

# Public Document Pack



## Health and Wellbeing Board

Wednesday, 12 October 2022 2.00 p.m.  
Bridge Suite - Halton Stadium, Widnes

S. Young

**Chief Executive**

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The next meeting of the Committee is on Wednesday, 18 January 2023*

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

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**HEALTH AND WELLBEING BOARD**

*At a meeting of the Health and Wellbeing Board on Wednesday, 6 July 2022 at Council Chamber - Town Hall, Runcorn*

Present: Councillors J. Lowe, Woolfall and Wright (Chair), S. Ashcroft, R. Foster, L. Garner, N. Goodwin, T. Leo, W. Longshaw, C. Lyons, D. Nolan, I. Onyia, S. Patel, S Semoff and M. Vasic.

Apologies for Absence: Councillor T. McInerney and P. Jones, L. Carter, K. Parker, D. Wilson and S. Yeoman.

Absence declared on Council business: None

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

	<i>Action</i>
<p>HWB1 MINUTES OF LAST MEETING</p> <p>The Minutes of the meeting held on 23 March 2022 having been circulated were signed as a correct record.</p>	
<p>HWB2 PUBLIC HEALTH ANNUAL REPORT</p> <p>The Board received a report of the Director of Public Health, on the Public Health Annual Report (PHAR) 2021/22. Each year a theme was chosen for the PHAR and for 2021/22 the report focussed upon the social determinants of health, particularly highlighting how individuals, communities, services and organisations could contribute to opportunities for everyone to benefit from good health and protected from harm. The report used the social determinants model as a guide to the key issues and included a chapter on the summary of the topic, why it was important and what work had been done or would be done. The following sections were included within the report:</p> <ul style="list-style-type: none"> <li>• Social and community networks;</li> <li>• Living and working conditions; and</li> <li>• General socioeconomic, cultural and economic conditions.</li> </ul> <p>A copy of the report was provided to the Board members and was also available on the Council website.</p>	

RESOLVED: That the theme and development of the Public Health Annual Report be noted.

### HWB3 DOMESTIC ABUSE - PRESENTATION

The Board received a presentation from Sarah Ashcroft which set out the opportunities and challenges for local authorities to implement the Domestic Abuse Act 2021. The presentation provided the Board with information on:

- the Halton approach to implementing the statutory duty the Act placed on local authorities to provide support for victims and children;
- local and national data on domestic abuse related crimes; and
- understanding the trend which illustrated a rise in the numbers of domestic abuse numbers recorded in Halton.

The Board was advised that Halton had received £326,978 for 2021-22 and a further £327,883 for 2022-23 to assist with providing the necessary support for domestic violence victims and children. Members were advised on some of the initiatives this money would help to support, such as a new accommodation offer and commissioning children's services with a counselling and therapy offer.

RESOLVED: That the presentation be noted.

### HWB4 PHARMACEUTICAL NEEDS ASSESSMENT

The Board received a copy of the final version of the Pharmaceutical Needs Assessment (PNA) and an update on the results of the statutory 60-day consultation.

The PNA was a statutory document that stated the pharmacy needs of the local population. This included dispensing services as well as public health and other services that pharmacies may provide. It was used as the framework for making decisions when granting new contracts and approving changes to existing contracts as well as for commissioning pharmacy services.

Following the conclusion of the 60 day consultation period, the Steering Group had met to consider responses and any (amends) required in order to present the Board with the final version of the PNA.

The Board was advised that the proposed next steps for the PNA document were:

- the document would be published no later than 1 October 2022 and uploaded onto the Council's website; and
- the Steering Group would meet periodically and/or communicate electronically to produce supplementary statements as required.

The Board discussed the 'Care at the Chemist' scheme, if this was still available in Halton and how it was promoted.

RESOLVED: That the Board

- 1) approve the PNA for publication; and
- 2) delegate the Steering Group to deal with production of supplementary statements needed throughout the lifetime of the PNA.

Director of Public Health

#### HWB5 UPDATE ON ONE HALTON PLACE BASED PARTNERSHIP

The Board received an update on One Halton Place Based Partnership development with Cheshire Merseyside Integrated Care System (ICS) context. On 1 July 2022 all Clinical Commissioning Groups were dissolved and 42 ICS began operating. Halton was within the Cheshire and Merseyside ICS which consisted of nine place based partnerships each with a NHS Place Director. On behalf of the Board, the Chair welcomed to the meeting Mr Anthony Leo, Halton NHS Place Director, who commenced in post on 1 July 2022.

The ICS also consisted of an Integrated Care Board (ICB) and Integrated Care Partnership (ICP) and Halton's representative on the ICP was Councillor Wright. The ICB was the main delivery arm of the structure and the report included a diagram on the ICS structures which illustrated the responsibilities of both the ICP and ICB.

In addition the report set out the governance structure which had been developed for Halton's place based partnership and how it related to the ICS. One Halton had been developed to be a Joint Committee to the ICS so that it could receive delegated responsibilities from the Integrated Care Board. The Board were advised on the Officer's appointed to the One Halton Programme Management Office to date and the support received from external organisations to support the development of One Halton.

Four One Halton Sub-Committees and three One Halton work streams had been established and the Board was provided with a progress report on each of these.

RESOLVED: That the report be noted.

HWB6 MARMOT REPORT: ALL TOGETHER FAIRER

The Board considered a report of the Director of Public Health, which advised that the Marmot Report – All Together Fairer, written by Professor Sir Michael Marmot and a team of researchers in partnership with Cheshire and Merseyside local authorities, had been launched at an event on 26 May 2022. A link to the full report had been previously circulated to the Board and a copy of the executive summary was attached to the report.

The Marmot Report set out measurable actions for each area within Cheshire and Merseyside as well as the sub region as a whole, to create a fairer, equitable society. A set of local Marmot Beacon indicators had been developed in partnership with local stakeholders, and these would monitor actions on local determinants of health in Cheshire and Merseyside.

RESOLVED: That the content of the report be noted.

HWB7 BETTER CARE FUND (BCF) RETURN

The Board received a report from the Director of Adult Social Services, which provided an update on the Better Care Fund 2021/22 year-end return, following its submission on 27 May. The update provided the Board with information on the four national conditions which had been met, progress on the five national metrics, income and expenditure actual, year-end feedback and adult social care fee rates.

RESOLVED: The Better Care Fund year-end return for 2021/22 be noted for information.

HWB8 HWB BOARD AGENDA PLANNING (DISCUSSION)

The Board received an update on the progress on the work by Officers in relation to future Health and Wellbeing Board agenda planning which included:

- a refresh of the Halton Health and Wellbeing Board terms of reference;
- developing the Board membership; and

- exploring the possibility of themed meetings and the facility for Board members to submit suggestions for future agenda items.

RESOLVED: That the update be noted.

*Meeting ended at 3.45 p.m.*

**REPORT TO:** Health & Wellbeing Board

**DATE:** 12 October 2022

**REPORTING OFFICER:** Strategic Director, People

**PORTFOLIO:** Health & Wellbeing

**SUBJECT:** Update on One Halton Place Based Partnership

**WARD(S)** Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide an update on One Halton Place Based Partnership.

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

3.0 **SUPPORTING INFORMATION**

3.1 The Health and Wellbeing Board has received regular reports setting out the requirements for the formation of Integrated Care Systems regionally. This consists of an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP) along with at Place level, a Place Based Partnership (PBP). Locally this is One Halton; these arrangements are set out in NHS Reforms White Paper, Integration & Innovation published in February 2021.

3.2 The Health and Care Bill received Royal Assent on 28<sup>th</sup> April 2022 and was implemented on 1<sup>st</sup> July 2022; all Clinical Commissioning Groups (CCG's) were dissolved as of the implementation date.

3.3 As detailed in the previous report, what was delivered by Halton CCG now sits with Cheshire & Merseyside ICS, CCG functions have now lifted and shifted to the ICB, which will be referred to as NHS Cheshire & Merseyside moving forward. A new website has been launched:-

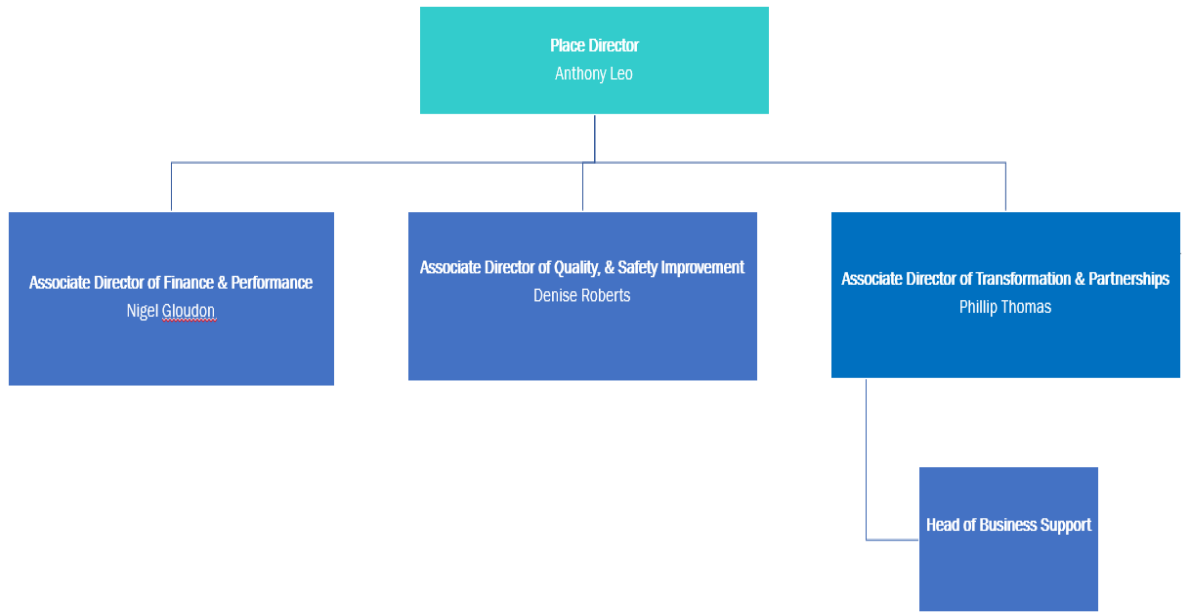
<https://www.cheshireandmerseyside.nhs.uk/>

The first year will be a transition period with focus on ensuring functions land safely and supporting the work force. One Halton has been developed to be a Joint Committee to the ICS so it can receive delegated responsibilities from NHS Cheshire & Merseyside. Delegations and responsibilities to place will be considered with the however, in this operating year 2022/23 there will be no delegations. There is a principle of subsidiarity in the ICS arrangements, supporting place matters to be dealt with as close to place as

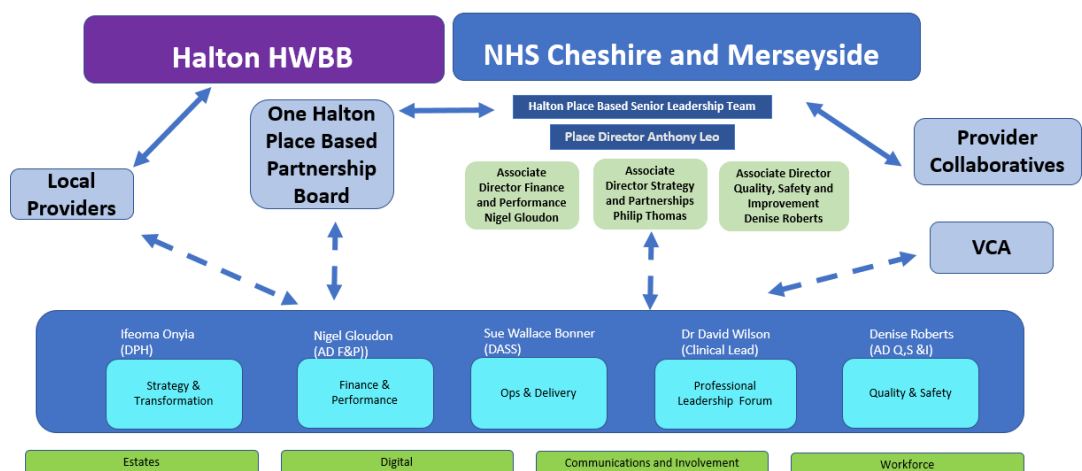


possible. This has been further emphasised in the White Paper Joining Up Care for People, Places and Populations.

3.4 Halton’s Place Director, Anthony Leo was introduced at the July 2022 meeting; Halton’s Senior Leadership Team is now in place:-



3.5 One Halton place based partnership governance structure was set out in the July report however, it’s worth sharing in this update report:-



3.5.1 The sub-committees are at various stages, Operations & Delivery and Finance & Performance have been established for some time; both are being further developed to have both Adults and Children’s work streams. The Clinical and Care Professional Leadership Forum is developing wider

membership to broaden representation of roles across the health and care system. Quality & Safety will commence with a work shop scheduled on 6<sup>th</sup> October 2021. Strategy and Transformation work has been to develop the One Halton Health & Wellbeing strategy and utilise population health data and intelligence across the system to support targeted work to improve outcomes.

3.6 There are work streams and infrastructure themes of work wrapping around One Halton:-

3.6.1 One Halton Delivery Plan

This will flow from the Health & Wellbeing Strategy setting out the activity for One Halton for the following two years from the strategy launch, this will be developed for the end of the calendar year along with a performance framework. A year's two to five delivery plan will then be developed. The delivery plan will be pivotal for the Health & Wellbeing Board; it will respond to the challenges of the strategy and articulate activity across the life course, start well, live well, age well and wider determinants setting out the whole system priorities and integrated work in Halton to impact upon these.

3.6.2 Digital Strategy

Developing a digital strategy to meet future requirements for an integrated approach considering data infrastructure, governance of integrated systems and hardware investment. Most significantly is the requirement to develop single health and care records by 2024. There is a multi-agency group in Halton supporting the digital work stream and strategy development led by Bridgewater.

3.6.3 Workforce

Working with organisations to develop a workforce approach that works for place recognising the challenges experienced in recruitment and retention across the system. Working with key organisations across education, business and employment support to narrow skills gaps and aim to support employment opportunities for Halton's residents.

3.6.4 Estates

A work stream to look at the cross-sector public estate and develop a place strategy for utilisation of assets that considers best fit for accessibility. This will also look at pipeline projects for potential investment in the longer term to ensure bid ready initiatives to optimise future opportunities.

3.6.5 Communication & Involvement

There has been significant focus on developing the community and involvement framework for Halton which aligns with the Cheshire & Merseyside framework:-



### **Inform**

Sharing accessible information so people understand changes and can have their say

- Letters, leaflets, posters, and emails, including text and infographics.
- Online and social media, including use of animations and videos.
- Information on notice boards in local community facilities and shops.

### **Consult**

Asking for people's opinions on one or more ideas or options

- Formal public consultations, over a defined period of time to gather views and ensure they are considered appropriately, including webinars, public meetings and surveys.

### **Engage**

Listening to people to understand issues and discussing ideas for change

- Focus groups or interviews.
- Citizens' panels and deliberative engagement.
- Patient forums, sounding boards and advisory groups.
- Membership on decision-making committees and boards.

## **Co-design**

Designing with people and incorporating their ideas in the final approach.

- Co-design sessions with people with lived and learnt experience.
- Service redevelopment tools such as Experience Based Co-Design.
- People with lived experience as members of programme boards.

## **Co-produce**

Working together in an equal partnership with people with lived and learnt experience from start to finish.

- Community development approaches including asset mapping, appreciative inquiry and community conversations.
- Partnership of equals between people and professionals working together to reach a collective outcome.

One Halton does not replace or override individual organisations roles and responsibilities, each organisation will remain responsible for communicating and involving on their individual projects and priorities with the support of all partners. However, as One Halton a clear strategy and implementation plan will be developed to set out how to communicate and involve the public to support the One Halton place based transformational programme, underpinning key work streams and any other programmes of work across Halton.

The existing One Halton Communications & Engagement group will be developed further to include representation from the NHS, primary care networks, local authority, our voluntary, community and social enterprise sector (VCSE) and Healthwatch as well as other key enabling partners such as housing and education providers.

The Group will be accountable to the One Halton Board, supporting the delivery of effective and joined up co-design, communication and involvement in relation to the delivery of the One Halton programme of work. The group will work together:-

- To provide assurance to the One Halton Board that as a health and care system, there is effective communication and involvement with Halton's population with a co-design approach to the development and transformation of local services.
- To ensure that all activity adheres to statutory and legislative requirements, specifically in relation to the Duty to Involve.
- Ensure the consistent implementation of the Communication & Involvement framework.

- To make best use of system wide resources, avoiding duplication and identifying where additional resources are required to undertake activity.
- Ongoing evaluation of involvement processes and the development of a new inclusive model for system wide public engagement.
- Advise, develop and implement communication and engagement plans that support service developments and transformation, ensuring patient and public involvement in the process.
- To identify best practice in communications and involvement activity in informing all activity
- To identify and highlight any risks, and mitigations in relation to delivering effective communications and involvement.

The CCG Engagement and Involvement group has disbanded and is being formed into One Halton Voices that will be a networks of networks, providing reach into all areas of Halton's communities. It will comprise of two components - regular meetings for attendees to be engaged on a variety of topics, as well as a wider network that will aid engagement with our local communities.

Overall, One Halton engagement and involvement aims to ensure there is effective mechanisms to ensure community conversations, representative voice and involvement in shaping services that support Halton's community in accessing health and care in the right place at the right time and improving outcomes.

- 3.7 One Halton attended and presented at Halton & St Helen's Voluntary Community Action (VCA) third sector meeting in August. One Halton is working with VCA to develop voluntary sector involvement and representation in One Halton.
- 3.8 One Halton is connecting in with place shaping and regeneration initiatives in Halton, supporting the hospital outpatient unit in Runcorn Shopping City that will open in November 2022. Presentations have been received on the Runcorn Town Deal initiative and formal support given to the Health & Education Hub.
- 3.9 There is a partnership maturity self-assessment for place based partnerships which establishes the stages of development from emerging, evolving, established and thriving. One Halton has been assessed at evolving in November 2021 and June 2022. The self-assessment will be repeated in the autumn and the ICB will be following up with place visits in October 2022 to discuss place progress and support for further developments

3.9.1 The ICB is rotating its formal meetings around the nine places within the Cheshire & Merseyside footprint. Halton will host the ICB meeting on Thursday 27<sup>th</sup> April 2023 at 10am, further details will be circulated.

3.10 Regular update reports will be provided to the Health Policy & Performance Board and Health and Wellbeing Board to ensure Boards are up to date with arrangements as the new system becomes embedded and further evolves.

#### 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 White Paper, *Joining Up Care for People, Places and Populations*, February 2022 sets out future ambitions for shared outcomes by 2023 with shared accountability and a single person accountable at place level. A single health & care record to be achieved by 2024 which has significant implications on resources and ways of working.

#### 5.0 **FINANCIAL IMPLICATIONS**

5.1 Anticipated, but not yet known. Cheshire & Merseyside ICB need to agree services to be delivered direct from ICB, any at scale and provision delegated to One Halton to enable us to fully understand the resource and financial impacts; this will be worked through in the transition (first) year.

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

##### 6.1 **Children & Young People in Halton**

One Halton supports the Council's Health & Wellbeing Boards priority of improving levels of early child development. One of the system priorities is Start Well.

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

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

**6.3 A Healthy Halton**

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

**6.4 A Safer Halton**

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

**6.5 Halton's Urban Renewal**

The NHS reforms to Integrated Care Systems and Place Based Partnerships seek to engender a whole place collaborative approach. As arrangements progress there will be a work stream around assets to understand the estate that supports delivery in Halton.

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



<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	12 <sup>th</sup> October 2022
<b>REPORTING OFFICER:</b>	Director of Public Health
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	One Halton and Health and Wellbeing Board Strategy
<b>WARD(S)</b>	Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 To update the Board on the content of the new combined One Halton and Health and Wellbeing Board Strategy

## 2.0 RECOMMENDATION: That the Board

- i) note the content of the report and presentation; and
- ii) receive copies of the Strategy

## 3.0 SUPPORTING INFORMATION

3.1 Halton's previous Health and Wellbeing Board Strategy covered the period of 2017 – 2022. Developments within the local NHS have led to the creation of One Halton and as a partnership approach it was agreed that a shared strategy be adopted. The new strategy has been developed following consultation and engagement with frontline staff, operational and strategic leads from health, children's services, employment and jobs, transport, NHS, local authority, acute trusts, community trusts, mental health trusts, adult social care, public health, the voluntary sector and elected members. A further public consultation followed.

3.2 The strategy uses a population health intelligence led approach based on qualitative and quantitative data and intelligence to identify the key elements requiring transformational change and development. Priorities for transformation were identified and a draft strategy produced and shared for comments and feedback from a core stakeholder group and a further round of engagement with wider stakeholders has then informed the contents.

3.3 The strategy identifies important system priorities and a strategic framework which will be used to develop a delivery plan. The plan will need to align with and influence the content of partners own delivery intentions over the coming years.

3.4 The strategy outlines our intention to transform and improve the delivery of health care for the people of Halton.

Within the strategy are four underlying themes:

- Tackling the wider determinants of health

- Support our community in *Starting Well*
- Support our community in *Living Well*
- Support our community in *Ageing Well*

3.5 This strategy is intentionally a high-level strategy and it sets out how the wider system will come together to achieve our ambitions for reduced health inequalities and to achieve better health outcomes across our community. Eight enablers are identified within the document that are required in order for the strategy to be effective, they include: better, more local data, leadership to oversee transformation, new funding models, a healthy engaged workforce, digital solutions, estates that are fit for the now and the future, an evaluative culture and a community that is involved and engaged.

3.6 The intention is that strategy will inform a whole-system process where all partners will consider within their organisational plans how they can align their activities and resources to deliver better health outcomes at a systems level. A detailed work plan is in development and in recognition that many of the original themes identified in the strategy cut across the thematic areas identified 4 key objectives will be used to develop the plan

- Enhanced access and improved communication
- Employability and workforce
- Early intervention and diagnosis
- Wider care and support

#### 4.0 **POLICY IMPLICATIONS**

4.1 The One Halton/ Health and Wellbeing Strategy should be used to inform commissioning plans and collaborative action for the NHS, Social Care, Public Health and other key partners as appropriate.

#### 5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 It's unclear the funding available and what activity/ pathways will be delivered by other organisational groups but as the proposals are transformation resources will need to be identified.

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

##### 6.1 **Children & Young People in Halton**

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton and was identified as a priority through consultation and engagement.

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

The above priority is a key determinant of health and was identified as a priority through consultation and engagement. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents

6.3 **A Healthy Halton**

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

6.4 **A Safer Halton**

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

6.5 **Halton's Urban Renewal**

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing.

7.0 **RISK ANALYSIS**

7.1 Developing the One Halton Strategy does not present any obvious risk however, there may be risks associated with the delivery plan. These will be assessed as appropriate.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 This is in line with all equality and diversity issues in Halton and supports a reduction in inequalities.

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

9.1 None within the meaning of the Act.

<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	12 October 2022
<b>REPORTING OFFICER:</b>	Halton Director, NHS Cheshire & Merseyside
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	ICP Strategy
<b>WARD(S)</b>	Borough-wide

### 1.0 **PURPOSE OF THE REPORT**

1.1 Members of the Board to receive a presentation regarding the ICP Strategy.

### 2.0 **RECOMMENDATION: That Members of the Board note the presentation.**

### 3.0 **SUPPORTING INFORMATION**

3.1 The Department of Health and Social Care issued guidance over the summer in relation to publishing an Integrated Partnership (ICP) Strategy by December 2022, which would be updated following a refresh of national guidance in June 2023, or whenever a JSNA is published. The overall approach will be underpinned by strong, local engagement across Cheshire and Merseyside including with the social care sector, local authorities, health and wellbeing boards, providers of services, VCSE sector, local people and communities, and will be complimentary to Halton's Health and Wellbeing Strategy.

3.2 In terms of development of the strategy, it will:

- Be informed by health and wellbeing boards' joint strategic needs assessments from across the nine Places.
- Focus on activity that can be delivered at a Cheshire and Merseyside (or cross system) level, whilst local Health and Wellbeing Strategies focus on what can be delivered in "Place" and in communities. ICPs and Health and Wellbeing Boards have statutory commitments to deliver their strategies separately, but they will be aligned and complimentary.
- Be developed and underpinned by strong engagement with local people and communities, and partners.

3.3 The Cheshire and Merseyside ICP Interim Strategy can build on the work previously developed through the plans and priorities already identified and would include a summary of each Place's plan/local Health and Wellbeing Strategy as well as addressing emerging issues such as cost of living pressures and fuel poverty.



3.4 The attached presentation describes in more detail the process for developing the ICP Strategy. The Health and Wellbeing Board will be kept updated as the work progresses.

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified.

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

6.1 **Children & Young People in Halton**

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.

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

None identified.

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**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

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

None.

<b>REPORT TO:</b>	Health and Wellbeing Board
<b>DATE:</b>	12 October 2022
<b>REPORTING OFFICER:</b>	Director of Public Health
<b>PORTFOLIO:</b>	Public Health
<b>SUBJECT:</b>	Planning for Winter 2022/23
<b>WARD(S)</b>	Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 This report presents an overview of the planning taking place to prepare for winter to protect our population from challenges in the 2022/23 season. It includes a summary of the flu and winter vaccination programme, system pressure planning and the links with measures required to support our communities during the current cost of living crisis.

## 2.0 RECOMMENDATION: That:

- i) **the Board note the content and process of planning for winter to protect our population against additional threats that the season brings; and**
- ii) **each individual agency note their requirements in relation to the programme and use all opportunities to promote positive prevention messages and community support as widely as possible .**

## 3.0 SUPPORTING INFORMATION

### 3.1 Background

Winter is always a challenging time for organisations who are working to protect our populations and deliver health and social care services to meet the needs of our residents. Additional challenges from increased circulation of some diseases, extreme weather conditions and added pressures on health and social care services all contribute to winter pressures.

This winter could be a particularly difficult one with the potential for more circulation of respiratory and other viruses than previous years, the ongoing transmission of COVID-19 and the additional difficulties that households may be facing as a result of the cost of living increases.

The balance between maintaining planned care and managing elevated urgent and emergency care is a challenge every winter. The local authority are

working across departments and the wider Integrated Care System to ensure that the whole system is planning and preparing to mitigate these challenges and is able to maintain and scale up services as required, as well as increasing opportunities to prevent additional pressures.

This paper will touch on the planning that is taking place specifically around:

- Flu
- Covid
- System pressures
- Supporting people and households

## 3.2 **Flu**

Flu tends to circulate during the months of December to March with the vaccination programme starting at the end of September to ensure people are vaccinated prior to the start of flu season. Flu adds to the increased burden of illness that challenges the health and social care system every year.

### 3.2.1 **Flu Vaccination**

The national flu immunisation programme aims to provide direct protection to people who are at higher risk of becoming more seriously ill or suffer complications if they catch flu. Groups eligible for flu vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI).

### 3.2.2 **Eligibility**

People eligible for flu vaccination for the 2022/2023 flu season are:

#### **Initially**

- those aged 65 years and over
- those aged six months to under 65 years in clinical risk groups (as defined by the influenza chapter in 'Immunisation against infectious disease' (the 'Green Book')
- all children aged 2 to 10 (but not 11 years or older) on 31 August 2021 (i.e. up to school Year 6)
- pregnant women
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals

#### **Additionally**

- 50 to 64 year olds not in clinical risk groups (including those who turn 50 by 31 March 2023)
- Secondary school-aged children focusing on years 7, 8 and 9 and any remaining vaccine will be offered to years 10 and 11, subject to vaccine availability.

### 3.2.3 **Flu vaccination delivery**

NHSEI have not placed any specific uptake targets for flu vaccination this year, but there is an expectation to achieve at least the previous year's uptake rates



and deliver a 100% offer for all eligible individuals.

There are a number of routes for people to get their vaccination and we are working closely with providers across all areas and sectors to access.

Vaccine stocks have been delivered to some settings and some clinics have already started delivering the vaccine. As there are staggered deliveries some providers may receive supply later than others. All providers will have stock deliveries and begin vaccinating before the end of September.

### Primary Care

All GP practices across Halton are delivering the flu vaccination at the surgery to eligible patients who are registered with them and they will be in the process of making the offers to those eligible patients by text, phone or letter as needed. Most practices will offer appointments and there are also a number offering drop-in clinics, but these vary between practices.

In Widnes, the PCN are also offering flu vaccinations on behalf of Widnes Practices, mainly out of Highfield hospital.

All pharmacies in Halton are offering the flu vaccination and many of these will have sent invites to patients who use their services. Delivery of the service varies, some pharmacies may offer actual appointment times but others offer drop in clinics. Most pharmacies can offer the flu vaccination privately for a fee to those who are not eligible under the NHS programme. It should also be noted people can have a vaccine if they are eligible, in any pharmacy across the country.

### Schools and nurseries

Eligible children in school will be offered the vaccination by Bridgewater NHS Foundation Trust, who are commissioned by NHSEI to provide the childhood flu programme. The school vaccination providers have confirmed that all primary schools will have at least one visit by mid-November and some schools with the lowest uptake will receive a second visit. NHSEI have identified that children in secondary school will be offered the vaccination after January 2023 but no date has been confirmed. School vaccination providers are working closely with local authorities to help maximise uptake and provide the most effective and efficient service.

### Care homes and Care Staff

Vaccinations in care homes are provided by the care homes nominated GP and many homes have already received a vaccination visit or have those dates booked in to enable all residents to receive their vaccination. Care home staff are also eligible for vaccination and can be vaccinated at the same time as residents. Any health and care worker unable to have this then, or who works in a different setting, can access their vaccination at their GP or a pharmacy.

### Outreach (inequalities)

In previous years, approximately 80% of people in Halton over the age of 65

took up the offer of their flu jab, compared to 50% of those under 65 and at risk and only 31% for pregnant women. The protection that is given by the flu vaccination is not taken up equally amongst all those who are most at risk.

The public health team are working with all providers, and the Halton and Warrington Flu Group to identify and support opportunities to provide the flu vaccination in various ways, using different venues and approaches to help increase uptake. We are particularly focusing on groups of people that have the lowest uptake of flu vaccination and for groups of people who may find difficulty accessing other services.

#### 3.2.4 **Oversight**

Halton and Warrington have held a joint flu planning and oversight group for a number of years. The group meets monthly throughout the flu season to oversee the planning of the seasonal flu programme, ensuring that relevant and robust procedures are in place to invite and vaccinate the eligible population. The group works in partnership to improve the uptake of influenza vaccination. It prepares and plans for outbreaks across the population of Halton and Warrington footprint and provides support to GP practices throughout the flu season. Membership includes: Halton and Warrington Borough Councils, Local place based ICS leads, Warrington and Halton Foundation Hospital Trust, Community Infection Prevention and Control team, Local pharmaceutical committee, and community NHS trusts.

#### 3.3 **Covid Vaccination**

The Covid vaccination which began in December 2020 continues to be expanded on the basis of JCVI guidance and assessment of populations' risk. Throughout the pandemic, coronavirus (COVID-19) has disproportionately affected those in older age groups, residents in care homes for older adults, and those with certain underlying health conditions, particularly those who are immunosuppressed. For this reason, these groups have been prioritised for vaccination across all of JCVI's advice so far.

The Covid vaccination is still available to anyone who has not received it. There are still approximately 30% of people in Halton (around 41,000 people) who have not yet had a Covid vaccine. We know that people in some ethnic minority groups and people from the lowest economic groups are less likely to have been protected against Covid.

##### 3.3.1 **Autumn Boosters eligibility**

JCVI has recommended an additional booster dose of vaccine this autumn for those most at risk from more severe effects from Covid and in settings where Covid could spread most rapidly. These include:

- People aged 50 years and older,
- residents in care homes for older people,
- those aged 5 years and over in a clinical risk group
- health and social care staff

The autumn booster programme has started and people who are eligible and had their previous booster at least 3 months ago will be offered an appointment between September and December 2022.

It is possible to receive the flu and the Covid vaccination at the same time however, as there are fewer venues able to provide the Covid vaccination, this will not be possible in all settings.

### 3.3.2 Covid Vaccination Delivery

#### Primary Care

The autumn booster vaccination will be by offer only and patients may be invited to make an appointment by their GP, pharmacy or sometimes by other NHS services they are in contact with. Most local GPs are offering the vaccination for the eligible patients. In Widnes the PCN are coordinating some vaccine clinics on behalf of practices and these are currently being offered by appointment at Highfield Hospital.

There are a number of pharmacies across Widnes and Runcorn who have been commissioned by NHSEI to provide the Covid vaccination. Supply varies influencing clinics timings, so people seeking to make an appointment are best doing so either in response to a direct link sent from their GP or pharmacy, or by visiting the “Grab a Jab” website to make an appointment at the nearest centre offering appointments at that time.  
<https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/find-a-walk-in-coronavirus-covid-19-vaccination-site/>

Local practices and PCN are undertaking visits to care homes to offer the Covid vaccination to residents and staff.

#### Outreach

NHSEI have commissioned Cheshire and Wirral Partnership (CWP) to offer an outreach vaccination bus that is available for 1 day per week across Halton. The bus is able to visit areas of low uptake, or areas where some populations may have more difficulty accessing other vaccination services. Halton Public Health team are working closely with CWP to help identify the most effective locations for the bus to increase uptake and reduce inequalities.

Widnes PCN are also working with the Public Health team to identify opportunities for other types of outreach sessions to reach more people in difficult to reach areas. These plans are in development.

### 3.4

#### **Winter Pressures**

Winter takes its toll for a number of reasons on the NHS and other health and care setting. Often this can be as a result of, increased circulation of respiratory and other diseases, leading to increase demand and also staff illness, increased accidents and illnesses caused by cold weather and poor conditions

and more people who are vulnerable needing additional care and support. Hospital capacity can reach critical levels but so too can social care settings, this leads to difficulties discharging people from hospitals to other care settings and supported environments.

Winter pressures and planning is a key issue for the acute, mental health, community and ambulance service trusts that NHS Providers represents.

#### 3.4.1 **Integrated Care Board Planning**

Local Place Integrated Care Boards are currently in the process of developing meetings and plans with partners to help address the variety of potential pressures that could challenge the health and care systems during the winter. Identifying where pressure points may be and developing plans to mitigate the causes and relieve the issues should they arise.

The local ICS leads are currently coordinating action planning with partners across the health and care sectors to address the wider health and social care factors that add to the winter pressures, these include actions around:

- Infection control guidance and support to mitigate outbreaks
- Workforce management to mitigate absences, increase capacity etc.
- Increase uptake of winter vaccinations to reduce burden of respiratory viruses
- Encourage staff uptake of flu and Covid vaccinations
- Increase awareness and compliance of good hygiene principles
- Safe discharge and preventing avoidable admissions
- Intermediate care and care system capacity
- Expanding social prescribing and social/third sector support
- Coordination, reporting and oversight systems

The public health team is working with system partners to help identify prevention plans to best protect people from requiring additional care this winter, this will include plans for flu and covid vaccination, increasing uptake of pneumococcal and other vaccinations for specific groups and advice and guidance on cold homes and cold weather.

#### 3.5 **Supporting People and Families**

Fuel costs, the cost of heating a home and general household spends have increased significantly this winter leaving many households and families in a difficult financial situation which can limit their ability to manage changes in temperature and live a healthy, safe lifestyle. This is affecting all generations and is likely to impact on other factors such as social isolation, increasing levels of digital poverty, increasing demand on foodbanks, as well as increasing demand on Council services and community, voluntary and faith organisations.

As a result of predicted difficulties that many families will be facing this winter, the council alongside partners are working to help identify households and families most at risk and provide easier access to help and support that may be in more demand this winter.

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 Vaccination programmes are a national requirement, monitored through monthly returns to NHS England. Planning for and protecting people against harms and threats is a key element to a number of policy areas.

#### 5.0 **OTHER/FINANCIAL IMPLICATIONS**

- 5.1 There will be financial impacts in the implementation of the national programmes – vaccinations within primary care and to risk groups is covered through national arrangements and financial agreements. Individual employer organisations of health and social care staff are required to resource arrangements for the provision of vaccination. Resource is required to promote vaccination uptake amongst all eligible groups and maximise the programmes impact.

Annual challenges on the health and social care system are responsible for a large proportion of excess winter deaths. Cases of flu pose a significant burden on primary and secondary health care systems, as does Covid. Outbreaks amongst vulnerable groups are common in unprotected communities and can be difficult to manage and control. Flu is preventable and inequities in uptake across the Borough, within higher risk populations and staffing groups can put the most vulnerable people at greater risk. People in vulnerable households and with inadequate housing conditions, income, additional health needs etc. are more vulnerable to the effects of cold and of additional cost of living impacts which will challenge local communities and local services more significantly this year.

The additional consequence of flu alongside the current threat that COVID-19 outbreaks may result in an undue financial burden to localities.

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

##### 6.1 **Children & Young People in Halton**

Children represent one of the key sources of carriage of flu virus in the community, ensuring high uptake amongst children is one of the best ways to ensure we limit the spread of flu in our communities and protect our most vulnerable children and members of the community from a preventable illness.

Signs and symptoms of flu are similar to Covid, it will be difficult to identify early on if we have a cluster of disease if it is Covid or flu and both may have different implications for school closures etc.

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

Maximising vaccine uptake amongst eligible groups will protect members of our communities, facilitating people to maintain good health through the winter period will maximise employment and learning opportunities and limit absence from school and workplaces.

Ensuring people can access help and support to sustain their employment, maximise opportunities and aspirations is key to developing resilient households more able to withstand the impact of some financial and social changes.

**6.3 A Healthy Halton**

Flu and Covid are largely preventable illnesses. Ensuring good uptake of vaccination for risk groups and health and social care staff, will prevent illness and death within Halton.

**6.4 A Safer Halton**

Keeping Halton's population safe from all threats is a key consideration and more important currently with the added difficulties posed by the pandemic.

**6.5 Halton's Urban Renewal**

None specified

**7.0 RISK ANALYSIS**

7.1 *Failing to adequately implement the national flu plan and protect our community from additional seasonal threats and harms puts the population at significant risk of outbreaks, increased burden of illness and ill-health and challenges local households and communities. Failure to plan and mitigate against identifiable risks is a corporate and an integrated health and care system risk.*

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 *All plans are developed with the basis of reducing inequalities in mind and are developed in line with all equality and diversity issues within Halton taking into account the implications for, and impact upon, individuals with protected characteristics.*

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

None within the meaning of the Act.

<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	12 October 2022
<b>REPORTING OFFICER:</b>	NHS Cheshire and Merseyside – Halton Place Director
<b>PORTFOLIO:</b>	Health and Wellbeing
<b>SUBJECT:</b>	NHS Winter Pressures
<b>WARD(S)</b>	Borough-wide

### 1.0 **PURPOSE OF THE REPORT**

1.1 To inform the board on the pressures the NHS are expecting to experience in the coming winter months and focus being employed in preparation and monitoring.

### 2.0 **RECOMMENDATION: That the Board consider**

- 1) the focus on the urgent and emergency care services;**
- 2) the core objectives and actions being employed; and**
- 3) the Board Assurance Framework and key metrics**

### 3.0 **SUPPORTING INFORMATION**

3.1 The NHS Chief Executive has written to all NHS organisations to outline the approach being undertaken to develop operational resilience during the coming winter, with a focus on urgent and emergency care services and the capacity and occupancy in acute hospital beds.

3.2 Urgent and Emergency Care is currently under significant pressure. Staff have faced one of their busiest summers ever with record numbers of A&E attendances and the most urgent ambulance call outs, all alongside another wave of COVID-19. Thanks to the professionalism and commitment of those staff, the NHS continues to provide care to over 100,000 urgent and emergency care patients each week. Despite their best efforts, these pressures have meant that there have been too many occasions when staff have not been able to provide timely access for our patients in the way they would have wanted.

3.3 In addition to maintaining progress on 2022/23 operational priorities and building on the significant successes in delivering our Elective Recovery plan, with a strong focus on 62 day cancer backlogs and elective long waits, the plan sets out the next steps to rapidly increase capacity and resilience ahead of winter, building on the operational plans that were developed earlier in the year.

### 3.4 Core objectives and key actions are to:

<p><b>Prepare for variants of COVID-19 and respiratory challenges</b>, including an integrated COVID-19 and flu vaccination programme.</p>	<p><b>Increase capacity outside acute trusts</b>, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter</p>	<p><b>Increase resilience in NHS 111 and 999 services</b>, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.</p>	<p><b>Target Category 2 response times and ambulance handover delays</b>, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.</p>
<p><b>Reduce crowding in A&amp;E departments and target the longest waits in ED</b>, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.</p>	<p><b>Reduce hospital occupancy</b>, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway</p>	<p><b>Ensure timely discharge</b>, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'.</p>	<p><b>Provide better support for people at home</b>, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs</p>

3.4 The NHS Winter Plan aims to mitigate some of the pressure points within the system and has set a series of key metrics to monitor the situation throughout the winter. The aim is to respond to patients in crisis quickly and effectively, increase capacity in the hospital sector and reduce the number of patients in hospital that no longer require acute care.

- Improve the response and reduce call abandonment for 111 and 999 services – to deal with patients at their first contact rather than present at A&E
- Ensure the category 2 ambulance calls arrive with the 18 minute standard – currently these are waiting up to one hour.
- Improve ambulance handover times at A&E – to reduce the number of lost hours of vehicles being on the road to respond to calls.
- Reduce hospital occupancy levels to 92% - there is winter funding to support 7,000 additional hospital beds across the country, to reduce patients waiting on trolleys in A&E or on corridors.
- Reduce the number of patients who no longer need acute care remaining in hospital beds – the target has been 10% since July but it is currently 25% of all hospital beds have patients who no longer require acute care.

3.5 NHS Cheshire and Merseyside has set up a weekly Winter Planning and Operational Group to support the development of the ICB winter planning and provide assurance across the systems. The initial UEC assurance framework has been submitted to NHS England for review and in agreement between NW regional UEC team and each ICS as to local systems of high concern ahead of winter and hospital sites where a site visit (to walk patient pathway) would be of value. In conjunction with site visits, a whole system roundtable discussion to better understand and assess the local system/place's state of winter preparedness/readiness (and the role each system partner is playing in supporting winter pressures).

3.6 Within Halton there are a number of services and initiatives in place to support



residents and to create closer to home and easily accessible alternatives to acute hospital care. These include:

- Selfcare advice and guidance for healthy living and dealing with minor ailments
- The minor ailments service within the community pharmacies
- Community and Voluntary sector programmes and organisations
- NHS 111 First with the ability to navigate callers to local services
- Minor eye conditions service in the community optometrist
- GP extra for booked appointments outside or core hours
- 2 Urgent Treatment Centres offering walk-in care 8am to 9pm, 7 days a week
- Halton Intermediate Care and Frailty Service, providing urgent community response for patients at risk of requiring admission to hospital
- Rapid response respiratory service for COPD patients who experience an exacerbation
- NWAS admission avoidance car to act as a first response vehicle for 999 callers
- The community warden service supporting patients using the pendant alarm programme
- The High Intensity Users programme to support patients who are frequent callers and users of emergency services who have underlying anxiety issues
- The winter vaccine programmes for flu and COVID19, which have already started for the most vulnerable groups and plans in development to secure high levels of uptake across all eligible groups.

3.7

3.8

Whilst part of previous winter plans, in response to cost of living and fuel poverty crises, partners across Halton are stepping up their efforts as part of the Affordable Warmth programme, supporting local people to access available help, keep warm and avoid damp living conditions during the winter, benefitting population health and the urgent and emergency care system.

3.9

Work is underway to assess and improve discharge processes and their implementation, with the aim of reducing avoidable delays in discharge which can be a significant bottleneck in hospitals affecting, amongst other things, A&E and ambulance performance. To provide additional capacity during the winter there are also discussion being undertaken for increasing community bed availability both at Lilycross Care Centre and Oakmeadow, and consideration about the level of domiciliary care require. Halton is also working within the ICB programme for the national programme to develop virtual ward and hospital at home arrangements for early supportive discharge and admission avoidance of respiratory and frail patients.

3.10

Halton is establishing a Winter Resilience Group, operational and tactical management and escalation arrangements. These will bring together health and care partners to monitor plan implementation and impact, system performance and pressures, identifying, agreeing and executing remedial actions as required to ensure local people can access the services they need when they need them.

The new Health and Social Care Secretary announced plans for support to ambulance services, increased access to primary care, through GPs and Community Pharmacies, and a fund to support social care service for discharges. The details of these plans are expected soon and potentially add additional objectives and actions on to the existing plan.

#### 4.0 **POLICY IMPLICATIONS**

4.1 Halton Winter Warmth campaign has commenced to support residence during the winter.

#### 5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Workforce retention and recruitment has been problematic over the last few years, particularly for key specialities such as social workers and therapist, which is expected to continue and hamper the increase in service capacity to meet the demands.

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

##### 6.1 **Children & Young People in Halton**

The NHS winter pressures are not anticipated to negatively impact on children's services.

The cost of living and fuel crisis will have a negative impact on children and families living in the less affluent households, that may result in increase presentations for health care interventions.

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

The NHS winter pressure is not anticipated to negatively impact

##### 6.3 **A Healthy Halton**

The NHS winter pressures may result in long waits for urgent and emergency care, increased incidents due to longer ambulance waits and delays elective and routine care. All these issues can result in further deterioration of a patient's existing condition.

The pressures on NHS services should not have a negative impact on the underlying population health, but the cost of living and fuel crisis could cause a range of health conditions if people aren't able to keep warm and eat well.

##### 6.4 **A Safer Halton**

The NHS winter pressures is not anticipated to negatively impact

##### 6.5 **Halton's Urban Renewal**

The NHS winter pressures is not anticipated to negatively impact

**7.0 RISK ANALYSIS**

- 7.1 Increased morbidity and mortality within the population because of cold weather ailments and delays in access to care
- 7.2 Increased waits for care across all sectors
- 7.3 Increased demands for ongoing social care in an already saturated market
- 7.4 Workforce pressures due to absences and inability to recruit
- 7.5 Financial pressures rising with demand and limited winter allocations

**8.0 EQUALITY AND DIVERSITY ISSUES**

- 8.1 The pressures on NHS services should not have a negative impact on the level of access by any particular group of patients, but the cost of living and fuel crisis could cause a range of pressures on less affluent communities.

**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:** 12<sup>th</sup> October 2022

**REPORTING OFFICER:** Director of Public Health

**PORTFOLIO:** Health & Wellbeing

**SUBJECT:** Cost of Living Crisis

**WARD(S)** Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 To bring to the attention of the Board the predicated health impacts of the widely reported cost of living crisis and demonstrate the actions taken locally to reduce this impact

## 2.0 RECOMMENDATION: That the Board:

- i) Note the content of the report
- ii) All partners discuss the impacts they are aware of and share what additional actions they are taking
- iii) All partners to promote community support opportunities widely

## 3.0 SUPPORTING INFORMATION

3.1 It is widely reported that the UK is in a cost-of-living crisis. Fuel costs and the cost of heating a home have increased significantly and risen again in October 2022. Economic inflation is driving an increase in the cost of household items including food, clothing, winter coats and blankets; this, combined with the changes to the welfare system, and rising prices in the shops due to inflation may leave many households struggling to make ends meet.

3.2 Across the generations its further impacts may include increasing levels of social isolation, worsening mental health, increasing levels of digital poverty, increasing demand on foodbanks, as well as increasing demand on council services and community, voluntary and faith organisations

3.3 Real household incomes are expected to fall in 2022. In August, the Bank of England expected post-tax household income to fall by 1.5% in 2022, then fall by 2.25% in 2023, before rising by 0.75% in 2024. And yet £15, 424\*<sup>1</sup> (at 2019 prices) is the amount of annual income (net of housing costs and household fuel costs) that would be required for a household of two adults (with no children) to be defined as not living in poverty. Inflation is currently running at close to 10%.

3.4 The Office of National Statistics (ONS) conduction regular national surveys that have identified a worsening picture of debt, limited spending and lifestyle changes

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<sup>1</sup> Personal communication Health Analyst Office for Health Improvement and Disparities but see also <https://www.jrf.org.uk/press/rising-energy-bills-devastate-poorest-families>

linked to price increases. Those living in the poorest families are making the deepest cuts.

The most common lifestyle changes they had made as a result were:

- spending less on non-essentials (57%, around 26 million people)
- using less gas and electricity in their home (51%, around 24 million people)
- cutting back on non-essential journeys in their vehicle (42%, around 19 million people)

More than a third of those whose cost of living had gone up cut back spending on food and essentials (35%, around 16 million people).

Almost a quarter (23%, around 11 million people) used savings to cover costs, and 13% (around 6 million people) said they were using more credit than usual.

3.5 A total of 38,750 Halton people live in the 10% most deprived area nationally: This is almost a third of all residents (30.4%) and the proportion living in the most deprived 20% nationally is almost half of all people (48.4 %.)

The main groups of people who are also predicted to be more at risk from the impacts include people living with a disability (15,770 households with one person with a long-term health problem or disability in Halton: 2011 Census); Children In Halton, 16.6% of children aged under 16 live in relative low income households; this equates to approximately 24,600 children. (Marmot report) and people living in households that meet the definition for fuel poverty (an estimated 7900 homes in total.)

3.6 The table below displays the characteristics of person who are more at risk of living in fuel poverty.

**Table 1 Summary of Evidence on factors increasing risk of fuel poverty**

Factor	Local Impacts
Low income households (and low financial resilience – and the two correlate).	In Halton, 16.6% of children aged under 16 live in relative low income households; this equates to approximately 24,600 children.
Families with dependent children	according to the 2011 census, there were 16,659 households with dependent children in Halton, which equates to 31% of households
Households with people living with disabilities	according to the 2011 census, there were 15,770 households with one person with a long-term health problem or disability in Halton, which equates to 30% of households
Minority ethnic households	according to the 2011 census, 3.5% of Halton households had 2 or more different ethnicities living at the address. This is lower than the England (9%) and North West (5.6%) levels.
Overcrowding.	According to the 2011 census 4.9% of Halton homes were considered over occupied. This is lower than the NW and England levels of 6.2% and 8.5% respectively

3.7 Table 2 provides a summary of the main population health cohorts and conditions that are impacted by or linked to cold homes. They are at greatest risk regarding complications and increased prevalence in the coming winter of 2022/23. This could contribute to having significance in terms of additional pressures on hospital resources, the community health and care system and excess deaths. This is taken from a briefing paper presented to the ICB in June 2022.

**Table 2: Risk factors and Health conditions impacted on by Cold Homes.**

Health Conditions and Risk Factors	Description and Rationale
Respiratory problems:	Asthma and chronic obstructive pulmonary disease
Circulatory problems:	Raised blood pressure leading to increased risk of strokes and heart attacks. Coronary events to be more fatal during colder periods.
Mental health:	Young people living in cold homes are more likely to be at risk of multiple mental health symptoms, experiencing four or more negative mental health symptoms
Long-term conditions	Cold conditions can exacerbate existing medical conditions including diabetes, certain types of ulcers and musculoskeletal pains. In addition, cold homes may slow down recovery following discharge from hospital
Older people:	Cold homes have been associated with lower strength and dexterity and exacerbated symptoms of arthritis, which can increase the risk of falls and unintentional injury.
Children and young people:	More likely than others to experience mental health problems, such as depression and anxiety. More likely to experience slower physical growth and cognitive development. Had higher risks of respiratory problems, long term ill health and disability. 1.5 to 3 times more likely to develop symptoms of asthma than children living in warm and dry homes.
Wider determinants:	Association between cold homes and poor educational performance among children, partly due to higher rates of sickness and absence from school. Improvements in the warmth of the home could reduce absences from work, which is likely to have a positive impact on work-related health.
COVID-19:	Additional pressure on health and care services this coming winter is likely from a further wave of Covid 19. The severity and impact of a further Covid 19 wave in the context of high vaccination uptake is uncertain.

Seasonal Flu:	Each winter also brings the possibility of a severe seasonal flu. The chances of such happening this winter are possibly higher given the influence of past two winters limiting social contact and reducing exposure to flu virus that would have offered some degree of higher population immunity from flu
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### 3.8 **Support Available**

#### 3.8.1 National

In February 2022 the Government announced a one-off £150 Energy Rebate payment to Council Tax payers in bands A to D. The £150 Energy Rebate payment has now been made to a number of households and the remaining will have their Council Tax account credited with the £150 energy rebate.

Additionally all households will start receiving £400 off their energy bills from October, with the discount made in 6 instalments to help families throughout the winter period, it is non repayable and will be administered by their energy company.

3 additional payments are available to low income households (up to £650), people on a qualifying disability benefit (up to £150), and people entitled to a Winter Fuel Payment, this is also referred to as the pensioner cost of living payment (£300). It is not clear at the time of writing if these payments could be combined for some individuals.

The Government also announced an energy bill cap of £2500, note however that the cap equates to a 'typical' usage of 12000kWh of gas and 2900 kWh of electricity per year. Households using more will pay more and it should be noted that the current reliefs are announced on a basis of one payment type for each household and as such treats as equivalents; a single older person living alone, and a lone parent with an older mother and with two teenage children. The first household may heat only two rooms, the second will likely be heating six. Yet the first is getting more relief than the second.

#### 3.8.2 Local

A range of cross sector approaches are in place to support local people over and above the central government offer of support much of which remains undefined at present.

#### 3.8.3 Fuel support

Citizens Advice partner with HBC to offer Debt Advice and Pre Paid fuel vouchers Energy Project Plus (EPP) offer free helpline for advice on energy efficiency, reducing fuel bills and grants/discounts etc. as well as home energy visits and installation of simple measures (e.g. energy saving lightbulbs).

Cheshire Green Doctor also run helplines for advice on energy efficiency, reducing fuel bills, and grants, they do signpost to relevant organisations around money/debt advice etc.

Housing associations offer various cost-of-living advice and support for their tenants. Some are also looking at means to better identify/target vulnerable homes

The affordable warmth referral form available on HBC website to assess needs and signpost to relevant support. The referral form is a means to gain free and impartial advice and support to help reduce energy bills, keep homes warm and offer debt

advice. The offer is working in partnership with local organisations highlighted above.

#### 3.8.4 Funding/grant schemes

- Citizens Advice has been working with Halton Housing (and other Council Teams) to distribute School Uniform grants.
- ECO4 Flex (Energy Company Obligation) funding scheme: heating and energy efficiency measures in fuel poor and vulnerable homes. The application form is on the HBC website. Halton accepts and processes referrals; applications currently go through Halton Direct Link, to public health team for review.
- The Sustainable Warmth Fund has recently opened to applications targeting those and most in need of energy improvement installations (e.g heating, insulation, double glazing but excluding gas boilers) for around 442 privately rented/owned homes. This is managed by HBC Regen team.
- EPP's Warmth for Health scheme: grant funding towards the costs of repairing/replacing heating systems (and boiler servicing), for low-income homeowners with chronic health conditions who are ineligible for ECO Funding
- EPP's ECHO (Emergency Central Heating Offer) scheme – funds repair/replacement of broken gas boilers, for homeowners earning <£31k or receiving income support.(subject to the necessary funding)
- Community Grants: £500 groups for development – not specific to cost of living increase.
- Halton Foundation (managed by Merseyside Foundation) give out vouchers for white goods etc. in emergency situations.
- LEAP Appliance Scheme – white goods replacement scheme (the white goods service is subject to funding being available)

For individuals in urgent need, there is an option to apply to the Council's discretionary support team who may be able to help with food and other emergency support.

#### 3.8.5 Existing planned events:

- Whilst "Warm Banks" appears to be a beneficial offer it is not without risk as it increases costs of heating for the provider at a challenging time and also may entice people out of their homes into an even colder environment in order to travel to them for a short term benefit. As such existing opportunities for events already taking place in the community are being identified and will be advertised on a rolling basis.
- Citizens Advice are reviewing a 'Warm zones' initiative, which would see them and other agencies open through extended opening hours/weekends, enabling people to warm up and speak to professionals if required.
- Bridgewater 0-19s are planning to resume drop-in baby clinics in late September/Early October to potentially have professional partners available at these drop-ins to offer advice/support (e.g. on timetable or targeted based on needs). Families would be invited and made aware of support available.
- Libraries and Community Centres have started to roll out Warm Space initiatives.



- For Healthy and Active Ageing Week there were events held at Shopping City and Widnes Market working with partner organisations to promote Affordable Warmth.
- There is an annual Stay Well This Winter Campaign which includes the promotion to the public and front line professionals. Further work is ongoing to roll out the offer with all GP practices, this includes training social prescribers and social care in practice staff who are based in GP's.
- A number of Housing providers will be running events over the coming months where the local offer will be promoted.
- Whilst the above seems a comprehensive offer some of the schemes and services above are short-term or reliant on funding of which is not guaranteed in the longer term, e.g. EPP Service Level Agreement.
- A quarterly Affordable Warmth steering Group led by public health raises awareness for staff and customers/ clients about the issues related to affordable warmth and the support available to a wide range of internal and external partners including Health, Social Care both Children and Young People, Housing, Cheshire Fire Service as well as a number of Third Sector organisations.
- A fortnightly Halton Winter Resilience Group has just been stood up to look at the health and social care impacts of winter, whilst not specifically cost of living focused it will include planning linked to this.

#### 3.8.6 Food Support

There are now a number of social supermarkets set up as well as the Community Shop and Food banks to support people needing food.

Feeding Halton is a network that works on initiatives to tackle food insecurity in the borough. It is a network organisation with numerous partners. The group oversaw the summer provision of free meals for children as part of the holiday activity fund. Citizens advice provides shopping vouchers for food to the most in need.

#### 3.8.7 Awareness raising

A cost of living web page is on HBC website. Further details of the schemes above are now available. The web page links to all of the Council and partners links to local help - <https://www3.halton.gov.uk/Pages/health/costofliving.aspx>

Additional media work is planned including a communication plan to share the link above to all stakeholders including Council members and staff, NHS and VCS partners and a number of media releases are planned.

### 4.0 **POLICY IMPLICATIONS**

- 4.1 It is clear that due to the background level of need within Halton that many of our households will be affected by the rising cost of food, fuel and cost of heating their homes. There are a range of support measures available and partnership working is ensuring that support reaches the most vulnerable in a way that addresses both the immediate problem as well as supporting a more sustainable

### 5.0 **OTHER/FINANCIAL IMPLICATIONS**

- 5.1 The financial implications predominantly lie with the people who live and work in Halton. The funding provided through grants and additional support has been ring

fenced by Government although the staff resource now focused on this area across the system will have an opportunity cost.

- 5.2 Money and mental health are often linked. Having poor mental health can make managing money more difficult and problems with debt and money can impact mental health, for this reason additional work is focused on providing advice and signposting to sources of mental health and wellbeing resources.

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

### 6.1 **Children & Young People in Halton**

Experiences during the early years and in education are particularly important for immediate and longer-term health and outcomes. Improving health through the provision of adequate food and warm housing with promote educational development at an individual level.

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

There is great potential for businesses to improve the health of their employees and communities more broadly

### 6.3 **A Healthy Halton**

The majority of the report details the clear impacts on health of the current cost of living crisis

### 6.4 **A Safer Halton**

None

### 6.5 **Halton's Urban Renewal**

One of the most significant ways that healthy environments and sustainable warmth can be forged is through good quality housing with good access to services, shops, community facilities, leisure and entertainment and good quality natural environments

## 7.0 **RISK ANALYSIS**

- 7.1 Whilst it is likely that predicted price rise will have an impact at population level, the government did announce a series of measures which are expected to reduce the impact. Details of all the schemes are not know at time of writing but local schemes are in place. The most risk lies within the fact that much of the data supports our understanding of who may be at risk but data sharing is not yet routine and the challenge is finding those who may be most hard to reach and ensuring they get the help they require.

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

- 8.1 This is in line with all equality and diversity issues in Halton and supports a reduction in inequalities. In particular noting the impacts on people who will be disproportionately affected by reasons of age, disability and ethnicity

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

None within the meaning of the Act.

<b>REPORT TO:</b>	Health and Wellbeing Board
<b>DATE:</b>	12 October 2022
<b>REPORTING OFFICER:</b>	Strategic Director, People
<b>PORTFOLIO:</b>	Health and Wellbeing
<b>SUBJECT:</b>	Dementia Friendly Halton Borough Council Plan
<b>WARD(S)</b>	Borough-wide

### 1.0 **PURPOSE OF THE REPORT**

- 1.1 To present the Dementia Friendly Halton Borough Council (HBC) Plan for information.

### 2.0 **RECOMMENDATION: That the report be noted.**

### 3.0 **SUPPORTING INFORMATION**

- 3.1 Dementia friendly communities is a programme from the national Alzheimer's Society that encourages everyone to share responsibility for ensuring that people with dementia feel understood, valued and able to contribute to their community.
- 3.2 The Dementia Friendly Communities programme focuses on improving inclusion and quality of life for people with dementia and encourages organisations to develop and implement local action plans.
- 3.3 Executive Board gave approval in June 2022 for the attached action plan to develop a dementia cross council approach.
- 3.4 Whilst there is considerable scope across all council areas to include dementia friendly actions, the action plan has selected tasks that can be done relatively quickly and with minimal/no direct financial implications (notwithstanding staff resource required to implement the actions).
- 3.5 The actions have been grouped into 3 priorities
- 1) Setting up the 'infrastructure' to support a dementia friendly commitment by the council
  - 2) Raising awareness amongst HBC staff, and beyond. A key aspect of the Alzheimer's Society dementia friendly approach.
  - 3) Specific service area tasks. As awareness is raised and knowledge grows, it is anticipated that further dementia

friendly/service development actions will be identified going forward.

- 3.6 Monitoring of progress against the plan will be done initially via quarterly update report to Adult Social Care SMT, as this sits alongside the wider One Halton Dementia Delivery Plan that is being led by Adult Social Care.

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 Developing a more dementia friendly HBC for staff and residents of Halton is in line with HBC's commitment to the Liverpool City Region Dementia Pledge.
- 4.2 The actions in the draft action plan are in line with the Alzheimer's Society dementia friendly approach.
- 4.3 One Halton is in the process of developing a local dementia delivery plan, in which building dementia friendly communities will form an integral part, based on recommendations from Alzheimer's Society in their guidance to local authorities for developing local strategies

#### 5.0 **RISK ANALYSIS**

- 5.1 Halton Borough Council is well placed to lead a local 'dementia friendly' movement, and there are many opportunities to do so across both directorate service areas. The attached action plan should be seen as a starting point, with further actions to be added throughout regular reviews of progress and as the movement gathers momentum within the organisation.
- 5.2 There are no risk identified at this stage that would warrant a full risk assessment.

#### 6.0 **EQUALITY AND DIVERSITY ISSUES**

Whilst it is not an inevitable part of aging, dementia does most commonly affect those over the age of 65. The action plan aims to raise awareness of dementia so that council service areas may better understand the needs of people living with dementia, regardless of their age at time of diagnosis.

## Halton Borough Council Directorate Dementia Friendly Community Action Plan Approved July 2022

### PRIORITY 1 ACTIONS – Organisational support and infrastructure to support development of a Dementia Friendly HBC

Action	Context	How	Responsible Service Area/Team	Timeframe
<b>1. Raise the profile of dementia at a strategic level</b>	Gaining recognition as a priority in corporate planning can facilitate directorate service areas to consider how dementia impacts the council	1.1 Present the HBC Dementia Friendly Community action plan for ratification by Exec Board, Health PPB, Health and Wellbeing Board.	Chief Officers	Q1 2022/23
		1.2 Ensure that dementia friendly community related actions are represented within the local dementia strategy, as advised by Alzheimer’s Society.	One Halton Stakeholders/ HBC Commissioning and Development Manager	Q1 2022/23
		1.3 Present the One Halton Dementia Strategy/delivery plan (currently under development) for ratification by Exec Board, Health PPB, Health and Wellbeing Board.	Chief Officers & HBC Commissioning and Development Manager	Q2 2022/23
<b>2. Develop in house Dementia Friends Champions</b>	Having a database of internal champions will enable greater flexibility to arrange and deliver dementia friends awareness sessions within the organisation.	2.1 Develop and implement a communications plan, using all HBC internal communication channels, to promote the call to action for staff to become a HBC Dementia Friends Champion (in order to deliver the Dementia Friends Awareness sessions).	Legal And Democratic Services - Corporate Communications	Q2 2022/23

		2.2 Develop and maintain a database of HBC employees who have come forward to train as Dementia Friends Champions, and book them on the Alzheimer's Society half day Champion session. Update the database, once they have completed the Champions training, with their availability to deliver the Dementia Friends Awareness sessions.	Policy, People, Performance and Efficiency - Organisation Development Team	Q2 2022/23
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**PRIORITY 2 ACTIONS – Raising Dementia Awareness across the council and beyond**

Proposed action	Rational	How	Responsible Service Area	Timeframe
<b>3. Raise awareness of dementia amongst elected members, specifically Health PPB members, Portfolio Holder and Directorate Managers.</b>	Increased awareness will enable members and managers to undertake their duties with greater insight as to how dementia can affect individuals, communities and its impact on the council's business.	3.1 Organisational Development Team (as holders of the Dementia Friends Champion database) to liaise with Member Services to schedule twice yearly Dementia Friends Awareness session. Delivered by internal Dementia Friends Champions, specifically for Members and Directorate Managers. Maintain a list of those attended.	Legal And Democratic Services – Member Services  Policy, People, Performance and Efficiency - Organisation Development Team	Initiated Q2 2022/23 – ongoing delivery
<b>4. Raise basic level awareness of dementia amongst relevant* HBC staff across all council areas.</b>  <i>*Some staff may already have advanced dementia knowledge and skills due to the requirements of their role.</i>	Increasing awareness and providing access to information and signposting to support resources fits with the staff welfare objectives of the Organisational Development and Employee Relations teams.  Increased staff awareness of dementia can improve customer experience when members of our communities, who are living with or are caring for	4.1 Develop and implement an in internal dementia awareness communications plan in conjunction with HBC Public Health Communications, using all corporate communication channels, that includes an initial campaign and ongoing dementia awareness messaging that <i>promotes the quarterly Dementia Friends Awareness sessions, opportunities to become a HBC Dementia Friends Champion, dementia myth busting and signposting to resources.</i>	Legal And Democratic Services - Corporate Communications  Public Health – Communications.	Initiated in Q2 2022/23 – ongoing delivery

	<p>someone with dementia, come in contact with council services.</p> <p>Increasing awareness amongst staff may also provide opportunities to identify further service development opportunities.</p>	<p>4.2 Schedule and promote quarterly Dementia Friends Awareness sessions, available to all HBC staff, via the corporate training calendar and booking system. Maintain a record of attendance to monitor numbers of people becoming a HBC Dementia Friend.</p>	<p>Policy, People, Performance and Efficiency – Organisation Development Team</p>	<p>Initiated Q 2 2022/23 – ongoing delivery</p>
		<p>4.4 Include reference to the council’s commitment to dementia awareness, and signpost to the quarterly internal Dementia Friend’s Awareness sessions, in the corporate induction.</p>	<p>Policy, People, Performance and Efficiency – Organisation Development Team</p>	<p>Initiated Q2 2022/23 – ongoing delivery</p>
		<p>4.5 Include links to Dementia Friends awareness sessions and local/national resources within the HBC E-Learning Dementia Module.</p>	<p>Policy, People, Performance and Efficiency – Organisation Development Team</p>	<p>Q2 2022/23</p>
<p><b>5. Share dementia awareness messaging with stakeholders.</b></p>	<p>HBC is well placed to promote dementia awareness. Using HBC’s many and varied networks, partnerships and communication channels with the public, voluntary, statutory and private sectors, with a view to encourage people and organisations to consider their role/impact in relation to dementia, may encourage dementia friendly action across the wider community.</p>	<p>5.1 Provide dementia awareness messaging, links to information and resources relevant to business and promote dementia friendly work of HBC through regular posts in the Business Bulletin.</p>	<p>Economy Enterprise and Property / Adult Social Care Service Development</p>	<p>Initiated Q 2 2022/23 - ongoing</p>
		<p>5.2 Include links to information and support for potential employers on the HBC investor and regeneration website.</p>	<p>Economy Enterprise and Property /Adult Social Care Service Development</p>	<p>Initiated Q 2 2022/23 - ongoing</p>



<b>6. Promote dementia awareness widely within Adult Services</b>	Building awareness of dementia across all adult service teams will enable staff to better understand the needs and requirements of people living with dementia, and their carers, and help staff to provide a personalised service. This is in addition to the ongoing work in relation to delivery of dementia specific adult services and support, and beyond the roles that directly support people with dementia.	6.1 Use the Social Work Matters newsletter and forum to share dementia awareness messaging, information sources and links to local resources/groups/support on a regular basis. 6.2 Promote dementia awareness and training, such as Dementia Friends Awareness Sessions, via the Quality Assurance Team and contracting routes with adult social care providers. 6.3 Promote the use of health and social care support services for dementia with care and support providers, such as Later Life and Memory Service, through the Quality Assurance Team.	Adult Social Care Service Development.	Initiated Q 1 2022/23 - ongoing
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**PRIORITY 3 ACTIONS – Service Area Specific Actions**

<b>Proposed action</b>	<b>Rational</b>	<b>How</b>	<b>Responsible Service Area</b>	<b>Timeframe</b>
<b>7. Work towards developing dementia friendly internal environments</b>	<p>The environment has a significant impact on a person living with dementia's ability to access services and do so in a way that facilitates their independence and reduces risks. Many environmental changes to become a more dementia friendly environment are small changes that are low, or no, cost.</p> <p>Service's use of basic checklists within services/buildings can raise awareness of quick, easy, low/zero cost</p>	7.1 Circulation of the Alzheimer's Society low level Dementia Friendly Environment checklist to building/service managers and a 'walk around' to be done to complete checklist. Quick low/no cost changes to be implemented where possible. Where not possible, recommendations to be fed back to Building Services to be recorded for consideration in future maintenance /refurb schedules.	Economy Enterprise and Property – Building Services	<p>To be determined</p> <p>To be determined</p>

	<p>changes that may improve the experience of people living with dementia who access those venues.</p>	<p>7.2 Explore opportunities to include dementia friendly environmental design in refurbishment, maintenance and new build schedules through working up a dementia accessible principles brief, for future commissioned surveyor contracts, so that dementia friendly environmental design assessment can be included alongside existing survey requirements ie fire safety and disability access.</p>	<p>Economy Enterprise and Property – Building Services</p>	
<p><b>8. Work towards developing dementia friendly external environments.</b></p>	<p>Developing dementia friendly public landscapes enables people to participate in the community, retain independence and access and enjoy facilities and outdoor spaces whilst reducing hazards such as slips, trips and falls. Providing such environments not only benefits people living with dementia, but also others with physical, mental or cognitive impairment, as well as the wider public.</p> <p>Designing dementia friendly landscapes need not mean material changes to overall design objectives, but rather greater consideration to use colour, texture and positioning of signage and ‘street furniture’ etc.</p>	<p>8.1 Use of the Community and Environment training budget to procure specialist dementia environment training that supports CPD for HBC Design and Development Team (Landscape Architects).</p>	<p>Community and Environment – Design and Development Team.</p>	<p>To be determined</p>
		<p>8.2 Schedule an initial training session for the Design and Development Team and determine any additional or ongoing training needs in relation to dementia friendly design as part of the corporate Employee Development Review process.</p>	<p>Community and Environment – Design and Development Team</p>	<p>To be determined</p>

<p><b>9. Ensure that Public Health messaging and services are consistent with the recommendations in NICE Dementia Guidelines and quality standards.</b></p>	<p>Public Health's Health Improvement Team has access to members of the public through the Age Well offer, and also work with local employers to improve employee welfare in the workplace, therefore are well placed to promote dementia awareness and should ensure that delivery services for the older cohort meet the needs of people living with dementia, and their carers.</p>	<p>9.1 Public Health to undertake an audit of all in house delivered Age Well services against the requirements of NICE guidance and quality standards in relation to dementia, identify gaps and act on findings as appropriate.</p>	<p>Public Health – Health Improvement Team - Age Well Lead</p>	<p>Q 2 2022/23</p>
<p><b>10. Explore how dementia fits into policy and strategy development through strengthening the Equality Impact Assessment (EIA) guidance.</b></p>	<p>Age and disability are Equality Act protected characteristics included as standard within EIAs. Dementia is most prevalent in those aged over 65 and dementia may lead to developing both physical and/or mental disability. Considering dementia in policy and strategy review and development would promote dementia awareness and action through subsequent operational practice and commissioning.</p>	<p>10.1 The existing EIA process is currently under review and it has been agreed to explore how reference to dementia can be included in Committee Reports Guidance and Equality Impact Assessment Guidance for staff. It is envisaged that this will encourage more thought to be given to how dementia may be considered within the 'disability' protected characteristic when completing reports and equality assessments in policy and strategy review and development.</p>	<p>Policy, People, Performance and Efficiency – Shelah Semoff</p>	<p>To be determined by the pace of the existing work stream looking at the Equality Impact Assessment process review.</p>

<p><b>11. Dementia Friendly In House Care Homes</b></p>	<p>The 4 in house care homes working towards becoming more dementia friendly. The in house care homes are home to many people living with dementia, or who may develop dementia, and as such should promote a safe and dementia friendly place to live.</p>	<p>11.1 The in house care homes will actively engage with the Age Well provision to promote health and active lives for people residing in care homes. This will enable people to engage with activities both inside and outside of the care home.</p> <p>11.2 The in house care homes will each have a dementia friend champion who will be able to deliver regular dementia awareness sessions as part of the local induction for new staff and regular sessions to raise awareness amongst staff and resident's family and friends.</p> <p>11.3 The in house care homes will undertake dementia friendly environmental assessment as part of the homes' refurbishment schedules, and take action as appropriate.</p>	<p>In House Care Homes Divisional Manager and Principal Manager</p>	<p>Initiated in Q2 2022/23</p>
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<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	12 <sup>th</sup> October 2022
<b>REPORTING OFFICER:</b>	Director Adult Social Services
<b>PORTFOLIO:</b>	Health and Wellbeing
<b>SUBJECT:</b>	Better Care Fund (BCF) 2022-23 Plan
<b>WARD(S):</b>	Borough-wide

## 1.0 PURPOSE OF REPORT

1.1 To update the Health and Wellbeing Board on the Better Care Fund Plan 2022/23, for information, following its submission on 26<sup>th</sup> September.

2.0 **RECOMMENDATION: That the BCF Plan for 2022/23 is noted for information.**

## 3.0 SUPPORTING INFORMATION

### 3.1 BCF Plan 2022/23

The BCF Planning guidance for 2022/23 was published on 20<sup>th</sup> July 2022 with a submission date of 26<sup>th</sup> September. The requirements for this year's plan to be approved align to four National Conditions:

- A jointly agreed plan between local health and social care commissioners;
- NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution;
- Invest in NHS commissioned out-of-hospital services; and
- Implementing the BCF policy objectives.

3.2 There are three related documents attached to this report:

- BCF Plan 2022/23 – Narrative
- BCF Planning Template (Excel spreadsheet)
- Capacity and Demand (Excel spreadsheet)

3.3 In terms of the planning template and the BCF schemes, much of the 2022 - 23 submission remains a continuation of the successful approach in 2021-22, and as such has been rolled forward from that BCF Plan. The narrative has been updated in terms of recent developments with the NHS Cheshire and Merseyside Integrated Care Board: Halton Place.

3.4 Following submission on 26<sup>th</sup> September, all BCF Plans will be scrutinised by

regional assurers, assurance panel meetings and regional moderation, with formal approval letters being issued at the end of November. This approval gives formal permission to release the NHS minimum amount, as per our plan.

- 3.5 In line with the new financial governance arrangements put in place from September 2022, the BCF Plan will be presented through the One Halton Finance and Performance Sub-Committee on Thursday 22<sup>nd</sup> September, with formal approval delegated to the Director of Adult Social Services from the Council and the Associate Director of Finance and Performance for the NHS Cheshire and Merseyside IBC: Halton Place.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 None identified at this stage.

#### **5.0 OTHER/FINANCIAL IMPLICATIONS**

- 5.1 The Better Care Fund sits within the wider pooled budget arrangement and the financial context of the local health and social care environment. The pooling of resources and integrating processes and approach to the management of people with health and social care needs will support effective resource utilisation.

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

##### **6.1 A Healthy Halton**

Developing integration further between Halton Borough Council and the NHS Cheshire and Merseyside Integrated Care Board: Halton Place will have a direct impact on improving the health of people living in Halton. The plan that is developed is linked to the priorities identified for the borough by the Health and Wellbeing Board.

#### **7.0 RISK ANALYSIS**

- 7.1 Management of risks associated with service redesign and project implementation are through the governance structures outlined within the Joint Working Agreement.

#### **8.0 EQUALITY AND DIVERSITY ISSUES**

- 8.1 None identified at this stage.

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

None within the meaning of the Act.



**Better Care Fund 2022-23 Capacity & Demand Template**

2.0 Cover

Version 1.0

**Health and Wellbeing Board:** Halton

**Completed by:** Damian Nolan

**E-mail:** Damian.nolan@halton.gov.uk

**Contact number:** 0151 511 8520

**Has this report been signed off by (or on behalf of) the HWB at the time of submission?** Yes

**If no, please indicate when the report is expected to be signed off:**

**Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):**

**Job Title:** Executive Director of Adult Services

**Name:** Sue Wallace-Bonner

How could this template be improved?



**Question Completion - Once all information has been entered please send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'**

[<< Link to the Guidance sheet](#)

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Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Halton

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted?</p> <p>Has the HWB approved the plan/delegated approval?</p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?</p>	<p>Cover sheet</p> <p>Cover sheet</p> <p>Narrative plan</p> <p>Validation of submitted plans</p>	Yes	N/A		
	PR2	A clear narrative for the integration of health and social care	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:</p> <ul style="list-style-type: none"> <li>• How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally</li> <li>• The approach to collaborative commissioning</li> <li>• How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include                             <ul style="list-style-type: none"> <li>- How equality impacts of the local BCF plan have been considered</li> <li>- Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these.</li> </ul> </li> </ul> <p>The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS.</p>	Narrative plan	Yes	Section 75 Joint Working Agreement - Section 28, page 19. Halton Joint Strategic Needs Assessment 2021 - Inequalities in life expectancy		
	PR3	A strategic, joined up plan for Disabled Facilities Grant (DFG) spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <ul style="list-style-type: none"> <li>• Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home?</li> <li>• In two tier areas, has:                             <ul style="list-style-type: none"> <li>- Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or</li> <li>- The funding been passed in its entirety to district councils?</li> </ul> </li> </ul>	<p>Narrative plan</p> <p>Confirmation sheet</p>	Yes	N/A		
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	N/A		
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	N/A		
NC4: Implementing the BCF policy objectives	PR6	Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?	<p>Does the plan include an agreed approach for meeting the two BCF policy objectives:</p> <ul style="list-style-type: none"> <li>- Enable people to stay well, safe and independent at home for longer and</li> <li>- Provide the right care in the right place at the right time?</li> </ul> <ul style="list-style-type: none"> <li>• Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year?</li> <li>• Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided?</li> <li>• Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care?</li> <li>• Does the plan include actions going forward to improve performance against the HICM?</li> </ul>	<p>Narrative plan</p> <p>Expenditure tab</p> <p>C&amp;D template and narrative</p> <p>Narrative plan</p> <p>Narrative template</p>	Yes	High Impact Change Model self-assessment		

Agreed expenditure plan for all elements of the BCF	PR7	<p>Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?</p>	<ul style="list-style-type: none"> <li>Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated)</li> <li>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box)</li> <li>Has the area included a description of how BCF funding is being used to support unpaid carers?</li> <li>Has funding for the following from the NHS contribution been identified for the area: <ul style="list-style-type: none"> <li>Implementation of Care Act duties?</li> <li>Funding dedicated to carer-specific support?</li> <li>Reablement?</li> </ul> </li> </ul>	<p>Expenditure tab</p> <p>Expenditure plans and confirmation sheet</p> <p>Narrative plan</p> <p>Narrative plans, expenditure tab and confirmation sheet</p>	Yes	N/A		
Metrics	PR8	<p>Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?</p>	<ul style="list-style-type: none"> <li>Have stretching ambitions been agreed locally for all BCF metrics?</li> <li>Is there a clear narrative for each metric setting out: <ul style="list-style-type: none"> <li>the rationale for the ambition set, and</li> <li>the local plan to meet this ambition?</li> </ul> </li> </ul>	Metrics tab	Yes	N/A		

# BETTER CARE FUND PLAN 2022/2023

## HALTON

FINAL DRAFT 200922



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## 1.0 Cover

Halton Health and Wellbeing Board

## 2.0 Stakeholders and how we have involved them

With being a year of transition for the NHS, the involvement of stakeholders is particularly paramount, in ensuring a system-wide plan. Some plans are still under development following the establishment of the NHS Cheshire and Merseyside ICB (ICB) including the overarching NHS Cheshire and Merseyside Integrated Care Partnership (ICP) Integrated Care Strategy (in line with the Health and Care Act 2022 amending the Local Government and Public Involvement in Health Act 2007) which will be evidence-based and focussed on system-wide priorities and will be an over-arching document feeding in to all other plans.

A new One Halton Health and Wellbeing Strategy from autumn 2022 – 2027 has been developed (currently going through approvals) for improving health and reducing health inequalities.

A number of stages to the development of the Strategy have taken place, involving various stakeholders, based around a shared ambition to:

***“To improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill health, promoting self-care and independence, arranging local, community based support and ensuring high quality services for those who need them”.***

A series of workshops have taken place to identify key areas of need from data, intelligence and local knowledge, and identified a set of potential interventions. Along with engagement with frontline staff, operational and strategic leads to support the key elements requiring transformational change and development to inform the development of One Halton Strategy. Development of engagement plan for with public/patient groups aligned with Digital strategy. Consultation completed with small numbers responding.

With partners being fully involved with the development of the Health and Wellbeing Strategy, as described in our previous plan, the BCF plan for 2022/23 runs parallel to this and all members of the Health and Wellbeing Board will approve the plan and the ambitions for the metrics, which for this current year the targets are aligned to the NHS Cheshire and Merseyside: Halton Integrated Care Board (ICB) agreed planning assumptions. The main trusts that we work alongside and that are members of the HWBB are:

- Bridgewater Community Healthcare NHS Foundation Trust
- Merseycare NHS Foundation Trust
- St Helens and Knowsley Teaching Hospital NHS Trust
- Warrington and Halton Hospital NHS Foundation Trust

In addition to the above acute trusts, Halton Borough Council and NHS Cheshire and Merseyside ICB – Halton place also involves the following organisations within Halton:

- Cheshire Constabulary
- Cheshire Fire and Rescue Service
- Runcorn and Widnes Primary Care Network
- Halton Children's Trust
- Halton Housing Trust
- Halton and St Helens Voluntary and Community Action
- Healthwatch Halton

Work continues as part of two hospital system footprints to reduce key performance metrics, as detailed in the BCF Plan, including Admission Avoidance and Lengths of Stay. Contract meetings with the respective trusts take place on a regular basis.-

The establishment of a new governance structure, as detailed in section five, in particular the One Halton Operations and Delivery Sub-Committee (a multi-agency partnership), involves the main stakeholders from the acute trusts, who have been fully involved with the development of a Delivery Plan, setting out the key areas of opportunity to move forward with an integrated pathway approach, focussing on those areas that have a clear interface across health and social care.

In addition, the Finance and Performance Sub-Committee (a multi-agency partnership) is the strategic group overseeing Place Based monies, aligned to the local health and care system in Halton, including the Better Care (Pooled) Fund. As detailed in the governance section (5), a new Adult Finance Sub Group is being established at the end of August 2022 to oversee the management and monitoring of the Better Care (Pooled) Fund and monitoring contractual relationships with Providers financed by the Better Care (Pooled) Fund, through the implementation of a performance management framework. This group, previously known as the Better Care Development Group, have continued to undertake this role and set out the schemes and contractual arrangements within the Better Care Fund.

### 3.0 Executive summary

During 2022/23, with the establishment of Place Based Systems and Boards across the country, in line with the White Paper Integrating Care: Next Steps to Building Strong and Effective Integrated Care Systems across England, published in February 2021, we continue to work together to transform services across the health and social care system to deliver sustainable change with maximum benefits to communities, residents and patients/users of services and their families and carers. This includes joint accountability and decision-making, improved commissioning and a move to integrated service delivery.

The BCF aligns to the wider integration landscape including One Halton which is a local system partnership where by all priority areas are shared and prioritised via a structured governance process. One Halton's vision is:

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

The Integrated approach for the BCF enables the local commissioners and providers to develop plans that support local placed-based delivery and system-wide strategic transformation. The development of the NHS Cheshire and Merseyside ICB - Halton place supports the place and programme developments and creates an opportunity to work on tactical, operational and strategic approaches.

A Section 75 Joint Working Agreement (JWA)<sup>i</sup> has been in place between HBC for a number of years (now formerly with the NHS Cheshire and Merseyside ICB and previously NHS Halton CCG). The current JWA sets out our Partnership Flexibilities in respect of Integrated, Joint and Lead Commissioning with principles that underpin this.

The Health and Wellbeing Strategy 2022 – 2027 encompasses four main themes of:

- Tackling the wider determinants of health;
- Support our community in Starting Well;
- Support our community in Living Well; and
- Support our community in Ageing Well.

In addition to working towards these themes as a system, the Delivery Plan of the Operations and Delivery Sub-Committee (described in Section 4) sets out the key areas of opportunity for the ODSC to move forward with an integrated pathway approach. It focusses on how the ODSC will deliver on its priorities, through a whole-system approach, with two main priority aims to support people to live an independent life; and regain independence following a change in circumstances.

During the pandemic we were able to focus resources and services to support people to remain at home and return home from hospital (Home First). The BCF has been aligned to this and services have been reconfigured to reflect this approach.



## 4.0 Governance

New internal governance arrangements were implemented in September 2022/23. The previous arrangements including the Better Care Development Group (BCDG) and the Executive Partnership Board (EPB) ceased from August 2022 (these have been running concurrently alongside the new sub-committees for a number of months to ensure a smooth transition).

Under the new One Halton Place-Based Partnership, two new sub-committees of the One Halton Board have been established, covering the BCF, as detailed below:

**Operations and Delivery Sub-Committee (ODSC) – membership includes the following stakeholders:** *HBC, NHS Cheshire and Merseyside ICB: Halton place, Bridgewater Community HealthCare NHS Foundation Trust, Warrington & Halton Hospitals NHS Foundation Trust, St Helens & Knowsley Teaching Hospitals NHS Trust, MerseyCare NHS Foundation Trust, Runcorn Primary Care Network, Widnes Primary Care Network, Cera Care, Premier Care Ltd and Halton & St Helens Voluntary & Community Action.*

Purpose and aims include:

- via appropriate joint working agreements/arrangements and reflecting the new ways of working; promote inter-agency cooperation to develop effective partnership working across place based Executive lead officers and key representatives, including provider collaboratives.
- Provide an assurance function to the One Halton Partnership Board by overseeing One Halton's system of operation and delivery work streams to ensure that the delivery of personalised, responsive and holistic care to those who are most in need within our community is in place, enabling One Halton's strategic objectives to be fulfilled.
- Provide a forum for place-based Executive representatives to share information, monitor performance, review and evaluate services, constructively challenge and develop a deeper appreciation of the local system requirements and associated pressures in order to improve quality, productivity and prevention.
- Have oversight and make effective decisions relating to day to day operational delivery and make recommendations to the One Halton Partnership Board where this would change the operational direction of services, with the aim of improving the local health and care system to deliver better outcomes for the population of Halton.
- Operate within the statutory requirements of each organisation within the One Halton Partnership and assure compliance with member organisation's relevant financial, procurement and contractual standing orders.

**Finance and Performance Sub-Committee (FPSC) – membership includes:** HBC, NHS Cheshire and Merseyside ICB: Halton place, Bridgewater Community HealthCare NHS Foundation Trust, Warrington & Halton Hospitals NHS Foundation Trust, St Helens & Knowsley Teaching Hospitals NHS Trust, MerseyCare NHS Foundation Trust.

Purpose and aims include:

- Review financial performance against the associated Place-Based budgets, including :-
  - The Better Care (Pooled) Fund;
  - Agreed Aligned Budgets; and
  - One Halton Partnership support budget.
- Promote inter-agency cooperation to develop effective partnership working across place-based finance and key representatives (including provider collaboratives), making recommendations to the One Halton Partnership Board, aimed at supporting the delivery of One Halton's strategic objectives.
- Provide an assurance function to the One Halton Partnership Board by overseeing One Halton's system of financial management and to ensure that a robust financial strategy is in place, to enable One Halton's strategic objectives to be fulfilled.
- Provide a forum for place-based finance representatives and other Directors and/or Managers, as appropriate, to share information, constructively challenge and discuss Halton's overall place-based financial position and develop a deeper appreciation of the local system requirements and associated pressures.
- Work and make effective recommendations that aim to improve the local health and care system to deliver better outcomes for the population of Halton.
- Operate within the financial statutory duties and budgets of each budget's host organisation within the One Halton Partnership and assure compliance with the host organisation's relevant financial, procurement and contractual standing orders.

## 5.0 Overall BCF plan and approach to integration

With the newly established One Halton Operations and Delivery Sub-Committee (ODSC) from October 2021, with its main responsibilities including overseeing the operational delivery of the integrated local health and care system in Halton; and promoting inter-agency co-operation to develop effective partnership working across place based Executive lead officers and key representatives, including provider collaboratives, our approach to embedding integrated and person-centred health, social care and housing continues to improve. There has been a shift towards strategic commissioning and a more collaborative approach to planning and improving services. This means that, instead of focusing on procurement and contract management, the role of commissioners is to work closely with key partners across the system (including with providers) to understand population needs, determine key priorities and design, plan and resource services to meet those needs, so the structures being introduced in respect to One Halton and the provider collaboratives will support and enhance this way of working.

During the pandemic we were able to focus resources and services to support people to remain at home and return home from hospital (Home First). The BCF has been aligned to this and services have been reconfigured to reflect this approach.

An evolving Delivery Plan sets out the key areas of opportunity for the ODSC to move forward with an integrated pathway approach. It focusses on how the ODSC will deliver on its priorities, through a whole-system approach. The areas identified are those in a shared space across health and social care, with a clear interface between health and social care.

There are two priority aims which will help inform the ODSC Work Streams to be undertaken. These aims are to support people to:-

- live an independent life; and
- regain independence following a change in circumstances.

The following Workstream Delivery Groups have been approved by the ODSC and are progressing, with monthly progress monitoring through the sub-committee. Further workstream areas are being considered by the ODSC.

AIM ONE	AIM TWO
<p style="text-align: center;"><b>To support people to live an independent life</b></p> <ul style="list-style-type: none"> <li>• Community Multi-Disciplinary Teams Working</li> <li>• Care Homes</li> <li>• Easy Access to Services (Single Point of Access – SPA)</li> </ul>	<p style="text-align: center;"><b>To support people to regain independence following a change in circumstances</b></p> <ul style="list-style-type: none"> <li>• Intermediate Care and Frailty Service</li> <li>• Hospital Discharge</li> <li>• Family Hubs</li> </ul>

## 6.0 Implementing the BCF Policy Objectives (national condition four)

The Halton population accesses elective and non-elective care at two main hospitals, St Helens and Knowsley NHS Teaching Hospital Trust and Warrington and Halton Hospitals NHS Foundation Trust. Both Trusts have processes in place for the early identification of discharge needs and monitoring the flow through the in-patient episode. Both have regular length of stay processes which the multi-disciplinary discharge teams are engaged in. This is supported by regular senior management input from Halton. Both trusts have commenced transfer to assess processes utilising community based services to continue the assessment of need (this includes supporting <15% of CHC assessments undertaken in an acute environment).

### 7.1 Plans to support people to remain independent

#### 7.1.1 Intermediate Care

Locally in Halton, the Intermediate Care review implementation has progressed, incorporating the work and learning from the pandemic and work undertaken from the frailty service. Detailed planning work has focused on both the available evidence of utilisation, incorporating current and future requirements of community services and staffing capacity and skill mix. Several departments within Bridgewater Community NHS Foundation Trust, Halton Borough Council, NHS Cheshire and Merseyside ICB – Halton place (previously NHS Halton CCG) and Warrington and Halton Hospitals NHS Foundation Trust have undertaken this work.

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

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

The frailty service commenced in 2019. As part of the reconfiguration for management of the pandemic, this service operated as a rapid response function to support those with higher levels of clinical need in the community and for hospital discharge drawing on community matron capacity. There were 552 people referred to the service (between December 2019

and December 2021) with the vast majority coming from the community. A&E attends and length of hospital stays were reported at reduced by 15.7% and 20% respectively with 171 people deemed as avoiding a hospital admission (31%). The provision of clinical pharmacy review was calculated to make savings on both hospital admission avoidance and reduction in medications.

In December 2021, the Halton Intermediate Care and Frailty Services (HiCAFS) was launched. The new Service replaces the Rapid Access Rehabilitation Service (RARS), Capacity & Demand Team and the Halton Integrated Frailty Service (HIFS). One of the key elements of the new Service is the introduction of a Single Point of Access (SPA) for Intermediate Care and Frailty referrals (from Hospital and the Community), both for those requiring support within the community and those requiring an Intermediate Care bed.

In addition to the SPA an integral part of the new Service is an associated two-hour Community Rapid Response Function (CRRF) for those experiencing a crisis or at risk of hospital attendance/admission or residential care admission and who can be medically safely treated/cared for in a community setting. The aim of the CRRF is to make contact with the service user/patient being referred within two hours, however, for some individuals, this may not mean being physically seen by the Team.

The SPA is resourced by a multi-disciplinary team consisting of clinicians, nurses, therapists, administrative and social care staff and once referrals are received they are appropriately triaged/assessed and then passed through to the necessary service whether that be the Reablement Service, Oakmeadow Intermediate Care Unit or the Community Rapid Response Function. The aim for the service, as a whole, is for all referrals received by the SPA will have been reviewed, assessed and appropriately actioned within 72 hours of receipt.

### **7.1.2 Multi-disciplinary Teams**

Another key collaboration that contributes steps to personalise care and deliver asset-based approaches and multi-disciplinary teams at place level is the Multi-Disciplinary Team Community project with the aim of defining and developing the culture, systems and pathways in which Community Multi-disciplinary teams in Halton will work and communicate in a continuous and integrated way. The main scope of the project includes a needs-based approach encompassing the whole population (adults, children, families, care homes) where we will identify a common set of principles for our population, underpinned by needs and solutions. A strengths and asset-based approach will be adopted throughout all partner organisations operating in Halton, and we will define what place means at delivery level (i.e. different levels of place e.g. Borough, Town, neighbourhood levels). An approach/service model with a common framework is being developed which will be adaptable to individuals' needs. The developments will be evidence and data driven to align with the needs of Halton's population. Learning lessons and best practice from elsewhere will be taken into account, as well as from our own work, both currently and that which commenced prior to the pandemic.

The project will also include Integrated and accessible digital records, clarity of governance, responsibilities, structures and decision-making and co-location where appropriate.

### **7.1.3 Anticipatory Care**

The National Anticipatory Care operating model is awaited and once available will be reviewed to ensure the schemes commissioned through the BCF align to the principles within the operating model. This review will also ensure any schemes outside of the BCF which support the delivery of the anticipatory care model are cognisant of the BCF schemes and align where possible.

## **7.2 Plans to improve discharge**

A single co-ordinating provider for domiciliary care in the borough continues to play a crucial role in expediting hospital discharge, whilst the 'reablement first' approach detailed above, links directly to transfer to assess and hospital discharge.

Both hospital trusts use a discharge to assess (D2A) model. With the new HiCAFS service in place and increases in capacity in the discharge teams, continuing healthcare team and Intermediate Care will support the management of long lengths of stay and preventing hospital admission.

### **7.2.1 Hospital Discharge Project**

The Hospital Discharge project group are currently undertaking a review the Hospital Discharge pathways, associated processes and performance in respect to Halton residents, with the aim of ensuring that Service Users receive timely and appropriate discharge from Hospital and that the systems and processes in place to support the Discharge pathways are fit for this purpose. Any improvements to current Hospital Discharge pathways would support the best outcomes for people leaving hospital, further reduce the length of stay of acute admissions and aim for a higher proportion of people to be discharged on the day that it is determined they no longer need the support of an acute hospital. Benefits include improved patient care, experience and satisfaction and overall efficiency and effectiveness of the Hospital Discharge process. As part of the review, work will be undertaken to assess how and what systems are used to record and report on performance.

### 7.2.2 High Impact Change Model

A self-assessment of implementation of the High Impact Change Model has been completed, and agreed actions for improving future performance have been identified, as follows:

Impact change	Action	How will you know it has been successful?
Change 1: Early discharge planning	The 100 day challenge for the high impact changes needs to be reviewed prior to winter and early discharge planning has been identified as a priority area to work on.	The percentage of patients with no right to reside will reduce to the national target of 10% and average lengths of stay will improve overall
Change 2: Monitoring and responding to system demand and capacity	System and partnership working needs to be part of the CMAST and Out of Hospital provider alliance workplans in collaboration with the Place Based delivery programmes. Winter preparations need to make the necessary capacity available for any increased demand and be able to be flexible to ensure escalation is possible if threshold triggers are reached.	Improved system partnerships and less congestion in set points of the pathway
Change 3: Multi-disciplinary working	Improvements have been made and capacity has been increased but there are still challenges and barriers to effective communication between the teams. Halton has a discharge steering group in place to review the current processes and make improvements. Without system interoperability there will be a limitation on the full extent to shared records.	Reduction in the time to gather all the information required to discharge a patient, and improved timeliness of social worker involvement in the discharge planning, which will reduce the time taken to arrange a care package and clear the hospital beds.
Change 4: Home first	All boroughs across Mid Mersey have different processes and are at different positions to be able to move to a home first and discharge to assess model. There needs to be agreement on a joint framework to move to a discharge to assess model.	Increased decisions about patient needs and care plans being made in their own home with their families. Reduced levels of patients remaining in hospital who no longer have the right to reside.
Change 5: Flexible working patterns	Continue the existing arrangements for seven day working and support the hospitals to increase the pathway 0 discharges over the weekends.	Improved continuous processes would reduce the variations between the peaks and troughs over the week.
Change 8: Improved discharge to care homes	The Enhancing Care in Care Homes plans should be in place by the end of the current financial year.	Reduction in patients being conveyed to hospital to receive care. Improved experience of residents in care homes.
Change 9: Housing and related services	Continue to monitor the situation and review if there are issues identified.	Reduction in delays to discharge due to waiting for home adaptations to be undertaken.

## 7.0 Supporting unpaid carers.

The [Care Act 2014](#), the [Children and Families Act 2014](#) and *People at the Heart of Care: Adult Social Care Reform White Paper 2021* introduced a number of reforms to the way that care and support for adults with care needs are met. It requires local authorities to adopt a whole system, whole council, whole-family approach, co-ordinating services and support around the person and their family and considering the impact of the care needs of an adult on their family, including children and empowering unpaid carers.

This means that children's and adults' services must have arrangements in place to assess young carers and ensure that no young person's life is unnecessarily restricted because they are providing significant care to an adult.

Our whole system approach is delivering to improve outcomes supporting unpaid carers. Our Carers Strategy group (a multi-agency partnership) provide strategic oversight of our approach and has membership from health and social care sectors; including representation from both adults and children's services, alongside third sector representation.

In delivering against our Care Act duties there is a jointly commissioned service with our Halton Carers Centre, with service specification and performance monitoring jointly reviewed between NHS and Social Care commissioners.

Halton Carers Centre are the primary point of contact for all carers', including young carers and young adult carers, to access a wide range of universal and targeted services that will support them to improve their quality of life throughout all stages of their caring role. This is delivered via services to meet these objectives including:

- Identification of carers
- Provision of information, advice and guidance
- Signposting carers to appropriate advice and support
- Advocating on behalf of carers
- Providing short term intensive support to carers where there is significant risk of carer breakdown
- Expanding and diversifying provision of activities and peer support for carers
- Supporting carers to take part in education, training or work opportunities

We are supporting unpaid carers through BCF funding allocated to Halton Carers Centre to deliver a Carers' Personalised Break Fund to enable carers to have a break from their caring role. This provides support to a range of carers that works towards the prevention, reduction and delay of the need for care and support for individuals and to improve people's wellbeing.

Further funding is allocated to support provision of a home-based respite care service, which provides breaks for carers and to assist people to live in their own homes to remain independent for as long as possible. This service provides home care normally provided by the unpaid carer and allows that carer to have respite from their role. BCF funding supports the provision of 6,085 hours of respite care in Halton to unpaid carers.



## 8.0 Disabled Facilities Grant (DFG) and wider services

Halton's Home Assistance Policy describes how we use our powers under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 to provide home adaptations for disabled people. The policy aims to ensure that residents with disabilities are provided with support to adapt their home so that it meets their needs and they are able to continue living safely and independently at home. The assistance offered through this policy is funded through the Disabled Facilities Grant (DFG) allocation.

The DFG is used as a means of financing a wide range of equipment and adaptations within and around the home to ease accessibility, aid independence and promote wellbeing. As a result of transformation the fund can be allocated in a variety of ways including grants, loans, equity release, subsidies or a combination of these. Halton has schemes in place such as the 50/50 funding agreements (a joint working arrangement between the council and housing associations). The Council works collaboratively with service users in a person-centred way to meet their care and support needs.

Halton have traditionally used mandatory grants for:

- External access - to get into and out of the home e.g. widening doors, ramps, rails
- Safety – e.g. improved lighting, a room made safe so a disabled person can be left for a period unattended
- Internal access – to make it easier to get into the living room
- Washing/bathing/cooking/sleeping - to provide/ improve access to the bedroom/kitchen/toilet/ washbasin/bath/shower e.g. by altering the layout, installing a stair lift, providing a downstairs WC or putting in an accessible shower
- Heating – improving/providing a heating system suitable to the disabled person's needs
- Ease of use – e.g. adapting heating or lighting controls to make them easier to use
- Facilitate caring - to enable the disabled person to care for someone else who lives in the property, such as a spouse/partner, child or other person
- Garden access – this was added in 2008 with the aim of providing access to and from a garden or to make a garden safe (in practice this may only cover a limited amount of larger gardens).

As part of the developments and transformation of the fund we now also use it to cover repairing, improving, extending, converting or adapting housing accommodation. This creates schemes that help disabled people in a more responsive and accessible way and can include:

- Providing a 'fast track' scheme for low level adaptations not requiring a full social care assessment or a means test or for those facing end of life.
- The effective utilisation of new technologies to support independence e.g. telehealthcare.
- Provision of relocation grants to help people to move to a more accessible home.

- Dealing with small repairs and heating problems, allowing people to live well in their home for longer and/or helping people to return to their home faster (e.g. hospital discharge)
- Issue of aids and equipment which allow people to maintain their independence for longer – including mobility aids and personal care equipment.

The scope for use of the DFG is aligned to schemes and facilities which support prevention of more complex intervention, promotion of independence and delay transfers into care.

This grant and associated capital expenditure are also being used to improve the range of specialist accommodation available in the borough, notably in respect of Adults with LD/Autism, and also care home provision for older people.

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## 9.0 Equality and health inequalities

The One Halton Health and Wellbeing Strategy 2022 – 2027 sets out how, as a system, we are aiming to work together to develop pro-active prevention, health promotion and identifying people at risk early, when physical and/or mental health issues become evident, will be at the core of all our developments, with the outcome of a measurable improvement in our population's general health and wellbeing. The BCF is considered as part of the wider borough work on health inequalities, and will contribute to the following actions to reduce inequalities in Halton:

- Supporting a community development asset-based approach and community-led initiatives that build capacity for local people to become more informed and involved in decision about their health.
- Improving access to services for people and groups most at risk of poor health
- Developing the health and social care workforce to ensure they have the knowledge, skills and understanding about how to identify and respond to need and inequalities, signposting and referring appropriately.
- Delivery of Core20PLUS5 NHS initiative supported by partners and the community

The Core20PLUS5 NHS approach is designed to support Integrated Care Systems to drive targeted action in health inequalities, and to address health inequalities for the population in the 20% most deprived areas, according to IMD, along with specific population groups experiencing poorer than average health access, experience and/or outcomes. For the BCF, this will focus specifically on Older People, and resulting actions will redefine services to reduce differences.

The Local Authority and the NHS Cheshire and Merseyside ICB - Halton place are also working together to develop services centred around care homes, including medication and dementia screening and strengthening clinical nursing support for residents and staff alike.

Choice, partnership and control will continue to be developed based on integrated approaches to needs assessment. Bringing care out of acute settings and closer to home will be an essential part of providing health and social care over the next five years. We also use a Choice Protocol in both Trusts to proactively challenge people.

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<sup>i</sup> As a result of the new Health and Care Act 2022, NHS Clinical Commissioning Groups (CCGs) ceased to exist in statutory form from 30th June 2022 and in addition, from 1st July 2022, there was a formalisation of the Integrated Care Systems into a new statutory body, an Integrated Care Board (ICB).

*In Halton, we acknowledged the establishment of NHS Cheshire and Merseyside which assumed the responsibility of NHS Halton CCG and as such all of the CCG's functions and duties transferred to the*

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*ICB, along with all CCG assets and liabilities, including the CCG's previous commissioning responsibilities and contractual agreements.*

*As such, the current Joint Working Agreement (JWA) (Pursuant to S.75 of the National Health Service Act 2006), between Halton Borough Council (HBC) and NHS Halton CCG, which relates to the Better Care (Pooled) Fund, between HBC and NHS Halton CCG covering a period of 3 years (1st April 2020 to 31st March 2023), transferred over NHS Cheshire & Merseyside ICB following the dissolution of the NHS Halton CCG on 30th June 2022.*

FINAL DRAFT 200922

<b>REPORT TO:</b>	Health and Wellbeing Board
<b>DATE:</b>	12 October 2022
<b>REPORTING OFFICER:</b>	Director of Strategy and Partnerships - Warrington and Halton Teaching Hospitals NHS Foundation Trust
<b>PORTFOLIO:</b>	Health and Wellbeing
<b>SUBJECT:</b>	Phase 2 - Reconfiguration of Breast Services provided to the boroughs of Halton, Knowsley, St Helens and Warrington.
<b>WARD(S):</b>	Borough-wide Halton

## 1.0 PURPOSE OF THE REPORT

To notify the Board of:

- Update on the proposal to consolidate and expand **Breast Screening Services** at Bath St Warrington and the impact on the proposed service change on users from Halton
- Proposal to cease the Breast Screening service at **Kendrick Wing Warrington Hospital**
- Report on the outcomes of the public consultation.

## 2.0 RECOMMENDATION: That the Board

- 1) **Note the contents of the report; and**
- 2) **Support the proposed next steps as described.**

## 3.0 SUPPORTING INFORMATION

### 3.1 Reconfiguration of Breast Services across Halton, Knowsley, St Helens and Warrington - recap

Warrington and Halton Teaching Hospitals is the lead provider of Breast screening services for the boroughs of Halton, Knowsley, St Helens and Warrington (WHKSBSS). In the first half of 2021, The Trust, in partnership with NHS Specialist Commissioning and local commissioners NHS Halton CCG and NHS Warrington CCG, conducted a public consultation to seek support for a significant service change.

The change in service saw the breast assessment (anomalies found as part of routine screening) and breast symptomatic (anomalies found by patients – GP direct referral) services relocate from Warrington Hospital's Kendrick Wing and Halton Hospital's Delamere Centre to a new £2.1m specialist Breast Care Centre at Captain

Sir Tom Moore building, Halton Hospital. Note that the assessment service continues at the Burney Centre, St Helens Hospital. At that time, there was no change to Breast Screening services other than the discontinuation of screening at Delamere Centre which relocated within the Halton Hospital site.

### Impact on Halton Residents

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

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

### 3.2 The Breast Screening service:

Routine Breast Screening is offered every three years to all women aged 50 - 70 (up to their 71st birthday). Women over the age of 70 able to self-refer for screening if they choose to do so. Breast Screening refers to the three-yearly mammograms offered as part of the national programme to identify and treat breast cancers earlier. The eligible population vs uptake is described below – note that 2019-20 is used as the most representative year unaffected by the Covid-19 pandemic. Women can choose to have their screening at any one of the locations below – Warrington currently has both Bath St and Kendrick Wing locations.

	Female 50-74 Population	Screening Attendances 2019/20
Warrington	33,000	8,100
St Helens	29,000	7,100
Halton	21,000	5,000
Knowsley	9,000	2,200
	<b>92,000</b>	<b>22,400</b>

### 3.3 Update on the proposal to consolidate and expand Breast Screening Services at Bath St Warrington

In the second and final phase of the reconfiguration of breast services, work is underway to expand and improve the existing breast screening centre at Bath St. Health and Wellbeing Centre.

It is proposed that breast screening service in Warrington be consolidated at Bath St and discontinued at Warrington Hospital's Kendrick Wing (augmented as usual with

mobile services as required.) As this is a cessation of service at one location, public consultation was required.

The consultation was held according to the Gunning Principles.

Halton's Health Policy and Performance Board has previously been fully appraised of the proposal to consolidate the Warrington breast screening services at Bath St. and has scrutinised:

- The proposal
- The Public Consultation plan and methodologies
- The timeline
- Reporting actions and decision-making plan

Public consultation was originally planned for 25 April – 3 June 2022 but this was postponed to 6 May – 20<sup>th</sup> June to accommodate the pre-election period of the Halton Borough Council elections. The revised timeline was as follows:

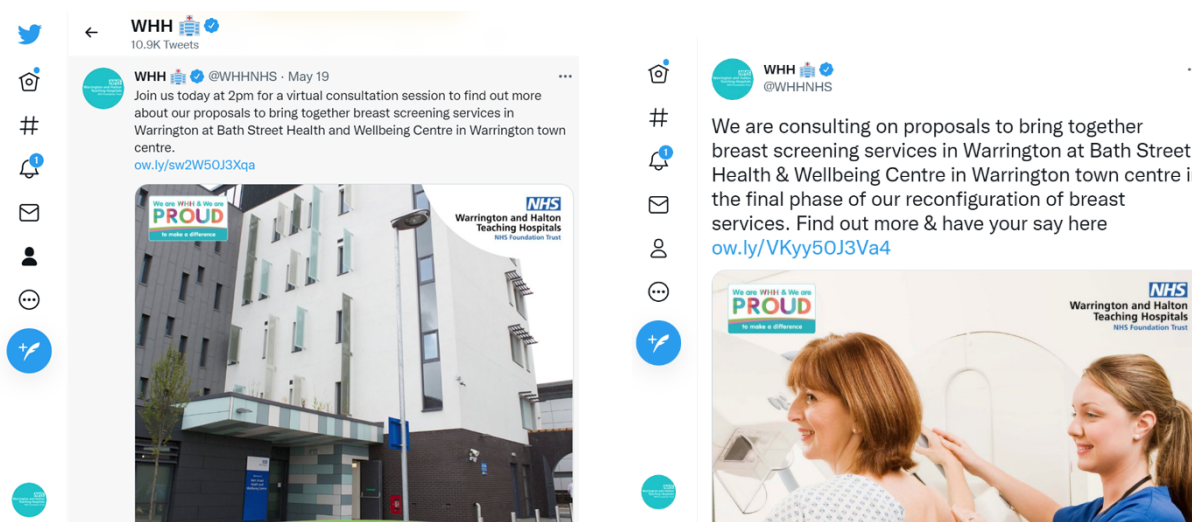
Public Consultation timeline:

Consultation commences	06.05 22
Issue stakeholder briefing – to all partners and advocacy groups, CCGs for GP newsletters and PPGs	06.05.22
Issue press release	06.05.22
Face to Face engagement @ Kendrick Wing, Warrington Hospital - Sessions - 1x per week during consultation period across a range of days/times	From 6.5.22
Recruit 'Experts by Experience' to inform design aspects at Bath St	From 6.5.22
Face to Face engagement @ Bath St., Warrington Hospital	From 6.5.22
Face to Face engagement @ Halton CSTM	From 6.5.22
Delivery of 1 x MS Teams LIVE virtual consultation event	26.5.22
Issue reminder press release and stakeholder update 10 days before consultation end date. Update SM message	08.06.22
Consultation closes – update website	20.06.22
Evaluation of consultation feedback and outcomes including identification of themes and suggestions	From 20.6.22
Outcomes to WHH Executive Team	From 20.6.22
Outcomes to NHS Warrington and NHS Halton CCGs	From 20.6.22
Halton Health Policy and Improvement Board meeting – <u>slide pack of outcomes</u> (consultation plan previously submitted – 15 Feb 22)	28 <sup>th</sup> June 2022 (meeting abandoned not quorate)

### 3.4 Consultation materials (and see appendices)

- Press release
- Slide pack – virtual sessions
- Poster
- Questionnaire
- Website link is [Final phase of reconfiguration of Breast Services proposed :: Warrington and Halton Hospitals NHS Trust \(whh.nhs.uk\)](https://www.whh.nhs.uk)

### Social Media (Twitter, Facebook, Instagram)



### 3.5 The Case for Change – consolidation of Warrington breast screening services at Bath St. and cessation of services at Kendrick Wing (recap)

During the first phase of reconfiguration of breast screening services for the four boroughs, and in the associated formal public consultation (which closed in June 2021), numerous issues were identified relating to the service at Kendrick Wing. These were:

- Aged, inaccessible estate offering a poor patient experience
- Lack of available space elsewhere on the hospital site to relocate the service
- Constantly unreliable elevator access to the first-floor screening centre
- Parking issues relating to the highly congested hospital site

In addition, there are challenges relating to the operation of a two-centre service in Warrington including:



- The current multi-site nature of the screening service and split-site nature of the assessment service creates inefficiencies in use of estate, equipment and workforce
- The workforce challenges are significant with a local and national shortage of Breast Radiologists and Mammographers making recruitment into crucial posts challenging.
- There are real opportunities to create a significantly enhanced patient experience and improve access, as well as creating a more efficient service which would support the long-term sustainability of the service through consolidation in a modern, superior location.
- Bath St Health and Wellbeing Centre is circa 1mile from the existing Kendrick Wing site and has easily accessible, plentiful car parking spaces and parking is free for 90 minutes for those with an appointment (£2.50 at Warrington Hospital). It is closer to the public transport interchange in Warrington town centre than Kendrick Wing.
- There is a local and national shortage of Mammographers making recruitment into crucial posts challenging. Current staff will relocate with their service, there is no intention to decrease staffing levels and no member of staff will be disadvantaged by this relocation. The breast screening administration service will not relocate.
- The vacated service space at Warrington Hospital will be refurbished for use by the WHSKBSS administration team and any additional space reallocated for other non-clinical services.

### **3.6 Next Steps**

- Conclude the interrogation of valuable commentary and suggestions from 85 participants
- Produce themes and mitigating actions (where possible), cross-checking against the Equality Impact Assessment, key themes from Phase 1
- Produce Full Consultation Outcomes Report with Commissioners (NHS C&M-Halton Place and NHSE Specialist Commissioning)
- Include all feedback from all Scrutiny committees
- Recommendations report to Trust Board
- Publish outcomes
- Implement/do not implement proposals – see Gunning Principles

### **4.0 POLICY IMPLICATIONS**

None identified.

### **5.0 FINANCIAL IMPLICATIONS**

Warrington and Halton Hospitals covered the costs of the consultation process.

### **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**

None identified

**6.4 A Safer Halton**

None identified

**6.5 Halton's Urban Renewal**

None identified

**7.0 Risk Analysis**

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

**8.0 EQUALITY AND DIVERSITY ISSUES**

A comprehensive equality impact assessment has been carried out and will be included in the outcomes report.

# Proposal to Consolidate Warrington's Breast Screening Services

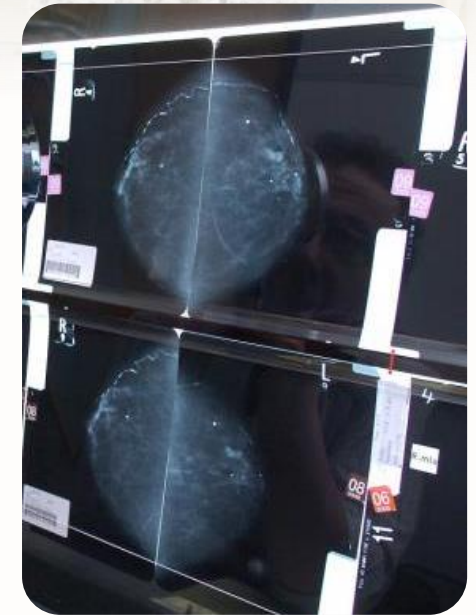
Lucy Gardner, Director Strategy & Partnerships  
Pat McLaren, Director of Communications and Engagement

## Recap – Reconfiguration of Breast Services for Halton, Knowsley, St Helens and Warrington

- Two phased process – phase 1 completed in summer 2021
- Phase 1 - opened £2.1m Breast Care Centre at Captain Sir Tom Moore bldg., Halton July 21 and relocated breast assessment and breast symptomatic clinics from Warrington Hospital and Delamere Centre to new Breast Care Centre
- All supported through public consultation first half of 2021, led by NHS Halton and NHS Warrington CCG
- Phase 2 proposes the consolidation of Warrington’s breast screening services at Bath St Warrington and ceasing service at Kendrick Wing, Warrington Hospital
- Phase 2 option was not fully available at that at time of 2021 consultation, hence this second public consultation.

# National Breast Screening Programme

- Offered to all women aged 50 - 70 years every three years
- Commissioned by NHS England Specialist Commissioning
- WHH is lead provider of the service for Halton, Knowsley, St Helens and Warrington



# Halton Residents – Screening Location



- All service users currently have a choice of 5 locations: Breast Care Centre at Halton Hospital, Whiston Hospital, St Helens Hospital and Warrington (Bath St and Kendrick Wing) OR mobile unit if available.
- In 2019-2020 **342** Halton service users selected Warrington from the 2,898 appointments offered.
- Since the new Breast Centre opened at Halton, **36** Halton residents attended Kendrick wing for screening (July-Dec 21).

## Current Service Offer (females age 50-71)

Halton	Breast Care Centre	20,600
Knowsley	Whiston Hospital	9,000
St Helens	St Helens Hospital	29,400
Warrington	1. Kendrick Wing 2. Bath Street	32,900
Regional	Mobile Unit(s)	From above

## The Proposal

1. To consolidate Warrington's breast screening service at a single site, at the Bath Street Health and Wellbeing centre and:
2. To discontinue the breast screening service at Warrington's Kendrick Wing
3. To seek views on this service change public consultation took place between 6 May – 20<sup>th</sup> June 2022

# The case for change

## The Kendrick Wing service

- × Aged, inaccessible estate offering a poor patient experience
- × Lack of available space elsewhere on the hospital site to relocate the service
- × Constantly unreliable elevator access to the first-floor screening centre
- × Parking issues relating to the highly congested hospital site

## Breast Service Reconfiguration – Phase 2 A single screening site

- ✓ Opportunity to substantially enhance patient experience and improve access
- ✓ Consolidate scarce Breast Radiologists and Mammographers into single location
- ✓ Enhanced efficiencies in use of estate, equipment and workforce
- ✓ Kendrick Wing space refurbished for the screening administration team and any additional space reallocated for other non-clinical services



# Breast Screening at Kendrick Wing



# Breast Screening at Bath St

- ✓ 1mile from the existing Kendrick Wing service
- ✓ Fully accessible, modern facility
- ✓ Dedicated car parking - free for 90 minutes
- ✓ Close to the public transport interchange in Warrington town centre



# The Public Consultation – Phase 2

- Formal Public Consultation 6 May to 20 June inclusive (6 weeks)
- Consultation according to best practice (Gunning Principles)
- Targeted, accessible engagement - emphasis on diversity in participation  
Responses 163 – 66% of phase 1 (252 responses)

- *Public bodies need to have an open mind during a consultation and not already made the decision, but have some ideas about the proposals.*
- *People involved in the consultation need to have enough information to make an intelligent choice and input in the process. Equality Assessments should take place at the beginning of the consultation and published alongside the document*
- *Is it an appropriate time and environment, was enough time given for people to make an informed decision and then provide that feedback, and is there enough time to analyse those results and make the final decision?*
- *Think about how to prove decision-makers have taken consultation responses into account.*

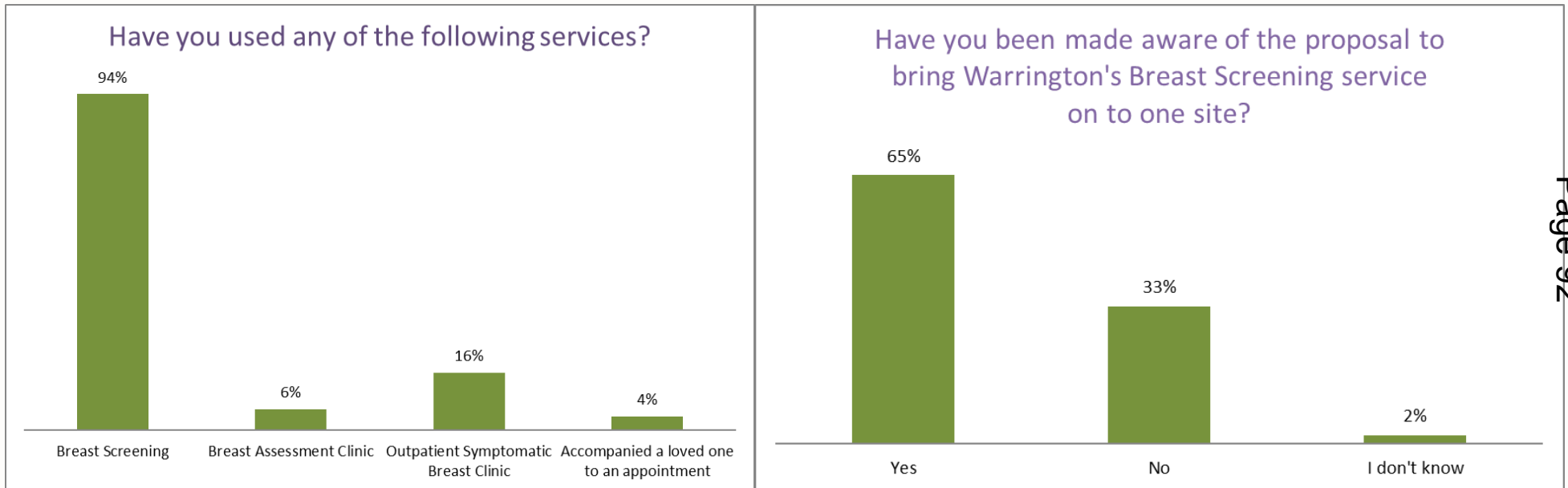
# Consultation methodology – multiple formats

<b>Consultation materials – range of formats plus paper/online response materials AND verbal scribe</b>	<b>Face to Face engagement @ Kendrick Wing Tuesday 24<sup>th</sup> May - all day Wednesday 25<sup>th</sup> May – all day</b>
<b>Website and social media campaigns</b>	<b>Face to Face engagement @ Bath St Thursday 12<sup>th</sup> May 10.30-2.30pm Tuesday 17<sup>th</sup> May 10.30-2.30pm Monday 30<sup>th</sup> May 10.30-2.30pm</b>
<b>Stakeholder Briefings</b>	<b>MS Teams LIVE virtual consultation event</b>
<b>Press coverage</b>	<b>Consultation FAQs, continually updated</b>
<b>Experts by Experience panel (6 members)</b>	<b>Healthwatch Halton and Healthwatch Warrington</b>
<b>GP and PCN communication</b>	<b>Partner organisations PLACE level</b>

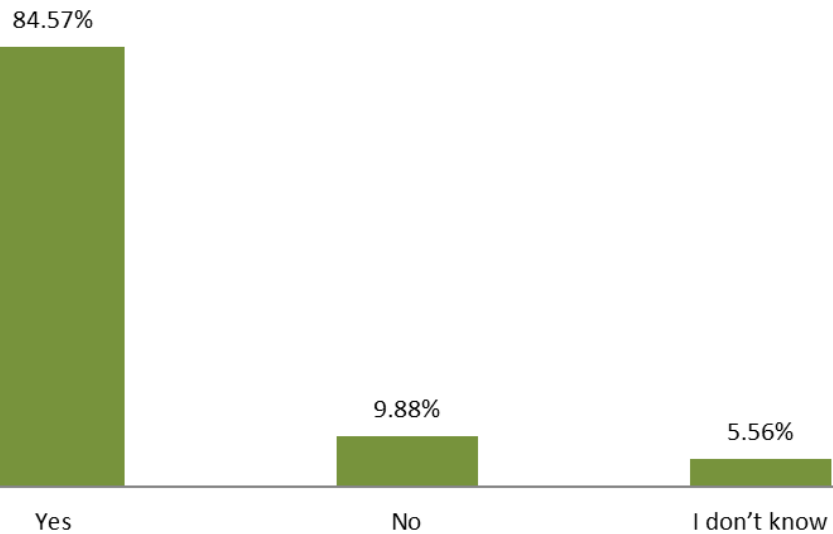
# Targeted Inclusion and Involvement

Protected Characteristics	Forum
<b>Gender:</b>	Groups for men – Directions for Men/Dads Matter/ Wolves Foundation Offload, WHH Menopause Cafe
<b>Sexual Orientation:</b>	TAGS - Teenagers, Gender and Sexuality 17-24yrs Warrington, Progress Staff Network
<b>Gender Reassignment</b>	Trans Warrington
<b>Race:</b>	Warrington Ethnic Community Association, Warrington Ethnic Women’s Group, WHH Muti Ethnic Staff Network
<b>Religion or Belief:</b>	Council of Faiths plus race groups above
<b>Disability:</b>	Breast clinics (cancer), Halton Disability Partnership membership, Staying Connected Forum Warrington, WHH Disability Staff Network, Warrington Deaf Society, Alternative futures, Muscular Distrophy Lymm, Deafness Resource
<b>Marriage and Civil partnership</b>	All
<b>Pregnancy and Maternity</b>	Maternity Voices Partnership
<b>Age:</b>	Age UK Mid Mersey, Warrington Lifetime, Halton Carers Centre, Wired Carers Centre
<b>Other Vulnerable/under-represented groups</b>	Warrington BC Wellbeing lead for Asylum Seekers and Refugees, Cheshire Gypsy Roma Traveller Education Adviser, Change Group Live, Veterans Associations in Halton and Warrington, WHH Armed Forces Network

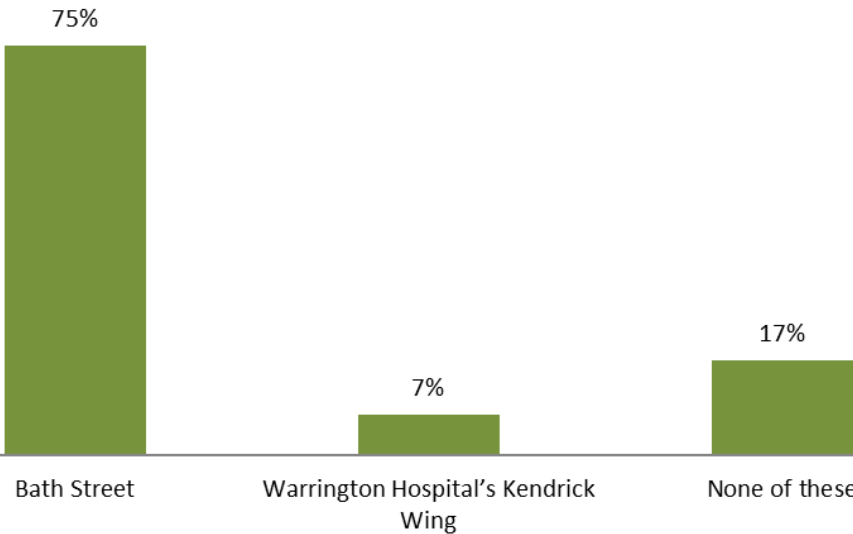
# Public Consultation Phase 2 – the Responses



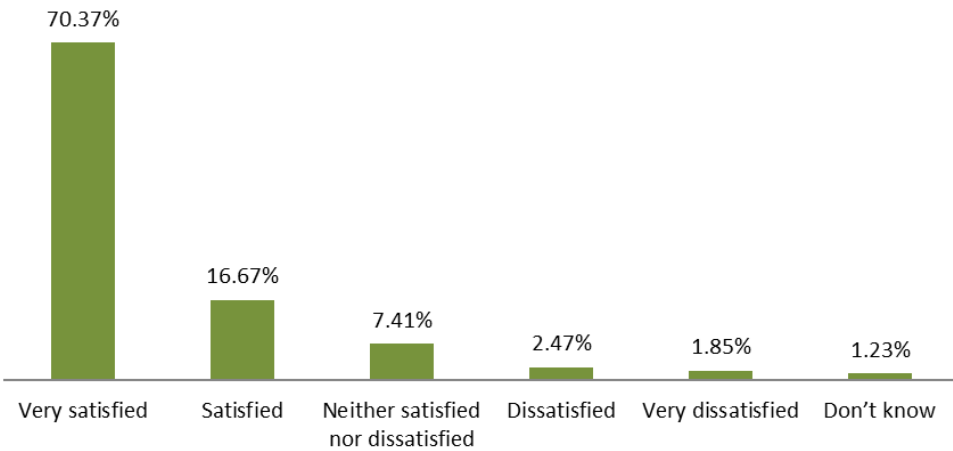
Do you feel that you have been given enough information to form an opinion on our proposals?



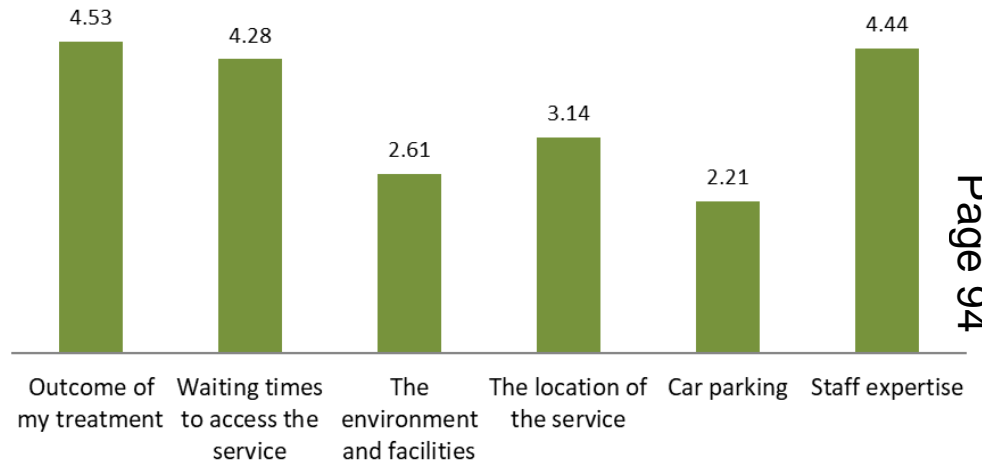
In Warrington where would you prefer to have your breast screening appointment?



### How satisfied would you be to access breast screening at Bath Street ?



### Which of the following are/would be most important for you?



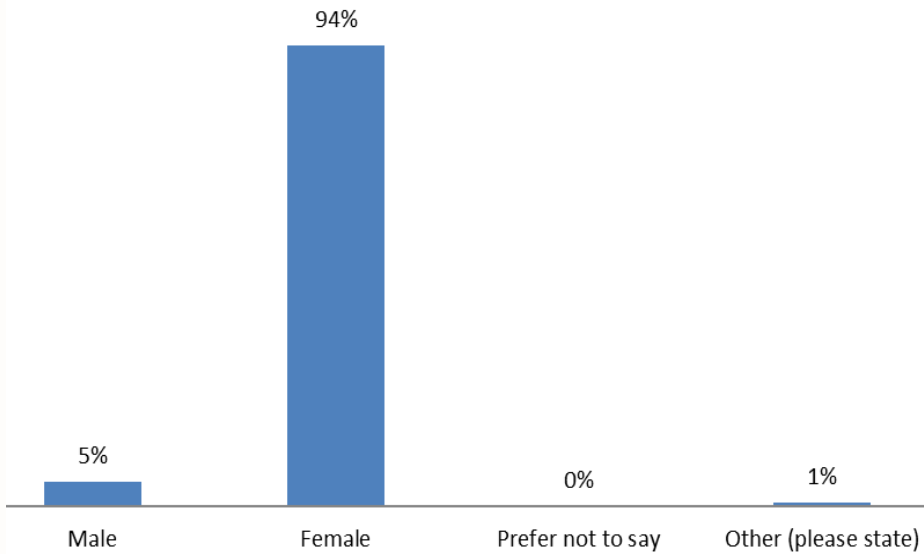


# The Public Consultation – Summary Outcomes

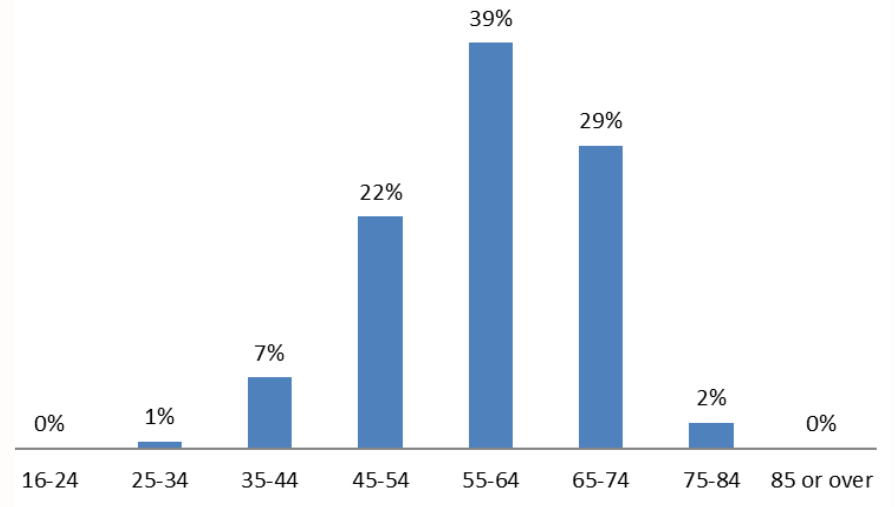
- 94% participants had used the Breast Screening Service
- 65% participants had been made aware of the proposals
- 85% had enough information to form an opinion
- 75% would prefer to have their screening at Bath St.
- 87% would be very satisfied or satisfied to have screening at Bath St.
- Most important considerations are (1 is high):
  1. Outcome of screening
  2. Staff Expertise
  3. Waiting times
  4. Location
  5. Environment and facilities
  6. Car parking

# Public Consultation Phase 2 - About the Participants

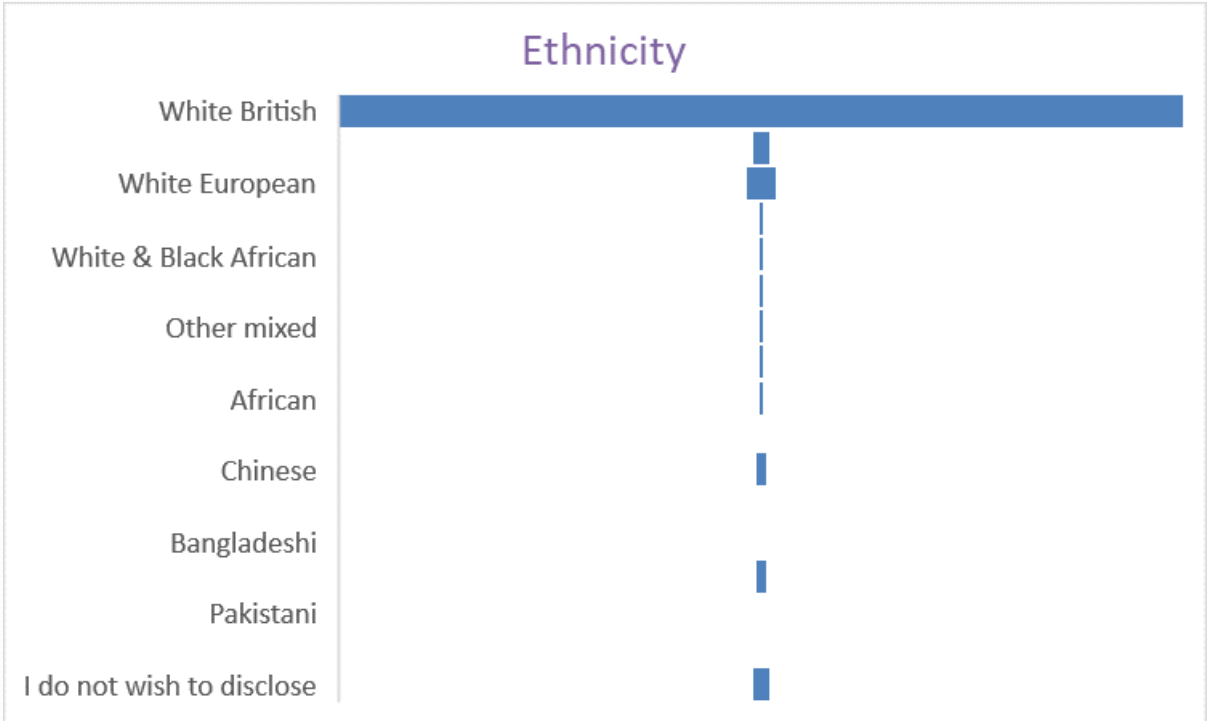
### Gender



### What is your age?

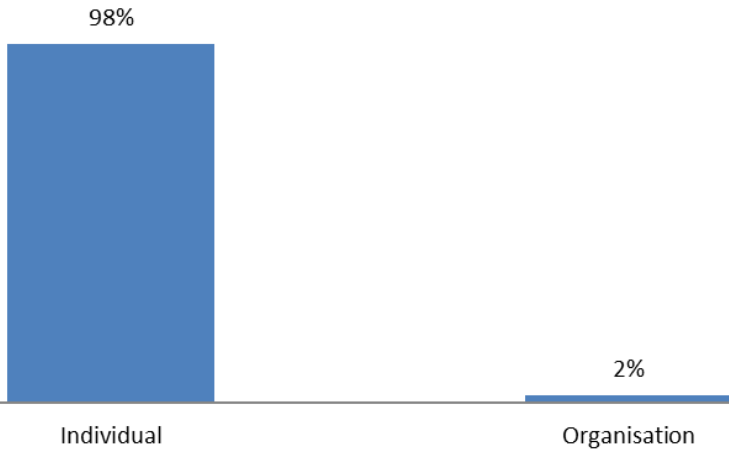


### Ethnicity

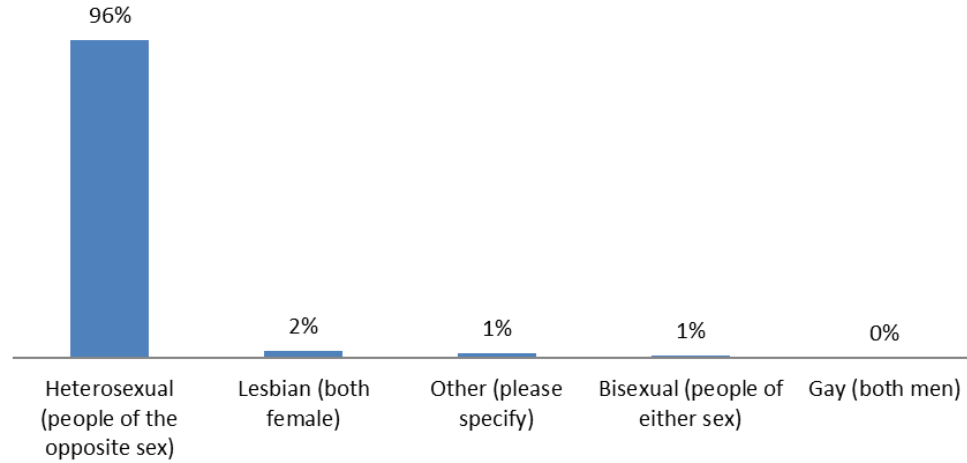


White British	142
White European	5
White Irish	3
I do not wish to disclose	3
Chinese	2
Indian	2
White & Black Caribbean	1
White & Black African	1
White & Asian	1
Other mixed	1
Caribbean	1
African	1
Other Black	0
Other Asian	0
Bangladeshi	0
Pakistani	0
Other Ethnic Group	0
<b>Total</b>	<b>163</b>

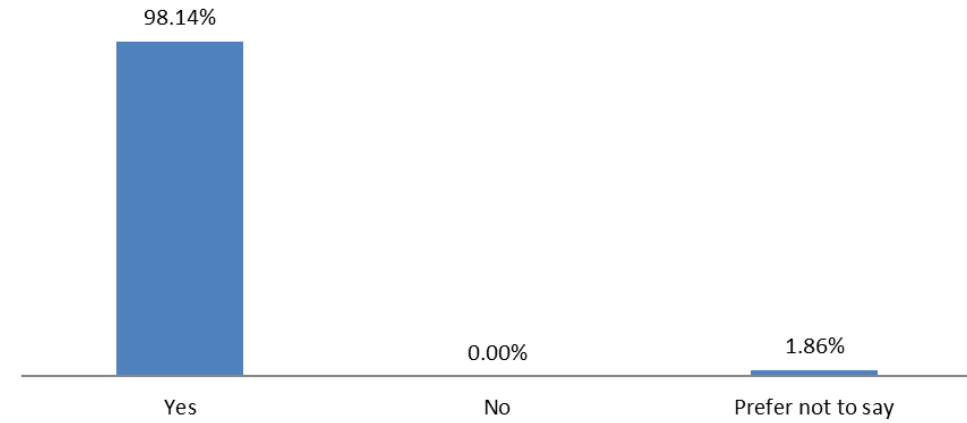
Are you completing the survey as an individual or representative of an organisation?



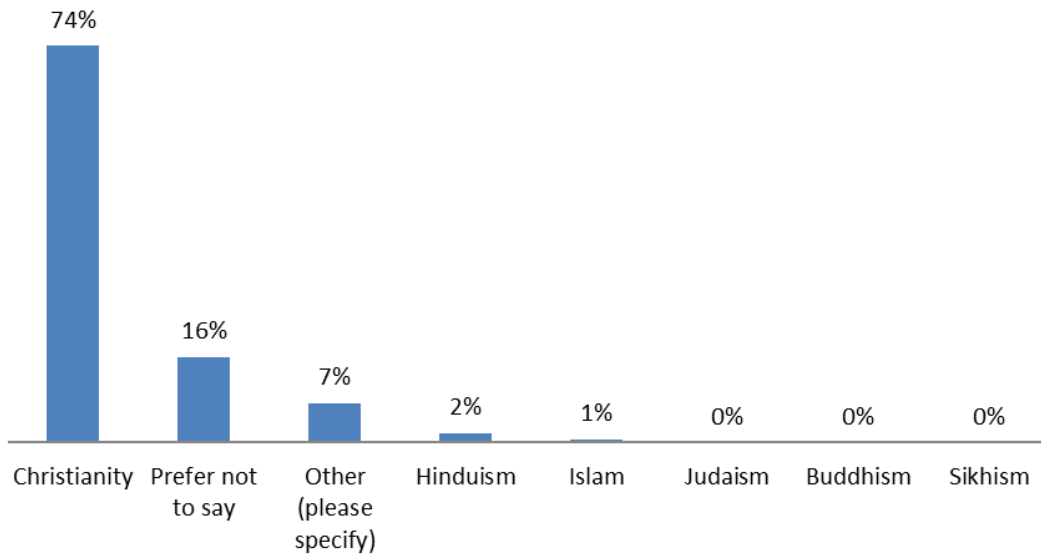
### Sexual orientation



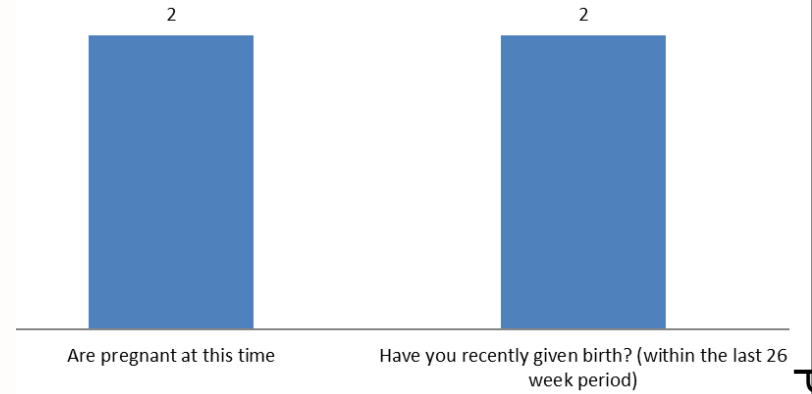
Do you identify as the same gender you were assigned at birth?



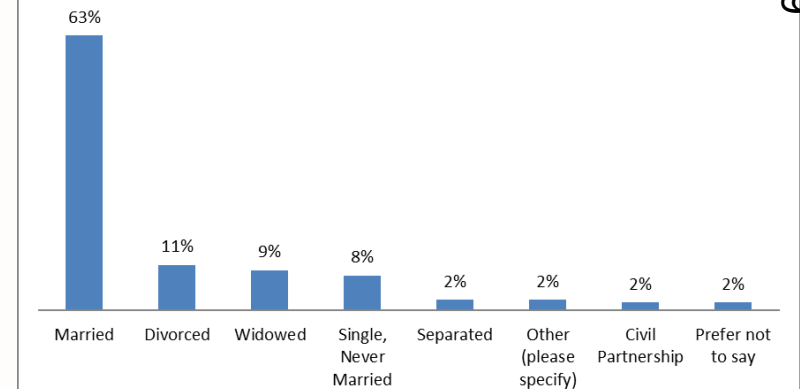
## Religion or belief



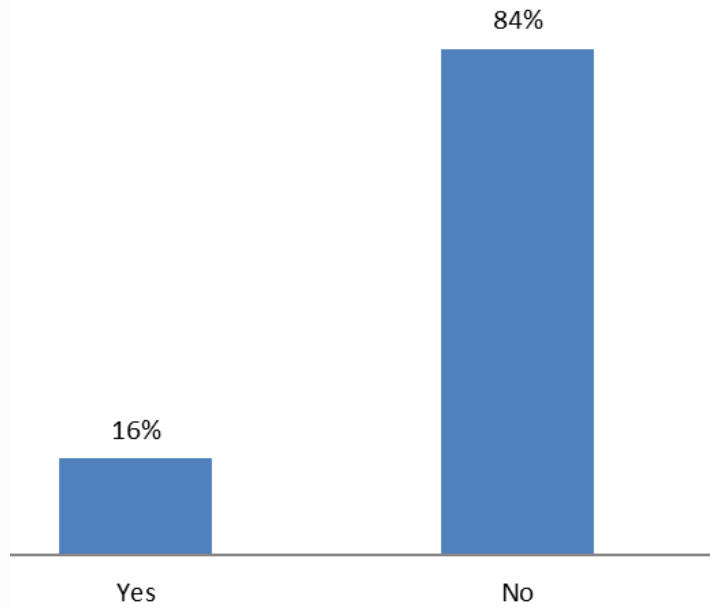
## Pregnant or given birth (last 26 weeks)



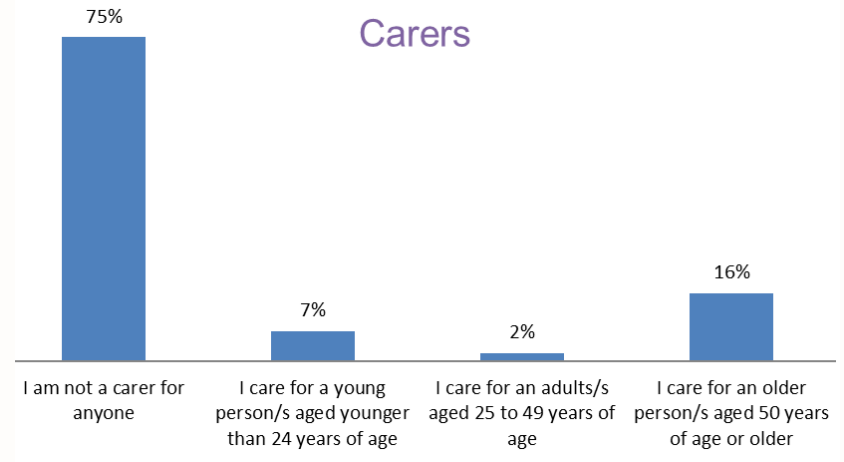
## Relationship status



## Considered to have a disability



## Carers



# The Public Consultation – Representation

- 94% participants were female
- 97% participants were in the eligible age range for breast screening
- 16% considered themselves to have a disability
- 25% cared for someone
- 2.5% had recently given birth or were pregnant
- Representative of patient population in religious belief, sexual orientation, gender identity, ethnicity and relationship status

2 organisations responded and 161 individuals

# Next Steps/1

- Interrogate and classify valuable commentary and suggestions from 85 participants
- Produce themes and mitigating actions (where possible), cross-checking against the Equality Impact Assessment (see below, key themes from Phase 1)
- Produce Full Consultation Outcomes Report with Commissioners (CCG, NHSE Specialist Commissioning)
- Include all feedback from all Scrutiny committees
- Recommendations report to Trust Board
- Publish outcomes
- Implement/do not implement proposals – see Gunning Principles



# Next Steps/2

- Recommendations report to Trust Board
- Publish outcomes
- Implement mitigations
- Implement/do not implement proposals – see Gunning Principles

Common Themes	Participant Feedback	Proposed solutions/ Action
Transport and Costs		
Accessibility		
Patient Choice		
Treatment and Care		
Communication		
Other		

*Example*

# Questions

<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	12 October, 2022
<b>REPORTING OFFICER:</b>	Director of Adult Social Services
<b>PORTFOLIO:</b>	Health and Wellbeing
<b>SUBJECT:</b>	Halton Women's Centre
<b>WARD(S)</b>	Borough-wide

### **1.0 PURPOSE OF THE REPORT**

To inform the Board on the current position and development of the Women's Centre.

### **2.0 RECOMMENDATION: That the report be noted.**

### **3.0 SUPPORTING INFORMATION**

- 3.1 The service provides opportunities and interventions in a safe environment that improve the physical, social and emotional wellbeing of women residing in Halton to positively increase their independence. The Centre also complements, signposts and refer clients to other organisations for specialised support and developmental workshops delivered both in the Centre and in the wider professional community.
- 3.2 Our clients generally fall into three categories:
- Short term therapeutic work through counselling (10-12 weeks)
  - Medium term support through activities / counselling / listening ear / individual support sessions (6-12 months)
  - Long term support through activities and practical support (12 months upwards)
- 3.3 Women who are on licence within the criminal justice system attend the Centre for probation appointments and we also work holistically alongside them and PSS - Women's Turnaround, to support those women who have a history of offending to make better choices, break down barriers to reform and increase self-esteem and confidence.
- 3.4 WHAG, Halton's Domestic Abuse Service, run their Recovery programme from the Centre once a week. This is aimed at recovery from the psychological damage that can be caused by an abusive relationship. Due to the safe and welcoming environment of the Centre the Independent Domestic Violence Advisor's (IDVA's) also hold 1:1 appointments here with women who are currently experiencing or fleeing domestic abuse.

3.5 Service Development

- 3.5.1 The Council took over the running of the service in September 2017. At that time the Centre was only open 2½ days per week and was only offering counselling, two social groups and the occasional self-development course. The Centre has developed dramatically since then and it is now open 9am-5pm five days a week. We offer a selection of activities, social groups, self-development courses, IT courses, specialist courses, 1:1's and counselling every day of the week.
- 3.5.2 Referral numbers have increased over the last three years from an average of 98 per year to over 220 and the number of women actively using the service has also increased from approx. 80 at any one time to our current number of 277, proving there is a high demand for this service.
- 3.5.3 There has been an increase in self-referrals for those experiencing anxiety, depression, low confidence / low self-esteem and social isolation, which may have been amplified through the pandemic. Cases are more complex in nature than previously and there has been an increase in referrals for women experiencing / have experienced domestic abuse.
- 3.5.4 We were successful in our bid from monies from both the Community Safety Partnership (Sept 2020) and the National Probation Services (Dec 2020) as part of a Cheshire wide project. The aim of the project was to build on existing integrated delivery arrangements within a dedicated Women's Centre to provide services to women who offend or are at risk of offending, many of whom have complex needs and who may also be / have been in domestic abusive relationships. The goal was to provide support in a person-centred, non-stigmatised community where a woman's "status" of offender, victim, and / or family member is irrelevant in terms of the service offer. This funding enabled us to appoint an experienced support worker for 16 month period to help develop and deliver an enhanced program of activities and support sessions for **all** women, as well as allowing us to improve our digital offer.
- 3.5.5 The digital offer was enhanced by using some of the grant monies to upgrade our public Centre IT systems, Wi-Fi and equipment. We purchased three lap tops, eight iPad's and a printer to increase our digital accessibility. These are available for the women to use as required within the Centre and are also set up for us to use Zoom and social platforms to engage women in the community. Furthermore we now offer an IT beginner's course in conjunction with WEA, where on completion women will receive a free tablet. The increased digital offer / presence is very popular and well utilised.
- 3.5.6 We have recently worked with students who were on the decorating courses at Riverside College. They chose the Centre as their Community project and redecorated throughout. This project allowed students to gain valuable work experience in a live setting and also gave them the opportunity to learn more about the service provision. The paint was donated free of charge by Albany, a major paint manufacturer. In addition, we received a small amount of money from Croda, a manufacturers who are located in Halton, to purchase some

new chairs for the counselling rooms. Both of these projects have enabled us to start to modernise the appearance of the Centre.

### 3.6 Funding/Resources

3.6.1 Apart from the costs associated with the running and upkeep of the building the only other costs are for staffing. The only permanent post is that of Centre Manager, which is funded by existing HBC and ICB recurrent funding.

3.6.2 In 2020 we received funding from the Community Safety Partnership (Sept 2020) and the National Probation Services (Dec 2020):

3.6.3 We have been successful in securing additional funding from Cheshire East for 2022-23 to extend the probation project and from the ICB winter pressures fund. Both of these are non-recurring one off payments that would enable us to resource staffing posts on a 12 month fixed term contract.

3.6.4 We raise further income from room hire. Although this is not a regular income the amounts may vary in each quarter.

3.6.5 Due to the increased demand on the service and the tailored support we are providing, the emphasis is on staffing resources and ensuring the staff are more experienced.

### 3.7 Future Developments/Considerations

3.7.1 We have had increased referrals for women who have experienced historic domestic abuse (over 12 months previous). Currently there is no provision that offers specific support around this and it is a gap that we would like to fill by offering the Freedom or New Beginnings course, both of which are aimed at supporting women to examine the roles, attitudes and beliefs on the actions of abusive men and the responses of victims and survivors. The aim is to help Women to make sense of and understand what has happened to them and improve their emotional health on this matter. Both are a 12 week program however there is a cost implication as you have to be licensed and trained to deliver them.

3.7.2 There are fewer younger women (18-30) who attend the Centre so we need to understand the reasoning behind this in order to be able to offer more appropriate and relevant support. Some of the updating of the appearance of the Centre has helped towards being more inviting to Women of all ages however the Centre's logo requires updating to better reflect the developed service and be more appealing to the younger age range. (Currently it is a pink butterfly).

3.7.3 To reduce barriers around finances and transport and to increase accessibility consideration needs to be made about having a presence in Widnes, even if just one day a week. There would need to be capacity to suitably accommodate a group, 1:1's and a probation worker in order to replicate some of the provision currently in Runcorn and to maintain links with key services.

- 3.7.4 Long term funding for staff resources is a concern as income for the support worker / case worker roles for the past 2 years have been generated from short term, (12 month) non-recurring funding streams. If access to further funding was not available in the future then we would struggle to meet the needs of the women in Halton and the Centre could potentially need to reduce service provision.

**4.0 POLICY IMPLICATIONS**

- 4.1 None

**5.0 OTHER/FINANCIAL IMPLICATIONS**

- 5.1 None

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

**6.1 Children & Young People in Halton**

None

**6.2 Employment Learning and Skills**

Opportunities for greater learning for Women

**6.3 A Healthy Halton**

To Improve health and wellbeing for Women in Halton

**6.4 A Safer Halton**

To Increase safer support for Women in Halton

**6.5 Halton's Urban Renewal**

None

**7.0 RISK ANALYSIS**

- 7.1 Will need to continuously review provision due to short term funding

**8.0 EQUALITY & DIVERSITY ISSUES**

- 8.1 None

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

- 9.1 None under the meaning of the Act.

**REPORT TO:** Health & Wellbeing Board

**DATE:** 12 October 2022

**REPORTING OFFICER:** Director of Public Health

**PORTFOLIO:** Health & Wellbeing

**SUBJECT:** Combating Drugs Partnership

## 1.0 PURPOSE OF THE REPORT

1.1 To inform the Board of the establishment of the Halton Combating Drugs Partnership, its governance and remit.

## 2.0 RECOMMENDATION: That the Board

- 1) Note the purpose of the combating drugs partnership; and its intended reporting structure; and
- 2) Note the brief update on the recent meeting.

## 3.0 SUPPORTING INFORMATION

3.1 Halton Combating Drugs Partnership (HCDP) is a strategic, multi-agency partnership established to support the delivery of the ambitions as set out in “From Harm to Hope: A 10 year drugs plan to cut crime and save lives”. The focus is on preventing harm from drugs.

3.2 Broadly there are three priority ambitions

- breaking drug supply chains
- providing a world class treatment and recovery offer
- reducing demand for drugs

3.3 The national strategy identifies a framework that will provide a single mechanism for monitoring progress and impacts across local areas, delivering on commitments and ambitions.

3.4 The partnership is required to deliver a focussed agenda against the framework including:-

- Develop a joint strategic assessment of local drug data
- Agree data sharing protocols
- Develop local combating drugs delivery plan
- Develop performance framework
- Monitor local outcomes

- Review progress against plan

3.5 The national strategy sets out three key areas to address harm and criminality from drugs and drug use. These will form the basis of action for the work of the HCDP, the scope of the partnership will therefore include:

3.6 **Break drug supply chains**

Reducing the ability for organised crime groups (OCGs) to operate; reducing supply of the most harmful drugs, attacking all stages of the supply chain, reducing the associated violence and exploitation, and protecting prisons from being academies of crime.

3.7 **Deliver a world-class treatment and recovery system**

The national aspiration is to deliver a world-class treatment and recovery system in England within a decade. Halton Combating Drugs Partnership will reflect this aspiration to treat addiction as a chronic health condition, breaking down stigma, saving lives, and substantially breaking the cycle of crime that addiction can drive. Plans will recognise alcohol dependence and wider alcohol-related harms, considering the multiple complex needs

3.8 **Achieve a generational shift in demand for drugs**

Address societal attitudes around the perceived acceptability of illegal drug use, delivering tougher consequences, delivering education, prevention and early intervention across settings and supporting those most at risk of the harms of substance misuse.

4.0 **Governance and reporting procedure**

4.1 The Halton Combating Drugs Partnership will act as an Independent Body.

4.2 The Halton Combating Drugs Partnership is not a legally incorporated body. It has no formal powers of authority. The partnership has a role in influencing the activity of other partners.

4.3 The Halton Combating Drugs Partnership will oversee the delivery and achievement against the National Combating Drugs outcome framework. Performance in association with the developing action plans will be reported through the governance structure to the appropriate bodies.

4.4 When reports and actions are required that need to be considered by the partners; such reports will be formally considered by the appropriate executive boards of other partners/agencies. Key Boards include One Halton Place and Halton Health and Wellbeing Board. Key Partnerships include the Safer Halton Partnership and partnerships groups that cover safeguarding and domestic violence.

4.5 **Summary of meeting held September 20<sup>th</sup> 2022**



The inaugural meeting of the Halton Combating Drugs Partnership held on 20<sup>th</sup> September at Halton Stadium, it was well attended with representatives from Police, Probation, Drug and Alcohol services, NHS, Police Crime Commissioners office; Voluntary sector and Halton Borough Council including: Children's, Elected members, Youth Justice, Children and Young People Safeguarding Public Health and Community Safety.

The meeting reviewed the terms of reference which were agreed and shared information on the types of information that was available to share and thus be used in the Joint Strategic Needs Assessment that needs to be developed and agreed the timescales and acknowledged the challenge in producing a strategy. It was agreed that organisations will be subject to multiple requests for data from across the system and ways to approach this more manageably were discussed. Further meetings in November and January will follow. A local plan is expected to be ready in January 2023.

## **5.0 POLICY IMPLICATIONS**

5.1 Tackling the impact of substance misuse on our communities remains a priority for Halton and the establishment of the group bring a formal partnership group from a broad range of partners to address the harms from drugs in our local area.

## **6.0 FINANCIAL IMPLICATIONS**

6.1 There are no financial implications for this work directly. Financial provision for the treatment and recovery is contained within the Public Health ring fenced grant. Additional funds for combating supply chains and offender management are held by other organisations. Opportunities to bid for additional funding may arise and the partnership approach strengthen and supports this option.

## **7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **7.1 Children and Young People in Halton**

The service contributes to the delivery of the objectives of the Halton Children's Plan.

### **7.2 Employment, Learning and Skills in Halton**

The partnership will contribute to supporting local residents affected by substance misuse to regain control of their lives and access opportunities to improve their employment, learning and skills in a recovery focused environment.

### **7.3 A Healthy Halton**

The partnership approach is important in promoting the health and wellbeing of the community through its work towards reducing access to drugs, supporting access to excellent treatment options and reducing inequalities through targeted intervention for vulnerable and disadvantaged individuals. The service contributes to the delivery of the objectives of the Health and Wellbeing Board.

**7.4 A Safer Halton**

The service contributes to a Safer Halton by supporting local people in reducing risk taking behaviour, such as alcohol, drugs, etc. Community services also play an important role in reducing crime and anti-social behaviour

**7.5 Halton's Urban Renewal**

N/A.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 All contractors will be required to demonstrate that they embrace and comply with the Equality Act, and services will be monitored to ensure this is the case.

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

None within the meaning of the Act.