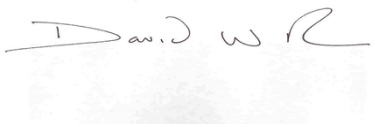
Public Document Pack

Health Policy and Performance Board

Tuesday, 28 June 2022 at 6.30 p.m.
Council Chamber - Town Hall, Runcorn



Chief Executive

BOARD MEMBERSHIP

Councillor Peter Lloyd Jones (Chair)	Labour
Councillor Sandra Baker (Vice-Chair)	Labour
Councillor Angela Ball	Labour
Councillor Laura Bevan	Labour
Councillor John Bradshaw	Conservative
Councillor Dave Cargill	Labour
Councillor Eddie Dourley	Labour
Councillor Louise Goodall	Labour
Councillor Rosie Leck	Labour
Councillor Tony McDermott	Labour
Councillor Louise Nolan	Labour

Please contact Ann Jones on 0151 511 8276 or e-mail ann.jones@halton.gov.uk for further information.
The next meeting of the Board is on Tuesday, 27 September 2022

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

Part I

In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 15 February 2022 in the Council Chamber - Town Hall, Runcorn

Present: Councillors P. Lloyd Jones (Chair), Baker (Vice-Chair), Ball, Bevan, D. Cargill, Dourley, Leck and Ratcliffe, and D. Wilson (Healthwatch Co-optee)

Apologies for Absence: Councillors Goodall and J. Stockton

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, M. Vasic, A. Jones, D. Nolan, L Wilson, I. Onyia and D. Tierney

Also in attendance: L. Gardner – Warrington & Halton Teaching Hospitals NHS FT, Dr D. Wilson – Grove Partnership, D. Roberts – Deputy Chief Nurse NHS Halton CCG and Councillor J. Lowe (in accordance with Standing Order 33)

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HEA32 MINUTES

The Minutes of the meeting held on 23 November 2021 were signed as a correct record, subject to noting that Councillor Bevan had submitted her apologies prior to the meeting.

HEA33 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

HEA34 HEALTH AND WELLBEING MINUTES

The minutes from the Health and Wellbeing Board meeting held on 6 October 2021, were attached for the information of the Board.

HEA35 BREAST SCREENING SERVICES

The Board considered a report from the Clinical Chief Officer – NHS Halton and NHS Warrington CCGs and the Director of Strategy and Partnerships – Warrington and

Halton Teaching Hospitals NHS Foundation Trust (Lucy Gardner in attendance), notifying them of the proposal to consolidate and expand Breast Screening Services at Bath Street, Warrington, by relocating Breast Screening Services from the Kendrick Wing at Warrington Hospital.

The report provided some general data relating to patient numbers on the service provided across the four Boroughs – Warrington, Halton, St Helen's and Knowsley. The Board was advised that Phase 1 of the Breast Service reconfiguration was complete and the Breast Assessment and Symptomatic Clinics had been relocated from Warrington Hospital to Halton Hospital's Captain Sir Tom Moore Building, where a new £2.1m Breast Centre had been created on the ground floor.

Phase 2 was now in progress and Lucy Gardner described to the Board the public consultation process that was required for the consolidation of the Warrington Breast Screening Service at Bath Street. A methodology plan was appended to the report for Members information, which included the timescales involved.

The following was noted after Members' questions:

- Attendance at a breast screening clinic was purely voluntary – not all patients who were invited attended their appointment;
- Halton was still on a 3 year cycle of appointments and these were currently on track; and
- The consultation would be shared with Healthwatch.

Members queries relating to comparisons with local and national attendance figures and a breakdown of the makeup of the 36 patients attending the Kendrick Wing would be sent following the meeting, as the information was not at hand.

RESOLVED: That the Board

Director of Adult Social Services

1) notes the report; and

2) supports the deployment of the consultation plan, as described.

HEA36 IMPROVING ACCESS TO PRIMARY CARE SERVICES

The Board considered a report from the Chief Commissioner for Halton, which provided an update of Primary Care Services in the Borough and the improvement

plans in place.

The Board welcomed Dr David Wilson from Grove House Partnership and Denise Roberts, Deputy Chief Nurse: NHS Halton CCG, who gave a presentation in support of the report, which showed some general practice and out of hours access data. This included the total number of consultations (face to face, on the telephone and e-consultations); data relating to NHS 111 calls passed to the GP Out of Hours service; and activity at the Urgent Treatment Centres, between August 2019 and December 2021.

It was reported that the NHS England and NHS Improvement (NHSEI) had provided additional Winter Access Funding (WAF) to support a local Primary Care Winter Access Plan. The local plan includes four elements (below) and these were outlined in the report:

- Expansion of General Practice appointments;
- Consistent offer across all Halton Practices for urgent/same day appointments;
- Data validation and improvement plans; and
- Community pharmacy consultation scheme.

Further to the information presented, the following comments/queries were made:

- Some Members felt the information given did not reflect what they were hearing in the community from constituents, for example experiencing long waiting times on the telephone when trying to get through to a surgery to make a doctor's appointment;
- The above scenario often forced patients to use A&E and others just gave up, meaning a diagnosis could be missed;
- Not all patients needed to see a GP and were triaged to other services; the resources were in place but it was difficult to change peoples' mind-set that they must see a GP;
- There were concerns that some clinicians and other hospital staff would leave their professions or reduce their hours due to demands made upon them over the past couple of years resulting from the impacts of Covid-19;
- All surgeries were contractually obligated to offer e-consultations – links to these were available on practice websites and the NHS App also leads the user to the e-consultation link.

RESOLVED: That the Board receives and notes the update provided.

HEA37 PUBLIC HEALTH RESPONSE TO COVID-19 CORONAVIRUS

The Director of Public Health and Protection provided the Board with an update on the Public Health response to Covid-19 Coronavirus.

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

Responses to Members questions were given and the following additional information was provided:

- It was accepted that not all people who tested positive reported this to the NHS but took it upon themselves to isolate and do the right thing;
- Eventually the virus would move to an endemic stage and testing would cease for those without symptoms;
- A booster vaccination was needed in order to prolong the protection period of two vaccinations and reduce the risk of serious illness and/or hospitalisation;
- There was a plan to vaccinate vulnerable 5 to 11 year olds before the general population;
- Deaths caused by the virus in Halton totalled 375 – a comparison with other boroughs' would be included in a report at a future meeting; and
- When the Government do eventually cease all restrictions, schools would be supported as they were now and be encouraged to continue with Covid learned behaviours and the use of PPE.

RESOLVED: That the update be received.

HEA38 UPDATE ON ONE HALTON PLACE BASED PARTNERSHIP

The Board received an update from the Strategic Director – People, HBC and the Chief Commissioner, NHS Halton CCG, on the One Halton Place Based Partnership development with Cheshire Merseyside Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

Further to the report to the Board in November 2021

where the requirements for the formation of Integrated Care Systems regionally and an Integrated Care Partnership at Place level was discussed, these were detailed in NHS Reforms and now set out in the White Paper *Integration and Innovation*, published in February 2021, and would build on the NHS long term plan.

Appended to the report was a Development Advisory Group briefing, dated 5 January 2022, which gave details of the new target date of 1 July 2022 for the statutory arrangements to take effect and ICBs to be legally and operationally established.

The briefing also contained information on recruitment to senior roles, a Covid-19 update and responses to key questions that had been raised. A response was provided to the Chair's query regarding funding arrangements and whether they would be pooled or aligned, as discussed in paragraph 3.7.

RESOLVED: That the report be noted.

HEA39 SAFEGUARDING UPDATE

The Board considered a report of the Strategic Director – People, which provided an update on safeguarding in Halton.

The report outlined the impacts of Covid-19 on individuals, families, communities and wider society and how it had touched every part of people's lives and that many of the existing protective factors in the lives of adults at risk of abuse and harm had been temporarily absent or limited.

The impact of the Pandemic on care homes and domiciliary care sectors was discussed, for both residents and staff, as well as the potential for compassion fatigue, and emotional and physical stresses amongst those continuing to provide support.

It was also reported that the implementation of the *Liberty Protection Safeguards* (LPS), the replacement for Deprivation of Liberty Safeguards (DoLS), had been delayed further. Members were advised that since writing the report, a new date for its implementation had been scheduled for April 2023.

RESOLVED: That the report is noted.

HEA40 HOMELESSNESS UPDATE

The Board received an update on the Homelessness Service provision and activity during the Covid-19 pandemic. This included future service development, highlighting agency engagement and activity towards reducing homelessness within the Borough.

As with the previous update it was announced that the Ministry of Housing Communities and Local Government (MHCLGH) issued guidance to all Local Authorities, designed to ensure that everyone known to be rough sleeping, or those deemed to be at imminent risk of rough sleeping, would be offered accommodation. Its purpose was to protect vulnerable clients from the risk of contracting Covid-19, with additional funding made available to support the response; Halton was allocated a total of £6,000.

The report outlined Halton's response to the pandemic and the Housing Solutions Team's robust approach to tackling homelessness and meeting the needs of vulnerable homeless clients. Data relating to the usage of commissioned provision and numbers of clients was also presented.

In relation to future activity, information was provided on rough sleepers, domestic abuse, armed forces personnel, prison release clients, the refugee resettlement programme, agency support, substance misuse support service and Government funding.

In response to Member's questions, Officers provided the process a person should follow if they were at risk of eviction and the steps the Council would take to assist and provide advice to them.

RESOLVED: That the report is noted.

HEA41 SCRUTINY TOPIC FOR 2022/23 REVIEW

The Board received a report of the Strategic Director – People, which presented proposals for scrutiny topic areas for the 2022-23 review.

It was noted that the 2021-22 scrutiny review: *North West Association of Directors of Adult Social Services (NWADASS) Elected Member Commission: The Impact of Covid-19 on People with Care and Support Needs, their Families, Carers and Communities,* was still underway. The final recommendations from this had been delayed due to

pandemic related issues, but the final report would be included on the June agenda.

It was agreed that despite this delay a topic group for 2022-23 should still be identified, so the necessary arrangements could be put in place. As part of Member involvement in the current business planning process, a range of topic ideas had been identified for consideration:

1) Approaches to Adult Social Care Workforce Planning;
2) Provision of Learning Disability Services in Halton; and
3) Skills and Training Opportunities for Social Care Provider Staff.

Members discussed these proposals and a suggestion was made to link numbers one and three together, this was agreed. An outline brief for the topic areas would be brought to the next Board meeting in June for final approval.

RESOLVED: That the Board agrees

Director of Adult Social Services

1) '*Approaches to Adult Social Care Workforce Planning'* and '*Skills and Training Opportunities for Social Care Provider Staff*' be selected as the topic group for the year 2022-23; and

2) all Members of the Board were invited to join the membership of the topic group.

HEA42 PERFORMANCE MANAGEMENT REPORTS - QUARTER 3 OF 2021-22

The Board received the Performance Management Reports for quarter three of 2021/22.

Members were advised that the report introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in quarter three of 2021-22. This included a description of factors, which were affecting the service.

The Board was requested to consider the progress and performance information and raise any questions or points for clarification and highlight any areas of interest or concern for reporting at future meetings of the Board.

It was commented that due to some data no longer being required and some being reported annually, the format of the reports required changing; this would be looked at for future reports.	
RESOLVED: That the quarter three Performance Management reports be received.	Director of Adult Social Services

Meeting ended at 8.15 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 28 June 2022

REPORTING OFFICER: Operational Director – Legal and Democratic Services

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2 Details of any questions received will be circulated at the meeting.

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

(i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.

(ii) Members of the public can ask questions on any matter relating to the agenda.

(iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.

(iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.

(v) The Chair or proper officer may reject a question if it:-

- Is not about a matter for which the local authority has a responsibility or which affects the Borough;
- Is defamatory, frivolous, offensive, abusive or racist;
- Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or

- Requires the disclosure of confidential or exempt information.

(vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.

(vii) The Chair will ask for people to indicate that they wish to ask a question.

(viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.

(ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton** - none.

6.2 **Employment, Learning and 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 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

8.1 There are no background papers under the meaning of the Act.

REPORT TO: Health Policy and Performance Board

DATE: 28 June 2022

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Health and Social Care Portfolio which have been considered by the Health and Wellbeing Board are attached at Appendix 1 for information.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None

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

None

5.3 **A Healthy Halton**

None

5.4 **A Safer Halton**

None

5.5 **Halton's Urban Renewal**

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

8.1 There are no background papers under the meaning of the Act.

HEALTH AND WELLBEING BOARD

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

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

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

Absence declared on Council business: None

Also in attendance: None

ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD

Action

HWB18 MINUTES OF LAST MEETING

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

HWB19 PUBLIC HEALTH RESPONSE TO COVID-19 CORONAVIRUS

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

RESOLVED: That the Board note the presentation.

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

The Board received an update from Kath Parker, on

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

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

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

RESOLVED: That the presentation be noted.

HWB21 PRESENTATION ON DENTAL SERVICES IN HALTON

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

Director of Public Health

HWB22 VACCINATIONS IN CARE HOMES

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

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

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

were expected to arise as a result of the legislation.

RESOLVED: That the Board note the report.

HWB23 UPDATE ON ONE HALTON PLACED BASED PARTNERSHIP

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

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

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

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

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

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

RESOLVED: That the report be noted.

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

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

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

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

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

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

Director of Adult Social Services

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

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

RESOLVED: That

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

2) the brief update on the current service performance

be noted.

HWB26 MARMOT WORKSHOP REPORT

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

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

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

RESOLVED: That the report be noted.

Meeting ended at 3.40 p.m.

REPORT TO:	Health Policy & Performance Board
DATE:	28th June 2022
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Health Policy and Performance Board Annual Report : 2021/22
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the Health Policy and Performance Board's Annual Report for April 2021 - March 2022

2.0 **RECOMMENDATION: That the Board:-**

i) note the contents of the report and associated Annual Report (Appendix 1).

3.0 **SUPPORTING INFORMATION**

3.1 During 2021/22, the Health Policy and Performance Board has examined in detail many of Halton's Health and Social Care priorities. Details of the work undertaken by the Board are outlined in the appended Annual Report.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications arising directly from the Annual Report. Any policy implications arising from issues included within the Annual Report will have been identified and addressed throughout the year via the relevant reporting process.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 As with the policy implications, there are no other implications arising directly from the report. Any finance implications arising from issues included within it would have been identified and addressed throughout the year via the relevant reporting process.

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

6.1 **Children & Young People in Halton**
There are no specific implications as a direct result of this report however the health needs of children and young people are an integral part of the Health priority.

6.2 **Employment, Learning & Skills in Halton**
None identified.

6.3 **A Healthy Halton**
The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 **A Safer Halton**
None identified.

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

7.0 **RISK ANALYSIS**

7.1 None associated with this report.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

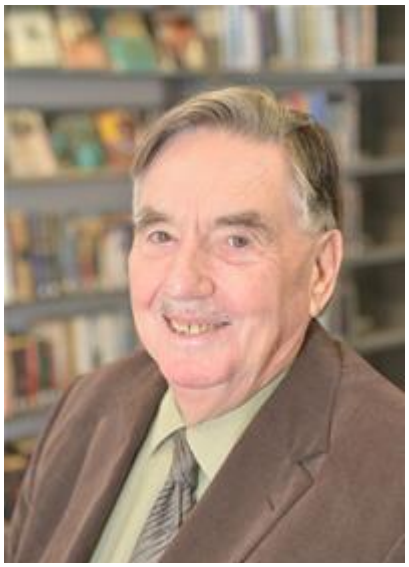
9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the Act.

Health Policy and Performance Board

Annual Report

April 2021 - March 2022



I should firstly like to thank all staff, at all levels, for their sterling and unrelenting efforts throughout the difficulties of the last year, and indeed, during the whole of the Pandemic.

This very much includes all those in working Public Health involved in the very successful Halton Test and Vaccinations Centres, as well as carrying on with their normal work. It was a true baptism of fire for our new interim Director of Public Health & Protection!

I should also wish to thank my vice-chair, Councillor Sandra Baker, for her continuous support, and that of all members of the Health Policy & Performance Board, during this, my first year as chair.

Although this is essentially a report on the last year, it would seem inappropriate to ignore issues which will arise during the next six months.

The Health & Care Bill to establish the proposed Integrated Care structure has not yet been finally approved by Parliament, but nevertheless the new structure, Cheshire and Merseyside Integrated Care Services, is already established, and, astonishingly, funding for some projects has already been allocated to it, a non- legal structure!

The overall funding is not yet known, but we do know that the local regional structure is larger than the model structure.

Will funding for this structure be based on the actual structure, or limited to that of the model? How much will the funding be for the individual Places, or boroughs, such as Halton? What funding will be made available for Adult Social Care services, as Adult Social Care is not part of the integrated services? This is intended to be very much part of the local Place services, but how will this work out in practice, as Adult Social Care services are not included in the Bill's definition of Integrated Care?

The Board and I are very keen to understand the answers to these questions, and others, and will be monitoring developments closely.

We live in uncertain and troubling times!

Cllr Peter Lloyd Jones, Chair

Health Policy and Performance Board Membership and Responsibility

The Board:

Councillor Peter Lloyd Jones (Chair)
Councillor Sandra Baker (Vice Chair)
Councillor Angela Ball
Councillor Laura Bevan
Councillor Eddie Dourley
Councillor Dave Cargill
Councillor Andrew Dyer
Councillor Rosie Leck
Councillor Margaret Ratcliffe
Councillor Louise Goodall
Councillor John Stockton

During 2021/22, David Wilson was Halton Healthwatch's co-opted representation on the Board and we would like to thank David for his valuable contribution.

The Lead Officer for the Board is Sue Wallace-Bonner, Director of Adult Social Services.

Responsibility:

The primary responsibility of the Board is to focus on the work of the Council and its Partners, in seeking to improve health in the Borough. This is achieved by scrutinising progress against the aims and objectives outlined in the Council's Corporate Plan in relation to the Health priority.

The Board have met five times in 2021/22. Minutes of the meetings can be found on the Halton Borough Council website. It should also be noted that the Board, at each of their meetings, receive and scrutinise the minutes from Halton's Health and Wellbeing Board and monitors work/progress within this area.

This report summarises some of the key pieces of work the Board have been involved in during 2021/22.

GOVERNMENT POLICY- NHS AND SOCIAL CARE REFORM

White Paper – Integration and Innovation: Working Together to Improve Health & Social Care for All

In February 2021, the Government published the above White Paper which set out legislative proposals for a Health and Care Bill which were due to be implemented by April 2022.

The Board received details of the proposals for NHS and social care reform, which focused on integrated care and services and although the White Paper recognised that the response to Covid-19 was the current priority, as the system emerged from the pandemic the legislative measures were aimed at assisting with the recovery by

bringing organisations together, removing barriers and enabling change and innovations.

Throughout the year, the Board have received regular updates on the development of the Integrated Care System and the impact that it would have within Halton and the resulting developments associated with the formation of the One Halton Partnership, including the One Halton place self-assessment against the Cheshire & Merseyside Development Framework and Transition programme to the new structure.

Staff Vaccination Regulations in Adult Care Homes
In September 2021, the Board heard how the Government were introducing new regulations (came into force 11th November 2021) which meant that all persons entering Care Quality Commission registered care homes must be fully vaccinated. Although there were some exemptions, the implications of implementing the regulations were that those staff who were not fully vaccinated or refuse to be vaccinated who work within care homes, or are required to visit care homes as part of their role could not continue to be employed in that role.

Although this legislation was expected to reduce the health risks to care home residents and staff, it would introduce a number of consequential risks, which threatened the operation of local health and care systems. The report received by Members explained these risks and the immediate actions that were to be taken to prepare for possible workforce reductions to arise as a result of the legislation.

A follow up report was presented to the Board in November 2021, which provided an overview of the impact of the legislation had had on workforce numbers. The Board heard how the proactive work which had been done with staff since the regulation s had been announced meant that workforce reductions were able to be kept to a minimum.

Since being presented to the Board, the Government launched a consultation to revoke vaccination as a condition of deployment across all health and social care.

SERVICES

Public Health Response to COVID-19 Coronavirus
Throughout the past 12 months, the Board has received updates at every Board meeting from the Director of Public Health & Protection on current figures, data and activity, such a testing and vaccination activity, being undertaken within the Borough in response to the Coronavirus pandemic.

Reconfiguration of Breast Screening, Assessment and Symptomatic Services - Warrington & Halton
Following a period of pre-consultation engagement with the general public, in June 2021, the Board were provided with an overview of planned changes in respect to the Reconfiguration of Breast Screening, Assessment and Symptomatic Services across Warrington & Halton, which were believed would help improve the quality of the services offered and future proof the delivery of the service in future years.

In February 2022, the Board received an update which outlined that Phase 1 of the Breast Service reconfiguration was now complete and the Breast Assessment and

Symptomatic Clinics had been relocated from Warrington Hospital to Halton Hospital's Captain Sir Tom Moore Building, where a new £2.1m Breast Centre had been created on the ground floor. Phase 2 was now planned which involved consolidating and expanding Breast Screening Services at Bath Street, Warrington, by relocating Breast Screening Services from the Kendrick Wing at Warrington Hospital. Details of the consultation plan were provided, which the Board supported.

Palliative and End of Life Review
Details were provided to the Board on the Palliative and End of Life project taking place within Halton.

The project had been ongoing since November 2020 following a successful funding bid from Macmillan Cancer Support. The work being undertaken within the project would support the requirements of Ambitions for Palliative and End of Life Care – a national framework for local action 2015-2020 and should provide Halton with a more integrated and co-ordinated provision of care for palliative patients and their families.

Intermediate Care & Frailty Service in Halton
The Board continued to receive updates on implementation of a new model for the delivery of Intermediate Care & Frailty Services in the Borough.

The key aspects of the new Service is the introduction of a Single Point of Access and the integration of the previous frailty service provided by the Halton Integrated Frailty Service, with the ability to provide a Community Rapid Response within 2 hours, if assessed as necessary.

As outlined in the report the Service went live on the 6th December 2021, initially operating 9am – 5pm, Monday – Friday, with plans to rapidly increase hours of delivery, the aim of which is to deliver the Service from 8am - 8pm, 7 days a week by the end of March 2022.

The Board would continue to monitor progress with regards to this development.

Quality Assurance in Care Homes and Domiciliary Care in Halton
In September 2021, the Board received a report which highlighted key issues with respect to Quality Assurance in Care Homes and Domiciliary Care.

The Board noted that during the pandemic both the Care Quality Commission (CQC) and Halton's Quality Assurance Team had to amend the way that they supported the sector undertaking a risk assessment approach and alternative arrangements for assessing and monitoring and only 'crossing the threshold' in relation to serious safeguarding issues.

This had resulted in reduced intelligence and notifications received by the services, which also had an impact on reporting of ratings. It was noted that the Quality Assurance Team had now started to undertake safe and well visits and the CQC had resumed inspection activities.

Mental Health Services

During 2021/22, the Board received updates on two developments within local mental health services – the current impact of the take-over by Mersey Care NHS Foundation Trust of the former North West Boroughs (NWB) Healthcare Foundation Trust and the implementation of the national Mental Health Breathing Space Scheme (MHBS).

It was reported that so far the take-over by Mersey Care of the former NWB had made very little impact locally on front line service delivery. A local multi-agency health partnership board was being re-established, which would include Mersey Care, and would make the transmission of information and service developments easier.

Members were provided details of the MHBS which was introduced by central Government and implemented in May 2021. The Scheme aimed to provide people who were in debt and who qualified for the scheme, with a period of respite during which they could not be pursued by their creditors until their debts had been addressed by a specialist debt adviser.

The Standards for Employers of Social Workers and the Social Work Health Check (Adult Social Care)
Information was presented to the Board in relation to the Standards for Employers of Social Workers in England, which was published by the Local Government Association (LGA).

It was reported that a self-assessment exercise had been undertaken locally to establish Halton's performance in relation to the Standards and staff had also taken part in the Social Work Health Check survey, which was required under one of the employer standards. Overall the results present were very positive.

The Board noted that approximately 40% of staff had responded to the survey and the aim would be to undertake the exercise again during 2021 as it was being run on an annual basis, so we would be able to check on any areas which needed to be improved. Outcomes of further surveys would be presented to the Board.

Transforming Cancer Care - Eastern Sector Cancer Hub
In October 2021, a special meeting of the Board took place to consider proposals relating to the establishment of a Cancer Hub at St Helens Hospital for Halton, Knowsley, St Helens and Warrington patients.

The Board was advised that commissioners in NHS Halton, NHS Knowsley, NHS St Helens and NHS Warrington Clinical Commissioning Groups (CCGs) and NHS England Specialised Commissioning had undertaken a review of non-surgical cancer care in the local area in line with the National Cancer Transformation Programme. The review was carried out via a structured evaluation approach following the NHS England Service Change Assurance Process, which had identified the most suitable site for the Hub would be at St Helens Hospital.

Members assessed whether the proposals constituted a substantial development or variation in the provision of health services for the residents of Halton; the Board confirmed that it did. As a result, it was advised that there would now be a joint scrutiny exercise with the other authorities affected by the proposals and that two members of

the Board would need to be nominated from within the Board membership to represent Halton at the Joint Scrutiny Committee.

At the time of writing this report, the joint scrutiny arrangements have not yet began as we are still waiting for further information from the CCG commissioners.

Improving Access to Primary Care Services
In February 2022, the Board welcomed Dr David Wilson from Grove House Partnership who provided an update on current issues and activity in respect to access to Primary Care Service in Halton, particularly in respect to the local Primary Care Winter Access Plan, which consistent of four elements:-

- Expansion of General Practice appointments;
- Consistent offer across all Halton Practices for urgent/same day appointments;
- Data validation and improvement plans; and
- Community pharmacy consultation scheme.

Some debate took place in respect to some constituent's experiences in respect to ability to access appointments and the impact that the Pandemic had had on services, clinicians and the members of the public.

Suicide Prevention
The effects of suicide are far reaching and have a devastating impact on families, friends, communities and colleagues. Suicide risk is greater in areas of deprivation, such as Halton, due to social and economic inequalities and the wider determinants of health.

In November 2021, the Board received an update in respect to the Suicide Prevention agenda within Halton.

The Board received details of the:-

- Public Health England Prevention and Promotion Mental health funding and it's use/outcomes;
- Work of Champs Public Health Collaborative;
- Core local activity, such as tackling Mental Health Stigma in men with Halton's Time to Change Hub; and
- Work being done with Mental Health Teams in Schools.

Homelessness Services
The Board received an update on the Homelessness Service provision and activity during the Covid-19 pandemic. This included future service developments, highlighting agency engagement and activity towards reducing homelessness within the Borough.

Details were provided to the Board on the approach being taken by the Housing Solutions Team's to tackle homelessness and meeting the needs of vulnerable homeless clients. Data relating to the usage of commissioned provision and numbers of clients were also presented to the Board.

SCRUTINY REVIEWS

At the Board's meeting in February 2021, it was agreed that the 2021/22 work topic would focus on the local implementation of the recommendations contained in the North West Association of Directors of Adult Social Services (NWADASS) Elected Member Commission report '*The impact of Covid-19 on People with Care and Support Needs, their Families, Carers and Communities'.*

At the time of writing this report, the outcome from the scrutiny review is still be assessed and will be presented to the Board meeting in June 2022.

PERFORMANCE

The Health Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, during the year the Board has been provided with thematic reports which have included information on progress against key performance indicators, milestones and targets relating to Health.

The Board also received details of the Halton Safeguarding Adult Board (HSAB) Annual Report for 2020/21 which was developed in conjunction with HSAB partners to ensure the report encompassed a multi-agency approach. The Report included performance data and comparisons between years, achievements in the year and highlighted some of the good practice taking place in the Borough.

In respect to Safeguarding, the Board also heard how the Pandemic had impacted on individuals, families, communities and wider society and how it had touched every part of people's lives and that many of the existing protective factors in the lives of adults at risk of abuse and harm had been temporarily absent or limited.

INFORMATION BRIEFING

During 2021/22, the Board continued to receive an Information Briefing Bulletin in advance of each of the Board meetings.

The Information Briefing is a way of trying to manage the size of the agendas of the Board meetings better. Including information on topics which were previously presented to Board as reports only for the Board's information now into the Information Briefing bulletin allows the Board to focus more on areas where decisions etc. are needed.

Example of areas that have been included in the Information Briefing over the last 12 months have included:-

- Cheshire & Merseyside Acute Hospital Elective Recovery
- Healthwatch Halton Annual Report 2020-21
- Urgent Treatment Centres
- Blue Badge Policy

WORK TOPICS FOR 2022/23:

At the meeting of the Board in February 2022, it was agreed that the focus of Scrutiny topic for 2022/23 would be on workforce, specifically in relation to the approaches taken to Adult Social Care workforce planning and the skills and training opportunities that are available for Adult Social Care provider staff.

Report prepared by Louise Wilson, Commissioning & Development Manager, People Directorate
Email: louise.wilson@halton.gov.uk Tel: 0151 511 8861

REPORT TO:	Health Policy and Performance Board
DATE:	28th June 2022
REPORTING OFFICER:	• Clinical Chief Officer - NHS Halton & NHS Warrington Clinical Commissioning Groups • Director of Strategy and Partnerships - Warrington and Halton Teaching Hospitals NHS Foundation Trust
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Reconfiguration of Breast Services provided to the boroughs of Halton, Knowsley, St Helen's and Warrington: Phase 2
WARD(S):	Borough-wide Halton

1.0 PURPOSE OF THE REPORT

To notify the Board of:

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

2.0 RECOMMENDATION

That the Board:

1) Note the contents of the report
2) Support the proposed next steps as described.

3.0 SUPPORTING INFORMATION

3.1 Reconfiguration of Breast Services across Halton, Knowsley, St Helen's and Warrington - recap

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

The change in service saw the breast assessment (anomalies found as part of routine screening) and breast symptomatic (anomalies found by patients – GP direct referral) services relocate from Warrington Hospital's Kendrick Wing and Halton Hospital's Delamere Centre to a new £2.1m specialist Breast Care Centre at Captain Sir Tom Moore building, Halton Hospital. Note that the assessment service continues at the Burney Centre, St Helen's Hospital. At that time, there was no change to Breast Screening services other than the discontinuation of screening at Delamere Centre which relocated within the Halton Hospital site.

Impact on Halton Residents

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

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

3.2 **The Breast Screening service:**

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

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

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

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

It is now proposed that breast screening service in Warrington be consolidated at Bath St and discontinued at Warrington Hospital's Kendrick Wing (augmented as usual with mobile services as required.) As this is a cessation of service at one location, public consultation is required.

The consultation is being held according to the Gunning Principles.

The Health Policy and Performance Board was appraised of the proposal to consolidate the Warrington breast screening services at Bath St. and scrutinised:

- The proposal
- The Public Consultation plan and methodologies
- The timeline

- Reporting actions and decision-making plan

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

Public Consultation timeline:

Consultation commences	06.05 22
Issue stakeholder briefing – to all partners and advocacy groups, CCGs for GP newsletters and PPGs	06.05.22
Issue press release	06.05.22
Face to Face engagement @ Kendrick Wing, Warrington Hospital - Sessions - 1x per week during consultation period across a range of days/times	From 6.5.22
Recruit 'Experts by Experience' to inform design aspects at Bath St	From 6.5.22
Face to Face engagement @ Bath St., Warrington Hospital	From 6.5.22
Face to Face engagement @ Halton CSTM	From 6.5.22
Delivery of 1 x MS Teams LIVE virtual consultation event	26.5.22
Issue reminder press release and stakeholder update 10 days before consultation end date. Update SM message	08.06.22
Consultation closes – update website	20.06.22
Evaluation of consultation feedback and outcomes including identification of themes and suggestions	From 20.6.22
Outcomes to WHH Executive Team	From 20.6.22
Outcomes to NHS Warrington and NHS Halton CCGs	From 20.6.22
Halton Health Policy and Improvement Board meeting – slide pack of outcomes (consultation plan previously submitted – 15 Feb 22)	28th June 2022
Halton Health and Wellbeing Board	6th July

3.4 **Consultation materials (and see appendices)**

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

Social Media (Twitter, Facebook, Instagram)

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

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

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

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

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

- The vacated service space at Warrington Hospital will be refurbished for use by the WHSKBSS administration team and any additional space reallocated for other non-clinical services.

3.6 **Next Steps**

- **Consultation continues until 20th June 2022**, with more promotion and targeted communication to hard to engage/specific groups to ensure wide and diverse representation. Regular monitoring ensures that we can put additional support into areas/groups that are not represented.
- **Results and recommendations presentation to Halton Health Policy and Performance Board** (accompanied by this paper) on 28th June 22.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 FINANCIAL IMPLICATIONS

5.1 Warrington and Halton Hospitals will cover the costs of the consultation process.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

None identified.

6.2 Employment, Learning and Skills in Halton

None identified.

6.3 A Healthy Halton

The report being presented will directly link to this priority.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 Risk Analysis

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

8.0 EQUALITY AND DIVERSITY ISSUES

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

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

9.1 None under the meaning of the Act.

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Proposal to consolidate Warrington Breast Screening Services at Bath St, Health and Wellbeing Centre, Warrington

Public Consultation – MS Teams Live
19th May 2022

Welcome and Introductions

Warrington and Halton Teaching Hospitals NHS Foundation Trust

- Lucy Gardner, Director of Strategy and Partnerships
- Janette Richardson, Breast Screening Programme Manager
- Rachael Bissell, Clinical Services Manager – Breast Imaging
- Caroline Lane, Strategy Project Manager

Structure of the Session

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

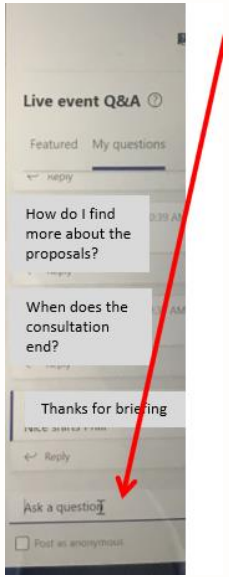
1. Understanding the current breast screening service(s) and how they are configured.

2. Description of the proposed changes and how we believe they will improve the service to patients.

3. Why we believe the proposed changes are required.

4. Thank you and next steps.

Please enter any questions in the Live event Q&A panel with the ⓘ symbol and they will be answered at the end.



Understanding the current Breast Screening service(s) and how they are configured

Breast Screening Service

Warrington and Halton Teaching Hospitals NHS Foundation Trust

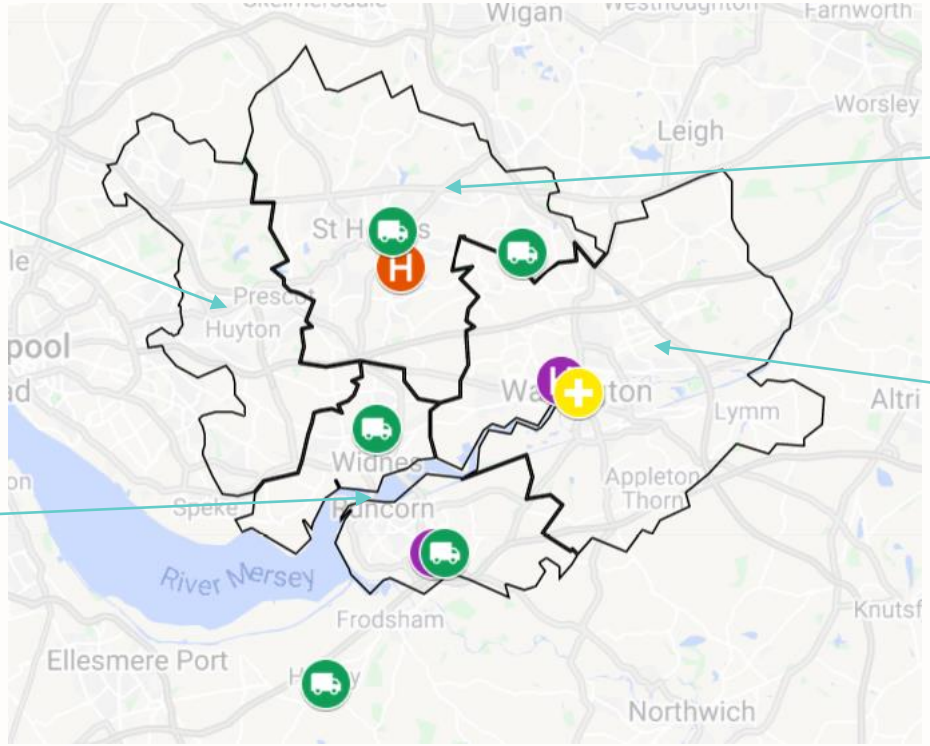
- Currently offered to all women aged 50 - 70 years every three years, as part of the National Screening Programme.
- Commissioned by NHS England Specialist Commissioning.
- Warrington & Halton (WHH) is lead provider of the service covering Warrington, Halton, St Helens and Knowsley.
- Screening services currently provided at:

- Captain Sir Tom Moore building- Halton Hospital
- St. Helens Hospital
- Mobile screening unit which rotates across five locations in the region
- Kendrick Wing @ Warrington Hospital
- Bath Street Health and Wellbeing Centre, Warrington

Female Population (50 – 74 years) by catchment area

Knowsley
c. 9,000

Halton
c. 21,000



St Helens
c. 29,000

Warrington
c. 33,000

- Warrington Hospital
- Halton Hospital
- St Helens Hospital
- Bath Street
- Mobile Unit

Screening Service in Numbers (pre-covid)

Warrington and Halton Teaching Hospitals NHS Foundation Trust

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

N.B. Women can chose any of the screening centres at time of booking

- In the event that a potential abnormality is detected during screening, the person will be invited back to an **Assessment Service** at either the Burney Breast Unit at St. Helens Hospital or the Breast Care Centre at Captain Sir Tom Moore for further investigations.

Breast Care Centre, Halton

- WHH Breast Screening Service successfully completed a major reconfiguration completed in the summer of 2021 (phase 1) following public consultation.

- Included relocation of Breast Assessment and Symptomatic clinics from Warrington Hospital to Halton Hospital's Captain Sir Tom Moore building

- £2.1m purpose-built Breast Centre created on the ground floor of Captain Sir Tom Moore - the Trust's flagship estate – to improve the service.

Current Breast Service at Kendrick Wing, Warrington Hospital

First floor location

Breast service at Kendrick Wing

Warrington and Halton Teaching Hospitals NHS Foundation Trust

What are the proposed changes and how will they will improve the service to patients?

What are the proposed changes?

Warrington and Halton Teaching Hospitals NHS Foundation Trust

- We propose that all Warrington screening be consolidated in more modern and accessible accommodation at Bath Street, Health and Wellbeing Centre supported, as normal, with the mobile unit.

- **To support this we propose to cease the remaining screening service at Warrington Hospital's Kendrick Wing**

Numbers that will be impacted – Warrington Hospital assessment service (pre-covid)

Warrington and Halton Teaching Hospitals NHS Foundation Trust

1. Warrington: Approximately 2214 Warrington residents either opted for or were directed to services at Kendrick Wing, Warrington Hospital

2. St. Helens: Approximately 342 St Helens residents either opted for or were directed to services at Kendrick Wing, Warrington Hospital- approximately 10% of the total

3. Approximately 342 Halton residents either opted for or were directed to services at Kendrick Wing, Warrington Hospital –approximately 10% of the total

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

Why are the proposed changes required?

Improved Quality of Service

Warrington and Halton Teaching Hospitals NHS Foundation Trust

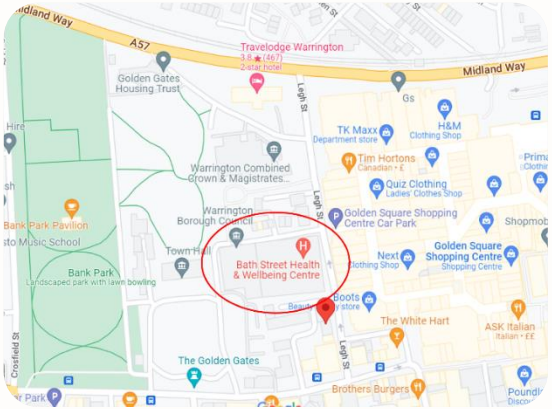
1. The building in Kendrick Wing is very old estate which leads to recurrent problems with the lift, and other age related issues

2. The number of patients screened each year by the service has doubled over the last 20 years. However, the service provided from the base at Warrington Hospital's Kendrick Wing has retained the same basic estate footprint, which is no longer fit for purpose and has no opportunity for obvious expansion

3. In contrast, Bath Street offers a brand new fully accessible, purpose built facility within a modern building

Improved Accessibility

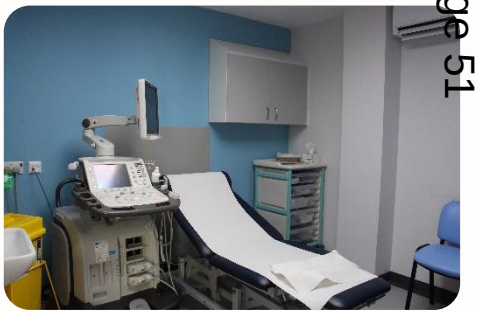
- Although only 0.9 miles away from the Warrington Hospital Site, the Bath Street Centre is more centrally located
- There is free car parking available at Bath Street, for patients for up to 90 minutes
- The central location means that Bath Street benefits from the full public transport network
- The Bath Street site involves a shorter walk from the car-park to the breast clinic compared to the Warrington Hospital site



Improved Efficiency

Warrington and Halton Teaching Hospitals NHS Foundation Trust

- There is currently a national shortage of qualified Mammographers to undertake Breast Screening.
- By expanding the screening service in a modern environment, we are able to make services more resilient and also more attractive to potential employees in future.
- These efficiency improvements should deliver a more sustainable service for patients.



Any Questions?

Thank you and next steps

NHS
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- Thank you for taking the time to find out more about our proposals and thank you for any feedback or comments that you have share.
- You can find the full consultation information **including proposals, FAQs and the consultation questionnaire** on the Trust website www.whh.nhs.uk or using the QR code.
- The page will be updated with any other frequently asked questions or themes emerging during the consultation.

Your feedback will help inform the final decision around the proposals, which will be made following the conclusion of the public consultation period on **20th June 2022.**

The outcome will be published via all Trust channels on or after the 14th July 2022.

NHS Halton Clinical Commissioning Group
NHS Warrington Clinical Commissioning Group

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Your views: Relocation of breast screening services from Warrington Hospital to Bath Street Health and Wellbeing Centre, Warrington

We welcome your views on the proposed relocation of Breast Screening Services (Mammography). Details are available from our website and from staff. The consultation will close on Monday June 20th.

Other formats - If you have any concerns or questions about the survey, require the questionnaire in another language or format, including large print, easy read, Braille, audio or British Sign Language, or simply require assistance in completing the form please email whh.engagement@nhs.net or call 01925 662114 / 01925 665981.

You can read the full proposals and Frequently Asked Questions using the following link or using the QR code: https://whh.nhs.uk/about-us/membership-and-engagement/breast-service-consultation

SCAN ME

Q1 Have you used any of the following services provided by the Trust?

a. Breast Screening (if yes state location)
b. Breast Assessment Clinic (This means you were recalled following routine screening), if yes state location)
c. Outpatient Symptomatic Breast Clinic (This means you were directly referred by your GP following a concern about your breasts), if yes state location

Q2 Have you been made aware of the proposal to consolidate (bring together) breast screening services in Warrington to one site, at Bath St.?

a. Yes
b. No
c. I don't know

Q3 Do you feel that you have been given enough information to form an opinion on our proposals?

a. Yes
b. No
c. I don't know
d. If no, what else would you like to know ……

Q4 If you were invited to attend for a breast screening appointment in Warrington please indicate which venue you would prefer below. (Please note that breast screening is offered at venues in other boroughs.

a. Bath Street Health and Wellbeing Centre, Warrington
b. Warrington Hospital's Kendrick Wing
c. None of these (please say why……)

Q5 Which of the following are/would be most important for you when attending a breast screening and assessment service? Please rank from one to six where 1 is most important and 6 is least important

Outcome of my treatment	
Waiting times to access the service	
The environment and facilities	
The location of the service	
Car parking	
Staff expertise	

Q6 How satisfied would you be to access breast screening services at Bath Street Health and Wellbeing Centre?

a. Very satisfied
b. Satisfied
c. Neither satisfied nor dissatisfied
d. Dissatisfied
e. Very dissatisfied
f. Don't know

Q7 Is there anything else you think we should consider?

Q8 If we received funding for a new hospital what do you think is important we deliver to have the greatest impact for our patients and for the local community

About You:

The following section is about you and will enable us to ensure we have engaged a wide range of people. You do not have to complete the following section and this information will only be used to theme the responses.

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

What is your age?
☐ Under 16 ☐ 16-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75-84 ☐ 85 or over

What is your ethnicity?
☐ White British ☐White Irish ☐White European
☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other mixed background
☐ Caribbean ☐ African ☐ Any other Black background
☐ Chinese ☐ Any other Asian background
☐ Bangladeshi ☐ Indian ☐ Pakistani
☐ Any other Ethnic Group
☐ I do not wish to disclose my ethnic origin

What is your gender? ☐ Male ☐ Female ☐ Other (please state)……..
☐ Prefer not to say

Do you identify as the same gender you were assigned at birth?
☐ Yes
☐ No
☐ Prefer not to say

What is your religion or belief?
☐ Christianity
☐ Hinduism
☐ Islam
☐ Judaism
☐ Buddhism
☐ Sikhism
☐ Other (please specify)
☐ Prefer not to say

What is your sexual orientation?
☐ Heterosexual (people of the opposite sex)
☐ Gay (both men)
☐ Lesbian (both female)
☐ Bisexual (people of either sex)
☐ Other (please specify)
What is your relationship status?

☐ Single, Never Married
☐ Married
☐ Separated
☐ Divorced
☐ Widowed
☐ Civil Partnership
☐ Prefer not to say
☐ Other (please specify)

We need to know we've spoken to women who are pregnant or have recently given birth. Please tick below if you:
☐ Are pregnant at this time
☐ Have you recently given birth? (within the last 26 week period)

Do you consider yourself to have a disability? (The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which is long term (12 month period or longer) or has substantial adverse effects on their ability to carry out day to day activities).
☐ Yes
☐ No
☐ Please state if yes……..

Carers play a crucial role in health and social care. We need to know we've gathered the views of carers. Please tell us if you care for someone and how old they are.
☐ I am not a carer for anyone
☐ I care for a young person/s aged younger than 24 years of age
☐ I care for a adults/s aged 25 to 49 years of age
☐ I care for an older person/s aged 50 years of age or older

Thank you for taking the time to complete the survey.

We are WHH & We are PROUD to make a difference

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Press Release

9th May 2022

Final phase of reconfiguration of Breast Services proposed

Warrington and Halton Teaching Hospitals is progressing with plans to expand its breast screening service at Bath St Healthcare Resource Centre in Warrington town centre in the final phase of its reconfiguration of breast services across Halton, Knowsley, St Helens and Warrington.

In the first phase, which was subject to public consultation in the Spring of 2021, a £1.3m breast centre was created at the Captain Sir Tom Moore building at Halton Hospital.

The new centre enabled the relocation of the assessment and symptomatic clinics to a 'one stop shop' offering comprehensive diagnostics and support to patients that have anomalies on routine breast screening or those who have noticed breast changes or found lumps that are referred in via their GP. Women can now also select this location for their routine screening appointments.

The public widely supported the relocation of the breast screening assessment and symptomatic clinics from Kendrick Wing to the new Breast Centre and breast screening from Halton Hospital's Delamere Centre across site to the new Breast Centre.

Lucy Gardner, Director of Strategy and Partnerships said:

"At the time of that consultation the availability of space and the necessary funding to develop the existing screening service at the Healthcare Resource Centre at Bath St Warrington was uncertain.

"The Trust is now able to move forward with the expansion of screening services at Bath Street - hence this second and final public consultation.

"The benefits for service users include: a more central location, plentiful free car parking and better public transport links, easier access to the clinic once on site and new equipment in purpose-built clinical facilities.

"Current staff will relocate with their service and there will be no change to staffing levels and no member of staff will be disadvantaged by this relocation. The remaining space at Kendrick Wing would be occupied by non-patient facing services.

"It is really important that local people have their say on these proposals and share any suggestions they may have to help us improve the service."

The proposal which is being consulted upon is that **the remaining screening service at Warrington Hospital's Kendrick Wing cease and all Warrington screening now be consolidated at Bath Street augmented, as normal, with mobile units**.

Details of the proposal and some Frequently Asked Questions are available on the Trust's website along with a questionnaire for people to complete and give their views.

Paper copies are available via the Screening service or by contacting whh.enagement@nhs.net or calling 01925 662114/01925 665981.

The Trust will be hosting **Virtual Engagement Session** during the Consultation on Thursday 19th May at 2pm. Please visit https://whh.nhs.uk/about-us/membership-and-engagement/breast-service-consultation for details on how to join. All are welcome.

The consultation period will run until 20th June and the team is also happy to attend other local community forums to present details of these proposals during this period, on request.

The consultation materials can be made available in alternative languages and formats on request and are available by emailing whh.engagement@nhs.net.

ENDS

We are WHH & We are PROUD to make a difference

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Breast Services

Improving Your Experience

Warrington and Halton Teaching Hospitals NHS Foundation Trust is the lead provider for the Breast Screening Service, managing and co-ordinating a three-year rolling programme of routine mammography across the region. Breast Screening is offered to all women aged 50 - 70 (up to their 71st birthday) and the location of screening is organised according to where you live or by your GP practice.

We have made significant investment in improving Breast services with the creation of a modern new Breast Care Centre at the Captain Sir Tom Moore Building on the Halton Hospital site. As part of our ongoing programme of improvement for Breast Services we are soon planning to enhance the screening clinics at Bath Street Health and Wellbeing Centre. This will ensure more women can benefit from attending for screening in this modern, purpose-built health facility.

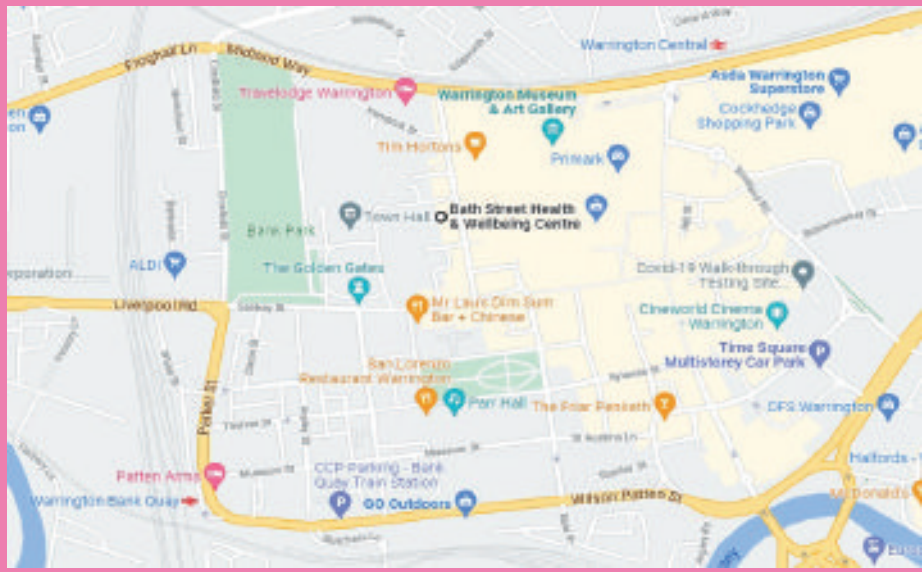
Where can I attend for screening in Warrington?

In Warrington, screening is currently provided at Bath Street Health and Wellbeing Centre (situated 0.9 miles from Warrington Hospital) and the Kendrick Wing, Warrington Hospital.

Attending appointments at Bath Street Health and Wellbeing Centre offers:

- A bright, modern environment for patients
- Free parking for up to 90 minutes for patients with appointments
- A town centre location
- Excellent access to public transport links – 7 minute walk from Warrington bus interchange, 9 minute walk from both Warrington Central and Bank Quay train stations
- Easier access for those with mobility needs
- A short walk to the Breast Clinic from the car park

Bath Street Health and Wellbeing Centre is located on Legh Street, Warrington, Cheshire, WA1



Google Maps

If you would like to talk to us more about Breast Screening options or give us your feedback please contact: whh.engagement@nhs.net

REPORT TO: Health Policy & Performance Board

DATE: 28th June 2022

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: Widnes Urgent Treatment Centre Update

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 The purpose of the report is to provide an update in relation to Widnes Urgent Treatment Centre (UTC) and the current service offer delivered.

2.0 **RECOMMENDATION:**

i) The Health Policy & Performance Board note the contents of this report.

3.0 **SUPPORTING INFORMATION**

General

3.1 The Widnes Urgent Treatment Centre is open 365 days a year from 8am to 9pm and is located in the multi-service Health Care Resource Centre (HCRC) in Widnes and patients can walk in or book appointments via NHS 111 and GPConnect.

3.2 Patients can attend the service with several different conditions such as minor cuts or wounds, sore throats, bites or stings, rashes, and allergic reactions, for prescribed medication requests, minor burns or scalds, coughs and colds, muscle or joint injuries, earache, eye injuries and infections and emergency contraception.

3.3 The service meets all the requirements of the 2017 UTC National Standards and is one of the only UTCs in Cheshire and Merseyside to do so.

3.4 There is a GP on site at the UTC 7 days a week. Widnes is one of two UTCs in Cheshire and Merseyside to have this level of cover.

3.5 On each shift there is a blend of medical, nursing, and administrative staff to provide a high-quality urgent treatment service.

3.6 There is a strong paediatric workforce and there is always one trained paediatric nurse on duty at each shift who is clinically

supported by an Advanced Paediatric Clinical Nurse Practitioner.

3.7 Diagnostics are available onsite in the form of near patient testing /point of care tests for deep vein thrombosis (DVT), x-ray, and ultrasound facilities.

3.8 The service is currently expanding the diagnostic capability to increase the ability to manage more patients in the community by undertaking point of care testing for COVID and other infectious diseases. As further opportunities arise to increase the diagnostic capacity these will be implemented.

3.9 Electrocardiograms (ECGs) to assess chest pain can be taken onsite and can be reported by the Advanced Nurse Practitioner or GP onsite and support is available when required from the Emergency Duty Registrar in the Emergency Department (ED) at Whiston and Warrington Hospitals.

3.10 Widnes is the only UTC 'red site' and can see patients who may be COVID positive.

3.11 Appendix 1 shows a comparison of Widnes UTC alongside other UTCs in Cheshire and Merseyside.

Bridgewater and the UTC

3.12 The Trust has delivered the service at Widnes since it was initially first commissioned and has undertaken several periods of service transformation to respond to the needs of the people who use the service.

3.13 The UTC is at the heart of care delivery in Halton, and it is a key service to support the delivery of community services. The Trust has been able to co-locate several other core community services which it delivers into the HCRC such as:

- Halton Frailty Crisis Response Service
- Community nursing
- 0-19s Children's services
- District Nursing Treatment rooms
- Community Dental Services

3.14 The co-location of services promotes joint working between staff teams and enables more patients to be successfully managed in the community without the need to refer to other providers.

3.15 The Trust has developed a strategy for urgent care delivery which describes the mission as providing 'person focussed' care and 'improving the health and wellbeing of every patient we treat' (See Appendix 2).

3.16 The Trust is currently reviewing health inequalities data of the patients who access the service with the aim of understanding what support could be offered to them as well as looking at the data to understand why certain patient groups access EDs and not the UTC.

Access

3.17 The service is fully accessible for walk in appointments and has been throughout the pandemic.

3.18 Appointments can also be booked via NHS111 and GPConnect.

3.19 GPConnect enables the patients GP practice to directly book into appointment slots for the UTC. This is currently being piloted with a small number of practices in Widnes and will be rolled out over the coming months across the rest of Widnes and then into Runcorn.

3.20 GPConnect was put in place to support the delivery of 'on the day' activity from primary care and acts as additional capacity so that primary care can focus their appointment capacity on more long-term monitoring of patients with chronic conditions and direct 'on the day' acute appointments to the UTC.

3.21 Widnes UTC is the only UTC in Cheshire and Merseyside to have GPConnect in place.

3.22 Patients can also call NHS 111 and they have access to appointment slots.

Workforce

3.23 The service has a highly trained workforce who are supported to develop and have the skills necessary to treat the complexity of patients who present at the UTC.

3.24 The Trust supports staff to attend and complete service-specific continuing professional development programmes for all e.g., Masters' programmes for staff for clinical diagnostics and examination and V300 Independent Prescribing courses.

3.25 The Trust has also at its own cost funded additional roles in the service of a Nurse Clinical Lead and three additional Band 7 Advanced Practitioners.

3.26 The service and Trust have an excellent ethos in relation to research and development which is led by the Trusts Medical Director. Most recently clinical innovation has been embedded into the service through delivering a walking boot which enables patients to mobilise

(reducing their risk of DVT) so they do not have to go to ED for immediate treatment of long bone/distal fractures.

3.27 The Trust is in discussions with Widnes Primary Care Network (PCN) and the GP Federation in relation to the provision of GP cover and it is expected that the Widnes PCN GPs will in future provide the GPs and Clinical Leadership of the service via a service level agreement.

Performance

3.28 The UTC has consistently over performed versus the indicative levels of activity in Halton Clinical Commissioning Group (CCG) Contract Specification which profiled attends of circa 150 patients a day.

3.29 There has been a 52.2% increase on year-on-year activity delivered between 2020/21 and 2021/22 with daily attendance reaching 245 in April 2022.

3.30 The service has maintained the delivery of the 4-hour waiting time standard throughout the pandemic and continues to do so.

3.31 More detailed performance information can be seen in Appendix 3.

3.32 The referral rates to ED are low and where possible patients are managed solely at the UTC. There are occasions where patients who present with conditions which cannot be treated at the UTC or who require more complex investigations and diagnostics and may require onward referral to ED.

3.33 The figures for the percentage of patients transferred to Emergency Department can be seen in Appendix 4. As can be seen from the data the percentage of patients transferred to emergency departments is slightly lower than a comparable local UTC and is variable as this is dependent on the presenting medical condition and their level of acuity.

3.34 The Widnes UTC will continue to strive to increase the service offer available so that it can further reduce the numbers of patients transferred to Emergency Departments.

Partnerships and Collaboration

3.35 The Trust is committed to developing the UTC further with partners in both place and across Cheshire and Merseyside and in particular St Helens and Knowsley Hospital Trust (StHK) who serve most of the Widnes residents from an acute trust perspective.

3.36 The service works closely with StHK in urgent care, paediatrics, burns and plastics and orthopaedics and can manage patients via

shared clinical pathways and directly refer patients into clinical specialties.

3.37 Clinicians from the UTC have supported onsite at StHK facilitating discharge and streaming patients from ED to the UTC during periods of significant pressure for StHK.

3.38 Discussions are progressing in relation to developing a virtual ED ward round to divert activity from StHK's ED to the UTC.

3.39 The Trust is part of the Mental Health, Learning Difficulties and Community Provider Collaborative and it is looking to develop best practice and demonstrate the way it has led the transformation of urgent care centres into urgent treatment centres.

3.40 Mersey Care are working with the Trust to support patients presenting at the UTC with an acute presentation of a mental illness and developing a referral process for patients who have less acute presentations.

3.41 The Trust is also considering how we develop relationships with the service and third/voluntary sector and how we offer additional support to patients who access the facility such as health education/support.

3.42 Appendix 4 describes our connections with our urgent care delivery partners.

Communication

3.43 As we slowly learn to live with Covid-19 and following the recent relaxation of guidance around Covid-19 infection prevention and control measures from the NHS, plans are being implemented to promote to the public an update in how the UTC is accessed. The local authority is helping with this.

3.44 The Trust is working with rich quantitative data that looks at key factors such as demographic, post code and UTC presentation, as well as qualitative data from patient feedback and surveys, a fresh communications campaign has been developed, and this will be overtly joint with other place partners, including the Runcorn UTC.

3.45 A digital and non-digital communications plan is currently being developed which will ensure the socioeconomic makeup of the Widnes area is reflected and fairly represented.

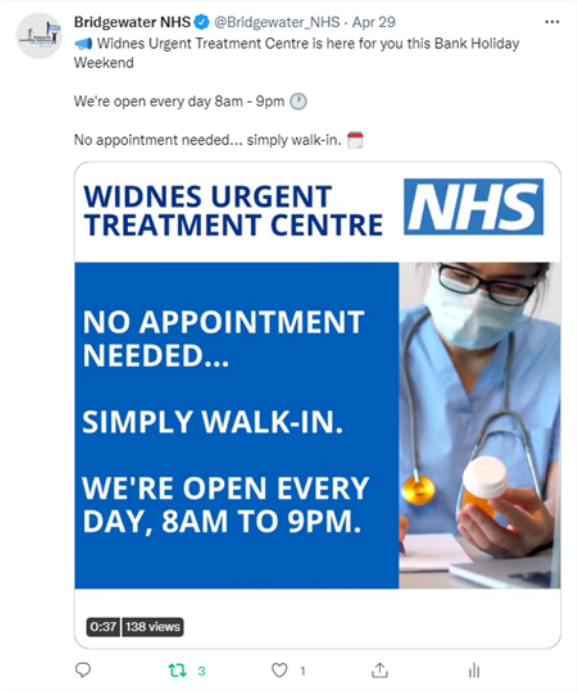
3.46 The Trust has begun use of Halton Community Radio (HCR) to promote the Widnes UTC to its' listeners tuning in and to the people they see in face-to-face situations such as events. The Trust will

bring a specific radio show about the UTC to its audience, but also the wider services provided by the Trust and place partners.

Recent communication examples to promote the UTC:

3.47

- News Release - https://bridgewater.nhs.uk/latest-news/widnes-urgent-treatment-centre-here-for-you-this-bank-holiday-weekend/
- Runcorn and Widnes World - https://www.runcornandwidnesworld.co.uk/news/20104119.need-appointment-widnes-urgent-treatment-centre/
- High level (animated) social media campaign on Twitter, Facebook, and Instagram for the Easter BH: -



Conclusion

3.48 The Widnes UTC is a key service for Widnes and to the Borough of Halton.

3.49 The Trust is committed to driving the quality of service provided and the achievement of the service specific key performance indicators so that the best possible service can be experienced by the citizens that utilise it.

3.50 The Trust recognises the need to work in conjunction with partners to deliver this key service and is committed to progressing this focus and maximising the capacity and capability of the service.

4.0 **POLICY IMPLICATIONS**

Not applicable

5.0 OTHER/FINANCIAL IMPLICATIONS

Not applicable

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The Widnes UTC has specialist paediatric practitioners onsite and can meet the needs of children and young people in the Borough. The service also works closely with the safeguarding team to manage any potential safeguarding concerns.

6.2 Employment, Learning & Skills in Halton

The Trust offers a specialised development package for training for staff delivering urgent care and supports the employment of staff who live in the Borough.

6.3 A Healthy Halton

The service provides lifestyle advice to patients and is also linking in with other third sector providers who may be able to support us to deliver key public health messages.

6.4 A Safer Halton

Not applicable

6.5 Halton's Urban Renewal

Not applicable

7.0 RISK ANALYSIS

7.1 The UTC continues to grow and develop and see increasing numbers of patients. This is at a time where partner healthcare providers are also experiencing unprecedented levels of demand and there is the risk that the capacity from a staffing and an estates perspective will permit the number of patients that can be seen on site.

7.2 There is an opportunity if there was more space accessible at the HCRC then the size of the service could be increased, and more patients could be seen at the facility. This however would require additional income both for staff and for additional estates costs.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 As patients do not have to be registered with a GP to access the

UTC this supports equality of access to urgent care services.

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

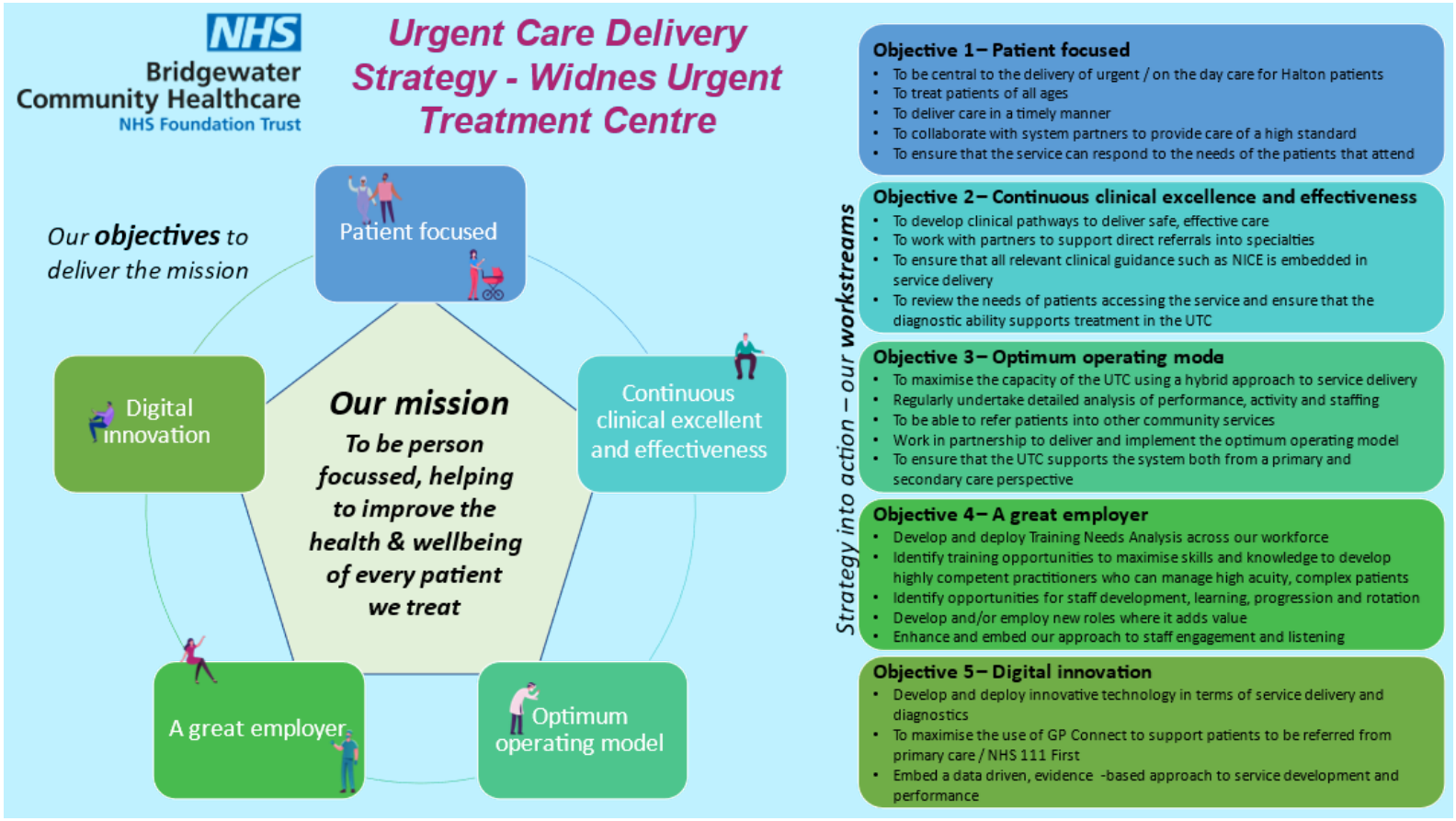
Not applicable

Appendix 1 – Comparison with other UTC providers
Appendix 2 – Trust Strategy for the delivery of Urgent Care
Appendix 3 – Performance Data
Appendix 4 – Emergency Department Transfer
Appendix 5 - Connections with our urgent care delivery partners

Appendix 1 – Comparison with other UTC providers

Service Name	Walk-in Centre Appointment Booking - Liverpool	The Beat Liverpool City Centre	Old Swan WIC	South Liverpool Treatment Centre	Smithdown Childrens WIC	Litherland WIC	Kirkby WIC	Halewood WIC	Huyton WIC	Runcorn UCC	Widnes UCC	St Helens UTC
CCG	Liverpool CCG					South Sefton CCG	Knowsley CCG			Halton CCG		St Helens CCG
Postcode	L1 2SA (Dummy Postcode)	L1 4AF	L13 2GA	L19 2LW	L15 2LQ	L21 9JN	L32 8RE	L26 9UH	L36 6GA	WA7 2DA	WA8 7GD	WA10 1HJ
Monday	08:00-20:00		08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:30	08:00-20:30	08:00-20:30	08:00-21:00	08:00-21:00	07:00-22:00
Tuesday	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:30	08:00-20:30	08:00-20:30	08:00-21:00	08:00-21:00	07:00-22:00
Wednesday	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:30	08:00-20:30	08:00-20:30	08:00-21:00	08:00-21:00	07:00-22:00
Thursday	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:30	08:00-20:30	08:00-20:30	08:00-21:00	08:00-21:00	07:00-22:00
Friday	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:30	08:00-20:30	08:00-20:30	08:00-21:00	08:00-21:00	07:00-22:00
Saturday	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:30	08:00-20:30	08:00-20:30	08:00-21:00	08:00-21:00	07:00-22:00
Sunday	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	10:00-20:30	10:00-20:30	10:00-20:30	08:00-21:00	08:00-21:00	09:00-22:00
X-Ray OnSite	NA	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes
X-Ray Available Weekdays (Monday - Friday)	NA	No	No	09:00 - 16:30	09:00 - 16:30	09:00 - 19:00	08:30-20:00	No	No	08:00-21:00	08:00 -20:00	09:00-19:00
X-Ray Available Weekends (Saturday and Sunday)	NA	No	No	No	No	No	10:00 -16:00	No	No	08:00-21:00	08:00 -20:00	09:00-19:00
GP Available Weekdays (Monday - Friday)	No	No	No	No	No	TBC	No	No	No	12:00 - 18:00	12:00 - 18:00	11:00 - 20:00
GP Available Weekends (Saturday and Sunday)	No	No	No	No	No	TBC	No	No	No	12:00 - 18:00	12:00 - 18:00	No
Direct Booking of Appointments via NHS 111	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes
NHS 111 Referrals	NHS 111 can directly book callbacks from the Liverpool WICs, the WIC will assess the patient over the phone and if required then book an appointment at the most appropriate WIC for their needs. If there are no appointments available the patient is advised self present at the nearest WIC.					NHS 111 can book callbacks from Litherland WIC the WIC will assess the patient over the 'phone and if required book an appointment. If the WIC hasn't called the patient within the dispostion time frame the patient is to telephone the WIC on 0151 475 4667	Patients told to self present			NHS 111 can directly book appointments at the UCC. If there are no appointments available the patient is advised to self-present at the UCC.	NHS 111 can directly book appointments at the UCC. If there are no appointments available the patient is advised to self-present at the UCC.	NHS 111 can directly book appointments at UTC. If there are no appointments available the patient is advised to self-present at the UTC.

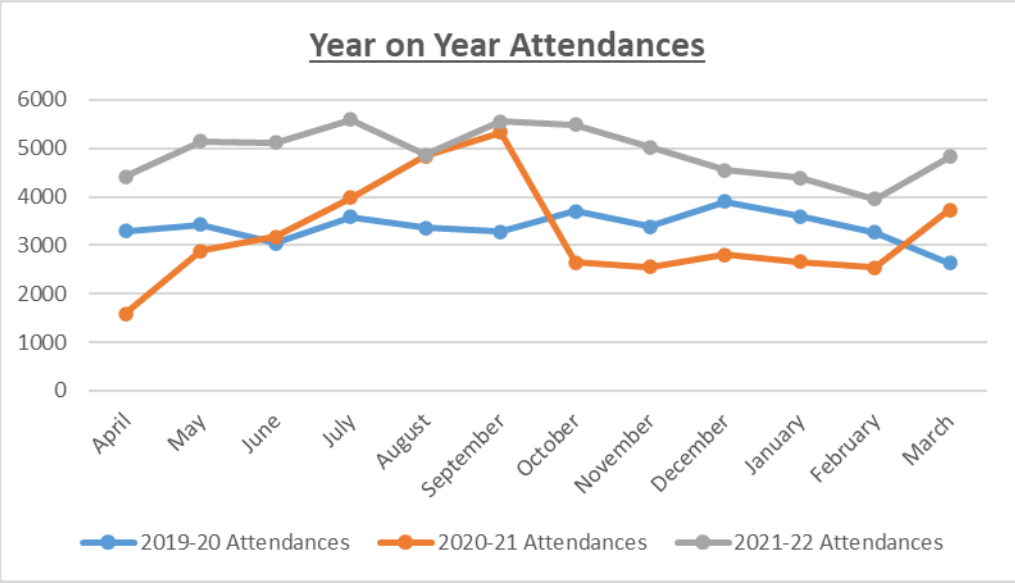
Appendix 2 – Trust Strategy for the delivery of Urgent Care

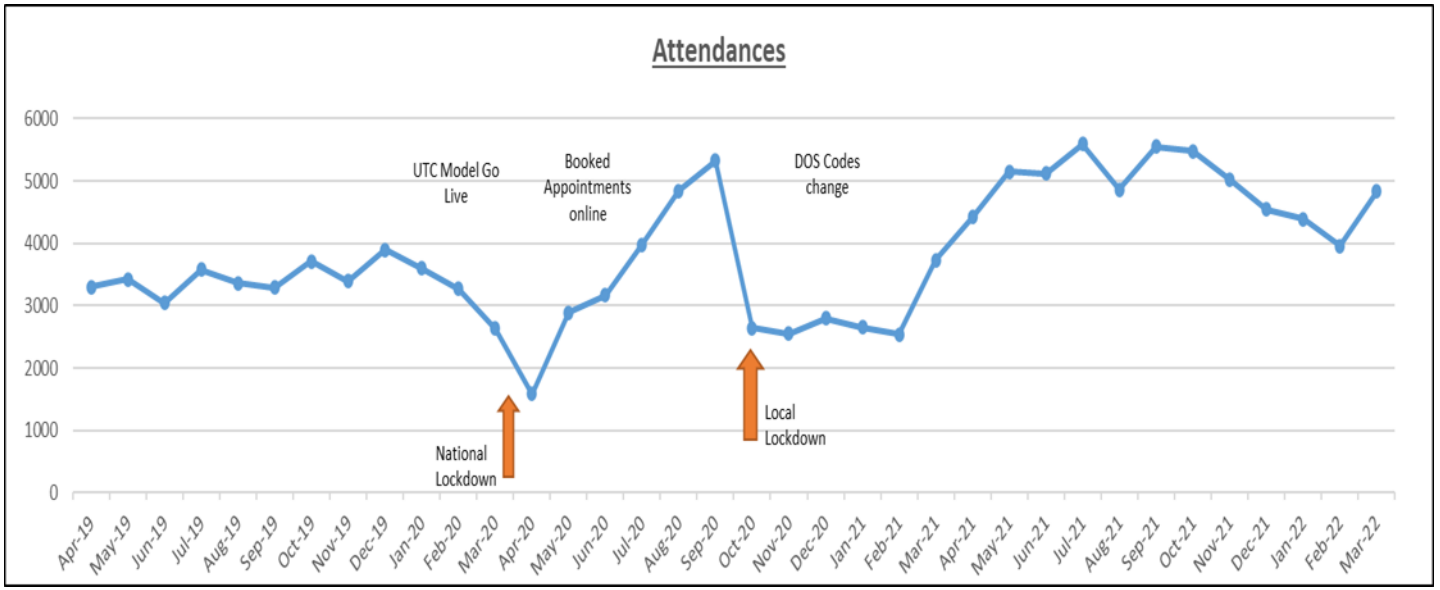


Appendix 3 – Performance

Widnes UTC	April	May	June	July	August	September	October	November	December	January	February	March	Total	% change
2019-20 Attendances	3298	3421	3047	3581	3360	3286	3709	3391	3900	3596	3273	2635	40497	N/A
2020-21 Attendances	1588	2885	3171	3983	4841	5328	2644	2548	2801	2653	2544	3729	38715	-4.40%
2021-22 Attendances	4416	5149	5119	5590	4860	5553	5482	5023	4545	4392	3955	4828	58912	52.20%

Widnes UTC	April	May	June	July	August	September	October	November	December	January	February	March
2019-20 Over 4 Hours	34	37	39	41	30	11	58	124	141	65	45	26
2020-21 Over 4 hours	0	0	0	0	1	3	2	1	0	0	2	0
2021-22 Over 4 Hours	1	5										




Attendances
6000
5000
4000
3000
2000
1000
0
UTC Model Go Live
Booked Appointments online
DOS Codes change
National Lockdown
Local Lockdown
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
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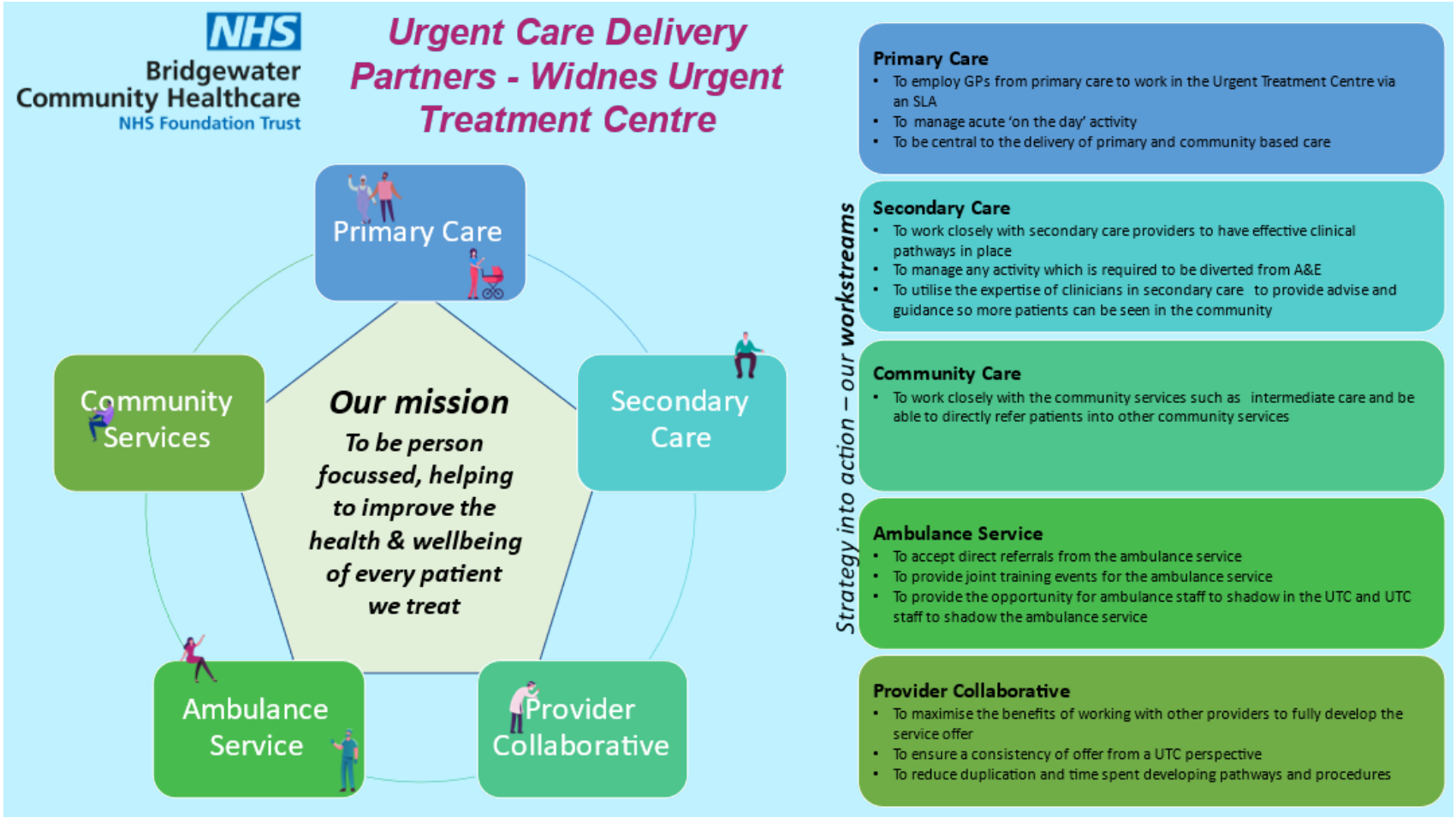
Appendix 4 – Emergency Department Transfer

21-22	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL	COMMENT
Widnes UTC Activity Totals	4416	5149	5119	5590	4860	5553	5482	5023	4545	4392	3955	4828	58912	Total Activity including Planned and Unplanned
Discharged to A&E from Widnes UTC	537	493	382	379	360	353	408	412	345	374	323	353	4719	
% from Widnes UTC	12.16%	9.57%	7.46%	6.78%	7.41%	6.36%	7.44%	8.20%	7.59%	8.52%	8.17%	7.31%	8.01%	
Compararison with another local UTC	11.4%	11.0%	9.7%	7.6%	8.7%	5.5%	7.5%	Not available	Not available	Not available	Not available	Not available	8.77%	

Appendix 5 - Connections with our Urgent Delivery Partners



REPORT TO: Health Policy & Performance Board

DATE: 28 June 2022

REPORTING OFFICER: Operational Director – Legal & Democratic Services

PORTFOLIO: Health & Wellbeing

SUBJECT: Arrangements for Cheshire & Merseyside Integrated Care System Joint Scrutiny Committee

WARDS: Borough-wide

1.0 PURPOSE OF REPORT

1.1 To seek the Board's recommendation for Council approval for the establishment of a Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee and to consider for adoption the amended "Protocol for the Establishment of Joint Health Scrutiny Arrangements in Cheshire and Merseyside".

1.2 In response to the proposed establishment of Integrated Care Systems in England under the Health and Care Act 2022, actions are required to ensure that joint health scrutiny arrangements in Cheshire and Merseyside are fit to meet the challenge of the new statutory Integrated Care System (ICS) arrangements

1.3 The "Protocol for Establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside" was approved by the Council in 2014. The amended version now requires Council approval.

2.0 RECOMMENDATION:

That the Board recommend Council to approve

(1) the establishment of a Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee ; and

(2) the amended "Protocol for the establishment of Joint Health Scrutiny Arrangements in Cheshire and Merseyside" be adopted.

(3) that the Board nominates two Labour Councillors to sit on the new Committee for 2022/23 and recommends them to Council

3.0 BACKGROUND

3.1 In response to the proposed establishment of Integrated Care Systems in England under the Health and Care Act 2022, the Chief Executives of the nine Merseyside and Cheshire local authorities agreed a number of actions to ensure that joint health scrutiny arrangements in Cheshire and Merseyside are fit to meet the challenge of the new statutory Integrated Care System (ICS) arrangements. It has been deemed appropriate to establish a standing joint health scrutiny committee which will have the opportunity to take on the Authorities' collective statutory responsibility to oversee and scrutinise the operation of the ICS at Cheshire and Merseyside Level.

3.2 Originally, it was anticipated that actions would need to be taken prior to April 2022 to meet the government's anticipated timescale for transition to Integrated Care Systems. However, it has been confirmed that the transition to ICS arrangements will now take place on 1 July 2022.

3.3 A Joint Health Scrutiny Working Group, comprised of Health Scrutiny Officers was established in January 2022 and has met on a fortnightly basis to agree the arrangements for the establishment of the Joint Health Scrutiny Committee. The Working Group has drafted a Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee – Joint Committee Arrangements Document (attached as Appendix A) to outline how the standing joint committee will operate. The main features of the document are as follows:

- Funding – consensus was that a flat rate of £10,000 should be paid by each authority for an initial period of 18 months.
- Membership – each authority should nominate two representatives to serve on Committee.
- Political balance – recognition of the need to ensure that membership had to reflect the aggregate political balance across the nine authorities. This would be subject to annual calculation and would require compromise between the authorities to secure balance on each occasion. For 2022/23, Halton would be asked to appoint two Labour Councillors
- Joint Committee remit – this would cover the ICS responsibilities exercised at Cheshire and Merseyside level, plus any proposals for changes in health services that not only impact all nine local authority areas but was also considered to be a substantial change by each of the nine.

4.0 LEGAL IMPLICATIONS

4.1 The functions of the Joint Committee, to be known as the "Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee" are to be exercised with a view to supporting the effective planning, provision, and operation of health services at Cheshire and Merseyside level. This will include promoting transparency in how the ICS fulfils its

responsibilities within Cheshire and Merseyside. The overarching role of the Joint Committee is to scrutinise the work of the ICS in the discharge of its statutory responsibilities and functions at Cheshire and Merseyside level in order to support their effective exercise and, where appropriate, to make reports or recommendations to the ICS.

4.2 Post-July 2022 and the establishment of the ICS, local authorities will still have a statutory obligation to undertake health scrutiny at a "place" level. Individual local authority Health Scrutiny Committees will need to continue to meet to consider matters directly relating to their areas and also to consider any potential substantial variations in health service provision that only impact on their respective local authority area. Each local authority will be responsible for determining these work plans and managing their relationships with NHS colleagues to ensure Health Scrutiny at this level (i.e. place) meets its obligations and provides the necessary political oversight, transparency and challenge.

5.0 PROTOCOL FOR THE ESTABLISHMENT OF JOINT HEALTH SCRUTINY ARRANGEMENTSIN CHESHIRE AND MERSEYSIDE

5.1 In 2014, all nine Cheshire and Merseyside Authorities gave their approval to a "Protocol for Establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside". Substantively, the existing protocol provides a framework for the mandatory establishment of ad-hoc joint committees where two or more of the authorities deem a service change proposal to be a substantial variation in those services. The protocol was approved in 2014.

5.2 In summary, the statutory framework set out in legislation authorises local authorities to review and scrutinise any matter relating to the planning, provision and operation of the health service; and consider consultations by a relevant NHS body or provider of NHS-funded services on any proposal for a Substantial Development or Variation (SDV) to the health service in the local authority's area.

5.3 Where such proposals impact on more than one local authority area, each authority's health scrutiny arrangements must consider whether the proposals constitute a substantial development or variation or not. The regulations place a requirement on those local authorities that agree that a proposal is an SDV to establish, in each instance, a joint overview and scrutiny committee for the purposes of considering it. The existing protocol deals with the operation of such arrangements for the local authorities of Cheshire and Merseyside. The criteria set out within the protocol assists in ensuring that there is a consistent approach applied by each authority in making their respective decisions on whether a proposal is "substantial" or not.

5.4 Given the incoming changes and the establishment of Integrated Care Systems in England under the Health and Care Act 2022, the opportunity has been taken to review and update the existing Joint Health Scrutiny

Protocol (agreed in 2014) to ensure that the framework for the operation of joint health scrutiny committees regarding substantial developments and variations of the health service across Cheshire and Merseyside was consistent with the arrangements for the new standing committee. The proposed revisions relate to quorum and political balance and is attached at **Appendix B.**

6.0 POLICY IMPLICATIONS

6.1 The proposals are consistent with legislation and local policy.

7.0 FINANCIAL IMPLICATIONS

7.1 Temporary funding (£90k across all nine Local Authorities affected) to support the Joint Health Scrutiny Committee for an initial period of 18 months will be required. Each authority will be requested to contribute a total of £10,000 over the initial 18 months. This will be met from existing service budgetary provision.

Discretion is permitted at individual local authority level for remuneration to be paid to Joint Health Scrutiny Committee representatives.

8.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

8.1 The contents and proposals within this report are in line with the Council priorities of the promotion of good health, independence, and care across our communities.

The establishment of a standing Joint Health Scrutiny Committee will hold to account the Cheshire and Merseyside Integrated Care System in relation to the exercise of their responsibilities at local level.

9.0 RISK ANALYSIS

9.1 There are no specific risks.

10.0 EQUALITY AND DIVERSITY ISSUES

10.1 There are no direct implications from this report.

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

11.1 There are no background papers within the meaning of the Act.

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CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM JOINT HEALTH SCRUTINY COMMITTEE

JOINT COMMITTEE ARRANGEMENTS DOCUMENT

Interpretation

In this document the following expressions shall have the following meanings:

- the following local authorities are referred to singularly as 'Authority' and together as 'the Authorities'

    a) Cheshire East Council;
    b) Cheshire West and Chester Council
    c) Halton Borough Council
    d) Knowsley Borough Council;
    e) Liverpool City Council;
    f) St. Helens Borough Council;
    g) Sefton Borough Council;
    h) Warrington Borough Council;
    i) Wirral Borough Council;

- the "Cheshire and Merseyside (ICS) Joint Health Scrutiny Committee" means the Joint Health Scrutiny Committee established by the Authorities to hold to account and scrutinise the work of the Integrated Care System at Cheshire and Merseyside level;

- the "Secretariat" means the financial, administrative, scrutiny and other officer support to the Joint Committee;

- the "Host Authority" means the council which hosts the Secretariat at the relevant time;

- the "Joint Committee Arrangements Document" means this document, as amended from time-to-time;

- the "Rules of Procedure" means the rules of procedure as agreed by the Joint Committee from time to time;

- "the Act" means the National Health Service Act 2006

- the "2013 Regulations" means the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The conduct of the Joint Committee and the content of this document shall be subject to the relevant legislative provisions, in particular Sections 244 and 245 of the Act (as amended) as well as the 2013 regulations, and in the event of any conflict between

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the relevant legislative provisions/ regulations and this Joint Committee Arrangements Document, the requirements of the legislation/ regulations will prevail.

1. Background

1.1 The Health and Care Act 2022 confirms new structural arrangements for health governance through the formal establishment of Integrated Care Systems (ICSs) for specific geographical areas. ICSs will comprise:

1.1.1 an Integrated Care Board (ICB) in which will be vested statutory responsibilities and duties related to arranging for the provision of relevant hospital and health services for its area; and

1.1.2 an Integrated Care Partnership (ICP) which is a joint committee established by the ICB and the Authorities within the ICS area. The ICP is primarily charged with setting the strategic framework (an Integrated Care Strategy) for its area within which the ICB, NHS England and the Authorities, will be expected to exercise their respective functions to meet the area's assessed needs.

1.2 In Cheshire and Merseyside:

1.2.1 The ICS is known collectively as NHS Cheshire and Merseyside ICS.

1.2.2 The ICB is known as NHS Cheshire and Merseyside ICB

1.2.3 The ICP is known as the Cheshire and Merseyside Health and Care Partnership.

1.3 Under Section 245 of the Act and Regulation 30 of the 2013 Regulations, two or more Authorities may form a joint health scrutiny committee and arrange for relevant health scrutiny functions to be exercised by that joint committee.

1.4 In 2014, all nine Cheshire and Merseyside Authorities gave their approval to a "Protocol for Establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside". This protocol was developed in accordance with the Act and the 2013 Regulations. Substantively it provides a framework for the mandatory establishment of ad hoc joint committees where 2 or more of the authorities deem a service change proposal to be a substantial variation in those services. Nevertheless, the protocol, in accordance with legislation, provides for the establishment of discretionary joint health scrutiny arrangements, where deemed appropriate, with the scope to review and scrutinise any matter relating to the planning, provision and operation of the health service.

1.5 In the context of the establishment of the statutory ICS arrangements for Cheshire and Merseyside, it has been deemed appropriate to establish a standing joint health scrutiny committee which will have the opportunity to take

on the Authorities' collective statutory responsibility to oversee and scrutinise the operation of the ICS at Cheshire and Merseyside Level:

1.6 The Authorities by being parties to this Joint Committee Arrangements Document signify their agreement to its terms. Each Authority and each Member of the Joint Committee established under the terms of this document must therefore comply with its provisions.

1.7 The Joint Committee must have regard to the relevant legislation, including the Local Government Act 1972, regulations related to health scrutiny and to any statutory guidance issued in this respect.

2. Functions of the Joint Committee

2.1 The functions of the Joint Committee — to be known as the "Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee"— are to be exercised with a view to supporting the effective planning, provision, and operation of health services at Cheshire and Merseyside level. This will include promoting transparency in how the ICS fulfils its responsibilities within Cheshire and Merseyside.

2.2 The overarching role of the Joint Committee is to scrutinise the work of the ICS in the discharge of its statutory responsibilities and functions at Cheshire and Merseyside level in order to support their effective exercise and, where appropriate to make reports or recommendations to the ICS.

2.3 In specific terms the Joint Committee's role will include the duties/ functions set out below:

- To be consulted and provide feedback on the development of an integrated care strategy for Cheshire and Merseyside;

- To review and scrutinise any matter relating to the planning, provision and operation of the health service at Cheshire and Merseyside level only;

- To be consulted by a relevant NHS body (e.g. NHS Cheshire and Merseyside Integrated Care Board) on any service change proposals that has previously been deemed by all nine authorities to constitute a substantial variation in services.

- To consider the merits of any service change proposals that have been deemed to be a substantial variation in services by all nine authorities and to exercise the collective statutory responsibilities of the authorities in relation to responding to such consultation by the proposer.

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3. Operating Arrangements

3.1 Knowsley Borough Council shall act as the Host Authority and arrange for the necessary officer support in doing so. In this respect Knowsley Borough Council will be provide the Secretariat.

3.2 The Joint Committee initially shall be made up of 18 elected members in accordance with the provisions of the current Joint Health Scrutiny Protocol.

4. Council Membership

4.1 All elected members in the authorities will be entitled to serve on the joint committee other than executive members and those elected members appointed to serve on ICS bodies (e.g. on the Cheshire and Merseyside Health and Care Partnership)

4.2 Each of the authorities nominating representatives to serve on the Joint Committee will be expected to do so in accordance with the political balance that applies in their respective authorities, adjusted to take account of the overall political balance across the nine authorities.

4.3 The allocation of seats by both area and party for 2022/ 2023 based on two members per authority is therefore as follows in order to secure overall political balance within Cheshire and Merseyside:

Authority	Labour	Liberal Democrat	Conservative	Green	Ind	Total
Cheshire East						2
Cheshire West and Chester						2
Halton						2
Knowsley						2
Liverpool						2
St. Helens						2
Sefton						2
Warrington						2
Wirral						2
Total						**18**

Allocation of seats to be confirmed following further consultation between the 9 authorities.

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4.4 The allocation of elected member places on the Joint Committee will be reviewed on an annual basis, ordinarily in the period following the date of the municipal elections. In years where municipal elections do not take place, the review will need to have taken place by 15 May in that year.

4.5 Taking into account the outcome of such a review, Elected Members will be appointed by their respective Authorities in accordance with the constitutional procedures applicable in those Authorities. In any event, each Authority will ordinarily be expected to appoint their representatives no later than 31 May in each year.

4.6 The term of office of each Authority representative appointed shall be a period of 1 year or until 31 May of the following year, whichever is the earlier. This term of office is however subject to the appointed Member remaining as an Elected Member during the term of office. In the event of a Joint Committee Member ceasing to be an elected member during the course of their term of office as a Joint Committee Member, their entitlement to serve on the Joint Committee will also cease at that point.

4.7 Each appointment may be renewable on an annual basis, subject to the decision of the respective Authority and the continuing entitlement of the appointee to serve on the Joint Committee.

5. Elected Members – Resignation or Removal from the Joint Committee

5.1 An Authority may decide, in accordance with its procedures, to remove one of its Members from the Joint Committee at any time prior to conclusion of that Member's term of office, and upon doing so shall give written notice to the Secretariat of the change in its Member.

5.2 An Elected Member representative may resign from the Joint Committee at any time by giving notice to his or her appointing council who will inform the Secretariat.

5.3 In the event that any Elected Member resigns from the Joint Committee, or is removed from the Joint Committee by his or her Authority, the Authority shall immediately take the appropriate constitutional steps to nominate and appoint an alternative Member to the Joint Committee, in accordance with the agreed Joint Committee arrangements.

5.4 Where an Elected Member fails to attend meetings of the Joint Committee over a six-month period or for 3 consecutive meetings then the Secretariat shall recommend to the relevant Authority that due consideration is given to removing the member from the appointment to the Joint Committee and the appointment of a replacement member from that Authority.

5.5 Where it becomes clear that an Elected Member has ceased to represent the political group for which they were nominated by their respective Authority, either through withdrawal of the whip, suspension, or expulsion from the relevant group, that Member shall be immediately removed from the Joint Committee's Membership. In these circumstances, the relevant Nominating Authority will be obliged to take the appropriate steps, including liaison with the relevant political group, to nominate, at the earliest opportunity an alternative Member to the Joint Committee, in accordance with the allocation of seats at paragraph 4.3 above, so as to ensure the Joint Committee appropriate political balance is maintained.

6. Financial Arrangements

6.1 The funding provided by the authorities collectively to support the work of the Joint Committee will be received by the Host Authority.

6.2 Each Authority will pay directly any expenses claimed by its own nominated representatives in the course of their duties on the Joint Committee.

6.3 The Host Authority will establish an independent remuneration panel to consider whether a Special Responsibility Allowance (SRA) should be paid to the Chairperson of the Joint Committee or any other Joint Committee Member, and if so, what the level of that SRA should be. If the Authorities subsequently decide, based on the recommendations of the independent remuneration panel that an SRA will be paid, the Authorities will be required to reach agreement on how the costs of the SRA will be apportioned between them.

6.4 The financial arrangements for the Joint Committee will be reviewed each year by the Authorities. If in subsequent years, the Joint Committee considers that the funding available to support its activities is insufficient to support it in carrying out its functions, it may make a request to the Authorities to approve additional funding. If additional funding is approved, the Authorities will decide how, the additional costs will be apportioned between them.

7. Promotion and Support of the Joint Committee

7.1 The Joint Committee shall be promoted and supported by the Host Authority and the Secretariat through:

(a) The inclusion of dedicated webpages on the work of the Joint Committee, with the publication of meeting agendas; minutes; and papers where those papers are public, in line with the rules of procedure and legal obligations under the Local Government Act 1972. All reports and recommendations made, with responses from the ICS will be published. Information on member attendance and other publications will be included, as required on the webpages;

(b) Other relevant administrative, financial, legal, communications and scrutiny officer support as appropriate.

7.2 The costs of any additional promotion work identified above will be identified as part of financial arrangements to be agreed by the Authorities as set out in section 6 above.

7.3 The Joint Committee shall be promoted and supported by each Authority including:

(a) Ensuring that briefings take place on the work of the Joint Committee for members and officers at Authority level to ensure they are fully informed about relevant matters.

(b) Information on each respective website about the work of the Joint Committee and links to the main webpages.

(c) Sharing of information on the work of their respective designated statutory Health Scrutiny Committee in order to ensure that the work programme of the Joint Committee complements local scrutiny work and vice-versa.

(d) Co-operating to ensure that the Joint Committee, where appropriate, is provided with additional officer support for research, training and development or other areas of expertise.

7.4 The elected members on the Joint Committee will provide a communication channel between the Joint Committee and their respective appointing Authorities. They will report back to their Authority on the work of the Joint Committee as appropriate and provide support and guidance to their member colleagues and officers of their Authority.

8. Validity of Proceedings

8.1 The validity of the proceedings of the Joint Committee shall not be affected by a vacancy in the membership of the Joint Committee or a defect in appointment.

8.2 All Joint Committee members (including co-opted members) must observe their own authority's Members Code of Conduct and any related Protocols as agreed by the Joint Committee.

9. Review and Amendment of Joint Committee Arrangements

9.1 This Joint Committee Arrangements Document will normally be reviewed on an annual basis by all Authorities jointly.

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9.2 Proposed changes to the Joint Committee Arrangements Document can only be made with the collective approval of all the Authorities in the ICS area.

9.3 The Joint Committee may propose amendments to the Joint Committee Arrangements document and any such proposals will be referred to the Authorities and will only be implemented if they are approved by all the Authorities.

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PROTOCOL FOR THE ESTABLISHMENT OF JOINT HEALTH SCRUTINY ARRANGEMENTS IN CHESHIRE AND MERSEYSIDE

1. INTRODUCTION

1.1 This protocol has been developed as a framework for the operation of joint health scrutiny arrangements across the local authorities of Cheshire and Merseyside. It allows for:

- scrutiny of substantial developments and variations of the health service; and,
- discretionary scrutiny of local health services.

1.2 The protocol provides a framework for health scrutiny arrangements which operate on a joint basis only. Each constituent local authority should have its own local arrangements in place for carrying out health scrutiny activity individually.

2. BACKGROUND

2.1 The relevant legislation regarding health scrutiny is:

- Health and Social Care Act 2012,
- The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013; and
- *The Health and Care Act 2022 (subject to parliamentary approval)*

2.2 In summary, the statutory framework authorises local authorities to:

- review and scrutinise any matter relating to the planning, provision and operation of the health service; and,
- consider consultations by a relevant NHS commissioning body or provider of NHS-funded services on any proposal for a substantial development or variation to the health service in the local authority's area.

2.3 Ultimately the regulations place a requirement on relevant scrutiny arrangements to reach a view on whether they are satisfied that any proposal that is deemed to be a substantial development or variation is in the interests of the health service in that area, or instead, that the proposal should be referred to the Secretary of State for Health and Social Care. In instances where a proposal impacts on the residents of one local authority area exclusively, this responsibility lays with that authority's health scrutiny arrangements alone.

2.4 Where such proposals impact on more than one local authority area, each authority's health scrutiny arrangements must consider whether the proposals constitute a substantial development or variation or not.

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The regulations place a requirement on those local authorities that agree that a proposal is substantial to establish, in each instance, a joint overview and scrutiny committee for the purposes of considering it. This protocol deals with the proposed operation of such arrangements for the local authorities of Cheshire and Merseyside.

3. PURPOSE OF THE PROTOCOL

3.1 This protocol sets out the framework for the operation of joint scrutiny arrangements where:

a) an NHS commissioning body or health service provider consults with more than one local authority on any proposal it has under consideration, for a substantial development/variation of the health service;

b) joint scrutiny activity is being carried out on a discretionary basis into the planning, provision and operation of the health service.

3.2 The protocol covers the local authorities of Cheshire and Merseyside including:

- Cheshire East Council
- Cheshire West and Chester Council
- Halton Borough Council
- Knowsley Council
- Liverpool City Council
- St. Helens Metropolitan Borough Council
- Sefton Council
- Warrington Borough Council
- Wirral Borough Council

3.3 Whilst this protocol deals with arrangements within the boundaries of Cheshire and Merseyside, it is recognised that there may be occasions when consultations/discretionary activity may affect adjoining regions/ areas. Arrangements to deal with such circumstances would have to be determined and agreed separately, as and when appropriate.

4. PRINCIPLES FOR JOINT HEALTH SCRUTINY

4.1 The fundamental principle underpinning joint health scrutiny will be co-operation and partnership with a mutual understanding of the following aims:

- To improve the health of local people and to tackle health inequalities;

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- To represent the views of local people and ensure that these views are identified and integrated into local health service plans, services and commissioning;

- To scrutinise whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community; and,

- To work with NHS bodies and local health providers to ensure that their health services are planned and provided in the best interests of the communities they serve, taking into account any potential impact on health service staff.

5. SUBSTANTIAL DEVELOPMENT/VARIATION TO SERVICES

5.1 Requirements to consult

5.1.1 All relevant NHS bodies and providers of NHS-funded services[1] are required to consult local authorities when they have a proposal for a substantial development or substantial variation to the health service.

5.1.2 A substantial development or variation is not defined in legislation. Guidance has suggested that the key feature is that it should involve a major impact on the services experienced by patients and/or future patients.

5.1.3 Where a substantial development or variation impacts on the residents within one local authority area boundary, only the relevant local authority health scrutiny function shall be consulted on the proposal.

5.1.4 Where a proposal impacts on residents across more than one local authority boundary, the NHS body/health service provider is obliged to consult all those authorities whose residents are affected by the proposals in order to determine whether the proposal represents a substantial development or variation.

5.1.5 Those authorities that agree that any such proposal does constitute a substantial development or variation are obliged to form a joint health overview and scrutiny committee for the purpose of formal consultation by the proposer of the development or variation.

5.1.6 Whilst each local authority must decide individually whether a proposal represents a substantial development/variation, it is only the statutory joint health scrutiny committee which can formally comment on the

[1] This includes NHS E&I and any body commissioning services to the residents of Cheshire and Merseyside, plus providers such as NHS Trusts, NHS Foundation Trust and any other relevant provider of NHS funded services which provides health services to those residents, including public health.

proposals if more than one authority agrees that the proposed change is "substantial".

5.1.7 Determining that a proposal is not a substantial development/variation removes the ability of an individual local authority to comment formally on the proposal and exercise other powers, such as the power to refer to the Secretary of State. Once such decisions are made, the ongoing obligation on the proposer to consult formally on a proposal relates only to those authorities that have deemed the proposed change to be "substantial" and this must be done through the vehicle of the joint committee. Furthermore the proposer will not be obliged to provide updates or report back on proposals to individual authorities that have not deemed them to be "substantial".

5.1.8 For the avoidance of doubt, if only one authority amongst a number being consulted on a proposal deem it to be a substantial change, the ongoing process of consultation on the proposal between the proposer and the remaining authority falls outside the provisions of this protocol.

5.2 Process for considering proposals for a substantial development/variation

5.2.1 In consulting with the local authority in the first instance to determine whether the change is considered substantial, the relevant NHS commissioning body / provider of NHS-funded services is required to:

- Provide the proposed date by which it requires comments on the proposals
- Provide the proposed date by which it intends to make a final decision as to whether to implement the proposal
- Publish the dates specified above
- Inform the local authority if the dates change[2]

5.2.2 NHS commissioning bodies and local health service providers are not required to consult with local authorities where certain 'emergency' decisions have been taken. All exemptions to consult are set out within regulations.[3]

5.2.3 In considering whether a proposal is substantial, all local authorities are encouraged to consider the following criteria:

- *Changes in accessibility of services:* any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location.

[2] Section 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
[3] Section 24 *ibid*

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- *Impact on the wider community and other services:* This could include economic impact, transport, regeneration issues.

- *Patients affected:* changes may affect the whole population, or a small group. If changes affect a small group, the proposal may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.

- *Methods of service delivery:* altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.

- *Potential level of public interest:* proposals that are likely to generate a significant level of public interest in view of their likely impact.

5.2.4 These criteria will assist in ensuring that there is a consistent approach applied by each authority in making their respective decisions on whether a proposal is "substantial" or not. In making the decision, each authority will focus on how the proposals impacts on its own area/ residents.

6. OPERATION OF A STATUTORY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

6.1 General

6.1.1 A joint health overview and scrutiny committee will be made up of each of the constituent local authorities that deem a proposal to be a substantial development or variation. This joint committee will be formally consulted on the proposal and have the opportunity to comment. It will also be able to refer to the Secretary of State for Health and Social Care if any such proposal is not considered to be in the interests of the health service.

6.1.2 A decision as to whether the proposal is deemed substantial shall be taken within a reasonable timeframe and in accordance with any deadline set by the lead local authority (see section 6.6), following consultation with the other participating authorities.

6.2 Powers

6.2.1 In dealing with substantial development/variations, any statutory joint health overview and scrutiny committee that is established can:

- require relevant NHS bodies and health service providers to provide information to and attend before meetings of the committee to answer questions

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- make comments on the subject proposal by a date provided by the NHS body/local health service provider
- make reports and recommendations to relevant NHS bodies/local health providers
- require relevant NHS bodies/local health service providers to respond within a fixed timescale to reports or recommendations
- carry out further negotiations with the relevant NHS body where it is proposing not to agree to a substantial variation proposal; and
- where agreement cannot be reached, to notify the NHS body of the date by which it intends to make the formal referral to the Secretary of State.

6.2.2 A joint health overview and scrutiny committee has the power to refer a proposal to the Secretary of State if:

- the committee is not satisfied that consultation with the relevant health scrutiny arrangements on any proposal has been adequate
- it is not satisfied that reasons for an 'emergency' decision that removes the need for formal consultation with health scrutiny are adequate
- it does not consider that the proposal would be in the interests of the health service in its area.

6.2.3 Where a committee has made a recommendation to a NHS commissioning body/local health service provider regarding a proposal and the NHS body/provider disagrees with the recommendation, the local health service provider/NHS body is required to inform the joint committee and attempt to enter into negotiation to try and reach an agreement. In this circumstance, a joint committee has the power to report to the Secretary of State if:

- relevant steps have been taken to try to reach agreement in relation to the subject of the recommendation, but agreement has not been reached within a reasonable period of time; or,
- there has been no attempt to reach agreement within a reasonable timeframe.

6.2.4 Where a committee disagrees with a substantial variation and has either made comments (without recommendations) or chosen not to provide any comments, it can report to the Secretary of State only if it has:

- Informed the NHS commissioning body/local health service provider of its decision to disagree with the substantial variation and report to the Secretary of State; or,
- Provided indication to the NHS commissioning body/local health service provider of the date by which it intends to make a referral.

6.2.5 In any circumstance where a committee disagrees with a proposal for a substantial variation, there will be an expectation that negotiations will

be entered into with the NHS commissioning body/local health service provider in order to attempt to reach agreement.

6.2.6 Where local authorities have agreed that the proposals represent substantial developments or variations to services and agreed to enter into joint arrangements, it is only the joint health overview and scrutiny committee which may exercise these powers.

6.2.7 A statutory joint health overview and scrutiny committee established under the terms of this protocol may only exercise the powers set out in 6.2.1 to 6.2.4 above in relation to the statutory consultation for which it was originally established. Its existence is time-limited to the course of the specified consultation and it may not otherwise carry out any other activity.

6.3 Membership

6.3.1 The participating local authorities must ensure that those Councillors nominated to a joint health overview and scrutiny committee produce a membership that reflects the overall political balance across the participating local authorities. However, political balance requirements for each joint committee established may be waived with the agreement of all participating local authorities, should time and respective approval processes permit.

6.3.2 A joint committee will be composed of Councillors from each of the participating authorities within Cheshire and Merseyside in the following ways:

- where 4 or more local authorities deem the proposed change to be substantial, each authority will nominate 2 elected members

- where 3 or less local authorities deem the proposed change to be substantial, then each participating authority will nominate 3 elected members.

  (Note: In making their nominations, each participating authority will be asked to ensure that their representatives have the experience and expertise to contribute effectively to a health scrutiny process)

Local authorities who consider change to be 'substantial'	**No' of elected members to be nominated from each authority**
4 or more	2 members
3 or less	3 members

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6.3.3 Each local authority will be obliged to nominate elected members through their own relevant internal processes and provide notification of those members to the lead local administrative authority at the earliest opportunity.

6.3.4 To avoid inordinate delays in the establishment of a relevant joint committee, it is suggested that constituent authorities either arrange for delegated decision-making arrangements to be put in place to deal with such nominations at the earliest opportunity, or to nominate potential representatives annually as part of annual meeting processes to cover all potential seat allocations.

6.5 Quorum

6.5.1 The quorum of the meetings of a joint committee shall be one third of the full membership of any Joint Committee, subject to the quorum being, in each instance, no less than 3.

6.5.2 There will be an expectation for there to be representation from each authority at a meeting of any joint committee established. The lead local authority will attempt to ensure that this representation is achieved.

6.6 Identifying a lead local authority

6.6.1 A lead local authority should be identified from one of the participating authorities to take the lead in terms of administering and organising a joint committee in relation to a specific proposal.

6.6.2 Selection of a lead authority should, where possible, be chosen by mutual agreement by the participating authorities and take into account both capacity to service a joint health scrutiny committee and available resources. The application of the following criteria should also guide determination of the lead authority:

- The local authority within whose area the service being changed is based; or
- The local authority within whose area the lead commissioner or provider leading the consultation is based.

6.6.3 Lead local authority support should include a specific contact point for communication regarding the administration of the joint committee. There will be an obligation on the key lead authority officer to liaise appropriately with officers from each participating authority to ensure the smooth running of the joint committee.

6.6.4 Each participating local authority will have the discretion to provide whatever support it may deem appropriate to their own representative(s) to allow them to make a full contribution to the work of a joint committee.

6.7 Nomination of Chair/ Vice-Chair

APPENDIX B

The chair/ vice-chair of the joint health overview and scrutiny committee will be nominated and agreed at the committee's first meeting.

6.8 Meetings of a Joint Committee

6.8.1 At the first meeting of any joint committee established to consider a proposal for a substantial development or variation, the committee will also consider and agree:

- The joint committee's terms of reference;
- The procedural rules for the operation of the joint committee;
- The process/ timeline for dealing formally with the consultation, including:
    - the number of sessions required to consider the proposal; and,
    - the date by which the joint committee will make a decision as to whether to refer the proposal to the Secretary of State for Health and Social Care – which should be in advance of the proposed date by which the NHS commissioning body/service provider intends to make the decision.

6.8.2 All other meetings of the joint committee will be determined in line with the proposed approach for dealing with the consultation. Different approaches may be taken for each consultation and could include gathering evidence from:

- NHS commissioning bodies and local service providers;
- patients and the public;
- voluntary sector and community organisations; and
- NHS regulatory bodies.

6.9 Reports of a Joint Committee

6.9.1 A joint committee is entitled to produce a written report which may include recommendations. As a minimum, the report will include:

- An explanation of why the matter was reviewed or scrutinised.
- A summary of the evidence considered.
- A list of the participants involved in the review.
- An explanation of any recommendations on the matter reviewed or scrutinised.

The lead authority will be responsible for the drafting of a report for consideration by the joint committee.

APPENDIX B

6.9.2 Reports shall be agreed by the majority of members of a joint committee and submitted to the relevant NHS commissioning body/health service provider or the Secretary of State as applicable.

6.9.3 Where a member of a joint health scrutiny committee does not agree with the content of the committee's report, they may produce a report setting out their findings and recommendations which will be attached as an appendix to the joint health scrutiny committee's main report.

7. DISCRETIONARY HEALTH SCRUTINY

7.1 More generally, the Health and Social Care Act 2012 and the 2013 Health Scrutiny Regulations provide for local authority health scrutiny arrangements to scrutinise the planning, provision and operation of health services.

7.2 In this respect, two or more local authorities may appoint a joint committee for the purposes of scrutinising the planning, provision and operation of health services which impact on a wider footprint than that of an individual authority's area.

7.3 Any such committee will have the power to:

- require relevant NHS commissioning bodies and health service providers to provide information to and attend before meetings of the committee to answer questions.
- make reports and recommendations to relevant NHS commissioning bodies/local health providers.
- require relevant NHS commissioning bodies/local health service providers to respond within a fixed timescale to reports or recommendations.

7.4 Ordinarily, a discretionary joint committee will not have the power to refer an issue to the Secretary of State for Health and Social Care. However, please note section 8.3 below.

7.5 In establishing a joint committee for the purposes of discretionary joint scrutiny activity, the constituent local authorities should determine the committee's role and remit. This should include consideration as to whether the committee operates as a standing arrangement for the purposes of considering all of the planning, provision and operation of health services within a particular area or whether it is being established for the purposes of considering the operation of one particular health service with a view to making recommendations for its improvement. In the case of the latter, the committee must disband once its specific scrutiny activity is complete.

APPENDIX B

7.6 In administering any such committee, the proposed approach identified in sections 6.3 – 6.9 (disregarding any power to refer to the Secretary of State) of this protocol should be followed, as appropriate.

APPENDIX B

8. SCRUTINY OF CHESHIRE AND MERSEYSIDE INTERGRATED CARE SYSTEM

8.1 Further to this protocol and in particular section 7 above, the nine local authorities have agreed to establish a discretionary standing joint health scrutiny committee in response to the establishment of the Cheshire and Merseyside Integrated Care System.

8.2 A separate Joint Scrutiny Committee Arrangements document has been produced in line with the provisions of this protocol to outline how the standing joint committee will operate.

8.3 In summary, the "Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee" has the following responsibilities:

- To scrutinise the work of the Integrated Care System in relation to any matter regarding the planning, provision and operation of the health service at footprint level only; and
- To consider the merits of any service change proposals that have been deemed to be a substantial variation in services by all nine authorities.

9. CONCLUSION

9.1 The local authorities of Cheshire and Merseyside have adopted this protocol as a means of governing the operation of joint health scrutiny arrangements both mandatory and discretionary. The protocol is intended to support effective consultation with NHS commissioning bodies or local health service providers on any proposal for a substantial development of or variation in health services. The protocol also supports the establishment of a joint health overview and scrutiny committee where discretionary health scrutiny activity is deemed appropriate.

9.2 The protocol will be reviewed regularly, and at least on an annual basis to ensure that it complies with all current legislation and any guidance published by the Department of Health and Social Care.

REPORT TO:	Health Policy Performance Board
DATE:	28th June 2022
REPORTING OFFICERS:	Strategic Director, People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Update on One Halton Place Based Partnership
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

1.1 To provide an update on One Halton Place Based Partnership development with Cheshire Merseyside Integrated Care System (ICS) context.

2.0 RECOMMENDED: That the report be noted.

3.0 SUPPORTING INFORMATION

3.1 The Health Policy & Performance Board received a comprehensive report in November 2021, and a further report in February 2022 setting out the requirements for the formation of Integrated Care Systems regionally. This consists of an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP) along with at Place level, a Place Based Partnership (PBP). Locally this is One Halton Place Based Partnership; these arrangements are set out in NHS Reforms White Paper, Integration & Innovation published in February 2021. These are the most significant changes to health arrangements in a decade which aim to improve outcomes and reduce inequalities. This report provides some context, an overview of progress and the current position.

3.2 The Health and Care Bill received Royal Assent on 28th April 2022 hence, the target date of 1st July 2022 to implement Integrated Care System's (ICS's) will be achieved; all Clinical Commissioning Groups (CCG's) will be dissolved as of the implementation date.

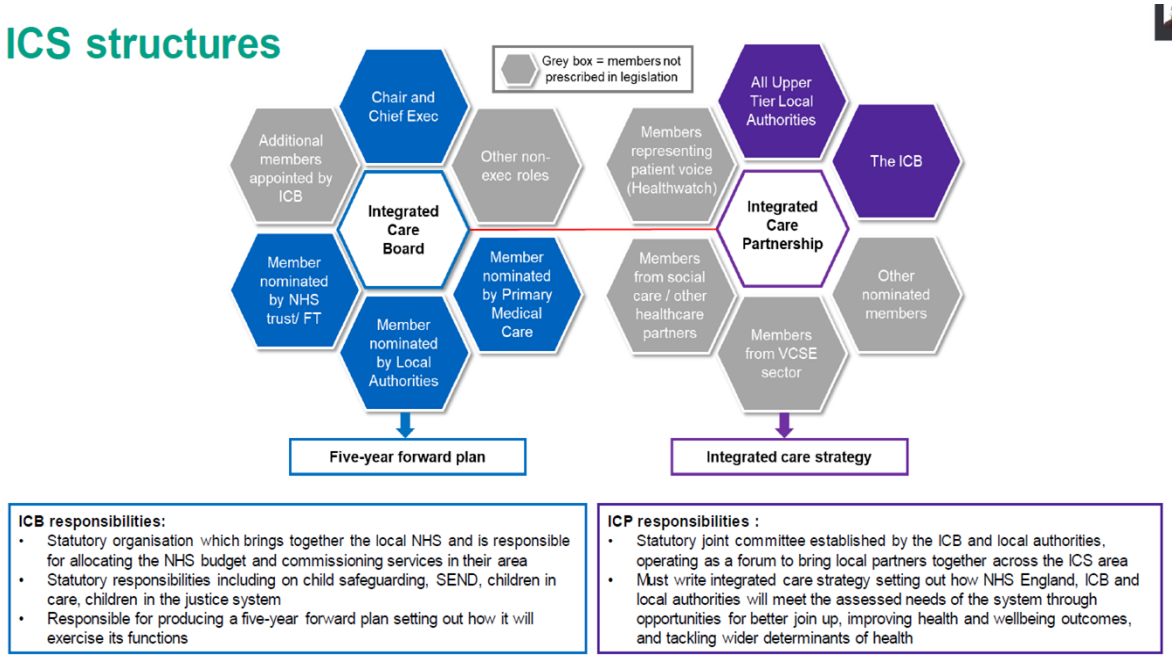
3.3 There are 42 Integrated Care System's (ICS) nationally; for Halton, the ICS footprint is Cheshire & Merseyside. The pre-existing Cheshire & Merseyside Health & Care partnership will become the ICS and has been operating as such in a state of readiness for some time having been through a process of assurance and due diligence with NHS England. Within the footprint there will be nine place based partnerships, each of which will have a NHS Place Director; this is a

key role providing the interface between the ICS and place. For Halton this will be Anthony Leo who will be commencing in post 1st July 2022.

The ICS consists of an Integrated Care Board (ICB) and Integrated Care Partnership (ICP). Halton's representative on the ICP is Cllr Marie Wright, Anthony Leo will also attend these meetings. The ICB is the delivery arm of the structure.

The ICP is an alliance of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.

The following diagram is from a recent Department of Health and Social Care webinar which is helpful to articulate the structure:-



3.4 CCG functions will lift and shift to the ICB from the 1st of July. There is some uncertainty about delegations to place partnerships however, it is not expected that CCGs will propose, or ICBs will undertake any delegations in 2022/23.

3.4.1 The existing Section 75 arrangements **(an agreement which allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services**) are a key consideration as the current Joint Working Agreement (JWA) is between the Council and Halton CCG. The JWA is in place until 31st March 2023, for the remainder of the term this will be transferred to the ICB and renegotiated with a new agreement set out from April 2023.

The first year will be a transition period, ensuring arrangements land safely with the changeover to ICB with any more significant changes being considered from 2023.

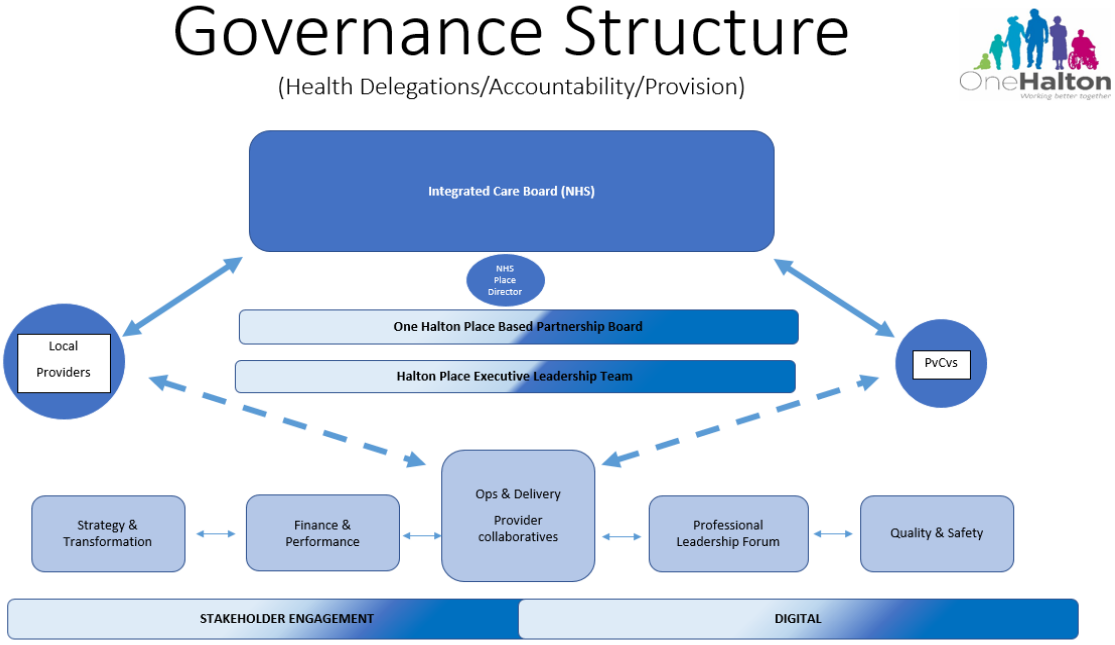
3.5 Overall, what was ring fenced resources to Halton CCG will now sit with Cheshire & Merseyside ICS. The ICB will want to consider any benefits of commissioning at scale along with ICB delivery and what is appropriate to delegate to place. The transition and future arrangements are iterative and evolving however, a consideration for this will be the credibility of the local place based partnership arrangements (One Halton).

3.6 One Halton, a local partnership (again pre-existing these arrangements) that brings together Halton stakeholders to work collaboratively on health and care arrangements has been evolving for some time to be Halton's place based partnership. The place based partnerships future role is to:-

- Understand and work with Halton's communities
- Join up and co-ordinate services around population needs
- Address social and economic factors that influence health and wellbeing (wider determinants of health)
- Support quality and sustainability of local services

It should be emphasised One Halton is continuing to develop, this is an iterative process with further guidance and structures emerging.

3.6.1 The governance structure which has been developed for Halton's place based partnership and how it relates to the ICS is:-



3.6.2 One Halton has been developed to be a Joint Committee to the ICS so it can receive delegated responsibilities from the Integrated Care Board.

3.7 A Programme Management Office (PMO) has been established to support the One Halton governance structure. There is a Senior PMO and Project Manager in place, there will be some further Project Officer posts recruited to, to support One Halton Board, Sub-Committees and Work-Streams delivery. The PMO is providing regular reports across the One Halton architecture, Health and Wellbeing Board and Health Policy and Performance Board.

3.8 As detailed in the February 2022 report there has been support from external organisations to support the development of One Halton in recent months:-

Aqua (NHS Advancing Quality Alliance) – facilitated workshops to support the development of One Halton Health and Wellbeing Strategy as detailed in 3.9.

LGA (Local Government Association) – a peer support process with the Health and Wellbeing Board (HWBB) to clarify the distinction in roles between the HWBB and One Halton moving forward. This has led to a change in approach moving forward with thematic meetings that will follow the strategy priorities. There is a clear understanding about HWBB's statutory responsibilities for the Joint Strategic Needs Analysis (JSNA) and the HWB Strategy with One Halton being the delivery arm to be held to account.

Hill Dickinson LLP– this work supported the development of One Halton governance structure and as stated in 3.6.1 One Halton has endorsed a Committee of the ICB at Place (Halton) with delegated authority to make joint decisions about the use of resources with a Sub-Committee structure. Further propositions and maturity within the system will facilitate further integration by the means of a joint committee between partner organisations. The relevant statutory bodies will need to agree to delegate defined decision making functions to the joint committee in accordance with their scheme of delegation. A budget can be defined by statutory bodies relevant to the resources delegated to the committee. Proposed legislation will allow setting up of Joint Committees (currently only possible as part of S75). At this stage, there is no programme defined for this.

3.9 The current structure of One Halton (diagram 3.6.1) has four Sub-Committees:-

1. **Operations & Delivery**, led by the Director of Adult Social Care
2. **Finance & Performance**, led by the CCG Director of Finance and & Operational Director, Finance, Halton Borough Council
3. **Quality & Safety**, led by the Deputy Chief Nurse, CCG
4. **Professional Leadership Forum,** led by the GP Clinical Lead for One Halton & Head of Transformation, Primary & Community Care, CCG

And three work streams to underpin One Halton delivery:-

1. **Strategy & Transformation**, led by the Director of Public Health
2. **Communication & Engagement**, led by the Council's Lead Officer for Communications & Marketing
3. **Digital**, led by Bridgewater's Programme Director of Collaboration & Integration

Operations & Delivery – Overseeing the operational delivery of the integrated local health and care system in Halton; this is the engine room of One Halton. This is where transformation delivery work streams/projects are agreed and progressed. Currently the delivery plan includes work on the integrated approach to the intermediate care and frailty service and a transformation project for place based multi-disciplinary/integrated working.

Finance & Performance – as it suggests this Sub-Committee monitors the financial position. There has been significant work to understand the combined Halton £ from both CCG and Council budgets. Key local providers also attend i.e. Halton & Warrington Hospital, St Helen's & Knowsley hospital, Bridgewater and Merseycare to report their financial positions.

Quality & Safety – This Sub-Committee is just forming as the Terms of Reference are being revised following the publication of the National Quality Board guidance. The Sub-Committee needs to be in place by end of June 2022 and work is ongoing from a health perspective at ICB level re the whole system Quality Assurance and other groupings. In Halton, the intention is to develop a thematic approach.

Strategy & Transformation – This is a key piece of work to develop the One Halton Strategy. This will replace the existing One Halton Health & Wellbeing Strategy for Halton which is the responsibility of the Health and Wellbeing Board. Public Health are leading this work, three workshops were held in March facilitated by Aqua on starting, living and ageing well to agree three system priorities:-

1. Enabling children and families to live healthy independent lives
2. Provide a supportive environment where systems works efficiently and support everyone to live their best life
3. Enabling older adults to live full independent healthy lives

A draft strategy is currently being produced for further stakeholder input to ensure it is co-produced and represents the Borough's needs and resident's voices.

Population health management is a significant element; the acid test of place based partnerships will be delivering integration at neighbourhood levels that improves resident outcomes; the wider determinants of health agenda.

Communication & Engagement – this underpins all One Halton activity. A communication strategy is currently being developed however, again clarity is required on ICB arrangements. An immediate priority is workforce communication. Resident and patient representation is being reviewed as there is an existing Engagement and Involvement Group within the CCG framework that needs to transpose into an engagement framework for One Halton.

Digital – a One Halton Digital Strategy is currently being developed; this is a significant work stream to address integrated systems, shared health and care records and innovation to support service delivery and independent living and management of health and care needs.

3.10 The February report detailed the self-assessment One Halton completed in November 2021. This was completed by the nine place based partnerships in Cheshire & Merseyside with four assessment levels to demonstrate the partnerships maturity to be the place based partnership, the levels being emerging, evolving, established and thriving. One Halton's overall assessment was at **evolving.** This is being repeated ahead of implementation in June, it is anticipated One Halton will be at **established**; an update can be provided on this at the meeting.

3.11 Regular update reports will be provided to the Health Policy & Performance Board and Health and Wellbeing Board to ensure Boards are up do date with arrangements as the new system is implemented and better understood through the transition.

4.0 POLICY IMPLICATIONS

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

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

5.0 FINANCIAL IMPLICATIONS

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

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

6.1 **Children and Young People in Halton**

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

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

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

6.3 **A Healthy Halton**

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

6.4 **A Safer Halton**

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

6.5 **Halton's Urban Renewal**

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

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

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

7.0 RISK ANALYSIS

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

8.0 EQUALITY AND DIVERSITY ISSUES

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

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

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

None under the meaning of the Act.

REPORT TO:	Health Policy & Performance Board
DATE:	28th June 2022
REPORTING OFFICER:	Head of Acute Commissioning, NHS Halton Clinical Commissioning Group
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Cheshire and Merseyside Elective Restoration
WARD(S):	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide the Board with an update on the Cheshire and Merseyside Elective Restoration

2.0 **RECOMMENDATION: That the Board**

i) Note the level of activity restored across the Cheshire and Merseyside Hospitals in comparison to the levels undertake prior to the pandemic; and

ii) Note the number of patients currently on the hospital waiting lists, particularly the over 52 week and 104 week thresholds.

3.0 **SUPPORTING INFORMATION**

3.1 Cheshire and Merseyside Hospital Cell Gold Command continue to monitor and report on the Hospital Elective Restoration position on a weekly basis.

3.2 Restoration is measured by the level of activity undertaken within the week in comparison to the corresponding period in 2019/20. Overall, the position within Cheshire and Merseyside is in line with the positions reported in Greater Manchester, Lancashire and for England as a whole.

3.3 The impact of Covid infections has significantly reduced, but there continues to be requirement to operate within Infection, Prevention and Control guidelines to ensure safe services are maintained. There are still dedicated Covid wards in all hospitals and patients are still being diagnosed with Covid in hospital, but it is generally not the cause of their attendance.

3.4 The greatest impact on the level of elective inpatient activity and cancellations continues to be the excessive emergency presentations and non-elective admissions, with all hospitals working at full occupancy.

3.5 The activity level for both Warrington and St Helens hospitals in comparison to the C&M overall position are

Week ending 8/5/2022 - 4 week average

	Warrington and Halton Hospitals NHS Foundation Trust	St Helens and Knowsley Hospitals NHS Trust	Cheshire and Merseyside
Day Case	95%	92%	86%
Inpatient Elective	75%	97%	97%
New Outpatients	90%	91%	95%
Follow Up Outpatients	89%	89%	104%
Cancelled Operations	29	22	233
Patient Waiting Times			
Over 52 weeks	1,134	1,688	18,987
Over 104 weeks	20	17	455

The activity levels good across all the hospitals within Cheshire and Merseyside, with some fluctuations due to non-elective pressures, but the levels being undertaken aren't bringing the number of 52 week waiters down materially and at the end of April leading into May there was a slight rise, primarily at Liverpool University Hospital.

Most new referrals to all hospitals are being managed within the 18 week target, but there is extended tail of patients being treated after 18 weeks out to over 104 weeks.

3.6 The NHS Priorities and Operational Planning Guidance recognises the backlog in elective activity and has set an ambition to deliver 30% more elective activity by 2024/25 than before the pandemic, with 10% being achieved during 2022/23, plus reduce the number of face to face outpatient appointments and reduce the number of follow up appointments within hospital.

The guidance has set the requirement to eliminate waits of over 104 weeks as a priority and maintain this position through 2022/23, reduce waits of over 78 week and conduct three-monthly review for this cohort of patients, extending the three-monthly reviews to patients waiting over 52 weeks from 1 July 2022, develop plans that support an overall reduction in 52-week waits where possible and accelerate the progress for personalised approach to follow-up care reducing outpatient follow-ups by a minimum of 25% against the 2019/20 activity levels by March 2023.

The work to deliver the requirements of the guidance is being led by the Cheshire and Merseyside Hospital Cell and the Elective Transformation Programme.

4.0 POLICY IMPLICATIONS

4.1 There are no implications for Halton Health or Care policies.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There are no financial implications for Halton's Health or Care budgets.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton** – none identified

6.2 **Employment, Learning & Skills in Halton** – none identified

6.3 **A Healthy Halton** – none identified

6.4 **A Safer Halton** – none identified

6.5 **Halton's Urban Renewal** – none identified

7.0 RISK ANALYSIS

7.1 The main risk for the delays in treating patient continues to be the potential for deterioration in the patient's condition because of the excess wait. Patients on the waiting lists are regularly contacted by the hospital teams to review their condition and assess their needs, and if there are concerns their case can be prioritised.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 There are no equity or diversity issues identified

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

Document	Place of Inspection	Contact Officer
Cheshire and Merseyside Elective Restoration Gold Command: Tuesday 17th May 2022		Martin Stanley NHS Halton CCG

Cheshire & Merseyside Elective Restoration

Gold Command: Tuesday 17th May 2022

NHS England and NHS Improvement

Elective: North West STP Analysis - Electives

4 week average as a percent of 2019/20:
England: 89% (DC), 83% (Ord)

	Daycases						Ordinary Electives					
	4 Week Average (Final data)			Latest Week (Provisional)			4 Week Average (Final data)			Latest Week (Provisional)		
STP	Same weeks in 2019/20	Week Ending: 01 May 2022	as a % of 2019/20	Same week 19/20	Week Ending: 08 May 2022	as a % of 2019/20	Same weeks in 2019/20	Week Ending: 01 May 2022	as a % of 2019/20	Same week 19/20	Week Ending: 08 May 2022	as a % of 2019/20
Cheshire and Merseyside STP	7,228	6,225	86%	7,781	6,766	87%	1,081	1,047	97%	1,075	1,274	118%
Greater Manchester Health and Social Care Partnership (STP)	7,844	6,726	86%	8,428	7,278	86%	1,529	1,269	83%	1,515	1,355	89%
Healthier Lancashire and South Cumbria STP	4,123	3,749	91%	4,630	3,906	84%	662	687	104%	741	843	114%
North West	**19,195**	**16,700**	**87%**	**20,839**	**17,950**	**86%**	**3,272**	**3,003**	**92%**	**3,331**	**3,471**	**104%**

Data Source: Weekly Activity Report – Adjusted – Week Ending 08/05/2022
Available at: https://future.nhs.uk/OIforC/view?objectId=25715696

Elective Restoration - Elective

	Daycases						Ordinary Electives					
	4 Week Average (Final data)			Latest Week (Provisional)			4 Week Average (Final data)			Latest Week (Provisional)		
Provider	Same weeks in 2019/20	Week Ending: 01 May 2022	as a % of 2019/20	Same week 19/20	Week Ending: 08 May 2022	as a % of 2019/20	Same weeks in 2019/20	Week Ending: 01 May 2022	as a % of 2019/20	Same week 19/20	Week Ending: 08 May 2022	as a % of 2019/20
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	409	469	115%	419	459	110%	92	103	112%	85	141	166%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	664	543	82%	691	604	87%	75	66	88%	69	91	133%
EAST CHESHIRE NHS TRUST	340	183	54%	381	210	55%	29	17	59%	41	24	58%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	82	93	114%	76	108	141%	60	91	151%	50	110	220%
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1,805	1,488	82%	2,085	1,585	76%	263	264	100%	270	374	138%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	174	97	56%	140	98	70%	27	33	120%	31	40	128%
MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	647	458	71%	688	475	69%	57	56	98%	49	85	174%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	458	399	87%	438	438	100%	43	58	136%	40	43	106%
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	988	911	92%	1,045	951	91%	120	117	97%	151	109	72%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	114	65	57%	131	55	42%	31	24	76%	28	31	114%
THE WALTON CENTRE NHS FOUNDATION TRUST	118	203	173%	120	275	229%	65	40	61%	61	49	80%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	540	514	95%	566	550	97%	73	55	75%	75	54	72%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	890	803	90%	1,001	960	96%	146	124	85%	125	124	99%
CHESHIRE & MERSEYSIDE STP	**7,228**	**6,225**	**86%**	**7,781**	**6,766**	**87%**	**1,081**	**1,047**	**97%**	**1,075**	**1,274**	**118%**

Data Source: Weekly Activity Report – Raw WAR Data – Week Ending 08/05/2022
Available at: https://future.nhs.uk/OIforC/view?objectId=20423184

Cancelled Ops

STP	Trust	we 03.04.22	we 10.04.22	we 17.04.22	we 24.04.22	we 01.05.22	we 08.05.22	Trust Narrative (for latest week's cancellations) - i.e. please state reasons why patients were cancelled
Cheshire and Merseyside STP	**Cheshire and Merseyside STP**	**357**	**242**	**228**	**255**	**232**	**233**	
Cheshire and Merseyside STP	Alder Hey Children's Hospital NHS FT	8	12	10	21	22	18	x8 Equipment Issues, x6 rearranged in advance, x 3 List Overun and x1 emergency list
Cheshire and Merseyside STP	Countess of Chester Hospital NHS FT	22	33	23	5	0	9	Anaesthetic and Admissions workforce capacity constraints to fully utilise theatre lists.
Cheshire and Merseyside STP	East Cheshire NHS Trust	5	3	2	2	7	10	7 due to the consultant being ill, 3 due to not being medically fit
Cheshire and Merseyside STP	Liverpool Heart and Chest NHS FT	11	15	11	13	3	27	8 NO STAFF THEATRE, 4 OPERATION MOVED TO LATER DATE, 4 SURGEON SICK LEAVE, 5 ANAESTHETIST SICK LEAVE, 4 OPERATION MOVED TO LATER DATE, 2 ADMIN ERROR
Cheshire and Merseyside STP	Liverpool University Hospitals NHS FT	89	0	55	52	80	62	Primary reasons for cancellations:- Surgeon Availability Theatre overrun Emergency Cases Equipment availability
Cheshire and Merseyside STP	Liverpool Women's NHS FT	0	5	1	0	2	0	zero elective cancellations to report
Cheshire and Merseyside STP	Mid Cheshire Hospitals NHS FT	32	68	23	43	18	19	10 Staff availability 2 Equipment availability 0 No beds available 1 Covid 19 6 Treatment deferred/other scheduling
Cheshire and Merseyside STP	Southport and Ormskirk Hospital NHS Trust	2	0	3	3	1	3	2 x Anaesthetist unavailable (sickness) 1 x List Overrun
Cheshire and Merseyside STP	St Helens and Knowsley Teaching Hospitals NHS Trust	62	28	40	35	27	29	Continued increases in orthopaedic trauma and surgical emergencies resulting in cancellations of elective patients, coupled with clinician sickness
Cheshire and Merseyside STP	The Walton Centre NHS FT	9	2	3	2	2	2	1x replaced by more urgent case, 1x list overrun
Cheshire and Merseyside STP	Warrington and Halton Hospitals NHS FT	61	32	21	39	18	22	10 other provider cancellations, 5 emmergency cases took priority, 7 care provider unavailable and I surgeon unavailable
Cheshire and Merseyside STP	Wirral University Teaching Hospitals NHS FT	56	44	36	40	52	32	Hospital cancel in advance - 13, emergency/trauma cases - 4, lack of operating time - 1, planned cancellation - 2, shuffle patient - 1, surgeon not available - 9, theatre staff unavailable - 2

- Increase of 01 compared to previous week
- Trusts with highest cancellations reported: LUFT 62 & WUTH 32

Elective: North West STP Analysis - Outpatients

4 week average as a percent of 2019/20:
England: 92% (1st OP), 95% (FU OP)

	First Outpatients						Follow-Up Outpatients					
	4 Week Average (Final data)			Latest Week (Provisional)			4 Week Average (Final data)			Latest Week (Provisional)		
STP	Same weeks in 2019/20	Week Ending: 01 May 2022	as a % of 2019/20	Same week 19/20	Week Ending: 08 May 2022	as a % of 2019/20	Same weeks in 2019/20	Week Ending: 01 May 2022	as a % of 2019/20	Same week 19/20	Week Ending: 08 May 2022	as a % of 2019/20
Cheshire and Merseyside STP	20,995	19,863	95%	21,640	20,076	93%	51,070	53,157	104%	53,648	55,040	103%
Greater Manchester Health and Social Care Partnership (STP)	21,983	20,998	96%	22,989	21,703	94%	54,850	54,474	99%	57,080	55,994	98%
Healthier Lancashire and South Cumbria STP	10,342	9,907	96%	10,603	9,901	93%	21,840	20,657	95%	22,436	20,253	90%
North West	**53,320**	**50,768**	**95%**	**55,231**	**51,680**	**94%**	**127,761**	**128,288**	**100%**	**133,164**	**131,286**	**99%**

Data Source: Weekly Activity Report – Adjusted – Week Ending 08/05/2022
Available at: https://future.nhs.uk/OIforC/view?objectId=25715696

Elective Restoration - Out Patients

	First Outpatients						Follow-Up Outpatients					
	4 Week Average (Final data)			Latest Week (Provisional)			4 Week Average (Final data)			Latest Week (Provisional)		
Provider	Same weeks in 2019/20	Week Ending: 01 May 2022	as a % of 2019/20	Same week 19/20	Week Ending: 08 May 2022	as a % of 2019/20	Same weeks in 2019/20	Week Ending: 01 May 2022	as a % of 2019/20	Same week 19/20	Week Ending: 08 May 2022	as a % of 2019/20
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	1,077	924	86%	1,120	1,128	101%	2,857	3,197	112%	2,996	3,313	111%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	2,464	1,429	58%	2,644	1,435	54%	4,589	4,102	89%	4,704	4,285	91%
EAST CHESHIRE NHS TRUST	898	628	70%	944	678	72%	1,272	1,165	92%	1,281	1,366	107%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	418	747	179%	355	840	237%	926	987	107%	930	1,115	120%
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	5,003	5,765	115%	5,074	5,583	110%	11,331	10,574	93%	12,471	10,333	83%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	778	745	96%	739	691	94%	1,168	1,074	92%	1,146	1,038	91%
MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	1,789	1,659	93%	1,864	1,700	91%	3,028	3,161	104%	3,264	3,594	110%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	1,316	1,172	89%	1,354	1,089	80%	2,784	2,636	95%	2,780	2,649	95%
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	2,507	2,290	91%	2,616	2,478	95%	5,497	4,918	89%	5,868	5,251	89%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	226	352	156%	264	383	145%	6,349	10,358	163%	6,828	10,903	160%
THE WALTON CENTRE NHS FOUNDATION TRUST	802	592	74%	826	559	68%	1,540	1,365	89%	1,646	1,195	73%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	1,619	1,459	90%	1,714	1,458	85%	4,764	4,231	89%	4,701	4,420	94%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	2,097	2,104	100%	2,128	2,058	97%	4,965	5,390	109%	5,033	5,580	111%
CHESHIRE & MERSEYSIDE STP	**20,995**	**19,863**	**95%**	**21,640**	**20,076**	**93%**	**51,070**	**53,157**	**104%**	**53,648**	**55,040**	**103%**

Data Source: Weekly Activity Report – Raw WAR Data – Week Ending 08/05/2022
Available at: https://future.nhs.uk/OIforC/view?objectId=20423184

RTT Completed Pathway

Admitted Patient Clock Stops	03/04/2022	10/04/2022	17/04/2022	24/04/2022	01/05/2022	08/05/2022
Alder Hey Children's NHS Foundation Trust	0	123	116	91	147	106
Countess of Chester Hospital NHS Foundation Trust	257	0	161	237	255	230
East Cheshire NHS Trust	66	83	87	87	110	0
Liverpool Heart and Chest Hospital NHS Foundation Trust	106	112	74	85	80	0
Liverpool University Hospitals NHS Foundation Trust	279	234	187	235	284	253
Liverpool Women's NHS Foundation Trust	48	48	36	41	33	46
Mid Cheshire Hospitals NHS Foundation Trust	268	181	201	257	288	253
Southport and Ormskirk Hospital NHS Trust	94	95	52	87	109	72
St Helens and Knowsley Teaching Hospitals NHS Trust	637	672	507	640	580	598
The Clatterbridge Cancer Centre NHS Foundation Trust	6	1	1	1	1	1
The Walton Centre NHS Foundation Trust	27	27	22	38	22	53
Warrington and Halton Teaching Hospitals NHS Foundation Trust	133	105	112	124	183	178
Wirral University Teaching Hospital NHS Foundation Trust	307	350	249	253	337	299
C&M Total	**2,228**	**2,031**	**1,805**	**2,176**	**2,429**	**2,089**

Non-Admitted Patient Clock Stops	03/04/2022	10/04/2022	17/04/2022	24/04/2022	01/05/2022	08/05/2022
Alder Hey Children's NHS Foundation Trust	0	586	424	488	628	563
Countess of Chester Hospital NHS Foundation Trust	826	0	721	841	1,019	931
East Cheshire NHS Trust	405	440	361	341	491	0
Liverpool Heart and Chest Hospital NHS Foundation Trust	107	101	70	83	181	0
Liverpool University Hospitals NHS Foundation Trust	2,280	2,145	1,541	1,918	2,140	1,807
Liverpool Women's NHS Foundation Trust	354	393	233	261	294	322
Mid Cheshire Hospitals NHS Foundation Trust	803	903	715	778	911	739
Southport and Ormskirk Hospital NHS Trust	734	621	426	699	759	627
St Helens and Knowsley Teaching Hospitals NHS Trust	2,144	2,068	1,651	1,825	2,473	2,196
The Clatterbridge Cancer Centre NHS Foundation Trust	101	89	91	96	96	80
The Walton Centre NHS Foundation Trust	369	194	86	128	189	129
Warrington and Halton Teaching Hospitals NHS Foundation Trust	1,179	1,148	803	897	1,171	895
Wirral University Teaching Hospital NHS Foundation Trust	1,502	1,603	1,153	1,290	1,663	1,261
C&M Total	**10,804**	**10,291**	**8,275**	**9,645**	**12,015**	**9,550**

 Data Source: WL MDS

52ww Restoration admitted pathway

52ww (admitted patients)

Org Name	w/e 10-Apr	w/e 17-Apr	w/e 24-Apr	w/e 01-May	w/e 08-May	Change from previous week	Average volume change per week (based on latest 4 weeks)	Difference from weekly change to 4 week ave
Alder Hey	215	202	206	200	**202**	2	-3	5
Countess of Chester	682	666	671	668	**649**	-19	-8	-11
East Cheshire	220	218	226	213	**204**	-9	-4	-5
Liverpool Heart & Chest	49	49	48	51	**51**	0	1	-1
Liverpool University	1,797	1,821	1,833	1,859	**1,861**	2	16	-14
Liverpool Women's	292	286	283	283	**288**	5	-1	6
Mid Cheshire	367	365	379	369	**342**	-27	-6	-21
Southport and Ormskirk	138	143	148	156	**258**	102	30	72
St Helens and Knowsley	1,439	1,479	1,542	1,592	**1,618**	26	45	-19
The Clatterbridge	0	0	0	0	**0**	0	0	0
The Walton Centre	77	80	84	88	**92**	4	4	0
Warrington and Halton	725	730	732	762	**766**	4	10	-6
Wirral University	439	466	484	494	**517**	23	20	4
C&M Total	**6,440**	**6,505**	**6,636**	**6,735**	**6,848**	113	102	11
GM Total	**13,005**	**13,063**	**13,092**	**10,795**	**12,890**	2,095	-29	2,124
L&SC Total	**3,607**	**3,708**	**3,747**	**3,772**	**3,740**	-32	33	-65

 Data Source: Weekly RTT PTL data collection

52ww Restoration non-admitted pathway

52ww (non-admitted patients)

Org Name	w/e 10-Apr	w/e 17-Apr	w/e 24-Apr	w/e 01-May	w/e 08-May	Change from previous week	Average volume change per week (based on latest 4 weeks)	Difference from weekly change to 4 week ave
Alder Hey	48	56	70	75	**101**	26	13	13
Countess of Chester	3,761	3,826	3,871	3,870	**3,972**	102	53	49
East Cheshire	141	153	164	173	**142**	-31	0	-31
Liverpool Heart & Chest	14	13	13	14	**15**	1	0	1
Liverpool University	4,867	5,042	5,345	5,581	**5,822**	241	239	2
Liverpool Women's	281	341	393	504	**520**	16	60	-44
Mid Cheshire	650	684	730	753	**801**	48	38	10
Southport and Ormskirk	30	37	39	39	**38**	-1	2	-3
St Helens and Knowsley	63	67	66	70	**70**	0	2	-2
The Clatterbridge	0	0	0	0	**0**	0	0	0
The Walton Centre	26	27	27	29	**29**	0	1	-1
Warrington and Halton	331	333	352	334	**368**	34	9	25
Wirral University	185	214	241	263	**261**	-2	19	-21
C&M Total	**10,397**	**10,793**	**11,311**	**11,705**	**12,139**	434	436	-2
GM Total	**16,497**	**17,287**	**18,198**	**12,134**	**19,995**	7,861	875	6,987
L&SC Total	**6,014**	**6,232**	**6,452**	**6,529**	**6,433**	-96	105	-201

 Data Source: Weekly RTT PTL data collection

Number of patients waiting 52 weeks

Data split by trust and speciality

	52+ ww C&M	*Alder Hey*	*COCH*	*East Cheshire*	*LHCH*	*LUFT*	*LWH*	*Mid Cheshire*	*S&O*	*STHK*	*CCC*	*WCH*	*WHH*	*WUFT*	***Spec %***
Trust Total	**18,987**	**303**	**4,621**	**346**	**66**	**7,683**	**808**	**1,143**	**296**	**1,688**	**-**	**121**	**1,134**	**778**	
Other	2,049	253	612	18	3	823	3	1	53	64	-	60	154	5	**10.8%**
Cardiology	32	1	1	-	1	1	-	26	-	2	-	-	-	-	**0.2%**
Cardiothoracic Surgery	62	-	-	-	62	-	-	-	-	-	-	-	-	-	**0.3%**
Dermatology	240	-	34	-	-	193	-	3	-	9	-	-	-	1	**1.3%**
ENT	2,922	23	604	9	-	2,044	-	51	8	72	-	-	101	10	**15.4%**
Gastroenterology	1,202	2	176	94	-	751	-	148	-	10	-	-	10	11	**6.3%**
General Medicine	100	-	11	-	-	14	-	-	75	-	-	-	-	-	**0.5%**
General Surgery	2,672	9	558	18	-	910	-	613	125	83	-	-	140	216	**14.1%**
Geriatric Medicine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**0.0%**
Gynaecology	2,178	-	845	10	-	-	805	36	13	76	-	-	210	183	**11.5%**
Neurology	1	1	-	-	-	-	-	-	-	-	-	-	-	-	**0.0%**
Neurosurgery	62	1	-	-	-	-	-	-	-	-	-	61	-	-	**0.3%**
Ophthalmology	1,180	1	434	5	-	638	-	38	1	34	-	-	7	22	**6.2%**
Oral Surgery	843	3	245	-	-	447	-	-	-	1	-	-	101	46	**4.4%**
Plastic Surgery	1,052	-	135	2	-	1	-	-	-	914	-	-	-	-	**5.5%**
Rheumatology	95	-	87	-	-	-	-	7	-	1	-	-	-	-	**0.5%**
Thoracic Medicine	22	1	11	-	-	9	-	-	-	-	-	-	-	1	**0.1%**
Trauma & Orthopaedics	2,706	4	391	190	-	1,265	-	206	17	303	-	-	214	116	**14.3%**
Urology	1,569	4	477	-	-	587	-	14	4	119	-	-	197	167	**8.3%**
Trust %	**100.0%**	**1.6%**	**24.3%**	**1.8%**	**0.3%**	**40.5%**	**4.3%**	**6.0%**	**1.6%**	**8.9%**	**0.0%**	**0.6%**	**6.0%**	**4.1%**	

ENT made up 2,922 of the 18,987 52ww for C&M. T&O was also the most popular specialty to contain large volumes of 52 week waiters.

Proportion of patients waiting 52 weeks

Data split by trust, speciality and with / without a decision to admit

With a decision to admit	C&M	Alder Hey	COCH	East Cheshire	LHCH	LUFT	LWH	Mid Cheshire	S&O	STHK	CCC	WCH	WHH	WUFT
Trust %	**15%**	**10%**	**20%**	**16%**	**5%**	**19%**	**26%**	**10%**	**9%**	**15%**	**0%**	**8%**	**17%**	**12%**
Other	15%	23%	11%	0%	4%	27%	7%	0%	30%	6%	0%	6%	14%	0%
Cardiology	0%	2%	8%	-	0%	0%	-	0%	0%	0%	-	-	0%	0%
Cardiothoracic Surgery	12%	0%	-	-	13%	-	-	-	-	-	-	-	-	-
Dermatology	4%	0%	0%	-	-	0%	-	0%	-	7%	-	-	-	3%
ENT	15%	7%	25%	4%	-	29%	-	5%	0%	19%	-	-	10%	2%
Gastro-enterology	-	-	-	-	-	-	-	-	-	-	-	-	-	-
General Medicine	15%	0%	0%	-	-	2%	-	0%	17%	-	-	-	0%	-
General Surgery	19%	4%	20%	8%	-	39%	-	9%	13%	9%	-	-	36%	17%
Geriatric Medicine	0%	-	0%	-	-	-	-	-	-	-	-	-	0%	-
Gynaecology	18%	0%	19%	3%	-	-	26%	10%	1%	11%	-	-	30%	29%
Neurology	0%	0%	-	-	-	-	-	-	-	-	-	0%	-	-
Neurosurgery	10%	4%	-	-	-	-	-	-	-	-	-	10%	-	-
Ophthalmology	4%	0%	13%	1%	-	7%	-	1%	1%	3%	-	-	0%	2%
Oral Surgery	12%	3%	19%	-	-	9%	-	-	0%	0%	-	-	29%	6%
Plastic Surgery	21%	0%	16%	4%	-	-	-	-	-	23%	-	-	-	-
Rheumatology	0%	0%	0%	-	-	-	-	0%	0%	0%	-	-	0%	0%
Thoracic Medicine	0%	0%	0%	0%	0%	0%	-	0%	-	0%	-	-	0%	0%
Trauma & Orthopaedics	18%	1%	31%	32%	-	24%	-	16%	5%	18%	-	-	14%	11%
Urology	18%	3%	26%	0%	-	19%	-	4%	2%	13%	-	-	35%	22%

Without a decision to admit	C&M	Alder Hey	COCH	East Cheshire	LHCH	LUFT	LWH	Mid Cheshire	S&O	STHK	CCC	WCH	WHH	WUFT
Trust %	**4%**	**1%**	**11%**	**2%**	**0%**	**8%**	**4%**	**3%**	**0%**	**0%**	**0%**	**0%**	**2%**	**1%**
Other	2%	2%	12%	2%	0%	3%	0%	0%	1%	0%	0%	1%	1%	0%
Cardiology	0%	0%	0%	0%	0%	0%	-	1%	0%	0%	-	-	0%	0%
Cardiothoracic Surgery	2%	0%	-	-	3%	-	-	-	-	-	-	-	-	-
Dermatology	1%	0%	2%	-	-	5%	-	0%	0%	0%	-	-	-	0%
ENT	9%	0%	13%	1%	-	20%	-	1%	1%	0%	-	-	3%	0%
Gastro-enterology	-	-	-	-	-	-	-	-	-	-	-	-	-	-
General Medicine	1%	0%	1%	-	-	3%	-	0%	0%	0%	-	-	0%	0%
General Surgery	7%	0%	7%	1%	-	17%	-	12%	1%	1%	-	-	4%	2%
Geriatric Medicine	0%	-	0%	0%	-	0%	-	0%	0%	0%	-	-	0%	0%
Gynaecology	6%	0%	25%	1%	-	-	4%	0%	1%	1%	-	-	5%	3%
Neurology	0%	0%	-	-	-	-	-	-	-	-	-	0%	-	-
Neurosurgery	0%	0%	-	-	-	-	-	-	-	0%	-	0%	-	-
Ophthalmology	5%	0%	10%	0%	-	7%	-	1%	0%	0%	-	0%	0%	1%
Oral Surgery	7%	0%	14%	-	-	10%	-	-	0%	0%	-	-	1%	1%
Plastic Surgery	2%	0%	4%	2%	-	0%	-	-	-	1%	-	-	-	-
Rheumatology	2%	0%	9%	-	-	0%	-	1%	0%	0%	-	-	0%	0%
Thoracic Medicine	0%	0%	1%	0%	0%	0%	-	0%	-	0%	-	-	0%	0%
Trauma & Orthopaedics	6%	0%	10%	1%	-	13%	-	1%	0%	1%	-	-	2%	1%
Urology	7%	0%	22%	0%	-	9%	-	0%	0%	0%	-	-	2%	2%

Table shows the proportion of 52 week waiters by trust and speciality (52 week waiters / Total Waiting List), with tables showing pathway split by 'With a decision to admit' and 'Without a decision to admit'

While 52 week waiters made up only 4% of the total C&M waiting list for patients without a decision to admit, 15% of patients with a decision to admit had been waiting 52 weeks or longer. 21% of patients on the Plastic Surgery waiting list had a decision to admit had been waiting 52 weeks or more.

104+ww Restoration admitted and non-admitted pathways

104+ww (admitted and non-admitted patients)

Org Name	w/e 03-Apr	w/e 10-Apr	w/e 17-Apr	w/e 24-Apr	w/e 01-May	w/e 08-May	Change from previous week	Average volume change per week (based on latest 4 weeks)	Difference from weekly change to 4 week ave
Alder Hey	2	5	3	4	2	**2**	0	-1	1
Countess of Chester	623	547	485	366	308	**258**	-50	-72	22
East Cheshire	35	31	30	30	28	**27**	-1	-1	0
Liverpool Heart & Chest	5	5	5	5	5	**5**	0	0	0
Liverpool University	201	184	159	155	131	**117**	-14	-17	3
Liverpool Women's	0	0	0	0	0	**0**	0	0	0
Mid Cheshire	8	6	6	5	7	**6**	-1	0	-1
Southport and Ormskirk	1	1	1	1	0	**0**	0	-0	0
St Helens and Knowsley	32	29	25	25	20	**17**	-3	-3	0
The Clatterbridge	0	0	0	0	0	**0**	0	0	0
The Walton Centre	3	3	3	5	3	**3**	0	0	0
Warrington and Halton	27	31	27	23	22	**20**	-2	-3	1
Wirral University	0	0	1	1	1	**0**	-1	0	-1
C&M Total	**937**	**842**	**745**	**620**	**527**	**455**	-72	-97	25
GM Total	**2,386**	**2,164**	**2,004**	**1,889**	**1,494**	**1,551**	57	-153	210
L&SC Total	**867**	**828**	**784**	**758**	**721**	**673**	-48	-39	-9

Patients waiting 104+ weeks

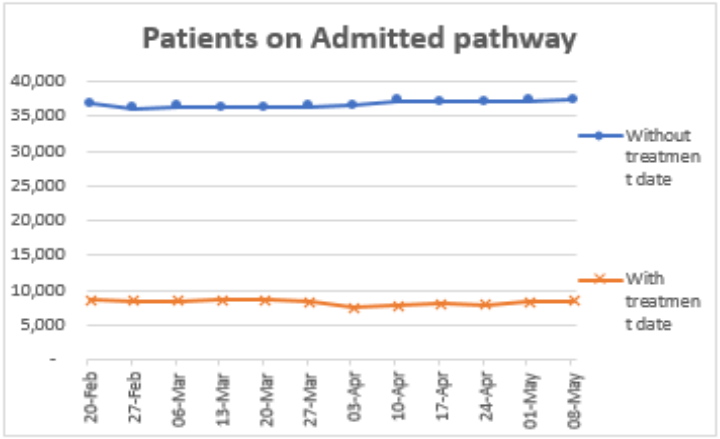
104+ww (admitted patients)

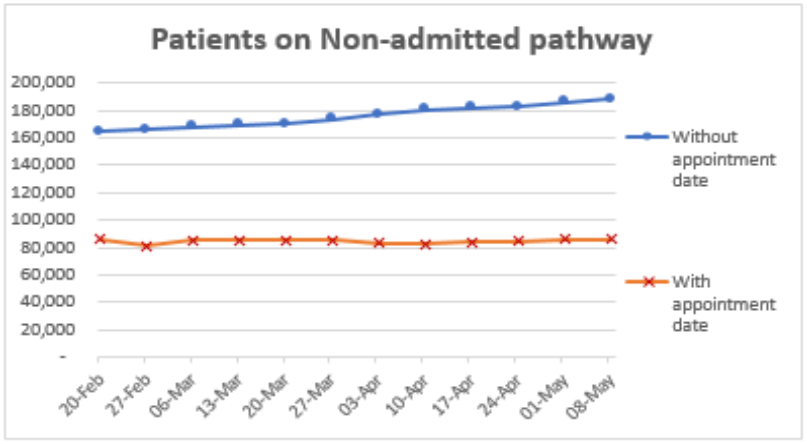
Org Name	w/e 10-Apr	w/e 17-Apr	w/e 24-Apr	w/e 01-May	w/e 08-May	Change from previous week	Average volume change per week (based on latest 4 weeks)	Difference from weekly change to 4 week ave
Alder Hey	2	1	2	1	**1**	0	-0	0
Countess of Chester	182	160	151	140	**123**	-17	-15	-2
East Cheshire	31	30	28	28	**27**	-1	-1	0
Liverpool Heart & Chest	5	5	5	5	**5**	0	0	0
Liverpool University	115	103	100	88	**85**	-3	-8	5
Liverpool Women's	0	0	0	0	**0**	0	0	0
Mid Cheshire	6	6	5	7	**6**	-1	0	-1
Southport and Ormskirk	1	1	1	0	**0**	0	-0	0
St Helens and Knowsley	26	23	24	19	**16**	-3	-3	-1
The Clatterbridge	0	0	0	0	**0**	0	0	0
The Walton Centre	3	3	2	2	**2**	0	-0	0
Warrington and Halton	25	20	19	19	**17**	-2	-2	0
Wirral University	0	1	1	0	**0**	0	0	0
C&M Total	**396**	**353**	**338**	**309**	**282**	-27	-29	2
GM Total	**1,889**	**1,742**	**1,630**	**1,281**	**1,326**	45	-141	186
L&SC Total	**515**	**501**	**484**	**459**	**423**	-36	-23	-13

104+ww (non-admitted patients)

Org Name	w/e 10-Apr	w/e 17-Apr	w/e 24-Apr	w/e 01-May	w/e 08-May	Change from previous week	Average volume change per week (based on latest 4 weeks)	Difference from weekly change to 4 week ave
Alder Hey	3	2	2	1	**1**	0	-1	1
Countess of Chester	365	325	215	168	**135**	-33	-58	25
East Cheshire	0	0	2	0	**0**	0	0	0
Liverpool Heart & Chest	0	0	0	0	**0**	0	0	0
Liverpool University	69	56	55	43	**32**	-11	-9	-2
Liverpool Women's	0	0	0	0	**0**	0	0	0
Mid Cheshire	0	0	0	0	**0**	0	0	0
Southport and Ormskirk	0	0	0	0	**0**	0	0	0
St Helens and Knowsley	3	2	1	1	**1**	0	-1	1
The Clatterbridge	0	0	0	0	**0**	0	0	0
The Walton Centre	0	0	3	1	**1**	0	0	-0
Warrington and Halton	6	7	4	3	**3**	0	-1	1
Wirral University	0	0	0	1	**0**	-1	0	-1
C&M Total	**446**	**392**	**282**	**218**	**173**	-45	-68	23
GM Total	**275**	**262**	**259**	**213**	**225**	12	-13	25
L&SC Total	**313**	**283**	**274**	**262**	**250**	-12	-16	4

Total waiting list: C&M





Admitted Pathway	20-Feb	27-Feb	06-Mar	13-Mar	20-Mar	27-Mar	03-Apr	10-Apr	17-Apr	24-Apr	01-May	08-May
Without treatment date	36,870	36,163	36,344	36,231	36,324	36,400	36,501	37,227	37,119	37,131	37,213	37,412
With treatment date	8,642	8,478	8,482	8,555	8,553	8,269	7,532	7,714	8,023	7,941	8,343	8,525

Non-Admitted Pathway	20-Feb	27-Feb	06-Mar	13-Mar	20-Mar	27-Mar	03-Apr	10-Apr	17-Apr	24-Apr	01-May	08-May
Without appointment date	164,218	166,122	167,870	169,056	170,215	173,289	177,045	180,496	182,071	182,830	186,252	188,319
With appointment date	86,080	80,801	85,559	85,091	85,377	84,958	83,085	82,216	83,791	84,577	85,703	85,900

From w/c 01-May to w/c 08-May:
- for patients on the admitted pathway there has been a 0.5% increase in patients without a treatment date and a 2.2% increase in patients with a treatment date.
- for patients on the non-admitted pathway there has been a 1.1% increase in patients without a treatment date and a 0.2% increase in patients with a treatment date.

01-May	08-May		Absolute value	in or decreas
37,213	37,412	1%	0.005348	increase
8,343	8,525	2%	0.021815	increase

01-May	08-May		Absolute value	in or decreas
186,252	188,319	1%	0.011098	increase
85,703	85,900	0%	0.002299	increase

Total Waiting List by Trust & Wait Bands

Total Waiters (Admitted and Non-Admitted)

w-e 08 May 22	0-18	18-26	26-40	40-52	52+	Total
Alder Hey	12,809	3,337	3,638	1,020	303	**21,107**
Countess of Chester	17,547	5,326	8,185	4,321	4,621	**40,000**
East Cheshire	5,680	1,060	1,161	459	346	**8,706**
Liverpool Heart & Chest	4,567	481	297	95	66	**5,506**
Liverpool University	41,694	9,907	12,878	7,681	7,683	**79,843**
Liverpool Women's	7,203	1,800	2,806	2,056	808	**14,673**
Mid Cheshire	17,469	3,854	4,951	2,363	1,143	**29,780**
Southport and Ormskirk	9,721	1,195	1,246	416	296	**12,874**
St Helens and Knowsley	24,092	3,743	4,032	1,506	1,688	**35,061**
The Clatterbridge	902	8	2	-	-	**912**
The Walton Centre	9,183	1,648	622	201	121	**11,775**
Warrington and Halton	20,002	2,827	3,020	1,289	1,134	**28,272**
Wirral University	20,310	4,106	4,493	1,960	778	**31,647**
C&M Total	**191,179**	**39,292**	**47,331**	**23,367**	**18,987**	**320,156**

Total Waiting List by Trust & Wait Bands

With and without a decision to admit

Admitted Pathway

w-e 08 May 22	0-18	18-26	26-40	40-52	52+	Total
Alder Hey	948	304	412	246	202	**2,112**
Countess of Chester	1,265	345	561	374	649	**3,194**
East Cheshire	552	199	224	133	204	**1,312**
Liverpool Heart & Chest	615	157	165	73	51	**1,061**
Liverpool University	3,509	1,209	1,921	1,277	1,861	**9,777**
Liverpool Women's	426	83	175	153	288	**1,125**
Mid Cheshire	1,791	457	592	359	342	**3,541**
Southport and Ormskirk	1,412	315	529	244	258	**2,758**
St Helens and Knowsley	4,812	1,432	2,109	1,166	1,618	**11,137**
The Clatterbridge	21	-	-	-	-	**21**
The Walton Centre	574	190	199	100	92	**1,155**
Warrington and Halton	1,820	521	800	544	766	**4,451**
Wirral University	1,420	613	1,076	667	517	**4,293**
C&M Total	**19,165**	**5,825**	**8,763**	**5,336**	**6,848**	**45,937**

Non-Admitted Pathway

w-e 08 May 22	0-18	18-26	26-40	40-52	52+	Total
Alder Hey	11,861	3,033	3,226	774	101	**18,995**
Countess of Chester	16,282	4,981	7,624	3,947	3,972	**36,806**
East Cheshire	5,128	861	937	326	142	**7,394**
Liverpool Heart & Chest	3,952	324	132	22	15	**4,445**
Liverpool University	38,185	8,698	10,957	6,404	5,822	**70,066**
Liverpool Women's	6,777	1,717	2,631	1,903	520	**13,548**
Mid Cheshire	15,678	3,397	4,359	2,004	801	**26,239**
Southport and Ormskirk	8,309	880	717	172	38	**10,116**
St Helens and Knowsley	19,280	2,311	1,923	340	70	**23,924**
The Clatterbridge	881	8	2	-	-	**891**
The Walton Centre	8,609	1,458	423	101	29	**10,620**
Warrington and Halton	18,182	2,306	2,220	745	368	**23,821**
Wirral University	18,890	3,493	3,417	1,293	261	**27,354**
C&M Total	**172,014**	**33,467**	**38,568**	**18,031**	**12,139**	**274,219**

Admitted Waiting List by Trust & Wait Bands

With and without a TCI in place

Admitted Pathway

With a TCI Date

w-e 08 May 22	0-18	18-26	26-40	40-52	52+	Total
Alder Hey	322	86	136	84	68	**696**
Countess of Chester	391	63	88	59	241	**842**
East Cheshire	175	48	51	33	54	**361**
Liverpool Heart & Chest	182	26	22	9	7	**246**
Liverpool University	875	124	167	109	186	**1,461**
Liverpool Women's	146	15	26	23	75	**285**
Mid Cheshire	392	69	69	48	82	**660**
Southport and Ormskirk	334	29	77	48	76	**564**
St Helens and Knowsley	1,107	183	179	98	206	**1,773**
The Clatterbridge	2	-	-	-	-	**2**
The Walton Centre	107	32	24	8	14	**185**
Warrington and Halton	498	54	83	43	140	**818**
Wirral University	246	73	134	78	101	**632**
C&M Total	**4,777**	**802**	**1,056**	**640**	**1,250**	**8,525**

No TCI Date

w-e 08 May 22	0-18	18-26	26-40	40-52	52+	Total
Alder Hey	626	218	276	162	134	**1,416**
Countess of Chester	874	282	473	315	408	**2,352**
East Cheshire	377	151	173	100	150	**951**
Liverpool Heart & Chest	433	131	143	64	44	**815**
Liverpool University	2,634	1,085	1,754	1,168	1,675	**8,316**
Liverpool Women's	280	68	149	130	213	**840**
Mid Cheshire	1,399	388	523	311	260	**2,881**
Southport and Ormskirk	1,078	286	452	196	182	**2,194**
St Helens and Knowsley	3,705	1,249	1,930	1,068	1,412	**9,364**
The Clatterbridge	19	-	-	-	-	**19**
The Walton Centre	467	158	175	92	78	**970**
Warrington and Halton	1,322	467	717	501	626	**3,633**
Wirral University	1,174	540	942	589	416	**3,661**
C&M Total	**14,388**	**5,023**	**7,707**	**4,696**	**5,598**	**37,412**

Non-Admitted Waiting List by Trust & Wait Bands

With and without an appointment in place

Non-Admitted Pathway

With next appt

w-e 08 May 22	0-18	18-26	26-40	40-52	52+	Total
Alder Hey	2,715	644	854	336	86	**4,635**
Countess of Chester	3,063	743	748	380	618	**5,552**
East Cheshire	982	137	163	44	36	**1,362**
Liverpool Heart & Chest	1,386	137	56	11	-	**1,590**
Liverpool University	16,969	2,673	2,593	1,007	1,257	**24,499**
Liverpool Women's	1,540	161	348	188	268	**2,505**
Mid Cheshire	2,655	346	295	448	86	**3,830**
Southport and Ormskirk	4,726	397	271	75	10	**5,479**
St Helens and Knowsley	16,065	1,582	1,314	273	59	**19,293**
The Clatterbridge	157	2	1	-	-	**160**
The Walton Centre	1,568	172	108	23	10	**1,881**
Warrington and Halton	5,347	657	555	254	50	**6,863**
Wirral University	6,271	780	767	337	96	**8,251**
C&M Total	**63,444**	**8,431**	**8,073**	**3,376**	**2,576**	**85,900**

Without next appt

w-e 08 May 22	0-18	18-26	26-40	40-52	52+	Total
Alder Hey	9,146	2,389	2,372	438	15	**14,360**
Countess of Chester	13,219	4,238	6,876	3,567	3,354	**31,254**
East Cheshire	4,146	724	774	282	106	**6,032**
Liverpool Heart & Chest	2,566	187	76	11	15	**2,855**
Liverpool University	21,216	6,025	8,364	5,397	4,565	**45,567**
Liverpool Women's	5,237	1,556	2,283	1,715	252	**11,043**
Mid Cheshire	13,023	3,051	4,064	1,556	715	**22,409**
Southport and Ormskirk	3,583	483	446	97	28	**4,637**
St Helens and Knowsley	3,215	729	609	67	11	**4,631**
The Clatterbridge	724	6	1	-	-	**731**
The Walton Centre	7,041	1,286	315	78	19	**8,739**
Warrington and Halton	12,835	1,649	1,665	491	318	**16,958**
Wirral University	12,619	2,713	2,650	956	165	**19,103**
C&M Total	**108,570**	**25,036**	**30,495**	**14,655**	**9,563**	**188,319**

P2 Patients – C&M

P2 Total	% P2 Total TCI in Place	P2 >1 Month	% P2 >1 Month TCI in Place	P2 <1 Month	% P2 <1 Month TCI in Place
3275	59%	1516	46%	1759	71%

Variance from previous week

P2 Total	% P2 Total TCI in Place	P2 >1 Month	% P2 >1 Month TCI in Place	P2 <1 Month	% P2 <1 Month TCI in Place
56	1%	0	2%	56	1%

- 3,275 Total P2 patients 59% have a TCI in place
- 1,516 >1 Month 46% a TCI in place

- P2> 1 month 3.3% of the entire admitted WL

Variance from previous week:

- Increase of 56 Total P2 patients with a 1% increase in total TCIs in place
- 0 >1 month, with a 2% increase in total TCI in place

P2 Patients – C&M Volumes

Metric	04/02/2022	11/02/2022	18/02/2022	25/02/2022	04/03/2022	11/03/2022	18/03/2022	25/03/2022	01/04/2022	08/04/2022	15/04/2022	22/04/2022	29/04/2022	06/05/2022	13/05/2022
Volumes															
P2 Total done since previous week	482	474	494	499	529	486	486	467	576	472	468	367	463	472	488
P2 Total added since previous week	519	561	556	462	468	573	520	546	516	542	406	341	475	432	550
Of Which:															
P2 >1 Month done since previous week	124	134	137	166	207	181	193	190	195	167	178	140	220	184	187
P2 >1 Month added since previous week	38	69	69	55	64	70	77	104	53	71	73	51	62	62	74

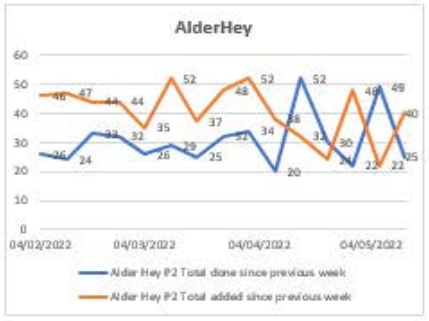
Trust	13/05/2022	>1 month done as a % of Total done
Alder Hey		
P2 Total done since previous week	25	
P2 >1 Month done since previous week	6	**24%**
LHCH		
P2 Total done since previous week	57	
P2 >1 Month done since previous week	20	**35%**
LUFT		
P2 Total done since previous week	80	
P2 >1 Month done since previous week	64	**80%**
MCHT		
P2 Total done since previous week	79	
P2 >1 Month done since previous week	41	**52%**

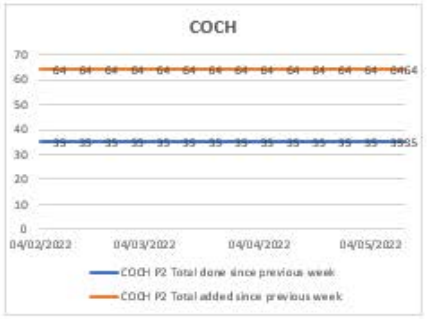
Trust	13/05/2022	>1 month done as a % of Total done
S&O		
P2 Total done since previous week	31	
P2 >1 Month done since previous week	18	**58%**
TWC		
P2 Total done since previous week	7	
P2 >1 Month done since previous week	3	**43%**
WHH		
P2 Total done since previous week	93	
P2 >1 Month done since previous week	26	**28%**
WUFT		
P2 Total done since previous week	116	
P2 >1 Month done since previous week	9	**8%**

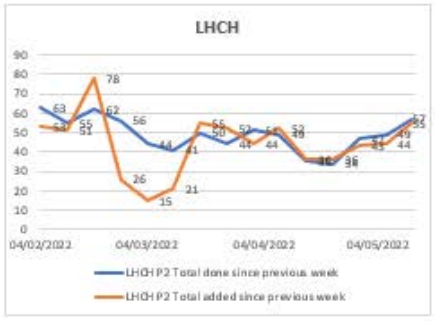
***COCH, LWH & STHK not included**

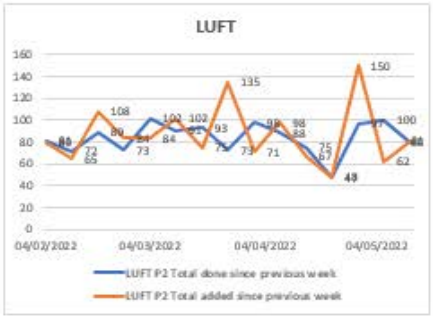
P2 Total – numbers added (488) outweighs the numbers done (550)
P2 >1 month - numbers done (187) outweighs the numbers added (74)

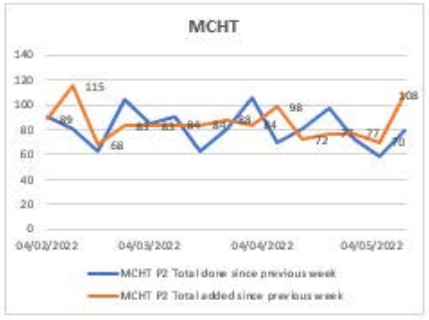
P2 Patients –Volumes

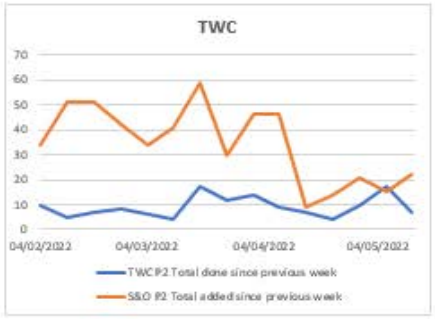


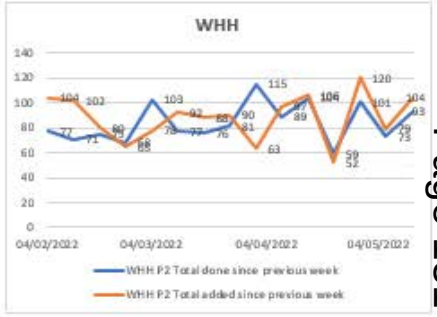


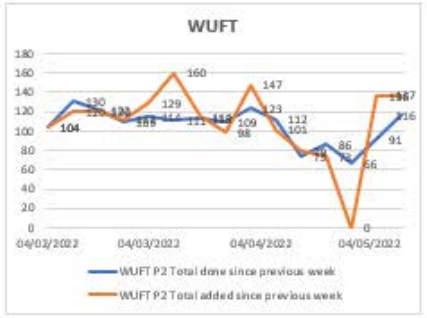


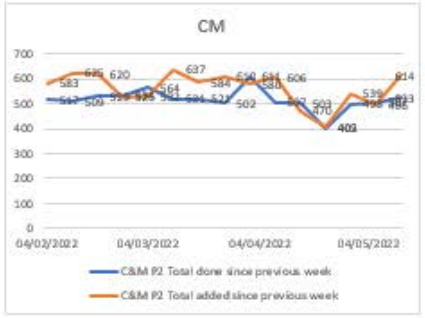












*LWH & STHK not included

* COCH – carryover from 23/07/2021

P2 Patients – by Trust

Trust	P2 Total	% P2 Total TCI in Place	P2 >1 Month	% P2 >1 Month TCI in Place	P2 <1 Month	% P2 <1 Month TCI in Place
Alder Hey	69	64%	25	32%	44	82%
COCH	280	100%	129	100%	151	100%
LHCH	80	70%	53	77%	27	56%
LUFT	856	33%	588	23%	268	57%
LWH	215	74%	82	67%	133	79%
MCHT	323	47%	83	47%	240	47%
S&O	159	57%	99	53%	60	65%
STHK	517	99%	167	99%	350	100%
TWC	26	81%	9	78%	17	82%
WHH	431	41%	192	21%	239	56%
WUFT	319	53%	89	24%	230	64%
C&M	**3275**	**59%**	**1516**	**46%**	**1759**	**71%**

* COCH – carryover from 23/07/2021

P2 >1 month with a TCI in place (>80%)

- STHK 99%

P2 Patients – Restoration

Waiting > 1 month

	Actuals							Trajectory	
Trust	**December**	**January**	**February**	**March**	**April**	**06/05/2022**	**13/05/2022**	**May 22 Trajectory**	**June 22 Trajectory**
Alder Hey	25	12	16	12	27	26	25	**4**	**6**
COCH	129	129	129	129	129	129	129	**105**	**102**
LHCH	33	39	35	43	50	53	53	**24**	**24**
LUFT	587	571	532	553	621	596	588	**230**	**217**
LWH	52	54	63	70	94	87	82	**18**	**18**
MCHT	52	57	76	82	72	85	83	**15**	**13**
S&O	67	76	72	70	127	98	99	**8**	**8**
STHK	110	106	146	146	158	162	167	**0**	**0**
TWC	9	6	4	11	17	10	9	**2**	**2**
WHH	124	109	147	182	177	183	192	**39**	**43**
WUFT	41	44	57	76	81	87	89	**60**	**54**
C&M	1229	1203	1277	1374	1553	1516	1516	**505**	**487**

* COCH – carryover from 23/07/2021

- Currently 1516 against a May trajectory of 505

 Data Source: Weekly manual collection 15.05.2022

REPORT TO: Health Policy and Performance Board (HPPB)

DATE: 28th June 2022

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Respite Provision – update

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 Following on from a report received by HPPB in June 2019, this report provides an update on the position in relation to respite care provision, in particular shared care vouchers, and the course of action now being pursued in this area.

2.0 RECOMMENDATION: That:

i) HPPB note the contents of the report.

3.0 SUPPORTING INFORMATION

Background

3.1 In June 2019, a report was presented to HPPB providing information on respite provision, specifically the shared care voucher process. The need for respite will be identified by social workers as part of the assessment process and depending on the nature of the person's condition, shared care vouchers may be identified as a way of meeting the assessed need.

3.2 The previous report was prompted by an issue experienced by a carer and difficulties arranging respite. In summary, it related to a daughter caring for her mother who had a diagnosis of dementia but the family were going on a holiday abroad and the mother needed care whilst the family was away. A shared care voucher had been issued (as assessment had identified the need for 28 days residential respite) and the daughter had wanted to arrange a care home placement to cover the holiday period. However, the daughter had found the care home sector unable to accommodate a planned period of respite in the future because it would mean having to keep a bed available and potentially refusing permanent placements. This particular case was resolved following involvement from Care Management and a care home respite placement was arranged in a Runcorn care home (although this wasn't the daughter's preferred location). It was quite distressing for the family as arrangements were only confirmed close to their holiday.

3.3 The previous report provided more information on the shared care voucher process to see where improvements could be made. As a re-cap, the process is summarised below:

- The vouchers were introduced to give carers choice and flexibility with respite arrangements, in theory allowing them to choose where their loved one was placed rather than the council making arrangements;
- Respite needs would be identified as part of the assessment process and vouchers issued (usually 4-6 weeks' worth) for the year, allowing carers to use them as and when required;
- Vouchers indicating the level of care required would be sent out by Care Arrangers along with a letter and a copy of the support plan (for providers).

3.4 The 2019 report also provided data on voucher usage, which can be found at appendix 1 with more recent data added as well as a breakdown of clients using vouchers and some information on respite provision via the Shared Lives service.

3.5 Some areas for improvement were suggested in the previous report, including:

- Managing people's expectations by clarifying in the voucher letter that vouchers can't be used to book a respite stay in a care home weeks/months in advance and that instead contact should be made with the Care Management to discuss respite provision for future holidays;
- Providing information about alternative respite options in the letter (e.g. Shared Lives, Direct Payments, domiciliary care);
- Ensuring that carers know they can contact Care Management for support in arranging respite to avoid them becoming distressed trying to make arrangements themselves;
- Enhancing the council's respite offer given the issues with the vouchers including having different options that can be booked in advance, considering block purchasing care home beds at financial cost (although there are issues when the type of bed may not meet everyone's needs/preferences) and exploring how the council's in-house care homes could support respite provision on a more planned basis;
- Development of a Respite Policy & Procedure so there is a clear respite offer.

Current picture

3.6 With the onset of the pandemic fairly soon after the report was presented to HPPB, there has been little progress with the suggested areas of improvement that were outlined in the 2019 report. Understandably, there was a drastic reduction in the requirement for respite care throughout 2020/21 (as evidenced by the data in appendix 1). In addition, the voucher process was suspended in March 2020 and an initial interim arrangement was agreed

whereby Care Management would arrange access to respite and an individual SPS/SUISS would be generated by Care Arrangers (this arrangement continues and physical vouchers are no longer posted out to clients/carers).

3.7 It is now necessary to look again at the respite offer in order to ensure that the necessary improvements are made and there are options available that meet people's needs.

3.8 There are two main client groups requiring access to respite within adult social care – adults with learning disabilities and older people. With regards to adults with learning disabilities the offer is appropriate and appears to meet needs (i.e. Bredon, supported tenancies with voids and out-of-area options such as Raby Hall and Autism Initiatives). However, it is the offer for older people that appears to be more problematic and requires improvement action (as outlined in the following section).

Improvement action

3.9 Shared care vouchers are to be discontinued, as they are no longer fit-for-purpose and do not offer a practical or user-friendly option for carers. It is simply not feasible for a care home to keep a bed available for a future period of respite and, therefore, providing the vouchers to carers for use in a care home setting creates unrealistic expectations. In addition, use of shared care vouchers has been in steady decline even prior to the pandemic.

3.10 Consideration has been given to whether there is a need for dedicated respite care provision in a care home setting, which would require block purchasing at least one care home bed (cost circa £25k per annum). However, this is not a viable option as the specified bed would not meet everyone's needs and preferences and there would likely be times when no-one required the bed (meaning it would be unused) and other times (e.g. popular holiday periods) when it would be more in-demand (meaning that not everyone could be accommodated).

3.11 Generally speaking, for those who are already supported in the community, it is preferable for any period of respite to also be accommodated within the community as opposed to within 24-hour residential care. In the event that a care home respite stay is thought to be the best option, it is likely that this would be able to be accommodated through the use of a vacant bed, as the vacancy rate is now higher than pre-pandemic levels (currently around 14%).

3.12 Therefore it is felt that there is not enough need for dedicated respite provision and demand could be managed on an ad-hoc basis. However, this would mean making arrangements for respite in care homes close to the required date, which may not give carers enough peace of mind for future plans. Thus, it is necessary to have a range of respite options available with carers being supported to access the option that best suits their needs and requirements (including timescale).

3.13 First and foremost, it is necessary to develop a Respite Policy to clarify the respite offer for all client groups, which should also include information (e.g. a

leaflet) aimed at clients/families/carers. This would effectively support Care Management to explain the range of options available to carers in need of respite provision for their loved one.

3.14 In producing a Respite Policy, there will be a need to clarify and develop alternative options to bed-based respite such as care at home, Shared Lives and Direct Payments etc.

3.15 Within the Shared Lives Service there is an existing respite offer, however, provision is limited due to a lack of carers. As we emerge from the pandemic, it may be possible to take advantage of the apparent shift in public attitude towards an increased desire to volunteer and support vulnerable members of the community. A campaign could perhaps be developed to try and grow the service by inviting people to volunteer any amount of time they can, whether that be one weekend or several weeks per year. This may attract people who are not able to commit to being a Shared Lives carer on a routine, weekly basis but could offer some time to support a period of respite more occasionally (e.g. to cover a holiday period). This would create a form of respite that could be organised in advance therefore helping carers to make arrangements to cover holidays.

3.16 Previous attempts to recruit additional Shared Lives carers have evoked little success so it will still be necessary to ensure that there is adequate respite provision available via bed-based and care at home options. Direct Payments may offer the flexibility to provide innovative solutions to respite needs.

3.17 It will also be necessary to ensure that information is communicated clearly to carers so that expectations are managed – the issue outlined at the outset of this report caused distress to the family because they had thought they would simply be able to use their voucher to book a care home bed for their holiday planned later in the year (understandably, this is something that could not be accommodated by the care home sector). Removal of the shared care vouchers and instead having client-facing information regarding the respite offer and the support available from Care Management in making arrangements will be much clearer for carers/families.

3.18 Finally, and crucially, it is key that support continues to be available from Care Management to support carers in arranging the most suitable form of respite for their needs. This will be made clear in the policy that is to be developed.

4.0 POLICY IMPLICATIONS

4.1 As detailed above, in order to clarify the respite offer, a new policy and procedure document for staff accompanied by some information aimed at clients and their carers/families is to be developed.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Block purchasing of care home beds to offer dedicated respite provision is not recommended for reasons outlined above (i.e. the bed is unlikely to be suited to everyone’s needs/preferences). It may still be necessary on occasion to

offer respite in a care home setting but this would be arranged on a case-by-case basis utilising vacant beds (therefore, there is no set annual cost implication).

5.2 It is vital that support is available from Care Management to assist people in arranging respite and this will have an impact on staff time and capacity.

5.3 A recruitment campaign for Shared Lives carers would have some resource implications, the extent of which would depend on the methods employed.

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**
Family carers play a vital role in supporting those with care and support needs and it is essential that there is a clear and comprehensive respite offer to allow carers the opportunity to have a break from their caring responsibilities.

6.4 **A Safer Halton**
None identified.

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

7.0 RISK ANALYSIS

7.1 Clarifying the local respite offer, particularly for older people, will ensure that carers are effectively supported thus reducing the likelihood of further complaints.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified.

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

Not applicable.

Appendix 1: Respite care data

Shared Care Vouchers

Voucher usage		
Year	Number of clients	Number of nights respite
2020/21	3	152
2019/20	32	511
2018/19	23	340
2017/18	38	577
2016/17	50	736

Data from CareFirst

Client breakdown			
	Year:	2020/21	2019/20
Age:	18-64	3	25
	65+	0	7
Primary Support Reason:	Learning Disability	2	18
	Physical Disability	1	13
	Sensory Disability	0	1

Data from CareFirst

Shared Lives

Respite care		
Year	Number of clients	Number of nights respite
2020/21	3	364
2019/20	3	392
2018/19	3	412

Data from Shared Lives Service

REPORT TO: Health Policy and Performance Board

DATE: 28th June 2022

REPORTING OFFICER: Director of Adult Social Services

PORTFOLIO: Health & Wellbeing

SUBJECT: Heath PPB Scrutiny Review Report 2021/22

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide Health PPB with a copy of the report that concludes the Scrutiny Review undertaken in 2021/22 (attached).

2.0 **RECOMMENDATION: That:**

i) PPB note the contents of the report and provide any comments;
ii) PPB endorse the report and associated actions, which will go forward to Executive Board.

3.0 **SUPPORTING INFORMATION**

3.1 The scrutiny topic considered by Health PPB for 20221/22 was the North West Association of Directors of Adult Social Services (NWADASS) Elected Member Commission report entitled 'The impact of Covid-19 on People with Care and Support Needs, their Families, Carers and Communities'.

3.2 The scrutiny topic was agreed by Health PPB in February 2021. The topic group was chaired by Councillor Peter Lloyd-Jones with Sue Wallace-Bonner as operational lead. The topic group met between July 2021 and January 2022 with all Health PPB members being invited to attend each meeting.

3.3 The Elected Member Social Care Commission was established as part of a North West ADASS approach to learning lessons from the Covid-19 pandemic. In particular, the role of The Commission was to investigate the impact of the pandemic on people and communities in the North West and what lessons could be learnt for further waves of infection and future service design.

3.4 The NWADASS report set out ten recommendations, which were the main focus of the scrutiny topic in terms of looking at local implementation.

3.5 The attached report explains how the review was conducted, the information that was considered by the topic group over the course of five

meetings and the actions agreed in relation to the each of the ten NWADASS recommendations.

3.6 In the course of the review, the topic group learned of the overwhelmingly positive work undertaken locally during the pandemic. Areas for further action in relation to each of the recommendations set out by NWADASS were agreed upon by the group and are outlined in the action plan included on pages 17-20 of the report.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
None identified.

6.2 **Employment, Learning & Skills in Halton**
None identified.

6.3 **A Healthy Halton**
The focus of the scrutiny review was a report by NWADASS looking at learning lessons from the COVID-19 pandemic; the scrutiny review report presented, and in particular the actions that are proposed, therefore support the Council's strategic priority of improving health.

6.4 **A Safer Halton**
None identified.

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

7.0 RISK ANALYSIS

7.1 No specific risks identified.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified.

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

Not applicable.

Health Policy & Performance Board Scrutiny Review 2021/22

Scrutiny Topic: North West Association of Directors of Adult Social Services (NWADASS) Elected Member Commission – 'The impact of Covid-19 on People with Care and Support Needs, their Families, Carers and Communities'

Final Report

March 2022

Contents

Purpose of this report

The purpose of this report is to provide information on the Health Policy & Performance (HPPB) Scrutiny Review for 2021/22. It describes how the review was conducted and the recommendations/actions agreed upon by the topic group.

Overview of the scrutiny topic

The 2021/22 scrutiny topic focussed on the following report:

'North West Association of Directors of Adult Social Services (NWADASS) Elected Member Commission: The impact of Covid-19 on People with Care and Support Needs, their Families, Carers and Communities'

The full report and additional information regarding the commission can be found on the NWADASS website via the following link: https://www.nwadass.org.uk/elected-member-social-care-commission

The Elected Member Social Care Commission was established as part of a NWADASS approach to learning lessons from the Covid-19 pandemic. In particular, the role of The Commission was to investigate the impact of the pandemic on people and communities in the North West and what lessons could be learnt for further waves of infection and future service design.

The Commission investigated the following question:

"*What has been the impact of the pandemic on people who use adult social care services, their families and our communities and what does this tell us about the role our communities should play in supporting people to live independently at home?"*

The NWADASS report made a number of recommendations for councils, which were the main focus of this scrutiny review, in particular looking at local implementation of the recommendations. A summary of the recommendations made by NWADASS is provided below:

Councils should…

I. Say thank you to all adult care and support services.

II. Take active steps to build the capacity of the community and voluntary sector to provide health, care and wellbeing services.

III. Strengthen the wellbeing support, guidance and information available to family and unpaid carers.

IV. Increase the use of direct payments and make them quick and easy to obtain and more flexible.

V. Use role as place-based leaders to communicate across organisations helping vulnerable and isolated people.

VI.	Build on the community volunteering capacity and energy to create stronger preventative and community solutions.
VII.	Support creativity in their providers.
VIII.	Work to make digital services part of blended approaches to meeting need.
IX.	Collaborate with care home providers and provide leadership to design approaches for safe visiting in care homes.
X.	Work with providers and people who use services to redesign day services and shape the market to allow for greater choice, flexibility and accessibility for people.

Topic brief

Please see **appendix 1** for the topic brief, which was agreed at the Health PPB meeting held on 23.02.21. The initial proposed commencement date of March 2021 was delayed to July 2021 due to elections taking place.

In addition, at the first meeting of the topic group (and following a change in membership and the Chair of HPPB following the elections), it was agreed to widen the scope of the topic to include consideration of the ongoing impact of the pandemic on hospital services, particularly waiting lists and back logs given the clear and direct link between adult social care and health.

Topic group membership

All elected members sitting on the Health Policy & Performance Board (as listed below) were invited to the meetings of the scrutiny topic group.

Councillor Peter Lloyd-Jones (Chair)

Councillor Sandra Baker (Vice-Chair)

Councillor Angela Ball

Councillor Laura Bevan

Councillor Dave Cargill

Councillor Eddie Dourley

Councillor Andrew Dyer

Councillor Louise Goodall

Councillor Rosie Leck

Councillor Margaret Ratcliffe

Councillor John Stockton

Council officer support for the scrutiny topic was as follows:

Lead Officer – Susan Wallace-Bonner, Director of Adult Social Services

Support Officer – Natalie Johnson, Service Development Officer (Adult Social Care)

Additional council officers and representatives from partner organisations were invited to individual meetings as appropriate to the focus of the scrutiny topic. Further details are outlined throughout the report.

Methodology

The review was completed by conducting a series of five meetings at which the group members received presentations on various elements related to the NWADASS recommendations. This allowed the group to consider the local position and determine suitable actions/recommendations for implementation in Halton.

Below is a summary of each of the topic group meetings, all of which were held via Microsoft Teams at 5.30pm.

Meeting date	Meeting agenda items
20th July 2021	Review of Topic Brief Discussion re widening the brief Overview of the NWADASS Elected Member Commission Report Next steps
21st September 2021	Lessons learned: COVID-19 Pandemic Reflections – bed-based adult social care services Briefing note re NWADASS Recommendation I – thank you to adult social care and support services Presentation re NWADASS Recommendation VII – facilitating providers to be creative Presentation re NWADASS Recommendation IX – safe visiting in care homes Revised meeting plan
19th October 2021	Hospital waiting lists updated Presentation re community and voluntary sector (NWADASS Recommendations II and VI)
14th December 2021	Presentation re NWADASS Recommendation III – wellbeing support for informal/unpaid carers Presentation re NWADASS Recommendation IV – direct payments Presentation re NWADASS Recommendation VIII – digital service delivery

18th January 2022	Presentation re NWADASS Recommendation X – day services Presentation re NWADASS Recommendation V – place-based leadership Recommendations/actions for final report

Timescales

The scrutiny review was originally intended to conclude in December 2021 to allow the final report to be presented to the February 2022 HPPB meeting. Unfortunately, due to neither the Chair nor Vice-Chair being available for the November meeting, rescheduling was required, resulting in some delays to the original timescales.

Therefore this report is to be presented to the HPPB meeting in June 2022, as no PPB meetings take place between March and May.

Evidence, analysis and conclusions

At the various topic group meetings, colleagues/partners were invited to give presentations/reports on the recommendations from the NWADASS report, looking at current performance in Halton and any gaps and areas for improvement. This section of the report provides further details about the information presented to the topic group and the resulting actions agreed.

This section is structured according to the recommendations from the NWADASS report and looks at the information considered / what we have already achieved and what we still need to do in relation to each recommendation. Please also see **appendix 2**, which displays this information in a table format and includes the original reports and presentations as embedded files.

The table at appendix 2 was shared with topic group members and those who had attended the meetings to give presentations on 01.02.22 following the conclusion of the meetings allowing time for feedback to be sent before finalisation of this report.

NWADASS Recommendation I – public thank you to services

Information considered / what we have already achieved

The topic group learned (via a briefing note presented by Sue Wallace-Bonner, Director of Adult Social Services) that a number of actions had already taken place to thank adult social care and support services:

- Weekly letter from the Director of Adult Social Services.
- Letter from the Chief Executive to care home settings along with a gift of chocolates.
- Easter eggs for members of staff.
- An expression of thanks from the Chair of the Health Policy & Performance Board (Cllr Joan Lowe at the time) within the Health PPB Annual Report for 2020/21.

In addition, there were various expressions of support and thanks that took place within provider organisations:

- Thank you cards and a £200 voucher for all staff (PossAbilities).
- A YouTube video of staff supporting and congratulating each other under the title ‘what have you done to make you feel proud?’ (ICare).
- Gifts and expressions of thanks from the community and local businesses, e.g.:
    - Free pizzas from Domino’s;
    - Free tyre puncture repairs from KwikFit;
    - Donation of toiletries from Savers;
    - Donations of cakes and biscuits from Poundland;
    - Donations from the community of items such as wine, bath bombs, candles, chocolates, hand lotion and uniform bags.

With regards to unpaid carers, the Council commissions Halton Carers Centre to provide support to unpaid/informal carers in Halton. The Carer's Centre continued to support carer's during lockdown through zoom sessions, online activities and regular phone calls where support workers would remind them how well they were doing during difficult times. As restrictions have eased, the centre has been able to offer face-to-face support once again, if preferred by carers.

The Council recognises the vitally important role played by unpaid carers, which is why it will continue to work with the Carer's Centre to ensure that carers are provided with the support they need to continue in their caring role.

What we still need to do

- When conditions allow, the Council will hold an event* to say a public thank you to commissioned and voluntary adult social care and support services and unpaid/informal carers. *(*Funding to be identified in the form of sponsorship from an external agency.)*

NWADASS Recommendation II – building capacity in the community and voluntary sector

Information considered / what we have already achieved

The topic group received a presentation from Sally Yeoman, Chief Executive Officer of Halton & St Helens Voluntary and Community Action (VCA) regarding the response of the voluntary, community, faith and social enterprise sector in Halton during the COVID-19 pandemic. It was noted that over 800 new volunteers were recruited and they took on a range of roles including delivering food and other emergency supplies, undertaking wellbeing and check-in calls and providing transport and general advice, guidance and support. Between April and June 2020 over 6,000 vulnerable were able to be supported through the volunteering effort.

What we still need to do

- Build on the volunteering legacy and sustain the growth in volunteers seen during the pandemic, making use of the Volunteering Portal.
- Involve the community and voluntary sector in the public thank you event (see recommendation I). Ensure that volunteers are encouraged to continue in their role by understanding the difference they make to people's lives.
- Ensure Halton's Market Position Statement (last updated in 2018 and therefore due for review) clearly sets out the role of the community and voluntary sector and the support that the council will provide.
- Continue to commission for outcomes, encouraging creativity within the community and voluntary sector.
- Further promote the comprehensive training offer available from the Council's External Funding Team, which can be accessed by the community and voluntary sector. The following training courses (which are free of charge for

organisations working in Halton/on behalf of Halton residents) are available to sign up for online (https://halton.me/external-funding-course-booking-form/):

- 'Basic Bid Writing' covering good bid writing techniques, ten key elements of a basic funding application and top tips to write a strong bid.
- 'Monitoring and Evaluation', which helps attendees to understand what monitoring and evaluation involves, where and how it should be used in grant-funded projects and best practice for producing good quality and effective data and reports.
- 'Now you have your grant' is a course that offers a basic introduction to the responsibilities of managing grant funding for those who are new to it or would like to improve their skills.
- 'Developing a Fundraising Strategy' helps attendees to develop their organisation's vision and focus its aims and objectives. It includes organisation analysis, action planning, understanding budgets, cash flow and risk and monitoring.

NWADASS Recommendation III – wellbeing support for informal carers

Information considered / what we have already achieved

The topic group received a presentation from Carl Harris, Chief Executive Officer of Halton Carers Centre who was supported by Emma Sutton-Thompson, Principal Manager of Policy, Performance & Customer Care within the Council's Adult Social Care department who is also the lead for the Carers Strategy.

The presentation covered information about the Carers Centre, the One Halton Carers Strategy, the wellbeing offer from the centre and partnership working. Information was also provided about the main triggers leading to carer breakdown, how the centre has supported carers throughout the pandemic along with feedback from carers and findings from the wellbeing survey.

It was noted that carers valued the wellbeing support most of all and it is clear that this warrants ongoing investment – 90% of carers surveyed by the centre said that if they weren't performing the caring role their loved one would need require more intervention from health and social care services.

Below is a quote from a carer who clearly values the support available from the Carers Centre:

> *I get everything out of coming here. It's like the centre is a part of me now. I get advice and support and the therapies are really important. Everyone gets a chance and everyone is included. There's a fun factor here. Life would be dull, dreary and boring if the centre didn't exist. There would be a lot of isolated people. People come together and let other people know how they really feel here. Without the centre there would be a lot of isolated people and there would be no way of getting the info you need.*

What we still need to do

- Continue to support the Carers Centre to deliver wellbeing support and other services to Halton carers in order to prevent breakdown.
- Help to enable the Carers Centre to provide support to any new carers that may have emerged during the pandemic but are as yet unidentified. Early support is key to avoid escalation / crisis.

NWADASS Recommendation IV – use of direct payments

Information considered / what we have already achieved

The topic group received a report from Marie Lynch, Divisional Manager for Care Management and Principal Social Worker. The report covered information about what direct payments are and how they are delivered in Halton, including the role of the Council's Direct Payments Team. Latest figures indicated that 827 people were receiving a direct payment in Halton. It was also noted that 35% of clients in Halton in receipt of long-term support have a direct payment, which compares favourably to the North West average of 25%.

What we still need to do

- Halton already performs well compared to regional averages in terms of the proportion of people receiving a direct payment; this should continue.
- Continue to work with the Liverpool City Region to address issues surrounding the recruitment of Personal Assistants.

NWADASS Recommendation V – place-based leadership

Information considered / what we have already achieved

The topic group received a presentation from Mil Vasic, Strategic Director for the People Directorate. The presentation covered information about the successful work that had taken place during the pandemic as a result of the Council's approach to facilitating partnership working:

- COVID-19 Asymptomatic Testing, which necessitated a place-based approach to targeting disproportionately impacted and underrepresented groups such as the Gypsy/Traveller community, asylum seekers/refugees, high-risk occupations, multi-generational households, areas of high population density and areas of socioeconomic deprivation.
- HBC COVID-19 Support including emergency food supplies and a single point of contact COVID-19 hotline;
- Supporting Families – providing support in creative ways during COVID-19 restrictions.

What we still need to do

- Continue to provide support for vulnerable adults in line with the learning from the pandemic (e.g. the success of the COVID hotline in signposting people to the appropriate place etc.)
- COVID has given us time to reflect on our working practices and be open to change and adaptations for the future. The Topic Group will progress the following suggestions:
    - Create a virtual and digital platform for families to access services both face-to-face and virtually;
    - Continue to learn and listen to what communities and families are telling us about services;
    - Continue to adapt and change and have the ability to re-design services mixing virtual support with face-to-face support and build on the increased involvement of the voluntary sector.

NWADASS Recommendation VI – build on volunteering capacity

Information considered / what we have already achieved

Recommendation VI and II (see above) were covered jointly through the presentation from Sally Yeoman, Halton & St Helens VCA CEO. As referenced earlier, there was a real increase in volunteering during the pandemic and it is essential that we attempt to maintain and build on that by ensuring people know what a difference it makes to the lives of vulnerable people.

What we still need to do

As with recommendation II:

- Build on the volunteering legacy from the pandemic to further strengthen the local community and voluntary sector;
- Ensure that volunteers are encouraged to continue in their role by understanding the difference they make to people's lives. This should be part of the public thank you event and there is also an ongoing role for Halton & St Helens VCA.

NWADASS Recommendation VII – facilitating provider creativity

What we have already achieved

The topic group received a presentation from Helen Moir, Divisional Manager for Independent Living and learned of the following examples of support provided by the Council and creative practice that had taken place during the pandemic:

- Support was provided to care homes, including the development of a resilience plan enabling the sector to respond to changes required as a result of the pandemic;
- IPads were distributed to all care homes;

- PenPal schemes were established;
- Contact for clients with family and friends was supported through the use of IPads, Skype, FaceTime and telephone calls;
- Communication with families was maintained via videos and newsletters;
- Networking between services and colleagues was facilitated through welfare calls to registered managers and monthly meetings, for example;
- Wellbeing activities were delivered including corridor quizzes, access to streaming services (e.g. Netflix), bingo, hairdressing, hand massage and spiritual and pastoral support delivered through online means.

What we still need to do

- Further develop IT skills amongst care home staff;
- Facilitate re-integration into the community for care home residents;
- Continue to support the wellbeing of staff in the care home sector;
- Support care homes to access national funding/grants;
- Continue to hold strategic meetings with care home operators.

NWADASS Recommendation VIII – digital service delivery

Information considered / what we have already achieved

The topic group received a presentation from Shelah Semoff, Partnerships Officer within the Enterprise, Community & Resources Directorate, which provided information regarding the work taking place in Halton and across the Liverpool City Region in relation to digital inclusion.

It was noted that a key issue is ensuring that the digital infrastructure is in place to allow people to get online – there were some issues during the pandemic around the Wi-Fi infrastructure not being sufficient to allow the use of IPads to keep in touch with loved ones. There is a local working group, linked in with the LCR work that is working to establish a baseline and determine actions required.

What we still need to do

- Progress the work around digital inclusion and infrastructure locally, linking in with the Liverpool City Region as necessary. The first step is to establish the baseline from a mapping exercise and then present an Action Plan to Management Team.

NWADASS Recommendation IX – safe visiting in care homes

Information considered / what we have already achieved

The topic group received a presentation from Jane English, Divisional Manager for Care Homes (in-house), which covered the following areas:

- The picture in care homes in March 2020 at the onset of the pandemic and the current picture in 2021;
- The restrictions in place surrounding visitors;

- Support from the council to care homes;
- National examples of care home staff going above and beyond;
- Challenges;
- Next steps – Covid is here to stay so how do we best support our most vulnerable and their families to maintain health lives living within our care homes?

It was noted that care homes are not hospitals; they are people's homes and we need to ensure that people are able to experience quality of life. Work took place locally to ensure people were able to see their loved ones including the use of pods, window visits and outdoor visits as well as ensuring ongoing virtual contact.

What we still need to do

- Develop a Communications Strategy to raise awareness that care homes are safe environments and people are invited to come in to enrich the lives of residents.
- Explore the role for the community and voluntary sector to be more involved in care homes in order to improve residents' quality of life. This should include exploring new opportunities as well as strengthening existing projects (e.g. Pen Pal schemes etc.)

NWADASS Recommendation X – flexibility within day services

Information considered / what we have already achieved

The topic group received a report from Eileen Clarke representing Day Services on behalf of Stiofan O'Suillibhan, Divisional Manager for Community. The report covered information about the journey experienced by Day Services through the pandemic. Key points highlighted were as follows:

- PPE was a big struggle at first;
- Regular management meetings helped keep services functioning;
- Nationally, people with a learning disability died at a rate of six times the normal average;
- Initially Day Services was closed down and staff redeployed to open services (predominantly Halton Supported Housing Network);
- Contact with people/families was maintained to help with feelings of loneliness, anxiety and depression etc.;
- In addition, activity packs were distributed and these helped to improve mental health;
- Following the first lockdown, Day Services looked at the areas that could re-open safely (e.g. outdoors);
- Service users who had reported having mental health struggles were prioritised for places;
- Transport was difficult to manage in terms of ensuring it was safe so this caused some delays;

- Into Summer 2020, indoor venues began to open with the service operating at 50% of pre-pandemic levels;
- Social distancing requirements meant that even with all venues open the service could only accommodate 70% of the usual attendee numbers;
- Currently, the service is still only 60% open but it is hoped that the service will be able to return to some kind of normality by the second quarter of next year;
- It's clear that the activities engaged in within Day Services are important to people and contribute to their wellbeing and self-worth – without these services, pressures occur elsewhere in the system (e.g. Care Management, Positive Behaviour Support Service and the NHS).

What we still need to do

- The Topic Group learned that outreach support offered by in-house Day Services during the pandemic was welcomed and greatly valued by clients and families (e.g. telephone check-ins and activity packs). A flexible approach to service delivery should continue once clients return to building-based services so that visits to day services are supplemented by access to digital support/activities and there is outreach support for those who may be feeling isolated. Day Services should also consider what learning they can take from the care home sector (e.g. Pen Pal schemes).
- This should link in with the review of the Adults with Learning Disabilities Strategy that is in progress.

Additional topic scope – hospital waiting lists

Martin Stanley, Head of Acute Commissioning at NHS Halton Clinical Commissioning Group (CCG) talked to the topic group about the position in relation to hospital waiting lists and recovery plans. Some key points highlighted by Martin are detailed below:

- The CCG is involved in the work around hospital recovery programmes;
- At the start of the pandemic, all aerosol generating procedures had to stop until the disease was more understood;
- It is estimated that it will take two years to get back to pre-pandemic levels with waiting lists;
- Those on waiting lists have been put into one of five priority groups – one being procedures of the highest priority that need to take place immediately (e.g. life-threatening conditions), group two being procedures that need to take place in four weeks, group three are those that can wait longer and groups four and five are those not relating to life-threatening conditions and in this case a discussion will take place with the patient who may choose to wait and manage their condition until they feel happy to proceed;
- There are three main factors contributing to the increased numbers on waiting lists:
- Physical space – infection control requirements slow things down and impact on the number of procedures that can take place (e.g. air must circulate before

the next patient); use of air conditioning units has helped create additional capacity but productivity is still down;

- Staffing issues – staff needing to isolate creates capacity issues;
- Covid patients in hospital – ICU beds being occupied means certain types of surgery cannot be undertaken – currently a low number of ICU beds are occupied by Covid patients so elective surgery can take place;
- Also, people must undergo a Covid test before going into hospital for a procedure and, if positive, this means cancellation and re-booking, which creates more pressure;
- In terms of recovery plans, the hope was for the level of activity to be 95% of what it was pre-Covid at the end of October 2021 and 100% by the end of March 2022 – local hospitals were doing well towards this until a couple of weeks ago due to the pressure on A&E (98-100% occupancy of medical beds);
- Increase in non-elective admissions puts pressure on elective capacity;
- Halton is doing well in relation to hospital discharges with just a few complex patients waiting on a care home placement (in Warrington there is a problem around domiciliary care with 98 beds occupied by those awaiting discharge with domiciliary care package);
- In general, Warrington and Whiston hospitals have been used for emergency, non-elective and Halton and St Helens have been used for elective, which has kept things moving;
- Information regarding the total waiting list was displayed – pre-Covid it was around 10,000 patients and now it is 12,500 patients;
- Information regarding 52 week waiters was displayed – pre-Covid nobody would wait more than one year but there are now a number of patients who have waited this long but some may be those in priority groups four/five who have chosen to wait (e.g. dermatology – varicose veins);
- The aim is to get the 52 week waits to zero by March 2022;
- In terms of the aim to be at 95% pre-Covid levels, nationally it is at 82% and two local trusts are at a similar level;
- There is concern that a winter surge could add further pressure;
- Hospital cells are working hard to keep on track and there is national support and a pot of money;
- Updates are received weekly and there is regular discussion with patients with public health support to ensure no-one slips through the net;
- GP referral rates are back to pre-Covid levels;
- Cancer referrals are at 110% of pre-Covid levels (due to wanting to make sure nothing is missed);
- Patients are encouraged to see their GP if required.

What we still need to do

The topic group felt it was important that they remained updated regarding the hospital situation and the following course of action was agreed:

- Regular summary updates regarding the hospital position to be provided to Health PPB meetings with a full update report in April 2022.

Action Plan

The information presented above outlines ‘what we still need to do’ in relation to each of the NWADASS recommendations; these actions have been incorporated into an Action Plan, which can be found on the following page.

2021/22 Scrutiny Review Action Plan

NWADASS Recommendation Councils should…		Action(s) for Halton (as agreed by Scrutiny Topic Group)	Responsibility	Timescale
I	Say a public 'thank you' to adult social care and support services (commissioned and voluntary) and unpaid carers for their hard work and sacrifices during the pandemic and beyond	Hold a public thank you event for commissioned and voluntary adult social care services and informal carers (to be funded via an external agency – i.e. sponsorship)	Care Home Development Group	When conditions relating to COVID-19 allow a physical event
II	Take active steps to build the capacity of the community and voluntary sector to provide health, care and wellbeing services	Build on the pandemic volunteering legacy, making use of the Volunteering Portal	Halton & St Helens VCA	Ongoing
		Involve the community and voluntary sector in the public thank you event (see above) ensuring they know the difference they make	Care Home Development Group	When conditions relating to COVID-19 allow a physical event
		Include reference to the role of the community and voluntary sector and the support the council will provide in the Market Position Statement	HBC Commissioning	Last Statement was 2018 so due to be updated
		Continue to commission for outcomes, encouraging creativity in the community and voluntary sector	HBC Commissioning	In line with contractual requirements
		Promote the comprehensive training offer of the Council's External Funding Team to the community and voluntary sector	HBC External Funding Team	Ongoing
III	Strengthen the wellbeing support available to informal/unpaid carers	Continue to support the Carers Centre so it is able to continue delivering wellbeing support and early	HBC Adult Social Care	Ongoing

NWADASS Recommendation Councils should…		Action(s) for Halton (as agreed by Scrutiny Topic Group)	Responsibility	Timescale
		intervention to avoid carer breakdown and crisis situations		
IV	Seek to increase the use of direct payments, making them quick and easy to obtain, and allowing for much greater flexibility for people in how they can be used	Ensure the already high take-up of direct payments in Halton can continue by working with the LCR to address the key issue of recruitment of Personal Assistants	HBC Direct Payments	2022/23
V	Use their place-based leadership role to facilitate communication with and across organisations helping vulnerable and isolated people	Create a virtual and digital platform for families to access services both face-to-face and virtually	One Halton Digital Group	2022/23
		Continue to learn and listen to what communities and families are telling us about services	HBC Quality Assurance Team	Ongoing
		Continue to adapt and change and have the ability to re-design services mixing virtual support with face-to-face support and build on the increased involvement of the voluntary sector	One Halton Digital Group	2022/23
VI	Build upon the new capacity for volunteering in the community (which people have demonstrated during the pandemic) to create stronger preventative and community solutions	As Recommendation II – see above		
VII	Support creativity in their providers	Further develop IT skills amongst care home staff	Care home providers	2022/23
		Facilitate re-integration into the community for care home residents	Care home providers	Spring / Summer 2022

NWADASS Recommendation Councils should…		Action(s) for Halton (as agreed by Scrutiny Topic Group)	Responsibility	Timescale
		Continue to support the wellbeing of staff in the care home sector	Care home providers	Ongoing
		Support care homes to access national funding/grants	HBC Quality Assurance Team	Ongoing
		Continue to hold strategic meetings with care home operators	HBC Quality Assurance Team	Ongoing
VIII	Work to make digital services part of blended approaches to meeting need	Progress the work around digital inclusion and infrastructure locally, linking in with the Liverpool City Region as necessary; the first step is to establish the baseline from a mapping exercise and then present an Action Plan to Management Team	HBC Digital Working Group	2022/23
IX	Collaborate with care home providers and provide leadership to design approaches for safe visiting in care homes	Develop a Communications Strategy to raise awareness that care homes are safe environments and people are invited to come in to enrich the lives of residents	HBC Care Homes Division / Care Homes Development Group	2022/23
		Explore the role for the community and voluntary sector to be more involved in care homes in order to improve residents' quality of life; this should include exploring new opportunities as well as strengthening existing projects (e.g. Pen Pal schemes etc.)	HBC Care Homes Division / Care Homes Development Group	2022/23
X	Work with providers and people who use services to redesign day services and shape the market to allow for greater choice, flexibility and accessibility for people	Continue with a flexible approach to service delivery once clients return to building-based services so that visits to day services are supplemented by access to digital support/activities and there is outreach support for those who may be feeling isolated	HBC Day Services	2022/23

NWADASS Recommendation Councils should…	Action(s) for Halton (as agreed by Scrutiny Topic Group)	Responsibility	Timescale
	Consider learning that can be taken from the care home sector (e.g. Pen Pal schemes)	HBC Day Services	2022/23

Appendix 1: Scrutiny Review 2021/22 Topic Brief

Scrutiny topic:	Recommendations of the NWADASS report 'The impact of Covid-19 on People with Care and Support Needs, their Families, Carers and Communities'
Officer lead:	Sue Wallace-Bonner, Director of Adult Social Services
Start date:	July 2021
Target PPB meeting:	February 2022

Topic description and scope:

The scrutiny topic will focus on the outcomes from the ***'North West Association of Directors of Adult Social Services (NWADASS) Elected Member Commission: The impact of Covid-19 on People with Care and Support Needs, their Families, Carers and Communities'***[1] with a view to making recommendations for Halton.

The Elected Member Social Care Commission was established as part of a North West ADASS approach to learning lessons from the Covid-19 pandemic. In particular, the role of The Commission was to investigate the impact of the pandemic on people and communities in the North West and what lessons could be learnt for further waves of infection and future service design.

The Commission investigated the following question:

"*What has been the impact of the pandemic on people who use adult social care services, their families and our communities and what does this tell us about the role our communities should play in supporting people to live independently at home?"*

Why this topic was chosen:

The NWADASS Elected Member Commission was established to investigate the impact of Covid-19 on adults aged 18+, their families and communities and what this tells us about the role communities play in supporting people to live independently at home.

The report of the Commission provides a broad account of what was learned through eye-witness accounts from people/organisations and it identifies lessons learned. Recommendations are made for councils that look beyond the pandemic at how the learning can shape future service design.

The Commission's report will be scrutinised in order to consider how Halton will implement the recommendations.

[1] The full report and additional information regarding the commission can be found on the NWADASS website; https://www.nwadass.org.uk/elected-member-social-care-commission

Key outputs and outcomes sought:

The topic group will consider the recommendations set out in the report in order to determine implementation at a local level. The report recommendations for councils are summarised below (the NWADASS report should be consulted for full details):

- Councils should say a public 'thank you' to adult social care and support services (commissioned and voluntary) and unpaid carers for their hard work and sacrifices during the pandemic and beyond;
- Councils should take active steps to build the capacity of the community and voluntary sector to provide health, care and wellbeing services (the report details six suggestions in relation to this);
- Councils should strengthen the wellbeing support available to informal/unpaid carers (there are three suggestions sitting under this point);
- Councils should seek to substantially increase the use of direct payments, making them quick and easy to obtain, and allowing for much greater flexibility for people in how they can be used;
- Councils should use their place-based leadership role to facilitate communication with and across organisations helping vulnerable and isolated people
- Councils should build upon the new capacity for volunteering in the community (which people have demonstrated during the pandemic) to create stronger preventative and community solutions;
- Councils and other organisations should accept that digital becomes one of the primary mechanisms for service delivery in the future (there are four suggestions sitting under this recommendation);
- Councils can provide more local leadership and should collaborate with care home providers and relatives to design approaches to safe visiting in care homes which allows visiting to take place safely and in line with government guidance and the NWADASS statement on visiting
- Councils should work with providers and people who use services to redesign day services and to shape the market to allow for greater choice, flexibility and accessibility for people.

Following full consideration of the recommendations, an Action Plan will be developed to ensure that they are implemented locally, as appropriate.

Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will help to achieve:

This topic contributes to the 'Healthy Halton' priority within the Council's Corporate Plan and the Sustainable Community Strategy.

Halton Borough Council Corporate Plan

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

Halton Strategic Partnership Sustainable Community Strategy

A Healthy Halton: To create a healthier community and work to promote wellbeing and a positive experience of life with good health, not simply an

absence of disease, and offer opportunities for people to take responsibility for their health with the necessary support available.

Nature of expected/desired PPB input:

Member-led scrutiny review of the NWADASS report, particularly the recommendations made for councils and consideration of how these could be implemented locally.

Preferred mode of operation:

- Desk-top review of the NWADASS report;
- Meetings/discussions with relevant officers from within the council and partner organisations;
- Review of current service provision in areas outlined within the recommendations in order to identify gaps and develop action plan for improvement.

Agreed and signed by:

PPB chair:		Date:	
Officer lead:		Date:	

Note re expansion of topic scope:

At the first meeting of the topic group in July 2021 (following a change in membership of Health PPB as a result of the elections), it was agreed that the scope of the scrutiny topic would be widened to include consideration of the ongoing impact of the pandemic on hospital services, particularly waiting lists and back logs.

There is a clear and direct link between adult social care and health services and it was therefore thought to be necessary to ensure that this scrutiny topic considered the position from a health perspective given that there will be an impact on the vulnerable people who receive support from adult social care services.

Appendix 2: NWADASS Recommendations with Halton Response

NWADASS Recommendation	Halton Response	
	Information considered by the Topic Group	**Topic Group Recommendation**
I. Councils should say a public 'thank you' to adult social care and support services (commissioned and voluntary) and unpaid carers for the hard work they are doing and the sacrifices they have made, and continue to make, during the pandemic and beyond. The Commission heard of the work done by organisations, paid and unpaid carers and volunteers to maintain vulnerable people in their communities so that vital NHS capacity was freed up.	Briefing note re what has been done locally to thank adult social care and support services shared at the September meeting:  4. Briefing note re Recommendation I.c	When conditions allow, the Council will hold an event* to say a public thank you to commissioned and voluntary adult social care and support services and unpaid/informal carers. **Funding to be identified in the form of sponsorship from an external agency.*
II. Take active steps to build the capacity of the community and voluntary sector to provide health, care and wellbeing services. The Commission saw and heard evidence that services developed in and by the community are not only able to respond quickly on a large scale for those who are vulnerable, but, if commissioned correctly and over a long period time, could deliver more responsive and personalised services to people. The Commission found that given the flexibility to create services to meet needs (in these circumstances driven by necessity) organisations were able to develop person-centred responses. a) Reward and acknowledge the work that community and voluntary sector organisations have done over the period of the pandemic e.g. recognition awards, certificates of achievement. b) Build on the energy and commitment shown throughout the pandemic by establishing community and voluntary sector fora to support the health and care sector.	Presentation from Sally Yeoman (Chief Executive, Halton & St Helens Voluntary and Community Action) re the community and voluntary sector at the October meeting:  4. Halton VCFSE Sector presentation	Build on the volunteering legacy and sustain the growth in volunteers seen during the pandemic, making use of the Volunteering Portal. Involve the community and voluntary sector in the public thank you event (see recommendation I). Ensure that volunteers are encouraged to continue in their role by understanding the difference they make to people's lives. Ensure Halton's Market Position Statement (last updated in 2018 and therefore due for review) clearly sets out the role of the community and voluntary sector and the support that the council will provide. Continue to commission for outcomes, encouraging creativity within the community and voluntary sector.

NWADASS Recommendation	Halton Response	
	Information considered by the Topic Group	Topic Group Recommendation
c) Start commissioning for outcomes and allow organisations the freedom to develop creative ways of supporting people to live the lives they want. d) Through 'innovation funding' type initiatives, provide community and voluntary sector organisations with opportunities to develop and test outcome-based services. e) Set out in clear terms the role Councils want the community and voluntary sector to play in meeting people's health and care needs and the support you will provide to achieve this e.g. in your Market Position Statement. f) Provide training to community and voluntary sector organisations on things like accessing funding though the council and partners and creating digital services.		The Council's External Funding Team already provides a comprehensive training offer, which can be accessed by the community and voluntary sector. The following training courses (which are free of charge for organisations working in Halton/on behalf of Halton residents) are available to sign up for online (https://halton.me/external-funding-course-booking-form/): • 'Basic Bid Writing' covering good bid writing techniques, ten key elements of a basic funding application and top tips to write a strong bid. • 'Monitoring and Evaluation', which helps attendees to understand what monitoring and evaluation involves, where and how it should be used in grant-funded projects and best practice for producing good quality and effective data and reports. • 'Now you have your grant' is a course that offers a basic introduction to the responsibilities of managing grant funding for those who are new to it or would like to improve their skills. • 'Developing a Fundraising Strategy' helps attendees to develop their organisation's vision and focus its aims and objectives. It includes organisation

NWADASS Recommendation	Halton Response	
	Information considered by the Topic Group	**Topic Group Recommendation**
		analysis, action planning, understanding budgets, cash flow and risk and monitoring. This training offer should be promoted to the community and voluntary sector.
III. Councils should strengthen the wellbeing support available to informal/unpaid carers. a) Establish a process of regular wellbeing checks with unpaid carers. For example, consider how a range of local organisations including voluntary, health and care, Police, Fire and Rescue and Housing providers can work together to check if more vulnerable people are coping. Combining capacity, data and knowledge could enable wellbeing checks for each carer who is under pressure ensuring early intervention to prevent carer breakdown. b) Identify the triggers which could lead to 'carer breakdown' and provide proactive support to them. c) Invest further in carers support and wellbeing services and look to carers and the community to design these. These are likely to include respite, peer support, counselling, flexible day services, information, advice and digital services.	Presentation from the Carl Harris, Halton Carer's Centre CEO supported by Emma Sutton-Thompson (Principal Manager, Policy, Performance and Customer Care and Carer's Strategy Lead) re wellbeing support available to informal carers at the December meeting: 3. Carers presentation.pptx	Continue to support the Carers Centre to deliver wellbeing support and other services to Halton carers in order to prevent breakdown. Help to enable the Carers Centre to provide support to any new carers that may have emerged during the pandemic but are as yet unidentified. Early support is key to avoid escalation / crisis.
IV. Councils should seek to substantially increase the use of direct payments, making them quick and easy to obtain, and allowing for much greater flexibility for people in how they can be used. People should be given the freedom to choose and control how their money is spent to a greater extent. The guidance is clear that payments must be used for meeting	Presentation from Marie Lynch (Divisional Manager, Care Management) re substantial use of direct payments in Halton at the December meeting:	Halton already performs well compared to regional averages in terms of the proportion of people receiving a direct payment; this should continue.

NWADASS Recommendation		Halton Response	
		Information considered by the Topic Group	Topic Group Recommendation
	people's needs and there is no need to specify how to spend funding.	 4. Direct Payments report.docx	Continue to work with the Liverpool City Region to address issues surrounding the recruitment of Personal Assistants.
V.	Councils should use their place-based leadership role to facilitate communication with and across organisations helping vulnerable and isolated people. For example, ensure that referral pathways for those in greater need are clear and accessible; information about how people can help themselves and join up the dots locally.	Presentation from Mil Vasic (Strategic Director, People) re place based leadership at the January meeting:  4. Place based presentation.ppt	Continue to provide support for vulnerable adults in line with the learning from the pandemic (e.g. the success of the COVID hotline in signposting people to the appropriate place etc.) The presentation highlighted that COVID has given us time to reflect on our working practices and be open to change and adaptations for the future. The Topic Group will progress the following suggestions: • Create a virtual and digital platform for families to access services both face-to-face and virtually; • Continue to learn and listen to what communities and families are telling us about services; • Continue to adapt and change and have the ability to re-design services mixing virtual support with face-to-face support and build on the increased involvement of the voluntary sector.
VI.	The pandemic has shown how many people have volunteered in their community when they know they can make a difference to individual's lives. Build on this new capacity and	Presentation from Sally Yeoman (Chief Executive, Halton & St Helens Voluntary and	As with recommendation II:

NWADASS Recommendation		Halton Response	
		Information considered by the Topic Group	Topic Group Recommendation
	energy to create stronger preventative and community solutions.	Community Action) re the community and voluntary sector at the October meeting: *See file attached under Recommendation II above.*	• Build on the volunteering legacy from the pandemic to further strengthen the local community and voluntary sector; • Ensure that volunteers are encouraged to continue in their role by understanding the difference they make to people's lives. This should be part of the public thank you event and there is also an ongoing role for Halton & St Helens VCA.
VII.	Councils should expect and facilitate their providers to be creative. Many care agencies were able to safely protect individuals – but needed access to PPE, technology, the ability to swiftly change practice. They needed advice on safe contact with families, the ability to meet in groups, enabling service users to pay for their own services, promoting decision making, and reducing deterioration especially physically and mentally.	Presentation from Helen Moir (Divisional Manager, Independent Living) re facilitating providers to be creative at the September meeting: 5. Recommendation VII facilitating provic	Adopt the suggested 'focus for the future' actions from the presentation: • Further develop IT skills amongst care home staff; • Facilitate re-integration into the community for care home residents; • Continue to support the wellbeing of staff in the care home sector; • Support care homes to access national funding/grants; • Continue to hold strategic meetings with care home operators.
VIII.	Councils and other organisations should accept that digital becomes one of the primary mechanisms for service delivery in the future. In particular:	Presentation from Shelah Semoff (Partnership Officer, Enterprise, Community and Resources Directorate) re digital service delivery / digital inclusion at the December meeting:	Progress the work around digital inclusion and infrastructure locally, linking in with the Liverpool City Region as necessary. The first step is to establish the baseline from a mapping

NWADASS Recommendation	Halton Response	
	Information considered by the Topic Group	**Topic Group Recommendation**
a) Organisations who plan to use digital services should ensure these are co-designed with the people who will be using them. b) Councils should develop a digital inclusion strategy, alongside their commissioning strategies, for all ages and abilities which demonstrates how they will increase take up and ensure people are not disadvantaged. c) Councils should provide greater and more immediate support to people who are now accessing services online, perhaps for the first time, in the same way that some private sector companies have done. For example, 'digital navigators'. d) Councils should support voluntary and community organisations with online payment solutions and develop options in their local community.	 Digital presentation - topic	exercise and then present an Action Plan to Management Team.
IX. Councils can provide more local leadership and should collaborate with care home providers and relatives to design approaches to safe visiting in care homes which allows visiting to take place safely and in line with government guidance and the NWADASS statement on visiting. Spouses in particular were even prepared to self-isolate in order to facilitate contact and protect others, yet this never appeared to be discussed with them.	Presentation from Jane English (Divisional Manager, Care Homes) re safe visiting in care homes at the September meeting:  6. Recommendation IX care home visiting	Develop a Communications Strategy to raise awareness that care homes are safe environments and people are invited to come in to enrich the lives of residents. Explore the role for the community and voluntary sector to be more involved in care homes in order to improve residents' quality of life. This should include exploring new opportunities as well as strengthening existing projects (e.g. Pen Pal schemes etc.)

NWADASS Recommendation	Halton Response	
	Information considered by the Topic Group	**Topic Group Recommendation**
X. Councils should work with providers and people who use services to redesign day services and to shape the market to allow for greater choice, flexibility and accessibility for people. For example, more blended approaches to service delivery utilising digital, home and building based delivery; using a network of organisations who together can meet people's requirements more fully. An example was Wildlife Trusts across the NW who had designed and shared activity packs and stimulating content for online or groups to engage in.	Report from Eileen Clarke on behalf of Stiofan O'Suillibhan (Divisional Manager, Community) re day services at the January meeting:  3. Day services report.docx	The Topic Group learned that outreach support offered by in-house Day Services during the pandemic was welcomed and greatly valued by clients and families (e.g. telephone check-ins and activity packs). A flexible approach to service delivery should continue once clients return to building-based services so that visits to day services are supplemented by access to digital support/activities and there is outreach support for those who may be feeling isolated. Day Services should also consider what learning they can take from the care home sector (e.g. Pen Pal schemes). This should link in with the review of the Adults with Learning Disabilities Strategy that is in progress.

REPORT TO: Health Policy and Performance Board

DATE: 28 June 2022

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Scrutiny Topic Brief and Proposed Activity Schedule

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To agree the Topic Brief for the Health Policy and Performance Board (PPB) Scrutiny Group and the proposed activity schedule for presentations and feed-in to the scrutiny.

2.0 RECOMMENDATION: That:

I. **The Topic Brief is approved; and**

II. **The proposed activity schedule for the topic group is approved as representative of the input required to fulfil the brief.**

3.0 SUPPORTING INFORMATION

3.1 Following on from feed-in to the last Health PPB meeting a scrutiny topic for 2022/23 was chosen. It was agreed that this would focus on the current issues around the Adult Social Care Workforce, including looking at workforce planning and development needs.

3.2 A meeting was further held with Councillor Peter Lloyd-Jones, as Chair of the Health PPB, Damian Nolan, as Divisional Manager lead for the topic area and Nicola Hallmark, as service development support for the group. Here, the focus areas of the scrutiny were agreed and meetings scheduled to start soon after the May elections.

3.3 The first topic group meeting took place on Thursday 12 May 2022 where an overview of some of the main themes to be considered was presented, together with looking at the draft Topic Brief and proposed activity schedule. As attendance was low Cllr. Peter Lloyd-

Jones asked for both documents, together with the presentation, be shared with the wider group for further feed-in. Members were given until Friday 27th May to make any amendments. No further feedback has been received.

3.4 It is now requested that the Board ratify the documents – the Topic Brief and the proposed activity schedule – to take forward the programme of activity intended to fulfil the remit presented.

4.0 POLICY IMPLICATIONS

4.1 The scrutiny topic group will run to the end of 2022 whereupon recommendations will be put forward by Members. This may impact on the need for further policy and strategy work.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None identified

6.2 Employment, Learning & Skills in Halton

None identified

6.3 A Healthy Halton

This Topic Group intends to consider the workforce needs across the Adult Social Care sector in Halton, with a view to ensuring the services are delivered in a safely and effectively and empower choice and control for those who access services.

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 This report does not require an Equality Impact Assessment

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

None identified

Schedule of Activity

Health Policy and Performance Board – Scrutiny Topic Group 2022-23 – Schedule of Activity
Topic: Adult Social Care Workforce Planning and Development

Meeting	Input	Areas to be covered	Proposed representation
Date: Thursday 12 May 2022 Time: 6.30pm to 8pm Venue: Committee Room 1, Runcorn Town Hall	Review draft topic brief and proposed schedule of activities	• Further discuss topic group remit and whether any other areas of enquiry are needed - any changes to be captured and progressed	Nicola Hallmark
	Overview of the size and structure of the Adult Social Care workforce in Halton	• Halton Borough Council's Adult Social Care workforce and the role of the provider sector • Brief overview of some of the activities aimed at supporting workforce needs, in anticipation of hearing more throughout the scrutiny. • Nation impactors driving workforce pressures across the sector. • Halton's Borough Council's own recruitment processes and learning offer.	Nicola Hallmark
Date: Thursday 9 June 2022 Time: 6.30pm to 8pm Venue: Committee Room 1, Runcorn Town Hall	Presentation: Skills for Care	• The Adult Social Care workforce – national picture • Support across Halton – Registered Manager's Network and Halton Employment Partnership	Alison Everett – Skills for Care Michelle Carmon – CIC
	Presentation: Regional Workforce planning	• Workforce planning activity on a regional basis	NW ADASS

28th June – Board Meeting	Board formally agree of Topic Brief		
Date: Thursday 14 July 2022 Time: 6.30pm to 8pm Venue: Committee Room 1, Runcorn Town Hall	Presentation: Support for care homes Presentation: Working in partnership with Riverside College	• Overview of the innovative work within the Enhance Nursing Care project work and Care Home Development Group, including plans to attract and retain staff; develop work experience placements, student residencies and 'Grow your own' opportunities. • Work undertaken to enhance learning for Health and Social Care students through in-reach activity from care homes.	Jane English (Possibly also Hannah Walmsley - Capacity) Representative from Riverside
Date: Thursday 8 September 2022 Time: 6.30pm to 8pm Venue: Committee Room 1, Runcorn Town Hall	Presentation: Supporting our Domiciliary Care workforce Presentation: Innovative training solutions – the Learning Disability Training Alliance	• Outline Halton's contractual position with Premier care and the evolution of this through the Transforming Domiciliary Care work. Discuss the opportunities the contractual arrangements offer in relation to building a stable workforce. • Look at current recruitment and retention activity being conducted to assure service provision. • The approach taken to offer a range of learning on a co-operative basis and how this assures good practice.	Damian Nolan and representative from Premier Care Jane Birchall-Smith – The Bridges Learning Centre
Date: Thursday 13 October 2022 Time: 6.30pm to 8pm Venue: Committee Room 1, Runcorn Town Hall	Presentation: Supporting workforce resilience	• Looking at the support offered to the provider sector by the Council's Quality Assurance team, the approaches taken throughout the pandemic and maintaining relationships going forward.	Helen Moir or Benitta Kay

	Provider Sector – Workforce Development Presentation: Large provider Presentation: Independent provider	• Approaches taken to ensure workforce are equipped with skills, knowledge and competence to undertake their role.	Large provider – e.g. CIC or HC-One Independent provider
Date: Thursday 10 November 2022 Time: 6.30pm to 8pm Venue: Committee Room 1, Runcorn Town Hall	Presentation: Fair Cost of Care	• Outcomes of findings for Halton and the potential impact on workforce needs.	Damian Nolan or Sue Wallace-Bonner
Date: Thursday 8 December 2022 Time: 6.30pm to 8pm Venue: Committee Room 1, Runcorn Town Hall	Review input and collate recommendations	• Towards the development of the final report	Led by Cllr Peter Lloyd-Jones

TOPIC BRIEF

Topic Title:	Adult Social Care Workforce – Planning and Development
Officer Lead:	Damian Nolan – Divisional Manager – Commissioning and complex care
Planned Start Date:	May 2022
Target PPB Meeting:	June 2022

Topic Description and Scope:

The 2022/23 scrutiny review for the Health Policy and Performance Board will examine the Adult Social Care Workforce in Halton. It will look at both Council staffing structures and those in the provider sector to consider how the Council supports workforce planning and development. The topic group will be apprised of the innovative projects and initiatives being undertaken to promote a sustainable and skilled workforce. It will consider the impact of external forces on the labour market for Adult Social Care and examine local and regional activity, partnership working and contractual arrangements aimed at supporting services to recruit, develop and retain staff.

Why this topic was chosen:

Sustaining Adult Social Care services across Halton is a statutory duty and a fundamental priority for the Council. Central to this is ensuring that services are staffing with a skilled, knowledgeable, competent and motivated workforce.

Skills for Care report annually on 'The State of the Adult Social Care Workforce'. Their most recent report highlights a national increased rates of staff turnover, high rates of vacancies and heightened absences. These trends are not new but have been compounded by a number of factors, including the pandemic. Nationally, public perception of the work, the pay, the contractual conditions and the career development and progression opportunities associated with Adult Social Care is low. In contract to this, the sector continues to grow to meet the needs of an ageing workforce.

From a local perspective, Halton Borough Council supports a range of creative and forward-thinking work to consider Adult Social Care workforce needs. The Council has responsibilities to work strategically to ensure its own workforce is fit for purpose; that workforce planning involves safe and robust processes for the recruitment of good quality candidates; that pay and conditions are competitive; that personnel are valued and offered ongoing support so that their services are retained; and that they are trained to deliver a high standard of care and support, as well as being offered continued development opportunities and career progression.

In addition, the Council works with commissioned providers and has a duty, within the Care Act 2014, to support and sustain the Adult Social Care provider market. The Board aim to better understand the Council's responsibilities and action in specific relation to supporting the provider sector with their own workforce needs.

Key outputs and outcomes sought:

- To identify the impact workforce has on good quality care.
- To understand the size and structure of the Adult Social Care Workforce across Halton, and consider the Council's role in sustaining and developing sector resilience in relation to workforce needs.
- To recognise the drivers for transforming approach to recruitment and retention, and benchmark Halton's position against these.
- To highlight the innovative work being undertaken to promote careers in the sector, provide new opportunities for existing staff and inspire new interest in being part of the Adult Social Care workforce.
- To examine the Council's own Adult Social Care workforce and its plans to recruit, train, retain and progress employees.
- To acknowledge the Council's duty in sustaining the provider market for Adult Social Care services and the impact of workforce needs on this.
- To appreciate the Council's contractual position in relation to delivery of provider services and the quality assurance role in respect of maintaining a competent workforce.
- To examine the Council's support to the provider sector in maintaining safe and effective staffing levels.
- To evaluate whether any further action can be taken to mitigate risks to market sustainability.

Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will be help to achieve:

A Healthy Halton – Our overall aim is to improve the health and wellbeing of Halton people so that they live longer, healthier and happy lives.

This topic group intends to gain knowledge and understanding of the Adult Social Care workforce across Halton. It will develop an effective oversight of the processes and practices for meeting and maintaining workforce needs across the sector to ensure good standards of provision to Halton residents who access services.

The topic group will gain input from different standpoint from across the sector to look at current workforce needs and measures being taken to alleviate them. Evaluation will be made of the Council's support to the provider sector on workforce issues.

Nature of expected/ desired PPB input:

Member-led scrutiny review of Adult Social Care Workforce planning and development across Halton and the impact this has on our ability to deliver quality services to local residents.

Preferred mode of operation:

- Meetings with/presentations from relevant officers from within the Council and partner agencies to examine current services.
- Visit to community-based intervention sessions.
- Interviews with those who have accessed services.
- Desk top research in relation to outcome measures and best practice delivery methods.

Agreed and signed by:

PPB chair ……. **Officer …….**

Date …… **Date …….**

REPORT TO: Health Policy & Performance Board

DATE: 28 June, 2022

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Fair Cost of Care

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the Board of the new Government Policy requiring all councils with Social Services Responsibilities in England to complete a 'fair cost of care' exercise and produce a 'market sustainability plan'.

2.0 **RECOMMENDATION: That:**

The report be noted.

3.0 **SUPPORTING INFORMATION**

3.1 In the white paper 'People at the Heart of Care' (December 2021) the Government outlined a 10 year vision for adult social care (ASC) with the aim to ensuring that people:

- Have the choice, control and support they need to live independent lives
- Can access outstanding quality and tailored care and support
- Find adult social care fair and accessible

3.2 As part of this policy the Government announced a 'market sustainability and fair cost of care fund' to support local authorities to prepare for' market reform and to support local authorities to move towards paying providers a fair cost of care'.

3.3 The DHSC has been working with key stakeholders since announcing the fund and produced detailed guidance on what a 'fair cost of care' exercise and a 'market sustainability plan' should contain.

3.4 The DHSC have determined which parts of the care and support provider sector these are aimed at, namely:

- Care homes for adults aged 65+
- Domiciliary care provision in people's own homes

The following are excluded:

- Care homes for adults under the age of 65
- Care and support provision that is in live-in, supported housing, extra care
- Rapid response and Reablement provision
- Services owned and operated by local authorities

3.5 National and regional work has been directed to the creation of 'fair cost of care' tolls – one for care homes and one for domiciliary care. Councils are at liberty to create their own mechanisms / tools to complete this exercise.

3.6 Councils are required to submit the completed fair cost of care table, report AND a provisional market sustainability plan by 14th October 2022 with a final market sustainability plan by February 2023. All of which need to be published on the council's website.

3.7 The cost of care table will detail information submitted by providers and aggregate median costs for each cost line AND lines on return on operations and capital (capital for care homes only).

3.8 The cost of care report will outline: how the exercises were carried out; how providers were engaged, lower and upper quartile and median costs; how the cost of care has been determined.

3.9 The provisional market sustainability plan will use the cost of care information as a key input for 3 key sections:

- Assessment of current fees and market sustainability
- Quantify expected market changes and future risk in next 3 years including due to charging reforms
- Plans to address any sustainability issues identified and move to a fair cost of care between 2022 and 2025

3.10 The final market sustainability plan will update 3.9 above to incorporate decisions made as part of the councils 23/24 budget setting process.

3.11 Halton Borough Council have appointed an external consultant to undertake the cost of care exercise with the relevant providers (using the nationally / regionally developed tools), prepare the cost of care table and report. The consultant will also support the completion of the provisional and final market sustainability plans.

4.0 POLICY IMPLICATIONS

4.1 The council's approach to the fair cost of care exercise and market sustainability plan will ensure compliance with the policy guidance outlined from the DHSC.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 It is unclear where any increases in financial resources that may be required to get fee rates to a 'fair cost of care' will come from. This poses a financial risk to the council whilst potentially raising expectations by care providers in relation to fee rates.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None identified at present.

6.2 Employment, Learning & Skills in Halton

None identified at present.

6.3 A Healthy Halton

The provision of high quality, sustainable care for residents of care homes and for people in their own home is critical to maintaining the health and well-being of the most vulnerable residents in the borough.

6.4 A Safer Halton

None identified at present.

6.5 Halton's Urban Renewal

None identified at present.

7.0 RISK ANALYSIS

7.1 The determination of a 'fair cost' of care could pose a significant financial risk to the council in terms of affordability. The council risks a judicial review where such a determination is made and this is unaffordable.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified as relevant at this stage.

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

None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 28 June, 2022

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Performance Management Reports, Quarter 4 2021/22

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 This Report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in Quarter 4 of 2021/22. This includes a description of factors which are affecting the service.

2.0 RECOMMENDATION: That the Policy and Performance Board:

i) Receive the Quarter 4 Priority Based report

ii) Consider the progress and performance information and raise any questions or points for clarification

iii) Highlight any areas of interest or concern for reporting at future meetings of the Board

3.0 SUPPORTING INFORMATION

3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 4, 2021/22.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications associated with this report.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no other implications associated with this report.

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

6.1 **Children & Young People in Halton**

There are no implications for Children and Young People arising from this report.

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

There are no implications for Employment, Learning and Skills arising from this report.

6.3 **A Healthy Halton**

The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.

6.4 **A Safer Halton**

There are no implications for a Safer Halton arising from this report.

6.5 **Halton's Urban Renewal**

There are no implications for Urban Renewal arising from this Report.

7.0 **RISK ANALYSIS**

7.1 Not applicable.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no Equality and Diversity issues relating to this Report.

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

None under the meaning of the Act.

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 4 – Period 1st January 2022 – 31st March 2022

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the fourth quarter of 2021/22 for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Adult Social Care (including housing operational areas)
- Public Health

2.0 Key Developments

There have been a number of developments within the fourth quarter which include:

Adult Social Care:

Halton Intermediate Care & Frailty Service (HICaFS)

As previously reported the new HICaFS commenced on Monday 6th December 2021 with plans made to extend hours of operation to 8am – 8pm, 7 days a week from 1st April 2022, however this has not fully been possible, due to difficulties in recruiting sufficient therapy staff to ensure the service can operate at weekends.

However, work has been able to take place within the Service to change rotas to allow the HICaFS Single Point of Access (SPA) to extend its hours of operation during the week.

From 11th April 2022, HICaFS SPA are operating:

- 8am – 8pm: Monday – Thursday, accepting referrals up to 6pm.
- 8am – 8pm: Friday, accepting referrals up to 4pm.

From 25th April 2022, the nursing element of HICaFS Community Rapid Response, will also extend hours of operation to 8am – 8pm, Saturday & Sunday to manage its ongoing caseload.

COVID-19: Adult Social Care (ASC) Grants

A number of Department of Health & Social Care funding streams are ending on the 31st March 2022 and work is underway to confirm expenditure etc. These Grants include:-

- ASC Omicron Support Fund
- ASC Workforce Recruitment & Retention Fund
- Infection Control and Testing Fund

Dementia – Working on the development of Dementia Friendly Halton Borough Council approach, in line with HBC's commitment to the Liverpool City Region Dementia Pledge and recommended practice form Alzheimer's Society.

Dementia – Initiated the Halton Dementia Delivery Plan Group – Under One Halton, developing a local, multiagency delivery plan for dementia in line with national guidance and good practice.

Social Work

There is early development of a "Social Work Accountability and Assurance Framework" to support Social Work across Adult Social Care. This framework has been developed as part of our work in assessing our performance against "The Standards for Employers of Social Workers" (published by the Local Government Association). There are eight standards to be met in total. This Framework has a particular focus on Standard 1, which is a 'strong and clear social work framework' is a requirement. Employers should implement a whole systems approach to supporting the social work profession and the Standards set out the key components of whole systems approaches and help to develop a working environment where social work practice and social workers can flourish.

Continuing Health Care

Continuing health Care (CHC) locally has been transitioning from an integrated arrangement (which ended in march 2020). The pandemic response has necessitated a collaborative approach between Halton CCG and Halton Borough Council to ensure D2A funding apportioned appropriately and reviewed in a timely manner. This has been successfully managed throughout the pandemic and is a testament to the strong working relationships that exist between the 2 organisations.

An advanced social worker was recently appointed to lead on CHC. This post has been successful in supporting CHC assessments and ensuring that the local authority are not commissioning/providing care beyond the legal limit of social care provision. To build on this success and to enable more effective dissemination of best practice across teams and targeting of key areas of practice for improvement across adults services, an experienced social worker has been recruited to a social work post specifically focused on CHC. This small team of staff will develop clear local processes, develop training and work with social work staff in each team to ensure the best outcomes are achieved for local residents and that the Local authority continues to practice in a lawful manner.

Vision Rehab service

The Visual Impairment team based within care management have managed to maintain a range of social groups that they facilitate throughout the pandemic using teams and then progressing to outdoors meetings. They have supported the groups to meet socially where and when possible and this has enabled people with visually impairments who would otherwise have been isolated to maintain relationships and social contact. This includes, the braille group, a social group and a men's group.

The Vison Rehabilitation workers, have now achieved professional accreditation. One of our Vision rehabilitation workers has recently been elected as a member of the Registration and Professional Standards Committee for Rehabilitation Workers for the Visually Impaired who were instrumental in achieving this accreditation. As part of this role, we will be looking at the standards of education of student Rehabilitation Workers, and also overseeing the Vocational Work based Apprenticeship Standards for Rehabilitation Workers. This committee also hears and responds to any complaints to ensure these standards are being upheld in the workplace, ensuring VI people receive the professional standards they deserve. The same member of staff has also been successful in becoming a member of the Hearing and Ophthalmology Clinical Reference Group for Commissioning Services for NHS England/Improvement, as the Public and Patient Representative.

Public Health

During Quarter 4 there have been significant changes to the national Covid restrictions that have been in place to date. These changes were made against continued high rates of Covid as a result of the Omicron variant. On 24th February 2022 the legal requirement to self-isolate following a positive Covid test was removed and on the 29th March the Government's next steps for Living with COVID were released and included the end of free COVID-19 tests for the general public on 31st March 22. A small number of eligible groups will continue to have access to tests.

UK Health Security Agency (UKHSA) have now published new guidance on health protection in education and childcare settings and for social care settings. There is also new guidance from the Dept. of Education covering 'Emergency planning and response for education, childcare and children's social care settings.

Vaccination is the first line of defence against Covid and obtaining high population uptake is a priority nationally and locally. The vaccination programme has been extended this quarter to include people over 70 or with a severely weakened immune system being eligible for a forth dose and all children aged 5- 11 are now also being able to receive a vaccine.
Covid rates peaked in January at a much higher level than we have experienced previously, and have increased again since March. There are early indications that rates may be starting to plateau. The changes in the testing strategy and no more testing means that Covid prevalence data will also impact on data.

In spite of higher Covid-19 case rates, hospital admissions remain lower than last winter/ early spring with less individuals are requiring intensive care. Nevertheless throughout this quarter hospitals have remained under pressure with high bed occupancy rates.

The public health team have maintained a local Covid response, monitoring outbreaks, supporting schools and settings and working with those who self-isolate by providing vouchers for food, transport to school and prescriptions. Since self-isolation has ended the team have supported people to make any outstanding claims for the self-isolation grant and encouraged vaccination uptake.

The team have continued to deliver community testing including a mobile offer and supporting vulnerable people and settings throughout this period. It has been a period of transition and uncertainty and the team have worked to support the wider system to understand and implement the new guidelines and transition both function and form to deliver against a still emerging health protection model.

The team continues to progress on non-Covid activity with a return to many face to face Health Improvement activity and a number of public health intelligence reports being produced.

A snapshot of such activity includes:

Healthy weight: The 12-week Fit 4 Life app programme launched in January 2022, for families with concerns about weight gain or those who want to make healthier lifestyle choices.

Substance Misuse services: The procurement of a new specialist substance misuse service for Halton concluded with the contract awarded to CGL, the current provider for a further minimum of three years

Older people: We have successfully secured funding for six activity tables for care homes across the Borough. Now all older peoples care homes in the Borough will have access to this great resource which helps to enrich the lives of people living with dementia reduce isolation.

Work on the integration agenda of the NHS is continuing under the One Halton approach and the public health team is working with partners to support this work. One Halton workshops were successfully held to develop the strategic direction in the three main areas of: Starting well, Living well and Aging well. There has also been a workshop on the wider determinants of health as part of the Cheshire and Merseyside Marmot work.

3.0 Emerging Issues

3.1 A number of emerging issues have been identified during the fourth quarter that will impact upon the work of the Directorate including:

Adult Social Care
Charging Reforms

In September 2021, the Government announced plans to reform how people pay for adult social care in England, which will be funded through a new 1.25% Health and Social Care Levy to be paid via National Insurance contributions from April 2022.

From October 2023 there will be an £86,000 cap on the amount anyone eligible for care will need to pay for personal care in their lifetime and there will be changes to the capital limits/means test. The upper capital limit will increase from £23,250 to £100,000 (this is the threshold at which a person is not eligible for local authority support with care costs). The lower capital limit will increase from £14,250 to £20,000 (this is the threshold below which a person does not have to contribute towards care costs from their assets). People with assets between £20,000 and £100,000 will receive means-tested support from the local authority.

Also as part of the reforms, self-funders will be able to ask local authorities to arrange care on their behalf in order to access the LA rates (this is an existing part of the Care Act and is already in place in Halton) and use of top-ups is to be expanded to allow anyone receiving LA financial support to fund top-ups where they can afford it. There are requirements on LAs to move towards paying a fair rate of care and by September 2022, LAs must submit a cost of care exercise, market sustainability plan and spend report to DHSC.

There is a dedicated local working group looking at the preparation required in advance of the reforms taking effect. There are a number of areas of concern and a considerable amount of work to be done in terms of ensuring there are sufficient resources and adequate systems to manage the additional workload arising out of the reforms.

Public Health

The details of the changes to Covid testing and next steps to live with Covid were published very recently and the details are still being clarified and are subject to change. More details on the national and regional model of delivery of health protection and the national contingency plans to respond to outbreaks of Covid in the future are awaited.

Additional funding for tier 2 healthy weight services was allocated as a response to the Covid pandemic, this work was delivered by the Health Improvement Team. It was indicated in the comprehensive spending review that funding would be continued in 2022-23. The DHSC have since revoked the funding offer and it will not be available. An announcement on additional funds for tier 3 healthy weight treatment services is also awaited.

The environmental health team are actively supporting the homes for Ukraine scheme and assessing the suitability of accommodation of the volunteer hosts.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2018/19 Directorate Business Plans.

As a result, monitoring of all relevant 'high' risks will be undertaken and progress reported against the application of the risk treatment measures in Quarters 2 and 4.

5.0 Progress against high priority equality actions

There have been no high priority equality actions identified in the quarter.

6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Directorate. It should be noted that given the significant and unrelenting downward financial pressures faced by the Council there is a requirement for Departments to make continuous in-year adjustments to the allocation of resources in order to ensure that the Council maintains a balanced budget. Whilst every effort continues to be made to minimise any negative impact of such arrangements upon service delivery they may inevitably result in a delay in the delivery of some of the objectives and targets contained within this report. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

Commissioning and Complex Care Services

Adult Social Care

Key Objectives / milestones

Ref	Milestones	Q4 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	✓
1B	Integrate social services with community health services	✓
1C	Monitor the Care Act implementation	✓
1D	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	✓
1E	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	✓
1F	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems.	✓
1G	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	✓
3A	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.	✓
3B	Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services.	✓

Supporting Commentary

1A. Complete- pooled budget has come out on target, with a small underspend.

1B. Halton Intermediate Care and Frailty model agreed and commenced implementation – plan to complete by September 2021. Further work being led through PCN's on hub development with primary care

1C. Fully implemented.

1D. During the pandemic some work has progressed with the Strengths based programme of work with Professor Sam Baron, including review of Assessment approaches and aligned paperwork. Due to Sam Baron leaving her role this programme of work will draw to a close and be subject to review of how it is moved forward.

1E. Initiated the One Halton Dementia Delivery Plan Group to develop a new programme of actions in line with national guidance and good practice.
Extended the Community Dementia Advisor service, delivered by Alzheimer's Society, until March 2023.

Working with council directorates to develop an organisational plan for HBC to become more dementia friendly, in line with LCT Dementia Pledge Commitments.

1F. Work with 5 Boroughs is completed.

Monthly relationship meetings have been established with Divisional Manager Mental Health and key managers from within Merseycare NHS Trust that will ensure that service developments/changes are discussed, understood and coordinated with partners.

1G. The homelessness strategy remains current and reflects the key priorities and agreed action plan for a five year period. The strategy action plan continues to be reviewed annually, to ensure it is current and reflects economic and legislative changes, with many actions successfully achieved.
The pandemic placed immense pressure upon the team and housing partners, resulting in the cancellation of the forum meeting. However, the forum is planned for October 2022. to review the key priorities and agree actions for the following 12 month period.
Covid-19 changed working practices and resulted in additional measures implemented to meet the crisis led demand. The pandemic will continue to influence future activity and communication between partner agencies, which will further influence how services are commissioned and delivered in the future.

3A. This work forms part of the One Halton development (ICP)

3B. A training programme of strengths based training has drawn to an earlier close than anticipated due to the provider being unable to continue, alternate options are being explored.

Key Performance Indicators

Older People:						
Ref	**Measure**	**20/21 Actual**	**21/22 Target**	**Q4**	**Current Progress**	**Direction of travel**
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ ***Better Care Fund performance metric***	498	635	539.3	✓	↑

ASC 02	Delayed transfers of care (delayed days) from hospital per BB100,000 population. ***Better Care Fund performance metric***	N/A	TBC	TBC	U	N/A
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. ***Better Care Fund performance metric***	3341	5107	4071	✓	↑
ASC 04	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehab ilitation services (ASCOF 2B) ***Better Care Fund performance metric***	84.6 %	84%	79%	U	↓
Adults with Learning and/or Physical Disabilities:						
ASC 05	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	72%	97%	62%	U	↓
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long	74%	80%	80%	✓	↑

	term support) (Part 1) SDS					
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	21%	45%	26%	U	
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	92.4 %	88%	90%	✓	
ASC 09	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5%	5.5%	5.6%	✓	
Homelessness:						
ASC 10	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless	1817	2000	642 276 312 54	✓	
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	162	200	54	✓	
ASC 12	Homelessness prevention, where	N/A	TBC	N/A	N/A	N/A

	an applicant has been found to be eligible and unintentionally homeless.					
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	781	1500	144 139 5	U	
ASC 14	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)	N/A	6.0%	2.76		
Safeguarding:						
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	228	N/A	267	U	N/A
ASC 16	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years	62%	85%	69%		

	(denominator front line staff only).					
ASC 17	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	N/A	89%	89.3%	☑	↑
Carers:						
ASC 18	Proportion of Carers in receipt of Self Directed Support.	99.4 %	99%	98%	✗	↓
ASC 19	*Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)*	7.6%	8%	7.5%	✗	↓
ASC 20	*Overall satisfaction of carers with social services (ASCOF 3B)*	51.8 %	48%	39.3%	✗	↓
ASC 21	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	77.7 %	80%	69.5%	✗	↓
ASC 22	Do care and support services	N/A	93%	89.2%	✗	↓

	help to have a better quality of life? (ASC survey Q 2b) ***Better Care Fund performance metric***					

Supporting Commentary:

Older People:

ASC 01 We have come in below target despite an increase in permanent admissions.

ASC 02 The collection of this dataset continues to be paused. No date has been provided for its recommencement

ASC 03 (Data 3 months to Jan 22) Halton CCG continues to see low number of zero day length of stay admissions at Warrington Hospital, this is due to the use of assessment space as temporary bedded down units, increasing numbers of covid admissions means that this is likely to continue through Q4 and into 22/23

ASC 04 Annual collection only to be reported in Q4. Due to year end process data is not currently available.

Adults with Learning and/or Physical Disabilities:

ASC 05 No commentary received for Q4.

ASC 06 We have met the target for this measure and seen an increase in those who are in receipt of self-directed support.

ASC 07 While we have not met the target, we have seen an increase in the number of people in receipt of direct payments and continue to promote this.

ASC 08 We have met the target for this measure, despite a slight decrease, however this is to be expected due to changes in Primary Support Reasons and closed packages of care during the year.

ASC 09 Target exceeded and an increase from the same period last year.

Homelessness:

ASC 10 The Homelessness Reduction Act has influenced the homelessness administration and service delivery, which changed homelessness administration and further increased homelessness presentations, with the emphasis placed upon prevention and relief measures to reduce homelessness.

Covid 19 and the government announcement of the `all in` approach ceased October 2021, whereby HBC made a commitment that further assistance would be available to all clients placed, to secure alternative accommodation.

There continues to be a gradual increase in homelessness presentations, due to the changes in benefit entitlement and increased living costs, whereby affordability is a contributable factor.

Additional review of services ahs been completed, to ensure that prevention measures are in place to assist those vulnerable homelessness clients to remain within tenancies or secure alternative accommodation

ASC 11 The figure shown is for statutory homelessness acceptances, which is generally low.
The Homelessness Reduction Act 2017 changed the homelessness administration process, whereby, statutory homelessness acceptance is now the final stage of the decision making process.
The legislations places further emphasis upon prevention and relief.

ASC 12 Duplicate – relates to statutory homeless acceptance, detailed in ASC 11

ASC 13 The Covid 19 pandemic and government guidance to place all homelessness clients into accommodation ceased October 2021. Although, hotel placements have decreased, there remains demand for temporary accommodation, with hostels at full capacity and little move on options for clients, thus placing additional pressure upon the Housing Solutions Team.

ASC 14 During the past two years there have been a number of factors that have influenced the homelessness service administration. This includes the Homelessness Reduction Act and Covid 19, thus placing additional pressure upon the Housing Solutions Team with the emphasis placed upon prevention and relief measures to reduce homelessness and rough sleeping within the Borough.

Safeguarding:

ASC 15 No commentary received for Q4.

ASC 16 Although the target was not achieved the figures did exceed last year's performance.

ASC 17 Target met despite a poor response rate to the survey this year due to the ongoing effects of COIVD on the postal service.

Carers:

ASC 18 We were slightly under target and saw a marginally decrease in this measure compared to the same period last year.

ASC 19	We have seen a decrease in all measures for the Carer Survey, this is partly due to the impact of COVID, however this is the same for the majority of the North West. In comparison, Halton fair well in the measures, despite the deceases locally.
ASC 20	We have seen a decrease in all measures for the Carer Survey, this is partly due to the impact of COVID, however this is the same for the majority of the North West. In comparison, Halton fair well in the measures, despite the deceases locally.
ASC 21	We have seen a decrease in all measures for the Carer Survey, this is partly due to the impact of COVID, however this is the same for the majority of the North West. In comparison, Halton fair well in the measures, despite the deceases locally.
ASC 22	Similarly, the Adult Social Care survey results have been impacted by the effects of COVID, we have not yet had any feedback in relation to the North West and therefore cannot comment about Halton's position.

Public Health

Key Objectives / milestones

Ref	Objective
PH 01	**Improved Child Development: Working with partner organisations to improve the development, health and wellbeing of children in Halton and to tackle the health inequalities affecting that population.**

Ref	Milestones	Q4 Progress
PH 01a	Facilitate the Healthy Child Programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being, stop smoking interventions and parenting advice and support.	✓
PH 01b	Maintain and develop an enhanced offer through the 0-19 programme for families requiring additional support, For example: teenage parents (through Family Nurse Partnership), Care leavers and support (when needed) following the 2 year integrated assessment.	✓
PH 01c	Maintain and develop an offer for families to help their child to have a healthy weight, including encouraging breastfeeding, infant feeding support, healthy family diets, physical activity and support to families with children who are overweight.	✓

Ref	**Objective**	
PH 02	**Improved levels of healthy eating and physical activity through whole systems working.**	
Ref	**Milestone**	**Q4 Progress**
PH 02a	Implementation of the Healthy Weight Action Plan	U
PH 02b	increase the percentage of children and adults achieving recommended levels of physical activity.	U
PH 02c	Reduce the levels of children and adults who are obese.	U
Ref	**Objective**	
PH 03	**Reduction in the harm from alcohol: Working with key partners, frontline professionals, and local community to address the health and social impact of alcohol misuse.**	
Ref	**Milestone**	**Q4 Progress**
PH 03a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	✓
PH 03b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA).	✓
PH 03c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support in the community and within secondary care.	✓
Ref	**Objective**	
PH 04	**Cardiovascular Disease**	
Ref	**Milestone**	**Q4 Progress**
PH 04a	Ensure local delivery of the National Health Checks programme in line with the nationally set achievement targets	✓
PH 04b	Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.	✓
PH 04c	Increase the percentage of adults who undertake recommended levels of physical activity and healthy eating.	✓

PH 04d	Improve early detection and increase the proportion of people treated in line with best practice and reduce the variation at a GP practice level.	U
PH 04e	Reduce the premature (under 75) death rate due to cardiovascular disease and stroke.	✓
Ref 05	**Objective**	
PH 05	**Mental Health**	
Ref	**Milestone**	**Q4 Progress**
PH 05a	Reduced level of hospital admissions due to self-harm.	✓
PH 05b	Improved overall wellbeing scores and carers' wellbeing scores.	U
PH 05c	Reduced excess under 75 mortality in adults with serious mental illness (compared to the overall population).	U
PH 05d	Reduce suicide rate.	U
Ref	**Objective**	
PH 06	**Cancer**	
Ref	**Milestone**	**Q4 Progress**
PH 06a	Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.	✓
PH 06b	Increase uptake of cancer screening (breast, cervical and bowel).	U
PH 06c	Improved percentage of cancers detected at an early stage.	U
PH 06d	Improved cancer survival rates (1 year and 5 year).	✓
PH 06e	Reduction in premature mortality due to cancer.	U
Ref	**Objective**	
PH 07	Older People	
Ref	Milestone	**Q4 Progress**
PH 07a	Continue to develop opportunities for older people to engage in community and social activities to reduce isolation and loneliness and promote social inclusion and activity.	U
PH 07b	Review and evaluate the performance of the integrated falls pathway.	U

PH 07c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropariate age groups in older age.	✓
Ref	**Objective**	
PH 08	**COVID-19**	
Ref	**Milestone**	**Q4 Progress**
PH 08a	Ensure local systems are in place to identify, support and minimise the impact of any COVID cases, clusters and outbreaks.	✓
PH 08b	Work with key partners to achieve the target rate of vaccination coverage rate across all of the JVC Priority groups.	✓
PH 08c	Work with local partners to minimise COVID infections and utilise early warning systems to monitor local infection rates with a goal of 25 or less per 100,000 population.	✓

PH 01a **Supporting commentary**

The 0-19 Service has continued to maintain support for children and families in Halton. During Quarter 3 the service managed to deliver 69% of the face to face New Birth Visits within 30 days, with 75% of families receiving the 6-8 week check. The service recorded an increase to nearly 30% of babies recorded as being “breastfed” at 6 weeks – the highest rate for some time (but still significantly below the national average). Areas for improvement continue to include the 12 month and 2 ½ year check, which were both affected by the pandemic and the service has implemented a catch up plan to improve access to this part of the Healthy Child Programme.

Triple P is commissioned by the Early Help commissioners to run 8 sessions of Triple P each year: this includes 0-12, Stepping Stones and Teen. This is now ran as a hybrid programme with the offer of both online and face to face courses. There has continued to be a high number of referrals for Triple P this quarter. There has been an issue with capacity at venues for face to face delivery due to Covid restrictions, however, we completed 3 courses this quarter; 1x 0-12, 1x Teen and 1x Stepping Stones.

Plans are at an advanced stage to recommence face to face multiagency antenatal programme ‘Your Baby and You’ during the next quarter, in partnership between Health Improvement, Health Visiting 0-19 Team, Children’s Centres and Midwifery. Health Improvement’s Infant Feeding Team have continued to provide their session virtually during this quarter.

PH 01b **Supporting commentary**

The 0-19 Service has continued to maintain support for children and families in Halton through the provision of the universal Healthy Child Programme series of visits and interventions and through additional activity such as the NCMP weighing and measuring programme, support for school age vaccinations, and drop in advice sessions at high schools and through the Chat Health Text programme.

The Family Nurse Partnership programme continues to work with first time teenage parents in Halton, and provides intensive support for some of our most complex families.

The Pause programme started in Halton in April 21, and works with women who have had children removed and are at risk of having future children being taken into care. Pathways have been developed to ensure that women on the programme have rapid access to family planning and sexual health services, with programmes in place to reduce their safeguarding risk and support their parenting capacity, should they choose to have a family in the future.

PH 01c **Supporting commentary**

The Fit 4 Life app programme was officially launched in January 2022. This programme is for families with concerns about weight gain or those who want to make healthier lifestyle choices. A promotional video has been produced for marketing purposes and a web landing page has been created to support the social media marketing campaign.

Early signs are that the new quick and easy self-referral process via social media and NCMP follow-up letter is proving popular. 40 app downloads this quarter, 34 of whom provided sign-up information (5 professional referral, 35 self-referral). Professional referral route is still available, with telephone sign up appointments on offer for clients within 1 week of referral. Clients having to provide personal details via the app prior to programme commencement appears to be a barrier; we will monitor this over the next quarter.

The NCMP programme is underway after a pause because of Covid. The parents/carers of children above 98th BMI centile being contacted by Health Improvement Team for dietetics and/or app support. Parent/carer bite-size workshops are being delivered virtually, with good uptake and most bookings coming from self-referrals. Sessions include Fussy Eating & Healthy Snacking, and Sleep & Screens.

Infant feeding team have continued to offer infant feeding support to all Halton mums upon hospital discharge, with home visits and telephone support.

Introducing Solid Foods workshops have continued to be delivered virtually, and we have had a return to face to face Terrific Twos sessions.

The Nutrition and Exercise in Pregnancy session will be part of the "Your Baby and You" program once face to face sessions resume.

HHEYS support and training was offered to all EY settings and childminders around Healthy Eating, Oral Health, Menu Planning, Brief Advice, Staff Wellbeing, HHEYS Award, 5 Ways to Wellbeing.

PH 02a **Supporting commentary**

Implementation of the Healthy Weight Action Plan continues to be impacted by the Covid pandemic: for example work with transport has not been possible. However there has been some significant gains made, particularly in relation to food poverty and working with businesses.

The Public Health team and HIT have worked extensively with businesses throughout the pandemic, and developed relationships that will support our work moving forward. The HIT workplace offer has continued throughout the pandemic and adapted to the needs of local businesses. The service has been providing advice and information on Covid safety, returning to the workplace and staff health and wellbeing. In Q4, work with the Halton Chamber of Commerce and local business has continued, with a return of in person health checks in several local workplaces.

During Q4, HIT have also started to support workplaces with a remote weight management service. With returning to the workpkace varying from setting to setting the focus for workplaces has continued to be upon the remote offer. HIT have implemented the Workplace Health Needs Assessment (WHNA) which identifies key areas of priority for workplaces to focus on to improve the health and wellbeing of their employees. This is to improve the referral pathway on to the workplace weight management. The Weight Management Service is a key part of the work with local businesses and the Fresh Start app is available to workplaces along with support from the HIT to tailor the app for use in each business.

There has continued to be a range of parenting programmes are available to families to support them to develop healthy habits for their children, and a parenting coordinator post is in development. The healthy schools programme has been hampered by Covid, but continues to be available to schools to access, and we have worked very closely with schools over the pandemic, supporting them to remain open as far as possible. The Holidays activity fund has supported children through the pandemic, during the holidays, to access healthy and nutritious meals, and activities. The community shop also enables low income families to access affordable food, and a wider food poverty network has been established, which will support low income families to access nutritious food through a range of interventions. Free school meal vouchers were made available to families.

PH 02b **Supporting commentary**

In Q4 HIT staff have been providing support to clients with long term conditions wishing to get more active. In Q4 76 local residents looking to become more physically active were referred into the service. This exercise on referral service works predominantly with clients with a history of cardiac, respiratory, neurological or chronic pain diagnoses.

The active Halton group met in March 2022. Key points from this meeting are:

- Physical activity sessions across the borough are continuing to increase as we move to a 'living with COVID' phase.
- As a group we will be completing the Health Equalities Assessment Tool (HEAT) on physical activity provision to assess what groups within the population are disproportionately impacted and underrepresented in physical activity.

Joint campaign planning is underway to have a collaborative approach across all physical activity provision.

PH 02c **Supporting commentary**

The National child measurement programme was paused during the Covid pandemic, and only a small proportion of Halton's primary schools were measured in the academic year 2020/21. This means the data will be based on a sample and may not reflect the full picture.

Development work has continued on the side of the Halton Fresh Start Weight Management app aimed at the whole family, with children as the focus of the programme, this will be a combination of interactive remote sessions, coaching and telephone calls. This has now been launched and marketed to families. For adults, the focus of targeting for the app will be at workplaces and younger adults who traditionally have lower access in face to face weight management groups.
Dieticians continue to carry out face to face clinics with children above 98th centile with their parents.

The Health Improvement Team have continued to provide a healthy weight offer in Q4 and Halton's Adult Weight Management Service continued its transition into a digital hybrid model. The 'Fresh Start' service now offers a full digital app service with online coaching as well as in person workshops for those that get more from a face to face service. The Adult weight Management 'Fresh Start' app has continued to see good uptake in Q4. The new Halton Fresh Start app provides a unique opportunity in Halton to engage with a wider group of local people who would not attend traditional face to face services. In person weight management workshops have continued alongside 'Weigh in' clinics to make it easier for people to monitor their weight and access the service. In total 129 referrals for Tier 2 weight management were received in Q4. Dietician led tier 3 weight management service operated a combination of remote telephone and in person appointments, 73 adult referrals were received over Q4. The service has seen an increase in referrals since Covid restrictions eased and the service is looking at ways to manage this through Q4 and into 2022/23.

The service supports local people with high BMI's and those considering bariatric surgery.

PH 03a **Supporting commentary**

Work has continued to focus on reducing the rate of young people admitted to hospital due to alcohol, although this has been impacted due to COVID-19, lock down, and reductions in social interaction. Outreach youth provision continues to support young people and provide access to information and advice around alcohol and other risk taking behaviours and the Councils Early Help Team has commenced providing direct support for young people affected by substance misuse.

PH 03b **Supporting commentary**

Awareness is raised within the local community of safe drinking recommendations and local alcohol support services through social media campaign messages and the promotion of national campaigns via digital platforms. Champs Public Health Collaborative have launched a new campaign funded by Cheshire & Merseyside Health & Care Partnership to promote the Lower My Drinking platform, which is now available for use in Halton.

The Stop Smoking Service has continued to deliver Audit C screening remotely and offers Brief Advice and signposting or referral to CGL, when appropriate, during consultations with clients who are stopping smoking and who also wish to reduce their alcohol intake. The service delivers Brief Advice and Signposting to GP or referral to CGL, when appropriate.

To date the Stop Smoking Service have delivered 705 Audit C screenings to clients

PH 03c **Supporting commentary**

The procurement of a new specialist substance misuse service for Halton concluded with the contract awarded to CGL, the current provider for a further minimum of three years.

The Substance Misuse Service has continued to find innovative ways in which to support clients affected by substance misuse, including digital consultations and socially distanced appointments. During the quarter there has been a consistent number of individuals engaging with the service for support with individuals seeking support with alcohol related problems being the highest number of new treatment journeys commenced.

PH 04a **Supporting commentary**

The NHS Health Check service has continued to increase the number of Halton residents completing a health check in Q4. Halton practices have been supported by HIT Health Check Officers in 95% of local surgeries. Q4 data shows 341 Health Checks were completed by HIT staff, this number has continued to rise each quarter through 2021/22.

Practice data for the same period is not yet available. Interest has increased from Halton workplaces in resuming NHS Health Checks on site and Health Checks will be delivered in Q4 in local businesses and as a result 52 Workplace Health Checks have been completed. Workplaces Health Checks have also been fully booked up until June.

HIT are undertaking a pilot project around health inequalities within the National NHS Health Check Service. The focus of this project will be aimed at improving access to the NHS Health Checks for ethnic minorities and those from low socioeconomic deprivation which data shows has lower uptake in the service. This will be a collaboration between HIT, PH, SERCO and Healthcare colleagues where insight work will be collected by public engagement and then targeted work based on recommendations from insights

PH 04b **Supporting commentary**

Halton Stop Smoking Service has continued to deliver the service remotely throughout Covid-19 to support local people to stop smoking. Face to face delivery of the service has now resumed in GP settings and Widnes market. Plans are afoot to steadily increase this offer. Remote working/telephone consultations for those clients who have difficulty attending stop smoking sessions due to ill health/childcare difficulties/ work commitments or accessibility will continue. Extra emphasis is placed on pregnant smokers, routine and manual smokers, never worked or unemployed smokers, smokers with respiratory disease, smokers addicted to substance misuse as well as smokers with mental health conditions, where extra support is required. To date the service has supported 1,026 clients of which 522 clients have successfully stopped smoking so far (51% quit rate) and 140 clients where outcomes are unknown as yet as they are midway through the programme. 323 clients accessing the service have never worked or are unemployed or are routine and manual smokers - so far 174 of these clients have stopped smoking (54% quit rate).
To date the service has supported 53 pregnant smokers of which 21 pregnant smokers have stopped smoking (40% quit rate) and 8 smokers where outcomes are unknown as they are midway through the programme.

The service has been working closely with Liverpool Heart and Chest Hospital and Halton CCG on the Targeted Lung Health Check programme.To date the service has received an extra 181 referrals from the Targeted Lung Health Check programme.

The service has now set up a Facebook page where advice and tips on stopping smoking are available to smokers – 94 people currently access the Facebook page

PH 04c **Supporting commentary**

Healthy eating and physical activity advice forms part the weight management service, NHS Health Check and all Lifestyle Advisor consultations that the HIT carries out. Work is underway to target those

most in need throughout the borough by targetting groups who may be affected by health inequalities.

PH 04d **Supporting commentary**
No further work has been carried out in Q4 with practices to review condition management due to limited access as a result of Covid

PH 04e **Supporting commentary**
The NHS Health Check program has seen a steady increase over Q4 improving on Q3. Halton have ranked top 3 in the NorthWest for uptake of the NHS Health Check Program. This service forms the cornerstone of early detection of heart disease risk factors. Prevention work has continued but it is thought that the start of the pandemic had an impact on heart disease and stroke due to people not accessing healthcare.

PH 05a **Supporting commentary**
There has been a generalised reduction in the number of people admitted to hospital for self harm. We have continued to engage and promote positive mental health and wellbeing messages although some direct face to face services have been unable to run as a result of the pandemic. It is unclear presently if the data reflects a real term reduction or if this is an artefact of the changes in secondary care provision as a result of the pandemic. Future data will help to indicate this.

Halton continues to deliver self harm awareness training to front line staff who work with children and young people as part of the wider preventative mental health agenda. Champs continue to lead a variety of projects across Cheshire and Mersesyside working towards reducing self harm in both children and young people and adults. The self harm dashboard developed by NWAS and PHE is complete and a monthly report is being shared with Champs, Halton has requested a report to help inform local suicide prevention activity. Self-Harm kits developed by the Cheshire and Merseyside Self Harm pathway development group overseen by The NHS England North West Coast clinical network are still being evaluated to assess effectiveness. Cheshire and Merseyside emotional health and wellbeing logic model has been developed with actions around Self-Harm.
PHE's Mental health Prevention and Promotion funded projects are up and running:

- Bereavement support for children, young people and adults
- 5 ways to wellbeing activities for children and young people
- Pilot programme aimed at engaging young males via Youth out reach
- Parenting programme co ordinator
- Additional support for adults experiencing financial insecurity

All of the above programmes will contribute to improved mental health and wellbeing of the local population and subsequently the indirect reduction in self harm.

PH 05b **Supporting commentary**

The latest wellbeing survey data for 2020/21 indicates that 12.1% of people in Halton reported a low happiness score compared to 10.3% reported as an England average. This is a worsening from 9.3% of people in Halton who had a low happiness score in 2019/20. This is unsurprising given the difficulties that the Covid-19 pandemic has created for many people and we continue to ensure that, even through virtual routes, we are creating positive opportunities for people to increase their mental health and wellbeing.
There is no data available in the Public Health Outcomes Framework to support measurements of carer wellbeing score.

Activity is continuing to engage individuals and communities in positive wellbeing messages and activites, through opportunities for face to face engagement and support has reduced during the pandemic. We are continuing to undertake and further develop all opportunties to expand on wellbeing activities which should ultimately improve wellbeing related measures.

PH 05c **Supporting commentary**

Latest available data for 2018-20 indicates that the excess under 75 mortality for adults with severe mental illness in Halton is 313.1%, this is significantly better than the England Average of 419.6%. Continuing to ensure local primary care undertake annual reviews and engage with health services is key to ensuring that people with SMI experience no poorer health outcomes and services than any other individual.

PH 05d **Supporting commentary**

The latest published suicide rate is 10.8 suicides per 100,000 persons for the years 2018-20, which is not considerably different to the England average of 10.7. We continue to work closely with partners and Champs on the Zero Suicide Agenda and consistently review the action plan for reduction of suicides in the community, even undertaking assessments for every individual suicide we are notified of.

The suicide prevention partnership board has continued to meet during the pandemic.

Champs have continued to work to address:

Self harm
Middle aged mens mental health
Quality improvement within mental health trusts
Primary care staff pilot
Workforce development training
Development of a lived experience network

Local Activity

The Mental Health Info Point continues to be promoted via social media and training. In Q4 it has recevied 1,288 page views with 496 unique users and 159 visiting the need help now section for details of mental health crisis support. The local 24hr mental health crisis telephone number is continuously promoted by the Local Authority, NWBP and partners. Schools and early year's settings continue to be supported to implement a whole setting approach to improve mental health and wellbeing. Mental health awareness and suicide awareness training continues to be available to HBC staff and partners. Anti-stigma steering group aimed at tackling mental health stigma in males is under development.

Halton has been awarded £267,206 to deliver 5 prevention projects focussing on the following: bereavement support for children and young people, bereavement support for adults, support to address financial insecurity and debt, support to improve children and young people's mental health and wellbeing and support to improve Halton's parenting programme offer. All of these projects will potentially contribute to the reduction in suicides in Halton.

Supporting commentary

PH O6a *Please see PH04b*

Supporting commentary

PH 06b Breast cancer screening coverage (% of those with an up to date screen) fell in Halton in 2020 and significantly in 2021 to just 55.8%, as mirrored across England; it is likely COVID-19 has an effect on this with reduced capacity in clinics reducingthe ability of services to see higher volumes of weomen.

Cervical cancer screening coverage was higher in 2021 than the England average for those aged 25-49 (71.9% compared to an england average of 69.7%), the trend is increasing in this age gourp; however Halton performed worse than the England average for those aged 50-64 (72.5% compared to 74.1%).

Bower cancer screening coverage (age 60-74) has remained fairly static in 2021; Halton coverage (55.5%) is lower than the England average 60.9%).

Halton is participating in a number of activities to promote and encourage uptake of screening programmes as part of the Cheshire and Merseyside Cancer Alliance Prevention Board. Champs are undertaking a number of campaigns including Bowel screening uptake programme which is seeing the recruitment of system champions and navigators to encourage and assist people through the Bowel screening programme, early text message reminder prompts for cervical screening and currently

developing a series of community engagement campaigns across a breadth of cancer prevention programmes, including screening

Supporting commentary

PH 06c Staging data is only available up to 2019. The percentages of cancers diagnosed at stage 1 or stage 2 has remaind fairly static in the last 5 years. In 2019, 55.5% of cancers were diagnosed at stage 1 or 2, which was similar to the England average of 55.1%.

Supporting commentary

PH 06d Cancer survival data is only available up to 2018; however the 1 year net survival % has increased year on year and the gap between Halton and the England average has narrowed considerably.

Supporting commentary

PH 06e The rate of premature mortality from cancer had seen a steady decline, but has begun to plateu according to the most recent available data for 2017-19 with a rate of 166.1 per 100,000 which is significantly worse than the England average early mortality rate of 129.2 per 100,000. Reducing mortality due to cancer has anumber of key influencces including cancer prevention, early disgnosis and effectve early treatments.

Supporting commentary

PH 07a Sure Start to Later Life continues to support older people to engage in community activities to reduce the risk of loneliness and social isolation. We have received 47 referrals this quarter which is a drop from last quarter.

We held a Partners in Prevention meeting during this quarter. This is an opportunity for organisations from Health, Social Care and the Voluntary Sector to come together to provide service updates. We had 37 Partners who joined the meeting. The feedback from members has been really positive, the professionals find this meeting very useful to be able to signpost older people to activities in their local areas to reduce loneliness and social isolation.
We have launched the Easter Acts of Kindness projects inviting children from local early years setting to make Easter cards/ posters to send out to older adults in the community affected by loneliness and social isolation. We will be able to report on impact in the next quarterly report.

We have successfully secured £30K to purchase six activity tables for a number of care homes across the Borough. This means that all older peoples care homes in the Borough have access to this great resource which helps to enrich the lives of people living with dementia to ensure that they have a happy, fulfilled life without being isolated. They are due to be delivered in the next few weeks

Supporting commentary

PH 07b

The new Intermediate Care and Frailty Service was launched in December. We have now set up a new referral pathway.

A decision was made to put the falls steering group on hold until further information is gathered about the future plan of the falls service. This is currently being reviewed.

Despite the above, the Age Well service continues to deliver falls prevention exercise classes, 4 per week. During this quarter we have triaged 73 New referrals into the Single point of access service which is aimed at getting people active. Out of that figure 15 proceeded onto the Age well Falls prevention class, 30 went onto the gym based session and 8 went onto a mindful movement class.

156 falls incident forms, received from the community warden, have been screened. Through this screening we ensure that the individual gets the appropriate advice and support to manage their falls. 50 Active at Home Booklets have been sent out during this quarter. The Active at Home Booklet is a resource which is aimed at helping people to stay active at home to help prevent physical deterioration that increases the risk of falls, and loss of independence.

Supporting commentary

PH 07c

Uptake of flu vaccination increased in 2020/21 to 81.6% in the over 65s, which the national target of 75%. The uptake has been facilitated by the joint approach with local partners, including Warrington Council to maximise opportunities for engagement and emphasise the benefits of flu vaccination with the Covid pandemic. Final data for the 21-22 season is not yet finalised but indications are that uptake in the at rish 65+ cohort remains high.

Further work is needed to maximise uptake in the pregnant women and young children eligible cohorts

Supporting commentary

PH 08a

Halton Public health team has continued to maintain and update outbreak plans and undertake regular surveillance for community outbreaks. We have responded well in reacting quickly, limiting spread and mitigating impact of outbreaks in a number of workplace settings and high risk settings such as accommodation for asylum seekers and refugees.

During Quarter 4 many COVID restrictions were lifted and testing for the general population ceased. The details of the changes to Covid testing and next steps to live with Covid were published

very recently and the details are still being clarified and are subject to change. More details on the national and regional model of delivery of health protection and the national contingency plans to respond to outbreaks of Covid in the future are awaited. Following their publication local plans can be updated accordingly.

PH 08b

Supporting commentary
Halton has a vaccination lead that works with local NHS partners to agree the best ways to encourage vaccine uptake. We have a range of options including pharmacies, buses, hospitals, GPs and mass vaccination sites. Halton has good uptake in the over 40s and moderate uptake in the younger age range as elsewhere. We are constantly looking for new ways of reaching people

PH 08c

Supporting commentary
Changes to the national strategic approach to COVID means that aiming to reduce the rate to 25 per 100 000 is no longer an appropriate target. The end of testing and a move to 'living with COVID' makes measurement of local rates difficult, and the end of restrictions means that COVID infections are now being responded to in the same way as any other health protection risk.

Key Performance Indicators

Ref	Measure	20/21 Actual	21/22 Target	Q4	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	66.1% (2018/19)	N/A	N/A	U	**N/A**
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged	57.6% (2019/20)	58.2% (2020/21)	N/A	U	**N/A**

	19+ that achieve 150+ minutes of moderate intensity equivalent per week)					
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	896 (2019/20 provisional)	877.7 (2021/22)	660 (Q2 20/21 – Q1 21/22 provisional)	✓	↑
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	58.3 (2017/18 – 2019/20)	57.1 (2019/20 – 2021/22)	53.6 (Q2 18/19 – Q1 21/22 provisional)	✓	↑
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	14.9% (2019)	14.9% (2020)	N/A	U	**N/A**
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	78.3% (2019/20)	77.5% (2020/21)	N/A	U	**N/A**
PH LI 03c	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note*	87.1 (2018-20)	87.1 (2019-21)	96.7 (2019-21 provisional)	✗	↓

	year for targets					
PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	162.4 (2018-20)	160.8 (2019-21)	151.0 (2019-21 provisional)		
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	52.1 (2018-20)	51.6 (2019-21)	46.6 (2019-21 provisional)		
PH LI 03f	Breast cancer screening coverage (aged 53-70) *Proportion of eligible women who were screened in the last 3 years*	71.1% (2020)	70% (national target)	58.8% (2021)		
PH LI 03g	Cervical cancer screening coverage (aged 25 – 49) *Proportion of eligible women who*	73.8% (2020)	80% (national target)	71.9% (2021)		

	were screened in the last 3.5 years					
	Cervical cancer screening coverage (aged 50 – 64) *Proportion of eligible women who were screened in the last 5.5 years*	73.8% (2020)	80% (national target)	72.5% (2021)		
PH LI 03h	Bowel cancer screening coverage (aged 60 to 74) *Proportion of eligible men and women who were screened in the last 30 months*	60.7% (2020)	No national target as yet	55.5% (2021)		**N/A**
PH LI 03i	Percentage of cancers diagnosed at early stage (1 and 2)	52.5% (2018)	53.1% (2019)	55.5% (2019)		
PH LI 03j	1 year breast cancer survival (%)	97% (2018)	97.25% (2019)	N/A		**N/A**
PH LI 03k	1 year bowel cancer survival (%)	79% (2018)	79.25% (2019)	N/A		**N/A**
PH LI 03l	1 year lung cancer survival (%)	41% (2018)	41.5% (2019)	N/A		**N/A**
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly	388.3 (2019/20)	380.6 (2021/22)	293.6 (Q2 2020 – Q1 2021 provisional)		

	standardised rate per 100,000 population)					
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	9.3% (2019/20)	9.1% (2020/21)	12.1%		
PH LI 05ai	**Male** Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*	17.2 (2018-20 provisional)	17.2 (2019-21)	17.2 (2019-21 provisional)		
PH LI 05aii	**Female** Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*	19.8 (2018-20 provisional)	19.8 (2019-21)	19.5 (Q3 2018 - Q2 2021 provisional)		
PH LI 05b	Emergency admissions due to injuries resulting from	2834 (2019/20)	2806 (2021/22)	2710 (Q2 2020 – Q1 2021		

	falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)			provisional)		
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	71.6% (2019/20)	75% (national target)	81.6% (2021/22 provisional)	✓	↑
PH LI 06a	COVID-19 case rate (positive cases per 100,000 population in previous 7 day period)	8.5 (30/06/21)	PHE THRESHOLDS <25 25-50 51-150 151-250 >250 (Latest 7 day rate per 100,00)	860 (27/03/22)	N/A	↓
PH LI 06b	COVID-19 vaccination uptake (% population in all JVCI Groups covered by 2 Doses)	6.4% (31/03/21)	85% (national target)	50.7% (31/03/22)	N/A	↑

Supporting Commentary

PH LI 01 - Department of Education are not publishing 2019/20 or 2020/21 data due to COVID priorities.

PH LI 02a - Levels of adult activity reduced in 2019/20; we do not yet know how COVID-19 will have affected this in 2020/21. Data is published annually; 2020/21 data has not yet been published by OHID.

PH LI 02b - Provisional data for 2020/21 and Q1 2021/22 indicates the rate of alcohol related admissions has reduced since 2019/20 and is on track to meet the target.
(Data is provisional; published data will be released later in the year.)

PH LI 02c - Provisional data for 2020/21 and Q1 2021/22 indicates the rate of under 18 alcohol admissions has reduced since 2019/20 and is on track to meet the target.

(Data is provisional; published data will be released later in the year.)

PH LI 03a - Smoking levels improved during 2019. 2020 data has not yet been published by OHID (data is published annually).

PH LI 03b – Adult excess weight increased during 2019/20; we do not yet know how COVID-19 will have affected this in 2020/21. Data is published annually; 2020/21 data has not yet been published by OHID.

PH LI 03c - The rate of CVD deaths (in under 75s) has increased in 2020 and 2021; it is likely that COVID-19 has had an effect.
(Data is provisional; published data will be released later in the year.)

PH LI 03d – The rate of cancer deaths (in under 75s) has reduced slightly over 2020 and 2021. It is yet unclear how COVID-19 has affected death rates from other major causes.
(Data is provisional; published data will be released later in the year.)

PH LI 03e - The rate of respiratory disease deaths (in under 75s) has reduced slightly over 2020 and 2021. It is yet unclear how COVID-19 has affected death rates from other major causes.
(Data is provisional; published data will be released later in the year.)

PH LI 03f - Breast cancer screening coverage dropped in 2020 and again in 2021; COVID-19 has most likely affected this. Data is released annually.

PH LI 03g - Cervical cancer screening coverage improved during 2020 in those aged 25-49. Halton performed better than the England average both in 2020 and 2021 but is still working towards the national standard of 80% coverage. Data is released annually.
Cervical cancer screening coverage remained static between 2018 and 2020 in those aged 50-64, but fell slightly during 2021. Halton did not perform as well as the England average and is still working towards the national standard of 80% coverage. Data is released annually.

PH LI 03h – Bowel cancer screening coverage improved during 2020, but has fallen significantly in 2021. Halton did not perform as well as the England average in 2020 or 2021. Data is released annually

PH LI 03i - The % of cancers diagnosed at early stage has fluctuated between 50% and 56% since 2013. The current % is similar to the England average (55.1%). Data is released annually.

PH LI 03j -1 year breast cancer survival has improved steadily over the last 10 years. It was 97% in 2018, which was the same as the England average. Data is released annually.

PH LI 03k – 1 year bowel cancer survival has improved steadily over the last 10 years. It was 79% in 2018, which was slightly lower than the England average (80%). Data is released annually.

PH LI 03k - 1 year lung cancer survival has improved steadily over the last 10 years. It was 41% in 2018, which was lower than the England average (44.5%). Data is released annually.

PH LI 04a - Provisional 2020/21 and Q1 2021/22 data indicates the rate of self harm admissions has reduced since 2019/20 and is on track to meet the target.
(Data is provisional; published data will be released later in the year.)

PH LI 04b - Happiness levels worsened during 2019/20 and again in 2020/21. COVID-19 is likely to have had an impact. Data is published annually.

PH LI 05ai - Life expectancy has been impacted severely by excess deaths from COVID-19, both nationally and in Halton. Male life expectancy at age 65 reduced slightly during 2020 and 2021.
(Data is provisional; published data will be released later in the year.)

PH LI 05aii – Life expectancy has been impacted severely by excess deaths from COVID-19, both nationally and in Halton. Female life expectancy at age 65 reduced during 2020 and has continued to decline in 2021.
(Data is provisional; published data will be released later in the year.)

PH LI 05b – Provisional annual data up to Q1 2021/22 indicates the rate of falls injury admissions has reduced slightly and is currently on track to meet the target.
(Data is provisional; published data will be released later in the year.)

PH LI 05c – Flu uptake for winters 2020/21 and 2021/22 exceeded the national target of 75%. This was an increase on 2019/20 uptake of 71.6%.

PH LI 06a – The number of COVID-19 has increased during March, both nationally and locally. Rates are starting to reduce, but with the end of free testing and isolation rules, reported rates are unlikely to be complete. Infection rates are high in all age groups but highest in 40 to 44 year olds.

PH LI 06b - Vaccinations are continuing, with over half of Halton's eligible population now having had 2 doses plus a booster.

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT

Finance

Revenue Operational Budget as at 31 March 2021

	Annual Budget £'000	Actual £'000	Variance (Overspend) £'000
Expenditure			
Employees	13,058	13,051	7

Premises	845	858	(13)
Supplies & Services	653	637	16
Aids & Adaptations	63	30	33
Transport	137	156	(19)
Food Provision	135	149	(14)
Agency	750	725	25
Supported Accommodation and Services	1,487	1,487	0
Emergency Duty Team	102	140	(38)
Contacts & SLAs	519	537	(18)
Residential & Nursing Care	3,760	3,760	0
Domiciliary Care	456	456	0
Transfer To Reserves	354	354	0
Housing Solutions Grant Funded Schemes			
LCR Immigration Programme	240	234	6
Flexible Homeless Support	86	78	8
LCR Trailblazer	67	65	2
Rough Sleepers Iniative	63	62	1
Total Expenditure	**22,775**	**22,779**	**(4)**
Income			
Fees & Charges	-327	-385	58
Sales & Rents Income	-617	-617	0
Reimbursements & Grant Income	-2,585	-2,603	18
Housing Strategy Grant Funded Schemes	-456	-456	0
Capital Salaries	-111	-121	10
CCG Reimbursement Re Lilliycross	0	0	0
Government Grant Income	-2,807	-2,817	10
Total Income	**-6,903**	**-6,999**	**96**
Net Operational Expenditure Excluding Homes and Community Care	**15,872**	**15,780**	**92**
Care Homes Net Expenditure	6,628	6,708	(80)
Community Care Expenditure	18,201	18,160	41
Net Operational Expenditure Including Homes and Community Care	**40,701**	**40,648**	**53**

Adult Social Care

Revenue Operational Budget as at 31 March 2021 continued

	Annual Budget	Actual	Variance (Overspend)
	£'000	£'000	£'000

Covid Costs			
Employees	0	1,738	(1,738)
Premises	0	110	(110)
Transport	0	120	(120)
Supplies (Including PPE)	0	735	(735)
Contracts	0	197	(197)
Food & Drink Provisions	0	12	(12)
Infection Control	0	1,846	(1,846)
Rapid Test	0	268	(268)
Workforce Capacity	0	302	(302)
Hospital Discharge Programme	0	5,146	(5,146)
Rough Sleeping Fund	0	6	(6)
Winter Covid Scheme	0	145	(145)
Deferred Savings	0	200	(200)
Covid Loss of Income			
Community Care Income	-359	0	(359)
Community ServicesTransport	-70	0	(70)
Community Services Trading	-80	0	(80)
Community Services Placements	-69	0	(69)
Government Grant Income			
Infection Control Grant	0	-1,846	1,846
Rapid Test Funding	0	-268	268
Rough Sleeping Fund	0	-6	6
Winter Covid Scheme	0	-145	145
Workforce Capacity Grant	0	-302	302
CCG Hospital Discharge Programme	0	-5,146	5,146
General Covid Funding	0	-3,690	3,690
Net Covid Expenditure	**-578**	**-578**	**0**
Recharges			
Premises Support	563	563	0
Transport Support	564	564	0
Central Support	3,588	3,588	0
Asset Rental Support	741	741	0
Recharge Income	-927	-927	0
Net Total Recharges	**4,529**	**4,529**	**0**
Net Departmental Expenditure	**44,652**	**44,599**	**53**

Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, was underspent against budget by £0.092m for the financial year.

The Community Care and Care Homes Divisions are reported separately below. The Care Homes Division recorded a net overspend of £0.080m, and a net underspend of £0.041m was achieved by the Community Care Division. A more detailed analysis of the respective divisions spend is included in separate reports below.

Costs ran broadly to budget, and no significant budget variances were encountered during the year.

There are a number of full grant funded Housing Strategy initiatives included in the report above, specifically the LCR Immigration Programme, Flexible Homelessness Support Initiative, LCR Trailblazer and Rough Sleepers Initiative. Total funding was initially £0.735m, based on actual grant allocations for 2020/21, together with unspent funding carried forward from the previous financial year. In-year expenditure amounted to £0.456m across the schemes, the balance of funding has been carried forward to the 2021/22 financial year.

Costs relating to the Covid-19 pandemic have been recorded separately, and a summary is recorded in the table above, together with an analysis of the funding source. These figures are inclusive of costs relating to Care Homes and Community Care. Total expenditure and loss of income has been recorded for the financial year, as £9.298m, of which £5.146m related to the Halton Clinical Commissioning Group (CCG) funded Hospital Discharge Programme.

Care Homes Division

Revenue Operational Budget as at 31st March 2021

	Annual Budget £'000	Actual £'000	Variance (Overspend) £'000
Expenditure			

Employees	5,880	5,881	(1)
Premises	309	367	(58)
Supplies & Services	291	282	9
Food Provision	283	283	0
Transfer to Reserves	0	79	(79)
Total Expenditure	**6,763**	**6,892**	**(129)**
Income			
Reimbursements & Grant Income	-135	-184	49
Total Income	**-135**	**-184**	**49**
Net Operational Expenditure	**6,628**	**6,708**	**(80)**
Covid Costs			
Repairs & Maintenance	0	104	(104)
Medical & Hygiene	0	79	(79)
Equipment & furniture	0	12	(12)
Additional Staffing Costs - Contracted	0	347	(347)
Infection Control Grant	0	342	(342)
Rapid Test Funding	0	60	(60)
Workforce Capacity Grant	0	59	(59)
Additional Staffing Costs - Agency	0	982	(982)
Government Grant Income			
General Covid Funding	0	-1,524	1,524
Infection Control Grant	0	-342	342
Rapid Test Funding	0	-60	60
Workforce Capacity Grant	0	-59	59
Net Covid Expenditure	**0**	**0**	**0**
Recharges			
Premises Support	80	80	0
Central Support	261	261	0
Asset Rental Support	288	288	0
Recharge Income	0	0	0
Net Total Recharges	**629**	**629**	**0**
Net Departmental Expenditure	**7,257**	**7,337**	**(80)**

Comments on the above figures

Overview

The Care Homes Division contains four homes - St Luke's in Runcorn and St Patrick's, Madeline McKenna and Millbrow in Widnes, along with Care Homes Management Team. They have a combined budget of £7.25m based on 100% occupancy levels plus Covid Grants of £1.986m as per the breakdown above.

Divisional Summary

The final 2020-21 divisional spend of £0.080m over budget is far lower than initially forecast. This is due, in the main, to the delay, caused by the pandemic, of transferring the staff at St Luke's and St Patrick's onto Halton contracts. This significant, additional cost is expected to hit the budgets in 2021/22. Furthermore, £1.986M Covid grants have helped to offset additional costs incurred following the emergency response to the pandemic.

Unfortunately, not all of these additional costs are expected to reduce during 2021/22 due to the longer-term impact of the pandemic. Currently COVID grants are secure up to June 2021. If no further grant funding is delivered after Q1, it is anticipated this could create significant cost pressures on the budget.

Madeline McKenna Care Home

Madeline McKenna is a 23-bed residential care home with a budget of £0.686m (including £0.055m Covid grant allocations). The budget overspend of £0.108m is due to unachievable efficiency savings necessitated following the harmonisation of terms and conditions. Staff costs will continue to be a budget pressure in 2021/22.

Millbrow Care Home

Millbrow is a 44-bed residential and nursing care home with a budget of £1.817m (including £0.124M Covid grant allocations). The final 2020/21 budget overspend is £0.295m.

Employee related expenditure, including agency supply, is £0.074m over budget. This, plus the unachievable efficiency saving of £0.190m for 2020/21, continues to create pressure across the staffing budgets.

St Luke's Care Home

St Luke's is a 56-bed care home providing residential and nursing care specialising in support for older people with dementia. Halton Borough Council acquired the care home in October 2019. The budget is £2.426m including £0.184M Covid Grant allocations.

The budget is underspent at year-end 2020/21 by £0.032m. As indicated previously, it has not been possible to move staff on to Halton terms & conditions during the pandemic, generating the underspend. Work is continuing to review the staffing requirements at the care home and move staff to Halton contracts; however it is expected this will create budget pressures going forward.

St Patrick's Care Home

St Patrick's is a 40-bed dementia care nursing home. Halton Borough Council acquired the care home in October 2019. The budget is £1.698m, including £0.097m Covid grant allocations.

The budget has an underspend of £0.296m at year-end 2020/21. This is due to savings on staffing budgets as staff have been unable to transfer to Halton contracts due to the Covid pandemic. It is anticipated this will happen during 2021/22 leading to staffing costs becoming a budget pressure.

Premises Expenditure

Premises expenditure is overspent by £0.058m across the four care homes. This is due to repairs and maintenance of the buildings including the 2 new homes acquired in 2019. Recruitment of a Premises Officer to reduce costs in this area was delayed due to the pandemic.

Utilities costs were over budget at the beginning of the year as the new homes had not been transferred to Halton contracts – this has now been achieved and it is expected costs will reduce.

Summary

Work continues across all of Halton's care homes to address the various cost pressure areas, including

- Harmonisation to HBC terms & conditions
- Recruitment
- Reliance on Agency
- Premises expenditure
- Reviewing supplies & services spend
- Model of care provision
- On-going impact of Covid pandemic

The pandemic has resulted in additional grant support, which has mitigated some of the costs in 2020/21, whilst also delaying the move of staff to Halton terms & conditions. This has delayed the full impact of these costs on the base budget. However, these costs have only been deferred and will affect the budget in 2021/22 and beyond.

The long-term impact of the Covid pandemic is yet to be seen, however it is anticipated that many of the additional costs incurred will remain in at least the short to medium term. The division therefore faces on-going cost pressures and will need to continue the work on all the areas above in order to have a sustainable post-COVID budget.

Community Care Budget

Revenue Budget as at 31st March 2021

	Annual Budget £'000	Actual £'000	Variance (Overspend) £'000
Expenditure			
Residential & Nursing	11,847	11,225	623
Domiciliary Care & Supported Living	8,338	7,446	893
Direct Payments	9,658	9,528	130
Day Care	370	350	21
Total Expenditure	**30,214**	**28,548**	**1,666**
Income			
Residential and Nursing Income	-9,069	-7,562	(1,507)
Domiciliary Income	-1,461	-1,366	(95)
Direct Payment Income	-714	-665	(49)
ILF Income	-656	-656	(0)
Income from other CCG's	-113	-139	26
Total Income	**-12,012**	**-10,388**	**(1,625)**

Net Operational Expenditure	**18,201**	**18,160**	**41**
Covid Costs			
Hospital Discharge Programmes	0	5,146	(5,146)
Infection Control Grant	0	1,452	(1,452)
Workforce Capacity Grant	0	209	(209)
Covid Loss of Income			
Fees and Charges	-359	0	(359)
Government Grant Income			
General Covid Funding	0	-359	359
Workforce Capacity Grant	0	-209	209
Infection Control Grant	0	-1,452	1,452
CCG Hospital Discharge Programmes	0	-5,146	5,146
Net Covid Expenditure	**-359**	**-359**	**0**
Net Departmental Expenditure	**17,842**	**17,801**	**41**

Comments on the above figures:

The overall position for the Community care budget is £0.041m under budget profile at the end of the financial year.
The Covid pandemic has had a profound effect this year, both in terms of additional expenditure and loss of income.

£5.1m has been claimed from the Clinical Commissioning Group's (CCG) Hospital Discharge Programmes for additional demand. The CCG also agreed to fund existing expenditure of £0.6m for block purchasing.

Reduced spend on HBC funded care packages also resulted in less income as the packages funded by CCG are not chargeable.

The community care budget remains volatile and will need close monitoring, particularly if there are any major developments with the pandemic.

Capital Projects as at 31st March 2021

Project Title	2020/21 Capital Allocation	Actual	Total Allocation Remaining
	£'000	£'000	£'000
Purchase of 2 adapted properties	369	12	357
Orchard House	160	160	0
Lilycross	955	955	0
Re-design Oakmeadow Communal Space	20	9	11
Totals	**1,504**	**1,136**	**368**

Comments on the above figures:

The capital allocation for the purchase of land and construction of 2 properties relates to funding received from the Department Of Health under the Housing & Technology for People with Learning Disabilities Capital Fund. The funding is to be used to meet the particularly complex and unique needs of two service users. The purchase of suitable land was completed in September 2019, although construction was delayed due to Covid-19. The grant funding has been re-profiled to 2021/22 to allow the scheme's completion.

The Orchard House allocation relates to the purchase and re-modelling of a previously vacant property, to provide accommodation for young adults who have a Learning Disability and Autism. The scheme was approved by Executive Board on 15 November 2018. The original total capital allocation was £0.407m, which reflected the projected remodelling and refurbishment costs of the property following its purchase in March 2019. The 2020/21 capital allocation of £0.160m represented funding carried forward from 2019/20 to enable the scheme's completion.

The former Lillycross care home in Widnes was adapted to help ease the pressure on hospitals treating patients with Covid-19. Capital costs were reimbursed by Halton CCG.

COMPLEX CARE POOL

Revenue Budget as at 31st March 2021

	Annual Budget £'000	Actual £'000	Variance (Overspend) £'000
Expenditure			
Intermediate Care Services	6,575	6,724	(149)
End of Life	206	206	0
Sub Acute	1,641	1,128	513
B3 Beds	345	345	0
Joint Equipment Service	617	911	(294)
CCG Contracts & SLA's	3,025	3,080	(55)
Red Cross Contract	65	65	0
Intermediate Care Beds	607	607	0
Carers Breaks	405	265	140
Oakmeadow	1,167	1,254	(87)
Carers Centre	364	364	0
Inglenook	125	60	65
Health & Community Care packages	3,975	3,975	0
Balance Charged to Reserves	0	157	(157)
Total Expenditure	**19,117**	**19,141**	**(24)**
Income			
BCF	-10,891	-10,891	0
CCG Contribution to Pool	-3,402	-3,402	0
Oakmeadow Income	-612	-609	(3)
Other Income	0	-27	27
Total Income	**-14,905**	**-14,929**	**24**
Net Operational Expenditure	**4,212**	**4,212**	**0**
Covid Costs			
Care Costs	0	65	(65)
Infection Control	0	84	(84)
Rapid Testing	0	11	(11)
Workforce Capacity	0	17	(17)
Government Grant Income			
CCG Covid funding	0	-65	65
Infection Control	0	-84	84
Rapid Testing	0	-11	11
Workforce Capacity	0	-17	17
Net Covid Expenditure	**0**	**0**	**0**
Net Departmental Expenditure	**4,212**	**4,212**	**0**

Comments on the above figures:

Net spend for the Complex Care Pool budget was £0.157m under the approved budget, this amount has been set aside as a reserve and will be carried forward to fund costs in 2020/21

The underspend of £0.513m on the Sub Acute Unit was due to the termination of two contracts with Warrington NHS Trust in October 2020. As part of the settlement it was agreed to fund B3 beds by a further £0.345m.

Expenditure on Carer's Breaks is under the approved budget by £0.140m. The personalised break costs from Halton Carer's Centre are lower than usual, as are the direct payment carers breaks.

The Oakmeadow overspend of £0.087k is mainly agency costs . This is due to difficulty in recruiting because of Covid.

The underspend on Inglenook is due to a reduction of service users at the property.

Pooled Budget Capital Projects as at 31s March 2021

Project Title	2020/21 Capital Allocation £'000	Actual £'000	Total Allocation Remaining £'000
Grants - Disabled Facilities	650	623	27
Stair Lifts	180	158	22
Joint Funding RSL Adaptations	150	133	17
Madeline McKenna Residential Home	20	20	0
Millbrow Care Home	516	71	445
St Lukes	265	22	243
St Patricks	55	6	49
Totals	**1,836**	**1,033**	**803**

Comments on the above figures:
Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations were consistent with 2019/20 spend and budget, and expenditure across the 3 headings was below budget overall, partly as a result of reduced demand, and access to homes, as a result of the Coronavirus pandemic.

The bulk of costs relating to the refurbishment of Millbrow will now occur in the new financial year as a result of the Coronavirus pandemic.

Both St Luke's and St Patrick's care homes were purchased by Halton Borough Council on 30 September 2019. The two establishments are now under the management of the Council's Adult Social Care department. As with Millbrow, the unspent capital allocation resulting from Covid related delays will be carried forward to the 2021/22 financial year.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 31st March 2021

	Annual Budget £'000	Actual £'000	Variance (Overspend) £'000
Expenditure			
Employees	3,119	2,524	595
Premises	5	2	3

Supplies & Services	218	207	11
Contracts & SLA's	6,528	6,519	9
Transport	10	2	8
Agency	20	20	0
Transfer to Reserves	1,077	1,077	0
Total Expenditure	**10,977**	**10,351**	**626**
Income			
Fees & Charges	-226	-222	(4)
Reimbursements & Grant Income	-367	-367	0
Government Grant Income	-10,466	-10,466	0
Total Income	**-11,059**	**-11,055**	**(4)**
Net Operational Expenditure	**-82**	**-704**	**622**
Covid Costs			
Contracts & SLA's	0	15	(15)
COVID-19 Test & Trace	0	949	(949)
Contain Outbreak Management Fund	0	989	(989)
LCR SMART Testing	0	778	(778)
COVID Surge Enforcement Fund	0	88	(88)
Covid Loss of Income			
Pest Control fees & charges	-21	0	(21)
Health & Wellbeing fees & charges	-38	0	(38)
Government Grant Income			
General Covid Funding	0	-74	74
COVID-19 Test & Trace	0	-949	949
Contain Outbreak Management Fund	0	-989	989
LCR SMART Testing	0	-778	778
COVID Surge Enforcement Fund	0	-88	88
Net Covid Expenditure	**-59**	**-59**	**0**
Recharges			
Premises Support	112	112	0
Transport Support	23	21	2
Central Support	1,174	1,155	19
Net Total Recharges	**1,309**	**1,288**	**21**
Net Departmental Expenditure	**1,168**	**525**	**643**

Comments on the above figures

The net Department spend for the year ending 31st March 2021 is £0.643m under the available budget.

Employee costs are £0.595m under budget. This is a result of savings made during the year by staff having worked on COVID related activities and the associated costs funded from the Test &

Trace Support Service grant and the Contain Outbreak Management Fund. There are a small number of vacancies, maternity leave and reductions in hours within the department that have also contributed to the departments underspend. The employee budget is based on 86.7 full time equivalent staff. The staff turnover saving target of £0.025m is fully achieved.

Spend on Supplies and Services is £0.011m under budget and spend on Hired & Contracted Service £0.009m under budget. This underspend has been generated by reduced spending on services that have been temporarily halted and spending is expected to return to normal once services return to pre-coronavirus activity.

There is £0.975m underspend from the Public Health ring-fenced grant transferred to reserves at the end of the financial year. As mentioned above, this is due to staff working on COVID related activities.

Halton Borough Council has been allocated £0.949m from the Local Authority COVID-19 Test & Trace Service Support Grant to manage local outbreaks of COVID-19 through Halton's Outbreak Hub. This grant is fully spent.

With escalating numbers of coronavirus infections, Local COVID Alert Levels were introduced in England in October. As a result, Halton Borough Council received the first in a series of payments from the Contain Outbreak Management Support Fund (COMF). The first payment of £1.691m included £0.418m for enforcement and £0.087m for Clinically Extremely Vulnerable People. Five further payments of £2.357m have also been received, providing COMF grant funding of £4.048m by the end of the financial year, with £0.989m spent and £3.059m carried forward into 2021/22. A one-off additional payment of £1.129m is expected in Q1 2021/22. This funding has allowed the Halton Outbreak Support Team to be expanded, introduce 7 day working, increase contact tracing and deal with complex cases, as well as introduce community based mass asymptomatic serial testing known as lateral flow tests.

Following Liverpool's pilot of mass testing, the Liverpool City Region authorities were successful in a £16m bid to roll out SMART (Systematic, Meaningful, Asymptomatic, Repeated Testing) testing. Halton have been awarded £1.988m to extend community based no symptoms lateral flow tests to help reduce infection rates locally by identifying people who have no symptoms, but who are infectious. Spend to 31st March is £0.778m. The Council received 10,000 lateral flow tests initially, with supply's increasing so that the Council are able to test 10% of the population on a weekly basis until March 2021. With the support of the Army and the Health Improvement Team, two fixed sites at Grangeway and Ditton Community Centres were set up and opened to the public on the 14th December. From March 2021, pop-up SMART testing vans that move around to various locations within the borough to target specific areas where infection levels are particularly high have been used.

COVID-19 costs for Contracts & SLA's for the year are £0.015m. The Public Health & Public Protection Department is likely to see medium and longer-term effects because of the current pandemic and changes to current restrictions.

Loss of income due to COVID-19, with Sure Start to Later Life and Pest Control unable to generate income during the financial year and the Health Improvement Team has only been able to achieve reduced levels of income. The resulting loss of £0.059m fees and charges income during the year has been offset by a contribution from reserves. The loss of income in 2021/22 is projected to remain at £0.059m, assuming income levels will not return to normal until beginning of the 2022/23 financial year.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress		Objective	Performance Indicator
Green		Indicates that the objective is on course to be achieved within the appropriate timeframe.	*Indicates that the annual target is on course to be achieved.*
Amber		Indicates that it is uncertain or too early to say at this stage, whether the milestone/objective will be achieved within the appropriate timeframe.	*Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.*
Red		Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.	*Indicates that the target will not be achieved unless there is an intervention or remedial action taken.*

Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green		*Indicates that* **performance is better** *as compared to the same period last year.*
Amber		*Indicates that* **performance is the same** *as compared to the same period last year.*
Red		*Indicates that* **performance is worse** *as compared to the same period last year.*
N/A		*Indicates that the measure cannot be compared to the same period last year.*