

# Public Document Pack



## Health and Wellbeing Board

Wednesday, 5 July 2023 2.00 p.m.  
Karalius Suite - Halton Stadium, Widnes

S. Young

**Chief Executive**

*Please contact Kim Butler on 0151 5117496 or e-mail  
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*The next meeting of the Committee is on Wednesday, 11 October 2023*

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

**Part I**

<b>Item No.</b>	<b>Page No.</b>
<b>1. APOLOGIES FOR ABSENCE</b>	
<b>2. MINUTES OF LAST MEETING</b>	<b>1 - 4</b>
<b>3. CARE HOMES - PRESENTATION</b>	<b>5 - 6</b>
<b>4. UPDATE ON ONE HALTON PLACE BASED PARTNERSHIP - PRESENTATION</b>	<b>7 - 9</b>
<b>5. GENERAL PRACTICE ACCESS - PRESENTATION</b>	<b>10 - 11</b>
<b>6. HALTON &amp; WARRINGTON COMMUNITY DIAGNOSTIC CENTRE - PRESENTATION</b>	<b>12 - 15</b>
<b>7. COMMISSIONING OF PRIMARY CARE DENTAL SERVICES</b>	<b>16 - 19</b>
<b>8. PUBLIC HEALTH ANNUAL REPORT</b>	<b>20 - 23</b>
<b>9. TERMS OF REFERENCE REFRESH</b>	<b>24 - 30</b>
<b>10. BETTER CARE FUND (BCF) 2022-23 YEAR-END RETURN</b>	<b>31 - 75</b>

**HEALTH AND WELLBEING BOARD**

*At a meeting of the Health and Wellbeing Board on Wednesday, 22 March 2023 at the Bridge Suite - Halton Stadium, Widnes*

Present: Councillors Wright (Chair), J. Lowe, T. McInerney and Woolfall.  
K. Butler, M. Crilly, R. Foster, C. Mackie, A. Major, A. Leo, W. Longshaw,  
M. Lynch, D. Nolan, I. Onyia, K. Parker, S. Patel and S. Woods.

Apologies for Absence: L. Gardner and D. Wilson.

Absence declared on Council business: None

Also in attendance: One member of the press and T. Knight, Primary Care, NHS England – North West.

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

**HWB29 MINUTES OF LAST MEETING**

The Minutes of the meeting held on 18 January 2023 were agreed and signed as a correct record.

**HWB30 LIFE ROOMS (PRESENTATION FROM MICHAEL CRILLY, DIRECTOR OF SOCIAL HEALTH & COMMUNITY INCLUSION, MERSEY CARE NHS FOUNDATION TRUST)**

The Board received a report and presentation from the Director of Social Health and Community Inclusion, Mersey Care NHS Foundation Trust, which provided an overview of the Mersey Care Life Rooms Social Model of Health and the activity across Halton.

Life Rooms was launched in Walton in May 2016 and offered an open door community-based approach, supporting recovery, prevention and overall population health. Over the last 6 years, the service had evolved and now comprised over 100 staff and provided a range of services across a number of locations and communities. Life Rooms had achieved award successes at both regional and national level.

*Action*

Mersey Care invested in a 12 month Pilot Programme in Halton and the project commenced on 23 September 2022. To date, there had been 160 referrals which resulted in 159 new registrations; 116 people attended appointments and received 230 social prescriptions. The service would focus predominantly on supporting Mersey Care service users accessing Recovery, Early Interventions & Crisis Resolution Home Treatment Services.

RESOLVED: That the report be noted.

#### HWB31 ACCESS TO NHS DENTAL SERVICES IN HALTON

The Board received an update report from Healthwatch Halton on access to NHS dental services in Halton. The report provided an update on the difficulties that residents of Halton had experienced in getting access to dental services.

The report set out the enquiries that Healthwatch Halton had received from residents and outlined what they would like to happen going forward to improve the services.

In response to the report, Tom Knight, Head of Primary Care, NHS England – North West, delivered a presentation which addressed some of the concerns and provided an update on dental commissioning in Halton.

RESOLVED: That the report and presentation slides be noted.

#### HWB32 ANNUAL REPORT PRINCIPAL SOCIAL WORKER ADULTS

The Board received an annual report from the Adults Principal Social Worker (APSW) which outlined how the role of social work supported the One Halton Based Partnership in order to meet its priorities and objectives.

The APSW was a statutory requirement under The Care Act 2014 and had a key role in representing and promoting the social work profession.

Appendix A within the report provided some case studies and illustrated the nature of social work practice, that at an operational level, supported the One Halton Health and Wellbeing Strategy.

RESOLVED: That the report be noted.

HWB33 HALTON BOROUGH COUNCIL AND NHS CHESHIRE & MERSEYSIDE: JOINT WORKING AGREEMENT (BETTER CARE (POOLED) FUND)

The Board considered a report from the Executive Director – Adults, which provided a brief overview of the Joint Working Agreement between Halton Borough Council (HBC) and NHS Cheshire and Merseyside (NHS-CM) which would take effect from 1 April 2023 – 31 March 2024 and would replace the existing agreement which was due to expire on 31 March 2023.

The agreement provided the legal framework in which HBC and NHS-CM worked together in order to achieve their strategic objectives of commissioning and providing cost effective, personalised, quality services to the people of Halton. As part of the Agreement, HBC and NHS-CM entered into a Pooled Budget arrangement which would contain the expenditure to deliver care and support services for adults with complex needs.

By working together, HBC and NHS-CM would achieve and sustain good health and wellbeing for the people of Halton and provide a range of options to support people in their lives by jointly designing and delivering services around the needs of local people.

The joint approach would also provide future opportunities and retain commitment to develop an integrated approach to service delivery and transformation to improve the health and wellbeing of Halton residents.

RESOLVED: That the report be noted.

HWB34 JOINT FORWARD PLAN

The Board received a presentation from the Director – Halton Place, NHS Cheshire and Merseyside, which outlined the duty placed on the Integrated Care Boards and their partner Trusts to prepare a Joint Forward Plan by 30 June 2023. The presentation also provided details of the approach to the development of the Joint Forward Plan and its draft strategic objectives and priorities.

The presentation outlined:

- The key plans and how they fit together;
- National Guidance – the Joint Forward Plan principles and the role of Health and Wellbeing Boards;

- Health Care Partnership Interim Strategy – strategic objectives;
- Determining the Health Care Partnership priorities; and
- Next steps in developing the Joint Forward Plan.

RESOLVED: That the Board:

- 1) note the draft Cheshire and Merseyside Joint Forward Plan strategic objectives and priorities; and
- 2) delegate responsibility to the Director of Public Health in consultation with the Chair of the Health and Wellbeing Board to provide a collective response to the Joint Forward Plan by 31 May 2023.

Director of Public  
Health

*Meeting ended at 4.20 p.m.*

<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	5 <sup>th</sup> July 2023
<b>REPORTING OFFICER:</b>	Executive Director, Adults
<b>PORTFOLIO:</b>	Health and Wellbeing
<b>SUBJECT:</b>	Care Homes
<b>WARD(S)</b>	Borough Wide

### 1.0 **PURPOSE OF THE REPORT**

1.1 To present the Board with a presentation of the work to date of the Clinical Lead Development officer within the Care home Sector

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

### 3.0 **SUPPORTING INFORMATION**

It is recognised nationally, and Halton is no exception that Nursing homes require further investment to drive up the standards of care, and to ensure professionals recognise and receive recognition for the work undertaken within care establishments.

Halton Borough Council has funded through the Cheshire and Merseyside Local Action Board a post, Clinical Lead Development Officer. The post aims to enhance quality within the care home sector focussing on nursing care homes.

The presentation details:

- Expertise of the post Holder
- Work to date
- Work Plan over the remainder of the 12 month project
- Case studies to evidence the positive outcomes of the work to date

### 4.0 **POLICY IMPLICATIONS**

4.1 **Care Act 2014** requires local authorities to 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.

### 5.0 **FINANCIAL IMPLICATIONS**

5.1 None.

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

6.1 **Children & Young People in Halton**

None.

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

Further Investment to improve the quality of care within Nursing homes will support the ongoing work force strategy and actively promote career opportunities within the sector wide care establishments.

6.3 **A Healthy Halton**

None at this time.

6.4 **A Safer Halton**

Raising standards of care within Nursing homes will improve quality and support the reduction in the number of safe guarding concerns.

6.5 **Halton's Urban Renewal**

None at this time

7.0 **RISK ANALYSIS**

7.1 None identified at this time

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified at this time.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified at this time

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

10.1 None.



<b>REPORT TO:</b>	Health and Wellbeing Board
<b>DATE:</b>	5 July 2023
<b>REPORTING OFFICERS:</b>	Place Director - Halton
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	Update on One Halton Place Based Partnership
<b>WARDS:</b>	Borough wide

### **1.0 PURPOSE OF THE REPORT**

1.1 To provide an update on One Halton Place Based Partnership.

**2.0 RECOMMENDED: That a presentation is received and noted.**

### **3.0 SUPPORTING INFORMATION**

3.1 The Health and Wellbeing Board has previously received update reports and presentations on One Halton during the transition from Clinical Commissioning Groups to the establishment and embedding of Integrated Care Boards.

3.2 The Health and Care Bill received Royal Assent on 28 April 2022 with an effective date of 1 July 2022 to establish new arrangements for Integrated Care Systems (ICSs). ICSs comprise a number of different elements:

- NHS Integrated Care Board (ICB) – this is the statutory NHS body
- Integrated Care Partnership – incorporating major partners including non-NHS organisations
- Place-Based Partnerships – these are not organisations, but collaborative partnership arrangements at Place level
- Provider Collaboratives – these bring together two or more NHS trusts to work together at scale to benefit their populations

3.3 These were the most significant changes to the health system in a decade which aim to improve outcomes and reduce inequalities. Locally, One Halton Partnership Board is the vehicle for delivery of national priorities, local priorities and Halton's Joint Health and Wellbeing Strategy. The Partnership Board comprises a wide range of members including NHS bodies, the local authority and non-NHS/non-statutory bodies.

The presentation sets out the context, provides an overview of progress and the current position.

#### **4.0 POLICY IMPLICATIONS**

The original White Paper, *Joining Up Care for People, Places and Populations*, February 2022 set out the future ambition for shared outcomes with shared accountability and a single person accountable at place level. This means that as One Halton Place-Based Partnership further evolves and develops there will be a need to understand the potential impact on policies of all of the partner organisations, including the Council.

#### **5.0 FINANCIAL IMPLICATIONS**

One Halton is a partnership arrangement as described above and therefore a collaborative of statutory and non-statutory organisations serving residents and patients within Halton. As One Halton further develops partners will need to understand more fully the resourcing and financial impacts on a collective basis at Place. This work is being progressed with partners.

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

One Halton supports the Council's and the Health and Wellbeing Board priorities for a Healthy Halton.

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

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

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

One Halton shares the Council's priorities for employment, learning and skills in Halton. One of the system thematic priorities is Wider Determinants which encompasses employment, education and opportunities as priorities.

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

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

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

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

## **6.5 Halton's Urban Renewal**

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

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

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

## **7.0 RISK ANALYSIS**

- 7.1 This will require further work to be undertaken when One Halton understands the range of services and activity that will be delivered at scale (Cheshire & Merseyside footprint) and those delegated to place (One Halton) provided by the different partners.

## **8.0 EQUALITY AND DIVERSITY ISSUES**

In developing One Halton and health delivery moving over to NHS Cheshire & Merseyside, all services will continue to require equality impact assessments for any fundamental changes to service delivery to ensure equality and access to services is considered.

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

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

None under the meaning of the Act.

<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	5 <sup>th</sup> July 2023
<b>REPORTING OFFICER:</b>	Place Director - Halton
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	General Practice Access
<b>WARD(S)</b>	Boroughwide

**1.0 PURPOSE OF THE REPORT**

1.1 To provide an overview of the current position in relation to access to General Practice services in Halton and the National Delivery Plan for recovering access to primary care, NHS England, May 2023.

**2.0 RECOMMENDATION: That the presentation be received.**

**3.0 SUPPORTING INFORMATION**

3.1 Information included in accompanying 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 Access to General Practice services is one of the key enablers in supporting residents' health and wellbeing.

**7.0 RISK ANALYSIS**

7.1 None identified.

**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**

None under the meaning of the Act.

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<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	5 <sup>th</sup> July 2023
<b>REPORTING OFFICER:</b>	Lucy Gardner, Director of Strategy and Partnerships, WHH
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	Halton & Warrington Community Diagnostic Centre
<b>WARD(S)</b>	Borough-wide

## 1.0 **PURPOSE OF THE REPORT**

The purpose of the report is to provide the Halton Health & Wellbeing Board with an update on Warrington and Halton Teaching Hospitals NHS Foundation Trust's (The Trust) plan for the provision of a Community Diagnostic Centre (CDC) in Halton.

2.0 **RECOMMENDATION:** That the Board notes the content of the report and supports the Trust's plan for the development of the CDC at its Halton site.

## 3.0 **SUPPORTING INFORMATION**

3.1 In 2020, NHS England commissioned an independent review of NHS diagnostics capacity as part of the NHS Long Term Plan. The resulting report, Diagnostics: Recovery and Renewal, recommended the need for a new diagnostics model, where more diagnostic facilities are created in free standing locations away from main acute hospital sites.

3.2 These diagnostic facilities would provide significant additional diagnostic capacity, quicker and easier access to a range of tests on the same day to support earlier diagnosis, greater patient experience and the drive to reduce health inequalities.

3.3 At the end of 2021, the Department of Health and Social Care announced that it was making significant funding available for the creation of Community Diagnostic Centres (CDC) and invited applications for funding from NHS Trusts. The Trust was subsequently successful in its bid to secure an allocation of new capital and revenue funding to develop a CDC on the Halton site.

3.4 The Warrington and Halton Community Diagnostic Centre will create an enhanced range of diagnostic services for the populations of Warrington and Halton with additional capacity to service demand from across the wider Cheshire and Merseyside region. The plan will be delivered in three phases:

**3.4.1 Phase 1: Fast Track Community Diagnostic Centre**

Repurposing of existing space in the Nightingale building (former Halton General hospital) to create clinical rooms for the provision of additional capacity in Respiratory, Ultrasound and Phlebotomy (blood-testing) services.

The Phlebotomy service of the CDC became operational in May 2023 and has delivered services to over 400 patients since then. The Ultrasound and Respiratory services of the CDC will commence clinical activity from the 19<sup>th</sup> of June.

**3.4.2 Phase 2: Community Diagnostic Centre in Halton Health Hub (Runcorn Shopping City).**

Utilisation of vacant space at the Trust's Halton Health Hub to create clinical rooms to deliver additional Audiology, Sleep Studies, Ultrasound and Phlebotomy activity. It is planned to be operational in late November 2023.

**3.4.3 Phase 3: New Build Community Diagnostic Centre at the Trust's Halton site.**

Development of a new build large-scale CDC as an extension to the existing Captain Sir Tom Moore (former Cheshire and Merseyside Treatment Centre) building on the Halton hospital site.

The new CDC will accommodate diagnostic services, including MRI and CT imaging.

Design work on the new facility has commenced, and it is anticipated that it will be fully operational in June 2024.

**4.0 POLICY IMPLICATIONS**

4.1 None.

**5.0 OTHER/FINANCIAL IMPLICATIONS**

5.1 The capital and revenue implications associated with the creation of the CDC (both phases) are covered via the central programme funding.

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

**6.1 Children & Young People in Halton**

No direct implications other than general improved access to diagnostic services to support early identification of disease and conditions.

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

The CDC development will create a range of new employment opportunities within Halton. These will range from construction industry roles during the initial development to a number of clinical and non-clinical opportunities once the construction phase is complete and the services are operational.

The Trust's appointed design and build contractor Kier Construction has its North West Head Office located in Speke, just 10 miles from Halton and has committed to the following:

- 75% targeted spend in local economy (within 30 miles)
- 4 full time employment opportunities for local people
- 16 weeks work experience
- 5 new apprentices - Kier Degree & supply chain
- 120 apprenticeship weeks
- 40 hours careers advice delivered
- 40 hours education engagement activities

### 6.3 **A Healthy Halton**

The Trust CDC scheme will support improvements in population health outcomes across Halton and Warrington, through the creation of increased diagnostic capacity to support earlier diagnosis of conditions. It will also significantly improve access to diagnostic services in one of the most deprived areas of Cheshire and Merseyside to help address a number of stark health inequalities that are visible within the local population.

Additional benefits of the CDC would see the creation of new opportunities to improve productivity, efficiency and overall patient experience through the co-location of multiple diagnostic services. More patients could be seen via a "one stop shop" approach.

Furthermore, the development of the CDC will create new opportunities to greater integrate primary, community and secondary care. The Trust will work with local health and care partners to explore how the CDC can benefit wider stakeholders in terms of the development of new clinical pathways.

Ultimately, the creation of the CDC on the Halton site will help to tackle the issue of healthcare inequalities by embedding diagnostic services deeper into the community to facilitate earlier, faster and more accurate diagnosis of health conditions such as cardiac or respiratory disease or cancer.

### 6.4 **A Safer Halton**

None

### 6.5 **Halton's Urban Renewal**

The development of the CDC in Halton will support the modernisation of the Halton hospital site in Halton Lea. It is also an important first step towards the



longer-term redevelopment of the site in line with the site masterplan drawn up back in 2018 as part of the work around the Halton Healthy New Town concept.

## 7.0 **RISK ANALYSIS**

7.1 The Trust is now working closely with Kier Construction to ensure the planned design and construction is in line with the funding envelope agreed with NHS England. The aim is to agree a “Guaranteed Maximum Price” for the project that falls within the financial constraints as early as possible in the design process and therefore fully mitigates any financial risk.

7.2 Due to challenges in the labour market across health services at present, there is a risk around the availability of workforce in some clinical services and therefore a risk to the Trust’s ability to recruit essential staff to deliver the services planned. In order to mitigate this risk, the Trust has set out a medium to long-term plan to recruit a number of key roles as early as possible and train them up internally over a number of months/years.

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The Trust has carried out an Equality Impact Assessment (EIA) of the CDC scheme which showed that the development will have only positive impact on the local population and on people with the nine protected characteristics. The EIA will be continually reviewed and updated throughout the life-course of the project.

8.2 Members of the public and “experts by experience” for certain clinical services will be invited to review, feedback and advise on the development of the plans and designs for the new build CDC as the project progresses. This should help ensure that the needs of users are met in full and their views considered from the early stages.

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

None under the meaning of the Act.

<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	5 <sup>th</sup> July 2023
<b>REPORTING OFFICER:</b>	Tom Knight, Head of Primary Care (Cheshire and Merseyside)
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	Commissioning of Primary Care Dental Services
<b>WARD(S)</b>	Boroughwide

## 1.0 **PURPOSE OF THE REPORT**

To provide an update on the commissioning of primary care dental services.

## 2.0 **RECOMMENDATION: That the report be noted.**

## 3.0 **BACKGROUND**

3.1 NHS Cheshire and Merseyside has the delegated responsibility for the commissioning of dental services including primary, community and secondary care. Access to dental services is a local, regional and national issue impacting negatively on patients.

3.2 Throughout the COVID pandemic expected annual contracted activity was reduced nationally to support providers with the impact of the pandemic, there was also a process for exceptional circumstances in place for absences and further issues relating to COVID.

3.3 Post pandemic the restoration and recovery of primary care dental provision is part of the NHS Operational Plan for 2023/24 with the expectation being that activity will return to pre pandemic levels.

3.4 Practices continue to recover supported by commissioners alongside a small number of national contract changes allowing some flexibilities focussed on improving access and increasing activity.

## 4.0 **DENTAL PROVISION IN HALTON**

- 13 Practices
- 2 Urgent Care Plus providers offering urgent dental care for patients that do not have a regular dentist with a follow up

appointment for definitive care following the urgent care intervention

- Urgent Care Plus provision in Halton allows for 3 extra sessions per week. Each session is 3.5 hours in duration and dependant on clinical presentation, there is an expectation that between 4-6 patients can be seen per session, per week.
- Commissioners are aiming to develop a primary care dental dashboard that will allow performance monitoring information to be obtained at Place Level as well as aggregated up across the ICB.
- Overall activity in Cheshire and Merseyside is increasing in line with regional and national trends. As previously discussed with the Board commissioners are still aware that access to routine care in an NHS setting remains very challenging.
- End of year activity for 2022/23 will be made available to commissioners in the next couple of months as defined by the national contract monitoring process and timescales.
- Commissioners are keen to investigate further with contractors the use of the wider dental team known as Dental Care Professionals. This is important as greater use of Dental Therapists or Dental Nurses where appropriate can free up Dental Performer time and support access for new patients.
- Additionally, commissioners will be monitoring adherence to NICE guidance regarding the appropriateness and timeliness of recalling patients. This is important as we support practices to increase the number of new patients that they can see whilst working within the constraints of a national contract.

5.0

## **DEVELOPMENT OF DENTAL IMPROVEMENT PLAN**

5.1

The Dental Improvement Plan signals NHS Cheshire and Merseyside's commitment and ambition to ensure that access is improved for both routine, urgent and dental care for our most vulnerable populations and communities impacted by the COVID pandemic.

5.2

The plan is being submitted to the ICB System Primary Care Board on 22 June 2023 for approval and identifies the following key strategic aims:

- Recovering dental activity, improving delivery of units of

dental activity (UDAs) towards pre-pandemic levels and in line with Operational Plan trajectories.

- Focussing on access for inclusion health and deprived populations and make sure they are prioritised
- Delivering the ambition that no patient will wait longer than the nationally defined period for an urgent appointment at a General Dental Practice.
- Support greater workforce resilience and development in conjunction with NHSE colleagues (formerly HEE) and other partners.

5.3

To deliver these aims as previously reported to the Board several initiatives are proposed and some have commenced already.

5.4

An important part of the plan is to develop access sessions for new patients across 60 practices in the ICB.

5.5

Commissioners are seeking to add an additional 30,000 appointments across Cheshire and Merseyside and will link with local authorities to identify suitable organisations who work with vulnerable populations e.g. Homeless population and Asylum seekers.

5.6

In addition to this a number of Foundation Dentists will be working across Cheshire and Merseyside later this year. It is envisaged that this will have a positive impact on access.

6.0

## **POLICY IMPLICATIONS**

6.1

None.

7.0

## **FINANCIAL IMPLICATIONS**

7.1

None

6.0

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

6.1

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

None

6.2

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

None

6.3

### **A Healthy Halton**

None

6.4 **A Safer Halton**

None

6.5 **Halton's Urban Renewal**

None

7.0 **RISK ANALYSIS**

7.1 It has been previously reported that several risks exist that could impact on the recovery of dental services:

- Workforce – recruitment and retention
- Lack of national contract flexibilities and pace of reform
- Commercial viability and attractiveness of the NHS contract based on Units of Dental Activity.
- The presenting oral health of patients post pandemic
- A national dental improvement plan could be published but commissioners are not aware of timescales and action needs to be taken now to improve access to dental care across the ICB and in Halton.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 **IMPROVING POPULATION HEALTH AND HEALTHCARE.**

Commissioning intentions are driven by ensuring they contribute to tackling health inequalities in outcomes, experiences and access and improving population health and healthcare.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None

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

None under the meaning of the Act.

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<b>REPORT TO:</b>	Health and Wellbeing Board
<b>DATE:</b>	5 July 2023
<b>REPORTING OFFICER:</b>	Director of Public Health
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	Public Health Annual Report
<b>WARD(S)</b>	Borough-wide

## 1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide the Health and Wellbeing Board with an update on the development of the Halton Public Health Annual Report (PHAR).

## 2.0 RECOMMENDED: That the Board

- i) Note the theme and development of the Public Health Annual Report.
- ii) Endorse the recommendations within the report

## 3.0 SUPPORTING INFORMATION

- 3.1 Since 1988 Directors of Public Health (DPH) have been tasked with preparing annual reports - an independent assessment of the health of local populations. The annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively.
- 3.2 The annual report is an important vehicle by which a DPH can identify key issues, flag problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action. The annual report remains a key means by which the DPH is accountable to the population they serve.
- 3.3 The Faculty of Public Health guidelines on DPH Annual Reports list the report aims as the following.
- Contribute to improving the health and well-being of local populations.
  - Reduce health inequalities.
  - Promote action for better health through measuring progress towards health targets.

- Assist with the planning and monitoring of local programmes and services that impact on health over time.
- 3.3 The PHAR is the Director of Public Health’s independent, expert assessment of the health of the local population. Whilst the views and contributions of local partners have been taken into account, the assessment and recommendations made in the report are those held by the DPH and do not necessarily reflect the position of the employing and partner organisations.
- 3.4 Each year a theme is chosen for the PHAR. Therefore it does not encompass every issue of relevance but rather focuses on a particular issue or set of linked issues. These may cover one of the three work streams of public health practice (health improvement, health protection or healthcare public health), an overarching theme, such as health inequalities, or a particular topic such as mental health or cancer.
- 3.5 For 2022-2023 the Public Health Annual Report will focus on our health improvement and prevention work to support the Halton community with their health in the different stages of their lives as well as coping with pressures such as the recent pandemic and rising cost of living.
- 3.6 The report will use four key life stages as a guide to the issues including the following sections:
- Start – looking at children’s health and giving children and young people the best possible start to their lives.
  - Strong – acknowledges busy lives and a range of pressures, needing services to be flexible and accessible.
  - Live – providing community and work based services that allow people with busy working lives to take action for their health as well as get help when it’s needed.
  - Well – living healthy and independent lives as we age, reducing impact poor health can have on our health and social care system as well as for individuals.
- 3.7 Each chapter will cover the following areas:
- Key facts and challenges
  - Our approach and local case studies
- 3.8 Summary of Chapter Content: -

<b>Section</b>	<b>Chapter</b>
<b>Our health in Halton</b>	Health trends including data from the latest 2021 Census.
	Health facts for Halton

<b>Start</b>	Key facts and challenges
	Our approach
	Impact
	Getting mental health support into education
	Case study – Brookvale Primary School
<b>Strong</b>	Key challenges
	Our approach
	Diet and fitness – making the first step easier
	Working in practice – case study
	Improve access and uptake of NHS Health Checks to whole community
<b>Live</b>	Key facts and challenges
	Our approach – collaborate and coordinate
	Feeding Halton
	Cost of living support
	Case studies – Queen’s Pantry and Route Café
<b>Well</b>	Key facts and challenges
	Our approach – do less sooner! Prevention and access to information
	Sure Start to Later Life
<b>Update on priorities 2021-22</b>	
Recommendations	
<b>Free local offers for your health</b>	Mental health for men, lower my drinking app, free blood pressure checks, free help to stop smoking, Fresh Start Health Weight App,
<b>Acknowledgements</b>	

#### 4.0 POLICY IMPLICATIONS

- 4.1 The Public Health Annual Report should be used to inform commissioning plans and collaborative action for the NHS, Social Care, Public Health and other key partners as appropriate.

#### 5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 None identified at this time.

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

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

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton. The PHAR will highlight the Children’s JSNA, which is a key piece of work for commissioners.



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

The above priority is a key determinant of health. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents

## **6.3 A Healthy Halton**

All issues outlined in this report focus directly on this priority.

## **6.4 A Safer Halton**

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime have an impact on health outcomes particularly on mental health.

There are also close links between partnerships on areas such as alcohol and domestic violence.

## **6.5 Halton's Urban Renewal**

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing.

## **7.0 RISK ANALYSIS**

7.1 Developing the PHAR does not present any obvious risk however, there may be risks associated with the resultant recommendations. These will be assessed as appropriate.

## **8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 This is in line with all equality and diversity issues in Halton.

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

None

<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	5 <sup>th</sup> July 2023
<b>REPORTING OFFICER:</b>	Director of Public Health
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	Terms of Reference Refresh
<b>WARD(S)</b>	Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 To present a refreshed Terms of Reference for the Health and Wellbeing Board in the light of several changes that have occurred since the last refresh in 2019.

## 2.0 RECOMMENDATION: That the Board:

- i) Discuss the content of the refreshed terms of reference.
- ii) Feedback any comments to the Strategic Director.

## 3.0 SUPPORTING INFORMATION

3.1 Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.

3.2 In November 2022, the Department of Health and Social Care set out new guidance for all Health and Wellbeing Boards in the light of changes to the NHS and in particular the establishment of Integrated Care Boards (ICBs) and Integrated Care Systems (ICSs). The guidance was to support the ICB and ICP leaders, local authorities and Health and Wellbeing Boards to understand how they should work together to ensure effective system and place-based working and to determine the integrated approach that will best deliver holistic care and prevention activities, including action on wider determinants in their communities.

3.3 The HWBB has previously received guidance that sets out the functions of the HWBB in relation to new strategic partners. The update terms of reference (TOR) are based on these and are detailed in Appendix A

## 4.0 POLICY IMPLICATIONS

4.1 As a statutory board, the Health and Wellbeing Board must have a set of agreed Terms of Reference for it to operate effectively and to fulfil legal requirements.

## 5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 HWBBs do not commission health services themselves and do not have their own budget but play an important role in informing the allocation of local resources.

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

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

Improving the health and wellbeing of children and young people is a key priority in Halton and will continue to be addressed through the work of the Health and Wellbeing Board.

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

Employment, learning and skills is a key determinant of health and wellbeing and is therefore a key consideration for the Health and Wellbeing Board.

### 6.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority

### 6.4 **A Safer Halton**

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime has an impact on health outcomes particularly on mental health. There are also close links between partnerships on areas such as alcohol and domestic violence. It therefore remains a key consideration for the Health and Wellbeing Board.

### 6.5 **Halton's Urban Renewal**

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing. It should therefore be a key consideration when developing strategies to address health and wellbeing.

## 7.0 **RISK ANALYSIS**

7.1 N/A

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 This is in line with all equality and diversity issues in Halton.

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

The [Health and Care Act 2022](#)  
[Health and wellbeing boards: guidance - GOV.UK \(www.gov.uk\)](#)

**APPENDIX A**

**TERMS OF REFERENCE HALTON HEALTH AND WELLBEING BOARD**

1. Halton Health and Wellbeing board acts as a forum in which key leaders from the local health and care system can work together to improve the health and wellbeing of the local population living and working in Halton.

The main duties include:

- Set the strategic direction to improve health and wellbeing and reduce health inequalities
- Provide a strong focus on establishing a sense of place.
- Promoting and encouraging partnership working through joint commissioning and integrated provision between health, children's services, public health and social care
- Assessing the health and wellbeing needs in Halton
- Publishing a joint strategic needs assessment (JSNA)
- Publishing a joint local health and wellbeing strategy (JLHWS)
- Publish a pharmaceutical needs assessment (PNA)

2. The Health and Wellbeing Board will provide a key forum for public accountability of NHS, Social Care for Adults and Children and other commissioned services that the board agrees are directly related to health and wellbeing in Halton.

The Health and Wellbeing Board has the following responsibilities:

- To be responsible for guiding and overseeing the implementation of the ambitions outlined in the One Halton Health and Wellbeing Strategy and other relevant health and care strategies, guidance and policies that will have an impact on the health and wellbeing of the people living and working in Halton. These include but are not limited to health strategies for England and national operational plans and local or regional health and wellbeing strategies and action plans.
- To promote robust joint commissioning, partnership arrangements and integrated, collaborative provision between health, public health, social care, children's services, the voluntary and third sector.
- To support the collaborative delivery and provision of health and social care for people in Halton.
- To assess the needs of the local population and support the statutory Joint Strategic Needs Assessment (JSNA).
- To identify and monitor the reduction of health inequalities.
- To develop and monitor relevant activity and performance.
- To ensure effective relationships between the HWBB and other strategic boards operating in Halton.
- Halton Health and Wellbeing Board will have oversight of local Combatting Drugs Partnership as well as receive report from other relevant groups.

- To contribute to the development of health, care and wellbeing services in Halton which may arise as a result of changes in government policy and relevant legislation.
- To provide a voice for Halton residents on all matters relating to the commissioning, and provision of health and social care in Halton.

## **Membership**

Elected Member (Chair)

Executive Board Portfolio Holder for Health & Adults

Executive Board Portfolio Holder for Children and Young Peoples Services

Other Local Authority Portfolio Holders for other strategic priorities that sit under Halton's HWBB.

Chief Executive, Halton Borough Council

CVS/Forum Chair

Health Watch Chair

NHS Cheshire and Merseyside – Halton Place Director

Associate Directors of Transformation and Partnerships.

Halton Place Director

GP Representatives from Widnes and Runcorn areas

Executive Director, Adults

Executive Director, Children

Executive Director, Environment & Regeneration

Director of Public Health

Operational Directors, Child and Family Health

Strategic Director Mersey care

Strategic Director Bridgewater Community Healthcare NHS Trust

Strategic Director Warrington & Halton Hospitals NHS Foundation Trust

Strategic Director St Helens and Knowsley Hospitals NHS Trust

Strategic Director Housing Association

Chair(s) of the Safer Strategic Partnership

Chair of the Employment, Learning & Skills Special Strategic

Police Representative

Fire and Rescue Service Representative

North West Ambulance Service Representative

Allied Health Professional Representative

In the event of a representative not being able to attend the board, a substitute of that organisation should be made available.

## **MEMBERS ROLES AND RESPONSIBILITIES**

The quality and commitment of members is crucial to the success of the Health and Wellbeing Board (HWBB). Members need to have vision, skills, experience and influence to make things happen within their organisation and/or sector. All members of Halton's Health and Wellbeing Board when

attending meetings, or working on behalf of the Board, will share a number of common rights and responsibilities:-

1. All members are treated as equal, and their contributions are respected and valued at meetings.
2. All members are able to voice the views and opinions of the organisation and/or sector they represent at meetings.
3. Information, reports and agendas for meetings will be circulated and shared amongst members.
4. All members are able to provide items or suggest issues for discussion at meetings.
5. All members are able to contribute to the formal decisions and recommendations of the Board.
6. Members will take responsibility for working with partners to ensure priorities and key actions are met.
7. Members will contribute positively at meetings and work with other members to take strategic decisions and reach consensus regarding the strategic development of issues across Halton.
8. Members will consult and obtain the views of the organisations and sectors, which they represent and reflect or communicate at these meetings.
9. Members will consider what is in the best interests of Halton and to weigh this alongside the interests of their parent organisation or sector.
10. Members will ensure they are fully briefed and informed and are able to share information from their parent organisation or sector, whilst also reflecting confidentiality and data protection issues.
11. Members will bring forward agenda items or information in areas where they can provide particular expertise or have an interest and will share the information in an accessible format and by agreed deadlines.
12. Members are prepared to regularly attend all Board meetings of which they are a member or send an agreed substitute in exceptional circumstances.
13. Members will seek to support the needs and add value to the resources and activity of other members wherever possible.
14. Members are encouraged to challenge the opinions and actions of other members where this will lead to an improvement in outcomes for Halton.
15. Members are expected to display consistency and honesty to achieve consensus through debate.
16. Members will ensure that decisions are based on direct evidence and/or experience.
17. Members will act as ambassadors for the HWBB and take responsibility for communicating messages across their own organisations and sector contacts, other partnerships and the public.

### **Conflict Resolution**

- To build consensus, members need to be aware of, and understand, the different values, outlook, skills and experience that each member brings to meetings.

- Given the range of people involved in the Board, differences of opinion will unfortunately be inevitable and this diversity is welcomed as it leads to reasoned and challenged debate that helps in achieving its goals. The aim must be for differences of opinion to be dealt with in a positive and constructive manner and to avoid situations where decisions escalate into formal confrontations and breakdown of trust and conflict, as ultimately this will discredit the Board.
- The operating principles and policies of The Board, aim to show how to build consensus and deal with conflict in a positive way by stressing the key principles of diplomacy, negotiation, mediation and arbitration that all members must adopt in Board meetings
- In situations where differences of opinion are seriously escalating at Board meetings and jeopardising the work of the board, the members concerned need, with the assistance of an impartial third party, to go to mediation. Mediation should be jointly called by both parties concerned, or may be requested by other members of the meeting where conflict arose.
- Nothing in this document should be interpreted as changing the statutory or other responsibilities of partners, or their own accountabilities. It does not prevent them pursuing their own individual action if they so wish.

### **Meetings**

- Meetings of the Health and Wellbeing Board will take place quarterly. The chair may call an extraordinary meeting at any time. The agenda and associated papers will be sent out a minimum of one week (five clear working days) in advance of the meeting. Minutes of the board will be formally minuted.

### **Chair**

- The Chair will be an elected member of Halton Borough Council

### **Quorum**

- The meeting will be quorate provided that at least fifty per cent of all members are present. This should include the Chair or Vice Chair and at least one officer of the ICB and one officer of the Local Authority. Where a Board is not quorate, business may proceed but decisions will need to be ratified.

### **Decisions**

- Where a decision is required, that decision will be made by agreement among a majority of members present. Where a decision needs to be ratified by one of the statutory agencies, the ratification process will be in accordance with the agreed process within that particular agency.

**Minutes**

- Minutes of the proceedings of each meeting of the Board will be drawn up, circulated and agreed as a correct record at the subsequent meeting, once any required amendments have been incorporated.

**Review**

- The membership and terms of reference of this partnership will be reviewed regularly (normally annually) to ensure that they remain relevant and up to date.

DRAFT



<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	5 <sup>th</sup> July 2023
<b>REPORTING OFFICER:</b>	Executive Director, Adult Social Services
<b>PORTFOLIO:</b>	Health and Wellbeing
<b>SUBJECT:</b>	Better Care Fund (BCF) 2022-23 Year-End Return
<b>WARDS:</b>	Borough-wide

## 1.0 PURPOSE OF THE REPORT

- 1.1 To update the Health and Wellbeing Board on the Better Care Fund 2022/23 Year-End return, for information, following its submission on 26<sup>th</sup> May.

## 2.0 RECOMMENDATION: That the report be noted.

## 3.0 SUPPORTING INFORMATION

### 3.1 BCF Year-End Return 2022/23

The BCF Year-End Return for 2022/23 is attached at the Appendix and details the following information:

#### Tab 3 – National Conditions

There are four national conditions which are confirmed as meeting:

- The plan includes all mandatory funding and is included in a pooled fund governed under Section 75 of the NHS Act 2006;
- Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF Policy;
- Agreement to invest in NHS commissioned out of hospital services; and
- Plan for improvement in outcomes for people being discharged from hospital.

#### Tab 4 – Metrics

There are four national metrics and we are currently on track to meet three of them, and not on track for one of them – **Discharge to normal place of residence** - Actual performance for 2022/23 was 95.3 per cent Target was missed by 0.2 per cent. An increase in discharges to 'other' in August meant that the overall target for the year was missed, this was potentially linked to the increase in Covid cases during this time.

### **Tab 5 – Income and Expenditure Actual**

DFG is underspent by £502,703 at year end due to slippage on the capital programme for the councils internal care homes. Although committed works have not been completed within the financial year therefore the funds have been carried forward to use in 2023/24.

### **Tab 6 – Year-End Feedback**

Year-end feedback confirms that the overall delivery of the BCF in our locality has improved joint working between health and social care, and our schemes for 2022/23 were implemented as planned and had a positive impact.

Two main successes that are highlighted include:

- ***Pooled or aligned resources*** – History of pooled resources maintained throughout the year with agreed governance.
- ***Joint commissioning of health and social care*** - Integrated commissioning plan through BCF successfully delivered home first approach for hospital discharge ensuring resources reallocated to maintain an improved capacity.

Two main challenges that are highlighted include:

- ***Integrated electronic records and sharing across the system with service users*** - Plans still in development for integrated care records.
- ***Joined-up regulatory approach*** - While we maintain good relationships with regulators the approach undertaken focuses on individual services and not process pathways and system outcomes.

### **Adult Social Care (ASC) Discharge Fund**

During November/December 2022, HBC and Cheshire & Merseyside Integrated Care Board (Halton Place) had to develop and agree a joint plan for the use of the temporary funding that was made available to us locally.

Based on local priorities, the funding was used on interventions that best enabled the discharge of patients from hospital to the most appropriate location for their ongoing care over the winter period.

Funding was used to prioritise those approaches that were most effective in freeing up the maximum number of hospital beds and reducing bed days lost, including from mental health inpatient settings.

Fortnightly reports had to be submitted to the national team over the winter period, outlining activity and expenditure. These reports culminated in the end of year return that was submitted.

All ASC Discharge funding that was allocated to Halton Place was spent.

#### **4.0 POLICY IMPLICATIONS**

4.1 None identified at this stage.

#### **5.0 FINANCIAL IMPLICATIONS**

5.1 The Better Care Fund sits within the wider pooled budget arrangement and the financial context of the local health and social care environment. The pooling of resources and integrating processes and approach to the management of people with health and social care needs will support effective resource utilisation.

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

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

None identified at this stage.

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

None identified at this stage.

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

Developing integration further between Halton Borough Council and the NHS Halton Clinical Commissioning Group will have a direct impact on improving the health of people living in Halton. The plan that is developed is linked to the priorities identified for the borough by the Health and Wellbeing Board.

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

None identified at this stage.

##### **6.5 Halton's Urban Renewal**

None identified at this stage.

#### **7.0 RISK ANALYSIS**

7.1 Management of risks associated with service redesign and project implementation are through the governance structures outlined within the Joint Working Agreement.

#### **8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 None identified at this stage.

#### **9.0 CLIMATE CHANGE IMPLICATIONS**

9.1 None identified at this stage.

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

None under the meaning of the Act.

## Better Care Fund 2022-23 End of Year Template

### 1. Guidance

#### Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICB's, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website in due course.

#### Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

#### Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

### ASC Discharge Fund-due 2nd May

This is the last tab in the workbook and must be submitted by 2nd May 2023 as this will flow to DHSC. It can be submitted with the rest of workbook empty as long as all the details are complete within this tab, as well as the cover sheet although we are not expecting this to be signed off by HWB at this point. The rest of the template can then be later resubmitted with the remaining sections completed.

After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are populated.

Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.

If there are any new scheme types not previously entered, please enter these in the bottom section indicated by a new header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

Please also include summary narrative on:

1. Scheme impact
2. Narrative describing any changes to planned spending – e.g. did plans get changed in response to pressures or demand? Please also detail any underspend.
3. Assessment of the impact the funding delivered and any learning. Where relevant to this assessment, please include details such as: number of packages purchased, number of hours of care, number of weeks (duration of support), number of individuals supported, unit costs, staff hours purchased and increase in pay etc
4. Any shared learning

### Checklist ( 2. Cover )

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submission.

## 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:  
england.bettercarefundteam@nhs.net  
(please also copy in your respective Better Care Manager)
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

## 3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2022-23 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2022-23/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to NHS Minimum Contribution

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Plan for improving outcomes for people being discharged from hospital

## 4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Discharge to usual place of residence and avoidable admissions at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes and the unavailability of published metric data for one/two of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

## 5. Income and Expenditure

The Better Care Fund 2022-23 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Adult Social Care discharge fund.

### Income section:

- Please confirm the total HWB level actual BCF pooled income for 2022-23 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ASC discharge fund via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2022-23 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in 2022-23 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2022-23.

### Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2022-23 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please include actual expenditure from the ASC discharge fund.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2022-23.

## 6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2022-23 through a set of survey questions. These questions are kept consistent from year to year to provide a time series.



The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

### **Part 1 - Delivery of the Better Care Fund**

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2022-23
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality

### **Part 2 - Successes and Challenges**

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand

7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care



## Better Care Fund 2022-23 End of Year Template

### 2. Cover

Version 1.0

**Please Note:**

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Halton
Completed by:	Suzanne Salaman
E-mail:	suzanne.salaman@halton.gov.uk
Contact number:	0151 511 8694
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	Tue 23/05/2023

Checklist	
Complete:	Yes
	Yes
	Yes
	Yes
	Yes
	Yes
	Yes

**Question Completion** - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

**Better Care Fund 2022-23 End of Year Template**

**3. National Conditions**

Selected Health and Wellbeing Board:

Halton

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

**Checklist**  
Complete:

Yes

Yes

Yes

Yes

## Better Care Fund 2022-23 End of Year Template

### 4. Metrics

Selected Health and Wellbeing Board:

Halton

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

**Challenges and Support Needs** Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
<b>Avoidable admissions</b>	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	2,460.0	On track to meet target	none	Actual performance for 22/23 was 1028.6
<b>Discharge to normal place of residence</b>	Percentage of people who are discharged from acute hospital to their normal place of residence	95.5%	Not on track to meet target	Actual performance for 22/23 was 95.3% Target was missed by 0.2%. An increase in discharges to 'other' in August meant that the overall target for the year was missed, this was potentially linked to the increase	The target was met in March 23. , overall the target was missed for the year, however things are improving and by the time we reached the end of the year the target was being met, unfortunately poor
<b>Residential Admissions</b>	Rate of permanent admissions to residential care per 100,000 population (65+)	598	On track to meet target	We are currently working on year-end calculations, therefore actual figures are not yet available.	We are currently working on year-end calculations, therefore actual figures are not yet available.
<b>Reablement</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85.0%	On track to meet target	We are currently working on year-end calculations, therefore actual figures are not yet available.	We are currently working on year-end calculations, therefore actual figures are not yet available.

Checklist Complete:

Yes

Yes

Yes

Yes

## Better Care Fund 2022-23 End of Year Template

### 5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Halton

#### Income

2022-23			
Disabled Facilities Grant	£1,994,703		
Improved Better Care Fund	£6,982,074		
NHS Minimum Fund	£12,078,498		
<b>Minimum Sub Total</b>		£21,055,275	
	Planned		
NHS Additional Funding	£0		
LA Additional Funding	£0		
<b>Additional Sub Total</b>		£0	
			Actual
Do you wish to change your additional actual NHS funding?		No	
Do you wish to change your additional actual LA funding?		No	
			£0
	Planned 22-23	Actual 22-23	
<b>Total BCF Pooled Fund</b>	£21,055,275	£21,055,275	

#### ASC Discharge Fund

Planned			
LA Plan Spend	£538,528		
ICB Plan Spend	£1,089,082		
<b>ASC Discharge Fund Total</b>		£1,627,610	
			Actual
Do you wish to change your additional actual LA funding?		No	
Do you wish to change your additional actual ICB funding?		No	
			£1,627,610
	Planned 22-23	Actual 22-23	
<b>BCF + Discharge Fund</b>	£22,682,885	£22,682,885	

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23

#### Expenditure

	2022-23
Plan	£21,055,275

#### Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Do you wish to change your actual BCF expenditure? Yes

Actual £20,552,572

Plan ASC Discharge Fund  
£1,627,610

Do you wish to change your actual BCF expenditure? No

Actual £1,627,610

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23  
DFG is underspent by £502,703 at year end due to slippage on the capital programme for the councils internal care homes. Although committed works have not been completed within the financial year therefore the funds have been carried forward to use in 2023/4.

Yes

Yes

Yes

Yes

Yes

**Better Care Fund 2022-23 End of Year Template**

**6. Year-End Feedback**

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

**Part 1: Delivery of the Better Care Fund**

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Good integrated working demonstrated throughout the year and achieved good outcomes for individuals.
2. Our BCF schemes were implemented as planned in 2022-23	Agree	Contingency fund used to provide care capacity.
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Agree	Strong placed based focus maintained with change from CCG to ICB supported by the One Halton programme.

**Part 2: Successes and Challenges**

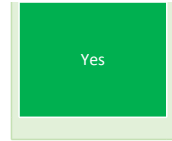
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	8. Pooled or aligned resources	History of pooled resources maintained throughout the year with agreed governance.
Success 2	9. Joint commissioning of health and social care	Integrated commissioning plan through BCF successfully delivered home first approach for hospital discharge ensuring resources reallocated to maintain an improved capacity.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	3. Integrated electronic records and sharing across the system with service users	Plans still in development for integrated care records.

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes



Challenge 2	7. Joined-up regulatory approach	While we maintain good relationships with regulators the approach undertaken focuses on individual services and not process pathways and system outcomes.
-------------	----------------------------------	---



**Footnotes:**

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
  2. Strong, system-wide governance and systems leadership
  3. Integrated electronic records and sharing across the system with service users
  4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
  5. Integrated workforce: joint approach to training and upskilling of workforce
  6. Good quality and sustainable provider market that can meet demand
  7. Joined-up regulatory approach
  8. Pooled or aligned resources
  9. Joint commissioning of health and social care
- Other

## Better Care Fund 2022-23 End of Year Template

### ASC Discharge Fund

Selected Health and Wellbeing Board:

Halton

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepopulated

The actual impact column is used to understand the benefit from the fund. This is different for each scheme and sub type and the

1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through care).

2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.

3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.

4) For 'improvement retention of existing workforce', please state the number of staff this relates to.

5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased

6) For 'Assistive Technologies and Equipment', please state the number of unique beneficiaries through the fund.

7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found

Scheme Name	Scheme Type	Sub Types
Acute Discharge Co-ordination (STH&K)	Additional or redeployed capacity from current care workers	Costs of agency staff
Acute Mental Health - Bed Flow	Additional or redeployed capacity from current care workers	Costs of agency staff
Acute Mental Health Support	Residential Placements	Other
Administration	Administration	(blank)
Care Home - Nursing/ Dementia Nursing (Additional/Redployed Capacity)	Additional or redeployed capacity from current care workers	Costs of agency staff
Care Home - Nursing/ Dementia Nursing (Increased Hours)	Increase hours worked by existing workforce	Overtime for existing staff.
Care Home - Nursing/ Dementia Nursing (Retention Incentives)	Improve retention of existing workforce	Bringing forward planned pay increases
Community Telecare & Warden Service	Assistive Technologies and Equipment	Telecare










Schemes added since Plan		
	Local recruitment initiatives	
	<Please Select>	





re. Please then provide narrative around how the fund was utilised, the duration of care it  
tion.

re unit for this metric has been pre-populated. This will align with metrics reported in for  
the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and pl

hased through the fund purchased.

d by scrolling further down.

Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?
£75,000	£75,000	2,786	hours worked	No
£10,000	£0	0	hours worked	Yes
£50,000	£25,000	2	Number of beds	Yes
£16,082	£28,565	0	N/A	Yes
£97,625	£97,625	4,494	hours worked	No
£10,600	£10,600	500	hours worked	No
£41,775	£41,775	137	number of staff	No
£50,000	£0	0	Number of beneficiaries	Yes

£50,000	£35,712	151	number of staff	Yes
£20,000	£5,000	10	Number of beneficiaries	Yes
£446,528	£326,306	12	Number of beds	Yes
£92,000	£92,000	1,456	Hours of care	No
£70,000	£157,654	2,973	Hours of care	Yes
£276,000	£418,654	26,000	Hours of care	Yes
£53,000	£73,000	1,957	hours worked	Yes
£20,000	£0	0	hours worked	Yes
£19,000	£20,000	0	Hours of care	Yes
£220,000	£220,000	0	N/A	No
£10,000	£719	0	N/A	Yes











provided and any changes to planned spend. At the very bottom of this

ightly returns for scheme types.

lease add in your column K explanation that this achieve 120 weeks of bed based

If yes, please explain why	Did the scheme have the intended impact?
N/A	Yes
The scheme didn't come to fruition, so the funding was used to support the Reablement and High Cost Packages schemes.	No
Halton provided a contribution to the Mental Health Trust improvement programmes that covered a wider system coverage.	Yes
Additional administration was required to support the reporting requirements etc of the Fund. However, the expenditure incurred is less than the permitted 2% of the allocation.	Yes
N/A	Yes
N/A	Yes
N/A	Yes
The scheme didn't come to fruition, so the funding was used to support the Reablement and High Cost Packages schemes.	No



Not all funding was required, therefore the rest of the funding was used to support the Reablement and High Cost Packages schemes.	Yes
Not all funding was required, therefore the rest of the funding was used to support the Reablement and High Cost Packages schemes.	Yes
Not all funding was required, therefore the rest of the funding was used to support the Reablement and High Cost Packages schemes. Funding for the scheme ran from 1.10.22 - 31.3.23	Yes
N/A	Yes
Some of the schemes originally planned didn't come to fruition, so the funding was used to support High Cost Packages of Care, hence increase in expenditure.	Yes
Some of the schemes originally planned didn't come to fruition, so this funding was used to secure additional Reablement capacity, hence increase in expenditure.	Yes
As the Social Work Capacity Later Life & Memory Servie Scheme didn't come to fruition (see below), this funding was used to increase capacity in the Hospital Discharge Teams further.	Yes
The scheme didn't come to fruition, so the funding was used to support Social Work Capacity within the Hospital Discharge Teams (See above).	Yes
Provided a slightly higher contribution.	Yes
N/A	Yes
Not all funding was required; therefore the rest of the funding was used to support the Reablement and High Cost Packages schemes.	Yes











If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
The trust initiated an MDT process within A&E to triage all patients that can be diverted to alternative pathways and support discharges to community teams, avoiding admissions	The pilot has been a success and has been extending into the 1st quarter of the year,
N/A - Scheme didn't come to fruition due to timescales involved.	N/A
The trust has introduced 7 day working and increased discharge support. The funding was used as a contribution towards increasing bed capacity with provider over winter.	N/A
Without the administration support the ASC Discharge Fund reporting requirements etc would not have been able to be adhered to.	Support to administer the Funding and adhere to the reporting requirements is
Additional capacity allowed for beds to remain open over the winter period to improve admissions.	Support required to providers to ensure financial sustainability
Additional capacity allowed for beds to remain open over the winter period to improve admissions.	Support required to providers to ensure financial sustainability
Funding used to improve retention of existing workforce, thus allowing beds to remain open over the winter period.	Support required to providers to ensure financial sustainability
N/A - Scheme didn't come to fruition due to timescales involved in the necessary recruitment to posts etc.	N/A

Incentive Scheme within Domiciliary Care to improve retention of existing workforce to ensure that there was appropriate Domiciliary Care capacity over the 2 week Christmas and New	N/A
Increased the stock of high demand items in Community Equipment Stores to support speediness of Hospital Discharges	N/A
12 beds were provided up to 29.1.23 (17 weeks) and then 6 beds were funded from 30.1.23 to 26.2.23 (4 weeks). This equates to a total of 228 weeks of bed based care. Ensured that there was	A requirement for an appropriate level of transitional bed capacity
Additional capacity to support discharges of patients requiring overnight care in Reablement. Funding for the scheme ran from 1.10.22 - 31.3.23.	N/A
Additional support provided towards high cost packages of care to support speedy hospital discharges.	N/A
Additional capacity to support pressures and speediness of Hospital Discharges, as part of Home First approach. Funding for the scheme ran from 1.10.22 - 31.3.23.	N/A
Additional capacity within the Discharge Team supported the discharge process and flow out of the Acute Trusts	N/A
Additional capacity within the Discharge Team supported the discharge process and flow out of the Acute Trusts	N/A
Healthy @ Home capacity was increased to support patients on pathway 0 return to their own homes and settle, the scheme expanded to cover St Helens Hospital. No specific packages of	N/A
9 Transitional Beds were made available for 14 weeks, thus providing 149 weeks of bed based care. Funding allowed the Trust to retain staffing to sustain 27 escalation beds open until	The scheme eased the pressures on the acute system, for a hospital with
Funding allowed for additional transport to be put in place during Christmas and New Year to support hospital discharges	N/A











