

Public Document Pack



Health Policy and Performance Board

Tuesday, 29 November 2022 at 6.30 p.m.
Council Chamber - Town Hall, Runcorn

S. Young

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, 14 February 2023*

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

Part I

Item No.		Page No.
1. MINUTES		1 - 7
2. DECLARATIONS OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS)		
	Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.	
3. PUBLIC QUESTION TIME		8 - 10
4. HEALTH AND WELLBEING BOARD MINUTES		11 - 17
5. DEVELOPMENT OF POLICY ISSUES		
(A) SUPPORT TO AN AGEING POPULATION: HALTON HOUSING		18 - 34
(B) WIDNES URGENT TREATMENT CENTRE UPDATE		35 - 62
(C) PRIMARY CARE NETWORKS – ADDITIONAL ROLES		63 - 66
(D) UPDATE ON ONE HALTON PLACE BASED PARTNERSHIP		67 - 69
(E) DEMENTIA FRIENDLY HALTON BOROUGH COUNCIL		70 - 79
(F) RESPIRE PROVISION UPDATE		80 - 84
6. PERFORMANCE MONITORING		
(A) PERFORMANCE MANAGEMENT REPORTS, QUARTER 2 2022/23		85 - 115

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, 27 September 2022 at the Council Chamber - Town Hall, Runcorn

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

Apologies for Absence: Councillor J. Bradshaw and McDermott

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, A. Jones, L Wilson, N. Goodwin and I. Onyia

Also in attendance: L. Gardener and P. McLaren – Warrington and Halton Teaching Hospitals NHS Foundation Trust, D. Robinson, T. McPhee and R. Mayner – Mersey Care NHS Foundation Trust and A. Leo – One Halton Place Based Partnership.

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

	<i>Action</i>
HEA1 MINUTES	
<p>The Minutes of the meeting held on 15 February 2022 were signed as a correct record, <i>(noted the meeting scheduled for 28 June 2022 was cancelled)</i>.</p>	
HEA2 PUBLIC QUESTION TIME	
<p>It was confirmed that no public questions had been received.</p>	
HEA3 HEALTH AND WELLBEING MINUTES	
<p>The minutes from the Health and Wellbeing Board meeting held on 23 March 2022 were submitted for the information of the Board.</p>	
HEA4 HEALTH POLICY AND PERFORMANCE BOARD ANNUAL REPORT : 2021/22	
<p>The Chair presented the Health Policy and Performance Board's Annual Report for 2021-22.</p>	

RESOLVED: That the Annual Report be received.

HEA5 PHASE 2 - RECONFIGURATION OF BREAST SERVICES PROVIDED TO THE BOROUGHES OF HALTON, KNOWSLEY, ST HELENS AND WARRINGTON

The Board received an update on the proposal to consolidate and expand Breast Screening Services at Bath Street, Warrington, and the impact the proposed service change would have on service users from Halton.

The Board welcomed Lucy Gardner, Director of Strategy and Partnerships and Pat McLaren, Director of Communications and Engagement – Warrington and Halton Teaching Hospitals NHS Foundation Trust, who both delivered the update using a presentation.

The update included a recap of the proposals to reconfigure Breast Services across Halton, Knowsley, St Helens and Warrington; information and data on the usage of the Breast Screening service over all areas; and an update on the proposal to cease Breast Screening services at Kendrick Wing, Warrington Hospital.

Members were also provided with the outcomes of the public consultation for the second and final phase of the proposals. The Board welcomed the proposals especially taking into consideration the ageing facility at the Kendrick Wing. The following additional information was noted following Members' questions:

- Halton residents had a local facility at the Captain Sir Tom Moore Building, which was now fully operational offering breast care services to residents of Halton and Warrington; and
- Further to a question presented at the February meeting, the breast screening uptake in Halton for 2019/20 was 68.6%, which was almost the same as the national figure of 69.1%.

RESOLVED: That the Board

- 1) notes the contents of the report and presentation; and
- 2) supports the proposed next steps as described.

HEA6 MENTAL HEALTH, LEARNING DISABILITIES AND AUTISM

The Board received a report and presentation of the Strategic Director of Partnerships, Mersey Care NHS Foundation Trust, which provided information on Mersey Care NHS Foundation Trust's internal organisational developments and the local performance measures against national standards.

The Chair welcomed Donna Robinson, Tim McPhee and Rachel Mayner, from Mersey Care NHS Foundation Trust, who presented the item.

The presentation gave an introduction to Mersey Care; introduced the Board of Directors and local structures; outlined Mersey Care Services within Halton – Adult Mental Health Services, ADHD Services, Autism Assessment and Diagnostic Service; Learning Disabilities Services; and introduced the Think Wellbeing Service (IAPT). The information presented sought to assure the Board of the Trust's continuous pursuit of excellence within the Borough.

The following information was provided from Members' questions:

- The mental health crisis line was publicised mainly using leaflets and social media;
- A dedicated mental health response team will be available in Halton at the end of October / beginning November, using its own ambulance; this will be mirrored by the Police who will have their own response car dedicated to mental health crisis calls;
- Once 999 was dialled and a patient in crisis was identified, they would divert the call to the mental health team; if the team was unavailable, a regular ambulance was able to attend and the crew would use the crisis number to make contact with mental health specialists;
- Members' recognised that during the pandemic the demands made on the mental health service were unprecedented and remained extremely high to date;
- Adult autism referrals were also at an unprecedented high level and were predicted to double this year;
- Mental health practitioners could be placed in GP surgeries (which was trialled successfully in Wigan); this would need to be worked through at a local level to be able to introduce them in Halton.

It was the consensus of the Board that mental health

services and learning disability and autism services all deserved more lengthy debate to be able to fully understand the complexities of each. Donna Robinson invited Members to discuss the situation further and advised that she could be contacted regarding this in the future.

RESOLVED: That the Board

- 1) notes the organisational developments within the Mersey Care Operating model; and
- 2) notes the commissioning activity and performance for the Borough against national standards.

HEA7 MARMOT REPORT: ALL TOGETHER FAIRER

The Board received a report from the Director of Public Health, which advised of the launch of the *Marmot Report: All Together Fairer* written by Professor Sir Michael Marmot on health inequalities.

The report was written by Sir Michael and his team of researchers in partnership with Cheshire and Merseyside's local authorities. It set out measurable actions for each area, as well as the sub region as a whole, to create a fairer, equitable society.

The Director's report summarised the implications of the findings for Halton and presented comparisons with neighbouring authorities across Cheshire and Merseyside. The report outlined actions still required and gave some examples of actions already taking place, following the publication of the Marmot Report.

It was commented by one Member that the recent rise in the cost of living would only exacerbate inequalities across Halton, particularly in the more deprived wards. The Board discussed their concerns regarding the health inequalities in life expectancy locally and across Cheshire and Merseyside.

The Director of Public Health welcomed suggestions from Members that could help to offer solutions in combatting inequalities for the communities in Halton. Further to a request from the Chair, she would provide Board Members with updated ward information on life expectancy, once this was finalised by analysts.

RESOLVED: That the report is noted.

Director of Public Health

HEA8 UPDATE ON ONE HALTON PLACE BASED PARTNERSHIP

The Board considered a report of the Strategic Director – People, which provided an update on the One Halton Place Based Partnership development, within the context of the Cheshire Merseyside Integrated Care System (ICS).

The Health Policy and Performance Board received reports in November 2021 and 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 was the One Halton Place Based Partnership – these arrangements were set out in NHS Reforms White Paper, Integration and Innovation, published in February 2021.

The Board welcomed Mr Anthony Leo, who is the Director of the One Halton Place Based Partnership. He introduced himself and advised the Board of the aims of the Partnership, particularly in addressing health inequalities that exist across Halton.

The report provided the Board with some context, an overview of progress and the current position of the One Halton Place Based Partnership.

RESOLVED: That the Board notes the report.

HEA9 HEATH PPB SCRUTINY REVIEW REPORT 2021/22

The Board received the final report of the Scrutiny Review undertaken in 2021/22, titled *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’*.

It was noted that 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 report explained how the review was conducted;

presented information that was considered by the topic group over the course of five meetings; and gave the actions agreed in relation to each of the ten NWADASS recommendations, which were the focus of the scrutiny topic in terms of looking at local implementation.

RESOLVED: That the Board

- 1) notes the contents of the report and comments made; and
- 2) endorses the report and associated actions and recommend the report be submitted to the Executive Board.

Director of Adult
Social Services

HEA10 SCRUTINY TOPIC BRIEF 2022-23 AND PROPOSED ACTIVITY SCHEDULE

The Board received a report from the Strategic Director – People, which requested agreement of the topic brief for the Health Policy and Performance Board’s Scrutiny Group for 2022/23 and the proposed activity schedule for presentations and feed-in to the scrutiny.

Further to feedback from the last Health PPB meeting, a topic was chosen for 2022/23. 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. The Topic Brief and Schedule of Activity were attached to the report and the Board was requested to agree these so the scrutiny group could progress.

RESOLVED: That

- 1) the Topic Brief is approved; and
- 2) the proposed activity schedule for the topic group is approved as representative of the input required to fulfil the brief.

HEA11 PERFORMANCE MANAGEMENT REPORTS, QUARTER 1 2022/23

The Board received the Performance Management Reports for quarter one of 2022/23.

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 one of 2022-23. 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.

RESOLVED: That the Performance Management reports for quarter one of 2022/23 be received.

Meeting ended at 8.10 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 29 November 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: 29 November 2022

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes of the Health and Wellbeing Board meeting held on 6 July 2022 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, 6 July 2022 at Council Chamber - Town Hall, Runcorn

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

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

Absence declared on Council business: None

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

Action

HWB1 MINUTES OF LAST MEETING

The Minutes of the meeting held on 23 March 2022 having been circulated were signed as a correct record.

HWB2 PUBLIC HEALTH ANNUAL REPORT

The Board received a report of the Director of Public Health, on the Public Health Annual Report (PHAR) 2021/22. Each year a theme was chosen for the PHAR and for 2021/22 the report focussed upon the social determinants of health, particularly highlighting how individuals, communities, services and organisations could contribute to opportunities for everyone to benefit from good health and protected from harm. The report used the social determinants model as a guide to the key issues and included a chapter on the summary of the topic, why it was important and what work had been done or would be done. The following sections were included within the report:

- Social and community networks;
- Living and working conditions; and
- General socioeconomic, cultural and economic conditions.

A copy of the report was provided to the Board members and was also available on the Council website.

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

HWB3 DOMESTIC ABUSE - PRESENTATION

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

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

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

RESOLVED: That the presentation be noted.

HWB4 PHARMACEUTICAL NEEDS ASSESSMENT

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

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

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

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

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

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

RESOLVED: That the Board

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

Director of Public Health

HWB5 UPDATE ON ONE HALTON PLACE BASED PARTNERSHIP

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

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

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

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

RESOLVED: That the report be noted.

HWB6 MARMOT REPORT: ALL TOGETHER FAIRER

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

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

RESOLVED: That the content of the report be noted.

HWB7 BETTER CARE FUND (BCF) RETURN

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

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

HWB8 HWB BOARD AGENDA PLANNING (DISCUSSION)

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

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

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

RESOLVED: That the update be noted.

Meeting ended at 3.45 p.m.

REPORT TO:	Health Policy & Performance Board
DATE:	29 November 2022
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Support to an Ageing Population: Halton Housing
WARD (S)	Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To update the board on Halton Housing's support for the needs of Halton's older customers by providing a range of housing options with appropriate levels of support to enable our customers to maintain and independent and healthy lifestyle within their own home.

2.0 RECOMMENDATION: That:

- i) **This report be noted**

3.0 SUPPORTING INFORMATION

- 3.1 Halton Housing manages and maintains 7500 homes predominantly within the borough of Halton. Most of our homes are for social rent with 220 for shared ownership. The services we provide includes the following:

- Allocation of homes
- Housing and neighbourhood management
- Repairs and maintenance
- Grounds and landscape maintenance
- Development and building new homes
- Improvement of homes and regeneration of neighbourhoods
- Specialist services including, tenancy support, welfare benefit advice, neighbourhood safety, aids, and adaptations

- 3.2 Halton Housing is a general needs Housing Association, but it has the following homes specifically for older customers including:

- Two extra care schemes totalling one hundred homes with a further scheme Hazelhurst (one hundred homes) due for completion October 2022, for rent, shared ownership, and outright purchase
- Three "traditional" sheltered schemes comprising 102 homes
- 865 bungalows specifically built for older customers

3.3 From profiling information of our 8700 lead customers:

- 3070 are over 55 (35% of all customers)
- 1790 are over 65 (21% of our customers)
- 800 are over 75 (9% of our customers)

Of our lead customers aged over seventy-five:

- 191 live in bungalows
- 58 live in extra care apartments
- 103 live in flats
- 374 live in houses
- 49 live in sheltered accommodation

3.4 Our customers and potential customers can apply for housing online via the Mersey Region allocation process Property Pool Plus (PPP). This allocates homes based on housing needs with banding from A-E (A is highest need) the following factors are considered when prioritising housing:

- Homelessness
- Health issues
- Poor property condition
- Overcrowding
- Under occupation
- Financial circumstances

3.5 Vulnerable customers or customers with limited IT skills are supported by an Allocations Advisor, or a Tenancy Support Officer, to set up an application on PPP. Applicants can request to be placed on 'auto-bid,' which does not require them to log in weekly and place a manual bid on any suitable properties. Housing Options Gateway Advisors review all health and welfare applications to PPP and will assess any need. This is completed alongside the Local Authority, Occupational Therapist.

3.6 To support customers who are experiencing any financial concern HH offers a Welfare Benefit /Money advice service providing expert advice around benefit claims, money advice and budgeting support; this assists over 10% of our customers annually. This service is open to all customers and 20% of those helped each year are aged over sixty-five, with support focused on income maximisation through encouraging claims for pensions and pension credits to top-up incomes. In addition, we help towards priority expenses such as rent, council tax and utility bills alongside signposting support to improve a customer's wellbeing and tackle loneliness.

3.7 From 01.04.22 until 30.9.22 we supported 429 customers, 22% of these were aged 65+ (96 customers). Amongst the over 65s supported we assisted with 1065 issues, providing an annual improvement in

financial circumstances by £991k for the year; primary issues were ensuing housing costs (and council tax) were claimed and support with disability claims with a 95% success rate. We have also assisted with:

- Thirty-five percent of support offered related to disability benefits such as Personal independence payment, Attendance Allowance and Severe Disability Premium awards
- Fifty-seven percent of the support related to Housing Benefit
- Twelve percent were signposted to loneliness support
- Sixty percent reported wellbeing improved

3.8 Halton Housings Independent Living team provides a focused service to customers over the age of 55. It offers a range of support dependant on the need of the individual and maintains customers independence within the home whilst challenging the impact of social isolation and loneliness, it includes the following provision:

- Maintain the highest possible levels of an individual's health and well-being, and prevent where possible any deterioration by fostering a close working relationship between support workers and GPs, primary care health teams and pharmacists
- Identification of any care needs and the range of services available
- Signposting and acting as an advocate on behalf of customers when accessing care and other services Identification

3.9 The independent living service is provided to customers at our sheltered and independent living schemes. As identified, we have three sheltered schemes, one in Widnes and two in Runcorn. These comprise flats or bungalows with communal facilities and support during the day with emergency lifeline cover out of hours.

3.10 In addition, over the last 10 years, Halton Housing has developed three extra care schemes with Barkla Fields, Naughton Fields in Widnes and the newly opened Hazelhurst, a 100-home scheme in Palacefields Runcorn. These schemes combine accommodation with care and support services. Including on-site care and support staff, providing personal care and domestic services, emergency alarms throughout the scheme, with 24-hour help available. They also have extensive communal facilities and services such as a lounge, bistro, multipurpose rooms and community spaces attached as **Appendix 1**.

3.11 In all our independent living schemes there are a hub for the local older community and as well as supporting those directly living in the schemes, we provide services and activities to the local community including

- Exercise classes
- Breakfast clubs
- Art and other classes
- IT literacy skills
- Awareness raising and charity events to coincide with any relevant national /promotional /awareness raising days

- Day trips and other events of scheme

3.12 HH has been concerned about the impact of rising energy costs on all our customers focusing on our more vulnerable customers. Over 95% of our homes have a Standard Assessment Procedure (SAP) rating of C or above. Of the remaining properties we are undertaking a programme of energy improvements including:

- Minimum loft insulation of 300mm
- Upgrading of heating systems]
- Replacement of existing doors to energy efficiency doors

3.13 In addition, we are targeting our most vulnerable customers, (identifying older customers, those on low incomes and those living in our less energy efficient homes), by undertaking home visits to ensure that they have income maximisation, energy and warm home advice to try to minimise where possible the impact of rising energy bills.

3.14 To maintain older customer's independence and wellbeing, working with Halton Borough Council's Complex Care Team we consider if the provision of aids and adaptations to the home will provide a cost-effective solution to maintain them within their own home. We identify the specific needs of the customers, identify if the home can be adapted, considering alternative solutions, and if the adaptation is in the best interest of the customer and Halon Housing. If this criterion is met, we will provide the relevant aids and adaptations.

3.15 The range of aids and adaptations are from minor aids e.g. the provision of grab-rails, handles and ramps to adaptations to meet more complex needs, including conversion to wet rooms, provision of hoists, stair lifts, lowered kitchens and wheelchair friendly homes. It is identified that 1250 of our homes have had aids or been adapted to meet the needs of customers and of these, 755 have a lead customer over the age of sixty-five.

4.0 **POLICY IMPLICATIONS**

4.1 There are no direct policy implications arising from this report.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no financial or other implications arising from this report.

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

6.1 **Children & Young People in Halton**

The focus of the report is on the provision of homes and services to older customers but in offering this support there can be spin off benefits to children and younger people including:

- Enabling older customers to move to smaller homes freeing up larger homes for families
- Supporting older customers within the local community maintaining connections with the wider family, so strengthening community cohesions

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

As the paper focuses on older people there is limited direct impact on this priority, however the courses and activities provided at the extra care and sheltered schemes offers older customers the opportunity to learn new skills and interests to help maintain an active and independent lifestyle.

6.3 **A Healthy Halton**

Our provision of homes and other services contributes to this priority by providing well maintained and energy efficient homes to enable older customers to remain independent in their home. We also offer additional aids and adaptations and if not beneficial or appropriate a move to alternative accommodation. Our additional services including housing support or welfare benefit money advice offers support and reassurance to maintain health and wellbeing.

6.4 **A Safer Halton**

Halton Housing support the Council's priorities to create a safer Halton by ensuring that older customers have secure well maintained homes within the wider local community In addition the provision of supported housing with specialised support which adds to customer security and peace of mind.

6.5 **Halton's Urban Renewal**

The investment undertaken by Halton Housing contributes to urban renewal whether that is investing in existing homes and communities or in the development of new schemes within the borough especially in partnership with HBC.

7.0 **RISK ANALYSIS**

7.1 There are no major risks associated with the report.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no Equality and Diversity implications arising because of this report. Halton Housing regularly undertake equality and impact assessments on its provision and services. The provision of housing and support of older customers ensure they continue to receive the appropriate provision and level of services. We take account the views of our older customers both in the wider community and in sheltered

and extra care service by regular forums , meetings and other forms of engagement considering their interest and concerns In developing current and future services.

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

None



Your Home
Changes Everything

An Independent Living
Development for Over 55s



Welcome home

Purpose built for over 55s

Nestled in the beautiful, leafy area of Sandymoor, Hazlehurst is a contemporary 100-apartment independent living development for over 55s.

Did you know?

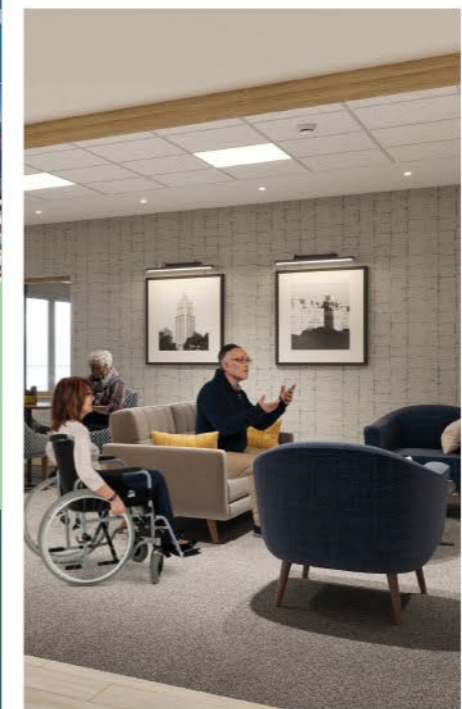
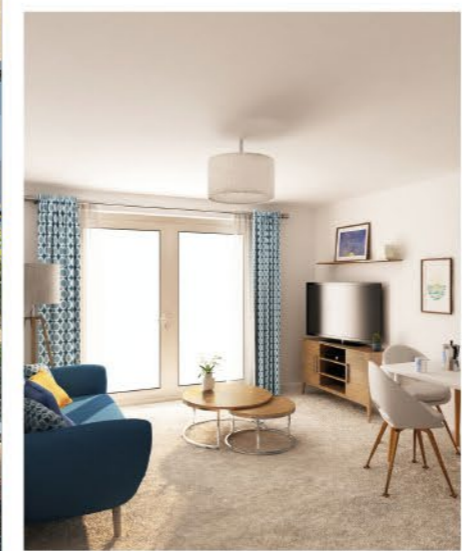
The stylish development is named after local businessman, Thomas Hazlehurst, who founded soap and alkali manufacturing company, Hazlehurst & Sons, in 1816. Hazlehurst's soap manufacturing factory was established on the north bank of the Bridgewater Canal, on land between the canal and High Street.

There are 44 two-bedroom apartments available on a Shared Ownership basis.

Hazlehurst combines modern design, and quality facilities to enhance and support a new, low maintenance lifestyle; giving you the freedom to live life to the full in a vibrant and safe community.

Each of the light, bright and spacious apartments have their own front door for privacy when you want it, alongside a range of communal spaces allowing you to socialise and catch up with neighbours, family and friends.

With high specification and attention to detail throughout, Hazlehurst benefits from 24-hour emergency alarm and CCTV systems. On-site support staff and access to bespoke care and support packages when and if you need it, provides the ultimate peace of mind to both you and your family.



The Location

Close to local amenities and with easy access to major road and public transport networks, Hazlehurst is ideally located and the perfect place for family and friends to visit.

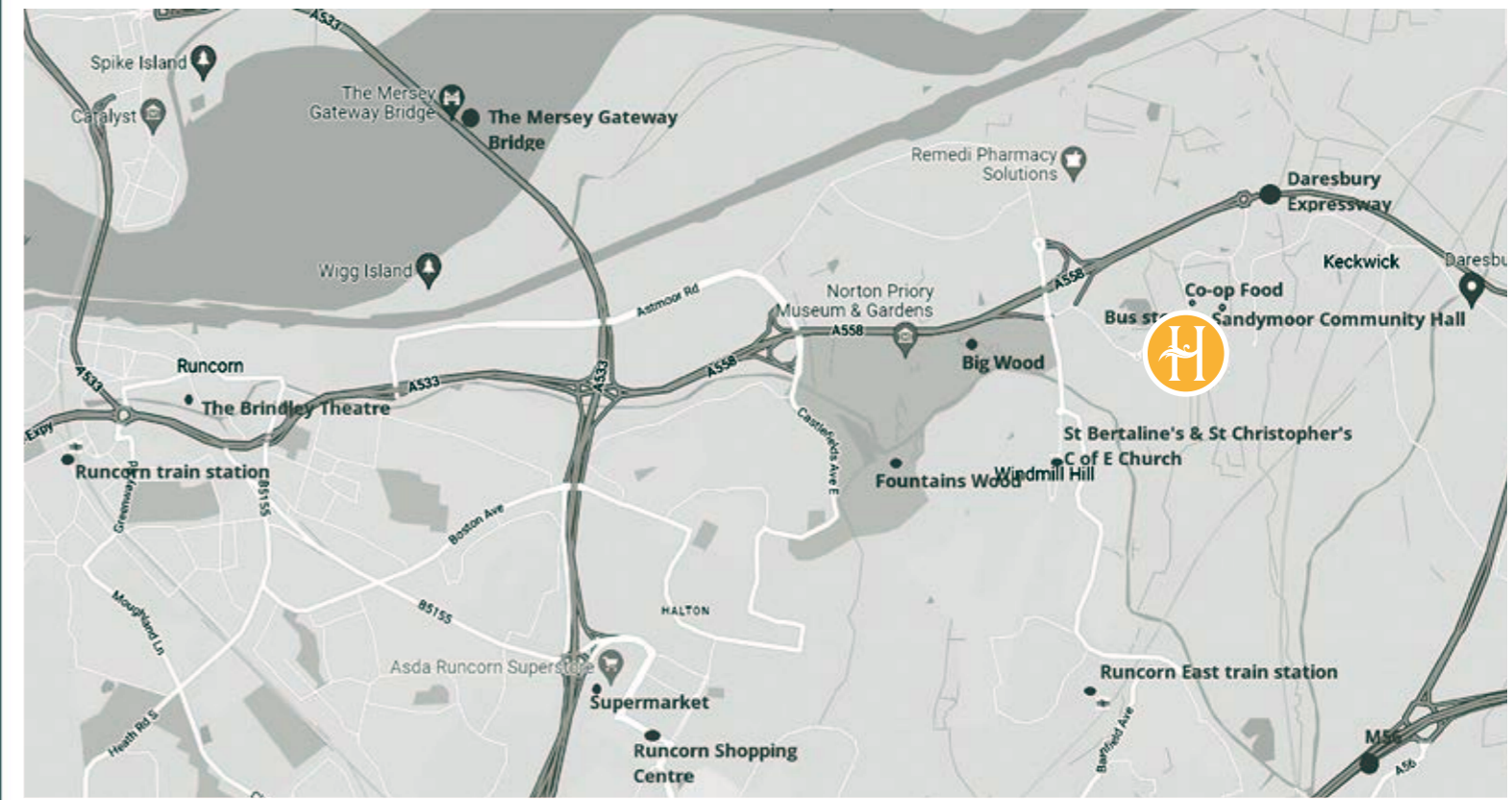
Approximately three miles east of Runcorn town centre, four miles south-west of Warrington town centre and two miles north of the M56 motorway, Hazlehurst is a 10-minute drive away from Runcorn train station and is close to the Mersey Gateway Bridge, linking to Liverpool and the surrounding areas.

For those wanting to jet off to a sunnier climate, Liverpool airport is only a 20-minute drive away.

Nearby Runcorn has fantastic facilities, including The Brindley Theatre and the Halton Lea shopping centre with over 50 shops, restaurants, and a cinema. Stockton Heath is just five miles away, with a great selection of cafés, independent shops, bars, and restaurants.

Local attractions include Daresbury, the birthplace of 'Alice's Adventures in Wonderland' author Lewis Carroll; and the historic Norton Priory, an 18th century country house and the remains of an Abbey which dates back to the 12th Century.

If you're looking to explore on foot, a Co-op store and vets practice is a short stroll away along a scenic footpath, as well as Sandymoor Wood, a Woodland Trust nature reserve, a beautiful place for a morning walk.





The Facilities

With all the maintenance and upkeep taken care of, living at Hazlehurst will mean you have more time to enjoy the things you love most.



As well as your own accessible wet room, we have an assisted bathroom which provides an electric chair to lower those who require assistance into the bath, a toilet and wash hand basin. The assisted bathroom can be utilised at no extra charge and with no need to book ahead.

Beautifully landscaped grounds are the perfect place to sit with a morning cup of tea or to stroll round on a sunny afternoon.



1816 BISTRO

Our on-site 1816 Bistro offers a full menu of breakfast, lunch, snacks, and hot and cold drinks throughout the week. It is the perfect spot for meeting up with friends and family, open to both residents and the wider community.

There's plenty on offer to tempt your tastebuds, with healthy options available and the ability to cater to a variety of dietary requirements.

Managed by Halton Housing, the Bistro will be open Monday to Friday 10am to 3pm. The daily café style menu is enhanced by weekly specials and a take-out service is also available.



In addition to your perfectly appointed and stylish two-bedroom apartment, there are plenty of communal facilities and spaces for you to use and explore.

The multi-purpose room and lounge area provides a peaceful spot to unwind by yourself, or space to enjoy time with friends and family. With a programme of events and array of social activities taking place here, there will be something for everyone.

Our guest suite is available for friends and family who wish to stay overnight, meaning there are no worries with having to make up the spare room. There are spacious scooter stores and a well-equipped laundry room too.

Alongside the first-class facilities, there are a range of systems that are in place throughout the building such as 24-hour emergency alarms and CCTV all with your safety and wellbeing in mind. There's access to bespoke support and care packages too, which promote continued independence, whilst giving peace of mind.



The Apartments

Hazlehurst offers three main apartment types: The Aspen, The Chestnut and The Oak, available to purchase through Shared Ownership.

The Aspen

Patio



The Aspen II

Corner apartment with patio



The Chestnut

Juliet balcony



The Chestnut II

Corner apartment with Juliet balcony



The Oak

Balcony



The Oak II

Corner apartment with balcony



Specifications

Kitchen

- Contemporary Symphony kitchens
- Electric double oven with ceramic hob and stainless steel chimney hood
- Stainless steel splashback to hob
- Plumbing for washing machine
- Single bowl stainless steel sink
- Mixer tap in brushed nickel

Wet room

- Twyford's contemporary style sanitaryware in white
- Chrome bar shower with full length glass/chrome shower screen
- Flexi-Fix Romsey Chrome towel rail
- Pyro and Echo tiles full height to enclose shower
- Chrome taps

General internal features

- Heat Interface Unit with thermostat
- Spotlights to kitchen area and wet room
- Vinyl non-slip flooring to kitchen and wet room
- Tunstall intercom system (monitored on site during the day and off site throughout the night)
- TV points provided to living area and both bedrooms

- Telephone outlets provided to living area and master bedroom
- Hard-wired smoke alarms with 24/7 monitoring
- Real Wood Veneer White Oak doors

General external features

- First, second and third floor apartments with balcony or Juliet balcony
- Ground floor apartments with paved patio
- Landscaped communal gardens with seating areas
- Bistro available to all residents
- CCTV
- Guest suite with twin beds available for visiting friends and family (available to prebook at a charge)
- Assisted bathroom with electric chair over bath (no extra charge or booking required)
- Laundry room (no extra charge)
- Scooter stores
- Off road car parking. Visitor spaces also available*
- Electric car charging points*
- 10-year building warranty with Premier

*Available on a first come first served basis

The Aspen

The Aspen is available on the ground floor, consisting of six classic patio and three corner patio apartments.

A central, spacious entrance hallway offers useful storage and space for a washing machine and dryer. In one direction, the bright kitchen/lounge/diner offers space to cook, entertain and relax with views of the surrounding area.

In the other direction, a stylish master double bedroom with space for wardrobes and a well-equipped, contemporary wet room which has feature tiles and Tarkett Granite Multifase slip resistant vinyl. A second single bedroom offers a comfortable space for guests.

Room Dimensions		
	Metres	Feet
Living / Dining Room	3.57 x 3.9	11' 7" x 12' 8"
Kitchen	3.57 x 3.07	11' 7" x 10' 1"
Double Bedroom	3.40 x 3.79	11' 1" x 12' 4"
Single Bedroom	2.23 x 3.79	7' 3" x 12' 4"
Wetroom	1.97 x 2.75	6' 4" x 9'
Patio	1.5 x 2.7	4' 9" x 8' 8"

Corner Apartment



Classic Apartment



The Chestnut

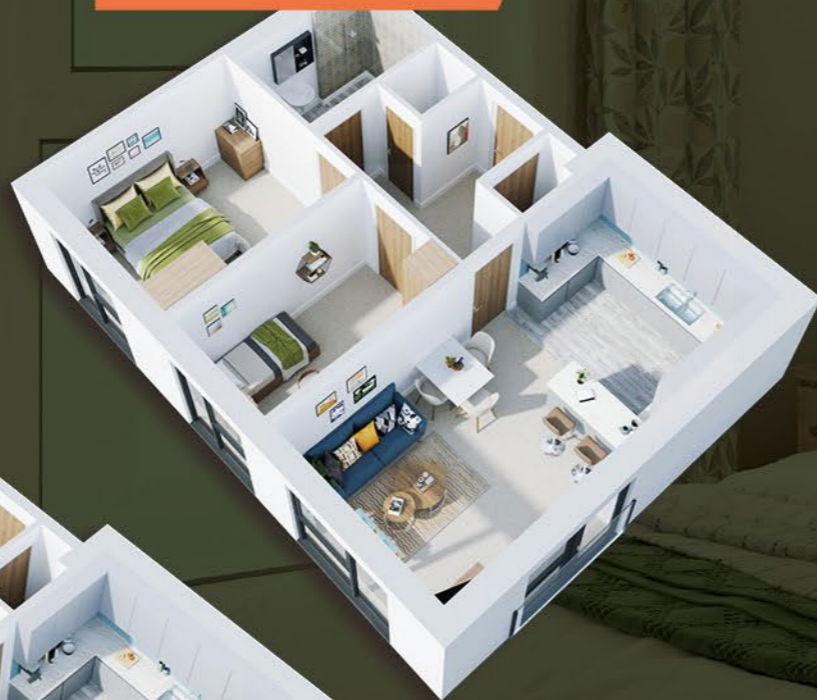
The Chestnut is available on the first and second floor, with a beautiful Juliet balcony. There are three classic apartments on the first floor, four on the second floor, with one corner apartment on the first floor, and one corner apartment on the second floor.

The bright and spacious entrance hallway includes useful storage and space for a washing machine and dryer. Leading to the kitchen/lounge/dining area, with space to cook, entertain and relax with views of the surrounding area.

A contemporary master double bedroom boasts space for wardrobes, whilst the second single bedroom offers a comfortable space for your guests. The well-equipped, stylish wet room contains feature tiles and Tarkett Granite Multifase slip resistant vinyl.

Room Dimensions		
	Metres	Feet
Living / Dining Room	3.57 x 3.9	11' 7" x 12' 8"
Kitchen	3.57 x 3.07	11' 7" x 10' 1"
Double Bedroom	3.40 x 3.79	11' 1" x 12' 4"
Single Bedroom	2.23 x 3.79	7' 3" x 12' 4"
Wetroom	1.97 x 2.75	6' 4" x 9'
Juliet Balcony	-	-

Corner Apartment



Classic Apartment



The Oak

The Oak is available on the first, second and third floors, with a spacious balcony. There are seven classic apartments and one corner on the first floor, four standard and two corner apartments on the second floor, and ten standard and two corner apartments on the third floor.

The Oak's central entrance hallway offers storage and space for your washing machine and dryer. In one direction, the contemporary kitchen/lounge/dining space offers space to relax, cook and entertain guests, with doors leading out to a stylish balcony.

Across the hall, the bright master bedroom holds space for wardrobes and the second single bedroom offers a comfortable night's sleep for your guests. The well-equipped wet room boasts feature tiles and Tarkett Granite Multifase slip resistant vinyl.

Room Dimensions		
	Metres	Feet
Living / Dining Room	3.57 x 3.9	11' 7" x 12' 8"
Kitchen	3.57 x 3.07	11' 7" x 10' 1"
Double Bedroom	3.40 x 3.79	11' 1" x 12' 4"
Single Bedroom	2.23 x 3.79	7' 3" x 12' 4"
Wetroom	1.97 x 2.75	6' 4" x 9'
Balcony	1.6 x 3.0	5'2" x 9' 8"

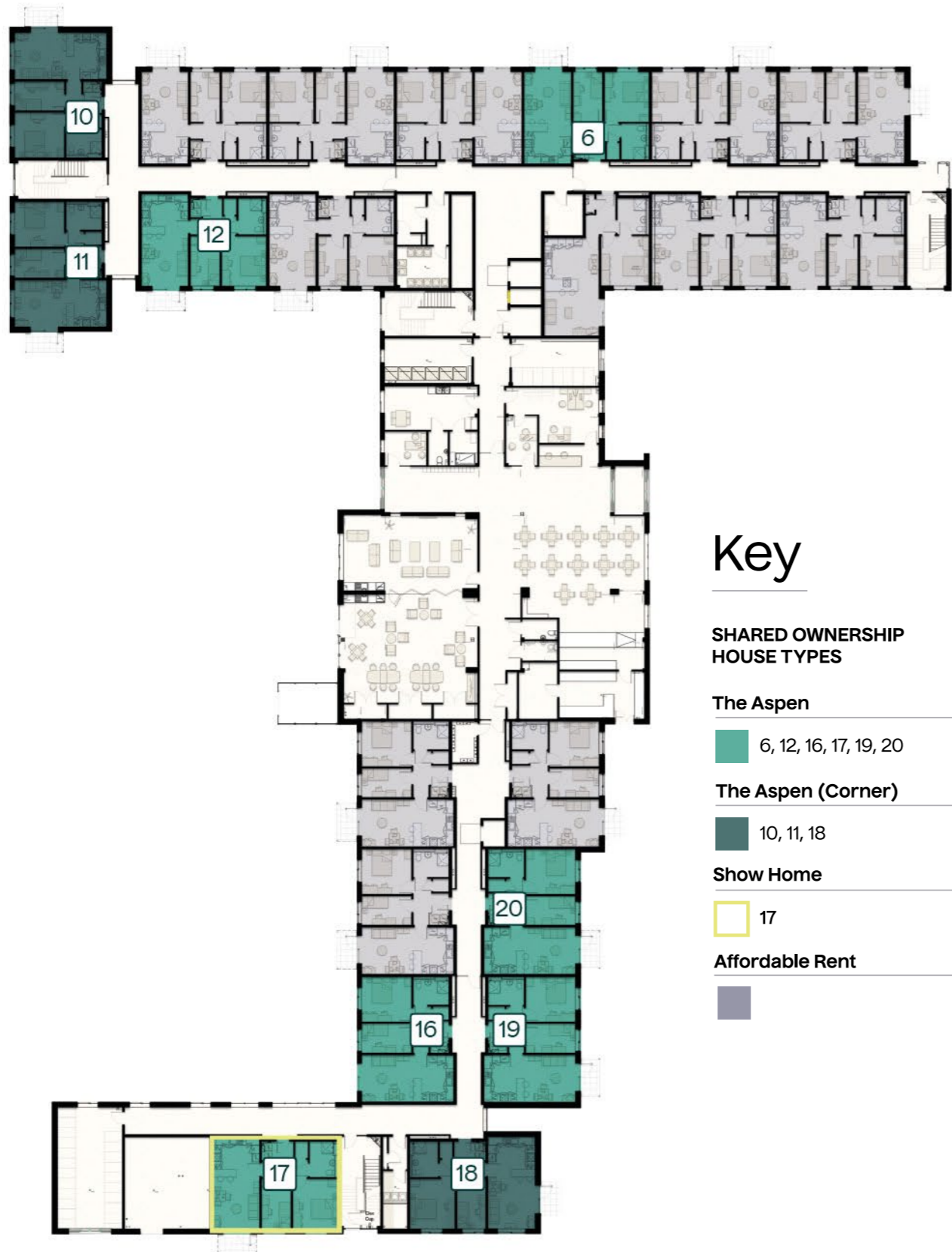
Corner Apartment



Classic Apartment



Ground Floor



Key

SHARED OWNERSHIP HOUSE TYPES

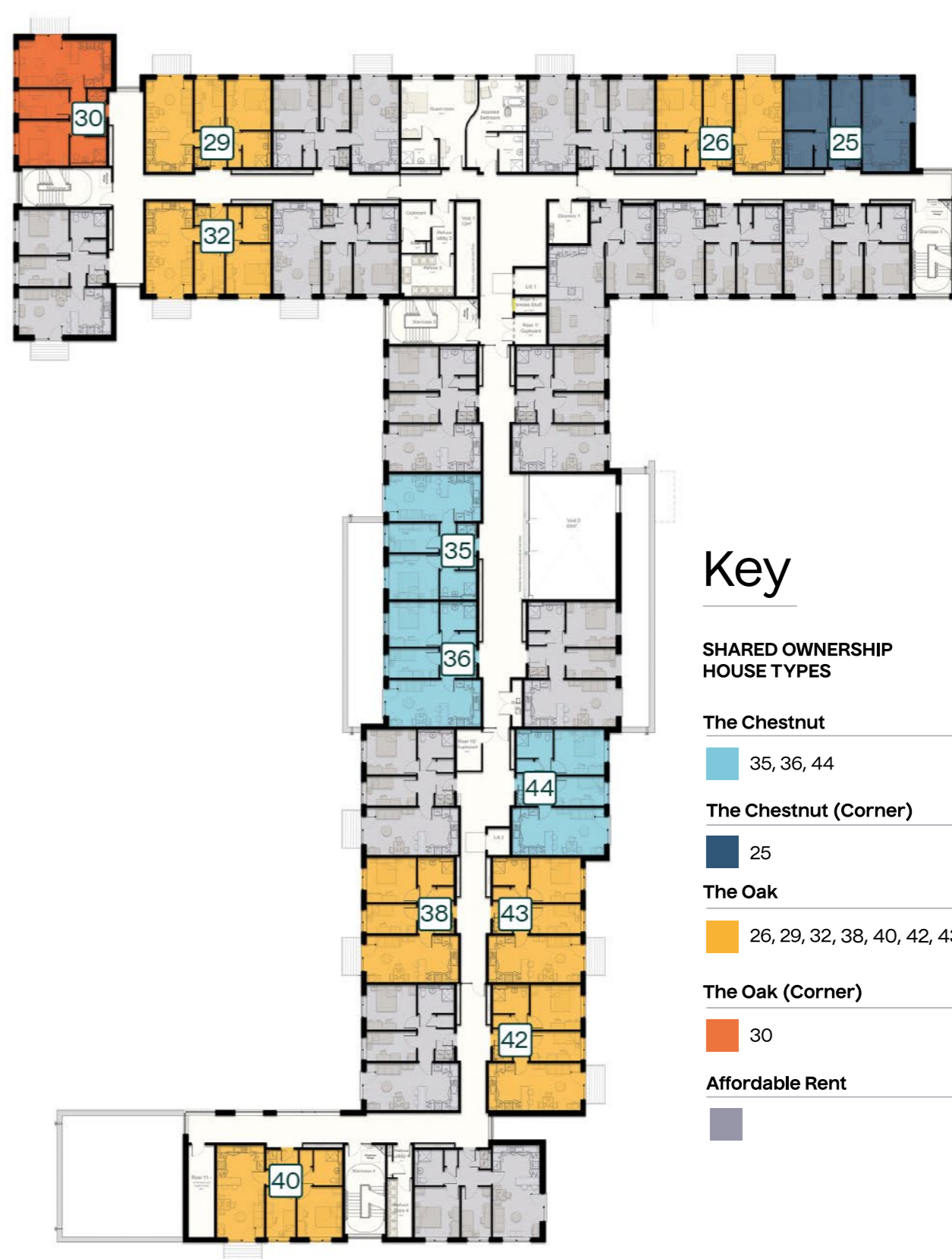
The Aspen
6, 12, 16, 17, 19, 20

The Aspen (Corner)
10, 11, 18

Show Home
17

Affordable Rent

First Floor



Key

SHARED OWNERSHIP HOUSE TYPES

The Chestnut
35, 36, 44

The Chestnut (Corner)
25

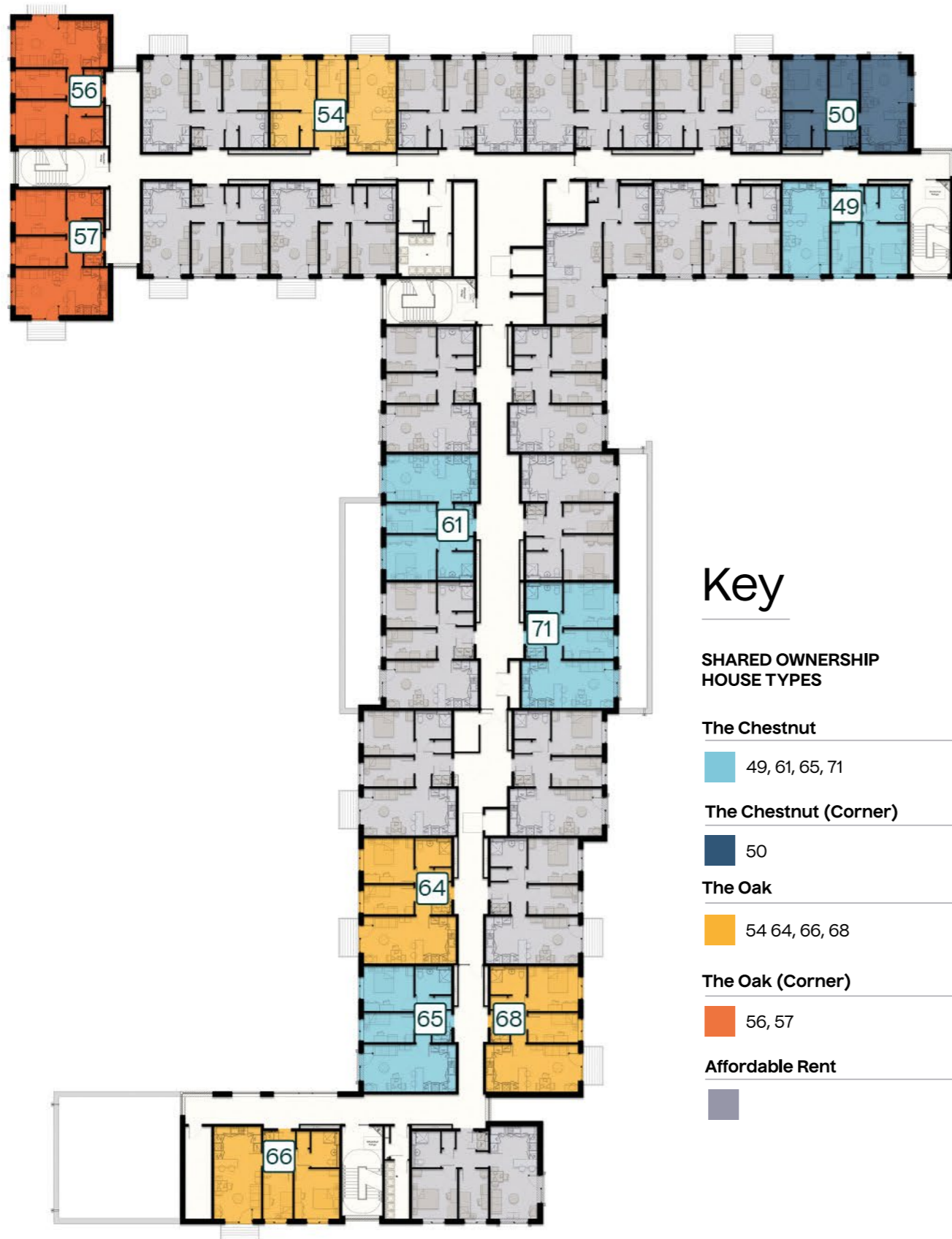
The Oak
26, 29, 32, 38, 40, 42, 43

The Oak (Corner)
30

Affordable Rent

Please note: floor plans are for illustrative purposes and are not drawn to scale. Any measurements, floor areas (including total floor area), openings and orientation are approximate. No details are guaranteed, they cannot be relied upon for any purpose, and they do not form part of any agreement. No liability is taken for any error, omission, or misstatement. A party must rely upon its own inspection(s).

Second Floor

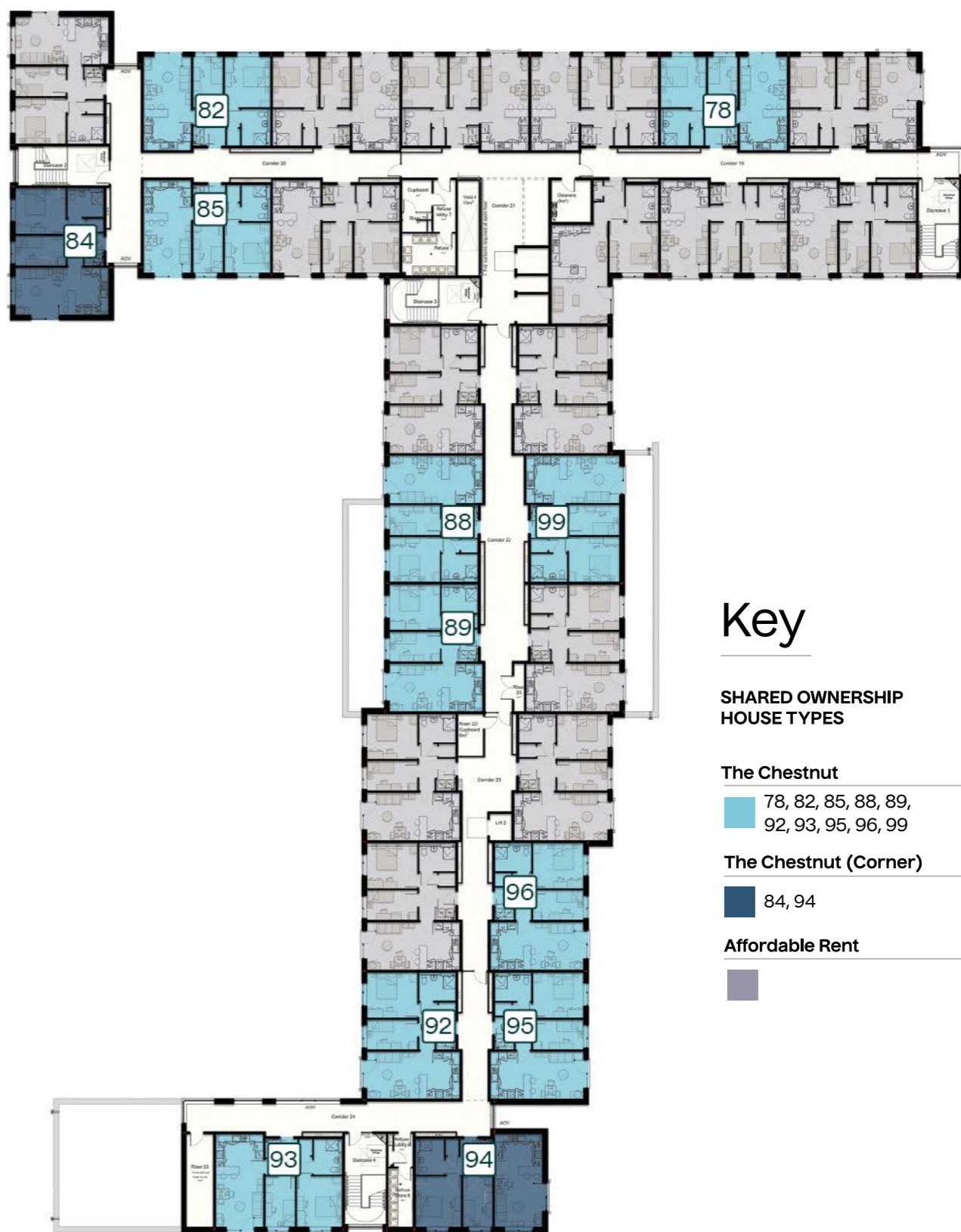


Key

SHARED OWNERSHIP HOUSE TYPES

- The Chestnut**
49, 61, 65, 71
- The Chestnut (Corner)**
50
- The Oak**
54, 64, 66, 68
- The Oak (Corner)**
56, 57
- Affordable Rent**

Third Floor



Key

SHARED OWNERSHIP HOUSE TYPES

- The Chestnut**
78, 82, 85, 88, 89, 92, 93, 95, 96, 99
- The Chestnut (Corner)**
84, 94
- Affordable Rent**

Please note: floor plans are for illustrative purposes and are not drawn to scale. Any measurements, floor areas (including total floor area), openings and orientation are approximate. No details are guaranteed, they cannot be relied upon for any purpose, and they do not form part of any agreement. No liability is taken for any error, omission, or misstatement. A party must rely upon its own inspection(s).

About Independent Living

Hazlehurst offers a secure environment with bespoke care and support packages. The over 55s development is an alternative to those who may feel that their existing accommodation is no longer meeting their needs or are feeling isolated or lonely.

Residents will be able to access help and support to promote independence, whilst enjoying peace of mind and security.



Can I make it my own home?

Yes, you can. When you buy a property at Hazlehurst, it is yours to decorate as you wish, making it your home, to your taste.

People will think I/we live in a care home.

Yet you don't. In fact, living in an independent living development is very forward thinking, but we appreciate that it could be a daunting move and a big change in lifestyle for you.

Our team will be on hand to answer any questions you may have throughout the process.

What are the additional benefits?

24-hour emergency alarm system, private parking, CCTV, level access bathroom, assisted bathroom, care provision and on-site housing support staff (at a weekly charge).

Can I bring my beloved pet?

Yes, you can. We understand how important pets are so if they are loving natured, trained and owners adhere to our pet policy, furry friends are welcome!



I'm not ready to lose my independence

You won't. It is your life and your home. The main difference is that there is a like-minded community, all aged over 55, and a little extra support when needed.



About Shared Ownership

Shared Ownership is a way to buy your own home if you can't afford to buy outright.

You're able to buy a Shared Ownership home if:

- Your household earns £80,000 a year or less.
- Either you're a first-time buyer, you don't own your own home, or you already own a Shared Ownership home and would like to move.
- You are unable to purchase a property within the area that meets your needs.
- Your income is sufficient to cover the mortgage (if applicable), rent and service charges.
- Your chosen Shared Ownership home is affordable and sustainable for you.

Hazlehurst
Actons Wood Lane
Runcorn
Cheshire
WA7 1YJ

open door

0333 0044 777

hello@opendoor-properties.co.uk

www.opendoor-properties.co.uk



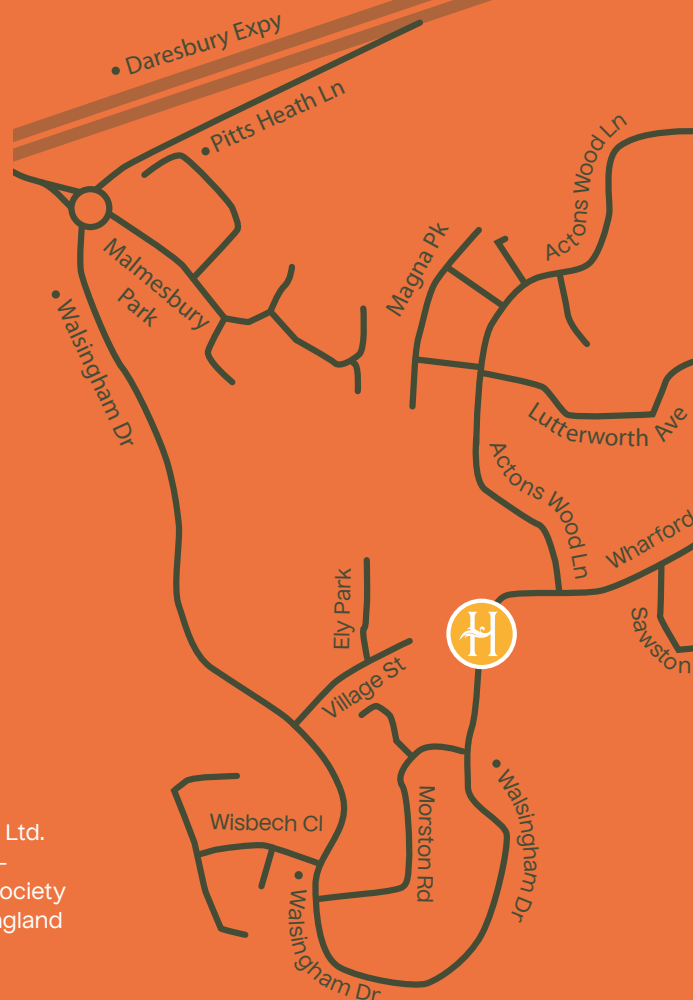
How to find our Show Apartment:

Take Exit off the roundabout (Daresbury Express A558) signposted for Sandymoor onto Pitts Heath Lane.

Continue along Pitts Heath Lane for 1 mile and at the next roundabout, take the 2nd exit onto Walsingham Drive.

Continue along Walsingham Drive for 1 mile until you arrive at Hazlehurst.

Open Door is a trading name of Halton Housing and Open Solutions (OSUK) Ltd. Halton Housing is a charitable housing association registered under the Co-operative and Community Benefit Societies Act 2014. (community benefit society number: 7744). Open Solutions (OSUK) Ltd is a company incorporated in England and Wales (company number: 082777320).



REPORT TO:	Health Policy & Performance Board
DATE:	29 th November 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 GPCconnect.

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. There is a strong paediatric workforce and there is always one

3.6 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 GPCConnect.

- 3.19 GPCConnect 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 GPCConnect 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 GPCConnect 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.

- 3.35 Between June and August 2022 Healthwatch undertook a review of the Widnes Urgent Treatment Centre. Information to support this review was gathered by visits to the centre and via surveys undertaken with patients accessing the service. This work illustrated the majority of respondents giving positive feedback on their experience of the UTC, with 86% of those surveyed 'likely' or 'very likely' to recommend the service. A copy of the full Healthwatch

review report can be seen in appendix 5.

Partnerships and Collaboration

- 3.36 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.
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 6 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

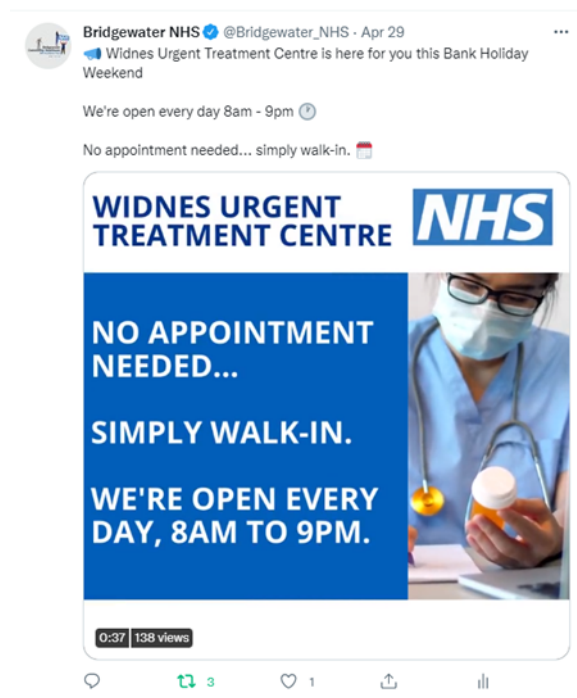
communications campaign has been developed, and this will be overtly joint with other place partners, including the Runcorn UTC.

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**

N/A

5.0 **OTHER/FINANCIAL IMPLICATIONS**

N/A

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**

N/A

6.5 **Halton's Urban Renewal**

N/A

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**

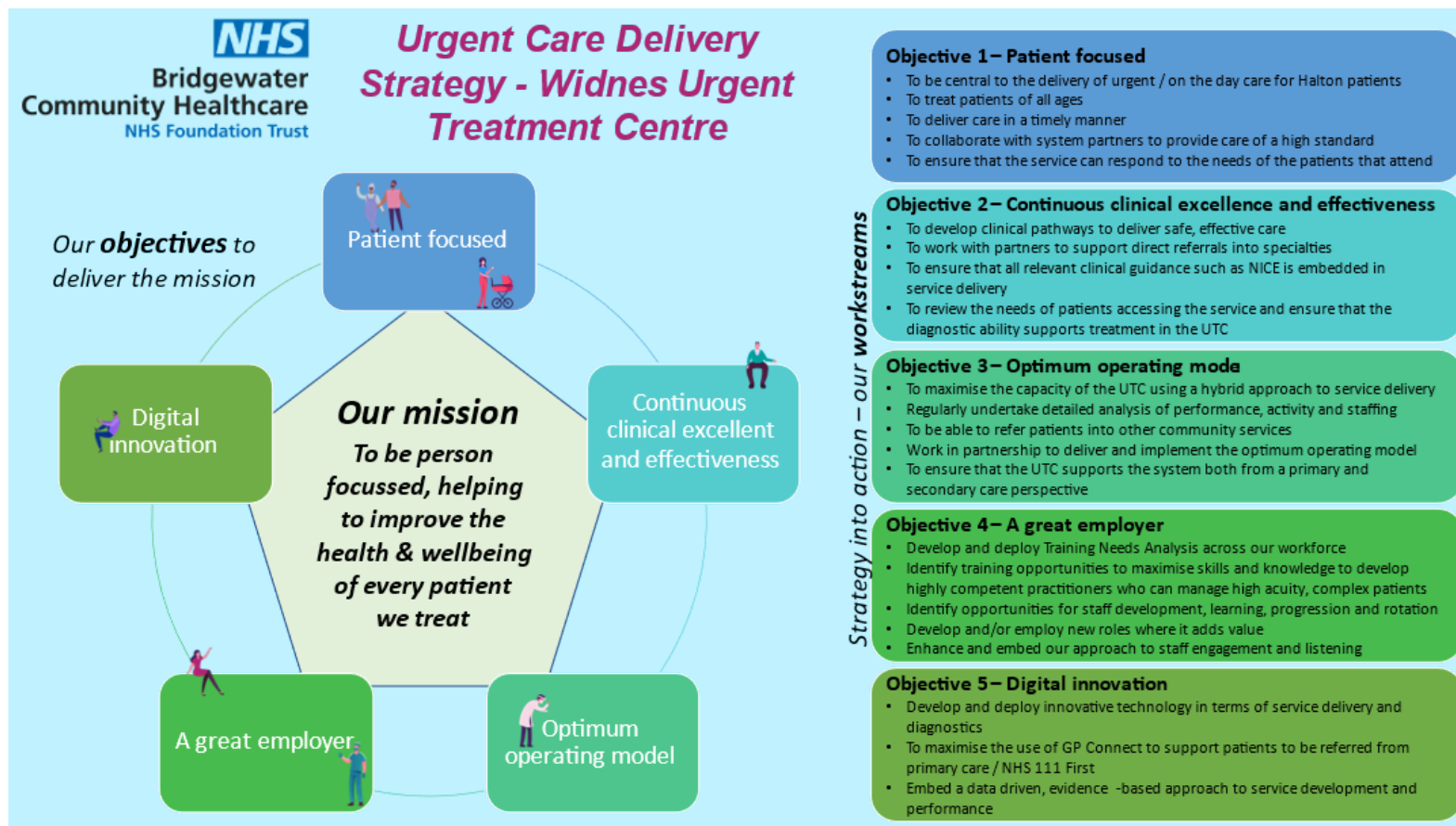
N/A

- 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** – Healthwatch report
- Appendix 6** - 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 disposition 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 the UCC. If there are no appointments available the patient is advised to self-present at the UCC.

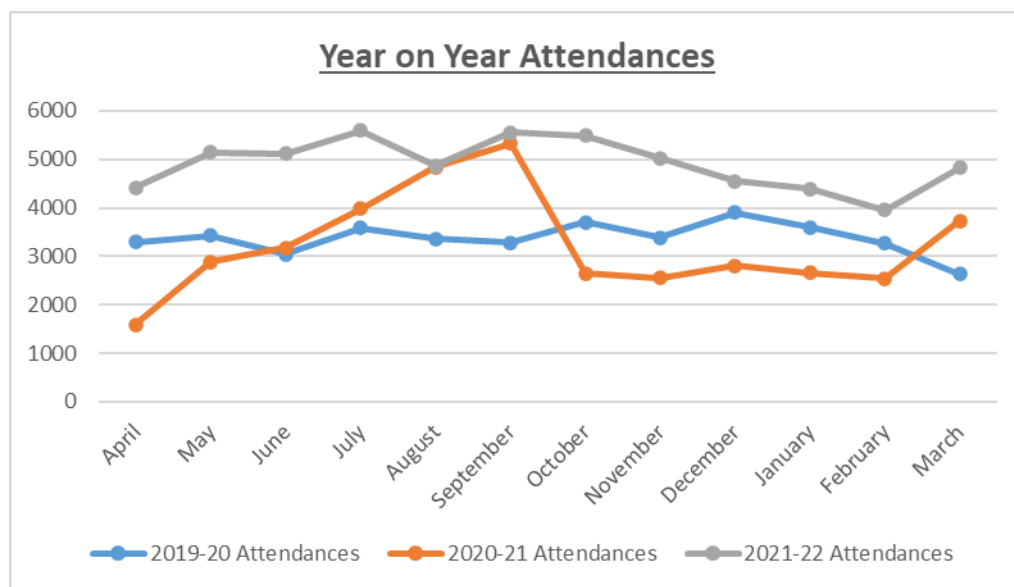
Appendix 2 – Trust Strategy for the delivery of Urgent Care

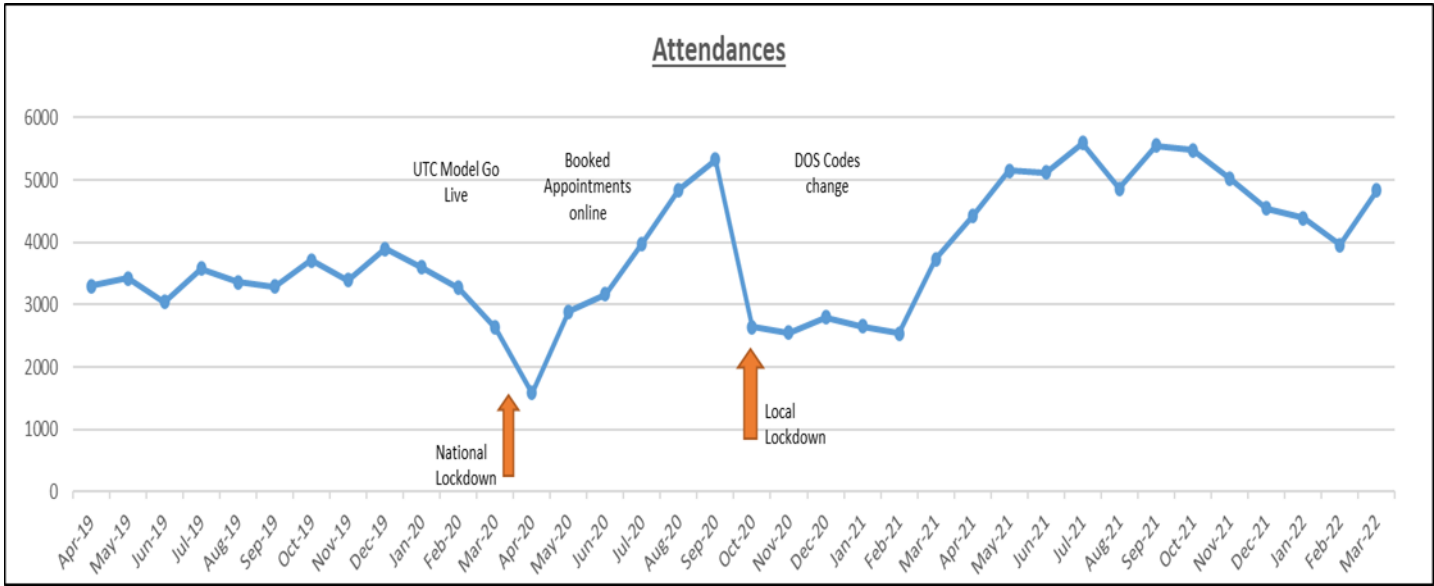


Appendix 3 – Performance

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										



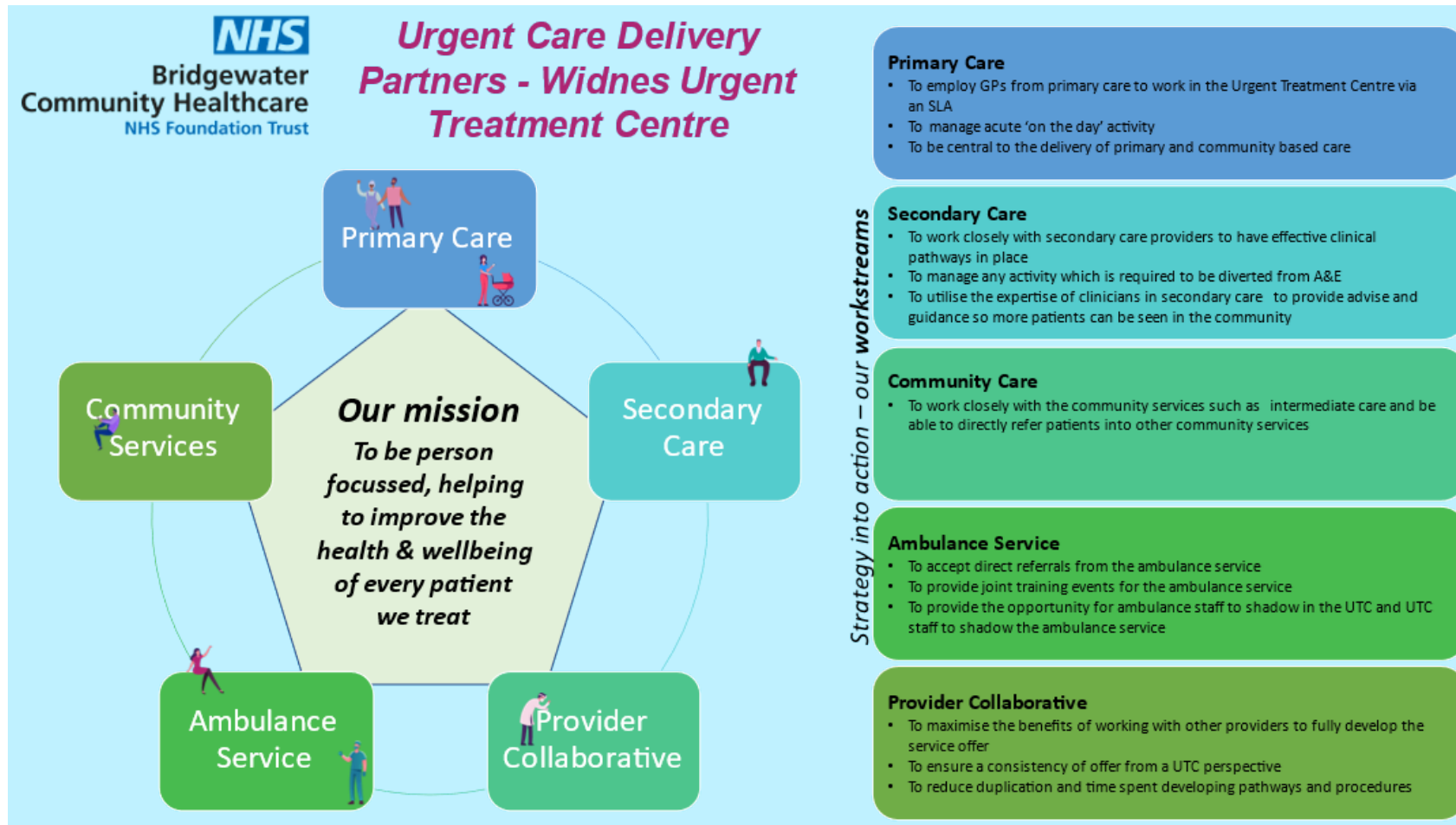


Appendix 4 – Emergency Department Transfer

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- Healthwatch report: Attached

Appendix 6 - Connections with our Urgent Delivery Partners



Widnes Urgent Treatment Centre

Patient Feedback June – August 2022



Contents

What is an Urgent Treatment Centre?	2
Why are we visiting the Urgent Treatment Centre?	2
What we did.....	3
Results.....	4
Summary.....	10

What is an Urgent Treatment Centre?

Urgent Treatment Centres (UTCs) are an alternative to A&E. They are centres which treat minor injuries and illness requiring urgent treatment that cannot be seen by your registered GP.

UTCs work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.

Halton has two Urgent Treatment Centres, located at Halton Hospital in Runcorn, and at the Health Care Resource Centre in Widnes.

Why are we visiting the Urgent Treatment Centre?

During the past seven years we've visited the two local centres on quite a regular basis to ask patients about their experience at the UTC and if they had looked for help or advice elsewhere first before attending the UTC.

In December 2015 we spent a full day at each of the then Urgent Care Centres, speaking with over 200 patients and producing '*A day in the life*' reports on the two centres.

In July 2017 we carried out a further twelve visits across the two centres between July 2017 and January 2018 as part of our planned public engagement.

In 2019 we undertook regular monthly outreach sessions at the centres, between January and July 2019, in part to gather feedback on the services, but also to gather feedback on the wider health services used by people attending the centres.

During the past two years we've been unable to carry out visits to the two centres because of the restrictions in place due to the Covid Pandemic.

Following the easing of restrictions, we decided to restart visits to the two centres as part of our planned public outreach and engagement sessions across the borough.

Copies of all reports can be download from our website - <https://bit.ly/hwhUTC2>

What we did

We visited the Widnes UTC on the following dates and times:

- 25 May 10.00am – 12.00pm
- 15 June 9.00am – 12.00pm
- 03 August 1.00pm – 4.00pm
- 16 August 1.00pm – 4.00pm

Each visit lasted between two and three hours and in total 77 people took part in our survey.

The information in this report gives a snapshot of the experiences of people attending the Urgent Treatment Centres services in Halton during our visits.

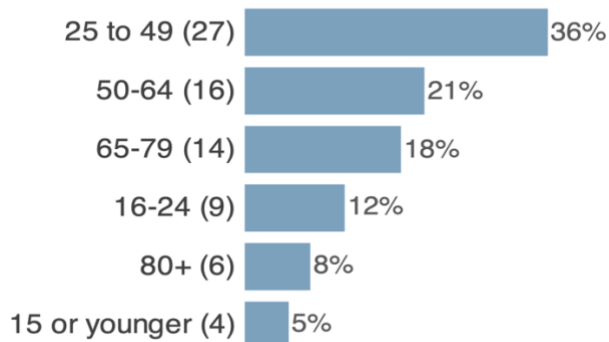
Due to the number of responses received they cannot be considered to be representative of all patients, but it is presented to provide a snapshot of the experiences of those who took part and to highlight areas for consideration by commissioners and providers.

Acknowledgement

We would like to thank all the staff and patients at NHS Widnes Urgent Treatment Centre for their help and support during our visits.

Results

What age group are you? (Age of respondent)



Those taking part in our questionnaire ranged in age from under sixteen to over 80 years of age.

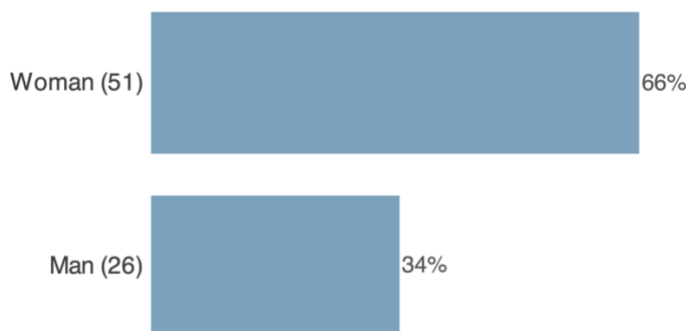
57% were in the 25 to 64 age group.

Under 25's accounted for 17% of patients we heard from.

26% were aged 65 or older.

51 respondents were woman, 26 were men.

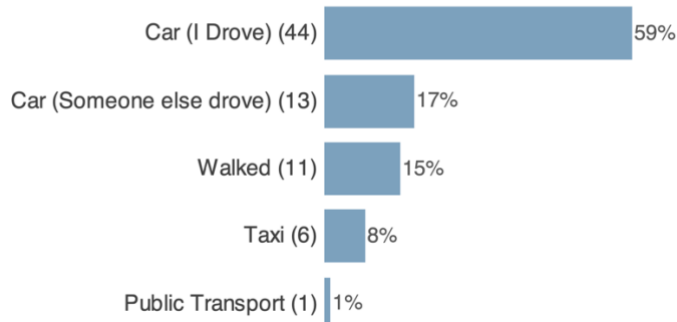
Please tell us which gender you identify with:



44 people (59%) said they had driven themselves to the centre, with a further 13 (17%) stating they had been driven by a friend or family member.

Eleven people (15%) told us they had walked to the centre, while a further six people (8%) had arrived by Taxi. One person told us they had used public transport to get to the UTC.

How did you get here today?



55 people (71%) were registered patients at Halton GP practices, 19 (25%) were registered with GP practices outside of Halton and three people were not currently registered with a GP.

Did you look for help or advice elsewhere before coming to the UTC?

57% (44) said they had looked for help or advice before attending the UTC.

Those that said that they had looked for help or advice before attending the UTC were asked what service(s) they had been in contact with first.

79% (34) of those who answered the question said that they had contacted their GP practice before attending the UTC.

7% had contacted NHS 111 and been advised to attend the UTC. One person had initially contacted 999.

- *'I came straight here without contacting GP as can never get an appointment with the GP'*

Why did you end up coming to the UTC?

People decided to attend the UTC for a variety of reasons.

Many felt that it was **'the most appropriate place'** to treat them.

29 people came to the UTC as they were unable to book an appointment with their GP practice.

Seven people said they had been advised to visit the UTC by their GP practice.

Three people had attended A&E and been advised to come to the UTC due to the long waits for A&E treatment.

One person told us they had been advised by their GP to call 999, but there was a 10 hour wait for an ambulance. A work colleague had suggested they try the Urgent Treatment Centre.

- *'We came straight from the school.'*
- *'It's hard to get appointment anywhere else.'*
- *'It's the quickest place for treatment.'*
- *You walk in here. Waste of time calling my GP they can never see you.*

How many times have you visited the UTC in the past year?

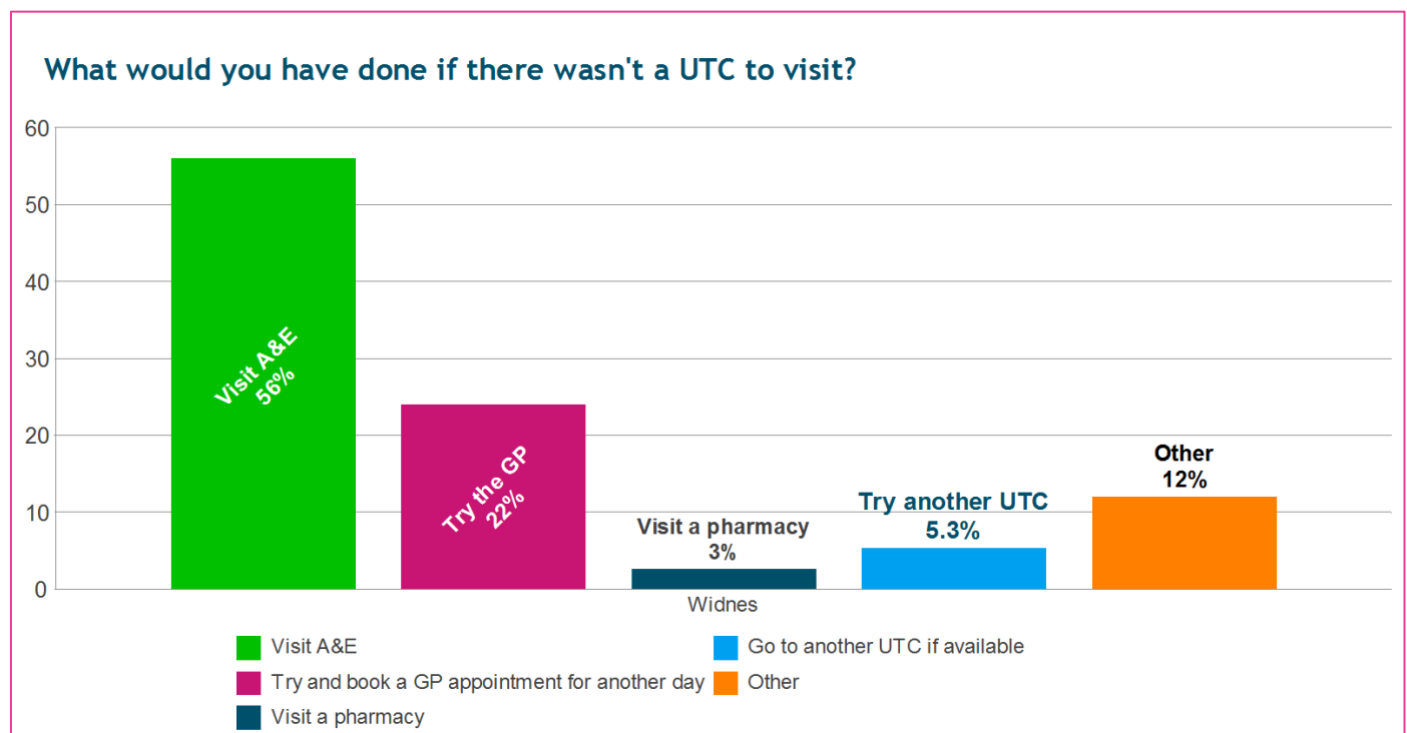
53% (41) of people were attending the UTC for the first time in the past 12 months.

26% (20) had been to the UTC twice in during the previous 12 months.

20% (15) were visiting for the third or fourth time, while one person told us it was their sixth visit in the past year.

- *'My GP refuses to see anyone and just tells you to book an appointment at the UTC. My GP will only book children's appointments on a Monday when the child specialist is in. I have brought my children to the UTC four times this year.'*

What would you have done today if there wasn't an Urgent Treatment Centre locally?

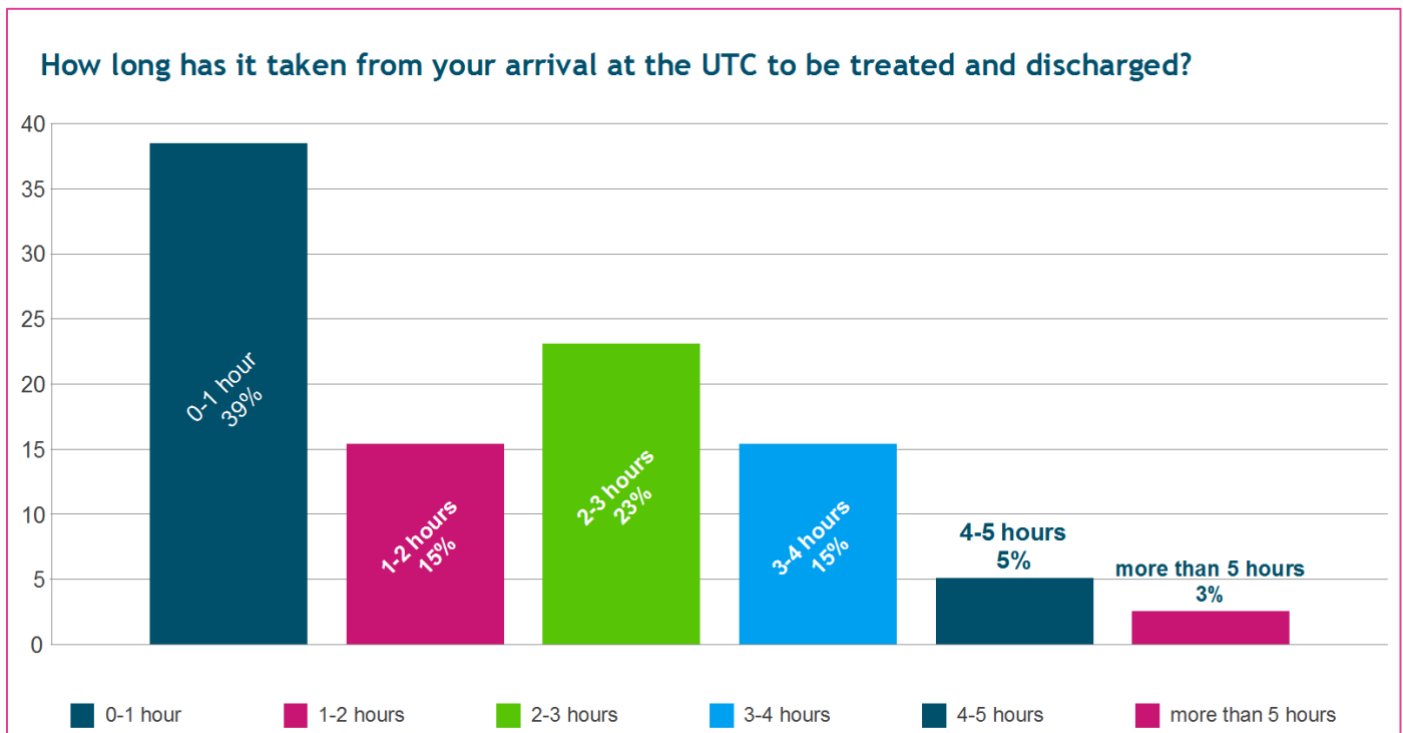


Over half, 56% (42), told us they would have attended A&E.

22% (18) said they would try and get an appointment with their GP on another day, while a further 5% (11) would have looked for a UTC in another local area to attend.

How long has it taken from your arrival at the Urgent Treatment Centre to being treated and discharged?

We asked people to complete a second part of the questionnaire once they'd been seen and treated at the UTC. As our visits to the UTC were generally less than four hours in length, we asked for the second part of the questionnaire to be handed in to the UTC reception and the forms were then posted on to us.

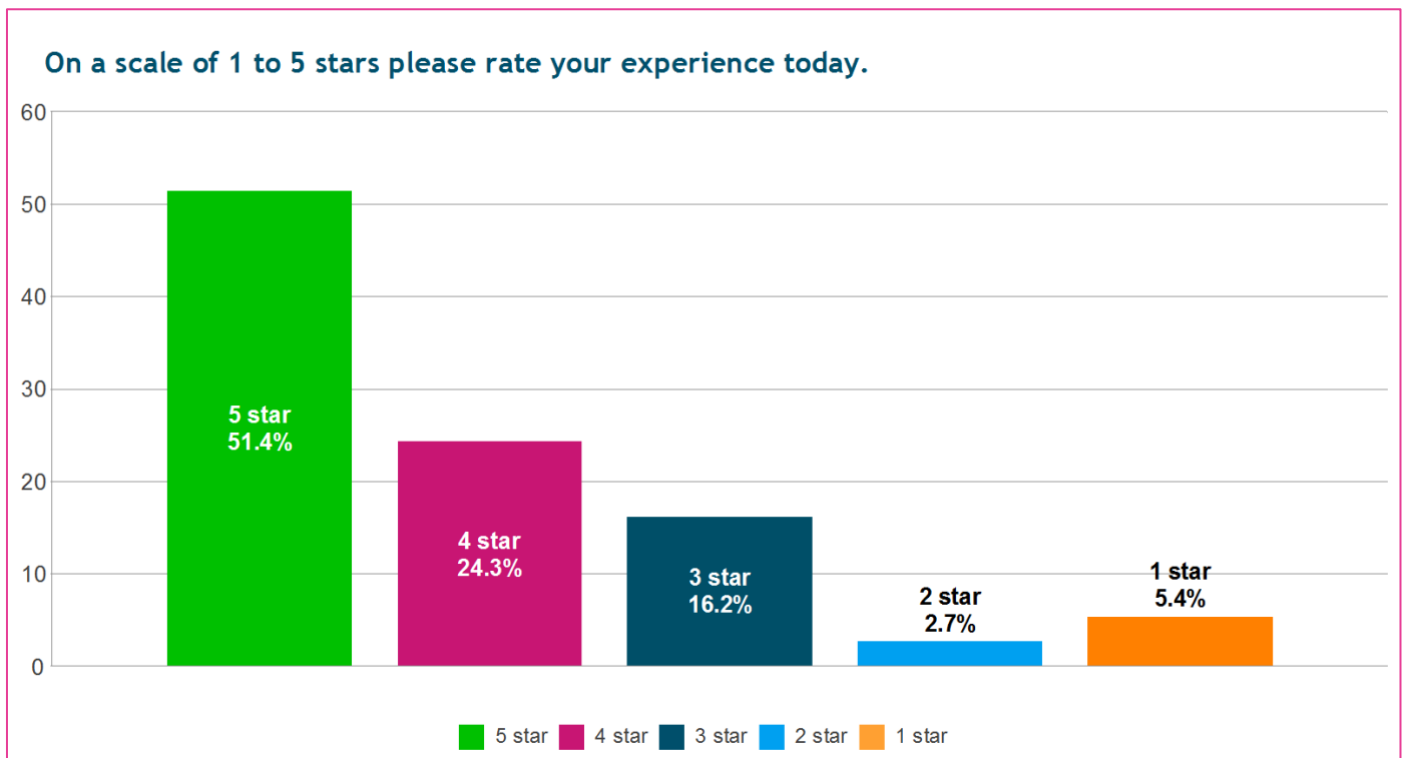


39% were 'in and out' within one hour of arrival. A further 15% were treated and discharged within two hours of arrival, while another 38% took between two and four hours to be treated and discharged.

- *'I only had a 15-minute wait and then straight in and out. Excellent.'*
- *Good care. Waiting time very accurate. Spot on!*

8% of people said it took over four hours to be treated and discharged.

On a scale of 1 to 5 stars (1 being poor and 5 being excellent), please rate your experience today

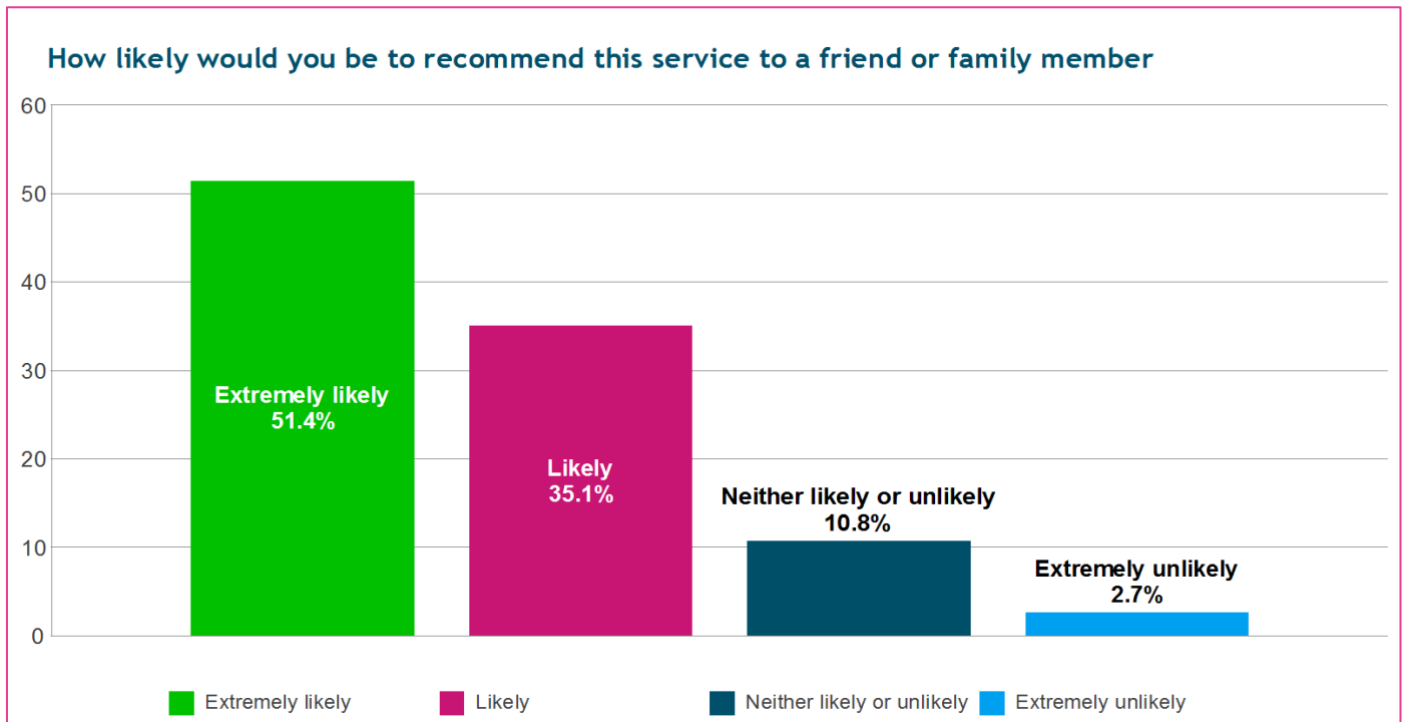


51% of people rated their experience of the UTC as five star, with a further 24% giving it four out of five stars.

16% rated it as a three out of five star experience with 8% rating it as one or two stars.

- 'I was looked after extremely well in every department that I visited during my treatment. Taking into account how understaffed they are my visit to this urgent care centre was above their call of duty. Top marks to all staff.'*

How likely would you be to recommend this service to a friend or family member if they needed similar care or treatment



86% said they would be 'likely' or 'very likely' to recommend the service.

11% gave a neutral 'neither likely or unlikely' rating with the remaining 3% extremely unlikely to recommend the service.

- *'Marvellous service and excellent staff.'*
- *'It is a good job we have these centres. They should be bigger and there should be one in Warrington. More houses are being built all the time but no more care facilities!'*

On arrival for one of our visits the centre was extremely busy and had waiting times in excess of 3 hours, which lead to some dissatisfaction with the delays from patients.

- *'Been here three and a half hours so far.'*
- *'I've been here over two hours already, long waits.'*
- *'We've been here over 1 1/2 hours and not yet triaged. Not happy with the long wait!'*
- *'Pathetic time waiting. Not enough chairs.'*

During our other visits waiting times for treatment was generally around two hours.

Summary

Throughout our visits to the Widnes UTC, we observed all staff at the centre to be helpful and courteous to patients, which is very much reflected in the feedback we received.

The majority of people gave positive feedback on their experience at the UTC. As many people gave very similar comments, we've given a small flavour of them below.

- *'I found the staff to be very nice and helpful.'*
- *'Good service. Wish I had a local centre by me.'*
- *'All staff were very helpful and polite. The nurse was very thorough. There was a long wait but that is to be expected. 5 Star treatment and staff!'*
- *'...not registered with a GP - removed from previous GP after I moved house. Fab treatment here, always good service. There are more checks here than the GP who have missed things before.'*
- *'Today was not as busy so the wait time was short'.*

Apart from the comments expressed around waiting times, on a particularly busy day at the UTC in June, there was very little dissatisfaction with the service in general.

We found that patients valued the treatment and care received. Many saw the UTC as a useful alternative to the waiting times at A&E and the difficulties in getting GP appointments.

A few suggestions were given to us which patients felt would help improve their experience of the service.

One patient raised an issue for people with hearing difficulties, due to staff wearing masks, telling us, ***'It's not very clear when calling names for treatment, due to wearing masks. They only call the name once.'***

Another patient asked if the order in which people would be treated could be explained, stating, ***'People seem to be seen sooner than my daughter who is in bad pain with her eye and has been hospitalised because of it in the past. It***

would be better if the procedures of how people are seen and in what order was explained and clearer as we wait.'

There were comments from a couple of patients that the the service should consider installing screens displaying current waiting times, rather than the time being written on a whiteboard.

This is something we have suggested previously, and something that is currently in place at the Runcorn UTC. Waiting times for the Runcorn UTC are also displayed online at <https://dashboard.whh.nhs.uk/ed/?platform=hootsuite>.

If a system similar to this was introduced we believe it would be of benefit to many patients using the centre.



healthwatch
Halton

www.healthwatchhalton.co.uk

t: 0300 777 6543

e: feedback@healthwatchhalton.co.uk

 @HWHalton

 [Facebook.com/HWHalton](https://www.facebook.com/HWHalton)

REPORT TO:	Health Policy & Performance Board
DATE:	29 th November 2022
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Primary Care Networks – Additional Roles
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To describe the additional staff roles Primary Care Networks (PCNs) may recruit to, and the plans in place to implement this in Halton.

2.0 RECOMMENDATION: That:

- i) **The Board note the additional staff roles being employed by PCNs to support General Practice in Halton.**

3.0 SUPPORTING INFORMATION

- 3.1 PCNs are groups of GP practices and other healthcare staff and organisations who work together to provide integrated services to the local population. In Halton there are two PCNs; one in Runcorn and one in Widnes, aligning to the geography of the Borough.
- 3.2 The national PCN contract includes an Additional Roles Reimbursement Scheme (ARRS) which provides funding to create bespoke multi-disciplinary teams. PCNs assess the needs of their local population and, working with local health services, recruit additional staff to make support available to people where it is most needed.

- 3.3 The table below details the staff roles which may be recruited to and indicates by PCN where the roles are either already in place or there is a plan to recruit during 2022/23.

Role	Runcorn PCN	Widnes PCN
Clinical Pharmacist	✓	✓
Pharmacy Technician	✓	✓
Social Prescribing Link Worker	✓	✓
Health and Wellbeing Coach		✓
Care Coordinator	✓	✓
Physician Associate		✓
First Contact Physiotherapist	✓	✓
Dietitians		
Chiropodists / Podiatrists		✓
Occupational Therapists		✓
Trainee Nursing Associate		✓
Nursing Associate		✓
Community Paramedic	✓	✓
Advanced Practitioner		✓
Mental health practitioners	✓	✓
GP Assistants *		
Digital and Transformation Leads *		

*New roles added to the scheme September 2022

- 3.4 Whilst the scheme facilitates a greater range of staff available to care for patients in the General Practice setting there are several challenges which impact on the ability to implement the scheme. For example:
- The above roles are in demand across the NHS in England therefore recruitment can be challenging.
 - Many of the roles have not worked in the General Practice setting before and so require mentorship and support to embed into general practice teams.
 - Pathways and ways of working need to be established so that all staff are aware of their role and when skills may be best utilised.
 - Patients are not used to receiving care from these roles in the General Practice setting and may require further understanding of the roles to feel confident in the care they receive.

- 3.5 To address the above challenges, the PCNs are developing plans to maximise recruitment opportunities and embed the roles. For

example, Runcorn PCN are working with Warrington and Halton Teaching Hospitals to recruit First Contact Physiotherapists on behalf of the PCN, aligning the roles to the ICB commissioned First Contact / MSK pathway. Widnes PCN plans to utilise several care co-ordinators to support patients to access care during the winter period. Both PCNs are developing plans to ensure mentorship and support is provided and are supporting practices to communicate these additional staff roles to patients.

3.6 Further information on each of the ARRS roles is available here: [NHS England » Expanding our workforce](#)

4.0 **POLICY IMPLICATCONS**

4.1 The national PCN contract and ARRS forms part of a long-term, larger package of general practice contract reform originally outlined in Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan (2019.)

4.2 The scheme also supports the development of Integrated Neighbourhood Teams and the recent requirements outlined in the Next Steps for Integrating Primary Care - Fuller Stocktake (2022) and Responding to Our Plan for Patients – Secretary of State announcement (2022.)

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Funding for the scheme is available via the Primary Care budget, which is delegated from NHS England to NHS Cheshire & Merseyside ICB.

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

6.1 **Children & Young People in Halton**

The new roles may improve access and delivery of care for children and young people.

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

The new roles may provide employment opportunities for local residents.

6.3 **A Healthy Halton**

The new roles may improve access and delivery of care for patients with a range of clinical conditions. They may also improve access and delivery of preventative health and social care by improving links with wider place partners.

6.4 **A Safer Halton**

No implications.

6.5 **Halton's Urban Renewal**

No implications.

7.0 **RISK ANALYSIS**

7.1 There are no risks to Halton Borough Council.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no known Equality and Diversity implications arising as a result of implementing the PCN ARRS.

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

N/A

REPORT TO:	Health Policy Performance Board
DATE:	29 th November 2022
REPORTING OFFICERS:	NHS Cheshire & Merseyside Place Director, Halton
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 arrangements for NHS Cheshire & Merseyside delivery in Halton incorporating One Halton, the place based integrated partnership.

2.0 RECOMMENDED: That a presentation is received and future reporting is provided by agreed thematic agenda items.

3.0 SUPPORTING INFORMATION

- 3.1 The Health Policy & Performance Board has received regular update reports and presentations on One Halton during the transition from Clinical Commissioning Groups to commencement and embedding of Integrated Care Systems.
- 3.2 The NHS Cheshire & Merseyside Senior Leadership Team at Halton Place will provide a presentation setting out an update on delivery at place and the One Halton integrated partnership.

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.

There will be a One Halton work stream around assets to understand the public estate that supports delivery (in the widest sense) in Halton and work towards collaborative planning of the public estate.

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 will link into future

regeneration schemes and developments in the Borough to ensure appropriate planning and system partner involvement. There are recent examples of joint working with the delivery of a Hospital Hub in Shopping City (opening September 2022) and the development of the Town Deal for Runcorn Old Town.

7.0 RISK ANALYSIS

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 and health delivery moving over to NHS Cheshire & Merseyside, 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 and Performance Board
DATE:	29 th November 2022
REPORTING OFFICER:	Strategic Director, People Directorate
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Dementia Friendly Halton Borough Council Plan
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

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

2.0 **RECOMMENDATION: That the Board:**

- i) **Note the report and associated appendix.**

3.0 **SUPPORTING INFORMATION**

SUPPORTING INFORMATION

- 3.1 Dementia friendly communities is a programme from the national Alzheimer's Society that encourages everyone to share responsibility for ensuring that people with dementia feel understood, valued and able to contribute to their community.
- 3.2 The Dementia Friendly Communities programme focuses on improving inclusion and quality of life for people with dementia and encourages organisations to develop and implement local action plans.
- 3.3 Executive Board gave approval in June 2022 for the attached action plan to develop a dementia friendly cross council approach.
- 3.4 Whilst there is considerable scope across all council areas to include dementia friendly actions, the action plan has selected tasks that can be done relatively quickly and with minimal/no direct financial implications (not withstanding staff resource required to implement the actions).
- 3.5 The actions have been grouped into 3 priorities
1) Setting up the 'infrastructure' to support a dementia friendly

commitment by the council

- 2) Raising awareness amongst HBC staff, and beyond. A key aspect of the Alzheimer's Society dementia friendly approach.
- 3) Specific service area tasks. As awareness is raised and knowledge grows, it is anticipated that further dementia friendly/service development actions will be identified going forward.

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

4.0 **POLICY IMPLICATIONS**

4.1 Developing a more dementia friendly HBC for staff and residents of Halton is in line with HBC's commitment to the Liverpool City Region Dementia Pledge.

4.2 The actions in the draft action plan are in line with the Alzheimer's Society dementia friendly approach.

4.3 One Halton is in the process of developing a local dementia delivery plan, in which building dementia friendly communities will form an integral part, based on recommendations from Alzheimer's Society in their guidance to local authorities for developing local strategies.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There will be staffing resource implications in terms of time ie for attending the Dementia Friends Champions training (1/2 day) and for delivery of the Dementia Friends Awareness Sessions. This will require manager approval before staff volunteer to train as a Champion. However, the impact of this is anticipated to be mitigated through building a database of a number of champions so that they will only be required to host a Dementia Friends Awareness session maybe once or twice per year (1 hour per session). The Dementia Friends Awareness session will be promoted via the corporate training calendar and requests to attend will be approved in the same way as all other training requests via the staff member's line manager.

5.2 In developing the actions, Managers have confirmed that the 'ask' within the action plan is achievable within current staffing and resources, and will in most cases, follow or be added into existing processes and procedures.

5.3 Where there is a financial cost associated (ie the specific training for Landscape Architects) there has been assurance from the manager

that there are funds available.

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

6.1 **Children & Young People in Halton**

None identified at this time

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

None identified at this time

6.3 **A Healthy Halton**

This action plan fits with the work of One Halton in the development of a local Dementia Delivery Plan, in taking action to improve the lives of people living with dementia and their carers.

6.4 **A Safer Halton**

None identified at this time

6.5 **Halton's Urban Renewal**

There are actions in the plan that relate to developing dementia friendly external environments.

7.0 **RISK ANALYSIS**

7.1 Halton Borough Council is well placed to lead a local 'dementia friendly' movement, and there are many opportunities to do so across both directorate service areas. The attached action plan should be seen as a starting point, with further actions to be added throughout regular reviews of progress and as the movement gathers momentum within the organisation.

7.2 There are no risk identified at this stage that would warrant a full risk assessment.

8.0 **EQUALITY AND DIVERSITY ISSUES**

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

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

9.1 None under the meaning of the Act.

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

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

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

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

PRIORITY 2 ACTIONS – Raising Dementia Awareness across the council and beyond

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

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

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

PRIORITY 3 ACTIONS – Service Area Specific Actions

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

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

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

<p>11. Dementia Friendly In House Care Homes</p>	<p>The 4 in house care homes working towards becoming more dementia friendly. The in house care homes are home to many people living with dementia, or who may develop dementia, and as such should promote a safe and dementia friendly place to live.</p>	<p>11.1 The in house care homes will actively engage with the Age Well provision to promote health and active lives for people residing in care homes. This will enable people to engage with activities both inside and outside of the care home.</p> <p>11.2 The in house care homes will each have a dementia friend champion who will be able to deliver regular dementia awareness sessions as part of the local induction for new staff and regular sessions to raise awareness amongst staff and resident's family and friends.</p> <p>11.3 The in house care homes will undertake dementia friendly environmental assessment as part of the homes' refurbishment schedules, and take action as appropriate.</p>	<p>In House Care Homes Divisional Manager and Principal Manager</p>	<p>Initiated in Q2 2022/23</p>
---	---	---	---	--------------------------------

REPORT TO:	Health Policy and Performance Board (HPPB)
DATE:	29 th November 2022
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Adult Social Care
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 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 so there is a clear respite offer.

Current picture

3.5 Due to the onset of the pandemic fairly soon after the previous report was presented to HPPB, there was an impact on the level of progress that could be made with the suggested areas of improvement outlined in the 2019 report. Understandably, there was a drastic reduction in the requirement for respite care throughout 2020/21. 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 (support plan documentation) would be generated by Care Arrangers. This arrangement continues and physical vouchers are no longer posted out to clients/carers.

3.6 As the impact of the pandemic eased, it became 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.

- 3.7 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 and Direct Payments offering the ability to be creative). However, it is the offer for older people that appears to be more problematic and requires improvement action, as outlined in the next section.

Improvement action

- 3.8 Shared care vouchers are to be permanently 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 and, during the pandemic, vouchers ceased to be issued.
- 3.9 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).
- 3.10 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 (at the time of writing, around 14%).
- 3.11 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).
- 3.12 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. 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.

- 3.13 A Respite Working Group has been established and has developed a draft Respite Policy, which it is anticipated will be presented to Adults Senior Management Team in October/November 2022. The policy includes information on the following services which represent the local respite offer:
- Bredon;
 - Shared Lives;
 - Direct Payments;
 - Care Homes;
 - Home Based Respite Care Service (Crossroads).
- 3.14 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. This has been discussed by the Respite Working Group and will be progressed by the Shared Lives Service.
- 3.15 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 (but they are currently utilised mostly by adults with learning disabilities rather than older people, e.g. to fund short breaks, weekends away with support etc.)
- 3.16 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.
- 3.17 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 in development.

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 sometimes be necessary 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.

REPORT TO:	Health Policy & Performance Board
DATE:	29 th November 2022
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Performance Management Reports, Quarter 2 2022/23
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 2 of 2022/23. This includes a description of factors which are affecting the service.

2.0 **RECOMMENDATION: That the Policy and Performance Board:**

- i) **Receive the Quarter 2 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 2, 2022/23.

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 2 – Period 1st July 2022 – 30th September 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 second quarter of 2022/23 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

2.1 There have been a number of developments within the Directorate during the second quarter which include:

Adult Social Care

The Organisational Health Check for Social Work

A new look Organisational Health Check will be going live this October based on the Standards for Employers of Social Workers. The launch is planned for the 17th October, and we await communications for this shortly. We are aiming to encourage as many social workers in Halton to have their say as possible, as we promote the sharing of the survey. The Principal Social Worker for Adults will also be registering on behalf of adult social care to take part.

This year, organisations will be able to choose when they open and close their survey within the window between the 17 October and 20 January. Two days after closing their survey, they will have access to a web portal to view their results.

This year new questions for Occupational Therapists have been developed, making the survey more relevant to a wider group of staff. Questions will be targeted to those different staff groups, depending on their professional background and qualifications.

Public Health

Covid and flu vaccination campaigns have started. The aim is to encourage individuals who are eligible for the NHS led vaccination to get them. Covid rates have continued to remain low with no community outbreaks have been reported. The health protection team continues to work with partners to set out the actions they will take to reduce the risk of a challenging winter. Linked to this, all staff have been offered access to the flu jab. Those not eligible for the jab through their GP or pharmacy are able to get a 'flu jab' at any pharmacy and have the costs refunded.

The health improvement team have conducted a range of activities linked to reducing smoking, including continuing to offer the Targeted Lung Health Check programme. They attended Halton hospital on 4th October to promote Stoptober, achieving a number of

direct referrals and many conversations. Signposting advice was provided to key practitioners from Cardiac, Mental health and Sexual health Team, who are now delivering a 12 week cessation programme for staff and residents in a mental health residential unit in Widnes – this is against a backdrop of there being nationally low supplies of NRT, this is a risk to the service.

A lot of local work is ongoing to support the suicide prevention campaign, where a resource tool kit was downloaded by partners 104 times for world suicide prevention day. Local support is available via Amparo, which the team links in with.

The team have also supported a local school after the death of their head teacher- Educational Psychology was able to support pupils and staff.

World Mental Health day this year has a focus on raising awareness of the impact money worries has on mental health. Information has been cascaded via schools, workplaces, VCSE, HBC staff, social care, feeding Halton network, suicide prevention partnerships and partners in prevention.

Nationally, the move by the chancellor to scrap the planned increase in duty of alcohol will have a negative impact on health, as evidence clearly shows that cutting duty increases alcohol harm.

The community health bus and Public Health response team continue to offer support to community sessions around the cost of living crisis and engage in vaccination encouragement approaches.

3.0 Emerging Issues

3.1 A number of emerging issues have been identified during the first quarter that will impact upon the work of the Directorate including:

Adult Social Care

National Safeguarding Week

National Safeguarding Week will take place during **21st-27th November** this year. The theme for this year's campaign is "Responding to Contemporary Safeguarding Challenges"

The Mersey Gateway Bridge will be lit up in the colours of Halton Safeguarding Adults Board on Monday 21st November to mark the start of National Safeguarding Week.

There will be a daily messages regarding the themes of National Safeguarding Week which will be promoted on all of our social media platforms. There will be a series of Lunch and Learn events which will take place via MS Teams.

Public Health

Capacity delays within the HR department continue to impact on the recruitment processes facing a number of areas within the Public Health directorate: specifically

within the Trading Standards division, which has been undertaking restructure for over 12 months and is significant stretched in terms of capacity and managerial support. Roles within the commissioning, performance and health improvement teams have been successfully recruited.

The public health team has worked with other teams and organisations to identify and support vulnerable individuals through the cost of living crisis.

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	Q2 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	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	
1E	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.	

Supporting Commentary

Work continues on refreshing the local dementia strategy, under the umbrella of One Halton. A strategic group was established with representation from all One Halton organisations. A self-assessment was undertaken against recommendations made by Alzheimer's Society for what local areas should be considering in their dementia strategies. The self-assessment process, cross referenced with NICE best practice and dementia 'I Statements', has formed the basis of identifying priorities and associated actions. The group met in September 2022 to finalise the actions and progress the ratification process. The Dementia Friendly Communities approach has been adopted by Executive Board and is now underway across council service areas, with focus on raising awareness and improving practice to make HBC a more dementia friendly organisation for employees and the people we serve. New dementia friendly activities are emerging from within the community, such as a dementia café at Grangeway Community Centre and one due to open in Autumn at Catalyst museum.

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.

Regular quarterly service reports will be submitted to outline the service delivery and detailed review of the homelessness strategy action plan.

The homelessness forum is planned for October 2022. to review the key priorities and agree actions for the following 12 month period.

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.

Governance of the Pooled fund now reflects the changes to NHS organisations with joint structure with the place based Integrated Care Board (ICB). The Pooled budget currently projecting an underspend at the end of the year. The central government submission for the Better Care Fund has been completed and awaiting approval











Work is ongoing to develop integrated working in the Borough. New structures with the ICB are bedded in.










Work continues with partners in health to develop integrated approaches to supporting adults



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 has drawn to a close and is now subject to review of how it is moved forward. Work is progressing with the paperwork to promote good practice.

Key Performance Indicators

Older People:						
Ref	Measure	21/22 Actual	22/23 Target	Q2	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	369.2	600	331.9	<input checked="" type="checkbox"/>	We are unable to provide the direction of travel as we did not have data for this period in 2021/22,
ASC 02	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. Better Care Fund performance metric	4071	No plan set	4243	<input checked="" type="checkbox"/>	This collection was on hold in Q2 2021/22
ASC 03	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehab	79	85%	NA	NA	NA

	ilitation services (ASCOF 2B) Better Care Fund performance metric					
Adults with Learning and/or Physical Disabilities:						
ASC 04	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	72	97%	45%		
ASC 05	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	81.5	80%	73.6%		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	31.6	45%	22.7%		
ASC 07	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	89.7	89%	88.6%		
ASC 08	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	7	5.5%	5.7%		
Homelessness:						

ASC 09	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless	1914	2000	610		
ASC 10	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	247	200	83		
ASC 11	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	520	N/A	78		
Safeguarding:						
ASC 12	Percentage of individuals involved in Section 42 Safeguarding Enquiries	30	30	83		NA
ASC 13	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	62	85%	64%		
ASC 14	The Proportion of People who use	83.9	89%	NA	NA	NA

	services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)					
Carers:						
ASC 15	Proportion of Carers in receipt of Self Directed Support.	98.8	99%	97%		
ASC 16	<i>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)</i>	7.5	N/A	NA	NA	NA
ASC 17	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	39.3	N/A	NA	NA	NA
ASC 18	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	69.5	N/A	NA	NA	NA
ASC 19	Social Care-related Quality of life (ASCOF 1A). (This figure is based on combined responses of several questions	17.9	20%	NA	NA	NA

	to give an average value. A higher value shows good performance)					
ASC 20	The Proportion of people who use services who have control over their daily life (ASCOF 1B)	73.1	80%	NA	NA	NA
ASC 21	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	56.9	71%	NA	NA	NA

Supporting Commentary

Older People:

ASC 01 We are on track to stay below the target of 600 per 100K pop.

ASC 02 The number of emergency admissions is increasing, particularly those with a zero length of stay, which are now approaching the levels seen pre-pandemic. In part this is being driven by the increases in the number of people attending A&E, which are 10% above pre-pandemic levels, however an increase in zero day length of stay admissions is also expected as the plan is to increase triage in ED to Same Day Emergency Care (SDEC) pathways or for direct referral to SDEC by ambulance or primary care. The number recorded as a non-elective admission is potentially going to increase, certainly in comparison to the last 2 years as SDEC stopped during the pandemic.

ASC 03 Annual collection only to be reported in Q4.

Adults with Learning and/or Physical Disabilities:

ASC 04 This is a cumulative figure and at this point is on the way to achieving the target.

ASC 05 While this figure is slightly lower than it was in the same quarter 2021/22, we are still on track towards meeting the target. Work continues to supporting service users to have choice and control in their care planning.

ASC 06 We are at a lower level of those in receipt of Direct Payments that we were at the same quarter in 2021/22. We continue to promote the use of Direct Payments to support people to choose how to they manage their care package.

ASC 07 We are on track to meet this target, albeit the figures are slightly lower than they were in the same quarter 2021/22.

ASC 08 We have currently exceeded this target and figures are higher than they were in the same quarter 2021/22.

Homelessness:**ASC 09** No commentary received for Q2**ASC 10** No commentary received for Q2**ASC 11** No commentary received for Q2**Safeguarding:****ASC 12** This is a relatively new indicator; figures need to be cleansed and may differ to year-end data.**ASC 13** Current progress has exceeded last year's total actual percentage for the year**ASC 14** Annual collection only to be reported in Q4, (figure is an estimate).**Carers:****ASC 15** We are on track to meet this target and figures are higher than they were in the same quarter 2021/22.**ASC 16 - 22** Survey measures are reported annually for service users and bi-annually for carers. The results of these are provided in Quarter 4, however are not published until later in the year.




The next Adult Social Care Survey is due to be administered in January 2023, for results to be reported in the 2022/23 period.









The Survey of Adult Carers will be administered later in 2023 for results to be captured in the 2023/24 period.















Further details on both surveys can be found [here](#)


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	Q2 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	Q2 Progress
PH 02a	Implementation of the Healthy Weight Action Plan	
PH 02b	Increase the percentage of children and adults achieving recommended levels of physical activity.	
PH 02c	Reduce the levels of children and adults who are obese.	
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	Q2 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	Q2 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.	
PH 04e	Reduce the premature (under 75) death rate due to cardiovascular disease and stroke.	
Ref 05	Objective	
PH 05	Mental Health	
Ref	Milestone	Q2 Progress
PH 05a	Reduced level of hospital admissions due to self-harm.	
PH 05b	Improved overall wellbeing scores and carers' wellbeing scores.	
PH 05c	Reduced excess under 75 mortality in adults with serious mental illness (compared to the overall population).	
PH 05d	Reduce suicide rate.	
Ref	Objective	
PH 06	Cancer	
Ref	Milestone	Q2 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).	
PH 06c	Improved percentage of cancers detected at an early stage.	
PH 06d	Improved cancer survival rates (1 year and 5 year).	
PH 06e	Reduction in premature mortality due to cancer.	
Ref	Objective	
PH 07	Older People	
Ref	Milestone	Q2 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.	
PH 07b	Review and evaluate the performance of the integrated falls pathway.	

PH 07c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropriate age groups in older age.	
---------------	--	---

Supporting Commentary

- PH 01a** No programmes were delivered this quarter due to school summer holidays, however 4 programmes are scheduled to be delivered in Q3.
- PH 01b** The 0-19 Service has continued to maintain support for children and families in Halton through the provision of the universal Healthy Child Programme, the Family Nurse Partnership and the Pause programme
- PH 01c** Antenatal Infant Feeding workshops have been delivered online but will move to hybrid offer from Q3 to include some face to face.
- There has been increased engagement from early years setting this quarter, with some settings now signing up for their renewal to HHEYS, as well as some new childminders signing up.
- Fit 4 Life App download instructions have been added to all NCMP results letters for 2022-23, with unique invite IDs based on the weight category for the child to activate appropriate programme content for each weight category.
- PH 02a** There has continued to be a range of parenting programmes are available to families to support them to develop healthy habits for their children. The Holiday Activity Fund (HAF) has supported children during the holidays, to access healthy and nutritious meals, physical activity sessions, nutrition education and enrichment activities. The whole system obesity strategy is currently in consultation phase with partners for review.
- PH 02b** The exercise rererral programme re-started in Q3 2021. The Active Halton strategy is currently in the data and evidence finding stage.
- PH 02c** No update this quarter.
- PH 03a** We are continuing to engage with the provider services to ensure that work continues to focus on the need groups and return to pre pandemic levels of provision. Year 6 pupils have been accessing the Alcohol Education session via Health Improvement Team's Healthy Schools programme.
- PH 03b** 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. Audit C screenings are delivered during Health Checks and stop smoking consultation to clients across Halton.
- PH 03c** The CGL service has launched a Café which offers an opportunity to support clients. The out of prison programme continues to support prison service leavers on their road to recovery and has received

exceptionally positive case studies, also recently opening their safe house in Halton.

- PH 04a** A local action plan is in development around barriers to accessing the NHS Health Check.
- PH 04b** Halton Stop Smoking Service continues to deliver the service remotely and also face 2 face (hybrid model) to support local people to stop smoking including those people directly referred into the service via the TLHC programme.
- PH 04c** See previous comments on weight management and exercise referral programs.
- PH 04d** In addition to the NHS Health Check data above, blood pressure champions have been screening in the community, on the vaccination health bus and in workplaces.
- PH 05a** 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.
- PH 05b** Latest available data for 2018-20 indicates that the excess under 75 mortality for adults with severe mental illness in Halton is significantly better than the England average. 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 05c** Halton's suicide rate for 2019-2021 period is lower than the England average. 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.
- PH 06a** Work is continuing with CHAMPS and the Cancer alliance to focus on activities to increase the uptake of bowel and breast cancer. Regional meetings have not yet been recommenced from UKHSA, though we are continuing to encourage uptake of all screening programmes at all opportunities.
- PH 06b** The Targetted Lung Health check programme is beginning to report early results which shows a positive detection rate of stage 1 cancers amongst people who have ever smoked in the targetted age cohorts
- PH 06c** Cancer survival is improving year on year though the improvement is slowing. We continue to work with the cancer alliance and local partners to ensure new and improved diagonistics and treatments are locally available.
- PH 06d** Cancer mortality is seeing a small improvement year on year, as a factor of the works being undertaken on screening, early diagnosis and

presentation and improvements in diagnostic and treatment technology and access.

PH 07a

Sure Start to Later Life continue to support older people to engage in community activities to reduce the risk of loneliness and social isolation. The team have received 87 new referrals in this quarter. We have held 6 Get Togethers during this period , with 260 people in attendance.




PH 07b












The integrated fall pathway is still under review . A discussion is taking place to identify the most appropriate screening tool to be used. OHID are engaging with partners to discuss setting up a falls collaborative across Cheshire and Merseyside. It will bring together a number of agencies including NWS, Local Authorities, ICSs, NHSE, Voluntary sectors and providers.






PH 07c









Uptake of flu vaccination for seasonal 2021/22 was higher than average for most cohorts with increased but under target performance especially for pregnant women and 2-3 year cohorts.







Key Performance Indicators

Ref	Measure	21/22 Actual	22/23 Target	Q2	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		N/A
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)	57.6% (2019/20)	58.2% (2020/21)	65.5% (2020/21)		

PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	493 (2020/21)	877.7 (2021/22)	N/A		N/A
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	58.0 (2018/19-2020/21)	57.1 (2019/20 – 2021/22)	37.9 (Q2 19/20- Q1 22/23 provisional)		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	14.9% (2019)	14.9% (2020)	13.1% (2020)		
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	76.9% (2019/20)	77.5% (2020/21)	65% (2020/21)		
PH LI 03c	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	96.7 (2019-21 provisional)	96.7 (2020-22)	98.7 (Q3 2019- Q2 2022 provisional)		
PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per	151.0 (2019-21 provisional)	150.2 (2020-22)	141.0 (Q3 2019- Q2 2022 provisional)		

	100,000 population) <i>Published data based on calendar year, please note year for targets</i>					
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	46.6 (2019-21 provisional)	46.4 (2020-22)	44.3 (Q3 2019-Q2 2022 provisional)		
PH LI 03f	Breast cancer screening coverage (aged 53-70) <i>Proportion of eligible women who were screened in the last 3 years</i>	58.8% (2021)	70% (national target)	N/A (annual data only)		N/A
PH LI 03g	Cervical cancer screening coverage (aged 25 – 49) <i>Proportion of eligible women who were screened in the last 3.5 years</i>	71.9% (2021)	80% (national target)	N/A (annual data only)		N/A
	Cervical cancer screening	72.5% (2021)	80% (national target)	N/A (annual data only)		N/A

	coverage (aged 50 – 64) <i>Proportion of eligible women who were screened in the last 5.5 years</i>					
PH LI 03h	Bowel cancer screening coverage (aged 60 to 74) <i>Proportion of eligible men and women who were screened in the last 30 months</i>	55.5% (2021)	No national target as yet	N/A (annual data only)		N/A
PH LI 03i	Percentage of cancers diagnosed at early stage (1 and 2)	55.5% (2019)	55.7% (2020)	N/A (annual data only)		N/A
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 standardised rate per 100,000 population)	312.6 (2020/21 provisional)	380.6 (2021/22)	275.9 (Q2 21/22 – Q1 22/23 provisional)		
PH LI 04b	Self-reported wellbeing: % of people with	12.1% (2020/21)	11.9% (2021/22)	N/A		N/A

	a low happiness score						
PH LI 05ai	Male Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	17.2 (2019-21 provisional)	17.2 (2020-22)	17.3 (Q3 2019-Q2 2022 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) <i>Published data based on 3 calendar years, please note year for targets</i>	19.5 (2019-21 provisional)	19.5 (2020-22)	19.4 (Q3 2019-Q2 2022 provisional)			
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population;	2813 (2020/21)	2806 (2021/22)	2453 (Q2 21/22 – Q1 22/23 provisional)			

	PHOF definition)					
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	81.6% (2021/22)	75% (national target)		u	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 increased in 2020/21. Data is published annually.
PH LI 02b Due to a national data change, quarterly data is currently unavailable.
- PH LI 02c The rate of under 18 alcohol specific hospital admissions has reduced recently. COVID-19 is likely to have had an effect on this.
(2021/22 data is provisional; published data will be released later in the year.)
- PH LI 03a Smoking levels improved during 2019 and 2020; 2020 data met the target.
PH LI 03b Adult excess weight reduced during 2021 and met the target.
PH LI 03c The rate of CVD deaths (in under 75s) has increased in 2020, 2021 and into 2022.; 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, 2021 and into 2022. 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 , 2021 and into 2022. 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 latest % 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 03l 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 2021/22 data indicates the rate of self harm admissions has reduced since 2019/20 and has met the target.
Provisional Q1 2022/23 data suggests the rate has continue to decrease (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 during 2020 and 2021, but has improved slightly during 2022. (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 2021, but has improved slightly during 2022. (Data is provisional; published data will be released later in the year.)
- PH LI 05b Provisional 2021/22 indicates the rate of falls injury admissions has reduced slightly and has met the target.
Provisional Q1 2022/23 data suggest the rate has continue to decrease. (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%.
Too early to say if Halton will exceed the target for 2022/23 as the season has only recently started.

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT

Finance

Adult Social Care

Revenue Operational Budget as at 30 September

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	15,598	7,600	7,532	68	110
Proposed Pay Award 2022/23	572	0	0	0	0
Premises	311	235	232	3	0
Supplies & Services	649	379	370	9	0
Aids & Adaptations	38	5	4	1	0
Transport	187	94	118	(24)	(50)
Food Provision	158	79	75	4	0
Agency	617	367	364	3	0
Supported Accommodation and Services	1,463	605	604	1	0
Emergency Duty Team	105	52	63	(11)	(20)
Contacts & SLAs	627	376	368	8	0
Housing Solutions Grant Funded Schemes					
LCR Immigration Programme	330	165	163	2	0
Homelessness Prevention	356	130	131	(1)	0
Rough Sleepers Initiative	150	50	49	1	0
Total Expenditure	21,161	10,137	10,073	64	40
Income					
Fees & Charges	-761	-337	-318	(19)	(40)
Sales & Rents Income	-391	-221	-259	38	40
Reimbursements & Grant Income	-1,535	-563	-563	0	0
Capital Salaries	-121	-61	-61	0	0
Housing Schemes Income	-836	-836	-836	0	0
Transfer From Reserves	-1,394	0	0	0	0
Total Income	-5,038	-2,018	-2,037	19	0
Net Operational Expenditure Excluding Homes and Community Care	16,123	8,119	8,036	83	40
Care Homes Net Expenditure	8,295	4,173	4,814	-641	-1,236
Community Care Expenditure	19,224	8,658	9,261	-603	-1,236
Net Operational Expenditure Including Homes and Community Care	43,642	20,950	22,111	(1,161)	(2,432)
Recharges					
Premises Support	460	230	230	0	0
Transport Support	587	294	329	(35)	(40)
Central Support	3,563	1,781	1,781	0	0
Asset Rental Support	57	0	0	0	0
Recharge Income	-122	-61	-61	0	0
Net Total Recharges	4,545	2,244	2,279	(35)	(40)
Net Departmental Expenditure	48,187	23,194	24,390	(1,196)	(2,472)

Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is £0.048m below budget profile at the end of the second quarter of the 2022/23 financial year. Expenditure is currently projected to be to budget by the end of the financial year.

Employee costs are currently £0.068m under budget profile, due to savings being made above target on vacancies. The bulk of savings are being made within the Care Management division, which have historically experienced difficulties in recruiting to vacant posts.

The 2022/23 pay award has yet to be agreed but the additional cost to the department over and above the approved budget is forecast at £0.572m. The cost of which will be funded from Council reserves. This figure being based on 417 full time equivalent staff.

The current overspends on transport cost in the report above largely relate to increase fuel costs. These costs are projected to continue for the remainder of the year.

The projected shortfall in fees and charges primarily relates to Day Service trading activities, and the reduced level of consumer confidence post-pandemic. Such shortfall has been met from Covid related government grant funding in the previous two financial years, although funding no longer exists in the current financial year.

Housing Strategy initiatives included in the report above include the LCR Immigration Programme and Homelessness Prevention Scheme. The Homelessness Prevention scheme is an amalgamation of the previous Flexible Homelessness Support and Homelessness Reduction schemes. Funding has increased significantly from £0.253m back in 2020/21 to the current level of £0.356m for 2022/23.

A balanced budget overall is projected for the financial year, with the pressures from increased utility costs and loss of trading income being offset by savings above target in respect of staff turnover.

COMPLEX CARE POOL

Revenue Budget as at 30 September 2022

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Intermediate Care Services	6,403	2,877	2,362	515	555
Oakmeadow	1,165	601	600	1	3
Community Home Care First	1,300	469	469	0	0
Joint Equipment Store	815	261	261	0	0
Development Fund	662	0	0	0	0
HICafs	3,584	738	448	290	585
Contracts & SLA's	3,262	858	826	32	75
Carers Breaks	428	247	212	35	74
Carers centre	377	188	188	0	0
Residential Care	1,075	537	537	0	0
Domiciliary Care & Supported Living	2,556	1,278	1,301	(23)	(75)
Total Expenditure	21,626	8,055	7,205	850	1,217
Income					
BCF	-12,079	-6,039	-6,039	0	0
CCG Contribution to Pool	-2,831	-1,416	-1,416	0	0
Oakmeadow Income	-613	-306	-304	(2)	(3)
Transfer from reserve	-700	-700	-700	0	0
Ageing Well	-694	-694	-694	0	0
Bal cfwd 2021/22	-206	-206	-206	0	0
Total Income	-17,122	-9,361	-9,359	(2)	(3)
Net Expenditure	4,504	-1,306	-2,154	848	1,214
CCG Contribution Share of Surplus	0	0	424	(424)	(607)
Adjusted Net Departmental Expenditure	4,504	-1,306	-1,730	424	607

Comments on the above figures:

The overall position for the Complex Care Pool budget is £0.848m under the budget profile at the end of September. Based on current demand the Pool net spend position is forecast to be £1.214m under the approved budget at financial year-end. The Council share of this is forecast to be in the region of £0.607m, although pressures are considered holistically rather than on a health/local government basis.

The forecast position is subject to change as we move through the financial year and as pressures on the budget are highlighted, particularly with the impact of winter.

Government have recently announced funding of £500m in additional funding for adult social care to help to get people out of hospitals and into social care support, as well as helping to retain and recruit more care workers. Value of the grant to Halton is currently unknown and it is not yet clear if this money will come direct into local government or to health.

In the main, expenditure is below budget profile due to Intermediate Care and the HICaF (Halton Integrated Care and Frailty Service) which cumulatively, are £805 under expected budget at this point of the financial year. HICaF is currently carrying a vacant DM post. Along with this Warrington NHS Trust have not fully recruited their staff for this service.

Expenditure on Contracts is £32k under budget at the present time. This is due to Inglenook's occupancy having gone back down to 1 service user.

Pooled Budget Capital Projects as at 30 September 2022

	2022-23 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remainin g £'000
Disabled Facilities Grant	600	300	280	320
Stair lifts (Adaptations Initiative)	200	100	94	106
RSL Adaptations (Joint Funding)	300	150	152	148
Telehealthcare Digital Switchover	400	100	100	300
Millbrow Refurbishment	400	100	63	337
Madeline McKenna Refurb.	100	20	18	82
St Luke's Care Home	100	10	9	91
St Patrick's Care Home	400	100	92	308
Total	2,500	880	808	1,692

Comments on the above figures:

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2021/22 spend and budget, and expenditure across the 3 headings is anticipated to be within budget overall.

The £400,000 Telehealthcare Digital Switchover scheme was approved by Executive Board on 15 July 2021. Significant capital investment is required to ensure a functional Telehealthcare IT system is in place prior to the switchoff of existing copper cable based systems in 2025. Procurement has now commenced, and It is anticipated that the scheme will be completed during the current financial year.

On 16 June 2022 Executive Board approved a £4.2M refurbishment programme in respect of the four Council owned care homes, to be completed withing a three year timescale. Halton purchased the homes, with the exception of Madeline McKenna, when it was evident that the buildings had been neglected. Some of the homes have décor that is very tired, and furniture that is dated, mismatched and sometimes broken. All of the homes struggle with storage meaning that equipment such as hoists are visible in corridors and communal areas. In addition the bedroom areas are small with poor lighting, and gardens areas in all homes require attention so they can be fully accessible for meaningful activities.

£1.0M has been allocated in terms of estimated spend during the current financial year, although this allocation, together with the allocations in respect of individual homes, may be revised during the year to reflect progress within year on individual care home refurbishment schemes.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT**Revenue Budget as at 30 September 2022**

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	4,451	2,059	2,028	31	53
Premises	5	0	0	0	0
Supplies & Services	278	161	148	13	27
Contracts & SLA's	7,025	2,590	2,590	0	0
Transport	11	9	8	1	1
Other Agency	21	21	21	0	0
Transfer to Reserves	79	29	29	0	0
Total Expenditure	11,870	4,869	4,824	45	81
Income					
Fees & Charges	-291	-233	-231	(2)	(5)
Reimbursements & Other Grants	-313	-290	-290	0	0
Government Grants	-11,337	-4,693	-4,693	0	0
Transfer from Reserves	-667	-22	-22	0	0
Total Income	-12,608	-5,238	-5,236	(2)	(5)
Net Operational Expenditure	-738	-369	-412	43	76
Recharges					
Premises Support	126	63	63	0	0
Transport Support	23	12	16	(4)	(5)
Central Support	1,324	662	662	0	0
Recharge Income	-482	-241	-241	0	0
Net Total Recharges	991	496	500	-4	-5
Net Departmental Expenditure	253	127	88	39	71

Comments on the above figures

The net Department spend is £0.039m under budget profile at the end of Quarter 2 and the estimated outturn position for 2022/23 is for net spend to be £0.071m under the approved budget.

Employee costs is currently £0.031m under planned budget at this point in the year. This is a result of savings made on vacancies and funding from the Contain Management Outbreak Fund (COMF). Two posts within the Environmental, Public Health & Health Protection Division have recently been filled and two are in the recruitment process. The level of savings is expected to reduce during the second half of the financial year due to a higher than budgeted pay award, which is expected to be backdated in the next quarter. The anticipated full year underspend is projected to be £0.053m. The employee budget is based on 89.7 full time equivalent staff. The staff turnover saving target of £0.048m is expected to be achieved in full.

Transport recharges are £0.004m over budget profile at the end of Quarter 2. This is due to higher than budgeted diesel and repair costs for pest control vehicles and the forecast full year overspend is estimated to be £0.005m. This is the result of significant inflation increases.

The balance of £0.368m carried forward from last year's allocation from the Contain Outbreak Management Fund (COMF) is being used to fund continued spend within the Outbreak Support Team. Funding is being used to target low COVID-19 vaccine uptake, enhanced communication and marketing, workplace prevention and contain measures and to help the clinically extremely vulnerable remain well. COMF spend in this first half of the year is £0.343m and this is 93.21% of the available funding, with £0.329m spent on employee costs. The remaining £0.026 m is expected to be spent during October 2022. Further spend during the remaining 5 months of the year will be met from within the Public Health ring-fenced grant.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress

Green



Objective
Indicates that the objective is on course to be achieved within the appropriate timeframe.

Performance Indicator
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

Indicates that it is uncertain or too early to say at this stage whether

milestone/objective will be achieved within the appropriate timeframe. *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.