

Public Document Pack



Health and Wellbeing Board

Wednesday, 18 January 2023 2.00 p.m.
Karalius Suite - Halton Stadium, Widnes

S. Young

Chief Executive

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The next meeting of the Committee is on Wednesday, 22 March 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, 12 October 2022 at Karalius Suite - Halton Stadium, Widnes

Present: Councillors Wright (Chair), J. Lowe, T. McInerney and Woolfall. K. Butler, N. Evans, R. Foster, L. Garner, G. Ferguson, N. Goodwin, S. Johnson-Griffiths, T. Leo, W. Longshaw, P. McGuinness, D. Nolan, I. Onyia, K. Parker, S. Semoff and P. Thomas.

Apologies for Absence: P. Jones, C. Lyons, S. Patel, G. Smith, M. Vasic and D. Wilson.

Absence declared on Council business: None

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

Action

HWB9 MINUTES OF LAST MEETING

The Minutes of the meeting held on 6 July 2022 having been circulated were signed as a correct record.

HWB10 UPDATE ON ONE HALTON PLACE BASED PARTNERSHIP

The Board received an update report from Nicola Goodwin (One Halton, Senior Programme Manager) on the One Halton Place Based Partnership. The Integrated Care Systems (ICS) 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.

The Health and Care Bill was implemented on 1 July 2022 and all Clinical Commissioning Groups (CCG) were dissolved as of this date. The functions previously delivered by Halton CCG were now provided by the ICB which would be known as NHS Cheshire and Merseyside going forward.

The report set out the senior leadership team and governance structures of One Halton and the workstreams which consist of One Halton Delivery Plan, Digital Strategy, Workforce, Estates and Communication and Involvement.

The Board will be provided with further update reports to ensure they are up-to-date with arrangements as the new system becomes embedded and evolves further.

RESOLVED: The report be noted.

HWB11 ONE HALTON AND HEALTH AND WELLBEING BOARD STRATEGY

The Board received a presentation from the Director of Public Health, which set out the content of the new combined One Halton and Health and Wellbeing Board Strategy which was adopted as a shared partnership approach following the creation of One Halton.

The Strategy identified important system priorities and a strategic framework which will be used to develop a delivery plan. It also outlined the intention to transform and improve the delivery of health care for the people of Halton.

RESOLVED: The report be noted and the Strategy be endorsed.

HWB12 ICP STRATEGY

The Board received a presentation from the Halton Director, NHS Cheshire & Merseyside regarding the ICP Strategy. The presentation provided the Board with information on the process for developing the ICP Strategy.

The Department of Health and Social Care issued guidance over the Summer in relation to publishing an Integrated Care Partnership (ICP) Strategy by December 2022. This would be updated again in June 2023 or whenever a Joint Strategic Needs Assessment (JSNA) is published, following a refresh of National guidance.

The Board would be kept updated as the work progresses with a partner report to the January meeting.

RESOLVED: That the presentation be noted.

HWB13 PLANNING FOR WINTER 2022-23

The Board considered a report which provided an overview of the plans in place to help protect Halton's population from challenges during Winter 2022/23. The report also summarised the flu and winter vaccination programme, system pressure planning and the links with

measures required to support Halton communities during the cost of living crisis.

The report described four main outcomes, those being flu, covid, system pressures and supporting people and households.

RESOLVED: That:

- 1) the content and process of planning for winter to protect Halton's population against additional threats that the season may bring be noted; and
- 2) each individual agency note their respective requirements in relation to the programme and use all opportunities to promote positive prevention messages and community support as widely as possible.

HWB14 NHS WINTER PRESSURES

The Board received a report of the Halton Place Director, which provided information regarding the pressures the NHS were expecting to experience in the coming winter months and the focus being employed in preparation and monitoring. The NHS Chief Executive had 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.

The Board was advised that the NHS Winter Plan aimed to mitigate some of the pressure points within the system and it had a series of key metrics to monitor the situation throughout the winter. The report set out the Plan core objectives and key actions.

The Board noted that:

- NHS Cheshire and Merseyside had 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 number of services and initiatives in place to support Halton residents to create closer to home and easily accessible alternatives to acute hospital care; and
- Halton was establishing a Winter Resilience Group, operational and tactical management and escalation arrangements. These would bring together health

and care partners to monitor, plan, implement 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.

RESOLVED: That the Board noted:

- 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.

HWB15 COST OF LIVING CRISIS

The Board received a report regarding the predicted health impacts of the cost of living crisis and outlined the actions taken locally to reduce those impacts.

The report summarised:

- The characteristics of a person who was more at risk of fuel poverty;
- Risk factors and health conditions impacted on by cold homes; and
- The support available to people both nationally and locally, fuel support, funding grant schemes and existing planned events.

RESOLVED: That:

- 1) the report be noted;
- 2) all partners to promote community support opportunities widely.

HWB16 DEMENTIA FRIENDLY HALTON BOROUGH COUNCIL

The Board received a report from the Strategic Director, People which presented the Dementia Friendly Plan. The Dementia Friendly Communities was a programme from the National Alzheimer's Society which focused on improving inclusion and quality of life for people with dementia and encouraged organisations to develop and implement local action plans.

The Council had developed an action plan which was

approved by Executive Board in June 2022. The three main priorities of the plan were to set up an infrastructure to support dementia friendly commitment by the Council, raise awareness amongst staff and targeting specific service area tasks going forward.

RESOLVED: The report be noted.

HWB17 BETTER CARE FUND (BCF) 2022-23 PLAN

The Board received a report from the Director of Public Health, which provided an update on the Better Care Fund (BCF) Plan 2022/23 following its submission on 26th September 2022. The update provided the Board with information on the four national conditions and the three related documents, those being the BCF Plan, BCF planning template and capacity and demand information.

RESOLVED: The BCF Plan 2022/23 be noted for information.

HWB18 PHASE 2 - RECONFIGURATION OF BREAST SERVICES PROVIDED TO THE BOROUGH OF HALTON, KNOWSLEY, ST HELENS AND WARRINGTON

The Board considered a report from Lucy Garner, Director of Strategy and Partnerships, Warrington and Halton Teaching Hospitals NHS Foundation Trust, which provided an update on the proposal to cease the Breast Screening service at Kendrick Wing, Warrington Hospital and consolidate and expand the service at Bath Street, Warrington. The report also outlined the case for change, the outcome of the public consultation and the next steps in the process.

It was also reported that extension bids had received approval to improve diagnostics with additional MRI and CT scanners. These would be based at the Captain Tom Moore site at Halton Hospital.

RESOLVED: The Board noted the report and supported the next steps as outlined in the report.

HWB19 HALTON WOMEN'S CENTRE

The Board received a report from the Director of Adult Social Services, regarding the current position and development of the Women's Centre. The report described the service provided by centre, the service development, funding/resources and future developments/considerations.

RESOLVED: The report be noted.

HWB20 COMBATING DRUGS PARTNERSHIP

The Board received a report which informed them of the establishment of the Halton Combating Drugs Partnership, its governance and its remit. The Partnership was a multi-agency partnership which was established to support the delivery of the ambitions as set out in the National Strategy “From Harm to Hope: A 10 year drugs plan to cut crime and save lives”. The focus was to prevent harm from drugs.

The National Strategy sets out 3 key areas to address harm and criminality from drugs and drugs use:

- Break drug supply chains;
- Deliver a world-class treatment and recovery system;
- Achieve a generational shift in demand for drugs.

The inaugural meeting of the Halton Combating Drugs Partnership was held on 20 September 2022. The meeting agreed the terms of reference, shared information for the Joint Needs Strategic Assessment, agreed timescales and acknowledged the challenges.

Further meetings would be held in November and January with a local plan expected in January 2023.

RESOLVED: The Board noted the purpose of the Combating Drugs Partnership and its intended reporting structure and also the brief update on the recent meeting.

Meeting ended at 4.10 p.m.

REPORT TO: Health & Wellbeing Board

DATE: 18th January 2023

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Health and Wellbeing Board Guidance

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To bring the new Health and Wellbeing Board guidance to the attention of all members, to provide an opportunity to consider these and discuss any implications.

2.0 RECOMMENDATION: That the Board:

i) To note the content of the report and attached guidance document

3.0 SUPPORTING INFORMATION

3.1 In November 2022, the Department of Health and Social Care set out new guidance for all Health and Wellbeing Boards in the light of changes to the NHS and in particular the establishment of Integrated Care Boards (ICBs) and Integrated Care Systems. (ICSSs)

3.2 The guidance is to support the ICB and ICP leaders, local authorities and Health and Wellbeing Boards to understand how they should work together to ensure effective system and place-based working.

3.3 HWBBs will work with ICPs and ICBs to determine the integrated approach that will best deliver holistic care and prevention activities, including action on wider determinants in their communities.

3.4 The guidance includes case studies that illustrate how other Health and Wellbeing Boards have been adapting to the changes introduced by the Health and Care Act 2022. Some areas have chosen to have joint HWBBS and ICBs where they are coterminous, others have formed committees in common, several local authorities have created joint HWBBS across a wider footprint in order to address strategic priorities.

3.5 The full guidance is attached and can be read in conjunction with this report

4.0 POLICY IMPLICATIONS

4.1 The following are existing functions set out for HWBBS at their creation in 2012:

- provide a strong focus on establishing a sense of place

- instil a mechanism for joint working and improving the wellbeing of their local population
- set strategic direction to improve health and wellbeing

4.2 HWBBs continue to be responsible for:

- assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment (JSNA)
- publishing a joint local health and wellbeing strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the JSNA
- The JLHWS should directly inform the development of joint commissioning arrangements in the place and the co-ordination of NHS and local authority commissioning, including responsibility for signing-off Better Care Fund plans
- a separate statutory duty to develop a pharmaceutical needs assessment (PNA)

4.3 The core statutory membership of HWBs is unchanged other than requiring a representative from ICBs, rather than CCGs

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Finance

HWBBs do not commission health services themselves and do not have their own budget but play an important role in informing the allocation of local resources. A new oversight role has been included in that ICBs and their partner NHS trusts and NHS foundation trusts are required to share their joint capital resource use plan and any revisions with each relevant HWBB.

5.2 Other

The relationship between health and wellbeing boards and integrated care system is required to embrace both continuity and change and as a minimum it's expected that all partners – (HWBBs, ICBs and ICPs) adopt a set of principles in developing relationships, including:

- building from the bottom up
- following the principles of subsidiarity
- having clear governance, with clarity at all times on which statutory duties are being discharged
- ensuring that leadership is collaborative
- avoiding duplication of existing governance mechanisms
- being led by a focus on population health and health inequalities

5.3 Role of ICBS in relation to HWBB

An ICB, with its partner NHS trusts and NHS foundation trusts, must prepare a 5-year joint forward plan, to be refreshed each year.

- ICBs must involve HWBBs in preparing or revising their forward plans
- Provide a draft of the forward plan,
- consult with the HWBB on whether the draft takes proper account of the local **Joint Health and Wellbeing Strategy** such that a statement can be made that confirms this

5.4 The ICB must consult each relevant HWBB in preparing to review their annual reports. NHS England will ask the HWBB for their views on the ICB's contribution to the delivery of the local Joint **Health and Wellbeing Strategy**.

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 in developing the HWBB strategy. 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**

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

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 This report content does not present any obvious risk. Any risks linked to implementation will be identified as they arise and recorded.

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**

Document	Place of Inspection	Contact Officer
DHSC's adult social care reform vision	Runcorn Town Hall	Ifeoma Onyia Director of Public Health
The Health and Care Act 2022	Runcorn Town Hall	Ifeoma Onyia Director of Public Health
the NHS Long Term Plan	Runcorn Town Hall	Ifeoma Onyia Director of Public Health
DHSC's integration white paper (Health and social care integration: joining up care for people, places and populations)	Runcorn Town Hall	Ifeoma Onyia Director of Public Health

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[Department
of Health &
Social Care](#)

Guidance

Health and wellbeing boards – guidance

Published 22 November 2022

Applies to England

Contents

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[Background and context](#)

[Role and purpose of health and wellbeing boards](#)

[The relationship between health and wellbeing boards and integrated care systems: continuity and change](#)



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This publication is available at <https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance>

Purpose of this guidance

Health and wellbeing boards (HWBs) have been a key mechanism for driving joined up working at a local level since they were established in 2013.

The Health and Care Act 2022 introduced new architecture to the health and care system, specifically the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs).

In this new landscape, HWBs continue to play an important statutory role in instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally.

This non-statutory guidance sets out the roles and duties of HWBs and clarifies their purpose within the new system architecture. It accompanies previously published [statutory guidance \(https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance\)](https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance) on joint strategic needs assessments (JSNAs) and joint local health and wellbeing strategies (JLHWSs). The Health and Care Act 2022 amends section 116A of the Local Government and Public Involvement in Health Act 2007, renaming ‘joint health and wellbeing strategies’ to ‘joint local health and wellbeing strategies’. Statutory guidance on JSNAs and JLHWSs currently remains unchanged.

This guidance should support ICB and ICP leaders, local authorities and HWBs to understand how they should work together to ensure effective system and place-based working, following the principle of subsidiarity.

We acknowledge that there is a wide diversity within ICB areas in terms of geography, population size and configuration of local authorities and NHS partners. We therefore recognise that different approaches are required from one local population to another, one area to another, and that there will be different levels of maturity and development. Throughout this guidance, we have included illustrative examples of these different approaches.

Background and context

Promoting integrated, person-centred care and health improvement is a key objective of:

- the DHSC’s [adult social care reform vision \(https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform\)](https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform)
- [the Health and Care Act 2022 \(https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted\)](https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted)
- [the NHS Long Term Plan \(https://www.longtermplan.nhs.uk/\)](https://www.longtermplan.nhs.uk/)

- the DHSC's [integration white paper \(Health and social care integration: joining up care for people, places and populations\)](https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations) (<https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>).

The Health and Social Care Act 2012 introduced HWBs, which became operational on 1 April 2013 in all 152 local authorities with social care and public health responsibilities.

HWBs:

- provide a strong focus on establishing a sense of place
- instil a mechanism for joint working and improving the wellbeing of their local population
- set strategic direction to improve health and wellbeing

The Health and Care Act 2022 did not change the statutory duties of HWBs as set out by the 2012 Act but established new NHS bodies known as ICBs and required the creation of ICPs in each local system area. This will empower local health and care leaders to join up planning and provision of services, both within the NHS and with local authorities, and help deliver more person-centred and preventative care.

The integration white paper set out opportunities to enable greater collaboration at place level to facilitate the effective delivery of integrated health and care services. We expect all place-based arrangements to build on and work with existing forums such as HWBs as key existing place-based forums for driving integration.

This document therefore provides guidance on HWBs to align with the Health and Care Act 2022 and wider place-based strategy. It replaces draft guidance published by the Department of Health and Social Care in July 2022.

Role and purpose of health and wellbeing boards

HWBs remain a formal statutory committee of the local authority, and will continue to provide a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities. The Local Government Association (LGA) has [revised its support offer to HWB chairs and other lead members](https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement/health-and-wellbeing-systems) (<https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement/health-and-wellbeing-systems>) focusing on the implications of integrated care systems. The LGA has also developed several [case studies](https://www.local.gov.uk/case-studies) (<https://www.local.gov.uk/case-studies>) that highlight the ways in which HWBs have been working to improve planning, service delivery and outcomes for their local populations. The government has also published [guidance on place-based approaches](https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities) (<https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities>) to reducing health inequalities.

Along with the HWB's other statutory functions, the functions of a local authority and its partner ICBs (under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007) are to be exercised by the HWB established by the local authority. [\[footnote 1\]](#)

Following the Health and Care Act 2022, clinical commissioning groups (CCGs) are abolished with effect from 1 July 2022 and ICBs take on their commissioning functions. The core statutory membership of HWBs is unchanged other than requiring a representative from ICBs, rather than CCGs. HWBs can continue, at their discretion, to invite other organisations to join the HWB including, for example:

- the voluntary, community and social enterprise (VCSE) and business sectors
- children's and adult social care
- healthcare providers

Case study: County Durham

Supplementary representation on the County Durham HWB membership, identified as part of its regular governance review, includes County Durham and Darlington Fire and Rescue Service, the Office of the Police and Crime Commissioner, and Housing representation. This is to ensure the health and care needs of residents are identified and addressed as part of the wider system.

Case study: Redbridge

In addition to its statutory membership, Redbridge HWB has lay members, housing reps, police and fire service, acute and community health providers and voluntary sector to provide a much more holistic leadership in supporting the wider determinants of health.

The HWB should therefore be a forum for discussions about strategic and operational co-ordination in the delivery of services already commissioned.

HWBs should review their membership following the establishment of ICBs and ICPs and their associated functions and duties. Any changes should reflect local circumstances and priorities and continue to meet the statutory requirements.

In the few areas where the ICP and HWB are coterminous (cover the same geographical boundaries), it may be appropriate for the HWB and ICP to have the same members. This can be done, for example, by one part of the meeting formally being of the HWB, and the other part of the ICP. However, both have different statutory functions which each will be required to fulfil.

Case study: Derbyshire

Derbyshire County Council's HWB reviewed its membership following the establishment of the Derby and Derbyshire ICP. All district and borough councils within Derbyshire now have elected members represented on the HWB. Previously this was just 2 representatives.

Extending the membership to include district and borough councils provides the HWB with a distinct role from the new ICP structures, but also enables a stronger place focus and recognises the importance of district and borough councils in prevention and promoting wellbeing.

Derbyshire HWB used examples of cross cutting issues such as housing to consider how the new ICP/ ICB structures work alongside the HWB and other existing groups and organisations.

Case study: Lincolnshire

Lincolnshire is a coterminous system. The HWB and ICP cover the same geographical area. The membership of the ICP mirrors the HWB and is reviewed annually to ensure as much alignment as possible. Times, locations and frequency of ICP meetings are aligned with those of the HWB.

Case study: Somerset

Given they cover the same geographical area, it has been proposed that the Somerset HWB and the Somerset ICP are aligned as committees in common.

From April 2023, it is proposed that the Somerset board will be established as the single high-level strategic partnership board for the county. This will consist of both the ICP and HWB. If required to fulfil the statutory duties of either board, it is proposed the Somerset board will split the agenda and show distinct agenda items for each board.

In order to operate in this way, it is important that the membership of the Somerset board encompasses the membership of both the health and wellbeing board and the ICP.

Case study: North Yorkshire

North Yorkshire HWB reviewed its membership to reflect the introduction of ICPs. Humber and North Yorkshire ICP is represented on the HWB by its chief operating officer – who is also the vice chair of the HWB – and the place director for North Yorkshire. West Yorkshire (which covers about 10% of North Yorkshire) is represented by the chief operating officer, Bradford District and Craven Health and Care Partnership.

Along with other local leaders, HWBs will continue to lead action at place level to improve people’s lives and remain responsible for promoting greater integration and partnership between the NHS, public health and local government. This involves working effectively with local leaders, including place-based partnerships. Adopted ways of working should reflect local priorities and circumstances. Different partners may have different geographical footprints and governance structures and should therefore work together and ensure there is clarity on their respective roles. How HWBs work with place-based partnerships will vary, but HWBs can and should have an important role.

Case study: Bath and North East Somerset

It has been agreed that the Bath and North East Somerset HWB will set the vision for desired population outcomes for Bath and North East Somerset, the strategic direction and high-level priorities for system partners including the Integrated Care Alliance (ICA) and the Sustainable Places Board. Relevant priorities in the joint health and wellbeing strategy will be implemented through the ICA workplan.

Case study: Bedford

Place arrangements for Bedford Borough have placed great emphasis on partnership working, including the HWB as the strategic lead for place. A partnership arrangement including delivery groups at senior officer level report to the HWB on the delivery of place priorities as well as those in the joint local health and wellbeing strategy.

Joint strategic needs assessments (JSNAs) and joint local health and wellbeing strategies (JLHWSs)

HWBs continue to be responsible for:

- assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment (JSNA)
- publishing a joint local health and wellbeing strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of its local population and

how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the JSNA

- The JLHWS should directly inform the development of joint commissioning arrangements (see section 75 of the National Health Service Act 2006) in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans

Each HWB also has a separate statutory duty^[footnote 2] to develop a pharmaceutical needs assessment (PNA) for their area, for which separate guidance is available (see [Pharmaceutical needs assessments: information pack](#) (<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>)). A PNA cannot be subsumed as part of JSNA and JLHWS but can be annexed to them.

The [statutory guidance](#) (<https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>) explaining the duties and powers in relation to JSNAs and JLHWSs currently remains unchanged.

JSNAs and JLHWSs are the vehicles for ensuring that the needs and the local determinants of the health of the local population are identified and agreed. The JSNA provides the evidence base for the health and wellbeing needs of the local population and should be kept up to date regularly. The JLHWS sets out the agreed priorities and joint action for partners to address the health and wellbeing needs identified by the JSNA. They are not an end in themselves, but a regular process of strategic assessment and planning.

Local authorities and ICBs must have regard to the relevant JSNAs and JLHWSs so far as they are relevant when exercising their functions. NHS England must have regard to the relevant JSNAs and JLHWSs so far as relevant, in exercising any functions in arranging for the provision of health services in relation to the geographical area of a responsible local authority.

Joint strategic needs assessments (JSNAs)

In developing JSNAs, we expect HWBs to engage with any person, group or organisation agreed appropriate. They should involve the local community, representative organisations and consider wider social, environmental and economic factors which might impact on health and wellbeing across all demographics. HWBs should consider groups that might be excluded from engagement, such as inclusion health groups, those who face other forms of social exclusion, transient populations, people at risk of homelessness, babies, children and young people, and unpaid carers, including those who provide care to people in the HWB place but live outside it. Inclusion health is a term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases); see [Inclusion Health: applying All Our Health](#). (<https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health/inclusion-health-applying-all-our-health>)

JSNAs should also be informed by research, evidence, local insight and intelligence, as well as more detailed local needs assessments such as at a district or ward level. This should look at specific groups (such as those likely to have poor health outcomes, for example care-experienced children and young people); and wider issues that affect health such as housing or risk of homelessness, employment, education, crime, community safety, transport or planning. Evidence can be identified through public services data that identifies risk of homelessness and the Office for Health Improvement and Disparities (OHID) inclusion health monitoring system, to be launched in 2023. The integrated care strategy, produced by the ICP, will also be informed by research to ensure alignment. HWBs should also consider where there is a lack of such evidence and identify research needs in JSNAs that could be met by ICBs, local authorities and NHS England via the exercise of their research functions. [\[footnote 3\]](#)

Joint local health and wellbeing strategies (JLHWSs)

The JLHWS sets out the vision, priorities and action agreed by the HWB to meet the needs identified within the JSNA and to improve the health, care and wellbeing of local communities and reduce health inequalities. The JLHWS is for the footprint of the local authority (with children's and adult social care and public health responsibilities).

HWBs will need to consider the integrated care strategies when preparing their own strategy (JLHWS) to ensure that they are complementary. Conversely, HWBs should be active participants in the development of the integrated care strategy as this may also be useful for HWBs to consider in their development of their strategy.

When the HWB receives an integrated care strategy from the ICP, it does not need to refresh JLHWS if it considers that the existing JLHWS is sufficient.

The integrated care strategy should build on and complement JLHWSs, identifying where needs could be better addressed at the system level. It should also bring learning from across the system to drive improvement and innovation.

The introduction of integrated care strategies is an opportunity for JSNAs and JLHWSs to be revised and/or refreshed, to ensure that they remain effective tools for decision making at both place and system levels. This includes maximising the opportunities of digitalising the JSNA and improving its accessibility for a range of users, for example through easy-read formats.

Examples of both JSNA and JLHWS development in practice can be found in the Local Government Association (LGA) document, [What a difference a place makes \(https://www.local.gov.uk/publications/what-difference-place-makes-growing-impact-health-and-wellbeing-boards\)](https://www.local.gov.uk/publications/what-difference-place-makes-growing-impact-health-and-wellbeing-boards).

The relationship between health and wellbeing boards and integrated care systems: continuity and change

As a minimum we expect all partners – the HWBs, ICBs and ICPs – to adopt a set of principles in developing relationships, including:

- building from the bottom up
- following the principles of subsidiarity
- having clear governance, with clarity at all times on which statutory duties are being discharged
- ensuring that leadership is collaborative
- avoiding duplication of existing governance mechanisms
- being led by a focus on population health and health inequalities

ICB and ICP leaders within local systems, informed by the people in their local communities, need to have regard for and build on the work of HWBs to maximise the value of place based collaboration and integration, and reduce the risk of duplication. They should ensure that action at system-wide level adds value to the action at place level, and they are all aligned in understanding what is best for their population. ICB and ICP strategies and priorities should not detract from or undermine the local collaboration at place level. In an effective health and care system the ICP should build upon the existing work by HWBs and any place-based partnerships to integrate services. Working together at system level is helpful for issues that benefit from being tackled at scale.

Following the principle of subsidiarity, apart from those which are often best approached at system level (for example, workforce planning, or data and intelligence sharing), decisions should continue to be made as close as possible to local communities. Examples of how this works in practice can be accessed through the following resources: [West Yorkshire Health and Care Partnership \(https://www.wypartnership.co.uk/engagement-and-consultation/integrated-care-systems-legislation/integrated-care-board-constitution/west-yorkshire-integrated-care-board-functions-and-decisions\)](https://www.wypartnership.co.uk/engagement-and-consultation/integrated-care-systems-legislation/integrated-care-board-constitution/west-yorkshire-integrated-care-board-functions-and-decisions) and [Effective working across neighbourhood, place and system \(https://www.local.gov.uk/publications/localising-decision-making-guide-support-effective-working-across-neighbourhood-place\)](https://www.local.gov.uk/publications/localising-decision-making-guide-support-effective-working-across-neighbourhood-place).

Continuity

HWBs and local authorities

Each local authority with statutory children's and adult social care and public health responsibilities has had a HWB in place since 1 April 2013, though many shadow boards were in operation before then. District councils may create a HWB either as a subcommittee of a statutory HWB or as a local committee, though they are not

required by statute to do so. HWBs can decide to jointly carry out their functions with one or more other HWBs.

They may, for example, choose to set up a joint committee. Several local authorities have created joint HWBs across a wider footprint in order to address strategic priorities. Case studies of these joint HWBs as an example can be accessed through this [LGA resource \(https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement/health-and-wellbeing-systems-0\)](https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement/health-and-wellbeing-systems-0) (see Case studies: Developing joint health and wellbeing board arrangements).

HWBs and pooled and aligned budgets

HWBs do not commission health services themselves and do not have their own budget but play an important role in informing the allocation of local resources. This includes responsibility for signing-off the Better Care Fund plan for the local area and providing governance for the pooled fund that must be set up in every area.

Their role in joining up the health and care system and driving integration will not be changed by the establishment of ICBs. Executives with lead responsibility for commissioning or operational delivery at place may continue to come together as members of the HWB, supporting integration.

HWBs and ICBs

HWBs will continue the relationships they had with CCGs with ICBs. This includes:

- forward plans (replacing commissioning plans)
- annual reports
- performance assessments

Joint forward plans (replacing commissioning plans)

Before the start of each financial year, an ICB, with its partner NHS trusts and NHS foundation trusts, must prepare a 5-year joint forward plan, to be refreshed each year.

ICBs must involve HWBs as follows:

- joint forward plans for the ICB and its partner NHS trusts and NHS foundation trusts must set out any steps that the ICB proposes to take to implement any JLHWS
- ICBs and their partner NHS trusts and NHS foundation trusts must involve each relevant HWB in preparing or revising their forward plans
- in particular, the HWB must be provided with a draft of the forward plan, and the ICB must consult with the HWB on whether the draft takes proper account of each relevant JLHWS
- following consultation, any HWB within the ICB's area has the right to respond to the ICB and may give its opinion to NHS England

- within the ICB's forward plan, it must include a statement from the HWB as to whether the JLHWS has been taken proper account of within the forward plan
- with the establishment of ICBs and the abolishment of CCGs, the former requirement for CCGs to share their commissioning plans with HWBs is now removed

Annual reports

ICBs are required as part of their annual reports to review any steps they have taken to implement any JLHWS to which they are required to have regard. In preparing this review, the ICB must consult each relevant HWB.

Performance assessments

In undertaking its annual performance assessment of an ICB, NHS England must include an assessment of how well the ICB has met the duty to have regard to the relevant JSNAs and JLHWSs within its area. In conducting the performance assessment, NHS England must consult each relevant HWB for their views on the ICB's contribution to the delivery of any JLHWS to which it was required to have regard.

Changes to previous arrangements

This section sets out the changes that apply to both ICPs and ICBs together in relation to their relationship with HWBs and also sets out the changes that impact each separately.

HWBs (and other place-based partnerships) will work with ICPs and ICBs to determine the integrated approach that will best deliver holistic care and prevention activities, including action on wider determinants in their communities.

The Care Quality Commission's (CQC) reviews of integrated care systems will assess the provision of NHS care, public health and adult social care within the ICB area. They will consider how well the ICBs, local authorities and CQC registered providers discharge their functions in relation to the provision of care, as well as the functioning of the system as a whole, which will include the role of the ICP. The CQC is required to publish a report, providing an independent assessment of the health and care in integrated care systems.

HWBs and ICBs

Every ICB which is within the HWB's footprint will be represented on the HWB. It is important that the previous local knowledge, strategies and relationships developed by HWBs and CCGs are built upon in the new system. ICBs will need to ensure that there is the right balance between system-level and place-level working. Further information on how HWBs and ICPs/ICBs will work together is available through the 'Must Know' LGA resource: [Integrated health and care – How do you know your council is doing all it can to promote integration to improve health and](#)

[social care outcomes at a time of change? \(https://www.local.gov.uk/publications/must-know-integrated-health-and-care-how-do-you-know-your-council-doing-all-it-can\)](https://www.local.gov.uk/publications/must-know-integrated-health-and-care-how-do-you-know-your-council-doing-all-it-can)

Joint capital resource use plans

ICBs and their partner NHS trusts and NHS foundation trusts are required to share their joint capital resource use plan and any revisions with each relevant HWB.

This is a new duty on an ICB not previously required of a CCG.

It is intended that in sharing these with HWBs, there will be opportunity to align local priorities and provide consistency with strategic aims and plans.

HWBs and ICPs

Each ICP will, as a minimum, be a statutory joint committee of an ICB and each responsible local authority within the ICB's area. The ICP can appoint any other members as it sees fit. We expect that for ICPs to be effective, they will need to have a broad membership. These should build on existing partnership arrangements.

As outlined previously, where the HWB and ICP are coterminous (cover the same geographical boundaries), it may be appropriate to bring the HWB and ICP together, although each will need to fulfil its own statutory functions. The relationship between an ICP and HWBs will vary depending on the number of HWBs in the system, their maturity, and the existing partnership arrangements.

ICPs should use the insight and data held by HWBs in developing the integrated care strategy. JSNAs will be used by ICPs to develop the integrated care strategy, identifying where the assessed needs within the JSNA can be met by local authorities, ICBs or NHS England in exercising their functions. The 5-year joint forward plan, produced by the ICB and its partner NHS trusts or NHS foundation trusts, must set out any steps on how the ICB proposes to implement any JLHWS that relates to the ICB area, and the ICB must have regard to the integrated care strategy when exercising any of its functions.

We expect HWBs and ICPs to work collaboratively and iteratively in the preparation of the system-wide integrated care strategy that will tackle those challenges that are best dealt with at a system level (for example, workforce planning, or data and intelligence sharing). The expectation is that all HWBs in an ICB area will be involved in the preparation of the integrated care strategy. There is flexibility in how this will happen in different areas. ICPs will need to ensure that there are mechanisms within their system to ensure collective input to their strategic priorities, and that sufficient time is provided for this.

Case study: Berkshire West

Berkshire West comprises 3 unitary authorities, each with their own HWB. The 3 health and wellbeing boards have worked together to prepare a single joint

local health and wellbeing strategy across the 3 areas, albeit with a separate delivery plan for each area. This will make it easier for the ICP when preparing its integrated care strategy.

The integrated care strategy is for the whole population (covering all ages), and it must, amongst other requirements, consider whether their needs could be met more effectively by using integration arrangements under [section 75 of the NHS Act 2006](https://www.legislation.gov.uk/ukpga/2006/41/section/75) (<https://www.legislation.gov.uk/ukpga/2006/41/section/75>). HWBs will now be required to consider revising their JLHWS following the development of the integrated care strategy for their area ([Local Government Act 2007](https://www.legislation.gov.uk/ukpga/2007/28/section/116B) (<https://www.legislation.gov.uk/ukpga/2007/28/section/116B>)), but are not required to make changes. Alongside the JLHWS, the integrated care strategy should set the direction for the system as a whole.

For ICPs, where there is just one HWB in their area, it is up to the HWB and ICP to determine how the 2 strategies will complement each other and ensure that the assessed needs are addressed between them.

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1. Section 196(1) of the Health and Social Care Act 2012.
 2. Section 128A of the [NHS Act 2006](https://www.legislation.gov.uk/ukpga/2006/41/contents) (<https://www.legislation.gov.uk/ukpga/2006/41/contents>), as amended by Section 206 of the Health and Care Act 2012. See also Regulations 3 - 9 and Schedule 1 to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (S.I. 2013/349).
 3. ICBs and NHS England have duties in respect of research (sections 14Z40 and 13L, respectively, of the NHS Act 2006). ICBs, NHS England and local authorities have the power to conduct, commission or assist the conduct of research (paragraph 13 of Schedule 1 of the NHS Act 2006).

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REPORT TO:	Health and Wellbeing Board
DATE:	18 January 2023
REPORTING OFFICER:	Executive Director, Adults
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Adult Social Care Annual Report 2021/22
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the Adult Social Care Annual Report for 2021/22

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

3.0 **SUPPORTING INFORMATION**

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

3.2 The local account allows us to take stock and reflect on how services have developed and delivered throughout the period, and the impact this has had on adults in the borough who have care and support needs.

3.3 The report covers the period April 2021 to March 2022. This period incorporated both responding to the COVID-19 pandemic and the 're-opening' of services as restrictions were lifted.

3.4 The local account includes the following sections:

- An overview of the functions of Adult Social Care and the context in which the annual report sits.
- Development and Launch of Halton Integrated Care and Frailty Service (HICaFS).
- Publication of the long awaited Adult Social Care reform white paper People at the Heart of Care (Dec 2021).
- How social workers, day services and in house care homes responded to the lifting of pandemic restrictions.
- Key performance figures covering the period of focus, including
- Summary details of compliments and complaints received during the period.
- Details of how to contact Adult Social Care.

- 3.5 The report will be presented to Members via Executive Board and the Health Policy and Performance Board, and key partners via the Health and Wellbeing Board. The report will then be available to the public via the Adult Social Care Policies page on the council website's 'Council and Democracy' section.

4.0 **POLICY IMPLICATIONS**

- 4.1 The Annual Report serves as a mechanism for Adult Social Care to reflect and review, as part of ongoing continuous service Improvement measures, and is way of communicating the role of social care with members of the public.

5.0 **RISK ANALYSIS**

- 5.1 None identified at this time.

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.

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

None.



Adult Social Care Annual Report 2021/22



Foreword

During 2021/2022 there were many challenges nationally as the country emerged from the peak COVID-19 pandemic response. These challenges were felt locally, within every one of our communities, as the legacy of the pandemic became more evident. Some of the most vulnerable people in our society, whom Halton Adult Social Care supports, had been disproportionately affected by the restrictions on movement and contact necessary to keep people as safe as possible during uncertain times. Whilst social care teams worked throughout the peak pandemic response, often in innovative and flexible ways to continue to provide essential care and support, a return to more normal ways of delivering services and increased social contact were welcomed not only by the people we serve, but also by the teams of people who deliver those services.

Many opportunities were identified as a result of responding to the pandemic that shaped services during 2021/22. Adult social care in Halton has made the most of this learning, from establishing the Halton Integrated Care and Frailty Service, to re-examining how we make best use of community resources in the delivery of social care. Building back after COVID-19 restrictions were lifted was the focus and that shall continue in forthcoming years.

I hope that you find this Adult Social Care Annual Report informative and that it gives you a flavour of the breadth of work that is going on in Halton.

Councillor Joan Lowe

Portfolio Holder for Adult Social Care

What does social care in Halton look like?

Halton Borough Council's Adults Directorate is responsible for assessing the needs of adults with care and support needs in-line with Local Authority duties of the Care Act 2014. Under the Care Act, local authorities have responsibility to understand what services are likely to be needed in the future and make sure that people who live in their areas:

- Receive services that prevent their care needs from becoming more serious, or delay the impact of their needs.
- Can get the information and advice they need to make good decisions about care and support.
- Make decisions about how they want their needs to be met and

be involved in preparing their care and support plan.

- Have a range of provision of high quality, appropriate services to choose from.

Social care in Halton is made up of a number of services offering a wide range of interventions to best meet the diverse needs of our communities. Adult social care works closely with a number of partners including health, education, housing providers and voluntary and community organisations to signpost and connect people to the help these organisations can provide in their neighbourhoods. A brief summary of the council's key adult social care services can be found below.

Care Management

Registered Social Workers, Occupational Therapists, and other care staff work with individuals and families to help people maintain a good quality of life. Through connecting people to support in their communities, or arranging appropriate social care support as a result of frailty, illness, disability or mental health condition, people's needs can be met in a holistic way.

Mental Health

Services offer prevention, identification of mental ill health, early intervention and access to support, treatments and recovery. Working closely with local partners such as health, education and employers, our mental health teams look to improve the determinants of poor mental health, creating a place-based approach to improving mental wellbeing.

In House Care Homes

The Council has a portfolio of four residential care/nursing homes and an intermediate care home. In our care homes people with a disability, health condition or long-term support need because of frailty, receive 24-hour care and support.

Halton Intermediate Care and Frailty Service (HICaFS)

Integrated with health, this service supports the hospital discharge process and reablement of patients after a hospital stay. It also supports people through social care, occupational therapy and nursing where they can be cared for at home, avoiding unnecessary hospital admission or re-admission.

Independent Living Services (ILS)

ILS Services helps people maintain their dignity and independence to remain living in their own home. The Housing Solutions Service helps people who are homeless, or threatened with homelessness under the Council's statutory duties. The Halton Integrated Safeguarding Unit works with services, providers and the public to ensure that people are safeguarded against abuse and neglect.

Community Services

This service area aims to help people live a fulfilling life, retain their independence, learn new skills and avoid social isolation through undertaking meaningful activities that they choose. The service offers a wide range of opportunities for people with health conditions, learning or physical disability to engage in voluntary work, training and social activities.

Halton adult social care - building back after the peak of the COVID-19 pandemic.

From spring 2021 people in England saw COVID-19 restrictions start to lift and the government's implementation of their roadmap offered a route back to a more normal way of life.

This meant that the most vulnerable people within our communities were able to have greater freedoms to resume valuable contact with friends, families and the services that they rely on, in more familiar ways. Direct care services were able to make steps to 'reopening' more fully, increasing their capacity to pre-COVID-19 levels.

However, the impact of the pandemic restrictions during the previous year were far reaching for people who access adult social care services, with the post-COVID-19 pandemic legacy becoming more evident. Counteracting the impact of increased social isolation

and the effect that had on not only mental wellbeing, but exacerbating some physical conditions, working to resume the breadth of social care services and having an eye to future demands were the focus during 2021/22.

As the UK emerged from the peak pandemic response there was opportunity for adult social care in Halton to reflect on the working practices and service developments that were put in place to manage the sudden increase in demand, in extraordinary circumstances, and take learning to shape the future of services. Some examples where the learning from the pandemic response has shaped Halton's adult social care during 2021/22 are explored later in this report.

The direction of adult social care during 2021/22

Adult social care in Halton operates in a landscape that is directed not only by Government policy, but also the local priorities agreed by Halton Borough Council. The social care priorities for

2021/22, identified by the Halton Health Policy and Performance Board, are shown below with a summary of progress achieved during that time frame.

Priority	Progress made during 2021/22
Sustainability of the Care Market	<ul style="list-style-type: none"> ✓ The Transforming Domiciliary Care Programme worked to implement a model for domiciliary care that delivered clear outcomes for service users promoting independence, wellbeing, and value for money. ✓ Managing the demand for care by improving the interface between in-house reablement care and domiciliary care, including a shared care record and embedding a robust Multi-Disciplinary Team approach to care provision. ✓ Work was progressed to develop a recruitment strategy to ensure the demand for care can be met. ✓ Partnership work was ongoing with NHS Halton Clinical Commissioning Group (now the Integrated Care Board) and care home providers to ensure continued improvement of the health and wellbeing of people who live in care homes. ✓ A dedicated Care Home Development Project Group continued its work to enable stakeholders to work collaboratively to: <ul style="list-style-type: none"> • Share best practice and resources via sector-led improvements; • Deliver dignified, quality, outstanding care within residential and community settings; • Be proactive and identify early warnings of potential reductions in quality; • Provide value for money and sustainability; and • Provide seamless transfers of care to and from hospital.
Carers	<ul style="list-style-type: none"> ✓ Implementation of the Halton Carers Strategy delivery plan. ✓ Checklist/leaflets developed to support carers with navigating the benefits system, registering a death and situations when the caring role ends. ✓ Carers Centre held a number of Dementia awareness-raising sessions. ✓ Publicity to aid the recognition of carers on Carers Rights Day on 25th November 2021 took place. ✓ Opportunities for young carers continue to be developed, and during/following COVID activities over Zoom have been very popular including yoga, learning to cook and mental health awareness sessions. ✓ Following feedback after the pandemic, work was begun on the viability of introducing Carer ID cards, to support carers and the people they care for having easier access to services and places within the borough.
	<ul style="list-style-type: none"> ✓ Work commenced to integrate Adult Social Care within a primary care-based hub-working model across the borough. ✓ Development of the Halton Immediate Care and Frailty Service

Integration of the Health and Social Care	(HICaFS) <ul style="list-style-type: none"> ✓ Ongoing work to further develop our Place-Based Partnerships, as part of the move towards Integrated Care Systems. Place-based partnerships will lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships will involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners. In Halton our place based partnership is called 'One Halton'.
Strength based approaches to care management	<ul style="list-style-type: none"> ✓ Care Management took a shift from a 'Needs' and 'Deficit' model to a more 'Strengths' and 'Assets' based approach, promoting personalisation of care. ✓ Work was undertaken with a Professor of Manchester Metropolitan University, who has championed strengths based approaches at six pilot sites in the North West. The learning from the pilot sites will inform the approach taken by Halton as the project progresses.
Homelessness and Housing	<ul style="list-style-type: none"> ✓ As we emerged from the pandemic the focus shifted to providing a 'move-on pathway' for people to obtain accommodation beyond the Government's 'everyone in' approach adopted during the peak pandemic response. ✓ Implementation of the Rough Sleeping Strategy reduce the impact of rough sleeping through prevention and local solutions. The strategy and associated delivery plan set out the local picture and how Halton plans to provide specialist support for vulnerable people at risk of rough sleeping or who are sleeping rough.

The changing face of Adult Social Care – Major reform announcements made by Government.

Faced with unprecedented challenges of increasing demand and complexity of needs, along with moving through the COVID-19 pandemic and associated restrictions, social care services strived to continue to deliver the highest possible standards of care. The impact of COVID-19 on people's health and wellbeing has been far-reaching, and for some, will have long-term implications. Therefore, services will

need to think differently and respond in different ways going forward to manage changing demands and capacity whilst meeting diverse needs and delivering quality, personalised care and support. The publication of the long-awaited suite of adult social care reform white papers, and introduction of the Health and Care Bill during 2021/22, set out the Government's vision for how the sector might achieve this.

Preparing for change – Adult social care delivery

In December 2021, the Government published its White Paper for reforming the **delivery** of Adult Social Care ([People at the Heart of Care](#)) which sets out a 10-year vision and includes three key objectives:

- People have choice, control, and support to live independent lives
- People can access outstanding quality and tailored care and support

- People find adult social care fair and accessible

The objectives would be achieved through the proposed reforms shown in the summary below. Further detail about each of the reforms is available from the Department of Health and Social Care’s [Transforming Social Care website](#)

Social Care Workforce

- A new professional development plan for the social care workforce to improve care quality, make the profession an attractive career, and provide more mental health and wellbeing resources.

Innovation & Technology

- Digitisation of social care, making the most of technology to support people to live independently and improve their quality of care.
- Support for local authorities to launch innovative new ways of delivering care in the community, improving the choice of care available to individuals.

Information & Advice

- The Government will work with Local Authorities to evaluate new ways to help make it easier for people to navigate their local adult social care system.
- The Government will identify effective ways for local authorities to support people with autism and learning difficulties into employment.

Empowering unpaid Carers

- Change in services to support unpaid carers, recognise their contribution and focus on their health and wellbeing.

Right care, right place, right time

- A commitment to connect housing with health and care and drive the stock of new supported housing.
- Fund a new service to make minor repairs and changes in people’s homes, to help people remain independent and safe.

Care Quality Commission (CQC) Duties

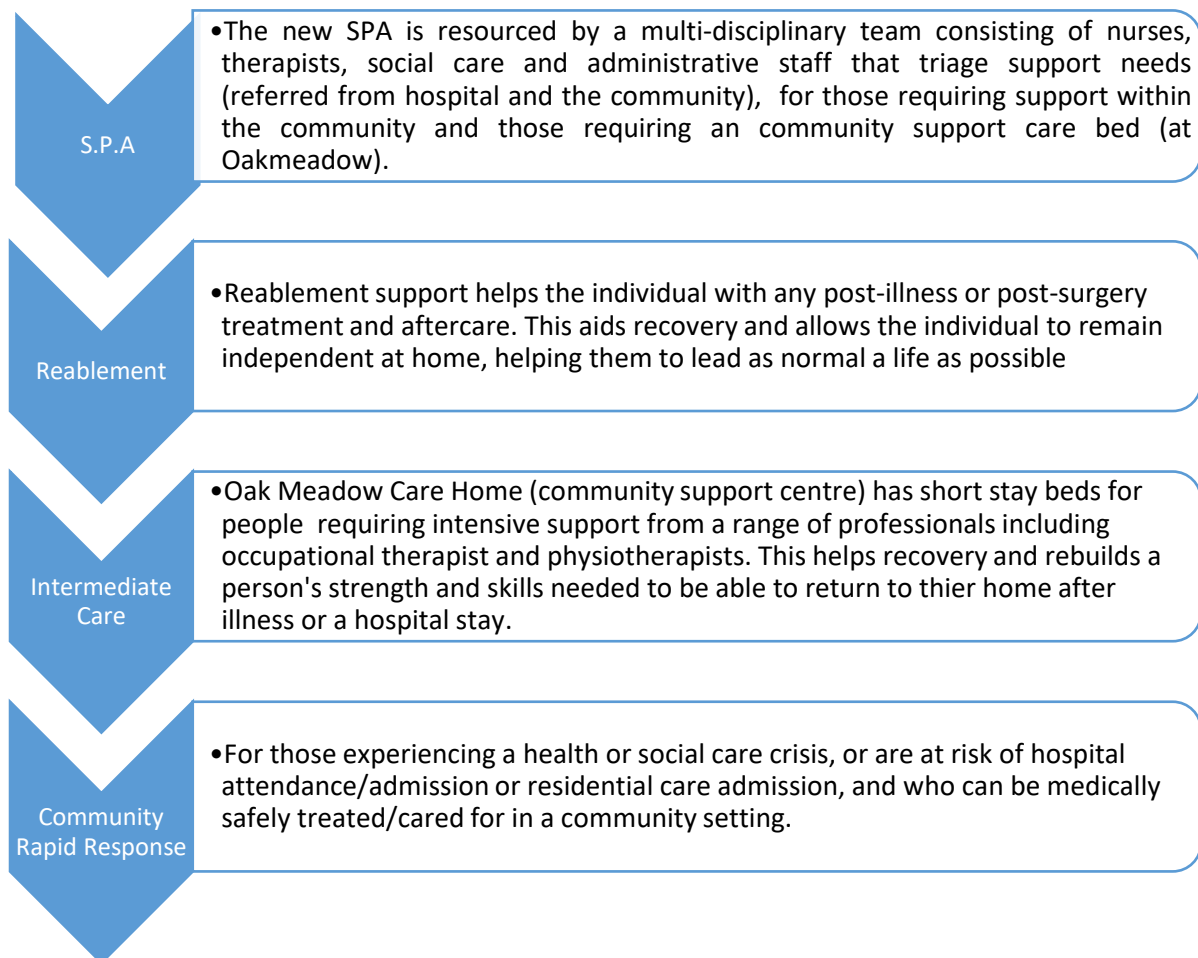
- A new duty on CQC to review how Local Authorities deliver certain adult social care functions.
- A duty for CQC to review how partners are working together within the areas of an Integrated Care Board.

Responding to capacity and demand through integrated working – The launch of the new Halton Integrated Care and Frailty Service (HICaFS)

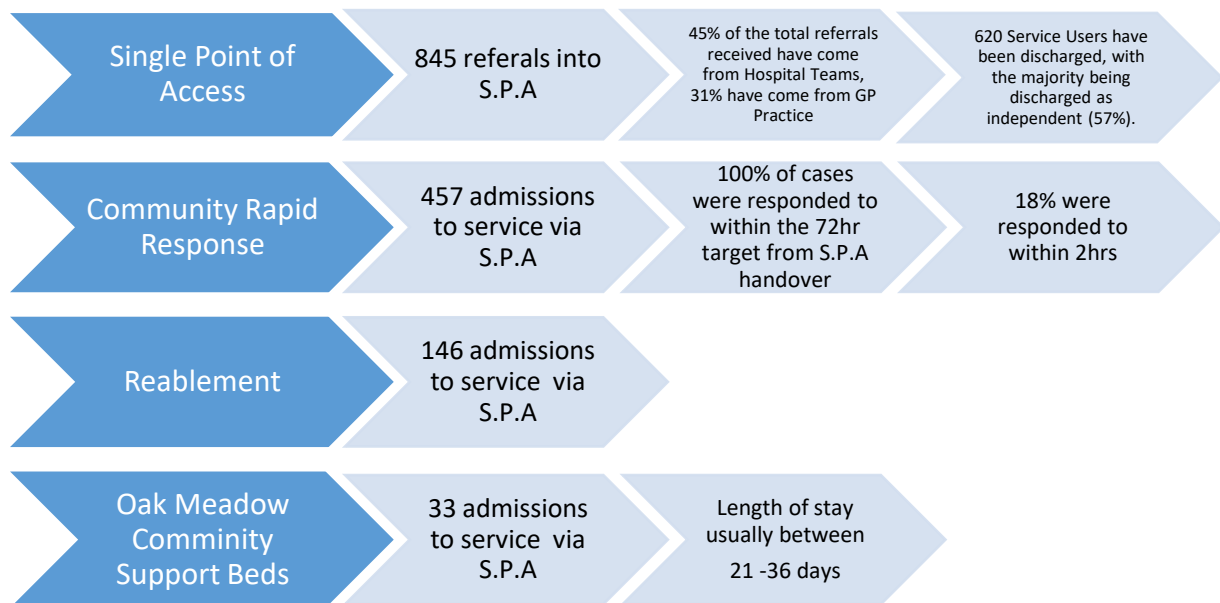
The local health and social care system took learning gathered in response to managing the peak of the COVID-19 pandemic and identified new ways of working to manage capacity and demand, whilst maintaining quality of care and positive service user experience. The launch of the Halton Integrated Care and Frailty Service in December 2021 is an example of this, and replaced the services previously provided separately in Halton by the Rapid Access Rehabilitation Service, the Capacity & Demand Team and the Halton Integrated Frailty Service.

By bringing together the functions of each of the services, and developing a new single point of access (SPA), HICaFS ensures the seamless, safe management of referrals for people requiring Adult Community Services, potentially preventing hospital admission, supporting early discharge from hospital, promoting independence and coordinating care closer to home for those needing rehabilitation after a hospital stay or illness.

HICaFS is made up of the 4 service elements, shown below:



This approach supports the integration of health and care services to improve the experience of people in need of health and social care support. Whilst the service is relatively new, and outcome data is not yet available, initial outputs from the service launch in December 2021 up until the end of March 2022 show:



Halton adult social care and direct care services – service developments emerging from the pandemic response

Social Work Care Management

Strengths and assets - During 2021/22 the move towards strengths and asset based approaches to social care, in-line with recommendations from the Chief Social Worker in England, that was initiated pre COVID-19, was restarted. Strengths and asset based approaches focus on individuals' strengths and not on their 'deficits'. Personal strengths can include skills and abilities developed through work, hobbies or life experiences and assets might include a person's access to family, social and community networks. Adult social care, working closely with a Professor of Manchester Metropolitan University,

who wrote the 'Strengths Based Handbook' endorsed by the Chief Social Worker for England, undertook work with Halton to assist a review our local processes and how we can integrate the strengths and assets based approach to achieve the best outcomes for people who use our services.

Digital technology in social care - In responding to the peak of the COVID-19 pandemic, social care has had to change the way that it interacts with people who use the service, particularly when face to face contact was restricted. Making best use of digital technologies supported the strengths and assets approach by tapping into people's skills gained through

increased use of digital technology though the COVID-19 pandemic (with social care practitioners always mindful that use of technology should not replace essential social contact).

Using digital technologies has helped:

- ✓ Social Workers meet professional standards and improve access to learning and development opportunities through E-learning, for example.
- ✓ Promotes flexible involvement between social care practitioners and people using services that can often better meet people's needs. For example providing information in digital format or enabling people to connect with services available their community in a timelier manner.
- ✓ Connect people and offer choice though signposting to services and engaging with services on line at a time and location convenient to them.
- ✓ Promoting well established telecare (such as Life Line) to assist people at risk of falls through frailty or disability.

Social Care Health Check - Every year a 'Social Work Health Check' is undertaken nationally by the Local Government Association. It aims to assess how areas are performing against the [Standards for Employers of Social Workers](#). Organisations (mostly local authorities) are able to invite their social work staff to complete an online survey that asked social workers about the eight standards. Responses were translated into an average score. Halton ranked **20th nationally** (out of 147) and **6th regionally** (out of 23) as a good social work employer, according

to the overall average score, Last year, Halton ranked 24th nationally and 5th regionally. Halton's highest rated standard was standard 1 – *strong and clear social work framework* and the lowest rated standard was standard 6 – *continuing professional development (CPD)*. This mirrors the national picture. Halton participates in this annual survey as just one of the ways to help keep a check on how supported the workforce feel and it can help identify how to further support workforce, which in turn helps the provision of quality social care in Halton.

Some of the comments captured in the survey about why people work in social work in Halton are shared here:

The ethos we work with and the person centered work we complete

My team work really well together to support each other with workload, the reality is if there was a bigger team we would all be under less pressure. We are all currently working above capacity.

I feel my organisation are supportive and there is always someone whether that be a manager or colleague alike, that I could go to for support.

Halton Borough Council In House Care Homes

Halton Borough Council have a portfolio of 1 residential care home, 3 nursing homes with specialist nursing care and for people living with dementia and 1 community support centre.

Key developments as the homes emerged from the pandemic included:

- ✓ Reducing the COVID-19 social isolation within the homes, reopening communal areas and lifting visiting restrictions in a measured way to protect residents and staff.
- ✓ Restarting community engagement activities with community partners such as the Council's Age Well team.
- ✓ Maintaining infection control practices for care homes in light of the continuing threat of COVID-19 and other communicable diseases.
- ✓ Supporting the delivery of the NHS COVID-19 booster / Flu

programme for residents and colleagues.

- ✓ Delivering ongoing support for staff mental and physical wellbeing.
- ✓ Continuing to work with education partners to support the introduction of apprentices and students placements in the homes.
- ✓ Working with partners to review and embed enhanced training opportunities across the care homes. Initiated new ways of supporting care home nurses to continually develop their skills and expertise, through the procurement of a web based learning tool.
- ✓ Putting in place plans to implement enhanced nursing care provision across the sector.
- ✓ Refurbishment plans in development for the care homes commencing 2023

Day Services

In Halton, Day Services make up part of the council's Community Services and come under the remit of the Adult Social Care. Day Services ensure that people aged 18 and over with a learning disability, or complex support needs, are supported to maintain control over their lives and remain independent for as long as possible. This approach supports the mental and physical health and wellbeing of the person, and their families/carers, through retaining or developing skills and meaningful, occupational experience in their life.

Day services offers people experiences and training in:

- Retail
- Hospitality & Catering
- Small scale agriculture and animal care
- Artisan Ale production
- Hairdressing
- Arts and crafts

Here, one of the day services staff provides an insight into how working though COVID-19 impacted the service, and how returning to pre pandemic operations has benefited the people who use the service:

'Whilst reopening day services has had its challenges and everyone has had to adjust to a new way of working, the pandemic has forced us to evaluate the delivery of the Day Services, leading to some creative and innovative changes.

Through 'lockdown', initiatives such as regular welfare calls, shopping runs, a COVID-19 testing clinic and garden visits designed to support Parents, Carers, volunteers and people who attend the service, it was apparent how the health crisis had increased fear and anxiety for everyone - and just how essential the Day Service had been pre-pandemic in improving the quality of life for those involved.

These lines of communication with people who use our services enabled us to respond quickly to their needs when reopening their much valued Day Services. A person who uses day services has commented:

..."I was sick (of being) at home... there was no- one to speak to: I was lost without that call ... I am so, so glad to get back at Murdishaw. I just love seeing my friends again"... (AW)

We were all forced to adapt to new routines during lockdown, for which many of the people we support was unsettling and traumatic. Day Services' steadfastly supportive and reassuring approach through the transition back has meant that we have been able to assuredly increase the numbers of places for people whilst keeping them, their Carers, families and staff at the lowest possible risk of infection.

Evaluating the Day Service provision and recognising how certain activities can add a social value to the wider community has

led us to forge new partnerships, post COVID-19.

The emergent community focused activities such as the Community Pantry, are helping to enrich the lives of the people we support: providing the opportunity to develop new skills and promoting social integration within their own communities by providing those communities with an invaluable service.'

In addition, Day services also manages the Halton Shared Lives Service which provides care for people who need support due to age, illness or disability. The service provides day care and short breaks to enable people to live an ordinary life in the community.

Shared Lives Carers use their own home as a base. The person being cared for shares in the family life of the Carer, including their wider network of family and friends in the community. Carers provide company and meaningful activities in a comfortable and safe environment. The aim is to promote independence and choice and to improve the health and well-being of the person being cared for.

Shared Lives Carers are self-employed and are paid according to hours worked and the number of people being cared for. Generous tax allowances mean that Carers don't pay income tax on their earnings.

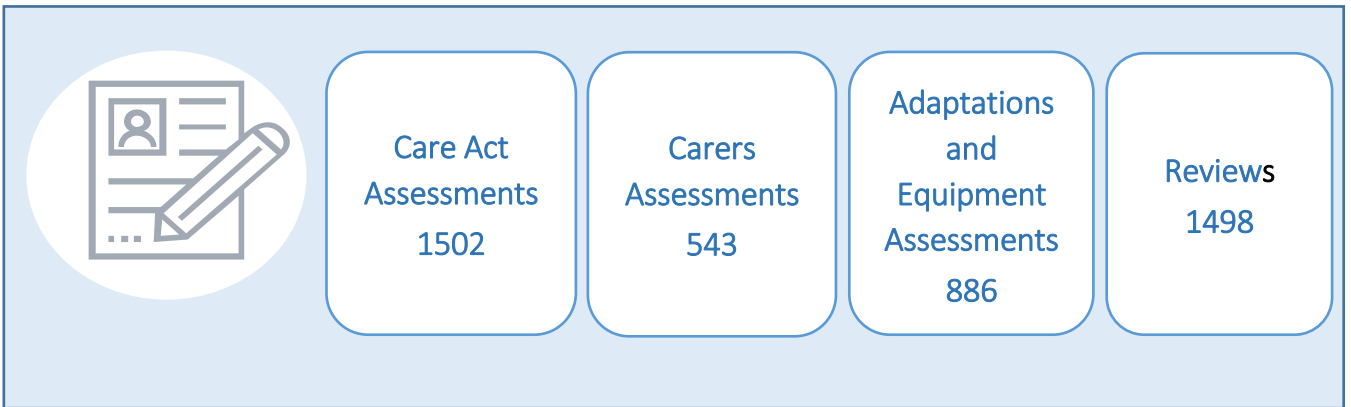
For further information, contact Shared Lives – 0151 511 6677 (Monday- Friday 8am – 6pm). Join our team of Carers. It could be the most rewarding thing you'll ever do!

Key figures

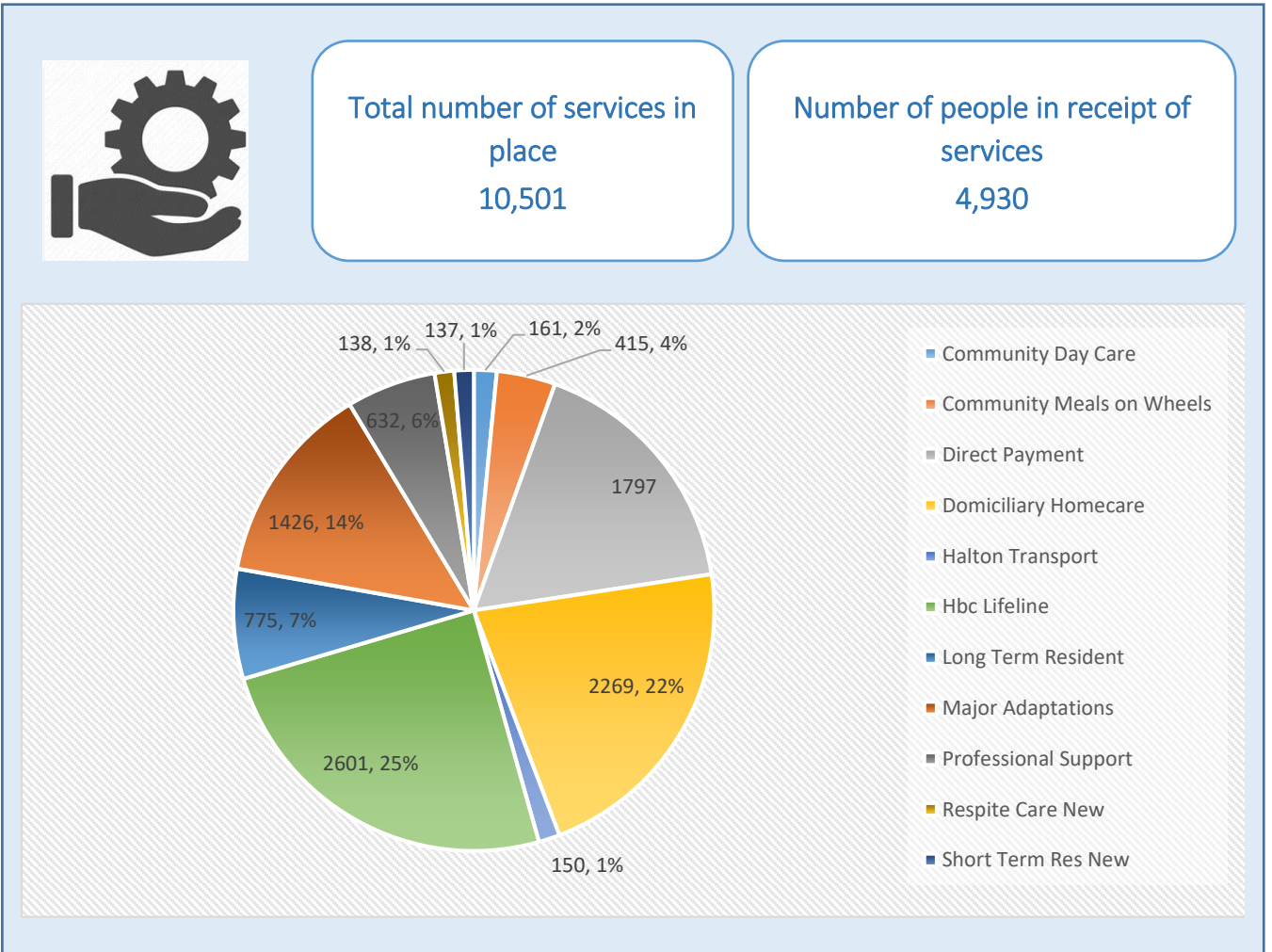
Collecting and analysing data helps adult social care services in Halton to monitor capacity within the services, changes in demand for services, provides evidence to direct service

developments and helps allocate resources across the range of interventions we offer. Below are some key figures to illustrate the work of social care in Halton during 2021/22.

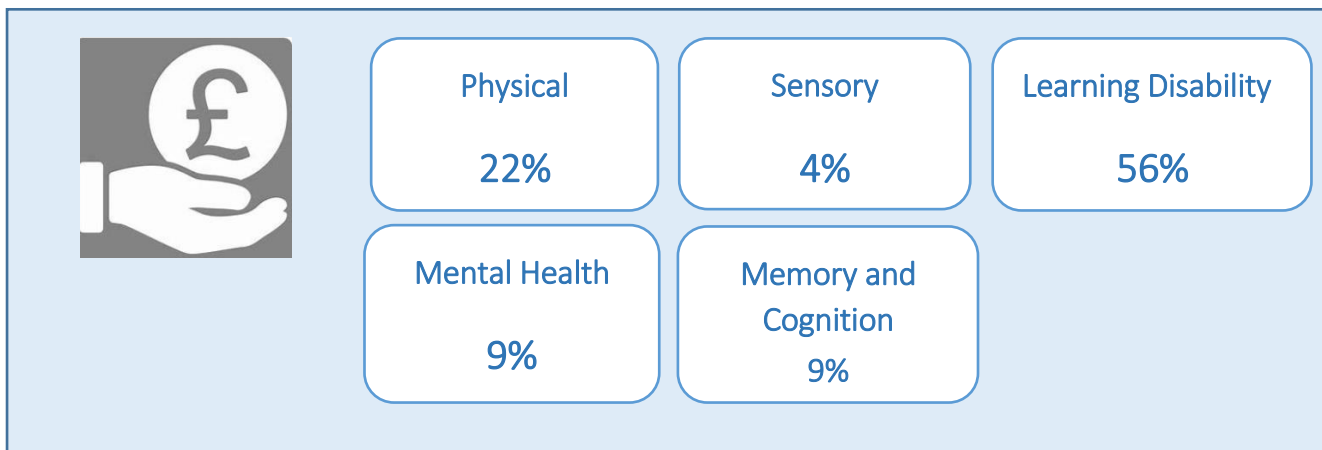
Assessments



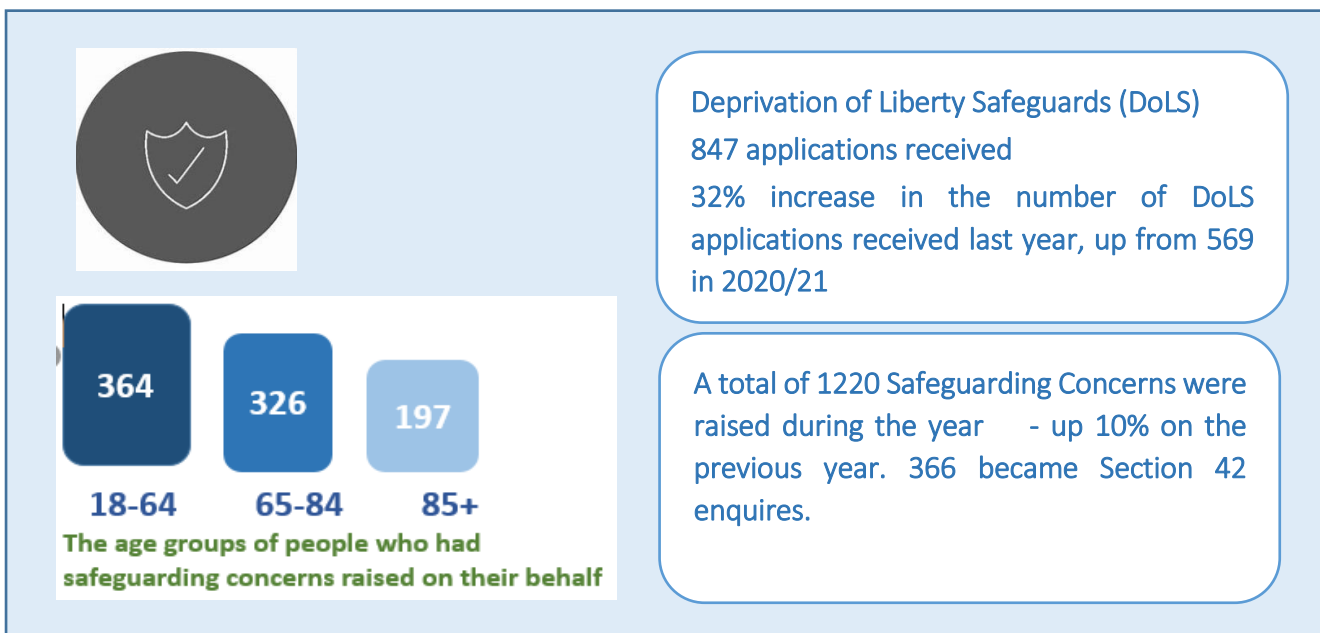
Services in place



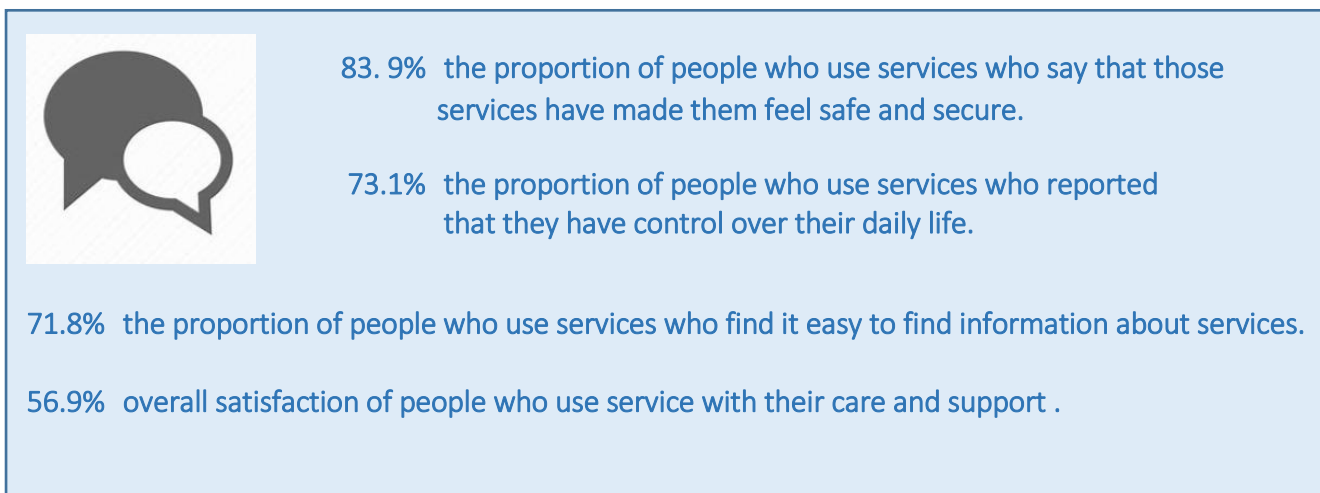
Percentage of funding allocation by support need



Safeguarding



Adult Social Care Survey Results



Summary details of adult social care complaints

A total of 34 complaints were received in 2021/22, which is a slight increase on the 31 received in the previous year.

During 2021/22, of the 34

Complaints:

- 8 were upheld
- 13 were partially upheld
- 11 were not upheld
- 1 was still being investigated
- 1 complaint was withdrawn

Care setting that the complaints related to:

- 0 Day Care
- 16 Home Care (Domiciliary)
- 12 Residential / Nursing Care
- 0 Shared Lives
- 2 Supported Living
- 4 Other

All complaints are allocated to appropriate team managers by the council's Adult Social Care Customer Care Team. The council is obliged to provide a response within the 20 days, however, where complaints are complex and require further in-depth investigation, the complainant is notified if an extended period is needed.

Completion

- 14 within 20 days
- 5 within 30 days
- 3 within 40 days
- 9 over 40 days
- 3 were ongoing

Freedom of Information (FOIs) requests made to Adult Social Care

The number of FOIs received relating to adult social care dropped in 2021/22 to 109, from 125 the previous year. The table below shows the teams to which the FIO relates to:

Team	2021/22
Care Management	20
Commissioning	43
Independent Living	9
Intermediate & Urgent Care	1
Housing Solutions	19
Mental Health (exc. Housing Solutions)	4
Policy, Performance & Customer Care	3
Finance	1
Quality Assurance Team	0
Complex needs	0
Telehealth	0
Safeguarding	4
PBSS	0

Community	0
Cross cutting	5
Total	109

The table below shows where the request for information came from:

Requester	2021/22
Business	25
Charity	8
Media	16
Public	48
Trade Union	0
Other inc MP, NHS and student.	12
Total	109

Talk to us

If you would like further information about any aspect of this report

Please contact ssdcustomercare@halton.gov.uk or telephone Halton Borough Council's contact centre on 0303 333 4300 and ask for Adult Social Care Policy, Performance and Customer Care Team.

If you would like to speak to someone about having an assessment for social care

Please ring our dedicated Social Care telephone line, or call into one of our Halton Direct Link 'one-stop shops' and speak directly to one of our staff. Website: www.halton.gov.uk / Telephone: 0151 907 8306 (Halton Adult Social Care 24 hours).

Ever considered a career in care?

There are many diverse and rewarding roles and professions in the care sector. If you would like to know more visit the '[Think Care Careers](#)' website or see Halton Borough Council's [vacancy page](#) on our website for current opportunities.

REPORT TO:	Health & Wellbeing Board
DATE:	18 th January 2023
REPORTING OFFICER:	Warrington & Halton Hospitals Director of Strategy & Partnerships
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Anchor Institutes
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

- 1.1 The purpose of this report is to provide the Health and Wellbeing Board with an overview of Warrington and Halton Teaching Hospitals NHS Foundation Trusts (WHH) journey as an anchor institution and to demonstrate how this work is being delivered through several initiatives, including the Halton Health Hub, the Community Diagnostic Centre and the emerging Health and Education Hub.

2.0 **RECOMMENDATION: That the Board:**

- i) Notes the update.

3.0 **SUPPORTING INFORMATION**

- 3.1 As an anchor institution, WHH has an opportunity to positively influence the health and wellbeing of the patients we serve and the local communities we are part of. A board level commitment and programme of work is in place to use the Trust's position and influence to work with others in responsible ways, to have an even greater impact on the wider factors that create happy, healthy and thriving communities.

The programme is formed around three core pillars of social value, health inequalities and delivery of the NHS Green Plan. The three projects below highlight specific anchor work which also support and is enabled by Place partnerships.

- 3.2 The Halton Health Hub is a standalone outpatient unit situated within Shopping City in Runcorn. It has been designed from the outset to provide an improved patient experience, allowing patients easier access to their appointments, as well as assisting the Trust in furthering our ambitions in improving the health, wealth and prosperity of our boroughs by encouraging further use of the facilities within Shopping City and boosting the local economy, as well as improving local health outcomes. The hub consists of:

- 5 clinical examination rooms

- 2 diagnostic imaging rooms
- Adult and paediatric waiting rooms
- A full complement of staff support spaces, including a kitchen and a shower

On 30th November 2022 optometry, orthoptics, audiology and dietetic appointments commenced delivery from this location.

3.3

Enabled through an allocation of new capital and revenue funding from central government, the Warrington and Halton Community Diagnostic Centre (CDC) will create an enhanced range of diagnostic services for the populations of Warrington and Halton with additional capacity to service demand from across the wider Cheshire and Merseyside region. The plan will be delivered in two phases. Funding is confirmed for phase 1 and a further business case is pending approval for delivery of stage 2.

Phase 1: Fast Track Community Diagnostic Centre – Funding approval received September 2022

This scheme includes the following:

1. Repurposing of existing space in the Nightingale building (former Halton General hospital) to create clinical rooms for the provision of additional capacity in Cardio-respiratory, Ultrasound and Phlebotomy (blood-testing) services.
2. Design and build of a new Multi-Storey Car Park to accommodate larger patient numbers and future-proof access to the site for further growth.

The fast-track CDC element of the phase 1 plan is anticipated to be operational by early April 2023 with the multi-storey car park due for completion in summer 2024.

Phase 2: Large Scale Community Diagnostic Centre – Funding decision anticipated in early January 2023.

Development of a new build large-scale CDC as an extension to the existing Captain Sir Tom Moore (former Cheshire and Merseyside Treatment Centre) building on the Halton site.

The new CDC will accommodate an extensive range of diagnostic services, including imaging (MRI, CT, Ultrasound, Fluoroscopy, X-Ray), Cardiology, Pathology and Audiology.

3.4

WHH is a partner within Runcorn Old Town's submission to the Town Deal Investment Fund, with an overall opportunity to bring up to £25m to the town. The Health and Education Hub Project is led by WHH and is one of 7 projects within the Town Deal plan.

The Health and Education Hub is planned to deliver services focussed on prevention, women and children and long-term conditions from a central location in Runcorn.

The project is being developed in partnership with a range of health and care providers across Runcorn, including Bridgewater Community Health Care NHS Foundation Trust and Halton Borough Council. The scheme includes a flexible education element designed in partnership with Riverside College.

4.0 POLICY IMPLICATIONS

- 4.1 Supports delivery of the following policies: -
 The Public Services (Social Value Act) 2012
 Public Sector Equality Duty
 Cheshire and Merseyside Social Value Charter
 Cheshire and Merseyside Anchor Charter
 NHS Prevention Pledge
 Greener NHS

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 N/A

6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES

6.1 Delivery of WHH’s anchor programme and the partnerships which support delivery of the projects within, have the potential to positively impact against each of the council’s priorities.

7.0 RISK ANALYSIS

7.1 N/A

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Undertaken at specific project level

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

Document	Place of Inspection	Contact Officer

REPORT TO:	Health & Wellbeing Board
DATE:	18 th January 2023
REPORTING OFFICER:	Warrington & Halton Hospitals Director of Strategy & Partnerships
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Halton & Warrington Community Diagnostic Centre
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

The purpose of the report is to provide the Halton Health & Wellbeing Board with an overview of Warrington and Halton Teaching Hospitals NHS Foundation Trust's (The Trust) plan for the provision of a Community Diagnostic Centre (CDC) at its Halton Site.

2.0 **RECOMMENDATION: That the Board:** Notes the content of the report and supports the Trust's plan for the development of the CDC at its Halton site.

3.0 **BACKGROUND**

3.1 In 2020, NHS England commissioned an independent review of NHS diagnostics capacity as part of the NHS Long Term Plan. The resulting report, Diagnostics: Recovery and Renewal, recommended the need for a new diagnostics model, where more diagnostic facilities are created in free standing locations away from main acute hospital sites.

3.2 These diagnostic facilities would provide significant additional diagnostic capacity, quicker and easier access to a range of tests on the same day to support earlier diagnosis, greater patient experience and the drive to reduce health inequalities. At the end of 2021, the Department of Health and Social Care announced that it was making significant funding available for the creation of Community Diagnostic Centres (CDC) and invited applications for funding from NHS Trusts. The Trust was subsequently successful in its bid to secure an allocation of new capital and revenue funding to develop a CDC on the Halton site. The Warrington and Halton Community Diagnostic Centre will create an enhanced range of diagnostic services for the populations of Warrington and Halton with additional capacity to service demand from across the wider Cheshire and Merseyside region. If the funding is fully approved, the plan will be delivered in two phases:

3.2.1 **Phase 1: Fast Track Community Diagnostic Centre – Funding approval received September 2022.**

This includes the following:

1. Repurposing of existing space in the Nightingale building (former Halton General hospital) to create clinical rooms for the provision of additional capacity in Cardio-respiratory, Ultrasound and Phlebotomy (blood-testing) services.
2. Design and build a new Multi-Storey Car Park to accommodate larger patient numbers and future-proof access to the site for further growth.

The fast-track CDC element of the phase 1 plan is anticipated to be operational by early April 2023 with the multi-storey car park due for completion in summer 2024.

3.2.2 Phase 2: Large Scale Community Diagnostic Centre – Funding decision anticipated in early January 2023.

If the funding for Phase 2 is approved, the Trust will proceed with the development of a new build large-scale CDC as an extension to the existing Captain Sir Tom Moore (former Cheshire and Merseyside Treatment Centre) building on the Halton site.

It is proposed that the new CDC will accommodate an extensive range of diagnostic services, including imaging (MRI, CT, Ultrasound, Fluoroscopy, X-Ray), Cardiology, Pathology and Audiology.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 FINANCIAL IMPLICATIONS

5.1 None. The capital and revenue implications associated with the creation of the CDC (both phases) are covered via the central programme funding.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

No direct implications other than general improved access to diagnostic services to support early identification of disease and conditions.

6.2 Employment, Learning & Skills in Halton

The CDC development will create a range of new employment opportunities on the Halton hospital site. These will range from construction industry roles during the initial development to several clinical and non-clinical opportunities once the construction phase is complete and the services are operational.

The Trust's appointed design and build contractor has its Northwest Head Office located in Speke, just 10 miles from Halton and has committed to the following:

- 75% targeted spend in local economy (within 30 miles)
- 4 full time employment opportunities for local people

- 16 weeks work experience
- 5 new apprentices - Kier Degree & supply chain
- 120 apprenticeship weeks
- 40 hours careers advice delivered
- 40 hours education engagement activities

6.3 **A Healthy Halton**

The Trust CDC schemes will support improvements in population health outcomes across Halton and Warrington, through the creation of increased diagnostic capacity to support earlier diagnosis of conditions. It will also significantly improve access to diagnostic services in one of the most deprived areas of Cheshire and Merseyside to help address a number of stark health inequalities that are visible within the local population.

Additional benefits of the CDC would see the creation of new opportunities to improve productivity, efficiency and overall patient experience through the co-location of multiple diagnostic services. More patients could be seen via a “one stop shop” approach.

Furthermore, the development of the CDC will create new opportunities to greater integrate primary, community and secondary care. The Trust will work with local health and care partners to explore how the CDC can benefit wider stakeholders in terms of the development of new clinical pathways.

Ultimately, the creation of the CDC on the Halton site will help to tackle the issue of healthcare inequalities by embedding diagnostic services deeper into the community to facilitate earlier, faster and more accurate diagnosis of health conditions such as cardiac or respiratory disease or cancer.

6.4 **A Safer Halton**

None identified.

6.5 **Halton’s Urban Renewal**

The development of the CDC at Halton will support the modernisation of the Halton hospital site in Halton Lea. It is also an important first step towards the longer-term redevelopment of the site in line with the site masterplan drawn up back in 2018 as part of the work around the Halton Healthy New Town concept.

7.0 **RISK ANALYSIS**

7.1 Due to the current challenges in the construction industry around the cost and availability of materials and labour, the Trust is working closely with its appointed contractor to ensure the planned design and construction is in line with the funding envelope agreed with NHS England

8.0 **EQUALITY AND DIVERSITY ISSUES**

- 8.1 The Trust has carried out an Equality Impact Assessment (EIA) of the CDC scheme which showed that the development will have only positive impact on the local population and on people with the nine protected characteristics. The EIA will be continually reviewed and updated throughout the life-course of the project.

Members of the public and “experts by experience” for certain clinical services will be invited to review, feedback and advise on the development of the plans and designs for the new build CDC as the project progresses. This should help ensure that the needs of users are met in full and their views considered from the early stages.

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

None.

REPORT TO:	Health & Wellbeing Board
DATE:	18 th January 2023
REPORTING OFFICER:	Director of Strategy and Partnerships, Warrington and Halton Teaching Hospitals NHS Foundation Trust
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Halton Health Hub (previously Health Hub at Runcorn Shopping City)
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

- 1.1 Presentation to update the board on the completion of the project to develop an out-of-hospital hub to deliver clinical outpatient services from Runcorn Shopping City and outline the opportunities for future development.

2.0 **RECOMMENDATION: That the Board:**

- i) **Note the contents of the presentation**

3.0 **SUPPORTING INFORMATION**

- 3.1 Supporting information to be delivered via a presentation to the Board.

4.0 **POLICY IMPLICATIONS**

- 4.1 None.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

- 5.1 All capital funding for the project was made available via Warrington and Halton Teaching Hospitals NHS Foundation Trust and Liverpool City Region Town Centre Fund for Halton Lea.

- 5.2 Additional revenue funding has been secured from the Trust to offset ongoing revenue requirements of the scheme.

- 5.3 There are opportunities for other local services and partners to deliver complementary services from the hub.

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

6.1 **Children & Young People in Halton**

Provision of health services for Children and Young People from a community

location such as Shopping City, with increased transport links and free parking has potential to make access easier.

6.2 Employment, Learning & Skills in Halton

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

6.3 A Healthy Halton

The project provides improved access to clinical services, including an expanded ophthalmology service, which might reduce any requirement for patients to travel out of Borough for healthcare.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

There project will provide increased footfall within Runcorn Shopping City, for example there could be up to 200 patients per week who are accessing ophthalmic services from the new location.

7.0 RISK ANALYSIS

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

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 A detailed Equality Impact Analysis (EIA) has been produced to offset any negative impacts where identified. The EIA has been through the appropriate governance processes as per Trust policy. A version of this EIA was appended to the Consultation Outcome Report as required. This has since been updated to reflect the final design of the Halton Health Hub. The most up-to-date version of the EIA is kept on file at the Trust and is available on request.

8.2 The EIA identifies a number of positive outcomes of the development, including reduced requirements for travelling out of Borough, and improved access including free parking.

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

None under the meaning of the Act.

REPORT TO: Health & Wellbeing Board

DATE: 18th January 2023

REPORTING OFFICER: Director of Strategy and Partnerships,
Warrington and Halton Teaching Hospitals NHS Foundation Trust

PORTFOLIO: Health and Wellbeing

SUBJECT: Progress of the development of the Runcorn Health and Education Hub

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH), in partnership with Halton Borough Council (HBC), Riverside College, Bridgewater Community Healthcare NHS Foundation Trust (BCH) and Mersey Care NHS Foundation Trust, have developed a project to create a Health and Education Hub in Runcorn as part of Reconnecting Runcorn Town Deal project. The accompanying presentation outlines the project and updates on progress and next steps.

2.0 **RECOMMENDATION: That the Board notes the contents of the presentation.**

3.0 **SUPPORTING INFORMATION**

3.1 Supporting information to be delivered via a presentation to the Board.

4.0 **POLICY IMPLICATIONS**

4.1 None.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 All capital funding for the project will be made available from the Department for Levelling Up, Housing and Communities via Reconnecting Runcorn Town Deal programme.

5.2 Additional revenue funding will be secured from partners to offset ongoing revenue requirements of the scheme above and beyond what is provided as part of the Reconnecting Runcorn funding agreement.

5.3 There are opportunities for other local services and partners to deliver complementary services from the hub.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Additional provision of health services for Children and Young People from a community location within Runcorn Old Town will improve access within a highly deprived ward of Halton.

6.2 Employment, Learning & Skills in Halton

Delivery of education and training from the hub will improve learning and skills development opportunities, especially those linked to health and wellbeing careers and potentially reduce out-of-area travel requirements.

6.3 A Healthy Halton

The project provides improved access to clinical and non-clinical health and wellbeing services within a deprived part of the Borough.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

The project will provide increased footfall within Runcorn Old Town and support the aims of Reconnecting Runcorn, including improved connectivity and an enhanced cultural offer within the area.

7.0 RISK ANALYSIS

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

8.0 EQUALITY AND DIVERSITY ISSUES

An Equality Impact Analysis (EIA) has been produced to offset any negative impacts where identified. The EIA has been through the appropriate governance processes as per Trust policy. A version of this EIA has been submitted as part of the business case process. The EIA will continue to be updated as the project develops, The most up-to-date version of the EIA is available from the Trust on request.

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

None under the meaning of the Act.

REPORT TO:	Health & Wellbeing Board
DATE:	18 th January 2023
REPORTING OFFICER:	Operational Director, Economy, Enterprise & Property
PORTFOLIO:	Employment, Learning & Skills, Leisure, Community & Culture
SUBJECT:	Place Shaping for Healthier Communities
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide an overview.

2.0 **RECOMMENDATION: That the Board receive the report and presentations.**

3.0 **SUPPORTING INFORMATION**

3.1 Place shaping is defined as putting an individual stamp on an area. This was borne from the Lyons enquiry (2004-07) and described local government should act as the voice of a whole community and as "an agent of place". Place shaping is fundamental to enabling vibrant communities, planning for what assets, housing and infrastructure will facilitate wellbeing, healthier communities and support communities facing inequalities.

3.2 Halton has benefitted from regeneration investment in recent years which has provided some key anchor assets. The board will receive presentations from Community Shop and Citizens Advice, both located in Halton Lea ward and serving the whole borough. The presentations will describe the assets and the impacts accessing their services has for Halton's residents.

3.3 The presentations are in tandem with those tabled to be received from Warrington & Halton Hospital regarding the outpatient clinic in Shopping City recently opened and the planned Health & Education Hub in Runcorn as part of the Town Deal programme.

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

The assets support all ages in the life course, however, there are targeted approaches for children to access free food through the Community Shop initiative.

6.2 Employment, Learning & Skills in Halton

The organisations provide extensive volunteering opportunities and skills development to improve employability.

6.3 A Healthy Halton

Community Shop provides access to low cost food and household items alongside participatory activities around growing food and ways to use food and ingredients in cooking. Citizens Advice supports residents with handling debt and income maximisation; these approaches contribute significantly to resident outcomes and experiences that directly impact on their health.

6.4 A Safer Halton

A well served community with access to services will engender a stronger sense of community.

6.5 Halton's Urban Renewal

Place shaping and anchor assets are pivotal to building vibrant and well served communities.

7.0 RISK ANALYSIS

7.1 None.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 All services are open to the whole community with targeted activities to engage and reach those facing inequalities.

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:	18 th January 2023
REPORTING OFFICER:	One Halton Senior Programme Manager
PORTFOLIO:	Health & Wellbeing
SUBJECT:	One Halton Community Grants
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To inform the board of a One Halton Community Grants Scheme being launched in January 2023.

2.0 RECOMMENDATION: That the Board:

i) Note the report

3.0 SUPPORTING INFORMATION

3.1 In responding to the One Halton Health Wellbeing strategy (agreed in October 2022) One Halton have developed a community grants programme which was agreed by the Finance & Performance Committee in November 2022. This will support engagement with One Halton at grass roots enabling community led activity to directly relate to the strategy's objectives and ambitions around:-

- **Starting Well** - supporting families in financial hardship and enabling child development for speech & language and school readiness through play and family engaging activities
- **Living Well** – changing lifestyle factors to improve health & wellbeing, increasing levels of physical activity, support to increase employability skills i.e volunteering opportunities, digital skills development
- **Ageing Well** – to support people to live an independent life, support people to regain independence following a change in circumstances

3.2 The grant fund is £70k and initially available until 31st March 2024. This provides an indicative allocation of £17.5k for Runcorn and Widnes each year albeit allocations will be made on merit to applications that meet the criteria and generate most impacts. Contributions to the grants budget from organisations across the system are welcomed and would enable both a larger pot and longer term sustainability of the fund.

3.3 The grants programme will be administered by Halton Borough Council's (HBC) Community Development team (CDT) on behalf of One Halton. The CDT have wide experience in managing grants pots on behalf of Council departments and have

active relationships with grass roots groups across Halton. The approach set out provides a logical and efficient process to managing and disseminating the grants.

3.4 The process involves an application form which can be submitted electronically or on line (appendix one). If support is required to complete the process this will be provided. The applications will be received by CDT whom will complete checks on the application, i.e meets the criteria, constituted organisation, financial position, duplicate grant monies for the same activity etc.

3.5 A panel will meet quarterly to consider applications made up of Halton Borough Council Portfolio Member & Chair of Halton’s Health & Wellbeing Board), representative from Public Health, One Halton representative and Halton & St Helen’s VCA Chief Officer.

3.6



3.7 There will be a monitoring and evaluation requirement including providing a case studies and agreeing to participate in communication opportunities, i.e press releases, newsletters, presentations at meetings, videos etc.

3.8 Half yearly reports on the grants delivery will be provided to the One Halton Finance & Performance Group, periodic reports can also be tabled to this board.

4.0 **POLICY IMPLICATIONS**

4.1 White Paper, Joining Up Care for People, Places and Populations, February 2022 sets out future ambitions for shared outcomes by 2023.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The funding secured is £40k from NHS Place Development budget and £30k legacy Well Halton legacy funds, the funding is non-recurrent. Progress on how the grants process develops and the evidence of impacts will be reported to One Halton Finance & Performance Committee.

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

6.1 **Children & Young People in Halton**

The grants programme aims to stimulate community led activity that improves child development and school readiness.

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

The grants programme strives to enable development of employability skills through volunteering opportunities and digital skills development.

6.3 **A Healthy Halton**

The grants programme is targeted at addressing health inequalities.

6.4 **A Safer Halton**

Safe and vibrant communities exist where there is strong community resilience; the grants are targeted at community led activity to support active communities.

6.5 **Halton's Urban Renewal**

It's anticipated delivery of community led activity will utilise community assets, buildings, open spaces to connect local residents to their assets and create a sustainable offer.

7.0 **RISK ANALYSIS**

7.1 Raised expectations for longer term grant funding if further funds aren't identified may generate some reputational risk.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The grants are available to all and are targeted to support those facing health inequalities.

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

None under the meaning of the act.



One Halton Health & Wellbeing Grants

One Halton is committed to supporting community groups and voluntary organisations and believes these organisations makes a positive contribution to improving community life and generating vibrant places. Halton has recently launched the Health & Wellbeing Strategy (October 2022) setting out areas of focus and ambitions for the next five years around starting well, living well, ageing well and wider determinants of health which impact our health & wellbeing outcomes. The strategy and approach is developed and continuing to evolve as a whole system, all Halton's partners coming together as one agreeing the priorities and committing to work in an integrated way; building on work to date and seeking opportunities to improve access, services and outcomes for Halton's residents.

One Halton's partnership board is committed to empowering Halton's residents recognising they are best placed to impact their own health & wellbeing. One Halton has allocated a grants budget to enable 3rd sector organisations to apply for funds that facilitate community led activity to be delivered at the heart of communities. Activity could be existing or proposed and must be able to demonstrate how through its reach and delivery it will make a difference positively impacting Halton residents health & wellbeing outcomes.

Funding up to £1,000 is available for short-term non-recurrent projects; projects with delivery until 31st March 2024 up to a maximum of £3,000 may also be considered. The priority areas are:-

Starting Well

Supporting families in financial hardship

Enable child development for speech & language and school readiness through play and family engaging activities

Living Well

Changing lifestyle factors to improve health & wellbeing

Increasing levels of physical activity

Support to increase employability skills ie volunteering opportunities, digital skills development

Ageing Well

To support people to live an independent life

To support people to regain independence following a change in circumstances



ALL APPLICANTS MUST:-

- Be an organisation that runs on a not for profit basis with a management committee and constitution in place
- Have effective financial management arrangements
- Complement or support One Halton’s work
- Be non-party political
- Have a commitment to safeguarding children (if appropriate) and vulnerable adults and ensure that any adults engaged in the supervision of children, young people or vulnerable adults have relevant DBS and the organisation has appropriate safeguarding policies and practices
- Have a commitment to equal opportunities

Generally, funding is **NOT** available for the following purposes:

- To reimburse money already spent
- Building funds or building repairs
- Fixed items of equipment
- Purchase or repair of vehicles
- Personal items or personal expenditure on visits or trips
- Projects or activities which may be funded by other existing funding streams better suited to the project
- To pay club/organisation honoraria

CONDITIONS OF GRANT

When a grant is awarded, recipients will be required to agree with conditions of the grant. These will be extracted from the application detail and also require the applicant to provide monitoring information on the reach gained through the delivery of the activity.

One Halton may wish to capture and utilise photos, video footage and monitoring information to evidence and showcase delivery. In agreeing to the conditions of grant, applicants agree to their information being shared.

One Halton reserves the right to reclaim any grant not used for the specified activity within the grant application form or should the group cease.



APPLICATION FORM

APPLICANT DETAILS	
Name of Group/Organisation	
Address of Group/Organisation	
Your name	
Position in Group	
Address	
Contact Number	
Email	

APPLICANT DETAILS	
Name of Chairperson	
Address	
Contact Number	
Email	



APPLICANT DETAILS	
Name of Secretary	
Address	
Contact Number	
Email	

APPLICANT DETAILS	
Name of Treasurer	
Address	
Contact Number	
Email	

GROUP DETAILS	
Is your group constituted with a bank account in the name of the group?	Yes No
Name of Bank	
Account Name	
Account Number	
Sort Code	



GROUP DETAILS	
When was the group set up?	
Are you a registered charity? If yes, please provide the Charity number	Yes No
Is your group affiliated to a recognised governing body? If yes, please provide details	Yes No
How many people volunteer with your group?	
Please summarise the main purpose/activity of your group	

ACTIVITY DETAILS	
Does the activity support (please delete as appropriate)	Starting Well Ageing Well Living Well Wider determinants
Please describe the activity you are requesting funding for. Include details such as how this will be promoted and delivered.	
Who will benefit from the activity and how? Describe how health & wellbeing outcomes will be improved	
How many people do you estimate will benefit from the project?	



<p>Volunteers and supporting volunteering are essential for building capacity for community led activity, please describe how the activity will generate, harness and sustain volunteering</p>	
---	--

FUNDING DETAILS			
Total grant amount requested	£		
Detailed breakdown of items and cost			
Total	£		
Is there any match funding being provided If yes, detail amounts & source of funding	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		

MONITORING & EVALUATION	
Describe how you will capture evidence of delivery	
Describe how you will monitor delivery and progress	
Describe how you will evaluate the activity	
What will success look like?	
How will you know you have achieved this?	



Declaration (To be signed by the person submitting this application)	
Has your organisation ever applied to Halton Borough Council for a grant before? Yes No	
If yes please provide details:	
Are you, or any of the Officers of your group related to a Councillor or employee of Halton Borough Council? Yes No	
If yes, please provide the following details:	
Name	
Job Title	
Directorate	
I hereby declare that to the best of my knowledge the information I have given is true and accurate. I/we agree to be bound by the term and conditions of the grant.	
Signed	
Print Name	
Position in Group	
Date	
Please tick: I do not personally, financially benefit from this application <input type="checkbox"/>	

Applications to be submitted by email to onehalton@halton.gov.uk or by post to:-

One Halton Community Grants

1st Floor, Runcorn Town Hall, Heath Road, Runcorn, WA7 5TD



**** Ensure required documents are attached to the application, a signed and dated copy of your constitution, a bank statement no older than three months and signed guidance notes ****

DRAFT

REPORT TO:	Health & Wellbeing Board
DATE:	18 th January 2023
REPORTING OFFICER:	Executive Director, Adult Services
PORTFOLIO:	Adult Social Care
SUBJECT:	Adult Social Care (ASC) Discharge Fund
WARD(S):	Borough-wide

1.0 PURPOSE OF REPORT

- 1.1 To present the Board with the ASC Discharge Fund Plan 2022/23, for information, following its submission on 16th December 2022.

2.0 RECOMMENDATION

RECOMMENDED: That the Board:

(1) Note the contents of the report and associated appendix.

3.0 SUPPORTING INFORMATION

- 3.1 Delays to discharging people from hospital when they are fit to leave continues to be a significant national issue and as such funding has been allocated to local areas in order to try and achieve the maximum reduction in delayed discharges over the winter period.
- 3.2 Although the national fund was announced on 22nd September 2022, Local Authority allocations weren't notified to areas until 18th November 2022. The Board should note that 40% of the allocations to local areas have been distributed directly to local authorities, based on the adult social care relative needs formula (RNF), whilst 60% of the funding has been distributed to Integrated Care Boards (ICBs), targeted at those areas experiencing the greatest discharge delays, with all the available funding being expected to be pooled into local area Better Care Funds.
- 3.3 The funding is being provided in 2 tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023 for areas that have provided a planned spending report, fortnightly activity data and have met the associated grant conditions.
- 3.4 In drawing up plans, we have prioritised those approaches that we feel will be most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings.
- 3.5 Halton's planned spending report is attached to this report (*Discharge Fund 2022-23 Funding Template : Excel Spreadsheet*)

Examples of the schemes outlined include:-

- Additional Social Work Capacity within the Discharge Teams.
- Additional Care & Support Worker & Therapy Provision in Reablement.
- Care Homes – Additional Spot Purchase of beds, when necessary.
- Financial Support to Nursing/Dementia Nursing Care Homes to help retain existing workforce and keep beds open to improve admissions.
- Additional support for Acute Hospital Discharge Co-ordination for those patients not requiring Social Care.

3.6 In line with agreed One Halton Governance arrangements, the ASC Discharge Fund Plan will be presented to the One Halton Adults Finance Sub Group and One Halton Finance and Performance Sub-Committee, but due to the scheduling of the meetings and the deadline for submission this will be done retrospectively, with formal approval of the Plan delegated to the Executive Director, Adults and the Place Director for NHS Cheshire and Merseyside.

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 As referenced earlier in the report, the ASC Discharge Fund will sit within the Better Care Fund which, in turn, sits within the wider pooled budget arrangement and the financial context of the local health and social care environment.

5.2 The pooling of resources and integrating processes and approach to the management of the ASC Discharge Fund will support the management of delayed discharges over the winter period.

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

6.1 **Children & Young People in Halton**

None identified.

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

None identified.

6.3 **A Healthy Halton**

The ASC Discharge Plan which has been developed is linked to the priorities identified for the borough by the Health and Wellbeing Board.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 RISK ANALYSIS

7.1 There is a requirement for fortnightly monitoring returns to be made on activity against the plan and therefore any risks identified as part of the plan's implementation will be identified and managed as part of this process.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified.

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

9.1 None identified under the meaning of the Act.

Version 1.0.0

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- This template has been produced for areas to confirm how the additional funding to support discharge from hospital and bolster the social care workforce will be spent in each area. The government has also produced guidance on the conditions attached to this funding, that you should ensure has been followed.

- This template collects detailed data on how the funding allocated to each area will be spent. The portion of the funding that is allocated via Integrated Care Boards (ICBs) does not have a centrally set distribution to individual HWBs. ICBs should agree with local authority partners how this funding will be distributed and confirm this distribution in a separate template. The amount pooled into the BCF plan for this HWB from each ICB should also be entered in the expenditure worksheet of this template (cell N31) (The use of all funding should be agreed in each HWB area between health and social care partners.

Health and Wellbeing Board:	Halton
Completed by:	Louise Wilson
E-mail:	louise.wilson@halton.gov.uk
Contact number:	0151 511 8861

Please confirm that the planned use of the funding has been agreed between the local authority and the ICB and indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Confirm that use of the funding has been agreed (Yes/No)	Yes
Job Title:	Director of Adult Social Services
Name:	Sue Wallace-Bonner

If the following contacts have changed since your main BCF plan was submitted, please update the details.

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Marie	Wright	Marie.wright@halton.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	Anthony	Leo	anthony.leo@cheshireandmerseyside.nhs.uk
	Local Authority Chief Executive	Mr	Stephen	Young	Stephen.young@halton.gov.uk
	LA Section 151 Officer	Mr	Ed	Dawson	Ed.dawson@halton.gov.uk
	Director of Adult Social Services	Mrs	Sue	Wallace-Bonner	Susan.Wallace-Bonner@halton.gov.uk
	Associate Director Transformation and Partnerships: Halton	Mr	Philip	Thomas	Philip.Thomas@knowsleyccg.nhs.uk
Associate Director of Finance & Performance: Halton	Mr	Nigel	Gloudon	nigel.gloudon@cheshireandmerseyside.nhs.uk	

Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->

When all yellow sections have been completed, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Discharge fund 2022-23 Funding Template

5. Expenditure

Selected Health and Wellbeing Board:

Halton

Source of funding		Amount pooled	Planned spend
LA allocation		£532,610	£538,528
ICB allocation	NHS Cheshire and Merseyside ICB	£1,095,000	£1,089,082
		<i>Please enter amount pooled from ICB</i>	
		<i>Please enter amount pooled from ICB</i>	

Yellow sections indicate required input

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Estimated number of packages/beneficiaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	Lilycross - Transitional Care Beds	12 Transitional Beds to facilitate timely discharges of Pathway 1 and 3 patients	Residential Placements	Discharge from hospital (with Reablement) to long		62		Social Care	Halton	Local authority grant	£446,528
2	Reablement	Additional Care & Support Worker and Therapy capacity to increase number	Reablement in a Person's Own Home	Reablement service accepting community and discharge				Social Care	Halton	ICB allocation	£276,000
3	Night Service	Additional Care & Support Worker capacity to increase number of Reablement	Reablement in a Person's Own Home	Reablement service accepting community and discharge				Social Care	Halton	Local authority grant	£92,000
4	Social Work Capacity - Hospital Discharge Teams	Additional Social Work capacity within the Discharge Teams to help	Additional or redeployed capacity from current care workers	Costs of agency staff			Home care	Social Care	Halton	ICB allocation	£53,000
5	Social Work Capacity - Later Life & Memory	Additional Mental Health Social Work capacity within LLAMS to help facilitate	Additional or redeployed capacity from current care workers	Costs of agency staff			Both	Social Care	Halton	ICB allocation	£20,000
6	Support at Home (Voluntary Sector & Carers)	Supporting patients return to their own home, including meals on wheels, fuel	Home Care or Domiciliary Care	Other		25		Community Health	NHS Cheshire and Merseyside ICB	ICB allocation	£19,000
7	Acute Discharge Co-ordination (STH&K)	Tracking and coordinating hospital discharge, with a focus on pathway 0 inc.	Additional or redeployed capacity from current care workers	Costs of agency staff			Both	Community Health	NHS Cheshire and Merseyside ICB	ICB allocation	£75,000
8	Acute Mental Health Support	Halton contribution to Mersey Care's plans for additional community	Residential Placements	Other		2		Mental Health	NHS Cheshire and Merseyside ICB	ICB allocation	£50,000

9	Transitional Care Capacity	Additional Transitional Care Bed Capacity	Other		Additional Transitional Care Bed Capacity		Both	Community Health	NHS Cheshire and Merseyside ICB	ICB allocation	£220,000
10	Care Home - Nursing/ Dementia Nursing	Support to Care Homes in Halton providing Nursing/Dementia Nursing	Improve retention of existing workforce	Bringing forward planned pay increases			Residential care	Social Care	Halton	ICB allocation	£41,775
11	Community Telecare & Warden Service	Deployment of telecare, same day, to facilitate discharge e.g. Key safes etc.	Assistive Technologies and Equipment	Telecare		20		Social Care	NHS Cheshire and Merseyside ICB	ICB allocation	£50,000
12	Acute Mental Health - Bed Flow	Introduction of a bed flow coordinator across 7 days with a focus to provide additional	Additional or redeployed capacity from current care workers	Costs of agency staff			Both	Mental Health	NHS Cheshire and Merseyside ICB	ICB allocation	£10,000
13	Equipment - Stock Levels	Increase the stock of high demand items in Community Equipment Stores	Assistive Technologies and Equipment	Community based equipment		20		Community Health	NHS Cheshire and Merseyside ICB	ICB allocation	£20,000
14	Domiciliary Care - Incentives	Incentive Scheme within Domiciliary Care to improve retention of existing	Improve retention of existing workforce	Incentive payments			Home care	Social Care	Halton	ICB allocation	£50,000
15	Care Home - Nursing/ Dementia Nursing	Support to Care Homes in Halton providing Nursing/Dementia Nursing	Additional or redeployed capacity from current care workers	Costs of agency staff			Residential care	Social Care	Halton	ICB allocation	£97,625
16	Care Home - Nursing/ Dementia Nursing	Support to Care Homes in Halton providing Nursing/Dementia Nursing	Increase hours worked by existing workforce	Overtime for existing staff.			Residential care	Social Care	Halton	ICB allocation	£10,600
17	Transport	Provide additional Transport during 2 weeks, w/c 19th December	Other		Transport		Both	Social Care	Halton	ICB allocation	£10,000
18	Packages of Care - High Cost	Support towards high cost packages of care to support speedy hospital discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		25		Social Care	Halton	ICB allocation	£70,000
19	Administration	1% of planned spend to cover costs of administrating the fund.	Administration					<Please Select>	NHS Cheshire and Merseyside ICB	ICB allocation	£16,082

Scheme types and guidance

This guidance should be read alongside the addendum to the 2022-23 BCF Policy Framework and Planning Requirements.

The scheme types below are based on the BCF scheme types in main BCF plans, but have been amended to reflect the scope of the funding. Additional scheme types have been added that relate to activity to retain or recruit social care workforce. The most appropriate description should be chosen for each scheme. There is an option to select 'other' as a main scheme type. That option should only be used when none of the specific categories are appropriate.

The conditions for use of the funding (as set out in the addendum to the 2022-23 BCF Policy Framework and Planning Requirements) confirm expectations for use of this funding. Funding should be pooled into local BCF agreements as an addition to existing section 75 arrangements. Local areas should ensure that there is agreement between ICBs and local government on the planned spend.

The relevant Area of Spend (Social Care/Primary Care/Community Health/Mental Health/Acute Care) should be selected

The expenditure sheet can be used to indicate whether spending is commissioned by the local authority or the ICB.

This funding is being allocated via:
 - a grant to local government - (40% of the fund)
 - an allocation to ICBs - (60% of the fund)

Both elements of funding should be pooled into local BCF section 75 agreements.

Once the HWB is selected on the cover sheet, the local authority allocation will pre populate on the expenditure sheet. The names of all ICBs that contribute to the HWB's BCF pool will also appear on the expenditure sheet. The amount that each ICB will pool into each HWB's BCF must be specified. ICBs are required to submit a separate template that confirms the distribution of the funding across HWBs in their system. (Template to be circulated separately).

When completing the expenditure plan, the two elements of funding that is being used for each line of spend, should be selected. The funding will be paid in two tranches, with the second tranche dependent on an area submitting a spending plan 4 weeks after allocation of funding. The plan should cover expected use of both tranches of funding. Further reporting is also expected, and this should detail the actual spend over the duration of the fund. (An amended reporting template for fortnightly basis and end of year reporting, will be circulated separately)

Local areas may use up to 1% of their total allocation (LA and ICB) for reasonable administrative costs associated with distributing and reporting on this funding.

For the scheme types listed below, the number of people that will benefit from the increased capacity should be indicated - for example where additional domiciliary care is being purchased with part of the funding, it should be indicated how many more packages of care are expected to be purchased with this funding.

Assistive Technologies and Equipment
 Home Care or Domiciliary Care
 Bed Based Intermediate Care Services
 Reablement in a Person's Own Home
 Residential Placements

Scheme types/services	Sub type	Notes	home care?
Assistive Technologies and Equipment	1. Telecare 2. Community based equipment 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge 3. Domiciliary care workforce development 4. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Bed Based Intermediate Care Services	1. Step down (discharge to assess pathway 2) 2. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Reablement in a Person's Own Home	1. Reablement to support to discharge – step down 2. Reablement service accepting community and discharge 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Residential Placements	1. Care home 2. Nursing home 3. Discharge from hospital (with reablement) to long term care 4. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Increase hours worked by existing workforce	1. Childcare costs 2. Overtime for existing staff.	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Improve retention of existing workforce	1. Retention bonuses for existing care staff 2. Incentive payments 3. Wellbeing measures 4. Bringing forward planned pay increases	this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Additional or redeployed capacity from current care workers	1. Costs of agency staff 2. Local staff banks 3. Redeploy other local authority staff	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Local recruitment initiatives		You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Other		You should minimise spend under this category and use the standard scheme types wherever possible.	Area to indicate setting
Administration		Areas can use up to 1% of their spend to cover the costs of administering this funding. This must reflect actual costs and be no more than 1% of the total amount that is pooled in each HWB area	NA

REPORT TO:	Health and Wellbeing Board
DATE:	18 th January 2023
REPORTING OFFICER:	Executive Director, Adults
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Halton Safeguarding Adults Board – Annual Report 2021/22
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

- 1.1 To present the Board with the HSAB Annual Report 2020/2021 at the Appendix.

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

3.0 **SUPPORTING INFORMATION**

Under the Care Act 2014, all Safeguarding Adults Boards are required to produce an annual report which summarises all of the key achievements and priorities the Safeguarding Adults Board has been working towards over the last twelve months. The report sets out the national and local developments on safeguarding adults at risk.

3.1 ***Development of the Annual Report***

- 3.1.1 All members of Halton Safeguarding Adults Board, which includes representation from the Police, CCG (now ICB), ambulance service, fire service, probation and third sector organisations, were all invited to contribute to the annual report and share the priorities and achievements in safeguarding for their particular organisation.

- 3.1.2 As well as partner updates, the annual report also summarises key pieces of work and events which have occurred over the last 12 months to help keep people safe in the Borough. This includes work undertaken to support asylum seekers and refugees; supporting National Safeguarding Week and hosting a strategic planning event for Board members to agree key priorities for the Safeguarding Board going forward.

- 3.1.3 In addition to this, there is also key performance information which is included in the report which is taken from the Safeguarding Adults Collection – a statutory performance return which is completed by all

local authorities regarding key safeguarding information. There has been a 10% increase in the number of safeguarding concerns received in 2021-22 compared to 2020-21. In Halton, an adult at risk is most likely to be a female aged 65 or over living in their own home. There was also a 32% increase in the number of Deprivation of Liberty Safeguard applications compared to 2020-21.

3.1.4 The Annual Report will be published widely and shared with HSAB member organisations.

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified.

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

6.1 **Children & Young People in Halton**

None identified.

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

None identified.

6.3 **A Healthy Halton**

This document is an important part of the safeguarding policy framework ensuring that the Council fulfils its statutory obligations, in line with the Care Act 2014.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 Halton Safeguarding Adults Board strives to show improvement in fulfilling its statutory duties and a dedication to seeking and providing the best possible care and support to safeguard vulnerable adults in our community.

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.



Halton Safeguarding Adults Board Annual Report April 2021 – March 2023

Message from the Chair

I am very pleased to present my third annual report at Chair of Halton Safeguarding Adult Board for 2021/22. The report is an opportunity to share the work of the Board more widely and it provides an overview of the progress and achievements made during this 12 month period which I hope you will find informative and useful.

During this Board year we have worked closely with partner agencies to ensure that safeguarding adults remained at the top of our agendas. We remain committed to ensuring that safeguarding is “Everyone’s Business” across Halton.

The context of our work over the next year will be to further strengthen our commitment in achieving the statutory functions of the Board, as well as focusing on our local priorities through the work of the Board and its sub groups.

Finally I would like to pay tribute to all those who have worked hard to support the Board and their continued commitment and focus on safeguarding

Adults in Halton. It has been another challenging year in light of the continuing impact of the pandemic on both our daily working and personal lives. However, I am confident that by working together, we can continue to improve the lives and outcomes of many of our vulnerable residents.

I look forward to working with you all again this year.



Milorad Vasic

**Strategic Director, People
Directorate Halton Borough Council**

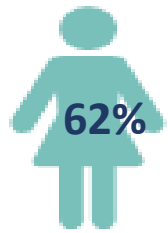
Key Safeguarding Facts 2021-22

1220 Safeguarding Concerns raised during the year

366 became S42 enquiries

10% Increase in the number of concerns raised, up from 1098 last year

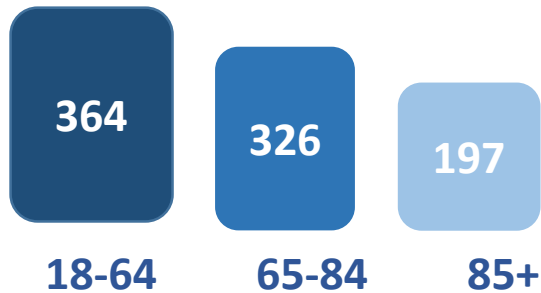
8% Increase in the number which progressed to S42 enquiries, up from 336 last year



62%

38%

More women than men were alleged victims



The age groups of people who had safeguarding concerns raised on their behalf



84

Concluded S42 enquiries involved allegations of neglect



89

Concluded S42 enquiries involved allegations of physical abuse



258

Concluded S42 enquiry allegations occurred in victim's own home

736 White British

13 Black & Minority Ethnic

Ethnicity of those who had safeguarding concerns raised on their behalf

In Halton, an adult at risk is most likely to be a female aged 65 or over living in their own home and will suffer from neglect or acts of omission perpetrated by a service provider

Deprivation of Liberty Safeguards

847 applications received
32% increase in the number of DoLS applications received last year, up from 569 in 2020/21

517 applications received for females



330 applications received for males



115

Applications for 18-64 age group

139

Applications for 65-74 age group

288

Applications for 75-84 age group

291

Applications for 85+ age group

Overview of the Board

What is Halton Safeguarding Adults Board?

Halton Safeguarding Adults Board (HSAB) is a statutory partnership between the Local Authority, Cheshire Police, NHS, Fire Service and other organisations who work with adults with care and support needs in our Borough.

The role of the Board is to make sure that there are arrangements in Halton that work well to help protect adults with care and support needs from abuse and neglect.

The Board and its Duties

Safeguarding Adults Board were established under the Care Act 2014

Main SAB Objective	To assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the safeguarding adult criteria
3 Core Duties	1. Publish an Annual Report
	2. Publish a Strategic Plan
	3. Conduct Safeguarding Adult Reviews

What is our vision?

“Our vision is that people with care and support needs in Halton are able to live their lives free from abuse and harm”

Halton Safeguarding Adults Board

Halton Safeguarding Adults Board strives to show improvement in fulfilling its statutory duties and a dedication to seeking and providing the best possible care and support to protect those members or our community that need it.

What does Safeguarding Adults mean?

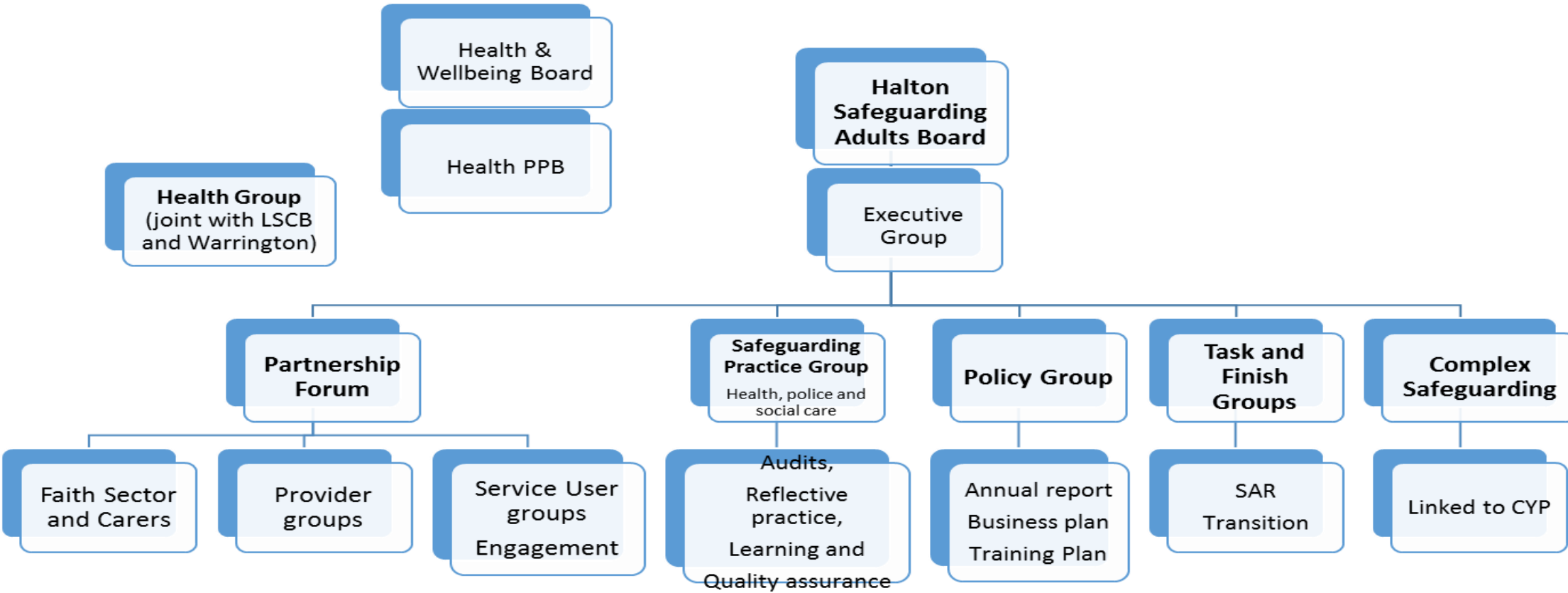
Safeguarding adults means stopping or preventing abuse or neglect of adults with care and support needs.

Adults with care and support needs are aged 18 and over and may:

- ❖ Have a learning disability
- ❖ Have a mental health need or dementia disorder
- ❖ Have a long or short term illness
- ❖ Have an addiction to a substance or alcohol
- ❖ And/or are elderly or frail due to ill health, disability or a mental illness

Overview of the Board

Halton Safeguarding Adults Board Structure



Overview of the Board

HALTON

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Who are HSAB's partner organisations?



Public Health
England

Priorities for 2021-22

Quality Assurance



- ❖ Ensuring internal quality assurance frameworks are in place
- ❖ Ensuring any identified learning is shared
- ❖ Review of the safeguarding adults audit processes within Halton
- ❖ Sharing of information across HSAB members and provider services

Learning & Professional development



- ❖ Ensure all agencies promote a Making Safeguarding Personal approach
- ❖ Ensure that there is effective communication of training


- ❖ Reassurance that safeguarding approaches are developed actively including representation from all key areas
- ❖ Ensure that the voice of people who use services are heard, are involved in developing policy and are at the centre of any health and social care intervention ensuring their rights, wishes and feelings are at the heart of the decision making process

Co-production & Engagement



- ❖ Ensuring HSAB partner agencies have learning and professional development opportunities in place for their individual workforce
- ❖ Ensure there is a consistency and standardisation of safeguarding practice across Halton


HSAB Achievements 2021/22

Priority	What we said we'd do	What we did
Quality Assurance 	Ensuring internal quality assurance frameworks are in place	Following a restructure of HSAB last year, the Board now has a clear reporting structure in place which ensures that work programmes are closely monitored and any issues are identified and resolved quickly.
	Share identified learning	The Safeguarding Practice Sub Group ensures that any lessons learned or areas of good practice are shared and adopted where possible.
	Review of the safeguarding adults audit processes within Halton	The Safeguarding Adult Case File Audit policy was reviewed and updated, with the new process to go live from July 2022.
	Sharing of information across HSAB members and provider services	The Chairs of each sub group are asked to share information within their groups on a regular basis, with quarterly reports presented to the Board.


HSAB Achievements 2021/22

Priority	What we said we'd do	What we did
Co Production & Engagement	HSAB partner agencies to have learning and professional development opportunities in place for their individual workforce	An annual training programme is developed and delivered on behalf of the board, which is available to all partner agencies.
	Consistency and standardisation of safeguarding practice across Halton	All HSAB partner agencies approved the Halton Safeguarding Policy and Procedure documents which were reviewed and updated in 2020.
	All agencies to promote a Making Safeguarding Personal approach	Making Safeguarding Personal is at the centre of all safeguarding practice in Halton, with a survey completed at the end of each S42 enquiry.

HSAB Achievements 2021/22

Priority	What we said we'd do	What we did
Co Production & Engagement	Implement effective communication of training opportunities within HSAB members and partner agencies	An annual training programme is developed and delivered on behalf of the board, which is available to all partner agencies.
	Support the development of good multi-agency practice, sharing best practice, lessons learned and have the confidence to challenge decision making	<p>The Safeguarding Practice Sub Group ensures that any lessons learned or areas of good practice are shared and adopted where possible.</p> <p>HSAB Partnership Forum have developed a Communications & Engagement Strategy for 2022-24 and action plan for delivery with partners.</p>
	Support adults at risk, informal carers and families with safeguarding and ensuring that they feel support within the safeguarding process	<p>By adopting the Making Safeguarding Personal approach to safeguarding practice in Halton, to ensures the adult at risk is at the centre of all decisions and are supported to ensure their desired outcomes are met.</p> <p>HSAB Partnership Forum have led on the compilation, distribution and evaluation of an adult safeguarding awareness questionnaire/survey to support engagement with service users, family members/carers and the public regarding feedback on safeguarding services, to help shape services in the future.</p>

HSAB Achievements 2021/22

Priority	What we said we'd do	What we did
<p>Learning & Professional Development</p> 	<p>Reassurances that safeguarding approaches are developed actively including representation from all key areas</p>	<p>Development of New Safeguarding Casefile Audit process shared and tested with practitioners and managers including the Partnership Forum members in advance of implementation. Partner representatives also invited to participate in multi agency audits from July 2022.</p> <p>New process includes reflection and sharing for all practitioners . It also includes any topics for learning and professional development reported to the SAB Practice group and SAB Executive Group.</p>
	<p>Ensure that the voice of people who use services are heard, are involved in developing policy and are at the centre of any health and social care intervention ensuring their rights, wishes and feelings are at the hear of the decision making process</p>	<p>Engagement survey /questionnaire created for distribution in September 2022 through the SAB Partnership Forum for people who use services linked to safeguarding. Feedback will further support development of policy /communications and HSAB website.</p>

Partner Achievements 2021/22

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Cheshire Police



The VPA audit has been underway for a while and the report will be complete early May. The force adopted a new app to assist officers in completing VPAs which should improve the quality and encourages a more user friendly system.

There is a new learning board being established within force which will take learning from SAR/DHRs.

We are part way through the introduction to a new Public Protection Directorate structure. Child protection has returned to sit under the CP Detective Inspector who will also have supervision of Hidden Harm teams. The Hidden Harm teams will be made up of a DS and several DC's who will target modern slavery. Missing from Home, Child Exploitation and High Risk Domestic Abuse.

Halton now has its own Safeguarding DI. Previously DI Jo'anne Flanagan was the safeguarding DI for the whole of the north, including Halton and Warrington. As from February 2022, DI Deborah Morgan has taken up her post at the Halton Safeguarding DI which will provide consistency across Halton.

By way of year on year performance please see the summary below:

Runcorn All Crime:

This year April 2021-22 has seen a year on year increase of 5.8% in recorded crime. Solved rates have reduced by -1% with a solved rate in 2021/22 of 11.3%. There has been a steady year on year decline in solved crime rates since 2019, where the solved rate was 15.4%.

Widnes All Crime:

This year April 2021-22 has seen a year on year decrease of 3.3% in recorded crime. Solved rates have reduced by 1.1% with a solved rate of 11.5%. There has been a small decline in solved rates since 2019, where the solved rate was 12.8%

Partner Achievements 2021/22

Cheshire Police continued:

In comparison with another local police unit (LPU) and for reasons of demographic similarities, Ellesmere Port was chosen. Here crime recording has increased by 6.8% and solved rates have increased by 0.5% to 13.2%. When comparing the above to Cheshire as a whole, in April 2021/22, crime recording has increased by 7.4% with solved rates declining by 0.2% to 11.3%, Widnes does not follow the Cheshire trend and has a reduction of crime recording in 2021/22 which is unexplained.

Crime Breakdown for Halton

Violence against the person in Runcorn is up 3% but down 2% in Widnes. Violence with injury follows a similar trend.

Crimes of stalking are up 1% in Runcorn and down 4% in Widnes, Hate Crimes are up 1% in Runcorn and up 5% in Widnes, equating to an addition 8 hate crimes.

Crimes of domestic abuse are down by 9% in Runcorn and down 4% in Widnes. As a force the domestic abuse crimes are down by 2.6% and looking at Ellesmere Port as a comparison which is down by 4.2%, Halton is following this trend. Domestic violence with injury tells a

similar story with Runcorn recording 9% less crimes and Widnes 1% less. Positively, there has been a slight increase in the solved rate for domestic abuse with and without violence.

Runcorn has seen a reduction of 471 in the number of VPA's submitted which may be a reflection in the reduction seen in recorded domestic abuse crimes, however, the high DASH gradings have increased year on year from 6.4% to 13.5%. Widnes has seen a similar increase of high DASH gradings from 9.2% to 12%. This may be attributed to the positive drive around domestic abuse instigated by our Chief Constable who was appointed in April 2021. There is a lot of work ongoing to raise awareness of safeguarding and an expectation that positive action will be taken at all domestic incidents, particularly arrests when it is right to do so.

Widnes has seen an increase in the number of vulnerable adult VPA's from 778 to 914 in 2021/22. This is an increase of 136. Runcorn has also seen a slight increase of 76.

Partner Achievements 2021/22

Quality Assurance

NHS Halton Clinical Commissioning Group (HCCG) has reviewed and updated the contractual framework for safeguarding assurance that is required from all commissioned healthcare providers that deliver services within Halton. The assurance framework includes quarterly reporting on a range of safeguarding performance both quantitative and qualitative.

NHS HCCG leads the delivery on all LeDeR reviews and workstreams across Halton and ensures local, regional and national learning is shared and actioned as required.

NHS HCCG has implemented the inclusion of safeguarding indicators into the quality dashboard for Primary Care. This requires all practices to report and evidence engagement with the safeguarding adult's agenda.

NHS HCCG has implemented an audit with all GP practices for assurance that the Mental Capacity Act 2005 is being followed in respect of Covid vaccinations for patients with a learning disability.

NHS HCCG leads on the delivery of the Host Commissioner framework for independent Learning Disability/Autism hospital provider within the Borough. This enables regular quality and safeguarding oversight and management including assurance that the NHSE/I Safe and Well Reviews were completed and learning shared.

Co-Production & Engagement

NHS HCCG has commissioned the development of a film for people with a learning disability that explains about LeDeR, health inequalities and the importance of looking after your health.

The Local Area contact for LeDeR actively contributes to the Cheshire and Merseyside LeDeR Steering Group which is co-produced with carers and has service user representatives.

NHS HCCG actively supported National Safeguarding Adults Week through a range of awareness raising briefs to staff and communication cascades through social media.

Partner Achievements 2021/22

NHS Halton Clinical Commissioning Group continued:



Learning & Professional Development

NHS HCCG lead a safeguarding forum/operational group for all safeguarding leads within health provider organisations. This group incorporates shared learning and development as part of every agenda. This has included topics such as Asylum and Refugees, fabricated and induced illnesses, non-accidental injury.

NHS HCCG provide active engagement with the HSAB Practice subgroup and have led the developed of the PIPOT audit and active learning from SARs.

NHS HCCG have shared local learning in respect of asylum seekers and safeguarding across the Cheshire & Merseyside designated network and co-produced a presentation to HSAB.

NHS CCG provide quarterly learning and development to GP safeguarding leads, this has included Prevent, Channel and Neglect.

Organisational Activity

During the pandemic period HCCG led a regular multi-agency system

- Keep connected
- Share assurance and updates on the current situation in respect of safeguarding
- Enable consistent communication and key messages re: safeguarding
- Share any emerging concerns/pressures and enable us to work together to mitigate where possible



Partner Achievements 2021/22

HALTON

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Bridgewater Community Healthcare
Foundation Trust



Quality Assurance

Robust governance arrangements are in place to assure quality these include:

Internal Assurance – The Safeguarding Trust Assurance Group (STAG) provides a forum for safeguarding leads and all members to work together to receive assurance, address and discuss safeguarding issues within the community setting and delivers assurance to the Quality Council and the Quality & Safety Committee within the Trust.

External Assurance – Safeguarding assurance is provided to our Commissioners in Halton and Warrington. This is achieved through detailed and comprehensive quarterly submissions of evidence to support the quality schedule as well as annual completion of safeguarding audit tools which evidence our compliance with the NHS Safeguarding Accountability and Assurance Framework 2015.

Co-Production & Engagement

Bridgewater has been actively engaged with the joint Halton and Warrington Health Executive and Operational Sub Groups to help support the input from health provider organisations into the SAB. We note limited SAB activity with provider organisations during 2021-22, there has been engagement with the Safeguarding Practice Group

Bridgewater has continued to develop its relationships with Halton Integrated Adult Safeguarding Unit to enable discussion and proportionate information sharing related to safeguarding concerns.

Bridgewater actively supports national safeguarding campaigns through both internal communications and the safeguarding social media account. As an example World Elder Abuse Awareness Day takes place every year on the 15th June. The Safeguarding Adult Team sought to mark this with a message of “Ask, Question, Act”:

Ask: Do you feel safe?

A simple question asked of the people we are caring for may just be the trigger for the person to be able to talk about their concerns

Question: Be ‘professionally curious’

Try to explore and understand what is happening within a family rather than making assumptions or accepting things at face value

Act: Act to support the person

Seek advice and support from the Safeguarding Adult Team, make a safeguarding referral to the local authority. Do not ignore abuse

Following a strong message from the Chief Nurse in the Trust Bulletin, this message went out across the Trust on the desktop of all computers

Partner Achievements 2021/22

HALTON

SAFEGUARDING

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Bridgewater Community Healthcare Foundation Trust continued:



Learning & Professional Development

Alongside mandatory training in Safeguarding Adults, PREVENT and the Mental Capacity Act, the Trust has had a programme of campaigns and briefings to keep safeguarding adults in the spotlight

Organisational Activity

The Trust's Learning Disability Improvement Group was re-established with attendance by the Safeguarding Adult Lead and dedicated specialist support of one day a week to the groups work plan from the Specialist Safeguarding Nurse.

The Safeguarding Adult Lead represents the Trust at the multi-agency Learning Disability Standards Group, chaired by the Deputy Chief Nurse, Warrington & Halton CCG.

A guideline supporting working with people with LD was developed and is being launched at the start of 2022-2023.



Partner Achievements 2021/22

HALTON

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Warrington & Halton Hospital
Foundation Trust



Quality Assurance

Warrington and Halton Teaching Hospitals Foundation Trust (WHHFT) continue to support the HSAB agenda. WHHFT takes its safeguarding responsibilities seriously and will continue to monitor training, incidents and promote multi-agency learning. Assurance is provided via Safeguarding Committee to the Trust Quality Assurance Committee regarding the progress of training trajectories, incident action plans and strategy work plans, this reporting structure ensures robust scrutiny and challenge of WHHFT safeguarding duties and responsibilities.

Co-Production & Engagement

Domestic Abuse – A review of the role of the Hospital Independent Domestic Violence Advocate (IDVA) resulted in a Hospital IDVA now based with the safeguarding adult and children’s team. The post concentrates on supporting the safeguarding team and wider ward/department teams with the domestic abuse referrals and providing support to patient and staff victims.

Self-Neglect – The Trust Safeguarding Adult’s Policy contains guidance on how to support patients who self-neglect and directs staff to where they can find help and assistance. Work has happened via supervisory

challenges related to patients who self-neglect.

Learning Disability – Warrington and Halton Teaching Hospitals LD/Autism Steering Group has been launched. The action plan and strategy are linked to the LD National Improvement Standards audit. Improvement actions have included:

1. Reasonable adjustment care plan and Standard Operating Procedure (SOP) developed
2. Makaton Monday, staff receive training every Monday via a trust wide teams briefing so that they can be taught basic Makaton signing to assist them in communicating with patients who require this
3. A WHH LD passport has been developed to be used when patients do not have one or have not brought theirs with them
4. Flagging system that sends alerts to specific staff when patients with LD are admitted to hospital, there are twice daily welfare checks from matrons and lead nurses and daily welfare checks from the adult safeguarding team that ensure patients and their families are supported

Partner Achievements 2021/22

HALTON

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Warrington & Halton Hospital
Foundation Trust continued:



Learning & Professional Development

WHHFT is committed to delivering a high quality inter-agency training programme, which supports professionals and volunteers in their work to safeguard and promote the welfare of adults, children and young people. All professionals and their teams have access to and engage in training commensurate to their role and level of responsibility.

The safeguarding training programme was interrupted slightly during COVID due to the social distancing measures, however this was addressed by moving away from socially distanced rooms to Microsoft Teams delivery to aid compliance.

LD and Autism mandatory training program delivered daily to all staff of all grades at a level suited to their role.

Adult Level 3 training includes modern slavery/trafficking case study workshops.



Partner Achievements 2021/22

Elysium – Gateway Recovery Centre



Quality Assurance

Gateway Recovery Centre have introduced a new substantial role of Safeguarding Lead/Coordinator. This role involves one individual overseeing the entire process, one point of contact and coordination with multi-agencies.

Annual safeguarding assurance tool audit completed and action plan created and reviewed monthly during clinical governance meetings.

Actions from safeguarding enquiries are reviewed monthly during Senior Management Team meetings and clinical governance to ensure actions are completed and consistent across the hospital.

Co-Production & Engagement

Making Safeguarding Personal, including the views of patients is threaded throughout all safeguarding enquiries.

Weekly meetings held with Gateway Recovery Centre and Halton Borough Council to review safeguarding concerns and open enquiries and seeks assurances that actions have taken place to minimise risks. A collaborative approach toward decision making is followed with a view to provide the best possible outcome for the patient.

Monthly multi-agency meetings held on the first Wednesday of each month including Halton Borough Council, HCCG, Gateway Recovery Centre leads and ward managers, police liaison and advocates.

Gateway Recovery Centre has a good working relationship with advocacy (Healthwatch Halton) – sharing concerns and updates discussed in the safeguarding weekly meeting.

Learning & Professional Development

Lessons learnt from enquiries are shared across the hospital and local/regional governance.

Gateway Recovery Centre deliver mandatory training to all staff including Safeguarding Adults and Children at level 3, DOLs, MCA, MHA, MVA, Medication Management.

All staff have supervision at least monthly which includes reviewing safeguarding concerns and identifying training needs.

Gateway Recovery Centre identify staff who would benefit from training offered by Halton Borough Council and actively take part in multi-agency/regional training opportunities.

Partner Achievements 2021/22

Healthwatch Halton



During the pandemic opportunities to meet and engage with the public face to face were limited so we needed to ensure we continued to provide the public with information that was accessible and up to date. Our website and social media channels were updated regularly with the latest information on the pandemic, vaccination programmes and health and social care service updates.

We joined in with many local Healthwatch across the country to highlight the issues faced by the homeless in accessing/registering with a GP. Working with NHS England and Healthwatch England, we distributed more than 100 GP 'access cards' to organisations across the borough.



I have the right to register and receive treatment from a GP practice

I do not need a fixed address.

I do not need identification.

Anyone in England can see a GP.



If I have any problems I can call 0300 311 2233
If I need more information I can visit www.nhs.uk/register

- I may need help filling in forms.
- I may need help reading and understanding.
- I would like to speak to someone confidentially.

During National Safeguarding Adults Awareness Week in November 2021, we visited Runcorn Shopping City and distributed posters promoting safeguarding to the stores within the centre. A number of posters were also displayed in Halton Lea Library.

When we've had the opportunity to hold outreach sessions in the community this year, we have continued to raise awareness of the role the public can play in safeguarding.

This included our outreach session to the Heath Business Park where we requested that staff promote safeguarding on the many noticeboards throughout their offices, we also handed out safeguarding information cards to more than 200 attendees at the 'Eat at the Heath' and Coffee and Cake group events.

In addition, we have joined in with the Public Health Team on the community bus at venues around the borough, during which we have given out safeguarding information to Halton residents.

Partner Achievements 2021/22

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Healthwatch Halton continued:

Healthwatch Halton Advocacy Hub

During the past year Healthwatch Halton's Advocacy Hub has supported more than 150 IMHA patients at the Gateway Recovery Centre and the Brooker Centre.

The team support ongoing autistic and patients with learning difficulties, primarily each week and support extra meetings and assessments for these patients. The Healthwatch Halton advocacy team responded to approximately 45 seclusion/safeguarding issues across the statutory services. The main response for safeguarding is via Care Act referrals but we have also supported safeguarding concerns within the hospitals and work closely with the safeguarding team in ensuring standards at Gateway Recovery Centre and with Mersey Care NHS for the Brooker Centre.

The advocacy team has been instrumental in identifying and reporting sub standards observed in the Women's Ward at the Brooker Centre. Improvements have since been implemented and now there is an assigned Matron covering both the male and female wards.

The team have supported 71 IMCA referrals, primarily serious medical

treatment decisions and this increased significantly throughout the Covid period.

We have supported 76 DoLS referrals and continue to act as the Relevant Person's Representative (RPR) for over 50 current cases.

We have supported 45 Care Act referrals, with safeguarding remaining the main area of referrals within this statutory provision. We are also supporting clients now with community DoLS in place and also acting as a Litigation Friend to enable challenges to go through the Court of Protection in a more timely manner.



Partner Achievements 2021/22

HALTON

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Probation Service



Quality Assurance

The last 12 months has been a period of significant change for the probation service, moving from two organisations (National Probation Service and Community Rehabilitation Company) to a unified service. Since June 2021, we are now a unified probation service and we have been imbedding new practices/processes across the organisation. We remain actively involved in the safeguarding partnership and have supported quality assurance activities. Internally, we are imbedding a new Quality Assurance framework which provides us with indepth oversight of practices. This is in its early days but we will eventually be able to share QA information with the partnership in relation to adult safeguarding specifically in relation to domestic abuse, vulnerable adults and violent/sexual offenders.

Co-Production & Engagement

As part of the probation service unification, we are imbedding a new approach to service user engagement and co-production. We have a dedicated engaging people on probation lead and are in the process of imbedding with within the Halton team. This role will seek to engage person on probation (POPs) to develop insight into our delivery model and also explore the options of co-production. Our delivery model is based on co-produced agreed action plans as basis for encouraging and

Learning & Professional Development

We continue to have a nationally prescribed training package for Probation staff which remains a priority in terms of continued professional development. We also encourage and enable engagement in local training events via the partnership.



Partner Achievements 2021/22

HALTON

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Age UK Mid Mersey



Quality Assurance

Age UK Mid Mersey have achieved the Charity Quality Standards. Safeguarding is fundamental element of the framework with robust assessment measures in place to continually assess performance. A full assessment was conducted in August 2021 with re-certification of having full met the standards – valid until January 2023.

Our Wellbeing Team participate in a monthly case file review process that enables us to review any safeguarding alerts, promote learning and improve practice.

The safeguarding risks of all new activities and services provided by the organisation are identified, assessed and addressed to ensure that there is nothing identified that will have an impact on our safeguarding provision. As a result of a recent review it was identified that a larger group of staff now require DBS checks at an enhanced level, which have subsequently been obtained.

The organisation has reviewed any complaints/incidents to identify any underlying safeguarding issues.

The organisation also have representation at the partnership forum and

sharing of information.

Co-Production & Engagement

The CEO is a member of the HSAB and our Charitable Services Director is also a member of the HSAB Partnership Forum and as a result the organisation fully collaborates with a wide range of stakeholders and key safeguarding teams across the local authority. We work together with key partners and organisations in a multidisciplinary approach to support older adults to make decisions about safeguarding risks affecting them.

Safeguarding is recognised at the highest possible level of involvement in the organisation as sits at the core of strategic planning and development.

Learning & Professional Development

All Age UK Mid Mersey staff undertake annual online training via a platform with Grey Matters Learning in subjects like Safeguarding Adults, Mental Capacity Act Essentials, Mental Health, Dementia and Learning Disabilities Essential, Person-Centred Care. This ensures our staff are better equipped and aware of key responsibilities in the borough and how to use and communicate them.

Partner Achievements 2021/22

Age UK Mid Mersey continued:



As outlined above, our Wellbeing Team participate in a monthly case file review process that enables us to review any safeguarding alerts, promote learning and improve practice. This has ensured that staff confidently identify safeguarding concerns and refer in a timely manner.

Organisational Activity

Age UK Mid Mersey have rolled out a new Wellbeing Model, delivering a holistic wellbeing service. Age UK Mid Mersey are using a new process for all enquiries, with a single point of access to ensure all enquiries can be tracked and monitored. There is a client profile screening tool which is completed with all incoming referrals. A key section of this screening tool asks questions around health, living conditions, isolation and loneliness and highlights at risk clients to allow staff to escalate any safeguarding concerns promptly.

Age UK have created a partnership with the Office of the Police & Crime Commissioner Cheshire to raise awareness and safeguard vulnerable older adults in relation to online scams.

We have initiated a unique research programme called Utopiage as an extension to our Do you See Me campaign. We believe that challenging the cultural attitudes towards ageing and older people will encourage

society to change their perspective about older people so that they are seen as more than just their age and more people will feel empowered to discuss safeguarding concerns.

We have launched a number of successful social groups across Halton to encourage older people to connect. These groups prove excellent forums to capture local views and raise awareness of key issues.



HSAB Strategic Planning Event

HSAB held a virtual Strategic Planning Event on Monday 2nd August 2021 via MS Teams, to develop priorities and key actions to inform the “Strategic Plan on a Page” and work programmes of the HSAB and its associated sub groups. The event was well attended with 30 representatives from all statutory partners, health sector and voluntary/third sector organisations as detailed below:



National Safeguarding Week

HSAB supports the National Safeguarding Adults Week on an annual basis, it took place this year during 15th – 21st November 2021. The campaign came about through a national collaboration with Ann Craft Trust and the Safeguarding Adults Board Managers Network, supported by University of Nottingham. Locally, HSAB collaborated with the following statutory, private and voluntary services to help raise awareness of National Safeguarding Week across Halton:

The aim of the campaign this year was *“To create safer cultures”*. Each day during National Safeguarding Week focuses on a key theme, the daily themes for this year were as follows

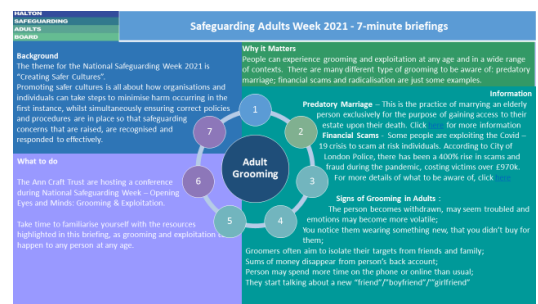


Live the life you choose

Day	Theme
Monday	Emotional Abuse and Safeguarding Mental Health
Tuesday	The Power of Language
Wednesday	Digital Safeguarding
Thursday	Adult Grooming
Friday	Creating Safer Organisational Cultures
Saturday & Sunday	Safeguarding and You

National Safeguarding Week

The campaign consisted of:



A 7 minute briefing for each daily theme

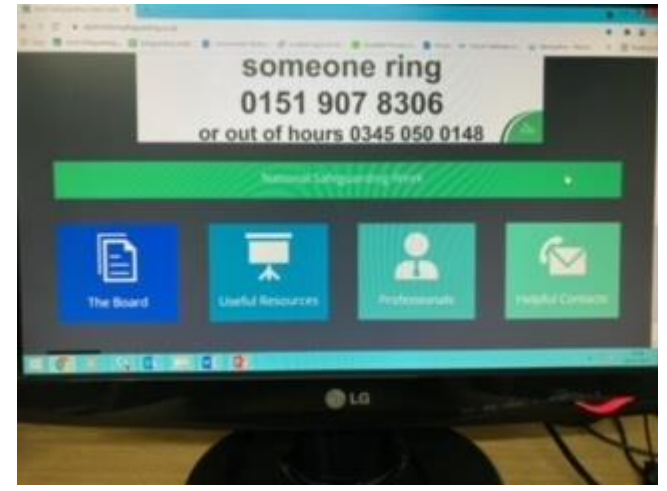


Articles written for various newsletters and local press

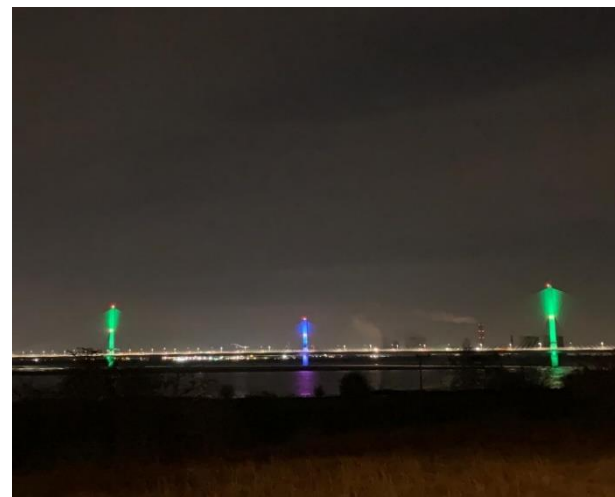
#SafeguardingAdultsWeek
Monday – Emotional Abuse and Safeguarding Mental Health
If you want to learn more about any of the safeguarding issues this week please look at www.halton.gov.uk/adultsafeguarding
#safeguardingweekhalton



Daily social media messages published on all HBC Social Media Platforms



HSAB Website fully updated and now has a dedicated National Safeguarding Week tab with all information easily accessible



Mersey Gateway Bridge lit up in HSAB colours to mark the start of National Safeguarding Week

Asylum Seekers & Refugees in Halton

- Whilst asylum seekers are largely **NOT the sole responsibility of the Council**, the impact of this group within our communities shouldn't be underestimated, nor the impact on services and partners depending on legislation and need
- Generally speaking they are in a category called No Recourse to Public Funds (NRPF has a very specific meaning. It means no recourse to local authority housing, homelessness services and means tested welfare benefits)
- They can't work, claim benefits or attend higher education. There are some exceptions – always check. They are entitled to register with a GP and get primary and secondary care, maternity and emergency care. Some education entitlement after 6 months
- All children of school age – no matter what their's or their par currently free school meals
- Government expects gaps to be filled by third sector, yet provides very little funding and support
- No additional resources come to a local authority for asylum seekers
- People seeking asylum get £37.75 a week
- Serco manage the temporary accommodation used by asylum seekers in Halton during the entire application process. This is divided between the first few weeks in an Initial Accommodation Centre then moving into dispersed accommodation
- Dispersed accommodation in Halton we have 134 properties with approximately 585 people. These are mainly single young males, which reflects the overall asylum population. There are some families and some single females, with one mother and baby property
- Serco is required as part of their contract, to consult with Local Authorities on the procurement of dispersed accommodation. The council has no involvement in the placement of asylum seekers or the procurement of property

Ukraine Refugees

- People from Ukraine need a visa to enter the UK, unlike the rest of Europe – there are currently no plans to change this
- There are two visa routes identified to support Ukranian

Asylum Seekers & Refugees in Halton

nationals who want to come to the UK – the **Ukrainian Family Scheme** and **Homes for Ukraine (community sponsorship)**

- Eligibility for, and approval of, visas is the responsibility of the Home Office, but the **Homes for Ukraine** scheme is being administered by the Department for Levelling Up, Housing and Communities (DLUHC)
- There is no cap on the number of visas that can be issued under either scheme – they will be demand-led
- There is no proposal to apportion people applying to a particular area/region – where people move to will depend on where they have family or sponsors depending on the scheme they enter the UK under

Ukrainian Family Scheme

- Very little local authority involvement – as it's family to family
- They don't have to notify that family have received visas and arrived
- In Halton we currently know of 2 families as we have asked

schools to notify us of any requests for places

Homes for Ukraine (Community Sponsorship)

- People have to match with a Ukrainian themselves and complete a visa application on their behalf
- Local authority will be notified and then has to do safeguarding and accommodation checks
- DBS on any adult in the sponsor's household and an Enhanced DBS if there are children or a vulnerable adult involved
- There is funding available to the local authority to facilitate wrap around support required
- Sponsors receive a monthly £350 thank you from the Government for up to 12 months
- Any Ukraine refugee coming to Halton under either scheme will be offered the support of the Refugee Resettlement Team



LeDeR Update

The Learning from Life & Death Reviews (LeDeR) programme is part of a national focus upon improving the lives and care of people with Learning Disabilities and Austistic people. It has derived as an outcome from a series of national reports that describe that whilst care in many instances has improved over the last decade, many aspects have not. There are still marked health inequalities for people with learning disabilities and autism, compared to that of the general population.

Since 2019, NHS Halton Clinical Commissioning Group (HCCG) and NHS Warrington Clinical Commissioning Group (WCCG) agreed to take a combined approach to delivery of a national LeDeR programme, through the establishment of a LeDeR panel, shared Local Area Contact and agreed governance frameworks to capture local learning.

A national LeDeR policy was developed for the first time in March 2021. This brings significant changes to the LeDeR programme including transition to an Integrated Care Board LeDeR team, the inclusion of autism within the scope for LeDeR reviews and a stronger emphasis on the delivery of the thematic actions coming out of the reviews.

In Cheshire and Merseyside, the priorities for 2021-2022 were agreed by the Cheshire and Merseyside LeDeR Strategy Steering Group as follows:

Management of medical conditions

- Vaccination Programme (including seasonal flu and COVID vaccinations)
- Managing deterioration of health

Changing how we work

- Developing the LeDeR processes and implementation of the new LeDeR policy, including governance arrangements
- Intergrating care between community and acute settings
- DNACPR
- Annual Health Checks (AHCs) uptake

For 2020/21 the two highest causes of death for Halton from the LeDeR reviews was aspiration pneumonia and pneumonia. Halton achieved an uptake rate for Covid vaccines in people

LeDeR Update continued

with a Learning Disability of 92.80% for the first vaccine. AHCs in Halton achieved 82.66%.

To raise awareness of LeDeR HCCG/WCCG worked with Warrington Speak Up Advocacy Service to commission a video co-produced with people with a learning disability. The video talks about LeDeR and the importance of looking after your health and engaging with health services.

From 1st July 2022, Cheshire and Merseyside ICB will host a dedicated reviewer LeDeR workforce, a combined reviewer team with Greater Manchester. The dedicated team will be led by a Senior Reviewer and will be supported by a LeDeR administrator. A Local Area Contact will also be in place for Cheshire and Merseyside who will be independent and separate to the Review team.

Leadership of the LeDeR programme will transfer to the ICB from July 2022, but will continue to be supported by good local engagement and the strong partnerships that have been established through the local LeDeR delivery.



**Learning Disabilities Mortality Review
(LeDeR) Programme**