

# Public Document Pack



## Health Policy and Performance Board

Tuesday, 14 February 2023 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](mailto:ann.jones@halton.gov.uk) for further information.*

*The next meeting of the Board is to be confirmed.*

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

**Part I**

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	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.	
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*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, 29 November 2022 at the Council Chamber - Town Hall, Runcorn*

Present: Councillors P. Lloyd Jones (Chair), Baker (Vice-Chair), Ball, Bevan, J. Bradshaw, Goodall, Leck and Nolan

Apologies for Absence: Councillor McDermott

Absence declared on Council business: None

Officers present: E. Bragger, S. Wallace-Bonner, A. Jones, D. Nolan, L Wilson and M. Lynch

Also in attendance: Councillor J. Lowe (in accordance with Standing Order 33), J. Horsefall – Halton Housing Trust, S. Vickers and P. Thomas – Cheshire and Merseyside ICB (Halton Place)

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

	<i>Action</i>
HEA12 MINUTES	
<p>The Minutes of the meeting held 27 September 2022 having been printed and circulated were signed as a correct record.</p>	
HEA13 PUBLIC QUESTION TIME	
<p>In accordance with Standing Order No.34 (9), the following public questions were submitted to the Board:</p>	
<p><u>Question</u></p>	
<p><i>“It is noted that as part of the Performance Priority Based Report (Page 4 of 21, Supporting Commentary) there is an underspend in the Pooled Fund for joint delivery of Integrated Care. It is understood that in Greater Manchester, Local Authorities and local NHS Trusts have used the pooled fund for Integrated Care to increase the rate paid to providers for commissioned Social Care. The increased rate has been to paid to providers agreeing to pay Care Workers the Foundation Living Wage.</i></p>	

*The Foundation Living Wage – independently calculated by the Resolution Foundation – is the minimum amount that workers need to earn to make ends meet, yet a substantial proportion of care workers across Halton receive below Foundation Living Wage. This forces Care workers to work excessive hours to make ends meet, which has an impact on the quality of care as workers are burnt out.*

*Further, the low pay in the sector is leading to a shortage of care workers, experienced care workers are leaving the sector to work in better paid sectors, and providers are finding it more difficult to attract new staff to the sector as the level of responsibility is not reflected in the pay.*

*I understand Halton Council has been awarded over £500,000 for the discharge fund, this fund is to support recruitment and retention of staff in the care sector. Using this fund to support the Foundation Living Wage to care workers across Halton will aid recruitment and retention of care workers”.*

*As a resident of Halton can you confirm the value of the stated underspend in the pooled funding?*

#### Response

As outlined in the Performance Report, the Pooled budget was shown to be underspent at the end of quarter two (September 2022) of 2022/23; this figure was £0.848m.

#### Supplementary Question

*It is noted that Halton has received over £500,000 for the Discharge Fund. This Fund is to be used to recruit and retain social care workers across Halton. Low wages in the Social Care Sector is a fundamental issue of retaining and recruiting staff in the sector.*

*Will you commit to using the Discharge Fund to ensure the Foundation Living Wage as a minimum is paid to all care workers across Halton?*

#### Response

The function of the Health Policy and Performance Board is scrutiny; it is not a decision making body, so it is not permitted to commit to any budget spend.

HEA14 HEALTH AND WELLBEING BOARD MINUTES

The minutes from the Health and Wellbeing Board meeting held on 6 July 2022 were submitted for the information of the Board.

HEA15 SUPPORT TO AN AGEING POPULATION: HALTON HOUSING

The Board received an update on Halton Housing Trust's (HHT) support for the needs of Halton's older customers from Jonathan Horsfall from Halton Housing.

HHT provide a range of housing options with appropriate levels of support to enable customers to maintain an independent and healthy lifestyle within their own home.

It was reported that HHT manage and maintain 7500 homes predominantly within the Borough of Halton. Most were for social rent, with 220 for shared ownership. The report described the services provided by them to their tenants and the types of housing available specifically for older customers. The report also gave profile information of the ages of customers; the types of accommodation they lived in; the numbers of older customers assisted over the past 6 months; and details of the work and support provided by the Halton Housing Independent Living Team.

The development of extra care schemes (Barkla Fields, Naughton Fields and Hazelhurst) were welcomed. These provided customers with care and support services, personal care and domestic services, emergency alarms and 24-hour help lines, as well as communal facilities such as lounges and bistros. Information on the newest example of this, Hazelhurst, was appended to the report.

The Board thanked Mr Horsfall for his attendance and he provided the following additional information in response to Members questions:

- Hazelhurst in Sandymoor was now open and residents had begun to move in;
- Transport links were discussed; these were getting better as the area developed;
- Applications for homes in Hazelhurst and other properties were made through the Trust's Property Pool Plus (PPP) service;
- Customers placed bids on properties using the PPP service, which placed them in a category, with Band

A (homeless) being the highest. The winning bidder was then allocated the property based on need;

- There was less demand in Band A from older people;
- IT support was available to those residents who were unable to use PPP to submit their application and it was possible to arrange for 'auto bids' to be set up;
- The service did not arrange swaps as such, but mutual exchanges were allowed between tenants in agreement with each other;
- The market was very buoyant for shared ownership properties, so those properties within Hazelhurst were expected to sell; and
- Right to Buy still existed for rented homes only.

RESOLVED: That the report is noted.

#### HEA16 WIDNES URGENT TREATMENT CENTRE UPDATE

This item was deferred due to the non-attendance of the presenting officers from Bridgewater Community Healthcare NHS Foundation Trust.

#### HEA17 PRIMARY CARE NETWORKS – ADDITIONAL ROLES

The Board considered a report of the Strategic Director – People, which described the additional staff roles Primary Care Networks (PCNs) may recruit to, and the plans in place to implement this in Halton.

Members were advised that PCNs were groups of GP practices and other healthcare staff and organisations who worked together to provide integrated services to the local population. In Halton there were two PCNs, one in Runcorn and one in Widnes, aligning to the geography of the Borough.

The national PCN contract included 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 was most needed.

The report presented details of the roles which may be recruited to in Runcorn and Widnes. It was noted however that whilst the scheme would facilitate a greater range of staff available to care for patients in the GP setting, there were several challenges that would affect the ability to implement the scheme; examples of these challenges were presented in the report. Information was provided to

Members on how these challenges would and are being addressed by the PCNs.

Members understood the challenges being faced in recruiting to the additional roles for Halton and questioned its achievability, particularly considering the lack of current resources. They also discussed the fact that there was a high demand for these roles throughout the Country, so there would be competition in the market. The 'First Contact Physiotherapist' role was used as an example, where it was stated the PCN were working with Warrington and Halton Teaching Hospitals to assist with recruitment of these.

In response to queries on communicating this information to the public, it was recognised that this would be a slow process as patients were not used to receiving care from these roles in a GP setting. It would be a case of educating patients over time of the existence of these additional roles, so that they felt confident in receiving care from them.

RESOLVED: That the Board notes the additional staff roles being employed by the PCNs to support General Practice in Halton.

#### HEA18 UPDATE ON ONE HALTON PLACE BASED PARTNERSHIP

The Board received an update and presentation from the NHS Cheshire and Merseyside ICB's Director of Strategy and Transformation, Philip Thomas, on arrangements for NHS Cheshire and Merseyside delivery in Halton, incorporating One Halton, the place based integrated partnership.

The Board has received regular updates and presentations on One Halton during the transition from Clinical Commissioning Groups (CCGs) to the commencement and embedding of Integrated Care Systems (ICSs). Today's update included the following:

- An overview of the Integrated Care System (ICS);
- An overview of the Cheshire and Merseyside Integrated Care Board (ICB);
- The vision of the Cheshire and Merseyside ICB;
- The functions of the Place Based Partnerships;
- The key priorities of the ICB;
- The alignment of the ICB to Halton Place priorities;
- An overview of Halton – life course approach; and
- Halton Place priorities.

In response to the Board's questions, the following information was provided:

- Funding of £4.3b that the Cheshire and Merseyside ICB received this year, was allocated to each area using an historical formula used when the CCGs were in existence;
- It was recognised that there were health inequalities in Halton that needed to be addressed;
- The NHS Cheshire and Merseyside budget was mainly committed to large contracts;
- It was important to prioritise the wellbeing of the population to keep them healthy; and
- The 'Halton Place' structure and staff roles were described; it was noted that the Halton Place team had worked well together so far and were ready for the winter period.

It was suggested that a structure chart of the ICB and the Halton Place staff be provided to the Board – this would be sent by Halton Place staff following the meeting.

RESOLVED: That

- 1) the presentation be received; and
- 2) future reporting be provided by agreed thematic agenda items.

Director of Adult  
Social Services

#### HEA19 DEMENTIA FRIENDLY HALTON BOROUGH COUNCIL

The Board received a report of the Strategic Director – People, which presented the Dementia Friendly Halton Borough Council (HBC) Plan for information.

Dementia Friendly Communities was a Programme from the national Alzheimer's Society that encouraged everyone to share responsibility for ensuring that people with dementia felt understood, valued and able to contribute to their community. The Programme focussed on improving inclusion and quality of life for people with dementia and encouraged organisations to develop and implement local action plans.

It was reported that Executive Board gave approval in June 2022 for the development of a dementia friendly cross Council approach. The action plan, appended to the report, was grouped into three priorities:

- Priority One Actions – Organisational support and



infrastructure to support development of a Dementia Friendly HBC;

- Priority Two Actions – Raising Dementia awareness across the Council and beyond; and
- Priority Three Actions – Service Area Specific Actions.

Members were advised that monitoring of progress against the plan would be done initially via the quarterly update report to Adult Social Care Senior Management Team as this sat alongside the wider One Halton Dementia Delivery Plan, that was being led by Adult Social Care.

The Board welcomed the Plan and provided positive feedback regarding the seminars that had taken place across the Council so far. It was suggested that these awareness raising events could be beneficial to other organisations and bodies in the Borough – this would be fed back.

RESOLVED: That the report and action plan be noted.

#### HEA20 RESPITE PROVISION UPDATE

The Board considered a report of the Strategic Director – People, which gave 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.

It was noted that in June 2019, a report was presented to the Board providing information on respite provision, specifically the shared care voucher process. The need for respite is identified by social workers as part of the assessment process and depending on the nature of the person's condition, shared care vouchers were identified as a way of meeting the assessed need.

The report gave a recap of the shared care voucher process and outlined the areas identified for improvement previously. It was reported that the onset of the pandemic soon after the previous report was presented had affected the level of progress that could be made with the improvements outlined in the 2019 report. Since the easing of the pandemic the respite offer had been revisited to ensure that the necessary improvements were made and there were options available that met people's needs.

The Board was presented with new improvement

actions and the rationale behind these, after taking into consideration the two main client groups requiring access to respite – adults with learning disabilities and older people.

The following information was provided following Members questions:

- Clients were either referred to the service or they could apply directly themselves;
- Respite provision was provided based on the needs of the individual following an assessment;
- Most clients were referred to the service and their carers were able to receive an assessment as well;
- As well as care home respite, there were other respite services on offer such as Shared Lives, Direct Payments and Crossroads (Home Based Respite Care Service); and
- Adults with learning disabilities did have the support of social workers to assist them with accessing respite provision.

RESOLVED: That the Board notes the report.

#### HEA21 PERFORMANCE MANAGEMENT REPORTS, QUARTER 2 2022/23

The Board received the Performance Management Reports for quarter two 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 two 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.

Page 91 – ASC03 – it was noted that quarter 2 data was missing as it was only a snapshot of information that was presented once a year in quarter one.

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

*Meeting ended at 8.25 p.m.*

**REPORT TO:** Health Policy & Performance Board

**DATE:** 14 February 2023

**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:** 14 February 2023

**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 dated 12 October 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, 12 October 2022 at Karalius Suite - Halton Stadium, Widnes*

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

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

Absence declared on Council business: None

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

*Action*

HWB9 MINUTES OF LAST MEETING

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

HWB10 UPDATE ON ONE HALTON PLACE BASED PARTNERSHIP

The Board received an update report from Nicola Goodwin (One Halton, Senior Programme Manager) on the One Halton Place Based Partnership. The Integrated Care Systems (ICS) consists of an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP) along with at Place level, a Place Based Partnership (PBP). Locally this is One Halton.

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

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



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

RESOLVED: The report be noted.

#### HWB11 ONE HALTON AND HEALTH AND WELLBEING BOARD STRATEGY

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

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

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

#### HWB12 ICP STRATEGY

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

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

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

RESOLVED: That the presentation be noted.

#### HWB13 PLANNING FOR WINTER 2022-23

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

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

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

RESOLVED: That:

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

#### HWB14 NHS WINTER PRESSURES

The Board received a report of the Halton Place Director, which provided information regarding the pressures the NHS were expecting to experience in the coming winter months and the focus being employed in preparation and monitoring. The NHS Chief Executive had written to all NHS organisations to outline the approach being undertaken to develop operational resilience during the coming winter, with a focus on urgent and emergency care services and the capacity and occupancy in acute hospital beds.

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

The Board noted that:

- NHS Cheshire and Merseyside had set up a weekly Winter Planning and Operational Group to support the development of the ICB winter planning and provide assurance across the systems;
- the number of services and initiatives in place to support Halton residents to create closer to home and easily accessible alternatives to acute hospital care; and
- Halton was establishing a Winter Resilience Group, operational and tactical management and escalation arrangements. These would bring together health

and care partners to monitor, plan, implement and impact, system performance and pressures, identifying, agreeing and executing remedial actions as required to ensure local people can access the services they need, when they need them.

RESOLVED: That the Board noted:

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

#### HWB15 COST OF LIVING CRISIS

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

The report summarised:

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

RESOLVED: That:

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

#### HWB16 DEMENTIA FRIENDLY HALTON BOROUGH COUNCIL

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

The Council had developed an action plan which was

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

RESOLVED: The report be noted.

#### HWB17 BETTER CARE FUND (BCF) 2022-23 PLAN

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

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

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

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

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

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

#### HWB19 HALTON WOMEN'S CENTRE

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

RESOLVED: The report be noted.

## HWB20 COMBATING DRUGS PARTNERSHIP

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

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

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

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

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

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

*Meeting ended at 4.10 p.m.*

**REPORT TO:** Health Policy & Performance Board

**DATE:** 14<sup>th</sup> February 2023

**REPORTING OFFICER:** Executive Director, Adults

**PORTFOLIO:** Adult Social Care

**SUBJECT:** Runcorn Urgent Treatment Centre (UTC) :  
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 Runcorn UTC and the current service offer delivered.

**2.0 RECOMMENDATION: that the Board**

i) **note the contents of this report and associated appendices.**

**3.0 SUPPORTING INFORMATION**

**3.1 General**

3.1.2 The Runcorn UTC is open 365 days a year from 8am to 9pm and is located at Halton Hospital. Patients can walk in or book appointments via NHS 111.

3.1.3 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.

3.1.4 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.

3.1.5 There is a GP on site at Runcorn UTC 7 days a week for 6hrs per day as per the agreed contract. During 2022 the Trust has support additional GPs hours due to demand and acuity at a financial cost pressure.

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

- 3.1.7 There is a skilled paediatric workforce which ensures that a trained paediatric nurse on duty at each shift who is clinically supported by an Advanced Paediatric Clinical Nurse Practitioner.
- 3.1.8 Diagnostics are available onsite in the form of x-ray and Phlebotomy.
- 3.1.9 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.
- 3.1.10 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 Warrington Hospitals.

### 3.2 **Warrington & Halton Hospital and the UTC**

- 3.2.1 The Trust has delivered the service at Runcorn 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.
- 3.2.2 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'.
- 3.2.3 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.

### 3.3 **Access**

- 3.3.1 The service is fully accessible for walk in appointments and has been throughout the pandemic. Appointments can also be booked via NHS111, also NWS can stream directly to Runcorn UTC based upon current DOS.

### 3.3 **Workforce**

- 3.3.1 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.
- 3.3.2 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.

### 3.4 **Performance**

3.4.1 The UTC has consistently over performed versus the indicative levels of activity in the Contract Specification which profiled attends of circa 65 patients a day.

3.4.2 There has been a 32.13% increase on year-on-year activity delivered between 2020/21 and 2021/22 with daily attendance reaching 148 in December 2022.

3.4.3 The service has maintained the delivery of the 4-hour waiting time standard throughout the pandemic and continues to do so. More detailed performance information can be seen in **Appendix 1**

3.4.4 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. The figures for the percentage of patients transferred to Emergency Department can be seen in **Appendix 1**.

3.4.5 The Runcorn 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.

3.4.6 Between November 2002 and December 2022 Healthwatch undertook a review of the Runcorn UTC. Information to support this review was gathered by visits to the centre and via surveys undertaken with patients accessing the service. This work illustrated most respondents giving positive feedback on their experience of the UTC, with 93% of those surveyed 'likely' or 'very likely' to recommend the service. A copy of the full Healthwatch review report can be seen in **Appendix 2**.

### 3.5 **Partnerships and Collaboration**

3.5.1 The Trust is committed to developing the UTC further with partners in across Cheshire and Merseyside and are part of the Provider Collaborative UTC Standardisation Group.

3.5.2 The service works closely with Warrington and Halton Hospitals Emergency Department in respect of paediatrics, burns and plastics and orthopaedics and can manage patients via shared clinical pathways and directly refer patients into clinical specialties.



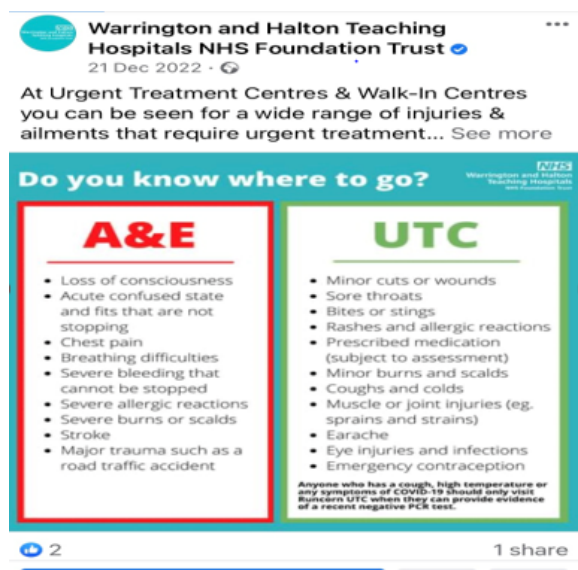
- 3.5.3 Clinicians from the UTC have supported onsite at Warrington Emergency Department facilitating discharge and streaming patients from ED to the UTC during periods of significant pressure.
- 3.5.4 The Trust is part of the Mental Health, Learning Difficulties and Community Provider Collaborative 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.
- 3.5.5 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.
- 3.5.6 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.

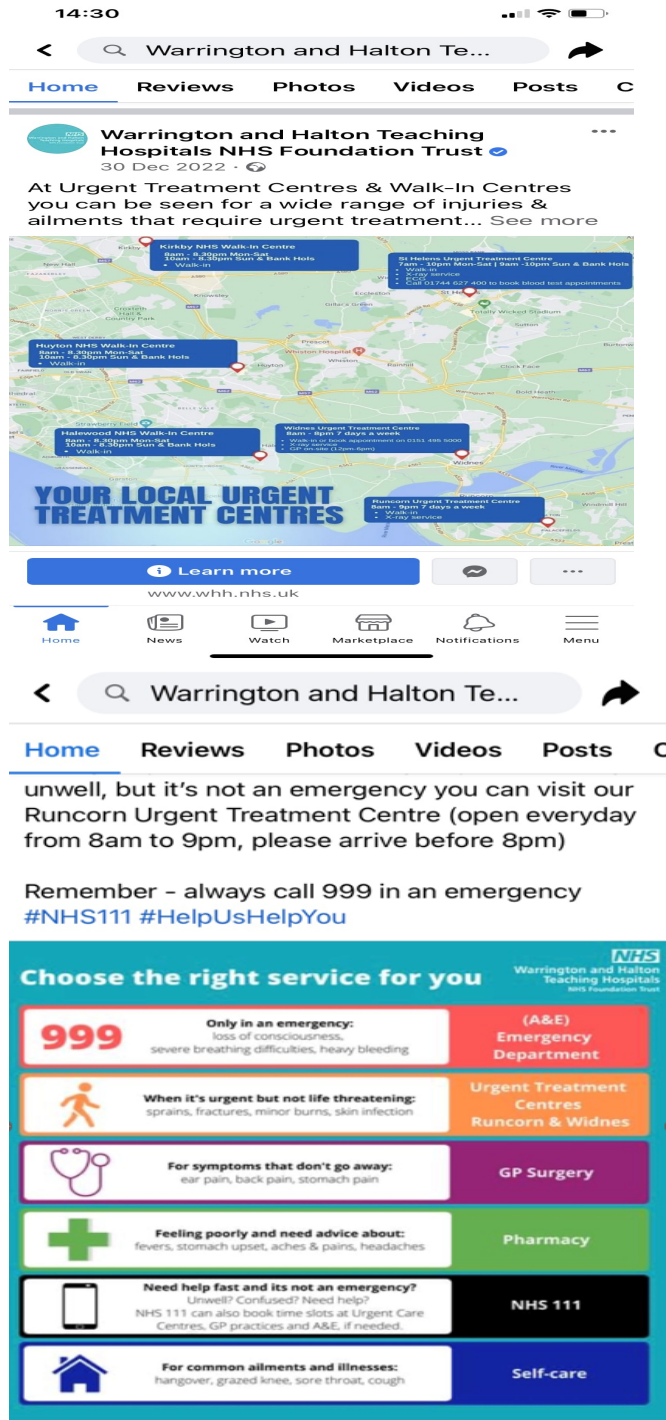
3.6 **Communication**

- 3.6.1 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.
- 3.6.2 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.

3.7 **Recent communication examples to promote the UTC:**

3.7.1





3.8 Conclusion

3.8.1 The Runcorn UTC is a key service for patients of Runcorn, Warrington, and Widnes and to the Borough of Halton.

3.8.2 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.

3.8.3 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**

None identified.

5.0 **FINANCIAL IMPLICATIONS**

None identified.

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

6.1 **Children & Young People in Halton**

The Runcorn 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**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 The Runcorn 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

Runcorn UTC 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 **CLIMATE CHANGE IMPLICATIONS**

9.1 This report is for information only, therefore there are no environmental or climate implications as a result of this report.

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

10.1 None under the meaning of the Act.



# Runcorn Urgent Treatment Centre

Patient Feedback report November / December 2022

# Contents

Contents .....	1
What is an Urgent Treatment Centre? .....	2
Why are we visiting? .....	2
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, one located at Halton Hospital in Runcorn, and another based at the Health Care Resource Centre in Widnes.

## Why are we visiting?

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 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>

This report covers visits to the Runcorn UTC on the following dates:

- 9 November 2022
- 7 December 2022

The information we have gathered is presented to provide a snapshot of the experiences of those who took part, and to highlight areas for consideration by commissioners and providers. Due to the number of responses received they cannot be considered representative of all patients who attend the UTC.

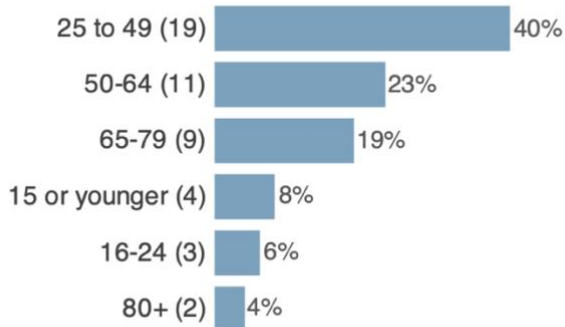
### **Acknowledgement**

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



## Results

### What age group are you? (Age of respondent)



In total we spoke with 48 patients during the two visits.

They ranged in age from under sixteen to over 80 years of age.

The majority, 63%, were in the 25 to 64 age group.

Under 25's accounted for 14% of patients we spoke with, while a further 23% of people were aged 65 or older.

We heard from 26 women and 15 men. Seven people preferred not to give their gender.

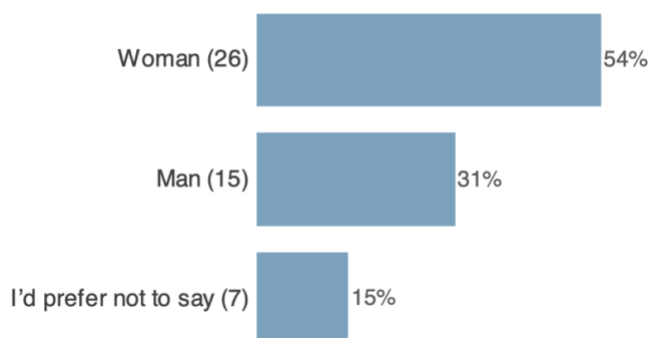
When asked how they arrived at the UTC, 39 people (81%) had arrived by car, of those, 23 (48%) drove themselves, with 16 (33%) saying they'd been given a lift to the UTC been given a lift by a friend or family member. Three people (6%) had come by public transport.

Four people, (8%), told us they had walked to the centre, while two people had arrived by Taxi.

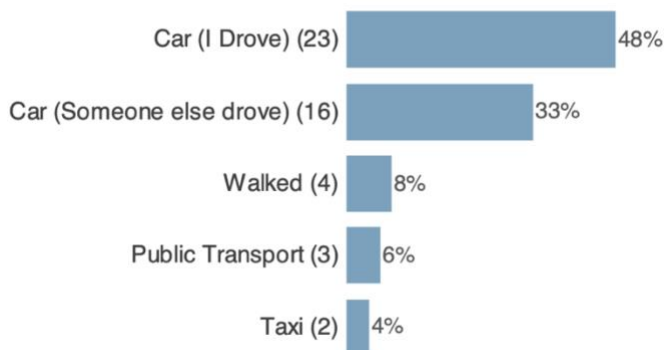
Almost 40% of people we spoke to lived outside Halton. Mainly from the

Warrington area, with some people coming to the UTC from Frodsham and Helsby.

### Please tell us which gender you identify with:



### How did you get here today?



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

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



Four in Ten (38%) patients said they hadn't looked for help or advice anywhere else before attending the UTC. These figures were broadly similar to those in our previous report in September 2022.

We asked those who had looked for help before coming to the UTC which service(s) they had contacted.

The most common response was GP Practice, with 77% (23) saying they had tried their GP practice first.

- *'Our GP always tell us to come to the UTC for my young daughter but also for my elderly Father.'*
- *'My GP practice wouldn't see my Granddaughter, who is only a baby, because of covid. She was unwell so they said we had to come to the UTC in case it was Covid.'*
- *'I can't get a GP appointment. I have been there 37 years. You can't book in advance. I was on hold for nearly 2 hours this morning and it charges me for this. When I got through the appointments are gone. The receptionist suggested coming to the reception at 8.00am but this cost me £5 on the bus and there is no guarantee. If I do get an appointment, I would have to pay for the bus again. Something different needs to be put in place for GP's.'*

## Why did you end up coming to the UTC?

People had decided to come to the UTC for a variety of reasons. One in four people (26%) visited the UTC as they were unable to book an appointment with their GP practice.

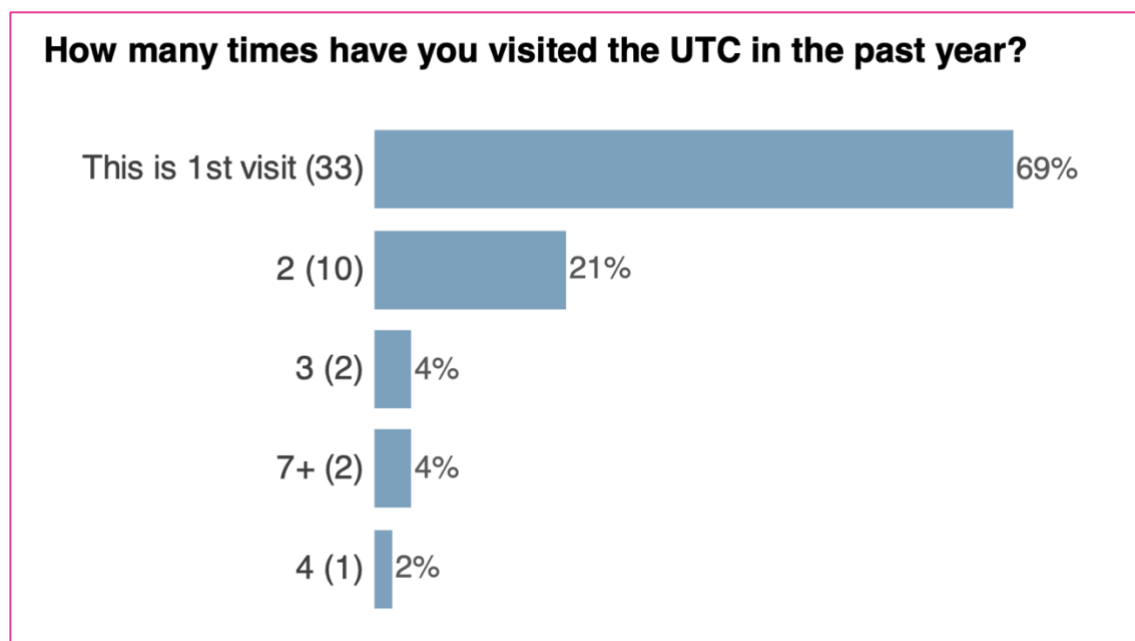
One in five people had spoken with their GP practice and been advised to visit the UTC.

Two people had contacted NHS111 and been advised to go to the UTC.

Some people had decided it was the most appropriate place to visit

- *'I know I can get seen here.'*

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

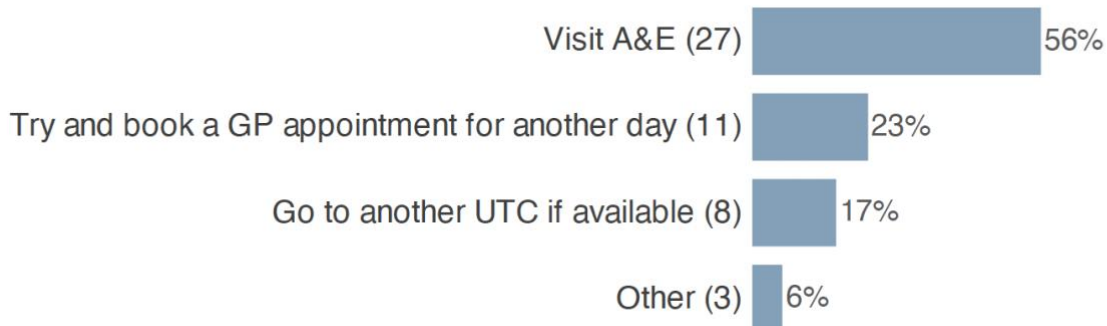


Most people, 90% (43), had only visited once or twice in the past 12 months.

Two people had visited the UTC more than six times in the past year. Both had brought children for treatment as they had been unable to get appointments with their GP practices.

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

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



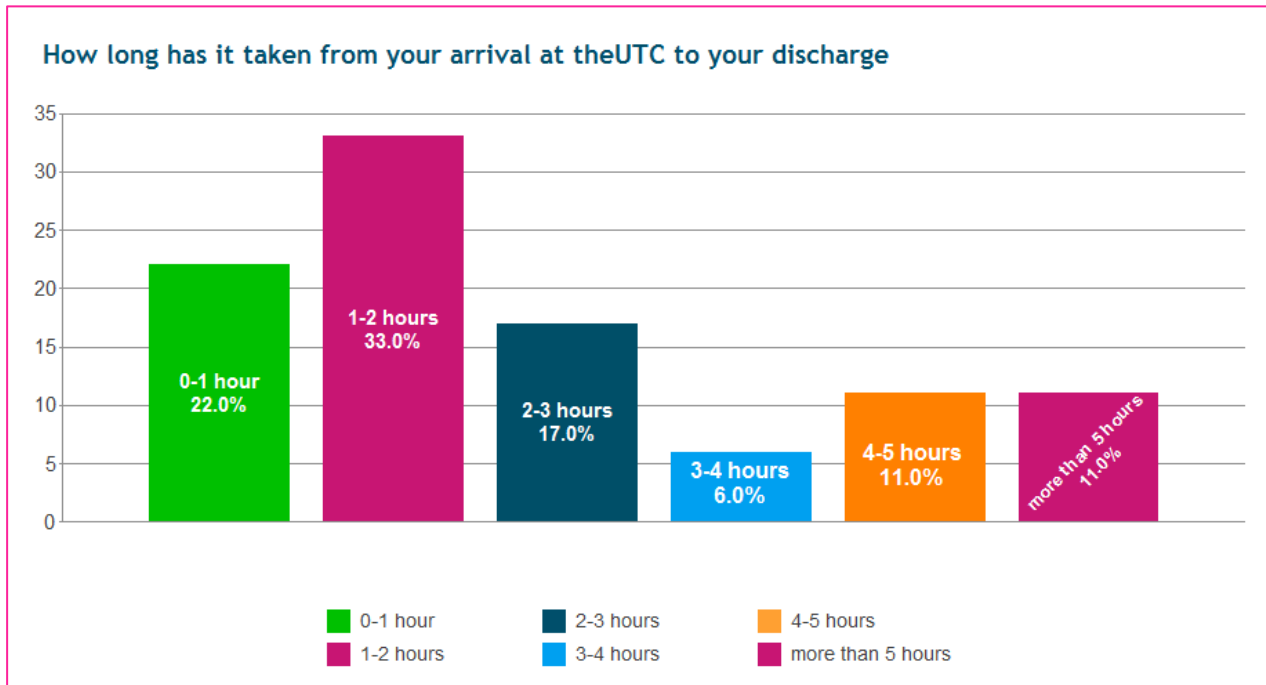
Over half, 56% (27), told us they would have attended A&E.

- *'Dressing clinics in our area are full so we would have gone to A&E every day for dressings!'*

23% (11) said they would try and get an appointment with their GP on another day, while a further 17% (8) would have looked for another UTC to go to.

## 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.



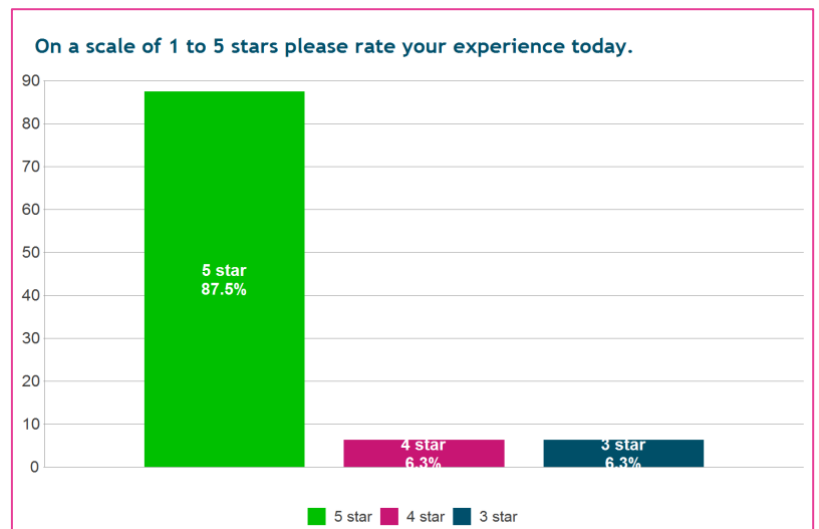
Just over one in five patients (22%) were 'in and out' of the service within one hour of arrival.

A further 33% were treated and discharged within two hours of arrival, while 17% were treated and discharged between two and three hours after arrival.

In total, 78% of patients were treated and discharged in less than four hours. While still a high percentage, this was a drop of 19% compared to our report in September.

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

Despite the increase in waiting times for many people, satisfaction with the service is still high with 88% of those who completed part two of the survey rating their experience of the UTC as five stars, while 6% rated it as four star, with another 6% rating it as a three out of five-star experience.



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

When asked if they would recommend the UTC to friends or family, a similarly high percentage, 93%, said they would be *'likely'* or *'very likely'* to recommend the service.

The remaining 7% gave a neutral *'neither likely or unlikely'* rating.

- 'Halton is accessible from where I live and the same travel time as Warrington. Halton is always spotlessly clean, amazing friendly staff. Really helpful, always checking patients waiting to be seen are ok and always asking of everyone is ok. They explain we can help ourselves to water and let us know if name called if we need to go to the toilet. I have accessed Halton and been an inpatient for the last 12-13 years and recommend them 100%. Halton is an amazing hospital and excellent staff and service, and they know how to clean, I've never ever seen Halton Hospital dirty, ever! Shorter waiting times than Warrington Hospital and treat you like a person, NOT A number.'*

## Summary

As with previous visits to the Runcorn UTC, we observed staff to be always helpful and courteous to patients, which is reflected in the public feedback received.

The average waiting time for patients to be triaged and treated has risen compared to our previous visits, but it continues to be overwhelmingly positive despite this.

There were many compliments, particularly for staff:

- *'They took the baby straight through to be checked. Couldn't help me enough. Thanks!'*
- *'Excellent treatment. Friendly staff.'*
- *'The staff are pleasant and courteous.'*
- *'The staff are all lovely and very helpful, but so overstretched / over worked. I think the service is being misused by GP's which only adds to the pressure they are all under.'*



[www.healthwatchhalton.co.uk](http://www.healthwatchhalton.co.uk)

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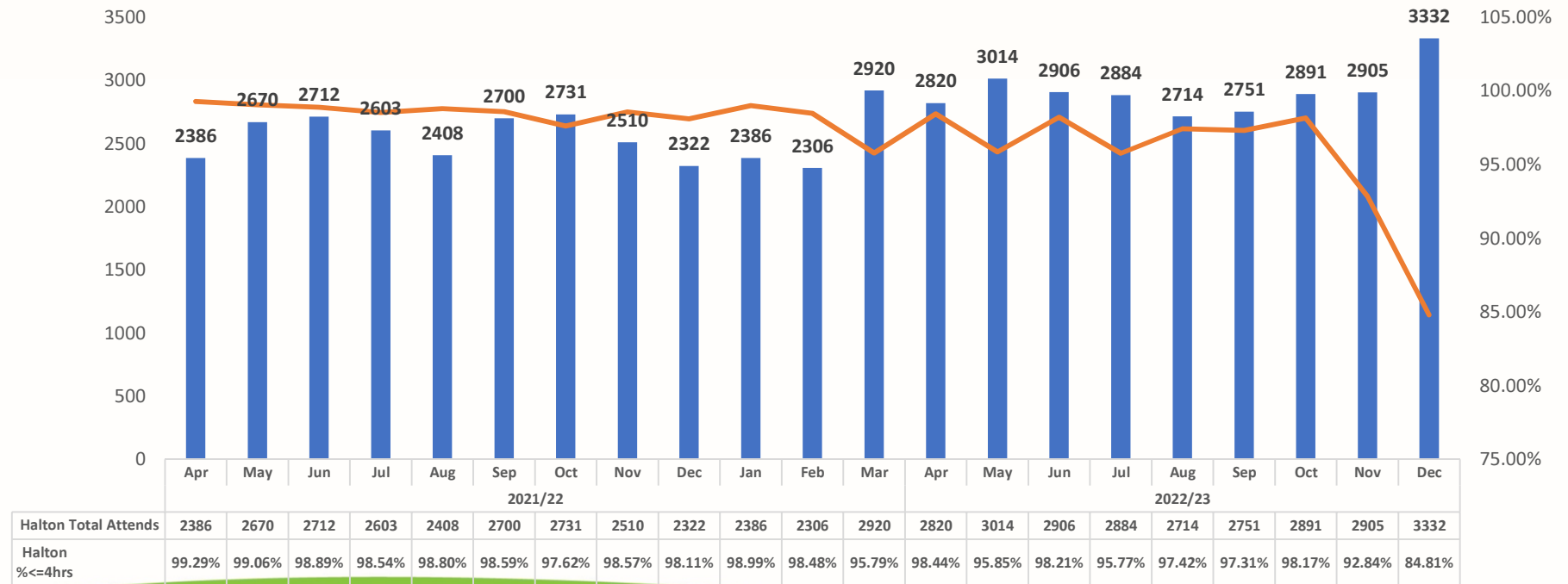


# Halton UTC Performance Data

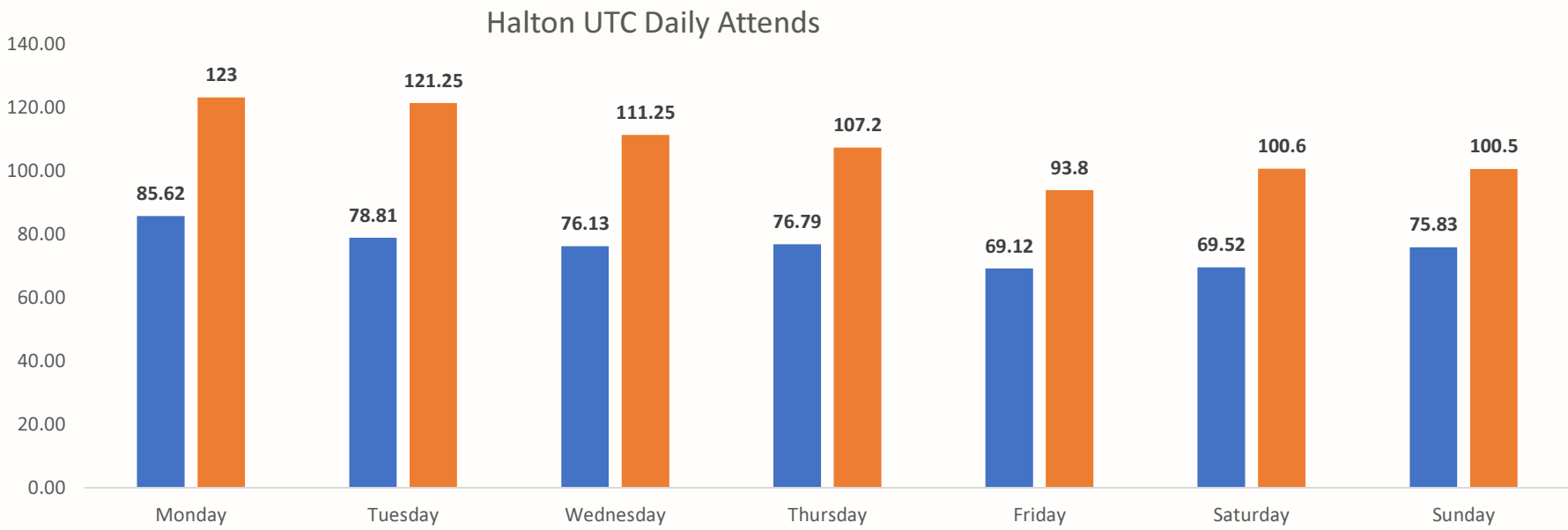
**Sheila Fields-Delaney**  
**CBU Manager UEC**

# Halton UTC Attends

Halton Utc Attends and 4 Hr Performance



# Halton UTC Daily Attends



■ Average Daily Attends 2022/23 ■ December 2022 Average daily attends

# Attends By Age Profile

Financial Year	AgeBandsBenchmarking	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
2022/23	0-16	765	859	786	726	514	675	750	837	1136	7048
	17-65	1682	1720	1699	1707	1697	1640	1723	1626	1786	15280
	Over 65 & Unknown	373	435	420	451	503	436	418	442	410	3888
<b>2022/23 Total</b>		<b>2820</b>	<b>3014</b>	<b>2905</b>	<b>2884</b>	<b>2714</b>	<b>2751</b>	<b>2891</b>	<b>2905</b>	<b>3332</b>	<b>26216</b>



# Halton UTC TOP Attends by Diagnosis

Chief Complaint	Apr	May	June	Jun	Aug	Sept	Oct	Nov	Dec	Total
Cough	125	101	85	74	53	66	173	187	745	<b>1609</b>
Wound care	155	191	154	211	223	226	218	193	123	<b>1694</b>
Eruption	128	120	118	81	112	92	114	130	161	<b>1056</b>
Sore throat symptc	107	87	101	116	70	75	97	103	270	<b>1026</b>
Injury of ankle	117	138	150	122	117	126	116	99	53	<b>1038</b>
Abdominal pain	143	117	105	100	109	75	91	104	108	<b>952</b>
Injury of knee	109	125	104	105	107	115	119	90	76	<b>950</b>
Injury of head	72	99	106	100	62	99	91	92	87	<b>808</b>
Backache	114	96	86	69	83	80	103	77	77	<b>785</b>
Injury of foot	73	109	97	85	108	75	75	78	44	<b>744</b>
Chest pain	81	87	71	72	63	78	85	98	61	<b>696</b>



# Additional Halton UTC Data- Previous 12 Months

Metric	Monthly v Last Year			Last v Previous Year		
	Last Month Dec 2022	Same Month Last Year	Month Growth	Last 12 Months Jan 2022 Dec 2022	Previous 12 Months	Year Growth
A+E Attendances	3,332	2,278	46.27%	33,829	27,388	23.52%
A+E Attendances (Child)	1,177	563	109.06%	9,335	7,065	32.13%
% Performance <=4hr	84.8%	98.1%	-13.49%	95.8%	98.8%	-3.10%
% Performance <=4hr Type 1						
% Performance <=4hr Type 3	84.8%	98.1%	-13.49%	95.8%	98.8%	-3.10%
% Performance <=4hr Majors						
A+E Ambulance Attendances (%)	0.0%	0.0%		0.0%	0.1%	-53.13%
A+E Ambulance Attendances	0	1		11	19	-42.11%
Left Without Being Seen 5%	3.8%	1.8%	118.78%	1.4%	1.5%	-7.45%
7 Day reattendance 5%	6.2%	6.6%	-6.28%	7.1%	6.6%	8.76%
Admissions to hospital	17	14	21.43%	141	179	-21.23%
Admission Conversion (%)	0.5%	0.6%	-16.98%	0.4%	0.7%	-36.23%

# Comparison with other UTC providers

	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	Halwood WIC	Huyton WIC	Runcom UCC	Widnes UCC	Self Ref	
	Liverpool CCG					South Sefton CCG		Knowsley CCG		Halton CCG		Self Ref	
	L1 2SA (Dunmurry Postcode)	L14 4AF	L13 2GA	L19 2LW	L15 2JQ	L21 9JN	L32 8RF	L26 9UH	L36 6GA	WA7 2DA	WA8 7GD	Self Ref	
	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	
	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	
	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	
	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	
	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	
	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	
	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	08	
	NA	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	08	
Weekdays (Monday - Friday)	NA	No	No	09:00 - 16:30	09:00 - 16:30	09:00 - 19:00	09:30 - 23:00	No	No	08:00 - 21:00	08:00 - 21:00	08	
Weekends (Saturday and Sunday)	NA	No	No	No	No	No	10:00 - 16:00	No	No	08:00 - 21:00	08:00 - 21:00	08	
Weekdays (Monday - Friday)	No	No	No	No	No	TBC	No	No	No	12:00 - 18:00	12:00 - 18:00	11	
Weekends (Saturday and Sunday)	No	No	No	No	No	TBC	No	No	No	12:00 - 18:00	12:00 - 18:00	11	
of Appointments via NHS 111	No	No	No	No	No	No	No	No	No	Yes	Yes	09	
Notes	NHS 111 can directly book all back 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 all back 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 self-present to the WIC on 0151 775 5507			Patients 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.

**REPORT TO:** Health Policy & Performance Board

**DATE:** 18<sup>th</sup> January 2023

**REPORTING OFFICER:** Executive Director, Adults Directorate

**PORTFOLIO:** Adult Social Care

**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.



- 3.6 There is a strong paediatric workforce and there is always one trained paediatric nurse on duty at each shift who is clinically supported by an Advanced Paediatric Clinical Nurse Practitioner.
- 3.7 Diagnostics are available onsite in the form of near patient testing /point of care tests for deep vein thrombosis (DVT), x-ray, and ultrasound facilities.
- 3.8 The service is currently looking to expand the diagnostic capability to support 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 have commenced a review of health inequality data for those patients who access the UTC. The aim of this is to understand what additional support could be offered to patients and to establish how we can enhance our current offer. The Trust has started to triangulate key data and demographics including age, gender, socio-economic status, and reason for accessing the UTC in order to understand why certain groups access EDs over the UTC. The Associate Director, Operational Manager and informatics team are meeting regularly to evaluate and analyse this data.

### **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 service has seen an increase in activity since pre COVID 2019/20, but a reduction in activity in year compared to the 2021/22 period. This is due to a change in the model of delivery. During COVID and up until May 2022, the service offered telephone appointments in addition to the face to face walk in appointments which are now provided.
- 3.29 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.
- 3.30 The service maintained the delivery of the 4-hour waiting time standard throughout the pandemic. In the last few months, the service has seen an increase in 4 hour waiting time breaches which is in line with other urgent and emergency care providers (detailed performance information can be seen in Appendix 3). The increase in 4-hour breaches can be attributed to an increase in the following:
- Acuity of patients accessing the UTC.
  - Morning attendance figures which lead to delays in the day.
  - The volume of patients seen face to face in the UTC compared with the previous reporting period.
  - Staff sickness due to COVID and flu.
- 3.31 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.
- 3.32 The Widnes UTC will continue to strive to increase the service offer

available so that it can further reduce the numbers of patients transferred to Emergency Departments.

### **Partnerships and Collaboration**

- 3.33 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 and Warrington and Halton Hospitals who support residents in Runcorn.
- 3.34 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.
- 3.35 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.
- 3.36 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.
- 3.37 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.
- 3.38 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.
- 3.39 Appendix 4 describes our connections with our urgent care delivery partners.


### **Communication**

- 3.40 As we continue to live with Covid-19 and following the wider relaxation of guidance around Covid-19 infection prevention and control measures from the NHS, greater communications have been introduced to promote to the public an update in how the UTC is accessed. This has been fully supported by the local authority and the wider Place system.
- 3.41 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 started to roll out in early December 2022 (in time for the busy winter period).


- 3.42 The aim of this campaign is to further promote Widnes UTC to the local population with a purpose to:
- Raise the profile of the service available to the local populations of Halton, Warrington, and St Helens.
  - Highlight what the UTC offers as an alternative to acute accident and emergency (A&E)
  - Alleviate pressure on other NHS services, namely the two local A&Es at Warrington and St Helens.
- 3.43 The campaign creative has been designed to be flexible so other UTCs within Cheshire and Merseyside can adapt for their locality.
- 3.44 The campaign uses a mix of digital and traditional print marketing to ensure the socioeconomic makeup of Widnes (and local area) is reflected and fairly represented.
- 3.45 From the research gathered, the campaign is split into six pieces of creative. Each piece of creative reflects the presentation groups of injury and illness treated at Widnes UTC. The idea is to keep this messaging simple but highlight the key call to action; *“There’s a UTC for that.”* This is to remind the public the type of illness and injury a UTC can see and treat rather than having A&E top of mind.
- 3.46 **Example of the new creative being used.**





**BURNS  
SCALDS  
BITES  
STINGS**

There's a UTC for that.



**WIDNES URGENT TREATMENT CENTRE (UTC)**  
FAST · EASY · CONVENIENT



**COUGHS  
COLDS  
SORE  
THROATS**

There's a UTC for that.



**WIDNES URGENT TREATMENT CENTRE (UTC)**  
FAST · EASY · CONVENIENT



**CUTS  
WOUNDS  
RASHES  
ALLERGIES**

There's a UTC for that.



**WIDNES URGENT TREATMENT CENTRE (UTC)**  
FAST · EASY · CONVENIENT



### 3.47 **Healthwatch Report**

The Service received a feedback report from Healthwatch with patient feedback from June-August 2022. Overall, the report was incredibly positive. Some of the findings were as follows:

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

**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 **CLIMATE CHANGE IMPLICATIONS**

9.1 This report is for information only, therefore there are no environmental or climate implications as a result of this report.

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

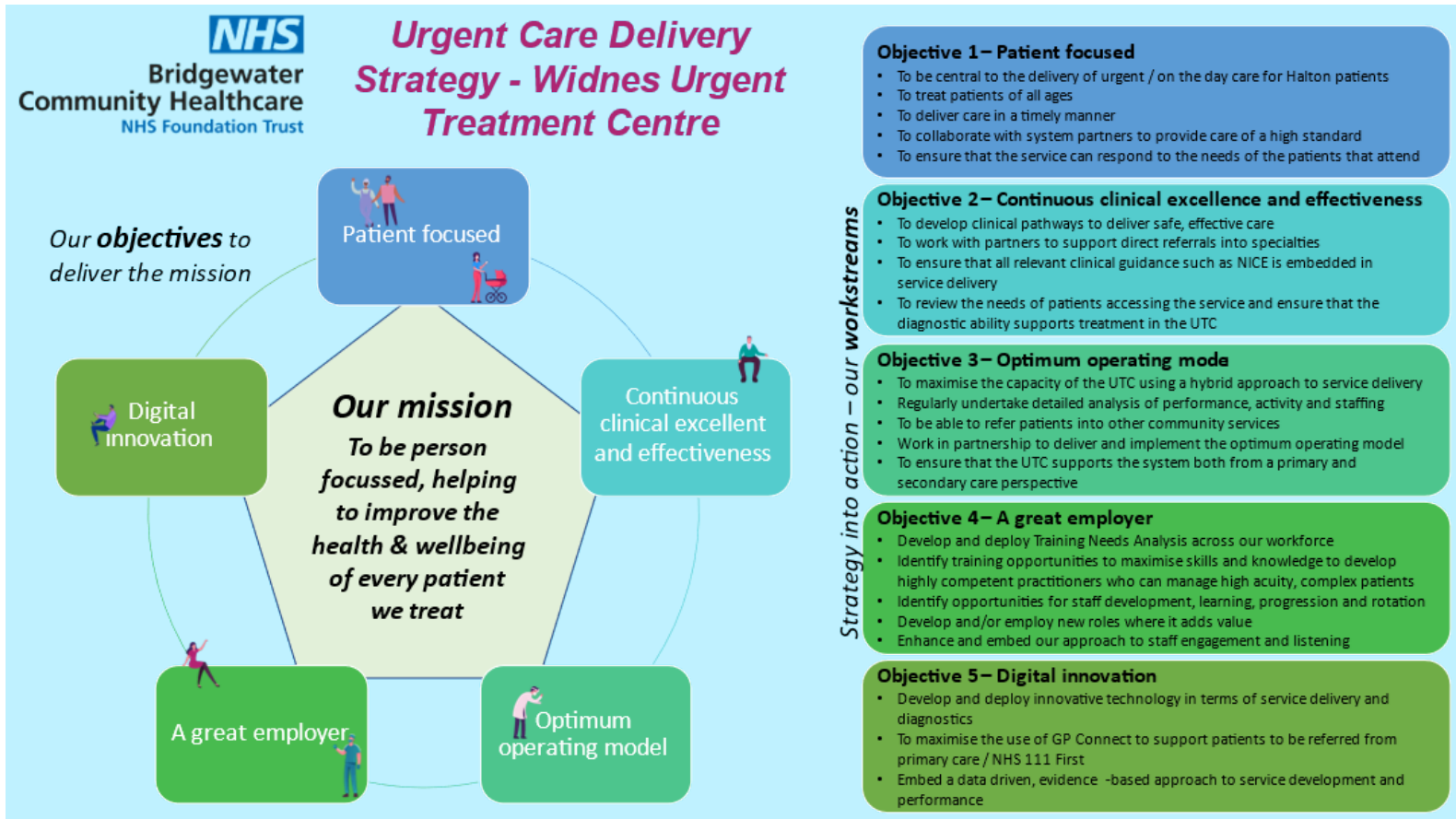
10.1 None under the meaning of the Act.

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

## Appendix 1 – Comparison with other UTC providers

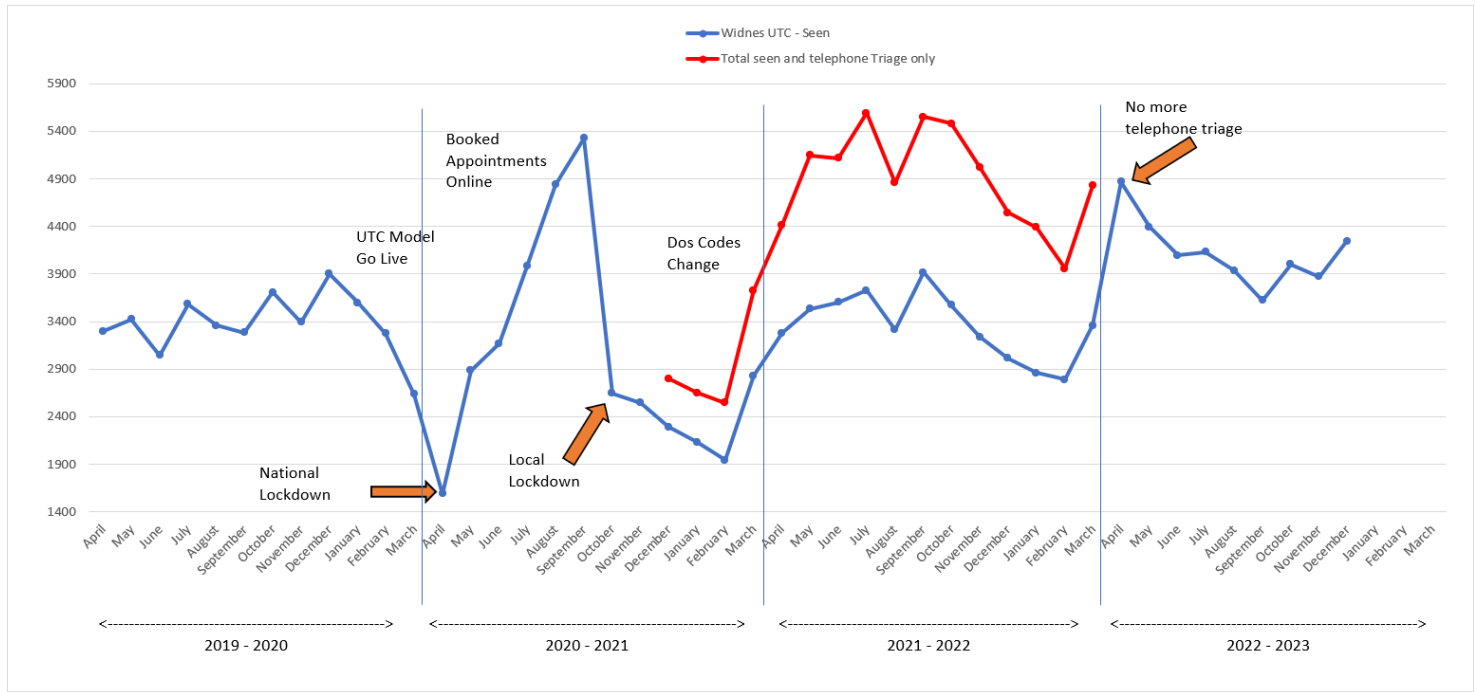
Service Name	Walk-in Centre Appointment Booking - Liverpool	The Beat Liverpool City Centre	Old Swan WIC	South Liverpool Treatment Centre	Smithdown Childrens WIC	Litherland WIC	Kirkby WIC	Halewood WIC	Huyton WIC	Runcorn UCC	Widnes UCC	St Helens UTC	
CCG	Liverpool CCG					South Sefton CCG	Knowsley CCG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

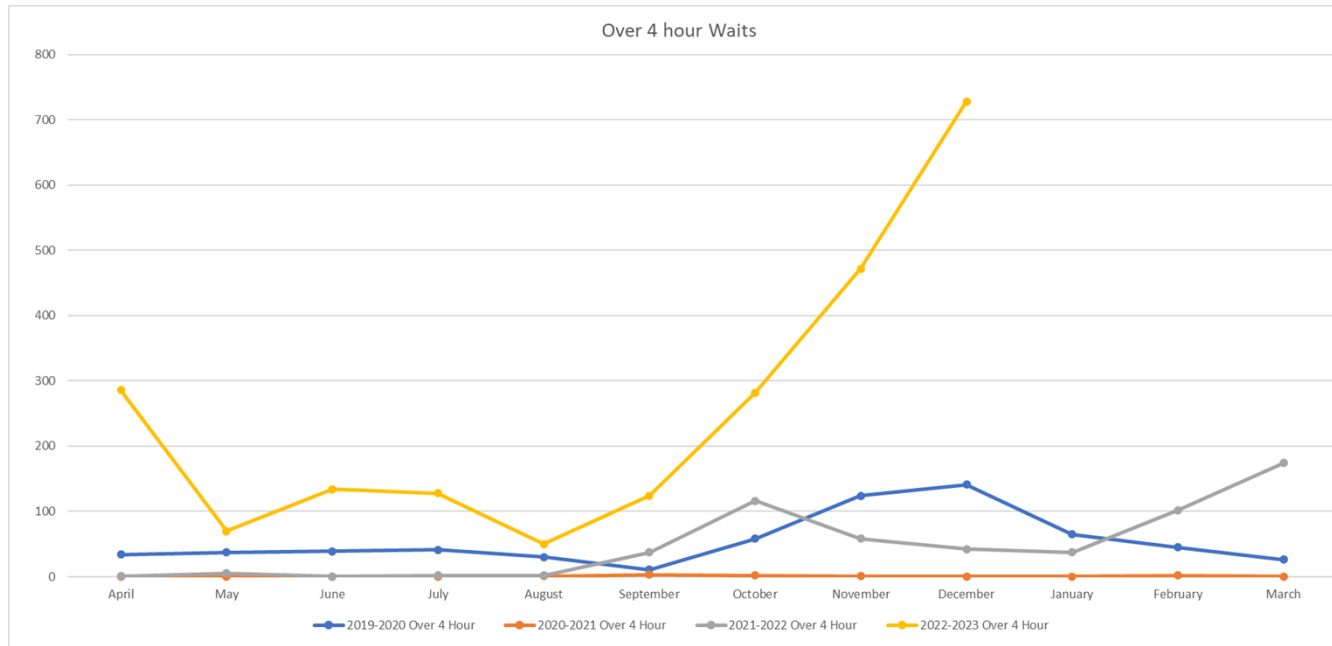
Appendix 2 – Trust Strategy for the delivery of Urgent Care



### Appendix 3 – Performance

Widnes UTC	April	May	June	July	August	September	October	November	December	January	February	March	Totals
2019-2020 Attendance	3298	3421	3047	3581	3360	3286	3709	3391	3900	3596	3273	2635	40497
2020-2021 Attendance	1588	2885	3171	3983	4841	5328	2644	2548	2801	2653	2544	3729	38715
2021-2022 Attendance	3280	3533	3605	3729	3315	3918	3574	3238	3014	2859	2790	3361	40216
2022-2023 Attendance	4868	4394	4095	4132	3939	3621	3999	3874	4248				37170
Seen 20-21 vs 21-22	2.07	1.22	1.14	0.94	0.68	0.74	1.35	1.27	1.08	1.08	1.10	0.90	16%
Seen 19-20 vs 22-23	1.48	1.28	1.34	1.15	1.17	1.10	1.08	1.14	1.09				20%



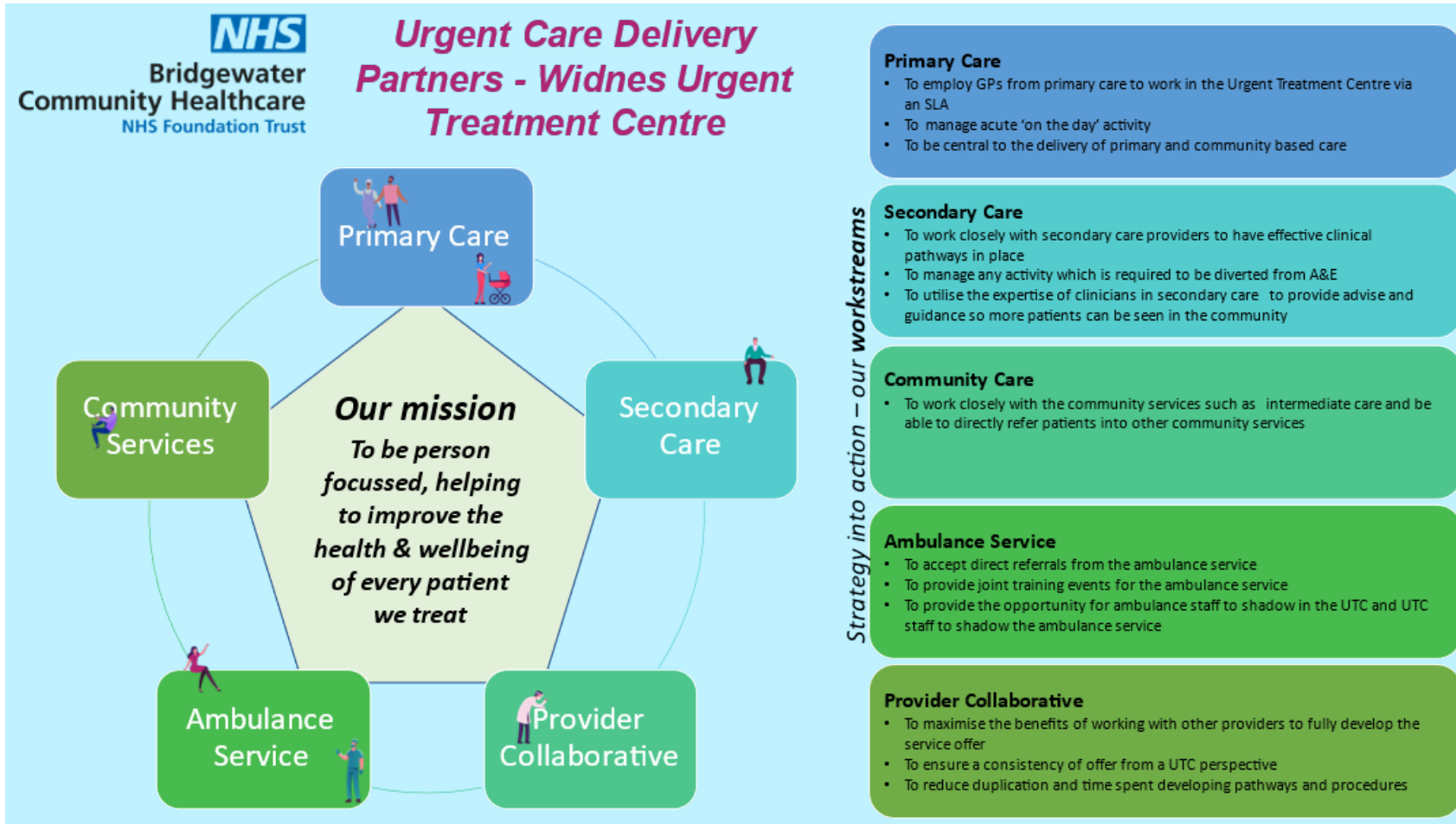


Widnes UTC	April	May	June	July	August	September	October	November	December	January	February	March
2019-2020 Over 4 Hour	1.03%	1.08%	1.28%	1.14%	0.89%	0.33%	1.56%	3.66%	3.62%	1.81%	1.37%	1%
2020-2021 Over 4 Hour	0.00%	0.00%	0.00%	0.00%	0.02%	0.06%	0.08%	0.04%	0.00%	0.00%	0.08%	0%
2021-2022 Over 4 Hour	0.03%	0.14%	0.00%	0.05%	0.06%	0.94%	3.25%	1.79%	1.39%	1.29%	3.66%	5%
2022-2023 Over 4 Hour	5.88%	1.59%	3.27%	3.10%	1.27%	3.42%	7.05%	12.18%	17.14%			
Max Patient on Day 2022-23	147	166	168	158	153	152	163	165	211			

## Appendix 4 – Emergency Department Transfer

22-23	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Comment
Widnes UTC Activity Totals	4868	4394	4095	4132	3939	3621	3999	3874	4248				37170	Total Activity including planned and Unplanned
Discharged to A&E from Widnes UTC	305	284	263	285	243	241	284	248	345				2498	
% From widnes UTC	6.27%	6.46%	6.42%	6.90%	6.17%	6.66%	7.10%	6.40%	8.12%				6.72%	before april DQ issue has now been resolved

Appendix 5 - Connections with our Urgent Delivery Partners





<b>REPORT TO:</b>	Health Policy & Performance Board
<b>DATE:</b>	14 <sup>th</sup> February 2023
<b>REPORTING OFFICER:</b>	Executive Director, Adults
<b>PORTFOLIO:</b>	Adult Social Care
<b>SUBJECT:</b>	Draft Scrutiny Review Report – Adult Social Care Workforce Needs
<b>WARD(S)</b>	Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 To present the Board with the draft report written in conclusion to the Scrutiny Review of Adult Social Care Workforce Needs.

## 2.0 RECOMMENDATION: That the Board:

- i) comment on the findings of the Scrutiny Review; and*
- ii) endorse the Scrutiny Review and its recommendations to go forward to the Executive Board; and*
- iii) consider scrutiny topics for 2023/24.*

## 3.0 SUPPORTING INFORMATION

### 3.1 Commissioning of the report

3.1.1 This report (attached as Appendix 1) was commissioned by the Health Policy and Performance Board in response to the continued pressures across the Adult Social Care system in relation to recruitment and retention and considerations around opportunities for development and progression within the sector.

3.1.2 A scrutiny review topic group was called to action by Councillor Peter Lloyd-Jones as Chair and operational support being led by the Damian Nolan, Interim Operational – Commissioning and Provision. The Senior Service Development Officer from the Policy, Performance and Customer Care Team was present at meetings to record proceedings and considerations towards recommendations.

3.1.3 As part of considerations by the topic group a range of presenter were invited to meetings. From this the Topic Group gained oversight of national challenges facing the sector, regional workforce activity, and looked at the local needs. The latter included meeting with a number of commissioned provider services to better understanding their perspective, as well as hearing about the Adult

Social Care services structure delivered by Council employees, looking at their needs and what initiatives are in place to support them.

### 3.2 Scrutiny review

3.2.1 The Topic Group met between May and December with an open invitation to Members to participate throughout. The Elected Members involved in the review are named in the report and all Health PPB Members attended across the duration of the study.

3.2.2 Activity undertaken included:

- Monthly meetings of the scrutiny review topic group;
- Reports and presentations made by key stakeholders;
- Site visits to a care home and the offices of the primary domiciliary care provider
- The final draft of this report was circulated to participating staff to check for accuracy

3.2.3 The Board identified a set recommendations as a result of the Topic Group – these are set out in Section 7 of the report. Approval is now sought to take these recommendations forward to the Executive Board.

### 3.3 Scrutiny Review 2023/24

3.3.1 As part of Member involvement in the current business planning process a range of topic areas have been discussed for consideration for scrutiny during the year 2023/24 – a number of areas of activity have been grouped together under a single heading: Health inequalities across Halton and approaches to reducing them.

3.3.2 Areas of focus would be:

- Ill health prevention strategies and service provision
- Disease screening
- Access to health services (Primary Care)
- Targeted approaches to vulnerable groups
- Access to education and work opportunities

3.3.3 It is intended that a final topic and project brief will be ratified at the next Board meeting.

## 4.0 **POLICY IMPLICATIONS**

4.1 As identified in the recommendations.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified.

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

6.1 **Children & Young People in Halton**  
N/A

6.2 **Employment, Learning & Skills in Halton**  
N/A

6.3 **A Healthy Halton**  
The scrutiny review report and recommendations support the Council's strategic priority of Improving Health. Taking on board the recommendations from the report will support effective delivery of services across the borough.

6.4 **A Safer Halton**  
N/A

6.5 **Halton's Urban Renewal**  
N/A

7.0 **RISK ANALYSIS**

7.1 The issues highlighted as part of the Topic Group's enquiry pose a continuity of care concerns across all Adult Social Care services and the current activity to alleviate this situation, as well as work proposed further, is intended to reduce this risk.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 This report is for information only, therefore there are no environmental or climate implications as a result of this report.

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

10.1 None under the meaning of the Act.



# **Health Policy & Performance Board**

## **Scrutiny Review: The Adult Social Care Workforce**

**Report  
December 2022**

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## 1.0 PURPOSE OF THE REPORT

1.1 The purpose of the report, as outlined in the initial topic brief (Appendix One) is to:

- To identify the impact workforce has on good quality care.
- To understand the size and structure of the Adult Social Care Workforce across Halton, and consider the Council's role in sustaining and developing sector resilience in relation to workforce needs.
- To recognise the drivers for transforming approach to recruitment and retention, and benchmark Halton's position against these.
- To highlight the innovative work being undertaken to promote careers in the sector, provide new opportunities for existing staff and inspire new interest in being part of the Adult Social Care workforce.
- To examine the Council's own Adult Social Care workforce and its plans to recruit, train, retain and progress employees.
- To acknowledge the Council's duty in sustaining the provider market for Adult Social Care services and the impact of workforce needs on this.
- To appreciate the Council's contractual position in relation to delivery of provider services and the quality assurance role in respect of maintaining a competent workforce.
- To examine the Council's support to the provider sector in maintaining safe and effective staffing levels.
- To evaluate whether any further action can be taken to mitigate risks to market sustainability.

## 2.0 POLICY AND PERFORMANCE BOARD (PPB)

2.1 This review was commissioned by the Health PPB and the topic formally adopted at the Tuesday 15 February meeting.

2.2 This report will be presented to Health PPB in February 2023. The report will also be presented to People Directorate Senior Management Team, Executive Board and boards or committees of stakeholders, as appropriate.

## 3.0 MEMBERSHIP OF THE TOPIC GROUP

3.1 An open invitation to participate in the scrutiny group was made to all members of the Health PPB. The table below details which PPB members and officers participated in the review:

3.2	Councillor Peter Lloyd Jones (Chair)	Cllr. Sandra Baker
	Cllr. Eddie Dourley	Cllr. John Bradshaw
	Cllr. Laura Bevan	Cllr. Angela Ball
	Cllr. Dave Cargill	Damian Nolan – Interim Operational Director – Commissioning and Provision
	Cllr. Louise Goodall	
	Cllr. Louise Nolan	Nicola Hallmark, Senior Service Development Officer, Adult Social Care, People Directorate

3.3 The Schedule of Activity (Appendix Two) shows the visiting presenters who contributed to the topic review.

3.4 **The Chair would like to extend thanks to all of those who took the time to participate in this review.**

## 4.0 METHODOLOGY

4.1 This scrutiny review was conducted through the following means:

- Monthly meetings of the scrutiny review topic group;
- Reports and presentations made by key stakeholders;
- Site visits to a care home and the offices of the primary domiciliary care provider.
- The final draft of this report was circulated to participating staff to check for accuracy.

## 5.0 BACKGROUND

5.1 Delivery of Adult Social Care (ASC) services involves a wide range of services and organisations. Halton Borough Council has a duty to ensure provision is made against a set of statutory social care functions. This is achieved through both in-house teams to the Council, and through commissioned services, contracting primarily with the private and voluntary sector. The ASC workforce is therefore made up of the entirety of staff employed to deliver services across the community, whether they work for the Council or for provider organisations. Their overarching function is to ensure that adults with additional needs, resulting from physical or mental impairment or illness, receive appropriate care to keep them safe and well.

5.2 The Topic Group was commissioned based on knowledge and intelligence of challenges and pressures across the ASC sector, with particular emphasis on the recruitment, retention, development and progression of staff. This was recognised as a national issue and not just a concern for Halton. Elected Members wanted to look more closely at whether and how this was affecting services in Halton and what is being done and what could be further done to alleviate the issues.

5.3 The first undertaking of the Group was to understand the ASC market and what its workforce looks like. There are a range of organisations who collect

data to calculate the size and shape of the ASC workforce in Halton. Some of the following supports this understanding:

- The Care Quality Commission (CQC) has 32 registered services delivering provision across Halton (as at December 2022) including residential care homes, nursing care homes, homecare (domiciliary care), supported living, Shared Lives service, and other community provisions. It should be noted that not all adult social care providers are required to register with CQC – they only need to be registered if they deliver ‘regulated activity’, as defined by CQC.
- From their collation of information from the annual Workforce Data Set, Skills for Care estimate that the ASC workforce, nationally, equated to 1.65 million jobs in 2019/20. Skills for Care figures indicate that the borough of Halton hosts 2,900 jobs (equivalent to 2,000 whole time equivalent posts). Completion of the Data Set is not mandatory however so some services may not be represented.
- Local data from the Capacity Tracker (NHS England and Department of Health and Social Care’s single data capture platform for Care Homes, In-patient Community Rehabilitation, Substance misuse and Hospice Providers) indicates that 1,090 staff are employed (including nurses, care workers, non-care work roles, and agency staff) in services in Halton – as at December 2022.

5.4 In examining the subject area it was important for Members to understand that delivery of ASC services is subject to an open market and is therefore competitive. No one body holds a full set of data that defines the extent of the workforce. This can be further explained in terms of a comparison with the NHS, which is a single employer for health services, operating to a shared set of rules and processes, where staff are engaged to a defined employment framework. Across ASC there is no mutual understanding around arrangements for staff terms and conditions (other than within the Council where staff are employed against local authority national conditions of service). Any shared employment practices are based on market expectations and the need to attract staff.

## 6.0 EVIDENCE, ANALYSIS AND CONCLUSIONS

### 6.1 The Adult Social Care Workforce - National context

6.1.1 It was important for the Topic Group to understand the ASC market and the national drivers and stressors on the sector. In the first Topic Group meeting, as well as agreeing the schedule of activities for the duration of the Scrutiny, Members were given an overview of the labour market forces impacting on the sector. This included the ongoing fallout from the pandemic, funding constraints, market competition and negative public perception of work in the sector.

6.1.2 The Group were briefed on what constitutes direct care provision, and the range of job roles which make up the sector. It was calculated that frontline



care provision in Halton, including in-house services to the Council as well as commissioned provision across the borough, was delivered by just over 1,600 staff – based on the data available.

- 6.1.3 Skills for Care, the national strategic workforce development and planning body for ASC in England, were invited to further apprise the Topic Group on their work. The presentation given opened with some ‘myth busting’ facts about the sector, including its size and structure in relation to the National Health Service (NHS) and what constitutes the requirements to be registered with the CQC. The Topic Group were informed about the wide range of roles on offer across the sector and heard that the majority of jobs (53%) are held by care and support workers, with just 5% of jobs in the sector being undertaken by regulated professionals (social workers, nurses and occupational therapists).
- 6.1.4 The Group were presented with statistics based on data from the ASC Workforce Data Set, based on responses from Halton services. This looked at qualifications held, turnover rates, sickness absence rates and other figures which were indicative of workforce needs.
- 6.1.5 It was conveyed, from the information and figures given, that recruitment and retention are clear issues for the sector, while at the same time the need for ASC services is set to increase with rising demand from an ageing population.
- 6.1.6 The Topic Group were made aware of the wide range of initiatives which Skills for Care deliver, and have planned, which are aiming at supporting the sector with workforce challenges. Locally, a Halton Social Care Employment Partnership has been formed (stemming from the Registered Manager’s Network which Skills for Care support) to consider recruitment and retention. Involvement from the local JobCentrePlus teams and the local college are proving to be productive.

## *Conclusions*

- 6.1.7 ASC is a complex sector with a fragmented market.
- 6.1.8 Workforce needs for the ASC sector are a national issue, and one which is reflected in Halton. Localised support and relationships are being brokered.
- 6.1.9 There is widespread recognition that the situation results from a series of impactors.

## 6.2 The regional approach

- 6.2.1 Cheshire and Merseyside Adult Social Care Workforce Association of Directors of Adults Social Services (ADASS) were invited by the Group to talk about the actions being taken on a regional basis to support workforce needs.
- 6.2.2 Details of initiatives were shared from their own perspective but also where they allied to activity on a Liverpool City Region Combined Authority level, as well as what regional approaches were taken in relation to schemes offered through the Department of Work and Pensions and Skills for Care.

- 6.2.3 Members noted the assistance provided and support structures developed on a regional level, particularly during the height of the pandemic. These enabled fast-tracking of workforce funding, timely dissemination good practice, the promotion of sector recruitment opportunities and brokered partnerships to develop new ways of working to tackle workforce needs going forward.
- 6.2.4 A significant piece of work undertaken, during the pandemic, looked at what regional resources were available to support staff wellbeing. Collation of information was co-ordinated by Cheshire and Merseyside ADASS and offered back out to the sector from a centralised Hub. This conveyed an acknowledgement of the toll taken by the pandemic on the physical and mental health of the ASC workforce with a view to retaining staff during and beyond this unprecedented period.
- 6.2.5 Cheshire and Merseyside ADASS have also been able to organise learning opportunities across the region, work collaboratively to promote the sector, and undertaken specific activity to support the Personal Assistant market across the area. Having picked up on some successful practice they are also endorsing and support progress towards the development of 'Care and Health Academies' on a local level.
- 6.2.6 Examples of sector-specific initiatives and innovative approaches were discussed. It was recognised that, as a fragmented market, all providers need to be on-board with activities to get the most out of them.
- 6.2.7 Attracting young people to the sector was specifically acknowledged to be an issue and work needs to continue to develop distinct career pathways and attractive opportunities. Good links with school and colleges were evident.

## *Conclusions*

- 6.2.8 Members acknowledged that working on a regional level provided the opportunity to embed good practice at scale and pace.
- 6.2.9 Regional activity complements both national and local support for workforce needs and a range of co-ordinated approaches are making steady in-roads towards tackling the issues at hand.
- 6.2.10 There is still a great distance to travel to establish ASC as a valued sector to work in.

## **6.3 The picture in Halton – Halton Borough Council's Adult Social Care workforce**

- 6.3.1 Workforce needs are a focus across the board for ASC services delivered in-house to Halton Borough Council and activity is aimed at supporting all teams. As a sample of the work taking place the Topic Group were given details of the workforce initiatives specifically driven by the Council's care homes division. This involves utilising the division as a test-bed for pilot schemes so that best practice can then be exemplified across the wider sector.

- 6.3.2 The portfolio of care homes coming under Council ownership and management has grown significantly with four older people's homes (three with nursing facilities) being taken on since 2017. In purchasing of each home a Transfer of Undertakings - Protection of Employment (TUPE) took place resulting in change and some expected staff movement. This, together with the impact of the pandemic and other national constraints on the sector, has created the conditions for dedicated attention to workforce needs and has steered the Council's efforts.
- 6.3.3 Towards the end of 2019 the Council's care home division was successful in bidding for funding from the Liverpool Workforce Action Board (LWAB). A 12-month programme of work, extended due to the pandemic, has resulted in some innovative approaches which are to be further built on and embedded into practice. The Topic Group heard about the partnership formed with Chester University through the funding and efforts to work closely with existing staff to understand their needs and create additional opportunities for development and progression.
- 6.3.4 The Topic Group were told about the approaches taken to support new incumbents into the ASC workforce through dedicated Intermediate Labour Market roles, where job seekers are offered work placements alongside employability skills programme. For this, the care homes division is working in partnership with the Council's People into Jobs service. They heard about the new integrated health and social care roles of Nurse Associate and Assistant Practitioner, with associated Apprenticeship learning opportunities, which have been trialled in the homes. Work placements for students at both further and higher education level are being hosted by the homes, and in-reach to the education institutions is also being made. The in-reach has involved current staff members feeding into seminars and workshops so that students have a better understanding of day-to-day duties in the workplace. Specific work is being undertaken to create an on-line practice knowledge sharing platform, with e-learning opportunities, for nursing staff, and the Council intend to recruit a dedicated Clinical Development Lead to support nursing care across the borough.
- 6.3.5 The dedicated workforce activity, coupled with planned refurbishment work for the Council's homes, looks set to make the local authority an 'employer of choice'. However, the Council are keen to widen the best practice knowledge and share learning across with other providers of ASC for the benefit of the sector as whole. Members learnt that the overarching intention is to create teaching hub within Halton Borough Council's care homes to support staff intake and develop the workforce for the other areas of the sector. A Halton-based 'Career Academy' approach is being developed to bring all strands of workforce activity together.

## *Conclusions*

- 6.3.6 Halton Borough Council's takeover of a majority share of the older people's care home market in the borough has rendered them well-placed to spearhead innovation in relation to workforce needs. The work being undertaken will alleviate workforce pressures by creating a pipeline of new appointees into the

sector and providing career progression models which can be mirrored to attract and retain staff.

## 6.4 The picture in Halton – Commissioned providers of direct care services

- 6.4.1 Halton Borough Council commissions services from a range of providers and works in partnership with them to support delivery of adult social care functions through its contract monitoring and management processes.
- 6.4.2 Throughout the duration of the Scrutiny Topic Group's work, issues of low pay were highlighted. The Topic Group requested a breakdown of provider starting pay and while it was found that all ASC services offered national minimum wage few went above the national living wage. It was further debated that the demands of working in the sector were high and the majority of feedback given pointed to commitment to a vocation rather than a job. Comparisons were made with other work areas, in particular the retail sector, where some employers are offering a higher starting wage than in the care sector, with potentially less unsocial hours and less responsibility. It was further felt that while high vacancy rates were reflective of a number of factors, the primary impactor was thought to be pay.
- 6.4.3 As part of the Scrutiny process the Topic Group invited commissioned providers to discuss current workforce issues they are facing and what they have put in place to alleviate the situation. This was coupled with some on-site visits so that the Topic Group could speak to staff directly about their experiences of the pressures.
- 6.4.4 Representatives from Cera Care (formerly Premier Care), as Halton's current domiciliary care provider, gave a presentation to the Topic Group which focussed on staffing needs. The national company employs 99 people to its Halton team to deliver against an exclusive contract with the Council to deliver home care provision. Since May 2022 the local branch has been escalated to a 'Tier 1' status. This is an internal measure to support area teams who are experiencing recruitment and retention issues. Additional support has been drafted in from their central office to conduct focussed work with the branch and within a four month period they reported an 83% improvement in 'hires'.
- 6.4.5 Cera Care provided insight into their recruitment processes, robust induction programme and the ongoing support, development and progression opportunities for staff. Discussions were held about the demands of the vocational work area and the negative impact on retention that comes from people not fully appreciating what the role is like in practice and/or seeing the opportunity to earn more in other sectors, with less responsibility.
- 6.4.6 Cera Care use agency workers but work exclusively with a bank of known workers who are trained to their specific standards and who work regularly to fill gaps in demand.
- 6.4.7 Following on from Cera Care's presentation a visit was planned to their Halton office. Feedback was given at the next Topic Group meeting on the competent

and co-ordinated approach taken to the delivery of service. Staff members approached during the visit seemed content with their working conditions.

- 6.4.8 Having already had details of the steps being taken by the Council's in-house care homes to support workforce needs, the Topic Group additionally heard from two further care home providers – HC-One and Hillcare.
- 6.4.9 Some differences were highlighted in the staffing needs between nursing and residential care settings. It was suggested nursing care is more skilled and more intensive support is given on a one-to-one basis, whereas residential and dementia care can offer more communal interaction. However, it was also highlighted that residential and dementia care needs are becoming more complex, with people going into care at the point where they then have a higher level of dependency. It was agreed that the work is difficult and requires a high level of skill and the subject of low pay, high turnover and poor public perception of the industry was echoed as an ongoing theme of the Topic Group.
- 6.4.10 Examples of good practice came out of discussions with the two care home providers present, both of whom offered career progression opportunities and had pay uplifts associated with either experience or learning. Other areas of distinction emphasised were around flexible working options (the sector tends to traditionally offer 12-hour shift patterns), training and ongoing development options and continuous support mechanism, such as regular supervision and manager 'open door' policies.
- 6.4.11 A reliance on agency staff to fill staffing gaps within the homes was cause for concern for the Topic Group, both in terms of ongoing costs and turnover which has the potential to impact on relationships with residents and on disparities in practice. Further discussions highlighted that use of agency workers was widespread across the sector as a result of workforce needs.
- 6.4.12 Members made a visit to a care home and remarked on the levels of commitment staff had to their jobs in spite of pulls to better pay and less responsibility in other sectors. Staff were keen to emphasise the fulfilment they get from working with service users.
- 6.4.13 Exploration was made during the Scrutiny Topic Group as to what reward and recognition staff received from their employers. There seemed to be a diverse variation in relationships with employers with some on-site managers working hard to build shared team values and keep staff motivated, while some parent companies neglected to recognise individual contribution. It was felt that some learning could take place around this.
- 6.4.14 Members credited the providers seen with some strong models of good practice and considered how this might be further communicated across the sector.
- 6.4.15 As well as hearing from providers themselves the Topic Group gained an understanding of the support available to them as part of their contracting arrangements with Halton Borough Council. They received a presentation detailing the remit of the Council's dedicated Quality Assurance and Contracts team and Commissioning function. Providers receive ongoing monitoring and

support through regular contact and close working to develop quality improvement opportunities.

6.4.16 To illustrate the level of support offered the Topic Group were given details of how the Council assisted providers with continuity of service throughout the pandemic. During this period of rapid change the Council maintained oversight of provision and advocated for providers by creating a strong presence and delivering unified messages in conjunction with health services. This helped assure providers, and the staff delivering care, that the Council was a valuable ally and relationships have thrived as a result.

6.4.17 During this time, the Council recognised the distinct impact on the care home sector and devised and delivered against a 'Care Home Resilience Plan' in collaboration with health service, primarily the NHS Halton Clinical Commissioning Group (now the ICB) and Public Health. A wide programme of support was developed, much of which was open to providers of other services across the ASC sector. Among other interventions, daily welfare calls were made with providers; a co-ordinated communications plan was formulated to eliminate duplication; information and guidance was shared alongside messages of support and encouragement; Halton pulled together its own wellbeing resources for staff across the sector (in addition to the aforementioned ADASS hub); online learning opportunities, including fast-track induction programmes were devised and rolled out; multi-disciplinary 'ward rounds' were co-ordinated on a virtual basis; funding and equipment was deployed; a supportive 'lessons learned' approach was taken with providers to reflect on infection outbreaks; and donations were distributed, including Easter eggs for staff and residents.

6.4.18 Continued support from the Council is accessible to providers and ongoing engagement activity is channelled to needs. Specific to workforce needs the already cited Career Academy approach is anticipated to aid joint working across the sector.

## *Conclusions*

6.4.19 Recognition needs to be made of the value of care work and the profile of the sector, and the individuals who work in it, needs to be raised. The Topic Group acknowledged the demands of working in the sector and the high level of skills needed to support service users.

6.4.20 Attracting and retaining talent into the sector is challenging while pay remains low. Pay and resources are intrinsically tied to funding settlements from central government and both providers and Council felt bound by these limitations.

6.4.21 The continued reliance of agency workers across the sector is considered to present risk. Initiatives and activity undertaken to support sustainable permanent staff is favoured.

6.4.22 Pockets of good practice exist and providers should endeavour to replicate excellence. Learning and development opportunities and progression options in particular were seen as important measures for retaining staff. It is

recognised however that providers operate in a competitive market and difference systems of service delivery are to be expected.

## 6.5 Social Care Reform and workforce

- 6.5.1 The Adult Social Care sector has been stretched for some time, with increased need up against frozen budgets and reduced opportunities for targeted grant funding. This is particularly evident when it comes to considerations of workforce needs and the pressures on services to attract, retain, train and develop staff with limited resources. As well as being widely reported on a national basis, this has been apparent in the examinations undertaken throughout the course of the Scrutiny Topic Group.
- 6.5.2 The sector has looked to central Government for direction on long-term sustainability, including financial commitments to assure safe and compliant practice which recognises the value of the workforce delivering services. In December 2021 Government published the long-awaited White Paper '[People at the Heart of Care: Adult Social Care Reform White Paper](#)'. This was followed by '[Health and Social Care Integration: joining up care for people, places and populations](#)'. Both make distinct reference to workforce; the former pledging investment of £500m in the social care workforce and the latter further building on this to advocate place level planning of workforce needs, support job role movement between health and social care and puts forward the notion of: "joined up, workforce planning at a system level to ensure the right people, with the right skills and training to deliver collaborative, person-centred care." Translation of the 10-year vision into tangible application is awaited.
- 6.5.3 The Topic Group took note of the Government's 'Fair Cost of Care' process, as an intended part of the feed-in to long-term plans. They were interested to learn the impact across Halton and whether there was opportunity for it to benefit staffing, specifically in relation to the potential for pay increases. They heard that the exercise only covered care homes and does not directly translate to a commitment to invest in the sector. Councils have been asked to conduct their annual fee setting exercise as usual, which will be based on the funding settlement announced in late December. The Topic Group urged for any uplifts to be invested in pay increases but recognise that the sector operates within a competitive market and there is consequently no direct influence over this which they can make.
- 6.5.4 The Topic Group expressed particular concern for low paid workers and the impact of the current cost of living crisis.

## *Conclusions*

- 6.5.6 It is recognised that pay and conditions for the Adult Social Care workforce need to be attended to. However, it is also understood that resources are tight and the commerciality of the provider market limits Member influence on the situation.

## 7.0 OVERALL CONCLUSION AND RECOMMENDATIONS TO HEALTH PPB

The Topic Group valued the opportunity to further scrutinise this topic area and gain a solid understanding of the challenges facing the Adult Social Care sector in relation to workforce needs. Detailed examination of the subject alerted the Topic Group to good practice and key areas for development.

Recommendations to the Health PPB:	Required Actions:
<b>The Topic Group endorsed the Council's intention to develop a sector-wide Workforce Strategy for Adult Social Care.</b>	The Council will work with providers and partners to develop a borough-wide workforce strategy which incorporates a range of approaches to support recruitment, retention, progression and development across the sector.
<b>The Scrutiny Topic Group support the current activity being undertaken by the Council to engage with providers and develop wider partnerships which support workforce development, and invite acceleration of this work.</b>	The Council will progress exploration of the development of a Career Academy, a model endorsed regionally for meeting workforce needs. The approach advocates partnership working between employers, education providers, the DWP and others.
<b>Support was given to the continued exploration of career pathways which help promote work in the sector and assist in the retention and progression of staff</b>	Allied to the above, the Council will look at developing sector support materials to exemplify career pathways and progression opportunities.
<b>Staff wellbeing remains a priority for supporting both the Council's Adult Social Care workforce and those working in the provider sector</b>	<p>The Council will further seek to source and promote wellbeing opportunities across the sector.</p> <p>Quality Assurance will make regular enquiries with providers as to how they are supporting staff wellbeing.</p>
<b>Use of agency workers in the provider sector is more closely monitored.</b>	The Council is to re-assess its contract terms with Adult Social Care providers in respect of employment requirements, to specify the terms of using agency workers and assure that safe recruitment processes are applied to the use of agency workers. This might include, for example, a plan being required to show how permanent vacancies are to be filled, where agency workers are currently covering posts.
<b>Services are given the opportunity to share best practice and encouraged to</b>	The Council will continue to demonstrate creativity and innovation in its support of staff development.



<p><b>adopt new ways of working which are seen to have had clear benefits for staff</b></p>	<p>The Council will continue to support a range of networks and forums for providers to share best practice.</p> <p>The Council will consider options to ensuring that providers commit to initiatives which are shown to support workforce needs, for example, pay progression linked to the achievement of qualifications. This might involve development of contractual obligations, service level agreements, an employer charter, or similar.</p>
<p><b>Elected Members agreed to lobby Central Government on sustainable funding for the sector, and the need for this to translate to staff pay.</b></p>	<p>The Health Policy and Performance Board will feedback to the Leader of the Council on the concerns raised as part of the Scrutiny Topic investigations around funding and pay for the sector, and will request that the Leader writes to Government on the matter.</p>
<p><b>Ward Councillors will establish a continuous dialogue approach with providers operating in their district to ensure that workforce needs continue to be met.</b></p>	<p>Elected Members are to reinstate visits to provider services, and specifically consider workforce needs as part of service quality indicators. The Council will support Elected Members to arrange visits.</p>
<p><b>The Topic Group acknowledged that reward and recognition needs to be an ongoing endeavour, and that staff motivation can impacted significantly by small gestures.</b></p>	<p>As part of the Council's support for promoting good practice details will also be shared on reward and recognition initiatives and opportunities.</p> <p>The Council will additionally look at what they can do to recognise and reward good practice, both internally and with providers.</p>

## Appendix One: Scrutiny Topic Brief

### TOPIC BRIEF

<b>Topic Title:</b>	Adult Social Care Workforce – Planning and Development
<b>Officer Lead:</b>	Damian Nolan – Divisional Manager – Commissioning and complex care
<b>Planned Start Date:</b>	May 2022
<b>Target PPB Meeting:</b>	September 2022

#### Topic Description and Scope:

The 2022/23 scrutiny review for the Health Policy and Performance Board will examine the Adult Social Care Workforce in Halton. It will look at both Council staffing structures and those in the provider sector to consider how the Council supports workforce planning and development. The topic group will be apprised of the innovative projects and initiatives being undertaken to promote a sustainable and skilled workforce. It will consider the impact of external forces on the labour market for Adult Social Care and examine local and regional activity, partnership working and contractual arrangements aimed at supporting services to recruit, develop and retain staff.

#### Why this topic was chosen:

Sustaining Adult Social Care services across Halton is a statutory duty and a fundamental priority for the Council. Central to this is ensuring that services are staffing with a skilled, knowledgeable, competent and motivated workforce.

Skills for Care report annually on [‘The State of the Adult Social Care Workforce’](#). Their most recent report highlights a national increased rates of staff turnover, high rates of vacancies and heightened absences. These trends are not new but have been compounded by a number of factors, including the pandemic. Nationally, public perception of the work, the pay, the contractual conditions and the career development and progression opportunities associated with Adult Social Care is low. In contrast to this, the sector continues to grow to meet the needs of an ageing workforce.

From a local perspective, Halton Borough Council supports a range of creative and forward-thinking work to consider Adult Social Care workforce needs. The Council has responsibilities to work strategically to ensure its own workforce is fit for purpose; that workforce planning involves safe and robust processes for the recruitment of good quality candidates; that pay and conditions are competitive; that personnel are valued and offered ongoing support so that their services are retained; and that they are trained to deliver a high standard of care and support, as well as being offered continued development opportunities and career progression.

In addition, the Council works with commissioned providers and has a duty, within the Care Act 2014, to support and sustain the Adult Social Care provider market. The Board aim to better understand the Council’s responsibilities and action in specific relation to supporting the provider sector with their own workforce needs.

**Key outputs and outcomes sought:**

- To identify the impact workforce has on good quality care.
- To understand the size and structure of the Adult Social Care Workforce across Halton, and consider the Council’s role in sustaining and developing sector resilience in relation to workforce needs.
- To recognise the drivers for transforming approach to recruitment and retention, and benchmark Halton’s position against these.
- To highlight the innovative work being undertaken to promote careers in the sector, provide new opportunities for existing staff and inspire new interest in being part of the Adult Social Care workforce.
- To examine the Council’s own Adult Social Care workforce and its plans to recruit, train, retain and progress employees.
- To acknowledge the Council’s duty in sustaining the provider market for Adult Social Care services and the impact of workforce needs on this.
- To appreciate the Council’s contractual position in relation to delivery of provider services and the quality assurance role in respect of maintaining a competent workforce.
- To examine the Council’s support to the provider sector in maintaining safe and effective staffing levels.
- To evaluate whether any further action can be taken to mitigate risks to market sustainability.

**Which of Halton’s 5 strategic priorities this topic addresses and the key objectives and improvement targets it will be help to achieve:**

**A Healthy Halton** – Our overall aim is to improve the health and wellbeing of Halton people so that they live longer, healthier and happy lives.

This topic group intends to gain knowledge and understanding of the Adult Social Care workforce across Halton. It will develop an effective oversight of the processes and practices for meeting and maintaining workforce needs across the sector to ensure good standards of provision to Halton residents who access services.

The topic group will gain input from different standpoint from across the sector to look at current workforce needs and measures being taken to alleviate them. Evaluation will be made of the Council’s support to the provider sector on workforce issues.

**Nature of expected/ desired PPB input:**

Member-led scrutiny review of Adult Social Care Workforce planning and development across Halton and the impact this has on our ability to deliver quality services to local residents.

**Preferred mode of operation:**

- Meetings with/presentations from relevant officers from within the Council and partner agencies to examine current services.
- Visit to community-based intervention sessions.
- Interviews with those who have accessed services.
- Desk top research in relation to outcome measures and best practice delivery methods.

Agreed and signed by:

PPB chair ..... Officer .....

Date ..... Date .....

## Appendix Two: Schedule of Activity

Health Policy and Performance Board – Scrutiny Topic Group 2022-23 – Schedule of Activity

Topic: Adult Social Care Workforce Planning and Development

Meeting	Input	Areas to be covered	Proposed representation
<p>Date: Thursday 12 May 2022            Time: 6.30pm to 8pm            Venue: Committee Room 1, Runcorn Town Hall</p>	<p>Review draft topic brief and proposed schedule of activities</p> <p>Overview of the size and structure of the Adult Social Care workforce in Halton</p>	<ul style="list-style-type: none"> <li>• Further discuss topic group remit and whether any other areas of enquiry are needed - any changes to be captured and progressed</li> <li>• Halton Borough Council's Adult Social Care workforce and the role of the provider sector</li> <li>• Brief overview of some of the activities aimed at supporting workforce needs, in anticipation of hearing more throughout the scrutiny.</li> <li>• Nation impactors driving workforce pressures across the sector.</li> <li>• Halton's Borough Council's own recruitment processes and learning offer.</li> </ul>	<p>Nicola Hallmark</p> <p>Nicola Hallmark</p>
<p>Date: Thursday 9 June 2022            Time: 6.30pm to 8pm            Venue: Committee Room 1, Runcorn Town Hall</p>	<p>Presentation: Skills for Care</p>	<ul style="list-style-type: none"> <li>• The Adult Social Care workforce – national picture</li> <li>• Support across Halton – Registered Manager's Network and Halton Employment Partnership</li> </ul>	<p>Alison Everett – Skills for Care</p> <p>Michelle Carmon – CIC</p>
<p>Date: Thursday 14</p>	<p>Presentation: Regional</p>	<ul style="list-style-type: none"> <li>• Workforce planning activity on a regional basis</li> </ul>	<p>Angela Johnson - NW</p>

<p>July 2022 Time: 6.30pm to 8pm Venue: Committee Room 1, Runcorn Town Hall</p>	<p>Workforce planning</p> <p>Presentation: Support for care homes</p>	<ul style="list-style-type: none"> <li>Overview of the innovative work within the Enhance Nursing Care project work and Care Home Development Group, including plans to attract and retain staff; develop work experience placements, student residencies and 'Grow your own' opportunities.</li> </ul>	<p>ADASS</p> <p>Jane English – Divisional Manager, Care Homes</p>
<p>Date: Thursday 8 September 2022 Time: 6.30pm to 8pm Venue: Committee Room 1, Runcorn Town Hall</p>	<p>Presentation: Supporting our Domiciliary Care workforce</p>	<ul style="list-style-type: none"> <li>Outline Halton's contractual position with Premier care and the evolution of this through the Transforming Domiciliary Care work. Discuss the opportunities the contractual arrangements offer in relation to building a stable workforce.</li> <li>Look at current recruitment and retention activity being conducted to assure service provision.</li> </ul>	<p>Jackie Harber and Julie Benjamin (Cera Care – formerly Premier Care)</p>
<p>Date: Thursday 13 October 2022 Time: 6.30pm to 8pm Venue: Committee Room 1, Runcorn Town Hall</p>	<p>Presentation: Supporting workforce resilience</p> <p>Provider Sector – Workforce Development</p>	<ul style="list-style-type: none"> <li>Looking at the support offered to the provider sector by the Council's Quality Assurance team, the approaches taken throughout the pandemic and maintaining relationships going forward.</li> <li>Approaches taken to ensure workforce are equipped with skills, knowledge and competence to undertake their role.</li> </ul>	<p>Helen Moir – Divisional Manager, Independent Living</p> <p>Helen Wilkinson and Tracey Yates, HC-One, and Linda Hodgkinson, Hillcare.</p>
<p>Date: Tuesday 15 November 2022 Time: 6.30pm to 8pm</p>	<p>Presentation: Fair Cost of Care</p>	<ul style="list-style-type: none"> <li>Outcomes of findings for Halton and the potential impact on workforce needs.</li> </ul>	<p>Damian Nolan</p>

Venue: Committee Room 1, Runcorn Town Hall			
Date: Tuesday 13 December 2022 Time: 6.30pm to 8pm Venue: Committee Room 1, Runcorn Town Hall	Review input and collate recommendations	<ul style="list-style-type: none"> <li>• Towards the development of the final report</li> </ul>	Led by Cllr Peter Lloyd Jones

## Appendix Three - Presentation:



ASC workforce -  
national - Skills for CaWorkforce Support -



CM ADASS



In-house care homes



Premier Care



Scrutiny Topic -



Workforce Resilience  
- Pandemic Support -

## Appendix Four - Meeting notes:



Scrutiny topic group  
8.9.22.docx



Meeting One -  
12.5.22.docx



Meeting notes -  
14.7.22.docx



Scrutiny topic group  
15.11.22.docx



Scrutiny topic group  
13.10.22.docx

<b>REPORT TO:</b>	Health Policy and Performance Board
<b>DATE:</b>	14 <sup>th</sup> February 2023
<b>REPORTING OFFICER:</b>	Executive Director – Adults Directorate
<b>PORTFOLIO:</b>	Adult Social Care
<b>SUBJECT:</b>	The Standards for Employers of Social Workers and the Social Work Health Check
<b>WARD(S)</b>	Borough-wide

## 1.0 **PURPOSE OF THE REPORT**

1.1 The purpose of this report is to provide PPB with an update regarding ongoing work taking place within Adult Social Care in relation to The Standards for Employers of Social Workers in England, which are published by the Local Government Association (LGA).

1.2 In particular, this report provides information on the results of the Social Work Health Check survey conducted in 2021. The health check is a national survey run by the LGA and helps organisations to consider how well they are performing in relation to the employer standards. A previous report was presented to Health PPB in November 2021 regarding the results from the 2020 health check.

## 2.0 **RECOMMENDATION: That:**

i) **PPB note the contents of the report.**

## 3.0 **SUPPORTING INFORMATION**

### **Background**

3.1 In Autumn 2020, the Local Government Association (LGA) launched the refreshed Standards for Employers of Social Workers. According to the LGA:

*“These are standards, which set out the shared core expectations of employers which will enable social workers in all employment settings to work effectively and safely. These expectations can be used within self-regulation and improvement frameworks for public services and by service regulators. All employers providing a social work service should establish a monitoring system by which they can assess their organisation’s performance against this framework, set a process for review and, where necessary, outline their plans for improvement.”*



3.2 There are eight standards (listed below) and under each standard there is a list of things that employers should do in order to meet that standard. Full details can be found on the LGA's website: [The Standards for employers of social workers in England 2020 | Local Government Association](#)

1. Strong and clear social work framework
2. Effective workforce planning systems
3. Safe workloads and case allocation
4. Wellbeing
5. Supervision
6. Continuing professional development
7. Professional registration
8. Strategic partnerships

3.3 One of the requirements under Standard 1 is for employers to *“ensure that mechanisms are in place to listen to and respond to the views of practitioners on a regular basis, including undertaking an annual health check to ensure the organisation remains a place where the right environment and conditions exist to support best social work practice”*.

#### **Social Work Health Check 2021**

3.4 The Health Check survey for 2021 was co-ordinated at a national level by Kinetiq on behalf of the LGA with national, regional and local reports being produced. Halton Social Workers took part in the survey between November 2021 and January 2022.

3.5 The health check survey investigates the following questions:

1. How well do employers deliver the refreshed standards?
2. How do employees perceive their working environment?
3. What factors influence them to remain engaged with their work and minded to stay with their organisation?

3.6 There were 17 responses to the 2021 health check survey from Halton Social Workers, which represents an estimated 37% response rate. There were slightly more responses at 22 in 2020.

3.7 The survey asked social workers about the eight standards and an additional area relating to Covid-19. Responses were translated into a mean score, which was then categorised as red (poor), amber (moderate) or green (good).

3.8 A national and regional ranking based on an overall mean score is provided with Halton sitting at 20 out of 147 nationally and 6 out of 23 regionally.

3.9 Out of the nine areas considered as part of the health check (the eight standards plus Covid-19), all were green for Halton apart from

two, which were amber – Continuing Professional Development (CPD) and Covid-19. This was very similar to the regional and national picture.

- 3.10 Halton’s highest rated standard was Standard 1 – Strong and clear social work framework and the lowest rated standard was Standard 6 – Continuing Professional Development (CPD).
- 3.11 The statements below received the highest scores based on responses to the survey from Halton Social Workers:
- “I have access to support and advice from senior social work leaders within my organisation (e.g. Principal Social Worker or Senior Managers)”
  - “My supervisor and/or manager encourage and motivate me in career development”
- 3.12 The following statement received the lowest score based on responses to the survey from Halton Social Workers:
- “My organisation provides regular/annual appraisals (or performance reviews) that are relevant for social workers”
- 3.13 In relation to CPD, the main issues relate to the absence of a professional development plan and not having dedicated time/resources etc. to carry out CPD and/or learning.
- 3.14 In relation to Covid-19 the main issue relates to changes as a result of the pandemic preventing strengths-based work with clients.
- 3.15 In terms of perception of workplace experience, the following survey statements received the highest scores:
- “I feel safe in my role and the work I am expected to do” (standard 4)
  - “My organisation promotes a working environment that upholds ethical practice and quality standards” (standard 7)
  - “I have felt positive and able to cope with work most of the time” (Covid-19)
- 3.16 The following survey statements had the biggest impact of the desire to stay with the organisation:
- “I feel safe in my role and the work I am expected to do” (standard 4)
  - “My organisation promotes a working environment that upholds ethical practice and quality standards” (standard 7)
  - “My organisation has ensured all staff are appropriately protected from the risk of infection by the virus and taken account of different individual risks of infection on grounds of

(e.g) age, ethnicity, prior health conditions, caring for others etc.” (Covid-19)

3.17 The survey asked people about their reason for working in social work and what they felt was the biggest challenge – some example responses are detailed below:

- Reasons for working in social work – supportive organisation, stability, training opportunities and the person-centre work completed.
- Biggest challenges – caseload demands, keeping up to date with changes and commissioned providers.

### **Framework & Improvement Plan**

3.18 Standard 1 states that *“Employers should have in place a strong and clear social work accountability and assurance framework that promotes reflection and learning from experience, evidence and research of outcome-focused social work practice and from the voices of children, adults and families.”*

3.19 Over the last year, a [Social Work Accountability & Assurance Framework for Halton](#) has been developed to pull together the range of professional standards, requirements and good practice that supports the social work profession.

3.20 Sitting within this framework is an Improvement Plan based on ensuring that the areas for improvement highlighted via the health check surveys are acted upon. A specific working group has responsibility for regularly reviewing progress against the actions in the plan.

3.21 Action has already been taken to address some of the main issues highlighted by the results from the 2021 health check in relation to CPD, which was the lowest scoring area:

- Regular Social Work Matters Forums where staff come together network and receive/share information;
- Principal Social Worker Newsletter;
- Fortnightly newsletter outlining training opportunities;
- Action Learning Sets and Journal Clubs taking place within teams giving staff dedicated development time;
- Dedicated time for staff to complete their registration with Social Work England.
- Liaison with Corporate on new “Employee Development Review” being developed.

### **2022 Health Check Survey**

3.22 The health check survey takes place on an annual basis with Halton Social Workers and Occupational Therapists having been invited to

respond to the 2022 health check survey between November 2022 and January 2023.

3.23 The 2022 survey marks the first time that Occupational Therapists have been invited to take part and this follows on from the publication of the [LGA Standards for Employers of Occupational Therapists in England](#).

3.24 A further report on the results of the 2022 health check survey will be brought to PPB in due course.

#### 4.0 **POLICY IMPLICATIONS**

4.1 Development of a Social Work Accountability & Assurance Framework was outlined as a key priority in the previous report; this has now been developed and implemented as a good practice tool for social work in Halton.

#### 5.0 **FINANCIAL IMPLICATIONS**

5.1 None identified.

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

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

None identified.

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

See point 6.3 below.

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

As stated by the LGA:

“Good social work can transform people’s lives and protect them from harm. In order to achieve consistently high-quality outcomes for service users and their carers, social workers must have and maintain the skills and knowledge to establish effective relationships with children, adults, families, and professionals in a range of agencies and settings, and be the key connectors in communities.

Employers should implement a whole systems approach to supporting the social work profession. These Standards set out the key components of whole systems approaches, and employers can use them to enhance their reputation as a service provider and employer by helping to develop a working environment where social work practice and social workers can flourish, in turn supporting recruitment and retention.”

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

None identified.

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

7.0 **RISK ANALYSIS**

7.1 Continued work to address gaps and areas for improvement identified through our work relating to the Standards and the Health Check is reliant upon the availability of social work practitioners to engage in this work. As workload and system pressures continue to be felt across social care, there is a risk that staff do not always have the time required to dedicate to service improvement activities. However, there is a dedicated Social Work Employer Standards Working Group that meets on a regular basis to ensure sustained progress is made.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

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

10.1 Not applicable.

<b>REPORT TO:</b>	Health Policy and Performance Board
<b>DATE:</b>	14 <sup>th</sup> February 2023
<b>REPORTING OFFICER:</b>	Executive Director, Adults
<b>PORTFOLIO:</b>	Adult Social Care
<b>SUBJECT:</b>	Integration: Health & Adult Social Care
<b>WARD(S)</b>	Borough-wide

## 1.0 **PURPOSE OF THE REPORT**

1.1 To summarise progress to date on the integration of Health and Adult Social Care services across One Halton.

## 2.0 **RECOMMENDATION: That:**

i) **The report is noted.**

## 3.0 **SUPPORTING INFORMATION**

### 3.1 ***Background***

Two key pieces of legislation have supported the implementation of integration of across Health and Social Care. In February 2021 the Department of Health and Social Care published the White Paper “Integration and Innovation: working together to improve health and social care for all” - the paper detailed proposals for NHS and social care reform, with a focus on integrated care and services adding value for end-users. In February 2022, they published the White Paper “Joining Up Care for People, Places and Populations”.

3.2 Following the publication of the first White Paper, all areas across England implemented Integrated Care Systems from 1<sup>st</sup> July 2022 (replacing NHS Clinical Commissioning Groups with Integrated Care Boards (ICBs)).

### 3.3 ***One Halton Sub-Committees***

In Halton, a number of One Halton Board sub-committees were formed to progress aspects of the integration agenda. The main sub-committee focussing on the integration of health and adult social care is the Operations and Delivery Sub-Committee (ODSC). The ODSC is responsible for overseeing the operational delivery of the integrated local health and adult social care system in Halton. This was the first sub-committee to be established and has now been running for just over a year.

3.4 The ODSC is chaired by the Director of Adult Social Services and membership of the group includes a breadth of representation across the Health and Social Care system, including acute trusts, primary care, adult social care, the voluntary sector and a domiciliary care provider.

3.5 ***Priorities***

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

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

3.6 ***Delivery Plan***

The ODSC has a Delivery Plan which sets out the key areas of opportunity to move forward with an integrated pathway approach. It focusses on how the ODSC will deliver on its priorities, through a whole-system approach. The areas identified are those in a shared space across health and social care, where there is a clear interface between health and social care. If there is no interface within a particular work area, these are to be retained by the relevant partner organisation and dealt with under statutory duties. The Delivery Plan continues to be a live/working document which is updated following each meeting of the sub-committee.

3.7 ***Work Streams – Progress and Achievements to Date***

Three Work Streams of the ODSC have already made significant progress, as detailed below. The work streams have been aligned to the One Halton Health and Wellbeing Strategy themes of Living Well and Ageing Well, as well as linking in to Health Inequalities. Each Work Stream has a detailed Work Stream brief setting out the aims, key deliverables, risks, digital requirements, financial requirements and communication requirements, ensuring all projects are fit-for-purpose and relevant to the overall aims of the ODSC.

3.7.1 ***Halton Integrated Care and Frailty Service***

The Halton Intermediate Care and Frailty Service (HICaFS) has been operating within the Borough since December 2021. The Service replaced the services previously provided in Halton by the Rapid Access Rehabilitation Service (RARS), Capacity & Demand Team and the Halton Integrated Frailty Service (HIFS). One of the key elements of the Service has been the introduction of a Single Point of Access (SPA) for Intermediate Care and Frailty referrals (from Hospital and the Community), both for those requiring support within the community and those requiring an Intermediate Care bed. The aim for the service, as a whole, is for all referrals received by the SPA will have been reviewed, assessed and appropriately actioned within 72 hours of receipt. To date, the majority of referrals come from hospital teams, followed closely by GP Practices and Health care professionals. The majority of referrals have been dealt

with within the 72 hour target, with some referrals being actioned within 2 hours, and some 24 hours (dependent on the decision of triage). A review of the service model for HiCAFS has begun and outcomes from this will be reported back to the ODSC next year.

### 3.7.2 **Hospital Discharge**

The aim of this Work Stream is to define and review the current Hospital Discharge pathways, associated processes and performance in respect to Halton residents, to ensure that Service Users receive timely and appropriate discharge from Hospital and that the systems and processes in place to support the Discharge pathways are fit for this purpose. Any improvements to current Hospital Discharge pathways would support the best outcomes for people leaving hospital, it would further reduce the length of stay of acute admissions and aim for a higher proportion of people to be discharged on the day that it is determined they no longer need the support of an acute hospital. Benefits include improved patient care, experience and satisfaction and overall efficiency and effectiveness of the Hospital Discharge process. The final report and recommendations will be presented at the ODSC in January 2023.

### 3.7.3 **Care Homes**

There are a number of strands of work within the Care Homes Work Stream. Examples of progress to date includes:

**Environment** - Plans have been finalised for a refurbishment programme across all in house care homes, starting in 2023.

**Training** - An on line platform is now operational across Care homes to support the care home nurses to continually develop their skills and expertise.

**Recruitment** - Work with St Helens and Knowsley Teaching Hospitals NHS Trust to support the recruitment to the Clinical Development Lead Nurse lead is progressing. Successful recruitment to this position has been made which will support the drive to improve standards across the borough-wide nursing homes. This approach has been welcomed and would be beneficial to explore further in the nursing recruitment drive.

**MDT Team** - Ongoing work is required to embed MDT working across the sector, not simply as one-off meetings but a recognition of the importance of delivering quality care to residents within care homes, in line with any other resident of the borough (see Case Study example).

**Digital** - The recently published White Paper has propelled the need to digitalise care homes to the forefront of any development plans. Introducing digitalised care records will benefit residents, staff and managers and work is underway to procure up-to-date systems across the homes.



**Care Homes Case Study – MDT Working**

Mrs X resides in a nursing home in Widnes. She has, over the last twelve months, had a number of hospital admissions. After her latest discharge from hospital she returned home requiring long-term catheter care.

The nurses working within the nursing home had not cared for a person requiring long-term catheter care for some time so required some support. They were concerned that if they did not provide the correct care and support Mrs X would be at risk of requiring further episodes of acute care.

The Nursing Home nurses discussed their concerns at the weekly Multi-Disciplinary Meeting (MDT) and it was agreed that the District Nursing team would in reach into the home to provide the care until care home nurses could undertake the necessary training.

Further discussions took place between the managers of the two services, District Nursing and Care homes to support the services, ensuring Mrs X received the care she needed within her home and the District Nurses offered further support to Care Home nurses. Care Home nurses have the opportunity to shadow District Nurses to gain confidence and competence in the task ensuring they will be in a position to meet the needs of Mrs X and other care home residents if required in the future.

**3.7.4 Future Work Streams**

There are a number of other work stream areas to be considered, as detailed in the table below, aligned to the priorities within the Health and Wellbeing Strategy. These will be influenced by the development of and priorities established within the One Halton Plan.

Living Well	Living/Ageing Well	All themes
<ul style="list-style-type: none"> <li>• Therapy and Equipment provision</li> <li>• Transition</li> </ul>	<ul style="list-style-type: none"> <li>• Single Point of Access</li> <li>• Mental Health</li> <li>• Learning Disability (Board and Groups in place)</li> <li>• Out of Hours Provision</li> <li>• Voluntary Sector – including Core20Plus5 and Social Prescribing**</li> <li>• Palliative/End of Life Care – scope wider</li> <li>• Safeguarding (Board and Groups in place)</li> <li>• Quality Assurance</li> <li>• Housing</li> </ul>	<ul style="list-style-type: none"> <li>• Carers (Strategy Group in place)</li> <li>• Prevention Framework</li> <li>• Public Health</li> <li>• Neighbourhood working</li> </ul>

4.0 **POLICY IMPLICATIONS**

4.1 N/A

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 N/A

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

6.1 **Children & Young People in Halton**

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

6.3 **A Healthy Halton**

Integrated working at different levels across the local system is vital to ensure that the residents of Halton have a smooth and efficient health and social care service.

6.4 **A Safer Halton**

6.5 **Halton's Urban Renewal**

7.0 **RISK ANALYSIS**

7.1 System challenges, including financial stability, appropriately skilled workforce to address the increases in demand across health and social care, will be considered when approving new work stream briefs.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 Environmental and climate change implications are considered through each individual work stream delivery project group and the over-arching Delivery Plan for the ODSC.

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

10.1 None under the meaning of the Act.

<b>REPORT TO:</b>	Health Policy & Performance Board
<b>DATE:</b>	14 February, 2023
<b>REPORTING OFFICER:</b>	Executive Director, Adults
<b>PORTFOLIO:</b>	Adult Social Care
<b>SUBJECT:</b>	Performance Management Reports, Quarter 3 2022/23
<b>WARD(S)</b>	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 3 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 3 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 3, 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 **CLIMATE CHANGE IMPLICATIONS**

9.1 This report is for information only, therefore there are no environmental or climate implications as a result of this report.

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

10.1 None under the meaning of the Act.

## Health Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 3 – Period 31<sup>st</sup> October 2022 – 31<sup>st</sup> December 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 third 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**

**Adult Social Care (ASC) Discharge Fund** - Announced in September 2022, the ASC Discharge Fund is worth £500 million, with £200 million being distributed to local authorities directly, based on the adult social care relative needs formula (RNF) and £300 million being distributed to integrated care boards (ICBs), targeted at those areas experiencing the greatest discharge delays, with all the available funding being expected to be pooled into local area Better Care Funds.

Funding is to be used to prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings. Funding can also be used to boost general adult social care workforce capacity, through staff recruitment and retention, where that will contribute to reducing delayed discharges.

HBC and ICB (Halton) colleagues have worked with partners to develop a spending plan which prioritises those approaches that we feel will be most effective in freeing up the maximum number of hospital beds and reducing bed days lost.

#### **Public Health**

The Public Health Team continue to deliver a range of health improvement and protection activities locally as well as work with regional partners. Examples of recent regional work includes successful launch event for the All Together Active physical activity strategy for C&M (find the strategy [here](#)). Providing input to the C&M system Integrated Care Board's 5-year strategy. The new Cheshire and Merseyside Suicide Prevention strategy was a great success (find the strategy [here](#)). Locally, officers

have provided Mental Health awareness training and suicide prevention information to staff and other teams.

The team worked with other partners to update and support for schools around infection prevention and control linked to Covid-19, coughs, colds, scarlet fever and Streptococcus A infections.

Winter well packs were distributed to around 2,000 vulnerable residents across Halton. This forms part of the public health contribution to wider cost of living crisis support available. There is help and support with cost-of-living for everyone at [www.halton.gov.uk/costofliving](http://www.halton.gov.uk/costofliving), giving information and services available from the Council, local partners and organisations who are helping people with:

- Food including details of social supermarkets and community shop
- Heating and energy bills – energy efficiency, emergency vouchers, affordable warmth
- Water – water and money saving advice
- Housing – housing solutions for renters and homeowners
- Crisis/Emergency support – financial and other help
- Help with money worries and mental health
- Places of warmth – venues and events that offer a warm place

### 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

No emerging issues for Q3.

#### Public Health

Workforce concerns continue to limit the full effectiveness of the team. HR are supporting with several recruitment and vacancies in the team. Nationally and regionally there is a shortage in public health trained staff at consultant, specialist and intelligence analyst levels.

Two key drugs used to support Stop Smoking: Zyban and Champix have been withdrawn. This limits the interventions readily available to support smoking cessation. At present only Nicotine replacement products (NRT) are available. This outcome will have a negative impact on all services as access to a variety of products has been reduced further and reduced access for clients will likely result in reduced quit rates for service.

Access to data on uptake of flu vaccinations (and other vaccinations) is limited at present and no longer as timely as previously, making rapid system improvements and uptake campaigns difficult.

### 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

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.

One Halton Dementia Strategy is near completion. As part of the process a review of HBC Dementia Day Service and HBC/LLAMS Social Work pathway has been undertaken/is underway to understand 'post COVID-19' service operations and ensure that services continue to deliver to meet increasing demands in the best possible way. During Q3, One Halton Dementia Group have been invited to consider investment in the Liverpool Museums' House of Memories dementia app. Work is underway to determine feasibility/value for money/potential funding sources. In November 2022 Elected Members and Chief Officers of HBC undertook the national recognised 'Dementia Friends Awareness' session, hosted by Alzheimer's Society. Work is ongoing to establish an internal Dementia Friends resource to be able to deliver further sessions to additional Members and also as part of a rolling offer on the corporate training calendar.

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











The Homelessness strategy action plan is reviewed annually, and a further report will be submitted to Senior Management Team to illustrate progress made. The homelessness Forums scheduled for February 2023 to identify priorities for forthcoming year.






### **Key Performance Indicators**

<b>Older People:</b>						
<b>Ref</b>	<b>Measure</b>	<b>21/22 Actual</b>	<b>22/23 Target</b>	<b>Q3</b>	<b>Current Progress</b>	<b>Direction of travel</b>
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <b>Better Care</b>	369.2	600	331.9 (as at Q2)		We are unable to provide the direction of travel as we did not have



	<b>Fund performance metric</b>					data for this period in 2021/22,
ASC 02	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <b>Better Care Fund performance metric</b>	4071	No plan set	N/A		N/A
ASC 03	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) <b>Better Care Fund performance metric</b>	79	85%	NA	NA	NA
<b>Adults with Learning and/or Physical Disabilities:</b>						
ASC 04	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	72	97%	100%		
ASC 05	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	81.5	80%	74.5%		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in	31.6	45%	22.6%		

	receipt of long term support) (Part 2) DP					
ASC 07	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	89.7	89%	92.4%		
ASC 08	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	7	5.5%	5.6%		
<b>Homelessness:</b>						
ASC 09	Homeless presentations made to the Local Authority for assistance in accordance with Homelessness Act 2017. Relief Prevention Homeless	1914	2500	857 201 214 130 312		
ASC 10	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	247	200	44		
ASC 11	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	520	N/A	145 120 25		
<b>Safeguarding:</b>						

ASC 12	Percentage of individuals involved in Section 42 Safeguarding Enquiries	30	30	60%		We are unable to provide the direction of travel as we did not have data for this period in 2021/22
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%	58%		
ASC 14	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	83.9	89%	NA	NA	NA
<b>Carers:</b>						
ASC 15	Proportion of Carers in receipt of Self Directed Support.	98.8	99%	99.5%		
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</i>	7.5	N/A	NA	NA	NA

	<i>shows good performance)</i>					
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 to give an average value. A higher value shows good performance)	17.9	20%	NA	NA	NA
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 collection of this dataset continues to be paused. No date has been provided for its recommencement.

**ASC 03** Annual collection only to be reported in Q4.

**Adults with Learning and/or Physical Disabilities:**

**ASC 04** Q3 figures continue to be above target.

**ASC 05** Q3 figure is higher than this time last year and does remain above the Northwest average.

**ASC 06** We are continually looking at improving our reporting in this area, as we have had previous issues which have resulted in under reporting.

**ASC 07** Figures continue to remain stable.

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

**Homelessness:**

**ASC 09** There continues to be a local and national increase in homelessness presentations. Contributable factors are affordability, increased living costs, unemployment, and lack of housing accommodation.

The service continues to make full use of all prevention options to assist prevent homelessness.

**ASC 10** The figures show that statutory homelessness acceptances remain low. This is due to the increased emphasis upon homeless prevention.

**ASC 11** The demand for temporary accommodation continues to be high. However, there has been a slight decrease in hotel use, this is a general trend during the Christmas period.

The majority of hotel placements are families, whereby, provisions are in place to review commissioned services for this client group

**Safeguarding:**

**ASC 12** This is a relatively new indicator; figures need to be cleansed and may differ to year-end data.

**ASC 13** No commentary received for Q3.

**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	<b>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.</b>

Ref	Milestones	Q3 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	<b>Improved levels of healthy eating and physical activity through whole systems working.</b>	
Ref	Milestone	Q3 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	<b>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.</b>	
Ref	Milestone	Q3 Progress
PH 03a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	<input checked="" type="checkbox"/>
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).	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
Ref	Objective	
PH 04	<b>Cardiovascular Disease</b>	
Ref	Milestone	Q3 Progress
PH 04a	Ensure local delivery of the National Health Checks programme in line with the nationally set achievement targets	<input checked="" type="checkbox"/>
PH 04b	Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.	<input checked="" type="checkbox"/>
PH 04c	Increase the percentage of adults who undertake recommended levels of physical activity and healthy eating.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
PH 04e	Reduce the premature (under 75) death rate due to cardiovascular disease and stroke.	<input checked="" type="checkbox"/>
Ref 05	Objective	
PH 05	<b>Mental Health</b>	
Ref	Milestone	Q3 Progress
PH 05a	Reduced level of hospital admissions due to self-harm.	<input checked="" type="checkbox"/>

PH 05b	Improved overall wellbeing scores and carers' wellbeing scores.	
PH 05c	Reduced excess under 75 mortalities in adults with serious mental illness (compared to the overall population).	
PH 05d	Reduce suicide rate.	
Ref	<b>Objective</b>	
PH 06	<b>Cancer</b>	
Ref	<b>Milestone</b>	<b>Q3 Progress</b>
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	<b>Objective</b>	
PH 07	Older People	
Ref	Milestone	<b>Q3 Progress</b>
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** Triple P is commissioned by the Early Help commissioners to run 8 programmes of Triple P per year. This quarter, 4 programmes were delivered with x15 parents fully completing and x8 partially completing the course.
- 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. The service is will require utilisation of 1 x 12 month extension to commence 1.4.2023. Meanwhile a wider review of the service will take place over the next 12 months.



- PH 01c** Antenatal Infant Feeding and Introducing Solid Foods workshops are now being delivered x1 face to face and x1 virtual per month. The multi-agency 'Your Baby and You' programme is on hold awaiting further planning meetings between all partners. Parent/carer bite-size workshops are being delivered virtually and face to face (Fussy Eating and Healthy Snacking, and Sleep and Screens). HHEYS support and training was offered to all EY settings and childminders. There continues to be increased engagement, with some settings completing 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 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 referral 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** Bridgewater (and GPs) are informed of nearly all 0-19 attendances at A&E and Urgent Care Centres and where appropriate, parent attendances. Bridgewater work within the framework of a clinical procedure which identifies a Trigger List. The information for those CYP with an attendance that fits within the list are referred to the Health Visitor, Family Nurse Partnership or School Nurse. The attendance is recorded on the record once scanned on and will have access to support/further input.
- 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 and local campaigns via digital platforms.e.g Regional Cheshire/Merseyside" Lower My Drinking App". Currently, work is taking place with IT to develop Audit C screening online. Audit C screenings are also delivered during Health Checks and stop smoking consultation to clients across Halton.
- PH 03c** The CGL service has maintained a Café which offers an opportunity to support clients; this has provided volunteering and peer support sessions to service users.

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 Targeted Lung Health Check programme. The TLHC programme commenced in Halton in January 2022 and to date (Q3) the service has received an extra 351 referrals into the service. Currently the service has achieved a quit rate of approx. 56% so far.
- 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. Self Harm kits, that have been developed at a regional level as a resource for staff working with children and young people, are being piloted locally.
- 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 diagnostics 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** The team have received 77 new Sure Start to Later Life referrals in this quarter.



We have held 6 Get Together events, with a total of 291 people in attendance which is an increase on the previous quarter.












**PH 07b** This quarter we have had over 45 residents from various care homes attend the Sure Start to Later Life Get Together which is fantastic. The feedback received from these residents has been very positive. What they report that they most like about the event is 'socialising with others, the food and entertainment' and 'being with friends'.






**PH 07c** The Age Well service continues to deliver falls prevention exercise classes, 4 times per week. We have received 10 new referrals direct from HICAF, SS2LL or capacity and demand. 17 people have attended the groups over this quarter; over 171 falls incident forms have been screened and supporting information has been provided as to how to reduce peoples risk of falls including signposting to relevant services.

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	Q3	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development)	66.1% (2018/19)	N/A	60.1% (2021/22)		

	at the end of reception)					
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)	45.2 (2019/20-2021/22 provisional)	57.1 (2019/20 – 2021/22)	35.5 (Q3 19/20-Q2 22/23 provisional)		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	14.9% (2019)	14.9% (2020)	13.2% (2021)		
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	96.7 (2019-21 provisional)	96.7 (2020-22)	105.8		

	(Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>			(Q3 2019-Q3 2022 provisional)		
PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	151.0 (2019-21 provisional)	150.2 (2020-22)	144.8 (Q4 2019-Q3 2022 provisional)		
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)	45.3 (Q4 2019-Q3 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)	<b>u</b>	<b>N/A</b>
	Cervical cancer screening coverage (aged 50 – 64) <i>Proportion of eligible women who were screened in the last 5.5 years</i>	72.5% (2021)	80% (national target)	N/A (annual data only)	<b>u</b>	<b>N/A</b>
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)	<b>u</b>	<b>N/A</b>
PH LI 03i	Percentage of cancers diagnosed at early stage (1 and 2)	55.5% (2019)	55.7% (2020)	N/A (annual data only)	<b>u</b>	<b>N/A</b>
PH LI 03j	1 year breast cancer survival (%)	97% (2018)	97.25% (2019)	N/A	<b>u</b>	<b>N/A</b>
PH LI 03k	1 year bowel cancer survival (%)	79% (2018)	79.25% (2019)	N/A	<b>u</b>	<b>N/A</b>

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)	283.5 (2021/22 provisional)	380.6 (2021/22)	285.1 (Q3 21/22 – Q2 22/23 provisional)		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.1% (2020/21)	11.9% (2021/22)	N/A		N/A
PH LI 05ai	<b>Male</b> 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 05aai	<b>Female</b> Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates)	19.5 (2019-21 provisional)	19.5 (2020-22)	19.4 (Q3 2019-Q2 2022 provisional)		

	<i>Published data based on 3 calendar years, please note year for targets</i>					
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2707 (2021/22 provisional)	2806 (2021/22)	2358 (Q3 21/22 – Q2 22/23 provisional)		
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)	78.9% (week 52 2022)		N/A

### **Supporting Commentary**

- PH LI01 Department for Education did not publish 2019/20 or 2020/21 data due to COVID priorities. The percentage of children achieving a good level of development has reduced by 6% between 2018/19 and 2021/22 in Halton; this is similar to the decline in England overall of 6.6% (from 71.8% to 65.2% in 2021/22).
- PH LI02a 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 LI02c 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, 2020 and remained the same in 2021; 2021 data met the target.
- PH LI03b Adult excess weight reduced during 2021 and met the target.
- PH LI03c The rate of CVD deaths (in under 75s) increased in 2021, and the provisional 2022 data suggests that the rate has continued to increase. It is likely that COVID-19 has had an effect.  
(Data is provisional; published data will be released later in the year.)
- PH LI03d The rate of cancer deaths (in under 75s) reduced slightly in 2021 and provisional data suggests it has continued to decrease 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 LI03e The rate of respiratory disease deaths (in under 75s) has reduced slightly over 2020, and 2021, and data suggest it has continued to decrease slightly 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 LI03f Breast cancer screening coverage dropped in 2020 and again in 2021; COVID-19 has most likely affected this. Data is released annually.
- PH LI03g 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 LI03h 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 LI03i 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 LI03j 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 LI03k 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 LI03I 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 LI04a Provisional 2021/22 data indicates the rate of self-harm admissions has reduced since 2019/20 and has met the target. Provisional Q2 2022/23 data suggests the rate has remained at a similar level to 2021/22.  
(Data is provisional; published data will be released later in the year.)
- PH LI04b 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 LI05ai 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 LI05aai 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. However, it is unlikely that 2020-22 data will meet the target.  
(Data is provisional; published data will be released later in the year.)
- PH LI05b Provisional 2021/22 indicates the rate of falls injury admissions has reduced slightly and has met the target. Provisional Q2 2022/23 data suggest the rate has continue to decrease.  
(Data is provisional; published data will be released later in the year.)
- PH LI05c Flu vaccine uptake for winter 2021/22 didn't meet the national target of 85%.  
It is too early to say if Halton will exceed the target for 2022/23 as data is currently only available until end of 2022.

## **APPENDIX 1 – Financial Statements**

### **ADULT SOCIAL CARE DEPARTMENT**

#### **Finance**

#### **Revenue Operational Budget as at 31 December**

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
Employees	16,122	11,904	11,781	123	140
Premises	311	242	247	(5)	0
Supplies & Services	849	644	648	(4)	0
Aids & Adaptations	38	26	27	(1)	0
Transport	187	170	203	(33)	(50)
Food Provision	187	117	115	2	0
Agency	617	471	473	(2)	0
Supported Accommodation and Services	1,463	1,273	1,269	4	0
Emergency Duty Team	105	78	94	(16)	(20)
Contacts & SLAs	567	465	460	5	0
				0	
Housing Solutions Grant Funded Schemes					
LCR Immigration Programme	300	242	243		0
Homelessness Prevention	356	200	68	132	0
Rough Sleepers Initiative	150	50	49	1	0
<b>Total Expenditure</b>	<b>21,252</b>	<b>15,882</b>	<b>15,677</b>	<b>206</b>	<b>70</b>
<b>Income</b>					
Fees & Charges	-761	-550	-535	(15)	(20)
Sales & Rents Income	-420	-279	-319	40	40
Reimbursements & Grant Income	-1,575	-1,292	-1,292	0	0
Capital Salaries	-121	-91	-89	(2)	0
Housing Schemes Income	-806	-792	-792	0	0
Transfer From Reserves	-1,392	-428	-428	0	0
<b>Total Income</b>	<b>-5,075</b>	<b>-3,432</b>	<b>-3,455</b>	<b>23</b>	<b>20</b>
<b>Net Operational Expenditure Excluding Homes and Community Care</b>	<b>16,177</b>	<b>12,450</b>	<b>12,222</b>	<b>229</b>	<b>90</b>
Care Homes Net Expenditure	8,324	6,266	7,587	-1,321	-1,497
Community Care Expenditure	18,975	14,303	15,095	-792	-1,130
<b>Net Operational Expenditure Including Homes and Community Care</b>	<b>43,476</b>	<b>33,019</b>	<b>34,904</b>	<b>(1,884)</b>	<b>(2,537)</b>
<b>Recharges</b>					
Premises Support	460	345	345	0	0
Transport Support	587	440	531	(91)	(90)
Central Support	3,563	2,672	2,672	0	0
Asset Rental Support	57	0	0	0	0
Recharge Income	-122	-92	-92	0	0
<b>Net Total Recharges</b>	<b>4,545</b>	<b>3,365</b>	<b>3,456</b>	<b>(91)</b>	<b>(90)</b>
<b>Net Departmental Expenditure</b>	<b>48,021</b>	<b>36,384</b>	<b>38,360</b>	<b>(1,975)</b>	<b>(2,627)</b>

### Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is £0.138m below budget profile at the end of the third quarter of the 2022/23 financial year. Net expenditure is currently projected to be in line with budget by the end of the financial year.

Employee costs are currently £0.123m below profile at the end of December. This is attributable 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 current overspends on transport cost largely relate to increased 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 level reduced 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 for 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.

## **PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT**

### **Revenue Budget as at 31 December 2022**

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
Employees	4,270	3,216	3,151	65	96
Premises	5	0	0	0	0
Supplies & Services	452	242	216	26	33
Contracts & SLA's	7,130	4,638	4,638	0	0
Transport	15	13	12	1	1
Other Agency	21	21	21	0	0
Transfer to Reserves	79	29	29	0	0
<b>Total Expenditure</b>	<b>11,972</b>	<b>8,159</b>	<b>8,067</b>	<b>92</b>	<b>130</b>
<b>Income</b>					
Fees & Charges	-268	-247	-257	10	13
Reimbursements & Other Grants	-365	-353	-353	0	0
Government Grants	-11,537	-8,075	-8,075	0	0
Transfer from Reserves	-545	-43	-43	0	0
<b>Total Income</b>	<b>-12,715</b>	<b>-8,718</b>	<b>-8,728</b>	<b>10</b>	<b>13</b>
<b>Net Operational Expenditure</b>	<b>-743</b>	<b>-559</b>	<b>-661</b>	<b>102</b>	<b>143</b>
<b>Recharges</b>					
Premises Support	126	95	95	0	0
Transport Support	28	22	22	0	0
Central Support	1,324	993	993	0	0
Recharge Income	-482	-361	-361	0	0
<b>Net Total Recharges</b>	<b>996</b>	<b>749</b>	<b>749</b>	<b>0</b>	<b>0</b>
<b>Net Departmental Expenditure</b>	<b>253</b>	<b>190</b>	<b>88</b>	<b>102</b>	<b>143</b>

### **Comments on the above figures**

The net Department spend is £0.102m under budget profile at the end of Quarter 3 and the estimated outturn position for 2022/23 is for net spend to be £0.143m under the available budget.

Employee costs are currently £0.065m 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 were filled in Quarter 2 and two are currently in the recruitment process. The level of savings is expected to increase during the final quarter of the financial year due to a reduction in hours and recruitment delays. The anticipated full year underspend is projected to be £0.096m. 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.

The balance of £0.368m carried forward from last year's allocation from the Contain Outbreak Management Fund (COMF) has been used to fund continued spend within the Outbreak Support Team, targeting low COVID-19 vaccine uptake, enhanced communication and marketing, workplace prevention and contain measures and to help the clinically extremely vulnerable remain well. The balance remaining of £0.026m from the first half of the year was spent during October. Spending during the remaining 5 months of the year will be met from within the Public Health ring-fenced grant.

## **COMPLEX CARE POOL**

### **Revenue Budget as at 31 December 2022**

	<b>Annual Budget</b>	<b>Budget to Date</b>	<b>Actual</b>	<b>Variance (Overspend)</b>	<b>Forecast Outturn</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Expenditure</b>					
Intermediate Care Services	6,403	4,351	3,896	455	633
Oakmeadow	1,165	903	949	(46)	(63)
Community Home Care First	1,300	708	708	0	0
Joint Equipment Store	815	543	543	0	0
Development Fund	662	0	0	0	0
Halton Integrated Care & Frailty Service	3,541	1,740	1,313	427	580
Contracts & SLA's	3,262	942	909	33	44
Carers Breaks	428	364	274	90	123
Carers centre	377	282	282	0	0
Residential Care	1,121	852	852	0	0
Domiciliary Care & Supported Living	2,556	1,894	1,959	(65)	(87)
<b>Total Expenditure</b>	<b>21,630</b>	<b>12,579</b>	<b>11,685</b>	<b>894</b>	<b>1,230</b>
<b>Income</b>					
BCF	-12,079	-9,058	-9,058	0	0
CCG Contribution to Pool	-2,831	-2,123	-2,123	0	0
ASC Discharge Grant	-213	-213	-213	0	0
Oakmeadow Income	-613	-459	-456	(3)	(3)
Transfer from reserve	-700	-700	-700	0	0
Ageing Well	-694	-694	-694	0	0
<b>Total Income</b>	<b>-17,129</b>	<b>-13,247</b>	<b>-13,244</b>	<b>(3)</b>	<b>(3)</b>
<b>Net Expenditure</b>	<b>4,501</b>	<b>-668</b>	<b>-1,559</b>	<b>891</b>	<b>1,227</b>
CCG Contribution Share of Surplus	0	0	446	(446)	(613)
<b>Adjusted Net Departmental Expenditure</b>	<b>4,501</b>	<b>-668</b>	<b>-1,113</b>	<b>445</b>	<b>614</b>

**Comments on the above figures:**

The overall position for the Complex Care Pool budget is £0.891m under budget profile at the end of December. Based on current demand the Pool net spend position is forecast to be £1.227m under the approved budget at financial year-end. The Council share of this is forecast to be in the region of £0.614m as the end of the financial year approaches this position may change. For example, HICaFS (Halton Integrated Care & Frailty Service) actual invoices against forecast may differ dependent on recruitment.

Expenditure is below budget profile mainly due to Intermediate Care and the HICaF service which cumulatively, are £0.882m under expected budget at this point of the financial year. HICaFS is currently carrying a vacant Divisional Manager post. In addition, Warrington NHS Trust have still not fully recruited their staff for this service.

The overspend on Oakmeadow is due to agency spend and high inflation on food and drink provisions and utilities.

Expenditure on Contracts is under budget by £0.033m at Q3. The forecast outturn underspend of £0.044m is less than estimated at Q2 due to Inglenook service users increasing from 1 to 2.

Carers' breaks are under budget profile by £0.090m at the end of the third financial quarter. Direct Payment carer's breaks are low as in previous years. Also, Family Placement Daycare started up in June after the pandemic but there have been no placements since July due to a lack of Carers.

The Pooled Budget Manager is working closely with finance colleagues to determine the best deployment of available resources to address existing pressures within Health & Social Care. This is likely to include Community Care services.

**Pooled Budget Capital Projects as at 31 December 2022**

	2022-23 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	580	435	429	151
Stair lifts (Adaptations Initiative)	220	165	168	52
RSL Adaptations (Joint Funding)	300	225	221	79
Telehealthcare Digital Switchover	400	100	100	300
Millbrow Refurbishment	180	110	104	76
Madeline Mckenna Refurb.	100	100	104	(4)
St Luke's Care Home	20	10	9	11
St Patrick's Care Home	150	100	100	50
<b>Total</b>	<b>1,950</b>	<b>1,245</b>	<b>1,235</b>	<b>715</b>

**Comments on the above figures:**

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2021/22 spend and budget, expenditure across the 3 headings is anticipated to be within budget overall, although there may be some minor variances within the 3 schemes. Spend patterns remain consistent with quarters 1 and 2 of the financial year.

The £0.400m 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. The scheme is split into 4 phases, each with an estimated cost of £100,000.

The first phase was completed in July 2022, it is currently estimated that the scheme will be fully completed by March 2023.

On 16<sup>th</sup> June 2022 Executive Board approved a £4.2M refurbishment programme in respect of the four Council owned care homes, to be completed within a three-year timescale.

£1.6M was initially allocated in terms of estimated spend during the current financial year, although this allocation has now been revised down to £0.450m to reflect progress within year on individual care home refurbishment schemes. The residual £1.15M will be reprofiled to financial year 2023/24. This has resulted in the annual capital programme for Adult Social Care reducing from an annual budget of £2.5M as at Quarter 2 to the current net value of £1.95M. It is anticipated that the total cost of the care home refurbishment will remain consistent with the initial £4.2M capital allocation.

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

*Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.*

Red






Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.

*Indicates that the target will not be achieved unless there is an intervention or remedial action taken.*

### Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

<b>Green</b>		<i>Indicates that <b>performance is better</b> as compared to the same period last year.</i>
<b>Amber</b>		<i>Indicates that <b>performance is the same</b> as compared to the same period last year.</i>
<b>Red</b>		<i>Indicates that <b>performance is worse</b> as compared to the same period last year.</i>
<b>N/A</b>		<i>Indicates that the measure cannot be compared to the same period last year.</i>