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Health and Wellbeing Board

Wednesday, 10 July 2024 2.00 p.m.
Halton Stadium, Widnes

S. Young

Chief Executive

Please contact Kim Butler on 0151 5117496 or e-mail kim.butler@halton.gov.uk for further information.

The next meeting of the Committee is on Wednesday, 9 October 2024

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

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HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 20 March 2024 at the Karalius Suite - Halton Stadium, Widnes

Present: Councillor Wright (Chair)
Councillor J. Lowe
Councillor Woolfall
I. Baddiley, Halton Borough Council
R. Foster, Bridgewater Community Healthcare NHS Foundation Trust
L. Gardner, Warrington & Halton Teaching Hospitals
T. Knight, Primary Care NHS Cheshire & Merseyside
W. Longshaw, St. Helens & Knowsley Hospitals
T. McPhee, Mersey Care NHS Trust
D. Nolan, Halton Borough Council
D. O’Connor, Halton Borough Council
I. Onyia, Halton Borough Council
S. Patel, Local Pharmacy Committee
F. Watson, Halton Borough Council

Apologies: Councillor T. McInerney
A. Leo, Integrated Commissioning Board

Also in attendance: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB28 MINUTES OF LAST MEETING

The Minutes of the meeting held on 17 January 2024 having been circulated were signed as a correct record.

HWB29 NHS HEALTH CHECKS

The Director of Public Health presented a report which provided the Board with an update on activities by the Council which had contributed towards the Live Well theme from the Health and Wellbeing Board Strategy theme, which focused on working age adults.

The report outlined the findings from the pilot scheme undertaken in 2022, which tackled the inequitable uptake of Health Checks in Halton. Thereafter, the following improvements were introduced:

- A new online booking system was launched to enable patients to book appointments in the community;
- An increase to the availability and accessibility of appointments. The Community model was expanded to include settings such as the workplace and community clinics;
- The NHS Health check contract was updated to improve patient care; and
- New IT software was implemented to help improve inequalities in uptake and monitoring of outcomes following health checks.

Following on from these changes, it was reported that there had been an increase of uptake of health checks overall, including those that lived in the most deprived areas and ethnic minority groups.

The next steps would be to promote the service through social media and community presence and a Communications and Marketing Plan would be developed for the service.

The Board discussed the report presented to them and the following additional information was noted:

- Health Checks are offered via GP's or available via the Health Improvement Team;
- GP's would invite people for Health Checks via text or letter;
- Warrington and Halton Hospitals invited a further conversation, outside of the meeting, to discuss what existing services could do to help support health checks; and
- Future reporting would give a better understanding about the demand for health services and what was needed as a result of the health checks.

RESOLVED: That the Board note the report.

Director of Public Health

HWB30 REDUCING SUICIDES IN MEN

The Board received a report from the Director of Public Health which provided an overview of the work taking place to reduce male suicides in Halton.

According to local data, over the last 3 years, 66% of suicides in Halton had been by men and although this was slightly lower than the national average, more action needed to be taken. Halton had recruited a dedicated Health

Improvement Specialist to lead on this work and develop an action plan to reduce the number of male suicides.

"Calm Your Mind" was a campaign with a local website that was designed by local men, for local men, and was aimed to improve men's mental health and reduce suicides. The campaign shared information to raise awareness of support available. Since it was launched in June 2023, the website had received approximately 400 visitors per month and although it was too early to evaluate its impact, male suicides had reduced by just over half over the past 12 months.

An "exhibition in a box" had also been created as a resource to help raise awareness of the campaign. It included promotional material and details of local support, including men's groups. This resource would be available to local organisations, free of charge, with effect from 1 April 2024.

It was also reported that training was being developed for front line professionals and members of the public on men's mental health issues, and this would be piloted on 1 April 2024.

The Health Improvement Specialist worked collaboratively with Family Hubs to ensure that the work they did with dads, complimented the Calm Your Mind campaign. The Specialist was keen to work with local partners and community groups to raise the profile of the campaign. Discussions were also underway with Widnes Vikings, to explore how they could help raise awareness of the campaign during Men's Mental Health Week in June 2024.

Mersey Care NHS Trust offered assistance with training delivery.

RESOLVED: That the Board note the report and consider any further action which could support the existing work.

Director of Public Health

HWB31 HALTON COMMITMENT TO HIV FAST TRACK CITIES

The Board received a report from the Director of Public Health which outlined Halton's commitment to the HIV Fast Track Cities initiative.

The Fast-Track Cities initiative on HIV was a global partnership between cities around the world. The Paris declaration was developed and led by the International

Association of Providers of Aids Care (APAC). This contained 7 objectives which were outlined in appendix 1 of the report. The Seville declaration was also designed and this was added as a supplement.

In 2018, Liverpool signed up to the initiative and this helped them to drive local plans to improve testing, support, identification and treatment related to HIV, and has bolstered prevention approaches. Liverpool also reported other benefits by being associated with the initiative, for example, the ability to attract funding for research and pilots to reach the target of zero new HIV transmissions by 2030.

The initiative had 3 targets for people living with HIV which was to know their status; have access to treatment; and that their treatment was working.

Halton's endorsement of the initiative would form part of a joint Liverpool City Region (LCR) approach and work as a collective to formulate a series of strategic actions to help the LCR be one of the first regions to achieve elimination by 2030.

RESOLVED: The Board:

1) endorsed the Fast Track Cities Initiative; and

2) identified the Director of Public Health as the nominated Key Opinion Lead for Halton Place.

Director of Public Health

HWB32 STRENGTHS BASED TRAINING - HELEN SANDERSON ASSOCIATES

The Board received a report from the Executive Director – Adults, which provided an update on the strengths-based training that was being rolled out to Adult Social Care (ASC) staff.

Helen Sanderson Associates had been commissioned to deliver strengths based training to ASC staff to help them feel more confident and competent in delivering a strengths-based approach. The report described the customer journey and the support sequence which was a seven step process.

Training would be delivered online via Zoom over two cohorts with a total of 250 staff.

The Board discussed the report and following questions raised, the additional information below was

noted:

- It was suggested that it would be helpful to have a discussion about the training at a future One Halton Partnership Board;
- The Occupational Health Team would be able to provide advice for employees with complex needs, and welfare benefits could be accessed from Access to Work; and
- Links had been made with Warrington Disability Partnership.

RESOLVED: That the Board:

Director of Public Health

1) note the report; and

2) agree proposals for future development.

HWB33 DENTAL SERVICES IN HALTON

The Board received a report from the Head of Primary Care, NHS Cheshire and Merseyside which provided an update on dental services in Halton, the Local Dental Improvement Plan and the publication of the National Dental Recovery Plan.

The NHS Cheshire and Merseyside Dental Improvement Plan 2023/24 was approved in June 2023 and this had been developed to facilitate an increase in access which led to a number of providers offering urgent care. A pathway was also created for looked after children and vulnerable patients, such as those receiving cancer treatment.

The report provided an update on the current position and the Board was familiar with the difficulties dental services had faced post Covid. Nationally, dentists had problems recruiting NHS contracts and as a result had only achieved a 83.2% delivery of a 100% target, although it was noted there had been a slight improvement from the previous year.

In January 2024, NHS England North West Dental Public Health Team undertook an evaluation of the urgent dental care clinical activity across Cheshire and Merseyside. There was only one Urgent Care Dental Centre (UDC) in Halton and a total of 25 dental practices commissioned to deliver Urgent Dental Care activity across Cheshire and Merseyside.

Urgent Dental Care Plus was an initiative to enable patients who had attended the UDC for urgent treatment to return for a full course of NHS treatment. There were 2 Urgent Care Plus practices in Halton that allowed for 3 extra sessions per week and there was an expectation that 4-6 patients would be seen per session, per week.

An evaluation of the UDC Plus Scheme was evaluated from September 2023 – December 2023 and the recommendations from the evaluation was outlined in the report.

Information which related to the provision of primary care dental provision in Halton was summarised in the report. Children seen had increased by 16%, adults (under 65) seen had increased by 6% and adults (65 and over) had increased by 4%.

The report also set out the five key pathways of the Cheshire and Merseyside Dental Improvement Plan.

The Board discussed the information presented to them and the following comments were noted:

- Halton had the lowest number of children accessing a dentist across Cheshire and Merseyside and Public Health requested further work with the ICB and Family Hubs to improve this;
- The Board acknowledged the improvements but would have liked to have seen quicker progress;
- The Improvement Plan was welcomed to help the recover activity to pre Covid levels;
- The lack of increased funding since 2006 gave cause for concern; and
- Dental Practices were being encouraged to sign up to Urgent Care and Urgent Care Plus.

RESOLVED: That the Board note the report.

HWB34 BETTER CARE FUND (BCF) - QUARTER 2 & 3 UPDATE 2023/24

The Board received a report from the Executive Director – Adult Services, which provided an update on the Quarter 2 and Quarter 3 Better Care Fund (BCF) Plan 2023-24, following its submission to the National Better Care Fund Team in June 2023.

The update provided the Board with information on the four national conditions, the five national metrics,

capacity and demand and spend and activity information.

RESOLVED: The Board note the report and associated appendices.

HWB35 HALTON SAFEGUARDING ADULTS BOARD ANNUAL REPORT

The Board considered a report from the Executive Director, Adults regarding the Halton Safeguarding Adults Board Annual Report 2022/23.

Under the Care Act 2014, all Safeguarding Adults Boards were required to produce an annual report which summarised all of the key achievements and priorities the Board had been working towards over the past 12 months. The report set out the national and local developments on safeguarding adults at risk. This included work undertaken to support asylum seekers and refugees; supporting National Safeguarding Week and hosting a strategic planning event for Board members to agree key priorities for the Safeguarding Board going forward.

The Annual Report would be published widely and shared with key partners.

RESOLVED: That the Report be noted.

HWB36 ADULT SOCIAL CARE ANNUAL REPORT 2022-2023

The Board received the Adult Social Care (ASC) Annual Report 2022/23, also referred to as the Local Account.

The Local Account took stock and reflected on how services had developed and been delivered over the past 12 months. It also assessed how ASC had made a difference to people through the services delivered, through their workforce and innovative thinking.

The report also contained high level data on service usage, spend, customer care and safeguarding.

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

On behalf of the Board, the Chair expressed thanks and best wishes to Councillor Joan Lowe who was stepping down from the Board. Councillor Lowe had been a Board

Member for many years and her input and support had been invaluable.

Meeting ended at 3.40 p.m.

Agenda Item 3

REPORT TO:	Health and Wellbeing Board
DATE:	10h July 2024
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Public Health Annual Report 2024
WARD(S)	Borough wide

1.0 **PURPOSE OF THE REPORT**

The purpose of this report is to provide some background information for the presentation on the Public Health Annual Report (PHAR) for the period 2023- 24 Healthy Start. Healthy Future.

2.0 **RECOMMENDATION: That the Board:**

i) note the contents of the report; and
ii) supports the recommendations.

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 For 2023-2024 the Public Health Annual Report focusses the impact of empowered young people who have embraced key messages from the Personal, Social and Health Education (PSHE) curriculum, who are inspired to promote change within their school community. The children and young people are supported to make this change through the work of the Healthy school's team in collaboration with schools and other partners. Annually this culminates in an event where the different programmes that they have developed are shared and their contributions celebrated.

3.4 *“Early childhood is a critical time for development of later life outcomes, including health. Evidence shows that positive experiences early in life are closely associated with better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy” (The Marmot Review 10 Years On).* In recognition of the importance of this window of opportunity in our children and young people’s lives, The Public Health teams’ Healthy Schools Program works with schools and colleges to help create a healthy school environment that builds lifelong health enhancing habits.

3.5 The report highlights some of the key health challenges as well as some of the ways that the healthy schools programme tackles these. Empowering young people with essential life skills contributes to a healthier population and better healthcare outcomes. By shaping healthier behaviours, preventing risky choices and enhancing overall wellbeing, health education can lead to long-term cost savings in health and social care cost. When schools adopt whole-school approaches to health and wellbeing, children can naturally develop healthier habits.

3.6 The report cannot, by its nature, cover the work done in every school but its highlights several schools and educational settings showcasing approaches to vaping on school grounds, peer led health messaging, role modelling to parents around health food and physical activity, five ways to wellbeing and an intergenerational approach to reducing loneliness.

3.7 Finally, all the work has been designed by children and young people locally, including these Halton Children’s Top Tips for a healthy life:

1. Oliver, Y12, Ashley School: “Have a good routine and focus on mindful activities to promote mental wellbeing. Talk to someone.”
2. Liam, Y12, Ashley School: “Get outside for a short time every day – anything from 5 minutes to an hour walking or cycling.”
3. Dougie, Year 5, Windmill Hill Primary: “Eating less junk food can help you to stay healthy.”
4. Isabella, Year 5, Windmill Hill Primary: “Build up activity 5-10 minutes at a time and get your friends involved so it’s more fun.”
5. Hannah, Year 5, Windmill Hill Primary: “Set goals for yourself, like being active every day… and include your friends.”
6. Poppy and Isla, Year 2, Widnes Academy: “Don’t smoke or vape in front of children.”
7. Oliver, Year 6, Westfield Primary: “To be healthy in your mind, try to stay positive and think about the 5 ways to wellbeing”.
8. Max, year 5, St Michaels “Spending time with others and learning new things are really important and can really improve your health and wellbeing.”

3.8 Copies of the report are available in a range of formats

4.0 POLICY IMPLICATIONS

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

5.0 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 report 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

This is a central tenet of the annual Public Health Annual report

6.4 A Safer Halton

Many of the children in the healthy schools who participated described the need for safe environments in which to grow up.

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

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 This report was produced in line with all equality and diversity issues in Halton.

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.

REPORT TO: Health and Wellbeing Board

DATE: 10th July 2024

REPORTING OFFICER: Group Chief Executive, Halton Housing

PORTFOLIO: Not Applicable (external)

SUBJECT: Housing Associations and Health in Halton

WARD(S) Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to advise the Board of the role that housing associations play across the Borough and the contribution they make towards positive health outcomes for residents of Halton.

2.0 **RECOMMENDED: That the Board note the contents of the report.**

3.0 SUPPORTING INFORMATION

3.1 This item will be delivered in presentation form by the Group Chief Executive of Halton Housing, who also Chairs the Halton Housing Partnership (HHP). The HHP represents all major housing associations across the Borough and is also attended by senior officers from Halton Borough Council.

3.2 The presentation aims to provide members of the Board with a greater understanding of the scale and context of social housing activity across Halton, with a particular focus on links with health outcomes for residents.

3.3 The links between the quality of housing standards and positive or negative health outcomes for residents are well documented, as are the potential costs to the NHS of poor-quality housing. This should naturally lead to the housing and health sectors collaborating to promote and deliver positive health outcomes for residents across Halton.

3.4 Work has already commenced on developing a 'Living Conditions' workstream and action plan as part of the Wider Determinants theme within the Health and Wellbeing Strategy.

3.5 It is hoped that this presentation promotes the important role that housing associations play in delivering positive health outcomes across Halton and encourages more collaborative work between the housing and health sectors.

4.0 POLICY IMPLICATIONS

4.1 Living conditions now forms one of the workstreams within the Wider Determinants Theme in the Health and Wellbeing Strategy.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

The presentation will aim to demonstrate that housing associations have a significant role to play in supporting Halton Borough Council to deliver on the 6 priorities identified within the new Corporate Strategy 2024 – 2029.

1) Improving Health, Promoting Wellbeing and Supporting Greater Independence.
2) Building a Strong Sustainable Economy
3) Supporting Children, Young People and Families
4) Tackling Inequality and Helping Those Who Are Most in Need.
5) Working Towards a Greener Future
6) Valuing and Appreciating Halton and Our Community

7.0 RISK ANALYSIS

7.1 There are no risks identified or associated with this item.

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

Agenda Item 5

REPORT TO: Health and Wellbeing Board

DATE: 10h July 2024

REPORTING OFFICER: Director of Strategy and Partnerships (WHH) on behalf of WHH and Bridgewater

PORTFOLIO: Health and Wellbeing

SUBJECT: Warrington and Halton Integration Programme

WARD(S) Borough wide

1.0 **PURPOSE OF THE REPORT**

The purpose of this report is to provide some background information for the presentation on the Warrington and Halton Integration Programme.

2.0 **RECOMMENDATION: That the Board note the contents of the report.**

3.0 **SUPPORTING INFORMATION**

3.1 Our System is not clinically and financially sustainable and we must significantly improve our use of resources. All parties have recognised the sub-optimal working that exists, caused by silo working, fragmentation, and lack of co-ordination. Evidence demonstrates that alignment of management of the system is necessary to effectively address and optimise the use of resources and outcomes for patients and staff.

3.2 We have identified significant opportunities to improve things for both our patients and staff working at the front line and are launching a programme of work to deliver integrated and collaborative models of care between Warrington and Halton Hospital NHS Foundation Trust and Bridgewater Community NHS Foundation Trust.

4.0 **POLICY IMPLICATIONS**

4.1 The integration programme will support delivery of the health and wellbeing strategy.

5.0 **FINANCIAL IMPLICATIONS**

5.1 A £5m savings target associated with the integration programme has been set by the Integrated Care Board.

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. Integration should support achievement of this priority.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

Integration aims to improve the health of Halton residents.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 We recognise the potential risks associated with these plans, in terms of staff anxiety and the potential for cumbersome governance. The overriding aim of delivery of a sustainable system for patients and staff will require focus and leadership to mitigate risks and take people with us.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Equality and diversity will be a key consideration in any service changes that arise through the integration programme.

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.

REPORT TO:	Health and Wellbeing Board
DATE:	10th July 2024
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing Community Safety
SUBJECT:	Trading Standards Service update
WARD(S)	Borough wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide the Board with an update on some of the work of the Trading Standards service and the contribution this work makes in protecting public health and children and vulnerable adults from harm.

2.0 **RECOMMENDATION: That the Board:**

i) note the report;
ii) endorse the approach to doorstep crime and illegal money lending;
iii) endorse the multifaceted approach to both prosecute and disrupt illegal activity by seizing illegal and illicit products to remove them from the market; and
iv) Encourage partners sign up to and share the iCan alert system.

3.0 **SUPPORTING INFORMATION**

3.1 The Trading Standards team provides a wide range of statutory services to protect consumers and legitimate businesses from unfair, misleading or unsafe trading practices. These services include, (but are not limited to) weights and measures, product safety, age restricted sales, explosives, scams awareness, fair trading, doorstep crime, counterfeit and illicit goods - including tobacco and vapes.

The team also provide an enhanced consumer advice service to help consumers enforce their own civil consumer rights.

The work of the team is intelligence led and focussed on risk, ensuring that resources are targeted at those products and business that pose the greatest risk to consumers.

3.2 This report will focus on those services that contribute to protecting

public health and safeguarding children and adults.

3.3 **Scams Awareness**

Anyone can become the victim of a scam but vulnerable adults who are experiencing isolation, bereavement or trauma are particularly susceptible. Scams can originate through the post, by email or over the phone. Many scams originate abroad and so in many cases it is not possible to identify a perpetrator. Where a UK based perpetrator can be identified the team will liaise with the appropriate agency which may include the National Trading Standards Scams Team and the Police when considering the appropriate investigatory and enforcement action.

The focus of the service is to provide the public with advice to prevent them becoming the victim of a scam. If a potential scam victim is identified the team will work closely with the individual to prevent that person becoming a repeat victim. Statistics show that once a victim has fallen foul of a scam they are twice as likely to be targeted again. Scam victims are more likely to need care in the home or end up in a care home, often as an additional cost to the local authority.

The team have developed referral routes with the police, Age UK and the council's complex care teams. Awareness sessions have been provided to adult social care staff on how to identify individuals who may be vulnerable to scams and referral routes to trading standards. Further sessions are being delivered to the elderly and vulnerable throughout the Borough to increase awareness and prevent them becoming the victim of a scam.

3.3.1 **Scams Case Study**

An elderly resident lost £4000 to a friendship scam. These scams are essentially a form of grooming whereby the perpetrator befriends the victim online, usually via social media. Once they have gained the trust and confidence of the victim they start to request large sums of money. In this case regular support visits were made to prevent the resident becoming a repeat victim. Referrals were made to adult safeguarding and Age UK. The resident has recovered well from the incident and is continuing to live independently in the community.

3.4 **Doorstep Crime**

Doorstep crime involves residents, who are often elderly and vulnerable, being pressured into agreeing to work on their property. This can arise from a cold call at their door, or by the victim making contact with a trader that appears to be legitimate. The work is often unnecessary, and what may start off as a small amount of work

ends in the victim being pressured into further work, which is carried out to a poor standard, of little or no value, or not done at all. The traders will often demand payment in cash and the price charged is often significantly higher than the true cost or value of the work undertaken. In many cases the price will rise, and the trader will make further demands for payment by exerting pressure or becoming aggressive. In some cases, the trader will offer to take the victim to the bank to coerce them into making a payment.

The team respond to many cases of doorstep crime a year. The numbers fluctuate and vary over the seasons. For example, in the summer there is often a spate of gardening and driveway complaints, or in the winter following poor weather there may be an increase in roofing complaints. If a call is made that there are suspected rogue traders at a consumer's property then a rapid response visit is carried out, alongside the Police to intervene. This is to safeguard the victim, prevent any money being handed over, and where necessary arrest any suspects for further investigation.

The team investigate all complaints, and where an offender can be identified, will consider criminal action for any potential fraud or consumer protection offences. Where fraud or theft is suspected the police may also investigate. The majority of doorstep crime offenders operate across borders, and many are linked to serious organised criminality. The team liaise with neighbouring Trading Standards teams and partner agencies to ensure that intelligence is gathered and shared, and any enforcement action is coordinated, and prosecution cases are joined where necessary.

Banks that are signed up to the Banking Protocol are trained to alert the police and/or trading standards if they spot unusual transactions, for example a consumer making large cash withdrawals for home improvement work. If the Protocol is invoked, then the consumer will be prevented from withdrawing the money.

3.4.1 **Doorstep crime case studies**

1. A 90-year-old Widnes man with dementia was targeted by traders who demanded £9500 for work to his driveway. The victim was not aware what work had been agreed to and the trader did not provide the correct paperwork required by law. The police were contacted by the man's relatives after he went to withdraw £2000 in cash to pay the traders. Trading Standards officers took over the case and intervened to prevent the victim losing more money and to negotiate a refund of money already paid. The gentleman was provided with a Ring CCTV doorbell as part of a National Trading Standards target hardening scheme to help prevent repeat victims.

2. In another case an elderly victim was advised he needed a new

roof and paid £9,900 to the trader. He was left with water pouring through the ceilings of his home. The work was found to have no value. Following a criminal investigation, it was identified that the trader was committing fraudulent activity across the Northwest and had previous convictions for similar offences. Therefore, the prosecution has been joined with 2 other local authorities at Preston Crown Court. The trader will be sentenced in July and is expected to receive a significant custodial sentence and prevented from trading with a Criminal Behaviour Order on release. The team are also assisting the consumer in obtaining a refund from their bank through the Financial Ombudsman Service.

3.5 **Illegal Money Lending**

Any individual or company providing financial services, such as loans or credit must be authorised by the Financial Conduct Authority. Any loans or credit made must be in accordance with the Consumer Credit Act 1974. Although councils have powers to enforce these provisions, in England all local authorities have delegated these powers to Birmingham City Council who operate the national Illegal Money Lending Team (IMLT)

The IMLT investigate and prosecute illegal money lenders and provide emotional and financial support to victims.

Illegal money lenders, commonly known as Loan Sharks, lend money often in cash at vastly inflated rates of interest with no paperwork and none of the protections provided by the Consumer Credit Act. Repayments are often demanded with threats of violence and interest and additional payment requests made arbitrarily. Victims will often end up paying many multiples more than the original sum owed. This cycle of debt can have a significant impact on a victim’s mental health, and there have been cases, including in Halton, where sadly victims have taken their own life.

Research by the IMLT indicates that 33% of loans made by loan sharks are to fund household bills including energy and food.

Loan sharks can be reported through the IMLT’s Stop Lone Sharks Website. Home - Stop Loan Sharks the site also provides advice and guidance to support and encourage victims to come forward and report loan sharks.

The Trading Standards team receive regular updates on the work of the IMLT and support this work by signposting people to the stop loan sharks website and sources of advice and support such as CAB and Credit Union.

There has been no recent enforcement action in Halton but in 2022

a Widnes woman was arrested on suspicion of illegal money lending and money laundering in a joint operation between the police and the IMLT.

The IMLT have also undertaken a number of projects in Halton to raise awareness of loan sharks. This has included a recent arts project with Ormiston Bolingbroke Academy and the “Sharks in the Park” art trail around Phoenix Park.

3.6 **Tobacco and Vapes**

The team have a range of powers to deal with the risks posed by illicit tobacco and vapes.

The trade in illicit tobacco involves a range of products that may be counterfeit or illegally imported that are sold illegally without the payment of VAT or excise duty. These products are sold at a fraction, often just a third of the price, of legitimate products. By evading taxation these products undermine the principal public health control on tobacco consumption. Through a combination of taxation and other legislation, such as the ban on smoking indoors, the rate of people smoking has reduced from 26% in 2000 to 13% in 2023. Illicit tobacco risks reversing the significant public health progress that has been made.

Over half of all smokers of illicit tobacco come from the most deprived socioeconomic groups. (source Gov.uk). The health risks associated with tobacco consumption are well documented. The sale of illicit tobacco therefore compounds the health inequalities experienced by these groups.

According to data published by Action on Smoking and Health (ASH), a public charity established by the Royal College of Physicians, it is estimated that smoking costs the economy of Halton £111.7m each year. These costs are made up of:

- £70.3m due to productivity loss.
- £36.4m Social Care costs, which includes the cost of informal care met by family and friends,
- £4.4m for Healthcare, including hospital admissions and treatment by primary care services.

Vape products were developed by the tobacco industry in response to the indoor smoking ban which was introduced in the UK in 2007. Since their launch, vape products have been viewed as far less harmful to health than cigarettes and so have been promoted by public health practitioners as an aid to help people quit smoking.

However, there is now growing concern about the use of vape products by children and adults who have never previously smoked,

thereby exposing them to the risk of becoming addicted to nicotine

Legitimate vape products must be approved by the Medicines Health Care Regulatory Authority (MHRA), to ensure they meet standards relating to health and safety. The quantity and strength of nicotine within the products is also restricted. Illicit products are not MHRA approved and contain illegal quantities of Nicotine.

Test purchasing exercises undertaken by the team have found that shops involved in selling illicit tobacco and vapes have also sold tobacco and vape products to children.

The Trading Standards team have adopted a multi-faceted approach to tacking illicit tobacco and illegal vapes. As well as prosecuting offenders, the team uses intelligence to target premises and disrupt illegal activity by seizing illegal and illicit products to remove them from the market.

Since 2019 the team have seized nearly 120,000 illegal cigarettes with a value of around £101,490.

In 2024 to date the team have seized around 5000 illegal vapes with an estimated value of £35,000

The most recent approach is the use of Closure Orders under the Anti-Social Behaviour Crime and Policing Act 2014 to close premises that are persistently found to sell illegal products, and also sell the illegal products to children.

In addition, the team works closely with partner agencies, to investigate, prosecute and disrupt the criminals. Utilising funding available from the National Trading Standards Op CeCe project, to fund the use of tobacco search dogs and third-party test purchases.

With the introduction of track and trace legislation there are also the additional sanctions for HMRC to fine businesses up to £10,000 for each seizure of illicit tobacco and to remove their ability to sell tobacco. Trading Standards are able to refer cases to HMRC to administer the sanction and provide the valuable intelligence regarding those involved in the illegal manufacture, importation or distribution of tobacco in the UK.

3.6.1 **Tobacco and Vapes case study**

A retail premises trading as News Rack, in Albert Road, Widnes, was the subject of a lengthy Trading Standards investigation spanning three and a half years, which involved more than twenty complaints from the public. Traders operating at the premises were visited nine times during the period, resulting in three seizures of illegal tobacco and non-compliant vapes, worth thousands of

pounds.

Despite the numerous visits, the seizures, and four warnings issued to the occupants of the premises, the traders continued to sell counterfeit tobacco and illicit vapes, including two test purchases to children under 16.

During the most recent visit in April 2024, Trading Standards Officers seized over £10,000 of counterfeit tobacco and illegal vapes. During this visit the officers, assisted by ‘Billy’ a Wagtail tobacco seizure dog, uncovered two concealment units hidden behind a mirror and a staircase.

As a result of the continued use of the premises to cause nuisance, and to facilitate criminal activity. Trading Standards successfully obtained a Closure Order at the premises for the maximum permitted time of 3 months. The application was made under The Anti-Social Behaviour, Crime and Policing Act 2014, and means the premises will now remain closed until 14th August 2024. Criminal action may still also be taken against individuals linked to any offences.

3.7 **Age restricted sales**

The Trading Standards team enforces a range of legislation that places age restrictions on certain products such as alcohol, tobacco, vapes, knives and fireworks. They work with premises selling age restricted products to advise and educate traders and promote age verification schemes such as Challenge 25 to help prevent sales being made to children who are under the legal age.

The team also undertake test purchase operations using child volunteers to test a retailer’s system and see if they sell to children. This is targeted at premises where intelligence has been received regarding sales to those underage.

In the past 12 months 3 prosecutions have been successfully concluded at court resulting in 3 convictions and fines handed out. Where further criminality has been identified at those premises, this will also be used as evidence towards other enforcement options, such as in the Newsrack case above. There are also further cases which have not yet been concluded but are in the court system.

3.8 **Consumer advice and the Citizens Advice Consumer Helpline**

The main route for referrals into the Trading Standards team are via the national The Citizens Advice Consumer Service Helpline (CitA). CitA will provide initial basic advice to the consumer. Cases where there may be a criminal element requiring further investigation are referred on to the team. In addition, Halton is one of a very small

number of local authorities that have retained a consumer advice function. If the consumer helpline has not been able to resolve an issue through the provision of basic advice, or that advice cannot be followed as the consumer has additional support needs, the case will be referred to the consumer advice team in Trading Standards for enhanced consumer advice. This aims to help consumers enforce their own civil consumer rights with support and guidance to secure a refund or redress for faulty or sub-standard goods or services. In some cases, this involves helping consumers prepare cases for the small claims court and liaising with a trader on behalf of the consumer to negotiate.

The civil and criminal team work together to try and obtain redress for the consumer, and also take any enforcement action where needed to prevent further consumer detriment.

The service receives referrals from CitA, and further referrals are also made via partner agencies and departments within the Authority. Last year alone 464 referrals were received from CitA.

In the last 12 months the civil advice service has helped Halton consumers achieve over £78,000 of civil redress, in cases where this would not have otherwise been possible without the intervention of the team.

3.8.1 **Consumer advice case studies:**

1. The team assisted three consumers who had purchased goods from the same trader, none of whom had received their goods, even though they had paid for them in full. One of the consumers was partially deaf, the second consumer was unemployed and in receipt of benefits, and the third consumer was elderly. The trader was trading as a registered charity and had made false promises to refund the consumers over a prolonged period. Following the intervention of the team, two of the consumers have now received full refunds and work is ongoing to obtain a refund with the third consumer.

2. The team assisted a consumer who had been defrauded out of a considerable sum of money believing that she was paying a solicitor to get her out of a timeshare agreement. The company was untraceable, and the consumer was unable to obtain a refund. The team intervened and were able to help the consumer obtain a full refund through her bank.

3. The team assisted a vulnerable consumer who had been defrauded in a bitcoin scam. The fraudsters took all her life savings. The team supported the consumer in obtaining all the money back via her bank.

4. The team assisted a consumer with pursuing a case through the small claims court where a builder failed to complete building work with reasonable care and skill. The team consulted with the trader to try to resolve the case, to no avail. The team prepared all the court documents for the consumer to pursue her claim in court. The court awarded in the consumer's favour, and she has received a refund.

3.9 **iCan Consumer Alert Network**

The team operate iCan a popular email alert service to warn consumers, business and community groups of scams and product safety information. There are currently 720 external recipients such as community groups, charities, agencies (such as the police) and members of the general public. iCan messages are also distributed to all HBC council staff and elected members.

The iCan system has been in maintenance in recent months, but it is now fully functioning. The number of iCan messages sent out will steadily increase in the coming weeks and months.

A recent alert was issued to coincide with child safety week to highlight the risks posed to young children from button batteries and laundry tablets.

Individuals or organisations that wish to join iCan should email trading.standards@halton.gov.uk

4.0 **POLICY IMPLICATIONS**

4.1 The Trading Standards functions are statutory services. The Trading Standards team is an integral part of the Public Health department enabling the core Trading Standards functions to contribute to the borough's public health and community safety objectives.

5.0 **FINANCIAL IMPLICATIONS**

5.1 There are no financial implications associated with this report.

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

6.1 **Children & Young People in Halton**

The work of the team to enforce legislation regarding age restricted products such a tobacco, alcohol and knives helps to protect children from the harms caused by these products. The work around product safety and unsafe items such as toys also protects children from harm.

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

None identified.

6.3 **A Healthy Halton**

The team's work to tackle illicit tobacco and vapes contributes to the borough's public health objectives in reducing the prevalence if smoking and the harm caused by illicit and illegal products.

6.4 **A Safer Halton**

The team's work to raise awareness of scams, investigate cases of doorstep crime and support victims contributes to the safeguarding of vulnerable adults.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 There are no significant risks arising from his report

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.

REPORT TO:	Health and Wellbeing Board
DATE:	10 July 2024
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Pharmaceutical Needs Assessment
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide members of the Board with a briefing on the Pharmaceutical Needs Assessment (PNA), including risks associated with it and proposed local governance.

2.0 **RECOMMENDATION:**

i) The Health & Wellbeing Board is asked to note and agree that the lead is the Director of Public of Health and;

ii) That the management of the PNA will be through the established local steering group led by public health.

3.0 **SUPPORTING INFORMATION**

3.1 The pharmaceutical needs assessment (PNA) is a statutory document that states the needs for pharmaceutical services within the local population. This includes dispensing services as well as public health and other services that pharmacies may be commissioned to provide. It is used as the framework for making decisions when granting new contracts and approving changes to existing contracts as well as for commissioning pharmacy services. The NHS Act in 2006 originally set out the responsibilities for producing a PNA. The legislation was then amended in 2013 transferring responsibilities from Primary Care Trusts to Health and Wellbeing Boards.

3.2 **Background to the PNA**

A PNA details the current pharmaceutical service provision available in the area including potential need for changes to this in the future because of changes to the health needs or geographical location of the local population. It covers a 3-year period. Any changes to community pharmacy provision within the lifetime of the PNA can be detailed in supplementary statements to keep the document up-to-date.

The next PNA must be published by 1 October 2025. The regulations stipulate both minimum content and process. To conform to the regulations means that the PNA typically takes approximately a year to develop.

The PNA enables all commissioners of community pharmacy services to make sure that any new contracts granted and pharmaceutical services commissioned are based on the information provided in the document.

Anyone wishing to open a new pharmacy in the area needs to include in their application their plans to meet the needs of local people as identified in the PNA.

The next PNA will be Halton's fifth document. The steering group has recently been re-established to oversee the next version of the PNA, chaired by a Consultant & Deputy Director Public Health.

3.3 **Changes effective since 1 April 2013**

From April 1st 2013 health and wellbeing boards (HWBBs) have had a statutory responsibility to publish and keep up to date the PNA. Health & Wellbeing Boards are also responsible for producing the Joint Strategic Needs Assessment (JSNA). The PNA is linked to the JSNA but must be a separate process and document.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, effective from 1 April 2013, stipulate both the process for developing the PNA and minimum content. This includes a statutory 60 day consultation period.

On 1 April 2023 the responsibility for making decisions on pharmacy applications based on the PNA passed from NHS England to Integrated Care Boards.

3.4 **Commissioning arrangements**

The Integrated Care Board (ICB) is mandated under these same regulations to use the PNA when making decisions on applications to open new pharmacies and dispensing appliance contractor premises.

Public health teams and ICB Place commissioners can also use the PNA to inform their commissioning decisions on locally-commissioned services from community pharmacies. Robust, up-to-date information is important to ensure that community pharmacy services are provided in the right place and meet the needs of the communities they serve.

3.5 **Proposed arrangements for producing Halton's next PNA**

A Cheshire and Merseyside group of local authority PNA leads, the Cheshire & Merseyside ICB pharmacy contracts lead and representatives from the Local Pharmaceutical Committees have met to agree the common elements of the PNA, both content and information gathering exercises. This will avoid duplication of effort and enable easy sharing of information, especially in relation to the requirement to consider cross-border provision as part of the PNA.

The Cheshire & Merseyside group proposed to use the current Halton PNA document framework to produce the next PNAs, with some minor amends to streamline content and reflect changes to the commissioning landscape. This will ensure that although each HWBB PNA will be developed locally and differ according to the local area and population needs, each local authority area will follow the same template which will make it easier to use and review. The amends have been checked against the regulations and with these key stakeholders to ensure the PNA remains fit for purpose.

The Health & Wellbeing Board is asked to note that the lead is the Director of Public of Health and that a steering group has been established led by public health.

The steering group will oversee the operational development of the PNA including a statutory (minimum) 60-day consultation on a final draft document.

The findings of the consultation will inform the final report. The steering group will circulate the draft report to the HWBB before the PNA is published. This is in line with the regulations.

It is important to ensure that all information within the PNA is accurate and up to date, and this can be achieved by ensuring that all relevant stakeholders are represented on the steering group. The membership includes representatives from:

- Halton Borough Council's Public Health Team,
- ICB pharmacy contracts team,
- Sub-ICB Place commissioning and medicines management
- Local pharmaceutical committee (LPC),
- representation from the local community (Halton & St Helens CVA),
- Healthwatch,
- an elected representative from the Health & Wellbeing Board.

Following the consultation period we are required to provide a response to each point that is fed back through the consultation process, making any necessary amends to the PNA document.

The PNA must be published by 1 October 2025 at the latest on a publically accessible website. The Joint Strategic Needs Assessment (JSNA) is published on Halton Borough Council website so the PNA will be made available alongside the JSNA.

3.6 **Resources**

This is a large piece of work which will extend over a considerable period of time. Typically to write the document and undergo the 60-day statutory consultation PNAs have taken 12-15 months to complete. As well as information gathering from the organisations who commission services from pharmacies as to current and future needs, there needs to be extensive work done by public health team to oversee the document development including describing the local population and health needs as well as mapping provision of pharmaceutical services. Work also needs to be done looking at future changes that could impact upon pharmaceutical need. These could include major housing development plans due to be delivered during the lifetime of the PNA, closure of a local industry and planned or predicted changes to local health or healthcare The local population will also be consulted as to their views on current provision of pharmaceutical services and aspirations for future pharmaceutical services.

3.7 **Proposed next steps**

Steering group to:

- Start to populate the PNA with information already available such as JSNA
- Start to gather information about community pharmacy providers to update the current PNA
- Ask the local community for feedback on current pharmacy services and aspirations for future pharmacy services
- Speak to local authority planners and healthcare commissioners to determine future planning of housing, industry and healthcare.
- Produce a final draft document
- Undertake a 60-day statutory consultation.
- Inform the HWBB of the results of the consultation and share the final document with the Board before publication by 1 October 2025

4.0 **POLICY IMPLICATIONS**

4.1 The health needs identified in the JSNA will inform development of the PNA.

4.2 The JSNA provides a robust and detailed assessment of need and priorities across Halton borough. As such is should continue to be

used in the development of other policies, strategies and commissioning plans.

5.0 FINANCIAL IMPLICATIONS

5.1 Any legal challenges to decisions based on information in the PNA may open the Health & Wellbeing Board up to Judicial Review. This can have significant financial implications.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Improving the Health of Children and Young People is a key priority in Halton and this should be reflected in the PNA, detailing service provision that is appropriate to this age group.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

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

6.4 A Safer Halton

None identified.

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. Pharmacies provide a vital primary health care service to residents across the borough, are located within the heart of communities and offer open access to trained health professionals for advice on a wide range of issues.

7.0 RISK ANALYSIS

7.1 Failure to comply with the regulatory duties fully may lead to a legal challenge, for example, where a party believes that they have been disadvantaged following the refusal by the ICB over their application to open new premises based on information contained in the PNA.

7.2 As such the PNA will be noted on the HBC corporate risk register through public health. The robust development process, including the use of national guidance, involvement of local expertise throughout and statutory consultation, that has been detailed above will mitigate against this risk.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The PNA seeks to provide intelligence on which to base decisions about service provision that are based on levels of need across the borough. This includes analysis of a range of vulnerable groups and the need for targeted as well as universal services to meet the range of needs identified.

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 The production of the PNA does not in itself have any direct implications for climate change. Provision of pharmacy services described in the PNA and its assessment against need may help contribute to a reduction in carbon emission through reducing the need to seek further healthcare services.

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

None under the meaning of the Act.

 Agenda Item 8

REPORT TO:	Health and Wellbeing Board
DATE:	10th July 2024
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Wider Determinants of Health: Responding to poverty & tackling the drivers of health inequalities
WARD(S)	Borough Wide

1.0 **PURPOSE OF THE REPORT**

1.1 This report presents the effects of the cost of living crisis on those living in poverty in Halton and the cumulative efforts of Public Health, the local authority and the voluntary sector to alleviate them.

2.0 **RECOMMENDATION: That the Board:**

i) Endorse the work taking place in Halton;
ii) Note the importance of multi-agency approaches to tackling inequalities and collective work;
iii) Note the requirement for a long-term focus on prevention to combat the drivers of poverty and health inequalities; and
iv) Discuss how to sustain support for interventions, to ensure they remain open and available to all.

3.0 **SUPPORTING INFORMATION**

3.1 **Definition**

Households are considered to be in poverty if their income is 60% or less of median national household income. Our aim in Halton is to support those in our communities to live in comfortable warm homes with access to affordable healthy food.

3.2 **National picture**

Inflation grew rapidly from the end of 2021 reaching its peak at the start of 2023 (Appendix 1). Inflation has steadily fallen since then returning to 2.3% in April (Appendix 2) with a continued decline expected. The main driver of inflation has been the cost of energy with the fall in inflation over the past year solely driven by a drop in fuel costs with food costs having risen over the year (Appendix 3).

The Government introduced the energy price cap in the Winter of 2022 to protect customers from further price rises, however, the cap still represented a 3 fold increase on a bill for the average household.

It is important to note although this means prices will not continue to rise at the alarming rate we have seen in the past 2 years, it does not reverse the squeeze on living standards we have experienced.

3.3 **The Halton approach**

During 2023 the government made cost of living payments to those on mean tested benefits, totalling £900 over the course of the year. When these payments were made during the year we saw a notable drop in the demand for crisis support (Appendix 4). Unfortunately, these payments provided short term relief and demand rose in between. However, it does inform the priorities of our approach to combatting poverty, follow initiatives that maximise income and reduce household costs while ensuring available support is well advertised and accessible in the community.

Poverty is fundamentally an issue of income not meeting necessary expenditure. The source of this income and the level of necessary expenditure will vary from individual to individual leading to different rates of poverty amongst different demographics within the Borough.

The local range of poverty responses are a mixture of national and local authority schemes alongside organically grown community initiatives. With increasing demand from rising cost of living challenges there was impetus to work collectively going forward. Public Health led on this in the form of two networks, Feeding Halton and Affordable Warmth, which have since been joined together to form the Poverty Alliance. The group’s membership consists of local authority departments, commissioned services and third sector and community groups. The aim is to better coordinate any available resources that tackle poverty to ensure a coherent approach to intervention and pursue innovative approaches collectively.

3.4 **Outreach**

Central to this coherent approach has been to lead on outreach both in connecting front line organisations to services and speaking directly to the public. Over Winter we ran training sessions for front line staff on available support including foodbanks, social supermarkets, emergency energy payments for both pre-pay meters and direct debits as well as a range of options supported by the household support fund. The sessions were attended by over 70 staff from a range of departments from primary care to social workers.

We continue to run regular Partners in Prevention events. The events aim to provide a face to face forum for professional networking for the full range of organisations offering public services in Halton. The Winter event at the start of this year took place in the Shopping City in Runcorn. The event was open to the Public to bring together local support to connect with residents in an informal environment. 17 groups attended including family hubs, short breaks services, wellbeing enterprises, libraries and energy projects plus amongst others. The upcoming event next month will be ran alongside Adult Social Care as we look to expand the way we connect organizations to the support their clients require.

For the past two Winters we have created and ran the cost of living webpage as a central information point for all cost of living offers in Halton for professionals and the public to refer to. To improve signposting to this page between January and March we ran a campaign with marketing company Global media. The campaign consisted of a radio and video advert all linked to our central cost of living page with support options for those struggling with the weekly shop, the cost of energy and activities for kids amongst a range of help accessing national support. Over the course of Q1 the radio advert was listened to 63,142 times with 50% of these coming through the Radio and Spotify and 38% the Phone, reflecting the importance of targeting different forms of communication beyond our website. The video advert was viewed 47,008 times with 27,189 individual viewers. We also ran some sponsored Facebook adverts, particularly around specific support such as the healthy start scheme that we could target at the eligible demographic. This advert had another 13,000 views. The cost of living webpage had 4,228 visitors during Q1 of this year with support for food and household bills the most popular support searched for.

3.5 **Funding for interventions**

The interventions we have supported during the cost of living crisis reflect the multi-agency approach we have taken with support a combination of national, local and voluntary initiatives. Many of these initiatives are aided by the household support fund (HSF). The fund is an ad hoc pot of money given to councils by central government to help programs supporting residents with cost of living issues. It is currently in its 5th iteration which runs out at the end of September, no announcement has been made to commit to this funding beyond then. Some of the main food and fuel services funded are as follows:

- Food support for families- This includes the largest scheme the fund supports with food vouchers for children eligible for free school meals during the school holiday periods. This is essential

support to families with children who we see disproportionately need to use foodbanks compared to single adults.

- Fresh food at Social Supermarkets- We have 5 Social Supermarkets in Halton that provide redistributed surplus food at a discount in a community setting. We have been able to provide HSF funding to subsidize fresh food purchases to ensure healthy food is still available to those struggling.
- Foodbanks- Both Foodbanks in Halton have seen huge increases in demand since the pandemic and subsequent cost of living crisis. With donations struggling to keep up with demand HSF funding makes sure 3 days' worth of food is still available to anyone who requires it.
- Energy payments- HSF supports energy projects plus and the discretionary support fund to provide emergency energy payments to those struggling on both pre-pay meters and direct debit. This has been an essential offer over the past 2 years and forms a large part of the preventative approach we have to housing conditions below.

3.6 **Prevention approach**

Housing Conditions

Research:
As part of our work to tackle fuel poverty we have been looking into home conditions and the effects of damp and mold on the health of residents. This work has covered 2 main areas; identification of those in poor housing, particularly those with respiratory conditions and the pathway to available support currently in place.

We have set up a research piece with Bridgewater to look at how 0-19s are assessed during home visits. This includes looking at what questions are asked by staff during visits, training of staff in identifying signs of damaging mold, and the recording and escalation process for those with health conditions most at risk due to poor housing conditions.

As part of this work, we've met with the team at Halton Housing that covers home improvements to see if there is some shared learning and joint interventions we can do together. Halton Housing have recently been using air quality monitors in properties susceptible to damp to track home conditions for residents, with structural improvements or education on behaviour for residents with sustained high levels of humidity.

Working with both Bridgewater and Halton Housing a lack of data available on health conditions was a barrier to proactively targeting support. We continue to look into data sharing opportunities with primary care via the CIPHA fuel poverty dashboard which brings

data sets together to predict those at greatest risk of fuel poverty cross referenced with certain health conditions.

For available interventions we've grouped these into 3 categories to cover the reasons residents require support; financial, behavioural and structural. For those struggling to heat their homes we've secured continuing emergency support for fuel vouchers for those on both pre-pay meters and direct debit until the end of September ensuring every resident regardless of property type has a pathway to support with bills. For those requiring some education on causes of mold and when to ventilate their property we will be working with Energy Projects Plus who will offer home visits as part of their warmth for health scheme. Alongside these visits we have purchased some mold cleaning kits, dehumidifiers and hygrometers which measure humidity to equip residents with what they need to keep the problem away.

Home improvements:
For properties requiring structural improvements public health has taken the lead on the expansion of the Eco Flex scheme. The scheme offers grants for home improvements such as wall and loft insulation to private properties. Public Health is now working with the group consumer rights to improve the connection between those eligible and suppliers including outreach to all homes in Halton. In 6 months over Winter 40 successful applications were signed off for work to begin on improving the residents home efficiency.

Enforcement:
The environmental health team are responsible for enforcing housing standards in both the social and private rented sector. The environmental health team are an integral part of the public health directorate which ensure the councils regulatory functions are aligned with the councils public health objectives and facilitates the escalation of cases for further investigation. Where cases of damp and mold are identified, these will be escalated to environmental health for investigation and where necessary appropriate enforcement action. The environmental health team have been awarded some funding as part of a DLUCH project to better understand the incidences of damp and mold and increase enforcement of housing standards in the private rental sector. This will require the team to ensure that referral pathways into the service are optimised to maximise the opportunities for the team to intervene and improve standards.

Social Value

We are continuing to help connect social value offers received from local businesses to groups in the community. The offers are a mixture of financial support to corporate volunteering days. Included in this is an agreement we struck with Trevors caterers who are one

of the main food suppliers the council procures. On a quarterly basis they provide food supplies to all 5 social supermarkets in Halton as part of their contract, providing around £3000 worth of support over the year. This will continue over the course of their contract. Building on the success of these offers we are looking to build a social value portal, an online page where local businesses can connect with community groups they want to support. This will both formalise the current process included in our social value policy and give a platform to advertise for further support with the wider business community in Halton.

Regional networks

We are currently working with Liverpool City Region on the development of a regional food poverty strategy. This will build on the work we have done establishing the Feeding Halton network to look at sustainable funding and resources for community food initiatives. We have worked with national lobbying group Feeding Britain on successfully lobbying DWP to share data on those eligible for the healthy start scheme to encourage increased sign up. For fuel poverty we are part of the Cheshire and Merseyside fuel poverty steering group to look at opportunities for collaborative work with primary care on tackling the wider determinants of health. Finally, we are part of the All together fairer steering group that connects all Boroughs in the region together who are working to implement the indicators in the Marmot report.

4.0 **POLICY IMPLICATIONS**

4.1 **Housing policy**

The council is currently renewing its housing policy. This has included the views of Public Health on the priorities of housing conditions and the work to improve pathways for those with health conditions living in poor housing.

4.2 **Social Value Policy**

The council is currently in the process of renewing its social value policy which has been in place since the social value act came into force in 2012. As part of this we are exploring possibilities of creating a social value portal to host offers of community investment from providers the council trades with. This will formalise the success we have had on an ad hoc basis in connecting business offers with community groups.

5.0 **FINANCIAL IMPLICATIONS**

5.1 The Household support fund has been in place for 4 years in various iterations and has supported many key services that those in crisis

rely on. The funding is due to end at the end of September creating a cliff edge for some services at the start of Winter when demand for certain services, particularly energy support, is needed the most.

5.2 Charities are predominantly funded through either donations which have reduced as the cost of living affects the wider public or support from the local authority which is under increasing financial pressure. Without the services groups provide in community demand for council support would increase.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Poverty and its effects disproportionately impact children and young people in Halton. Providing the best start in life can be significantly impaired by the issues outlined in this paper. Children and young people will need to be at the heart of decision making moving forward.

6.2 Employment, Learning & Skills in Halton

Halton Borough Council provides employment services for local residents through the Halton People into Jobs scheme. Finding appropriate work that pays a living wage is vital to addressing some of the issues within this paper. Although it is to be noted that those in full time work are not immune to living in poverty, given the cost of living issues.

6.3 A Healthy Halton

Spending on groceries in the past year has increased by 20% across the country with many forced to choose cheaper, unhealthier options or reducing the amount they consume. The opening of community food initiatives like social supermarkets and supporting in providing affordable fresh food ensures healthy meals are available to families struggling locally.

6.4 A Safer Halton

Halton has a significantly worse rate for violent crime compared to the rest of the country. Tackling inequalities and supporting the sustainability of local initiatives will help embed local support within communities.

6.5 Halton's Urban Renewal

The 5 Social Supermarkets have provided new community hubs in Halton as a base for residents to access wider services with the initiatives ran by local community organisations.

7.0 RISK ANALYSIS

7.1 There are ongoing risks to the welfare of local people due to the effects of the wider determinists of health and poverty.

7.2 The breadth of support that can be offered is currently dependent in many cases on non-recurrent funding as highlighted above. Continuing work in these areas will be at risk depending on future funding settlements

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Health inequalities are a significant factor across Halton. Those suffering from poorer health are more likely to live in the more deprived areas of the borough and more likely to be living in poverty. Those living in the most deprived Wards in Halton have a life expectancy 13.7 years worse for men and 9.3 years for women compared to the least deprived wards.

8.2 Addressing the issues highlighted in the paper will go some way to addressing health inequalities, although further improvements will require system wide working across Halton including partner organisation in Health, Housing and employment.

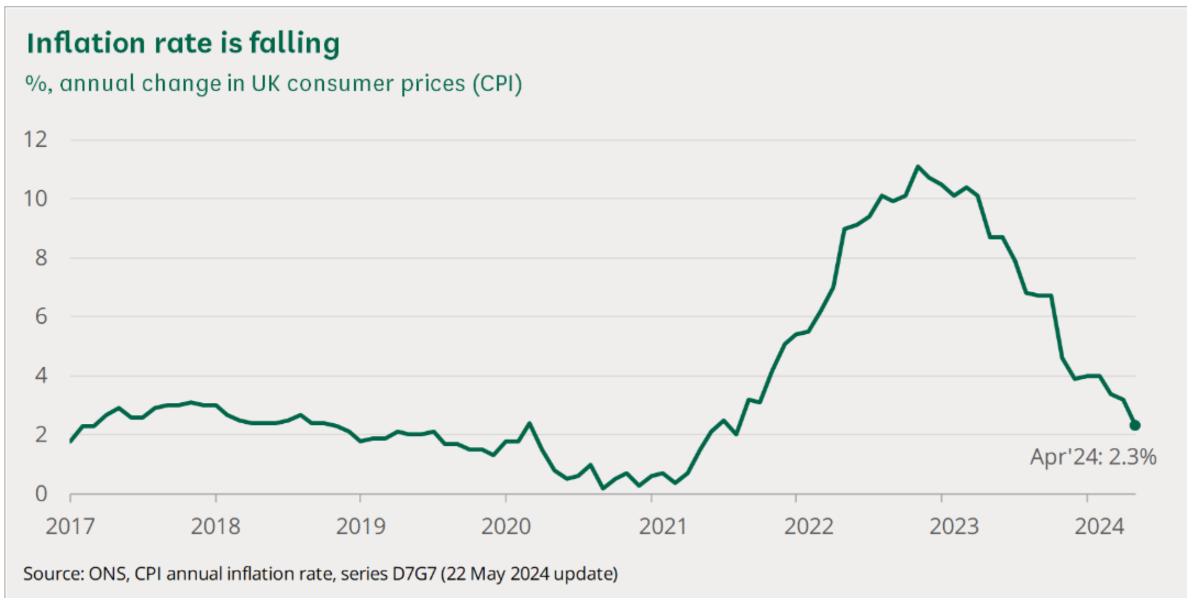
9.0 CLIMATE CHANGE IMPLICATIONS

9.1 The expansion of the Energy Company Obligation scheme (ECO) presents opportunities to improve the energy efficiency standard of homes with an EPC rating of D or below. The aim of improving home standards is to reduce the amount of energy usage a household requires both reducing bills and tackling climate change.

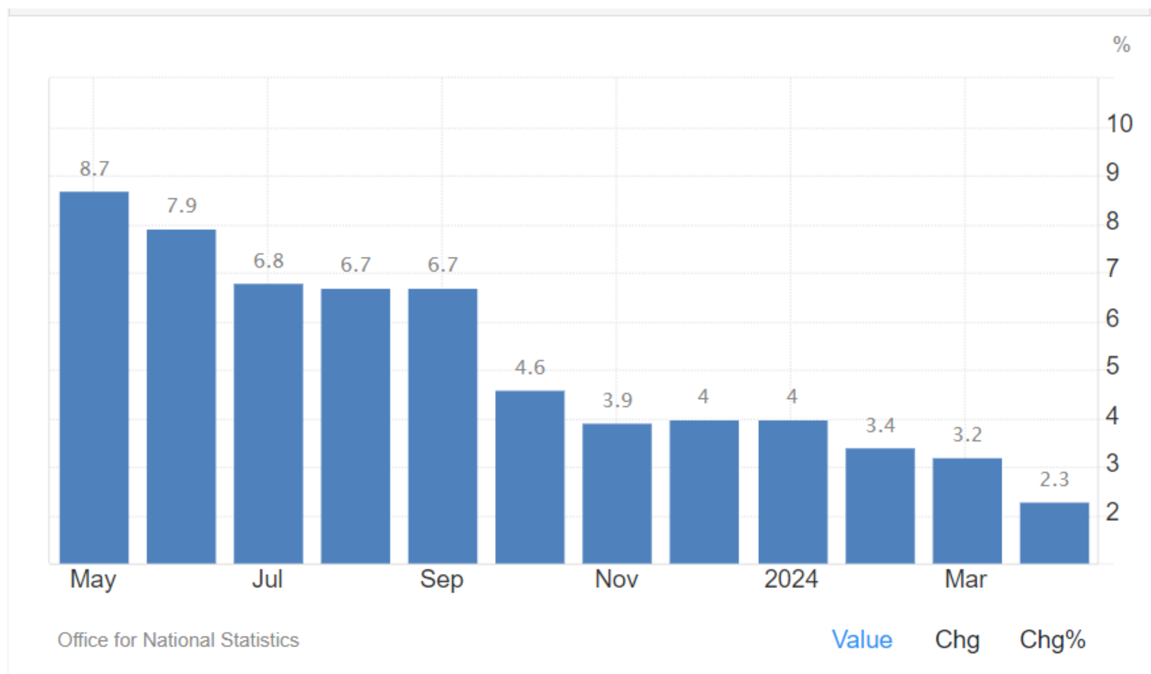
10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None under the meaning of the Act.

Appendix 1: ONS, Long view of UK inflation rates.



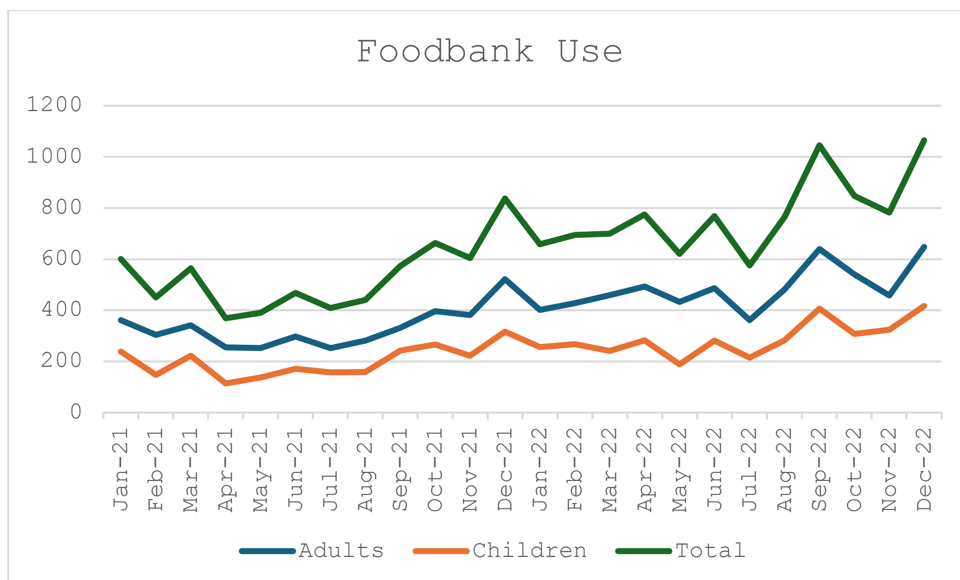
Appendix 2: 12 month change in UK inflation to April 2024



Appendix 3: Inflation changes in Q1 broken down by component

Components	Last	Previous	Unit	Reference
Energy Inflation	-16.70	-12.70	percent	Apr 2024
Food Inflation	2.90	4.00	percent	Apr 2024
Rent Inflation	7.20	6.90	percent	Mar 2024
Services Inflation	5.90	6.00	percent	Apr 2024

Appendix 4: Halton Foodbank use during the cost of living crisis. Note the July & November 2022 drop in usage when cost of living payments were made.



Agenda Item 9

REPORT TO:	Health & Wellbeing Board
DATE:	10th July 2024
REPORTING OFFICER:	Sue Wallace Bonner - Executive Director, Adult Services, Halton Borough Council
PORTFOLIO:	Adult Social Care
SUBJECT:	Better Care Fund (BCF) 2023-24: Year End Report
WARD(S):	Borough Wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Health and Wellbeing Board on the Better Care Fund 2023-24 Year End report, for information, following its submission on 21st May 2024.

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

1) *Note the contents of the report and associated appendix.*

3.0 **SUPPORTING INFORMATION**

3.1 **BCF Year End Report 2023-24**
The BCF Year End Report for 2023-24 is attached at ***Appendix 1*** and details the following information: -

3.1.1 **Tab 3 – National Conditions**
In addition to confirming that the Section 75 for the BCF Plan has been finalised and signed off, there are four national conditions which are confirmed as being met: -

- A jointly agreed plan is in place;
- The plan aims to support the BCF Policy Objective in respect to enabling people to stay well, safe and independent at home for longer;
- The Plan aims to support the BCF Policy Objective of providing the right care in the right place, at the right time; and
- It aims to maintain the NHS's contribution to Adult Social Care and investment in NHS commissioned out of hospital services.

3.1.2 **Tab 4 – Metrics**
There are five national metrics that needed to be reported upon. We have reported that we are on track to meet four out of five of them. The one not on track is: **Discharge to Normal Place of Residence.**

Overall Halton achieved a 94.7% rate compared to the 95.5% plan, which reflects the acuity of patients within the acute setting and a higher than anticipated level of care

home referrals, which has been seen across all of the Cheshire & Merseyside system. Halton has remained in the top quartile performing in Cheshire & Merseyside.

3.1.3 **Tab 5 – Income & Expenditure**
The Disabled Facilities Grant (DFG) was underspent by £419,584 at year end due to slippage on the Council's capital programme. However, it should be noted that these funds were committed during 2023-24 and associated expenditure will be incurred during 2024-25.

3.1.4 **Tab 6 – Spend & Activity**
This tab contains details of related spend and activity, where the schemes in our BCF Plan for 2023-24 required us to include the number of outputs/deliverable that we anticipated to be delivered during the year.

3.1.5 **Tabs 7.1 & 7.2 - Activity (Hospital Discharge & Community)**
As part of the BCF Plan, details were included in respect to estimated demand in relation to people discharged from Hospital to Intermediate Care Services and those requiring access to Intermediate Care from the Community, in addition to Urgent Community Response services.

Details have been reported on actual activity/admissions to these services during 2023-24.

3.1.6 **Tab 8 – 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 2023-24 were implemented as planned and had a positive impact.

Two main successes highlighted were: -

- *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 the BCF successfully delivered home first approach for hospital discharge ensuring resources allocated to maintain an improved capacity.

Two main challenges highlighted were: -

- *Integrated workforce: joint approach to training and upskilling of workforce* - Progress on integrated approaches to training and workforce in general is challenging due to competing priorities across organisations and the interaction with sub-regional and regional plans.
- *Integrated electronic records and sharing across the system with service users* - Plans still in development for integrated care records.

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

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 & Young People in Halton**
None identified.

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

6.3 **A Healthy Halton**
Developing integration further between Halton Borough Council and NHS Cheshire & Merseyside (Halton Place) will have a direct impact on improving the health of people living in Halton. The BCF plan that has been developed for Halton link to the priorities identified for the borough by the Health and Wellbeing Board.

6.4 **A Safer Halton**
None identified.

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

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 in place between Halton Borough Council and NHS Cheshire & Merseyside.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

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

Document	**Place of Inspection**	**Contact Officer**
Joint Working Agreement – HBC & NHS Cheshire & Merseyside 1.4.23 -	Copy available on request	Sue Wallace Bonner Susan.Wallace-Bonner@halton.gov.uk Tel: 0151 511 8825

31.3.25		

Better Care Fund 2023-24 Year End Reporting Template

1. Guidance for Year-End

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), working with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). An addendum to the Policy Framework and Planning Requirements has also been published, which provides some further detail on the end of year and reporting requirements for this period.
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, including performance metrics
4) To enable the use of this information for national partners to inform future direction and for local areas to inform

BCF reporting can be used by local areas, including ICBs, local authorities/HWBs and service providers, to further understand and progress the integration of health, social care and housing on their patch. BCF national partners will also use the information submitted in these reports to aid with a bigger-picture understanding of these issues.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be

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 blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell
Pre-populated cells
Not applicable - cells where data cannot be added

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 to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in
The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require

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'

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

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 'Templa

5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your
Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and spend from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
3. 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.

Better Care Fund 2023-24 Year End Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Halton

		Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off		Yes

Confirmation of National Conditions

National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the year:	Checklist Complete:
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

Better Care Fund 2023-24 Year End Reporting Template

4. Metrics

Selected Health and Wellbeing Board: Halton

National data may be unavailable at the time of reporting. As such, please use 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 2023-24 planning Q1	Q2	Q3	Q4	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	285.2	267.2	306.8	257.7	On track to meet target	The 2023/4 plan had a high level of volatility between the quarter, which reflected the 2022/3 activity levels, but in 23/4 the active was far more stable with consistent values each quarter. The cumulative annual	The introduction of type 5 A&E attendances at WHHFT may have had an impact in reducing the number of admissions of this cohort of patients.	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	95.3%	95.4%	95.5%	95.6%	Not on track to meet target	Overall Halton achieved a 94.7% rate compared to the 95.5% plan, which reflects the acuity of patients within the acute setting and an high than anticipated level of care home referrals, which has been seen	None	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,272.4	On track to meet target	Haltons falls rate per 100k residents has significantly improved over the last 2 years and consistently remains significantly better than the C&M average.	None	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				597	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.	Yes
Reablement	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.	Yes

Better Care Fund 2023-24 Year End Reporting Template

5. Income actual

Selected Health and Wellbeing Board: Halton

Income

	2023-24	
Disabled Facilities Grant	£2,168,761	
Improved Better Care Fund	£6,982,074	
NHS Minimum Fund	£12,762,141	
Minimum Sub Total		£21,912,976

	Planned		Actual				Checklist Complete:
NHS Additional Funding	£0		Do you wish to change your additional actual NHS funding?	No			Yes
LA Additional Funding	£0		Do you wish to change your additional actual LA funding?	No			Yes
Additional Sub Total		£0				£0	

	Planned 23-24	Actual 23-24
Total BCF Pooled Fund	£21,912,976	£21,912,976

Additional Discharge Fund

	Planned		Actual				Checklist Complete:
LA Plan Spend	£978,876		Do you wish to change your additional actual LA funding?	No			Yes
ICB Plan Spend	£942,072		Do you wish to change your additional actual ICB funding?	No			Yes
Additional Discharge Fund Total		£1,920,948				£1,920,948	

	Planned 23-24	Actual 23-24
BCF + Discharge Fund	£23,833,924	£23,833,924

		Checklist Complete:
Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2023-24	In terms of the DFG we received additional monies back in August/Sept 2023 for 2023/24 - £174,058	Yes

Expenditure

	2023-24
Plan	£23,659,866

		Checklist Complete:
Do you wish to change your actual BCF expenditure?	Yes	Yes
Actual	£23,240,282	Yes
Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2023-24	DFG underspend £419,584 due to slipage on capital programme. However these funds have been committed and will be incurred during 2024/25.	Yes

Better Care Fund 2023-24 Year End Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board: Halton

Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Q3 Actual expenditure to date	Actual Expenditure to date	Planned outputs	Q3 Actual delivered outputs to date	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
Checklist							Yes			Yes		Yes	Yes
1	Halton Integrated Community Equipment Service	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£829,466	£622,100	£829,456	5,832	4,575	6170	Number of beneficiaries	No	
3	Carers Centre	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£341,866	£170,933	£345,789	6,000	6,000	6000	Beneficiaries	No	
3	Halton Home Based Respite Service	Carers Services	Respite services	Minimum NHS Contribution	£110,453	£56,667	£77,917	30	26	37	Beneficiaries	No	
8	Domicilary Care Packages	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£2,703,515	£2,047,289	£3,051,488	137,864	104,777	155609	Hours of care (Unless short-term in which case it is packages)	No	
8	Domicilary Care Packages	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£912,518	£360,370	£528,241	46,533	18,613	26937	Hours of care (Unless short-term in which case it is packages)	No	
17	Residentail Care Home Placements	Residential Placements	Care home	Minimum NHS Contribution	£1,272,243	£921,775	£1,287,342	39	28	39	Number of beds/placements	No	
17	Residential Care Home Placements	Residential Placements	Care home	iBCF	£5,702,916	£3,991,017	£5,900,356	175	123	181	Number of beds/placements	No	
11	Intermediate Care Bed Based Service	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£467,690	£302,018	£467,690	35	40	51	Number of placements	No	
11	Intermediate Care Bed Based Service	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Local Authority Discharge Funding	£544,586	£411,457	£544,586	40	47	61	Number of placements	No	
12	Intermediate Care Community Services	Home-based intermediate care services	Joint reablement and rehabilitation service (to support	ICB Discharge Funding	£942,072	£744,960	£942,072	408	403	537	Packages	No	
12	Intermediate Care Community Services	Home-based intermediate care services	Joint reablement and rehabilitation service (to support	Local Authority Discharge Funding	£434,290	£326,581	£434,294	192	190	253	Packages	No	
5	DFG & Equipment Adaptations	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£1,994,703	£1,012,662	£1,575,119	131	709	1069	Number of adaptations funded/people supported	No	
12	Intermediate Care Community Services	Home-based intermediate care services	Joint reablement and rehabilitation service (to support	iBCF	£366,640	£119,321	£358,280	108	36	108	Packages	No	
8	Home First Support	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£1,530,000	£821,893	£2,047,037	78,021	42,131	78732	Hours of care (Unless short-term in which case it is packages)	No	

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board: Halton

Estimated demand - Hospital Discharge

Service Area	Metric	Prepopulated from plan: Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Q2 Refreshed planned demand Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Planned demand. Number of referrals.	83	82	77	87	85	80	72	76	79	79	67	83
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	32	34	26	21	34	25	25	28	30	39	28	40
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	19	19	19	19	19	19	19	21	21	21	21	21

Checklist

Complete:

Actual activity - Hospital Discharge

Actual activity (not spot purchase):

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Complete
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	34	37	41	41	29	41	32	43	41	52	32	42	Yes
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	11	13	12	15	18	14	17	23	21	15	16	13	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	3	17	8	7	2	6	8	4	15	10	9	4	Yes

Actual activity - Hospital Discharge

Actual activity in spot purchasing:

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Complete
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

7.2 Capacity & Demand

Selected Health and Wellbeing Board: Halton

Demand - Community

Service Area	Metric	Prepopulated from plan:							Q2 refreshed expected demand				
Service Area	**Metric**	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**
Social support (including VCS)	Planned demand. Number of referrals.	12	12	12	12	12	12	12	12	12	12	12	12
Urgent Community Response	Planned demand. Number of referrals.	120	120	120	120	120	120	120	120	150	180	140	190
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	1	1	1	1	1	1	1	1	1	1	1	1
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	2	2	2	2	2	2	2	2	2	2	2	2
Other short-term social care	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0

Actual activity - Community

Service Area	Metric	Actual activity:												Checklist
Service Area	**Metric**	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**	Complete:
Social support (including VCS)	Monthly activity. Number of new clients.	16	17	17	16	16	16	19	19	20	17	17	16	Yes
Urgent Community Response	Monthly activity. Number of new clients.	114	176	152	164	174	191	153	174	158	164	151	148	Yes
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	1	3	0	0	1	2	4	0	2	3	1	0	Yes
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	0	0	0	1	0	0	0	0	0	2	0	0	Yes
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	1	0	0	0	0	0	2	1	Yes

Better Care Fund 2023-24 Year End Reporting Template

8. 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: Halton

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	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Strong partnership working has been maintined in the Borough throughout the past year.	Yes
2. Our BCF schemes were implemented as planned in 2023-24	Strongly Agree	All BCF Schemes were implemented in line with the plan.	Yes
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Agree	Multi-agency working takes place to reduce avoidable admissions and support the discharge of patients from hospital when they are medically fit to leave.	Yes

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 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	Checklist Complete:
Success 1	8. Pooled or aligned resources	There is a history of pooled resources in place. This has continued to be in place/has been maintained throughout the year with agreed governance arrangements in place, supported by the Joint Working Agreement (Section 75) between Halton Bororugh Council and NHS Cheshire & Merseyside (Halton Place).	Yes
Success 2	9. Joint commissioning of health and social care	Integrated commissioning arrangements supported through the Better Care Fund has successfully delivered a number of schemes including the home first approach for hospital discharge ensuring resources were allocated to maintain improved capacity.	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	Checklist Complete:
Challenge 1	5. Integrated workforce: joint approach to training and upskilling of workforce	Progress on integrated approaches to training and workforce in general is challenging due to competing priorities across organisations and the interaction with sub-regional and regional plans. Progress continues to be made in relation to the care and treatment of residents in care homes with the Borough.	Yes
Challenge 2	3. Integrated electronic records and sharing across the system with service users	Plans still in development for integrated care records.	Yes

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

Agenda Item 10

REPORT TO: Health & Wellbeing Board

DATE: 10th July 2024

REPORTING OFFICER: Sue Wallace Bonner – Executive Director - Adult Services, Halton Borough Council

PORTFOLIO: Adult Social Care

SUBJECT: Better Care Fund (BCF) 2024-25 Plan

WARD(S): Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 To update the Health and Wellbeing Board on the Better Care Fund Plan 2024-25, for information, following its submission on 4th June 2024.

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

1) Note the contents of the report and associated appendix.

3.0 **SUPPORTING INFORMATION**

3.1 An Addendum to the 2023-25 BCF Policy Framework, along with associated guidance and an updated planning template was published on 28th March 2024.

As the BCF Plan submitted in June 2023 was a two-year plan covering 2023-24 and 2024-25, this Addendum outlined the requirement to submit an updated BCF 2024-25 Planning template.

The vision for BCF Plans, which is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person, underpinned by the two core BCF objectives of enabling people to stay well, safe and independent at home for longer and providing the right care in the right place at the right time, remained unchanged.

3.2 The updated BCF Planning Template (Excel Spreadsheet) is attached at ***Appendix 1.***

3.3 In terms of the planning template and the BCF schemes, much of the updated 2024-25 plan remains a continuation of the successful approach undertaken in 2023-24, with some additional schemes being identified for funding as a result of increased funding available e.g. Discharge funding.

3.4 Although a full narrative plan wasn't required to be submitted, unlike with last year's return, we were required to respond to a number of questions in respect to our associated capacity and demand plans and anticipated impact, along with the approach we were taking in respect to the use of the additional discharge funding being received.

3.5 Following submission on 4th June, all BCF Plans are scrutinised by regional assurers.

At the time of writing this report, Halton's plan is currently going through this scrutiny process; process runs until 15th July 2024. Formal approval letters are due to be issued by 31st July 2024, this will then allow for the release of the NHS minimum contribution amount, as per our plan.

3.6 In line with the governance arrangments outlined in the Joint Working Agreement between Halton Borough Council and NHS Cheshire & Merseyside (Halton Place), prior to its submission, the BCF Plan, including the expenditure plan, was presented and discussed at both the Better Care Commissioning Advisory Group and the Joint Senior Leadership Group.

The Board should note that to support the BCF Plan 2024-25, the current Joint Working Agreement was reviewed and updated to reflect recent changes in governance arrangements and to include 2024-25 pooled budget financial details.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 OTHER/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 & Young People in Halton**
None identified.

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

6.3 **A Healthy Halton**
Developing integration further between Halton Borough Council and the NHS Cheshire and Merseyside (Halton Place) 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.

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

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 associated with this report.

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

Document	Place of Inspection	Contact Officer
Joint Working Agreement – HBC & NHS Cheshire & Merseyside 1.4.23 - 31.3.25	Copy available on request	Sue Wallace Bonner Susan.Wallace-Bonner@halton.gov.uk Tel: 0151 511 8825

BCF Planning Template 2024-25

1. Guidance

Overview

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 blue background, as below:

Data needs inputting in the cell

Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.

2. 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 in this table are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

3. The checker column, which can be found on each individual sheet, 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'.

4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

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

7. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority. If your plan has been signed off by the full HWB, or has been signed off through a formal delegation route, select YES. If your plan has not yet been signed off by the HWB, select NO.

4. Capacity and Demand

A full capacity and demand planning document has been shared on the Better Care Exchange, please check this document before submitting any questions on capacity and demand planning to your BCM. Below is the basic guidance for completing this section of the template.

As with the last capacity and demand update, summary tables have been included at the top of both capacity and demand sheets that will auto-fill as you complete the template, providing and at-a-glance summary of the detail below.

4.2 Hospital Discharge

A new text field has been added this year, asking for a description of the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation. Please answer this briefly, in a couple of sentences.

The capacity section of this template remains largely the same as in previous years, asking for estimates of available capacity for each month of the year for each pathway. An additional ask has now also been included, for the estimated average time between referral and commencement of service. Further information about this is available in the capacity and demand guidance and q&a documents.

The demand section of this sheet is unchanged from last year, requesting expected discharges per pathway for each month, broken down by referral source.

To the right of the summary table, there is another new requirement for areas to include estimates of the average length of stay/number of contact hours for individuals on each of the discharge pathways. Please estimate this as an average across the whole year.

4.3 Community

Please enter estimated capacity and demand per month for each service type.

The community sheet also requires areas to enter estimated average length of stay/number of contact hours for individuals in each service type for the whole year.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2024-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations, DFG allocations and allocations of ASC Discharge Fund grant to local authorities for 2024-25. The iBCF grant in 2024-25 remains at the same value nationally as in 2023-24.

2. The sheet will be largely auto-populated from either 2023-25 plans or confirmed allocations. You will be able to update the value of the following income types locally:

- ICB element of Additional Discharge Funding
- Additional Contributions (LA and ICB)

If you need to make an update to any of the funding streams, select ‘yes’ in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information.

3. The sheet will pre populate the amount from the ICB allocation of Additional Discharge Funding that was entered in your original BCF plan. Areas will need to confirm and enter the final agreed amount that will be allocated to the HWB's BCF pool in 2024-25. As set out in the Addendum to the Policy Framework and Planning Requirements; the amount of funding allocated locally to HWBs should be agreed between the ICB and councils. These will be checked against a separate ICB return to ensure they reconcile.

4. The additional contributions from ICBs and councils that were entered in original plans will pre-populate. Please confirm the contributions for 2024-25. If there is a change to these figures agreed in the final plan for 2024-25, please select 'Yes' in answer to the Question 'Do you wish to update your Additional (LA/ICB) Contributions for 2024-25?'. You will then be able to enter the revised amount. These new figures will appear as funding sources in sheet 6a when you are reviewing planned expenditure.

5. Please use the comment boxes alongside to add any specific detail around this additional contribution.

6. If you are pooling any funding carried over from 2023-24 (i.e. underspends from BCF mandatory contributions) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field at the bottom of the sheet to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.

8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

This sheet has been auto-populated with spending plans for 2024-25 from your original 2023-25 BCF plans. You should update any 2024-25 schemes that have changed from the original plan. The default expectation is that plans agreed in the original plan will be taken forward, but where changes to schemes have been made (or where a lower level of discharge fund allocation was assumed in your original plan), the amount of expenditure and expected outputs can be amended. There is also space to add new schemes, where applicable.

If you need to make changes to a scheme, you should select yes from the drop down in column X. When 'yes' is selected in this column, the 'updated outputs for 2024-25' and 'updated spend for 2024-25' cells turn yellow and become editable for this scheme. If you would like to remove a scheme type please select yes in column X and enter zeros in the editable columns. The columns with yellow headings will become editable once yes is selected in column X - if you wish to make further changes to a scheme, please enter zeros into the editable boxes and use the process outlined below to re-enter the scheme.

If you need to add any new schemes, you can click the link at the top of the sheet that reads 'to add new schemes' to travel quickly to this section of the table.

For new schemes, as with 2023-25 plans, the table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet, please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn ""yellow"". Please select the Sub Type from the dropdown list that best describes the scheme being planned.

- Please note that the dropdown list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Expected outputs

- You will need to set out the expected number of outputs you expect to be delivered in 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.

- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.

- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

- A change has been made to the standard units for residential placements. The units will now read as 'Beds' only, rather than 'Beds/placements'

6. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.

7. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.

- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

9. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority

- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£)2024-25:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

11. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

12. Percentage of overall spend.

This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This was a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2024-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2024-25.

Some changes have been made to the metrics since 2023-25 planning; further detail about this is available in the Addendum to the BCF Policy Framework and Planning Requirements 2023-25. The avoidable admissions, discharge to usual place of residence and falls metrics remain the same. Due to the standing down of the SALT data collection, changes have been made to the effectiveness of reablement and permanent admissions metrics.

The effectiveness of reablement metric will no longer be included in the BCF as there is no direct replacement for the previous measure.

The metric for rate of admissions to Areas should set their ambitions for these metrics based on previous SALT data.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:

- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2024-25. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2023-24 are pre-populated in the template and will display once the local authority has been selected in the dropdown box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:

https://future.nhs.uk/bettercareexchange/view?objectId=143133861

- Technical definitions for the guidance can be found here:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Falls
- This metric for the BCF requires areas to agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
- This is a measure in the Public Health Outcome Framework.
- This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
- Please enter the indicator value as well as the expected count of admissions and population for 2023-24 and 2024-25 plan.
- We have pre-populated the previously entered planned figures for your information and further more recent data will be available on the BCX in the data pack here: https://future.nhs.uk/bettercareexchange/view?objectID=116035109
Further information about this measure and methodolgy used can be found here:
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4

3. Discharge to usual place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. Areas should agree ambitions for a rate for each quarter of the year.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet where available else we will use the previously entered plan data.

4. Residential Admissions:
- This section requires inputting the expected and plan numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2023-24. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Although this data collection will be discontinued it is anticipated this will map across to the new CLD extract once this becomes available.

HM Government England

Better Care Fund 2024-25 Update Template

2. Cover

Version 1.3.0

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. 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:	Louise Wilson
E-mail:	louise.wilson@halton.gov.uk
Contact number:	0151 511 8861
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 HWB is expected to sign off the plan:	

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Marie	Wright	marie.wright@halton.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	Graham	Urwin	graham.urwin@cheshireandmerseyside.nhs.uk
	Additional ICB(s) contacts if relevant	Mr	Tony	Leo	anthony.leo@cheshireandmerseyside.nhs.uk
	Local Authority Chief Executive	Mr	Stephen	Young	Stephen.Young@halton.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Mrs	Sue	Wallace-Bonner	Susan.Wallace-Bonner@halton.gov.uk
	Better Care Fund Lead Official	Mr	Damian	Nolan	Damian.Nolan@halton.gov.uk
	LA Section 151 Officer	Mr	Ed	Dawson	ed.dawson@halton.gov.uk
Please add further area contacts that you would wish to be included					

in official correspondence e.g. housing or trusts that have been part of the process -->

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4.2 C&D Hospital Discharge	Yes
4.3 C&D Community	Yes
5. Income	Yes
6a. Expenditure	No
7. Narrative updates	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2024-25 Update Template

3. Summary

Selected Health and Wellbeing Board: Halton

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£2,175,723	£2,175,723	£0
Minimum NHS Contribution	£13,484,478	£13,484,478	£0
iBCF	£6,982,074	£6,982,074	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Local Authority Discharge Funding	£1,631,460	£1,631,460	£0
ICB Discharge Funding	£1,281,956	£1,281,956	£0
Total	**£25,555,692**	**£25,555,691**	**£1**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£3,831,907
Planned spend	£5,063,122

Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£6,777,080
Planned spend	£8,232,138

Metrics >>

Avoidable admissions

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	249.0	258.0	263.0	262.0

Falls

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,734.7	1,648.0
	Count	425	404
	Population	24500	24500

Discharge to normal place of residence

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	95.5%	95.5%	95.5%	95.5%

Residential Admissions

		2022-23 Actual	2024-25 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	347	600

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	0
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	0
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: Halton

Hospital Discharge

Capacity - Demand (positive is Surplus)

Capacity surplus. Not including spot purchasing

Capacity - Demand (positive is Surplus)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Reablement & Rehabilitation at home (pathway 1)	10	15	0	-3	26	13	25	-4	26	19	29	8
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	2	3	0	3	-2	1	-5	-4	0	0	-1	9
Other short term bedded care (pathway 2)	9	-5	2	3	8	4	2	6	0	0	2	5
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	0	0	0	0	0	0	0	0	0	0	0

Capacity surplus (including spot puchasing)

Capacity - Demand (positive is Surplus)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Reablement & Rehabilitation at home (pathway 1)	10	15	0	-3	26	13	25	-4	26	19	29	8
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	2	3	0	3	-2	1	-5	-4	0	0	-1	9
Other short term bedded care (pathway 2)	9	-5	2	3	8	4	2	6	0	0	2	5
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	0	0	0	0	0	0	0	0	0	0	0

Average LoS/Contact Hours per episode of care

Full Year	Units	Complete:
112	Contact Hours per package	Yes
0	Contact Hours per package	Yes
29	Average LoS (days)	Yes
17	Average LoS (days)	Yes
0	Average LoS (days)	Yes

Please briefly describe the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation – e.g. social support from the voluntary sector, blitz cleans. You should also include an estimate of the number of people who will receive this type of service during the year.

The British Red Cross Service is commissioned to provide the Halton Help at Home Service, which provides one to one short term support for up to six (6) weeks, to increase a person's resilience and independence following an illness, injury, hospital admission or other crisis. During 2023/24 the service supported circa. 80 Halton residents on discharge from hospital. It would be the aim to support a similar number of people during 2024/25.

Complete: Yes

Capacity - Hospital Discharge

Refreshed planned capacity (not including spot purchased capacity

Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Complete
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new packages commenced.	70	70	70	70	70	70	70	70	85	90	85	70	Yes
Reablement & Rehabilitation at home (pathway 1)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	12	11	15	11	8	9	10	9	12	10	10	13	Yes
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Short term domiciliary care (pathway 1)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	19	19	19	19	19	19	19	19	19	19	19	19	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	5	8	10	12	12	13	10	4	10	13	9	10	Yes
Other short term bedded care (pathway 2)	Monthly capacity. Number of new packages commenced.	12	12	10	10	10	10	10	10	10	10	10	10	Yes
Other short term bedded care (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	5	8	10	12	12	13	10	4	10	13	9	10	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0	Yes

Capacity that you expect to secure through spot purchasing

Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)												
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)												
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)												
Other short term bedded care (pathway 2)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0
Other short term bedded care (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)												
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)												

Demand - Hospital Discharge

Please enter refreshed expected no. of referrals:

Pathway	Trust Referral Source	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Complete
Total Expected Discharges:	Total Discharges	**1047**	**1115**	**1143**	**1153**	**1272**	**1244**	**1232**	**1082**	**1082**	**1039**	**1103**	**1370**	Yes
Reablement & Rehabilitation at home (pathway 1)	Total	**60**	**55**	**70**	**73**	**44**	**57**	**45**	**74**	**59**	**71**	**56**	**62**	Yes
	ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	31	32	32	41	25	27	19	33	29	44	31	32	Yes
	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TI	25	19	34	28	15	26	22	37	26	23	21	26	Yes
	OTHER	4	4	4	4	4	4	4	4	4	4	4	4	Yes
Short term domiciliary care (pathway 1)	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	Yes
	ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TI	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	**17**	**16**	**19**	**16**	**21**	**18**	**24**	**23**	**19**	**19**	**20**	**10**	Yes
	ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	8	8	10	10	5	8	11	17	7	10	13	2	Yes
	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TI	8	7	8	5	15	9	12	5	11	8	6	7	Yes
	OTHER	1	1	1	1	1	1	1	1	1	1	1	1	Yes
Other short term bedded care (pathway 2)	Total	**3**	**17**	**8**	**7**	**2**	**6**	**8**	**4**	**10**	**10**	**8**	**5**	Yes
	ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	0	12	7	7	2	4	8	4	10	7	8	4	Yes
	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TI	3	5	1	0	0	2	0	0	0	3	0	1	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	Yes
	ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TI	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes

Checklist — Complete: Yes (all rows)

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: Halton

Community

Refreshed capacity surplus:

Capacity - Demand (positive is Surplus)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	3	3	3	3	3	3	3	3	3	3	3	3
Urgent Community Response	5	5	5	5	5	5	5	5	5	5	5	5
Reablement & Rehabilitation at home	2	2	2	2	2	2	2	2	2	2	2	2
Reablement & Rehabilitation in a bedded setting	1	1	1	1	1	1	1	1	1	1	1	1
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

Average LoS/Contact Hours

Full Year	Units
3	Contact Hours
24	Contact Hours
112	Contact Hours
29	Average LoS
0	Contact Hours

Capacity - Community

Please enter refreshed expected capacity:

Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	Monthly capacity. Number of new clients.	20	20	20	20	20	20	20	20	20	20	20	20
Urgent Community Response	Monthly capacity. Number of new clients.	170	170	170	170	170	170	170	170	175	180	175	175
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	4	4	4	4	4	4	4	4	4	4	4	4
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	2	2	2	2	2	2	2	2	2	2	2	2
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Demand - Community

Please enter refreshed expected no. of referrals:

Service Type	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	17	17	17	17	17	17	17	17	17	17	17	17
Urgent Community Response	165	165	165	165	165	165	165	165	170	175	170	170
Reablement & Rehabilitation at home	2	2	2	2	2	2	2	2	2	2	2	2
Reablement & Rehabilitation in a bedded setting	1	1	1	1	1	1	1	1	1	1	1	1
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

Better Care Fund 2024-25 Update Template

5. Income

Selected Health and Wellbeing Board: Halton

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Halton	£2,175,723
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£2,175,723**

Local Authority Discharge Funding	Contribution
Halton	£1,631,460

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS Cheshire and Merseyside ICB	£1,594,327	£1,281,956	Confirmed funding from ICB Submission
Total ICB Discharge Fund Contribution	£1,594,327	£1,281,956	

iBCF Contribution	Contribution
Halton	£6,982,074
Total iBCF Contribution	**£6,982,074**

Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	**£0**	

NHS Minimum Contribution	Contribution
NHS Cheshire and Merseyside ICB	£13,484,478
Total NHS Minimum Contribution	**£13,484,478**

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	**£0**	
Total NHS Contribution	**£13,484,478**	**£13,484,478**	

	2024-25
Total BCF Pooled Budget	**£25,555,692**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2024-25 Update Template

To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board: Halton

<< Link to summary sheet

Running Balances	2024-25 Income	2024-25 Expenditure	2024-25 Balance
DFG	£2,175,723	£2,175,723	£0
Minimum NHS Contribution	£13,484,478	£13,484,478	£0
iBCF	£6,982,074	£6,982,074	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Local Authority Discharge Funding	£1,631,460	£1,631,460	£0
ICB Discharge Funding	£1,281,956	£1,281,956	£0
Total	**£25,555,692**	**£25,555,691**	**£1**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25 Minimum Required Spend	2024-25 Planned Spend	2024-25 Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£3,831,907	£5,063,122	£0
Adult Social Care services spend from the minimum ICB allocations	£6,777,080	£8,232,138	£0

Checklist

Column complete:

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Previously entered Outputs for 2024-25	Updated Outputs for 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average)	Do you wish to update?	Comments if updated e.g. reason for the changes made
Yes	Yes	Yes	Yes	Yes	Yes				Yes	Yes	Yes	Yes		Yes	No	Yes		Yes		Yes	Yes

>> Incomplete fields on row number(s):

#NAME?

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Previously entered Outputs for 2024-25	Updated Outputs for 2024-25	Units	Planned Expenditure: Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average)	Do you wish to update?	Comments if updated e.g. reason for the changes made
1	Halton Integrated Community Equipment Service	Joint Equipment Service	Assistive Technologies and Equipment	Community based equipment		5832	0	Number of beneficiaries	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£876,414	£0	0%	Yes	Changes in source of funding from NHS Minimum NHS Contrbution to Discharge Funding - Added as New Scheme
3	Carers Centre	Carers Centre	Carers Services	Carer advice and support related to Care Act duties		6000	6000	Beneficiaries	Social Care		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£362,104	£358,959	76%	Yes	More accurate plan based on funding available for this and other schemes.
3	Halton Home Based Respite Service	Carers Breaks - Care at Home	Carers Services	Respite services		30	32	Beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£116,705	£124,740	24%	Yes	Contract Value agreed with provider.
4	Community Respiratorty Team (WHHFT)	WHHFT - Facilitating discharge & extending community offer	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS			NHS Acute Provider	Minimum NHS Contribution	Existing	£153,297	£152,339	23%	Yes	More accurate plan based on funding available for this and other schemes.
4	Respiratory - Out of Hospital Team	Extending Community Provision	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		NHS			NHS Acute Provider	Minimum NHS Contribution	Existing	£355,793	£353,571	53%	Yes	More accurate plan based on funding available for this and other schemes.
4	Halton Support at Home Service	Support at Home Seervice - British Red Cross	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess			0		Other	3rd Sector	LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£9,153	£9,321	2%	Yes	More accurate plan based on funding available for this and other schemes.
7	Hospital Discharge Team	Integrated Discharge Teams - Warrington & Whiston	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge			0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£641,620	£734,740	68%	Yes	Increased staffing and inflationary uplift
7	ESD Stroke	Stroke Outreach Pathway	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			0		Community Health		NHS			NHS Acute Provider	Minimum NHS Contribution	Existing	£191,686	£190,489	17%	Yes	More accurate plan based on funding available for this and other schemes
8	Domicilary Care Packages	Maintaining Domicilary Care Packages	Home Care or Domiciliary Care	Domiciliary care packages		132431	132431	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£2,856,533	£2,929,396	53%	Yes	More accurate plan based on funding available for this and other schemes
8	Domicilary Care Packages	Maintaining Domicilary Care Packages	Home Care or Domiciliary Care	Domiciliary care packages		42305		Hours of care (Unless short-term in which	Social Care		LA			Private Sector	iBCF	Existing	£912,518		17%	No	
17	Residentail Care Home Placements	Maintaining Residential Care Home Placements	Residential Placements	Care home		37	37	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£1,344,252	£1,399,467	19%	Yes	More accurate plan based on funding available for this and other schemes
17	Residential Care Home Placements	Maintaining Residential Care Home Placements	Residential Placements	Care home		155		Number of beds	Social Care		LA			Private Sector	iBCF	Existing	£5,702,916		81%	No	
11	Intermediate Care Bed Based Service	Oakmeadow - 19 Bedded Unit	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		32	28	Number of placements	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£494,161	£430,630	41%	Yes	More accurate plan based on funding available for this and other schemes
11	Intermediate Care Bed Based Service	Oakmeadow - 19 Bedded Unit	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		57	36	Number of placements	Social Care		LA			Local Authority	Local Authority Discharge	Existing	£847,376	£544,586	59%	Yes	Changes in source of funding
12	Intermediate Care Community Services	Reablement/Rehab Services	Home-based intermediate care services	Joint reablement and rehabilitation service (to support discharge)		446	330	Packages	Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£1,281,956	£943,601	54%	Yes	Changes in source of funding
12	Intermediate Care Community Services	Reablement/Rehab Services	Home-based intermediate care services	Joint reablement and rehabilitation service (to support discharge)		311	180	Packages	Social Care		LA			Local Authority	Local Authority Discharge	Existing	£746,951	£434,290	28%	Yes	Changes in source of funding

12	HICAFS	Halton Intermediate Care & Frailty Service	Urgent Community Response				0		Community Health		Joint	50.0%	50.0%	NHS Community Provider	Minimum NHS Contribution	Existing	£3,402,124	£0	0%	Yes	Changes in Commissioner. Unable to amend opposite so added as an additional scheme below
16	Warrington Therpay Staff	Warrington Therpay Staff	Prevention / Early Intervention	Other	Preventing admissions to acute setting		0		Community Health		NHS			NHS Acute Provider	Minimum NHS Contribution	Existing	£198,917	£197,674	47%	Yes	More accurate plan based on funding available for this and other schemes
16	Support to Intermediate Care	Bridgewater Community Therapies	Prevention / Early Intervention	Other	Preventing admissions to acute setting		0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£163,214	£162,195	39%	Yes	More accurate plan based on funding available for this and other schemes
16	High Intensity User	High Intensity User	Prevention / Early Intervention	Risk Stratification			0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£61,547	£61,163	14%	Yes	More accurate plan based on funding available for this and other schemes
5	DFG & Equipment Adaptations	DFG	DFG Related Schemes	Adaptations, including statutory DFG grants		115	1000	Number of adaptations funded/people	Social Care		LA			Private Sector	DFG	Existing	£1,994,703	£2,175,723	100%	Yes	Updated to reflect 24/25 grant allocation
12	Intermediate Care Community Services	Reablement/Rehab Services	Home-based intermediate care services	Joint reablement and rehabilitation service (to support discharge)		87		Packages	Social Care		LA			Local Authority	iBCF	Existing	£366,640		18%	No	
8	Home First Support	Home First Support	Home Care or Domiciliary Care	Domiciliary care packages		74904	98124	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£1,615,680	£2,111,215	30%	Yes	More accurate plan based on funding available for this and other schemes
7	Trusted Assessment	Trusted Asessor Role	High Impact Change Model for Managing Transfer of Care	Trusted Assessment			0		Social Care		LA			Local Authority	Minimum NHS Contribution	New	£59,911	£59,537	5%	Yes	More accurate plan based on funding available for this and other schemes
6	Mental Health Commissioning	Mental Health Joint Commissioning Role	Enablers for Integration	Joint commissioning infrastructure			0		Mental Health		LA			Local Authority	Minimum NHS Contribution	New	£71,857	£71,408	100%	Yes	More accurate plan based on funding available for this and other schemes
19	Development Fund	Development - Other (New Service Developments)	Other				0		Other	Community Health & Social Care	LA			Local Authority	Minimum NHS Contribution	Existing	£509,510	£467,448	100%	Yes	Some funding has been used for new schemes as listed below.

Adding New Schemes:

Back to top

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'		Outputs for 2024-25	Units (auto-populate)	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner) (auto-populate)	Provider	Source of Funding	New/ Existing Scheme		Expenditure for 2024-25 (£)	% of Overall Spend
7	Care Home - Lead Nurse	Care Home - Lead Nurse	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Social Care		LA			NHS Acute Provider	Minimum NHS Contribution	New		£83,454	8%
4	Mental Health Outreach Support	Mental Health Outreach Support	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Mental Health		NHS			NHS Acute Provider	Minimum NHS Contribution	New		£148,000	22%
7	Trusted Assessment - Mental Health	Mental Health Trusted Assessor	High Impact Change Model for Managing Transfer of Care	Trusted Assessment					Mental Health		NHS			NHS Acute Provider	Minimum NHS Contribution	New		£20,000	2%
12	HICAFS	Halton Intermediate Care & Frailty Service	Urgent Community Response						Community Health		NHS			NHS Community Provider	ICB Discharge Funding	Existing		£120,000	3%
1	Halton Integrated Community Equipment Service	Joint Equipment Service	Assistive Technologies and Equipment	Community based equipment			4374	Number of beneficiaries	Community Health		NHS			NHS Community Provider	Local Authority Discharge	Existing		£652,584	75%
1	Halton Integrated Community Equipment Service	Joint Equipment Service	Assistive Technologies and Equipment	Community based equipment			1458	Number of beneficiaries	Community Health		NHS			NHS Community Provider	ICB Discharge Funding	Existing		£218,355	25%
12	HICAFS	Halton Intermediate Care & Frailty Service	Urgent Community Response						Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing		£3,418,732	97%

Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy 2. Safeguarding 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.

9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
12	Home-based intermediate care services	1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this
16	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input)	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.

18	Workforce recruitment and retention	1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme decriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care or Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed based intermediate Care Services	Number of placements
Home-based intermediate care services	Packages
Residential Placements	Number of beds
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2024-25 Update Template

7. Narrative updates

Selected Health and Wellbeing Board: Halton

Please set out answers to the questions below. No other narrative plans are required for 2024-25 BCF updates. Answers should be brief (no more than 250 words) and should address the questions and Key lines of enquiry clearly.

2024-25 capacity and demand plan	Checklist Complete:	Linked KLOEs (For information)
Please describe how you've taken analysis of 2023-24 capacity and demand actuals into account in setting your current assumptions.		
The 2024-25 capacity and demand assumptions have utilised actual activity data from 2023-24 that has been obtained from Hospital Discharge Teams and Provider Services. 2023-24 data has also been used when calculating the average length of stay and contact hours of care. In addition, consideration has also been given to actual activity across these areas from 2022/23. NHS C&M, as part of the NHS operating requirements, is undertaking an urgent and emergency care recover plan with expectations to improve the sentinel metrics for A&E performance, but also to reduce admissions, improve flow within hospitals and improve the flow of discharges from hospital back to the community. This recovery work will support the demand management assumptions made within this plan.	Yes	Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?
Have there been any changes to commissioned intermediate care to address any gaps and issues identified in your C&D plan? What mit		
The Intermediate Care service capacity, both community and bed based, delivered in 2023/24 mostly met demand. Transitional Care bed-based capacity was flexed throughout the year when required to meet surges in demand; this practice will continue during 2024/25 when necessary. Based on 23/24 data, demand for Pathway 1 Hospital Discharges will fluctuate throughout the year and will see a peak in demand in July 2024, November 2024 and January 2025. The development fund will enable us to flex capacity throughout the year, in particular during peak times and where we see an increase in length of stay during the winter, due to the complexity of cases. All boroughs within C&M have struggled with timely access to care home placements for complex and dementia patients and in this year, in collaboration with the Mid Mersey boroughs, a RMN trusted assessor has been recruited to support the ward, discharge teams and care homes in clearly defining the care needs of the individual and supporting their transition.	Yes	Does the plan describe any changes to commissioned intermediate care to address gaps and issues? Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the capacity needed for additional services?
What impacts do you anticipate as a result of these changes for:		
i. Preventing admissions to hospital or long term residential care?		
The focus of the Better Care Fund Delivery Plan continues to be on ensuring that there are sufficient resources for both hospital discharge and community response. The approach to Discharge to Assess that is taken in Halton and the capacity and demand assumptions, based on previous activity, have informed the investment strategy for the BCF, iBCF, DFG and Discharge Funding steams. It is anticipated that the proposed use of the funding in respect to Domiciliary Care, Intermediate Care along with wider community services/schemes will have a positive impact on resilience within the health and social care system within Halton as a whole, by supporting flow out of the acute trusts and therefore reduce length of stay and by preventing avoidable admissions to both the acute trust and long term residential care. The C&M recovery plan has a programme for attendance and admission avoidance with a focus on managing people in advance of or at the point of crisis in their own residence and in the community, with reductions in the conveyances to hospital and the aim to	Yes	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?
ii. Improving hospital discharges (preventing delays and ensuring people get the most appropriate support)?		
The transfer of care hub within the hospitals are providing greater integration, information sharing and navigation support between ward staff, discharge teams and community care teams to allow patients' needs to be assessed at the appropriate time to maintain home/reablement first principles and discharge back to their normal place of residence. The recovery work has programmes to improve hospital flow to reduce the length of stay and discharge flow to optimise the lead time between a patient no longer have the right to reside and their discharge.	Yes	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?

Please explain how assumptions for intermediate care demand and required capacity have been developed between local authority, trusts and ICB and reflected in BCF and NHS capacity and demand plans.

The commissioning and provision of Intermediate Care within Halton is undertaken collaboratively between Halton Borough Council, NHS Cheshire & Merseyside, Warrington & Halton Teaching Hospitals NHS Foundation Trust, Bridgewater Community healthcare NHS Foundation Trust and Mersey & West Lancashire Teaching Hospitals NHS Trust. As such partners are involved in planning work based on available evidence of utilisation, information on staffing capacity available, skills mix requirements etc. Warrington and Halton Hospital is a Tier 1 trust and has received improvement support from both ECIST and Newton, which has involved all partners in the reviews and has share ownership and responsibility in the delivery plan.

Yes

Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC activity templates and BCF capacity and demand plans?

Have expected demand for admissions avoidance and discharge support in NHS UEC demand, capacity and flow plans, and expected demand for long term social care (domiciliary and residential) in Market Sustainability and Improvement Plans, been taken into account in you BCF plan?

Yes

Yes

Please explain how shared data across NHS UEC Demand capacity and flow has been used to understand demand and capacity for

During 2023/24, work across Cheshire and Merseyside ICB has taken place to understand Intermediate Care Community and Bed Base provision and utilisation. This work has been led through the provider collaborative and has helped inform the work undertaken in respect to capacity and demand locally. This work continues to evolve and Halton will continue to undertake an active role in the project. High level sitrep data is readily available, is available in real time and through the BI portals and daily detailed operation patient tracking information is available at a borough level to inform current activity and to monitor trends and waiting times.

Yes

Has the area described how shared data has been used to understand demand and cap

Approach to using Additional Discharge Funding to improve

Briefly describe how you are using Additional Discharge Funding to reduce discharge delays and improve outcomes for people.

During 2023/24, capacity to support hospital discharges effectively met demand, through the use of the discharge funding made available at Place. We have worked collaboratively to identify numerous schemes where it is felt that they would have the most positive impact in freeing up the maximum number of hospital beds and reducing bed days lost. This year, the focus for the funding will continue to be on community and bed based Intermediate Care services, with additional resources also being allocated to Halton's Intermediate Care & Frailty Service to support additional therapy input. In addition, during 2024/25 we will also be using the discharge funding to support the provision of community equipment to enable timely hospital discharge.

Yes

Does this plan contribute to addressing local performance issues and gaps identified in the area

Is the plan for spending the additional discharge grant in line with grant conditions?

- **Local learning from 23-24**
- **the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK (www.gov.uk)**

When drawing up plans for the use of the Discharge Funding for 2024/25 we reviewed the outcomes from the previous schemes and the impact that this had on capacity to deliver more hours of care/packages, speediness of discharges et. As a result of this it was agreed between partners that the most effective use of the funding for 2024/25 would be on the continued provision of Intermediate Care, both within the community and bed based, however with the increase in funding, additional funding has been allocated to support therapy input along with the provision of community equipment.

Yes

Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?"

Ensuring that BCF funding achieves impact

with reference to BCF objectives and metrics?		
There is a clear governance structure in place to support the Section 75 Joint Working Agreement in place between Halton Brough Council and NHS Cheshire and Merseyside. This includes the Better Care Commissioning Advisory Group, which meets on a monthly basis, and which monitors performance of the Better Care Fund plan, including achievement of the Plan's aims and ambitions, service performance, quality and finance.	Yes	Does the BCF plan (covering all mandatory funding streams) provide reassurance that funding is being used in a way that supports the objectives of the Fund and contributes to making progress against the fund's metric?

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7. Metrics for 2024-25

Selected Health and Wellbeing Board: Halton

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Plan	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	270.5	296.9	306.8	257.7	With the UEC improvement work being undertake and the additional management of SDEC pathways a 3% reduction is very achievable but it doesn't get us back to the Q2 & 4 levels of 2022/3, 10% is possibly not achievable in a single year. However, a stretch target of 5% for Halton, would reflect the UEC improvement work, its focused work on admission avoidance, the same day primary care improvement programme and the planned care services developments for respiratory and diabetes which are the biggest areas of activity. This would also close the gap for rate per 100k between Halton and the C&M 2023/4 values.	BCF is being used to support a number of schemes which will support ambition such as urgent community response, out of hospital respiratory team, high intensity users etc.
	Number of Admissions	369	405	-	-		
	Population	128,577	128,577	-	-		
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
	Indicator value	249	258	263	262		

>> link to NHS Digital webpage (for more detailed guidance)

8.2 Falls

		2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,272.4	1,734.7	1,648.0	Halton has made great progress on its falls rates over the last 5 years and the rate per 100k is now much better than the C&M position. The work within community frailty team and the care home development group has progressed significantly. Public use of the falls prevention service has diminished during the pandemic and targeted work is being promoted by the public health team to reinstate the offer and continue the primary prevention of falls. A stretch target of 5%, is being used, which is lower than the 12% reduction seen between 2023 and 2024 but reflects the continued improvement, and would bring Halton into the top performing quartile for C&M.	There will continue to be a focus on the management of frailty and support for the older population, with closer working with ambulance services and urgent community response to eliminate unnecessary admissions to hospital and promotion of falls management in our care homes.
	Count	490	425	404		
	Population	24,176	24500	24500		

Public Health Outcomes Framework - Data - OHID (phe.org.uk)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Actual	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	94.9%	95.0%	95.5%	95.6%	Halton has performed well against this measure in comparison to the boroughs across C&M, but hasn't achieved the planned rate of 95.5%, with an average of 94.7%. The aim is maintain the planned rate at 95.5%. There has been a high prescribing of care home placements over the last year, but the UEC improvement work focusing on discharge to assess, intermediate care provision and home first principles as well as the in-hospital length of stay improvements should allow Halton to achieve this plan.	BCF is being used to support a number of schemes which will support ambition such as Reablement and Intermediate Care beds, Hospital Discharge Teams etc.
	Numerator	2,844	2,927	2,725	2,684		
	Denominator	2,996	3,082	2,854	2,808		
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
	Quarter (%)	95.5%	95.5%	95.5%	95.5%		
	Numerator	2,812	2,891	2,827	2,878		
	Denominator	2,944	3,027	2,960	3,014		

8.4 Residential Admissions

		2022-23 Actual	2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	347.5	597.5	597.5	600.0	Estimated figures for 2023/24 are based on the plan as we have yet to receive the SALT validated figures, therefore, these figure are subject to change.	Continue to commission and deliver a wide range of community services to maintain people in their own home and as part of the Home First approach within Halton.
	Numerator	84	154	154	158		
	Denominator	24,176	25,774	25,774	26,333		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

Please note, actuals for Cumberland and Westmorland and Furness are using the Cumbria combined figure for the Residential Admissions metrics since a split was not available; Please use comments box to advise.