



Health Policy and Performance Board

**Tuesday, 25 June 2024 at 6.30 p.m.
Council Chamber, Runcorn Town Hall**

S. Young

Chief Executive

BOARD MEMBERSHIP

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

***Please contact Ann Jones on 0151 511 8276 or e-mail
ann.jones@halton.gov.uk for further information.
The next meeting of the Board is on Tuesday, 24 September 2024***

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

Part I

Item No.	Page No.
1. MINUTES	1 - 8
2. DECLARATIONS OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS)	
Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.	
3. PUBLIC QUESTION TIME	9 - 11
4. HEALTH AND WELLBEING MINUTES	12 - 19
5. HEALTH PPB ANNUAL REPORT 2023-24	20 - 30
6. DEVELOPMENT OF POLICY ISSUES	
(A) ADULT SOCIAL CARE PREVENTION STRATEGY	31 - 58
(B) SCRUTINY TOPIC BRIEF 2024 2025	59 - 63
7. PERFORMANCE MONITORING	
(A) HEALTH BASED PRIORITY PERFORMANCE REPORTS QUARTER 4 2023 24	64 - 99

In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 20 February 2024 at the Council Chamber, Runcorn Town Hall

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

Apologies for Absence: Councillor Goodall

Absence declared on Council business: None

Officers present: D. Nolan, L Wilson, K. Bazley, I. Onyia, J. Gallagher and D O'Connor

Also in attendance: None

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

Action

HEA32 MINUTES

The Minutes of the meeting held on 28 November 2023 having been circulated were signed as a correct record.

HEA33 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

HEA34 HEALTH AND WELLBEING MINUTES

The minutes from the Health and Wellbeing Board's meeting held on 11 October 2023 were submitted to the Board for information.

HEA35 THE CORPORATE PLAN - THE BIG CONVERSATION ANALYSIS AND THE WAY FORWARD

The Board received a report from the Corporate Director, Chief Executive's Delivery Unit, which gave an update on 'The Big Conversation', since it was presented at the last meeting in November 2023.

The consultation closed on 30 November 2023. The report outlined the engagement results of the consultation, broken down into age groups and presented the methods used and areas the consultation had reached, which included many stakeholders and partners.

It was reported that there was a high level of agreement to the suggested themes within the consultation. It was evident however that the addition of a 6th theme was required to encompass areas such as: environment, open and green spaces and the protection of these, litter, overgrowth and weeds, regeneration, business, economy, growth support and town centres, housing and supported living. It was proposed that these would come under '*Place and Community*'.

All Elected Members of the Council had been emailed to advise of the qualifying statements devised for each priority/theme. These were made available to the public, employees and residents, who were given the opportunity to provide feedback on these statements, which set out what each priority would aim to achieve over the next 5 years. The public consultation was open from 19 January to 26 January and was shared via social media and drop-in sessions in the libraries and Direct Links in Runcorn and Widnes.

Following finalisation of the Plan it would go to Executive Board for approval and then Council, and launched in April 2024.

One Member commented that the number of responses received in total from the survey was disappointing, especially from the business community. It was noted that the survey was the second most popular survey carried out in the history of Halton Council, the first being the Mersey Gateway. It was recognised that it was difficult to encourage people to engage with such projects and they could not be forced to participate.

RESOLVED:

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

HEA36 EMPLOYER STANDARDS HEALTH CHECK SURVEY 2022

The Board received a report from the Executive Director – Adults, which provided information on Halton's results from the Employer Standards Health Check Survey, that was conducted at a national level between October 2022 and January 2023.

It was noted that The Health Check Survey was co-ordinated nationally by the Local Government Association (LGA) and was part of The Standards for Employers of Social Workers, which were refreshed in the Autumn of 2020.

The report outlined the eight standards being asked about in the Survey and presented a summary of results, found in appendix 1. The key headlines from the survey were received in Summer 2023 and were presented in paragraph 3.9 of the report. It was noted that immediate action was taken to address the main areas of concern, as highlighted in the report.

The following information was provided in response to Members questions:

- Most Social Workers were in a Trade Union – in respect of the survey, this was anonymised using a link within the survey;
- The moderate outcome for 'supervision' was due to staff shortages but this is now resolved and all staff now receive the required supervision;
- The recruitment process had improved, now taking between 6-8 weeks;
- 65% of student Social Workers stayed in Halton and overall, most Social Workers liked working in Halton;
- Remote working was rare now, with most staff preferring to be in a supportive office environment; and
- The use of agency workers had reduced – there were a couple in the Mental Health Team and two others working on specific projects.

RESOLVED: That the report be noted.

HEA37 HEALTH INEQUALITIES SCRUTINY REVIEW AND RECOMMENDATIONS

The Board received a report from the Director of Public Health, which gave a summary of the evidence

provided as part of the scrutiny review of health inequalities in Halton. This included the conclusions of the Scrutiny Group Members and their recommendations to the Board.

The full Scrutiny Review report, *Health Inequalities – Findings and Recommendations*, was appended to the report.

It was noted that overall, the scrutiny review provided Members with the opportunity to gain an understanding of the definition of health inequalities and how these were measured, including Halton's position regionally and nationally. They also investigated the drivers of health inequalities and the outcomes of these. Consideration was also given to good practice, pressures and emerging issues in Halton, including barriers and enablers to access specific provisions.

The Director's report also proposed several options as potential areas for scrutiny for 2024, these were discussed. The Board agreed that option one, *A Focus on Community (non-GP) NHS Services* would be the topic for 2024. A topic brief would be developed and shared with the Board in due course.

The consensus of the Board was that they enjoyed being part of the Health Inequalities scrutiny review and found all meetings productive and interesting. They considered this to be due to the work carried out by Officers, and wished to record their thanks to the Director of Public Health and all Officers who contributed, particularly to Emma Bragger. The Chair reiterated this and thanked all Members of the Board involved, which led to the success of the review.

RESOLVED: That the Board

- 1) approve the *Health Inequalities – Findings and Recommendations Scrutiny Review* report; and
- 2) agree that the scrutiny topic for 2024 will be *A Focus on Community (non-GP) NHS Services*.

Executive Director
of Adult Services

HEA38 SUICIDE PREVENTION STRATEGY

The Board considered a report from the Director of Public Health, which gave an overview of work taking place to reduce suicides at a local, regional and national level.

The report provided ONS data on suicides at all

levels; gave information on the *Local Suicide Prevention Action Plan*; and described key actions and successes which included work taking place at a regional level, where Halton contributed to and benefitted from. Regionally, there was the *Cheshire and Merseyside Suicide prevention Strategy and Action Plan*, and the *Beyond Children and Young People Transformation Programme*. The *National Suicide Prevention Strategy* and its areas of focus were also presented.

Following the presentation the following was discussed:

- Mental health risk assessments in the workplace – Halton has a workplace offer for staff as individuals and in the workplace. This offer is also available to all Elected Members;
- Mental Health Services for young people in Halton – these included CAMHS, a 24-hour crisis team (which offered signposting to other services); an educational psychology team as well as mental health support staff in schools; and there were areas of the voluntary sector that offered support;
- Children accessing the internet at school using phones and accessing harmful content – this was recognised as a huge problem and added to teacher pressures as well. A piece of work was taking place with secondary schools and colleges on what to do in a mental health crisis. Schools were also informed of 'Ripple' a browser extension for the internet, which had been installed by Riverside College;
- People with autism were also at a higher risk of suicide compared to the general population;
- The numbers of suicides amongst children in care and care leavers in Halton were too low to see any trends. However, Manchester University did have evidence on the risk factors for these groups; the Officer would send the link to Members after the meeting;
- Prevention training for staff, volunteer groups and people in the community – this was available and information would be sent following the meeting;
- The importance of mental health education and training for schools staff was important;
- One Member's comments relating to the CAMHS service for young people would be passed to the ICB; and
- Recognition that some suicide victims were unknown to agencies as they did not present themselves to seek mental health support.

Members welcomed the information and the good work being carried out using the Suicide Prevention Strategy.

RESOLVED: That the report be noted.

Director of Public Health

HEA39 RESPITE CARE POLICY

The Board considered a report from the Executive Director of Adult Services, which presented the newly developed *Respite Care for Adults with Care and Support Needs and their Carers Policy* – this was appended to the report.

It was noted that this Policy had been developed further to previous reports that had been brought to the Health PPB regarding respite care provision within Adult Social Care. The report outlined the reasons for the development of the Policy and the involvement of a working group that was established to do this.

Officers explained the purpose of the leaflet (appendix one of the Policy) for adults with care and support needs and their carers, which was also developed. This was clearer and more user-friendly than the previous shared care voucher process. It had also received positive feedback from the carers' group during its development.

RESOLVED: That the Board

- 1) note the report; and
- 2) endorse the Respite Policy for implementation within Adult Social Care.

HEA40 UTILISATION OF MENTAL HEALTH BEDS

This item was deferred to the next meeting of the Board.

HEA41 ADULT SOCIAL CARE COMMISSIONING STRATEGY 2023-26

The Board was presented with the *Adult Social Care Commissioning Strategy for Care and Support 2023 – 2026*.

The Commissioning Strategy for Care and Support outlined the Council's commissioning intentions over the next three years, which would aim to support residents and unpaid carers and their families, to have access to the right

services, information, advice and guidance in order to make good decisions about the care and support they needed.

It was stated that ten Commissioning Principles had been identified which would underpin the work being done; a commissioning cycle framework had been established; several Commissioning Priorities/Intentions had been set and an associated Delivery Plan was in place.

The report outlined the Commissioning Intentions, which had been categorized into 6 priorities, to provide focus in aiming to support the key challenges locally and to adhere to those duties required under the Care Act 2014.

Priority 4 Housing was highlighted by Members who queried whether the Council was working with Halton Housing Trust (HHT). It was reported that a piece of work was currently underway regarding the Housing Strategy and adults and older people with special needs, such as learning disabilities and autism, formed a part of this. The Council did work with HHT in relation to this group and the 'own front door' model was an aspiration for them. It was recognised that a mix of care and support models would be needed for an aging population that was also living longer.

RESOLVED: That the report and appendix be noted.

HEA42 PERFORMANCE MANAGEMENT REPORTS QUARTER 3
2023/24

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

Members were advised that the report introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in quarter three of 2023-24. This included a description of factors, which were affecting the service.

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

It was noted that the adoption of the new Corporate Plan in April would be reflected in the performance monitoring, although all metrics that currently exist would remain.

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

As this was the final meeting of 2023-24, the Chair thanked everyone for their valuable contributions and support throughout the year.

Meeting ended at 8.10 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 25 June 2024

REPORTING OFFICER: Chief Executive

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2 Details of any questions received will be circulated at the meeting.

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

- (i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.
- (ii) Members of the public can ask questions on any matter relating to the agenda.
- (iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.
- (iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.
- (v) The Chair or proper officer may reject a question if it:-
 - Is not about a matter for which the local authority has a responsibility or which affects the Borough;
 - Is defamatory, frivolous, offensive, abusive or racist;
 - Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
 - Requires the disclosure of confidential or exempt information.

- (vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.
- (vii) The Chair will ask for people to indicate that they wish to ask a question.
- (viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.
- (ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

- 6.1 **Children and Young People in Halton** - none.
- 6.2 **Employment, Learning and Skills in Halton** - none.
- 6.3 **A Healthy Halton** – none.
- 6.4 **A Safer Halton** – none.
- 6.5 **Halton's Urban Renewal** – none.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

8.0 CLIMATE CHANGE IMPLICATIONS

8.1 None identified.

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

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

REPORT TO: Health Policy and Performance Board

DATE: 25 June 2024

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing Board minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

- 1.1 The Minutes from the Health and Wellbeing Board's meeting held on 17 January 2024 are attached at Appendix 1 for information.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

- 3.1 None.

4.0 OTHER IMPLICATIONS

- 4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

None

5.2 Employment, Learning and Skills in Halton

None

5.3 A Healthy Halton

None

5.4 A Safer Halton

None

5.5 Halton's Urban Renewal

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

8.0 CLIMATE CHANGE IMPLICATIONS

8.1 None identified.

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

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

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 17 January 2024 at the Karalius Suite - Halton Stadium, Widnes

Present: Councillor Wright (Chair)
Councillor J. Lowe
Councillor Woolfall
A. Allt, National Institute of Health Research
K. Appleton, Halton Borough Council
V. Amour, Halton Borough Council
C. Bradbury, People in Partnership
H. Crampton, Cheshire Fire & Rescue Service
R. Foster, Bridgewater Community Healthcare NHS Foundation Trust
L. Gardner, Warrington & Halton Teaching Hospitals
D. Gregg, Halton Borough Council
N. Hidderley, Halton Borough Council
A. Hindhaugh, Halton Borough Council
L. Hughes, Healthwatch Halton
J. Jones, Citizens Advice Bureau
A. Leo, Integrated Commissioning Board
W. Longshaw, St. Helens & Knowsley Hospitals
T. McPhee, Mersey Care NHS Trust
D. O'Connor, Halton Borough Council
I. Onyia, Public Health
S. Wallace-Bonner, Halton Borough Council
D. Wilson, Healthwatch Halton

Apologies: Councillor T. McInerney
S. Patel, Local Pharmacy Committee

Also in attendance: Councillor Carlin and 9 members of the public

Action

HWB20 MINUTES OF LAST MEETING

The Minutes of the meeting held on 11 October 2023 having been circulated were signed as a correct record.

HWB21 RESEARCH READY COMMUNITY PROJECT

The Board received a report regarding the Research Ready Community Champion Power in Partnership Project (PIP) which was based in Runcorn.

The Research Ready Community (RRC) Project commenced in Halton in June 2023 and employed six RRC Champions and one NIHR Research Engagement Officer. The Champions were young adults and care leavers who were part of a National programme to help build better

relationships with communities and increase equitable access to health research amongst under-represented groups.

The Board also received a short film which provided a snapshot of what the Champions had achieved so far.

The Champions had identified six areas of health that had affected them the most:

- Isolation and loneliness;
- Diabetes and its complications;
- Managing heart conditions;
- Addiction (alcohol, drugs and gambling);
- Depression, mental health and wellbeing; and
- Sexual health support.

The young people had also made further developments by attending meetings with senior health professionals for the local NHS and shared their own experiences to help organisations to make the changes needed to improve their lives.

The report also outlined the background to the programme and the findings to the community research that had been carried out.

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

- Local organisations needed to promote the services that were available;
- How should this initiative be used to shape services and how will be make a difference? A wider discussion was needed; and
- Service providers were keen to speak to the Champions and have some further conversations.

RESOLVED: that the Board note the presentation.

HWB22 HEALTH AND WELLBEING BOARD FORWARD PLAN

The Board received a report regarding the Health and Wellbeing Board Forward Plan.

Members were reminded that a review of the Board and its role that took place in 2022, where it was suggested that part 1 of the agenda included the statutory functions and accountabilities and part 2 of the agenda was thematic; led by the priorities of the Health and Wellbeing Strategy.

There were four themes and these would be aligned with the quarterly Board meetings. The report contained an outline plan which would be updated accordingly when more details were available. Lead officers would work with members of the Board to identify content for the agenda.

Members of the Board noted the contents of the report

RESOLVED: That the Board:

- 1) note the content of the report; and
- 2) endorse the use of a thematic Forward Plan.

HWB23 HALTON FAMILY HUBS

The Board received a presentation and report which provided an update of the progress of Halton Family Hubs.

In 2019, the Government's Manifesto pledged to champion Family Hubs across England. In December 2020, the Minister for Children outlined plans to create a National Centre for Excellence for Hubs, funded by the Department for Education (DfE). This included a Best Start for Life Review which was a programme to ensure the best support during the first 1001 days of a baby's life and maximise lifelong emotional and physical wellbeing.

In April 2022, the DfE and DHSC announced that Halton would be one of the 75 Local Authorities who would become a pilot area for the Family Hubs and Best Start to Life Scheme. Since December 2022, Halton had been working hard to develop this model.

The Board was advised that Family Hubs were designed to support children and families by bringing together all the support families may need from pregnancy through to young people turning 19, or 25 if they had a disability. They brought together early help and intervention delivered by a range of partners and organisations and services that could be delivered in various ways from different venues i.e. children's centres, libraries, health centres, GP practices and many more.

The presentation outlined the journey so far in the development of the model, its achievements and challenges over the past 12 months and the next steps for the future.

The Chair provided some positive feedback she had received about an event organised by the service.

RESOLVED: That the Board noted the presentation.

HWB24 CORPORATE PARENTING

A report was presented to update the Board on the role it plays in supporting and delivering corporate parenting responsibilities.

The Board also received a presentation which set out the corporate parenting principles, the role and responsibilities of a corporate parent and who the members were on the Corporate Parenting Board.

Members were advised that the Corporate Parenting Strategy was shortly to be re-launched and invites would be sent out in due course.

RESOLVED: That the Board:

- 1) adopts the principles of the corporate parenting strategy and the defining of the seven key priorities, to support the improvement journey of Halton care experienced young people and care leavers;
- 2) notes the senior management representation across Halton and affirm the corporate commitment to develop stronger partnership working to ensure the needs of care experienced young people and care leavers are galvanised and prioritised by all stakeholders, ensuring 'our children are our future'; and
- 3) notes that the cross-party members, senior managers and key stakeholders would meet bi-monthly, receive reports, including performance reports, undertaking strategic and thematic enquiry into specific elements of the strategy, and seek ways of resolving barriers to support the success of our people place and practice.

Executive Director
of Children's
Services

HWB25 INSPECTION OF SEND LOCAL AREA PARTNERSHIP

The Board received a presentation from the Operational Director, Education, Inclusion and Provision, which provided an update on the recent Special Educational Needs and Disabilities (SEND) Local Area Partnership Ofsted Inspection.

The presentation described the membership of the Local Area Partnership and who they were. Under the umbrella of One Halton, the Council, community and NHS

organisations work together for the benefit of children and young people living in Halton. It outlined the responsibilities and priorities of the partnership.

The presentation also outlined the partnership's learning from the process; the outcome of the inspection was embargoed until the publication of the final Ofsted report. The report would share the responsibilities of the Local Area Partnership and help to inform the Board of priorities which would inform strategic planning and support the partnership to deliver the right support at the right time, in the right way, for children and young people with SEND.

Once the inspection report was published, the findings would be shared with all stakeholders. The Strategy and priority plans for the SEND Local Area Partnership would be shared and steps would be taken to progress as a partnership on the collective vision for children and young people with SEND in Halton.

RESOLVED: That the report and presentation be noted.

HWB26 UPDATE ON THE TRANSITION TEAM

The Board received a report which provided an overview on the Transition Team. The Transition Team was established in 2017 with a remit to work with young people with severe learning disabilities (SLD) and physical and sensory disabilities (PSD) to ensure they had a smooth transition from children's services to adult services.

The Board also received a presentation from the lead Occupational Therapist, which described a piece of research that had been undertaken to identify some of the issues surrounding the delays in provision of disabled paediatric equipment in Halton and the impact this had on families.

The research made a number of recommendations which were noted as follows:

- Review how the process of service provision could be streamlined;
- Compile a policy for the supply of all equipment for disabled children encompassing acceptable timescales in all areas of provision; and
- Purchase a core stock to reduce early intervention time after initial assessment.

It was also noted that the budget for this service area

was currently £25,000, however, in order to purchase the required specialised bespoke equipment, this budget would require a substantial increase.

RESOLVED: That the Board note the report.

HWB27 CITIZENS ADVICE HALTON - CHILD POVERTY UPDATE

The Board considered a report on how the rising rate of the National Living Wage (NLW) in April 2024 and the rising cost of school uniforms could impact on child poverty levels in Halton.

The report highlighted some of the issues faced by local families and set out some steps which local partners could take to help reduce the financial burden faced by families with young children in schools.

The report also described the negative impact of the rising NLW and the potential implications which included:

- Low income working households will not see the full value of a higher NLW;
- Few parents will be exempt from the benefits cap;
- Families would not be eligible for free school meals;
- There would be implications for Universal Credit conditions; and
- Self-employed parents may lose benefit income.

The report outlined a number of recommendations relating to the rising NLW and cost of school uniforms.

The Board noted and discussed the report and suggested that further work needed to be done to revisit interventions and maximise income.

RESOLVED: That the report be received and the Board determines a way forward.

Director of Public Health

The Chair expressed thanks to Kath Parker, Chair of Healthwatch Halton who had now retired from the role. Kath had been a member of the Board for many years and her support had been invaluable. The Chair also welcomed Lydia Hughes who had taken over the role on an interim basis.

Meeting ended at 4.00 p.m.

REPORT TO:	Health Policy & Performance Board
DATE:	25 th June 2024
REPORTING OFFICER:	Strategic Director, Adults
PORTFOLIO:	Adult Social Care Health & Wellbeing
SUBJECT:	Health Policy and Performance Board Annual Report: 2023/24
WARD(S):	Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To present the Health Policy and Performance Board's (PPB's) Annual Report for April 2023 - March 2024.

2.0 RECOMMENDATION: That the Board:-

- i) note the contents of the report and associated Annual Report (Appendix 1).

3.0 SUPPORTING INFORMATION

- 3.1 During 2023-24, the Health Policy and Performance Board has examined in detail many of Halton's Health and Social Care priorities. Details of the work undertaken by the Board are outlined in the appended Annual Report.

4.0 POLICY IMPLICATIONS

- 4.1 There are no policy implications arising directly from the Annual Report. Any policy implications arising from issues included within the Annual Report will have been identified and addressed throughout the year via the relevant reporting process.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 As with the policy implications, there are no other implications arising directly from the report. Any finance implications arising from issues included within it would have been identified and addressed throughout the year via the relevant reporting process.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

There are no specific implications as a direct result of this report however the health needs of children and young people are an integral part of the Health priority.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 **A Healthy Halton**

The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None associated with this report.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

9.0 **CLIMATE CHANGE IMPLICATIONS**

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

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

10.1 None under the meaning of the Act.

Health Policy and Performance Board

Annual Report

April 2023 - March 2024



I have been a member of the Health Policy and Performance Board since 2018, but I am very pleased to report on the work of the Board during 2023/24 in my new capacity as Chair of the Board.

The Board continues to take its scrutiny responsibilities very seriously and during the past 12 months the Board has had the opportunity to comment on a number of proposals and developments, as outlined in this report, such as the continued development of services being provided out of the Halton Health Hub in the Runcorn Shopping Centre, along with undertaking a specific scrutiny topic exploring issues associated with Health Inequalities.

In addition to thanking all members of the Board, I would particularly like to thank my Vice Chair, Sandra Baker, who has provided valuable support to me over the past 12 months, in my first year as Chair, along with acknowledging the work of Damian Nolan, Operational Director, Commissioning & Provision, for all the help and support given to the Board over the past year too.

Finally, I would just like to take this opportunity to pass the Board's sincere thanks onto all the dedicated staff and volunteers we have working across the health and social care system in Halton, both from the statutory and non-statutory sector. Without this level of dedication and the continued hard work of our staff and volunteers, we certainly would not be able to continue to deliver quality services and care to the residents of Halton. Thankyou!!!

I look forward to 2024/25 and the continued challenge of ensuring the quality of health and social care services within Halton are of the highest standard.

Cllr Eddie Dourley, Chair

Health Policy and Performance Board Membership and Responsibility

The Board:

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

During 2023/24, David Wilson was Halton Healthwatch's co-opted representation on the Board and we would like to thank David for his valuable contribution.

The Lead Officer for the Board is Damian Nolan, Operational Director, Commissioning & Provision.

Responsibility:

The primary responsibility of the Board is to focus on the work of the Council and its Partners, in seeking to improve health in the Borough. This is achieved by scrutinising progress against the aims and objectives outlined in the Council's Corporate Plan in relation to the Health priority.

The Board have met four times in 2023/24. Minutes of the meetings can be found on the [Halton Borough Council website](#). It should also be noted that the Board, at each of their meetings, receive and scrutinise the minutes from Halton's Health and Wellbeing Board and monitors work/progress within this area.

This report summarises some of the key pieces of work the Board have been involved in during 2023/24.

GOVERNMENT POLICY- NHS AND SOCIAL CARE REFORM

Market Sustainability Plan

The Board heard about the Government's vision for adult social care in its white paper 'People at the Heart of Care' which proposes a range of reforms and initiatives to improve care and support for vulnerable people.

In relation to care provided for older people who needed a care home admission and vulnerable adults requiring care in their own home, the Government has set out plans for all local authorities with adult social care duties to undertake a 'fair cost of care exercise' (FCOC) with providers of these types of care, and to utilise this information to publish a Market Sustainability Plan in March 2023.

The requirements of the Market Sustainability Plans were set out for the Board along with details of the key plans to address market sustainability issues for Halton.

One Halton Place-Based Partnership

The Board received an update from the Place Director, NHS Cheshire & Merseyside in respect to the ongoing development of the Place-Based Partnership.

The update included a recap of the Integrated Care System (ICS) structure; the NHS Cheshire and Merseyside (C&M) Integrated Care Board (ICB); and Place Based Partnerships.

The Board acknowledged that Halton's ambitions were the responsibility of all partners working together to achieve a set of shared strategic objectives for Halton Place.

SERVICES

Care Worker Petition

At the Board meeting in November 2022, the Board received a public question in respect to the payment of the Foundation Living Wage to all care workers across Halton. Subsequently, a petition was received by the Council in February 2023, from Halton Care Workers, requesting a pay rise. Following receipt of this Councillor Wharton, Leader of the Council, responded to the petitioners. Details of the petition and Cllr Wharton's response were presented to the Board and discussed.

Safeguarding

The Board was advised that in April 2023, the Government announced that the implementation of the Liberty Protection Safeguards (LPS) would be delayed 'beyond the life of this Parliament', so whether the LPS was going to be introduced now depends on what the incoming Government wants to do after the Election. It was the view that the LPS would offer a streamlined alternative to the current Deprivation of Liberty Safeguards (DoLS) system.

Information was shared with Members on the number of DoLS application received in 2022/23; up by 6% on the previous year. Due to the increase in demand a number of independent Best Interests Assessors (BIAs) were used to ensure the backlog list was kept to below 12 months. Members were advised that work was ongoing to explore different strategies in order to streamline the internal DoLS process and increase the DoLS assessments that were completed by Halton's BIAs and therefore reduce the need for independent BIAs.

The Board would continue to receive regular Safeguarding Update reports, this included in November 2023, the presentation of Halton's Safeguarding Adults Board (HSAB) Annual Report 2022/23. The Board noted that the Annual Report had been developed in conjunction with partners, to ensure the report encompassed a multi-agency approach. It included performance data and comparisons between years, achievements in the year and highlighted areas of good practice regarding safeguarding in the Borough.

Primary Care Dental Services

In September 2023, the Board received a presentation regarding access to Dental Services, focused on the plans to improve access and activity. The Board received details on the development of the Dental Improvement Plan, which signalled NHS Cheshire and Merseyside's commitment and ambition to ensure that access was improved for routine, urgent and dental care for the most vulnerable populations and communities impacted by the Covid-19 pandemic.

The issue of access to Dental Services is of particular concern to the Board and as such the Board plans to receive future updates on progress with regards to the impact that the Dental Improvement Plan is having on access etc.

Primary Care Access

In November 2023, the Board received details on the current position within Halton in respect to access to Primary Care and also details of the Primary Care Access Recovery Programme (PCARP) across Cheshire and Merseyside.

Members were advised how the pandemic had changed the landscape as to how Primary Care is accessed and the increase in practice capacity needed to keep pace with growing demand.

Members heard how there was a focus on streamlining access to care and advice; providing more proactive, personalised care from a multidisciplinary team of professionals; and helping people stay well for longer. Progress would be monitored and reported over the next 12 months and beyond, to ensure that the improvements required were seen.

Halton & Warrington Community Diagnostic Centre

The Board received details regarding the creation of Community Diagnostic Centres (CDC). They heard how Warrington and Halton Teaching Hospitals NHS Foundation Trust had been successful in securing new capital and revenue funding to develop a CDC on the Halton Hospital Site.

The Plan was in three phases: -

- Phase 1 – Fast Track CDC (already fully operational since June 2023);
- Phase 2 – CDC in Halton Health Hub in Runcorn Shopping City – to be operational in November 2023; and
- Phase 3 – New Build CDC at the Trust's Halton site – to be fully operational in October 2024.

Members heard how the CDC scheme would support improvements in population health outcomes across Halton and Warrington, through the creation of increased diagnostic capacity to support earlier diagnosis of conditions such as cardiac and respiratory disease or cancer.

Halton Health Hub

In November 2023, the Board received an update on the out of hospital hub based at Runcorn Shopping City.

Over the last 12 months, services such as Audiology, Optometry and Orthoptics had been operating out of the Hub and it had provided services to more than 3,000 patients. Details were provided about future plans to extend provision to include ultrasound, respiratory and phlebotomy services.

Members welcomed the opening of the Hub and acknowledged how well it had been received by residents.

The Standards for Employers of Social Workers and the Social Work Health Check (Adult Social Care)

Information was presented to the Board in relation to the Standards for Employers of Social Workers in England, which was published by the Local Government Association (LGA).

The report detailed the eight standards in place and it was stated that under each standard, there was a list of things that employers should do in order to meet those standards.

It was also reported that the Health Check survey for 202 was co-ordinated at a national level with national, regional and local reports being produced. Halton's Social Workers took part in the survey between October 2022 and January 2023. The report gave details of questions asked and responses, as well as examples of statements made and the scores given.

Outcomes of further surveys would continue to be presented to the Board.

Carers Respite - Finance

The Board considered a report which provided an update on the key aspects of the use of the funding available for respite services for carers in the Borough.

The Board was advised that the budget was available to spend on direct respite provision of services for carers of people who were in receipt of adult social care services as part of a carers assessment; carers who applied to Halton Carers Centre for finance to support their caring role; and as small grants to voluntary and independent sector organisations who applied.

The allocated respite budget had increased year on year, however the spend against these allocated budgets does fluctuate dependent on activity / demand.

Suicide Prevention

In February 2023, the Board received a report from the Director of Public Health, which gave an overview of work taking place to reduce suicides at a local, regional and national level.

The report provided data on suicides at all levels, provided information on the Local Suicide Prevention Action Plan and described the key actions and successes which included work taking place at a regional level, which Halton contributed to and benefitted from. The Board heard about the work taking place on the Cheshire and Merseyside Suicide Prevention Strategy and Action Plan and the Beyond Children

and Young People Transformation Programme. Details on the new National Suicide Prevention Strategy and its areas of focus were also presented to the Board.

POLICY

The Big Conversation

In June 2023, the Board received details on the approach being taken to 'The Big Conversation', which was integral to formulating a new Council Corporate Plan, to take effect from April 2024.

The Board noted that the Council would need to provide adequate opportunity for meaningful public consultation and ultimately produce a Corporate Plan, which was unique and meaningful to the people of Halton. 'The Big Conversation' was all about engaging with the public so that they understood the challenges the Council is facing.

The Board endorsed the approach being taken and put forward a number of ideas as to how to engage with people.

Further updates were provided to the Board in November 2023 and February 2024 on progress.

Disabled Facilities Grant (DFG) Review

The DFG was established 34 years ago and are mandatory capital grants that are available from local authorities, to pay for essential housing adaptations to help disabled people live an independent life and stay in their own homes.

New DFG guidance was issued in 2022, to advise local authorities how they could effectively and efficiently deliver the DFG funded adaptations. This brought together existing policy frameworks, legislative duties and powers, and recommended best practice to help local authorities' best serve disabled tenants and residents in their area.

The Board received information on the current issues faced in Halton relating to the demand for the service and described the benchmarking exercise carried out. This had provided assurance that current DFG practice was working well for the people of Halton however, a further review of the policy and processes was still required, in light of the published DFG Guidance. A steering group would be established to explore these options and the item would return to the Board at a future date once the review had been concluded.

Councillor Care Home Visits Guidance

In June 2023, the Board received updated guidance on undertaking Care Home visits.

The Board were advised that the revised guidance had been developed to support elected Members undertake visits to local care homes. Previous guidance was used as the basis for the revised document, but the approach now focussed more on the engagement and relationship building role of Councillors, and less on an inspection type approach.

The Board noted that the guidance aimed to support and facilitate the important role that Councillors have in developing relationships with and advocating (as appropriate) on behalf of care home residents and their families.

One Halton Health & Wellbeing Strategy & Update

The Board received a presentation from the Director of Public Health (DPH) regarding the development of the One Halton and Health and Wellbeing Board Strategy.

Developments within the NHS had led to the creation of the One Halton Place – Based Partnership, and as a partnership approach it was agreed that a shared Strategy be adopted.

Details were shared on consultation process undertaken, priorities identified and its four underlying themes – tackling the wider determinants of health; supporting communities in starting well; supporting communities in living well; and supporting communities in ageing well. Two-year goals and five-year goals for each of the themes have been identified.

The Strategy identified important system priorities and a strategic framework that will be used to develop a delivery plan.

The Board would receive update reports on progress on the delivery plan at the appropriate time.

Public Health Annual Report (PHAR)

Since 1988, DPHs have been tasked with preparing annual reports – an independent assessment of the health of local populations. The annual report was the DPH's professional statement on the health of local communities, based on sound epidemiological evidence and interpreted objectively.

The Board was advised that the theme for the PHAR for 2022/23 had focused on health improvement and prevention work to support the Halton community with their health in the different stages of their lives, as well as coping with pressures such as the recent pandemic and rising cost of living. To do this four key life stages were used as a guide to the issues – Start, Strong, Live and Well.

Respite Care Policy

Following a number of reports previously presented to the Board over the past 18 months – 2 years, regarding Respite Care Services, in February 2024 the Board received the new Respite Care for Adults with Care and Support Needs and their Carers Policy.

The policy sets out the Council's approach to respite care provision for adults with care and support needs (e.g. older people and adults with a learning disability), the primary aim of the policy being to ensure that staff are aware of the local respite offer in order to be able to arrange appropriate support that meets the needs of the cared for person and their carer.

Adult Social Care Commissioning Strategy 2023-26

Presented to the Board in February 2024, the Commissioning Strategy for Care and Support outlines the Council's commissioning intentions over the next three years, which aims to support residents and unpaid carers and their families, to have access to the right services, information, advice and guidance in order to make good decisions about the care and support they needed.

The Board were presented with the detail of the commissioning intentions which have been categorised into six priority areas which provides the focus in aiming to support the key challenges identified. These six priorities are: -

- Universal Prevention & Wellbeing;
- Independent at Home;
- Socially Engaged;
- Housing;
- Good, Local, Affordable, Quality Care; and
- A Confident, Sufficient & Skilled Workforce.

SCRUTINY REVIEWS

At the Board's meeting in February 2023, it was agreed that the 2023/24 work topic would examine *health inequalities across Halton and approaches to reduce them.

It was agreed that the Board would consider:

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

**Whilst health inequalities may span the life course, this scrutiny topic review focused on health inequalities from an Adults perspective.*

At the time of writing this report, the outcome from the scrutiny review is due to be presented to the Council's Executive Board.

PERFORMANCE

The Health Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, during the year the Board has been provided with thematic reports which have included information on progress against key performance indicators, milestones and targets relating to Health.

INFORMATION BRIEFING

During 2023/24, the Board continued to receive an Information Briefing Bulletin in advance of each of the Board meetings.

The Information Briefing is a way of trying to manage the size of the agendas of the Board meetings better. Including information on topics which were previously presented to Board as reports only for the Board's information now into the Information Briefing bulletin allows the Board to focus more on areas where decisions etc. are needed.

Example of areas that have been included in the Information Briefing over the last 12 months have included: -

- Cheshire & Merseyside Elective Restoration
- Healthwatch Halton Annual Report 2022-23
- Adult Social Care Annual Customer Care Report 2022-2023
- Adult Social Care Annual Report 2022-2023

WORK TOPICS FOR 2024/25:

At the meeting of the Board in February 2024, it was agreed that the focus of Scrutiny topic for 2024/25 would be on Community (non-GP) NHS services within Halton.

At the time of writing this report, a topic brief is currently being developed to outline the scope of this work.

Report prepared by Louise Wilson, Commissioning & Development Manager, Adults Directorate
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REPORT TO: Health Policy & Performance Board (HPPB)

DATE: 25th June 2024

REPORTING OFFICER: Executive Director, Adult Services

PORTFOLIO: Adult Social Care

SUBJECT: Adult Social Care Prevention Strategy 2023 – 2027

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present Health PPB with the Adult Social Care Prevention Strategy 2023 – 2027.

2.0 RECOMMENDATION:

RECOMMENDED: That Health PPB

(1) Note the contents of the report.

3.0 SUPPORTING INFORMATION

3.1 The Adult Social Care Prevention Strategy sets out the vision and focus for Adult Social Care's role in Prevention in Halton over a four-year period (2023 – 2027).

3.2 The strategy is closely aligned to the Council's Adult Social Care Vision of improving the health and wellbeing of local people so that they live longer, healthier and happy lives. This strategy is intended to help support this vision.

3.3 The strategy sets out our approach to designing services, by including local people who use Adult Social Care services in the planning process. This co-production approach will ensure that Halton's services meet the needs of local residents and the outcomes they want to achieve.

3.4 The strategy focuses on the opportunities which exist in our local communities – e.g local community assets and local services which will help people achieve the outcomes they wish to achieve.

3.5 The strategy builds on what's already in place and also highlights areas of provision across of Adult Social Care which can be enhanced and will continue to place local people at the heart of the

Adult Social Care services that we deliver in the future.

3.6 The strategy has been developed by: -

- Reviewing various guidance and published documents.
- Review of Care Quality Commission Self-Assessment.
- Engagement with colleagues across Adult Social Care.

3.7 The strategy is supported by a Delivery plan which will be overseen by the Adults Directorate Senior Management Team (SMT).

3.8 The Adult Social Care Prevention Strategy has been reviewed and approved by the Adults Directorate Senior Management Team (SMT).

4.0 **POLICY IMPLICATIONS**

4.1 The Care Act 2014 places significant emphasis on Health and Wellbeing. This Adult Social Care Prevention strategy places significant focus on the health and wellbeing of local residents in Halton.

5.0 **FINANCIAL IMPLICATIONS**

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

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

6.1 **Children & Young People in Halton**

None.

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

None.

6.3 **A Healthy Halton**

Every person using Adult Social Care services deserves the highest quality care and support and the maximum opportunity to influence how that support is arranged and managed.

Co-production plays a central role in driving up quality, enabling people to meaningfully direct their own care, facilitating integrated service delivery, and making the most efficient use of the available resources.

6.4 **A Safer Halton**

None.

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

7.0 **RISK ANALYSIS**

- 7.1 As part of the Strategy's implementation, the strategy will be assessed in respect to associated risks and presented to the Adults Directorate SMT at the appropriate time.

- 7.2 The Adult Social Care Prevention Strategy will enable the Council to meet its wellbeing duty under the Care Act 2014 by ensuring a focus on the health and wellbeing of the local population.

- 8.0 **EQUALITY AND DIVERSITY ISSUES**
None.

9.0 **CLIMATE CHANGE IMPLICATIONS**

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

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

- 10.1 None under the meaning of the Act.

Halton Borough Council

Adult Social Care
Prevention Strategy

2023 - 2027

Contents

Foreword from the Portfolio Holder for Adult Social Care	3
Introduction	4
What is the purpose of this Adult Social Care Prevention Strategy and who is it for?	6
Key Messages.....	7
An introduction to Halton	9
An Introduction to Adult Social Care in Halton	11
Current Adult Social Care Prevention Services in Halton	13
Reshaping Adult Social Care.....	20
Direction of Travel	22
Delivery Plan	24

Foreword from the Portfolio Holder for Adult Social Care

Welcome to Halton Borough Council's Adult Social Care Prevention Strategy.

Prevention, early engagement and early intervention are a fundamental part of keeping people well for longer, supporting them to retain their independence and empowering people to live their lives as they choose.

Preventing and delaying the onset of ill-health and the related need to access services, has always been a key priority for Adult Social Care in Halton. Prevention plays a significant role in the wellbeing of Halton residents.

This Adult Social Care Prevention Strategy sets out the vision and focus for Adult Social Care's role in Prevention in Halton over the next four years. Like all Adult Social Care services across the country, we need to change and adapt, focus how we can work in collaboration across our communities, with our residents and partners to support long-term health and wellbeing.

We are developing our approach to designing services, by including local people who use Adult Social Care services in the planning process. This is called Co-production. Co-production will ensure that Halton's services meet the needs of local residents and what outcomes they want to achieve. We are working with Think Local Act Personal (TLAP) who are experts in Co-production techniques to transform our approaches.

We remain committed to working with health and public health colleagues to deliver person-centred services that focus on people's own strengths.

We are increasingly looking at the opportunities which exist in our local communities - local community assets and local services, for example which will help people achieve the outcomes they set for themselves. This extends wider than statutory Adult Social Care provision to universal services, local voluntary sector groups and a wide range of community-based activities which support prevention and the wellbeing of Halton residents.

We are focusing on areas of provision across of Adult Social Care which can be enhanced and, to this end, Halton is embarking on a three-year transformation programme. Here, we will aim to deliver some services differently in Halton, putting local people at the heart of the services we deliver in the future.



Councillor Joan Lowe
Portfolio Holder for Adult Social Care

Introduction

Prevention, as defined in the Care Act Statutory Guidance (2014), is about the care and support system actively promoting independence and wellbeing. This means intervening early to support individuals, helping people retain their skills and confidence, and preventing need or delaying deterioration wherever possible.

Prevention is an approach which supports people to be more proactive in managing their own health and wellbeing and can increase independence and reduce or delay the need for care and support services. It can also increase the resilience of our local communities and support people to live the lives that they choose to live for as long as possible.

We want to work with people so that they can decide what's best for themselves and the lives they choose to live. We want to stop people losing their independence and connection to their community, as well as addressing current health inequalities in the borough.

Nationally, there is 10 years difference in life expectancy for people who live in the most affluent areas of the UK and those that live in the most deprived. Locally, the Office for National Statistics puts the life expectancy at birth for female residents of Halton at 81.7 years and for males at 77.4 years. These life expectancies are both below the national rates of 83.4 years and 79.8 years respectively.

We will seek to achieve this by working with people to help them find more effective ways to support them to stay living in their own homes or communities for as long as possible, avoiding hospital admissions, delaying, or reducing the escalation of need and finding innovative ways to meet peoples need through what we buy or “commission” to maintain safe and sustainable services.

We may need to change some of the current ways of working to meet increasing demand and emerging needs and we will explore the use of innovative approaches to support people, particularly in the use of new and emerging technologies.

We believe that people know best how to meet their own needs and we will support people to do just that. We are introducing strengths-based working to all our assessment, care and support planning and review processes and this will empower individuals to decide what services, care and support will best help them to live as independently as possible.

We are developing our approach to designing services, by including local people who use Adult Social Care services in the planning process. This is called Co-production. Co-production will ensure that Halton’s services meet the needs of local residents and the outcomes they want from local services. We are working with national personalisation

experts, Think Local Act Personal (TLAP), to shape our approaches into the future.

For people who do require more formal or long-term care and support, we will ensure that Adult Social Care services are safe, effective, sustainable and of quality. Taking a preventative approach will change the balance of care to ensure that more people live more independently for longer.

This Adult Social Care Prevention Strategy aims to ensure that we continue to safeguard our residents and improve outcomes for people accessing our services, while also ensuring that the services we provide achieve the best value for the Council.

Close working with Public Health and our wider public sector partners will support a shared focus which will be to promote, maintain and enhance people's independence so that they are healthier, stronger, connected within their community are more resilient and less reliant in future on formal Adult Social Care services.

Through developing our Preventative approach, we will seek to achieve the following outcomes for Halton residents:

- Increased levels of Independence;
- Improved Quality of Life and Wellbeing;
- Reduced Social Isolation or Loneliness; and
- Reduced or Delayed Need for care and support.

What is the purpose of this Adult Social Care Prevention Strategy and who is it for?

Halton's Adult Social Care Prevention Strategy sets out the vision and focus for Prevention over the next four years.

The Purpose of this Prevention Strategy

In the context of the Care Act (2014), Prevention is seen as one of the Seven key responsibilities of Local Authorities for Adult Social Care alongside the fundamental principle of wellbeing. Over time, Local Authorities have shifted their focus to preventative and early intervention approaches and these types of support are now commonplace. The Care Act (2014) embedded this change in law.

Halton Borough Council's Adult Social Care Service has a long history of taking a preventative approach, which has seen a transformative shift from a focus on traditional models of long-term care and support, to focus on early intervention and enabling people to live independently for as long as possible. Taking a Preventative approach enables local people to find what support they need through their community, including accessing opportunities through the voluntary sector.

However, like all Adult Social Care services across the country, rising demand and the current economic climate, require us to change and adapt, focus on what we can do, what our partners and communities can do, and what individuals can do for themselves.

This Strategy identifies our current approach and the actions we will take to further develop our preventative approach in Halton.

Who is this Prevention Strategy For?

The audience for this document is wide and varied, as prevention can span right across all services within a local area and all sections of the community. It can be said that Prevention is everybody's business. Halton Borough Council's Adult Social Care responsibilities under the Care Act (2014) means that the Council takes a lead-role in the development of Prevention across Halton.

Typically, Halton Borough Council, providers of Adult Social Care services, voluntary and community sector service providers, health and public health partners and providers of universal services such as libraries, community centres and leisure facilities will all have an interest in this strategy and how they can contribute to the health and wellbeing of Halton residents.

Key Messages

In Halton, Prevention in Adult Social Care is about encouraging people to be more proactive about their health and wellbeing. Embedding a Prevention approach across the Borough can increase people's independence and reduce or delay the need for care and support services.

Making the best and most sustainable use of all available resources across Halton includes the Council, Private sector, voluntary sector, community sector and the health system ensuring that Adults, their families and Carers have access to timely and appropriate information, advice and services to enable them to live healthily and independently for as long as possible.

We are seeking to further develop our approach to Prevention in Halton. As a result of this four-year Strategy, we will;

- **Listen to our residents and co- produce our solutions wherever possible.** We know that this is better for people in terms of their long-term outcomes and allows the most effective use of health and social care resources to support people to remain independent for longer, and able to be connected and active in their community. It is also better for health partners as it helps reduce hospital admissions. Therefore, the lived experience of service users, their Carers and those who are actively engaged in support networks/services will help inform our actions.
- **Identify and understand current and future demand for preventative services** and remain responsive to change.
- **Identify those at risk of their needs escalating** and facing the risk of crisis and dependency on longer-term services.
- Make **early intervention and rehabilitation the default offer** for those in short-term need or crisis, helping them to rebuild their strengths, confidence, and independence.
- Work to replace traditional service offers that simply manage conditions with **new and innovative solutions** that maximise opportunities for individuals to live their lives well.
- **Promote diversity and quality in provision** so that people have a choice and control of service options and providers.
- **Promote personal responsibility** and empower individuals and their families to take decisions on their own care and support needs.
- Ensure the **integration of prevention** with health and health-related services including community infrastructure, including housing.
- Identify and **support informal Carers**, building their resilience to support them if they choose to remain in a caring role.

- **Promote strengths-based, self-directed Care**, offering people the opportunity to determine which services will support them to live their lives as they choose.
- Ensure all residents in Halton have access to **clear, concise and meaningful information and advice**.

An introduction to Halton

Location

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

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



Population & Population Growth

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

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

¹ [Halton Area Profiles & Statistics](#)

² [JSNA Summary 2021](#)

Deprivation

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

Life Expectancy

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

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

Ethnicity, Faith & Sexual Orientation

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

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

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

Employment

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

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

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

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

⁵ [Halton Area Profiles & Statistics](#)

⁶ [Halton Area Profiles & Statistics](#)

An Introduction to Adult Social Care in Halton

Adult Social Care Vision

Our Adult Social Care Vision is:

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

Halton Borough Council’s Adult Social Care Directorate is responsible for assessing the needs of adults with care and support needs in-line with Local Authority duties of the Care Act 2014. Under the Care Act, Local Authorities also have responsibility to understand what services are likely to be needed in the future and make sure that people who live in their areas:

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

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

‘One Halton’ is the name for our local Place-based Partnership that seeks to create a more collaborative and targeted approach to how services are delivered to Halton residents.

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

The One Halton Health and Wellbeing Strategy 2022- 2027 provides information on how Halton Borough Council, in partnership with a range of colleagues aims to address health inequalities across the borough.

The Adult Social Care sector in Halton is comprised of a mix of provision that includes in-house services, independent sector commissioned services, grant-funded voluntary sector services and a range of services that are developed and funded independently. Halton Borough Council oversees the delivery and development of these services in line with its strategic objectives.

Embedding a Prevention approach in Halton holds equal parity to delivering services that respond to people's Adult Social Care needs, as and when they need them. This four-year Prevention Strategy sets out how we want to work with people to find more effective ways to support people to stay in their own homes or communities for as long as possible, avoiding hospital admissions, delaying, or reducing the escalation of need and finding innovative ways to meet peoples need through what we buy or "commission" to maintain a safe and sustainable service. This might involve changing some of the current ways of working to meet emerging needs and using innovative approaches to supporting people, particularly in the use of new technologies.

Halton Borough Council is developing strengths and asset-based approaches within its care management processes. Assessments will focus on individuals' strengths. Personal strengths can include skills and abilities developed through work, hobbies or life experiences and assets might include a person's access to family, social and community networks. The Council is also keen to see a wider strengths and asset-based approach developed across Halton and will work with partners to adopt the approach widely.

Services and support will be co-produced through close working with 'experts by experience' – those who access services, their carers and families. This will give us direct insight into requirements for the future and is an important part of our strategic direction.

Current Adult Social Care Prevention Services in Halton

Adult Social Care 'Front Door' / Adult Social Care Initial Assessment Team (IAT)

The Adult Social Care 'Front Door' acts as a gateway and the team quickly determines needs and takes appropriate actions. In terms of Prevention, the 'Front door' is the first port of call for all referrals. The 'Front Door' team (IAT) provides information and advice and will determine whether a person's needs can be met through signposting to wider local prevention services that exist across the borough, including for example, universal services and voluntary sector services. The team plays a significant role in Prevention and early intervention in Halton.

The remit of the Adult Social Care's 'Front Door' includes:

- Receiving all new referrals into Adult Social Care;
- Providing triage and providing information and advice and signposting;
- Safeguarding investigations;
- Meals on Wheels queries and requests;
- Occupational Therapy (OT), requests for Adaptations and Equipment;
- Blue Badge Applications

A range of more formal, traditional Adult Social Care services are also aligned to the Adult Social Care 'Front Door' to ensure every opportunity is taken to embed a preventative approach for those who require more support, for example OT, Reablement, Equipment and Adaptations, Meals on Wheels requests, arranging new packages of care, all of which can enable individuals to live independently at home.

Adult Social Care Prevention Panel

The Prevention Panel is a new group made up of multi-agency senior managers/ partners and professionals. The panel promotes prevention and early intervention. They use the Prevention Panel to maximise the uptake of services available across Halton. The Panel presents and discusses client cases and together, the Panel looks at the creative and meaningful activities that are available within Halton and share the good practice with their teams.

The Panel explores asset-based approaches and activities in the community/voluntary sector. The Panel enables Adult Social Care teams to prioritise referrals to ensure resources are allocated to individuals who would benefit from them most.

Adult Social Care Complex Care Management Teams

Practitioners play a key role in promoting independence. In addition to IAT, there are two complex Care teams in Adult Social Care which manage all long-term clients who require ongoing formal Adult Social Care services. There is a complex care team for Widnes and a complex care team for Runcorn.

Through social work assessment and review processes, the complex care teams identify whether a person's needs can be reduced or delayed, even if the person is in receipt of a long-term service. Prevention and early intervention are ongoing and not a one-time only intervention and as such, the complex care teams have a significant role to play in maximising the opportunities for a person's wellbeing, whilst balancing opportunity with risk.

Through the development of strengths and assets-based approaches in Halton, this will further enable social work staff to direct people to wider community resources and assets which contribute to better health and wellbeing. As well as statutory Adult Social Care services, Support Planning will include wider community interventions and universal services which can also support individuals and help them to increase their independence and wellbeing.

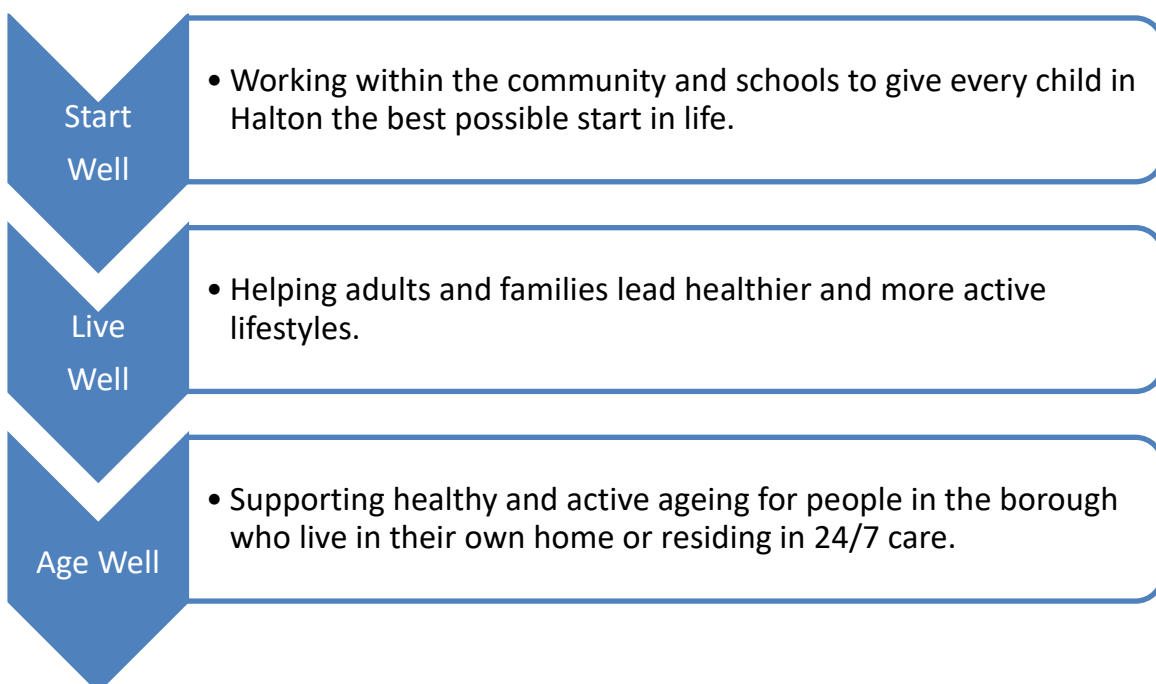
Halton Integrated Care and Frailty Service (HICaFS)

HICaFS ensures the seamless, safe management of referrals for people requiring Adult Community Services, Urgent Care, potentially preventing hospital admission, supporting early discharge from hospital, promoting independence and co-ordinating care closer to home for those needing rehabilitation (reablement) after a hospital stay or illness. HICaFS promotes a home-first model of care which focuses on maximising people's opportunity to live independently.

Halton Borough Council's Health Improvement Service

The Health Improvement service offers a wide range of local, tailored programmes designed to improve the health and wellbeing of Halton residents. The team work with the individual, the community and other partner agencies to understand what services are needed and how best to deliver them. The team also work with local businesses and organisations to improve the health of the local workforce.

The service supports people across the life course and can be summarised, as follows:



The Health Improvement Service is part of the Council's Public Health functions and is aligned with the work of Adult Social Care to deliver innovative, evidence based and measurable interventions such as stop smoking, weight management, exercise on referral, falls prevention and tackling loneliness.

The Health Improvement Service also provide a comprehensive training offer such as courses aimed at increasing staff awareness of population health initiatives and behaviour change models such as Making Every Contact Count, Blood Pressure training and Age Well training.

The Health Improvement Service coordinates quarterly network meetings called 'Partners in Prevention'. The aim of the meetings is to bring all partners together to focus on prevention and early intervention and ensure that front line workers in Health and Social Care are equipped with the knowledge of the local offer and signpost people more effectively.

Halton's Community Services (Day Services)

People who require practical and personal support to engage with their community and meet other people might access one of the many opportunities on offer through Halton's Community Services. The approach taken to day care in Halton is aimed at empowering people; providing them with a sense of purpose and enabling them to contribute to their wider communities.

The service works from a person-centred perspective to recognise individual needs as well as aspirations. Underpinned by the principles of active support service users take part in meaningful activity which encourages the development of new skills and maintain existing ones.

In its work with Adults with Learning Disabilities, Community Services operates a range of 'cottage industry' businesses ranging from a hair and beauty salon to a micro-brewery. Service users are supported through these outlets to develop social and employment skills in authentic workplace environments.



Falls Prevention

There are several falls prevention initiatives in place. These include working closely with the Telecare Team and HICaFS ensuring there are robust referral pathways for people at risk of falls and providing timely information to help people to stay active at home, to prevent physical deterioration that increases the risk of falls, and loss of independence.

Community Bridge Building

The Halton Community Bridge Building Team works with people with disabilities, mental health issues, older people and carers to support them in accessing services within the community.

The range of activities that Community Bridge Builders can help people to access includes: leisure activities; sports; community activities; arts & culture; education; hobbies; volunteering and paid employment; accessing faith communities; friendships and travel training.

The team offers short term access to free one-to-one support to enable people to think about the things they would like to do and where and how they can access them. The Bridge Builder will also help the person to go along to their chosen activity and overcome barriers, including providing public transport trainers.

Sure Start to Later Life Service

Sure Start to Later Life is a targeted information service to help Halton residents over the age of 55 to live a happy and independent life. It offers information, advice and a wide range of activities including day trips; get together events and volunteering opportunities that enable older people to take an active part in the community.



The Sure Start to Later Life service work alongside Adult Social Care. The team provides a holistic prevention programme that acts as a Single Point of Access to information to ensure local residents get the right support, at the right time in the right place. This program has also proven successful in reducing demand on both Health and Social Care. Sure Start have a particular focus on improving the health and wellbeing of residents in care homes as part of the Enhanced Health in Care Home programme, ensuring that care homes are an integral part of their community and engaging residents in meaningful activities to help maintain their health and wellbeing.

Mental Health Outreach Team

The Mental Health Outreach Team provides short-term structured support to people who have an assessed mental health condition and who may have social needs which are impacting on this. The team works on a 1:1 basis to help individuals redevelop or learn new skills to manage their mental health, promote recovery, increase wellbeing and independence and enable individuals to engage with their local community. This involves some practical and emotional short-term work using specific outcome programs as well as providing advice, guidance and signposting to other services and activities, where required.

Community Alarms, Telecare and Keysafe

Community Alarms uses a special alarm linked to a telephone that enables a person to press a button, usually on a pendant when someone is having difficulty at home. Pressing the button sends a message to the Council's Contact Centre. The Contact Centre will then make contact with the person to find out what the difficulty is and provide help.

Telecare is a set of electronic sensors installed in a person's home which provide support and assistance using information and communication technology. Telecare is tailored to each individual's own needs and will trigger an agreed response for different types of incidents.

There is also a Keysafe service, so that Adult Social Care services, with prior permission from the individual, can enter the person's premises if required.



Occupational Therapy, Housing Adaptations and Equipment

Adult Social Care provides professional assessment, housing adaptations and equipment to help people to retain independence in their own homes and to support carers to provide personal care.

A Community Equipment Service is in place that provides equipment to help with bathing, toileting, mobility and moving and handling and other needs.

Adult Social Care can also provide support with housing adaptations, including:

Minor adaptations, which are structural or non-structural works costing £1,000 or less, for example, handrails, grab rails, stair rails. These are provided free of charge.

Major adaptations, which are more substantial works costing £1,000 or more, for example, level access showers, hoists, bathroom alterations. These are generally, but not always, provided through a Disabled Facilities Grant (DFG).

Shared Lives

Halton Shared Lives Service is a flexible community support service which provides care for people who have been assessed as requiring support due to age, illness or disability. The Service provides long term and day care placements plus respite/short breaks to enable people to live an ordinary life in the community.

Shared Lives offers adults an alternative and highly flexible form of accommodation and/or care and support using the shared lives carer's home as a resource. The care is provided by individuals, couples or families in their homes within the local community. This service promotes wellbeing and can prevent deterioration of health conditions. The service also can reduce feelings of isolation and loneliness.



Supported Living and Extra Care Housing

To support people to continue to live independently for as long as possible they may choose to access Supported Living and Extra Care Housing (sometimes called Assisted Living). This can provide low level intervention and support to meet people's needs and can be an alternative to residential care or living with.



Carers

Halton Borough Council supports Carers by offering a Needs or Carer's Assessment and use this as an opportunity to explore the individuals' circumstances and consider whether it would be possible to provide information, or support, for example, by providing training to the carer about the condition that the adult they care for has.

The Council makes provision for a Home-based Carers Respite Service. The Home-based Respite Service provides practical help, personal care and emotional support to people in their own homes, replacing the care normally provided by their informal carer and allowing that carer to have some short-term respite from caring.

Halton's Carers Centre also provides a range of information, advice and support to help Carers to manage their caring role, including activities which allow the Carer some respite from their caring role, which in turn increases their wellbeing.

Reshaping Adult Social Care

As demand for Adult Social Care services continues to increase, in Halton we will seek to continue to promote prevention and wellbeing.

Through effective practice, we want to continue our transformational shift from a focus on traditional long-term care and support, to early intervention and enabling people to live well and independently for as long as possible.

Over the course of this strategy, this will mean reshaping local services to create empowerment for local residents through easier access to information, help, advice and support in partnership with local communities and our local voluntary sector. We will ensure that people will be able to get the help, advice and support they need online, by phone, by video calls or, where required, through pre-scheduled home visits.

On first contact with people, we will try to establish and focus on a person's strengths so we can better understand their individual circumstances. This will enable us to support them to identify, recognise and utilise the services and assets around them, including support from families and local community services, groups and activities in the first instance, before we consider more traditional and formal Adult Social Care Services. This reduces dependency on Adult Social Care services.

We will do this because we know that this increases wellbeing, helps people to be more resilient and have better outcomes. Preventative approaches also reduce loneliness and isolation and are more resource-effective in the longer term. Support identified in people's local communities, outside of Local Authority provision, makes life better for both the individual and the community. By reducing or delaying people's need to use statutory care services, we are also aiming to strengthen local communities and protect the sustainability of local community assets.

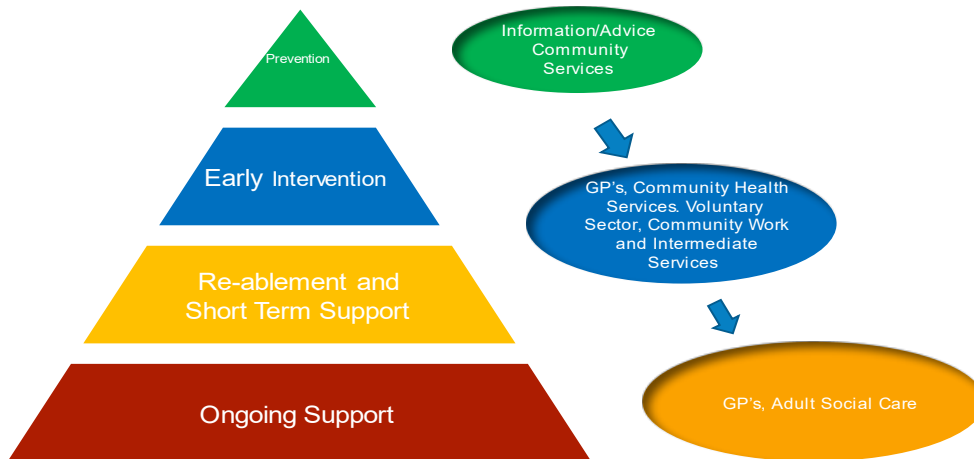
By engaging with our local residents earlier, it will help us provide advice and information to families on the criteria for receiving Adult Social Care support; explaining choices and setting expectations to ensure we can meet aspirations and outcomes in the future, as and when people do require more formal Adult Social Care services to meet their care and support needs. We will also be able to understand our local population and better anticipate the needs and demand of our local population and co-design and commission local services in accordance with needs and demand.

We will seek to ensure that there is no gap in support as young people transition between Childrens and Adult Social Care Services.

A Different Approach

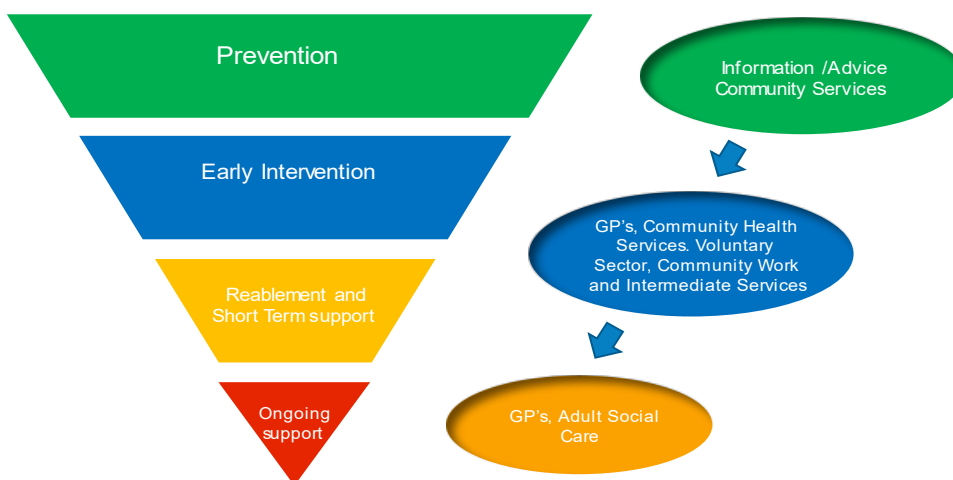
The current model below shows how services are currently reactive and responsive. Ongoing support from statutory organisations such as Adult Social Care and health services are most dominant and typically come into effect as a response to a crisis situation.

Responsive Services



A new model, as identified below shows what the service could look like in 2027, by the end of the terms of this Strategy. The model depicts an up-turned version of the current model, with greater emphasis on Prevention and Early Intervention and less reliance on on-going and formal Adult Social Care support and services.

Further Move to Empowerment



Direction of Travel

Whilst the preventative offer is already well-developed within Adult Social Care in Halton, as a result of developing this Strategy we want to further improve our offer.

The following provide an indication of the direction of travel over the term of this four-year strategy:

- A proposed new Prevention, Assessment and Wellbeing Service will ensure individuals are supported to access community-based services to allow them to meet their own outcomes from existing community resources. This will also ensure that individuals who require more formal long-term support are able to receive timely person-centred services. An increased focus on wellbeing and prevention at the Adult Social Care 'Front Door' will bolster the support and services already provided via Adult Social Care and will ultimately help local residents access the information and support needed to improve their wellbeing. The main function of the Prevention, Assessment and Wellbeing Service will be a triage function/prevention approach, which will support individuals to access wider services, for example equipment, income maximisation, social groups and support, support to carers, as well as lower-level tasks like gardening, shopping and cleaning. This will ensure that an individual's wider needs are supported, with an emphasis on wellbeing, maintaining a healthy lifestyle and preventing a person from experiencing ill health or a social crisis.
- We are developing a strengths-based approach and training programme alongside Helen Sanderson Associates Ltd to all our assessment, support planning and review activity which will empower local residents to decide what care and support will help them most, which will include a mix of local community-based services, activities, groups and community assets, alongside more formal Adult Social Care services;
- Supported by Think Local Act Personal (TLAP), we will embed a Co-production approach to designing services, by including local people who use Adult Social Care services in the planning process;
- We will continue to place emphasis on 'home-first' - providing care at home and building capacity within community-based services to best meet individuals' needs closer to home so that people can continue to live independently, This will include a reablement approach to maximise people's ability to live independently;
- We want to explore alternatives to traditional residential care, through greater use of care at home and supported living accommodation which includes 'own front door' accommodation, particularly for those with Learning Disabilities and/or Autism;
- We will continue to place strong emphasis on early intervention to maximise independence and the opportunity for people to stay in their own homes – reducing the growth in residential care placements, especially for those with learning disabilities;
- We will seek to ensure that there is no gap in support as young people transition between Childrens Services and Adult Social Care Services and will embed a focus

on prevention for all young people entering adulthood;

- We want to improve the provision of respite care to support family carers to meet the needs of those with more complex conditions;
- We want to increase the use of assistive technology to improve the experience of paid-for and family carers in their role as carer;
- We will explore new and alternative models of delivery and opportunities for innovation with providers;
- We will explore the potential development of the direct payment approach and look to remove unnecessary barriers, potentially enabling residents to stay independent for longer by accessing carer support from within the existing community;
- We will continue with long term work collaborative work with the wider Integrated Care System (ICS) to develop preventative models of care that:
 - focus on keeping people healthy, independent and out of residential care for longer and
 - maximise the opportunities of remote healthcare monitoring and advances in technology.
- We will ensure the preventative services offer remains sustainable in light of austerity and the current financial climate;

Delivery Plan

Objective/Aim	Performance Indicator	Lead Groups	Success Criteria	Actions to ensure Achievement of Aim?	By When
Increased Contact Centre/ASC 'Front Door' referrals to community services	Target of 75% - 80% of all ASC referrals dealt with by ASC 'Front Door'	SMT	Monitor number of referrals to Community Services via IAT and Contact Centre	Monitor number of people accessing local non-commissioned Community services. Monitor number of people accessing commissioned Community services. Case studies.	
Creation of a Universal offer for Wellbeing	Number of people accessing ASC Wellbeing Service	SMT	Creation of an ASC 'Front Door' Wellbeing Service	Monitor number of people accessing Community services and feedback of numbers accessing commissioned services.	
Evaluation from service users, carers and families and partners to feed into service development and commissioning processes	Surveys/ Evaluation reports	SMT	Evidence to inform commissioning process	Evaluation of feedback from surveys, Service Providers, Service users, Commissioners and Quality Assurance Team.	
Delay the need for people to access Adult Social Care Support	ASCOF	SMT	Reduction in numbers of people accessing ASC eligible services using 2022/ 2023 as a baseline	Local Performance Reports/Statutory Returns	
Delay the need for Residential Care or Nursing Care Placement	ASCOF	SMT	Reduction in numbers of people admitted to Residential or Nursing Care using 2022/ 2023 as a baseline	Local Performance Reports/Statutory Returns	

Increase the number of people at home 91 days after discharge from Reablement	ASCOF	SMT	<p>Increase in the number of people at home 91 days after discharge from Reablement using local performance reports 2022/2023 baseline</p> <p>Number of people discharged through Pathway "O", and reduction in Pathways 1 and 2 using local performance reports 2022/2023 baseline</p>	Local Performance Reports/Statutory Returns	
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REPORT TO: Health Policy and Performance Board

DATE: 25th June 2024

REPORTING OFFICER: Damian Nolan, Operational Director
Commissioning and Provision

PORTFOLIO: Health and Wellbeing

SUBJECT: Scrutiny Review Topic Brief 2024/2025

WARD(S) Borough Wide

1.0 PURPOSE OF THE REPORT

- 1.1 To present the topic brief for Health Policy and Performance Board (HPPB) 2024/2025 scrutiny review.

2.0 RECOMMENDATION: That

- 1) the report be noted; and
- 2) the Board approves the topic brief.

3.0 SUPPORTING INFORMATION

- 3.1 Annually, as part of the HPPB remit, there is a duty on Members to scrutinise a specific area of focus within health and social care and make recommendations to Executive Board.
- 3.2 At the February 2024 HPPB meeting it was agreed that 'Community NHS health (non-GP) services' would be the focus of the 2024/2025 scrutiny review.
- 3.3 The proposed scrutiny topic brief is:
Scrutiny of the performance, outcomes and service user feedback relating to urgent and non-urgent community NHS services. Specifically;

Non-urgent services

- *NHS Community Nursing*
- *Podiatry*
- *Therapy*
- *Musculoskeletal services*

Urgent services

- *Urgent Treatment Centres (Widnes & Runcorn)*
- *Northwest Ambulance Service*
- *Urgent care responses.*

The topic brief and rational can be found in appendix 1.

- 3.4 Members of the scrutiny topic group will be nominated by the Chair of the HPPB at the June HPPB meeting, with the first meeting of the group taking place in July 2024.
- 3.5 Prior to the first meeting Members will be issued with a background paper to provide context to the topic area.
- 3.6 Meetings will take place monthly and provide opportunity for Members to be presented with information relating to the areas covered in the topic brief and scrutinise service delivery, emerging issues and opportunities in order to develop a set of recommendations for presentation at the February 2025 HPPB meeting. These recommendations, once approved by HPPB, will be presented to Executive Board.

4.0 **POLICY IMPLICATIONS**

- 4.1 Any policy implications arising from the recommendations of the Scrutiny Topic Group will be presented to HPPB and Executive Board and considered in line with existing process.

5.0 **FINANCIAL IMPLICATIONS**

- 5.1 Any financial implications arising from the recommendations of the Scrutiny Topic Group will be presented to HPPB and Executive Board and considered in line with existing process.

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

- 6.1 **Children & Young People in Halton**
None.

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

- 6.3 **A Healthy Halton**
A greater understanding of the NHS community-based services, listed above, and the opportunities and challenges that can impact on outcomes they achieve, may lead to recommendations impacting on local health and social care policy, service development and service delivery.

- 6.4 **A Safer Halton**
None.

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

7.0 RISK ANALYSIS

7.1 None identified at this time.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified at this time.

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 None identified at this time

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

Health Policy and Performance Board Report February 2024, in which reference to the proposed 2024/25 scrutiny topic brief was made.

Topic Title: NHS Community Health (non-GP) Services

Officer Lead: Damian Nolan, Operational Director

Planned Start Date: July 2024

Target PPB Meeting: February 2025

Topic Description and Scope:

The 2024/2025 scrutiny review for health policy and performance board will look at NHS Community Health (non-GP) Services, specifically;

Non-urgent services

- NHS Community Nursing
- Podiatry
- Therapy
- Musculoskeletal services

Urgent services

- Urgent Treatment Centres (Widnes & Runcorn)
- Northwest Ambulance Service
- Urgent care responses.

Through evidence presented at the scrutiny meetings, and/or site visits to services, the scrutiny group will develop an oversight of the key duties of each service, as well as the referral pathways, key operational practices and interface with other services. Through considering current performance, outcomes and service user feedback for each service area, the group will make recommendations on how services can further improve service user experience, outcomes and maximise performance.

Why this topic was chosen:

Community health services play a key role in the NHS. They keep people well, often with complex needs, at home and in community settings close to home and support people to live independently. These services often involve collaboration across health and social care teams, including professionals like community nurses, therapists, and social care workers. Moving more care out of hospital and into the community is an NHS priority and is one of the improvements outlined in the [NHS Long Term Plan](#).

It is widely recognised that NHS community health services are critical to keeping the whole health system working effectively – not least from the impact that delays in discharging patients from hospital has on emergency services.

It is important that Members better understand the services' role in the health and social care landscape and how resources are mobilised to provide quality services that meet and exceed agreed performance indicators and service user expectations.

Key outputs and outcomes sought:

- Understand who uses the service and why.
- Understand referral/access pathways.
- Understand how each of the services interact with the wider health and social care landscape.
- Understand the key performance indicators, outcomes achieved by the service and service user experience.
- Understand the level of capacity and demand within the services and highlight emerging issues through trend analysis.
- Highlight innovative work taking place to improve performance, outcomes and service user experience.
- Understand any opportunities, current challenges or emerging issues faced by the services.
- Make recommendations as to how services can further improve performance, outcomes and service user experience and how services manage any capacity and demand issues identified.

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

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

Nature of expected/desired PPB input:

Member led scrutiny of NHS Community Health services in Halton will be undertaken by monthly meetings at which Members will receive evidence presentations by each service area. Service site visits will be arranged as requested. Members will make recommendations for inclusion in the Scrutiny Topic report to be presented to Health PPB and Executive Board.

Preferred mode of operation:

- Meetings with/presentations from relevant officers from each of the services.
- Feedback from those that have accessed services.
- Visit to community-based services, where requested.

Agreed and signed by:

PPB chair

Officer

.....

Date

Date

.....

REPORT TO: Health Policy & Performance Board

DATE: 25 June 2024

REPORTING OFFICER: Strategic Director

PORTFOLIO: Health & Wellbeing

SUBJECT: Performance Management Reports, Quarter 4
2023/24

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 This Report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in Quarter 4 of 2023/24. This includes a description of factors which are affecting the service.

2.0 RECOMMENDATION: That

- i) Receive the Quarter 4 Priority Based report**
- ii) Consider the progress and performance information and raise any questions or points for clarification**
- iii) Highlight any areas of interest or concern for reporting at future meetings of the Board**

3.0 SUPPORTING INFORMATION

- 3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 4, 2023/24.

4.0 POLICY IMPLICATIONS

- 4.1 There are no policy implications associated with this report.

5.0 FINANCIAL IMPLICATIONS

- 5.1 There are no financial implications associated with this report.

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

6.1 **Children & Young People in Halton**

There are no implications for Children and Young People arising from this report.

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

There are no implications for Employment, Learning and Skills arising from this report

6.3 **A Healthy Halton**

The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.

6.4 **A Safer Halton**

There are no implications for Safer Halton arising from this Report.

6.5 **Halton's Urban Renewal**

There are no implications for Urban Renewal arising from this Report.

7.0 **RISK ANALYSIS**

7.1 Not applicable.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no Equality and Diversity issues relating to this Report.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 There are no implications for Climate Change arising from this Report.

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 4 – Period 1st January 2024 – 31st March 2024

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the fourth quarter of 2023/24 for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Adult Social Care (including housing operational areas)
- Public Health

2.0 Key Developments

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

Adult Social Care

Halton Floating Support Service

Halton Floating Support Service was re-tendered during Q3/Q4. The contract was awarded to Plus Dane, the incumbent provider of the service. The mobilisation period will take place from 1st April – 30th June 2024 with the new contract commencing on 1st July 2024. A contract extension is in place to ensure continuity of service during the three-month mobilisation period.

Integrated Sensory Support Service

The service has run for six years as a collaboration between Vision Support and the Deafness Resource Centre. The current contract runs to 30th June 2024. In March a report was taken to Executive Board to look at continuation of the service for a further five years. This was agreed and work will now take place to amend the service specification to reflect objectives over the period.

Halton Home Based Respite Service

Care at Home Group Limited (CHAG) has been delivering the Home-Based Respite Service since April 2023, following Crossroads Care North-West exiting the market in March 2023. A report was taken to Executive Board in March to seek approval to award CHAG an 18-month contract to continue to deliver the service in Halton from April 2024; this was agreed. During this period, we aim to commence a new procurement process for the supply of the Service.

Adult Social Care Commissioning Strategy

The Commissioning Strategy for Care and Support outlines our commissioning intentions over the next three years and went through its final stages of formal approval during Q4, being approved at Executive Board on 18th January 2024.

Dementia Delivery Group meetings to determine priorities going forward. Delivery Plan to be presented to April 2024 One Halton Board for approval and agreement on practical implementation.

Q4

Immigration Impact upon Homelessness

The Home Officer have confirmed that there will be approximately 3000 asylum seekers that have experienced the delay in the move on process and will be served 7-day notice. Not all of these clients will be in Halton as they will be dispersed across the country, and numbers have not yet been released.

As part of the Asylum process many of the clients placed within the Initial Assessment centres are families, which will have a vast impact upon homelessness and temporary accommodation provision. Presently, we are seeing an increase in families presenting as homeless and reviewing the temporary accommodation available, however, the concerns remain on the high increase in numbers and the impact this will have upon the homelessness team and the financial costs incurred.

Public Health

The highly contagious Measles outbreak that started in London and spread to the West Midlands reached the North West. A total of 49 cases as of the time of writing this report had been identified across the region, the majority in people who were not fully immunised. Partners have worked together to ensure those most at risk were offered support and vaccination in an effort to prevent further spread. Measles will be transmitted to individuals who are un-immunised or partially immunised and vulnerable persons. Measles will impact the health of infants age <1 more severely, un-immune pregnant women and their babies and people who are immunocompromised.

Nationally three times as many men die by suicide each year (75%) compared to women, with suicide being the biggest cause of death in men under the age of 50.

Local data shows over the last 3 years 66% of all suicides in Halton are male. Although this figure is slightly lower than the national data which is encouraging it still demands a specific focus locally. The reasons men take their own life are complicated, however, we do know men can be impacted very differently to women in terms of how they cope. We also know through national research that only 34% of men would talk openly about how they feel and 31% would feel embarrassed about seeking help for a mental health problem. Finally, we are aware that men are less likely to take notice of generic marketing material as they think it isn't for them. To reduce the number of men taking their lives locally a dedicated member of staff has been recruited to lead on this area of work and an action plan is being developed working with individuals with lived experience. [Calm your mind | Get back to a better place](#) is a campaign and local website designed with local men for local men with the aim of improving men's mental health and reducing suicides.

The Public Health Directorate continues to work on a wide range of issues linked to tackling the causes of ill health and improving health in Halton.

3.0 Emerging Issues

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

Adult Social Care

Domiciliary Care Tender

Work commenced in Q4 to re-tender the Domiciliary Care Service. At the time of writing, the tender opportunity is currently a live tender via The Chest procurement portal. The new contract is expected to commence in the Autumn. The tender is expected to increase the diversity of provision within the borough.

Independent Mental Capacity Advocate (IMCA) Cases

Discussions are scheduled to take place between Commissioners and advocacy representatives across Halton and Warrington to discuss responsibility for IMCA advocacy for Halton residents temporarily resident in Warrington, e.g. due to hospital admission. Historically, Halton Advocacy hub has provided the advocacy in such cases even though Warrington are effectively the host authority for cases within their locality. Due to current resource constraints and demands on the service, Halton Advocacy hub has stated is unable to continue to provide the advocacy for all Halton residents placed in Warrington.

Halton Carer's Strategy

The One Halton all-age carers strategy has now been signed off by the Halton's Carers Strategy Group and is due to be taken for ratification to the One Halton Place Based Partnership Board in April.

Co-Production

The Coproduction Charter and associated report is due to be taken for ratification to the One Halton Place Based Partnership Board in April, prior to implementation.

Public Health

The Tobacco and Vapes Bill, which was laid before the House of Commons on 20th March 2024, raises the age of sale for all tobacco products one year every year from 2027 onwards. This means that tobacco can never be legally sold to anyone born on or after 1st January 2009.

The Bill will also allow local Council officers to issue £100 on the spot fines to retailers that sell tobacco and vapes to those who are underage. This is in addition to the maximum £2,500 fine, which local authorities can impose on shops and other traders. It will also be illegal to give out free samples of vapes to under-18s.

Over 5.3 million adults in England are smokers, and the harm caused by smoking is the largest preventable cause of death in England, estimated to account for 64,000 deaths annually. Two in three smokers will die because of long-term smoking, with one in four hospital beds in the country currently being occupied by a smoker.

Research shows that most smokers start before they are 20 years old, and that the earlier someone starts, the more likely they are to smoke in later years. It has also been found that teenagers are nearly three times more likely to smoke if their caregivers or friends do.

The Procurement Act 2023 overturning the current public procurement regime in the UK, attained Royal Assent on 26 October 2023. The government has indicated that the Act will go live from October 2024, as several contracts are due for review and update in the next 2-year period it's likely that they will be reprocured under the new Act. Key considerations and objectives will include delivering value for money, maximising public benefit, and acting and being seen to act with integrity.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2018/19 Directorate Business Plans.

As a result, monitoring of all relevant 'high' risks will be undertaken and progress reported against the application of the risk treatment measures in Quarters 2 and 4.

5.0 Progress against high priority equality actions

There have been no high priority equality actions identified in the quarter.




6.0 Performance Overview




The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Directorate. It should be noted that given the significant and unrelenting downward financial pressures faced by the Council there is a requirement for Departments to make continuous in-year adjustments to the allocation of resources in order to ensure that the Council maintains a balanced budget. Whilst every effort continues to be made to minimise any negative impact of such arrangements upon service delivery they may inevitably result in a delay in the delivery of some of the objectives and targets contained within this report. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

Commissioning and Complex Care Services

Adult Social Care

Key Objectives / milestones

Ref	Milestones	Q4 Progress
1A	Monitor the Local Dementia Strategy Action Plan, to ensure effective services are in place.	
1B	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	
1C	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target.	

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

Supporting Commentary

1A The Dementia Delivery Plan approval and implementation (or whether further work is required) is dependent on the outcome of the April 2024 One Halton Board meeting at which it is being presented.

1B Homelessness Forum took place March 24 and consultation will form part of homelessness Strategy, which is presently under review. Draft strategy to be presented to Management Team July/August 2024

1C Budget projected to come in on target.

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

1E Halton Borough Council applied for additional funding from DHSC for the Streamlining of assessments, support with post covid waiting times for reviews, Occupational Therapy and DOLS assessments.

Firstly we have funded additional dedicated support for front door referrals and Deprivation of Liberty Safeguards (DoLS) This has enabled us to clear the backlog 'at the front door' and allocate the correct support for those being referred within 24 hours. The additional resource includes increasing the number of first assessors (x 3) to reduce initial triage waiting lists and reallocate resources to more complex cases. Therefore, they have granted an additional 135 authorisations since receiving the funding, bringing the waiting time for subsequent allocation of support down to less than 12 months.

Overall, the implementation a First Assessor model has led to a waiting list fall from 1,000 to 250 days to have a review between Q4 22/23 and Q4 23/24.

Secondly, Halton has established a Prevention and Wellbeing Service with the support of a redesign of adult social Care, placing outreach support with a Wellbeing approach at the front door. This team is focusing on people accessing community support before requiring support from adult social care where appropriate, and initial findings have identified a reduced demand and associated pressures upon ASC staff:



Although the implementation of a First Assessor model and a prevention-focussed front door service were already planned in Halton, this approach has enabled us to progress these redesigns more quickly and allocate more resources to the team of first assessors, which has improved both the speed and impact of this work: We are presently allocating all new referrals within 24/48 hours.

1F 250 staff across Adult Social Care have now completed, The Helen Sanderson Person Centred Planning Training, jointly with people of lived experience and providers/Voluntary Sector. This was completed in conjunction with Co-Production events led by TLAP. Presently Training is underway to 'Train the Trainer' and Management support to ensure a longer-term legacy.

The changes to ways of working have led to a more productive workforce who can focus on meaningful tasks...staff have more time to speak to clients, reviews are more informed. Assessment work is more outcomes-focussed.

The Social Care IT systems will be changing in June 24 from Care First 6 to Eclipse, with newly developed Person-Centred Documentation.

Key Performance Indicators

















Older People:						
Ref	Measure	22/23 Actual	23/24 Target	Q4	Current Progress	Direction of travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ Better Care Fund performance metric	347.50	600	NA	NA	NA
ASC 02	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. Better Care Fund performance metric	Q2 22/23 actual = 4,286	No plan set	4283	NA	NA
ASC 03	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) Better Care Fund performance metric	84.2%	85%	NA	NA	NA
Adults with Learning and/or Physical Disabilities:						
ASC 04	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	97%	97%	96%		





ASC 05	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	79.4%	80%	73.6		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	38.7%	45%	47.6		
ASC 07	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	91.6%	89%	90%		
ASC 08	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	7.6%	5.5%	6.1%		

Homelessness:

ASC 09	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless Advice	NA	2000	756 290 163 121 201		NA
ASC 10	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	NA	200	121		NA
ASC 11	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	NA	NA	148 38 30 Singles 8 Families	NA	NA

Safeguarding:

ASC 12	Percentage of individuals involved in Section 42 Safeguarding Enquiries	39%	30%	34%		
ASC 13	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (Previously PA6 [13/14] change denominator to front line staff only.	62%	85%	76%		
ASC 14	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	78.8%	89%	79.1		
Carers:						
ASC 15	Proportion of Carers in receipt of Self Directed Support.	98%	99%	99		
ASC 16	Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)	7.5% (2021-22)	8%	7.0		
ASC 17	Overall satisfaction of carers with social services (ASCOF 3B)	39.3% (2021-22)	52%	44.4		
ASC 18	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	69.5% (2021-22)	80%	77		
ASC 19	Social Care-related Quality of life (ASCOF 1A). (This figure is based on combined responses	18.9%	20%	18.9		

	of several questions to give an average value. A higher value shows good performance)					
ASC 20	The Proportion of people who use services who have control over their daily life (ASCOF 1B)	78.4%	80%	72.9		
ASC 21	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	70.4%	71%	68.7		

Supporting Commentary

Older People:

ASC 01 Figures are being collated for year-end and will not be available until the next meeting.

ASC 02 Q4 data not yet available, this will not be published until at least the middle of May. The latest position available shows the number of admissions in the three-month period Dec 23 to Jan 24. Whilst non-zero LOS admissions have remained unchanged the number of 0-day LOS admissions has fallen slightly, however this does not tell the full picture, the number of 0 day LOS has fallen from 670 to 214 at WHHFT (-456) due to the implementation of the new A&E type 5 process. This means that increasing numbers of patients are now categorised as being treated as a category 5 A&E attendance as opposed to a short stay (0 day) admission. The process is not yet happening at MWL. In contrast the number of 0 day NEL admissions at MWL has increased from 1203 to 1558 (+355) nearly offsetting the whole of the decrease seen at WHHFT.

ASC 03 Annual collection only to be reported in Q1.

Adults with Learning and/or Physical Disabilities:

ASC 04 Q4 figure is marginally below target.

ASC 05 The latest figure has not met the Q4 target and is slightly lower than the same quarter last year.

ASC 06 The Q4 figure has exceeded the target and is higher than the same period last year.

ASC 07 The figure for Q4 has exceeded the target, although slightly lower in comparison to Q4 last year.

ASC 08 We have currently exceeded this target and figures are higher than they were in the same quarter 2022/23.

Homelessness:

- ASC 09** There continues to be an increase in homelessness presentations, due to relationship breakdown, affordability and changes in immigration process. We anticipate an increase in presentations from families during the next quarter and working with Home Office to process applications. The team are working tirelessly to source accommodation and save tenancies, using the prevention incentives available to reduce and relieve homelessness.
- ASC 10** Due to the work the team are undertaking to prevent homelessness prior to decision making stage, this has contributed to the low statutory acceptance decisions.
- ASC 11** There continues to be an increase in the demand for temporary accommodation, resulting in the use of hotels. There are concerns that there will be an increase in families presenting as homeless forcing the LA to increase hotel usage

Safeguarding:

- ASC 12** This is a relatively new indicator, a lower percentage is better. Although we have not reached the target for Q4 the figure has decreased compared to the same period the previous year.
- ASC 13** Although the 23/24 target has not been met; the performance each quarter has been increasing and Q4 has exceeded the actuals from last year.
- ASC 14** Although the target has not been met for Q4 it has increased by 0.3 per cent compared to the same quarter last year.
The figure may be subject to change following weightings being completed.

Carers:

- ASC 15** The Q4 figure has reached target and is higher than the same period last year. Survey measures are reported annually for service users and bi-annually for carers.
- ASC 16** (ASC16) (1D) responses show a 0.5 per cent decrease in the overall carer reported quality of life and a 2.1 per cent decrease in the proportion of carers who reported that they had as much social contact as they would like
- ASC 17** (ASC 17)The Overall Satisfaction of Carers with Social Services has increased by 5.1 per cent and those who report that they have been included or consulted in discussions about the person they care for has increased by 5.7 per cent.
- ASC 18** (ASC18) (3C) Carers who consulted in discussions about the person they care for has increased by 5.7 per cent.
- ASC 19** (ASC19) (1A) This measure is just 0.1 per cent below the target for this measure and has remained the same as 2022/23

ASC 20






Q4





(ASC20) (1B) This measure has seen a reduction of 6.1 per cent in the past year. This will need further analysis to see if there are areas of specific concern.

ASC 21

(ASC21) (3A) A reduction of 1.7 per cent and below the current target.

Public Health**Key Objectives / milestones**

Ref	Objective 1: Child Health	Q4 Progress
	Milestones	
PH 01	Working with partner organisations to improve the development, health and wellbeing of children in Halton and to tackle the health inequalities affecting that population.	
Ref	Objective 2: Adult weight and physical activity	
	Milestone	
PH 02	Reduce levels of adult excess weight (overweight and obese) and adult physical inactivity	
Ref	Objective 3: NHS Health Checks	
	Milestone	
PH 03	Ensure local delivery of the NHS Health Checks programme in line with the nationally set achievement targets and locally set target population groups.	
Ref	Objective 4: Smoking	
	Milestone	
PH 04	Reduce smoking prevalence overall and amongst routine/manual and workless groups and reduce the gap between these two groups.	
Ref	Objective 5: Suicide reduction	
	Milestone	
PH 05	Work towards a reduction in suicide rate.	
Ref 05	Objective 6: Older People	
	Milestone	

PH 06	Contribute to the reduction of falls of people aged 65 and over and reduction in levels of social isolation and loneliness.	
Ref	Objective 7: Poverty	
	Milestone	
PH 07	To increase awareness of fuel poverty and drive change to tackle the issue through better understanding of services available across Halton (staff and clients).	
Ref	Objective 8: Sexual health	Q4 Progress
	Milestone	
PH 08	To continue to provide an easily accessible and high quality local sexual health service, ensuring adequate access to GUM and contraceptive provision across the Borough, whilst reducing the rate of sexually transmitted infections and unwanted pregnancies.	
Ref	Objective 9: Drugs and alcohol	
	Milestone	
PH 09	Work in partnership to reduce drug and alcohol related hospital admissions.	

PH 01 Supporting commentary

Regular performance contract meetings in place with the 0-19 service. The 0-19 service are supporting the development of the Family hubs model and local offer, and the SEND priority action plan.

The infant feeding offer continues to expand, now with 4 weekly drop-in support groups, in addition to home visits and telephone support in the postnatal period:

Women supported with breastfeeding via home visits	52
Women supported with breastfeeding via telephone	134
Women supported with formula feeding via telephone	108
Attendances at infant feeding support groups	96

Engagement with the Healthy Schools offer: 47 out of 64 schools (73%) have engaged with the programme so far this school year.

7 young carers completed the RSPH Young Health Champions Award; delivering health messages to their peers and developed skills to promote health and wellbeing

PH 02 Supporting commentary

Halton continues to support weight management objectives.

Objective	Outcome
Started Service (Q4)	397
Completed 12 weeks (Q3)	33%
Completed 6 months (Q2)	16%

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

Objective	Outcome
Started Service	102
Completed 6 week review	44%
Completed 12 week review	60%

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

- PH 03** Throughout quarter 1 and 2 HIT have been rolling out the new Health Diagnostics IT system. This is not fully embedded yet, which means NHHSC data from GP practice data is not currently available.

Outcome	Q1	Q2	Q3	Q4
Invites	994	6175	6136	2756
Completed by HT in Practice	472	652	519	571
Completed in Community	13	59	68	199
Completed in Workplace	133	59	82	123
Referrals Onward	191	362	332	403

- PH 04** **Supporting commentary**
Quitting data from Q1-Q4 2023/2024:

Total Referrals	1,204
Total Set a Quit Date	926
Engagement Rate	77%
Total Quit	417
Total Still Awaiting 4 Week Quit Outcome	103
Unemployed/Never worked Set a Quit Date	138
Unemployed/Never worked Quit	50
Awaiting 4 Week Quit Outcome	16
Routine/Manual Set a Quit Date	156
Routine/Manual Quit	76
Awaiting 4 Week Quit Outcome	15

- PH 05** **Supporting commentary**
We continue to work closely with partners and Champs on the Zero Suicide Agenda and consistently drive Halton's action plan to drive reduction in suicides. Work currently taking place on long term conditions, Dual Diagnosis and Gambling harms. Work continues to take place at a regional level to reduce Self-Harm in children and young people via the Beyond Transformation programme. Work taking place locally to support education settings with self-harm and suicide attempts.

- PH 06** **Supporting commentary**
The EoR Programme which includes falls has been rolled out in some GP practices to target common health conditions such as hypertension and falls. We have had 23 new starters enrolled on the fall prevention exercise class this quarter.

PH 07 Supporting commentary

Targeted paid for advertising via Global media to create an online ad campaign between Jan-Mar. Campaign covered visual ads on social media and audio ads on Radio and Spotify where possible targeted at demographics and areas of the Borough most in need. Campaign created 100,000 impressions for links to the cost of living page and all available support for fuel poverty.

PH 08 Supporting commentary

Axess hold weekly clinics in both Runcorn & Widnes, including evening, walk in, a dedicated 'Axess4u' young person's clinic as well as outreach clinics for certain targeted groups. The service has been working to improve its digital front door and accessibility and are now able to offer online booking for some appointments. Work has started on preparing for the new contract, which will be starting in October 2025, with the sexual health JSNA. We are also working closely with the ICB around the development of Women's Health Hubs in Halton, which will focus initially on improving access to LARC.

PH 09 Supporting commentary

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

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

During Q1-Q4 Health Trainers/Health Check Officers have delivered 2,947 Audit C screenings

Audit C screenings in workplaces, GP practises and in the community.












During Q1-Q4 the Stop Smoking Service have delivered 566 Audit C screenings with clients wishing to stop smoking





Total combined Audit C screenings delivered = 3,513

Key Performance Indicators

Ref	Measure	22/23 Actual	23/24 Target	Q4	Current Progress	Direction of travel
PH 01a	Healthy life expectancy at birth: females (years)	58.0 (2018-20)	58.0 (2019-21)	NA		
PH 01b	Healthy life expectancy at	61.4	61.4	NA		

	birth: males (years)	(2018- 20)	(2019- 21)			
PH 02	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	60.1% (2021/22)	N/A	62.2% (2022/23)		
PH 03	Health Visitor new births visits (% of new births receiving a face to face visit by a Health Visitor within 14 days)	80.4% (2022/23)	90%	83.5% (Q1-Q3 2023/24)		
PH 04	Prevalence of adult excess weight (% of adults estimated to be overweight or obese)	65% (2020/21)	64.7% (2021/22)	71.2% (2021/22)		
PH 05	Percentage of physically active adults	65.5% (2020/21)	65.5% (2021/22)	63.1% (2021/22)		
PH 06	Uptake of NHS Health Check (% of NHS Health Checks offered which were taken up in the quarter)	104.6% (2022/23)	76.5% (2023/24)	30.5% (Q1-3 2023/24)		
PH 07	Smoking prevalence (% of adults who currently smoke)	13.2% (2021)	13.1% (2022)	13.3% (2022)		
PH 08	Deaths from suicide (directly standardised rate per 100,000 population)	10.1 (2019-21)	10 (2020-22)	9.3 (2020-22)		

PH 09	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	282 (2021/22)	280.6 (2022/23)	263.6 (2022/23 provisional)		
PH 10	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2,676 (2021/22)	2,663 (2022/23)	2,279 (2022/23 provisional)		
PH 11	Social Isolation: percentage of adult social care users who have as much social contact as they would like (age 18+)	40% (2022/23)	NA	30.2%		
PH 12	Fuel poverty (low income, low energy efficiency methodology)	13.8% (2020)	13.7% (2021)	12.4% (2021)		
PH 13	New sexually transmitted infections (STI) diagnoses per 100,000 (excluding chlamydia under 25)	225 (2021)	220 (2022)	383 (2022)		
PH 14	Long acting reversible contraception (LARC) prescribed as a proportion of all contraceptives	58% (2022/23)	58% (2023/24)	50% (Q1-3 2023/24)		n/a

PH 15	Admission episodes for alcohol-specific conditions (Directly Standardised Rate per 100,000 population)	908 (2021/22)	900 (2022/23)	872 (2022/23 provisional)		
PH 16	Successful completion of drug treatment (non opiate)	21.2% (2022/23)	25% (2023/24)	17.2% (Q3 2023/24)		

Supporting Commentary

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

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

PH 02 - The percentage of children achieving a good level of development has improved in Halton in 2022/23 to 62.2%. However, this is still below the England average of 67.2%.

PH 03 - 2022/23 data and Q1-3 2023/24 data saw an increase from 2021/22 but failed to meet the target of 90%. However, it did meet the performance standard of 75%.

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

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

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

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

PH 08 - The suicide rate has decreased in 2018-200, 2019-21 and 2020-22. The rate is similar to the England average.

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

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

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

PH 11 - The proportion of adult social care users having as much social contact as they would like, has fallen year on year since 2012/13. Data was updated retrospectively in 2024 and so previous target is not applicable. (Data is published annually)

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

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

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

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

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

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

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

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT**Adult Social Care****Revenue Operational Budget as at 31st March 2024**

	Annual Budget	Actual Spend	Variance (Overspend)
	£'000	£'000	£'000
Expenditure			
Employees	15,593	15,919	(326)
Premises	695	679	16
Supplies & Services	1,426	1,396	30
Aids & Adaptations	38	39	(1)
Transport	228	386	(158)
Food Provision	201	202	(1)
Agency	734	726	8
Supported Accommodation and Services	1,205	1,211	(6)
Emergency Duty Team	110	163	(53)
Contacts & SLAs	577	575	2
Housing Solutions Grant Funded Schemes			
Homelessness Prevention	356	355	1
Rough Sleepers Initiative	157	167	(10)
Total Expenditure	21,320	21,818	(498)
Income			
Fees & Charges	-804	-760	(44)
Sales & Rents Income	-453	-478	25
Transfer from Reserves	-435	-435	0
Reimbursements & Grant Income	-1,953	-2,131	178
Capital Salaries	-121	-121	0
Housing Schemes Income	-506	-540	34
Total Income	-4,272	-4,465	193
Net Operational Expenditure	17,048	17,353	(305)
Recharges			
Premises Support	583	583	0
Transport Support	575	727	(152)
Central Support	3,667	3,667	0
Asset Rental Support	205	205	0
Recharge Income	-112	-112	0
Net Total Recharges	4,918	5,070	(152)
Net Departmental Expenditure	21,966	22,423	(457)

Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is £0.457m above budget at the end of the of the 2023/24 financial year.

Employee costs were £0.326m above budget profile. This reflects the unbudgeted additional cost of the 2023/24 pay award (£1,925 plus on-costs per FTE, less the budgeted 4% overall). Total unbudgeted pay award costs are £0.451m for the year, and the staff turnover saving target above target was £0.125m for the year.

The overspends on transport and transport recharges are currently under review, expenditure is significantly above budget on both headings, costs have increased steadily over recent years.





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

Overall income is above target for the year, although there is an under-achievement of £62,000 in respect of transport income charged to service users. This is reflected in the overall under-achievement of £44,000 in respect of Fees & Charges income.

Adult Social Care

Progress Against Agreed Savings

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

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

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

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

Care Homes Division**Revenue Budget 23-24 Outturn**

	Annual Budget	Actual	Variance (Overspend)
	£'000	£'000	£'000
Expenditure			
<u>Madeline Mckenna</u>			
Employees	672	784	(112)
Other Premises	122	127	(5)
Supplies & Services	16	16	0
Food Provison	43	45	(2)
Reimbursements & Other Grant Income	-35	-35	0
Total Madeline Mckenna Expenditure	818	937	(119)
<u>Millbrow</u>			
Employees	2,084	2,265	(181)
Other Premises	151	203	(52)
Supplies & Services	43	66	(23)
Food Provison	75	80	(5)
Reimbursements & Other Grant Income	-101	-101	0
Total Millbrow Expenditure	2,252	2,513	(261)
<u>St Luke's</u>			
Employees	2,740	2,906	(166)
Other Premises	208	237	(29)
Supplies & Services	46	73	(27)
Food Provison	118	121	(3)
Reimbursements & Other Grant Income	-76	-76	0
Total St Luke's Expenditure	3,036	3,261	(225)
<u>St Patrick's</u>			
Employees	1,824	2,246	(422)
Other Premises	191	192	(1)
Supplies & Services	43	65	(22)
Transport	0	0	(0)
Food Provison	112	130	(18)
Reimbursements & Other Grant Income	-121	-121	0
Total St Patrick's Expenditure	2,049	2,512	(463)
<u>Care Homes Divison Management</u>			
Employees	285	250	35
Supplies & Services	0	3	(3)
Care Home Divison Management	285	253	32
Net Operational Expenditure	8,440	9,476	(1,036)
Recharges			
Premises Support	285	285	0
Transport Support	0	0	0
Central Support	890	890	0
Asset Rental Support	291	291	0
Recharge Income	0	0	0
Net Total Recharges	1,466	1,466	0
Net Departmental Expenditure	9,906	10,942	(1,036)

Comments on the above figures**Financial Position**

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

The net departmental expenditure across the division is over budget for 2023-24 financial year by £1.036m.

Recruitment and retention of staff at all levels continue to place pressures across the care homes. This has resulted in the use of expensive agency staff and overtime to cover vacancies. A proactive rolling recruitment process is taking places across the care homes.

Employee Related expenditure

Employee related expenditure is over budget at the end of 2023-24 financial year by £0.846m.

Recruitment and retainment of staff is a continued pressure across the care homes and is therefore reliant on the use of overtime and agency staff to cover vacancies. At the end of financial year 2023/24 total agency spend across the care homes reached £3.6m, the cost of this has partially been offset by staff vacancies.

Whilst the spend remains high, there has been a reduction of £0.5m from the £4.1m spend in the previous financial year. This is due to a combination of all care homes now using the Matrix booking system, and some of the vacancies being filled.

Throughout the year a number of residents within the care homes were identified as needing 1:1 care in addition to the support the care homes provide on a day to day basis. The staffing budget has been revised to take this into consideration., The revised budget helped support agency spend:

In Year Revised Agency Budget	
MMK	£5,399
Millbrow	£115,031
St Lukes	£18,190
St Patricks	£75,031
Total	£213,651

In addition to the above, a Market Sustainability and Improvement Fund grant contribution was received and made available to the care homes to be spent in financial year 23-24, this further supported the cost of agency staff:

Workforce Grant	
MMK	£30,375
Millbrow	£72,001
St Lukes	£72,001
St Patricks	£80,077
Total	£254,454

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

Premises Related Expenditure

At the end of financial year 2023-24 premises costs were over budget by £0.087m.

Premises related expenditure covers both repairs, maintenance and utilities. The budget was increased significantly for utilities in 2023/24 due to increases in costs in previous years. Due to this, there is a large under spend for utilities which has masked overspend for repairs and maintenance significantly.

Repairs and maintenance continue to be a budget pressure across all the care homes. The recruitment of a facilities manager would help to support the reduction in these costs. Budget for a facilities manager has been made available and this position has been advertised.

Supplies and Services Expenditure

Supplies and Services expenditure is over budget at the end of 23-24 financial year by £0.072m.

Food Provision Expenditure

Food Provision expenditure is over budget at the end of 23-24 financial year by £0.028m.

Approved 2023/24 Savings

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

Risks/Opportunities

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

COMMUNITY CARE**Revenue Budget as at 31st March 2024**

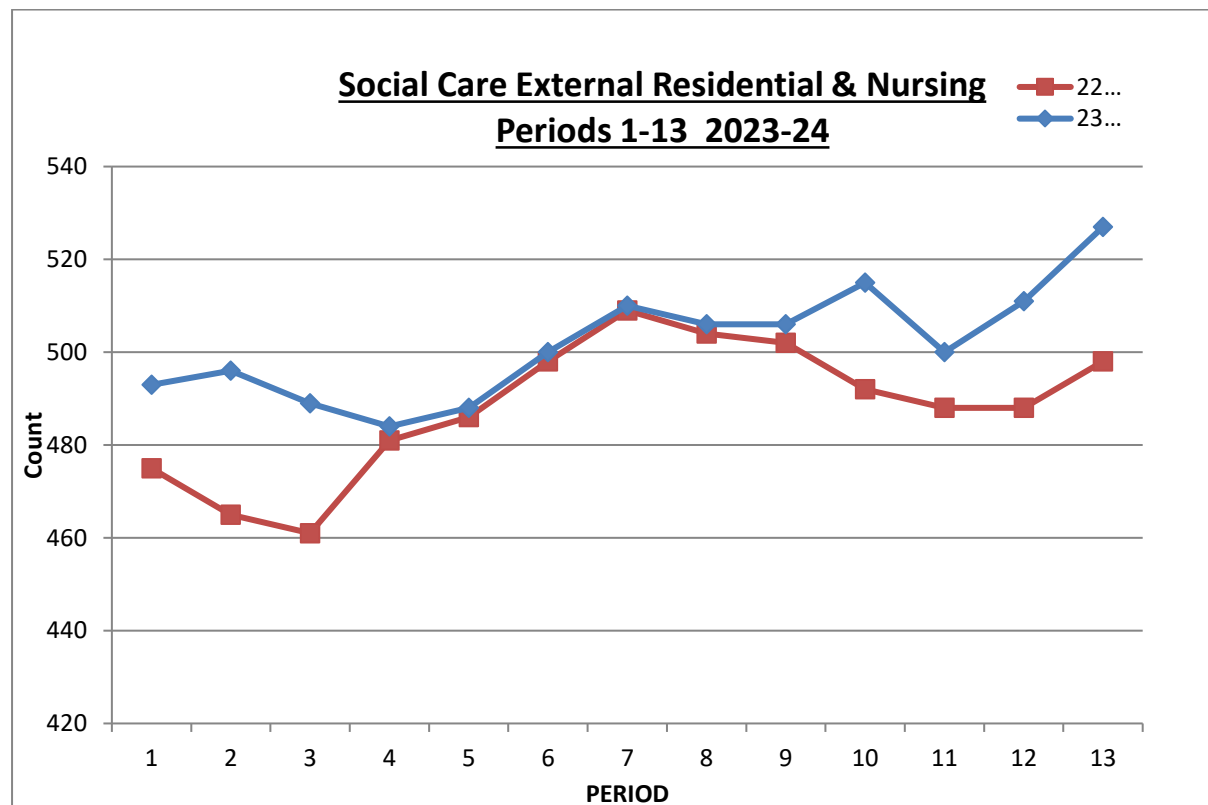
	Annual Budget	Actual Spend	Variance (Overspend)
	£'000	£'000	£'000
Expenditure			
Residential & Nursing	13,579	13,928	(349)
Domiciliary Care & Supported living	12,357	12,643	(286)
Direct Payments	12,218	12,969	(751)
Day Care	375	535	(160)
Total Expenditure	38,529	40,075	(1,546)
Income			
Residential & Nursing Income	-12,059	-11,865	(194)
Community Care Income	-2,381	-2,402	21
Direct Payments Income	-956	-1,003	47
Income from other CCGs	-126	-131	5
Market Sustainability & Improvement Grant	-1,497	-1,497	0
Adult Social Care Support Grant	-4,357	-4,357	0
Market Sustainability Workforce Grant	-718	-718	0
LA UEC Grant	-156	-156	0
War Pension Disregard Grant	-67	-56	(11)
Other Income	-515	-867	352
Total Income	-22,832	-23,052	220
Net Departmental Expenditure	15,697	17,023	(1,326)

Comments on the above figures:

At the end of the financial year 2023/24, expenditure on Community Care services is over budget profile by £1.326m.

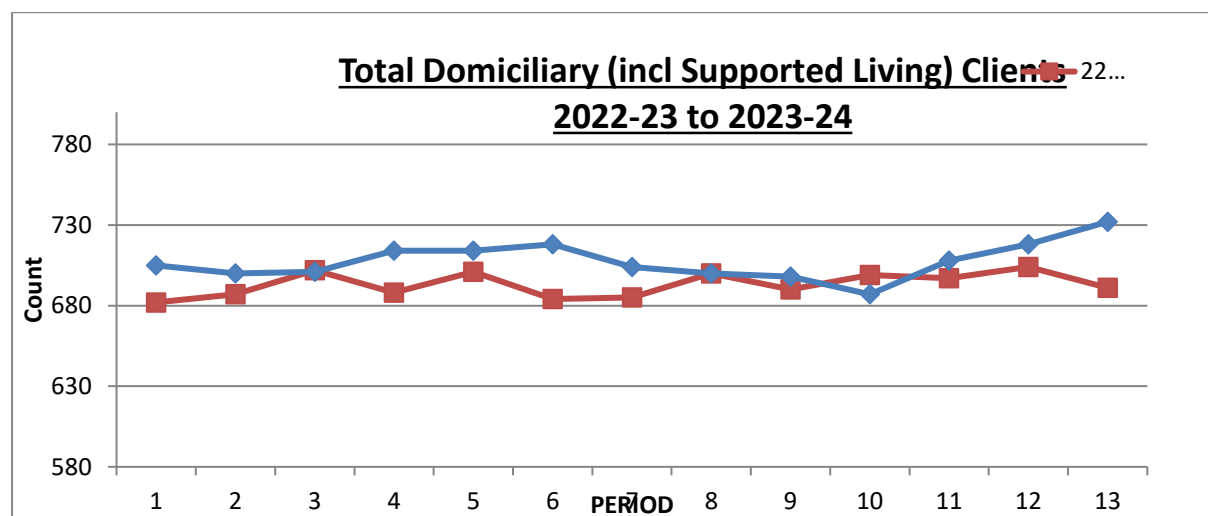
The Domiciliary and Supported Living outturn is significantly more than was forecast at quarter 3. This is due to a couple of high cost service users, not previously known to finance. Therefore they were not included in the original forecast.

Individual Services budgets are analysed in more detail below.

Residential & Nursing Care

Between April 23 and March 24 the number of people in receipt of Residential or Nursing Care increased from 493 to 527, an increase of 6.8%.

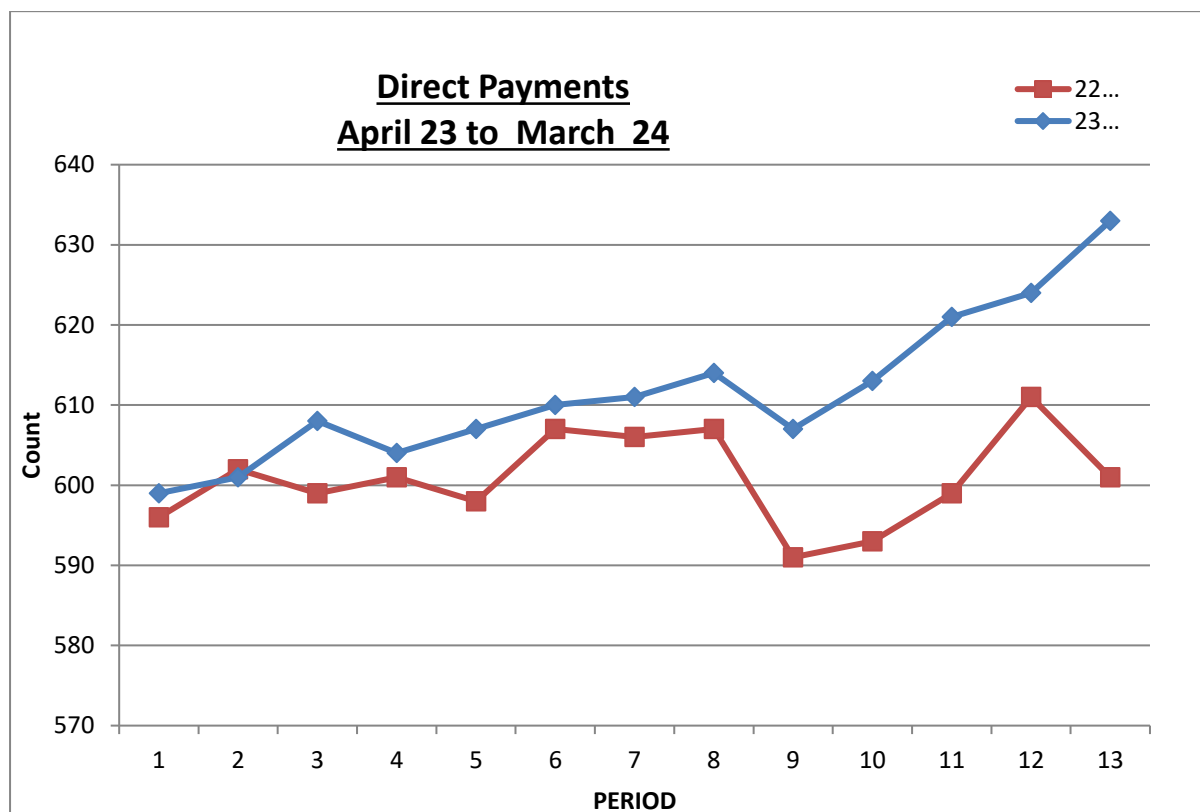
The average cost of a package of care has increased 10.6% from £864 in April to £956 in March suggesting an increase in the complexity of care packages.

Domiciliary Care & Supported Living

There are currently 732 service users receiving a package of care at home compared to 705 in April, an increase of 3.8%.

The average cost of a package of care has increased from £417 in April to £475 at the end of the year, an increase of 13.9%. Note, this is inclusive of an in-year uplift of 6% paid to providers from October 2023, funded from the Market Sustainability Grant.

Direct Payments



The number of service users in receipt of a Direct Payment increased from 599 to 633 over the course of the year. The average package of care cost increased from £551 to £591, an increase of £7.25%. This service continues to be a pressure as it is often used as a default position due to the current domiciliary provider being unable to pick up additional care packages.

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

COMPLEX CARE POOL BUDGET**Revenue Budget as at 31st March 2024**

	Annual Budget £'000	Actual Spend £'000	Variance (Overspend) £'000
Expenditure			
Intermediate Care Services	5,292	5,150	142
Oakmeadow	1,831	1,894	(63)
Community Home Care First	1,530	2,047	(517)
Joint Equipment Store	829	1,014	(185)
HICafs	3,258	3,024	234
Contracts & SLA's	3,321	3,222	99
Carers Breaks	450	345	105
Carers Centre	354	357	(3)
Residential Care	7,393	7,209	184
Domiciliary Care & Supported Living	3,756	3,897	(141)
Total Expenditure	28,014	28,159	(145)
Income			
BCF	-12,762	-12,762	0
CCG Contribution to Pool	-2,864	-2,864	0
ASC Discharge Grant	-979	-979	0
ICB Discharge Grant	-942	-942	0
LA UEC Grant	-144	-144	0
Oakmeadow Income	-6	-2	(4)
Other Income	-25	-27	2
Transfer from Reserve	-193	-193	0
Cfwd from 2022/23	0	-147	147
Total Income	-17,915	-18,060	145
Net Operational Expenditure	10,099	10,099	0
Recharges			
Premises Support	0	0	0
Transport	0	0	0
Central Support	0	0	0
Asset Rental Support	0	0	0
HBC Support Costs Income	0	0	0
Net Total Recharges	0	0	0
Net Departmental Expenditure	10,099	10,099	0

Comments on the above figures:

The pool has achieved a balanced budget at the end of the financial year 2023/24.

The Better Care development £0.428m and other underspends were split equally between the Council and Health to cover pressures in the Health & Social Care Budget. The councils share, £0.275m went to Domiciliary and Supported Living.

Q4

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

Oakmeadow overspend was due to agency, utility and food costs.

The Community Home Care First overspend of £0.517m is due to an agreement to pay the main homecare provider for all of their agency costs.

The Joint Equipment Service overspend has arisen as the closing stock figure has reduced by £0.185m.

Contracts & SLA's include Inglenook which has had a void for most of the year, hence the underspend.

Expenditure on Carer's Breaks is £0.105m less than anticipated, as demand for services is still lower than pre-pandemic levels.

The pool budget has balanced at the end of the year and as previously mentioned, funds have been diverted to cover Health and Community Care pressures. These pressures continue to rise but it cannot be guaranteed that we can rely on Pool underspends in the future.

Pooled Budget Capital Projects as at 31st March 2024

	2023-24 Capital Allocation £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	800	771	29
Stair lifts (Adaptations Initiative)	260	259	1
RSL Adaptations (Joint Funding)	170	171	(1)
Telehealthcare Digital Switchover	300	165	135
Millbrow Refurbishment	100	51	49
Madeline McKenna Refurb.	100	17	83
St Luke's Care Home	100	97	3
St Patrick's Care Home	100	44	56
Total	1,930	1,575	355

Comments on the above figures:

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2022/23 spend and budget, and expenditure across the 3 headings are broadly within budget overall.

The £0.4m Telehealthcare Digital Switchover scheme was approved by Executive Board on 15 July 2021. Significant capital investment is required to ensure a functional Telehealthcare IT system is in place prior to the switchoff of existing copper cable based systems in 2025. Procurement commenced in 2022/23 with an initial purchase to the value of £100,000. It is anticipated that the scheme will be completed early in the 2024/25 financial year, fully funded from the residual capital allocation of £0.3m.

On 16th June 2022 Executive Board approved a £4.2M refurbishment programme in respect of the four Council owned care homes, to be completed withing a three year timescale. Halton purchased the homes, with the exception of Madeline McKenna, when it was evident that the

buildings had been neglected. £0.419m was spent on refurbishment across the 4 homes in the previous financial year, and £0.209m in 2023/24. Unspent funding at year-end will be carried forward to the 2024/25 financial year to enable the scheme's completion.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 31 March 2024

	Annual Budget	Actual Spend	Variance (Overspend)
	£'000	£'000	£'000
Expenditure			
Employees	4,913	4,365	548
Premises	6	6	0
Supplies & Services	280	252	28
Contracts & SLA's	7,088	7,071	17
Transport	4	2	2
Other Agency - Port Levies	23	23	0
Transfer to Reserves	51	51	0
Total Expenditure	12,365	11,770	595
Income			
Fees & Charges	-152	-173	21
Reimbursements & Grant Income	-422	-480	58
Transfer from Reserves	-842	-484	(358)
Government Grant Income	-11,509	-11,509	0
Total Income	-12,925	-12,646	(279)
Net Operational Expenditure	-560	-876	316
Recharges			
Premises Support	156	156	0
Transport	19	19	0
Central Support	2,340	2,340	0
Asset Rental Support	0	0	0
HBC Support Costs Income	-482	-482	0
Net Total Recharges	2,033	2,033	0
Net Departmental Expenditure	1,473	1,157	316

Comments on the above figures

The net Department spend for the year ending 31st March 2024 is £0.315m under the approved budget.




£0.484m was transferred from reserves to balance the public health budget, however this was £0.358m lower than the contribution of £0.842m that was expected for the year.

Employee's cost for the year was £0.548m lower than the approved budget, this is due to vacancies and temporary reduction in hours across the department. All saving targets approved for 2023/24 were achieved

Expenditure on supplies and services was kept to essential items only throughout the year and has achieved a small underspend of £0.027m.




APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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