

Public Document Pack



Health Policy and Performance Board

Tuesday, 20 February 2024 at 6.30 p.m.
Council Chamber, Runcorn Town Hall

S. Young

Chief Executive

BOARD MEMBERSHIP

Councillor Eddie Dourley (Chair)	Labour
Councillor Sandra Baker (Vice-Chair)	Labour
Councillor Victoria Begg	Labour
Councillor Sian Davidson	Conservative
Councillor Mike Fry	Labour
Councillor Emma Garner	Labour
Councillor Louise Goodall	Labour
Councillor Chris Loftus	Labour
Councillor Louise Nolan	Labour
Councillor Tom Stretch	Labour
Councillor Sharon Thornton	Labour

*Please contact Ann Jones on 0151 511 8276 or e-mail ann.jones@halton.gov.uk for further information.
The next meeting of the Board is 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, 28 November 2023 at the Council Chamber, Runcorn Town Hall

Present: Councillors Dourley (Chair), Baker (Vice-Chair), Begg, Davidson, Fry, Garner, C. Loftus, L. Nolan and Thornton and D. Wilson – Healthwatch Co-optee

Apologies for Absence: Councillor Stretch

Absence declared on Council business: None

Officers present: A. Jones, D. Nolan, L Wilson, H. Moir and J. Gallagher

Also in attendance: L. Gardner – Warrington & Halton Teaching Hospitals NHS Foundation Trust and A. Leo – Halton Place: NHS Cheshire & Merseyside

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

	<i>Action</i>
HEA22 MINUTES	
<p>The Minutes of the meeting held on 26 September 2023 having been circulated were signed as a correct record.</p>	
HEA23 PUBLIC QUESTION TIME	
<p>It was confirmed that no public questions had been received.</p>	
HEA24 HEALTH AND WELLBEING MINUTES	
<p>The minutes from the Health and Wellbeing Board's meeting held on 5 July 2023 were submitted to the Board for information.</p>	
HEA25 HALTON HEALTH HUB	
<p>The Board received an update from the Director of Strategy and Partnerships, Warrington and Halton Teaching Hospitals NHS Foundation Trust, on the completion of the project to develop an out-of-hospital Hub to deliver clinical outpatient services from Runcorn Shopping City.</p>	

It was announced that Phase 1 of the project had been in operation for almost 12 months and delivered Audiology, MSKCATS, Optometry and Orthoptics services, as well as community health services such as vaccination clinics. It was noted that in the first 10 months of opening, the Hub had provided services to more than 3000 patients across 3 providers.

Phase 2, the Community Diagnostic Centre, was planned to open in December 2023 and would include audiology, sleep studies, ultrasound, respiratory and phlebotomy services. Phase 3 would include future opportunities as the Centre had the potential to accommodate additional services, these were outlined.

Members' welcomed the opening of the Hub and that it had been well received by residents. The following responses were given to questions:

- The Active Travel Service pilot was now operating (by Wellbeing Enterprises) and was advertised using social media and distribution of leaflets in the Shopping City;
- The Wellbeing Service provider was appointed by the Liverpool City Region (LCR) – further information on the process for selecting the provider would follow after the meeting as it was not to hand;
- The location and accessibility of the Hub for residents was welcomed as it could be used by most patients using public transport;
- The potential of including more services in the Hub was positive;
- The Hub did not offer drop-in phlebotomy services (which had ceased in the Borough since Covid-19). There was, however, a new online booking service currently being trialled at two GP's surgeries. Despite this it was felt that a drop-in service would be preferred by many residents – these comments would be fed back to the Trust; and
- The Musculo-skeletal service at the Captain Sir Tom Moore Building was still available.

RESOLVED: That the presentation be noted.

Executive Director
of Adult Services

HEA26 THE CORPORATE PLAN - THE BIG CONVERSATION UPDATE

The Board received a report of the Chief Executive's Delivery Unit, which provided an update on 'The Big Conversation'.

The Big Conversation was about engaging with the public so that they understood the challenges that the Council was facing. It was an approach between the Council and those who lived or worked in Halton to work together to create an improved Borough in all aspects of everyday life. A stakeholder analysis and a Communications Plan was developed to generate and establish as many opportunities as possible to involve all stakeholders in many different ways.

Members were advised that to date, a total of 1012 responses had been received; a breakdown of these by source was provided. The report outlined the promotion, consultation and engagement carried out in the community so far. The themes emerging from the consultation were also presented and any gaps in responses were highlighted, as well as the actions required to fill these.

It was noted that the consultation ends on 30 November 2023, after which an analysis would be undertaken to identify the key priorities. January and February 2024 would see final consultation with stakeholders via drop-in sessions and community engagement, prior to the Corporate Plan being finalised in March, ready for its launch in April 2024.

Further to Members questions, it was commented that the exact amount of engagement from the public would not be known until the analysis was carried out in December, after the closing date. Members were reassured that public access to the survey was via many methods, so that all sections of the population were able to complete this in the format that suited them.

In order to address the low number of respondents from the 16-24 age group, staff had attended: Riverside, Carmel, Priestley and Sir John Deane Colleges; the Linnets and Vikings Clubs; and the Family Hubs in Windmill Hill and Kingsway to encourage people to complete the survey. Also, social media advertising had targeted this age group and the team had liaised with social workers who encouraged residents they dealt with to complete the survey. One Member commented that the Holiday Activities and Food (HAF) Programme staff could have been contacted, to encourage responses from residents they dealt with and this was a missed opportunity.

RESOLVED: That the Board

- 1) notes the report; and

- 2) continues to endorse the approach to facilitate 'The Big Conversation'.

HEA27 PRIMARY CARE ACCESS - UPDATE

The Board received a report and presentation from the NHS Director for Halton Place, which provided an update on Primary Care Access in Halton.

The presentation set out the current position within Halton and also highlighted the Primary Care Access Recovery Programme (PCARP) across Cheshire and Merseyside, including Halton. Nationally, general practice was delivering more than 1m appointments every day and half a million more every week than pre-pandemic. GP's in Halton had delivered almost 705,000 appointments between April 2022 and March 2023 and the service had seen a range of developments which had grown the workforce to meet rising demand and the needs of an ageing population.

Members were advised however, that the pandemic had changed the landscape and the increase in practice capacity needed to keep pace with growing demand. They were advised of *The Fuller Stocktake Report*, which built a broad consensus on the vision for integrating primary care with three essential elements: streamlining access to care and advice; providing more proactive, personalised care from a multidisciplinary team of professionals; and helping people stay well for longer. This remained the intent and was part of the strategic objectives set out for integrated neighbourhood delivery and multi-disciplinary team working within Halton.

The report described the two central ambitions of the PCARP and four areas of focus identified that would support the recovery, in relation to the first element. Progress would be monitored and reported over the next 12 months and beyond, to ensure that the improvements outlined were as effective as possible.

Following Members' comments, the following was noted:

- The percentage of appointments that were provided by GP's from April 22 to March 23 was 51%. It was explained that the other 49% of appointments were provided by other practitioners, such as Advanced Nurse Practitioners (ANPs) and other specialist staff, depending on the condition being experienced by the patient;

- It was planned to have more multi-disciplinary teams at GP's surgeries going forward;
- Certain administration tasks relating to patient appointments were part of a GP's role due to patient confidentiality;
- Healthwatch surveys indicated that patient satisfaction rates varied in Halton from poor performing to above average performance – information sharing between surgeries took place so that lessons could be learnt and practices were being encouraged to work together more; and
- Healthwatch patient feedback received referred to some online systems being patchy – more specific details would be provided following the meeting.

RESOLVED: That the presentation is received and noted.

HEA28 SERVICES UPDATES - PHLEBOTOMY & MUSCULO-SKELETAL

The Board received updates and presentations from the Place Director – One Halton, on phlebotomy and musculo-skeletal Services in Halton.

The presentations outlined the latest position for both services for Halton's patients and gave details of planned increases in service capacity in the future.

It was commented that the wait time for musculo-skeletal service appointments had increased for patients in Halton, this was due to increased demand for the service.

RESOLVED: That the presentations are received and noted.

HEA29 ONE HALTON PARTNERSHIP - UPDATE

The Board considered a report of the Director – Halton Place, which presented an update on the One Halton Partnership.

The One Halton Partnership Board comprised a wide range of members including NHS bodies, local authority bodies (including children's, adults, public health services) and non NHS/non statutory bodies. The Partnership Board was the vehicle for delivery of national priorities and Halton's Joint Health and Wellbeing Strategy. Achieving One Halton's ambitions was the responsibility of all partners working together to achieve a set of shared strategic

objectives for Halton Place.

The presentation included a recap of the Integrated Care System (ICS) structure; the NHS Cheshire and Merseyside (C&M) Integrated Care Board (ICB); and the Place Based Partnerships. The C&M ICB key priorities were outlined which included how these aligned to Halton Place priorities. Officers' also described the challenges being faced in Halton and gave examples of projects currently being worked on.

RESOLVED: That the presentation is received and noted.

HEA30 HALTON SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2022-23

The Board was presented with the Halton Safeguarding Adults Board (HSAB) Annual Report 2022-23.

It was noted that under the Care Act 2014, Safeguarding Adults Boards (SAB) were responsible for producing an Annual Report, setting out achievements of the SAB and highlighting priorities for the following year.

The HSAB Annual Report had been developed in conjunction with partners, to ensure the report encompassed a multi-agency approach. The Annual Report included performance data and comparisons between years; achievements in the year and highlighted areas of good practice regarding safeguarding in the Borough.

The Annual Report would be published after approval and shared with HSAB's member organisations through the SAB Board meetings.

In response to a question, it was commented that there was a 6% increase in the numbers of DoLS applications received last year. Out of 894 received, 518 of these there were from women. The fact that there were more older women in the Borough than men could be the reason for this, as well as the fact that some people were just not aware of the Policy, so did not apply.

RESOLVED: That the Board

- 1) note the report; and
- 2) approve the Annual Report for publication.

Executive Director
of Adult Services

HEA31 PERFORMANCE MANAGEMENT REPORTS, QUARTER 2
2023-24

The Board received the Performance Management Reports for quarter two of 2023/24.

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 2023-24. This included a description of factors, which were affecting the service.

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

It was noted that overall the performance data was heading in the right direction with no particular areas that required highlighting. One Member requested sight of the Suicide Strategy at a future meeting.

RESOLVED: That the Performance Management report for quarter two of 2023/24 be received.

Executive Director
of Adult Services

Meeting ended at 7.55 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 20 February 2024

REPORTING OFFICER: Chief Executive

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 CLIMATE CHANGE IMPLICATIONS

8.1 None identified.

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

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

REPORT TO: Health Policy and Performance Board

DATE: 20 February 2024

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes from the Health and Wellbeing Board's meeting held on 11 October 2023 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 CLIMATE CHANGE IMPLICATIONS

8.1 None identified.

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

9.1 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, 11 October 2023 at the Karalius Suite - Halton Stadium, Widnes

Present: Councillor Wright (Chair)
Councillor J. Lowe
Councillor T. McInerney
Councillor Woolfall

I. Baddiley, Halton Borough Council
K. Butler, Halton Borough Council
A. Leo, NHS ICB – Halton Place
D. Nolan, Adult Social Care, Halton Borough Council
L. Olsen, Halton Housing Trust
I. Onyia, Public Health
K. Parker, Healthwatch Halton
H. Patel, Citizens Advice Bureau
S. Patel, Local Pharmacy Committee
D. Wilson, Healthwatch Halton
S. Yeoman, Halton & St. Helens Voluntary Action

Apologies: D. Bowan, Cheshire Fire & Rescue
L. Gardner, Warrington & Halton Hospitals
W. Rourke, Halton Borough Council
L. Thompson, Mersey Care

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

Action

HWB10 MINUTES OF LAST MEETING

The Minutes of the meeting held on 5 July 2023 having been circulated were signed as a correct record.

The Chair made reference to item HWB6 on page 4 of the minutes and the recent announcement of the privatisation of Deacon Dental Practice in Widnes. Following discussions, it was noted that the Halton ICB Corporate Team would seek alternative NHS provision for the area and report back to the Board in due course.

HWB11 JOINT WORKING AGREEMENT

The Board considered a report of the Executive Director – Adult Services, which provided an overview of

the updated two year Joint Working Agreement (JWA) between Halton Borough Council (HBC) and NHS Cheshire & Merseyside (CM), taking effect from 1 April 2023 to 31 March 2025. The JWA replaced the previous one year JWA which was approved by both organisations in March 2023.

It was noted that since March 2023, national guidance had been issued in respect of the Better Care Fund (BCF) Plan and discussions had also taken place between HBC and NHS CM regarding the governance arrangements in respect to the Pooled Budget. This had resulted in the establishment of a Joint Senior Leadership Team (JSLT) between HBC and NHS CM. The JSLT would be responsible for the direction, oversight and monitoring of the BCF Plan and associated Pooled Budget. The JSLT would be supported in this duty by the Better Care Commissioning Advisory Group.

The new governance arrangements along with links to the two year BCF Plan had been reflected in the new JWA.

The benefits of both organisations working together collaboratively and in partnership would mean that achievable and sustainable good health and wellbeing for the people of Halton.

RESOLVED: That the Board note the contents of the report.

HWB12 JOINT STRATEGIC NEEDS ASSESSMENT SUMMARY

The Board were updated on the Joint Strategic Needs Assessment (JSNA) which analysed the health needs of the population to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA underpinned the health and well-being strategy and commissioning plans. The main goal of a JSNA was to assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities.

Since the first executive summary of the JSNA in 2012, the approach had continued to receive good feedback from various partnerships and stakeholders. As a consequence, the revised annual summary had used broadly the same approach to provide updated data and information since the previous version.

The report set out the key changes since the previous summary and the developments for the JSNA during 2023/24. It was noted that the process for agreeing and developing a work plan for the remainder of 2023/24 and into 2024/25 would be managed in collaboration with key stakeholders and members of the Health and Wellbeing Board.

The Board discussed the report and the following comments were noted:

- Councillor Lowe reported that the deprivation levels of Windmill Hill Ward had reduced as a result boundary changes and requested that the Ward issues not be lost;
- A&E attendance for 0-4 year olds is the worst in the country – Healthwatch Halton would be interested to get involved in a piece of work to understand the reasons for this data; and
- Concerns expressed about confusing messages for various campaigns which deterred people from coming forward, for example, the shingles vaccination campaign. The Director of Public Health agreed to feed this back to those responsible for promoting the various campaigns.

RESOLVED: That the report be noted and the draft summary document be approved for publication.

Director of Public Health

HWB13 HEALTHWATCH HALTON ANNUAL REPORT

The Board received the 2022/23 Annual Report for Healthwatch Halton which described the work and achievements during the year.

This year, Healthwatch Halton celebrated its 10-year anniversary. Over the last 10 years people had shared both good and bad experiences to help improve health and social care and some of those improvements included:

- Engagement with vulnerable adults to ensure their views were listened to;
- Improved patient and visitor facilities at local hospitals;
- Major improvement plan implemented by NHS Halton CCG at the Woodview Child Development Centre;
- Improved access to GP and Out of Hours services; and
- Redesign of Musculoskeletal Services pathway.

During the past 12 months 1,204 people shared their experiences of health and social care services and engaged with the information, advice and signposting service 43,701 times. There had been 13 reports published about the experiences of people accessing services, with the most popular being access to NHS dentistry in Halton.

The report also outlined the priorities for the coming year which were:

- Hospital Discharges – to review the discharge process and collect experiences of patients and families;
- 14+ ID Health Checks – to review the criteria for health checks and help improve access and uptake; and
- Primary Care Engagement – to gather experiences of people using the services in Halton.

The Board gave thanks to Healthwatch Halton and the good work they do to support residents of the Borough.

RESOLVED: That the Board receive the report.

HWB14 BETTER CARE FUND PLAN

The Board received a report from the Executive Director – Adults Services, which provided an update on the Better Care Fund (BCF) Plan 2023-25 following its submission on 28 June 2023. 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 2023/25 be noted for information.

HWB15 HALTON HOUSING SUPPORT

The Board received a presentation from the Director of Customer Experience at Halton Housing Trust (HHT).

Over 32% of Halton's population are aged over 55 with a number of people over 65 rising faster than any other population group. Just under 30% of HHT homes had at least one person living there aged 65 or over. There was 93% of customers aged 65 or over who lived in general needs housing and 7% lived with support in place.

The presentation provided an overview of how HHT supported older people with housing and broader health needs which included:

- Aids and adaptations;
- Housing with support schemes;
- Safeguarding;
- Partnership working;
- Social/Community events;
- Welfare Benefit and Money Advice; and
- Cost of Living Support.

It was noted that HHT worked closely with Adult Social Care on many initiatives including Falls Prevention.

RESOLVED: That the report be noted.

HWB16 FLU AND COVID-19 VACCINATION, WINTER 2023/24

The Board considered a report which provided a summary of the flu and Covid-19 winter vaccination programme.

The UK Health Security Agency had identified a new Covid-19 Omicron variant and as a result brought forward this years' winter flu and Covid-19 vaccination programme from October to September. Although the new variant was not considered a concern, the precautionary approach was adopted to ensure that eligible population groups were protected as early as possible.

The Board discussed the report and the following comments were noted:

- Concerns were expressed about the communication and advice about vaccinations; the Director of Public Health to check if the Whatsapp service was still active;
- Public were confused about some of the campaigns; this to be fed back to those responsible for promoting the campaigns.

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

Director of Public Health

all opportunities to promote positive prevention messages and community support as widely as possible.

HWB17 COST OF LIVING SUPPORT

The Board received a report from the Director of Public Health which outlined the work undertaken by the Public Health Team, Health Improvement Team and partners in initiatives to provide support to Halton residents as a result of the rising cost of living. The report also described details of planned initiatives to support residents during the Winter and those included:

- Food poverty initiatives;
- Affordable Warmth and Energy Efficiency initiatives;
- Winter Outreach campaign;
- Pension Credit;
- Bus Travel Support;
- Medical Equipment Energy Support;
- NHS Pre-paid Prescription Certificate; and
- Warm Space.

RESOLVED: That the report be noted.

HWB18 OLDER PEOPLE

The Board received a report from the Director of Public Health which contained an update on the Council's health and wellbeing offer for older adults which included:

- Preventing ill health among older people;
- Partnership working;
- Falls prevention; and
- Winter wellbeing.

The One Halton Health and Wellbeing Strategy set out a number of ageing well priorities that were aimed at enabling older adults to live full, independent and healthy lives.

It was noted that the programme of work carried out by the Health Improvement Team (HIT) to improve the health and wellbeing of older residents would inform the strategic development of One Halton workstreams moving forwards.

Halton Housing Trust agreed to get involved with some of the initiatives on offer for older adults.

RESOLVED: That the report be noted.

Trust

HWB19 TERMS OF REFERENCE REFRESH

The Board considered the final version of the Terms of Reference following feedback received from the draft document presented at the July Board meeting.

Subject to a change of a job description listed in the Membership, the Board confirmed that they were happy to accept the revised Terms of Reference.

RESOLVED: That the Board accept the refreshed Terms of Reference.

Director of Public Health

Meeting ended at 4.00 p.m.

REPORT TO:	Health PPB
DATE:	20 February 2024
REPORTING OFFICER:	Corporate Director, Chief Executive's Delivery Unit
PORTFOLIO:	The Leader
SUBJECT:	The Corporate Plan - The Big Conversation Analysis and the way forward
WARD(S)	Borough Wide

1.0 **PURPOSE OF THE REPORT**

1.1 To share with the H&WB PPB an analysis of 'The Big Conversation', which is integral to formulating a new Council Corporate Plan, and to outline the next steps to ensure that this will take effect from April 2024.

2.0 **RECOMMENDED: That**

- 1) **the report be noted; and**
- 2) **that Health PPB continues to endorse the approach to facilitate the implementation of a new Corporate Plan.**

3.0 **Supporting Information**

3.1 Background

The Big Conversation was about engaging with the public to share the challenges that the Council is facing and to establish what is important to people in the Borough.

It was an approach between the Council and those who live or work in Halton to work together in order to create an improved borough in all aspects of everyday life.

A Stakeholder Analysis together with a Communications Plan was developed in order to generate and establish as many opportunities as possible to involve all our stakeholders in many different and varied ways.

The Big Conversation consultation opened on July 28th 2023 and closed on November 30th 2023, what follows is an analysis of the feedback.

3.2 Promotion, Consultation & Engagement:

3.2.1 Breakdown of responses by source:

Total Number of responses: 1076

This was the second biggest response ever to a Halton Borough Council survey.

Comms Meta Advert	223
HBC Staff	222
Comms Carers Centre	136
Comms Organic Facebook	124
Comms Media	64
No Reply	41
Inside Halton	39
Comms Flyer	34
Comms Partner	30
Comms HBC (Home page)	27
Comms Short URL	18
Comms Organic LinkedIn	16
Comms Community	14
Comms Linnets	13
Comms School Crossing Patrol	12
Comms Hale Village Coffee Morning	12
Active Ageing	11
Comms Organic X	9
Comms iWalkers	7
Comms Visually Impaired Group	6
Comms Halton Voices	5
Comms Colleges	3
Comms Vikings	3
Comms Dementia Group	3
Comms Schools	2
Comms Organic Threads	1
Comms TUC	1
Total Number of Responses	1076

3.2.2 Response by Age Group:

Age Group	Response Rate: Number / Percentage %
16 - 19 years	14 / 1%
20 - 24 years	11 / 1%
25 – 34 years	79 / 8%
35 – 49 years	266 / 26%
50 – 64 years	387 / 37%
65 – 74 years	191 / 19%
75 – 84 years	55 / 5%
85 years or over	15 / 1%
Prefer not to say	17 / 2%
No Reply	41
Total	1076

Census 2021 (by comparison):

Data	Percentage %
16 – 19 years	4.3
20 – 24 years	5.2
25 – 34 years	12.8
35 – 49 years	9.4
50 – 64 years	20.6
65 – 74 years	11.2
75 – 84 years	5.6
85 years and over	1.9

3.2.3 Response by Area:

Runcorn: 55%

Widnes: 45%

3.2.4 **Consultation Success:**

862: Direct (Speaking directly to stakeholders and listening)

11,840: Indirect (Social media, partner`s newsletters and flyers)

Specific Forums and Venues attended:

General Public:

- Halton Trades Union Congress
- Visually Impaired Group
- Friends of Hale Village Coffee Morning
- Eat at the Heath Community event

- Windmill Hill Shops
- Women's Institute
- Fellowship Centre
- Women's Group (St John Fisher Club)
- i-Walkers
- Kingsway Leisure Centre
- Catalyst Museum

Print & Social Media:

- Inside Halton Magazine
- LinkedIn
- X
- Thread
- Facebook
- HBC Homepage

HBC Workforce:

- Emails to staff
- Video message

Adult's Services:

- Healthy & Active Ageing events
- Partners in Prevention event
- Dementia Group meeting
- Care Home visit (Millbrow)
- Flyer distribution by Adult Social Work Services Teams
- Feature in Young Carers & Adult Carers newsletters

Children's Services:

- Primary School Heads
- Children's Provider Network Meeting
- Halton Youth Cabinet
- Family Hub Centres

- Riverside College
- School & College newsletters
- Flyers distributed by Children`s Services Teams

Partners:

- Halton Patient Participation Group
- Cheshire Constabulary
- Halton & St Helens Voluntary Community Action
- Health Improvement Team
- Citizens Advice Bureau
- Public Health Vaccination Team

Businesses:

- Halton Chamber of Commerce Network Meeting
- Halton & Warrington Business Fair
- Halton Chamber of Commerce
- Business Improvement & Growth
- Sci-Tech Daresbury Business Breakfast

3.3 Emerging Themes:

3.3.1 The 5 themes in order of response priority were:

- Improving health, promoting wellbeing and supporting greater independence: 93%
- Building a strong, sustainable local economy: 91%
- Supporting children, young people and families: 89%
- Tackling inequality, helping those who are most in need: 84%
- Working towards a greener future: 78%

3.3.2 **Level of agreement to all of the 5 suggested themes was very high.**

Identifying other potential corporate plan themes, the top 3 identified by our stakeholders were:

- Environment / Open spaces / Litter / Overgrowth / Maintain green spaces / Keep street free of litter and weeds.
- Regeneration / Business / Economy / Support growth and town centres

- Housing / Affordability / Increase supported living / protect green spaces / Improved infrastructure

3.3.3 It is proposed that we recognise this level of engagement with our stakeholders and form a 6th priority, which encompasses all of the above, under the title '**Place and Community**'.
When asked how the Council can support these themes, the top 3 responses were:

- 'Provide opportunities for young people to engage with their local community and do things that interest them, keep them safe and make them happy'.
- 'Create vibrant town centres for everyone to enjoy across the Borough'
- 'Continue to ensure local people are able to enjoy the Borough's parks and green spaces'

3.3.4 In terms of the ways our stakeholders can support the 5 popular themes, these were as follows:

- 'Spending money with local shops and businesses'
- 'Doing our best to stay healthy and active'
- 'Being a good neighbour'

3.4 **Timeline:**

- November 30th 2023: Consultation ended
- December 2023: Analysis undertaken
- January 2024: Key priorities identified and agreed / summary developed / shared with stakeholders via drop-in sessions within council buildings and open engagement at community spaces
- February - March 2024: Corporate Plan finalised and approved at key forums
- April 2024: the New Corporate Plan is launched.

4.0 **POLICY IMPLICATIONS**

4.1 There are no specific policy implications at this stage, however the output of this process will be a new contemporary and relevant Halton Borough Council Corporate Plan. This will form the basis of the Council's Corporate Policy framework in the immediate term.

5.0 **FINANCIAL IMPLICATIONS**

5.1 None. The development of the new Corporate Plan is being delivered within existing budget and resource provision.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 The Corporate Plan is Halton Borough Council's key strategic document. This plan sets out the main vision, themes and values of the Council.

'The Big Conversation' has helped to determine the Council's new set of priorities, which will be translated into the plan.

7.0 RISK ANALYSIS

7.1 If the Council had continued with the same priorities that were in place in previous years, given the socio-demographic and economic changes that have taken place over the last few years, there was a significant risk that the current Corporate Plan would lose its relevance.

7.2 That would lead to the Council failing to maintain engagement with the people of Halton, and its workforce, around where resources are best targeted in the contemporary environment.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Equality and Diversity will be an integral part of the new Corporate Plan priority under the Big Conversation banner of 'Tackling inequality, helping those who are most in need.'

8.2 The Big Conversation consultation process was fully inclusive in terms of consulting a wide and varied range of stakeholders, which covered the 9 protected characteristics in the Equality Act 2010.

8.3 An Equality Impact Assessment will be undertaken as part of the plan development process.

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 At this stage it is evident that there will be a specific priority around climate change, with the theme receiving full support under the Big Conversation banner of 'Working towards a greener future'.

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

10.1 None under the meaning of the Act.

It's all happening **IN HALTON**

**The Corporate Plan & The Big
Conversation
update.....**

PPB Sessions: Jan/Feb 2024



The Corporate Plan

An effective Corporate Plan should underpin everything that the Council is wanting to realise – its overall vision and the achievement of its key strategic objectives.

The Council`s current Corporate Plan is outdated.

The Big Conversation was initiated by Exec Board and MT as integral to formulating a new Council Corporate Plan, and will also tie in with the emerging transformation work around ‘Reimagine Halton’.

It will set the Council’s priorities for the next 3 -5 years.

The Big Conversation was an approach between the Council and everyone who lives and works in Halton to work together in order to create an improved borough in all aspects of everyday life.

The 5 Themes



The 5 Themes *(in order of priority)*

1. Improving health, promoting wellbeing and supporting greater independence

93%

2. Building a strong, sustainable local economy

91%

3. Supporting children, young people and families

89%

4. Tackling inequality, helping those who are most in need

84%

5. Working towards a greener future

78%

Halton stakeholders Top 3 Themes

Respondents were asked to provide additional themes they felt were significant beyond the main 5.

Environment: Litter, pavements and overgrowth

Local economy: Business, regeneration and employment

Housing: Affordability and infrastructure



Proposed Model



Halton's Consultation Success



* Direct – Speaking directly to stakeholders and listening



** Indirect – Social media, partner's newsletters and flyers

1076

CONSULTATION RESPONSES

18

BUSINESS RESPONSES

General Public



- Halton Trades Union Congress
- Visually Impaired Group
- Friends of Hale Village Coffee Morning
- Eat at the Heath Community event
- Windmill Hill Shops
- Women’s Institute
- Fellowship Centre
- Women’s Group (St John Fisher Club)
- i-Walkers
- Kingsway Leisure Centre
- Catalyst Museum

Print & Social Media



- Inside Halton Magazine
- LinkedIn
- X
- Threads
- Facebook
- HBC Homepage

HBC Workforce



- Emails to staff
- Video message

Adult's Services

- Healthy & Active Ageing events
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- Health Improvement Team
- Citizens Advice Bureau
- Public Health Vaccination Team



Businesses

- Halton Chamber of Commerce Network Meeting
- Halton & Warrington Business Fair
- Halton Chamber of Commerce
- Business Improvement & Growth
- Sci-Tech Daresbury Business Breakfast



Protected Characteristics

Our Stakeholder Analysis and Communications Plan outlined our approach to engage with as many people as possible and by many different and varied ways.

An analysis undertaken in mid-October led to specific targeting where gaps had been identified.

Collectively this ensured that we met our protected characteristics.

Age

Pregnancy or
maternity leave

Religion or belief

Gender
reassignment

Disability

Sex

Marriage or Civil
Partnership

Race

Sexual
orientation

The Corporate Plan Timeline

November 30th 2023: Consultation ended

December 2023: Analysis to be undertaken

January 2024: Key priorities identified and agreed / summary developed / shared with stakeholders via drop-in sessions within council buildings and open engagement at community spaces

February - March 2024: Corporate Plan finalised and approved at key forums

April 2024: The New Corporate Plan is launched

REPORT TO:	Health Policy & Performance Board
DATE:	20 th February 2024
REPORTING OFFICER:	Executive Director of Adult Services
PORTFOLIO:	Adult Social Care
SUBJECT:	Employer Standards Health Check Survey 2022
WARD(S)	Borough wide

1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide Health PPB members with information on Halton's results from the Employer Standards Health Check Survey that was conducted at a national level between October 2022 and January 2023.

2.0 RECOMMENDATION:

RECOMMENDED: That the report be noted.

3.0 SUPPORTING INFORMATION

- 3.1 The [Health Check survey](#) is co-ordinated nationally by the Local Government Association (LGA). It is part of [The Standards for Employers of Social Workers](#), which were refreshed in Autumn 2020. This is the third time that Halton has taken part in the survey; reports have been brought to PPB regarding the results from previous years.

- 3.2 According to the LGA, the Standards for Employers of Social Workers "*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.*"

- 3.3 There are eight standards, as listed below (further details regarding the expectations of employers under each standard can be found on the LGA's website using the link at 3.1):

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
- 3.4 Standard 1 specifies that employers should “*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*”.
- 3.5 The last health check survey was open for responses between 17th October 2022 and 20th January 2023. A unique survey link was shared with Halton Social Workers within the Adults Directorate inviting them to take part in the survey. The link is unique to each organisation so that individual results can be shared by the LGA. In order to protect anonymity, results are only made available when there are at least 10 respondents in each staff group.
- 3.6 A total of 20 registered Social Workers took part in the survey from Halton (15 adults registered social workers and 5 mental health registered social workers). The Social Work Matters Forum distribution list was used as a means to invite Social Workers to take part in the survey; this list indicated that there were 59 Social Workers at the time of the survey. Therefore, there was an estimated 33% response rate to the survey.
- 3.7 There was the option to invite Occupational Therapists (OTs) and non-registered social care professionals to take part in the 2022 survey. This followed the publication of specific [Standards for Employers of Occupational Therapists](#) which were published in 2022. Halton OTs were therefore invited to take part, however, as the rule of 10 was not met (there were only four responses), the results from the OT staff group could not be shared. Locally, the decision was taken not to extend the survey to non-registered social care professionals as the survey questions are most relevant to registered professionals and link specifically to the standards.
- 3.8 The survey asked about the eight standards with responses being translated into a mean score, which was then categorised as red (poor), amber (moderate) or green (good). A summary of the results from the 2022 survey can be found at appendix 1. There are two groups of results:
1. All 20 respondents – Adults and Mental Health Social Workers.

2. Adults Social Workers only (15 respondents).

- 3.9 Below are some key headlines from the health check survey results:
- All standards scored in the green zone for Halton, apart from Continuing Professional Development (CPD), which is in the amber zone. This is the same as the national picture.
 - CPD also scored in the amber zone in the 2021 survey for Halton (and nationally), so it continues to be a key area to focus on for improvement.
 - When looking at just adults' social workers (excluding mental health), a further two standards fall in the amber zone – Safe Workloads & Case Allocation and Supervision.
 - Safe Workloads & Case Allocation and Supervision scored in the green zone for adults' social workers in 2021.
 - The highest scoring standard was Strategic Partnerships, both overall and when looking at adults' social workers only. Nationally, the highest scoring standard was Effective Workforce Planning Systems.
- 3.10 Upon receipt of the results in summer 2023, immediate action was taken by the Divisional Manager for Care Management to address the main areas of concern. This included developing clear guidance for managers to reinforce their responsibilities around supervision, employee development and review (EDR) procedures, recruitment and induction and many other mandatory tasks. This has helped to ensure staff feel supported in their roles.
- 3.11 In addition, there is a dedicated Practice Manager for Adult Social Care Training & Social Work Professional Development, and this role has a key focus on many areas of work relating to the standards. For example, reviewing the approaches to CPD and EDR to ensure that staff feel that their professional development is supported within a culture of continuous learning and practice improvement.
- 3.12 Finally, the range of opportunities for social workers to come together for networking, sharing information and development continue to be offered – e.g. Social Work Matters Forum, Action Learning Sets and Journal Clubs.

4.0 **POLICY IMPLICATIONS**

- 4.1 PPB should be aware that the Adults Directorate has opted into the Employer Standards Health Check for 2023/24, which is due to launch in late January / early February 2024 (exact date TBC). Further reports will be presented to PPB to share the results in due course.

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 The responses to this survey represent the views of only 20 members of staff so we should be careful when drawing conclusions from these findings as they may not be representative of the entire staff group. Consideration needs to be given to how we can increase the level of responses to the next survey.

7.2 Due to the rule of 10 imposed by the LGA researchers (to protect participant anonymity), we were unable to receive information on the responses from the OTs that completed the survey. This needs to be considered when taking part in the next survey in terms of the numbers of staff in each group and whether there will be a sufficient number of responses to warrant taking part.

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 None under the meaning of the Act.

Appendix 1: Summary of Employer Standards Health Check Survey Results 2022

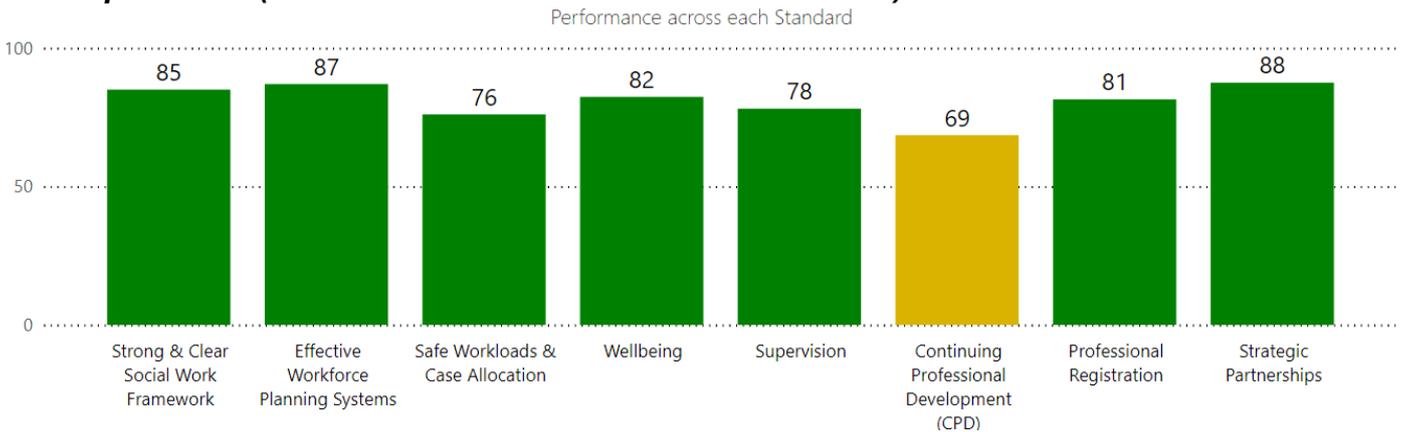
Performance across all standards

Total respondents = 20

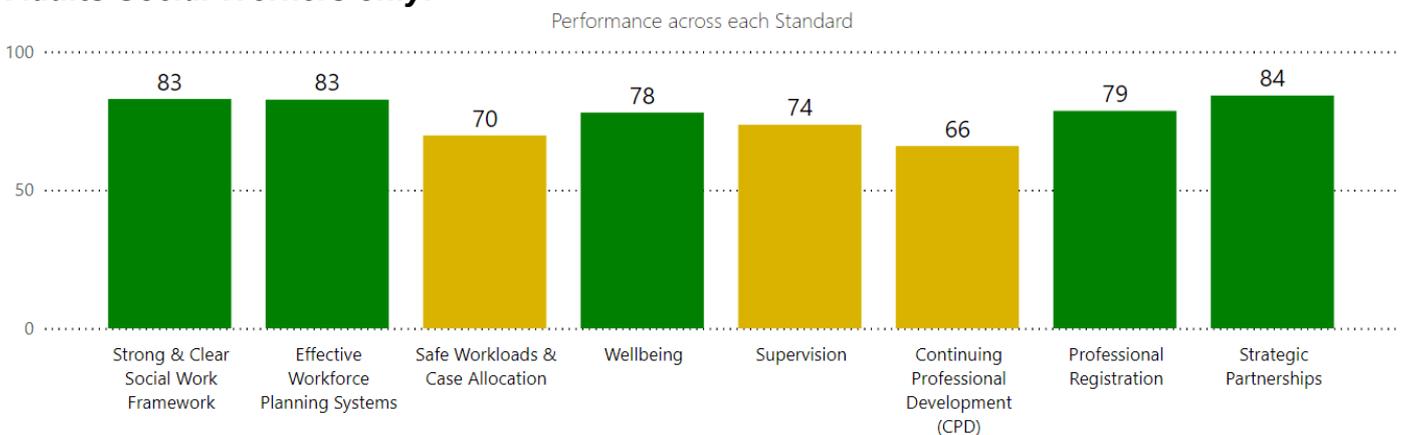
- Adults Registered Social Worker = 15
- Mental Health Registered Social Worker = 5

According to information from the Social Work Matters Forum distribution list, there are a total of 59 social workers (including managers) with 12 being mental health social workers. This represents a response rate of 33% overall (41% for mental health social workers and 32% for adults' social workers).

All respondents (Adults and Mental Health Social Workers):



Adults Social Workers only:



Performance key:



Relatively poor outcome - a clear sign to take steps to improve

Moderate outcome - room for improvement

Good outcome - to be celebrated

The **national** mean scores for each of the eight standards were as follows:

1	2	3	4	5	6	7	8
80	82	77	79	77	74	80	77

The national summary report of the employer standards survey for registered social workers can be found on the LGA's website: [National summary report of the employer standards survey for registered social workers 2022/23 | Local Government Association](#)

Halton comparison between 2022 and 2021 results

Total respondents in 2021 = 17

- Adults Registered Social Worker = 12
- Mental Health Registered Social Worker = 5

Standard	All Social Workers (Adults and Mental Health)		Adults Social Workers only	
	2022	2021	2022	2021
1. Strong and clear social work framework	85 ↓	89	83 ↓	86
2. Effective workforce planning systems	87 ↓	88	83 ↓	91
3. Safe workloads and case allocation	76 ↓	82	70 ↓	82
4. Wellbeing	82 ↑	81	78 ↓	81
5. Supervision	78 ↓	82	74 ↓	80
6. CPD	69 =	69	66 ↓	74
7. Professional registration	81 ↓	83	79 ↓	83
8. Strategic partnerships	88 ↑	82	84 ↑	80

REPORT TO:	Health Policy and Performance Board
DATE:	20 February 2024
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Health Inequalities Scrutiny Review Report and Recommendations
WARD(S)	Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 This report provides a summary of the evidence provided as part of the scrutiny review of health inequalities in Halton, conclusions of the Scrutiny Group members and recommendations to the Board. Potential areas of scrutiny for 2024 are also proposed.

2.0 RECOMMENDATION: That

- 1) The report and recommendations be approved
- 2) The Board agree the scrutiny topic for 2024

3.0 SUPPORTING INFORMATION

3.1 The Health Inequalities topic was approved by the Board in June 2023. Between July and December, a scrutiny group met monthly to receive evidence from several contributors. Details of the membership and contributors can be found in appendix 1.

3.2 The scope of the scrutiny review is detailed below:

*Health Policy and performance Board will look at **health inequalities** across Halton and **approaches to reduce them**. The scrutiny review will consider:*

- *The current epidemiological distribution of health inequalities*
- *Recent trends*
- *The impact of external forces such as the cost-of-living crisis and COVID-19*
- *Approaches that are being used to address health inequalities through contracts, partnership working and direct provision of services.*

**Whilst health inequalities may span the life course, this scrutiny topic review will be concerned with health inequalities from an ADULTS' perspective.*

3.3 The scrutiny review process provided Members the opportunity to gain an

understanding of:

- How health inequality is **defined**
- How health inequalities are **measured** through key indicators of public health/health inequality, and where Halton is in relation to regional/national averages
- What the **drivers** of health inequality are
- What the **outcomes** of health inequality are
- Consider the current **good practice, pressures, and emerging issues** in Halton, including **barriers and enablers** to access to specific provisions, service **user experience and outcomes** and the impact of some specific **wider determinants of health**.

3.3 Each evidence area generated several service specific recommendations, however, there were common themes across all areas. In considering the evidence presented, Members propose the following recommendations for action;

3.4

	Thematic area	Recommendation
1	Partnership	Continue to build on relationships with key partners to develop approaches to engage with hard-to-reach cohorts through increasing awareness of the determinants of health inequality, reducing stigma associated with seeking help and developing effective pathways to support - Joining the dots between different agencies working with the different determinants of health inequality and helping people navigate effectively.
2	Communication	Community engagement and profile raising of the breadth of support available should be a priority. Individual service specific plans should be developed to ensure that a universal support offer is communicated. The plan should link existing local and national support for each determinant of health, considering how the most vulnerable and hard to reach cohorts can be informed of support through targeted, multi-channel approaches.
3	Lobbying /involvement in national action	On local issues identified in this report that may require a central solution, such as utilising unclaimed benefits, issues relating to housing and homelessness – Halton Borough Council and its key partners should actively engage in national lobbying and consultations. Members should be kept informed of key issues.
4	Risk Mitigation	Where risks are identified within service specific risk mitigation plans should be put in place – for example where funding models or changes in key partner business models are anticipated to have an impact on what/how services are delivered.
5	Service Specific Action Health Inequality Plan	Throughout this process, and outlined in this report, recommendations have been made that relate to each specific evidence area. These should be considered by service managers as part of business planning, service development and risk management.
6	Funding	Funding of commissioned services that support the determinants of health inequalities should be reviewed

		and reported to HPPB, to better understand the impact of short vs long term funding.
7	Social Prescribers	A request for a presentation on the activities of the ICB commissioned social connectors service to the HPPB so that the Board may better understand the role they play and impact on addressing health inequality in Halton.

3.5 Proposed scrutiny topics for 2024

3.5.1 The options below are proposed as potential areas for scrutiny during 2024, for members to select one of the options for which a topic brief will then be developed.

1. A focus on Community (non-GP) NHS services - This could include one or more of: Northwest Ambulance Service, Learning Disability and Autism, Mental Health, Community Nursing, Podiatry, Urgent Care Centres, Community Therapy, changes to the Musculoskeletal services.
2. How Chronic pain is managed in Halton - Halton does not have a chronic pain service, with GPs in Halton prescribing several differing painkillers, including a high number of opiates.
3. Primary and Urgent Care use - Overuse/ inappropriate use of Urgent Care and 'did not attend' at GPs.
4. Care and Support for people with Learning Disability, Autism or Mental Health.

4.0 POLICY IMPLICATIONS

4.1 The recommendations outlined in the report should be considered in service development, commissioning and continuous improvement work within each service area.

5.0 FINANCIAL IMPLICATIONS

5.1 Some of the issues raised within the report, and recommendations, require a central government response (Homelessness and Discretionary Grant allocations).

5.2 Any financial/resource implications associated with the recommendations will be analysed as part of established service development, commissioning and continuous improvement protocols.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Whilst the scope of this scrutiny review focused on Adults, the impact of health inequalities starts from birth and across the whole life cycle.

6.2 Employment, Learning & Skills in Halton

As highlighted in the report, employment, learning and skills are a key determinant of health inequality in Halton.

6.3 A Healthy Halton

Action on health inequalities in Halton is being coordinated by Public Health but extends further than just health interventions. As outlined in the report, social and lifestyle drivers are key determinants of health inequalities.

6.4 A Safer Halton

Social and lifestyle factors are key determinants of health inequalities.

6.5 Halton's Urban Renewal

Community assets and the physical environment can facilitate good health and wellbeing, access to health, education, employment and social opportunities.

7.0 RISK ANALYSIS

7.1 Failure to take action to address the wider determinants of health could further result in a widening of the health inequalities gap in Halton.

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 Report to Health Policy and Performance Board, June 2023 'Scrutiny Review Topic Brief 2023/24'

Appendix 1**Scrutiny Group Membership**

Members	Officers
Cllr Eddie Dourley - Chair Cllr Sandra Baker – Vice Chair Cllr Sian Davidson Cllr Chris Loftus Cllr Louise Nolan Cllr Tom Stretch Cllr Louise Goodall Cllr Emma Garner Cllr Mike Fry Cllr Victoria Begg Cllr Sharon Thornton	Dr Ifeoma Onyia – Director of Public Health Emma Bragger – ASC Service Development Officer

Contributors

Date	Theme	Speaker
Thursday 6 th July	Background and timeframe of review	Dr Ifeoma Onyia – Director of Public Health
Thursday 31 st August	Wider Determinants <ul style="list-style-type: none"> • Cost Of Living • Food • Warmth • Energy 	Ian Baddily - Divisional Manager Matt Hancock - Public Health Wider Determinants Practice Manager
Thursday 28 th Sept	Health care Interventions to reduce Health Inequalities	Tony Leo - ICB Place Director
Thursday 26 th Oct	Wider Determinants <ul style="list-style-type: none"> • Housing • Transport to health and wellbeing hubs in the borough 	Patricia Preston – Housing Solutions Manager Ian Boyd - Lead Officer Transport Co-ordination
NOV		
Thursday 30 th Nov	Wider Determinants <ul style="list-style-type: none"> • Employment • Income Maximisation Support Schemes 	Lynsey Carr - Halton Into Jobs (35mins) and Stephen Purcell - HIT Public Health Paul Garnett - Divisional Manager Benefits David Gray - Welfare Rights Manager Matt Hancock - Public Health Wider Determinants Practice Manager

Health Policy and Performance Board

Scrutiny Review 2023

Health Inequalities

Findings & Recommendations
December 2023

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➤ Public Health response to the cost of living crisis	
➤ Improving access to Primary Care	
➤ Housing and homelessness	
➤ Transport	
➤ Employment, Skills and Health	
➤ Income maximisation	
6.0 Recommendations	24

Appendix	Number
Evidence presented to the group	1

1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide a summary of the evidence provided, conclusions and the recommendations of the Health Policy and Performance (HPPB) Scrutiny Group in relation to the Health Inequalities topic brief (outlined in full in *Section 3*).
- 1.2 The scrutiny review process provided Members the opportunity to gain an understanding of:
- How health inequality is **defined**
 - How health inequalities are **measured** through key indicators of public health/health inequality, and where Halton is in relation to regional/national averages
 - What the **drivers** of health inequality are
 - What the **outcomes** of health inequality are
 - Consider the current **good practice, pressures, and emerging issues** in Halton, including **barriers and enablers** to access to specific provisions, service **user experience and outcomes** and the impact of some specific **wider determinants of health**.

2.0 STRUCTURE OF THE REPORT

- 2.1 This report contains an introduction providing the topic brief and context, a summary of the evidence, conclusions, and recommendations.
- 2.2 Appendices to this report provide the evidence presentations.

3.0 INTRODUCTION

Scope of the scrutiny topic review and reason it was commissioned

- 3.1 This report was commissioned as a scrutiny working group of the Health Policy and Performance Board. The scope of the review is shown below:

Health Policy and performance Board will look at **health inequalities** across Halton and **approaches to reduce them**. The scrutiny review will consider:

- The current epidemiological distribution of health inequalities
- Recent trends
- The impact of external forces such as the cost-of-living crisis and COVID-19
- Approaches that are being used to address health inequalities through contracts, partnership working and direct provision of services.

**Whilst health inequalities may span the life course, this scrutiny topic review will be concerned with health inequalities from an ADULTS' perspective.*

3.2 Membership of the Scrutiny Working Group:

Members	Officers
Cllr Eddie Dourley - Chair Cllr Sandra Baker – Vice Chair Cllr Sian Davidson Cllr Chris Loftus Cllr Louise Nolan Cllr Tom Stretch Cllr Louise Goodall Cllr Emma Garner Cllr Mike Fry Cllr Victoria Begg Cllr Sharon Thornton	Dr Ifeoma Onyia – Director of Public Health Emma Bragger – ASC Service Development Officer

4.0 METHODOLOGY

This scrutiny review was conducted via:

- Monthly meetings of the scrutiny review topic group.
- Presentations by key Officers of HBC and partner organisations (presentations can be found in *Appendix 1*).
- Provision of information both written and verbal.
- The evidence provided to Members considered:
 - How health inequality is defined and measured
 - The health inequality picture in Halton
 - The impacts of health inequality
 - Key determinants of health- access to Primary Care services
 - Wider determinants of health - cost of living, transport, housing and employment.

5.0 SUMMARY OF EVIDENCE, CONCLUSIONS AND RECOMMENDATIONS

5.1 Evidence Area 1 – Defining health inequalities and understanding the local picture.

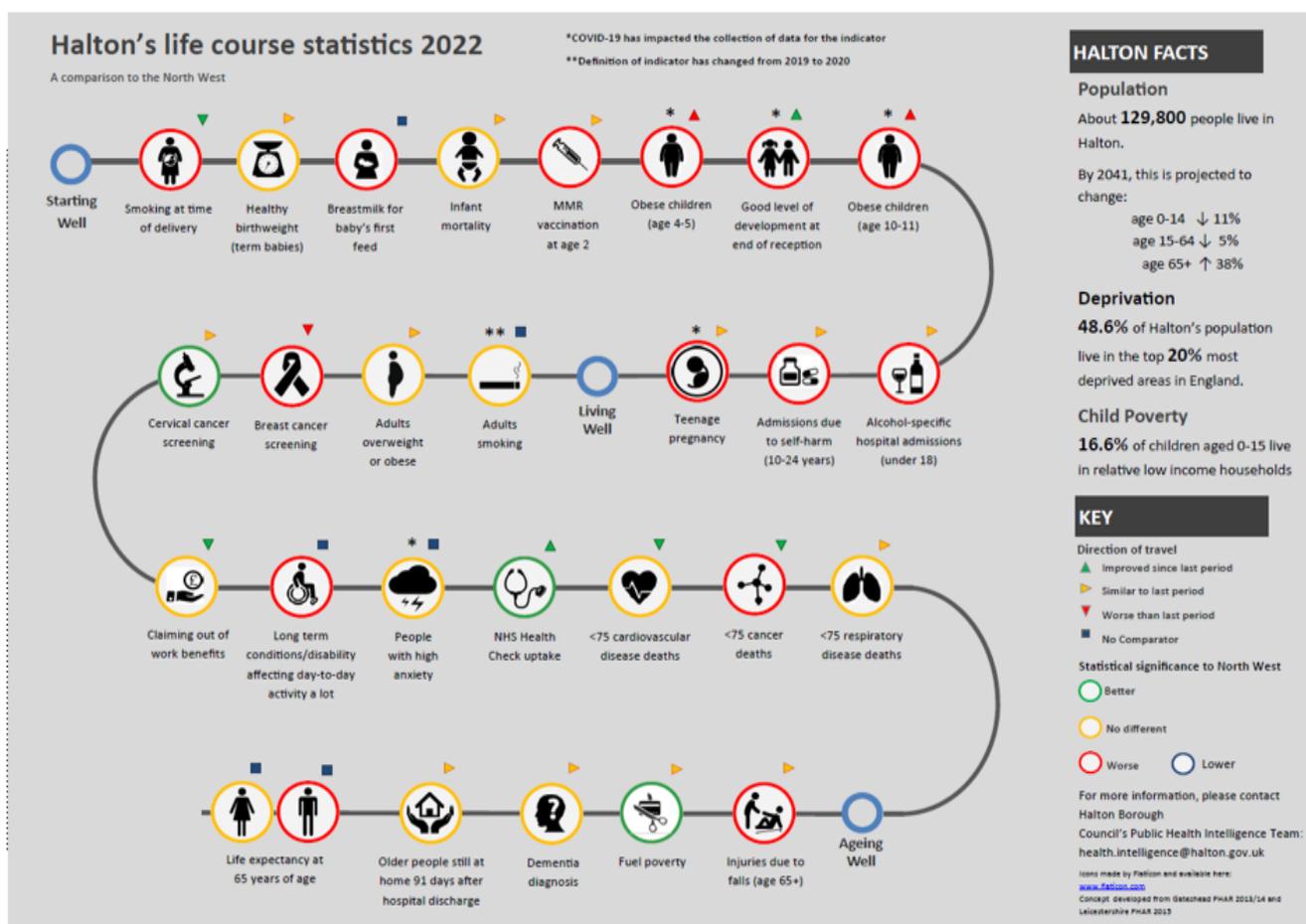
5.1.2 Health inequality is defined as avoidable, unfair and systematic differences in health between different groups of people. They are rooted deep within our society, and they are widening, leading to unequal outcomes as well as varied access to services, and poor experiences of care. This results in earlier deaths, lost years of healthy life, intergenerational effects from traumatic experiences, and has significant economic costs for society. Yet, health inequalities are often preventable.

5.1.3 Measuring health inequalities is complex. Using both ‘hard facts’ i.e., quantitative measures such as numbers of deaths or those with chronic illness, or qualitative methods such as surveys of how people feel and

think about their health and services they access/ don't access, a representative picture of the state of the borough's health inequality gap can be developed. Health inequality in Halton can be measured by both comparing the borough to other council areas and measures to look at differences in health within Halton.

- 5.1.5 A snapshot of how health inequalities in Halton compare to other Northwest authorities is shown in the illustration below. Areas in red circles show where Halton has greater risk of health inequality or poorer health outcomes than other northwest local authority areas, green symbolises less health inequality or better health outcomes. The smaller triangles to the right of each circle show if there is improvement (green), worsening (red) or no change (amber) since the previous period it was measured.

What does health look like in Halton?



- 5.1.6 Key messages in relation to health inequalities in Halton are:

- Health inequalities in Halton are often avoidable.
- Life expectancy varies by ward in Halton.
- Health drivers of health inequalities in Halton are circulatory disease, cancer, respiratory and digestive conditions.
- Lifestyle drivers of health inequalities in Halton are smoking, diet, physical activity, weight, alcohol use.

- Social drivers of health inequalities in Halton are poverty, education, employment, and housing.
- People in Halton suffer from *multiple* drivers of health inequality.
- Health inequality is more than just access to medical services, the wider determinants of health are the driving factors affecting life expectancy and long-term health condition free years.
- There is provision in Halton to respond to some immediate/crisis social situations, and longer-term solution planning to try and counteract some of the drivers of health inequalities such as cost of living.
- Tackling health inequalities demands a cross council response, not just Public Health/Health response, and involves other key stakeholders such as wider council services and the voluntary and community sectors.

5.1.7 In order to understand, assess and make recommendations, it was agreed that members of this group would consider:

- Access to specific provisions, service user experience and outcomes
- Barriers and enablers to provision
- Some key wider determinants of health
- Examples of good practice identified gaps and emerging issues.

5.1.8 Conclusion

- The topic of Health Inequalities is vast and impacts across the whole life cycle. It was agreed that due to the limited time the group had to undertake the scrutiny work, specific areas of focus would be identified relating to Adults. These were areas that are particularly pertinent to Halton and the health inequalities that it experiences:
 - Wider determinants of health: housing, transport, employment, cost of living/fuel, income maximisation
 - How health services are working to reduce health inequalities through improved access to Primary Care
 - How public health services are working to reduce health inequalities.

5.2 Evidence Area 2 – Public Health response to the cost-of-living crisis

5.2.1 The Health Improvement Team (HIT) are providing front line support to people to make lifestyle improvements. There is now a dedicated post in place to coordinate action against the driving factors/wider determinants of health inequalities and work towards addressing the underlying factors that determine people's health and lifestyle choices.

5.2.2 It was reported that crisis food support in Halton has seen a notable increase in demand since September 2022, correlating with the national increase in the general cost of living including inflationary increases in the cost of food. Several interventions are in place to manage food crisis: Food Banks and food vouchers, incorporating wrap around support for longer term improvements. Medium term support consists of; community shops, social supermarkets, with work underway to communicate the availability of this support and reduce stigma attached with accessing food support. Community partners are proving wrap around information and advice for people accessing the food crisis support to help tackle the causes of food poverty, such as education, employment, and poor health.

- 5.2.3 Likewise, demand for energy support has also seen a significant increase during 2022, with around 100 people per month accessing Citizens Advice Bureau (CAB) for support. Energy crisis support is made up of discretionary financial support, advice from CAB and work with Energy Projects Plus to promote energy efficiency within homes and access to grants for home improvements linked to improvements in warmth. Medium term support includes retrofit schemes to improve energy efficiency and reduce usage.
- 5.2.4 Annually, the council provides a winter cost of living response which is promoted through a multi-channel marketing campaign to raise awareness amongst the HBC staff base, front line staff working with partner agencies and residents of support available and education about how to keep warm. Winter warm spaces are provided across the borough in community spaces such as community centres, providing a warm environment and warm refreshments for people who are unable to heat their homes.
- 5.2.5 The focus of a Wider Determinants Coordinator role going forward is to look at the root causes of poverty (the biggest determinant of health inequality) through the establishment of the Poverty Alliance - a group made up of national action groups, voluntary sector and community groups in Halton working together to identify those at risk, consider the causes and develop action to address the determinants and practical support—such as the establishment of social supermarkets in the borough providing affordable groceries.
- 5.2.6 There are number of challenges in understanding the root causes of poverty and responding to them:
- The financial pressures are presenting in groups who traditionally would be seen as at risk, such as young families, people in low paid work and single people.
 - A reliance on input and action from the voluntary and community sector – who themselves are under pressure.
 - Increasing demand, for example, in response to increased fuel and food prices.
 - Sporadic nature of interventions.
 - Short term, reactive funding interventions heavily reliant on the national household support fund which ends in March 24.
 - Awareness – increasingly new cohorts of people requiring support, but not aware of what support is available.

Conclusion

- 5.2.7 There are several crisis and medium-term interventions in response to food and energy poverty, key determinants for health inequality, that are delivered or coordinated by HBC Public Health.
- 5.2.8 As a result of work by the public health team it has been identified that people accessing this support are experiencing financial poverty either as a short term or longer-term pressure, many for the first time. The

interventions in place are pulling in support from other partners to provide a more holistic offer to people who are presenting with food and/or energy poverty, with the aim of helping the immediate situation and offering potential solutions for more sustainable changes.

5.2.9 The establishment of a Wider Determinants Coordinator post has and will continue to tie together the various strands of support available from the council, partners, voluntary and community sector and national companies and bodies making the Halton offer cohesive. Along with the establishment of the Poverty Alliance, causes of financial poverty – the basis of other forms of poverty (food, energy) leading to a widening in the health inequalities gap, will be explored and through collaborative working and where possible solutions identified.

5.2.10 The issue of financial poverty leading to other inequalities, such as health, education and employment requires a multi-agency, multi strategy approach.

5.2.11 [Recommendations](#)

- **Public Health to further explore connections with community assets** such as allotment associations, regarding opportunities to access surplus harvest and strengthen links between the community and the community shops/supermarkets. The Poverty Alliance to provide twice yearly reports to HPPB, to include information on Foodbank usage, and fuel poverty initiatives.
- Integrated Care Board (ICB) commissioned **Social Connectors to provide a report to the HPPB so that the Board may understand the role and impact of social connectors** in supporting work to address health inequalities.
- **Explore potential for community/voluntary groups and HBC buildings to further support the annual warm spaces interventions** with not only use of venues, but supply of refreshments to participants using the spaces, through accessing community funding opportunities.
- **Awareness raising of the range of public health interventions** to help with the cost-of-living crisis is key. As different cohorts, who have previously not engaged with support but are increasingly needing help, it is important that all Halton households know what is available/eligibility. ‘Self-help’ information, such as energy efficiency advice, signposting to local and national help along with the direct support available in Halton should be actively promoted through a multi-channel/multi agency approach and awareness raising should consider ways to reduce stigma to increase uptake of interventions.
- Whilst corporate social responsibility clauses in procurement contracts are being utilised, **explore further opportunities to access support from industry to support initiatives.**

5.3 Evidence Area 3 – Improving Access to Primary Care. Cheshire and Merseyside Integrated Care Board, Halton (ICB)

GP Access

- 5.3.1 The COVID19 peak pandemic response had impacted significantly on access to health care. Routine dental care was paused nationally, and emergency dental service arrangements put in place; Primary Care moved to triage for face-to-face appointments etc. However, community pharmacy remained open and continued to provide several lower-level health interventions and advice, along with roll out of the COVID-19 vaccine programme.
- 5.3.2 During the period April 2022-March 2023 there were over 704,000 appointments across the 14 GP practices in Halton. Appointment numbers increased by 29% over the 12 months, with 73% of them being face to face and 51% being undertaken by a GP. Fifty-four percent (54%) of appointments were provided on the day of requesting.
- 5.3.3 Across the 9 Cheshire and Merseyside localities, data for the period showed that Halton had the second highest % of face-to-face appointments, 3rd lowest appointments by telephone, joint 4th highest appointments provided by GP and 3rd highest appointments provided on the same day.
- 5.3.4 Data for the period showed that Halton was above the Cheshire and Merseyside and national average (%) for face-to-face appointments, just below the Cheshire and Merseyside average, but below the national average for appointments provided by a GP, above both the Cheshire and Merseyside and National average for appointment provided on the day. The data showed that there were a significant number of 'did not attends' – over 2000 (almost 6%).
- 5.3.5 Within Cheshire and Merseyside, Cheshire has higher rates of access than Merseyside. Those with lower rates of access tend to correlate with areas of greater deprivation. Compared to areas in Cheshire, Halton has a greater challenge in the recruitment and retention of GPs, nurses, clinical pharmacy, and physiotherapists. Halton has 64.4 FTE GPs per 100,000 patients, 4th highest across Cheshire and Merseyside. There is a new General Practice Workforce group established by the Integrated Care Board to build links with regional Training Hub to access to support and training.

Patient Experience

- 5.3.6 National GP Patient Survey 2023 suggests that people's overall experience of general practice has dipped. Halton scored 69% positive

comments, broadly similar to the national and Cheshire and Merseyside averages.

5.3.7 Positive responses to 'experience of making an appointment' have fallen in Halton to 45%, mirroring the national and regional trends, but Halton performs worse than the national and Cheshire and Merseyside averages.

5.3.8 Positive responses to 'how easy is it to get through to someone at your GP practice on the phone?' have dropped to 38% for Halton, well below the national and Cheshire and Merseyside averages.

5.3.9 Positive responses to 'how easy is it to use your GP's website to look for information or access services?' is at 64%, similar to the national and Cheshire and Merseyside averages.

Recovering access to Primary Care

5.3.10 The ICB Primary Care Access Recovery Programme Board meets to monitor delivery the 'Primary Care Recovery' plan to further improve access to Primary Care. Primary Care is more than just access to a GP via a face-to-face appointment. Primary Care includes other health and care professionals, such as community pharmacists, physio therapists, practice nurses and advanced practitioners who can deliver health interventions and arrange onward referrals through a range of methods such as online, phone and face to face.

5.3.11 Aims of the plan are to reduce the barriers to accessing primary care and improve enablers to primary care access. Barriers include the 8am rush for appointments and appointment capacity, missed appointments, recruitment, and retention of staff and clinical professionals. Enablers include empowering and educating patients to navigate to the most appropriate service, manage expectations so that people know how their needs will be met when they contact their practice, manage increasing demands on primary care through developing modern general practice that is integrated with other services such as social care, building capacity within the current and future resources and cutting bureaucracy. A national bureaucracy busting concordat has been developed to reduce unnecessary bureaucracy and administrative in general practice with the intention releasing more time for care

5.3.12 **Key actions in the recovery plan are summarised below:**

- Improving information and NHS app functionality
- Increasing self-directed care
- Expanding community pharmacy
- Better digital telephony in GP practices
- Simpler online requests
- Faster navigation, assessment, and response
- Larger multidisciplinary teams

- Increase recruitment/retention
- Primary care estates/ anticipation of demand/capacity
- Improving the primary/secondary care interface
- Building on the Bureaucracy Busting Concordat

Conclusion

- 5.3.13 Timely access to Primary Care clearly can have a direct impact on health, and health inequality. The impact of clinical and other staff vacancies and an increasing demand for services provides may further exacerbate health inequalities in Halton. However, technology, public awareness campaigns and improved navigation can provide solutions to some of the key demands on Primary Care. Some of those solutions can be designed quickly and implemented at a local level (regional or place), others may require wider NHS input taking more time, such as technology/telephony systems.
- 5.3.14 The COVID impact legacy of how Primary Care operated during the peak pandemic response is still evident in people's actual experiences and perceptions of access to Primary Care and their experience of using Primary Care, as shown in the survey results.
- 5.3.15 Data shows that over 700,000 primary care appointments were undertaken during 2022-2023 in Halton, however patient experience results show a reduction in patient satisfaction and ease in getting an appointment. Whilst not all appointments were face to face, or with a GP, this reflects how Primary Care is working to maximise capacity through the skills and services of other practitioners and by alternative methods which may better suit a patient's needs. There is work required to ensure that people understand the options and opportunities available to them in primary care to improve satisfaction and positive experience.
- 5.3.16 Building capacity by utilising a wider multi-disciplinary team will help build modern general practice and ensure that people are seen in a timelier manner and by the most appropriate person, which might not always be a GP i.e., a physio or pharmacist.
- 5.3.17 Care navigation can also ensure that patients get the right service at the right time. This can be supported through improvements in telephony, GP websites and NHS app.
- 5.3.18 Delivery of the recovery plan, and improved access to Primary Care, is a long process with many complexities and risks.
- 5.3.19 Recruitment and retention is a challenge, not only for GPs, but other supporting professionals.

5.3.20 Recommendations:

- Key to delivery of the plan is how general practice **works more closely with, and builds on existing relationships with, the 3rd sector.** Voluntary and Community sector stakeholders must be actively involved at each stage of the delivery plan. A cautious approach should be taken as to how much the Voluntary and Community sector can deliver to support Primary Care as the sector is under increased pressure and funding constraints itself.
- **The Primary Care workforce** needs support to be resilient to aid retention and attract people in. Promotion through regional and national health and social care networks of opportunities in Halton should be a priority.
- **Improved navigation support** to help people access the most appropriate care at the right time. Investment in telephony and other navigation aids, such as websites and other media channels, could be considered.
- **Information provided by GP practices in letters, on line etc** to include information for the public about the range of other practitioners, services and methods of engagement used in Primary Care to bust the myth that Primary Care is just about seeing a GP and empower people to access the most appropriate course of action.
- **Public health to work with the ICB to share with Primary Care information** about public health interventions, and wider cost of living information and support, for both staff and the public.
- **Work should be undertaken to better understand the causes of ‘did not attends’ (DNAs)** and action taken to reduce the number of DNAs

5.4 Evidence Area 4 – Housing

5.4.1 Housing security, quality of accommodation and factors that increase the risk of homelessness have a direct effect on the health and wellbeing of people. It also affects the overall wellbeing and sustainability of neighbourhoods due to lack of settled communities which can lead to a reduction in community cohesion. Being homeless can make it more difficult for people to obtain work and losing a job can make homelessness a greater risk. This impacts on health inequalities and wider determinants of health such as the local economy for the wider community, as well as community and individual safety.

5.4.2 HBCs Housing Solutions Team help prevent, and support, people who are threatened with homelessness in Halton, providing a community focussed and accessible service to ensure people know where and how they can seek help and assistance to prevent them becoming homeless and receive a confidential housing options service.

- The team is made up of 16 Officers and 2 external commissioned officers.
- The team respond to housing /homeless enquiries in person, via advice surgeries held across the borough, over the phone and in response to intelligence relating to homelessness/potential homelessness from other stakeholders.

5.4.3 Local statistics show an increase in the number of people presenting as homeless, as shown in the table below, with increases projected for future years.

Homelessness Presentations	Apr 2021 – Mar 2022	Apr 2022 – Mar 2023
Presentations	2039	3156
Homelessness Relief	986	1180
Homelessness Prevention	757	1423
Statutory Homeless	190	433

5.4.4 The different forms of homelessness include:

- *Statutory Homeless defined as:*
 - have no accommodation available to occupy.
 - are at risk of violence or domestic abuse.
 - have accommodation but it is not reasonable for them to continue to occupy it.
 - have accommodation but cannot secure entry to it.
 - have no legal right to occupy their accommodation.
 - live in a mobile home or houseboat but have no place to put it or live in it.
- *Single Homeless* - Single people, without families.
- *Street Homeless* – People sleeping rough.
- *Hidden Homeless* - People who ‘sofa surf’ with no fixed abode.

5.4.5 Factors that increase the risk of homelessness in Halton include:

- Economic – debt, unemployment
- Housing – availability, affordability, decency
- Interpersonal – relationships, crime
- Individual – health, education
- Rough Sleeping – no recourse to public funds

5.4.6 The council has a legal duty to offer temporary accommodation if someone meets the [priority need criteria](#). Commissioned temporary accommodation in Halton currently includes:

Halton Lodge, Runcorn	66-bed hostel for single homeless 3 X sit up spaces for rough sleepers
Grangeway Court, Runcorn	14 self-contained units for families / couple
Brennan Lodge, Widnes	39 bed hostel for single Homeless

	40
Domestic Abuse Refuge	12 self-contained units for domestic abuse clients
Nightstop	3 units for families
Bed & Breakfast usage	As required

5.4.7 Whilst numbers are low, Halton has seen an increase of new rough sleepers, along with entrenched rough sleepers resistant to service provision. These tend to be predominantly male (88%) and usually white (77%), though increasing numbers from ethnic minorities than 10 years ago, usually aged between 25 and 45 years. Halton's rough sleepers have a range of support needs (48% alcohol, 41% drugs, 35% mental health), often with an institutional history – 39% have been in prison (though not necessarily recently), 12% in care and 5% in the armed forces. Some are migrants without recourse to public funds.

5.4.8 Several local emerging issues and current challenges have been identified which may impact on people's ability to sustain tenancies, maintain the security of a home, and live in decent and appropriate accommodation, all of which have a knock-on effect on physical and mental health. These issues include:

- Landlords moving established tenants out and new tenants in with a higher rent.
- Housing allowance doesn't currently align to market rates.
- Negative decisions on whether someone is classed as statutory homeless. then leading to rough sleeping/sofa surfing.

5.4.9 In response to this, there are several local interventions in place to try and mitigate the impacts. These include:

- ✓ Mental health drop-ins with dedicated officer who can support accelerated homelessness assessments.
- ✓ Multi agency approach to undertake housing assessments, provide advice and assistance to tenant experiencing property in disrepair and unsuitability.
- ✓ Community based drop-in services to provide housing and support advice to people with substance misuse issues.
- ✓ Liaise directly with hospitals to address hospital discharge at early stages through client visits in hospital to complete homelessness assessments to devise move on plan.
- ✓ Promote service provision through stakeholders to encourage early intervention approach.
- ✓ Trailblazers – working with landlords on disrepair issues.
- ✓ Asylum Seekers support – Officer and Red Cross work with people to access homelessness assessment and sign posting to other support.
- ✓ Citizens Advice Bureau - Working with the Courts to do adjournments until a person has received debt advice. This is working particularly well.
- ✓ There has been levelling up funding for Halton to increase preventive incentives, such as furniture gift packages, bond guarantee schemes, private landlord forum (to be reestablished).

- ✓ Private landlord forum to be re-established.

Conclusion

5.4.10 Currently, the local homelessness prevention and housing support sector mirrors national trends in which there is increasing demand for prevention and support services, there is disparity in affordability of accommodations, increasing demand for accommodation and insufficient supply of suitable accommodations. The local housing strategy is under development to look at better use of/support to landlords and increasing the number of available properties in the borough. This includes looking at potential units at Columba Hall currently occupied by out of borough families but could provide 24 suitable accommodations for local families when current occupants are moved on as part of a planned exit strategy. Grangeway Court is also being considered for a refurbishment to bring temporary accommodation units back into use.

5.4.11 The size of the housing register waiting list is projected to increase. Currently the average waiting time for a family from registration to accommodation, can be in the region of 46 weeks*. The property allocation system, Property Pool Plus (PPP,) has recently been updated and should reduce some of the issues people have experienced around waiting times and there is an improved appeal process for priority banding available to try and improve people's experiences. The new system will be live from November 2023 and information about it has been presented to HBC Executive Board with Member training to be arranged. **The average waiting time for social housing accommodation is 46 weeks, though, this may vary dependent upon the housing requirements of the client. E.g., adapted accommodation is of a high demand and therefore waiting times are much higher and can be 2 years plus. Also, demand for larger 4/5 bed properties is another exception to the average waiting time.*

5.4.12 Recommendations:

- An options paper will be going to Executive Board in the new year to discuss the **future direction of the housing allocation system** and whether Halton will continue with PPP. (Options likely to include retain PPP, develop an LCR allocation system or develop a local allocation system). Members should attend scheduled training sessions on PPP to understand changes to the system to be able to further understand the implications of proposed options.
- Members of the group felt that as housing supply and demand issues are projected to increase and there may be a need for **more diverse Members input into housing related decision making**. Housing should be promoted as a priority for all Members.
- Whilst members have looked at housing from a health perspective it was acknowledged **that a more strategic oversight of housing was required** in order to understand and respond to housing needs in the borough and this sat outside the remit of the current scrutiny review.

- HBC to continue to **communicate findings of negative decisions leading to an increase in rough sleeping and hidden homeless to the Department for Communities.**
- **Members should be kept up to date with the progress of the planned exit strategy for Asylum seekers** from other local authorities who are currently using the Hillcrest Hotel (Widnes).
- **The Homelessness strategy** should consider potential for bringing back current void properties within the borough to maximise local housing stock options. The strategy should be widely shared with all stakeholders to support a cohesive approach to accessing funding grants, improving housing options, reducing homelessness and delivering associated support services.

5.5 Evidence area 5 – Transport

5.5.1 Transport plays an important role in enabling people to maintain independence, increase social interaction and access employment, health, leisure, and recreation opportunities. Access to transport is recognised as a wider determinant of health.

5.5.2 HBCs Transport division has a range of functions:

5.5.3 **Public transport** – information provision and infrastructure

The council support some commercial bus services where it is not commercially viable for the provider, but are socially necessary ie to access employment, health and leisure hubs. It was noted that since the £2 fare cap in September 2022 there has been an 18% increase in public transport journeys, which is a positive.

- In the last 12 months there were 5.5 million passenger journeys in Halton, which is unprecedented. That is a significant number for a population of approx. 130K.
- HBC Transport have supported several bus routes to employment sites, hospitals and leisure and recreation sites where the routes are not commercially viable at certain times/frequencies. Subsidising these services is costly, but essential to maintain social inclusion.
- Currently, the main Warrington, St Helens, Whiston and Halton hospitals are relatively well served by the bus/supported bus network.

5.5.4 **Specialist door to door transport** – Dial a Ride contract

Halton Community Transport contract delivers Dial a Ride. There has been a year-on-year increase in demand for this service that supports social inclusion for people unable to use commercial bus services. There are potential emerging issues with a change in HCT business model as they are transporting increased numbers of people to medical appointments. This is impacting on availability for people accessing transport for social reasons. The service relies on volunteer drivers, of which there are fewer available. The Merseylink Dial-A-Ride service (also operated by HCT) does not support any form of medical appointment transport, HCT are strongly considering a similar model. This could result in a high number of missed appointments, but it would ensure (with an increasing demand) that

other passengers are able to book onto the transport for social purposes and can remain active and independent.

5.5.5 **Fleet transport** – social care transport provision

HBC in house fleet is doing in the region of 42K journeys per year transporting adults with social care needs. This is largely done through the fleet of minibuses and wheelchair accessible cars owned and operated by the Council, but with some taxi contracts in place also. There is a projected year on year increase in demand for this service.

5.5.6 **Travel training to access education**

Travel training is currently available for young people and those moving through transition to adult services. It was discussed about the lack of travel training available to other vulnerable cohorts, such as people with mental health issues and how it could benefit others to access employment, health etc. Travel training in young people has proven to be successful in building knowledge and confidence.

5.5.7 **Promote active travel** ie walking, cycling

Conclusion

5.5.9 There are challenges facing the Transport division, including increased operating costs v's funding, understanding usage/demand for supported bus services and increase in age related Community Transport usage and the impact of changes to Halton Community Transport business model.

5.5.10 The withdrawal of Halton Transport had a significant impact on the public bus network, with the reduction of routes/frequencies that were not picked up by other commercial operators as they were not financially viable. Where HBC has supported some of those routes there has been a significant financial implication for the council.

5.5.11 Dial-A-Ride members state regularly that when they travel on community transport this is the only time they socialise and interact with others. The value of being able to access appropriate transport methods, with the frequencies and routes that are in demand, should not be underestimated and should be recognised by Members as a valuable enabler to reduce health inequalities.

5.5.12 **Recommendations:**

- Where HBC is supporting routes and frequencies that would not be picked up by commercial operators, **analysis of usage and consideration of alternative frequencies/times should be robust** to ensure best value for money. Collecting an evidence base for maintaining these routes to link people to employment, education, health and recreation should be a priority, and risk assessments undertaken.
- **Potential changes to Halton Community Transport business model should be closely monitored by HBC Transport** to ensure that service capacity is maximised to maintain services that promote social connection

and reduce social isolation. Risk analysis and options to mitigate the impact of reduced medical appointment transport should be considered.

- It is acknowledged that there are currently gaps in the evening network and frequencies to some education establishments. **Further analysis of supported bus service usage data is required to modify frequency/routes to best meet peoples' needs.**
- **HBC to be actively involved in consultation** relating to the Liverpool City Region (LCR) Transport Franchise Model to ensure that the needs of the borough are represented.
- Active travel not only promotes health and wellbeing through increase physical activity but is 'green' and sustainable. **Active travel should be widely promoted within the community and key stakeholders with easily accessible information** on routes, methods of active travel and signposting to other useful 'active' resources.

5.6 Evidence area 6 – Employment, Skills and Health

- 5.6.1 Employment is a key determinant of health/health inequality in Halton. Health and employment are intrinsically linked– a person's health may determine their ability to work, what work they take or how frequently they can work. Unemployment is a primary determinant of a person's economic situation, and possibly then their ability to maintain a healthy lifestyle and build economic and social resilience and good mental health.
- 5.6.2 Halton People into Jobs (HPIJ) therefore is making the links to health as a key determinant of someone's ability to access and maintain employment through proactively working with key employment and health partners such as the Department for Work and Pensions, HBC's Adult Learning and Skills department and HBC's Health Improvement Team (HIT) to deliver a wide range of interventions.
- 5.6.3 In response to learning from the Halton Employment Partnership, a multiagency group that works to identify barriers and solutions to employment, skills, recruitment, retention and employment sustainability through 'in work support', HPIJ has developed a comprehensive range of services addressing health and wellbeing issues that may pose a barrier for people to access work, or skills training. A summary of the support programmes is shown below:

<u>Halton People into Jobs</u>	<u>Adult Learning & Skills</u>	<u>Halton Employment Partnership</u>
<ul style="list-style-type: none"> ▪ Ways to Work Programme ▪ Work and Health Programme ▪ Pioneer Support Programme ▪ Restart Programme ▪ Supported Internship Programme (cross Division) ▪ Free recruitment and job matching service to employers ▪ ILM – wage subsidy programme ▪ HPIJ1 and HPIJ2 Church Street ▪ HPIJ Kingsway Learning Centre 	<ul style="list-style-type: none"> ▪ Mental health and wellbeing offer ▪ Maths, English and ICT ▪ Employability provision ▪ Personal development ▪ ESOL provision ▪ Pathways to Teaching ▪ Quality and Learner Experience ▪ Learner Voice ▪ Kingsway Learning Centre & Acorn Learning Centre 	<ul style="list-style-type: none"> ▪ Partnership that contributes to the councils corporate plan ▪ Act as the main point of contact for employers (large scale projects) ▪ Supports business solutions and interventions, which will assist local employers with recruitment, skills, apprenticeships, grants etc. ▪ Supports development of bids for funding which will support local businesses to employ local people ▪ Assists businesses in achieving relevant employment and skills KPIs/social value outputs ▪ Signposts employers to a range of available support services e.g. Skills Brokerage Service

5.6.4 HPIJ has two bases in Widnes from which it delivers the above programmes, and two in Runcorn. All the above programmes are predicated around providing a personalised, holistic approach to providing information advice and guidance on not only accessing suitable employment opportunities and skills training, but addressing barriers that have prevented them from doing so previously. People are supported to develop realistic and sustainable employment goals and a course of action to achieve them.

5.6.5 The key cohorts supported by HPIJ are:

- Unemployed people
- Economically inactive
- People residing in economically deprived wards
- health condition or disability (physical, mental health, learning difficulty)
- a carer or former carer
- a homeless person
- a former member (or partner) of His Majesty's (HM) armed forces
- a member (or partner) of the HM armed forces reserves
- a care leaver / NEET young person
- a young person in a gang or at risk of being involved with a gang
- a refugee
- a victim of domestic violence
- dependent (or have been dependent) on drugs or alcohol and it's preventing you from getting work
- an ex-offender and you've completed a custodial or community sentence or an offender serving a community sentence

5.6.6 Subject to eligibility, depending on what HPIJ programme a person accesses, practical support on offer includes:

- Full assessment of the individual's goals, barriers and circumstances

- Reverse marketing to potential employers, targeting companies and organisations that have realistic and sustainable employment opportunities.
- Information, advice, and guidance on realistic employment opportunities
- Access to funding for interview/work clothes
- Access to funding for employment skills training and education qualifications, such as literacy and numeracy.
- Access to funding to remove barriers to employment such as short term funding for transport or one off payments to purchase a bike, for example.
- Access to funding to purchase employment essentials such as licenses.
- Self-care packages containing personal hygiene products.
- Supported Internships and In work support

5.6.7 Collaboration with Public Health’s HIT means bespoke packages of health and employment support can be offered to people whose health and wellbeing circumstances are identified as a barrier them from accessing employment.

5.6.8 HIT health trainers provide health screening for mental health and physical health through NHS Health Checks for HPIJ clients identified as having a potential health and wellbeing barrier to employment. People are supported by HIT to set health and wellbeing goals, which are then addressed through a range of bespoke services, such as weight management programmes, exercise on prescription and condition information and management workshops.

5.6.9 Through a successful funding bid, HPIJ and HIT were able to do some small-scale research about what prevents people from accessing employment and skills opportunities through a series of interviews with HPIJ clients, which resulted in the introduction of weekend lifestyle clinics and health checks.

5.6.10 The work of HPIJ, Adult Learning and Skills and Health Improvement team have evidenced the following outcomes from their programmes:

<u>Halton People into Jobs</u>	<u>Halton Adult Learning</u>
<ul style="list-style-type: none"> ▪ <u>Local residents</u> supported into paid employment ▪ <u>Local residents</u> into self-employment ▪ Completion paid/unpaid work placement ▪ Completion of training ▪ Addressed barriers to work ▪ Accessed support or specialist services to manage condition to start or retain employment ▪ Increased confidence levels ▪ Increased motivation ▪ Increased engagement (reduction in social exclusion) 	<ul style="list-style-type: none"> ▪ Attendance rates ▪ Achievement rates ▪ Retention rates ▪ Progression into employment ▪ Increased confidence levels ▪ Increased motivation

5.6.11 People who have used HPIJ services have provided the following feedback:

- “Just to update you on yesterdays interview. They rang me yesterday afternoon to tell me I GOT THE JOB !!!! I'm really shocked but so pleased. It's all down to all your help & support with all those interview preps we've done so thanks so much!”
- “Made a fundamental difference for me. When we met I had basically no hope of re-entering the workforce, convinced that I had nothing of value to offer and frankly discouraged from trying, but today I feel like I'm living in an entirely different world”
- “I've got hope, some confidence and even ambition. I'm collaborating with peers to work on projects”
- “I'm attending training courses, and I'm applying for roles that I'd previously have disregarded”
- “Brilliant service, felt motivated for my journey for looking work and get more information how to develop myself”
- “Kind, supportive, understanding and flexible to meet my needs”
- “I know what I can expect and I'm feeling very positive and in good hands”
- “Communication inspiration and really good support thank you”
- “I was petrified when I first came here. Now I love coming here for appointments”
- “Looking forward to advancing in my job search with a very helpful and knowledgeable advisor”
- “The support I have received has been amazing. My advisor has pushed me beyond my limits”
- Good communication/organisation/supportive/enthusiastic”

Conclusion

5.6.12 HPIJ offers impartial advice and tailored packages of support through partnership working and collaboration with other services to remove barriers to employment.

5.6.13 The collaboration between HPIJ and HIT ensures that people are getting the right help at the right time. Addressing health and wellbeing barriers helps people find the right kind of work and aids sustainability of employment.

5.6.14 The cost-of-living crisis has disproportionately affected people with existing poor health, further impacting their ability to maintain a healthy lifestyle. This in turn affects their ability to enter/sustain employment. Linking with HIT has provide HPIJ clients with direct access to specialist signposting and support to mitigate some of the impact.

5.6.15 Capacity within the Learning and Skills department has been affected by the ability to recruit tutors, however, the department has adopted a 'grow our own' approach and offers opportunities to train as a tutor.

5.6.16 Recommendations

- A focus should remain on **community engagement and marketing** of HPIJ to raise the profile of the Employment Learning and Skills service to both Halton residents and employers – promoting the range of support to reach key cohorts.
- **Relationship building** with the Department of Work and Pensions (DWP) is key to maintaining consistent level of referrals needed to our DWP funded programmes i.e. Restart, Work and Health Programme by Jobcentre Plus

- Ensure that **appropriate referrals** are made to the Supported Internship Programme to maximise support on offer to young people with an Education, Health and Care Plan.
- Consideration should be given to **funding** post March 2025, Future funding has more of an increased focus on supporting economically inactive cohorts– however, there are emerging cohorts that may not recognise themselves as being in need/eligible for support, such as people affected by the cost-of-living crisis, people not previously unemployed and those impacted by redundancy etc.
- **HPIJ should continue to promote the Disability Confidence accreditation** through signposting and providing information on how employers can access the scheme.
- **Promote the Liverpool City Region (LCR) Fair Employment Charter** to prospective employers.
- **Seek employment opportunities with employing organisations that meet the National Living Wage.**
- **HPIJ to provide an update report** on outcomes and emerging issues to HPPB.

5.7 Evidence area 7 – Income Maximisation

5.7.1 Maximising income is an important service provided by HBCs Benefits Division, as it is often the most vulnerable people who are eligible for statutory benefits, discretionary benefits, short term cost of living support and welfare benefits advice.

5.7.2 Statutory benefits delivered by Benefits Division include Housing Benefit and Council Tax Reduction, with the main case load (approx. 90%) being in Council Tax Reduction cases (in the region of 11,000 cases).

5.7.3 Discretionary Housing Payment is a non-statutory benefit administered by the Division that provides short term help with rent for claimants receiving housing benefit or housing element of Universal Credit. The grant allocation from central government has been reduced over the last 3 years. The table below shows spend and number of payment allocations:

Year	DHP spend	Number of applications	Number of awards	Number of refusals
2020/21	£527,396	1,390	1,007	383
2021/22	£394,071	1,207	736	471
2022/23	£279,321	1,251	828	423
1/4/23 – 30/9/23	£110,907	463	366	97

5.7.4 Period of award is 18 weeks and a claimant may receive 2 awards. A Common reason for refusal is claimant not providing sufficient information.

5.7.5 The Discretionary Support Scheme is a local welfare scheme that has been in operation since 2013, which provides short term assistance with emergency support and community support. Emergency support

comprises of food parcels and assistance with gas and electric. Community support relates to help setting up a home, such as providing kitchen equipment, beds, bedding and other essential items to furnish a home. To be eligible for community support an applicant must be receiving a means tested benefit. The Discretionary Support Scheme operates in accordance with a member approved policy and applications are made by telephone. There are a high number of refusals for this scheme, largely due to the claimant's income being too high or not providing sufficient evidence.

5.7.6 The Household Support Fund is a scheme introduced by the government to assist with the cost of living. The government introduced this fund in October 2021, and has released funds in 6 monthly tranches (although the most recent tranche was 12 months), this has made it quite difficult to coordinate.

5.7.7 The spend for this grant is shown below:

Spend for period 1st October 2022 – 31st March 2023

Area of spend	Amount
Free school meal vouchers £12/week for school holidays	£536,592
Vulnerable pensioner household payment £100 (4,055 pensioners)	£405,500
Discretionary Support Scheme	£167,314
Halton Citizens Advice Bureau	£49,977
<u>Runcorn</u> Foodbank	£10,000
<u>Widnes</u> Foodbank	£10,000
Holiday Activity Food <u>programme</u>	£5,000
Energy Projects Plus	£9,745
Halton Voluntary Action	£10,000
Total	£1,204,128

5.7.8 The Welfare Rights Service sits within the Division and offers specialist advice on:

- Welfare rights
- Benefit checks and calculations
- Assistance with completing complex benefits applications
- Advocating in decision tribunals

5.7.9 The service supports people to access the right benefits in a timely manner through face to face and telephone appointments.

5.7.10 Specialist debt advisors within the service have limited capacity, so support is for referred clients only. McMillan Welfare Rights Advisors provide specific support to people with cancer or other life limiting illness.

5.7.11 Over 2022/23 the Welfare Rights service has brought over £2.5 million in benefit income to Halton residents through the identification and successful application for benefits that they had not rightfully claimed.

5.7.12 Public Health worked with Welfare Rights service to identify people who may be eligible for Pension Credits and undertook a campaign to contact them to inform them of the process of applying. Nine hundred residents received a letter, of which 240 responded and received a 1:1 appointment to get support to complete the application, with 77 going on to complete the application. The outcomes of which is shown below:

- ▶ £137,608 - Pension Credit take up annually
- ▶ £1,067,457 - Lifetime value (to 80 years)
- ▶ £5.20 - £8,671 - Range of annual income

5.7.13 Pension credit is a 'gateway' benefit, that opens up eligibility to a range of other benefits, including cold weather payments, help with dental treatment and free TV licence.

5.7.14 Feedback received from people who had benefited from the contact and support is shown below:



5.7.15 Healthy Start supports families of children aged 0-4 years in means tested benefits through access to food and milk vouchers. Halton has the 10th highest sign up through a targeted approach, working with family hubs and data focused signposting to help people navigate the benefits system.

Conclusions

- 5.7.16 The benefit of increasing benefit income for Halton residents is multifaceted. It increases income into the household where there is a fixed income and may therefore help to alleviate financial pressures leading to health and other social drivers of health inequality. The increased spending power of households may then benefit the local economy.
- 5.7.17 Halton has demonstrated how targeted, proactive engagement can help people benefit from Pension Credits and Healthy Start, in particular, with good take up levels and income maximisation results.
- 5.7.18 There are emerging cohorts of people who may not identify themselves as being in need or eligible for statutory or discretionary benefits, such as older people or people in employment, or who have previously not claimed any benefits. There has historically been a stigma associated with claiming both statutory and discretionary benefits, which may be a barrier to people who are eligible.
- 5.7.19 There are a high number of rejected claims, largely due to income being too high or not meeting other eligibility criteria. For those who do not engage with the process or provide sufficient evidence beyond initial contact, a number of these may be eligible, but could be put off pursuing due to the nature of the application process, or perceived nature of the application process.
- 5.7.20 There are an increasing number of households who have been affected by the cost-of-living crisis who do not meet benefits criteria, yet are in need.
- 5.7.21 Nationally there is a huge gap with unclaimed benefits (estimated around £19billion), it is likely that this picture is reflected locally.

5.7.22 Recommendations

- Focus should remain on **engaging with cohorts that may be eligible** for income maximisation schemes – through targeted approaches, with awareness raising and reducing stigma at the forefront of communications.
- Consideration should be given as to how **unclaimed benefits** could be utilised to support those who ‘fall between the gaps’. This may require national lobbying.
- HBC to consider how more support can be put in place for people who want to claim benefits recognising that some may lack the skills and knowledge or might feel daunted by the process. Signpost ineligible clients to CAB and other voluntary sector groups who may be able to identify other relevant support.

6.0 Recommendations made to Health Policy and Performance Board

- 6.1 Each evidence area has generated several service specific recommendations to be considered as part of ongoing service

development and commissioning, however, there were common themes across all areas. In considering the evidence presented, Members propose the following recommendations for action;

	Thematic area	Recommendation
1	Partnership	Continue to build on relationships with key partners to develop approaches to engage with hard-to-reach cohorts through increasing awareness of the determinants of health inequality, reducing stigma associated with seeking help and developing effective pathways to support - Joining the dots between different agencies working with the different determinants of health inequality and helping people navigate effectively.
2	Communication	Community engagement and profile raising of the breadth of support available should be a priority. Individual service specific plans should be developed to ensure that a universal support offer is communicated. The plan should link existing local and national support for each determinant of health, considering how the most vulnerable and hard to reach cohorts can be informed of support through targeted, multi-channel approaches.
3	Lobbying /involvement in national action	On local issues identified in this report that may require a central solution, such as utilising unclaimed benefits, issues relating to housing and homelessness – Halton Borough Council and its key partners should actively engage in national lobbying and consultations. Members should be kept informed of key issues.
4	Risk Mitigation	Where risks are identified within service specific risk mitigation plans should be put in place – for example where funding models or changes in key partner business models are anticipated to have an impact on what/how services are delivered.
5	Service Specific Action Health Inequality Plan	Throughout this process, and outlined in this report, recommendations have been made that relate to each specific evidence area. These should be considered by service managers as part of business planning, service development and risk management.
6	Funding	Funding of commissioned services that support the determinants of health inequalities should be reviewed and reported to HPPB, to better understand the impact of short vs long term funding.
7	Social Prescribers	A request for a presentation on the activities of the ICB commissioned social connectors service to the HPPB so that the Board may better understand the role they play and impact on addressing health

		inequality in Halton.
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- 6.2 The Chair thanks all Members, Officers and Contributors for their input to this scrutiny review.

Appendix 1 – Evidence presented to Members

Date	Time	Location	Theme	Speaker
Thursday 6 th July	6pm	RTH CR 1	Background and timeframe of review	Dr Ifeoma Onyia – Director of Public Health
Thursday 31 st August	6pm	RTH CR 1	Wider Determinants <ul style="list-style-type: none"> • Cost Of Living • Food • Warmth • Energy 	Ian Baddily - Divisional Manager Matt Hancock - Public Health Wider Determinants Practice Manager
Thursday 28 th Sept	6pm	RTH CR 1	Health care Interventions to reduce Health Inequalities	Tony Leo - ICB Place Director
Thursday 26 th Oct	6pm	RTH Cr1	Wider Determinants <ul style="list-style-type: none"> • Housing • Transport to health and wellbeing hubs in the borough 	Patricia Preston – Housing Solutions Manager Ian Boyd - Lead Officer Transport Co-ordination
NOV				
Thursday 30 th Nov	6pm	RTH CR 1	Wider Determinants <ul style="list-style-type: none"> • Employment • Income Maximisation Support Schemes 	Lynsey Carr - Halton Into Jobs (35mins) and Stephen Purcell - HIT Public Health Paul Garnett - Divisional Manager Benefits David Gray - Welfare Rights Manager Matt Hancock - Public Health Wider Determinants Practice Manager

Thematic Area	Presentation
Defining Health Inequalities	 Improving%20health %20and%20reducing'
Public Health response to the cost of living crisis	 PBB Current interventions.pptx
Improving access to Primary Care	 Halton - General Practice Access HPPB
Housing and Homelessness	 Homelessness%20Pr esentation%20Final.pj
Transport	 PRESENTATION%20T ransport.pptx
Employment, Skills and Health	 Health%20Inequalitie s%20scrutiny%20revi
Income Maximisation	   Pension%20Credit%2 Healthy%20Start%20 Benefits%20Division 0Powerpoint%20Fina Scheme.pptx %20presentation%20.

REPORT TO: Halton Health Policy & Performance Board

DATE: 20th February, 2024

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Suicide Prevention

WARD(S) Borough Wide

1.0 **PURPOSE OF THE REPORT**

1.1 Report will provide an overview of work taking place to reduce suicides at a local level, regional level, and national level.

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

3.0 **SUPPORTING INFORMATION**

3.1 The effects of suicide are far reaching and have a devastating impact on families, friends, communities, and colleagues. An estimated 130 people are greatly impacted for every suicide that occurs and there are approximately 25 people attempting suicide for every person that takes their own life. Therefore, even if numbers of deaths by suicide may appear low, they are just the tip of the iceberg and don't reflect those impacted and those attempting.

3.2 Suicide risk is greater in areas of deprivation, such as Halton, due to the wider determinants of health. The wider determinants of health are a diverse range of social, economic, and environmental factors which influence people's mental and physical health. Although suicide is incredibly complex, we are aware of certain risk factors which make some individuals more vulnerable to suicide such as being a middle-aged man, living with a with long term condition, those dealing with substance misuse problems, those who Self-Harm, those struggling with financial difficulties especially those unemployed, and those who are bereaved.

3.3 Evidence demonstrates that suicide is preventable. In Halton the local suicide prevention partnership group meet quarterly to drive the suicide prevention agenda and evidence-based action plan.

3.4 Halton has a Real Time Surveillance system in place which means Public Health receive notifications from the coroner of any suspected suicides.

3.5 Table 1 demonstrates a reduction in the suicide rate for Halton from 10.8 (2018-2020) to 9.3 (2020-2022) resulting in Halton having a suicide rate

lower than the Northwest average and England average of 11.8 and 10.3 respectively, despite being an area of significant deprivation and therefore higher suicide risk.

Table 1- ONS Data suicide rates

Number of deaths and age-standardised suicide rates per 100,000 population	2018-2020 rolling 3-year aggregate.	2019-2021 rolling 3-year aggregate.	2020-2022 rolling 3-year aggregate.
Halton	10.8	10.1	9.3
Northwest	10.6	11.3	11.8
England	10.3	10.4	10.3

3.6 Local suicide prevention action plan

3.6.1 Halton has had a local suicide prevention action plan in place since 2017. The action plan is based on local suicide audits and national suicide prevention guidance and evidence. Each year Public Health performs an audit of those who have died by suicide. Themes from the audits are used to shape the local action plan.

3.6.2 The most recent 3-year audit summary highlighted the following:

- 66% of suicides locally are male.
- Average age 45
- Personal problems at time of death included:
 1. Unemployed
 2. Physical health problems
 3. Relationship problems
 4. Financial problems
 5. Bereavement
 6. Substance misuse
 7. Self-harm and previous suicide attempts

3.6.3 Please be aware suicide is complex and the above themes can indicate possible contributing factors but not necessarily the cause.

3.6.4 The action plan focuses on the following areas as per national guidance:

- Reducing the risk of suicide in key high-risk groups
- Tailoring approaches to improve mental health in specific groups.

- Reducing access to means
- Providing better information and support to those bereaved and affected by suicide.
- People who Self-Harm
- Supporting research, data collection and monitoring
- Supporting the media to deliver sensitive approaches to reporting suicidal behaviour.

3.7 **Key Actions and successes**

3.7.1 **Reducing suicides in Middle aged men**

3.7.1.1 Due to males making up a large percentage of suicides both nationally and locally there is a specific focus on reducing suicides in men within the action plan. A dedicated member of staff has been recruited to lead on this area of work. A campaign and dedicated website [Calm Your Mind](#) has been developed with local middle-aged men and lived experience champions. Evidence tells us men are less likely to take notice of generic marketing material as they think it isn't for them. Calm your mind focusses on raising awareness of what men can do to calm their minds as well as letting them know where they can get help should they need it. The campaign uses local lived experience stories to raise awareness and the direction of the work is driven by local lived experienced champions.

3.7.1.2 The campaign and website have been active since June 2023 and receive just under 400 visitors per month. Although too early to evaluate its impact the number of notifications for male suicides in 2023 is just over half of what it was in 2022.

3.8 **Workforce development via training offer**

3.8.1 Since 2017 Halton Health Improvement Team has provided suicide awareness training to those who live or work in the area. The aim of the training is to increase knowledge regarding risk factors related to suicide and help signpost to support available. Since 2017, 1774 have been trained. Those who work with vulnerable cohorts are actively encouraged to attend such as those who work with people who are unemployed.

3.9 **Financial insecurity**

3.9.1 **Food bank**

3.9.1.1 Additional funding sourced regionally was utilised to implement additional financial support for those accessing food banks ensuring the most vulnerable were connected to Citizens Advice Halton regarding financial worries. Unfortunately, the additional funding was non recurrent therefore this specific piece of work was only in place from May 2022 to April 2023. However, Citizens Advice Halton continue to work closely with Halton Food banks because of this additional project.

3.10 **Additional support for those struggling with Mental Health and Financial insecurity.**

3.10.1 Additional funding was sourced via Public Health England's Better Mental Health Fund to provide additional resource to Citizens Advice Halton to support those struggling with their mental health and financial insecurity. Unfortunately, this funding was non recurrent and ended in August 2023. However, Citizens Advice Halton are funding by Public Health to support those struggling with their mental health and financial insecurity.

3.11 **Suicide attempts in children and young people**

3.11.1 A guidance document has been developed collaboratively with local partners and Secondary schools to provide consistent guidance to education settings on how to support students when they disclose, they have attempted suicide. The guidance is being trialled by secondary schools locally before being finalised. Secondary schools and Riverside college have also agreed to share Self-Harm and suicide attempt incidences with the safeguarding in education lead on a termly basis. This will enable themes to be monitored and education settings to be supported.

3.12 **Bereavement services**

3.12.1 Additional funding was sourced via Public Health England's Better Mental Health Fund to commission bereavement support for children and young people and adults. Child Bereavement UK and Listening Ear were funded to provide support from September 2021. Unfortunately, the funding is non recurrent and will end Sept 2024 however providing effective bereavement support is an action in the new national suicide prevention plan and will be led by National Health Service England (NHSE).

3.13 **Bereavement awareness training**

3.13.1 NHS Cheshire and Merseyside have provided funding to Child Bereavement UK to deliver bereavement awareness training to Halton organisations. The aim of the training is to increase the number of people who feel comfortable supporting someone who is bereaved.

3.14 **Work taking place at a regional level which Halton contribute to and benefit from**

3.14.1 **Champs public health collaborative**

3.14.1.1 The Collaborative is a long-standing formal partnership of Cheshire and Merseyside's nine Directors of Public Health and their teams. The Collaborative tackles several priorities, that are common to every area and where progress can be best made through collective action. One of these areas is preventing suicide throughout the Cheshire and Merseyside region with the development and implementation of a suicide prevention strategy which can be viewed via <https://champspublichealth.com/suicide-prevention/>.

Champs also oversee various pieces of work at a regional level that local areas, such as Halton, benefit from.

3.15.2 **Post Vention Support**

3.15.2.1 Champs is responsible for the commissioning of post vention support services, provided by Amparo, across the region. Post vention refers to support provided after someone dies by suicide. Amparo provides emotional and practical support to anyone affected by suicide and can be accessed by those who live or work in Halton. The service has been available for 8 years and although can be accessed via a self-referral process most beneficiaries are made aware of support available via the coroner.

3.15.2.2 To access support from Amparo please Tel: 0330 088 9255 or email amparo.service@listening-ear.co.uk for further information visit <https://amparo.org.uk/about-us/>

3.16 **Lived Experience Network**

3.16.1 Champs commission Wirral Mind to co ordinate a Lived Experience Network (LEN). The Lived Experience Network acts as a critical friend ensuring those with experience of suicidal thoughts or suicide attempts inform development of strategies, action plans and services. The network has 59 members. Local areas can request input from the LEN regarding any work they are implementing. One of the LEN members attends Halton's suicide prevention partnership meetings, providing lived experience input.

3.17 **Real Time Surveillance System**

3.17.1 Champs is responsible for co ordinating Cheshire and Merseyside's Real Time Surveillance system which tracks the number of potential suicides. Champs receive notifications from coroners when they suspect a death may be due to suicide, details are then shared with local Public Health teams. Although the amount of data received is small and doesn't provide personal identifiable information this process does enable potential themes and trends to be monitored and responded to. The Real Time Surveillance system has been in place since 2017 in Cheshire and Merseyside and is now also being implemented at a national level.

3.18 **Samaritans' media advice service**

3.18.1 Champs commission Samaritans to provide a media advice service. This involves media guideline training, providing advice to media outlets regarding unsafe reporting of potential suicides, monitoring and assessment of news reports relating to suicides and providing guidance to local suicide prevention leads.

3.18.2 Samaritans are best known for their helpline available 24 hours a day 7 days a week. Trained volunteers are available to listen whatever someone is going through. Call 116123. Free to call from landlines and mobiles.

3.19 Domestic Abuse

3.19.1 The link between domestic abuse and suicide has been reported nationally and data from Cheshire and Merseyside suspected suicide real time surveillance systems has indicated this is indeed a problem for Merseyside. Currently real time surveillance data for Cheshire doesn't capture links to domestic abuse due to this information not being available to the coroner. In Merseyside the police provide the data for suspected suicides and are therefore able to share information on when there are potential links with domestic abuse. Champs are working with Merseyside Police and partners to explore how suicide risk can be reduced in those experiencing domestic abuse. Although the work doesn't currently involve Cheshire Champs will look to replicate effective practice across the whole of the region when possible.

3.20 Beyond Children and Young People Transformation programme

3.20.1 Established April 2021, the Beyond programme was set up to improve Children and young people's health across the whole of the Cheshire and Mersey region, making sure services from health, local authorities, education, the voluntary sector work together well.

- The focus of the transformation programme is prevention and work takes place in the following areas:
 - Emotional wellbeing and mental health
 - Respiratory and Asthma
 - Learning Disabilities and Autism Healthy Weight and Obesity
 - Epilepsy
 - Diabetes

3.20.2 Within the Emotional wellbeing and mental health workstream work is taking place to reduce and prevent Self-Harm in children and young people across the region. To understand the true number of children and young people who are self-harming work is taking place to capture Self-Harm data from Secondary Schools and Colleges across the region. Currently Cheshire East Secondary schools have agreed to share their data on a termly basis starting from 2024. Conversations are currently taking place with all other areas within Cheshire and Merseyside including Halton. Once a clear picture is established regarding the number of children and young people who are self-harming across the region the data will be analysed, and next steps explored.

3.20.3 Work is also taking place to develop a suite of safety plans that front line staff can use when working with young people who are struggling with suicidal thoughts or Self-Harm. A safety plan is a tool for helping someone navigate suicidal thoughts, helping them to keep themselves safe.

3.21 National Suicide Prevention Strategy

3.21.1 The newly updated National Suicide Prevention strategy was launched September 2023. The full strategy can be viewed via the following link [Suicide prevention strategy for England: 2023 to 2028 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/117111/suicide-prevention-strategy-for-england-2023-to-2028.pdf).

3.21.2 The cross-government national strategy aims to reduce the suicide rate within 2.5 years by focussing on the following areas:

- Improving data and evidence
- Providing tailored and targeted support to priority groups
- Addressing risk factors
- Online safety, media and technology
- Providing effective and appropriate crisis support
- Tackling means and methods of suicide
- Providing timely and effective bereavement support
- Making suicide prevention everyone's business.

3.21.3 All the areas the national strategy focuses on are already included in the local action plan however there are some considerations to be explored locally in relation to the suicide prevention and the following areas:

- Autistic people
- Pregnant women and new mothers
- Gambling
- Social Isolation and Loneliness
- Domestic Abuse

3.21.4 Locally a focus already exists on; pregnant women and new mothers via the Family Hubs work, gambling, overseen by Public Health, social isolation and loneliness overseen via one Halton age well workstream and domestic abuse via Halton Domestic abuse partnership strategy. This enables the link between suicide prevention and these areas of work to be explored more easily.

3.21.5 In relation to those who are autistic the national strategy is less clear regarding how suicide risk can be reduced in this cohort however Champs will be exploring this further in 2024.

4.0 **POLICY IMPLICATIONS**

4.1 There are no new Policy implications as a result of this report.

5.0 **FINANCIAL IMPLICATIONS**

5.1 There is an economic cost of approximately £1.6 million for every person who takes their own life. Work to reduce suicides mitigates against this economic cost and the unseen implications on the wider system.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES** [\(click here for list of priorities\)](#)

6.1 **Children & Young People in Halton**

The local suicide prevention action plan contributes to the safeguarding of Children and Young people.

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

The local suicide prevention action plan contributes to employment prospects of residents through training staff, enabling the identification of suicide risk, and connecting to relevant support.

6.3 **A Healthy Halton**

The local suicide prevention action plan contributes to a healthier community by working to reduce risk factors for suicide and connect those who need it to relevant support.

6.4 **A Safer Halton**

The local suicide prevention action plan contributes to a safer Halton through the reduction in suicides.

6.5 **Halton's Urban Renewal**

No implication on Urban Renewal.

7.0 **RISK ANALYSIS**

7.1 None.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The risk of suicide is inequitable and impacts those in areas of high deprivation.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 No climate change implications identified at this time.

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

10.1 'None under the meaning of the Act.'

REPORT TO:	Health Policy & Performance Board
DATE:	20 th February 2024
REPORTING OFFICER:	Executive Director of Adult Services
PORTFOLIO:	Adult Social Care
SUBJECT:	Respite Care Policy
WARD(S)	Borough wide

1.0 **PURPOSE OF THE REPORT**

- 1.1 The purpose of this report is to share with Health PPB members a copy of a newly developed policy – Respite Care for Adults with Care and Support Needs and their Carers (attached).
- 1.2 This policy has been developed further to previous reports that have been brought to Health PPB (in 2019 and 2022) regarding respite care provision within adult social care.

2.0 **RECOMMENDATION: That**

RECOMMENDED: That

- 1) the report be noted; and**
- 2) the Board endorse the Respite Policy for implementation within Adult Social Care.**

3.0 **SUPPORTING INFORMATION**

- 3.1 A report respite care provision was brought to HPPB in 2019 following an issue experienced by a carer and difficulties arranging respite. In summary, it related to a daughter caring for her mother who had a diagnosis of dementia, but the family were going on a holiday abroad and the mother needed care whilst the family was away. A shared care voucher had been issued (as assessment had identified the need for 28 days residential respite) and the daughter had wanted to arrange a care home placement to cover the holiday period. However, the daughter had found the care home sector unable to accommodate a planned period of respite in the future because it would mean having to keep a bed available and potentially refusing permanent placements.
- 3.2 Previous reports outlined how the provision of the shared care voucher had seemed to create an unrealistic expectation that the required respite would be accommodated by the local care home

sector when, in fact, it would not be possible for a care home to keep a bed available for a future planned holiday.

- 3.3 The previous report in 2022 detailed that shared care vouchers were to be permanently discontinued, as they were not fit-for-purpose and did not offer a practical or user-friendly option for carers. In addition, use of shared care vouchers had been in steady decline prior to the Covid-19 pandemic, at which point the voucher process was suspended.
- 3.4 It was determined that there was a need to develop a Respite Policy to clearly describe the local respite offer for those requiring support from adult social care (the two main client groups being adults with learning disabilities and older people). This would effectively support Care Management to explain the range of options available to carers in need of respite provision for their loved one. It was agreed that the policy would set out a range of respite options, including alternatives to traditional bed-based respite such as care at home, Shared Lives and Direct Payments etc.
- 3.5 The 2022 report informed HPPB that a working group had been established to develop a Respite Policy. The group's work has now concluded, and a policy has been developed, which includes a leaflet for clients and their families/carers. The policy has been approved by Adults Senior Management Team and is shared with HPPB for information since previous reports have been considered on this subject by HPPB.
- 3.6 The draft Respite Policy attached defines respite care as something that allows carers to have a break from their caring role while someone else looks after the person they usually care for. The Council recognises the essential contribution made by informal carers and wishes to support them to maintain their wellbeing.
- 3.7 The policy describes that respite can take a variety of forms including traditional residential respite, care at home and support in someone else's home (e.g. Shared Lives). It can also include the use of Direct Payments so that people can arrange their own respite flexibly and creatively.
- 3.8 The policy further details the assessment and eligibility process and how respite is recorded and arranged via the support plan documentation.
- 3.9 The local respite offer is described, which includes the following services:
 - Bredon – residential respite for vulnerable adults with learning disabilities, autism, acquired brain injuries, physical disabilities and people with complex needs or behaviours which may challenge.

- Care homes (in-house and independent sector) – residential respite subject to availability of beds.
- Direct Payments – for those who can choose for themselves the type of respite they want and when they want it to take place.
- Home-based respite care in the person’s own home.
- Shared Lives – adults with care and support needs can be supported in the homes of approved Shared Lives Carers.

3.10 A leaflet for adults with care and support needs and their carers has been developed and is available at appendix 1 of the policy. This was shared with a carers group during development and positive feedback was received.

4.0 **POLICY IMPLICATIONS**

4.1 This newly developed Respite Policy will help to ensure that the local respite offer for vulnerable adults and their carers is communicated and applied clearly and consistently.

5.0 **FINANCIAL IMPLICATIONS**

5.1 There are no financial implications of implementing this policy, as it does not represent any changes to current practice; it simply clarifies the local respite offer.

5.2 Respite care is chargeable to individuals at the same rate as permanent care and a financial assessment will take place to determine how much someone can afford to pay towards their care (in line with the Care Act 2014).

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

6.1 **Children & Young People in Halton**

None identified.

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

None identified.

6.3 **A Healthy Halton**

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

6.4 **A Safer Halton**

None identified.

6.5 **Halton’s Urban Renewal**

None identified.

7.0 RISK ANALYSIS

7.1 The original issue that led to the development of this policy was due to a complaint being received because of difficulties arranging respite. In the most part, these difficulties arose because of unrealistic expectations, and this policy will help to ensure that teams can clearly explain the range of options available for respite and support people to access the most appropriate provision according to their individual needs. It is anticipated that the leaflet for individuals/carers will be clearer and more user-friendly than the previous shared care voucher process. It is therefore hoped that there will be no further complaints of a similar nature to the one described at the outset of this report.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 An Equality Impact Assessment has been completed on the Respite Policy with no adverse impact identified. The policy will positively support vulnerable adults and their carers to maintain their general wellbeing.

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 None under the meaning of the Act.



Respite Care for Adults with Care and Support Needs and their Carers

Policy & Procedure

Date (M/Y) TBC

**Policy, Performance and Customer Care Team
Adult Social Care | Adults Directorate**

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Policy Summary

Document name	Respite Care for Adults with Care and Support Needs
Version	1.0
Publication date	TBC 2024
Review due date	TBC 2027
Approved by	Adult Social Care Senior Management Team: 08.11.23 Health Policy & Performance Board: 20.02.24
Status	Mandatory (all named staff must adhere to guidance)
Author	Natalie Johnson, Senior Service Development Officer, Halton Borough Council (HBC)
Contributors	Marie Lynch, Interim Operational Director Helen Moir, Divisional Manager Debbie O'Connor, Care Management Tess Clancy, Mental Health Benitta Kay, Quality Assurance Eileen Clarke, Shared Lives Sarah Foy, Care Management Karen Graham, Care Homes Andrea Holland, Direct Payments
Service area	Adult Social Care
Target audience	Care Management
Distribution	As above
Related document(s)	Social Care Guidance Adult Social Care Charging Policy Personal Budgets via Direct Payments Policy & Procedure
Superseded document(s)	N/A
Equality Impact Assessment	Completed 02.11.23
<p><i>If you require this policy or any associated documents in another format (e.g. other languages, easy-read or any other format), please email details of your requirements to: ascservicedevelopment@halton.gov.uk.</i></p>	

1.0 Introduction

Halton Borough Council recognises the essential contribution made by informal carers (e.g. family members, friends) in supporting adults with care and support needs. The Council also recognises that a break from the caring role can positively impact the wellbeing of the carer and enable them to continue in their caring role by preventing crisis situations and sustaining the caring relationship. This helps to avoid/delay admission to long-term care and helps to ensure that the cared for person is supported within the community for as long as possible.

The Council therefore wishes to ensure that there is a clear respite care offer in line with the Care Act 2014, which sets out the national assessment and eligibility criteria for adults with care and support needs and their carers.

2.0 Definition of respite care

Respite care allows carers to have a break from their caring role while someone else looks after the person they usually care for. It allows the carer to have time to themselves and helps to enable them to live a full life alongside their caring role.

Respite care can be provided on a planned or emergency basis and can take a variety of forms, including but not limited to:

- Residential care (e.g. in a care home or dedicated respite unit);
- Support provided in someone else's home (e.g. Shared Lives Service);
- Care provided at home (e.g. by a domiciliary care provider or 'sitting service');
- Breaks arranged via Direct Payments;
- Care in day centres* or via services provided by the private or voluntary sector.

Respite care may be short or long term and it may be accessed on a regular or one-off basis.

**Please note that day service type activities are not covered within this Policy as, although they may offer an opportunity for respite, their main aim is to offer meaningful activities for the cared for person rather than respite for the carer. The focus of this policy is services that support carers to have a break from their caring role.*

3.0 Aim and scope of this policy

This policy sets out Halton Borough Council's approach to respite care provision for adults with care and support needs (e.g. older people and adults with a learning disability).

Respite care is provided (as required following assessment) as part of a wider support plan for adults with care and support needs and their carers.

The primary aim of this policy is to ensure that staff are aware of the local respite offer in order to be able to arrange appropriate support that meets the needs of the cared for person and their carer.

The policy also includes information about respite care that can be shared with individuals/carers (see appendix 1 for an information leaflet).

4.0 Assessment and eligibility for respite care

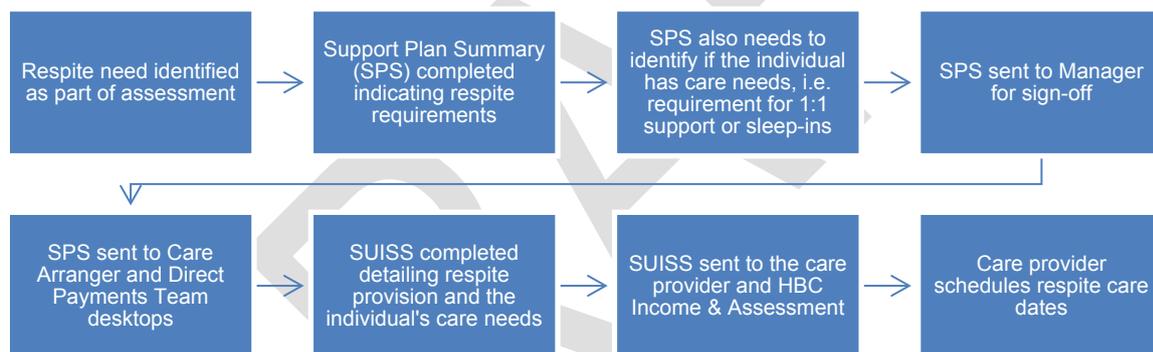
The Care Act 2014 sets out the national legislative framework under which eligibility for adult social care and support is determined. As part of the Care Act 2014, carers are entitled to their own care and support assessment and can access services to meet their eligible needs.

More information about assessment and eligibility (including the criteria relating to adults and carers) is available as part of the Social Care Guidance, which can be accessed via the [Adult Social Care Policy Library](#) on the Intranet.

Respite requirements will be identified as part of the overall assessment process and eligible needs will be documented within the Care and Support Plan.

Recording process

Respite provision must be recorded appropriately as outlined below:



5.0 Local respite offer

There are a range of services available to meet the respite needs of individuals and their carers. The most suitable solution will be determined during the assessment/review process or at any other time as required and will be agreed as part of a discussion between the individual and their carer and the Social Work Teams.

The services available are outlined below; not all services will be suitable for all respite needs and it is essential that support is provided by Social Work Teams to ensure that individuals and their carers can access appropriate respite in line with assessed needs.

Bredon

Bredon Respite is a four bedded accommodation based short stay respite service in Runcorn. The service is available 24/7, 365 days a year and provides personal care and support to vulnerable adults with learning disabilities, autism, acquired brain

injuries, physical disabilities and people with complex needs or behaviours which may challenge.

Respite will be provided for an agreed time limited period to meet the individual's needs and the service will accommodate both planned and emergency respite stays.

The respite allocation will be determined following a Care Act assessment and the initial offer will be for up to 28 days of respite per year.

A Care Management assessment or review will identify the need for Bredon respite. The individual/family/carer and support provider will be notified of the number of nights respite allocated for the year.

Upon requesting an allocation of respite days, it also needs to be determined whether the individual has care and support needs that require additional 1:1 (or more) support and whether sleep-in support is needed. This should be identified on the Support Plan Summary alongside the allocation of respite days. This will allow the service to plan staffing for the respite days and ensure that appropriate cover is available.

Respite stays are generally arranged between the individual/family/carer and Bredon directly. Should an individual use their full respite allocation and require additional days, a further review should be undertaken by Care Management before any further respite stays are arranged.

Where an emergency respite stay is needed, Care Management may contact Bredon respite directly to arrange. Every effort will be made to ensure this does not impact respite stays that have already been booked, but in some circumstances respite stays may need to be rearranged due to capacity, compatibility or risk. A Support Plan Summary must be submitted to record the emergency respite. This, again, must detail the care and support needs in relation to additional staffing. The SPS will trigger a SUISS, and this will ensure that payment is made to the service for the provision. Without the appropriate paperwork the placement may be turned down.

In exceptional circumstances, long-term placements may be required. This will be arranged between Care Management and Bredon, and with the agreement of the Commissioning Manager.

Care Homes

If the cared for person requires 24-hour support within a residential setting, they may be able to access respite within the local care home sector. However, this is subject to availability of beds, and it will usually only be possible to confirm care home placements immediately prior to the period when the respite is required. Therefore, if carers/families need confirmation of respite in advance (e.g. for a planned holiday in the future), it may be more appropriate to consider alternative respite options.

Respite process for HBC in-house and independent care homes

The Council's Care Home Division and independent care homes can offer respite depending on bed availability. This would normally be a planned and extended period

of respite for the individual or with a view of the placement becoming permanent. This is to minimise any disruption to the individuals who reside in the home on a permanent basis.

To discuss respite the referrer would need to contact the Registered Manager of the home where respite is being sought. The Manager will then consider if they have bed availability and if respite can be accommodated without impact on the individuals who permanently reside in the home.

Direct Payments

A Direct Payment can be used for respite where the individual in need of care/support (or their suitable representative) can choose for themselves what type of respite care they want and when they want it to take place. As part of the assessment process, it may be identified that a Direct Payment can meet the person's needs and this would be detailed on the Support Plan Summary, which would be shared with the Direct Payments Team once authorised by Care Management. An indicative budget will be identified based on individual needs and the nature of respite care provision (e.g. type, location, duration etc.)

Direct Payments may be used to:

- Purchase short-term care (respite) in residential/nursing care which does not exceed a four-week period in any 12 months;
- Employ a Personal Assistant to support the individual in their own home;
- Pay for support from a provider organisation;
- Support a person to have a short break away.

Where a person wishes to achieve more flexibility and receives an element of their Personal Budget for respite through a Direct Payment, this will:

- Be included in the weekly personal budget figure and the cared for person should ensure that they are accruing sufficient money to meet the carer's respite needs;

OR

- Be paid as an annual payment.

In either case, how this money is being used must be clearly identified.

Where the cared for person chooses to use their Direct Payment to purchase respite in a Halton care home, the rate charged by the home should be the same as the amount the Council pays for a respite placement at that home. Therefore, individuals/carers booking respite directly with the home will need to stipulate that their respite is being funded through a Council Direct Payment.

If the cared for person chooses to use their Direct Payment in an out-of-borough care home, the rate charged may exceed the amount that the Council fund and

consideration on any additional top-up that may be applied would need to be met by the cared for person/their family.

Support is available from the Direct Payments team to work with individuals and their families if flexibility/creativity is required to meet the person's needs.

For further information regarding Direct Payments, please see the Personal Budgets via Direct Payments Policy & Procedure, which is available on the [ASC Policy Library](#).

Home Based Respite Care Service

Home based respite care provides practical help, personal care and emotional support to people in their own homes, replacing the care normally provided by their informal carer and allowing that carer to have respite from their caring role. Halton Borough Council and NHS Cheshire & Merseyside commission a planned respite service that supports carers and the cared for to help them remain independent for as long as possible.

The service aims to support both the carer and the cared for in enabling regular carers respite. This will allow carers to have time away from their role as informal carer, whilst maintaining a safe and consistent level of support to the individual.

The service is for any adult carer who is identified as having a need. It is delivered to Halton residents aged 18 and over. It offers flexibility in service provision and service delivery and supports carers of people who live at home with a long-term condition that restricts their ability to get out of their home on their own.

There are two referral routes into the service – one, via care arrangers and two, via district nurses. The referral process can be found at appendix 2.

Home based respite care is usually provided on a regular weekly basis for between one and four hours maximum. The actual amount of hours that are delivered to an individual will be based on need; this figure will be determined as part of the development of the individual's care plan.

Shared Lives

Halton Borough Council's Shared Lives Service is a flexible community support service which provides care for people who have been assessed as requiring support due to age, illness or disability.

Shared Lives offers adults an alternative short break/respite service using the shared lives carer's home as a resource. The care is provided by individuals, couples or families in their homes within the local community. Shared Lives Carers are approved by the Council to work in their own homes to provide accommodation and/or care and support in an ordinary family setting. Individuals and their Shared Lives carers enjoy shared activities and life experiences.

Shared Lives arrangements are monitored by the Council and regulated by the Care Quality Commission (CQC).

Referrals can be made using the Shared Lives Referral Form in CareFirst6 (by selecting 'respite request' from the drop-down list), which will assign an activity to the Shared Lives team desktop for action.

Before referrals are made, it is suggested that practitioners contact the Shared Lives Service (by phone/email) to ensure that the needs of the client can be met by the service.

6.0 Charges for respite care

Respite care is a chargeable service at the same rate as permanent care. A financial assessment will be conducted to determine how much the person can afford to pay towards their care and support needs. There are different financial assessment processes depending on whether the care is residential or non-residential; the relevant process will be followed depending on the type of respite that is being accessed (i.e. for respite in a care home, the residential financial assessment process applies, otherwise it is the non-residential financial assessment process).

For more information, please see the Adult Social Care Charging Policy (reviewed annually), which is available via the [Adult Social Care Policy Library](#) on the Intranet.

7.0 Continuing Healthcare (CHC) and respite care

Adults who are in receipt of Continuing Healthcare (CHC) funding should access respite that is provided as part of this funding. Therefore, those who are CHC funded should be directed to the CHC duty number (01925 303130) to discuss respite care requirements.

Appendix 1: Respite Care Information Leaflet for Adults with Care and Support Needs and their Carers



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Appendix 2: Care at Home Group Ltd. Home Based Respite Care Service – Referral Process

NOTE: This referral process is to be used when Care Managers have identified that a Carer and the person that they care for may benefit from the support delivered via the Home Based Respite Service provided by Care at Home Group Ltd.

Referrals to the service will come from:

1. **Care Managers**; with an assessment having identified that the cared for person would meet the current Council eligibility criteria and in line with the legislative requirements of the Care Act. This does not mean actually being in receipt of a service from the Council.

NB. Referrals to the Service also come via **District Nurses** who have undertaken an assessment of the cared for person and have identified that they are at the end of their life, such referrals do not fall under this process and they will refer directly.

Home Based Respite Care is usually provided on a regular weekly basis for between 1-4 hours maximum. The actual amount of hours that are delivered to an individual will be based on need. This figure will be determined as part of the development of the individuals care plan, which is completed through an agreed assessment process.

Once a Care Manager has identified with the Carer/Service User that they may benefit/be suitable for Home Based Respite, they will contact the Care Arrangers to outline/discuss the requirements. At this point Care Managers will need to complete a Support Plan Summary

NOTE: Care Arrangers can be contacted on 0151 511 6636 or via email: Care.Arrangers@halton.gov.uk

The Care Arrangers will then contact Care at Home Group Ltd. to explore requirements (providing a copy of the Support Plan Summary and Carers Assessment) and confirm back to the Care Manager the service which can be delivered (days/times) and date which it can commence.

Care Manager will discuss with Carer/Service User and confirm back with the Care Arrangers that this has been accepted or not.

If accepted, then the Care Manager will send appropriate paperwork through to the Care Arrangers.

If not accepted, Care Arrangers will discuss further with Care at Home Group Ltd. and contact the Care Manager to outline the alternative offer is made. The Care Manager will discuss with the Carer/Service User.

Care Arrangers will send agreement to Care at Home Group Ltd. to formally set up the Respite Care.



Respite Care

Information for Adults with Care and Support Needs and their Carers



What is respite care?

Respite care means a carer and the person they care for being supported to have a valuable break from the demands of their caring situation. These short breaks are an essential part of the overall support that families and carers need to help them care for a family member, partner, or friend.

Respite can be provided on a regular or one-off basis. It can be planned in advance or provided in an emergency.

Respite helps to ensure that the wellbeing of the carer is protected, enabling them to continue in their caring role whilst also having time for themselves.

Respite delivers positive outcomes such as:

A break from day to day activities	A chance to enjoy new experiences and meet new people	Time to rest and recharge batteries	Opportunities to develop and maintain friendships
Time to pursue new interests and leisure/cultural activities	An improvement in general health and wellbeing	An opportunity for greater independence and self-confidence	Strengthening of relationships

Am I eligible for respite care?

Eligibility for support from adult social care will be assessed in line with the Care Act 2014. Carers are entitled to their own assessment as well as the individual who has care and support needs.

The assessment conducted by the Council's Social Work Teams will determine whether you have eligible needs and whether respite care is required to meet those needs.

What respite care services are available in Halton?

There are a range of options for respite, which may be provided in a residential care home or in the community.

Care may be provided in your own home (e.g. by a domiciliary care provider) or in someone else's home as part of the Shared Lives Service. Shared Lives is where approved carers open their homes to adults with care and support needs.

Direct Payments are another option allowing people to choose what type of respite care they want and where they want it to take place. Direct Payments can be used to employ a Personal Assistant to support the cared for person in their own home or they can even be used to support a person to have a short break away.

How do I know which service is right for me?

Your Social Care Practitioner will discuss your needs with you in order to determine the type of care and support required, including the provision of respite care (if appropriate).

The type of respite care you choose may depend on things like:

- The level of care and support needs of the cared for person;
- Whether the respite is needed regularly or on a one-off basis;
- If the respite is needed immediately or for a specific period of time in the future.

One size doesn't fit all and support is available from the Social Work Teams to ensure that you are able to access a suitable respite service that meets your eligible needs.

Will I have to pay for respite care?

Respite is a chargeable service and what you pay is based on the outcome of a financial assessment.

The financial assessment looks at your financial situation to determine how much you can afford to pay towards your care and support. The rules around financial assessment are set nationally by the Government as part of the Care Act 2014.

Who can I contact for more information/support?

Halton Borough Council Adult Social Care – 0151 907 8306

Halton Carers Centre – 01928 580182 – help@haltoncarers.co.uk

Halton Borough Council Welfare Rights – 0151 511 8930

Citizens Advice Halton – 08082 787956 – <https://haltoncab.org.uk/email-advice-contact-form/>

REPORT TO:	Health Policy and Performance Board
DATE:	20 th February 2024
REPORTING OFFICER:	Director – Halton Place, NHS Cheshire and Merseyside
PORTFOLIO:	Adult Social Care
SUBJECT:	Utilisation of Mental Health Beds for Halton residents
WARD(S):	Borough wide

1.0 PURPOSE OF THE REPORT

1.1 This report:

- provides information on the type and number of adult mental health in-patient beds commissioned for Halton patients;
- services commissioned to support patients to safely remain in the community, reducing avoidable admissions, providing better quality and outcomes for local people;
- details utilisation of commissioned beds and any out of area placements;
- key challenges faced in ensuring local people have access to mental health inpatient beds locally when they are required.

2.0 RECOMMENDATION: That the Board

- 1) Note contents of the report and associated presentation; and
- 2) Reviews and comments on the commissioning and use of mental health beds for Halton patients.

3.0 SUPPORTING INFORMATION

3.1 Details of commissioned beds and their utilisation, commissioned admission avoidance services and challenges faced in ensuring local people are able to access inpatient mental health beds locally when they need them is set out in the associated presentation.

4.0 POLICY IMPLICATIONS

4.1 None identified.

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

None identified.

6.3 A Healthy Halton

This report and associated presentation is linked directly to this priority.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 None associated with this report.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None associated with this report.

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 None associated with 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.

Utilisation of Mental Health Beds for Halton residents

Anthony Leo

Place Director – Halton

NHS Cheshire & Merseyside

What we commission

Beds:

- 10,220 Adult MH beds days (28 beds) (Mersey Care)
- 280 MH PICU bed days (0.75 bed) (Mersey Care)
- 4380 older adult bed days (Mersey Care)
- 10 Adult MH rehabilitation beds across Halton and Warrington (Alternative Futures).

Admission avoidance services:

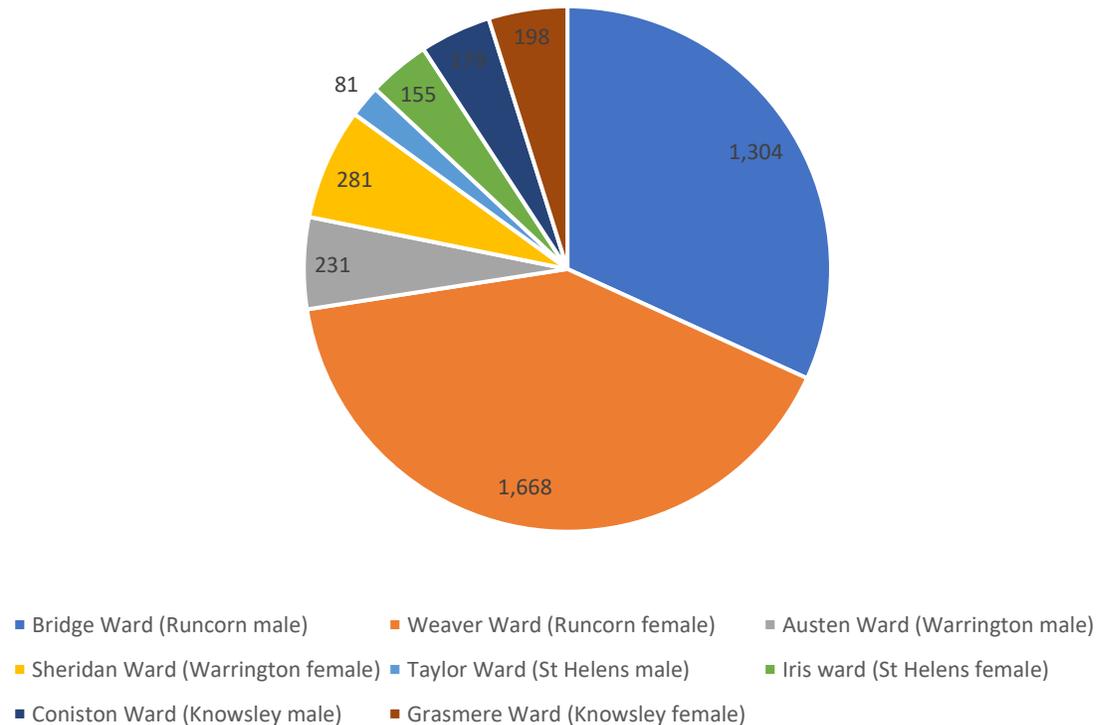
- Care Home liaison service to provide support to care homes to meet the needs of older adults with mental illness and dementia and reduce need for hospital admission.
- Home Treatment team to provide intensive home support to manage Adults mental health in the community and prevent admission/readmission to hospital. The service is 24/7, 7 days per week, 365 days per year.
- Personality disorder service to work with patients with complex and severe PD, reducing hospital admission and preventing need for any out of area admissions.

Adult Mental Health beds

Bed utilisation (Apr-Nov 2023)

- 72 Halton admissions to Mersey Care Adult in-patient beds
- 80 Halton discharges from Mersey Care Adult in-patient beds
- Average length of stay 58.6 days.
- 4097 Adult MH occupied bed days (proportion by ward shown in pie chart)

April -Nov 23 Occupied bed days per Mersey Care Adult MH ward



Out of Area Placements

- Apr -Nov 23 – 0 Out of Area Mental Health hospital bed placements
- As at Jan 24 there are 4 community out of area placements (2 females are due to be repatriated to Halton when their house is ready; 1 is returning to Mersey Care for assessment due to relapse; 1 is moving to another out of area placement)

Older Adult Mental Health beds

Bed utilisation (Apr-Nov 2023)

- Care Home liaison team received 66 referrals. 11 patients were admitted to a Mersey Care Mental Health bed
- There were 0 readmissions.
- There were 8 admissions to Mersey Care older peoples beds (7 Kingsley (Warrington), 1 Rydal (St Helens)).

Challenges

- Apr-Nov 23 12.86% (762/5927) bed days were for patients awaiting discharge.
- At 2 Jan 24 – 3 Halton older adults with delayed discharge
- Delayed discharges generally due to time needed to find and put in place suitable community provision to enable patient to be discharged (e.g. additional staff may be required).
- Most delayed discharges relate to older adult placements.
- Mersey Care leads bi-weekly mental health capacity and flow meetings with reps from Halton Continuing Health Care team and Adult Social Care to support with delayed discharges.
- HBC have flagged via the care home group that care homes are struggling with challenging behaviour. There has been an increase in the requests to Halton CHC team for 1:1 support.

REPORT TO:	Health Policy & Performance Board (HPPB)
DATE:	20 th February 2024
REPORTING OFFICER:	Executive Director, Adult Services
PORTFOLIO:	Adult Social Care
SUBJECT:	Adult Social Care Commissioning Strategy for Care and Support 2023 - 2026
WARD(S):	Borough-wide

1.0 PURPOSE OF REPORT

- 1.1 To present HPPB with the Adult Social Care Commissioning Strategy for Care and Support 2023 – 2026.

2.0 RECOMMENDATION

RECOMMENDED: That HPPB

- (1) Note contents of the report and associated Appendix.

3.0 SUPPORTING INFORMATION

- 3.1 The Commissioning Strategy for Care and Support outlines our commissioning intentions over the next three years which will aim to support residents, unpaid carers and their families to have access to the right services, information, advice and guidance in order to make good decisions about the care and support they need.

- 3.2 The Strategy contains references to a number of areas such as:-

- What is Commissioning in Adult Social Care; and
- An Introduction to Halton and to Adult Social Care in Halton.

However it's main focus is in respect to 'How' and 'What', we will be Commissioning.

- 3.3 As such we have identified ten Commissioning Principles that will underpin the work that we will do, a commissioning cycle as a framework to deliver our approach, a number of Commissioning Priorities/Intentions and an associated Delivery Plan.

- 3.4 Our Commissioning intentions have been categorised into six priorities to provide focus in aiming to support the key challenges locally and adherence to our duties under the Care Act 2014. These six priorities are:-

- Universal Prevention & Wellbeing;
- Independent at Home;

- Socially Engaged;
- Housing;
- Good, Local, Affordable, Quality Care; and
- A Confident, Sufficient & Skilled Workforce.

3.5 This Strategy has been developed by:-

- Reviewing various guidance and published documents;
- Review of current Adult's Directorate Strategies in development e.g. Prevention Strategy etc;
- Review of Care Quality Commission Self-Assessment; and
- Engagement with colleagues from Adult Social Care and Transformation Delivery Unit.

3.6 This Strategy has been reviewed and approved by the Adults Directorate Senior Management Team (SMT) and Council's Executive Board.

4.0 POLICY IMPLICATIONS

4.1 None specifically linked to the draft Strategy, however as part of its implementation if any policy implications are identified linked to specific actions within the Delivery Plan, then these will be identified and presented to the Adults Directorate SMT at the appropriate time.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The implementation of the Commissioning Priorities/Intentions and associated Delivery Plan will have associated financial/resource implications. Each of these will be assessed in turn and presented to the Adults Directorate SMT at the appropriate time as part of the strategy's implementation.

5.2 As part of the Commissioning Principles identified, we aim to ensure value for money, effectiveness and efficiency any if other implications are identified linked to specific actions within the Delivery Plan, then these will be assessed in turn and presented to the Adults Directorate SMT at the appropriate time for consideration.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None identified.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

Every person using social care services deserves the highest quality care and support, and the maximum opportunity to influence how that support is arranged and managed. Effective commissioning plays a central role in driving up quality, enabling people to meaningfully direct their own care, facilitating integrated service delivery, and making the most efficient use of the available resources.

We are committed to Halton's Adult Social Care Vision of improving the health and wellbeing of our local people so that they live longer, healthier and happy lives; this strategy and associated commissioning intentions is intended to help support this.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 As part of the Delivery Plan's implementation, each area will be assessed in respect to associated risks and presented to the Adults Directorate SMT at the appropriate time as part of the strategy's implementation.

7.2 Reference is made within the Strategy's Commissioning Principles regarding being 'risk-positive' and trying new things, so having associated risks identified and appropriately assessed is key.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The Strategy identifies a number of key challenges locally that need to be addressed, one of which is in respect to Equality, Diversity & Inclusion.

8.2 As outlined in the Strategy, we do not consistently consider protected characteristics in strategic planning or individual work with people. Along with a whole Council approach, there is a need to ensure that taking into account equality, diversity and inclusion is central to all of our work.

8.3 As referenced in the Strategy, as part of the development and implementation of the Workforce Strategy for Adult Social Care in Halton, we will ensure that staff/practitioners are appropriately trained/skilled to undertake their roles via the commissioning of associated training to support individual work with people etc.

9.0 CLIMATE CHANGE IMPLICATIONS

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

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

10.1 None under the meaning of the Act.



**Adult Social Care Commissioning
Strategy for Care and Support
2023-2026**

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Foreword from the Portfolio Holder for Adult Social Care and the Operational Director for Commissioning & Provision

Welcome to Halton Borough Council's Adult Social Care Commissioning Strategy, which is intended to outline our commissioning intentions for care and support over the next three years.

This Strategy aims to support residents, unpaid carers and their families to have access to the right services and information, advice and guidance to make good decisions about the care and support they need.

To achieve this, we will:-

- Work with partners such as the NHS Cheshire and Merseyside Integrated Care Board and local community and volunteer run organisations, to provide services that work together and help provide a real sense of community in Halton;
- Continue to work closely with providers of social care services and develop good working relationships with them to learn from best practice and their expertise within care to do things differently, improve quality and increase the choice available to residents; and
- Listen, engage and work with Halton residents, unpaid carers, partners and stakeholders to ensure they are seen, heard and valued to enable Halton Borough Council Adult Social Care Services to continually improve services.

We are committed to Halton's Adult Social Care Vision of improving the health and wellbeing of our local people so that they live longer, healthier and happy lives; this strategy and associated commissioning intentions is intended to help support this.



Councillor Joan Lowe
Portfolio Holder for Adult Social Care



Damian Nolan MBE
Operational Director, Commissioning & Provision – Adults Directorate

1. Introduction

What is commissioning in Adult Social Care?

The focus of high-quality commissioning is on citizenship, health and wellbeing: achieving good outcomes with people using evidence, local knowledge, skills and resources to best effect. This means working in partnership across the health and social care system to promote health and wellbeing and deliver services which lead to positive outcomes for people.

Every person using social care services deserves the highest quality care and support, and the maximum opportunity to influence how that support is arranged and managed. Effective commissioning plays a central role in driving up quality, enabling people to meaningfully direct their own care, facilitating integrated service delivery, and making the most efficient use of the available resources.

Commissioning is the Local Authority's cyclical activity to assess the needs of its local population for care and support services that will be arranged by the Authority, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes.

Effective commissioning cannot be achieved in isolation and will be best delivered in close collaboration with others, such as housing, NHS partners and the people who use services.

Good Commissioning supports people to attain what is most important to them by being:-

- Person-centred and outcome-focused;
- Inclusive;
- Co-produced;
- Well Led; and
- Which promotes a diverse and sustainable market.

What matters most to people?

- The person at the centre, rather than fitting them into services.
- People who use services and carers treated as individuals.
- Empowering choice and control for people who use services, and carers.
- Setting goals for care and support with people who use services and carers.
- Having up-to-date, accessible information about services.
- Emphasising the importance of the relationship between people who use services, and providers and staff.
- Listening to people who use services and acting upon what they say.
- A positive approach, which highlights what people who use services can do and might be able to do with appropriate support, not what they cannot do.

*Clenton Farquharson MBE
Co-Chair Think Local Act Personal*

(From: Commissioning for Better Outcomes: A Route Map – University of Birmingham & Health Services Management Centre Institute of Local Government Studies)

2. An Introduction to Halton

Location

The Borough of Halton is a unitary authority in the county of Cheshire. Since 2014, Halton has been one of the six local authorities that make up the Liverpool City Region Combined Authority. This is one of the few City Regions to have secured a Devolution Agreement with the Government, meaning decision making and resources around key priorities are managed locally.

Straddling the River Mersey, Halton includes the two towns of Runcorn and Widnes as well as surrounding parishes of Hale, Moore, Daresbury and Preston Brook. Halton is located in the middle of the economic triangle formed by Liverpool, Manchester and Chester.

The borough benefits from excellent connectivity and transport infrastructure. There are good road and rail connections to London (less than 2 hours by train) and Birmingham. Similarly, there is good proximity and access to airports at Liverpool and Manchester and to the Merseyside seaports.

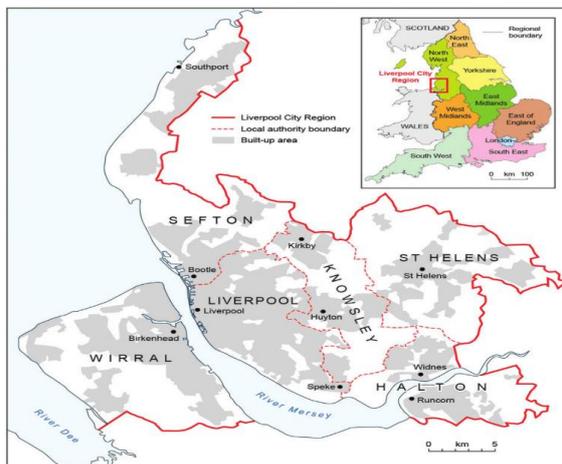


Fig 1. Liverpool City region including Halton Borough Council



Fig 2. Halton Borough Council

Population & Population Growth

The current population of Halton is 128,577¹; 51% of Halton's population are male, and 49% female.

The number of people aged 65 and over is rising more quickly than any other population group. This number is expected to increase by 40% in the next 10 years, and will account for 38% of the population of Halton by 2041². At the same time, the number of people aged 18 to 64 is expected to remain fairly static, leading to more a pronounced increase in the age of the population in Halton than in other parts of the country.

¹ [Halton Area Profiles & Statistics](#)

² [JSNA Summary 2021](#)

Deprivation

Halton is a deprived borough, relative to England as a whole (39th most deprived of 317)³. 30% of Halton's population live in areas of high deprivation.

Life Expectancy

There has been an increase in the life expectancy of people in Halton over the last twenty years. More recently, COVID has affected the rate of this improvement, and many people are now experiencing the physical and mental stress of a rise in the cost of the essentials in life.

Life expectancy varies across Halton depending on where people live - with men in the most deprived areas living on average 11.7 years less than men in the least deprived. For women, the gap is 9.6 years. These health inequality figures are slightly better than the average for the Northwest, but slightly worse than the average for England.⁴

Ethnicity, Faith & Sexual Orientation

Whilst Halton's population is predominantly homogeneous in relation to protected characteristics such as ethnicity, faith and sexual orientation, we recognise that there are key minority groups within Halton.

97.5% of Halton's population identify as White, with 97.34% of individuals identifying English as their main language.⁵

In terms of religion, 58.6% of Halton identifies as Christian, with 35.2% describing themselves as having no religion. The next largest faith identity is Muslim, with 0.6% of Halton's population. 2.63% of Halton's population has a non-UK identity. 2.63% of people in Halton identify as Lesbian, Gay, Bisexual or another sexual orientation other than heterosexual. 95.3% of Halton's population said that they had the same gender identity as at birth in the 2021 census. 4.3% did not answer this question, and 0.1% of people identified as a Trans man, and 0.1% as a Trans woman.

Employment

Halton is an industrial and logistics hub with a higher proportion of people working in manufacturing (particularly chemicals and advanced manufacturing), wholesale and retail, and transport and storage compared to the average for England.

Of the 103,948 people in Halton over 16 years of age, 60,121 are economically active (excluding full time students), which represents 57.8% of Halton's population. Of this 57.8%, 55.1% of Halton's population is in employment, with 2.7% unemployed.⁶

³ [Indices of Deprivation 2019 – Interactive Dashboard](#)

⁴ [Halton Borough Council – Public Health Annual Report 2022-2023](#)

⁵ [Halton Area Profiles & Statistics](#)

⁶ [Halton Area Profiles & Statistics](#)

3. An Introduction to Adult Social Care in Halton

Adult Social Care Vision

Our Adult Social Care Vision is:

“To improve the health and wellbeing of Halton people so that they live longer, healthier and happy lives.”

Halton Borough Council’s Adult Social Care Directorate is responsible for assessing the needs of adults with care and support needs in-line with Local Authority duties of the Care Act 2014.

Under the Care Act, Local Authorities also have responsibility to understand what services are likely to be needed in the future and make sure that people who live in their areas:

- Receive services that prevent their care needs from becoming more serious, or delay the impact of their needs;
- Can get the information and advice they need to make good decisions about care and support;
- Make decisions about how they want their needs to be met and be involved in preparing their care and support plan; and
- Have a range of provision of high quality, appropriate services to choose from.

Partnership working is highly regarded in Halton and Halton Borough Council’s Adult Social Care Directorate works closely with a number of partners including health, education, housing providers and voluntary and community organisations to signpost and connect people to the help these organisations can provide in their neighbourhoods.

Halton is part of the Cheshire and Merseyside Integrated Care System, and a member of the Cheshire and Merseyside Health and Care Partnership.

Halton is a ‘Place’ within the Integrated Care System, aligned with the boundaries of the local authority. This enables close partnership working between stakeholders in Halton. The place-based partnership is called ‘One Halton’, which seeks to create a more collaborative and targeted approach to how Health and Care services are delivered to Halton residents.

One Halton brings together colleagues from the Local Authority, NHS Organisations, GP Practices, Third Sector organisations, Health Providers and Hospital Trusts. The organisations involved have made a commitment to make the whole health and social care system work better for people – working together, to join up services, share ideas and resources and tackle the borough’s biggest challenges together.

The One Halton Health and Wellbeing Strategy 2022- 2027⁷ provides information on how Halton Borough Council, in partnership with colleagues aims to address health inequalities across the borough.

⁷ [One Halton Health & Wellbeing Strategy 2022-2027](#)

The Adult Social Care sector in Halton is comprised of a mix of provision that includes in-house services, independent sector commissioned services, grant-funded voluntary sector services and a range of services that are developed and funded independently. Halton Borough Council's Adults Directorate oversees the delivery and development of these services in line with its Strategic Objectives, which in turn are set against the current and projected needs of the population of the Borough.

4. Commissioning Principles

When Commissioning services in Halton, we utilise a number of Commissioning principles to support us in delivering on the general duties in relation to providing care and support functions within the Care Act 2014, which are:-

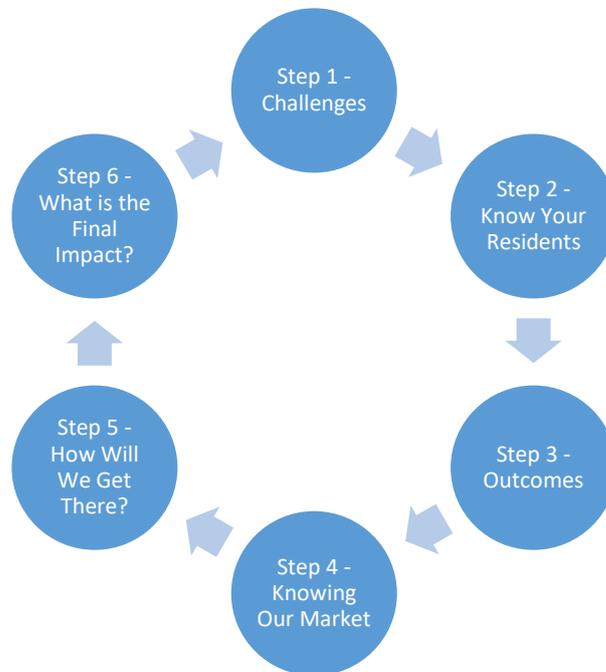
- Promoting individual wellbeing;
- Preventing needs for care and support;
- Promoting integration of care and support with health services;
- Providing information and advice;
- Promoting diversity and quality in provision of services;
- Co-operating and co-producing; and
- Safeguarding adults at risk of abuse or neglect.

Halton's 10 Commissioning Principles for Adult Social Care	
Shared Values Where Outcomes are Prioritised	<ul style="list-style-type: none"> • A strong foundation for effective commissioning is based on a shared vision, trust and excellent leadership. Commissioners, people that use services, providers and partners should work together to agree and deliver good outcomes for people and communities. Integration with health and partners is our default position.
Independence & Citizenship	<ul style="list-style-type: none"> • Build services around people not organisations. People are at the heart of commissioning and everything we do should aim to give people greater control of their lives and improve their outcomes. This means building on the strengths and assets of people and communities – with a strong backing for carers.
Think Community	<ul style="list-style-type: none"> • Develop a rich picture of local resources and move beyond providing just 'good care'. Build active partnerships with people and communities to engage and empower communities to make the most of their local assets and social capital. Promote and support networks, making strong links with social prescribing activities. Ensure care settings are customer focussed and user friendly.
Match the Needs of People to the Provision	<ul style="list-style-type: none"> • Giving people a choice of high quality services balanced with the availability of resources means commissioners should develop and stimulate all sectors of the market. Ranging from community based, charities, statutory and private provision. Work closely with operational colleagues to understand local needs and resources.
Innovation & Ambition	<ul style="list-style-type: none"> • Commissioners should be risk-positive and try new things – co-producing services with people that use them. Evaluate properly and use learning as intelligence for the next thing. Stay abreast of national developments but close to local priorities. Be guided by ethical principles, making commissioning decision about more than money; and commissioning services from ethical providers.
Safeguarding	<ul style="list-style-type: none"> • Safeguarding adults at risk of abuse or neglect is one of our most important tasks and we should adhere to our safeguarding policy and guide. Safeguarding is everyone's responsibility so we all have a role to celebrate good practice and take immediate action when things fall short of our own standards.
Value for Money, Effectiveness & Efficiency	<ul style="list-style-type: none"> • Review the effectiveness of the commissioning process in meeting local needs by seeking regular feedback from people that use services, communities and providers. Ensuring contracting processes are transparent and fair and maximise volunteering opportunities, recognising this benefits everyone. Use quality data to develop more outcomes focused specifications.
Embed Commissioning Principles at Every Step	<ul style="list-style-type: none"> • Services, care and pathways should always be designed and commissioned to prevent needs from escalating and enable people to achieve outcomes and live independent lives. We have a responsibility to ensure providers and partners understand their role in this. The Commissioning Principles must be at the heart of every commissioning stage, from designing pathways, procurement, contract management and monitoring.
Clear Understanding of the Strategic & Legal Framework for Adult Social Care	<ul style="list-style-type: none"> • Commissioning excellent services requires an understanding of the strategic and legal framework surrounding adult social care and commissioning and procurement regulations.
Support for Our Staff	<ul style="list-style-type: none"> • Outcome based commissioning is highly skilled work and requires staff to be innovative, resilient and collaborative. Staff can expect clear leadership from managers, regular supervision and good, varied opportunities to develop. The Commissioning Principles provide support for staff in their day to day work.

5. Halton Adult Social Care Commissioning Cycle

Halton Borough Council is committed to using a commissioning cycle as a framework to deliver our approach to delivering adult social care services.

The 6 steps of the commissioning cycle, underpinned by the Commissioning Principles, will enable us to make evidence-based decisions about the services we provide.



Step 1 - Challenges

Our commissioning challenges are many and varied.

At the beginning of the cycle, a problem can be identified, for example, an increase in demand or a change in the landscape that needs responding to. The challenge for us is how we redefine the offer, to meet the need.

This needs to show how we're improving lives. It's about a person-centred approach that puts residents at the centre of service redesign.

This ensures we deliver high quality and efficient services that offer value for money, and social value in line with Halton's overall strategic vision.

Step 2 - Know Your Residents

The individual needs of our residents should be at the heart of our decision-making.

By ensuring our residents' voices are heard and understood, through effective engagement and co-production, we can inform and implement effective decision-making across the commissioning service.

By understanding the communities we work with, using a wide range of qualitative and quantitative data and information to understand trends, which will have multifactorial causes, we can understand what services we need to commission.

This also allows us to identify any gaps in the market and understand how we can develop the market to meet these gaps, helping to attract new providers into our borough.

Step 3 - Outcomes

The outcomes we aim to achieve need to be measurable.

Our commissioning vision needs to clearly set out what we are going to achieve, so we can measure the impact of the changes and how they are benefitting our residents and communities.

We must have a clear focus and outcomes-based approach, which ensures we are offering social value and the best use of the available resources.

Step 4 - Knowing Our Market

If a significant change is needed, the current marketplace and provision may not be equipped to meet any new demand.

This stage of the commissioning cycle focuses on market engagement, to help understand and ensure that providers are ready to work in new ways.

This may involve piloting services, prior to implementation to help test new ways of working. This will enable greater responsiveness where further roll out is appropriate.

Step 5 - How Will We Get There?

We use robust processes to ensure a rigorous procurement evaluation and decision-making process is in place.

We ensure that there is detailed performance monitoring in place and will include pathway and performance indicators.

We also monitor key milestones through implementation plans. All commissioning processes will fit into the council's existing procurement procedures, to help us achieve our goals.

Step 6 - What is the Final Impact?

We always assess the impact and effect of our projects, for example:

- Has it achieved the outcomes specified?
- Has it delivered other outcomes or objectives?
- What has happened as a result of the project?

Although this is the last stage, we are always mindful of the need to check the impact of our commissioning work through the cycle. We use performance indicators to clearly check and monitor our progress.

Project work can be short-term or ongoing and we continuously evaluate effectiveness through the commissioning cycle, adapting, refining and transforming provision as needed.

6. Commissioning Priorities/Intentions

Halton is proud that it has a strong foundation in its social care offer for adults, however, alongside this we also recognise there are some key challenges locally that need to be addressed.

These challenges are focused in the following areas:-

- Prevention
 - Halton has a good preventative offer, however, there is more that needs to be done to enable people to make the best use of this, including supporting people to access preventative services without the need for a Care Act assessment, when appropriate.
- Strengths Based Approach
 - Social care staff work to a person-centred model, however we need to ensure the full implementation of a strengths-based approach to social work. There is a need to move forward, at pace, on this. This approach will be the default way that we work with people.
- Equality, Diversity & Inclusion
 - We do not consistently consider protected characteristics in strategic planning or individual work with people. Along with a whole Council approach, there is a need to ensure that taking into account equality, diversity and inclusion is central to all of our work.
- Co-Production
 - Some of our approaches to working involve engaging with residents and experts by experience, however, we do not have as consistent an approach to involving residents as we would like, and there is a need to move to embedding an agreed model of working together, as an integral part of how we do things in Halton.
- Workforce
 - A more holistic plan across the adult social care workforce in Halton needs to be developed, which will provide us with a clear focus on future staffing needs. There is a risk that there is a lack of shared understanding of workforce requirements and development needs across the whole sector. With recruitment and retention issues impacting nationally on social care delivery, there is a need to ensure that we have a clear strategy going forward for all of adult social care in Halton.
- Financial
 - As with all local authorities, the funding available to Halton Borough Council has declined significantly since 2010. The Council's Medium Term Financial Plan and agreed revenue budget for 2023/24 demonstrates the challenges in supporting a high quality and viable market of social care, as population needs become more complex and inflationary pressures increase the cost of care provision.

Six priorities have been identified which provide a focus for the delivery of the Commissioning Priorities/Intentions.

These priorities will not only aim to support addressing the challenges identified but will prioritise approaches that reduce or delay the need for care and support, building on the strengths of people’s existing support networks and also ensure we adhere to our duties under the Care Act 2014.



Priority 1 – Universal Prevention & Wellbeing
Universal Services that connect people with their communities

The design of universal services around the needs of local people is key to connected and sustainable communities. Involving people who use services and those with lived experience to inform change and improvement is key.

We will:-

- Work with our Halton partners, such as NHS Cheshire & Merseyside, to develop and promote place-based models of support/pathways that grow voluntary and community sector activity within the Borough.
- Supported by our Prevention Strategy, develop access to information through online tools and face-to-face contact that will guide people to opportunities and support, ensuring that the workforce is aware of and is able to promote local assets and resources (e.g., clubs, groups etc).

Priority 2 – Independent at Home

Timely interventions that focus on strengths, wellbeing and independence. A responsive and co-ordinated offer of support in times of crisis or escalating need

There is a need to provide support quickly to help people when there has been a change in their lives, such as a fall or coming home from hospital, and to do this in a way that helps people regain their ability to live more independently, and in their own home, wherever possible.

We will:-

Improve the speed of access to assessment and preventative interventions

- Research options and implement a plan to introduce trusted assessor models, where providers of services can react quickly to an individual's sudden change in need, which might lead to an avoidable admission to hospital or a more intensive care setting.
- Build on existing joint working with health and the voluntary sector to expand multi-disciplinary team working (MDT) to include non-statutory and wellbeing services for a more preventative approach, feeding into the wider development of neighbourhood based multi-disciplinary teams, to provide more effective person-centred support.
- Ensure that Halton Borough Council and Partners, such as NHS Cheshire & Merseyside, invest in low level wellbeing services to support physical and mental health, grow availability and support people to live well.
- Engage with the Transforming Mental Health programme through the development of a new integrated commissioning post with NHS Cheshire & Merseyside. This will maximise the opportunity for people with more complex and long terms mental health needs to be supported by primary care and the continued provision of crisis support to people with mental health needs by providing prompt, targeted and short-term support.

Support informal/family carers to live good lives at home and in their communities

- Develop, implement and promote a Carers Strategy which prioritises carers to live and enjoy their own lives while caring for others.
- Support carers to reshape the services offered to them and work with partners to address gaps or duplication in support provision.
- Work with the overall Health & Social Care system to focus on improving the health and wellbeing of carers.

- Review respite provision to support family carers to meet the needs of those with more complex conditions.

Ensure Technology Enabled Care and Aids/Adaptations are easy to access and widely available to people, whether at home, at work or in their local community

- In line with the Government's Digital Transformation Framework, build on the use of technology-enabled care beyond our current Telehealth care service to support prevention and increase independence.

Continue to deliver, modify and expand our Home First, Intermediate Care and Domiciliary Care offers beyond the current models

- Ongoing review of pathways out of hospital to maximise links to community services and resources.
- Review and expand integrated, intermediate care services, both community and bed-based, to reduce reliance on long term services, including access to these services e.g. Single Point of Access.
- Undertake a re-commissioning exercise for Domiciliary Care provision in Halton, which aims to develop a more diverse market of homecare in Halton.

Focus on prevention and strengths-based services/approaches for the avoidance of hospital admissions and long-term care

- Work with system partners, including NHS Cheshire & Merseyside and Acute Trust providers, to further develop the Halton approach to deliver a reduction in hospital admissions and develop the market further, embedding short term interventions that prevent escalation of need e.g., short terms services to maximize breaks and urgent crisis response services.
- Support Adult Social Care staff to develop a culture that promotes self-care, active lives and independence.
- Work with people in an individual way to build the right solutions for themselves, based on the support they have around them, the things and people that they love, and the way they want to live in the future. Ensure strengths-based practice is embedded across Adult Social Care, via the rollout of the associated model in Halton.

Priority 3 – Socially Engaged

Support people to meet their aspirations as part of the wider community.

Social engagement, also called social participation or social involvement, forms the basis of social relationships or participation in a community, and provides a sense of belonging, social identity, and fulfilment.

We will:-

- Through contracting of supported living and day services, enable providers to exercise flexibility to adapt services to meet individual choices.
- Create an environment where providers are more able and willing to collaborate.
- Review our current day opportunities (including employment opportunities) for people with learning disabilities and/or autism, in partnership with people with lived experience and the voluntary and community sector, to ensure that our model gives every opportunity to engage in activity that is meaningful to them, enabling more people with a learning disability and/or autism to live a full and independent life in the community.
- Increase connections for people with an interest in returning to learning or employment, by developing robust and effective pathways.

Priority 4 – Housing

Local Housing, including for those with Complex Needs, providing a safe, supportive and enabling environment

Good quality, suitable and affordable housing is vital to a person's resilience, health and wellbeing. Housing that is properly adapted to suit the needs of residents, and having the right support in place, is key to keeping people out of hospital and living independently.

We will:-

- Commission sufficient supported accommodation that can meet complex needs within and across the borough, for example, with good transport links, access to community and learning opportunities and open spaces.
- Contribute to the development of Halton's Housing Strategy in order to respond to the growing demand for age-friendly and dementia-ready social and private rented housing.
- Ensure suitable adaptations are available to comply with the Disability Discrimination Act and to meet the long-term requirements of those with the most complex physical needs and also provision which incorporates design features for those with sensory needs/challenging behaviours.

- Utilise flexible approaches to support individuals to maintain tenancies in their own homes through the ongoing development of outreach services.
- Ensure supported accommodation adopts innovation and uses technology enabled support and strengths/asset-based approaches to support independence.
- Ensure the timely deployment of equipment and/or technology to ensure that people can remain at or return home.

Priority 5 – Good, Local, Affordable, Quality Care

Developing a care and support market, that provides choice, sufficiency and person-centred care

We are committed to stimulating a diverse, high-quality market for Adult Social Care. We want to continue to work closely with providers, as partners, to deliver innovative, flexible and responsive Adult Social Care services, to enhance provision and the outcomes for the residents in Halton.

We will:-

- Develop and expand the current care at home offer in Halton.
- Stimulate market provision that provides choice and control for individuals to meet growing long-term demand, through a direct payment, individual service fund or as a commissioned service. Some people have complicated support needs that mean that a nursing or residential home might be the right place for them to get the best care. When this is the best option, we will make sure that the home is providing good quality care in a pleasant environment that feels like home.
- Support the integration of the workforce through training and sharing of culture between public and independent sector services.
- Ensure appropriate advocacy services are in place, including Mental Health Act, Mental Capacity Act and Care Act advocacy.
- Work with Partners, including NHS Cheshire & Merseyside, and service providers to ensure a commitment to ongoing quality improvement, which translates into standards of proactive care that ensure that people who use our Services are kept safe and well, both physically and mentally.
- Design a model of consultation and co-production with local community partners and people that supports the development of new services and pathways for support.

Priority 6 – A Confident, Sufficient and Skilled Workforce

A skilled workforce that is recognised, respected and valued

High quality care and support services are dependent upon a highly skilled and valued workforce, appropriately rewarded for their work. They have a vital impact on people's lives.

Working with partners and as part of the development of a Workforce Strategy for Adult Social Care in Halton, we will:-

- Support the sector to develop values-based recruitment and innovation in retention.
- Make 'Care' an attractive sector in which to work through local promotion, respect campaigning and positive rhetoric, that promotes training and wellbeing.
- Improve terms, conditions and training for frontline staff.
- Building on the success of championing apprenticeships for social work training and the establishment of new roles such as Nurse Associates and Assistant Practitioners, increase the use of relevant apprenticeships with positive pathways to potential employment within the Health and Social Care sector (e.g. local authority apprenticeships in place to encourage providers to employ and develop apprentices).
- Increase the workforce through improved recruitment for the local health and social care sector.
- Ensure staff/practitioners are appropriately trained/skilled to undertake their roles via the commissioning of associated training e.g., equality, diversity and inclusion training, best interest assessments, etc.
- Support the development of volunteer networks, not only to increase volunteer activity, but to increase access to the Health and Social Care economy.

7. Delivery Plan 2023/24 – 2025/2026

Priority 1 – Universal Prevention & Wellbeing

Commissioning Intention	Action to be Undertaken	Year 1	Year 2	Year 3	Responsible Service Area
Work with our Halton partners, such as NHS Cheshire & Merseyside, to develop and promote place-based models of support/pathways that grow voluntary and community sector activity within the Borough.	Continue to invest in the voluntary and community sector within the Borough.	Ongoing	Ongoing	Ongoing	Adults Directorate – Commissioning & Development Team
	Contract for the provision of Wellbeing & Engagement Services in Halton.	Ongoing Monitoring and Evaluate	Re-tender/Direct Award & Ongoing Monitoring	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team
Supported by our Prevention Strategy, develop access to information through online tools and face-to-face contact that will guide people to opportunities and support, ensuring that the workforce is aware of and is able to promote local assets and resources (e.g., clubs, groups etc).	As part of our strengths-based approach and the Transformation Programme, support the creation of a Universal offer for wellbeing via the 'Front Door', which would involve staff providing personalised information and giving direct support to people, who might need some help to engage in groups or activities that would be of benefit.	Develop Approach	Implement & Ongoing Monitoring	Ongoing Monitoring & Evaluation	Adults Directorate – Care Management Chief Executive's Directorate – Transformation Delivery Unit

Priority 2 – Independent at Home

Commissioning Intention	Action to be Undertaken	Year 1	Year 2	Year 3	Responsible Service Area
Research options and implement a plan to introduce trusted assessor models, where providers of services can react quickly to an individual's sudden change in need, which might lead to an avoidable admission to hospital or a more intensive care setting.	Develop Trusted Assessment Model for Domiciliary Care.	Develop & Implement	Monitoring & Evaluate	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team
	Develop Care Home Trusted Assessor Role.	Develop & Implement	Monitoring & Evaluate	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team
Build on existing joint working with health and the voluntary sector to expand multi-disciplinary team working (MDT) to include non-statutory and wellbeing services for a more preventative approach, feeding into the wider development of neighbourhood based multi-disciplinary teams, to provide more effective person-centred support.	Develop Integrated Neighbourhood Model to facilitate greater opportunities for MDT working.	Develop	Develop & Implement	Ongoing Monitoring & Evaluate	Adults Directorate – Care Management
Ensure that Halton Borough Council and Partners, such as NHS Cheshire & Merseyside, invest in low level wellbeing services to support physical and mental health, grow availability and support people to live well.	Provide input/support into Halton Borough Council's Health Improvement Team to support the continued development of low-level wellbeing services.	Ongoing Input/Support	Ongoing Input/Support	Ongoing Input/Support	Adults Directorate – Commissioning & Development Team Adults Directorate – Policy, Performance & Customer Care Team
Engage with the Transforming Mental Health programme through the development of a new integrated commissioning post with NHS Cheshire & Merseyside. This will maximise the opportunity for people with more complex and long terms mental health needs to be supported by primary care and the	Recruit to the Mental Health Integrated Commissioning post.	Recruit to Post	N/A	N/A	Adults Directorate – Commissioning & Development Team
	Ensure contract in place for the provision of a robust Dementia Post Diagnosis Community Pathway.	Ongoing Monitoring & Evaluate	Tender & Award Contract	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team

continued provision of crisis support to people with mental health needs by providing prompt, targeted and short-term support.	Monitor and review current Day Services contract.	Ongoing Monitoring	Extend current contract to facilitate review	TBC (once review complete)	Adults Directorate – Commissioning & Development Team
	Implementation of the Dementia Delivery Plan.	Implement	Ongoing Monitoring	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team
	Develop and implement an associated Mental Health work programme for 2023-25.	Develop & Implement	Monitoring & Evaluate	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team NHS Cheshire & Merseyside Integrated Care Board (Halton Place)
Develop, implement and promote a Carers Strategy which prioritises carers to live and enjoy their own lives while caring for others.	Develop & Implement Carers Strategy.	Develop & Implement	Monitoring & Evaluate	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team Adults Directorate – Policy, Performance & Customer Care Team
Support carers to reshape the services offered to them and work with partners to address gaps or duplication in support provision.	Implement as part of the Carers Strategy Action Plan.	Implement	Monitoring & Evaluate	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team Adults Directorate – Policy, Performance & Customer Care Team
Work with the overall Health & Social Care system to focus on improving the health and wellbeing of carers.	Implement as part of the Carers Strategy Action Plan.	Implement	Monitoring & Evaluate	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team

					Adults Directorate – Policy, Performance & Customer Care Team
Review respite provision to support family carers to meet the need of those with more complex conditions.	Dispersal of the Carers Breaks Grant Funding for Adult Social Care.	Allocation & Ongoing Monitoring	Allocation & Ongoing Monitoring	Allocation & Ongoing Monitoring	Adults Directorate – Commissioning & Development Team
	Commission Home Based Respite Care Service for Carers.	Commission & Ongoing Monitoring	Commission & Ongoing Monitoring	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team
	Commission a short stay residential respite service.	Ongoing Monitoring	Ongoing Monitoring & Evaluate	Tender & Award Contract	Adults Directorate – Commissioning & Development Team
	Undertake review of current Respite Provision.	Review	Implementation & Ongoing Monitoring	Ongoing Monitoring & Evaluate	Adults Directorate – Commissioning & Development Team
In line with the Government’s Digital Transformation Framework, build on the use of technology-enabled care beyond our current Telehealth care service to support prevention and increase independence.	Digital technology solutions are being explored across Adult Social Care and pilots will be utilised where relevant, including the Supporting Independence Through Technology (SITT) pilot with Community Integrated Care.	Mobilisation and implementation of pilot	Evaluation of pilot and options appraisal	N/A	Chief Executive’s Directorate – Transformation Delivery Unit
Ongoing review of pathways out of hospital to maximise links to community services and resources.	Commission a Help at Home Service which provides one to one short term support to increase a person’s resilience and independence following an illness, injury, hospital admission or other crisis.	Ongoing Monitoring	Evaluate	Award new contract	Adults Directorate – Commissioning & Development Team

	Commission Early Support Discharge Scheme e.g., Stroke.	Ongoing Monitoring, Evaluate & Re-Commission	Ongoing Monitoring, Evaluate & Re-Commission	Ongoing Monitoring, Evaluate & Re-Commission	Adults Directorate – Commissioning & Development Team
Review and expand integrated, intermediate care services, both community and bed-based, to reduce reliance on long term services, including access to these services e.g., Single Point of Access.	Commission Medical Services into Intermediate Care Bed Based Services within the Borough.	Ongoing Monitoring	Ongoing Monitoring, Evaluate & Re-Commission	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team
	Commission Nursing and Therapy provision into the Halton Intermediate Care & Frailty Service.	Ongoing Monitoring, Evaluate & Re-Commission	Ongoing Monitoring, Evaluate & Re-Commission	Ongoing Monitoring, Evaluate & Re-Commission	Adults Directorate – Commissioning & Development Team
Undertake a re-commissioning exercise for Domiciliary Care provision in Halton, which aims to develop a more diverse market of homecare in Halton.	Undertake Options appraisal for Domiciliary Care Provision/Model within the Borough.	Options Appraisal	Options Appraisal	N/A	Adults Directorate – Commissioning & Development Team
	Undertake Domiciliary Care Tender exercise.	N/A	Tender & Award Contract	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team
Work with system partners, including NHS Cheshire & Merseyside and Acute Trust providers, to further develop the Halton approach to deliver a reduction in hospital admissions and develop the market further, embedding short term interventions that prevent escalation of need e.g., short term services to maximise breaks and urgent crisis response services.	As part of the Halton Health & Wellbeing Strategy, full engagement with the One Halton Place-Based Partnership work streams associated with the priorities of Living and Ageing Well.	Ongoing Engagement	Ongoing Engagement	Ongoing Engagement	Adults Directorate – Commissioning & Development Team

Support Adult Social Care staff to develop a culture that promotes self-care, active lives and independence.	As part of our strengths-based approach and the creation of our Universal offer for wellbeing, ensure that staff have the appropriate skills to be able to provide personalised information and direct support to people, who might need some help to engage in groups or activities that would be of benefit.	Develop & Implement Strengths Based Training Programme	Implement & Ongoing Monitoring	Ongoing Monitoring & Evaluation	Adults Directorate – Care Management Adults Directorate – Policy, Performance & Customer Care Team
	Work with Adult Social Care providers to ensure that a culture continues to be embedded that promotes self-care, active lives and independence.	Ongoing	Ongoing	Ongoing	Adults Directorate – Commissioning & Development Team Adults Directorate – Quality Assurance Team
Work with people in an individual way to build the right solutions for themselves, based on the support they have around them, the things and people that they love, and the way they want to live in the future. Ensure strengths-based practice is embedded across Adult Social Care, via the rollout of the associated model in Halton.	Roll out and embed a consistent strengths-based/model approach to social work practice in Halton.	Rollout & Embed	Embed & Monitoring	Ongoing Monitoring	Adults Directorate – Care Management
	Commission an Integrated Sensory Service.	Ongoing Monitoring	Evaluate, Tender & Award Contract	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team
	Ensure robust contract in place for the provision of a Community Meals Service for individuals, where appropriate.	Contract Awarded	Ongoing Monitoring	Assess if extension to contract is to be initiated	Adults Directorate – Commissioning & Development Team

Priority 3 – Socially Engaged

Commissioning Intention	Action to be Undertaken	Year 1	Year 2	Year 3	Responsible Service Area
Through contracting of supported living and day services, enable providers to exercise flexibility to adapt services to meet individual choices.	New models of care and funding will be explored with services and through research, including pilot for Individual Service Funds (ISF) with PossAbilities, which gives providers flexibility in meeting individual's needs.	Research and ISF pilot implementation	ISF pilot evaluation and options appraisal	N/A	Chief Executive's Directorate – Transformation Delivery Unit
	Extend Supported Living Contracts currently in place working across the Liverpool City Region to adopt shared service specifications to align standards of provision and make best use of the Flexible Purchasing System to procure against local needs.	Extend contracts & Ongoing Monitoring	Option to extend/Transfer onto new Framework	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team
Create an environment where providers are more able and willing to collaborate.	Communications and Engagement Plan to be developed for each area of focus, which will include providers.	Comms and Engagement plan development	Engagement and consultation to begin	Ongoing	Chief Executive's Directorate – Transformation Delivery Unit
Review our current day opportunities (including employment opportunities) for people with learning disabilities and/or autism, in partnership with people with lived experience and the voluntary and community sector, to ensure that our model gives every opportunity to engage in activity that is meaningful to them, enabling more people with a learning disability and/or autism to live a full and independent life in the community.	New models of care will be considered as part of the individual areas of focus across Adults with Learning Disability services.	Research	Co-production and consultation	Implementation of new models of care	Chief Executive's Directorate – Transformation Delivery Unit

<p>Increase connections for people with an interest in returning to learning or employment, by developing robust and effective pathways.</p>	<p>As part of the ALD areas of focus, pathways into learning and employment will be explored, linking in with HPIJ and local colleges.</p>	<p>Mapping of current pathways with involvement of staff group</p>	<p>Co-production and consultation on revised pathways</p>	<p>N/A</p>	<p>Chief Executive's Directorate – Transformation Delivery Unit</p>
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Priority 4 – Housing

Commissioning Intention	Action to be Undertaken	Year 1	Year 2	Year 3	Responsible Service Area
Commission sufficient supported accommodation that can meet complex needs within and across the borough, for example, with good transport links, access to community and learning opportunities and open spaces.	Commission extra care housing/housing related support	Ongoing Monitoring & Extend Contract	Undertake Review	TBC	Adults Directorate – Commissioning & Development Team
Contribute to the development of Halton’s Housing Strategy in order to respond to the growing demand for age-friendly and dementia-ready social and private rented housing.	Ensure that health and social care needs are reflected through community integrated housing options, which offers flexibility and greater independence to adults with additional needs. This requires increased capacity across the borough for appropriate supported living accommodation.	Feed into Strategy Development	Ongoing Monitoring	Review	Adults Directorate – Commissioning & Development Team
Ensure suitable adaptations are available to comply with the Disability Discrimination Act and to meet the long-term requirements of those with the most complex physical needs and also provision which incorporates design features for those with sensory needs/challenging behaviours.	Undertake a review of the Disabled Facilities Grant application process and associated delivery of activity, in light of the Department for Levelling Up, Housing and Communities guidance.	Undertake Review	Implement Recommendations	Ongoing Monitoring	Adults Directorate – Independent Living Division
Utilise flexible approaches to support individuals to maintain tenancies in their own homes through the ongoing development of outreach services.	Commission a low-level floating support to enable individuals to develop their capacity and gain skills to maintain and develop maximum levels of independence within their own home and in the community.	Re-Tender	Contract Start/ Implementation	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team

<p>Ensure supported accommodation adopts innovation and uses technology enabled support and strengths/asset-based approaches to support independence.</p>	<p>Digital technology solutions and strengths/asset-based approaches are being explored across Adults with Learning Disabilities and pilots will be utilised where relevant, including the Supporting Independence Through Technology (SITT) pilot with Community Integrated Care, which is a blended approach of face-to-face care and digital technology solutions.</p>	<p>Mobilisation and implementation of pilot</p>	<p>Evaluation of pilot and options appraisal</p>	<p>Implementation of solutions or new models of care</p>	<p>Chief Executive's Directorate – Transformation Delivery Unit</p>
<p>Ensure the timely deployment of equipment and/or technology to ensure that people can remain at or return home.</p>	<p>Commission Community Equipment Service to facilitate discharge and support people to remain living independently.</p>	<p>Ongoing Monitoring, Evaluate & Re-Commission</p>	<p>Ongoing Monitoring, Evaluate & Re-Commission</p>	<p>Ongoing Monitoring, Evaluate & Re-Commission</p>	<p>Adults Directorate – Commissioning & Development Team</p>

Priority 5 – Good, Local, Affordable, Quality Care

Commissioning Intention	Action to be Undertaken	Year 1	Year 2	Year 3	Responsible Service Area
Develop and expand the current care at home offer in Halton.	Develop model of provision and implement associated action plan e.g., Soft Market Test, engagement with providers etc.	Develop Model	Tender & Award Contract	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team
Stimulate market provision that provides choice and control for individuals to meet growing long-term demand, through a direct payment, individual service fund or as a commissioned service. Some people have complicated support needs that mean that a nursing or residential home might be the right place for them to get the best care. When this is the best option, we will make sure that the home is providing good quality care in a pleasant environment that feels like home.	Develop & Publish Halton Adult Social Care Market Position Statement.	Develop & Publish	Refresh	Refresh	Adults Directorate – Commissioning & Development Team
	Work with providers on the effective deployment of the Market Sustainability Improvement Funding.	Work with Providers	Work with Providers	N/A	Adults Directorate – Commissioning & Development Team
	Ensure robust contract in place for the provision of meals to Halton Borough Council in house care homes, where appropriate.	Contract Awarded	Ongoing Monitoring	Assess if extension to contract is to be initiated	Adults Directorate – Commissioning & Development Team
Support the integration of the workforce through training and sharing of culture between public and independent sector services.	Support the development and implementation of the Workforce Strategy for Adult Social Care in Halton.	Develop Strategy	Implementation & Ongoing Monitoring	Implementation & Ongoing Monitoring	Adults Directorate – Policy, Performance & Customer Care Team
Ensure appropriate advocacy services are in place, including Mental Health Act, Mental Capacity Act and Care Act advocacy.	Ensure robust contract in place for the provision of Healthwatch Halton and Advocacy Hub.	Award Contract	Ongoing Monitoring	Ongoing Monitoring	Adults Directorate – Commissioning & Development Team
	Develop self-advocacy support for people with learning disabilities.	Ongoing Monitoring of current contract	Ongoing Monitoring of current contract	Ongoing Monitoring of current contract	Adults Directorate – Commissioning & Development Team

Work with Partners, including NHS Cheshire & Merseyside, and service providers to ensure a commitment to ongoing quality improvement, which translates into standards of proactive care that ensure that people who use our Services are kept safe and well, both physically and mentally.	Embed the use of Provider Assessment Market Management Solution (PAMMS) approach within Adult Social Care, to support market quality.	Utilise Approach	Utilise Approach	Utilise Approach	Adults Directorate – Quality Assurance Team
	Ensure effective processes are in place for dealing with provider lead concerns and analyse information on an ongoing basis and agree and implement actions where areas of concern are identified.	Ongoing Monitoring	Ongoing Monitoring	Ongoing Monitoring	Adults Directorate – Integrated Adults Safeguarding Unit
Design a model of consultation and co-production with local community partners and people that supports the development of new services and pathways for support.	Devise One Halton Coproduction Charter and roll out through a range of work streams.	Develop Model	Rollout Model	Evaluate Effectiveness of Model	Adults Directorate – Commissioning & Development Team

Priority 6 – A Confident, Sufficient and Skilled Workforce

Commissioning Intention	Action to be Undertaken	Year 1	Year 2	Year 3	Responsible Service Area
Support the sector to develop values-based recruitment and innovation in retention.	Develop and implement Workforce Strategy for Adult Social Care in Halton – Actions associated with the Commissioning Intentions listed will feature within the Strategy.	Develop Strategy	Implementation & Ongoing Monitoring	Implementation & Ongoing Monitoring	Adults Directorate – Policy, Performance & Customer Care Team
Make ‘Care’ an attractive sector in which to work through local promotion, respect campaigning and positive rhetoric, that promotes training and wellbeing.					
Improve terms, conditions and training for frontline staff.					
Building on the success of championing apprenticeships for social work training and the establishment of new roles such as Nurse Associates and Assistant Practitioners, increase the use of relevant apprenticeships with positive pathways to potential employment within the Health and Social Care sector (e.g., local authority apprenticeships in place to encourage providers to employ and develop apprentices).					
Increase the workforce through improved recruitment for the local health and social care sector.					
Ensure staff/practitioners are appropriately trained/skilled to undertake their roles via the commissioning of associated training e.g., equality, diversity and inclusion training and best interest assessments, etc.					

<p>Support the development of volunteer networks, not only to increase volunteer activity, but to increase access to the Health and Social Care economy.</p>	<p>Continue to invest in the voluntary sector e.g., Halton & St Helens Voluntary and Community Action to support the development of volunteer networks.</p>	<p>Ongoing Monitoring</p>	<p>Ongoing Monitoring</p>	<p>Ongoing Monitoring</p>	<p>Adults Directorate – Commissioning & Development Team</p> <p>NHS Cheshire & Merseyside Integrated Care Board (Halton Place)</p>
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Acknowledgements

This strategy has been developed referencing various guidance and published documents: -

- Birmingham City Council: Commissioning Strategy for Regulated Adult Social Care.
- Halton Borough Council: Adult Social Care Market Position Statement 2023-2026.
- Halton Borough Council: Public Health Annual Report 2022-2023.
- Hertfordshire County Council: Adult Care Services Connected Lives Commissioning Principles.
- One Halton Health & Wellbeing Strategy 2022-2027.
- Rochdale Borough Council Website: Commissioning Health and Social Care Services.
- University of Birmingham and Health Service Management Centre: Commissioning for Better Outcomes: A Route Map.
- Warrington Borough Council: Scrutiny Committee 22.6.22 Report – Adult Social Care Commissioning Strategy.

REPORT TO:	Health Policy & Performance Board
DATE:	20 February 2024
REPORTING OFFICER:	Executive Director Adults
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Performance Management Reports, Quarter 3 2023/24
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 This Report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in Quarter 3 of 2023/24. This includes a description of factors which are affecting the service.

2.0 **RECOMMENDATION: That**

- 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, 2023/24.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications associated with this report.

5.0 **FINANCIAL IMPLICATIONS**

5.1 There are no financial implications associated with this report

- 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES** [\(click here for list of priorities\)](#)
- 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 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 There are no implications for Climate Change arising from 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 1st October 2023 – 31st December 2023

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 2023/24 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

Local Dementia Strategy

It is proposed that once ratified, the governance of the delivery plan sits with the Aging Well Group, who will monitor progress of the delivery plan through quarterly reporting to that group.

Strengths Based Practice

In relation to the Strengths Based Training from Helen Sanderson; the first Training Cohort took place prior to Christmas and the Second one will be taking place from end of Jan. There are 250 staff in total.

Domiciliary Care – Leaflets and Time Bandings

New public-facing leaflets explaining domiciliary care provision were approved and distributed across teams. The leaflets set out in the details which will be discussed with people before and after they access domiciliary care and provide a written reminder to be left following an assessment. The new leaflets define new time bandings for allocated care calls which Premier Care are working to. These help define conversations about care calls and set expectations.

Domiciliary Care Soft Market Test

A Soft Market Test exercise was undertaken in December to test the level of interest from Domiciliary Care providers in the market. The Soft Market Test exercise was also used as an opportunity to gain information from providers in advance of the re-tender of the Domiciliary Care service during 2024. 19 providers responded to the Soft Market Test, 17 of which responded to the Soft Market Test questionnaire and the findings will inform the re-tender process.

Healthwatch Halton & Advocacy Hub Performance Framework

Under the new contract for Healthwatch Halton & Halton's Advocacy Hub, a new performance framework was developed. This new performance framework is currently being implemented and Halton Borough Council is seen as leading the way in terms of Q3

measuring the effectiveness of local Healthwatch. Halton's performance framework is being promoted by Healthwatch England as best practice and is being shared with other Healthwatch's and Commissioners across England.

Extra Care Housing

The support service within Halton Housing's Extra Care schemes at Naughton Fields, Barkla Fields and Hazlehurst provides on-site support to help promote independence, physical and mental wellbeing and engagement with the community. The service contract was due to end on 31st December 2023. A waiver has been sought and the service has been re-contracted for a further nine months in order to give time to look at contract options going forward.

Local Authority Urgent & Emergency Care Support Grant

The Department of Health and Social Care have provided a grant to Local Authority (LA) areas that are within Integrated Care Board areas that have been classed as Tier 1 because of the challenges faced with hospital capacity and demand over winter 2023/24. Grant proposal should be used to: prevent avoidable hospital admissions or reducing discharge delays; be deliverable over winter 23/24; are in addition to LA expenditure and capacity plans linked to NHS winter surge plans and Better Care Fund demand and capacity plans.

The indicative grant provided to Halton is £299,864. The grant is being used in three areas, as follows:-

- Bring forward a permanent rate increase of 6% for domiciliary care.
- Increase reablement capacity.

Increase capacity within our Hospital Discharge Teams and Halton's Intermediate Care & Frailty Service.

Public Health

The Public Health team continues to work with partners to improve health outcomes and tackle health inequalities, The Director of Public Health is currently supporting health inequalities as a scrutiny topic and the final report will be going to the February meeting. Work with the ICB about the evidence base and action that can be taken to improve health is ongoing with public health leads and intel lead assigned to each of four One Halton groups to help shape actions planning for strategy delivery.

Digital weight management program Fresh Start was selected to be included in the Food active poster exhibition, which took place at Liverpool Museum. The exhibition celebrated best practise from across the northwest.

Working with local businesses, local police and voluntary in ongoing with regards to suicide awareness and reduction. HBC wellbeing portal which aims to be a single point of information for both staff and managers regarding staff wellbeing is due to launch soon.

An Individual Placement Support programme is in development and likely will commence in April 2024. The program provides focused support to individuals who have drug and or alcohol issues to help them into employment. We are working with a team from OHID and Warrington's drug and alcohol commissioner to discuss plans for the procurement of the joint Halton-Warrington IPS service.

3.0 Emerging Issues

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

Adult Social Care

Each One Halton Organisation will be required to monitor progress of the Dementia Delivery Plan within their own organisation, against relevant actions, and provide commentary/evidence for the monitoring report. Progress reports will be provided to the One Halton Board.

Prevention Strategy

The Adult Social Care Prevention Strategy is in its final stages of completion and will include plans for the Council's Adult Social Care 'Front Door'. The Prevention Strategy will be completed in January 2024.

Adult Social Care Commissioning Strategy

The Commissioning Strategy for Care and Support outlines our commissioning intentions over the next three years and is in its final stages of formal approval. Progress against the actions identified in the Delivery Plan are in the process of being collated and will be monitored via the Adults Senior Management Team on an ongoing basis.

Floating Support Tender

The Floating Support Service is currently out for re-tender and will close to tender submissions on 17th January 2024. The submissions will then be evaluated by dedicated panel of officers before an award is made. The new service will commence on 1st July 2024, following a three-month mobilisation period.

Public Health

The 'cost of living crisis' refers to the fall in 'real' disposable incomes that the country has experienced since late 2021.

The government has responded to the crisis with several packages of support such as the Household Support Grant throughout last year. The latest budget where updates on support were announced was not as generous as in previous years as such it can be expected that families and people living in Halton in greatest need will continue to experience poor health as a result of the harsh economic environment.

Related to the cost-of-living crisis a number of NHS services/ staff have gone on strike including nurses, ambulance staff and junior doctors. This has a direct impact on access to care for people with a health condition. A BBC news report estimates that 250,000 and 350,000 hospital appointments, including operations, could be cancelled in the most recent round. This is likely to exert further pressure on services external to the NHS on which people depend such as council and voluntary sector as well as further impact on population health.

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	Q3 Progress
1A	Monitor the Local Dementia Strategy Action Plan, to ensure effective services are in place.	
1B	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	
1C	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target.	
1D	Integration of Health and social care in line with one Halton priorities.	

1E	Monitor the Care Management Strategy to reflect the provision of integrated frontline services for adults.	
1F	Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets.	

Supporting Commentary

1A The One Halton Dementia Delivery Plan has recently been presented to the Aging Well Group and is being presented to the One Halton Board to agree how best to deliver the actions that require a cross Board input.

1B The Homelessness Forum are due to meet February 2024 to explore key priority objectives, that will form part of the Homelessness action plan, The homelessness strategy is under review. Initial meeting held with Policy, with a devised timetable to complete the strategy review and sign off by September 2024

1C Budget projected to come in on target.

1D Integration work continues through the One Halton work streams.

1E Integration work continues through the One Halton work streams.

1F Work continues to maintain and improve the delivery of self-directed support and personal budgets.

Key Performance Indicators

Older People:						
Ref	Measure	22/23 Actual	23/24 Target	Q3	Current Progress	Direction of travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ Better Care Fund performance metric	TBC	600	NA	NA	NA
ASC 02	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. Better Care Fund performance metric	Q2 22/23 actual = 4,286	No plan set	5,322	NA	

Q3

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) Better Care Fund performance metric	TBC	85%	NA	NA	NA
Adults with Learning and/or Physical Disabilities:						
ASC 04	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	97%	97%	100 %		
ASC 05	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	74.5%	80%	73.9 %		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	22.6%	45%	36.1		
ASC 07	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	93.6%	89%	93%		
ASC 08	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.8%	5.5%	6.2%		
Homelessness:						
ASC 09	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless Advice	NA	2000	851 389 189 81 192	NA	NA

ASC 10	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	NA	200	81		
ASC 11	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	NA	NA	134 22		
Safeguarding:						
ASC 12	Percentage of individuals involved in Section 42 Safeguarding Enquiries	TBC	30%	40%		
ASC 13	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (Previously PA6 [13/14] change denominator to front line staff only.	62%	85%	74%		
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)	78.8%	89%	TBC	TBC	TBC
Carers:						
ASC 15	Proportion of Carers in receipt of Self Directed Support.	98%	99%	99%		
ASC 16	<i>Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)</i>	7.5% (2021-22)	NA	NA	NA	NA

ASC 17	Overall satisfaction of carers with social services (ASCOF 3B)	39.3% (2021-22)	NA	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% (2021-22)	NA	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)	18.9%	20%	NA	NA	NA
ASC 20	The Proportion of people who use services who have control over their daily life (ASCOF 1B)	78.4%	80%	NA	NA	NA
ASC 21	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	70.4%	71%	NA	NA	NA

Supporting Commentary

Older People:

ASC 01 Still some reporting issues but this data should be available in Q4.

ASC 02 There is no Q3 data available yet, however, Q2 figures are now available. Q2 actual unplanned admissions = 5322, Q3 data not available until mid Feb 24. The 5322 seen in Q2 is a significant increase (+24%) on the 4286 seen in Q2 22/23. This increase has mostly been seen in 0-day admissions (+36%) however longer overnight admissions have also increased (+16%). These increases are in the adult population 18-64's increased by 33% and 65+ increased by 21%. The number of unplanned admissions by children 0-17 fell by 7%. The number of unplanned re-admissions increased broadly in-line with the overall increase, with 30+ day readmissions increasing by 21% and 90+ day readmissions increasing by 26%.

ASC 03 Annual collection only to be reported in Q4.

Adults with Learning and/or Physical Disabilities:

ASC 04 Q3 figure is above target.

- ASC 05** The Q3 figure is marginally down compared to the same period last year; however we are on track to meet the target. Work continues to supporting service users to have choice and control in their care planning.
- ASC 06** We continue to promote the use of Direct Payments to support people to choose how to they manage their care package.
- ASC 07** We are on track to meet this target, the figures are higher than they were in the same quarter 2022/23
- ASC 08** We have currently exceeded this target and figures are higher than they were in the same quarter 2022/23

Homelessness:

- ASC 09** There has been a vast increase in homelessness for this quarter, which is contributed by the high volume of discontinuation notices served by Immigration Office and S21 notices served across the private rented sector. The figures show that the demand for homelessness services is set to increase further, with pressure placed on all housing services across the Borough
- ASC 10** In accordance with HRA, the team are working tirelessly to prevent homelessness. However, there has been a gradual increase in homelessness acceptances, due to the complex and priority need clients presenting as homeless.
- ASC 11** During the past quarter there has been a decrease in families placed in B&B, which is due to the additional units within Columba Hall. The supported hostel accommodation remains at full utilisation, with a delay in the move on process, due to the lack of available secure accommodation. The continuous increase in homelessness is placing additional pressure on both social and private landlord.

Safeguarding:

- ASC 12** Q3 figure is slightly lower than Q2 figure by 2.5%. This is a relatively new indicator and may differ to year end data
- ASC 13** The current Q3 figures have exceeded the actuals from last year. They are on a trajectory to meet the current target by Q4.
- ASC 14** Annual collection only to be reported in Q4.

Carers:

- ASC 15** We are on track to meet this target, the figures are higher than they were in the same quarter 2022/23

ASC 16-21 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 Annual Adult Social Care Survey 23/24 is now underway; results to be reported in the 2024/25 period.

The Survey of Adult Carers was administered during Q3; results to be reported in the 2024/25 period.

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

Public Health

Key Objectives / milestones

Ref	Objective 1: Child Health	Q3 Progress
	Milestones	
PH 01	Working with partner organisations to improve the development, health and wellbeing of children in Halton and to tackle the health inequalities affecting that population.	
Ref	Objective 2: Adult weight and physical activity	
	Milestone	
PH 02	Reduce levels of adult excess weight (overweight and obese) and adult physical inactivity	
Ref	Objective 3: NHS Health Checks	
	Milestone	
PH 03	Ensure local delivery of the NHS Health Checks programme in line with the nationally set achievement targets and locally set target population groups.	
Ref	Objective 4: Smoking	
	Milestone	
PH 04	Reduce smoking prevalence overall and amongst routine/manual and workless groups and reduce the gap between these two groups.	
Ref	Objective 5: Suicide reduction	
	Milestone	
PH 05	Work towards a reduction in suicide rate.	
Ref 05	Objective 6: Older People	
	Milestone	

PH 06	Contribute to the reduction of falls of people aged 65 and over and reduction in levels of social isolation and loneliness.	<input checked="" type="checkbox"/>
Ref	Objective 7: Poverty	
	Milestone	
PH 07	To increase awareness of fuel poverty and drive change to tackle the issue through better understanding of services available across Halton (staff and clients).	<input checked="" type="checkbox"/>
Ref	Objective 8: Sexual health	Q3 Progress
	Milestone	
PH 08	To continue to provide an easily accessible and high quality local sexual health service, ensuring adequate access to GUM and contraceptive provision across the Borough, whilst reducing the rate of sexually transmitted infections and unwanted pregnancies.	<input checked="" type="checkbox"/>
Ref	Objective 9: Drugs and alcohol	
	Milestone	
PH 09	Work in partnership to reduce drug and alcohol related hospital admissions.	<input checked="" type="checkbox"/>

PH 01**Supporting commentary**

Regular performance contract meetings in place. Currently working with the service; developing SEND action plan incorporating the Complex Needs Pathway.

Several groups, programmes and workshops have been delivered this quarter; including three cohorts of HENRY for parents of under 5s (obesity prevention) delivered in partnership with Bridgewater 0-19 Team.

There has been a lot of activity within the infant feeding workstream this quarter, including the expansion of the Infant Feeding Team, which has enabled additional weekly breastfeeding support groups to be set up at Family Hubs in partnership with Early Help, and more antenatal community engagement work.

PH 02**Supporting commentary**

Halton continues to support weight management objectives.

Objective	Outcome
Started Service (Q3)	272
Completed 12 weeks (Q2)	28%
Completed 6 months (Q1)	14%

Halton continues to support physical activity through the 'exercise on referral' program. This service provides bespoke physical activity support for those with health conditions.

Objective	Outcome
Started Service	77
Completed 6 week review	44%
Completed 12 week review	37%

We have a work request for IT to add 6-month reviews to recordable objectives now too.

PH 03

Throughout quarter 1 and 2 HIT have been rolling out the new Health Diagnostics IT system. This is not fully embedded yet, which means NNSHC data from GP practice data is not currently available. This should be ready by Q3.

Outcome	Q1	Q2	Q3
Invites	994	6175	6136
Completed by HT in Practice	472	652	519
Completed in Community	13	59	68
Completed in Workplace	133	59	82
Referrals Onward	191	362	332

PH 04**Supporting commentary**

Quitting data from Q1-Q3 2023:

Total Referrals	815
Total Set a Quit Date	621
Engagement Rate	77%
Total Quit	277
Total Still Awaiting 4 Week Quit Outcome	87
Unemployed/Never worked Set a Quit Date	89
Unemployed/Never worked Quit	37
Awaiting 4 Week Quit Outcome	3
Routine/Manual Set a Quit Date	109
Routine/Manual Quit	49
Awaiting 4 Week Quit Outcome	15

PH 05**Supporting commentary**

We continue to work closely with partners and Champs on the Zero Suicide Agenda and consistently drive Halton's action plan to drive reduction in suicides. Work continues to take place at a regional level to reduce Self-Harm in children and young people via the Beyond Transformation programme.

PH 06**Supporting commentary**

The EoR Programme which includes falls has been rolled out in some GP practices to target common health conditions such as hypertension and falls. We have had 23 new starters enrolled on the fall prevention exercise class this quarter.

PH 07**Supporting commentary**

Creation of online platform to centrally communicate up to date support available this Winter regarding cost of living as an information point for front line professionals and the wider public. Multiple sessions explaining the nature of crisis and referral options were attended by 80 front line organisations. Winter plan of targeted outreach on income maximisation options and poverty support taking place on social media and other outlets.

PH 08**Supporting commentary**

Axess hold weekly clinics in both Runcorn & Widnes, including evening, walk in and a dedicated 'Axess4u' young persons clinic. The service has been working to improve its digital front door and accessibility and are now able to offer online booking for some appointments and will be re-configuring the website over the coming months. The outreach team continue to provide clinics at Daresbury Hotel & CGL as well as links with other programmes and delivering training to the 0-19 nurses. We are working with the service to improve access to contraception and Relationship & Sex Education in schools

PH 09**Supporting commentary**

CGL continues to delivery drug and alcohol services, working closely with other partners across the system – including Cheshire Police and the HBC Early Help Team. The Halton Drugs Strategy for 2023-26 has been finalised, and the Combatting Drugs Partnership (CDP) has produced an annual report which details progress which the CDP has made over the past 12 months. The borough will receive Individual Placement Support (IPS) funding from DHSC starting in April 2024. This new IPS funding will enable people in drug and alcohol treatment who are not currently in work to access employment, helping to break the cycle of addiction.

Audit C screenings are delivered during Health Checks and Stop Smoking consultations to clients across Halton.

During Q1-Q3 Health Trainers/Health Check Officers have delivered 643 Audit C screenings in workplaces, GP practises and in the community. During Q1-Q3 the Stop Smoking Service have delivered 393 Audit C screenings with clients wishing to stop smoking

Total combined Audit C screenings delivered = 1,036

Key Performance Indicators

Ref	Measure	22/23 Actual	23/24 Target	Q2	Current Progress	Direction of travel
PH 01a	Healthy life expectancy at birth: females (years)	58.0 (2018-20)	58.0 (2019-21)	n/a	u	↑

Q3

PH 01b	Healthy life expectancy at birth: males (years)	61.4 (2018-20)	61.4 (2019-21)	n/a		
PH 02	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	60.1% (2021/22)	N/A	62%		N/A
PH 03	Health Visitor new births visits (% of new births receiving a face to face visit by a Health Visitor within 14 days)	73.4% (2021/22)	90%	80.4% (2022/23)		
PH 04	Prevalence of adult excess weight (% of adults estimated to be overweight or obese)	65% (2020/21)	64.7% (2021/22)	71.2% (2021/22)		
PH 05	Percentage of physically active adults	65.5% (2020/21)	65.5% (2021/22)	63.1% (2021/22)		
PH 06	Uptake of NHS Health Check (% of NHS Health Checks offered which were taken up in the quarter)	104.6% (2022/23)	76.5% (2023/24)	34% (Q1-2 2023/24)		
PH 07	Smoking prevalence (% of adults who currently smoke)	13.2% (2021)	13.1% (2022)	13.3% (2022)		
PH 08	Deaths from suicide (directly standardised rate per 100,000 population)	10.1 (2019-21)	10 (2020-22)	9.7 (2020-22 provisional)		

PH 09	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	282 (2021/22)	280.6 (2022/23)	263.6 (2022/23 provisional)		
PH 10	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2,676 (2021/22)	2,663 (2022/23)	2,279 (2022/23 provisional)		
PH 11	Social Isolation: percentage of adult social care users who have as much social contact as they would like (age 18+)	37% (2021/22)	40% (2022/23)	n/a		
PH 12	Fuel poverty (low income, low energy efficiency methodology)	13.8% (2020)	12.4% (2021)	n/a		
PH 13	New sexually transmitted infections (STI) diagnoses per 100,000 (excluding chlamydia under 25)	225 (2021)	220 (2022)	383 (2022)		
PH 14	Long acting reversible contraception (LARC) prescribed as a proportion of all contraceptives	58% (2022/23)	58% (2023/24)	53% (Q1-2 2023-24)		n/a

PH 15	Admission episodes for alcohol-specific conditions (Directly Standardised Rate per 100,000 population)	908 (2021/22)	900 (2022/23)	872 (2022/23 provisional)		
PH 16	Successful completion of drug treatment (non opiate)	21.2% (2022/23)	25% (2023/24)	18.8% (Q2 2023/24)		

Supporting Commentary

PH 01a - Data is published annually by OHID. 2018-20 data showed a slight improvement; however this may not continue due to the excess deaths that occurred during 2021

PH 01b - Data is published annually by OHID. 2018-20 data showed a slight improvement; however this may not continue due to the excess deaths that occurred during 2021.

PH 02 - 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.

PH 03 - The 2022/23 data saw an increase from 2021/22, but failed to meet the target of 90%. However, it did meet the performance standard of 75%.

PH 04 - Adult excess weight improved (reduced) in 2020/21 but has increased in 2021/22 and did not meet the target.. Data is published annually by OHID.

PH 05 – Adult physical activity improved in 2020/21 and again slightly in 2021/22. Data is published annually by OHID.

PH 06 - Please note that there was an issue with the coding of invites during Q1 and Q2 which resulted in an uptake of over 100% for 2022/23. There has been a reduction in uptake during Q2 2023/24 as there were a large number of invites sent out.

PH 07 – Smoking levels increased very slightly in 2022 and did not quite meet the target. Data is published annually.

PH 08 - The suicide rate decreased in 2018-20 and 2019-21. Provisional 2020-22 data indicates the rate has fallen slightly again over 2020-22.

PH 09 - Provisional 2022/23 data indicates the rate of self-harm admissions has reduced slightly since 2021/22, and has met the target.
(Data is provisional; published data will be released later in the year.)

PH 10 - Provisional 2022/23 indicates the rate of falls injury admissions has reduced and has met the target.

(Data is provisional; published data will be released later in the year).

PH 11 - The proportion of adult social care users having as much social contact as they would like, fell in 2021/22; Covid-19 restrictions may have contributed to this.

(Data is published annually)

PH 12 – Fuel poverty improved in Halton between 2020 and 2021.

(Data is published annually. N.B. 2021 data was updated nationally in summer 2023)

PH 13 – New STI rates reduced in Halton between 2018 and 2021; but has increased slightly in 2022. However, rates are consistently better than the England. Data is published annually.

PH 14 – Data for 2022/23 covers Halton & Warrington, but has been split for Halton from 2023/24. Therefore the 2023/24 data is not directly comparable to 2022/23.

PH 15 – Provisional 2022/23 indicates the rate of alcohol-specific admissions has reduced and is on track to meet the target.

(Data is provisional; published data will be released later in the year).

PH 16 - Data does fluctuate year on year but in 2022/23, the Halton proportion of successful completions was worse than the England average. The figure has continued to reduce in 2023/24.

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT**Adult Social Care****Revenue Operational Budget as at 31 December 2023**

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Employees	15,849	11,825	12,030	(205)	(310)
Premises	575	442	451	(9)	(15)
Supplies & Services	898	750	729	21	30
Aids & Adaptations	0	0	0	0	0
Transport	228	170	262	(92)	(120)
Food Provision	201	150	149	1	5
Agency	678	507	511	(4)	(5)
Supported Accommodation and Services	1,357	1,058	1,059	(1)	0
Emergency Duty Team	110	82	83	(1)	(10)
Transfer To Reserves	357	0	0	0	0
Capital Financing	44	0	0	0	0
Contacts & SLAs	577	489	467	22	30
Housing Solutions Grant Funded Schemes					
Homelessness Prevention	357	0	0	0	0
Rough Sleepers Initiative	121	72	72	0	0
Total Expenditure	21,352	15,545	15,813	(268)	(395)
Income					
Fees & Charges	-804	-603	-568	(35)	(50)
Sales & Rents Income	-453	-368	-380	12	15
Reimbursements & Grant Income	-1,727	-1,201	-1,316	115	140
Capital Salaries	-121	-90	-90	0	0
Housing Schemes Income	-591	-422	-422	0	0
Total Income	-3,696	-2,684	-2,776	92	105
Net Operational Expenditure	17,656	12,861	13,037	(176)	(290)
Recharges					
Premises Support	583	437	437	0	0
Transport Support	575	431	550	(119)	(160)
Central Support	3,667	2,750	2,750	0	0
Asset Rental Support	13	0	0	0	0
Recharge Income	-112	-83	-83	0	0
Net Total Recharges	4,726	3,535	3,654	(119)	(160)
Net Departmental Expenditure	22,382	16,396	16,691	(295)	(450)

Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is £0.295m above budget at the end of the third quarter of the 2023/24 financial year.

Employee costs are currently £0.205m above budget profile. This reflects the currently unbudgeted additional cost of the 2023/24 pay award (£1,925 plus on-costs per FTE, less the

budgeted 4% overall. Total unbudgeted pay award costs are £0.451m for the year, and the staff turnover saving target above target is estimated at £0.141m for the year.

The overspends on transport and transport recharges are currently under review, although full-year projections are currently based on a continuation of current spend patterns.

Housing Strategy initiatives included in the report above include the Rough Sleeping Initiative and Homelessness Prevention Scheme. The Homelessness Prevention scheme is an amalgamation of the previous Flexible Homelessness Support and Homelessness Reduction schemes.

At this stage, a net overspend of £0.450m is projected for the full financial year, which relates to the projected costs of the proposed pay above existing budget provision.

Approved 2023/24 Savings

Progress towards achieving budget efficiency savings agreed by Council in February 2023.

Adult Social Care

Progress Against Agreed Savings

	Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value			Current Progress	Comments
				23/24 £'000	24/25 £'000	25/26 £'000		
ASC1	Housing Solutions	474	Remodel the current service based on good practice evidence from other areas.	0	0	125	✓	Expected to be achieved in 2025/26 budget year
ASC2	Telehealthcare	680	Explore alternative funding streams such as Health funding or Disabled Facilities Grants.	0	170	0	✓	Expected to be achieved in 2024/25 budget year
			Increase charges / review income.	0	170	0		
			Cease the key safe installation service.	0	15	0		
ASC11	Dorset Gardens Care Services	471	Cease onsite support and transfer to the domiciliary care contract.	275	0	0	U	To be achieved in current year, but only effective from September 2023 onwards
ASC17/18	Quality Assurance Team	395	Review the activities of the Quality Assurance Team, given there are fewer providers for domiciliary care and the transfer of four care homes into the Council.	35	0	0	✓	Current year savings achieved, and 2024/25 savings on target
			Merge the service with the Safeguarding Unit.	0	50	0		

ASC12	Meals on Wheels	33	Increase charges to ensure full cost recovery. A procurement exercise will also be completed for the provision of food.	33	0	0	<input checked="" type="checkbox"/>	Charge increase implemented
ASC16	Shared Lives (Adult Placement Service)	115	Engage with an external agency currently operating Shared Lives to take over the running of this service. It is anticipated that this would provide an improved service.	0	58	0	<input checked="" type="checkbox"/>	Expected to be achieved in 2024/25 budget year
ASC19	Voluntary Sector Support	N/A	Review the support provided by Adult Social Care and all other Council Departments, to voluntary sector organisations. This would include assisting them to secure alternative funding in order to reduce their dependence upon Council funding. A target saving phased over two years has been estimated.	0	200	100	<input checked="" type="checkbox"/>	Expected to be achieved in the relevant budget years
ASC4	Positive Behaviour Support Service	349	Increase income generated in order to ensure full cost recovery, through increased service contract charges to other councils.	0	100	0	<input checked="" type="checkbox"/>	Expected to be achieved in 2024/25 budget year

			Review the Integrated Care Board contribution for Adults, to ensure the full recovery of related costs.	0	150	0		
ASC6	Bridge Builders	250	Restructure and incorporate within the Care Management front door service, introducing the services currently offered by Bridge Builders to all new referrals.	120	0	0		To be achieved in current year, although full-year savings not realised
ASC5	Mental Health Outreach Team	376	Streamline the service and focus on higher needs requiring joint funding from the Integrated Care Board.	140	0	0		Currently under review, it does not seem probable that the savings will be achieved this year
ASC21	Mental Health Team Carers Officer	38	Commission the Carers Centre to complete all Carers assessments or undertake the function through the Initial Assessment Team.	38	0	0		Currently under review, it does not seem probable that the savings will be achieved this year
ASC15	Learning Disability Nursing Team	424	Cease provision of this service. The service is a Health related function rather than Adult Social Care, but this is a historical arrangement. The Integrated Care Board would	0	424	0		Expected to be achieved in 2024/25 budget year

			need to consider how they want to provide this function.					
ASC14	Care Management Community Care Budget	18,982	Attract £500k investment from the pooled budget (BCF) from 2024/25. Undertake work in years 1 and 2 to reduce reliance upon contracted services from 2025/26. Services are currently in the process of being redesigned on a “Strengths Based Approach” ie. focused upon prevention.	0	500	1,000	<input checked="" type="checkbox"/>	Expected to be achieved in the relevant budget years
Total Adult Social Care Department				641	1,837	1,225		

Care Homes Division**Revenue Budget as at 31 December 2023**

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Madeline Mckenna					
Employees	668	468	569	(101)	(116)
Other Premises	122	81	81	0	(4)
Supplies & Services	16	7	9	(2)	(6)
Food Provison	43	32	32	0	(2)
Total Madeline Mckenna Expenditure	849	588	691	(103)	(128)
Millbrow					
Employees	2,034	1,498	1,641	(143)	(239)
Other Premises	151	104	129	(25)	(34)
Supplies & Services	43	33	38	(5)	(20)
Food Provison	75	56	57	(1)	(5)
Reimbursements & Other Grant Income	-29	-29	-29	0	0
Total Millbrow Expenditure	2,274	1,662	1,836	(174)	(298)
St Luke's					
Employees	2,725	1,966	2,083	(117)	(249)
Other Premises	208	122	127	(5)	(10)
Supplies & Services	46	28	36	(8)	(19)
Food Provison	118	48	64	(16)	(9)
Total St Luke's Expenditure	3,097	2,164	2,310	(146)	(287)
St Patrick's					
Employees	1,759	1,125	1,505	(380)	(547)
Other Premises	191	133	110	23	9
Supplies & Services	43	25	36	(11)	(23)
Food Provison	112	47	64	(17)	(26)
Total St Patrick's Expenditure	2,105	1,330	1,715	(385)	(587)
Care Homes Divison Management					
Employees	285	198	186	12	31
Supplies & Services	0	0	1	(1)	(1)
Care Home Divison Management	285	198	187	11	30
Net Operational Expenditure	8,610	5,942	6,739	(797)	(1,270)
Recharges					
Premises Support	285	143	143	0	0
Transport Support	0	0	0	0	0
Central Support	890	445	445	0	0
Asset Rental Support	0	0	0	0	0
Recharge Income	0	0	0	0	0
Net Total Recharges	1,175	588	588	0	0
Net Departmental Expenditure	9,785	6,530	7,327	(797)	(1,270)

Comments on the above figures**Financial Position**

The care home division is made up of the following cost centres, Divisional Management Care Homes, Madeline Mckenna, Millbrow, St Luke's and St Patrick's.

The Q3 spend across the division is over budget profile by £0.797m. The forecast for the end of 2023/24 financial year is an estimated outturn position of £1.270m over budget.

Comparison to Previous Quarter

The outturn position for Q2 was £1.466m over budget. Based on the estimated outturn position for Q3, there is an expectation that the estimated outturn overspend will be £0.196m lower than the previous quarter.

The reduction of £0.196m largely relates to a reduction in Agency spend. Employee expenditure specifically agency spend continues to be a pressure across the care homes, Agency spend will continue to be monitored to ensure the forecast remains in line with spend.

Supporting Information

Employee Related expenditure

Employee related expenditure is over budget profile at the end of Q3 by £0.729m with the expected outturn position of employee related expenditure at the end of financial year 2023/24 as £1.120m over budget.

Recruitment and retainment of staff is a continued pressure across the care homes and is therefore reliant on the use of overtime and agency staff to cover vacancies. At the end of Q3 total agency spend across the care homes reached £2.2m, the cost of this has partially been offset by staff vacancies. Progress has been made during Q3 with both St Lukes and St Patricks now using Matrix to source agency staff helping to reduce the overall cost.

A proactive rolling recruitment exercise is ongoing within the care homes and is supported by HR and the Transformation team.

Premises Related Expenditure

Premises related expenditure is over budget profile at the end of Q3 by £0.007m and is forecast as an estimated overspend at the end of the financial year 2023/24 by £0.039m.

Premises related expenditure covers both repairs, maintenance and utilities. The budget was increased significantly for utilities in 2023/24 due to increases in costs in previous years. The current forecast under spend for utilities is masking overspend for repairs and maintenance significantly.

Repairs and maintenance continue to be a budget pressure across all the care homes with the forecast overspend for 2023/24 is currently £0.158m. The recruitment of a facilities manager would help to support the reduction in these costs. Budget for a facilities manager has been made available and this position has been advertised.

Supplies and Services Expenditure

Supplies and Services expenditure is over budget profile at the end of Q3 by £0.027m with the expected outturn position of related expenditure at the end of financial year 2023/24 as £0.069m over budget.

Food Provision Expenditure

Food Provision expenditure is over budget profile at the end of Q3 by £0.034m with the expected outturn position of £0.042m over budget by the end of Financial Year 2023/24.

Approved 2023/24 Savings

There are no approved savings for the care home division in financial year 2023/24

Risks/Opportunities

Recruitment and retention of care and nursing staff within care homes remains the significant risk to the budget. Work through the transformation programme, HR and the managers and staff have significantly reduced these pressures in year and continues.

COMMUNITY CARE**Revenue Budget as at 31st December 2023**

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Residential & Nursing	18,532	12,323	12,731	(408)	(560)
Domiciliary Care & Supported living	12,119	8,790	8,420	370	511
Direct Payments	11,610	9,635	10,754	(1,119)	(1,449)
Day Care	375	206	337	(131)	(173)
Total Expenditure	42,636	30,954	32,242	(1,288)	(1,671)
Income					
Residential & Nursing Income	-12,059	-8,048	-8,032	(16)	(20)
Community Care Income	-2,141	-1,248	-1,412	164	219
Direct Payments Income	-957	-569	-586	17	23
Market Sustainability & Improvement Grant	-1,497	-1,122	-1,122	0	0
Market Sustainability Workforce Grant	-972	-972	-972	0	0
Adult Social Care Support Grant	-4,357	-3,268	-3,268	0	0
War Pension Disregard Grant	-67	0	0	0	0
LA UEC Grant	-155	-155	-155	0	0
Other Income	-141	-78	-223	145	333
Total Income	-22,346	-15,460	-15,770	310	555
Net Operational Expenditure	20,290	15,494	16,472	(978)	(1,116)
Recharges					
Premises Support	0	0	0	0	0
Transport	0	0	0	0	0
Central Support	0	0	0	0	0
Asset Rental Support	0	0	0	0	0
HBC Support Costs Income	0	0	0	0	0
Net Total Recharges	0	0	0	0	0
Net Departmental Expenditure	20,290	15,494	16,472	(978)	(1,116)

Comments on the above figures:

At the end of the third quarter of the current financial year, expenditure on Community care services is over budget profile by £0.978m and is anticipated to be overspent by £1.116m at the end of the financial year. The recovery plan group meet on a regular basis and to date have achieved savings of approximately £2.3m. However, some of those savings have been offset by an increase in demand for service and also increases in complex care packages, an example being the use of 1 to 1 care. Further reductions are required to bring the budget back in line and the group will continue to actively look for those savings where appropriate.

Historically this budget has always been under pressure due to its volatility; it is a demand driven budget and is intrinsically linked to the health care sector which also impacts on its performance.

Individual Services budgets are analysed in more detail below however it must be noted that expenditure can fluctuate greatly from one quarter to the next particularly throughout the latter half of the year as demand grows due to winter pressures

Residential & Nursing Care

Numbers of residential & nursing placement continued to rise during October but started to reduce in November and December. There are currently 506 placements compared to the average for the year of 497.

The average cost of a package of care has increased 10% from £864 in April to £954 in December suggesting an increase in the complexity of care packages.

Domiciliary Care & Supported Living

There are currently 698 service users receiving a package of care at home compared to 705 in April, a small reduction of 0.9%.

The average cost of a package of care has increased from £417 in April to £472 in December, an increase of 12.9%.

There are currently 147 service users with double handling. This equates to approximately £2.5m per annum.

Direct Payments

There has been a slight reduction in the demand for Direct Payments from 610 at September to 607 currently. However, this service continues to be a pressure as it is often used as a default position due to the current domiciliary provider being unable to pick up additional care packages.

The Community Care budget is very unpredictable by nature as it is demand driven, with many influential factors such as the ageing population, deprivation within the borough and its links to the health care sector. It will continue to be closely monitored and scrutinised to quantify pressures and, in conjunction with the budget recovery group, we will continue to identify savings in order to achieve a balanced budget at the end of the financial year.

COMPLEX CARE POOL BUDGET**Revenue Budget as at 31st December 2023**

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Intermediate Care Services	5,096	3,700	3,582	118	170
Oakmeadow	1,715	1,253	1,294	(41)	(50)
Community Home Care First	1,530	426	822	(396)	(569)
Joint Equipment Store	829	622	622	0	0
Development Fund	622	0	0	0	622
HICafs	3,258	2,274	2,155	119	141
Contracts & SLA's	3,320	746	693	53	92
Carers Breaks	450	314	245	69	91
Carers Centre	354	177	177	0	0
LilyCross	193	144	9	135	184
Residential Care	1,874	1,369	1,369	0	0
Domiciliary Care & Supported Living	3,335	2,460	2,460	0	0
Total Expenditure	22,576	13,485	13,428	57	681
Income					
BCF	-12,762	-9,572	-9,572	0	0
CCG Contribution to Pool	-2,864	-2,149	-2,149	0	0
ASC Discharge Grant	-1,921	-1,676	-1,676	0	0
Transfer from reserve	-193	-193	-193	0	0
LA UEC Grant	-144	-144	-144	0	0
Oakmeadow Income	-6	-4	-1	(3)	(4)
Other Income	-25	-25	-27	2	2
Cfwd from 2022/23	0	-148	-148	0	0
Total Income	-17,915	-13,911	-13,910	(1)	(2)
Net Operational Expenditure	4,661	-426	-482	56	679
Recharges					
Premises Support	0	0	0	0	0
Transport	0	0	0	0	0
Central Support	0	0	0	0	0
Asset Rental Support	0	0	0	0	0
HBC Support Costs Income	0	0	0	0	0
Net Total Recharges	0	0	0	0	0
ICB Contribution Share of Surplus			28	(28)	(340)
Net Departmental Expenditure	4,661	-426	-454	28	339

Comments on the above figures:

The financial performance as at 31st December 2023 shows the Complex Care Pool Budget is £0.056m under budget profile as this point of the financial year. The forecast outturn for the year end is £0.679m under approved budget (including £0.62m development fund) which is split evenly with Health in accordance with the terms of the pool budget. Therefore, the year-end position for the Council is anticipated to be approximately £0.339m. However, as is usually the case, this position may change over the coming months, particularly regarding Winter pressures.

The underspend on Intermediate Care Services and HICafs is due to staff vacancies.

Contracts & SLA's include Inglenook which currently has a void, hence the underspend against budget of £0.053m.

Expenditure on Carer's Breaks is £0.069m less than anticipated for the year to date, as demand for services is still lower than pre-pandemic levels.

Although Community Homefirst is showing a large overspend, the Operational Director for Adult Social Care is to take a paper to ICB explaining the overspend position and seeking to cover this with other underspend budgets within the Pool.

Although the pool budget does experience a favourable financial performance at this time of year, funding is usually redirected to those services under extreme pressure such as the Health & Community Care budget. This is a volatile budget as demand fluctuates particularly during winter months. The Health & Community Care budget historically has always overspent due to limited resources and reliance on the pool budget underspend to offset pressures has become the norm since the pandemic. Although budgets have managed to be balanced over recent years this strategy is unsustainable long term.

Pooled Budget Capital Projects as at 31 December 2023

	2023-24 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	650	500	493	157
Stair lifts (Adaptations Initiative)	300	200	190	110
RSL Adaptations (Joint Funding)	200	120	101	99
Telehealthcare Digital Switchover	300	80	80	220
Millbrow Refurbishment	200	40	40	160
Madeline Mckenna Refurb.	1,000	20	17	983
St Luke's Care Home	100	25	45	55
St Patrick's Care Home	100	50	47	53
Total	2,850	1,035	1,013	1,837

Comments on the above figures:

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2022/23 spend and budget, and expenditure across the 3 headings is projected to be within budget overall for 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 switch off of existing copper cable based systems in 2025. Procurement commenced in 2022/23 with an initial purchase to the value of £0.100m. It is anticipated that the scheme will be completed early in the 2024/25 financial year, fully funded from the residual capital allocation of £300,000.

Appendix

On 16th 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. Halton purchased the homes, with the exception of Madeline McKenna, when it was evident that the buildings had been neglected. £0.419m was spent on refurbishment across the 4 homes in the previous financial year, and £1.4M has been allocated for current year refurbishment costs. Unspent funding at year-end will be carried forward to the 2024/25 financial year to enable the scheme's completion.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT**Revenue Budget as at 31 December 2023**

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	4,629	3,287	3,251	36	48
Premises	6	0	0	0	0
Supplies & Services	255	192	189	3	5
Contracts & SLA's	7,006	5,064	5,048	16	10
Transport	4	3	1	2	2
Other Agency	23	23	23	0	0
Total Expenditure	11,923	8,569	8,512	57	65
Income					
Fees & Charges	-71	-155	-147	(8)	0
Reimbursements & Grant Income	-44	-219	-220	1	1
Transfer from Reserves	-1,242	0	0	0	0
Government Grant Income	-11,117	-8,581	-8,581	0	0
Total Income	-12,474	-8,955	-8,948	(7)	1
Net Operational Expenditure	-551	-386	-436	50	66
Recharges					
Premises Support	156	117	117	0	0
Transport	20	1,747	1,747	0	0
Central Support	2,330	15	15	0	0
Asset Rental Support	0	0	0	0	0
HBC Support Costs Income	-482	-376	-376	0	0
Net Total Recharges	2,024	1,503	1,503	0	0
Net Departmental Expenditure	1,473	1,117	1,067	50	66

Comments on the above figures**Financial Position**

At the end of Quarter 3 net spend for the department is £0.050m under budget profile. The estimated outturn position for 23/24 is £0.066m net spend under available budget.

Appendix

Employee costs for the year are expected to be marginally under the approved budget due to vacancies the department is holding. Although this is now forecast to be less than in Quarter 2 due to there being less vacancies within the department.

Expenditure on supplies and services will be kept to essential items only throughout the year and is currently running in line with the budget profile.

Savings targets for 23/24 are expected to be achieved.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress		<u>Objective</u>	<u>Performance Indicator</u>
Green		Indicates that the <u>objective</u> is on course to be achieved within the appropriate timeframe.	<i>Indicates that the annual target is <u>on course to be achieved</u>.</i>
Amber		Indicates that it is <u>uncertain or too early to say at this stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	<i>Indicates that it is <u>uncertain or too early to say at this stage</u> whether the annual target is on course to be achieved.</i>
Red		Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	<i>Indicates that the target <u>will not be achieved</u> unless there is an intervention or remedial action taken.</i>

Direction of Travel Indicator

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

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