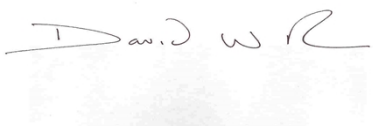
Public Document Pack

Health and Wellbeing Board

Wednesday, 23 March 2022 2.00 p.m.
Bridge Suite - Halton Stadium, Widnes



Chief Executive

Please contact Gill Ferguson on 0151 511 8059 or e-mail gill.ferguson@halton.gov.uk for further information.
The next meeting of the Committee is on 6 July 2022.

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

Part I

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 19 January 2022 at Halton Stadium, Widnes

Present: Councillors Wright (Chair), J. Lowe, T. McInerney, Woolfall and S. Constable, S. Patel, D. Parr, D. Nolan, L. Thompson, P. Jones, W. Longshaw, D. Merrill, I. Onyia, S. Semoff, G. Ferguson, M. Vasic and S. Wallace-Bonner.

Apologies for Absence: C. Lyons, A. Marr and D. Wilson.

Absence declared on Council business: None

Also in attendance: None

ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD

Action

HWB18 MINUTES OF LAST MEETING

The Minutes of the meeting held on 6 October 2021 having been circulated were signed as a correct record.

HWB19 PUBLIC HEALTH RESPONSE TO COVID-19 CORONAVIRUS

The Board received an update on the most recent Covid-19 coronavirus figures for Halton, providing a comparison with the previous January 2021 and how the Halton Outbreak Support Team were collaborating with others to successfully identify and manage local outbreaks. The presentation also outlined the most recent information on testing and vaccination for people in Halton, the vaccination figures for those staff employed at local hospitals and for those employed within Halton Social Services.

RESOLVED: That the Board note the presentation.

HWB20 VERBAL UPDATE - HALTON HEALTHWATCH DENTAL HEALTH PROJECT - KATH PARKER

The Board received an update from Kath Parker, on

behalf of Halton Healthwatch, regarding the recent Dental Health Project. There had been 176 responses to the Dental Health survey and the Board noted the feedback received.

It was noted that there had been a rise in the number of calls from parents who could not access a dentist in Halton for children and concern was expressed at the long term impact this would have. There was also concern that the information available online regarding dentists in Halton appeared to need updating.

Arising from the discussion, it was recognised that there was national problem with the availability of NHS dentists and the service needed investment and improvement.

RESOLVED: That the presentation be noted.

HWB21 PRESENTATION ON DENTAL SERVICES IN HALTON

This item was deferred until a future meeting. It was agreed that a letter would be sent to NHS England and NHS Improvement North West (Cheshire and Merseyside) to express the Board's disappointment that a representative did not attend this meeting and also to request that they attend the next Board meeting.

Director of Public Health

HWB22 VACCINATIONS IN CARE HOMES

The Board considered a report of the Director of Social Services, which provided details of the Government legislation published on the need to vaccinate people working or deployed in care homes. As a result of the regulations those staff who were not fully vaccinated or refused to be vaccinated who work within care homes, or were required to visit care homes as part of their role, cannot continue to be employed in that role.

The report outlined to the Board the total percentage number of staff within the Independent Sector and at Council care homes who were either fully vaccinated, received the booster vaccination and the number of those who had either refused the vaccine or were exempt.

Whilst the legislation was expected to reduce the health risk to care home residents and staff, the restrictions on staff redeployment introduced a number of consequential risks which threatened the operation of local health and care systems. The report considered these risk and the immediate actions needed to prepare for reductions that

were expected to arise as a result of the legislation.

RESOLVED: That the Board note the report.

HWB23 UPDATE ON ONE HALTON PLACED BASED PARTNERSHIP

The Board considered a report which provided an update on the One Halton Place Based Partnership development with Cheshire Merseyside Integrated Care Board (ICB) and Integrated Care Partnership (ICP) context.

At the previous meeting held in October 2021, the Board had received a comprehensive report which set out the requirements for the formation of the Integrated Care Systems regionally and an Integrated Care Partnership at Place Level. To allow sufficient time for the remaining parliamentary stages, a new target date of 1 July 2022 had been agreed for new statutory arrangements to take effect and ICBs to be legally and operationally established.

It was noted that the ICB (Cheshire and Merseyside), was progressing towards:

- developing a constitution and establish Board memberships;
- working with the nine places within the footprint to disband the CCGs and preparing staff and functions to transfer to the ICB under the new arrangements; and
- recruiting Senior Executive roles.

Whilst prior to One Halton becoming the statutory body for health and care arrangements:

- a self-assessment had been carried out in October 2021 and the outcomes from this were outlined in the report;
- staff appointments had begun to be made to establish a Programme Management Office; and
- an overarching Organisational Development Plan was being developed and in the coming months there would be two LGA facilitated workshops, to which Health and Wellbeing Board Members would be invited.

RESOLVED: That the report be noted.

HWB24 BETTER CARE FUND (BCF) 2020/22 - PLAN AND BCF PLANNING TEMPLATE FOR 2021/22

The Board considered a report of the Director of Adult Social Services, which provided an update on the Better Care Fund Plan (BCFP) 2020/21 and Planning Template for 2021/22, for retrospective approval following its submission in mid-November and successful regional assurance.

The Halton BCFP for 2020/21 was attached as Appendix 1 and set out:

- Engagement with stakeholders;
- Governance arrangements including the new ways of working for One Halton;
- The approach to integration;
- Supporting discharge from hospital;
- Disabled facilities grant and wider services; and
- Equality and health inequalities.

In addition, the BCF planning template for 2021/22 was included in Appendix 2 and encompassed an Expenditure Plan, planned metrics and confirmation of planning requirements.

RESOLVED: That the BCF Plan for 2021 and Planning Template for 2021/22 be approved.

Director of Adult Social Services

HWB25 THE PROCUREMENT OF A NEW INTEGRATED SPECIALIST ADULT COMMUNITY SUBSTANCE MISUSE SERVICE FOR HALTON

The Board received a report of the Director of Public Health, which provided an update on the decision to award a contract to the provider who, through an open procurement exercise had been assessed as being the most economically advantageous and effective organisation to deliver an Integrated Specialist Adult Community Substance Misuse Service for Halton. The successful application was from CGL (Change, Grow, Live) and the Board received a brief update on performance to date.

RESOLVED: That

1) the outcome of the formal open procurement exercise for the provision of an Integrated Specialist Adult Community Substance Misuse Service for Halton and the award of a contract to CGL be noted; and

2) the brief update on the current service performance

be noted.

HWB26 MARMOT WORKSHOP REPORT

The Board considered a report of the Director of Public Health, which provided an update on the recent Marmot Workshop. The Marmot national team had held a workshop across the nine local areas in Merseyside and Cheshire to identify key areas for combined action to tackle inequalities across local areas and to ensure local perspectives were incorporated into the national review report due to be published in 2022. The Halton workshop was held on 25 November 2021.

It was reported that feedback from the workshop had been themed and linked to work on inequalities and the One Halton Plan, as well as fed into the regional Marmot Community Programme. Two themes had dominated the discussions, Children and Families and the role of employment, whilst sub themes were identified that overlapped or linked to one or both of these themes including poverty, the role of transport, housing, physical activity and mental health. Three other themes identified included alcohol and substance misuse, the role of aspiration and resilience as well as a need to focus on the needs of older adults.

As part of the next steps the Marmot Team would produce a set of indicators and a report which pulled together the outcomes of the workshops across the nine places as well as help shape a regional Marmot Community programme and national review. Whilst in Halton the thematic areas would feed into the One Halton Strategy Transformation Group.

RESOLVED: That the report be noted.

Meeting ended at 3.40 p.m.

REPORT TO:	Health & Wellbeing Board
DATE:	23 January 2022
REPORTING OFFICER:	Programme Director – Integration & Collaboration (Bridgewater Community Healthcare NHS Foundation Trust) / Head of Primary Care (NHS England and NHS Improvement North West (Cheshire & Merseyside)
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Presentation on Dental Services in Halton
WARDS:	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present an update on dental services in the borough of Halton by the lead commissioner (NHS England and NHS Improvement) and by the provider of specialised dental care (to people of all ages), with disabilities and special needs which make it impossible for them to access treatment from an NHS family dentist

2.0 RECOMMENDATION: That the Board note the presentation and its contents

3.0 SUPPORTING INFORMATION

The presentation is designed to provide Health & Wellbeing Board members with an update from the lead commissioner on the current approach to dental services in Halton, current challenges and developments in response to COVID-19

A local provider of specialist dental services in Halton will then set out its own response and actions taken during the COVID-19 outbreak, and share its emerging work on a new Dental Network strategy, setting out its mission to be person focussed, helping to improve the health & wellbeing of every patient treated. This is being developed to embed the principles and maximise the opportunities of collaboration described in the White Paper.

4.0 POLICY IMPLICATIONS

The NHS Long Term Plan and the White Paper, Integrating Care: Next steps to building strong and effective integrated care systems across England published February 2021.

5.0 FINANCIAL IMPLICATIONS

None identified

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES ***(click here for list of priorities)***

6.1 **Children and Young People in Halton**
Commissioned dental services supports the Council priorities for Children and Young People

6.2 **Employment, Learning and Skills in Halton**
None identified

6.3 **A Healthy Halton**
Commissioned and provided dental services supports the Councils priorities for a Healthy Halton

6.4 **A Safer Halton**
None identified

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

7.0 RISK ANALYSIS
None identified

8.0 EQUALITY AND DIVERSITY ISSUES
Commissioned and planned dental services support equality and diversity and a targeted approach is being undertaken to support the more vulnerable of the population

REPORT TO:	Health and Wellbeing Board
DATE:	23 March 2022
REPORTING OFFICER:	Dr Ifeoma Onyia, Interim Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Living with COVID in Halton
WARDS:	All

1.0 PURPOSE OF THE REPORT

To provide an update to the Health and Wellbeing Board on the current situation regarding the Covid Pandemic and highlights the future of managing recovery from and life beyond the COVID-19 pandemic. [Please note that guidance on Covid is changing frequently and the written paper represents a point in time, there may be additional updates presented at the meeting to reflect any subsequent changes to the guidance and regulation.]

2.0 RECOMMENDATION: Health and Wellbeing Board are asked to note the content of the report and generate discussion regarding potential scenarios identified in the paper.

3.0 SUPPORTING INFORMATION

3.1 What does "Living with COVID" mean?

Sars-CoV-2 causes COVID-19. As with all new and emerging infections, the virus will not simply go away but will evolve to eventually become part of the range of pathogens that we are challenged with in everyday life.

Pandemic ⟹ Epidemic ⟹ Endemic

COVID-19 will become an epidemic; we will continue to see rises in cases and outbreaks at specific times and then ultimately become endemic. Endemic does not mean mild, endemic illness can still be exceptionally severe. It will be present in our populations but more likely to be relatively predictable.

COVID-19 has had impacts on physical, mental and social health and wellbeing, as well as much wider than just health. As set out by the ADPH (Association of Directors of Public Health)

"…Living safely with COVID-19 is an economic good, not just a health good, and that a thriving, sustainable economy is a health good, not just an economic good. Good health and economic success are mutually dependent"

Countries that have been pursuing 'zero COVID' policies are likely to find the transition to endemic more difficult than the countries within the UK where a

delay and contain approach has been used. The need to have a healthy economically active workforce after two years of constrained work and lockdowns affecting all sectors is now a driving imperative.

3.2 Path to endemic Covid

The World Health Organisation is clear, that at this present time, the pandemic is not over worldwide though different countries are at different stages along the pathway to endemic.

COVID-19 Response: Living with COVID-19 was published on February 21st 2022. It sets out the government's plan for removing the remaining legal restrictions related to the national COVID-19 response, it is also said to protect people most vulnerable to COVID-19 and maintain resilience.

3.3 Current control measures

COVID-19 remains a very infectious disease, the omicron variant is highly contagious and BA.2 a sub-lineage of Omicron is even more contagious though the evidence does not suggest any worsening of disease impact or vaccine 'escape'. SAGE estimates that a combination of behavioural change such as increased home working, mask wearing, testing, self-isolation have reduced transmission by 20- 40%. Transmission can be expected to increase if behaviours revert rapidly to pre-pandemic norms now that policy has changed. The faster growth of BA.2 may also increase this risk. Variants of more severity are still possible.

Vaccines are very effective at preventing serious illness and mortality but are only partially effective at blocking transmission and are time-limited. Vaccination programmes do not achieve 100% effectiveness but it remains one of the few tools available to support the reduction in hospitalisations and deaths. Clear pervasive communication to the public on factors that will protect them- with an emphasis on behaviours is required. Emerging research shows that vaccination can provide protection from Long Covid.

The Halton Outbreak Support Team (HOST) has supported about 60 people a month, since August 2021. The team have also made referrals to the VCA for food collection, welfare support and have also made two safeguarding referrals. The team has been supporting workplaces, schools and other settings. The response to COVID-19 remains a dominant work stream for the public health team in partnership with other departments and partners.

3.4 Recent and future developments

There have been very significant and rapid variation in guidance related to the management of COVID-19.

The government's plan for Living with Covid 19 identifies that from 24 February, the Government has:

- Removed the legal requirement to self-isolate following a positive test. Adults and children who test positive will continue to be advised to stay at home and avoid contact with other people.
- No longer asking fully vaccinated close contacts and those under the age of 18 to test daily for 7 days, and remove the legal requirement for close contacts who are not fully vaccinated to self-isolate.
- Ended self-isolation support payments and national funding for practical support.
- Revoked: The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations. Local authorities will continue to manage local outbreaks of COVID-19 in high risk settings as they do with other infectious diseases.

From 24 March, the COVID-19 provisions within Statutory Sick Pay and Employment and Support Allowance regulations will end. People with COVID-19 may still be eligible, subject to the normal conditions of entitlement.

From 1 April, the Government will update guidance setting out the ongoing steps that people with COVID-19 should take to minimise contact with other people. This will align with the changes to testing set out later in this chapter.

The Public Health (Control of Disease) Act 1984, is used for preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination. COVID-19 will ultimately become a routine infection for which existing powers to control spread will be utilised as necessary. Enactment of the Public health Act is rarely used as alternative mechanisms are sought to protect populations prior to the need for legal routes. Senior members of the public health directorate are appointed Proper Officers to undertake key function of the Public Health Act.

3.5 Local response to change in policy

As a local authority, we have a continued duty to protect the health of our communities. The public health team will continue to protect the public using a variety of tools including, expert help and advice, outbreak management, commissioning of appropriate services, provision of Infection, Prevention and Control services and providing community outreach and support at a variety of levels.

3.6 Actions to protect Halton population from COVID-19

As already alluded to, basic health protection principles will still need to be applied.

The following will remain available to us, albeit there will need to be a shift to be responsive to any changes

3.6.1 Local Surveillance and data intelligence

The Public Health Evidence and Intelligence team will continue to monitor and collect a range of data from local, regional and national sites in order to identify the likely change in the pattern of COVID-19 infections. The team will work with partner organisations and networks to understand and interpret changes in data.

3.6.2 Targeted testing

While the requirement to test regularly, including with symptoms is being removed as a legal requirement, testing will remain an important part of infection control in a number of settings and workplaces. Care homes, some education and NHS settings will continue routine testing. LFT and symptomatic testing will continue to be free until March 31st after which time LFD tests will be available to purchase for those who choose, and are able, to purchase these. Details are yet to be confirmed

Care homes, Health and Care staff

Staff in the NHS and social care are still required to test and access tests through their usual routes. Reporting test results remains a requirement.

Schools

Staff and children in the majority of schools no longer need to test regularly. However, SEND schools, mainstream schools and colleges with a SEND facility will continue to be required to undertake regular testing for staff and pupils with the result reported online.

Very high risk individuals

Testing for high risk individuals – identified through their GPs will remain a priority. This will enable direct and rapid access to out of hospital antiviral and antibody therapies to prevent worsening of conditions and treatment out of hospital.

Outbreaks

Local Public health Teams will be given access to test kits to support outbreaks and to provide the best advice to bring localised outbreaks amongst populations, or in settings to a rapid end.

3.6.3 Vaccination

Vaccination remains a high priority and is an NHS commissioned and delivered service.

The following vaccination priorities have already been confirmed as part of the NHS vaccination plan: “evergreen” offer – continuation of the offer to any eligible individual of any 1st, 2nd, 3rd or booster dose; Vaccination of 12-15 year

olds- in school and out of school offer; and 4th/5th Booster for people over 75years / or significantly immunocompromised and 1st dose 5-11 years old, both from April

Significant pockets of vaccine hesitancy exist within our community. The vaccination uptake amongst the most at risk and clinically vulnerable groups has been very high but there remain pockets of individuals who are most at risk, and people who will become more at risk over time that we must ensure continue to come forward for vaccination.

The NHS planning guidance requires the vaccination programme to enable surge and increased capacity within 2 weeks, as required in response to new variants, changing epidemiology etc.

3.6.4 Advice, guidance interpretation and support

The Public Health Team will likely receive calls for advice and support at higher volumes as the transition occurs. The team will maintain up to date knowledge of existing guidance as well as support settings and individuals who experience challenge as a result of these changes. The most vulnerable will continue to be supported by the HOST team by signposting and other support. Infection control team's advice and support will also remain a service option.

3.6.5 Supporting NHS partners

The Public Health team will continue to work with primary care, the PCNs and NHS commissioners to support vaccination and to support the development of pathways to enable rapid access to antivirals and other home based treatments for COVID-19. Advice, support and advocacy on reducing health inequalities through delivery will continue.

3.6.6 Flexible, responsive approach

The public health team will maintain a flexible response that is able to meet the needs of an increase in demand such as is likely to occur in relation to predictable increases- autumn/ winter/ vaccination- as well as the emergence of new variants of concern.

3.6.7 Communication

Communication to the public remains an important tool to encourage the desired behaviours that will prevent spreader events, lowering the risk to our most vulnerable residents who are not in settings identified for additional measure. We will continue to work across partner agencies to ensure we send consistent messages across all channels.

3.7 Considerations for the future

There are a number of considerations to make for the future and discussions that need to take place in order to ensure that we can continue to adapt as a council to best protect our populations. These considerations could include:

- Potential for difference in terms of a local approaches to protecting local populations and the national policy approach.
- Move from specific Covid regulations to general health and safety legislation places emphasis on settings to identify controls via a risk assessment. These should cover the risk from all other infectious diseases as well as COVID-19.
- There will continue to be members of the community who are considerably more vulnerable to COVID-19 and the impacts of Covid who may need additional and targeted approaches to ensure their safety.
- Unequal vaccine uptake may result in disproportionate long-term impact in some communities
- Long-term disease burden of COVID-19 is unknown.
- Better design of indoor spaces to enhance infection control

There will need to be a greater emphasis on planning and preparedness for future pandemic or large scale epidemic events as part of the design of public and private space and delivery of services.

4.0 POLICY IMPLICATIONS

4.1 National guidance and policy direction will impact upon application and development of local policy.

5.0 FINANCIAL IMPLICATIONS

5.1 The COVID-19 pandemic has resulted in significant financial impact, in terms of additional demands on existing services, reduced income and most significantly, the cost of responding to, and mitigating against, the impacts of the pandemic. Whilst there has been additional government support to enable the upscaling of responses this will not continue and any additional costs associated with continuing to maintain appropriate levels of preparedness, to respond to the unknown requirements of the epidemic and endemic responses must be considered.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The impacts on children's development and education caused by the pandemic cannot be underestimated. Responding to these needs and preventing any additional impact must be taking in to account to protect our children and future generations.

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

Disruption of education and skills may take some time to recover and the impact that continued disruption from ongoing outbreaks must be considered and mitigated.

6.3 **A Healthy Halton**

Prevention of infection is a key and basic health protection requirement. Ensuring that we have appropriate mechanisms in place to support our communities to prevent ongoing risk and mitigate against these risk is vital. Inequalities within our population mean that not every member of the Halton community will be equally able to protect themselves and their families against ongoing risks caused by COVID-19.

6.4 **A Safer Halton**

Keeping the population safe against infection is a key and basic health protection requirement. Ensuring that we have appropriate mechanisms in place to support our communities to prevent ongoing risk and mitigate against these risk is vital.

6.5 **Halton's Urban Renewal**

The impact of Covid has been strongly felt in terms of the local economy. Protecting our populations to ensure that local communities and businesses a can thrive and maintain economic activities is vital to ensuring ongoing prosperity and growth.

9.0 RISK ANALYSIS

9.1 Additional risk analysis will be required once expected ongoing guidance is available.

10.0 QUALITY AND DIVERSITY ISSUES

10.1 COVID-19 has been shown to have the greatest impact on the most vulnerable members of our communities. Vulnerability to COVID-19 results from many factors including, but not solely as a result of specific protected characteristics. Full assessment of equity and diversity needs to be reflected in all approaches to living with and beyond the COVID-19 pandemic.

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

11.1 None under the meaning of the Act.

REPORT TO:	Health and Wellbeing Board
DATE:	23 March 2022
REPORTING OFFICERS:	One Halton Senior Programme Manager
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Update on One Halton Place Based Partnership & feedback on Local Government Association work with the Health and Wellbeing Board with forward recommendations
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

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

1.2 To provide an update and set of recommendations to the Health and Wellbeing Board following the recent work with the Local Government Association.

2.0 RECOMMENDED: That

1. **the update information be noted; and**

2. **the recommendations on the future arrangements for the Health and Wellbeing Board are discussed to agree a forward plan.**

3.0 SUPPORTING INFORMATION

3.1 The Health and Wellbeing Board received a thorough report on the Integrated Care System (ICS) arrangements in January 2022.

3.2 The target implementation date for the Integrated Care System remains the 1st July 2022. The Health & Care Bill is in the Report Stage before a Third Reading at the House of Lords. The final steps are Consideration of Amendments and Royal Assent. There has been some speculation if there will be a further delay however, the current thinking is the implementation is likely to be achieved.

3.3 The governance structure and local arrangements have previously been presented to Health and Wellbeing Board however, appended to the report is a structure chart demonstrating local arrangements and

the interaction with the Integrated Care Board of the ICS (appendix one).

3.4 The recruitment process for Cheshire & Merseyside ICB to appoint Place Directors across the nine areas has concluded in early March and Anthony Leo has been appointed to the Halton role. The post officially commences 1st July 2022 however, Anthony will begin to connect in, in Halton before then.

3.5 The next steps in the One Halton place based partnership assurance is a meeting between Cheshire & Merseyside ICS and Halton's Senior Accountable Officers on 16th March 2022. Cheshire & Merseyside wish to understand:-

1) Ambitions for Place Based Working – what is Halton aiming to achieve? How will the impact be measured and what outcomes are expected over time (yr 1, yr 2 etc). Providing specific examples to illustrate the positive impact Halton expects from place-based partnership working.

2) Outline the scope of place based governance and joint working. What do you expect to be included in remit of place based partnership and governance.

3) Risks at this time.

A set of slides will be presented to the Chief Executive Designate Graham Urwin & Interim Chair David Florry from the C&M ICB describing the progress and risks.

3.6 One Halton Programme Management Officer has continued to be established with Ian Baddiley joining the team at the end of January 2022. The team is supporting the Board, Executive Leadership Team, Sub-Committees and wider work streams. We continue with the recruitment of two new posts to support the operational functionality of the PMO and to support the strategy and operational delivery of the One Halton programme of work.

3.7 As detailed in the previous report, One Halton has embraced external support to aid the development of governance and strategy. Public Health is working with Advancing Quality Alliance (Aqua) to deliver workshops in March 2022 on Start, Live and Age Well to support the co-production of a Place Based Partnership Strategy for Halton. . The strategy will provide the framework for delivery and metrics for articulating impacts which will inform the programme across the One Halton structure. Board Members may be involved in the workshops and strategy development; a draft will be presented to the Board for input, it's imperative there is shared ownership for the

strategy; the priorities and metrics will be fundamental to informing future business actions of the Board.

3.8 **Local Government Association (LGA)** – the January report provided details on the LGA approach to support the Health and Wellbeing Board reflecting on the partnership and exploring clarity in roles with the place based partnership (One Halton) as it becomes a statutory body.

It is worth reflecting on the policy context and role for Health and Wellbeing Boards. They were introduced in the Health & Social Care Act 2012 and became operational in 2013 to act as a forum in which key partners could work together to improve the outcomes of local populations. It is a formal committee with a statutory duty to produce a Joint Strategic Needs Analysis (JSNA) and Health and Wellbeing Strategy for the local population. It is a constituted partnership rather than an executive decision making body. It is a body that brings together clinical, professional and community to address the health and care needs of Halton's population. It ensures robust population health data and intelligence that translates into priorities and a Health and Wellbeing Strategy that reflects local needs.

The LGA representatives circulated a short questionnaire and offered interviews with all Health and Wellbeing Board members ahead of a board session on 16th February 2022. The session consisted of scene setting with a presentation from Leigh Thompson, Interim Place Director for One Halton summarising the role of the Health and Wellbeing Board within the place/system governance architecture, the value and importance of the place partnership and the strategic challenges faced within the borough for delivery and assurance; One Halton is the delivery arm that will be held to account by the Health and Wellbeing Board.

A number of themes emerged from Board Members which require consideration moving forward.

3.8.1 **Review Terms of Reference** (appendix 2) **including a review of the membership;** it was agreed that the H&WBB needs to ensure representation and expertise are appropriate and consider if it would be beneficial for other roles such as non-Executive Directors to input to the Board.

3.8.2 **Frequency & format of meetings;** the board currently meets quarterly and has fairly lengthy agenda's with many items being for 'noting' or 'information'. It was suggested that the board meets more frequently and comments emerged around how the board would welcome the opportunity to **influence and** gain assurance on the delivery of the strategy**.**

There was also lengthy discussion about the meetings being in 2 halves, part 1 is the statutory functions and accountabilities of the board and part 2 being **thematic;** this could be led by the **priorities** of the Health and Wellbeing Strategy and would involve partners from within the borough providing and sharing performance activities and outcomes of the chosen theme, showcasing where partners work together and provide a platform whereby the Board have the opportunity to meet and hear from providers and grass roots groups who have the lived experience and demonstrate impacts.

3.8.3 The Board Members would benefit from an **induction** process for all members when joining the Health and Wellbeing Board and the partnership officer and One halton PMO could support this offer. It was also suggested that members of the board need an understanding of their role and how to hold fellow Board Members and the Partnership Board members to account.

3.8.4 There was also a suggestion of periodic **Borough tours or visits** to ensure the Board is familiar with the locality and have the opportunity to see in practice the lived experience of Halton's community and the assets that serve the residents. These visits could be scheduled outside of the meeting timetable and Board Members should be encouraged to engage with and develop relationships outside of the meetings and developing relationships with fellow Board Members.

3.8.5 There was some challenge around how the community is engaged, this led to broader discussion about the Board. There needs to be an **action plan** to provide **clarity** on the **forward arrangements** that should consider:-

- Capacity of the board, Membership & Representation
- Agenda planning for thematic meetings
- Ensuring the business is strategic and considers
  - Delivery against priorities
  - Benchmarking
  - What we do well
  - Gaps
  - Community feedback

3.8.6 The Health and Wellbeing Board **would benefit from** HBC **Partnership Officer support to facilitate and co-ordinate the re-focussing of an agreed action plan and to provide continuous co-rdination support**.

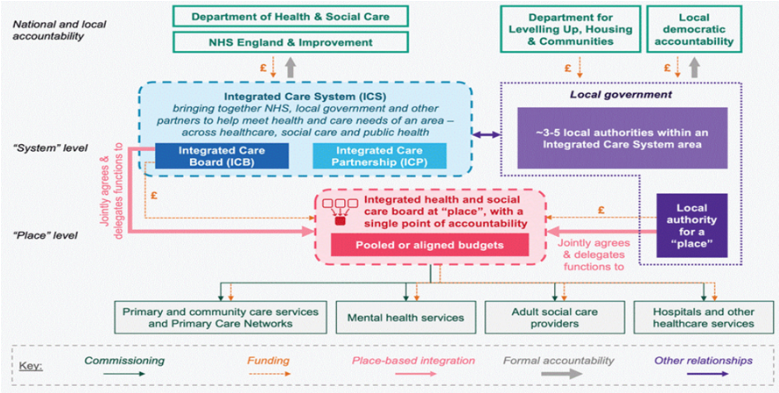
3.9 **Joining Up Care for People, Places & Communities**
A White Paper published on 9th February 2022;
https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations

The paper builds on the integrated approaches set out in integrated care systems and place based partnerships. The proposals build on what is set out in the Health and Care Bill, the key areas in the paper which intend to bolster the integrated journey of reform are:-

1 **Shared outcomes** and governance at place level – this is driven by the aim of person centred care, improving population health and reducing health disparities. The expectation is to have place level governance structure in place by April 2023.

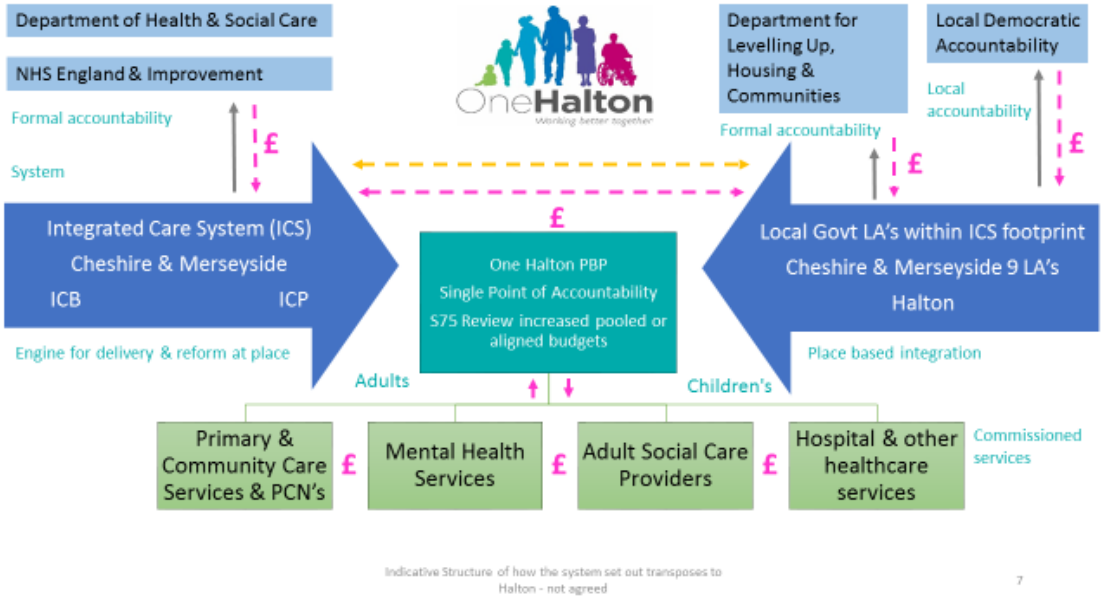
2 **Shared accountability** the government's proposals set out a requirement for a single person to be accountable or place the delivery of place level shared outcomes. This will need to be agreed by the Local Authority and Integrated Care Board.

3 **Place level governance model** how the delivery of shared outcomes will be tracked and local leadership held to account. Although places will be able to decide which governance model they adopt, the government has suggested the 'place board' model as one option.



Under this model, a 'place board' brings together partner organisations to pool resources, make decisions and plan jointly, with a single person accountable for the delivery of shared outcomes and plans. The local authority/authorities and the ICB would delegate their functions and budgets to the 'place board'. Integration of decision-making would be achieved through formal governance arrangements underpinning this. The expectation is that by spring 2023, all places within an ICS will have adopted either this suggested governance model or an equivalent model which achieves the same aims. The model set out in the paper is

complex, this is transcribed into an indicative Halton model:-



More Pooled budgets the White Paper sets out going 'further and faster' in terms of the NHS and local authorities pooling and aligning funding to enable delivery at place level. Whilst there are no plans to mandate how this is achieved, the government says it expects the overall level of pooling of resources to increase in the years ahead. Acknowledging current barriers to achieving this, the government says it will be reviewing Section 75 funding arrangements to simplify and update the regulations, and will publish revised guidance on the scope of pooled budgets.

The paper also sets out the ambition for seamless data flow encouraging **digital transformation** is embraced. It details each ICS should achieve a shared care and health record which all professionals across health and care a resident interacts with can access. This should be in place by 2024.

The paper also highlights **workforce** and urges leaders across the integrated system to consider the workforce; involving them in the shaping of integrated approaches for example through multi-disciplinary teams, co-location of staff and using a nominated key workers model.

Robust regulatory mechanisms will be developed to assess outcomes at place level, the detailed methodology for inspections will be subject to future consultation.

The indicative timelines are:-

2023 - Shared outcomes implementation by April. Place level governance models adopted by spring. Front runner areas appointed to trial reforms also by spring

2024 – Single health and care record

There is currently a period of consultation with the opportunity to contribute responses until mid-April 2022. The questions are at the end of the document, pages 66. 67. 68 One Halton will be co-ordinating a response if any member wish to contribute their views please forward to Nicola Goodwin. Following this there will be further guidance and development of the proposals.

4.0 POLICY IMPLICATIONS

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

4.2 The White Paper, Joining up Care for People, Places and Communities detailed in 3.10 further builds on the integrated approach for Health and Care. As this progresses through consultations and the Parliamentary process further briefings will be provided to understand the local requirements, approaches and impacts.

5.0 FINANCIAL IMPLICATIONS

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

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

6.1 Children and Young People in Halton

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

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

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

6.3 **A Healthy Halton**

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

6.4 **A Safer Halton**

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

6.5 **Halton's Urban Renewal**

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

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

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

7.0 **RISK ANALYSIS**

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

8.0 **EQUALITY AND DIVERSITY ISSUES**

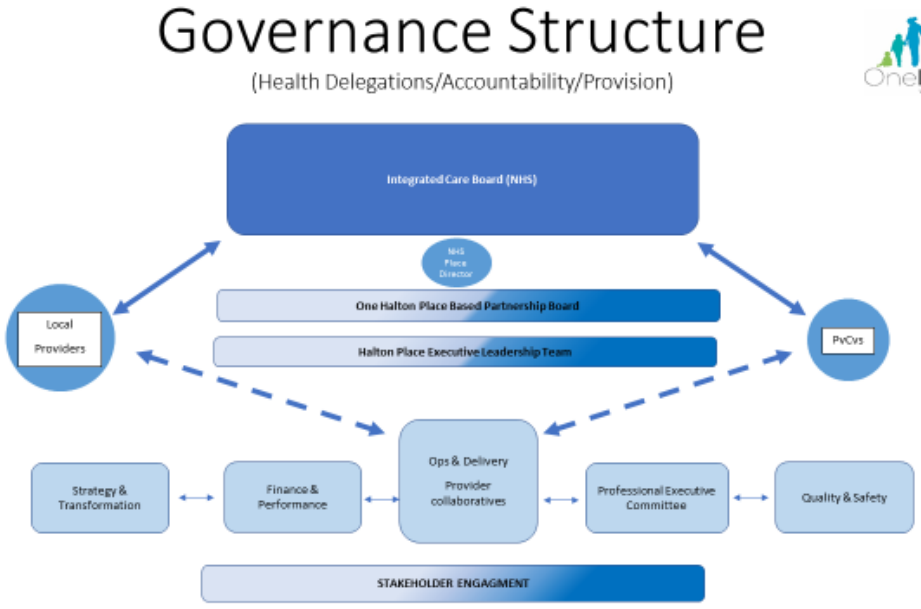
8.1 In developing One Halton, all services will continue to require equality impact assessments for any fundamental changes to service delivery to ensure equality and access to services is considered.

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

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

None under the meaning of the Act.

Appendix One – One Halton Governance Structure



Appendix Two – Health and Wellbeing Board Terms of Reference

TERMS OF REFERENCE FOR HALTON'S HEALTH AND WELL-BEING BOARD

Aims of the Health and Well-Being Board

1. Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.
   Principally this includes:

   - guiding and overseeing the Joint Strategic Needs Assessment;
   - overseeing the implementation and monitoring of the Joint Health and Well-being strategy based upon the findings of the JSNA
   - promoting joint commissioning and integrated provision between health, public health and social care.

2. The Health and Wellbeing Board will provide a key forum for public accountability of the NHS, Adult Social Care, Children's Services, Public Health and other commissioned services relating to the wider determinants of health in Halton.

Suggested Terms of Reference based on the above:

Principle Responsibilities:

- To be responsible for guiding and overseeing the implementation of the ambitions outlined in the health white papers, health strategies for England and local health strategies

- To promote sound joint commissioning, partnership arrangements and integrated provision between health, public health, social care, the voluntary and third sector.

- To assess the needs of the local population and support the statutory Joint Strategic Needs Assessment.

- To identify and monitor the reduction of health inequalities

- To develop and monitor relevant activity and performance

- To ensure effective relationships between the HWBB and other strategic boards operating in Halton.

- Halton Health and Wellbeing Board will have oversight of local safeguarding boards.

- To contribute to the developments of Health and Well-being Services in Halton which may arise as a result of changes in Government Policy and relevant legislation.

Membership

- Elected Member (Chair)
- Executive Board Portfolio Holder for Health & Wellbeing
- Executive Board Portfolio Holder for Children and Young Peoples Services (Chair of Children's Trust)
- Other Local Portfolio holders for other strategic priorities that sit under Halton's HWBB
- Chief Executive, Halton Borough Council
- VCA Representative
- Health Watch Representative
- Director of Adult Social Care
- Operational Director Children's Services
- Director of Public Health
- Chair of Safeguarding Children's Board
- Chair, NHS Halton Clinical Commissioning Group
- Chief Officer, NHS Halton Clinical Commissioning Group
- GP representatives (GP Federations)
- Chief Executive or representative from NHS England
- Operational Director, Integrated Commissioning, NHS Halton Clinical Commissioning Group
- North West Boroughs Partnership NHS Foundation Trust
- Bridgewater Community Healthcare NHS Trust
- Warrington & Halton Hospitals NHS Foundation Trust

- St Helens and Knowsley Hospitals NHS Trust
- Registered Social Landlords
- Chair(s) of the Safer Halton Partnership Board
- Chair of the Children's Special Strategic Partnership Sub Group (Children's Trust)
- Cheshire Constabulary
- Cheshire Fire and Rescue Service
- North West Ambulance Service
- Pharmacy Representative

In the event of a representative not being able to attend the Board, a substitute of that organisation should be made available.

Conflict Resolution

- To build consensus, members need to be aware of, and understand, the different values, outlook, skills and experience that each member brings to meetings.
- Given the range of people involved in the Board, differences of opinion will unfortunately be inevitable and this diversity is welcomed as it leads to reasoned and challenged debate within the Partnership which helps in achieving its goals. The aim must be for differences of opinion to be dealt with in a positive and constructive manner and to avoid situations where decisions escalate into formal confrontations and breakdown of trust and conflict, as ultimately this will discredit the Board.
- The operating principles and policies of The Board, aim to show how to build consensus and deal with conflict in a positive way by stressing the key principles of diplomacy, negotiation, mediation and arbitration that all members must adopt in Board meetings
- In situations where differences of opinion are seriously escalating at Board meetings and jeopardising the work of the board, the members concerned need, with the assistance of an impartial third party, to go to mediation. Mediation should be jointly called by both parties concerned, or may be requested by other members of the meeting where conflict arose.
- Nothing in this document should be interpreted as changing the statutory or other responsibilities of partners, or their own accountabilities. It does not prevent them pursuing their own individual action if they so wish.

Meetings

Meetings of the Health and Well-being Board will take place quarterly. The chair may call an extraordinary meeting at any time. The agenda and associated papers will be sent out a minimum of one week (five clear working days) in advance of the meeting. Minutes of the board will be formally minuted.

Chair

The Chair will be an Elected Member of Halton Borough Council.

Quorum

The meeting will be quorate provided that at least fifty per cent of all members are present. This should include the Chair or Vice Chair and at least one officer of the CCG and one officer of the Local Authority. Where a Board is not quorate, business may proceed but decisions will need to be ratified.

Decisions

Where a decision is required, that decision will be made by agreement among a majority of members present. Where a decision needs to be ratified by one of the statutory agencies, the ratification process will be in accordance with the agreed process within that particular agency.

Minutes

Minutes of the proceedings of each meeting of the Board will be drawn up, circulated and agreed as a correct record at the subsequent meeting, once any required amendments have been incorporated.

Review

The membership and terms of reference of this partnership will be reviewed regularly (normally annually) to ensure that they remain relevant and up-to-date.

Appendix Three – Health and Wellbeing Board Members Roles and Responsibilities

1. The quality and commitment of members is crucial to the success of the Health and Wellbeing Board (HWBB). Members need to have vision, skills, experience and influence to make things happen within their organisation and/or sector. All members of Halton's Health and Wellbeing Board when attending meetings, or working on behalf of the Board, will share a number of common rights and responsibilities:-

- All members are treated as equal and their contributions are respected and valued at meetings.
- All members are able to voice the views and opinions of the organisation and/or sector they represent at meetings.
- Information, reports and agendas for meetings will be circulated and shared amongst members.
- All members are able to provide items or suggest issues for discussion at meetings.
- All members are able to contribute to the formal decisions and recommendations of the Board.
- Members will take responsibility for working with partners to ensure priorities and key actions are met.
- Members will contribute positively at meetings and work with other members to take strategic decisions and reach consensus regarding the strategic development of issues across Halton.
- Members will consult and obtain the views of the organisations and sectors which they represent and reflect or communicate at these meetings.
- Members will consider what is in the best interests of Halton as defined in the One Halton Health and Wellbeing Strategy (2017-2022) and to weigh this alongside the interests of their parent organisation or sector.
- Members will ensure they are fully briefed and informed and are able to share information from their parent organisation or sector, whilst also reflecting confidentiality and data protection issues.
- Members will bring forward agenda items or information in areas where they can provide particular expertise or have an interest, and will share the information in an accessible format and by agreed deadlines.
- Members are prepared to regularly attend all Board meetings of which they are a Member, or send an agreed substitute in exceptional circumstances.
- Members will seek to support the needs and add value to the resources and activity of other members wherever possible.
- Members are encouraged to challenge the opinions and actions of other members where this will lead to an improvement in outcomes for Halton.
- Members are expected to display consistency and honesty to achieve consensus through debate.
- Members will ensure that decisions are based on direct evidence and/or experience.
- Members will as ambassadors for the HWBB and take responsibility for

communicating messages across their own organisations and sector contacts, other partnerships and the public.

REPORT TO: Health and Wellbeing Board

DATE: 23 March 2022

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Joint Strategic Needs Assessment

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To determine the approach to Joint Strategic Needs Assessment (JSNA) required by the board and priority areas for 2022/23

2.0 RECOMMENDATION: That the Health & Wellbeing Board:

I. **Provide oversight for the annual Joint Strategic Needs Assessment workplan and support the development of a workplan for 2022/23;**
II. **Contribute to the production of the Joint Strategic Needs Assessment to ensure all partners are working collectively in Halton using the same intelligence to support joint decision making; and**
III. **Outline if they have a preferred approach to the development of the JSNA and governance arrangements for its delivery**

3.0 SUPPORTING INFORMATION

3.1 The JSNA is a statutory responsibility of the Health & Wellbeing Board (HWB). Its aim is to 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 will underpin 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.

The re-direction of analytical resources during the COVID-19 pandemic impacted on the production of Halton's JSNA. The purpose of this paper is to revisit how historically Halton's JSNA has been produced, and to explore the way forward, including utilising new technology for producing and updating the JSNA.

3.2 **Background to the JSNA**

Under the Health and Social Care Act 2012 local Health and Wellbeing Boards are responsible for producing the JSNA. They have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

The main purpose of JSNAs is to support local efforts to improve the health and wellbeing of the local population and reduce inequalities for all ages. The core aim is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities are used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.

It is apparent that the COVID-19 pandemic has worsened pre-existing inequalities, many of which have influenced the unequal impacts of COVID-19 in the first place[1].

3.3 **Local approaches to developing the JSNA**

2007: Halton's first JSNA was a single data heavy document in line with Department of Health guidelines on the minimum dataset for JSNAs

2009: an external evaluation of the 'single report' style JSNA revealed it be a useful reference tool. However, whilst it was data rich, it lacked the ability to fully support commissioning decisions as no issue was examined in sufficient depth. It also lack the policy context and evidence that supports local action.

2009-10: Introduction of NHS World Class Commissioning assessments included intelligence. Several areas were assessed as having particularly good approaches to JSNA and Halton took the opportunity to learn from these for its next full version.

2010-11: the next full refresh introduced a template and a series of discrete reports covering a wide range of child health, long-term conditions, ageing and wider determinants

2012-2013: A JSNA and Health & Wellbeing Strategy steering group was established to oversee production of both, setting the workplan for the JSNA.

2013/14: Children's JSNA produced in collaboration with Halton's Children's Trust. This was the introduction of deeper dive JSNA chapters to cover a population group.

[1] https://www.local.gov.uk/perfect-storm-health-inequalities-and-impact-covid-19

2014/15: The first Pharmaceutical Needs Assessment was produced. These are legally required and must follow a set of national regulations for development and content. They must be produced every 3-years.
2014-2019: The JSNA has had an annual workplan, developed either through a local steering group or via annual and in-year meetings with commissioners and policy leads
2020-21: much of the JSNA work was paused as teams were redeployed. The Public health team focussed on Covid surveillance and response.

3.4 **Who is responsible for developing and maintaining the JSNA?**
The JSNA is a joint responsibility, of the HWB, primarily endeavour between the local authority and CCG. Historically Halton's JSNA has been led by Public Health with Public Health analysts collating much of the data for both detailed health needs assessments that usually take in excess of 12 months to complete and shorter reports. Although needs assessments can have a lengthy life-cycle, the main issue with this approach is that the data and information can be quickly out-of-date. Shorter reports can be used to either update detailed HNAs or where a more focussed piece of analysis meets need.

3.5 **Impacts of the Covid-19 Pandemic on the JSNA**
When the Covid-19 pandemic began, the public health analytical resources were redeployed to support the regional and local response.

As such all the planned 2020 and 2021 topic reports were suspended, with the exception of:

- The completion of Learning Disability profiles (for Halton and across Cheshire & Merseyside) that the team were already working on and were delivered May 2020
- A SEND profile to support OFSTED inspection, delivered October 2020
- Inequalities in life expectancy data analysis report finalised August 2021
- A JSNA summary report 2021, produced September 2021 and tabled at the October 2021 HWB meeting
- From November 2021 to February 2022, at the request of the Interim DPH, the public health intelligence team also produced three data reports to support the workshops for the new Health & Wellbeing Strategy. The core themes of Starting Well, Living Well, Ageing Well and Wider Determinants could be used to shape the JSNA priorities
- In July 2021 work began on the new statutory Pharmaceutical Needs Assessment (PNA) for 2022-2025. Work continues on this with an aim to present the final report to the HWB in July to meet the legal requirement to publish on 1 October 2022.

It remains uncertain the extent of Covid-19 surveillance and frequency of reporting on Covid-19. Any step down of reporting may have to be

stepped back up if needed and this would likely impact on any agreed deadlines and scale of analytics needed for the JSNA work during 2022/23

3.6 **Potential approaches**

There is no 'one size fits all' approach to JSNA development or content. This is reflected in national guidance and 'best practice' tools. The approach needs to be designed to be flexible enough to fit with and assist local processes, capacity, and resources. Work for the JSNA should have an agreed scope, timescales to align with key decision-making dates, defined resources, and governance to ensure the work is signed off and utilised.

Over the lifetime of the Halton JSNA several approaches to agreeing the annual work plan and delivering the JSNA have been used. Each have merits and disadvantages. They are not mutually exclusive.

A single annual document

Advantages:

- The report could be updated annually
- A wide range of issues is covered each year
- A wide range of partners can contribute
- It is easy to see when the JSNA 'has been done'

Disadvantages:

- To cover the wide range of topics and populations groups needed to assess health and wellbeing the document was very long
- The document was data dense but intelligence light. The report had lots of data items but lacked the ability to understand the inter-relationships and complexity of the topics
- Each topic was 'skimmed over' rather than having a deep and rich understanding of what was driving headline outcome measures
- Feedback suggested that whilst it was a useful reference document, it did not help commissioners make decisions. This related to be above points
- It was seen as something public health produced in isolation
- There was limited ability to discuss and include emerging issues

A steering group

Advantages:

- Mandated by the HWB to oversee the annual workplan and monitor delivery. This includes discussing any blocks to delivery and solutions
- Includes a wide range of partners who each bring their own perspective, knowledge and skills
- Via the above ensures wide engagement with the JSNA at

senior level across organisations

Disadvantages:

- Can be officer time heavy for both group members to attend and to administer
- Workplan may not fit with the commissioning cycle

An annual commissioner and policy meeting

Advantages:

- Ensures the forthcoming years workplan fits with the commissioning priorities across the NHS and local authority
- Can cross-pollenate ideas at officer level to feed in to commissioning intentions and strategy development
- Is time-light to organise and administer

Disadvantages:

- Can lead to issues that don't sit easily with commissioning arrangement to be left out. This would include many of the wider determinants of health. Need to ensure as wide a range of partners as possible are included, not just those with commissioning responsibilities
- In-year priorities need to be negotiated so requires flexibility

Whichever approach, or combination of approaches, a draft annual summary report and proposed workplan should be presented to the HWB for their approval.

3.7 **Potential Next steps**

I. The Public Health team have the experience and skills to obtain, analyse and interpret a wide range of health and care data needed for the JSNA. It is not therefore proposed to change this arrangement.

II. Production of a Joint Strategic Needs Assessment that is up to date and relevant remains an iterative and continuous process.

III. As we enter the new financial year and with the scaling back of the Covid-19 response and surveillance, now is an excellent opportunity to reflect of what Halton needs from its JSNA. It is important that the JSNA can be used to underpin the work of the Health and Wellbeing Board and shape the development of the Health and Wellbeing Strategy.

IV. We also need to consider the changing NHS commissioning landscape and One Halton place-based integration. In July 2022 NHS Halton CCG will cease to exist, to be replaced by a placed-based organisation within the Cheshire & Merseyside Integrated Care System (ICS). The governance, structures and responsibilities of One Halton are currently being worked on.

V. The development of the CIPHA data platform for population health (as well as Covid-19 reporting and service recovery) offers new opportunities. These include:

- Collaborative data/intelligence projects across Cheshire & Merseyside on shared priorities. A 'do it once, avoid duplication' approach. This work has already begun, some of which is lead by Halton Public Health.
- Potential to develop a localised version of CIPHA to deliver interactive data reports on local priorities

VI. The Board is asked to consider:

- if it has a preferred approach to development of the JSNA
- How it wants to engage with the JSNA including frequency of reporting on the workplan.

VII. Consider development of a prioritisation framework to agree on JSNA topics to be covered in the workplan

3.8 Potential topics

New One Halton: Health & Wellbeing Strategy priorities: The Public Health team have already provided 3 data reports and the Marmot team at the Institute of Health Equity a further data report to support the One Halton Health & Wellbeing Strategy development workshops. As priorities are firmed up, further, more focussed work may be required. A performance framework will need to be established as well.

There were a number of reports, due to be examined in 2020 that were paused. We need to consider if these are still priorities for the 2022/23 JSNA

- CVD: This is the number one cause of death in Halton. However, a CIPHA CVD & Stroke dashboard is being developed so to undertake any analysis prior to this would lead to duplication. A Respiratory Health dashboard is also under discussion
- Older People's JSNA summary reports refresh: it has been over 5 years since Older People's JSNA. It had been proposed to refresh the infographic summary documents. An Ageing Well data report was produced for the One Halton Health & Wellbeing Strategy so a separate update may no longer be needed (excepting any additional analysis required for One Halton: Health & Wellbeing Strategy)
- Drugs JSNA refresh: additional funding for drug & alcohol services comes with it the requirement to produce regular Drugs JSNA (been suggested annually but this is yet to be confirmed). This is being explored through CIPHA. A separate Alcohol dashboard is already in development.
- The Public Health Team would typically produce ward health &

wellbeing profiles at least bi-annually and annual GP JSNA profiles. These have been paused during the Covid-19 pandemic and it would be beneficial to refresh these.

In addition to these, mental health is an area that has been highlighted throughout the Covid-19 pandemic, a wider impact of the pandemic measures. Timely data is an issue when considering outcomes but this is an area of concern. Close working with Merseycare and through use of the CIPHA data may help to overcome timeliness of data and provide a level of analysis not been previously possible, for example, to consider inequalities in prevalence, access to/uptake of services and outcomes.

Work through the One Halton, place-based organisation to identify additional priorities

4.0 POLICY IMPLICATIONS

4.1 The health needs identified in the JSNA are used to develop the One Halton Health & Wellbeing Strategy.

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

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The volume of work usually identified that the JSNA needs to cover in any given year often requires additional analytical and commissioning/policy staffing resource to complete. It is not something the Public Health team can or should deliver in isolation.
Analytical and commissioner/policy officer input is typically agreed when scoping the particular issue under investigation. However, competing priorities can impact on this and need to be monitored.

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 has an impact on health outcomes particularly on mental health. Community Safety issues are 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. The Public health team and Planning Development team have worked together in the past and continue to do so e.g. on Health Impact Assessment as part of the Local Development Plan and Delivery & Allocations Local Plan, Healthy New Town and others.

7.0 **RISK ANALYSIS**

7.1 A JSNA that is not robust in process and analysis will not provide a solid foundation upon which to make commissioning decisions.

Analyst and commissioner/policy officer input is required. Competing priorities, with the JSNA not being seen as core business of the system as a whole, may impact on the ability to deliver specific reports to agreed deadlines.

7.2 A sound process, with support from local expertise, should be established to ensure this risk does not materialise.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Within the JSNA topic reports, the needs of and outcomes for different groups is assessed. The Halton Public Health Team has led on a number of Cheshire & Merseyside 'Protected Characteristics' profiles. Collaboration at this level has resulted on Halton being able to benefit from the same type of reports being done by other JSNA leads across the region.

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 & Wellbeing Board
DATE:	23 March 2022
REPORTING OFFICER:	Director of Adult Social Services
PORTFOLIO:	Health & Wellbeing Adult Social Care
SUBJECT:	Social Care Annual Report (Local Account) 2020-21
WARD(S):	Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 To present Health & Wellbeing Board with the Adult Social Care Annual Report (Local Account) for 2020-21.

2.0 **RECOMMENDATION : That the Board acknowledge the achievements across Adult Social Care during the height of the pandemic**.

3.0 **SUPPORTING INFORMATION**

3.1 Background

3.1.1 The Adult Social Care Annual Report is now an embedded part of the reporting cycle for Halton Borough Council. While it is not a mandatory requirement it remains supported as good practice by the Association of Directors of Adult Social Services (ADASS).

3.1.2 The 'local account', as it is known, has changed format since its inception in 2011. The format of the report for Halton was refreshed a couple of years ago in both its look and focus, making it more straightforward and therefore accessible. The report includes information on the successes and achievements across Adult Social Care, details of our progress against performance metrics, some of the challenges faced, how we're established and responded to community needs and details of future activities to be further developed.

3.1.3 The report is usually published towards the end of the financial year but reflects the full previous financial year. Reporting in this way allows us to ensure the performance data is verified and narrative encompasses consideration of all areas of services and how delivery has impacted on the community of Halton. The annual

report being presented covers the period April 2020 to March 2021.

3.2 The 2020-21 Adult Social Care Annual Report

3.2.1 The Local Account is produced through the Policy, Performance and Customer Care team. In planning towards development of content a report was brought to Adult Social Care Senior Management Team back in October and, unsurprisingly, agreement was reached to concentrate on the responses to the pandemic, in particular looking at our care homes responses.

3.2.2 The annual report is for public consumption and is published on the Council's intranet pages, as well as being shared with a range stakeholders and Elected Members. As such it is prefaced with an 'introduction' and some information about Adult Social Care. The opening section for this report discusses the overall impact of the pandemic and sets out how this report is structured slightly differently as a result.

3.2.3 The content is intended as readable by the lay person and is purposely explanatory. The report forms part of our transparency duties and support the flow of information and guidance back to members of the Halton community.

3.2.4 Articles written for the report cover the following areas:

Care Homes
- Resident wellbeing
- A day in the life – care worker
- New ways of working
- Care Home Resilience Plan
- Maintaining Service Quality

Additional funding support
- Infection control fund
- Rapid testing fund
- Workforce capacity Grant
- Covid Winter Grant Fund

Alleviating pressure on the health system
- Transitional support beds
- Domiciliary care

3.2.5 The performance data cited in the report collates some overarching figures around continuity of service delivery. The performance section usually covers Adult Social Care Outcomes Framework (ASCOF) measures but these were not mandated for the period.

3.3 A workforce to celebrate

3.3.1 Acknowledgement of the contribution of the entirety of the Council's

workforce has been reiterated throughout the pandemic, and cannot be understated.

3.3.2 This year's Annual Report has been brought to your attention to highlight the delivery outcomes across Adults Social Care during this difficult period. In particular it shows the extraordinary commitment and resilience demonstrated by our Adult Social Care workforce. Their ongoing efforts, dedication and resolve have safeguarded continuity of care for those most vulnerable in our community.

3.3.3 Alongside publication to our webpages, it is intended that this report is further taken to Executive Board, Health Policy and Performance Board and Health and Wellbeing Board.

4.0 POLICY IMPLICATIONS

4.1 The Annual Report serves as a review mechanism for Adult Social Care to consider as part of ongoing continuous service improvement measures

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The Adult Social Care Annual Report is published online incurred no print costs.

6.0 RISK ANALYSIS

6.1 None identified

7.0 EQUALITY & DIVERSITY ISSUES

7.1 An Equality Impact Assessment (EIA) is not required for this report.

HALTON BOROUGH COUNCIL

Adult Social Care Annual Report

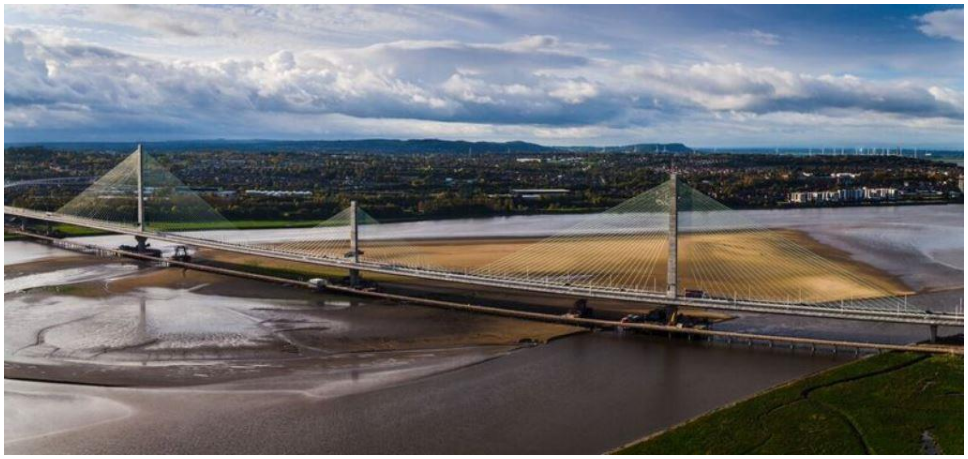
2020 / 2021

Contents

Introduction

The Adult Social Care annual report, sometimes known as the 'local account', is a valuable part of Halton Borough Council's quality improvement and planning cycle. It provides the chance to reflect on services delivered, progress made and needs met, and allows us to increase public understanding of the range and remit of provision across the borough.

The Council is duty-bound, as a Local Authority in receipt of public funds, to monitor and shape provision of Adult Social Care services to meet the care and support needs of its residents. Individual needs are determined through access and eligibility criteria which are governed under law - under the Care Act 2014, the Human Rights Act 1998, the Mental Capacity Act 2005 and the Mental Health Act 1983, the Equality Act 2010 and other relevant legislation.



What is adult social care?

Adult Social Care allows those with mental, physical and sensory conditions, disability or ill-health to be able to live life as independently as possible. It aims to give people equal to opportunities to reach your full potential and have positive life experiences - be it educationally, employment-wise, having a home and family life and pursuing activities of your choice. It is also intended to keep people safe from harm and safeguard their welfare and wellbeing.

Adult Social Care forms part of the Council's Strategic Priorities towards achieving:

A Healthy Halton: "To improve the health and wellbeing of Halton people so they live longer, healthier and happier lives."

Service are provided by in-house Council teams and commissioned from independent companies and agencies and third sector (charitable) organisations to meet the specific population needs of the borough. This is determined by strategic planning processes, continuous monitoring of the projected health and wellbeing requirements across Halton to determine demand for service and in consultation with the public in recognition of individual ambitions and aspirations.

The impact of the pandemic

This annual report covers the period April 2020 to March 2021, encompassing the emergence and response to the ongoing global pandemic.

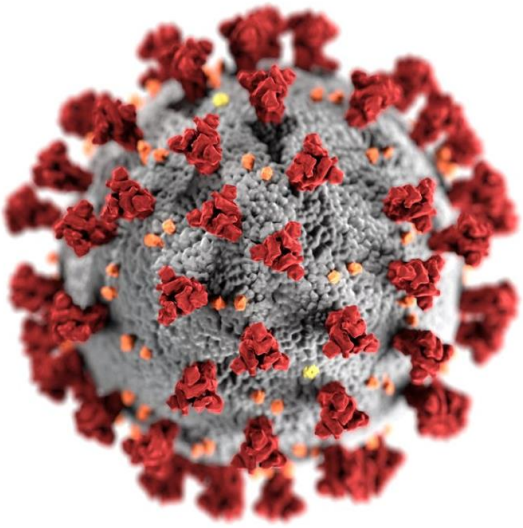
National lockdown restrictions were already in place at the start of the period being examined and Halton Borough Council took decisive, responsive and safe action in respect of its Adult Social Care provision to alleviate the impact on the most vulnerable members of the community. This involved effective risk and contingency planning and management to deploy personnel and resources to where they were needed the most.

Under the evolving government direction, services were adaptive and open to regular change. Some front-line provision, such as day services activities, were paused and new and innovative ways of working were developed.

Social work teams continued to undertake care assessments, adopting different ways of communicating with people including virtual appointments, where appropriate. It was important to us to retain face-to-face assessments for those presenting with the highest level of needs. In particular, those being assessed under the Mental Health Act needed direct contact to ensuring the right support was accessed, in a timely manner, and in-line with legislation. Infection control measures such as use of PPE and social distanced were followed.

For some this meant different sorts of social and leisure activity, for example, many of the borough's supported living settings, who were unable to undertake their normal movements across the local community, found new ways of working together to maintain social contact and pursue interests. Some held regular quizzes, parties and barbeques within their care setting and others learnt new digital skills as part of virtual contact with their families.

The picture was similar across care homes with Activity Co-ordinators taking on new skills to facilitate virtual visits and arrange enjoyable activity while maintaining social distancing and hygiene requirements.



Across Adult Social Care services front-line staff worked tirelessly, remained motivated and determined to support the individual in their care over this period. This not only kept people out of hospital but supported timely discharge where in-patient care was needed, backing our colleagues and sustaining provision across the National Health Service.

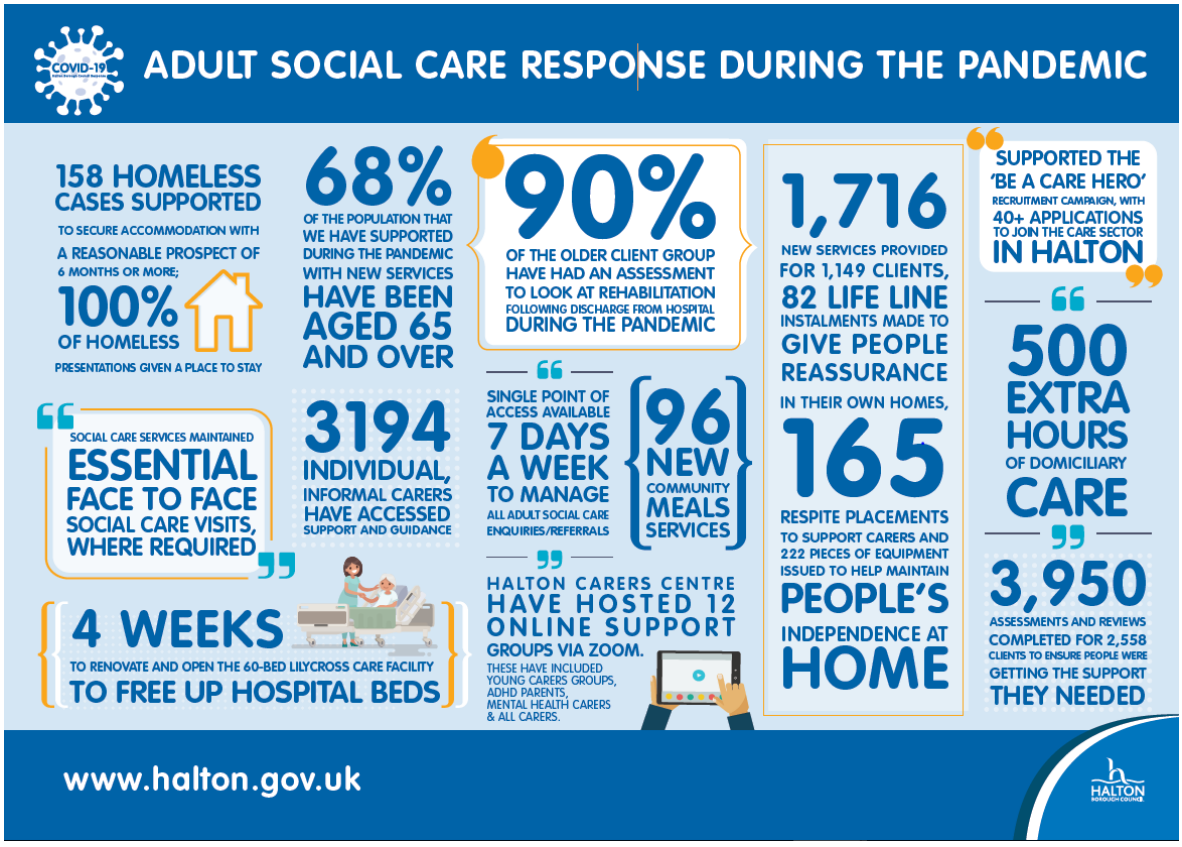
Structure of this report

The Adult Social Care annual report is usually structured around three areas of service support and delivery. This gives us the opportunity to highlight some of the key work areas which have been focussed on during the period.

This report will cover a more overarching response to the pandemic, in particular honing in how our care home provision was maintained during the period.

The Council's response to the pandemic has been co-ordinated in parallel to national measures and legislative changes, including the Care Act Easement in the Coronavirus Act 2020, which expired on 16 July 2021. The Easements allowed local authorities, if needed, to implement care and support prior to full assessment and eligibility assessment, allowing people to access the services through a streamlined process.

In July 2020 Halton Borough Council collated and made public the following figures. These support the Council's communication and transparency objectives and were aimed at offering reassurance that service provision was ongoing:



The report also looks at key facts and figures, giving an indication of our performance over the year 2020/21.

The report concludes with a section on how to get in touch with us for further information about adult social care.

Care Homes

Halton's care home market is made up of private sector providers, some of which are Council-commissioned to provide bed-based services to adults with care and support needs, and Council-owned and managed provision. The private sector includes older people's residential care as well as accommodation for adults with physical, sensory and learning disabilities who are unable to live independently. Halton Borough Council's provision includes four homes for older people, three of which offer nursing care.

In addition there is a wide range of supported living arrangements across the borough, where residents live semi-independent lives.

The majority of residents across these settings have distinct vulnerabilities which have required risk assessment and co-ordinated management over the course of the pandemic.

At the start of the pandemic measures were taken to 'lockdown' services as far as possible. This took account of the fact that little was known about transmission of the virus and testing and vaccinations were not yet available. For many this meant they were closed to admission and closed to visitors. The difficulties this posed were multiple, impacting on the availability of new residential placements across the borough, affecting people's social contact and personal interaction with loved ones, and also affecting the sustainability of provision where income was lost to vacancies. For the latter issue the Council used Government funding to block-book vacant beds where necessary.

All settings worked diligently to prevent outbreaks, though some were inevitable given the extent of the spread of the virus. In particular, the toll this has taken on staff has not been overlooked and employee wellbeing programmes have been developed and promoted on a national, regional and local basis. One of the key reported factors to sustaining staff wellbeing has been the support that staff have offered to each other through this time, and their hard work and commitment is recognised and applauded.

Change has been rapid, particularly in the first six to nine months of the pandemic. Guidance and policy has undergone frequent alteration, both on a national basis and locally.

The availability and effective use of testing and Personal Protective Equipment (PPE) has become a mainstay of day-to-day working but rallying to set this up has required dedicated procurement and distribution resource, effective allocation of funding, a safe programme of training being rolled out and ongoing monitoring, recording and action to mitigate hazards.

Resident wellbeing

Adults within residential care homes were some of the hardest hit by the pandemic. They were isolated from their family and friends and from the communities in which they live. Consideration of their mental and emotional state was just one part of keeping them well over this period.

The Council recommended and supported person-centred Covid19 care plans, as separate to normal care plans. These took into account the social and emotional needs of residents alongside their care and support needs associated with health, mobility and levels of independence. These were updated on a regular basis to align to the changing restrictions across the country.

Ongoing contact with family and friends involved new and innovative ways of working and technology played a massive part in maintaining social interaction.

Backed by an NHS funding stream to provide laptops to care homes, the Council supported implementation of virtual visits across Halton. Information, advice and ideas were shared across the sector to ensure that all residents had the opportunity to see their loved ones.

As soon as it was allowable homes made provisions to welcome visitors, and over the summer of 2020 some of this was mainly managed as outdoors visits. Homes utilised the space available to them to put up gazebos and other shelters and their designated Activity Co-ordinators turned their attentions to organising safe visits on an appointment basis. Homes took a wide-ranging approach to visiting, dependent on the facilities available to them and the changing restrictions – window visits, drive-by visits, social distancing and use of barriers and pods were adopted.

Where possible, get-togethers were managed in small groups in large space to ensure that social distancing measures were in place. Across Halton we also had local schools reach out to care homes to send videos of choirs and story reading.

Technology was also used effectively to link with other professionals outside of the home, such as GPs, district nursing teams, social workers and others. Many homes adopted weekly virtual ‘ward rounds’ focussing in on those residents with the greatest needs and looking at care plans as part of a multi-disciplinary team.

A day in the Life – Care Worker

Halton Borough Council owns and operates four residential care homes in the borough, two of which also provide nursing care - Madeline McKenna Court Care Home, Millbrow Nursing Care Home, St Luke's Nursing Home, St Patricks Nursing Home.

Our homes provide care for older people with a range of needs, including people who may be physically frail and need support with everyday tasks or people living with complex conditions such as dementia. The role of the care worker in a care home is a diverse one – with different challenges and rewards each day. **Liz, a care worker from St Luke's Nursing Home** in Runcorn, gives an insight into her role and how the care home staff have managed through the peak COVID pandemic response.

"As a care worker we can be directly involved in all aspects of the daily life of our residents, depending on what their specific needs are. This can include waking, dressing and assisting them at meal times and with their personal care. I help residents take part in social activities and I enjoy spending time chatting with our residents as I work, to get to know them better. We all work hard to make sure that what we do is personal and specific to that person.

I work alongside nurses and a clinical lead for the home, and let them know if there have been any changes to our resident's health so that they can be investigated further. When there are meetings with health colleagues and social workers about the wellbeing of a resident the care workers are asked to contribute to make sure that as much as possible is known about the person and the best ways to help them.

A big part of our role is providing social and emotional support to our residents, particularly through the peak of the Covid pandemic, when outside social activities and family visits had to be stopped.

When Covid hit it was really hard. Everyone was fearful because there were so many unknowns. At first it was very difficult as residents didn't always understand why family could not visit and the way we did things had to change. As time went by we became more confident in our new ways of working and we settled into new routines. We became family to many of our residents and we all supported each other. Having designated 'clean units' where there were zero covid cases was hard, as it meant that not only were residents separated from each other, but also staff. The way we moved around the building changed to maintain 'clean zones' and it was hard seeing the impact on staff working in the Covid units from afar. Our nurse and clinical lead in the home were brilliant at supporting us with the ever changing guidance.

Although working through Covid is very stressful – physically and emotionally, we knew we had the support of the public. They showed us! We had bikers pull into the car park and rev their engines in support of the staff, we had local retailers drop of food and treats and members of the public made face masks for us that had adaptations to make them comfortable to wear for long spells. I feel that the way the staff supported each other, and the residents was truly amazing given what we were (and still are!) going through".

New ways of working

Rapid change has been a key feature of working through the pandemic and at the start of the first lockdown period everyone was in unknown territory. Across Adult Social Care contingency and business continuity plans were made and pragmatic decision taken around service operational needs.

For care homes in particular infection prevention and control measures were adopted as a staple requirement to day-to-day working. Making the move from pre-pandemic working practices which offered a degree of flexibility and informality to strict pandemic rules and regimes has involved an ongoing shift in mindset and routines.

Access to PPE was scarce to start with and a programme of mutual aid was supported by the Council where all homes, irrespective of ownership, lent out spare stock to have it replaced once other homes' orders came in. Staff were training in safe donning and doffing (putting on and taking off) of PPE and best practice information was regularly shared and updated on every aspect of hygiene and protection from cleaning schedules to hand washing; secure movement around buildings to management of rotas to minimised cross-contamination across the shift patterns. A whole host of policy and procedure documents were drawn up to maintain practices, as well as monitoring tools and checklists to measures effective implementation.

Once regular testing became available care homes established practices to ensure the orderly capture of records, and again, routines have become well-established.

Staff rose to unprecedented challenges while keeping in mind that their work setting is also a home to the residents who live there.

Care Home Resilience Plan

On the 14th May 2020, Local Authority Leaders received a letter from Helen Whately MP, Minister of State for Care, in which she asked that all local authorities review or put in place a care home support plan, drawing on local resilience and business continuity plans.

From the outbreak of the pandemic, extensive work had already been taking place across the health and social care sector in Halton, to ensure our response to the crisis was robust and effective. In respect to the Care Home sector, this work had already been collated into Halton's overarching Adult Care Home Resilience Plan; this plan was therefore reviewed and updated in light of the letter received.

This plan was being used in conjunction with each Care Home's individual Business Continuity Plan and the overarching Halton Adult Social Care Business Continuity Plan, to ensure that our response to the pandemic is robust and effective. It was updated on an ongoing basis to reflect when processes changed or additional support needed to be implemented.

The Resilience Plan addresses the following areas and outlines in detail the support that is in place:

- Infection Prevention and Control (in. Training in Infection Control, Personal Protection Equipment etc.)
- NHS Clinical Support
- Testing
- Oversight and Compliance
- Workforce
- Funding

The Care Home Resilience working group which took forward the plans involved representation from the Council, the health sector and other partners, such as care providers and the voluntary sector.

One practical outcomes of the Plan has been to start to develop a programme of 'lessons learned' conversations with care homes. These are to involve reflections on infection outbreaks and the learning that has taken place as a result. Anonymised case studies are being shared back across the sector so that further considerations can be adopted into different settings.

The Care Home Resilience Group met monthly (up to the April 2021) after which elements of the Plan were adopted under other areas of activity. An overview is being maintained to monitor further pandemic developments and local outbreaks.

Maintaining Service Quality

The Council's Quality Assurance team work with commissioned provider of adult social care services to monitor standards and ensure adherence to contractual arrangements. Maintaining good practice standards, centred on the individual needs of the people who use services, has remained central to provision across Halton while contending with the pandemic.

At the start of the first lockdown services, and care homes in particular, told us they were overwhelmed with information and contact from different authorities across the health and social care system. Quality Assurance contacted different teams and pulled all communication into one daily email. This has been maintained throughout the year so that all key messages are co-ordinated from one source.

In addition, the Quality Assurance team set up daily 'welfare' calls with care homes, to check everyone remained well, whether they had any issues with staffing levels, their PPE stocks, any queries they had around current guidance and much more. These calls were stepped down at the end of the first lockdown and stepped up again as further restrictions came into play or where homes had an outbreak of Covid19.

Other expertise across the system were called into support as help was needed, including collaboration with Infection Prevention and Control (IPC), Public Health, District Nursing, GPs aligned to individual homes and other as required.

Additional financial support

As part of Government measures to support the communities across the country, Halton Borough Council distributed targeted funds that fall outside of the annual Adult Social Care budget. This included allocation of an Infection Control Fund, a Rapid Testing Fund, a Workforce Capacity Grant and a Covid Winter Grant Fund. The first three were primarily pushed towards sustaining the provision of direct care services while the latter provided support specific to those families and individual impacted by food and energy poverty.

Infection Control Fund (ICF)

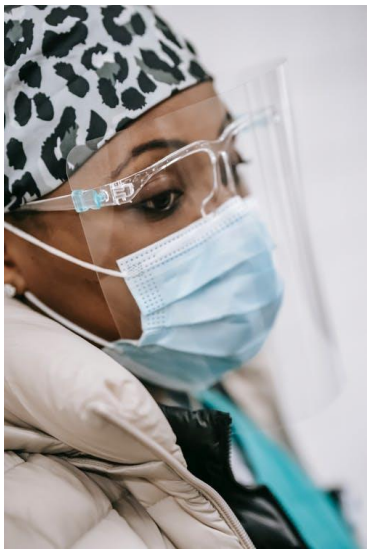
The ICF was announced in May 2020, with two rounds of funding being made available through to March 2021. The purpose of this fund was to support the implementation of infection control measures advised in the Care Home Support Package, particularly the restriction of movement of workers between different care settings and full payment for staff who are required to self-isolate. The grant was allocated to Local Authorities based on the number of Care Quality Commission (CQC) registered beds there are within the locality, and payment of the grant was subject to certain conditions and assurances.

In line with Government guidance, the majority of the overall grant allocation for Halton was paid directly to care homes in the borough (75% in Round 1 and 80% in Round 2). The Local Authority had discretion to determine use of the remaining proportion and for this wider workforce support measures were funded, particularly within the Domiciliary Care and Supporting Living sector.

Reports back from care homes indicated that they used the funds to:

- Introduce measures to isolate residents within their own care homes
- Undertake actions to restrict staff movement within care homes e.g. paying for additional staff
- Paying staff full wages while isolating following a positive test
- Increased infection control training
- Additional cleaning (staff costs)
- Costs of alternative transport to minimise social contact
- Increased Covid testing
- Cover recruitment and induction costs
- On-site accommodation for staff

  Additional equipment; such as uniforms, laptops/tablets.



Halton's total allocation for Round 1 of the ICF was **£1,008,396** and for Round 2 was **£957,055.**

Rapid Testing Fund (RTF)

This grant was only published on 15th January 2021, the main purpose of which was to support additional rapid testing of staff in care homes, and to support visiting professionals and enable indoors, close contact visiting where possible.

This grant had separate conditions to the original ICF and extension to the ICF outlined above and was specifically intended to support additional rapid (Lateral Flow Device) testing.

Against the grant conditions, 80% of the grant was provided directly to care homes, including residential drug and alcohol services (allocation has been based on the number of CQC registered beds). The Local Authorities deployed the remaining 20% to support the wider care sector to implement increased LFD testing. Providers are able to use the funding to:

- Pay for staff costs associated with training and carrying out LFD testing
- Costs associated with recruiting staff to facilitate increased testing
- Costs associated with the creation of a separate testing area where staff and visitors can be tested and wait for their result. This includes the cost of reduced occupancy where this is required to convert a bedroom into a testing area, but only if this is the only option available to the care home
- Costs associated with disposal of LFD tests and testing equipment

Halton's total allocation for the RTF up to 31 March 2021 was **£278,455.**

Workforce Capacity Grant (WCG)

This was made available from 16th January 2020 to enable providers to meet the workforce challenges associated with the pandemic.

The funding was distributed to enable measures to supplement and strengthen the staffing capacity within Adult Social Care to ensure that safe and continuous care was achieved to the following outcomes:

- maintain care provision and continuity of care for recipients where pressing workforce shortages may put this at risk
- support providers to restrict staff movement between care homes and other care settings in all but exceptional circumstances, which is critical for managing the risk of outbreaks and infection in care homes
- support safe and timely hospital discharges to a range of care environments including domiciliary care, to prevent or address delays as a result of workforce shortages
- enable care providers to care for new service users where need arises

Halton's allocation was **£319,566** up to 31 March 2002, and has been based on the standard Adult Social Care Relative Needs Formula (RNF).

Covid Winter Grant Fund

£700,000 was distributed to those with assessed need across Halton, including those known to Adult Social Care Services, those known to Children and Family Services and those who had not previously accessed social care support. Aid took the form of the individual requirements of those accessing the fund and ranged from payment of fuel bills to purchase of warm clothing and bedding and food vouchers.

Alleviating pressure on the health system:

Transitional support beds

Early in 2020, Halton Borough Council identified the need for an urgent increase in residential care home bed capacity across the Cheshire and Merseyside region in order to meet the anticipated demand and expected peak of the COVID 19 pandemic outbreak.

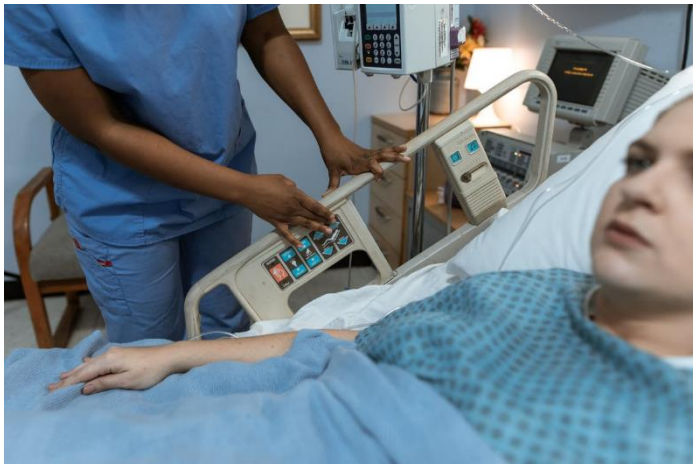
In order to be able to respond and alleviate potential bed capacity issues created by Covid 19, it was agreed to refurbish and bring into operation a dis-used 60-bedroom care home, located in the North of Widnes (Lilycross Care Centre). This would provide additional short term residential care capacity and support local acute systems to manage bed flow and discharges from hospital to ensure optimal clinical care capacity during the crisis.

Many partner organisations helped in the various elements of the setup of Lilycross from project management support from LLC (Capacity Lab), Eric Wright Construction Ltd for refurbishment works, Catalyst Choices for Care Support, NHS Halton Clinical Commissioning Group (HCCG) for GP practice support, Bridgewater NHS Foundation Trust with nursing support and all local Hospital Trusts for support with adjusted discharge pathways.

The care home was leased by Halton Borough Council on an initial 6-month basis (May to October 2020), and later extended for a further 6 months, to support the local system. Care and support is provided by Catalyst Choices, a registered CQC care provider and contracted directly with Halton Borough Council.

Lilycross began admissions in May 2020 through a revised hospital discharge process and also from the community for people who required supported daily living where it could not be provided in their own home and for those who required a further period of support following being unwell due to Covid-19.

Its introduction helped ensure there was enough bed capacity in areas across the Cheshire and Merseyside region throughout 2020-21 and to mitigate the impact of Covid 19 on the hospital discharge and residential systems across the region.



Lilycross has remained open throughout 2021 with NHS Halton CCG taking over the commissioning of the contract from HBC in May 2021 for a further temporary period to last in to spring 2022. The facility is therefore currently still being used to support the Cheshire & Merseyside region in terms of any peaks in demand until the contract ends.

Domiciliary Care

One of the main drivers over the past 10-15 years, both locally and nationally, has been to offer support to people's independence in their own home for as long a period as is possible. One of the most effective ways to do this is through a domiciliary care agency.

In 2017, Halton Council re-commissioned its domiciliary care provision for the borough, which led to there being one main provider - Premier Care Limited.

At the start of the pandemic, and as time moved on, demand for domiciliary care increased. This was partially to facilitate timely hospital discharge, as well as reducing the use of short-term rehabilitation bed facilities, but also as a result of informal care interruptions (for example, where carers themselves had to isolate or where they were under restrictions around households mixing or travel beyond their immediate area). Coupled with this is an ongoing increase in demand for social care as a result of an ageing population.

Care at home delivered by Premier Care

4,700 hours per week (3,800 pre-COVID)

10,300 calls per week

To alleviate the pressures the Council worked with Premier Care to commission an **additional 500 hours** of domiciliary care per week. The number of people waiting for a domiciliary care package went into single figures with people waiting a few days at most. This was significant achievement in comparison to some neighbouring authorities.

Premier Care recruited additional staff from the local area and supported all staff by introducing mileage payments, providing full pay when staff were unable to work due to COVID and offering additional paid COVID training.

The joint work between the Council and Premier Care during the pandemic led to the creation of a Rapid Response Team, which facilitated:

- Regular meetings;
- Speedy discharges from hospital;
- The ability to react to the changing needs of local people in receipt of care;
- The ability to pick up 15-20 new packages of care per week;
- The elimination of a waiting list for community support within Halton.

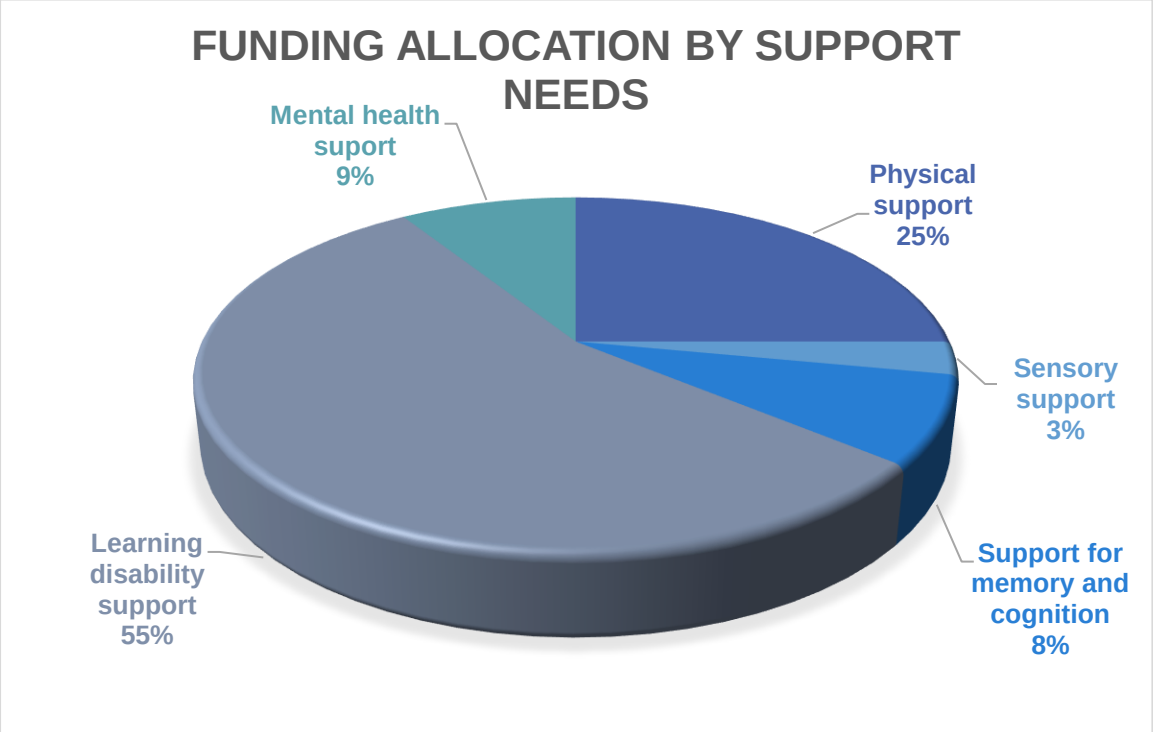
As we move forward, the focus will continue to be on a 'Home First' approach, enabling people to leave hospital (when safe and appropriate) and continue their care and assessment at home. This is in-line with the aims of the ongoing local Transforming Domiciliary Care Programme and the national agenda.

Facts & Figures

Adult social care spend

The total expenditure allocated against Adult Social Care during 2020-21 was £48.4 million, which was split across different service user group needs as illustrated below:

A total of 4,119 people were supported in 2020/21



As part of a national data requirement Halton Borough Council usually undertakes an annual survey across Adult Social Care to capture feedback from services users in receipt of long-term services. The survey looks at people's experiences of care and the impact on their quality of life. This was cancelled on a national level for 2020/21 for Local Authorities to focus on the immediate needs of the pandemic.

This report usually contains feedback from the Adult Social Care Survey. This year, instead, we would like to highlight the level of support that we have maintained and stepped up to meet the emerging needs of the pandemic.

Assessment of needs 2020-21:

Service delivery data

Supported Living:

As at March 2021 – 381 people with learning disabilities out of 424 known to Adult Social Care were accommodated in supported living. Supported living provides these service users with the opportunity to live as part of their immediate community and to have or retain some level of independence.

Equipment and minor adaptation delivered within 7-days

Quarter 1 – April to June 2020	**78%**
Quarter 2 – July to September 2020	70%
Quarter 3 – October to December 2020	76%
Quarter 4 – January to March 2021	72%

Over 140,000 telecare activations (telecare incorporates the Life Line personal alarm service as well as other remote response equipment)

Number of Direct Payments

– 592 a month

Direct Payments allow people the flexibility to purchase their own care and support services

Capacity and demand – Number of people referred to intermediate care:

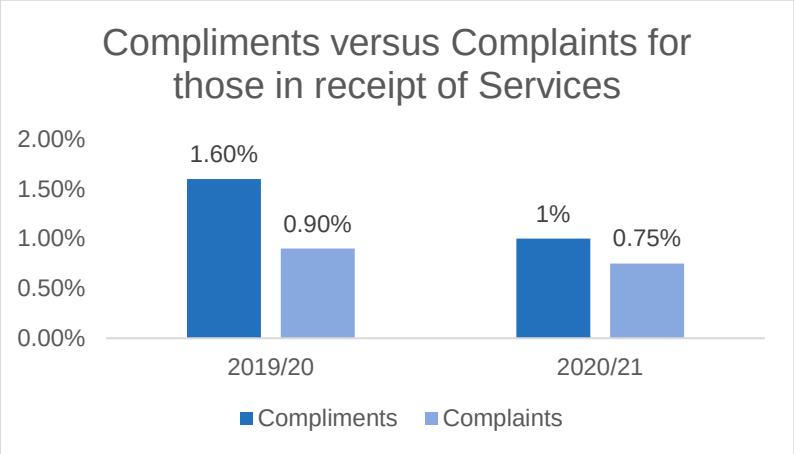
Period	2019/20	2020/21
Quarter 1 – April to June 2020	262	449
Quarter 2 – July to September 2020	262	358
Quarter 3 – October to December 2020	196	360
Quarter 4 – January to March 2021	292	355

Intermediate care services support timely hospital discharge ensuring that people can either return home with the right short-term or ongoing support, can move into short-term transitional and rehabilitation care before returning home or are moved into an appropriate residential placement.

Complaints and compliments

One of the measures we use to consider quality across Adult Social Care is the feedback we receive from the public.

Proportionately the Council receives limited feedback from this mechanism, as seen in the table below which compares last year's figures to this year's. It does however allow us to understand, in detail, some of the areas we need to improve and some of the procedures and arrangements which are working well.



Compliments, and in particular praise for the way team members have supported an individual, are always passed on to those involved in delivering services.

Complaints are recorded systematically so that we can further examine where learning might take place or where working practices might need to be altered.

This involves looking at the service area under which the complaint comes:

Category of complaint by service area	2019-20	2020-21
Care Management	5	2
HBC Services	2	0
Home Care (Domiciliary Care)	12	13
Hospital	0	1
Other provision	4	1
Residential/nursing care	10	12
Supported Living (where people live in self-contained accommodation with support provided where needed, e.g. Independent Living)	6	2
Total	**39**	**31**

As well as what type of issue is being encountered:

Category of complaint by service type	2019-20	2020-21
Assessment and Care Planning	10	15
Assessment and Care Planning: awaiting POC	2	0
Charging	7	3
Direct Payments	0	1
Disabled Facilities Grant	1	0
Inconsistency of call times	4	1
Inconsistency of care staff	3	1
Late calls	1	0
Other	9	10
Safeguarding	1	0
Transition from Children's to Adult services	0	0
Transport (including Blue Badge)	1	0
Total	**39**	**31**

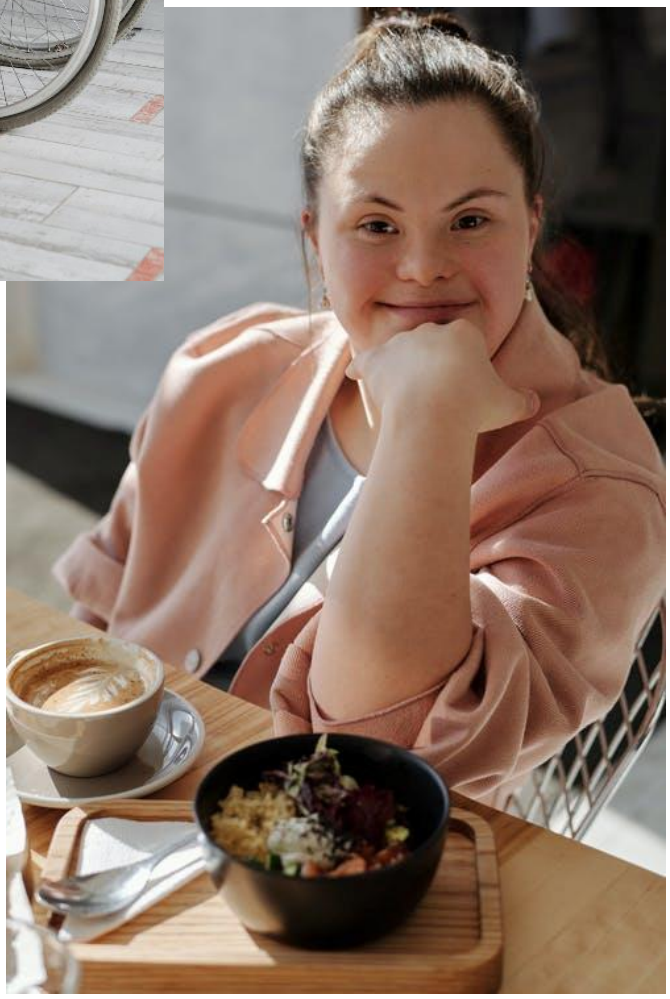
Extracts from compliments received

Thanks to the social care team for all of their help in dealing with her mum. She said that following her call this morning to Complex Care Runcorn a lovely gentleman has been out to visit her mum today and has sorted things out for her.

Following my call today praise was given to the lifeline wardens, who he believes saved his life. He fell and went into a diabetic coma, and our response team arranged for an ambulance. He is extremely grateful for all our help and feels very safe having the service in place.

I would like to offer my thanks to K at Halton Direct Link. She dealt with my initial query regarding the most recent invoice I had received for G's Care Package, in a very professional and caring way, swiftly linking me in with the key personnel who could progress the query for me. She also assisted me in making the amended payment at the end of the process. She is a credit to your organisation.

Mrs M has called to pass on her thanks to the two wardens who came out to assist her a few weeks ago when she fell and broke her wrist. She is really grateful for their help and would appreciate if you could let them know please.



Contact us

We welcome your feedback on this report. You can let us know what you think by emailing ssdcustomercare@halton.gov.uk or writing to:

Policy, Performance & Customer Care
Runcorn Town Hall
Heath Road
Runcorn
WA7 5TD

If you require assistance in relation to adult social care, please call 0151 907 8306.

There is also a range of information available on our website:
https://www3.halton.gov.uk/Pages/adultsocialcare/AdultSocialCare.aspx

For general Council enquiries, please call the contact centre on 0303 333 4300 or call into one of the Halton Direct Links (HDL – one-stop-shops):

Halton Lea HDL
Rutland House
Runcorn
WA7 2ES

Widnes HDL
Brook Street
Widnes
WA8 6NB

REPORT TO:	Health & Wellbeing Board
DATE:	23 March 2022
REPORTING OFFICER:	Directors of Adult Social Services
PORTFOLIO:	Health & Wellbeing Adult Social Care
SUBJECT:	Sustaining the Discharge to Assess/Home First Model
WARD(S):	Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 To present the Board with a brief summary of how we have developed the Discharge to Assess/Home First Model in Halton and issues associated with sustaining that model/approach.

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

3.0 **SUPPORTING INFORMATION**

3.1 Background

Prior to and during the Pandemic there was a plethora of national and regional guidance issued, supported by best practice models, seeking to ensure that people received the right kinds of interventions, in the right place and at the right time. This approach demonstrably improves the outcomes for vulnerable adults, significantly older people, whilst reducing the need for long-term services and hospital utilisation.

One of the key pieces of guidance issued during the Pandemic was the national introduction of the COVID-19 Hospital Discharge Service Requirements on 19th March 2020, along with associated funding (Superseded in October 2021, by Hospital Discharge and Community Support: Policy and Operating Model).

In essence, this guidance provided a renewed focus on the Discharge to Assess model.

As a result of the Pandemic and the need to ensure health and social care services could continue to effectively respond, there was a need to rapidly review service provision and introduce new ways of working.

3.2 Systems and processes within our local Acute Trusts needed to be realigned to support this approach. In Halton, the Care Management Service, including resources from the existing Capacity and Demand Team and Rapid Access &

Rehabilitation Services, were merged and redesigned to support the approach. This was to ensure that a capacity and demand led approach could be taken, in order to create sufficient and robust capacity to manage a predicted spike in hospital admissions, as a result of the Pandemic.

3.3 In support of the Discharge to Assess approach needing to be taken, in Halton we were able to re-focus on a recovery led model/'reablement first' approach which resulted in our ability to manage service users through the system in a more timely and efficient way. This meant we were able to support an increase in the number of referrals through the 'reablement first' approach and reduce the overall numbers needing to go into a bed base and associated Length of Stay within Intermediate Care Services, both within bed base and the community.

3.4 During 2020/21 and into 2021/22, significantly more people have received interventions in their own homes with reductions in length of stay in short-term bed based and community Reablement services. This has been achieved through the focused work of all staff, temporary changes in capacity in long term services (notably the block purchase of 500 hours of domiciliary care since February 2020) and up to 1000 hours since November 21, simplified processes for hospital discharge, focused multi-disciplinary / multi-agency work to improve pathways through short term services utilizing nationally endorsed models (ECIST et al) concentrated on day to day caseload management.

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

3.6 Therefore building on the lessons learnt from the Pandemic, we felt that we needed to capitalise on the success creating capacity etc. in the system had brought and as such felt it was appropriate to revisit the recommendations of the previous Intermediate Care review conducted in 2019 and develop a new approach to the delivery of Intermediate Care Services within the Borough.

3.7 The Pandemic and the development of the new Halton Intermediate Care & Frailty Service has enabled services to be provided in a different way and the community reablement model, as opposed to bed base, is proving to deliver better outcomes for Service Users and the health and social care system as a whole.

3.8 However, the Board should note, that the changes made across Intermediate Care and the Discharge to Assess/Home First Model, alongside the impact of hospital pressures has resulted in a shift in financial spend.

Whilst the non-recurrent availability of Hospital Discharge Programme, funded nationally to support the COVID response, has supported the locality with enhanced models to support effective discharge of Service Users from an acute setting, it is the corresponding increase in community-based provision (volume and complexity of care required), aligned to the Home-First approach, endorsed

locally, that has resulted in the enhanced budget pressures for both partners against packages of care.

3.9 Due to the flexibility of the joint working arrangements, including the pooled budget, that exist between Halton Borough Council (HBC) and NHS Halton Clinical Commissioning Group (CCG) this has enabled and supported us to realign budgets against services where appropriate/necessary.

For example, the development of the new model of Intermediate Care in the Borough has led to the ability to ensure funds were invested in the Community Home First approach, which facilitated the introduction of the new model.

4.0 POLICY IMPLICATIONS

4.1 The new Halton Intermediate Care & Frailty Service model has been developed in line with national and regional guidance for hospital discharge and crisis response in the community. It builds the infrastructure required to meet developing expectations during 2022/23 and beyond to deliver person centred, strengths based approaches to meet the health, care and wellbeing outcomes of the local population in, and as close to, their own home. Further work is required in 2022/23 to ensure nationally mandated requirements of community services and rapid response targets are delivered.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 As part of this ongoing work and the change in provision, the Health and Social Care budget, which prior to 2021 was part of the Pooled Budget, has been identified as experiencing extreme pressure despite additional one-off temporary funding from central government due to the pandemic.

This area of the budget is traditionally very volatile and the current situation within Health and Social Care also under extreme pressure due to the pandemic, costs may continue to rise throughout the remaining quarter of the financial year and into the new financial year.

Finance colleagues have and will continue to work in conjunction with the Pool Manager to identify and prioritise pressures across HBC and NHS Halton CCG in order to utilise any non-recurrent underperformance in the most effective way.

As outlined earlier in the report, the flexibility of the joint working arrangements that exist enable us to realign funding against ongoing cost pressures associated with discharging patients early and within community services etc. where appropriate/necessary, to help mitigate against identified financial risks and help us achieve a balanced budget at year end.

5.2 Pressures will continue to increase on budgets. For example in respect to Adult Social Care an analysis by the Association of Directors of Adult Social Services (ADASS) undertaken in November 2021, outlined concern that only 2% of the funding raised through the Health and Social Care Levy will go to adult social care in 2022/2023 in England.

ADASS are concerned that the funding attributed to adult social care reform, set out in Build Back Better, through the Health and Social Care Levy, will not add a single minute of extra care and support, improve terms and conditions for the workforce or improve the quality of life for older people, disabled people, and unpaid carers.

Of the £5.4bn attributed to adult social care over the next three years, £3.7bn has been committed to charging reform and the fair cost of care, £500m has been committed to workforce training and wellbeing, which only leaves £400m per year to deliver reform commitments that Government stated, 'will commence a once in a generation transformation to adult social care'. ADASS assessed that these measures, as they stand, will not 'fix' the crisis in social care.

5.3 In December 2021, the Department for Health and Social Care (DHSC) published a policy paper 'Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023' in relation to the funding to support local authorities move towards paying providers a fair rate of care.

The paper outlines that local authorities need to prepare their markets for reform and move towards paying providers a fair cost of care, as appropriate to local circumstances. This requires each Local Authority area to under a cost of care exercise to determine sustainable rates and how close they are to paying them by September 2022.

5.4 In addition the Local Government Associated are recommending that Local Authority's agree a minimum 6% uplift to providers for 2022/23.

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 report pertains to this priority.

6.4 **A Safer Halton**
None identified.

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

7.0 RISK ANALYSIS

7.1 Both Health and Social Care budgets have been an issue for concern for many years and this current financial year, despite non-current additional funding from Central Government, is no exception.

Neither HBC nor NHS Halton CCG would be able to achieve a balanced budget at year-end unless additional resources were provided. Therefore working closely in partnership, health and social care colleagues have been able to realign resources from within the Pooled Budget which will be used to help offset known pressures on the aligned budget.

However, the Board should note that this funding is a one off, temporary solution to an increasingly pressured budget. Pressures which will continue throughout the coming financial year and beyond and we will need to assess how we can address this in future years.

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
Hospital Discharge and Community Support: Policy and Operating Model	https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model/hospital-discharge-service-policy-and-operating-model	Damian Nolan
Build Back Better: Our Plan for Health and Social Care	https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care	Damian Nolan
Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023	https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023/market-sustainability-and-fair-cost-of-care-fund-purpose-and-conditions-2022-to-2023#funding-conditions	Damian Nolan