

Public Document Pack



Health and Wellbeing Board

Wednesday, 22 March 2023 2.00 p.m.
Bridge Suite - Halton Stadium, Widnes

A handwritten signature in black ink that reads 'S. Young'.

Chief Executive

*Please contact Kim Butler on 0151 5117496 or e-mail
kim.butler@halton.gov.uk for further information.
The next meeting of the Committee is on Wednesday, 5 July 2023*

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

Part I

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HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 18 January 2023 at the Karalius Suite - Halton Stadium, Widnes

Present: Councillors Wright (Chair), T. McInerney, M. Binns, K. Butler, E. Bragger, J. Chow, L. Garner, J. Horsfall, T. Leo, W. Longshaw, D. Nolan, I. Onyia, K. Parker, H. Patel, S. Patel, W. Rourke, L. Thompson, S. Wallace-Bonner, J. Wallis, D. Wilson and S. Yeoman.

Apologies for Absence: Councillor J. Lowe and V. Elliot, P. Jones, N. Goodwin and M. Vasic

Absence declared on Council business: None

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

Action

HWB21 MINUTES OF LAST MEETING

The Minutes of the meeting held on 12 October 2022 having been circulated were signed as a correct record.

HWB22 HEALTH & WELLBEING BOARD STATUTORY GUIDANCE

The Board received a report from the Director of Public Health regarding the new Health and Wellbeing Board guidance, which was introduced in November 2022 following the changes to the NHS and, in particular, the establishment of Integrated Care Boards (ICBs) and Integrated Care Systems (ICSs).

The intent of the guidance was to support 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. Joint working of these agencies would determine the integrated approach that would best deliver holistic care and prevention activities, including action on wider determinants in their communities.

The guidance provided examples of case studies that illustrated how other Health and Wellbeing Boards had adapted to the changes introduced by the Health and Care Act 2022.

RESOLVED: That the report and guidance document be noted.

HWB23 ADULT SOCIAL CARE ANNUAL REPORT

The Board considered a report of the Executive Director, Adults, which presented the Adult Social Care Annual Report 2021/22. Whilst this was not a mandatory requirement, it remained supported as good practice by the Association of Directors of Adult Social Services (ADASS).

The Local Account took stock and reflected on how services had developed and been delivered throughout the period. It also assessed the impact on adults in the Borough who had care and support needs.

The report incorporated both responses to the COVID-19 pandemic and the re-opening of services when restrictions had been lifted.

RESOLVED: That the report be noted.

HWB24 WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST UPDATES

The Board received a presentation from Lucy Gardner, Director of Strategy and Partnerships, Warrington & Halton Hospitals (WHH) which provided updates on:

Anchor Institutes – Anchor institutions were large organisations such as NHS trusts, which are unlikely, by their nature, to relocate, have a significant stake in their local area as a result, and have sizeable assets which can be used to support local community health and wellbeing, including tackling health inequalities.

WHH was an anchor institution. This meant that WHH had an opportunity to positively influence the health and wellbeing of the patients and local communities. A Board level commitment was 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 created happy, healthy and thriving communities.

An overview was provided on the WHH journey as an anchor institution and how this work was delivered through several initiatives, including the Halton Health Hub, the Community Diagnostic Centre and the emerging Health and Education Hub.

The presentation provided a progress update as WHH continued to mature as an anchor institution and advance the Trust's commitment to tackling health

inequalities, whilst striving to achieve the NHS Green Plan objectives and boosting opportunities to make a positive social impact.

The Board received an update following the completion of the project to develop an out-of-hospital hub to deliver clinical outpatient services from Runcorn Shopping City and opportunities for future development.

Halton & Warrington Community Diagnostic Centre - The Trust had been successful in bidding for brand new capital and revenue funding from NHS England to develop a Community Diagnostic Centre (CDC) at the Halton site, to deliver capacity for an additional c211,000 diagnostic tests by the end of 2024.

Phase 1 was the CDC Fast Track, planned to be operational by March 2023. This was to design and build a new multi-storey car park and refurbish the Nightingale Building to create:

- 3 x cardio-respiratory rooms;
- 2 x ultrasound rooms;
- 1 x phlebotomy room;
- 1 x point of care testing room;
- 1 x medical records store;
- 1 x IT room; and
- Adequate waiting areas.

Phase 2 was the large scale CDC and it was anticipated that this would be completed by July 2024. Further updates would be provided in due course.

Halton Health Hub – In November 2022 the Trust welcomed its first patients to the Halton Health Hub which was a result of a partnership between WHH, Halton Borough Council and the Liverpool City Region. The services delivered in the first instance were:

- Paediatric Optometry / Orthoptics;
- Paediatric Dietetics;
- Adult Optometry / Orthoptics;
- Adult Dietetics; and
- Over 55 Hearing Screening and Assessment.

Progress of the Development of the Runcorn Health and Education Hub - WHH, in partnership with Halton Borough Council (HBC), Riverside College, Bridgewater Community Healthcare NHS Foundation Trust (BCH) and Mersey Care NHS Foundation Trust, developed

a project to create a Health and Education Hub in Runcorn as part of Reconnecting Runcorn Town Deal project.

The Health and Education Hub project was one of seven projects within the Runcorn Town Deal “Reconnecting Runcorn” plan. The focus of the hub was for families and young people, with some specific support for other demographics. Services currently planned included:

- Preventative services;
- Women and children’s services;
- Services for people with long term conditions;
- Health skills and training alongside work experience opportunities; and
- Access to employment support.

The presentation outlined the progress and the next steps.

RESOLVED: The Board noted the contents of the presentation and supported the Trusts plan for development of the CDC at its Halton site.

HWB25 PLACE SHAPING FOR HEALTHIER COMMUNITIES

The Board received a presentation from the Operational Director, Economy, Enterprise and Property, which provided an overview on Place Shaping for Healthier Communities.

Place shaping was defined as putting an individual stamp on an area. This derived from the Lyons Enquiry (2004-2007) which suggested that Local Governments’ should be the voice of a whole community and as “an agent of place”. Place shaping was fundamental to enabling vibrant communities, planning for what assets, housing and infrastructure would facilitate wellbeing, healthier communities and support communities facing inequalities.

The Board received presentations from Hitesh Patel from Citizens Advice Halton and Joseph Chow from Community Shop. Both of these services located in Halton Lea Ward and served the whole Borough. The presentations described the assets of each service and how they impacted the residents of Halton.

RESOLVED: That the report and contents of the presentation be noted.

HWB26 ONE HALTON COMMUNITY GRANTS

The Board considered a report from Nicola Goodwin, One Halton Senior Programme Manager, regarding the launch of the One Halton Community Grants scheme in January 2023.

One Halton developed a community grants programme which was agreed by the Finance and Performance Committee in November 2022. This would 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 and 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.

The grant fund was £70,000 and initially available until 31 March 2024. This would provide an indicative allocation of £17,500 for Runcorn and Widnes each year. The grants programme would be administered by the Council's Community Development Team on behalf of One Halton.

Half-yearly reports on the grant delivery would be reported to the One Halton Finance and Performance Group and periodic reports would be brought to the Health and Wellbeing Board as necessary.

The Board was asked to promote these grants across their respective networks.

RESOLVED: That the report be noted.

HWB27 ADULT SOCIAL CARE DISCHARGE FUND

The Board received a report from the Executive Director, Adult Services regarding the Adult Social Care (ASC) Discharge Fund Plan 2022/23.

Due to the national issue of delayed discharges from hospitals, funding had been allocated to local areas to help

try and reduce delayed discharges over the Winter period. It was noted 40% of the allocations to local areas had been distributed directly to Local Authorities, based on the Adult Social Care Relative Needs Formula (RNF) and 60% of the funding had been distributed to Integrated Care Boards, targeted at those areas experiencing the greatest discharge delays. The available funding was expected to be pooled into local area Better Care Funds.

The first tranche of funding (40%) was received in December 2022 and the second tranche (60%) was received in January 2023. Halton's planned spending report outlined the prioritised approaches that would be most effective in freeing up the maximum number of hospital beds and reducing bed days lost.

RESOLVED: That the report and appendix be noted.

HWB28 HALTON SAFEGUARDING ADULTS BOARD - ANNUAL REPORT 2021/22

The Board considered a report from the Executive Director, Adults regarding the Halton Safeguarding Adults Board Annual Report 2021/22.

Under the Care Act 2014, all Safeguarding Adults Boards are required to produce an annual report which summarised all of the key achievements and priorities the Board had been working towards over the past 12 months. The report set out the national and local developments on safeguarding adults at risk. This included 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.

The report also contained key performance information, taken from the Safeguarding Adults Collection; a statutory return for all local authorities. It was noted that there had been a 10% increase in the number of safeguarding concerns received in 2021-22 compared to the previous year. In Halton, an adult at risk is most likely to be a female aged over 65 and living in their own home. There was also a 32% increase in the number of Deprivation of Liberty Safeguard applications compared to 2020-21.

RESOLVED: That the report be noted.

Meeting ended at 3.50pm

REPORT TO:	Health & Wellbeing Board
DATE:	22 March 2023
REPORTING OFFICER:	Director of Social Health & Community Inclusion, Mersey Care NHS Foundation Trust
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Life Rooms
WARD(S)	Boroughwide

1.0 PURPOSE OF THE REPORT

- 1.1 To give an overview of the Mersey Care Life Rooms Social Model of Health and to detail current Life Rooms activity across Halton.

2.0 RECOMMENDED: That the report be noted.

3.0 SUPPORTING INFORMATION

- 3.1 Since its launch in May 2016, The Life Rooms social model of health has expanded to provide a range of commissioned, non-clinical services and interventions to Mersey Care service users and carers as well as the wider community.
- 3.2 The first Life Rooms opened in Walton on 9 May 2016. The past five years have seen The Life Rooms offer an open door, community-based approach, supporting recovery, prevention and overall population health. The Life Rooms has evolved to comprise over 100wte staff providing a range of services across a number of locations and communities (See Appendix A – ‘Six Years of The Life Rooms’)
- 3.3 Community is the central focus for The Life Rooms and a core part of its function is to enable localised community engagement to take place. The Life Rooms Social Model is designed to improve population health and address social inequality through activation and system-change. All activity within The Life Rooms is delivered through a three-pillar model:
- **Learning:** Delivering a wide range of evidence-based learning opportunities designed to improve population health. Our creative and inclusive curriculum works alongside the lived experience of individuals and communities to support positive life outcomes.
 - **Social Prescribing:** Enabling individuals to connect with their wider community through the co-creation of a personalised pathway. Together with voluntary and community sector partners, we offer practical one-to-one support around social issues such as loneliness,

finance and housing.

- **Inclusion:** Listening to communities to understand need and aspiration. We work together with individuals and communities to co-design and embed culturally informed approaches to improved life and health outcomes.

3.4 The three-pillar model enables people to become more activated in their own health; it operates within a social approach that focuses on prevention and the enabling of community and community assets to acknowledge the role that social factors play in health and to encourage system change. Through health activation and system change, population health is improved and pressure on clinical services is reduced.



3.5 The Life Rooms aims to design, develop and evaluate services together with those who access and deliver them as well as the wider community in which the service situates. This means the service is shaped by everyone in The Life Rooms community, including people who access, work and volunteer within the service, as well as partners and the wider community. Working ‘side by side’ means The Life Rooms continuously changes according to the needs and experiences of stakeholders and communities; whilst the fundamentals of the model remain static, how this manifests itself is flexible. This flexibility allows for a truly responsive service with population health at its core.

3.6 The Life Rooms partners with over 100 voluntary and community sector organisations across the six Places served by Mersey Care. The Life Rooms could not deliver the model described without effective collaborative working with the voluntary and community sector services through the facilitation of existing and developing community-based assets. As such, the end user does not have to navigate the complexities of a heterogenous system but rather experiences a seamless pathway of advice, support and care. Cross system support offers have been

enhanced by the use of Elemental, a digital social prescribing platform, which allows for the management of referrals across clinical and voluntary services as well as the measurement of impact.

- 3.7 **Halton Service Offer** Following the acquisition of services formerly provided by the North-West Boroughs NHS Foundation Trust, Mersey Care approved a 12-month pilot expansion of its Life Rooms offer to support secondary mental health service users accessing Early Intervention, Crisis Resolution Home treatment and Recovery Team services. A non-recurrent investment of £300K was made for each of the boroughs of Halton, Warrington, St Helens and Knowsley.

This service mobilised successfully in July 2022 and operates peripatetically from existing trusted community assets. For the last 5 years, The Life Rooms has utilised the 'Elemental' digital social prescribing platform to connect people with community assets and evaluate both the impact of our partner organisations and also our own internal Life Rooms provision. In September, Mersey Care becomes the first Trust in the country to be capable of providing Elemental interoperability with our RiO clinical information system.

The Mid-Mersey pilot is trialling the interoperability of clinical and social prescribing systems to improve the speed and effectiveness of the referral process. Clinical team members who utilise RiO can have their Elemental social prescribing functionality in RiO activated through The Life Rooms. This allows clinicians to make referrals directly into The Life Rooms so to immediately address any social support that they identify when meeting service users, thereby saving clinicians time and resources.

Our evaluation will explore the extent to which clinicians' time is saved and ascertain whether this then allows clinicians to work on clinical issues by being assured that social support is being met through another Mersey Care service. Clinicians will also be able to monitor the social support that has been received directly through RiO, which will allow for the accurate recording of social support offered and accessed.

Crucially, the integration also offers voluntary and community sector organisations the opportunity to participate safely within a wider ecosystem of health and wellbeing as well measure their impact. (A report detailing current Halton activity and evaluation is detailed in Appendix B)

- 3.8 Key to the development of the long-term strategy for The Life Rooms is the development of **The NHS Numbers Project** commencing in January 2023. The NHS Numbers Project aims to explore the relationship between The Life Rooms user data and the user data of the wider Trust in which The Life Rooms sits.

We aim to utilise the NHS numbers of The Life Rooms' service users, linking to RiO data, to explore how these users are supported in relation to their secondary mental health and community needs. This will allow us to understand the user group and allow us to look specifically at community

and inpatient contacts for those that use The Life Rooms and explore how these change over time in relation to their use of The Life Rooms. Further, we can identify gaps in relation to those that access The Life Rooms and inform service growth to meet the needs of under-served populations.

We will also link our data sets with the Combined Intelligence for Population Health Action (CIPHA), the population health management platform that supports access to data sets required for population analytics. Linking The Life Rooms data with CIPHA data will allow us to explore where else in the health and social care system these users appear. We will establish key lines of enquiry within the data. Initial ideas may include but are not limited to: neurodiversity prevalence, engagement and attainment in education, polypharmacy, breakdown of Serious Mental Illness and most common diagnoses, whether users are known to the Criminal Justice System or the Care System and how this impacts social circumstances, levels of social isolation and how each of these cohorts utilise services. Those accessing The Life Rooms are likely to have touchpoints in a wide range of health and wellbeing services.

Through this research, we hope to understand this further and continue to develop a truly preventative approach to health and wellbeing that promotes upstream working. Researching this further would allow The Life Rooms to ensure that we are proactively understanding need, by considering those who already have care and support needs, as well as those who are at risk of developing these needs. This research would also allow us to highlight trends in the data that would enable us to identify and target people who fall into these groups and work with these communities to consider potential opportunities for contact with those who may benefit from this preventative support.

We aim to evidence both the human and financial impact of The Life Rooms' model and its interventions, demonstrate how it supports the prevention agenda and its impact on both primary and secondary care services. We hope to collaborate with local authorities and encourage wider system change to ensure there is a consistent focus on prevention in all aspects of the system. The prevention agenda requires a significant and sustained effort to prevent illness and support good physical and mental health through collaborative working which The Life Rooms hopes to sustain and develop following this research.

4.0 POLICY IMPLICATIONS

- 4.1 The current Life Rooms offer in Halton focuses upon secondary mental health service users but services commissioned in other areas work in a more up-stream, preventative way so as to support an overall population health objective

5.0 FINANCIAL IMPLICATIONS

- 5.1 The Life Rooms pilot within Halton is currently scheduled to end in July 2023 unless further investment is secured.

- 5.2 Current investment within Halton only pertains to those currently accessing secondary mental health service users and so the service is not commissioned to work in the prevention space.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

- 6.1 **Children & Young People in Halton** – Social and practical support provided to the complex lives wrapping around the child have the potential to break on-going cycles of poor health as well as reduce the risk of adverse childhood experiences and/or placement in care services.

- 6.2 **Employment, Learning & Skills in Halton** – A core feature of Life Rooms activity focuses on financial security, employability and life-long learning

- 6.3 **A Healthy Halton** – The Life Rooms service offer supports recovery and prevention agendas as well as health self-management and activation.

- 6.4 **A Safer Halton** – The prioritisation of community relationships and cohesion promotes a clear safety culture from within communities.

- 6.5 **Halton's Urban Renewal** The Life Rooms grounds within a Health on the High Street approach through the utilisation of premises not traditionally associated with health.

7.0 RISK ANALYSIS

- 7.1 None identified.

8.0 EQUALITY AND DIVERSITY ISSUES

- 8.1 The Life Rooms is based upon principles of Inclusion and proactively seeks to address health inequalities disproportionately impacting members of our communities.

9.0 CLIMATE CHANGE IMPLICATIONS

- 9.1 None identified.

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

None under the meaning of the Act.



Six years of The Life Rooms



The Life Rooms
Walton opened

Nov
2016

Liverpool IPS employment service became part of the Life Rooms

May
2017

The Life Rooms Southport opened

Dec
2018

The Life Rooms Bootle opened, in partnership with Hugh Baird Further Education College

April
2019

Commissioned to deliver IPS employment services in Warrington, Halton and the Wirral

Sept
2019

Commissioned to expand services peripatetically across Liverpool

Dec
2019

The Community Inclusion Team joined The Life Rooms family, supporting outreach to diverse communities across Liverpool

April
2020

Commissioned by LCCG to deliver its Digital Enablement Service (DES)

Oct
2020

The Life Rooms online launched

Nov
2020

The Life Rooms telephone support service launched to proactively reach out to secondary mental health service users

April
2021

Social prescribing service launched in the iGPC network

May
2021

The Life Rooms was commissioned through community mental health transformation funding to further address health inequalities

Jan
2022

The Life Rooms expands across Liverpool's One Stop Shops, libraries and children's centres

April
2022

Launch of micro-commissioning programme with VCSE organisations

May
2022

Launch of The Life Rooms @ Lee Valley Millennium Centre in South Liverpool
Healthy Knowsley service join The Life Rooms family

June
2022

Launch of a pilot expansion across St Helens, Knowsley, Warrington and Halton



Speaking with an advisor really helped me get on track with using support other services.

The way I was feeling at the time I doubt I would have made a self referral to Talk Liverpool. The adviser kindly made this referral for me.

Primary Care Network client





Walton Life Rooms

The first Life Rooms opened in Walton on 9 May 2016. This year, we are celebrating six years of service provision.

The past six years have seen The Life Rooms offer an open door, community based approach, supporting prevention and population health. The Life Rooms has evolved to provide a range of services across a number of locations and communities.



Excellent service and good to see a pandemic hasn't stopped it delivering such amazing content

Life Rooms service user



The Life Rooms Social Model of Health

Community is the central focus for The Life Rooms. The Life Rooms Social Model of Health is designed to improve population health and address social inequality through activation and system-change. All activity within The Life Rooms is delivered through a three-pillar model:

- **Learning:**

Delivering a wide range of evidence-based learning opportunities designed to improve population health.

Our creative and inclusive curriculum works alongside the lived experience of individuals and communities to support positive life outcomes.

- **Social Prescribing:**

Enabling individuals to connect with their wider community through the co-creation of a personalised pathway.

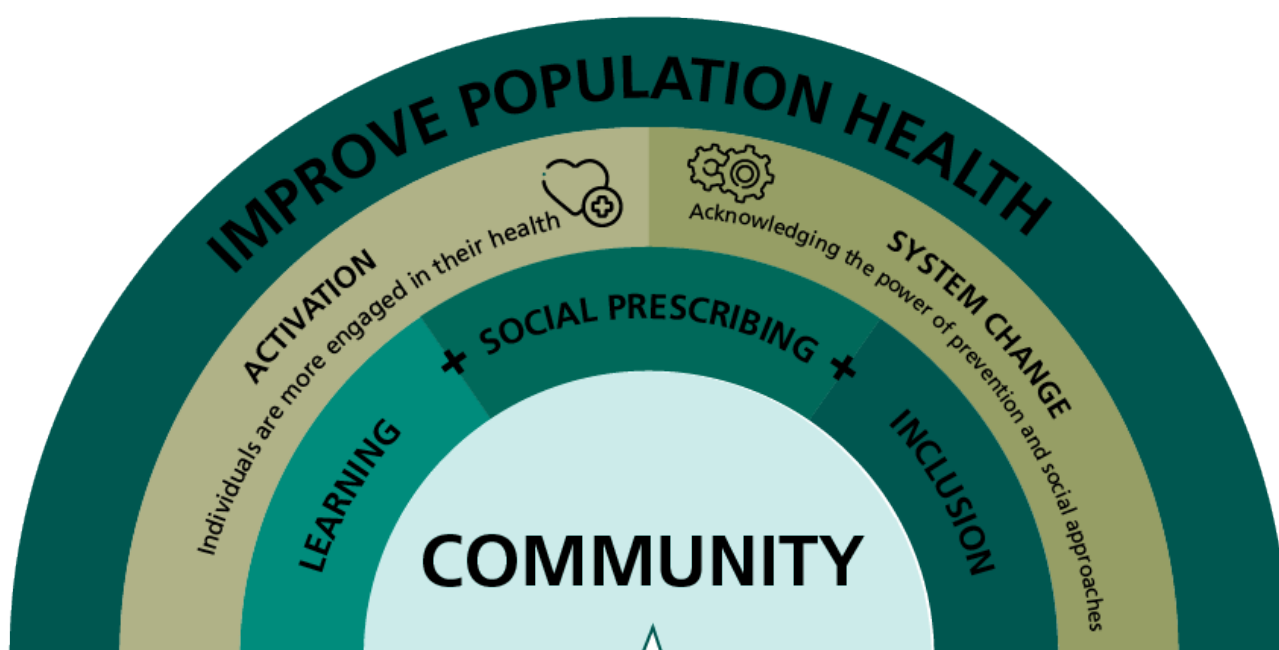
Together with voluntary and community sector partners, we offer practical one-to-one support around social issues such as loneliness, finance and housing.

- **Inclusion:**

Listening to communities to understand need and aspiration.

We work together with individuals and communities to co-design and embed culturally informed approaches to improve life and health outcomes.

The three pillar model enables people to become more activated in their own health; it operates within a social approach that focuses on prevention and the enabling of community and community assets to acknowledge the role that social factors play in health and to encourage system change. Through health activation and system change, population health is improved and pressure on clinical services is reduced.



Community is the starting point for all Life Rooms activity. The Life Rooms approach supports opportunities for collaborative working with communities to inform service design.



Side by side

The Life Rooms aims to design, develop and evaluate services together with those who access and deliver them. This means the service is shaped by everyone in The Life Rooms community, including; people who access, work and volunteer within the service, as well as partners and the wider community.

Working 'side by side' means The Life Rooms continuously changes according to the needs and experiences of stakeholders; whilst the fundamentals of the model remain static, how this manifests is flexible. This flexibility allows for a truly responsive service with population health at its core.



Community partners

The Life Rooms partners with over 100 voluntary and community sector organisations. The Life Rooms could not deliver the model described without effective collaborative working with the voluntary and community sector.

The non-clinical approach provides integration of public, private, voluntary and community sector services through the facilitation of existing and developing community based assets. As such, the end user does not have to navigate the complexities of a heterogeneous system but rather experiences a seamless pathway of advice, support and care. Cross system support offers have been enhanced by the use of Elemental, which allows for the management of referrals across clinical and voluntary services.



Life Rooms activity

The last two years has seen significant activity within the Life Rooms service. It has also been a period of change and development due to the COVID-19 pandemic.

The Life Rooms were able to develop online and telephone services to increase accessibility whilst the buildings were closed. Since October 2021 we have resumed face to face delivery alongside remote provision.

Between April 2020 and March 2022:

- Our online platform allows people to access online Life Rooms learning content at their leisure, and interactive learning courses were moved online with classes delivered via Zoom, thereby supporting health activation and self management

1,105 Zoom learning sessions were delivered and over 30,440 views of online learning content

- Our learning facilitators delivered a range of face to face learning courses focused around mental wellbeing, physical health and creativity.

6,147 people attended 1,044 sessions across Liverpool and Sefton.

- Pathways Advisors offered social prescribing support in person and via telephone, meaning people could be linked to community support, or guided to clinical support routes where appropriate.

11,395 contacts took place with Pathways Advisors which led to 13,103 social prescriptions

- Mersey Care service users were contacted to link them into Life Rooms support or raise need with clinical teams.

3,789 CMHT service users were proactively supported by the Life Rooms Support Team



Life Rooms Activity

April 2020 to March 2022

11,022



visits to Life Rooms sites since reopening for face to face learning and pathways appointments in October 2021

11,395

CONTACTS took place with pathways advisors, which led to...

13,103 SOCIAL PRESCRIPTIONS



1,105

ZOOM sessions delivered



4,006

PEOPLE ATTENDED

728 face-to-face learning sessions in Sefton

2,141

PEOPLE ATTENDED

316 face-to-face learning sessions in Liverpool

3,789



successful proactive contacts were made with Mersey Care service users by the Wellbeing Support Team

30,440

VIDEOS on The Life Rooms online learning videos since March 2020.



862

people signed up to The Life Rooms online learning platform (launched October 2020)



As soon as I started accessing groups, life started getting a lot better... **Life is a lot better than it was** because of The Life Rooms

I will definitely **recommend this service** to others in the future

Research and recognition

Links to some research and evaluation work related to The Life Rooms can be found below:

- Early publication about the development of The Life Rooms approach - [read here](#)
- Paper published on the value of social prescribing at The Life Rooms for people with mental health needs - [read here](#)
- Case studies collected by the innovation agency on the impact of The Life Rooms - [read here](#)
- The Life Rooms Annual report 2020 - [read here](#)

The Life Rooms has also achieved award success at a regional and national level:

- **Winner 2018:**
Innovation in Community Mental Health
(National Positive Practice in mental Health Collaboration)
- **Winner 2018:**
Partnerships in Innovation
(North West Coast Research and Innovation Award)
- **North West Winner 2019:**
Excellence in Mental Health
(NHS Parliamentary Award)
- **Winner 2019:**
Outstanding contribution to patient and public involvement (PPI) in research
(North West Coast Research and Innovation Awards)
- **Shortlisted 2019:**
Mental Health Innovation of the Year
(Health Service Journal Award)
- **North West Winner 2020:**
Excellence in Mental Health
(NHS Parliamentary Award)
- **National Winner 2021:**
Excellence in Mental Health
(NHS Parliamentary Award)
- **Winner 2021:**
Innovation in Mental Health Award
(NHS Business Awards)
- **Winner 2022:**
Best Larger Social Prescribing Project
(Social Prescribing Network Awards)





A Royal Visit

On 14 September 2017, His Royal Highness the Duke of Cambridge officially opened The Life Rooms Walton.

During the visit His Royal Highness was given a tour of The Life Rooms and an explanation of the services on offer at the former Walton Library.



Testimonials

Sean's story

Sean came to Walton Life Rooms in 2018. Following the death of his grandfather, for whom he was a carer, Sean was suffering with depression and anxiety.

After referral to a mental health clinic he was also diagnosed with Asperger's syndrome:

"I felt angry a lot and frustrated. I came to The Life Rooms while still being assessed. It was like a crossroads really, waiting to see what happened. When I got my diagnosis I was already here doing courses with the Recovery College. I realised I needed to stop feeling sorry for myself.

"The Life Rooms isn't far from where I live. I don't need to mess around getting buses and trains, it's a five minute walk. They were doing things that interested me and kept me occupied. I did creative writing, a stand up comedy course, and I learned about depression and anxiety."



Through the Recovery College I gained a sense of achievement. I started to feel better about myself.

I could say I've come to a class today, I've sat through it, I've learned something. The stand up course was great. I've always enjoyed comedy and then I was doing it. I got to the point where I was co-facilitating the class, then in the last three months I've been going into town and doing gigs.

After I'd been here a few months one of the facilitators asked if I wanted to be a volunteer. I signed up to do it, and I haven't looked back since. It's an amazing place, it's probably saved my life.



Molly's story

21 year old Molly heard about Bootle Life Rooms through her community psychiatric nurse while receiving treatment for Emotionally Unstable Personality Disorder (EUPD):

“At first I was a bit nervous, but I started with doing arts and crafts and I made a good few friends from that. I went on to do courses like understanding anxiety, understanding depression, understanding psychosis.

They've helped me understand more about symptoms, coping strategies – it's helped me so much ...Before The Life Rooms I couldn't even go to the shops. It's got me out, it's got me on buses which I never thought I'd be doing.”



I'm starting a beauty therapy course at Hugh Baird College soon which I'm excited about.

I found the course through the pathways advisor here. I'm still receiving treatment but I've seen a change, and I think my psychiatric nurse has as well. It's been amazing coming here, it's changed me a lot.

Without The Life Rooms I think I'd still be in the same place I was. It's a calm atmosphere, everyone's understanding. I call it my safe place.”



Sean and Molly's stories were documented through case study collection work undertaken by The Innovation Agency (The academic Health Science Network for the North West) to evidence innovative approaches to health within the region: https://www.innovationagencynwc.nhs.uk/media/Case%20Studies/25784_Innovation_Agency_Case_Study-The_Life_Rooms-WEB.pdf

The Life Rooms

Evaluation of Activity Data
and Interoperability between
RiO and Elemental in Halton.

September - February

“The Life Rooms is a great service that allows us to refer clients to ONE service which is amazing, all of their needs can be addressed within one service... Please don’t ever take this service away!” – Halton Clinical Staff

Introduction

The Life Rooms Research and Evaluation Team is evaluating the delivery of an innovative social model of health across St Helens, Knowsley, Halton, and Warrington. For a 12-month period, The Life Rooms' services will be delivered across community sites in the four boroughs. The pilot has a recovery and preventative focus, working with key clinical and community teams to provide both a social prescribing and learning offer, with the aim to provide preventative and easy-access support to community members.

Mersey Care is the first NHS trust in the UK to have interoperability between RiO and Elemental. The pilot is trialling this interoperability of clinical and social prescribing systems to improve the speed and effectiveness of the referral process, as well as improve service user experience and care. Clinical team members who utilise RiO can have their Elemental social prescribing functionality in RiO activated through The Life Rooms. This allows clinicians to make referrals directly into The Life Rooms so to immediately address any social support that they identify when meeting service users, thereby saving clinicians time and resources. Following the referrals, Pathway Advisors work side by side with the service users to co-produce their own social prescription which address their social and wellbeing needs in a safe and governed way.

This evaluation will explore the efficacy of The Life Rooms Social Model of Health in supporting clinicians to provide practical support to their patients, aiming to enable clinicians to spend more time focusing on the clinical issues presented by a patient, as opposed to the practical and social issues which risk dominating appointment time. Clinicians will also be able to monitor the social support that has been received directly through RiO, enabling the clinician to view the patient's journey which details the support they have received post-referral.

The evaluation will capture the activity data and explore the impact of this service provision. The aim is to understand the impact of providing The Life Rooms service in this way and in these areas to further develop The Life Rooms Social Model of Health, and to provide more effective services for the community.

The evaluation will also include quantitative and qualitative data. Quantitative elements of the evaluation will include completion of the Short Warwick-Edinburgh Mental Wellbeing Scale alongside completion of questionnaires. In addition to this, service usage data and demographic data will be collated and analysed. Qualitative elements of the evaluation will include completion of questionnaires, interviews, and case studies.

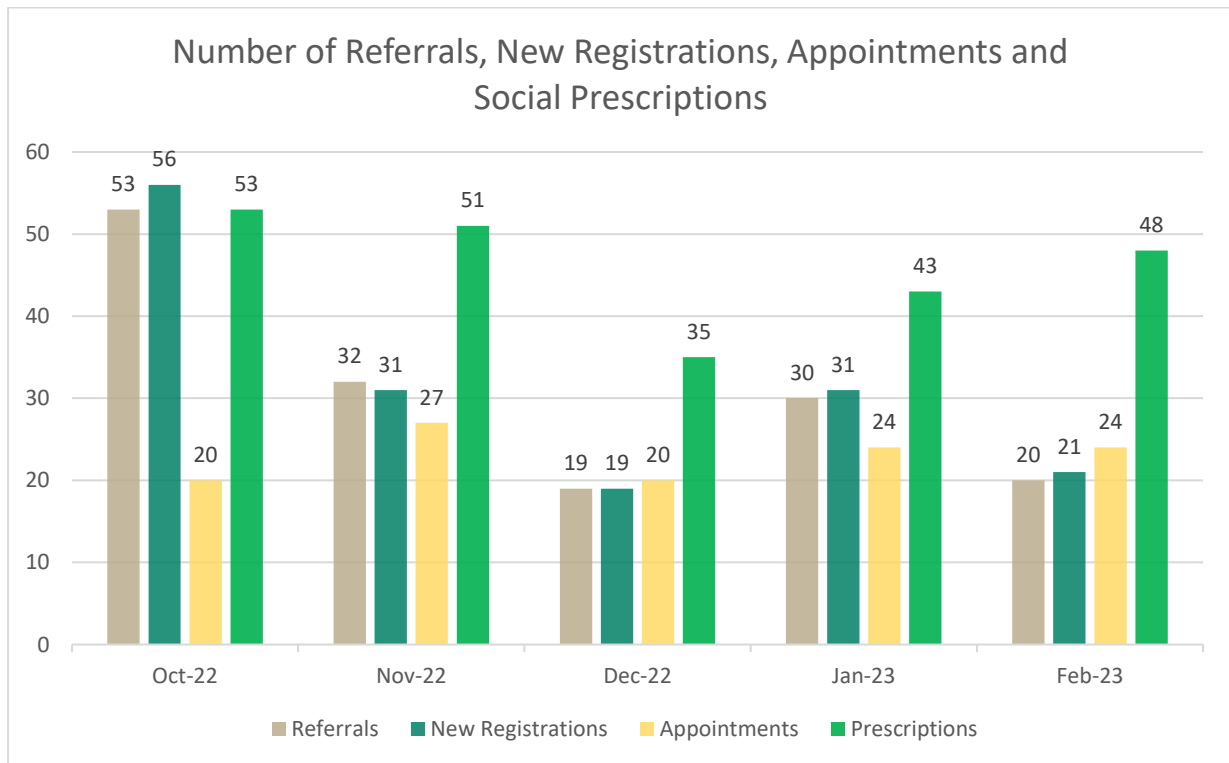
Completing this evaluation will help us understand how the service is being used, which is a new area of development for The Life Rooms, and how the service impacts the experiences of communities living in St Helens, Knowsley, Halton, and Warrington. This understanding will enable The Life Rooms (Mersey Care) to adapt and refine the service provided, ultimately to benefit users of the service. Learning from the evaluation will be utilised in any future work.

Overview of Activity in Halton

The project commenced on 23rd September 2022, which explains the low numbers of referrals and registrations for that month. The current report focuses on the Halton activity data collected between October 2022 and 26th February 2023.

The table and graph below show the number of referrals, new registrations, appointments, and social prescriptions recorded for each month.

Halton	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Total
Referrals	6	53	32	19	30	20	160
New Registrations	1	56	31	19	31	21	159
Appointments	1	20	27	20	24	24	116
Social Prescriptions	0	53	51	35	43	48	230



Thus far in the project, 160 referrals to The Life Rooms, Halton have resulted in 159 new registrations, 116 attended appointments and 230 social prescriptions.

Referrals to The Life Rooms

The number of referrals represents how many individuals have been referred to The Life Rooms via RiO - Mersey Care’s core patient record system, by clinical teams across Halton.

A total of **160** individuals have been referred by the Halton clinical teams.

Halton	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23*	Total
Referrals	6	53	32	19	30	20	160

Clinical Team	Number of Clients	% Of Referrals
Crisis Resolution Home Treatment Team Halton	106	68%
Recovery Team Halton	41	26%
Early Intervention Team Warrington and Halton	8	5%
Crisis Resolution Home Treatment Team Warrington	1	0.6%
Self Referral	1	0.6%

‘**Crisis Resolution Home Treatment Team Halton**’ (68%) and ‘**Recovery Team Halton**’ (26%) have consistently made the most referrals since the beginning of the project.

The high number of referrals coming from the Crisis Resolution Home Treatment Team suggests that many individuals in crisis are presenting with non-clinical, social needs.

*Due to a system error between RiO and Elemental in February, clinicians’ ability to refer to The Life Rooms services has been negatively impacted, which explains reduced number of referrals in February. Clinicians were not able to refer patients for approximately five days, however this issue is now resolved.

Reasons for Referral

The data captured under reasons for referral provides an insight into the key presenting needs of the community. This is then used to inform service design and provision, with community inclusion leads monitoring trends and adapting services and partnerships as required.

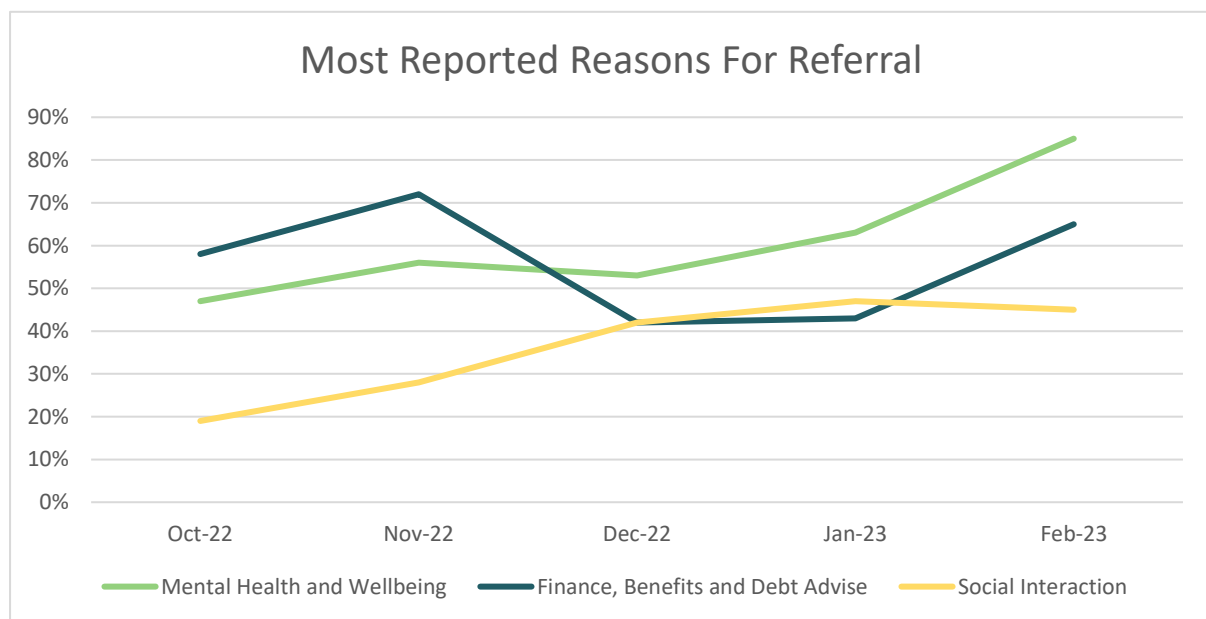
The table below displays recorded reasons for referral for each month.

Reason for Referral	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Total
Mental Health and Wellbeing	47%	56%	53%	63%	85%	59%
Finance, Benefits and Debt Advise	58%	72%	42%	43%	65%	59%
Social Interaction	19%	28%	42%	47%	45%	33%

Housing	36%	38%	47%	17%	25%	32%
Social Isolation	26%	19%	37%	30%	45%	29%
Wellbeing	19%	19%	26%	33%	35%	25%
Employment and Training	15%	16%	32%	27%	15%	18%
Healthy Lifestyles Support	23%	3%	11%	20%	20%	16%
Learning and Skills Development	15%	0%	16%	40%	5%	15%
Long-term Condition Management	15%	13%	11%	7%	15%	13%
Healthy Eating	17%	3%	11%	13%	15%	12%
Life Rooms Learning	15%	3%	11%	10%	15%	10%
Volunteering	11%	3%	21%	10%	10%	10%
Family Support	2%	9%	5%	13%	10%	7%
Physical Health	6%	0%	0%	7%	15%	5%
Weight Management	6%	6%	0%	7%	0%	5%
Food Bank	4%	3%	5%	3%	10%	4.5%
Food Support	2%	0%	0%	7%	5%	4.5%
Motivation for Learning	2%	0%	0%	7%	15%	3.8%
Food Poverty	4%	0%	5%	0%	5%	2.5%
Physical Activity	2%	0%	0%	3%	5%	1.9%
Caring/Childcare Support	0%	3%	5%	0%	5%	1.9%

A total of 157 reasons for referral were recorded across 22 domains. A significant proportion of people present with multiple issues across different domains, highlighting the complex nature of the referrals which are related to the rising cost of living and the pressures associated with that.

The graph below shows the changing patterns of reasons for referral across the months of October to February.



Thus far in the project, ‘**Mental Health and Wellbeing**’ was the most recorded reason for referral, followed by ‘**Finance, Benefits and Debt Advice**’ and ‘**Social Interaction**’. Other common reasons for referral were ‘Housing’ and ‘Social Isolation’.

This trend is likely to remain consistent and even increase given the cost-of-living crisis and current economic climate.

Registrations

The number of registrations represents how many individuals who have been referred by the clinical teams, ended up registering and accessing The Life Rooms services in Halton.

The **160** referrals made by clinical teams in Halton, led to **159 registrations** with The Life Rooms.

Out of the 159 service users who have registered with The Life Rooms following a referral, **101 service users were seen by a Pathway Advisor (63.5%)** and 12 service users are currently waiting for an appointment or have an appointment booked (7.5%).

Case Status	Number of Clients	Percentage of all Registrants
Active	18	11.3%
Complete	95	59.7%
Discharged	46	28.9%

Active cases include individuals who are engaging in the service, awaiting appointment, awaiting service, or have booked an appointment.

Completed cases include individuals who have been referred on or whose needs were met by The Life Rooms following an appointment.

Discharged cases include individuals who did not attend their appointment, who were unable to be contacted, who indicated that they no longer require service or who have received an inappropriate referral. Out of the 46 clients who have been discharged, **17** clients did not attend their appointments and **17** were unable to be contacted. The Life Rooms team has contacted these 24 individuals to offer further support.

Appointments

The number of appointments represents telephone or face to face appointments which were recorded by The Life Rooms' Pathway Advisors, and which have generated social prescriptions or other valuable support.

Please note that the number of attended appointments is not indicative of how many service users have been seen by a Pathway Advisor, as one service user may have multiple appointments booked.

The 159 registrations led to **116 attended appointments** in Halton.

The table below displays a monthly breakdown of registrations and attended appointments.

	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Total
Registrations	1	56	31	19	31	21	159
Attended Appointments	1	20	27	20	24	24	116

Appointment Outcome

Out of the 190 scheduled appointments, 116 appointments have been attended, 32 have been rescheduled, 3 have been cancelled and 39 were non-attendances (DNA).

DNA rates in mental health services are higher compared to other settings (Filippodou et al., 2014), therefore these figures are not unusual.

The table below displays the outcome of all scheduled appointments.

Outcome	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Total
Scheduled Appointments	1	37	44	28	32	48	190
DNA		11	8	4	3	12	39
Attended	1	20	27	20	24	24	116
Cancelled		0	1	1	0	1	3
Rescheduled		6	8	3	5	8	32

Appointment Type

The most recorded type of appointment was ‘Scheduled Appointment’, accounting for 72%.

The table below displays the type of appointments which took place.

Type of Appointment	Number of Appointments	% Of All Appointments
Scheduled Appointment	84	72%
Telephone	17	15%
Group Session	15	13%

Appointment Duration

Time spent data represents the duration of telephone/face to face appointments with a Pathways Advisor.

The table below shows the duration of each attended appointment.

Time Spent (Minutes)	Number of Appointments	% Of All Appointments
0-15	3	2.6%
16-30	5	4.3%
31-45	38	33%
46-60	9	8%
61-75	5	4.3%
76-90	2	1.7%
91-105	8	7%
Not Selected	3	2.6%

The most recorded face to face visit duration was **31-45 minutes** (33%).

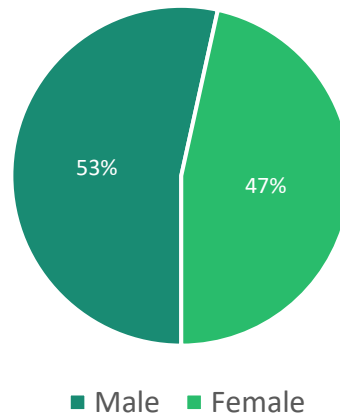
Historically, clinicians have spent their clinical time resolving the practical concerns of their patients. By referring service users to The Life Rooms, clinical teams ensure that their patients’ social needs are being met by Pathway Advisors, who have specialised knowledge of social issues to streamline appointments. This interoperability of systems enables service users to be supported in a safe, well-governed way, whilst clinical teams are focused on completing clinical tasks and interventions.

Demographic Information

Gender

The pie chart below shows the percentage of male and female service users who have registered with The Life Rooms services.

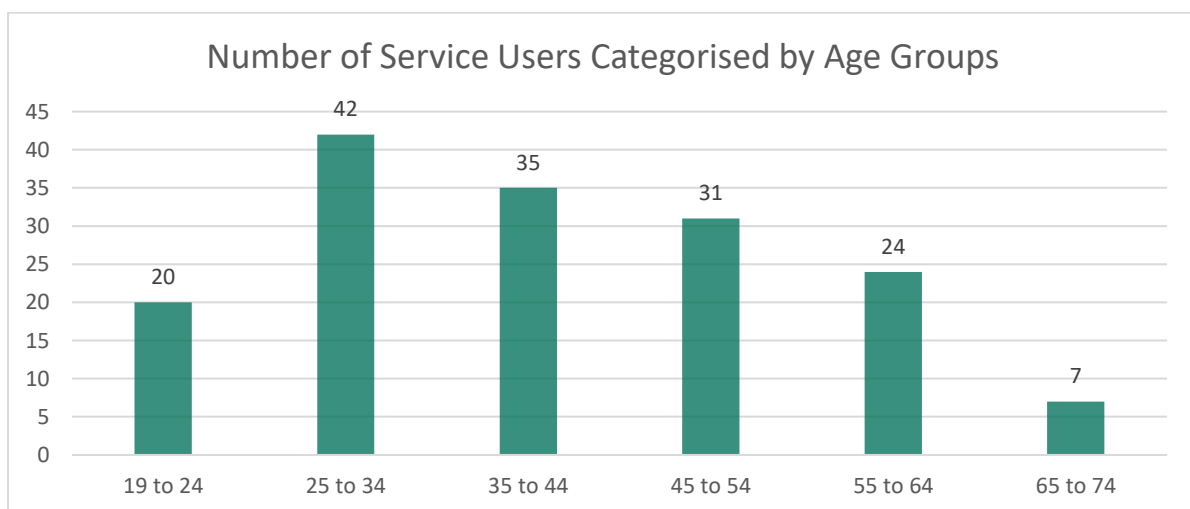
Percentage of Male and Female Service Users



There is a relatively even gender distribution across all registrations, with **53% male** and **47% female** service users. This statistic is encouraging, as men often struggle to ask for support and are at particular risk for suicide (Office for National Statistics, 2021).

Age

The graph below displays the number of service users categorised by age groups.



Most individuals who registered were between the ages of **25 to 34 years old** (26%).

A high proportion of men who have registered with The Life Rooms were between the age of 45 to 54 (24%). Middle-aged men are more likely to die by suicide than any other age group (ONS, 2021). It is important to have The Life Rooms service available for this demographic group, as community social support acts as a protective factor against suicide (Zadravec Šedivy et al., 2017).

Equality, Diversity, and Inclusion (EDI)

The EDI information was available for 63.1% of all registrations. Not all demographic data is available for every single service user due to; a) human error/incomplete registration forms b) an Elemental issue causing gaps in data.

From the available demographic data, we can report:

- The most reported ethnicity was '*White British*' (95%).
- The most reported sexual orientation was '*Heterosexual*' (88.1%).
- Most individuals reported *having a disability* (59.4%), 33.7% did not report having a disability, and 6.9% preferred not to say.
- The most reported type of disability was related to *mental health issues* (63.3%).
- Most individuals reported having a *long-term health condition* (72.3%).
- The most recorded religious belief was '*No Religion*' (54.5%).
- Most individuals reported *not* having caring responsibilities (77.2%).
- Most individuals who have caring responsibilities reported being a *primary carer of a child/children under 18 years old* (57.1%).
- Most individuals reported that they do *not* have a carer (80.2%).
- Most individuals reported that they have *never* been in the Armed Forces (97%).
- Most individuals reported that they do *not* live alone (51.5%)
- The most reported employment status was '*Unemployed*' (68.3%)
- Most individuals reported that they have *never* experienced substance abuse problems (63.4%), 24.8% indicated that they used to have a substance abuse problem and 11.9% indicated that they have a substance abuse problem now.
- The most reported relationship status was '*Single*' (68.3%).

Social Prescriptions

Pathway Advisors work side by side with the service users to co-produce their own social prescriptions which address their social and wellbeing needs in a safe and governed way. A total of **230 social prescriptions** were co-created in Halton.

The table below shows the breakdown of most common primary categories of social prescription for each month.

Prescription	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Benefits/Money	49%	43%	37%	44%	33%
Life Rooms Learning	11%	29%	34%	42%	31%
Housing	28%	29%	20%	33%	27%
Employment/Volunteering	6%	8%	11%	30%	35%
Mental Wellbeing	13%	6%	9%	26%	27%

Benefits/Money has consistently remained the most common primary category of social prescriptions, accounting for 42%.

The second and third most common primary categories of social prescription were and **'Life Rooms Learning'** (29%) and **'Housing'** (28%).

This list aligns with the most commonly reported presenting needs of the service users. Individuals who register with the service often present with complex needs that include issues around benefits, housing, employment and mental distress.

The most commonly prescribed Social Prescriptions were:

- 1. Citizens Advice Halton (12%)**
- 2. Mid-Mersey Understanding and Managing Anxiety - Halton (10%)**
- 3. Halton Community Centres (10%)**
- 4. Halton Welfare Rights Service (10%)**

Across the duration of the project, the average amount of social prescriptions per service user **was 2.3**. This highlights the complexity of cases across the population supported. Very rarely will a person experience just one social determinant of health and will often require support around multiple issues, which are occurring co-currently, exacerbated by each other and are impacting negatively on health and wellbeing.

The Learning Offer

A wide range of Learning Sessions designed to address the mental wellbeing needs of the community are available for service users in Halton. Thus far, the following sessions have been delivered by The Life Rooms Learning Team:

1. 5 Ways to Wellbeing

This session explores the 5 ways to improve mental health and wellbeing: Connect, Be Active, Keep Learning, Help Others and Take Notice.

Objectives:

- Raising self awareness
- Building self confidence
- Reducing social isolation
- Understanding positive Lifestyle choices
- Overcoming difficult times.

2. Understanding Anxiety

Individuals are guided to recognise and understand potential triggers, causes and the effect of their anxiety. The course helps to look at how anxiety keeps itself going through the 'vicious cycle'. Most people who have attended this course like to further develop their knowledge by enrolling onto the Managing Anxiety course.

Objectives:

- Building an understanding of anxiety
- Developing techniques to manage anxieties more effectively
- Building confidence through peer support
- Identifying coping strategies from shared empirical experiences

3. Managing Anxiety

This course has been designed for individuals who wish to further develop their knowledge and skills of managing anxiety.

Objectives:

- Building an understanding of anxiety
- Developing techniques to manage anxieties more effectively
- Building confidence through peer support
- Identifying coping strategies from shared empirical experiences

4. Confidence and Communication*

This two-part course aims to give a better understanding of what confidence and assertiveness is and explores ways to improve confidence and help individuals speak up for themselves.

Objectives:

- Building self confidence and self image
- Develop an understanding of effective communication

5. TED Talks

Online Ted Talks are often found to be interesting and are a good way to keep learning, watching within a social environment gives people the chance to discuss different viewpoints based on the content. This is learning for social communication, confidence building and learning for personal development.

Objectives:

- Social interaction
- Learning new skills and promoting thinking
- Building confidence through communication

6. Tree of Life

This learning session uses narrative therapy to explore and name the elements of the Tree of Life, explore the role of reflection in people's life journey and identify strengths and skills to move forward in life.

Objectives:

- Promote a feeling of identity and connectedness
- Building self worth
- Support for overcoming difficult life experiences
- Establish a positive mindset and bring clarity to future intentions

*The most attended learning course in Halton has been **Confidence and Communication**.

Exploring the Impact on Clinical Teams

Saving Clinical Time and Resources

This evaluation uses a survey designed to explore the extent to which clinicians' time is saved and ascertain whether this then allows clinicians to work on clinical issues by being assured that social support is being met through another Mersey Care service.

Clinicians were asked how much of their clinical time was saved since having access to The Life Rooms service and this interoperability of systems. The feedback indicated that **the amount of time clinicians spent meeting social needs of service users decreased by 73%**. Not only are the referrals quick and effective, but it's also a safe and well-governed referral process from Mersey Care to Mersey Care services.

The quantitative findings derived from the survey also show that **90%** of clinical staff who completed the survey think that they would experience a negative impact on their clinical practice if they could no longer use The Life Rooms service.

Feedback provided by Clinicians

The Research and Evaluation team have designed a survey for clinical staff to learn about their experience of referring into The Life Rooms service. The aim is to understand the impact of this interoperability of systems on clinical teams, further develop The Life Rooms Social Model of Health, and provide more effective services for the community.

The feedback below is based on 20 surveys which were completed by clinicians.

- **90% of clinical staff indicated that they felt satisfied with The Life Rooms service.**
- **90% of clinical staff felt confident/assured when referring a patient to The Life Rooms that they will receive high quality care.**
- **90% of clinical staff would recommend The Life Rooms service to their colleagues or other services.**

“As our service continues to broaden, our skills are often spent meeting social needs as opposed to nursing/medical care interventions. The Life Rooms has been invaluable as an additional service to offer and really helpful!” – Clinical Staff

“Such a smooth and effective process” – Clinical Staff

“Referral form easy to complete. Referrals are picked up quickly and service users have reported to be pleased with the service they received.” – Clinical Staff

“Very beneficial to see the patient journey and support offered to reduce duplicate referrals and interventions” – Clinical Staff

“The Life Rooms have more specialised knowledge in the areas our patients need support with” – Clinical Staff

“Since its rollout, we have had nothing but positive feedback. Meeting the additional social needs of the patient is paramount to the overall holistic wellbeing of the patient as well as their medical and nursing needs being met.” – Clinical Staff

“Perfect! It gives me an update instead of not knowing answers when asked questions about a referral I made” – Clinical Staff

If clinical teams could no longer refer to The Life Rooms....

“If we no longer had this wonderful service, our patients would suffer greatly and not receive the support they need regarding the social circumstances they struggle to comprehend on a daily basis.” – Clinical Staff

“(If we could no longer refer into The Life Rooms service) we would have long waiting lists to other services, that don’t necessarily help with some needs of our clients’ social circumstances.” – Clinical Staff

“Increased workload and patients will have limited access due to practitioner knowledge of the community resources.” – Clinical Staff

“Without the additional support of The Life Rooms, our patients’ holistic and social needs may not be met. A lot of patients we see, often have additional social needs which we cannot meet.” – Clinical Staff

“We need a platform/service to refer to so a patients’ social needs can be addressed, as we have little knowledge and little time to complete this.” – Clinical Staff

“I would have less time for the interventions I should be offering” – Clinical Staff

Exploring the Impact on Service Users




Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)

The Life Rooms Mid-Mersey project will utilise the SWEMWBS outcome measure. The scale has been designed for monitoring mental wellbeing in the general population. The scale consists of 7 statements about thoughts and feelings, which are positively worded with five response categories from 'none of the time' to 'all of the time' (see below):

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each <u>over the last 2 weeks</u>					
	None of the time	Rarely	Some of the time	Often	All of the time
1. I've been feeling optimistic about the future	1	2	3	4	5
2. I've been feeling useful	1	2	3	4	5
3. I've been feeling relaxed	1	2	3	4	5
4. I've been dealing with problems well	1	2	3	4	5
5. I've been thinking clearly	1	2	3	4	5
6. I've been feeling close to other people	1	2	3	4	5
7. I've been able to make up my own mind about things	1	2	3	4	5

The Life Rooms' members will be asked to complete a measure on two occasions – at the initial visit and after accessing support. The aim of this outcome measure is to provide evidence that the support provided by The Life Rooms is a contributing factor to people's wellbeing.

To date, **10 matched SWEMWBS** have been collected from service users in Halton.

Well Being (SWEMWBS)		Cases: 10		Average Δ 1.14 ↑	
Increased		Decreased		No Change	
↑ 60 %	6	↓ 40 %	4	→ 0 %	0

On average, SWEMWBS scores **increased by 1.14**, suggesting that most people's wellbeing has improved since they first accessed The Life Rooms services.

Feedback provided by Service Users

Service user survey provides both qualitative and quantitative data, gathered through a mixture of questions collecting both closed and open-ended responses. The aim of service user survey is to understand and evaluate the impact that The Life Rooms has had on service users. The feedback below is taken from 36 completed service user surveys.

- **97% of service users agreed that accessing The Life Rooms was easy for them.**
- **100% of service users agreed that it was easy to discuss their concerns with The Life Rooms staff.**
- **100% of service users would recommend The Life Rooms service to a friend or family member.**
- **92% of service users felt that The Life Rooms provided all the support they were looking for.**
- **92% of service users felt that The Life Rooms had a positive effect on their mental wellbeing.**

“I think the support is brilliant and all the tools and courses available are really helpful. The lady I spoke to was very professional non-judgemental and made me feel at ease and realise I am not being stupid” – Service User

“Really helpful information provided and really informative. (Pathway Advisor) was full of knowledge and listened well. Informed me on housing information and referred me for courses” – Service User

“Pointed me in the right direction knowing that there is help and support” – Service User

“Really helpful information provided and really informative. (Pathway Advisor) was full of knowledge and listened well. Informed me on housing information and referred me for courses” – Service User

“Everything from houses to courses for jobs, great start- thank you” – Service User

“The advice given (was helpful). Showing what options are available. The support and understanding of the staff I spoke to” – Service User

“(The Life Rooms) helped me get on courses and to get support” – Service User

“Quick and to the point, no pressure, they understood quickly the things I didn't want as well as those I did.” – Service User

“The lady was very reassuring and helpful I find it hard to trust and she really put me at ease whilst giving me some valuable information” – Service User

“Very helpful. Happy to have been booked on to learning courses to help with my anxiety” – Service User

REPORT TO:	Health & Wellbeing Board
DATE:	22 March 2023
REPORTING OFFICER:	Chair, Healthwatch Halton
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Access to NHS Dental Services in Halton
WARD(S)	Boroughwide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide an update on access to dental services in Halton.

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

3.0 **SUPPORTING INFORMATION**

3.1 The attached report (Appendix 1) provides an update on the difficulties the residents of Halton have been experiencing in getting access to a NHS dentist.

3.2 The report sets out the enquiries Healthwatch Halton have been receiving from residents and outlined what they would like to happen going forward, to ensure that that local people have access to a NHS dental service.

4.0 **POLICY IMPLICATIONS**

4.1 The Office for Health Improvement and Disparities recently produced the results of the 2021 Adult Oral Health Survey. These results reflected the feedback received locally by Healthwatch Halton.

5.0 **FINANCIAL IMPLICATIONS**

5.1 None identified.

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

6.1 **Children & Young People in Halton**

Commissioned dental services supports the Council priorities for Children and Young People.

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

None identified.

6.3 **A Healthy Halton**

Commissioned and provided dental services supports the Councils priorities for a Healthy Halton.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Commissioned and planned dental services support equality and diversity and a targeted approach is being undertaken to support the more vulnerable of the population.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

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

None under the meaning of the Act.

Access to NHS Dental services in Halton

Update report – December 2022

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Access to NHS Dentistry in Halton - update

Finding an NHS dentist, or any dentist, taking on patients in Halton has been the most common signposting enquiry we've received in the past year. Many of the enquiries have specifically been about trying to get NHS dental appointments for children.

From the calls we've been receiving, the issue of access to NHS dental treatment seems to be getting worse, not better, and people contacting us are more desperate than ever.

For most of this year there have been no dentists in Halton (or elsewhere in Merseyside and Cheshire) taking on new adult NHS patients, and very few accepting new child patients. At the time of this report, December 2022, there are no dentists in Halton accepting NHS patients, adult or child according to information on the NHS website, <https://www.nhs.uk/service-search/find-a-dentist/>.

The only option for people, who are not registered with an NHS dentist already, is to sign up with a dental practice as a private patient. This option is not affordable for most people locally, even before the current cost-of-living crisis.

Dental health inequalities

Results of the 2021 [Adult Oral Health Survey](#), published by the Office for Health Improvement and Disparities, on 21 December 2022, echo the feedback collected by local Healthwatch.

More than 6,300 people in England responded to the Adult Oral Health Survey. Results show:

- 🦷 35% of adults needed dental treatment or advice between March 2020 and March 2021
- 🦷 The most common problems were broken or decayed tooth (36%) or toothache or mouth pain (31%)
- 🦷 More people in deprived neighbourhoods had pain (41%) or broken or decayed teeth (36-40%) compared with those in the least deprived neighbourhoods (24-25% and 30% respectively)
- 🦷 68% of people who needed help contacted their usual dental practice
- 🦷 16% didn't try contacting any service and of these, most didn't because of shielding or being worried about Covid (23%) or they couldn't afford to pay dental charges (13%)
- 🦷 26% of those who couldn't afford to pay dental charges, lived in the most deprived neighbourhoods (compared with 3% in least deprived) and 34% lived in lowest-income households (compared to 5% in highest-income homes)
- 🦷 34% of people who couldn't afford to pay described their dental health as bad, compared to 5% of people who couldn't pay and said their dental health was good
- 🦷 10% said they didn't receive any advice or treatment after seeking help.

Dental facts and figures

- 🦷 Just over a third of Halton adults (37.5%)¹ saw an NHS dentist in the past 2 years. This is lower than elsewhere in the country and only lower than every other area in Cheshire & Merseyside other than Liverpool.
- 🦷 Less than half of Halton children (42.2%)² saw an NHS dentist last year. This is lower than every other area in Merseyside and Cheshire other than Knowsley.
- 🦷 Patients have a right to register with a GP if they live in their catchment area however busy they may be. This isn't the case for dentists. Dentists don't have to accept new patients and can close their books to new NHS patients when they are busy.
- 🦷 Patients who are already on a dental practice list will be able to get treatment and even check-ups. Those not lucky enough to be on a list will not get a dentist even if they have major pain or decay.
- 🦷 Because of low incomes many local people would be eligible for free NHS dental care if it was available. Even those who do need to pay for NHS dental care face costs many times higher if they go private.
- 🦷 There are major problems with the NHS dental contract, which doesn't work well for patients or dentists. National action is needed to fix the dental contract and make sure there is enough NHS dentistry to meet patient needs.
- 🦷 Dentists get paid for 'UDAs' – Units of Dental Activity. A band 1 treatment e.g. a check-up, counts as 1 UDA and an extraction counts as 3 UDAs. Dentists are funded for a number of UDAs to use over the year in their NHS work. This doesn't seem to be meeting the needs of local people.
- 🦷 Currently NHS England commission dentistry. From April 2023 this responsibility moves to Integrated Care Systems, new NHS bodies. It is important that the Cheshire and Merseyside Integrated Care System is ready for this new responsibility.
- 🦷 There is an Emergency Dental Service which sees people in urgent need and great pain for one-off care such as antibiotics or a temporary filling. However, people are then stuck without a dentist to fix their actual dental problem. This does little to reduce need.

¹ NHS dental statistics for England Dashboard -

<https://app.powerbi.com/view?r=eyJrjoiYTRIMzJiYTEtMTgwMi00ZTdiLTgzMWUzZGM5Y2NmMTI5MGE4IiwidCI6IjUwZjYwNzFmLWJiZmU0NDIxYS04ODAzLTZ3Mzc0OGU2MlllMlslmMiOjIh9>


² NHS dental statistics for England Dashboard -

<https://app.powerbi.com/view?r=eyJrjoiYTRIMzJiYTEtMTgwMi00ZTdiLTgzMWUzZGM5Y2NmMTI5MGE4IiwidCI6IjUwZjYwNzFmLWJiZmU0NDIxYS04ODAzLTZ3Mzc0OGU2MlllMlslmMiOjIh9>

What we're hearing

Prior to the COVID-19 pandemic, the majority of calls we received regarding dental care were from people just looking for a dentist for check-ups.

Now the vast majority of our dental enquiries are from people who have an urgent dental problem and have been dealing with pain for some time. People are increasingly desperate about the state of their teeth. Many have already been seen by the Cheshire & Merseyside Emergency Dental Service, which provides one-off care for people with urgent needs, and have then been told to find a dentist for their ongoing care.

 *'I was taken off my local dentist's client list as I had not been during Covid. I had tried to get a check-up that was due but was told no appointments were available as I was not an emergency and dentist did not have the latest masks required. When a piece of tooth broke away, I was told by my dentist to contact the NHS emergency appointment clinic in Stockport for help. I went through a lengthy question session with receptionist and was told that as I was not in pain, I did not qualify for an emergency appointment. After 9 months of trying once each month, my dentist accepted me back and I had the tooth removed. This was just in time as the tooth was becoming painful.'*

Dental pain is not a minor issue. Imagine having toothache and living with that for months or even years before you can get it treated, while the problem gets worse.

 *'I resorted to pulling my own wisdom tooth out, it broke off and now causes pain up the side of my face every day.'*

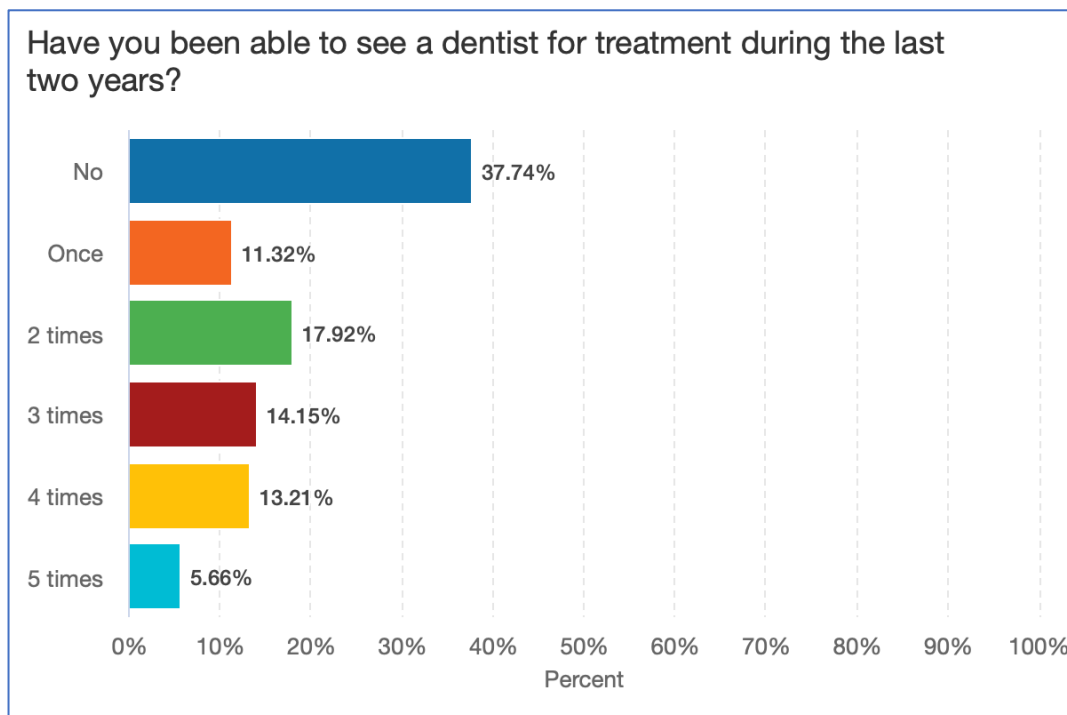
Dental update survey results

In March 2022 we published a report, '[The Big Dental Check-Up](#)'³ based on 176 responses to an online survey we ran during October and November 2021.

Since the publication of the report, access to NHS dentistry treatment locally hasn't noticeably improved and we continued to receive a steady number of enquiries from people desperate to find an NHS dentist that would treat them.

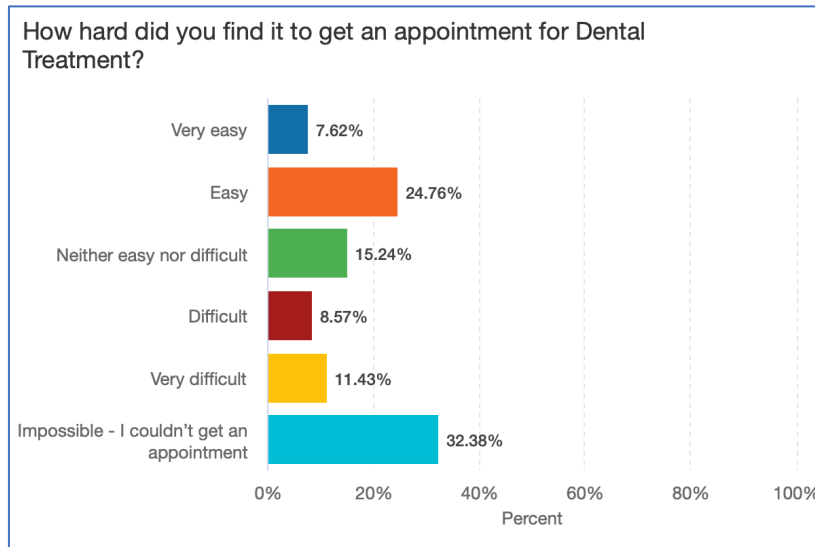
In September we launched an online survey to gather more information on people's experiences of accessing or trying to access NHS Dental Treatment. The survey ran from 26 September 2022 to 26 October 2022 and 106 people completed the survey.

We asked if people had visited a dentist in the previous two years. 66 people told us they had been at least once, while 40 people said they hadn't been able to see a dentist.



³ <https://www.healthwatchhalton.co.uk/report/2022-05-30/big-dental-check>

How hard did you find it to get an appointment?



One in three people told us it was it 'Very easy' or 'Easy' to get a dental appointment.

Of those people who managed to get an appointment, 40% said they were 'Easy' or 'Very easy' to book at a date and time they preferred.

One patient said, *'My NHS dentist has seen me during Covid and has continued to see me at six-month intervals. I've not experienced any problems with an appointment in the past two years.'* Another told us, *'I'm back to normal 6 monthly check-ups at my NHS dentist. I've had teeth out & also new dentures.'*

Some dental practices contacted patients once the pandemic restrictions were lifted, *'My dentist called me for a check-up after covid restrictions lifted, I have had 6 monthly check-ups ever since.'*

Another patient told us they found it easy to get an appointment as, *'I have gone private since my dentist left the NHS system.'*

One in five people told us they had found some difficulty in getting an appointment.

Some contacted dental practices over many months before managing to receive treatment.

- 🦷 *'Spent months in pain trying to get a dentist being passed around to finally after 6 months having some luck.'*
- 🦷 *'They wouldn't see me until my tooth became an emergency, it could have been prevented, instead I had an attempted extraction at the dentist then sent to dental hospital, my mouth was butchered I then needed stitches, all of which could of been prevented with treatment earlier.'*




Some people were told they were no longer registered with their dental practice,

- 🦷 'I tried to get an appointment as soon as dentists reopened after lockdown, to no avail. The dentist me, my husband and children have had since the 80's binned us. They said, you've not been in 2 years, I explained we couldn't go or ring as all dentists were closed during lockdown. They said it doesn't matter. That's the rules if you ain't been in two years, your registration has lapsed. You'll need to re-register. I said OK can I register us? No, they said, we're full, not taking in new patients and there is no waiting list to put your name on!'*
- 🦷 'It would be good if they could send out reminders for check-ups etc rather than just leaving it then striking you off without warning.'*
- 🦷 'There's no chance of me getting an appointment at the dentist I've seen for years as I didn't ring up to book after Covid and have been kicked off their list.'*

Some people resorted to looking for dentists further afield as they were unable to get treatment locally.



- 🦷 'Had to go out of town for private treatment, couldn't get in locally for private never mind NHS.'*
- 🦷 'I moved from Lancashire in Dec 2020 to Runcorn. I have rung several dentist practices but have not found any who will take on NHS patients. I moved to be closer to my daughters as I am registered disabled. I have to travel a 100-mile round trip to visit my old dentist in Lancashire which means taking someone with me to help with driving. One hour there, 10 mins at the dentist and one hour back to Runcorn. It makes no sense at all.'*
- 🦷 'One time when I was in excruciating pain my husband drove me round trying to find a dentist who would see me. Eventually I saw one who gave me antibiotics but was unable to give me an appointment.'*
- 🦷 'It's ridiculous - last time I needed treatment I travelled to West Kirby for help as that was where my old dentist was based. A 60-mile round trip!!'*

One in three people told us it had been impossible to get an NHS appointment.

-  *'When I contacted my NHS dentist after the pandemic, I was refused an appointment on the basis that I had not attended in the last 2 years and was removed from their list. I tried to argue that this was unfair as I had not attended due to the pandemic, but they refused to discuss the matter. I have had to go private since.'*
-  *'I have recently lost a filling from my teeth and need to see a dentist. I have contacted NHS111, emergency out of hours and tried local dentists but none are taking NHS patients.'*
-  *'Appalling situation. Not only are no dentists taking on new patients, family & friends registered with a dentist state the level of care and the quality of dental work is really bad. Also, teeth are being removed instead of saving them because its quicker/cheaper.'*



Only private patients

We heard comments from patients who had been offered appointments as private patients rather than NHS patients.

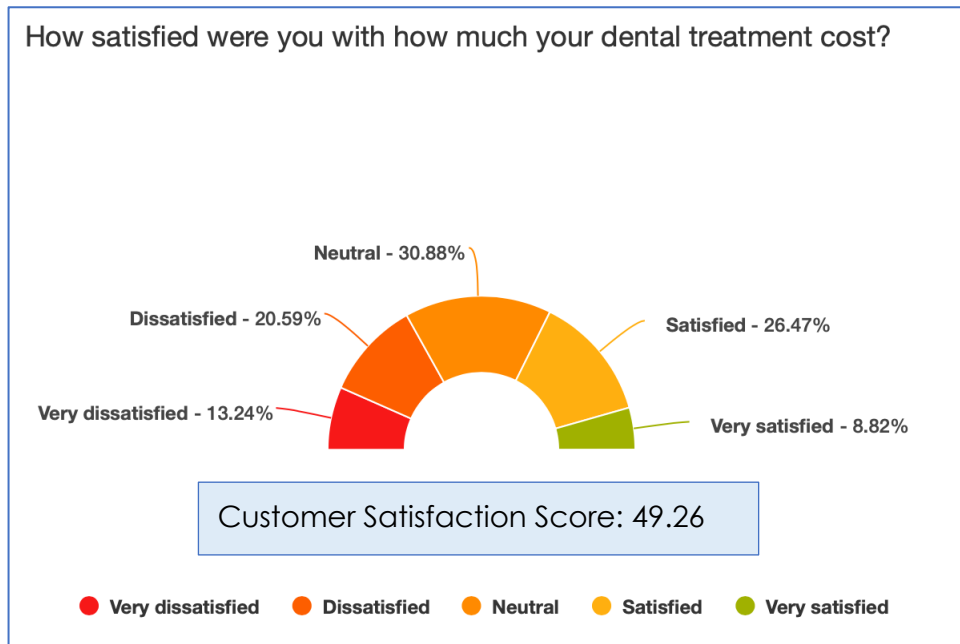
-  *'My regular NHSs dentist took me off their list. Said I had missed appointments but I hadn't, couldn't get another dentist to take me on so had to go private it cost me over £250.'*
-  *When I contacted my NHS dentist after the pandemic I was refused an appointment on the basis that I had not attended in the last 2 years and was removed from their list. I tried to argue that this was unfair as I had not attended due to the pandemic but they refused to discuss the matter. I have had to go private since.'*

Self-treatment

Some people commented that they had resorted to treating themselves as they couldn't get to see a dentist..

-  *'I resorted to pulling my own wisdom tooth out, it broke off and now causes pain up the side of my face every day.'*
-  *'Impossible to see anyone. Had to use amazon to buy fillings.'*

Dental Treatment





We asked people how satisfied they were with the cost of their treatment. There was a fairly even split in satisfaction, with 35% of patients being satisfied with the cost, 34% being dissatisfied and 31% held a neutral view on the costs.

Incomes in Halton are below the national average, and with the current cost-of-living crisis many people have little chance of affording private dentistry, which is often all they are offered.

When asked if the cost of treatment put people off seeing the dentist as often as recommended, 40% said it did.

- 🦷 *'I always attend appointments given me and do not consider costs an issue. However, it is sometimes a little annoying when everyone states that NHS is completely free!'*
- 🦷 *'I've had a broken tooth for 18 months due to cost and lack on dental appointments I can't even get appointments for my 3 sons.'*
- 🦷 *'Last year paid £180 for one tooth replacement.'*
- 🦷 *'My dentist has become a sales man. Every time I see him, he tries to get me to spend, either for extra treatment or a new electric toothbrush etc.'*
- 🦷 *'I have just had to sign up for Denplan as I was concerned about the future. I couldn't get in on the NHS but was offered a place as a Denplan patient.'*

-  *Impossible to see an nhs dentist, my last one crossed me of their list said I'd missed appointments, I know I hadn't. I needed treatment as I couldn't get an nhs one I had to go private, this cost me quite a bit of money but at the end of the day it was worth it as things would have gone worse.*


-  *'Pain stopped but I now have a huge gap because I can't afford the cost of any more treatment.'*


Any other comments


We received a number of general comments on dental services locally and nationally covering some of the themes below:


Lack of NHS dentists


Many people called for more NHS dental capacity in Halton.

-  *'Not enough NHS dentists. I would like to change mine but there is no availability'*

-  *'They are non-existent as far as I am concerned. Unless you want to go private, which I cannot afford.'*



-  *'Really need more NHS places and for dentists to be streamlined like doctor would be great if a dentist was attached to doctors so you went the same place.'*

-  *'The loss of dentists is seriously affecting when patients can be seen. Sadly, my dentist left the practice after the first lockdown and my wonderful brilliant new dentist is leaving soon to open his own private practice. This will be a huge loss to everyone as no new dentists are wanting to treat NHS patients.'*


-  *'There is no NHS dental service in Widnes, therefore I cannot comment on it.'*

Children

Some comments focussed on difficulties accessing dental treatment for children.




-  *'It's absolutely disgraceful that my children have to forfeit adequate dental care in such a way. Yet if their teeth suffer it's classed as a sign of parental neglect to authorities. That's not fair.'*
-  *'I've had to contact the Liverpool dental hospital to get a new palette as I can't get in anywhere at all with myself or my 3 kids.'*

Emergency Treatment

-  *'I last saw a dentist about 10 years ago and my teeth are now in urgent need of attention. I was also in a car crash last week and more of my teeth have now broke and cracked. I have tried to get into local dentists but none are taking on NHS patients, I have also tried the emergency dental number and they never have any appointments. I am in agony with my teeth and also get abscesses.'*

Earlier Access

Some patients believed their teeth could have been saved rather than removed if they had received treatment sooner.

-  *'Tooth had to be removed. Cannot be sure if it could have been saved if dentist had seen me earlier.'*
-  *'My tooth could have been saved.'*
-  *'I was booked in for a check-up. Once I arrived, I told the dentist that I had a sharp piece of tooth. The dentist rectified this issue but that was all. I don't feel that I had a thorough check up.'*

Positive experiences

For patients who had been able to get appointments there were positive experiences.

Just over 70% said they were 'satisfied' or 'very satisfied' with the dental treatment received.



- 🦷 *'Back to normal 6 monthly check-ups at my NHS dentist. I've had teeth out & also new dentures.'*
- 🦷 *'My dentist called me for a check-up after covid restrictions lifted have had 6 monthly check-ups ever since.'*
- 🦷 *'I had a reaction to the anaesthetic, and they made sure I was looked after and even called me over the following weeks to check I was okay.'*
- 🦷 *'The surgery was busy, but all the reception staff were seeing everyone as they came in. We saw a dentist we hadn't seen before. He was very friendly and chatty. A full check-up was done, including x-rays and fluoride paste. I was able to book her in for another check-up in six months' time.'*
- 🦷 *'I have a fabulous service from Weston Dental Centre, Runcorn. Great customer care from the responsive professional and friendly reception on the phone and on arrival. Reminders sent regarding appointments. Safe environment with clear instruction on safe passage through building. Masks made available. Professional, friendly, prompt, customer focused service from the Dentist. Clear billing information. Feel confident and assured in the service provided which couldn't be better.'*

What needs to happen next?

There needs to be a national discussion between patients, dental leaders, the NHS and politicians about how the NHS is going to meet the country's dental health needs.

Healthwatch England is calling for the following:

- 🦷 **A more rapid and radical reform of the way dentistry is commissioned and provided** – recognising that the current arrangements do not meet the needs of many people who cannot access NHS dental care in a timely way and acknowledge issues faced by the dental profession.
- 🦷 **Using the reform of commissioning to tackle the twin crises of access and affordability** – ensuring that people are not excluded from dental services because of lack of provision locally or difficulty in meeting charges. Currently, there are significant inequalities that must be removed. New arrangements should be based on maximising access to NHS dental services, with particular emphasis on reducing inequalities.
- 🦷 **Greater clarity in the information about NHS dentistry** – improving information, including online, so that people have a clear picture of where and how they can access services, and the charges they will need to pay. Particularly, the reform must address dentistry 'registration' which causes significant confusion for both services and patients.
- 🦷 **Look at using dental practices to support people's general health** – harnessing opportunities, such as the development of Primary Care Networks, to link oral health to other key issues such as weight management and smoking cessation.

Locally, Healthwatch Halton would like to see:

- 🦷 **Clear and honest communication between the NHS and the public about the scale of the dental challenge**, how long it is likely to be before patients can get dentists and the action that is being taken.
- 🦷 **An action plan to stabilise and then restore NHS provision locally** including fair access to the existing provision during the recovery period to minimise harm and inequality.
 - Ensuring people have a fair and equal chance to get an NHS dental appointment rather than just those lucky enough to have had a dentist when the pandemic hit.
 - Consideration of whether the length of time between check-ups might need to be temporarily extended to help get more people the chance of an NHS check-up during this recovery period.
 - Targeted action to improve access to dental care in Halton to at least the National average
 - Action to encourage recruitment and retention of NHS dentists locally.



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REPORT TO:	Health & Wellbeing
DATE:	22 nd March 2022
REPORTING OFFICER:	Executive Director, Adults
PORTFOLIO:	Adult Social Care
SUBJECT:	Annual Report Principal Social Worker Adults
WARD(S)	Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide an annual report from the Adults Principal Social Worker, (APSW), to discuss how the role of social work, which supports the, One Halton Place Based Partnership to meet its priorities and objectives.

2.0 **RECOMMENDED: That the report be noted for information.**

3.0 SUPPORTING INFORMATION

3.1 Background

3.1.1 The Adults Principal Social Worker, (APSW) is statutory requirement under The Care Act 2014. The national guidance on the role and responsibilities has evolved and been updated and clarified over recent years. The Principal Social Workers, has a key role in representing and promoting the social work profession. Principal Social Workers should in brief:

- Lead and oversee excellent social work practice
- Oversee quality assurance and improvement of social work practice
- Advise the Director of Adult Social Services (DASS) and/or wider Council in complex or controversial cases and on case or other law relating to social work practice.

3.1.2 Our Social Workers in ASC are skilled at working at place, alongside people, supporting their strengths and abilities, wishes, feelings, hopes and aspirations. We assess complex legally and ethically challenging areas of people's lives to do with their physical and mental health and wellbeing, relationships, mental capacity, risks, abuse and neglect. We find out about people's home circumstances, whether they can pay for heating, get their shopping, whether they have a community of friends who will rally around them, or whether they are lonely at home alone. Social Workers safeguard people's human rights, ensure that they have choice and control about decisions around their lives, and a meaningful quality of life. This is where social work really matters. Attached is "A spotlight on one of our Social

Workers” in Appendix One, to illustrate the nature of social work practice that at an operational level supports the One Halton Health and Wellbeing Strategy.

3.1.3 Over the year, we are focusing on supporting the social care reform priorities and supporting ongoing recovery from the impact of the pandemic on staff and those individuals, families and communities we serve remains a key priority. Reinforcing improved integrated responses across social care and health will be essential in supporting people to have better lives.

3.2 The role of social Work

3.2.1 In that Social Work is Regulated profession with Social Work England, to qualify as a social worker requires an intensive programme of training at degree/masters level, followed by ongoing formal post qualification assessment and annual submissions to Social Work England to evidence their ongoing professional development.

3.2.2 It is the APSWs responsibility to promote social workers as, **lead professionals** who support **personalised, integrated** care and support. Social workers have the qualifications, knowledge and skills to support people, working with **complexity, risk and conflict**.

3.2.3 Social work *is* well placed to support the Health and Wellbeing Strategy four underlying themes, particularly to :

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

3.2.4 They support people through:

- **Work with individuals** & their families & communities
- **Prevention** – promoting independence and resilience
- **Strengths Based Assessment or review** of an individual or carer with complex social care needs – coproduce support arrangement
- **Supervising safeguarding enquiries – balance risk and autonomy- focus on outcomes**
- **Lead in supporting young people moving into** to adulthood
- **legal literacy and human rights**
- With **capacity** and **mental health** needs

3.2.5 The Care Act 2014 is the key legislative framework for Social Work and it is **built around people**. The focus for social work in line with this in Halton, is on:

- People’s well-being and the outcomes which matter to them, being at the heart of every decision that is made
- Focusing on preventing and delaying needs for care and support, rather than only intervening at crisis point
- Supporting use of Independent Advocacy

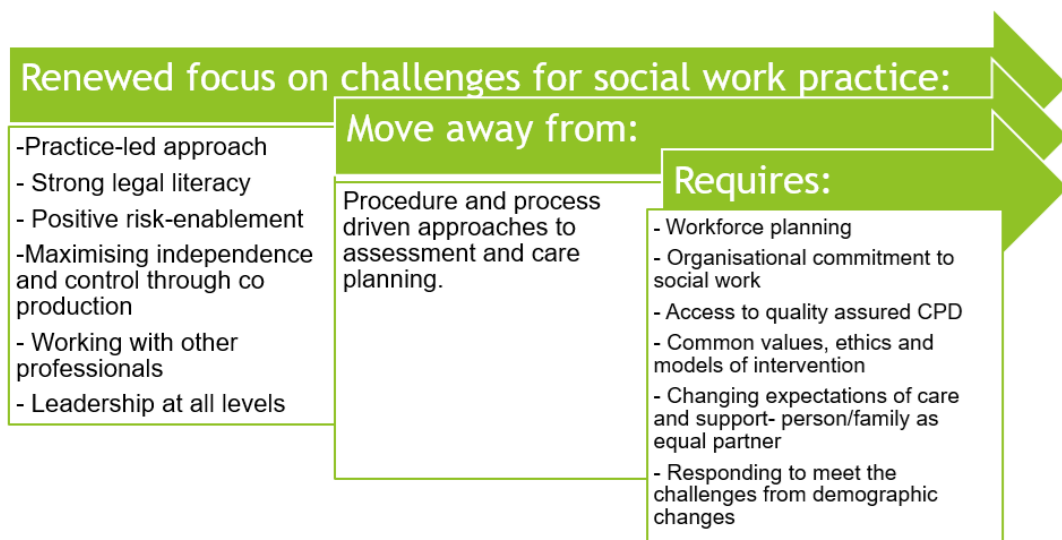
- Putting carers on the same footing as those they care for

3.2.6 The role of Social Work within the One Halton Partnership is important, Social Workers take a co-production approach to working with people and their families, often acting as the conduit between health and social care and other partners. They support changing practice culture in integrated systems, they work well with change. They support system quality improvements working with care homes and providers.

3.3 Challenges

3.3.1 There are lots of challenges ahead for Social work, as described in Diagram 1 below. At the same time, there is increased national and local demand for social workers, with the majority of Councils reporting challenges in recruitment and retention. The year ahead we are specifically focusing on the areas outlined below and our recruitment and retention offer. Our social work, workforce, is well placed to respond to those challenges and to make a vital contribution to helping people to live happier, healthier lives for longer in their communities.

Diagram 1



3.4 Culture and Practice

3.4.1 In working across the One Halton Partnership, as being part of one culture and how do we do things round here? It's important for social work to work with our partners on the basis:

- Kindness- authenticity and the ability to connect
- Relationships, relationships, relationships
- Communication and collaboration
- Focus on individuals, their carers and communities
- Holistic rights and strengths based approaches, what's happened, what matters and what's possible

➤ Leadership- role modelling

3.5 Workforce

3.5.1 In supporting our social work staff, we are using “The Standards for Employers of Social Workers in England”, which states, “*Good social work can transform people’s lives and protect them from harm*”

3.5.2 The Standards for Employers of Social Workers, published by the Local Government Association (LGA), set out the shared core expectations of employers which will enable social workers in all employment settings to work effectively and safely. Under the umbrella of the standards, there is a range of work taking place locally to ensure that the social work profession is supported, including:

- Social Work Employer Standards Working Group
- Participation in the annual Organisational Health Check survey
- Publication of a Social Work Accountability & Assurance Framework

3.5.3 Each standard has a detailed list of the things that employers should do in order to meet the standards – full details can be found at [The Standards for employers of social workers in England 2020 | Local Government Association](#).

3.5.4 In Halton there is a dedicated **Social Work Employer Standards Working Group** led by the Principal Social Worker and comprised of Principal Managers from across the Social Work Teams. The role of the group is to monitor local performance against the standards and to ensure that the results from the health check surveys are reviewed with areas for improvement being identified and actioned as appropriate.

3.6 This year has seen the successful appointment of a new Practice Manager for Training & Social Work Professional Development, back in February 2022. Since coming into post they have supported the APSW supporting overall training and development and recruitment and retention of Social Work Staff and students in a number of areas:

- Forging a positive working relationship with the Cheshire and Merseyside Social Work Teaching Partnership (CMSWTP),
- The Social Work Degree Apprenticeship Programme continues
- A relationship with Riverside 6th form college has been strengthened and a presentation on Social Work as a career choice has taken place with more to follow. It is hoped that this work will strengthen the pipeline of Social Work training, development and recruitment in Halton over the longer term.
- Regular monthly support sessions have been set up for Newly Qualified Social Workers (NQSWS).
- The Continued Professional Development (CPD) of Social Workers has continued to be supported by the Social Work Matters (SWM) forums. Particular themes that have been covered are Human Rights, Prevention (related to the winter fuel crisis) and Domestic Abuse.

- A monthly Social Work Matters newsletter goes out, highlighting, new Government guidance, Legislation updates, and articles of interest from Social Work England, British Association of Social Work (BASW), SCIE, NICE etc., CPD opportunities are promoted through a Training Opportunities newsletter that goes out on a fortnightly basis. Training for Social Workers and Adult Social Care staff has been commissioned, monitored and managed.
- Staff Action Learning sets, Journal clubs and dedicated time to uphold their CPD requirements to uphold their registration for social work England.

4.0 POLICY IMPLICATIONS

4.1 None at this time.

5.0 FINANCIAL IMPLICATIONS

5.1 None at this time

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None

6.2 Employment, Learning & Skills in Halton

None

6.3 A Healthy Halton

None

6.4 A Safer Halton

None

6.5 Halton's Urban Renewal

None

7.0 RISK ANALYSIS

7.1 None at this time

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 None

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

None under the meaning of the Act.

Appendix One

Spotlight on a Social Worker

The Human Stories below are an illustration of the social work practice of one of our social workers and their involvement in supporting people in Halton. They have worked for Halton adult services since 2006, initially as a community care worker, then securing a Social Work Traineeship and gaining their Social Work qualification at Degree level. They qualified as a social worker in April 2018 and have gone through their progression with Halton.

Human Stories

The following human stories have been anonymised. These are not real names and are subject to other changes such as gender. The photographs used for Howard are not true illustrations from this person's *actual* home.

SIDNEY	
The situation	Sidney was had been living in a care home for some time when the social worker became involved in his case. He was an older person with dementia and a learning disability. When the social worker assessed his needs they found they were unable to determine what his skills and abilities were because everything was done for him in the care home and there was nobody to give information about what he could do before moving to the care home. He still owned a property but it was which was in a poor state of disrepair.
What we did	<ul style="list-style-type: none"> • They co-ordinated the Multi-disciplinary Team to undertake “functional” assessments (occupational therapy/physiotherapy) both in the community and in the home to identify what Sidney was able to do for himself and what he would require help with. • Those assessments identified that Sidney would continue to need 24 hour support but that his independence could be maximised in a supported living setting where we could promote his independence, whilst he would be supported to carry out daily living tasks himself – cooking, cleaning, shopping, accessing the community. • A supported tenancy was identified and he was supported to meet the individuals living there, to see if they were compatible, and they actually got on great. • Mental capacity assessments were carried out in relation to Sidney’s finances and his long term care and support needs • His care and support in his new home was authorised by the Court of Protection

SIDNEY	
	<ul style="list-style-type: none"> Decisions were made that his house would be sold and he would move to a supported living setting in Runcorn.
Outcome for the individual	The Local Authority supported the clearance of Sidney's property, which was subsequently put on the market and sold. He resided in a supported living setting successfully for some time now, he has gained many skills and has a full and meaningful life in his new home. When asked about whether he would like to return to the care home Sidney said " <i>Tell the judge I don't want to move from here I'm here for all my life!</i> "


Ronald	
The situation	<p>Ronald is an adult living in rented accommodation and his tenancy was at risk due to the poor condition of the property, he was facing eviction due to self-neglect He has a mental health disorder - and a history of disengagement with services. Ronald has difficulties maintaining relationships and reluctance to let people in to see the extent of the difficulties he was having.</p> <p>Ronald had a bath that was filled with faeces (and had been for some years) and the property was in general poor condition. At the point of the social workers involvement the landlord had taken the case to legal services and a contract of expectations had been agreed.</p>
What we did	<ul style="list-style-type: none"> The social Worker supported arrangements for the bath being emptied (jointly with the housing provider), quotes were obtained and this work was contracted and completed. The housing provider had set out what other extensive work needed to be undertaken to prevent further action being taken and the social worker worked closely with Ronald and worked jointly with our mental health outreach team to achieve this. The previous chronology evidenced that "deep clean" approaches had been tried historically and been unsuccessful as the property had returned to poor condition. Relationship based practice, motivational interviewing, task centred approach (specific, measurable, achievable and realistic targets) was used to encourage Ronald to complete the tasks required to secure his tenancy to good effect.
Outcome for the individual	With support from the social worker Ronald was enabled to complete the tasks required and the legal process ceased.


Ronald	
	Ronald has since been supported by his housing provider to move to another property which is in line with his wishes. With his agreement Ronald was transferred to the mental health team for ongoing support to reduce risk of his home conditions deteriorating again. His difficulties with others are well understood by those supporting him and risks related to disengagement are reduced.

JANINE	
The situation	<p>Janine lives in a supported tenancy. She has profound and multiple physical disability and learning difficulties. She has complex physical health needs and needs full support with all personal care and daily living tasks, she requires assistance of two for all transfers and close monitoring throughout the day and night. Janine is unable to communicate verbally and her non-verbal communication could be misapprehended, therefore she needs others to anticipate her needs, manage risk on her behalf and make all decisions in her best interest.</p> <p>The social worker, worked under safeguarding arrangements regarding, Janine's mum who held a consistent belief that covid 19, is not dangerous; that restrictions / mask wearing was not necessary and was open, about not wearing masks at home or in the community. Mum held views about Janine's health needs that deviated from professional recommendation and could place her at risk if followed. There were also concerns that mum had possession of Janine's Motability vehicle and financial benefits, requests for access to either on behalf of Janine were refused.</p> <p>Janine is considered extremely clinically vulnerable and at the time of our involvement had not been vaccinated against covid 19 due to mum's objections.</p>
What we did	<ul style="list-style-type: none"> • Application to the Court of Protection was initially made to restrict contact outside the supported tenancy to safeguard Janine while other matters were further explored. • A full case chronology identified a pattern of disguised compliance, there was a lot of historical evidence that mum would agree to plans to appease professionals then deviate from them. • Through the Court of Protection process the following issues were addressed;

JANINE	
	<ul style="list-style-type: none"> ○ Janine was vaccinated against covid 19 ○ Contact with mum was restricted to supervised visits within the supported tenancy for Janine's safety ○ The Court awarded financial deputyship to the LA to ensure Janine had access to her money ○ Janine's Motability vehicle was returned to her and is now located at her supported tenancy ○ Janine's care and support is now fully funded by Continuing Health Care, ensuring she doesn't have to contribute towards it ○ The restrictions in Janine's support are authorised by the Court and reviewed regularly to ensure they remain the least restrictive option to meet her needs.
Outcome for the individual	<p>Janine continues to live in her supported living property with other co-tenants. She is no longer in arrears with her bills / rent and has access to her money. She goes out regularly in her Motability vehicle with staff support.</p> <p>She sees her mum regularly. A risk assessment and supervision is in place to ensure this contact remains safe for her. She gets great enjoyment from these visits.</p> <p>Janine did contract covid 19 however luckily this happened after she'd had her vaccination so she recovered well and was not admitted to hospital during the time she was unwell.</p>

Howard	
The situation	<p>Howard is an adult whose hoarding had led to his home becoming uninhabitable and was facing eviction through court proceedings. The Local Authority received a safeguarding referral, Howard's property had been found to be unsecure by the police and they had such serious concerns regarding the owner's welfare that they entered believing that they may find someone deceased.</p> <p>Over a period of time various services (Fire service, Public Health, Social care) had attempted to engage with him and the situation was considered to be high risk. Information shared identified that rooms were full of domestic rubbish, at shoulder height in places. He would not allow professionals to visit him.</p> <p>The individual had experienced a decline in their mental health following a bereavement and over a period of time this</p>

Howard	
	<p>resulting in home living conditions deteriorating. Police and environmental health had also tried to engage with him without success</p> <p>The social worker began using phone calls over a period of time to try and gain trust, with a lot of support and reassurance that they would not be judgemental or shocked by anything and that they did not need to be embarrassed. The social worker was able to undertake a home visit. Living conditions were noted to be very poor with the property in a state of disrepair.</p>
What we did	<p>As the social Worker gradually built a relationship with Howard, trust was developed. Use of social work theories, knowledge and skills had been successful in managing the balance of power and reaching this point with Howard that he consented to her arranging for some support to clear the accumulated items from his home. A team was organised, selected and introduced to him. He felt comfortable enough to remain in the property and took part in the clearing / cleaning – taking responsibility for one of the rooms themselves.</p> <p>Using the “<u>clutter image rating</u>” (which is a standardised assessment tool), for reference the starting point for kitchen was the ‘Before’ image, following intervention it was the ‘After’ image.</p> <p><u>This image is not this persons home</u></p> <p>Before</p> 

Howard	
	<p data-bbox="507 237 580 266">After</p>  <p data-bbox="507 703 1315 775">There are no reference images for other rooms, but they would be in line with the illustrative images.</p>
<p data-bbox="204 815 440 887">Outcome for the individual</p>	<ul data-bbox="558 853 1378 1339" style="list-style-type: none"> • The individual is now in receipt of the correct financial support • Living conditions were significantly improved • Individual was motivated to start other jobs on the house –including some painting • Property was assessed by fire service and risk assessed as being removed, they closed the case after fitting smoke alarms • Grant applications were submitted for various household items successfully • Howard has been able to save money and quotes are in progress for some of the repair work needed for the property

REPORT TO:	Health & Wellbeing Board
DATE:	22 nd March 2023
REPORTING OFFICER:	Executive Director - Adult Services, Halton Borough Council
PORTFOLIO:	Adult Social Care
SUBJECT:	Halton Borough Council and NHS Cheshire & Merseyside: Joint Working Agreement (Better Care (Pooled) Fund)
WARD(S):	Borough-wide

1.0 PURPOSE OF REPORT

- 1.1 To present a brief overview of the Joint Working Agreement (JWA) between Halton Borough Council (HBC) and NHS Cheshire & Merseyside (CM), which will take effect from 1st April 2023 to 31st March 2024, and which will replace the current JWA, which is due to expire on 31st March 2023.

2.0 RECOMMENDATION

RECOMMENDED: That the Board

- (1) Note the contents of the report.***

3.0 SUPPORTING INFORMATION

3.1 Introduction

Halton began its journey of joint working/integration between Health and Adult Social Care back in 2003 with a pooled budget being established for Intermediate Care and Equipment services, in addition to specific grants allocations.

Following the emergence of ¹NHS Halton Clinical Commissioning Group (CCG) further work progressed to establish/consolidate joint working arrangements between HBC and NHS Halton CCG, which culminated in the organisations entering into an initial 3 year Joint Working Agreement (hosted by HBC) from April 2013 (Pursuant to Section 75 of the National Health Service Act 2006) for the commissioning of services for people with Complex Care needs.

Since it's original development, the JWA and associated Pooled Budget has gone through a number of changes, including the inclusion of the Better Care Fund in 2015 and the separating out of the Continuing Healthcare and Community Care budget elements in 2020.

3.2 Joint Working Agreement (JWA) & Governance Arrangements

This Agreement provides the legal framework in which HBC and NHS CM work

¹ As a result of the Health and Care Act 2022, NHS CCGs ceased to exist in statutory form from 30th June 2022 and were replaced from 1st July 2022 with Integrated Care Board (ICBs). Halton's Joint Working Agreement transferred from NHS Halton CCG to NHS Cheshire & Merseyside on 1st July 2022.

together in order to achieve their strategic objectives of commissioning and providing cost effective, personalised, quality services to the people of Halton. As part of the Joint Working Agreement, HBC and NHS CM have entered into a Pooled Budget arrangement. This pool currently contains the expenditure on delivering care and support services for adults with complex needs. During 2014, partners within Halton worked collaboratively, within the national guidance and framework to develop Halton's original Better Care Fund (BCF) Plan, at which point it was agreed that the BCF would be incorporated into the existing Pooled Budget arrangements.

There is a robust governance framework in place for the JWA and Pooled Budget, which includes the One Halton Operations & Delivery Sub-Committee (ODSC), which is responsible for the direction, oversight, monitoring and use of the Pooled Budget.

The ODSC is supported in this duty by the Better Care Commissioning Advisory Group (BCCAG). The BCCAG will review in detail information pertaining to Pool impact, quality, performance, activity and finances, and make recommendations to the ODSC on remedial action plans or future use of the Pool as appropriate.

In addition to the ODSC, a One Halton Finance and Performance Sub-Committee has been established, which whilst having wider functions and duties relating to Place-based finance and performance, also has the following responsibilities in respect of the Better Care (Pooled) Fund:-

- To consider financial and performance information relating to the Pooled Fund and reviewing and recommending remedial actions where there is variation against agreed plans.

3.3 **Benefits of Joint Working**

By working together collaboratively and in partnership we are able to achieve and sustain good health and wellbeing for the people of Halton and are able to provide a range of options to support people in their lives by jointly designing and delivering services around the needs of local people rather than focusing on the boundaries of our individual organisations. This aids in our ability to ensure that services are sustainable, particularly with the continued challenges that we are presented with.

If we didn't undertake this approach then it has the potential to have a negative impact on the Health & Social Care system within the Borough, for example:-

- A lack of cohesive approach could lead to fragmentation of service delivery and lack of ownership.
- No clear picture of the demand and capacity on services shared by system leaders, which could lead to our inability to develop robust plans for the future service needs of local people.
- Lack of choice/information for service users and possible duplication of provision.

This would have the potential to ultimately lead to a lack of confidence in the system and our inability to deliver high quality services in order to ensure that service users receive the outcomes that they want.

3.4 **Future Opportunities**

Working jointly/collaboratively is key to our approach in Halton.

Both HBC and NHS CM remain committed to developing our integrated approach to service delivery and transformation to improve the Health and Wellbeing of Halton residents.

With this in mind, at the time of writing this report, we are seeking agreement to extend the current JWA for 12 months to allow time for a fuller review of the agreement to take place, which would include exploring opportunities for where the arrangements could possibly be extended.

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 At the time of writing this report, HBC and NHS CM are in the process of finalising the Better Care (Pooled) Fund budget for 2023/24.

5.2 With effect from 1st April 2023, the pooled budget will include:-

- Better Care Fund and Improved Better Care Fund (iBCF)
 - Includes spend in areas such as Intermediate Care Services, Carers, Equipment Services, Care Homes, Domiciliary Care, Telecare, Supported Discharge, Community Respiratory and Rehabilitation Services
- Disabled Facility Grant

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**

Those people who are in receipt of long term care whether that is funding from Health or Social Care are those people in our communities with some of the most clinically complex and severe on going needs, so it is essential we have effective mechanisms in place to ensure that people we provide services to receive appropriate outcomes.

The integrated system and pooled budget arrangements will continue to ensure that the resources available to both Health and Social Care are effectively used in the delivery of personalised, responsive and holistic care to those who are most in need.

6.4 **A Safer Halton**

None identified.

6.5 **Halton’s Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 The JWA complies with the financial standing orders of HBC and NHS CM and the regulatory and monitoring arrangements contained within.

7.2 At the time of writing this report, there are changes taking place in respect to the One Halton governance arrangements which will/may impact on the associated governance arrangements outlined in paragraph 3.2.

HBC and NHS C&M will ensure that any changes made will still provide for a robust governance framework in place for the management and monitoring of the JWA and Pooled Budget.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 There are no environmental or climate implications as a direct result of this report.

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

10.1	Document	Place of Inspection	Contact Officer
	Joint Working Agreement – HBC & NHS Cheshire & Merseyside 1.4.23 - 31.3.24 (Draft)	Copy available on request	Sue Wallace Bonner Susan.Wallace-Bonner@halton.gov.uk Tel: 0151 511 8825

REPORT TO: Health & Wellbeing Board

DATE: 22nd March 2023

REPORTING OFFICER: Director – Halton Place
NHS Cheshire and Merseyside

PORTFOLIO: Health & Wellbeing

SUBJECT: Joint Forward Plan

WARD(S) Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 The accompanying presentation:

- 1) Informs the Health and Wellbeing Board of the duty placed on Integrated Care Boards (locally NHS Cheshire and Merseyside) and their partner trusts to prepare a Joint Forward Plan by 30 June 2023;
- 2) Provides details of the approach to the development of the JFP and draft strategic objectives and priorities.

2.0 RECOMMENDATION: That the Board notes

- 1) The requirement to and approach adopted to development of a Cheshire and Merseyside Joint Forward Plan;**
- 2) The draft Cheshire and Merseyside Joint Forward Plan strategic objectives and priorities.**

3.0 SUPPORTING INFORMATION

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

4.0 POLICY AND RESOURCE IMPLICATIONS

4.1 There are no policy or resource implications identified at this time.

5.0 EQUALITY AND DIVERSITY ISSUES

5.1 Development of the Joint Forward Plan will be informed by Equality Impact Assessments.

6.0 **CLIMATE CHANGE IMPLICATIONS**

6.1 None identified.

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

7.1 None under the meaning of the Act.



**Cheshire and
Merseyside**
Health and Care Partnership



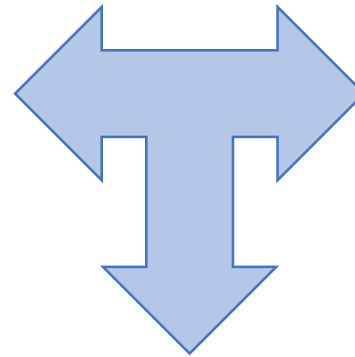
Cheshire and Merseyside

Developing the Cheshire and Merseyside Five Year Joint Forward Plan

Key Plans and how they fit together.....

- **Led by the Place Health and Wellbeing Board Partners**
- Duration: 5 years
- Informed by: Place priorities driven from evidence in JSNA
- **Purpose: Strategy outlining the priorities for improving the health and wellbeing of local population, including addressing inequalities**
- Review date varies by Place/HWB

Joint Local Health and Wellbeing Strategies



Health and Care Partnership Strategy

- **Led by the HCP (ICP) partners**
- Duration: 5 years
- Informed by: C&M wider partnership priorities; National Guidance; Health and Wellbeing Plans; Place plans
- **Purpose: strategy for broad health, social care needs of the population including wider determinants of health**
- Draft available now with work to prioritise content happening through to summer 2023

- **Statutory responsibility to coordinate plan sits with ICB and NHS Providers but to develop document with HCP partners and local stakeholders**
- Duration: 5 Years
- Informed by: HCP (ICP) Strategy; National NHS Plans and Health and Wellbeing Strategies
- **Purpose: Delivery Plan for HCP Strategy priorities, Health and Wellbeing Board plan, and NHS Universal priorities (Long Term Plan and Operational Planning)**
- Includes Capital Plans
- Includes C&M wide and Place Plans
- Ready by: End of March 2023 (draft); June 2023 (final)

Joint Forward Plan



NHS Operational Plan 2023/4

- **Led by the ICB and NHS Providers**
- Duration: 2023/24
- Informed by: NHS Priorities issued in national guidance
- **Purpose: Detailed Delivery Plan for 2023/4 (finance and capital, workforce, activity and performance.....).**
- Content in the form of national templates.
- Ready by: 23rd February (draft); 30th March (final).





Joint Forward Plan (JFP) principles

- Fully reflect the wider system partnership's ambitions (Cheshire and Merseyside Health and Care Partnership).
- Supporting subsidiarity by building on existing local strategies and plans (HWBs/Place)
- Reflect the universal NHS commitments. (Long Term Plan and Operational Planning Priorities)
- Delivery focused, including specific objectives, trajectories and milestones as appropriate.

The role Health and Wellbeing Boards

- ICBs and their partner trusts must involve each HWB. The plan itself must describe how the ICB proposes to implement 9x Joint Local Health & Wellbeing Strategies.
- ICBs and their partner trusts must send a draft of the JFP to each relevant HWB
- They must consult those HWBs on whether the draft takes proper account of each JLHWS published by the HWB that relates to any part of the period to which the JFP relates.
- A HWB must respond with its opinion and may also send that opinion to NHS England
- If an ICB and its partner trusts subsequently revises a draft JFP, the updated version should be sent to each relevant HWB, and the consultation process described above repeated.
- The JFP must include a statement of the final opinion of each HWB consulted.

HCP Interim Strategy – Strategic Objectives

Tackling Health Inequalities in outcomes, experiences and access (our eight Marmot principles).

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

Improve population health and healthcare.

Focus on prevention of ill health and improved quality of life by:

- Delivering the Core20plus5 clinical priorities for [adults](#) and [children and young people](#)
- Reduce deaths from cardiovascular disease, suicide and domestic abuse
- Reduce levels of obesity, respiratory illness and smoking as well as harm from alcohol
- Improve early diagnosis, treatment and outcome rates for cancer
- Reduce maternal, neonatal and infant mortality rates
- Improve satisfaction levels with access to primary care services
- Improve waiting times for elective and emergency care services
- Improve diagnosis and support for people with dementia
- Provide high quality, accessible safe services
- Provide integrated, accessible, high quality mental health and wellbeing services for all people requiring support.

Enhancing productivity and value for money.

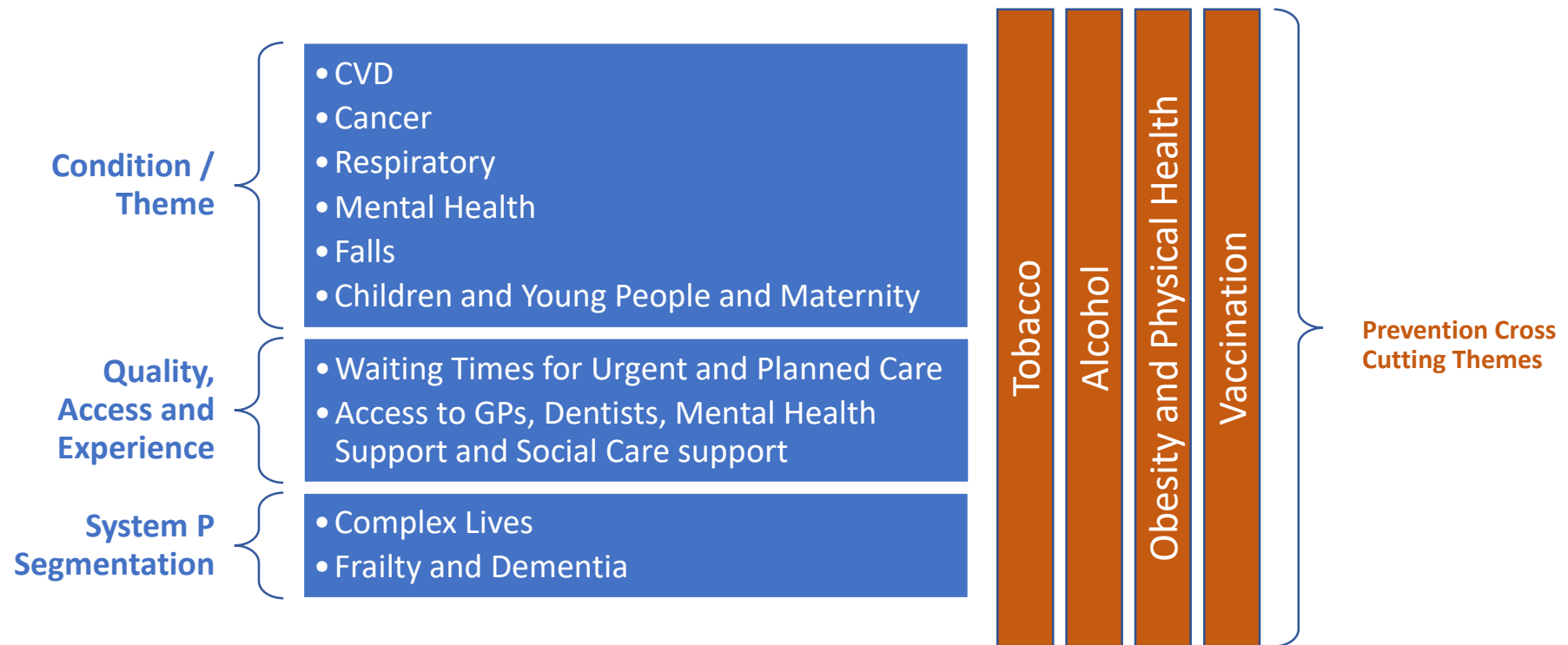
- Develop a financial strategy focused on investment on reducing inequality and prioritise making greater resources available for prevention and well-being services
- Plan, design and deliver services at scale (where appropriate) to drive better quality, improved effectiveness and efficiency
- Maximise opportunities to reduce costs by procuring and collaborating on corporate functions at scale
- Develop whole system plans to address workforce shortages and maximise collaborative workforce opportunities
- Develop a whole system estates strategy
- Develop a thriving approach to research and innovation across our Health and Care Partnership.

Helping to support broader social and economic development.

- Embed, and expand, our commitment to social value in all partner organisations
- Develop as key Anchor Institutions in Cheshire and Merseyside, offering fair employment opportunities for local people
- Promote our involvement in regional initiatives to support communities in Cheshire and Merseyside
- Implement programmes in schools to support mental wellbeing of young people and inspire a career in health and social care
- Work with Local Enterprise Partnerships to connect partners with business and enterprise.

Determining the HCP Priorities

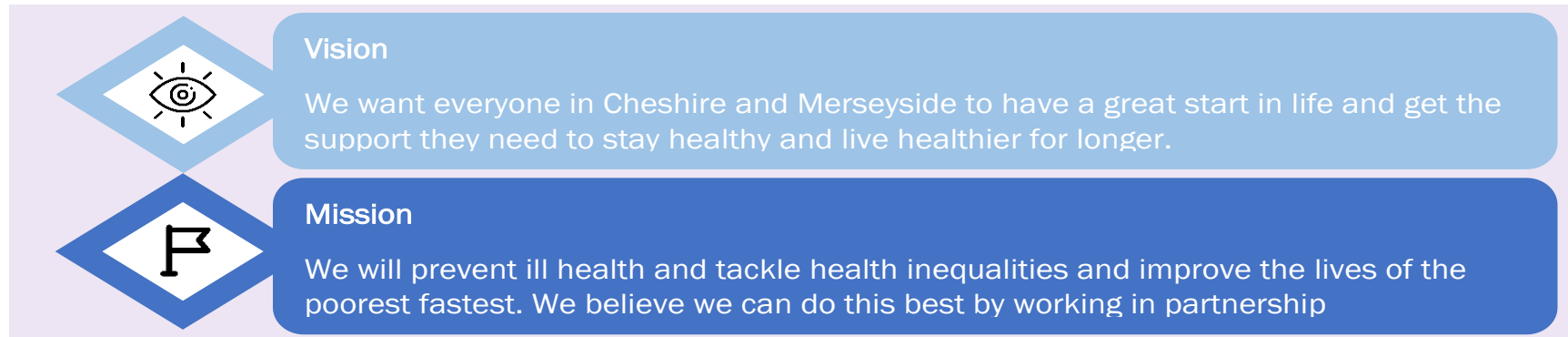
Where the data says our outcomes are poorest



- *The table above shows the summary of data analysis in relation to population health, health inequalities, quality access and experience measures and where our outcomes are comparatively poor.*
- *The impact of the wider determinants on these outcomes also can be demonstrated through the variation we see across different geographic and demographic parts of our population.*

Determining the HCP Priorities

- HCP Workshop held on 7th March which identified a “long list” of priorities to support our Vision and Mission; which we now need to refine in advance of the May HCP Meeting.



The long list of priorities includes:

- *Developing and implementing a workforce strategy that ensures we can recruit, retain and improve the wellbeing of our people with skills and career development*
- *Prevention of ill health and early intervention to support our communities (using our collective assets, making every contact count)*
- *Influencing wider determinants e.g. household income maximisation, cost of living, fuel poverty, healthy weight*
- *Ensuring a good start to life including mental health and wellbeing and corporate parenting, free school meals*
- *Service delivery (ensuring equity of access to services, trauma informed approaches)*

- Health and Care Partnership review of CMHCP priorities (7th March)
 - Sessions with Primary Care Forum, Directors of Public Health, Provider Collaboratives, DAS, DCS
 - Attendance at Health and Wellbeing Boards/Place sessions
- Public engagement on CMHCP priorities (CVFSE, online survey – commencing early/mid March)
 - More detailed public engagement on draft JFP May/June
- ICB Board and Provider Collaborative Boards to endorse draft JFP (end of March)
- Draft of JFP document shared with stakeholders for feedback, including Health and Wellbeing Boards and NHS Provider Boards (April)
- JFP statement of opinion provided by HWB (May/June)
- Final JFP to ICB Board and NHS Provider Boards (June)
- Publication of JFP – (end of June)

JFP legislative requirements

- 1 Describe health services for which the ICB proposes to make arrangements
- 2 Duty to promote integration
- 3 Duty to have regard to wider effect of decisions
- 4 Financial duties
- 5 Implementing any joint local health and wellbeing strategy
- 6 Duty to improve quality of services
- 7 Duty to reduce inequalities
- 8 Duty to promote involvement of each patient

- 9 Duty to involve the public
- 10 Duty to patient choice
- 11 Duty to obtain appropriate advice
- 12 Duty promote innovation
- 13 Duty in respect of research
- 14 Duty to promote education and training
- 15 Duty as to climate change
- 16 Addressing the particular needs of children and young persons
- 17 Addressing the particular needs of victims of abuse

Note: [JFP guidance also includes additional areas of “non legislative” recommended content which will be included](#)

Planning Guidance - Recover our core services and productivity

Area	Summary of Objectives
Urgent and emergency care	Improve A&E waiting times , improve category 2 ambulance response times and reduce adult general and acute bed occupancy
Community health services	Consistently meet or exceed the urgent community response standard , reduce unnecessary GP appointments and improve patient experience
Primary care	Make it easier for people to contact a GP practice , continue to deliver more GP appointments , continue to recruit Additional Roles Reimbursement Scheme (ARRS) roles and recover dental activity towards pre-pandemic levels
Elective care	Eliminate waits of over 65 weeks and deliver the system-specific activity target agreed through the operational planning process
Cancer	Continue to reduce the number of patients waiting over 62 days , meet the cancer faster diagnosis standard and increase the percentage of cancers diagnosed at stages 1 and 2
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks and deliver diagnostic activity levels that support plans to address elective and cancer backlogs
Maternity and neonatal services	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury and increase fill rates against funded positions for maternity staff
Use of resources	Deliver a balanced net system financial position for 2023/24
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise

Planning Guidance - Delivering the key LTP ambitions and transforming the NHS

Area	Summary of Objectives
Mental Health	Improve access to mental health support for children and young people, increase the number of adults and older adults accessing IAPT treatment
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan and reduce reliance on inpatient care, while improving the quality of inpatient care, so that less patients need to be cared for in an inpatient unit
Prevention and health inequalities	Ensure that more patients with high blood pressure are treated following the NICE guidance, increase the number of patients with a high CVD risk score taking lipid lowering therapies and continue to address health inequalities and deliver on the Core20PLUS5 approach

Planning Guidance-

Other Key areas of focus

Workforce

The guidance asks all systems to [refresh system workforce plans to increase productivity, deploy staff more flexibly through digital solutions, improve staff experience and retention](#) via a range of national strategies, ensure there is adequate clinical placement capacity, and implement the Kark recommendations. [NHSE also plans to increase workforce education and training investment](#) in real terms in each of the next two years.

Digital

To improve digital capabilities, more providers are expected to [operationalise electronic health records](#) and should [work towards developing a population health and planning data platform](#). [NHSE will provide targeted funding to enable ICSs to meet minimum digital capabilities and foundations](#). [NHSE will also procure a federated data platform accessible to all ICSs](#) and will improve the functionality of the [NHS app](#).

System Working

2023/24 is the first full year for ICSs in their new form with the establishment of statutory ICBs and integrated care partnerships (ICPs). Key priorities for their development in 2023/24 include:

- [Developing ICP integrated care strategies and ICB joint forward plans.](#)

- [Maturing ways of working across the system including provider collaboratives and place-based partnership arrangements.](#)