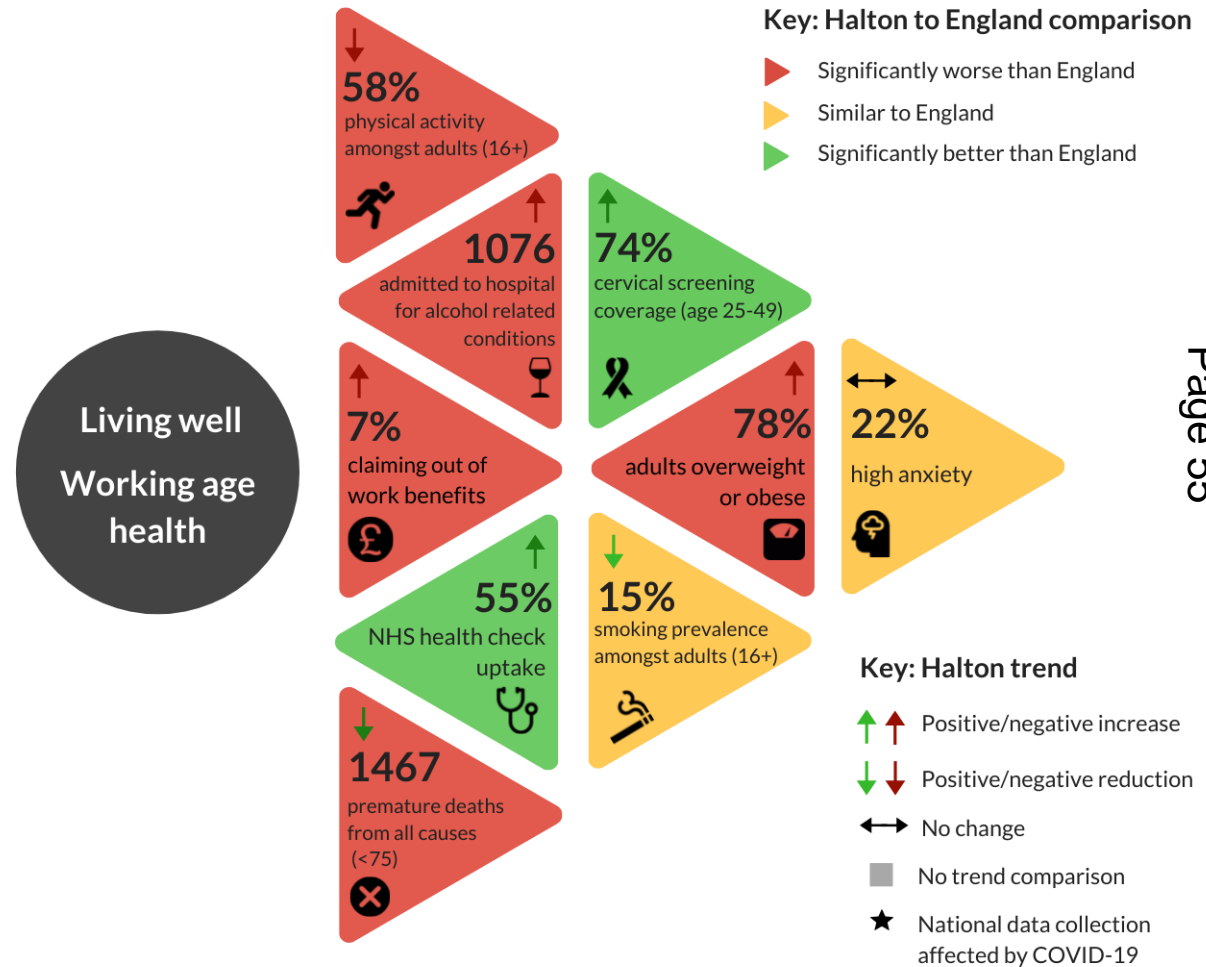
WORKING AGE

Working age people's health

In the coming decades the proportion of the population who will be of working age is projected to reduce. With more people retired and out of work, there will be a greater emphasis on social and financial support for those older people who have left employment, therefore it is incredibly important that people who *are* of working age are physically healthy and mentally well.

'Lifestyle' factors are incredibly important in helping to promote and maintain good health and curbing or increasing the prevalence of these lifestyle factors can go a long way to reducing the risk of premature mortality from all causes - and specifically from cancer, respiratory conditions, cardiovascular disease and liver disease. Smoking, low levels of physical activity, being overweight, drinking alcohol to excess and substance misuse are all factors that can influence health, but can be altered given the correct help and support to do so.

In turn, these lifestyle factors are influenced by the environment in which we live and work, often referred to the 'wider determinants of health'. These include secure employment, having enough money to eat well, good standards of housing and education, good transport links and access to green space.



OLDER PEOPLE

Older people's health

Life expectancy has generally increased over time, so it is important that good health is maintained for as long as possible, to ensure people enjoy a happy and fulfilling retirement. However, even though people are generally living longer, they can still live a substantial proportion of their life with a disability, or in poor health.

Life expectancy at birth in Halton remains lower than the national average, as does life expectancy at 65 years old. For the years 2017-19, it was estimated that at age 65 males could be expected to live on average a further 17.7 years and females a further 20.3 years; however less than half of this would be spent in good-health (41% for males and 35% for females).

It is incredibly important to provide not just health and social care services, but practical local services (e.g. transport) to better allow mobility and access and to promote greater social inclusion, particularly for those who find it more difficult to make the most of the provision of such services.

For further information please see [Halton's Older People's JSNA Chapter](#)
 For further data see [PHE Fingertips Older People Health & Wellbeing profile](#)



HEALTH & WELLBEING STRATEGY

One Halton Health & Wellbeing Strategy

The current One Halton Health and Wellbeing Strategy runs to 2022 and will soon be refreshed.

The document sets out the vision of the Halton Health and Wellbeing Board (HWBB) and states six different priorities for the borough for the time period the document is active (currently 2017 to 2022).

These priorities can be life-course and condition specific:

- Children and Young People (CYP): improved levels of early child development
- Generally Well: increased levels of physical activity & healthy eating and reduction in harm from alcohol
- Long-Term Conditions: reduction in levels of heart disease and stroke
- Mental Health: improved prevention, early detection and treatment
- Cancer: reduced level of premature death
- Older People: improved quality of life

One Halton Health and Wellbeing Strategy

2017-2022



The Health & Wellbeing Strategy is online at : www4.halton.gov.uk/Pages/health/publichealthinfo.aspx



Children achieving a good level of development at the end of reception

Halton	North West	England
66.1%	68.9%	71.8%
<i>Data above is 2018/19</i>		



Physically active adults (aged 19+)

Halton	North West	England
57.6%	63.9%	66.4%
<i>Data above is 2019/20</i>		
<i>2018/19 Halton data: 68.6%</i>		



Eligible population (40-74) offered NHS health check who received a health check

Halton	North West	England
55.3%	45.4%	47.1%
<i>Data above is 2015/16-19/20</i>		
<i>2014/15-18/19 Halton data: 50.6%</i>		



Emergency hospital admissions for self-harm (rate per 100,000)

Halton	North West	England
388.3	237.6	192.6
<i>Data above is 2019/20</i>		
<i>2018/19 Halton data: 349.7</i>		



Smoking prevalence in adults (16+)

Halton	North West	England
14.9%	14.5%	13.9%
<i>Data above is 2019</i>		
<i>2018 Halton data: 17.9%</i>		



Falls emergency admissions, aged 65+ (rate per 100,000)

Halton	North West	England
2834	2437	2222
<i>Data above is 2019/20</i>		

FURTHER INFORMATION

JSNA chapters and further information

There are numerous topic areas covered by previous JSNA chapters. Each chapter investigates a certain topic aims to give the current (at the time of writing) and future health needs of a specific population (e.g. children's health) or users of services (e.g. healthy weight) who are the focus of the JSNA chapter.

The JSNA and its individual chapters aim to provide information on local health, local health needs and service provision, which enable commissioners and others to make decisions to best meet these needs. Therefore maintaining and using the most up-to-date information, data and intelligence available is crucial to delivering an effective JSNA.

Those completed and available JSNA chapters—as well as other public health evidence and intelligence - can be found through clicking this link: <https://www4.halton.gov.uk/Pages/health/JSNA.aspx>

If you have any queries or require further information, please contact the Public Health team via the email address below: health.intelligence@halton.gov.uk

Public Health Evidence & Intelligence Reports and data

PEOPLE & GROUPS

Men's and Boy's Health	Children & young people	Maternity
Homeless	Older people	Carers
Military veterans	Offenders	Unaccompanied asylum seeking children
Women & Girls' Health		

BEHAVIOURS & LIFESTYLES

Alcohol	Tobacco	Gambling & fixed odds betting
Healthy weight	Sexual health	Diet & physical activity
Substance misuse		

CONDITIONS

Cancer	Respiratory disease	Diabetes
Mental health	Long term conditions	Musculoskeletal conditions
Circulatory diseases	Long term neurological	Dental
Injury (unintentional)	Dementia	Main causes of death
Disability	Infectious diseases	Main causes of ill health
Gastro-intestinal Diseases		

REPORT TO:	Health and Wellbeing Board
DATE:	6 October 2021
REPORTING OFFICER:	Director of Public Health and Public Protection
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Covid Vaccination update
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 The report presents update on the Covid vaccination programme for Halton

2.0 **RECOMMENDATION: That the Health and Wellbeing Board note the content of report**

3.0 SUPPORTING INFORMATION

3.1 Current Uptake

As of 13.09.2021, 90.48%% of eligible people in Halton have had their first dose of vaccination and 82.51% of eligible people have had their second dose of vaccine (data from ONS data to reflect actual population). Around 50% of 16/17 year olds are vaccinated.

3.2 Increasing Uptake

Actions to support and increase vaccination uptake within specific groups/settings are ongoing as detailed below:

3.2.1 *Low testing/vaccination uptake areas*

- 'Public Health bus' offering Covid testing, vaccination booking and information/'myth busting'/signposting as well as working with HIT to offer blood pressure checks and non-Covid related health advice
- Pop up bus schedule determined by local data review (low vaccination/testing uptake and higher case rate areas - Windmill Hill/Norton North, Hale Bank, Hough Green, Halton View, Kingsway/Mersey)
- All testing/pop up staff received RSPH Encouraging Vaccination Uptake and MECC training to help with initiating vaccine discussions and answer Qs. Other staff have also completed the training from VCA, HIT

and refugee resettlement worker

- Waiting for go ahead from vaccination providers for potential pop up vaccinations
- Work ongoing looking into demographics of these areas for more tailored comms

3.2.2 *Seafarers*

- Vaccination process established with HBC, Port Authority and Widnes PCN for seafarers (2 ships vaccinated so far and ongoing arrangement in place)
- Translated vaccination resources provided where needed and channel for ship crew to ask questions/get information
- Shared learning session planned with other LAs/Port Authority

3.2.3 *Asylum seekers*

- On site vaccinations - 1 vaccination session completed beginning of July (coordination between HBC, Serco and Widnes PCN)
- 2nd doses and new 1st doses session planned WC 13th Sept and plans for ongoing vaccination sessions
- HBC LFT testing sessions on Thursdays used as opportunity to answer residents vaccine Qs and provide information
- Translated videos and resources provided for residents in many languages
- Information for residents on how to access 2nd doses

3.2.4 *Care Homes*

- Offer of Q&A sessions/webinars with H&S staff, GPs, health protection staff given to all care homes
- 1-1 conversations have been carried out with CCG nurse to discuss specific staff concerns with several care homes & follow up calls
- Provision of tailored resources and information addressing specific concerns
- HBC now accredited to provide RSPH Encouraging Vaccination Uptake training which will be offered to all care homes to have 'vaccine champions'

3.2.5 *Young People/Schools*

- Working with college to train 'vaccine champions' staff/students through

RSPH training

- Engagement work ongoing to identify and address specific concerns (before any pop up vaccination sessions) e.g. Q&A, 1-1, information provision, integrate into appropriate lessons (to start when classes resume beginning of Sept)
- Widnes PCN planning to deliver on site pop up vaccinations at the college with our support

3.2.6

Workplaces

- Workplaces are being offered to train 'vaccine champions' staff through RSPH Encouraging Vaccine Uptake training
- Building on existing relationships developed through testing to identify & understand specific concerns in workplaces (& vaccine uptake figures) – specific resources/1-1 conversations with staff/webinar Q&A sessions/translated materials
- Potential for onsite vaccinations e.g. TESCO distribution centre but waiting on vaccination provider governance

3.2.7

Homeless

- Initial meeting with CGL to establish scope for vaccination session and support HBC could provide – potential for pop-up vaccinations

3.3

Future Direction

The vaccine programme remains open to anyone over the age of 16.

3.3.1 *Healthy 12-15 year Olds*

It was announced on 13th September that the offer will be made to this age group the full guidance is still in preparation. It is expectation that NHSEI will commission the School Aged Immunisation Service (SAIS) will deliver to this cohort in a schools setting. Whilst guidance is being reviewed School Aged Immunisation Providers are working closely with NHSEI and Local Authorities to develop plans for delivery. It is expected that some delivery may begin from next week.

3.3.2 *3rd Primary Dose / Booster doses*

Individuals who are immune suppressed are already being called for their 3rd dose vaccination if this is 6 months following their 2nd dose.

On 15th September, the government announced that a 3rd dose will be given to those who are over the age of 50, under 50 with a health condition that puts them at risk, and to health and care workers. The details of this are being

finalised but this is likely to begin within the next few weeks and will be undertaken by PCNs and practices

3.3.3 *Seasonal Flu*

The Seasonal Flu vaccination programme has commenced. There are some delays from 2 of the main manufactures and unfortunately some practices and pharmacies will be affected by these delays, but where stocks of vaccine are available, the programme has commenced. All eligible individuals will be invited for a flu vaccination by their GP or local pharmacy.

There is no detail as yet as to whether the flu vaccination and Covid booster vaccine can routinely to be given together. Details area awaited.

4.0 **POLICY IMPLICATIONS**

4.1 The Covid vaccination programme is a nationally mandated programme.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The impact of Covid-19 on the community and organisations has continuing financial implication. Limited spread and reducing illness is a key requirement of pandemic planning and contingency response

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

6.1 **Children & Young People in Halton**

Protecting children is an important part of Covid response

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

Maximising vaccine uptake is key to opening up communities, protecting people and ensuring a safe return to normal living.

6.3 **A Healthy Halton**

An effective vaccine is available to help reducing infection, reduce severity of infection and prevent harm. Maximising uptake is essential to protecting the people of Halton

6.4 **A Safer Halton**

An effective vaccine is available to help reducing infection, reduce severity of infection and prevent harm. Maximising uptake is essential to protecting the people of Halton

6.5 **Halton's Urban Renewal**

Maximising vaccine uptake is key to opening up communities, protecting people and ensuring a safe return to normal living.

7.0 **RISK ANALYSIS**

7.1 *Failing to adequately implement the national vaccination plans and protect our community puts the population at significant risk of outbreaks and increased incidence of a serious, preventable infection. Failure to provide vaccination for eligible front line health and social care staff is a corporate risk and can put employees and service users at increased risk.*

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 *The strategy is developed in line with all equality and diversity issues within Halton.*

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

None within the meaning of the Act.

REPORT TO:	Health and Wellbeing Board
DATE:	6 th October 2021
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Marmot Review and the Marmot Community Programme
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

To provide an update on the Marmot Review including next steps following publication of 'Health Equity in England: The Marmot Review 10 years on' document in 2020; and to inform the board about the Marmot Community Review project

2.0 RECOMMENDATION: That the Board note the contents of the report and supports the Marmot Community programme workshop.

3.0 SUPPORTING INFORMATION

3.1 'Health Equity in England: The Marmot Review 10 years on' found that across England in the ten years since the publication of the original Marmot Review life expectancy had failed to increase across the country, and for the poorest 10% of women it has actually declined. Over the last decade health inequalities have widened overall, and the amount of time people spend in poor health has increased since 2010.

3.2 Cheshire and Merseyside (through CHAMPS and Cheshire & Merseyside Health Care Partnership) is now working to achieve Marmot Community status. The underlying feature of all Marmot Communities is a determined and joint effort to true integration across of number of sectors in order to undertake collaborative action to achieve six common goals, as set out in Sir Michael Marmot's original report from 2010:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

- 3.3 Areas that are awarded the status of Marmot Community are those that can provide evidence that these six goals are addressed throughout local policymaking and decision-making, and that improved health and reduced inequalities are at the centre of how the area develops approaches to early years, education and skills, transport, housing, places and spaces, and jobs and businesses.
- 3.4 The Marmot national team are looking to gain feedback from the nine local areas across Merseyside and Cheshire to develop action plans to tackle inequalities across local areas and to ensure local perspectives are incorporated into the national review report due to be published in 2022. This feedback will be provided by individual local area workshops. The Marmot community programme workshop for Halton is set to take place in October/November 2021.
- 3.5 Although national support is being offered, our local area already has a number of people and organisations working to tackle inequalities. By hosting a workshop as well as feeding into the national Marmot review, we can bring these skills and expertise together to develop a local action plan driven by local people.
- 3.6 Following the workshop, a Marmot Communities working group will be established with representation from partners across Halton already working to tackle inequalities. This working group will help establish a local work programme for the Marmot Community programme. This will link to existing work on inequalities and the One Halton Plan.
- 3.7 Feedback will be provided from the Marmot Community programme to the HWBB.
- 3.8 Adopting a Marmot approach is key to acknowledging that everyone has a role to play in tackling health inequalities and improving the health and wellbeing of our residents. Tackling inequalities in the social determinants of health, the 'wider determinants' offers an opportunity for partnership working across the system

4.0 POLICY IMPLICATIONS

- 4.1 The Marmot report recognises that the partners within the Health and Wellbeing Board are crucial to delivering reductions in health inequalities at a local level through improving inequalities in the social determinants of health. Hosting a workshop in Halton will enable the identification of key challenges as well as work areas for focus. Information gathered from this workshop can help shape a local Marmot Community programme.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified at this time.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton. The review will highlights key topics for children.

6.2 Employment, Learning & Skills in Halton

The above priority is a key determinant of health. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents

6.3 A Healthy Halton

All issues outlined in this report focus directly on this priority.

6.4 A Safer Halton

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime have an impact on health outcomes particularly on mental health.

There are also close links between partnerships on areas such as scams, alcohol and domestic violence.

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.

7.0 RISK ANALYSIS

7.1 Developing the programme plan does not present any obvious risk however, there may be risks associated with the resultant recommendations. These will be assessed as appropriate.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 This is in line with all equality and diversity issues in Halton.

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

None