

Public Document Pack



Health Policy and Performance Board

Tuesday, 11 February 2025 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
David Wilson	Healthwatch Co-optee

*Please contact Ann Jones on 0151 511 8276 or e-mail ann.jones@halton.gov.uk for further information.
The next meeting of the Board is to be confirmed.*

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

Part I

Item No.	Page No.
1. 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.	
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In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 26 November 2024 at the Council Chamber, Runcorn Town Hall

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

Apologies for Absence: Councillors Begg and Stretch

Absence declared on Council business: None

Officers present: S. Salaman, A. Jones, D. Nolan, L Wilson, N. Hallmark and P. Preston

Also in attendance: Professor McSherry, Dr Makhumula-Nkhoma & R.Crompton – University of Chester, L. Gardner – Warrington & Halton Teaching Hospitals NHSFT, T. Leo & D. Roberts – NHS Cheshire & Merseyside (Halton Place) and C. Harris – Halton Carers Centre

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

	<i>Action</i>
HEA17 MINUTES	
The Minutes of the meeting held on 24 September were taken as read and signed as a correct record.	
HEA18 PUBLIC QUESTION TIME	
It was confirmed that no public questions had been received.	
HEA19 HEALTH AND WELLBEING MINUTES	
The minutes from the Health and Wellbeing Board meeting held on 10 July 2024 were submitted to the Board for information.	
HEA20 RESEARCH AND PRACTICE DEVELOPMENT CARE PARTNERSHIP CO-CREATION REPORT	
The Board received an update on the Research and Practice Development Care Partnership Co-creation Final	

Report, of using co-creation to explore public and professionals' awareness of location and types of care services (the Continuum of Care) available to older people: a qualitative approach.

Members welcomed Professor Robert McSherry, Dr Nellie Makhumula-Nkhoma and Rhian Crompton, from Nursing and Practice Development in Health and Social Care at the University of Chester.

The Research and Practice Development Care Partnership was a joint venture between Halton Borough Council's Adult Social Care, the University of Chester, Age UK Mid Mersey and the Caja Group. The Partnership aimed to improve experiences of care by forging closer links between social care professionals and researchers. They were part of a national NIHR (National Institute for Health and Care Research) funded programme of Creating Care Partnerships.

It was reported that since Covid-19, some fundamental questions were raised around the provision of domiciliary care and care services and their impact on an older person's quality of life and health and wellbeing. The Continuum of Care and Care Spectra were essential attributes and characteristics aligned to understanding peoples experiences of health and wellbeing throughout the life course. It was important that these helped people and society to shift the perspective from personal successes and failures.

The report described the methodology used for the project and its findings. In conclusion, Members were advised that the co-creation and creative methodologies had proved useful tools in evaluating awareness of care services available to older people, by both the public and professionals. The findings highlighted the importance of location in terms of both home care and community care where people could be close to family and friends, local amenities, GP services etc.

Members welcomed the Report and its findings and the following comments were made:

- The public and stakeholder engagement was good, as it was important to include the opinions of a wide range of people;
- It was refreshing to hear that the University of Chester was conducting the research project as opposed to consultants;

- The Council had made a submission to the NHIR relating to the use of Digital Technologies that focussed on Adult Social Care, in particular those with learning disabilities;
- Mr Leo (One Halton) would contact the Partnership to arrange collaboration between them; and
- Medium Term Recommendations – one Member considered that the low priority section comments (below) should be move to a higher priority:
Create accessible free community based space for connecting; and, explore the possibility of merging existing assessment methods into a single holistic individualised framework.

On behalf of the Board, the Chair thanked the guests for their presentation and sharing the report.

RESOLVED: That the report and recommendations be noted.

HEA21 INTEGRATION BETWEEN WARRINGTON & HALTON TEACHING HOSPITALS NHSFT & BRIDGEWATER COMMUNITY HEALTHCARE NHSFT

The Board welcomed Lucy Gardner, from Warrington and Halton Teaching Hospitals NHSFT, who gave an update on the integration between Warrington and Halton Teaching Hospitals NHSFT and Bridgewater Community Healthcare NHSFT.

Members were advised that significant opportunities were identified to improve both patient services and staff experiences working at the front line, and were launching a programme of work to deliver integrated and collaborative models of care between both Trusts.

An overview of each organisation was presented with the programme of workstreams and a summary of progress to date was outlined. This included priority services such as urgent and emergency care, intermediate care, dermatology and paediatric audiology, and the rationale for their prioritisation. The next steps to be taken with the integration plan were also explained.

Lucy responded to Members questions as follows:

- Stakeholder and public engagement was crucial to be able to understand the opinions / needs / experiences of people and the aim was to use the responses to help make improvements;

- The services at Urgent Care Centres (UCC) were being looked at and may not offer exactly the same services they do presently. The aim was to ensure that each one was able to meet the needs of both Towns and their communities;
- The numbers of staff across the Trusts would not be increased, but the functions of the existing staff would be shared better, more efficiently;
- The NHS usually has a high turnover rate of staff, so compulsory redundancies as a result of the integration were not planned;
- The intention of the integration programme was to deliver financial savings to support the sustainability of healthcare provision; and
- The name of the integrated service was not yet decided, the current branding was ' Better Care Together' but the final branding was to be agreed.

RESOLVED: That the update is noted.

HEA22 ONE HALTON PARTNERSHIP AND ICB@HALTON UPDATES

The Board considered a report from the NHS Director – One Halton, which provided an update on One Halton Partnership and some of the work programmes undertaken by ICB@Halton.

As discussed previously, the One Halton Partnership Board is the vehicle for the delivery of national priorities, local priorities and Halton's Joint Health and Wellbeing Strategy. Achieving One Halton's ambitions was the responsibility of all partners working together to achieve a set of shared strategic objectives for Halton Place: Wider determinants of Health, Starting Well, Living Well and Ageing well.

The report outlined the One Halton Partnership activities, which built on previous reports which had been shared with the Board. The paper also referenced further programmes of work being undertaken by NHS Cheshire and Merseyside ICB@HaltonPlace, which supported the aims and ambitions for the people of Halton, such as: GP, Dental and Pharmacy Services, Urgent and Emergency Care, Cancer Care, Children's Services, Women's Health Hub, Living Well Bus and Community Engagement.

The following information was provided in response to Members questions/comments:

- Children's Services – a 'standardised pathway or model of care' was clarified. For neurodiversity patients, it was recognised that early access to support was needed for people whilst waiting for assessments, as there were long waiting lists;
- The challenges still being faced by Mental Health and Dental Services were highlighted;
- The Pharmacy Service has proved to be accessible to most people and an excellent resource for the NHS, as they were able to provide good advice. Accessibility issues were discussed – it was felt that some were under pressure from dispensing prescriptions on time and now had to offer this additional service;
- One Member commented that the Police should be included in the ICB Partnership as crime formed part of the wider detriments in relation to employment opportunities; and
- EHCP diagnosis waiting lists were still very long which was related to shortages within the workforce – this was being addressed by the recently established SEND Improvement Board.

RESOLVED: That the One Halton update is received and noted.

HEA23 REPORT ON ACTIVITY TO SUPPORT CARERS

The Board considered a report from the Executive Director – Adult Services and the Chief Executive of Halton Carers' Centre, which provided information on the activity to support carers in Halton.

It was reported that in 2024 a new All Age Carers Strategy had been agreed under the One Halton governance framework; this was attached to the report, *One Halton Carers Strategy 2024-2027 and Delivery Plan*. This Strategy arose from a review of the previous Strategy, engagement with carers and the wider partnership, and incorporated changes to national guidance where this had occurred. Halton worked with partners in the independent, voluntary and statutory sectors, to ensure a wide range of factors, engagement and types of provision that could be supported.

The Board were given details of the Council's statutory requirement to assess carers needs, and were apprised of the number of assessments and reviews which had taken place over the last three years. They learnt of the support available to meet carers own wellbeing needs, and

were given details of the Council's respite offer, the use of Direct Payments by carers and how the Carers Break Fund was utilised.

The Board welcomed Mr Carl Harris, Manager of Halton Carers Centre, who presented details of examples of activities being undertaken at the Centre, such as: cooking for young carers, gardening, bee keeping, First Aid training, day trips out eg. Chester Zoo, Christmas parties etc.

He explained it was important that carers had somewhere to be with other carers and for them to mix, so they knew they were not alone. It was rewarding for him and the team at the Centre to see carers enjoying time off which was therapeutic for them.

The following was noted after Members questions:

- The Centre was promoted in schools and colleges but most referrals came as a result of 'word of mouth';
- There were 13 staff employed at the Centre;
- The Centre was a charity sector organisation where the Council and the ICB funded approximately 63% of the Centre's annual budget. The remainder came from donations from partners and grants;
- Additional activities had taken place this year, such as sensory workshops, Dementia support groups, school holiday programme for young carers, podiatry service and Carers Week;
- It was recognised that the life of a young carer in particular was a difficult one and they deserved all the support that was available to them;
- A quarterly funding report was produced by the Centre and would be made available for Members to see; and
- A regular newsletter was also produced and would be shared with Members.

Mr Harris invited all Board Members to visit the Centre at their convenience in the future.

Members welcomed the invitation and information provided and agreed that the work of the Centre was impressive and offered a great deal of support to Halton's carers of all ages.

RESOLVED: That the report and comments made be noted.

Executive Director
of Adult Services

HEA24 HSAB ANNUAL REPORT 2023-24

The Board received the Halton Safeguarding Adults Board's (HSAB) Annual Report for 2023-24.

Under the Care Act 2014, Safeguarding Adults Boards (SAB) were responsible for producing an annual report setting out their achievements and highlighting priorities for the following year.

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

Members were advised of the priorities for 2023-24: Quality Assurance, Co-production and Engagement, and Learning and Professional Development – the achievements against these priorities were presented.

The Board discussed the reporting of safeguarding incidents in the Borough and the facts and figures presented to them. It was noted that it was important that people knew when to report something, which may start as a concern initially. It was commented that e-learning on safeguarding was available to all Members which was invaluable, as it gave the confidence to be able to ask the right questions when visiting places such as care homes and other facilities in the communities.

The Annual Report was approved by the Board, this would now be published and shared with HSAB member organisations.

RESOLVED: That the Board:

- 1) notes the report; and
- 2) approves the Annual Report for publication.

Executive Director
of Adult Services

HEA25 HOUSING SOLUTIONS PERFORMANCE UPDATE

The Board received a report from the Executive Director of Adult Services, which gave an update of the homelessness service provision administered by the Housing Solutions Team.

The report provided details on homelessness

performance, services being commissioned, Section 21 Notices seeking possession or eviction, future challenges and contributing factors affecting the service delivery, as well as funding information. It was reported that a recent survey had found that Halton had the lowest number of rough sleepers and hotel occupancy in comparison with its neighbours.

The following points were made by Members:

- One Member queried the status of 12 empty housing units in Grangeway, Runcorn, for the past 10 years. It was noted that the Portfolio Holder, Councillor Wright, had set up a working group to look at this and other empty properties in the Borough;
- The costs of accommodating homeless people in temporary accommodation were discussed;
- It was confirmed that people sleeping/living in cars were considered to be 'rough sleeping';
- Poor social housing conditions should be reported to Environmental Health, not the Housing Solutions Team;
- It was commented however that due to poor social housing conditions, there were cases where tenants had made themselves intentionally homeless, in order to escape a property making them ill; and
- It was felt that social landlords should be made more accountable with regards to the safety and conditions of their properties.

RESOLVED: That the report be noted.

HEA26 PERFORMANCE MANAGEMENT REPORTS - QUARTER 2 2024/25

The Board received the Performance Management Reports for quarter two of 2024/25.

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 one of 2024-25. 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.

Officers reminded the Board that from February 2025, the performance monitoring for Adult Social Care would be aligned with the new performance measures outlined in the Adult's Directorate Business Plan 2024/25, and this would take effect from quarter 3 reporting.

RESOLVED: That the Performance Management report for quarter two of 2024/25 be received.

Meeting ended at 8.50 p.m.

REPORT TO: Health Policy & Performance Board
DATE: 11 February 2025
REPORTING OFFICER: Chief Executive
SUBJECT: Public Question Time
WARD(S) Boroughwide

1.0 PURPOSE OF THE 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 RECOMMENDATION: 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**

4.1 None identified.

5.0 **FINANCIAL IMPLICATIONS**

5.1 None identified.

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

6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

None identified.

6.2 **Building a Strong, Sustainable Local Economy**

None identified.

6.3 **Supporting Children, Young People and Families**

None identified.

6.4 **Tackling Inequality and Helping Those Who Are Most In Need**

None identified.

6.5 **Working Towards a Greener Future**

None identified.

6.6 **Valuing and Appreciating Halton and Our Community**

None identified.

7.0 **RISK ANALYSIS**

7.1 None.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

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

10.1 None under the meaning of the Act.

REPORT TO: Health Policy and Performance Board

DATE: 11 February 2024

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes from the Health and Wellbeing Board's meeting held on 9 October 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 Improving Health, Promoting Wellbeing and Supporting Greater Independence

None

5.2 Building a Strong, Sustainable Local Economy

None

5.3 Supporting Children, Young People and Families

None

5.4 Tackling Inequality and Helping Those Who Are Most In Need

None

5.5 Working Towards a Greener Future

None

5.6 Valuing and Appreciating Halton and Our Community

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, 9 October 2024 at Karalius Suite, Halton Stadium, Widnes

Present: Councillor Wright (Chair)
Councillor Ball
Councillor Woolfall
I. Baddiley, Public Health
K. Butler, Democratic Services, Halton Borough Council
P. Brown, Cheshire Constabulary
L. Byrne, Liverpool University Hospitals NHS Foundation Trust,
D. Nolan, Adult Social Care
L. Gardner, Warrington & Halton Teaching Hospitals
M. Hancock, Public Health
L. Hughes, Healthwatch Halton
N. Kennedy, Public Health
T. McPhee, Mersey Care NHS Foundation Trust
L. Olsen, Halton Housing
S. Patel, Halton, St. Helens & Knowsley Local Pharmaceutical Committee
J. Rosser, Public Health
K. Stratford, Halton Borough Council
J. Wallis, Bridgewater Community Healthcare NHS Foundation Trust

Apologies: Councillor T. McInerney, H. Crampton, A. Leo, W. Longshaw,
I. Onyia, W. Rourke and S. Yeoman

Also in attendance: None

Action

HWB10 MINUTES OF LAST MEETING

The Minutes of the meeting held on 10 July 2024 having been circulated were signed as a correct record.

HWB11 SEXUAL HEALTH SERVICES ANNUAL REPORT 2023/24

The Board received a presentation and report from the Assistant Divisional Director of Nursing – Sexual Health and HIV, which provided an overview of the Axess Sexual Health Service Halton Annual Report 2023/24 and a copy of this was also attached to the report.

Axess was the service commissioned by the Council to provide Halton's Integrated Sexual Health Service. The annual report highlighted the service's work and achievements over the past 12 months, key data and benchmarking across all areas of the service, as well as emerging challenges and areas for development.

The presentation outlined the services available across the five local authorities; HIV treatment and care for Wirral and Cheshire West & Chester and partnership working with the Wirral Community Trust to provide senior medical staff for leadership and governance of their sexual health services, as well as provision of their electronic patient records and laboratory support.

It was noted that services were delivered through three main hubs at Bath Street in Warrington, Widnes Health Resource Centre and Halton Hospital, Runcorn.

The presentation also summarised the following key data:

- number of patients who had accessed the service during 2023-24;
- number of gonorrhoea diagnoses by age group between 2014 and 2023;
- number of new diagnoses of infectious syphilis among England residents accessing services between 2014 and 2023;
- Halton attendances by age;
- Halton positive testings, by age, for chlamydia, gonorrhoea, syphilis and HIV;
- number of implants fitted/renewed in Halton; and
- number of intra uterine contraception's fitted/renewed in Halton.

Members of the Board were informed that the largest age group in the North West of England was those between 50-54 years old and 46% of the total population in Halton were over 45 years.

Members of the Board noted some examples of future aims to improve the service further:

- utilise new opportunities of the Women's Health Hubs to work collaboratively across multiple areas within the Borough;
- continue to grow clinical outreach services and attend events, services and care settings to reach these older age groups;
- continue partnership working with GP and Pharmacy enhanced services; and
- increase 'walk in' access/services at better times i.e. evenings/early mornings.

Following discussions and arising questions from the Board, it was confirmed that :

- The reasons why the take up of the services was lower in Halton was that not only is Halton the smallest area in the region but the service had struggled to engage with schools, education institutions and GP's and this had impacted on the throughput of services;
- the service undertake a range of procedures/services which included minor surgery, scans and dermatology and all of these would be available at the Widnes Walk-in Centre;
- HIV testing had increased nationally, due to higher rates of gonorrhoea and syphilis across all age ranges; and
- the introduction of the Sexual Health Service at the Widnes Walk-in Centre had been announced on social media.

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

HWB12 WARRINGTON & HALTON INTEGRATION PROGRAMME

The Board received a report and presentation from the Director of Strategy and Partnerships at Warrington and Halton Hospitals on the Warrington and Halton Integration Programme.

It was noted that a £5 million savings target had been set against the Integration Programme by the Integrated Care Board. In order to try and achieve this target, significant opportunities had been identified to improve things for both patients and staff working at the front line. A programme of work had been launched with an aim to deliver integrated and collaborative models of care between Warrington and Halton Hospital NHS Foundation Trust and Bridgewater Community NHS Foundation Trust.

The programme of work contained eight different workstreams and six month deliverables and the details of these were outlined in the presentation.

The presentation also provided a summary of progress to date; a strategic case for change; what the priority services were; and the key next steps which included a draft milestone plan.

RESOLVED: That the Board note the report.

HWB13 JOINT STRATEGIC NEEDS ASSESSMENT

Members of the Board considered a report from the Deputy Director of Public Health which provided an update on the Joint Strategic Needs Assessment (JSNA).

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

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

The report set out the key changes since the previous summary and the developments for the JSNA during 2024/25. It was noted that the process for agreeing and developing a work plan for the remainder of 2024/25 and into 2025/26 would be managed in collaboration with key stakeholders and members of the Health and Wellbeing Board.

Members of the Board were encouraged to share the JSNA within their respective teams.

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

HWB14 LONELINESS AND SOCIAL ISOLATION IN HALTON

Members of the Board received a report which provided an overview of the results of the One Halton loneliness survey and the outcome of an insight focus group session, with local people of the Borough.

The report stated that evidence showed that loneliness could increase the risk of mortality by 26% and was a significant factor for poor mental health and physical health. Evidence also showed that it had a strong association to depression, cognitive decline and dementia, in addition to hypertension and cardiovascular disease risk.

Since Spring 2020, loneliness levels in the UK had increased. From October 2020 and February 2021, results from the Opinions and Lifestyle Survey showed that people's perceptions of being lonely increased to 7.2% in the adult population with the equivalent in Halton being 7.4%.

Halton Borough Council and One Halton (Ageing Well workstream) commissioned a survey to ask local people about their experience with loneliness. A focus group was then set up from a selection of people who responded to the survey to explore the reasons and risk factors for loneliness in Halton.

The report summarised the results and key findings of the survey and focus group, and set out the recommendations for the next steps to help residents of the Borough.

The Board noted that Halton had been committed to tackling the underlying issues of loneliness, as identified in the survey, for some time, including the Halton Loneliness Conference in 2019. The Halton Loneliness Steering Group meets bi-monthly and the next four meetings would focus on the priority themes from the survey results and continue to build on the loneliness action plan.

Lucy Gardner reported that information and communications about this topic had been a challenge in Warrington and Halton, both for professionals and members of the public. Following discussions it was suggested that it might be worth exploring a virtual hub option, similar to the St. Helens model and Sally Yeoman would be able to offer some advice. It was also suggested that access points in public venues be explored as a means of getting information out to the public.

RESOLVED: That the Board note the report and recognise the need for a systemic partnership approach to loneliness in Halton.

HWB15 COST OF LIVING AHEAD OF WINTER

The Board received a report from the Deputy Director of Public Health, which provided an updated on the state of the cost of living crisis compared to last winter and some of the recent policy changes that would impact residents in the coming months.

The report provided an overview on:

- changes compared to last winter;

- fuel price cap changes;
- fuel allowance changes;
- the Autumn Statement;
- the Winter Programme; and
- Government support.

The Board noted the report and echoed the importance of residents accessing the benefits and support entitled to them. The Board were assured that every effort was made to reach as many people in the Borough as possible via public events. Halton Housing Trust also had a dedicated welfare benefits team that support their tenants. It was noted that in the last year 900 people were identified as being eligible for pension credit.

RESOLVED: That the Board:

- 1) Endorse the work taking place in Halton; and
- 2) Note the expected impact of recent policy changes and possible changes following the Autumn Statement.

HWB16 BETTER CARE FUND (BCF) PLAN 2024/25 - QUARTER 1 UPDATE

The Board received a report from the Executive Director – Adult Services, which provided an update on the Quarter 1 Better Care Fund (BCF) Plan 2024/25, following its submission to the National Better Care Fund Team in June 2024.

In line with the national requirements, the quarter 1 report focussed on reporting on the spend and activity funded via the discharge funding allocated to the local authority and NHS Cheshire and Merseyside (Halton Place).

The Board noted that the schemes funded via the discharge funding were:

- Oakmeadow Intermediate Care Beds;
- Reablement Service;
- Halton Intermediate Care and Frailty Services; and
- Halton Integrated Community Equipment Service.

RESOLVED: The Board note the report.

REPORT TO:	Health PPB
DATE:	11 th February 2025
REPORTING OFFICER:	Executive Director of Adults
PORTFOLIO:	Adult Social Care
SUBJECT:	Results from the Employer Standards Health Check Survey 2024
WARD(S)	Borough wide

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide Health PPB with a summary of results from the [Employer Standards Health Check survey](#), which was conducted at a national level between 16th February and 22nd March 2024. (See attached at appendix 1 Headline Results document.)

2.0 RECOMMENDATION: That

RECOMMENDED: That

- (1) The report be noted.*

3.0 SUPPORTING INFORMATION

- 3.1 The Health Check survey is co-ordinated nationally by the Local Government Association (LGA). It is part of [The Standards for Employers of Social Workers](#), which were refreshed in Autumn 2020. In 2022, [The Standards for Employers of Occupational Therapists](#) were published by the LGA.
- 3.2 A decision was made by Debbie O'Connor, Head of Assessment & Care Management, Principal Social Worker that we would only invite registered social workers to take part in the survey this time. The decision was made not to invite occupational therapists to take part due to needing 10 responses from a service (occupational therapy) to include service specific data in our report. A decision was made again not to include non-registered social care professionals who were able to take part, because it was felt that the questions would not apply to such roles. The survey is also open to children's social workers, this year the overall comparison with Children's can be seen in the report.
- 3.3 We have now received a report and are able to access information relating to the survey responses from a total of 30 registered social workers (28 adults registered social workers and 2 mental health registered social workers). Access to responses is only provided when there are at least 10 respondents in any staff group in order to protect anonymity.

- 3.4 The purpose of the health check survey is to examine the following questions about the experiences of social workers:
- How well do employers deliver the employer standards?
 - How do people perceive their working environment?
 - What factors influence engagement at work and increase the likelihood of people stay with organisations?
- 3.5 The health check survey is conducted on an annual basis, and this is the fourth year that it has been run nationally by the LGA with Halton having taken part each time.
- 3.6 Some key points to note from the attached summary of results are:
- Our average overall responses to standard 1 to 8 is higher at a score of 80, to the Northwest at 77 and nationally at 76.
 - Our average overall responses workplace experiences is also higher at a score of 75, to the Northwest at 69 and nationally at 67.
 - When looking at Adult social workers, there are no standards in the amber zone, they are all in the green zone, whereas last year there was one standard in the amber zone, which was CPD.
 - 7 of the standards have increased from last year. There is only standard 2, Effective workforce planning systems which has remained the same as last year with a score of 83. The national average response to this standard is 78.
 - Standard 6, Continuing professional development (CPD) has had the biggest increase from a score of 66 last year to a score of 85 this year. This is then followed by Standard 3, Safe workloads and case allocation with a score of 70 last year to a score of 82 this year. This is then closely followed by Standard 5, Supervision with a score of 74 last year to a score of 85 this year.
 - When looking more closely at the individual questions under the safe workloads and case allocation standard, last year, of particular concern was the responses to the statement “I am usually able to balance the demands of case work and the resources needed to fulfil my responsibilities.” This was a score of 50 last year and this has increased to a score of 71 this year.
 - Last year, in relation to the supervision standard, the lowest scoring statement was “I have uninterrupted, scheduled supervision at a suitable frequency with an appropriately skilled social work supervisor.” It fell in the amber zone but it is green this year with a score of 78.
 - In previous years, CPD has scored low, in particular the following statements – “My organisation provides regular/annual appraisals (or performance reviews) that are relevant for social workers” and “Within my organisation, I have an up to date plan of my professional development needs and how I and my employer will contribute to them.” These were red scoring statements. There has been an increase this year for both statements. “My organisation provides regular/annual appraisals (or performance reviews) that are relevant for social workers” has increased from a score of 47 last year to a score of 67 this year. “Within my organisation, I have an up to date plan of my professional development needs and how I and my employer will contribute to them” has increased from a score of 43 last year to a score of 68 this year.

4.0 **POLICY IMPLICATIONS**

4.1 In May 2022, SMT approved the Social Work Accountability & Assurance Framework, which was developed as part of our work on The Standards for Employers of Social Workers (particularly Standard 1 – strong and clear social work framework). The framework contained an improvement plan, which is the mechanism through which we can progress any actions arising out of the results from the health check survey. A further meeting may need to take place to complete an action plan based on the latest health check survey results.

5.0 **FINANCIAL IMPLICATIONS**

5.1 Locally, we previously established a Social Work Employer Standards Working Group to oversee our work relating to the Employer Standards, including the Health Check survey. The group used to meet on a six-weekly basis. Involvement in the group and attendance at meetings placed demands on the members of the working group (e.g. principal/practice managers). An improvement plan sits within this framework that was owned by the Employer Standards Working Group, it was decided this was no longer needed as the work is covered by Adult Social Care Learning and Development.

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

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence
The Employer Standards Health Check Survey gives a voice to registered social workers. It helps them feel listened to and know that their employers are proactive in tackling challenges.

6.2 Building a Strong, Sustainable Local Economy
The Employer Standards Health Check Survey gives a voice to registered social workers. It helps them feel listened to and know that their employers are proactive in tackling challenges.

6.3 Supporting Children, Young People and Families
None.

6.4 Tackling Inequality and Helping Those Who Are Most In Need
The Employer Standards Health Check Survey gives a voice to registered social workers. It helps them feel listened to and know that their employers are proactive in tackling challenges.

6.5 Working Towards a Greener Future
None.

6.6 Valuing and Appreciating Halton and Our Community
The Employer Standards Health Check Survey gives a voice to registered social workers. It helps them feel listened to and know that their employers are proactive in tackling challenges.

7.0 **RISK ANALYSIS**

7.1 The responses to this survey represent the views of only 30 members of our adult social care staff. The Social Work Matters Forum distribution list indicates that there are a total of 83 registered social workers including managers. We

should be careful when drawing conclusions from these findings as they may not be representative of the entire staff group. Also, if we are to continue taking part in this survey in future years, we need to consider how to increase the level of responses.

7.2 Due to the rule of 10 imposed by the LGA researchers, we are unable to receive information on the responses from the OTs and therefore they were not requested to complete the survey. We have previously informed the LGA that we have a total of less than 10 OTs employed locally. At the Social Work Employer Standards Health Check Webinar held by the LGA on 28th May, it was clarified that although a report could not be generated for surveys with less than 10 participants, the responses would inform the national picture. Our OTs could be consulted to see if they would like to take part.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment (EIA) is not required for this report.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

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

Appendix 1: Headline Results document

Attached separately.

Employer Standards Health Check for Registered Social Workers

Halton Borough Council

**Summary Report
2024**

Prepared by WorkInConfidence Limited for the Local Government Association

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Copyright

The text in this document may be reproduced without charge as long it is reproduced accurately and not used in a misleading way.

The authors' views expressed in their report are their own, based on the data supplied from those completing the survey, from the participating organisations across England.

The rights of the authors are asserted in accordance with the Copyright, Designs and Patents Act 1988. Trademarks are copyright of their owners.

Acknowledgements

The authors especially acknowledge the support of a range of organisations:

- The Association of Directors of Adult Social Services (ADASS)
- The Association of Directors of Children's Services (ADCS)
- British Association of Social workers (BASW)
- The Department of Education (DfE)
- The Department of Health (DHSC)
- Joint University Council Social Work Education Committee (JucSWEC)
- Local Government Association (LGA)
- National Society for the Prevention of Cruelty to Children (NSPCC)
- Skills for Care (SfC)
- Social Work England
- UNISON the Public Service Union
- The Adult and Children's Principal Social Worker Network
- Royal College of Occupational Therapists (RCOT)
- The Principal and Strategic Lead Occupational Therapists National Network

Background

The Employer Standards survey, also called the ‘health check’, gives a voice to registered social workers, occupational therapists and non-registered social care professionals. It also helps them to feel listened to and that their employer wants to tackle challenges.

The survey helps organisations to understand better critical questions about the experiences of registered social workers including:

- How well do employers deliver the employer standards?
- How do people perceive their working environment?
- What factors influence engagement at work and increase the likelihood of people stay with organisations?

This report relies on data collected from registered social workers employed by local authorities and related agencies. While the results are considered to represent a reasonable sample, no claims are made for generalisation of the results to other areas of the UK.

Thanks are extended to all organisations that encouraged their staff to take part in the survey which enabled this report.

Participation

Overall, nationally, the 2024 Digital Skills Survey was completed by:

7,068	Registered Social Workers
6,351	Social Care Workers
1,902	Occupational Therapists
<u>15,321</u>	Total

Method

A number of questions were “Disagree” to “Agree”. Responses were weighted as follows:

- Disagree - 0
- Somewhat Disagree - 25
- Neither Agree nor Disagree - 50
- Somewhat Agree - 75
- Agree - 100

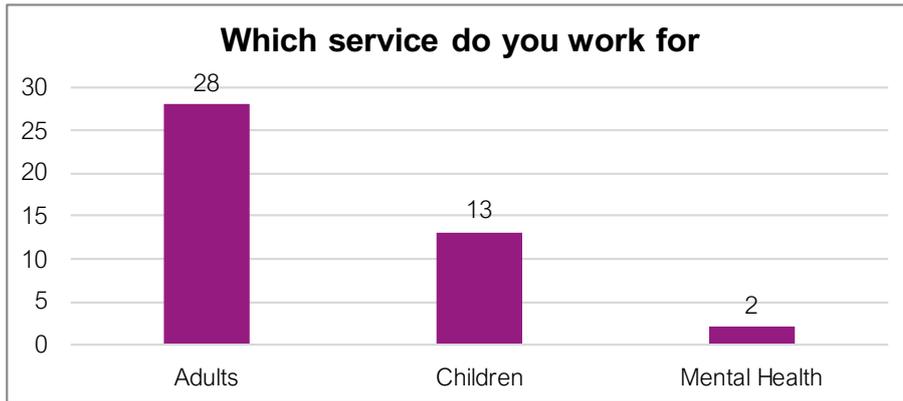
To give a score on a 0-100 scale.

Where appropriate, to protect views of those completing, minimum group sizes of 10 have been adopted. Given the numbers completing in individual organisations, this may result in some gaps in graphs and charts.

Summary

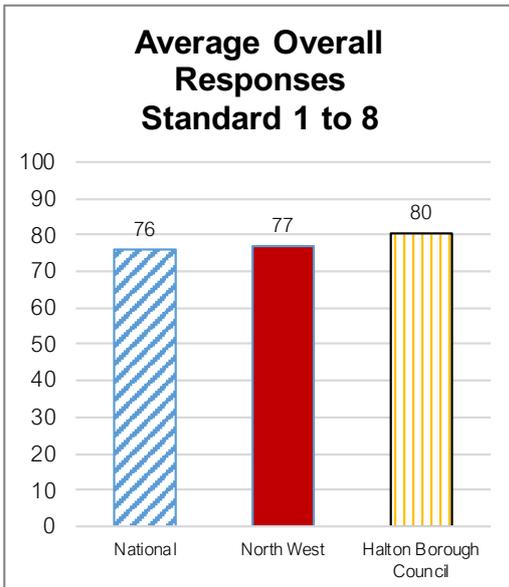
Number of responses in your organisation:	44
Number of organisations completing (10+ people)	138
Your position on average responses to all questions in Standards 1-8:	26

What is your service area



Response to the above question was not mandatory so numbers may not equal total responses.

Average Responses: Standards 1-8



Average Responses: Workplace Experiences



The Employer Standards

Standard 1 - Strong and clear social work framework

This standard is about promoting a clear statement about the principles that constitute good social work practice, and how those principles function across the full range of social work settings.

Standard 2 - Effective workforce planning systems

This standard is about using effective workforce planning systems to make sure that the right number of social workers, with the right level of skills and experience, are available to meet current and future service demands.

Standard 3 - Safe workloads and case allocation

This standard is about ensuring employees do not experience excessive workloads, resulting in unallocated cases and long waiting times for individuals.

Standard 4 - Wellbeing

This standard is about promoting a positive culture for employee wellbeing and supporting social workers to have the practical tools, resources and the organisational environment they need to practice effectively and safely.

Standard 5 - Supervision

This standard is about making sure students and qualified practitioners can reflect critically on their practice through high quality, regular supervision being an integral part of social work practice.

Standard 6 - Continuing professional development (CPD)

This standard is about social workers being provided with the time and opportunity to learn, keep their knowledge and skills up to date, and critically reflect on the impact this has on their practice.

Standard 7 - Professional registration

This standard is about supporting social workers to maintain their professional registration with the regulator.

Standard 8 - Strategic partnerships

This standard is about creating strong partnerships and good collaboration between employers, higher education institutions and other training providers.

Workplace Experiences

This section looks at the contribution made by people's employers to encourage engagement at work.

Overall responses by Standard by service area for organisation.

The following shows average responses for the region by Standard comparing service areas. **If less than 10 people answered from a specialism they are not shown separately but their contribution goes into the overall figures.**

Question	Average Response	Adults	Children	Mental Health
Standard 1 - Strong and clear social work framework	83	85	78	
Standard 2 - Effective workforce planning systems	78	83	66	
Standard 3 - Safe workloads and case allocation	79	82	73	
Standard 4 - Wellbeing	81	85	73	
Standard 5 - Supervision	81	85	69	
Standard 6 - Continuing professional development (CPD)	77	85	57	
Standard 7 - Professional registration	85	89	75	
Standard 8 - Strategic Partnership	81	85	72	
Workplace Experiences	75	79	64	

Standard 1 - Strong and clear social work framework

Standard 1: Average responses for the Standard overall for the organisation by service area.

Question	Average Response	Adults	Children	Integrated adults and children
Standard 1 - Strong and clear social work framework	83	85	78	

Below are the average responses for each question in Standard 1 for your organisation.



Standard 2 - Effective workforce planning systems

Standard 2: Average responses for the Standard overall for the organisation by service area.

Question	Average Response	Adults	Children	Integrated adults and children
Standard 2 - Effective workforce planning systems	78	83	66	

Below are the average responses for each question in Standard 2 for your organisation.



Standard 3 - Safe workloads and case allocation

Standard 3: Average responses for the Standard overall for the organisation by service area.

Question	Average Response	Adults	Children	Integrated adults and children
Standard 3 - Safe workloads and case allocation	79	82	73	

Below are the average responses for each question in Standard 3 for your organisation.

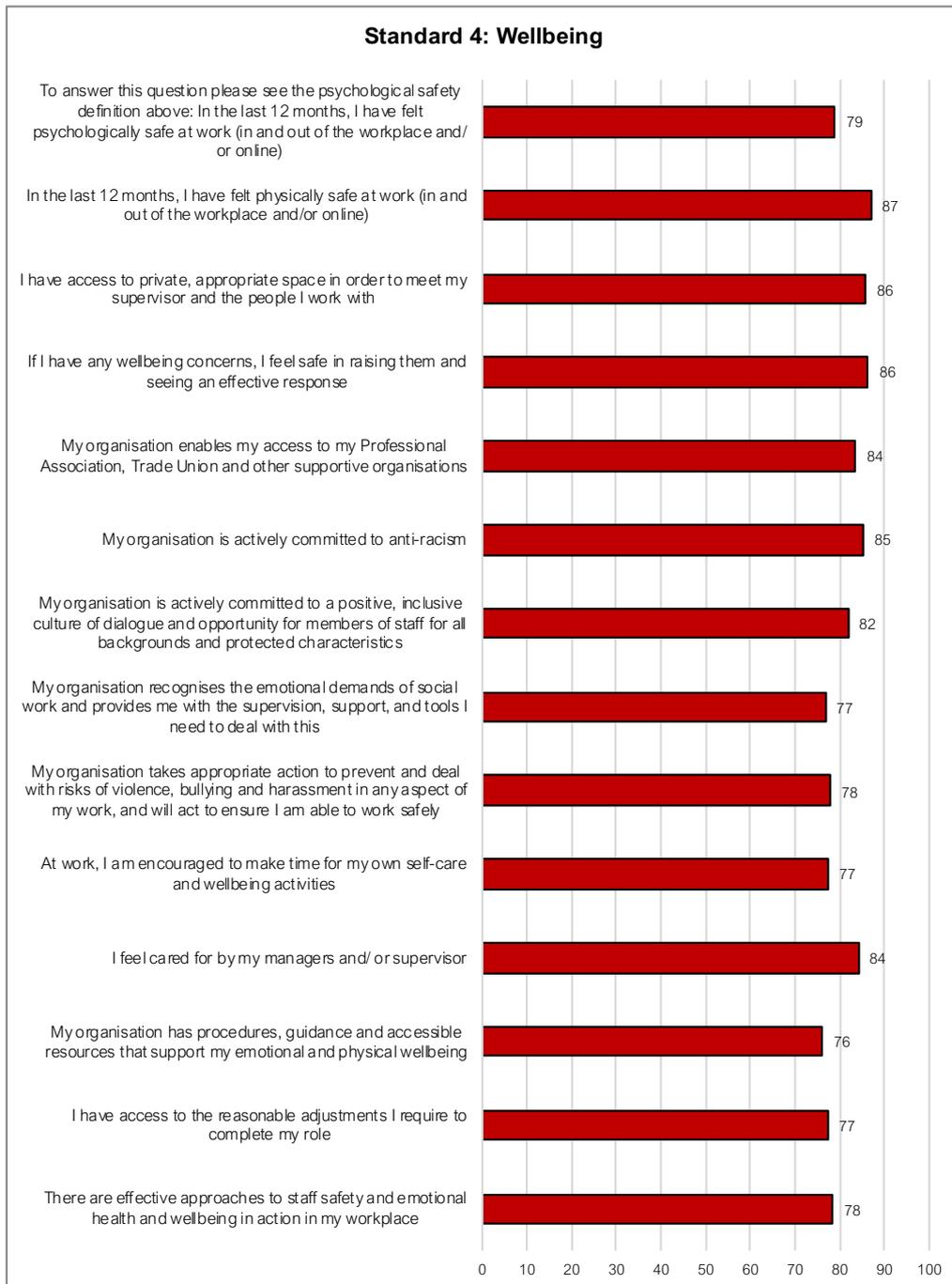


Standard 4 – Wellbeing

Standard 4: Average responses for the Standard overall for the organisation by service area.

Question	Average Response	Adults	Children	Integrated adults and children
Standard 4 - Wellbeing	81	85	73	

Below are the average responses for each question in Standard 4 for your organisation.

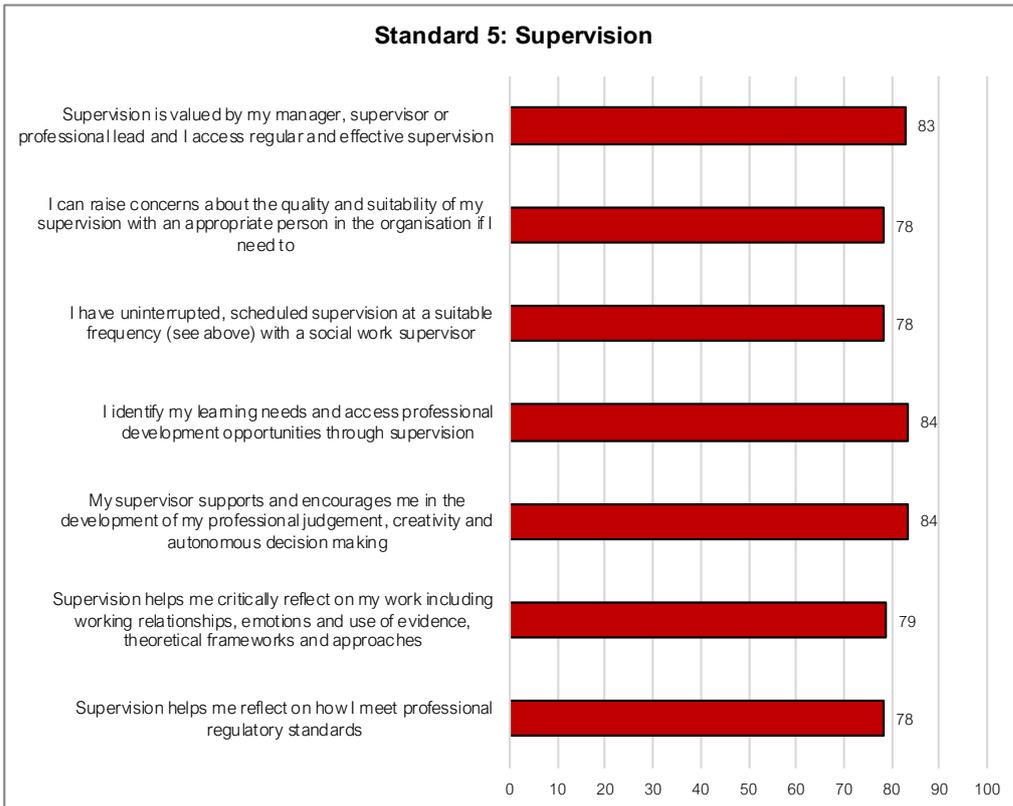


Standard 5 – Supervision

Standard 5: Average responses for the Standard overall for the organisation by service area.

Question	Average Response	Adults	Children	Integrated adults and children
Standard 5 - Supervision	81	85	69	

Below are the average responses for each question in Standard 5 for your organisation.

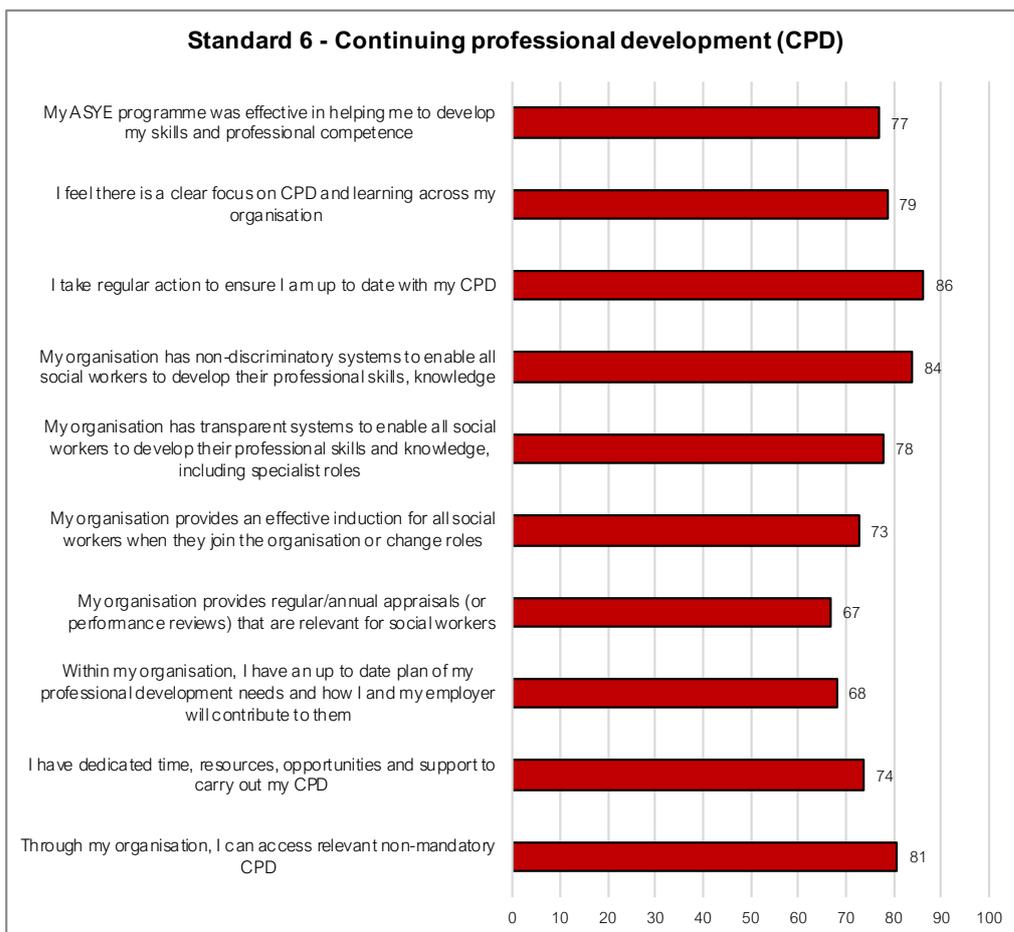


Standard 6 - Continuing professional development

Standard 6: Average responses for the Standard overall for the organisation by service area.

Question	Average Response	Adults	Children	Integrated adults and children
Standard 6 - Continuing professional development (CPD)	77	85	57	

Below are the average responses for each question in Standard 6 for your organisation.

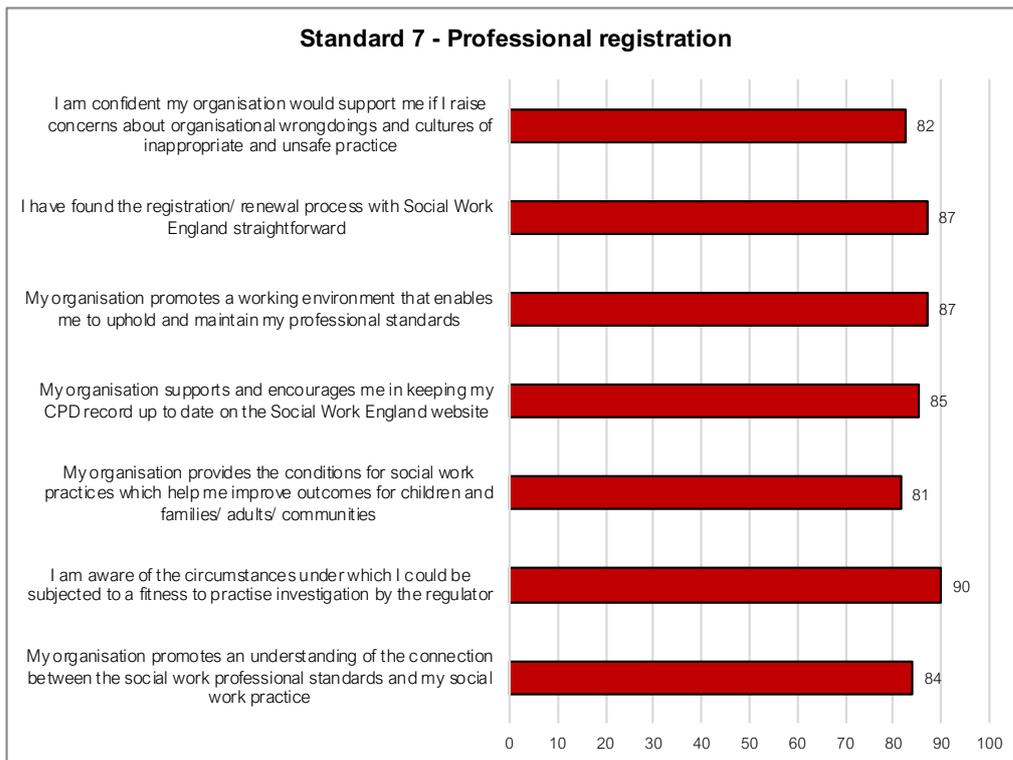


Standard 7 - Professional registration

Standard 7: Average responses for the Standard overall for the organisation by service area.

Question	Average Response	Adults	Children	Integrated adults and children
Standard 7 - Professional registration	85	89	75	

Below are the average responses for each question in Standard 7 for your organisation.



Standard 8 - Strategic Partnership

Standard 8: Average responses for the Standard overall for the organisation by service area.

Question	Average Response	Adults	Children	Integrated adults and children
Standard 8 - Strategic Partnership	81	85	72	

Below are the average responses for each question in Standard 8 for your organisation.

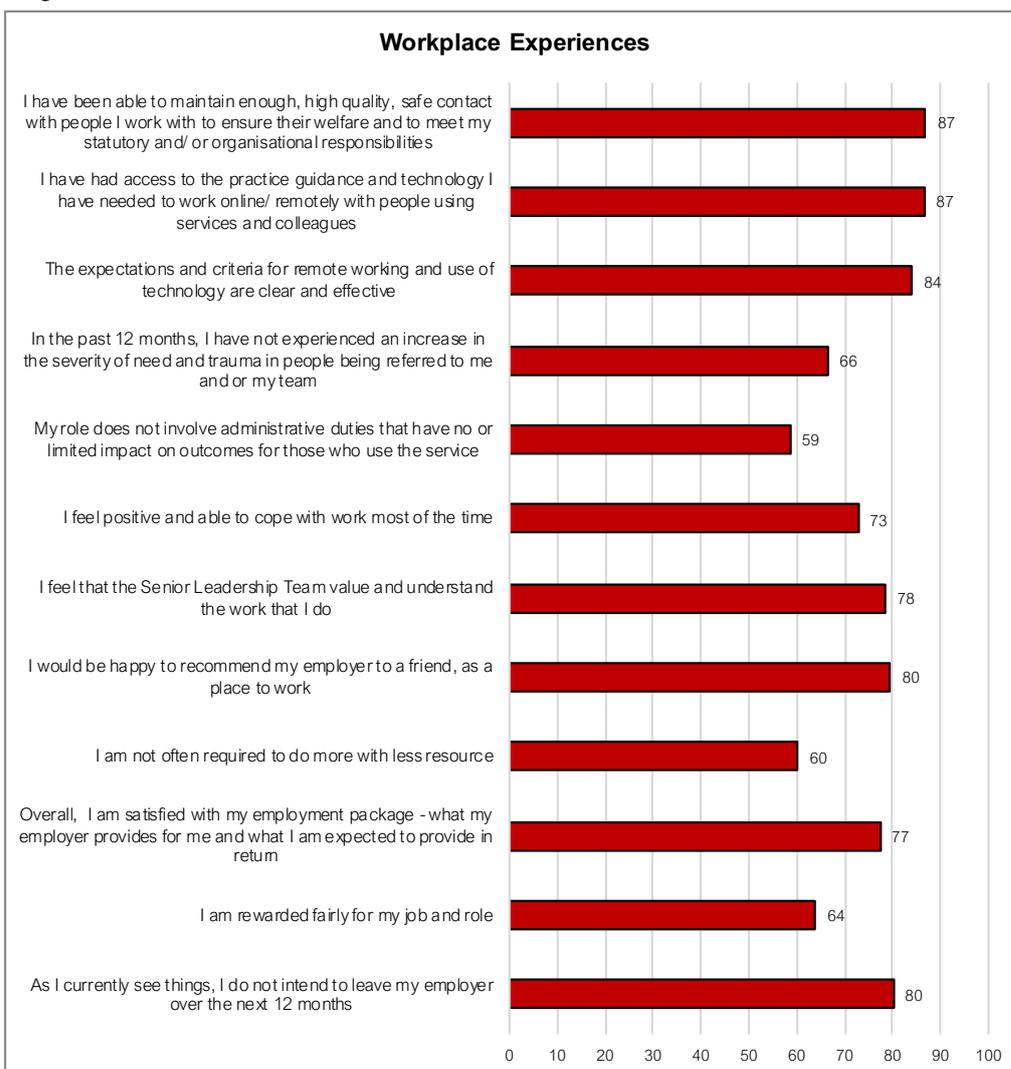


Workplace Experiences

Average responses for Workplace Experiences for the organisation by service area.

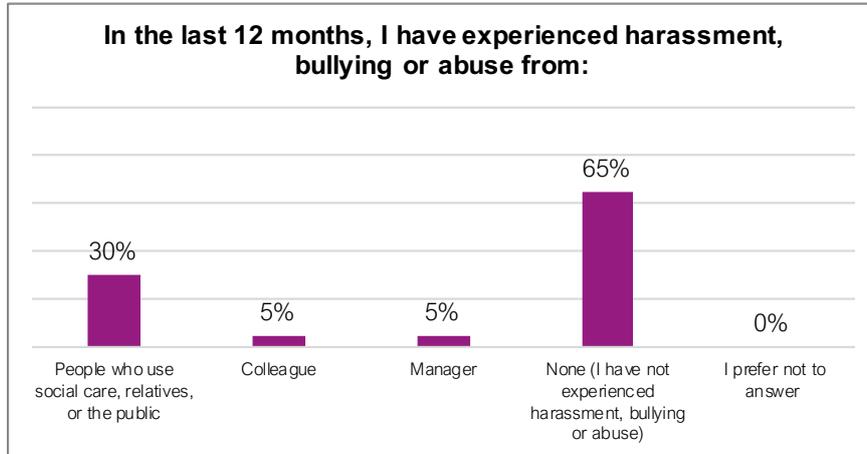
Question	Average Response	Adults	Children	Integrated adults and children
Workplace Experiences	75	79	64	

Below are the average responses for each question on Workplace Experiences for your organisation.

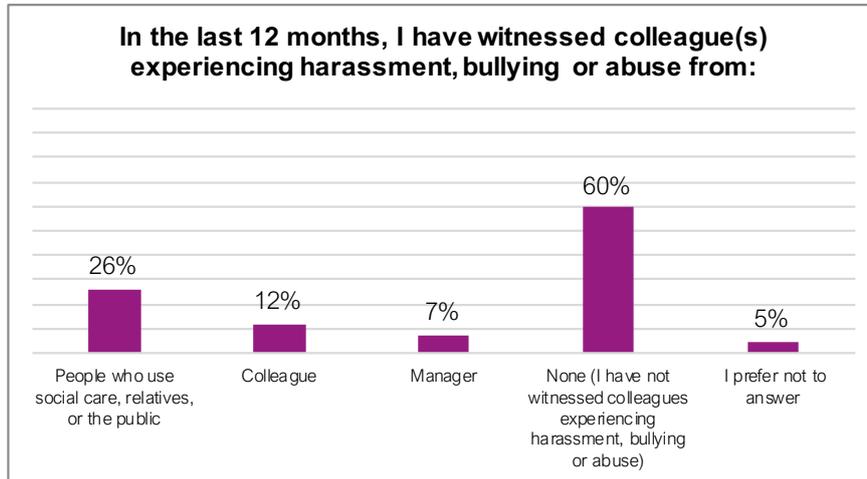


Bullying, harassment & discrimination

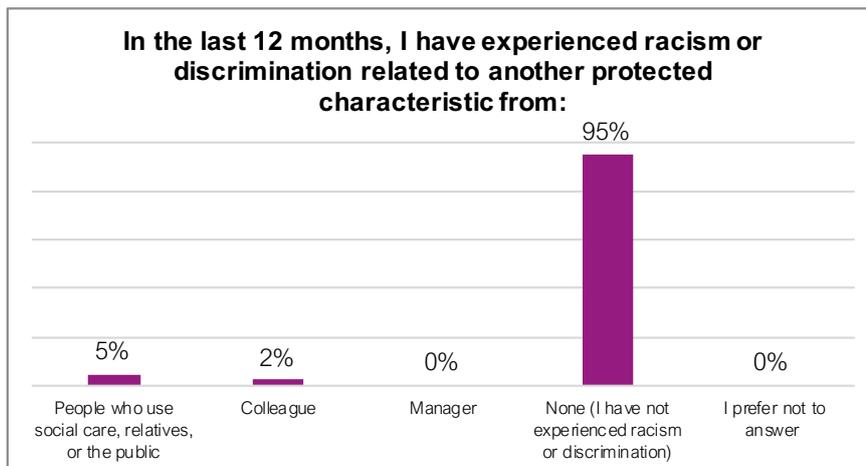
Harassment, bullying or abuse: Experiencing



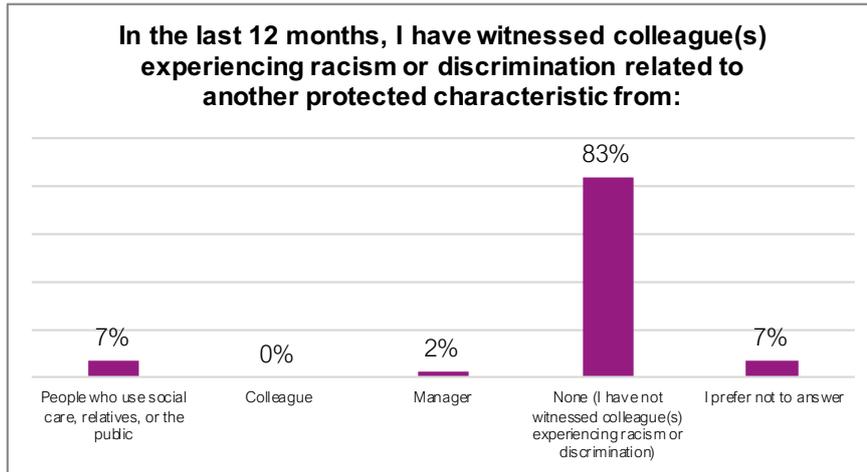
Harassment, bullying or abuse: Witnessing



Racism or discrimination: Experiencing

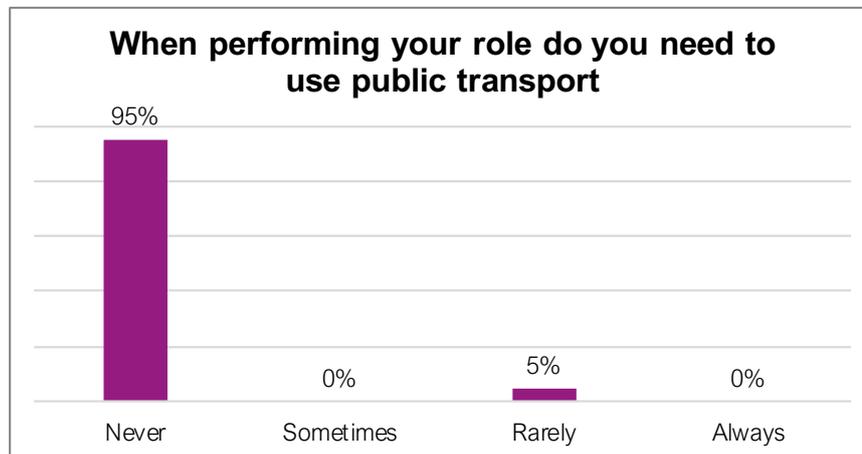


Racism or discrimination: Witnessing



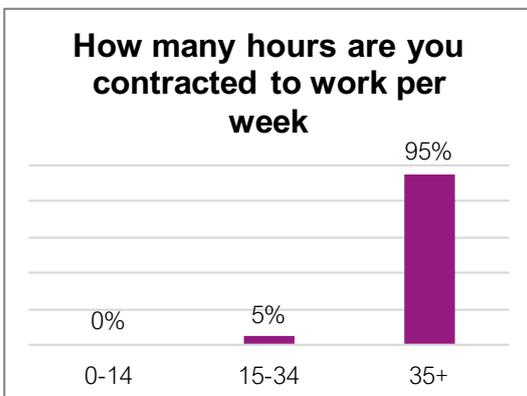
Travel

When performing your role do you need to use public transport

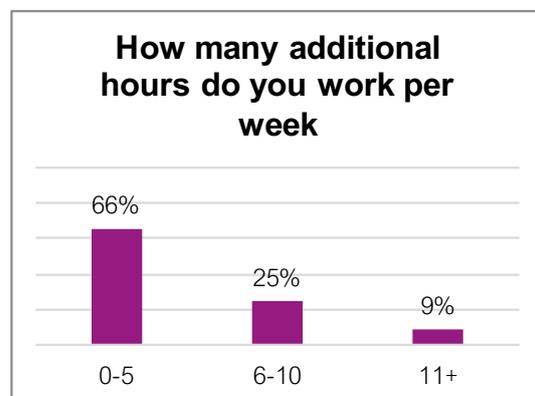


Workload

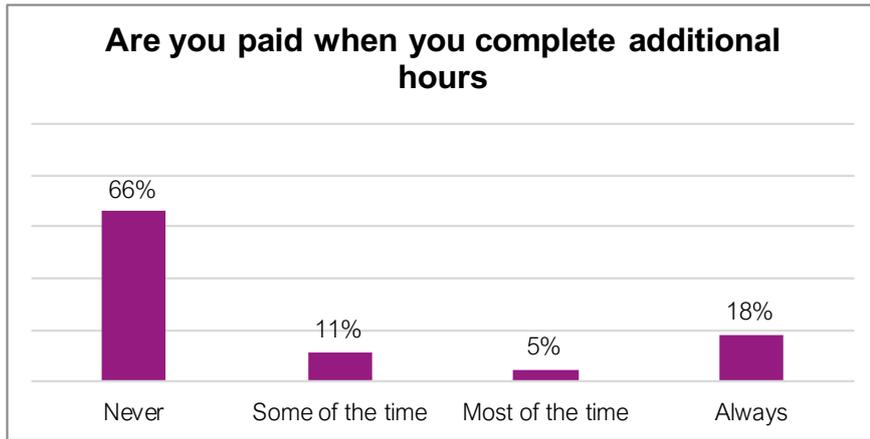
How many hours are you contracted to work per week



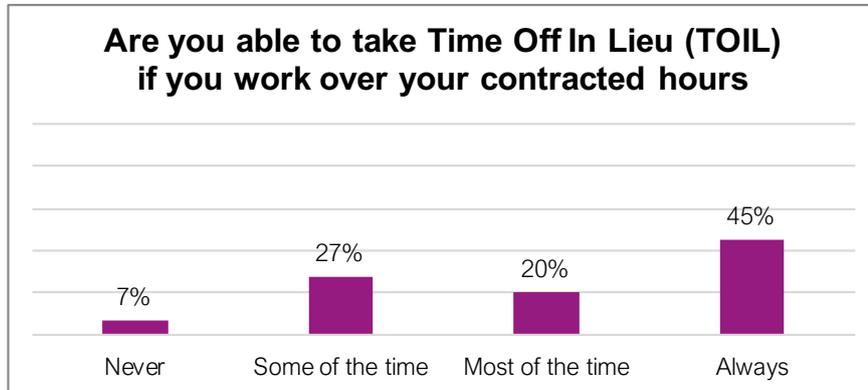
How many additional hours do you work per week



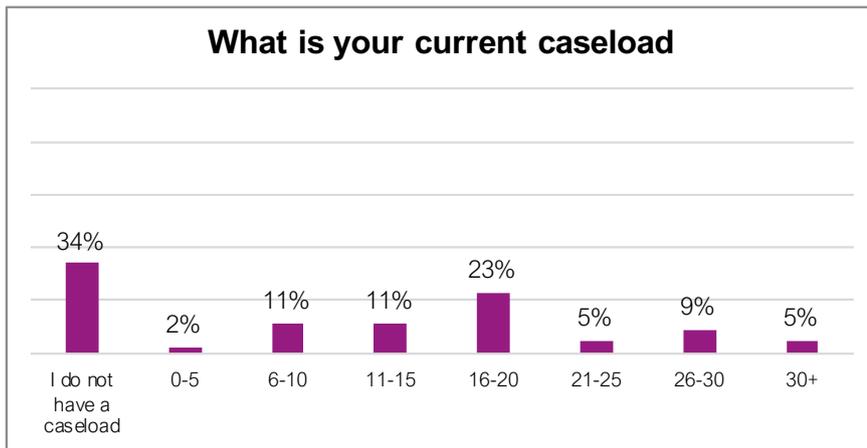
Are you paid for your additional hours



Are you able to take Time Off In Lieu (TOIL)



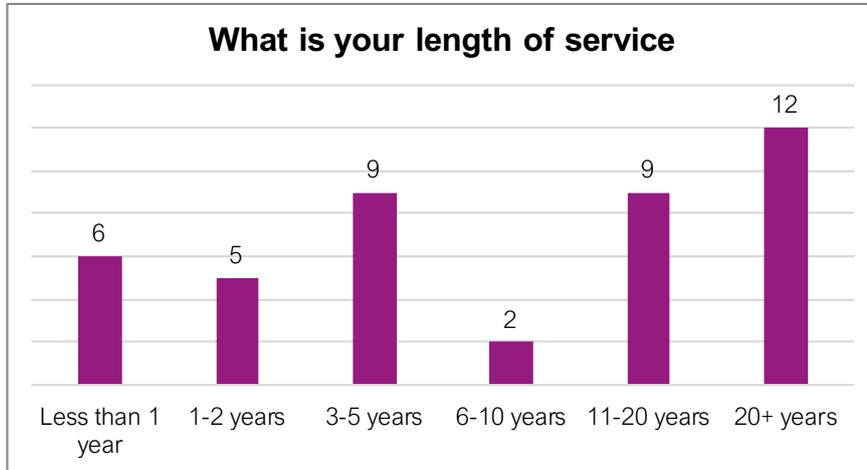
What is your current caseload



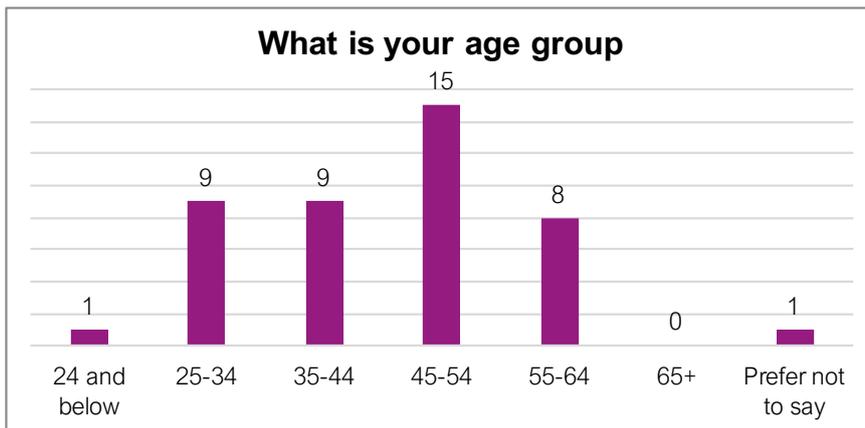
Breakdown of total numbers completing

This section looks purely at overall numbers completing the survey in your organisation to give a picture of workforce and who was represented in the results

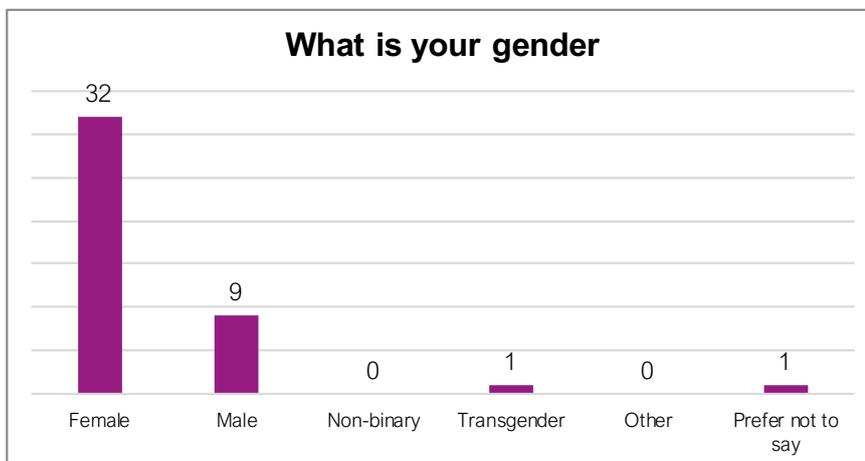
Years of service



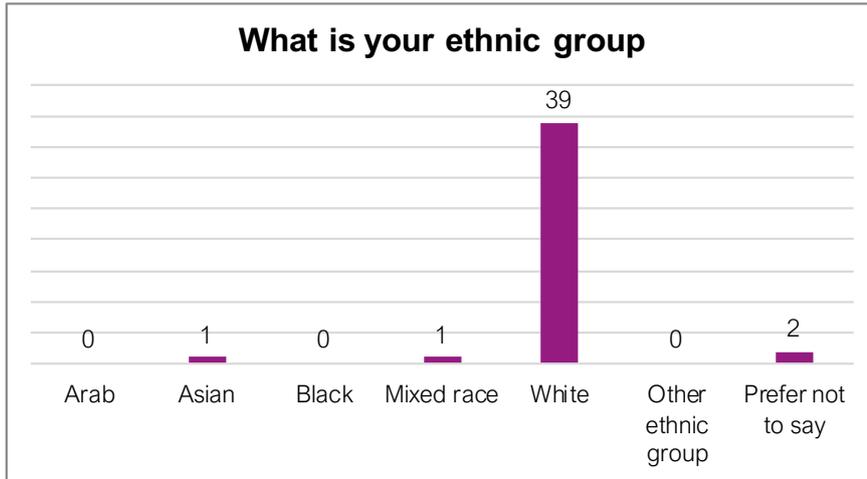
Age group



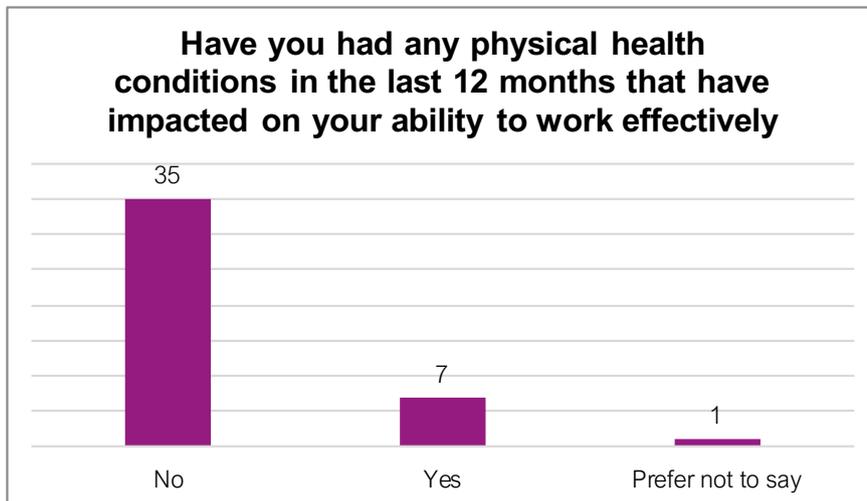
What is your gender



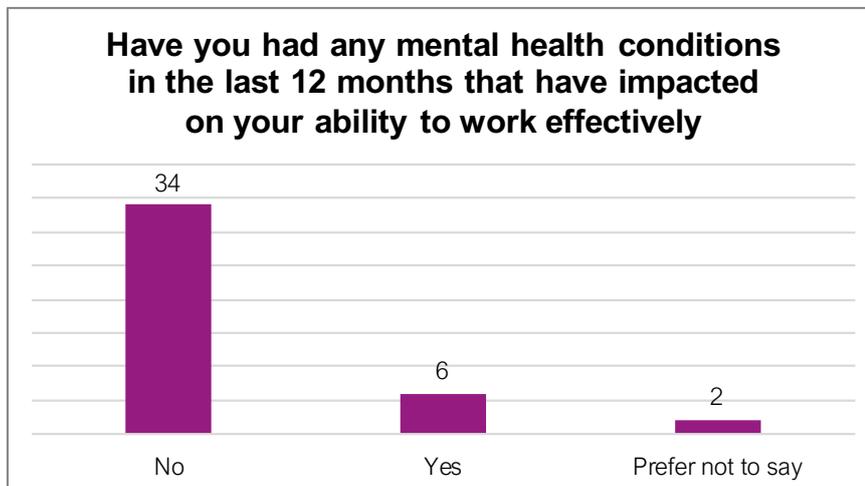
What is your ethnic group



Have you had any physical health conditions in the last 12 months that have impacted your ability to work effectively



Have you had any mental health conditions in the last 12 months that have impacted your ability to work effectively



REPORT TO:	Health Policy and Performance Board
DATE:	11 th February 2025
REPORTING OFFICER:	Executive Director, Adult Social Care
PORTFOLIO:	Adult Social Care
SUBJECT:	Adults Principal Social Worker - Annual Report (October 2024)
WARD(S):	Borough wide

1.0 **PURPOSE OF THE REPORT**

1.1 The purpose of this report is to provide an annual progress report from the Adults Principal Social Worker, (APSW), to discuss how the role of social work, supports Halton Borough Council to meet its priorities and objectives.

2.0 **RECOMMENDED: That the Board**

i) Note the contents of the report.

3.0 **SUPPORTING INFORMATION**

3.1 **Background**

3.1.1 The APSW is a statutory requirement under The Care Act 2014. The national guidance on the role and responsibilities has evolved and been updated and clarified over recent years. The Principal Social Workers, has a key role in representing and promoting the social work profession. Principal Social Workers should in brief:

- Lead and oversee excellent social work practice
- Oversee quality assurance and improvement of social work practice
- Support the development of creative and person centred support to Halton residents
- Link in with the monthly regional and National ADASS PSW Networks
- Advise the Director of Adult Social Services (DASS), SMT, Management Team and/or wider Council in complex or controversial cases and on case or other law relating to social work practice.

3.2 **Strengths Based Approaches and Practice**

3.2.1 Halton Borough Council Social Workers in ASC are skilled and committed to their personal development, as well as ensuring we provide an excellent service to people who are in receipt of support and their carers. Over the past twelve months, Halton has commissioned Helen Sanderson Associates to provide Strengths based training

across adult social care, initially gaining feedback from people with lived experience on the new social care documentation. We have completed 2 Cohort's for 250 staff and 2 Train the Trainers as part of the on-going roll out of Strengths based Training for staff in the future as well as recent dedicated management training.

This has aided staff in supporting an individual to identify their strengths and abilities, wishes, feelings, hopes and aspirations.

3.3

Specialist Training

3.3.1

As part of the national roll out of the Oliver McGowan training, Halton now has the eLearning available to all staff, with 390 staff, having accessed it this year. We are working in partnership with the Clinical Advisor for Learning Disability and Autism Programme, NHS England North West, Training for Tier 1 webinars with 12 people completing and tier two, 'Train the trainer' have been trained here from in-house/external care provider's in Halton. We are now promoting opportunities for potential local experts with Learning Disabilities and Autism to train as trainers. We have met with our colleagues in HR and we are looking at how we can best support and recruit expert trainers in order to roll out the training in house.

3.4

Workforce

3.4.1

As part of HBC commitment to our present and future workforce development, we are supporting Community Care Workers, (Unqualified Social Work Practitioners) in accessing the Social Work degree programme, via the Apprenticeship Scheme across LJMU & Chester University. We currently have a total of eight staff training on the SWDA. We have also utilised funding from HCPC to explore the new MA Social Work Degree Apprenticeship offered by UCLAN and have a successful candidate who started on that course in September 2024. In 2024 we also created the opportunity to offer an Occupational Therapy apprenticeship and have recruited an existing unqualified OT worker onto the course ran at University of Huddersfield. The APSW is working alongside social care and corporate colleagues in order to maximise the use of the apprenticeship levy for our future workforce.

3.5

Mental Health: Think Ahead Programme

3.5.1

This year Halton successfully partnered up with the national 'Think Ahead' programme and Mersey Care to offer the opportunity for graduates to experience both community and secure mental health services while fast tracking to a social work master's degree. This will benefit Halton's workforce plans by having the opportunity to recruit from the participants and has presented development opportunities for current Social Workers to experience the role of Consultant Social Worker and complete Practice Educator training.

3.6

Standards For Employers

3.6.1

In supporting our social work staff, we are using "The Standards for Employers of Social Workers in England", which states, "*Good social work can transform people's lives and protect them from harm*"

3.6.2

The Standards for Employers of Social Workers, published by the Local Government

Association (LGA), set out the shared core expectations of employers which will enable social workers in all employment settings to work effectively and safely. Under the umbrella of the standards, there is a range of work taking place locally to ensure that the social work profession is supported, including:

3.7 **The Organisational Health Check**

3.7.1 One of the requirements under Standard 1 is for employers to “ensure that mechanisms are in place to listen to and respond to the views of social work practitioners on a regular basis, in Halton we regularly undertake an annual “Organisational Health Check” to ensure the organisation remains a place where the right environment and conditions exist to support best social work practice”.

3.7.2 An annual **Health Check Survey** is conducted by the LGA at a national level. Halton Social Workers have taken part in the survey in 2020, 2021, 2022, 2023 and 2024. The purpose of the health check survey is to better understand the experiences of Social Workers. It is intended to help support and deliver effective social work and means that issues can be identified and addressed and allows social workers to feel listened to.

3.7.3 Some key points to note from the attached summary of results from the 2024 survey are:

- Our average overall responses to standard 1 to 8 is higher at a score of 80, to the Northwest at 77 and nationally at 76.
- Our average overall responses workplace experiences is also higher at a score of 75, to the Northwest at 69 and nationally at 67.
- When looking at Adult social workers, there are no standards in the amber zone, they are all in the green zone, whereas last year there was one standard in the amber zone, which was CPD
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- In previous years, CPD has scored low, in particular the following statements – “My organisation provides regular/annual appraisals (or performance reviews) that are relevant for social workers” and “Within my organisation, I have an up to date plan of my professional development needs and how I and

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3.8 **Quality Assurance**

3.8.1 Peer Review; Skills for Care

3.8.1.1 In February 2024, Skills for Care completed a Peer Review of Halton’s ASYE Programme. This included the requirement that Halton have a robust Quality Assurance (QA) process in place and a continuous improvement cycle. The aim was to improve ASYE consistency and standards across the country. They also provide feedback to the Department of Health and Social Care and the Department for Education. The APSW & ASYE Coordinator prepared for the visit by sending through a comprehensive overview of the programme and this was acknowledge by the lead reviewer on behalf of Skills for Care. The Director for Care management, the Principal Social Worker and the ASYE coordinator , six of Halton’s Newly Qualified Social Workers and three of the ASYE assessors were interviewed separately. The feedback was very positive. There was acknowledgement of the positive impact of the Practice Manager post for Adult Social Care training and development had, enabling Adult Social Care to provide a structured ASYE programme, with strong involvement from the APSW and senior management, The feedback was that the interviews with the NQSWs and the Assessors feedback on the programme was positive, with Halton placing a strong commitment to the recruitment, retention and development of social workers in Halton.

3.9 **Case File Audits**

3.9.1 The APSW worked with Managers to recently update The Case File Audits policy, following 12 months of dedicated Case file audits sessions, supporting managers to ringfence time to allow team managers time away from the teams to enable case file audits to take place. There has been a steady improvement in the quality of the audits and an understanding of the themes, which have fed into Social Work Matters agenda and Service Planning events. The themes arising recently have been, Documents were person centred, Evidence of effective partnership working, Excellent documentation of person wishes , Excellent use of MCA ,Evidence of independence being focused on within the intervention , Clear outcomes set, One case highlighted a case were a person challenged the support plan. This showed good feedback mechanisms within the team and management oversight. Evidenced the Prevention & Wellbeing Service (PWS), impact at the front door of social care.

3.10 **Culture & Practice**

3.10.1 Since the appointment of the Practice Manager for Training & Social Work Professional Development, back in February 2022, who has supported the APSW supporting overall training and development and recruitment and retention of Social

Work Staff and students in a number of areas:

- Forging a positive working relationship with the Cheshire and Merseyside Social Work Teaching Partnership (CMSWTP),
- Social Work Degree Apprenticeship Programme has expanded
- A relationship with the FEI providers has been strengthened and a presentation on Social Work as a career choice has taken place with more to follow. This work has strengthen the pipeline of Social Work training, development and recruitment in Halton.
- Regular monthly support sessions have been set up for Newly Qualified Social Workers (NQSWs).
- The Continued Professional Development (CPD) of Social Workers has continued to be supported by the Social Work Matters (SWM) forums. Particular themes that have been covered are support to carers, Prevention & Wellbeing, hoarding, working with people who have complex needs.
- A monthly Social Work Matters roundup newsletter goes out, highlighting, new Government guidance, Legislation updates, and articles of interest from Social Work England, BASW, SCIE, NICE, RIPFA etc., with CPD opportunities for Adult Social Care staff
- Staff Action Learning sets, Journal clubs and dedicated time to
- uphold their CPD requirements to uphold their registration for social work England.

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **FINANCIAL IMPLICATIONS**

5.1 None identified.

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

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence
The activity outlined in this report contributes to the attainment of this Council priority.

6.2 Building a Strong, Sustainable Local Economy
None identified.

6.3 Supporting Children, Young People and Families
None identified.

6.4 Tackling Inequality and Helping Those Who Are Most In Need
The activity outlined in this report contributes to the attainment of this Council priority.

6.5 Working Towards a Greener Future
None.

6.6 Valuing and Appreciating Halton and Our Community
None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

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

10.1 None under the meaning of the Act.

REPORT TO:	Health Policy and Performance Board
DATE:	11 th February 2025
REPORTING OFFICER:	Executive Director, Adult Social Care
PORTFOLIO:	Adult Social Care
SUBJECT:	Principal Occupational Therapist - Annual Report
WARD(S):	Borough wide

1.0 **PURPOSE OF THE REPORT**

1.1 The purpose of this report is to provide an annual report from the Principal Occupational Therapist (POT), to update on the role of Occupational Therapy within the Local Authority.

2.0 **RECOMMENDED: That the Board**

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

3.0 **SUPPORTING INFORMATION**

3.1 **Background**

3.1.1 The Adults Principal Social Worker, (APSW) is statutory requirement under The Care Act 2014, however at present there is no requirement in place for local authorities to have a Principal Occupational Therapist. There has been a POT in post in Halton since January 2024, with the permanent appointment being made in June 2024.

The Association of Directors of Adult Social Services (ADASS) acknowledge that having a POT to work alongside the APSW is of value and that having a diverse leadership within adult social care has a positive impact on local populations.

3.1.2 The national guidance on the role and responsibilities of the post have been detailed in the Royal College of Occupational Therapists publication, "Principal occupational therapists in adult social care services in England: roles and responsibilities"

The Principal Occupational Therapist is key in representing and promoting the profession. Principal Occupational Therapists roles and responsibilities include:

- Lead and promote excellent occupational therapy practice using a whole-systems, strength-based approach.
- Facilitate learning and development actively engage in regional and national

Principal OT networks.

- Lead and advocate for the role of occupational therapy
- Advise the Director of Adult Social Services (DASS) and/or wider Council in complex or controversial cases and on case or other law relating to occupational therapy.
- Work closely with the Principal Social Worker looking at evidence-based best practice and areas for improvement.

Our Occupational Therapists (OTs) work alongside social workers as the key professions in social care, enabling people who use services to live the lives they want. OTs are at the forefront of the Prevention and Wellbeing agenda empowering people to prevent, reduce or delay the need for formal services. They complete holistic assessments focussing on wellbeing and occupation and the environmental barriers within the home which impact their daily living.

Occupational Therapists promote choice and control and positive risk taking, co-producing with the individual and those that they want involved in their lives, utilising strengths-based approaches and anti-discriminatory practice (See case study at **Appendix 1**).

3.2 The Role of Occupational Therapy

3.2.1 Occupational Therapy is a regulated profession governed by the Health Care Professions Council (HCPC). Qualification involves the undertaking of an intensive programme of training at degree/masters level, and ongoing post-qualification professional development and audit undertaken by HCPC.

3.2.2 It is the POT's responsibility to promote the value of occupational therapists as key professionals who drive the prevention and wellbeing agenda through a personalised place-based approach. Occupational Therapists have the qualifications, knowledge and skills to support people to participate fully in their own lives working with complexity, risk and conflict.

3.2.3 Occupational Therapy is well placed to support the Health and Wellbeing Strategy's underlying themes, particularly:

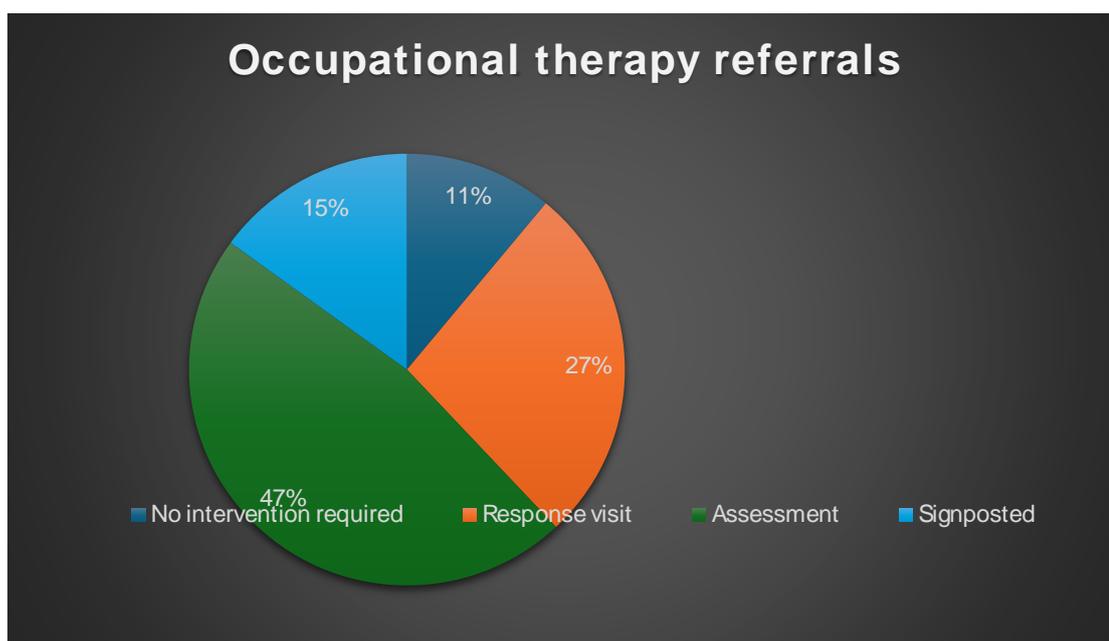
- *Support our community in Living Well*
- *Support our community in Ageing Well*

3.2.4 The Care Act 2014 is the key legislative framework along with the Housing Grants, Construction and Regeneration Act 1996. The focus for Occupational Therapy in line with this in Halton, is on:

- Prevention- timely intervention to prevent deterioration in the person's abilities or level of support required
- Independence- promoting independence and engagement in outcomes that matter to the individual
- Wellbeing- this is a subjective context to each individual but is central to occupational therapy practice
- Joining up the local authority, health and housing around the individual when

appropriate

- 3.2.5 In February the Initial Assessment Team became the Prevention & Wellbeing Service, with occupational therapy being a key part of the “front door” service. The changes made have renewed the focus on signposting and prevention and there has been a very positive shift in the number of referrals requiring full assessment. On average 47% of referrals are going onto the appropriate waiting list, with the other 53% having their needs met at the point of referral or via signposting. The wait for assessment is also significantly reducing, with individuals requiring an OTCCW visit, being seen within 3 months. The wait for complex assessment from an OT is within 6 months, owing to absences.



3.3 Challenges

- 3.3.1 There are many challenges ahead for Occupational Therapy. There is a recruitment issue with it proving to be a national challenge to entice occupational therapists into social care from the NHS and therefore vacancies are commonplace. There is also more demand for flexible working patterns and short working weeks. There remains a high demand for occupational therapy services in Halton, including assessments in the home environment, moving and handling and blue badges.

We have utilised waiting list funding to gain additional capacity however this has been with Community Care Workers (CCW) and along with the new working practices in PWS, the number of people waiting for an OTCCW assessment has significantly reduced. However the demand for an Occupational Therapist (complex) assessment remains high.

3.4 Culture and Practice

- 3.4.1 The POT should encourage a culture of openness and critical reflection, promoting

equity, equality, inclusivity and diversity. They will lead on embedding theory and practice principals in line with the prevention and wellbeing agendas.

3.5 **Workforce**

3.5.1 The Occupational Therapists must always adhere to the standards of practice upheld by the Royal College of Occupational Therapists (RCOT) and Health Care Professions Council (HCPC).

3.5.2 The Standards for Employers of Occupational Therapists, published by the Local Government Association (LGA), set out the shared expectations of employers. *“Employers should have a strong, clear accountability and assurance framework that promotes safe and effective occupational therapy practice, delivering positive and for filling outcomes for people; flexible, safe, effective, caring, responsive and well-led (ADASS, 2022)”*.

Each standard has a detailed list of the things that employers should do in order to meet the standards – full details can be found at [LGA Standards for Employers of Occupational Therapists 2022](#).

3.5.3 The POT and OT Practice Manager have attended a Skills for Care OT Leaders Programme funded by the Cheshire and Merseyside Allied Health Professions Faculty between April and September 2024. Leadership Impact Posters were devised (based around PWS) and the implementation of PWS and figures achieved were of great interest to the other LA's present.

3.5.4 Following the appointment of the permanent POT, the vacant Practice Manager position has been filled by the Advanced Practitioner Occupational Therapist (APOT). The APOT vacancy is awaiting approval to advertise, and once appointed to, will form a structure that mirrors social work and will enable workforce priorities to be further explored and actioned, whilst also providing a career progression pathway.

3.6 **The Organisational Health Check**

3.6.1 One of the requirements under Standard 1 is for employers to “ensure that mechanisms are in place to listen to and respond to the views of Occupational Therapists on a regular basis”. In Halton we regularly undertake an annual “Organisational Health Check” to ensure these views are obtained and contribute towards the optimum working environment and conditions to promote best Occupational Therapy practice.

3.6.2 An annual **Health Check Survey** is conducted by the LGA at a national level. HBC Occupational Therapists are invited to take part in this. The purpose of the health check survey is to better understand the experiences of the social care workforce. It is intended to help support and deliver effective practice and allow Occupational Therapists an opportunity to feedback.

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **FINANCIAL IMPLICATIONS**

5.1 None identified.

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

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence
Occupational Therapy delivered by the Local Authority is key in the delivery of the Prevention agenda as set out in the Care Act 2014. Occupational Therapists are vital in promoting wellbeing and maximising independence, and this is core to their role in social care.

6.2 Building a Strong, Sustainable Local Economy
None identified.

6.3 Supporting Children, Young People and Families
None identified.

6.4 Tackling Inequality and Helping Those Who Are Most In Need
None identified.

6.5 Working Towards a Greener Future
None identified.

6.6 Valuing and Appreciating Halton and Our Community
None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

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

10.1 None under the meaning of the Act.

Appendix 1Case Study

Note: Case Study has either been anonymised or pseudonyms have been used.

Case Study Title	Prevention and Wellbeing Service – Moving and Handling - Peter
Date of Case Study	January 2024

Context
<p>Peter was referred by his care staff for a moving and handling assessment on 11th January 2024. Peter would always become more anxious if he had more than one person to support with transfers, however was beginning to struggle more using the stand aid in situ. Having to require a second person due to his difficulties was becoming a concern for Peter and the staff members.</p> <p>Prior to this referral, at his last moving and handling assessment it was discussed with Peter that any further deterioration in his transfer ability would lead to hoisting to ensure safety for himself and also his support team. However Peter remains of the opinion that he does not want to be hoisted.</p>
Action
<p>Taking Peter's wishes into account, other equipment was explored when he was assessed. However, an alternative method or piece of equipment could not be found that maintained safe transfers. Peter did then agree to be assessed in a hoist.</p> <p>Reasoning and face to face discussion were paramount to help Peter understand the reasoning and implications and agree to this change. Peter's input was key in terms of determining which types of slings would be required and for which tasks.</p> <p>Peter has hearing loss and chooses not to wear hearing aids so this can be a barrier in terms of clear communication. Verbal prompts and physical gestures need to be used and he also requires physical and verbal assistance to orientate to the situation at times. Peter's initial reluctance to be hoisted was an initial barrier however this was overcome with clear communication and reasoning for recommendations made.</p>
Outcome
<p>In sourcing appropriate slings and supporting Peter to accept hoisting, a proportionate response to care could be achieved meaning he can continue to be transferred with just the assistance of one. This prevented the need for a second staff member's input as per Peter's wishes as well as promoting his dignity and wellbeing.</p>

Learning

We were able to work with the support staff to ensure they could use proportionate methods and staff in order to promote Peter's wishes and wellbeing, whilst also ensuring that staff's safety from a moving and handling perspective was maintained.

Although a lot of work has been done in previous years to promote single handed or proportionate care techniques, there may still be groups that have not been trained in this. As a result this could be a future area for further development in reaching people working in small group settings and shared accommodation.

REPORT TO: Health Policy and Performance Board

DATE: 11th February 2025

REPORTING OFFICER: Executive Director, Adults

PORTFOLIO: Adult Social Care

SUBJECT: Quality Assurance Framework for use by the Quality Assurance Team

WARD(S): Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 To present the Quality Assurance Framework that is used by the Quality Assurance Team.

2.0 RECOMMENDATION:

RECOMMENDED: That the report be noted.

3.0 SUPPORTING INFORMATION

3.1 The attached Quality Assurance Framework brings together the process, methods and tools that the Quality Assurance Team (QAT) use to gather evidence and intelligence about adult social care services that we commission.

3.2 These quality assurance activities support the delivery of social care commissioned services in meeting and exceeding contractual, regulatory and quality standards.

3.3 The services currently supported by this Quality Assurance Framework are Care Homes, Domiciliary Care and Supported Living.

3.4 This framework has been shared with providers, enabling a consistent and transparent approach when working with them, and other stakeholders, detailing the methods which the QAT will use to establish intelligence to support their quality judgements.

3.5 The Framework enables providers to understand the work of the QAT and various channels of support available to them to

- mitigate risks, or potential risks, to quality, safety or continuity of service provision
- continually improve their services

- prepare for their own CQC inspections
- support sector wide improvements and;
- how quality, risk and safety issues will be escalated and managed, where they occur.

3.6

The Framework outlines the role of Members in the quality assurance process through Councillor visits to care homes (section 4.27).

4.0 **POLICY IMPLICATIONS**

4.1 The work undertaken by the QAT within the scope of this Framework enables the Council to meet its obligations under the Care Act 2014, in relation to market oversight, shaping, sustainability and mitigating risks that may lead to provider failure

5.0 **FINANCIAL IMPLICATIONS**

5.1 None identified

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

6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

The Framework details how the Council provides support and assurance monitoring of adult social care providers to ensure quality of services that meet the requirements identified through the commissioning and contracting process.

6.2 Building a Strong, Sustainable Local Economy
None.

6.3 Supporting Children, Young People and Families
None.

6.4 Tackling Inequality and Helping Those Who Are Most In Need
None.

6.5 Working Towards a Greener Future
None.

6.6 Valuing and Appreciating Halton and Our Community
None.

7.0 **RISK ANALYSIS**

7.1 A risk Assessment is not required.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None.

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

10.1 Care Act 2014.



Quality Assurance Framework

for use by the Quality Assurance Team

2024

Policy, Performance and Customer Care Team

Adult Social Care Directorate

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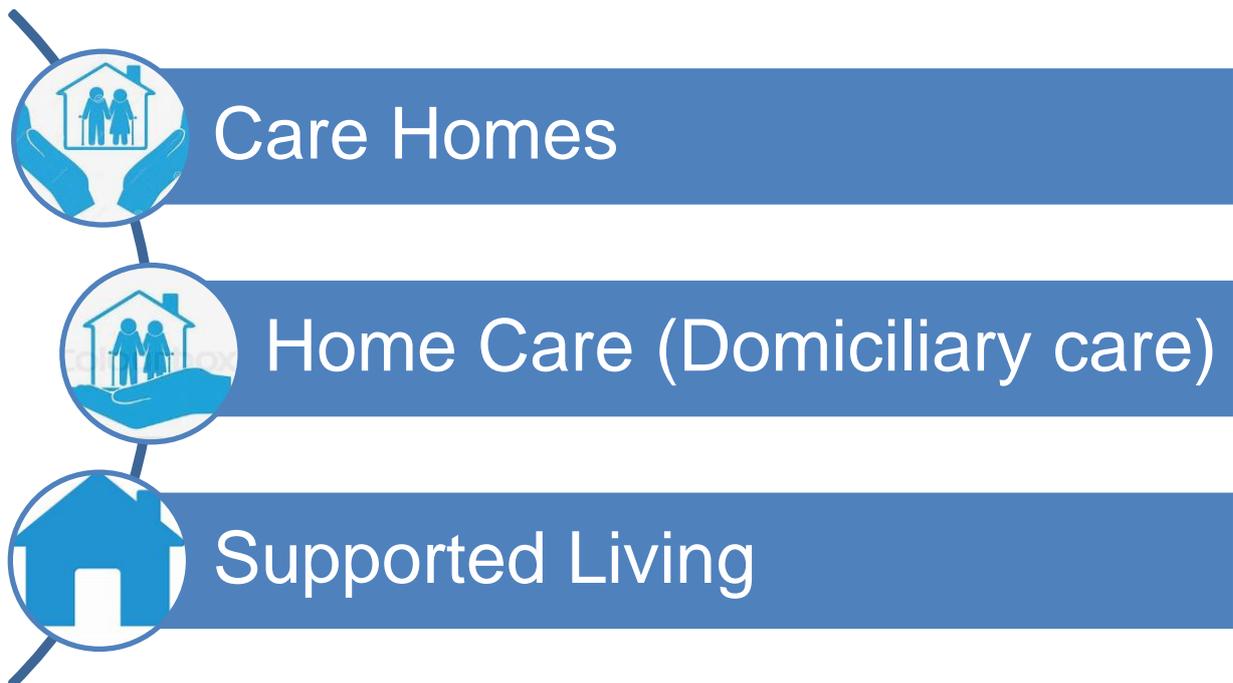
Document Summary

Document name	Quality Assurance Framework for use by the Quality Assurance Team
Version	v.1
Publication date	8/10/24
Approved by	2/10/24
Status	For Provider information
Author	Emma Bragger, Service Development Officer
Contributors	Benitta Kay, Quality Assurance Manager, QAT Laura French, Quality Assurance Officer, QAT Angela Ward, Quality Assurance Officer, QAT
Service area	Quality Assurance
Target audience	Adult Social Care Commissioned Providers of Residential and Nursing Care, Domiciliary Care and Supported Living
Distribution	Via Quality Assurance Team Manager to Officers and Providers
Related document(s)	Care Home Closure Policy Provider Failure Protocol
Superseded document(s)	QAT Protocols
Equality Impact Assessment	October 2024

If you require this policy or any associated documents in another format (e.g. other languages, easy-read or any other format), please email details of your requirements to: ascservicedevelopment@halton.gov.uk

1.0 Introduction to the Quality Assurance Framework

- 1.1 Halton Borough Council's Adult Social Care Quality Assurance Team (QAT) monitor and support services commissioned by the Local Authority to not only ensure compliance with the requirements set out in the contract and the quality and performance standards outlined in the service specification, but also support the Council's duties under the Care Act 2014 in relation to market oversight, sustainability and shaping.
- 1.2 The QAT work collaboratively with stakeholders to support providers to maintain and improve services. This Quality Assurance Framework (QAF) sets out the primary ways in which the QAT achieve this.
- 1.3 The services currently supported by this Quality Assurance Framework are



2.0 The Quality Assurance Framework Principles

Accountability

- 2.1 The primary purpose of the QAF is to provide assurance that services commissioned by the Local Authority are of a high quality and comply with the requirements outlined in the contract and service specification. Senior

management have strategic oversight for the QAF to ensure it is implemented effectively.

2.2 Providers have a linked Quality Assurance Officer who will work with the service to support continuous improvement.

2.3 There may be occasions when quality assurance activity identifies areas of risk, the QAT will assess the level of risk and a risk rating will be applied, the QAT will be transparent with providers about what the rating is and what it means.

Service User Engagement

2.4 The experience of service users is central to understanding the quality of care service delivery and is used in identifying themes and trends.

Supportive and Improvement focused

2.5 The Local Authority values the role that providers play in delivering services to some of our most vulnerable residents. The QAF provides opportunities for the Local Authority to support providers where improvements have been identified.

2.6 The Local Authority believes that a strong and collaborative relationship with providers will support higher quality and a vibrant market and will work with providers with the aim of improving quality across Halton.

Triangulation

2.7 The QAF seeks to develop a thorough understanding of quality and recognises that multiple sources of information are required to do this. In most situations the QAT will triangulate information to provide robust evidence of quality.

2.8 As part of any monitoring visit the Quality Assurance Officer will review intelligence from the provider feedback process, safeguarding and provider led concerns process, Care Quality Commission (CQC) notifications and reports, compliments and complaints, whistleblowing concerns, and via consultation with service users/families and other relevant professionals.

Early intervention

2.9 Where there are concerns about a provider's ability to meet the requirements of the contract or specification or there is a risk of harm to service users, the QAT will intervene as early as possible.

2.10 Should intelligence about a provider identify quality concerns e.g. CQC inspection rating of overall Requires Improvement or Inadequate in any domain, the Local Authority and its partners will, alongside the provider, determine whether a Multi-Disciplinary Team (MDT) approach is required.

- 2.11 Should an MDT approach be required, the Local Authority and its partners will initiate an MDT meeting, the purpose of the MDT approach is to offer support to providers to reduce risk and/or safeguard service users. Any decisions and next steps will be agreed via the MDT meeting.

Proportionality

- 2.12 The Local Authority recognises that not all services or providers are the same and that they are delivering a diverse range of services.
- 2.13 The QAF will proportionately focus on risk, taking all individual factors into account, rather than a blanket approach.

Working together

- 2.14 Continuous improvement can only happen where there is a strong working relationship between providers, commissioners and other stakeholders. QAT work to develop relationships to support improvement in the market at individual provider level and across sectors.

3.0 Quality Assurance Activity

- 3.1 Quality Assurance Officers carry out a range of activities to gather evidence that standards and contract requirements are being met and to support continuous improvement. The methods/tools to enable Quality Assurance Officers to do this are shown in the table below.
- 3.2 The frequency and type of activity that the QAT carry out will be dependent on a range of factors including current rating, the risk to service users safety, the risk to meeting the terms of the contract agreement and the type of service provided. The timeframes outlined in the table below are for guidance purposes only.
- 3.3 Following the tables, below, each stage of quality assurance activity is briefly described.

Type	Method	Tools	Purpose
QM1	Quality and Contract Monitoring Visit (Full and Focused PAMMS assessments)	<ul style="list-style-type: none"> Quality and Contract Monitoring visit information Supporting Information checklist Stakeholder feedback form Relatives feedback form PAMMS visit record Care Plan Audit Policy review checklist Environmental audit Financial audit checklist Medication checklist Staff file audit tool Training Audit Initial feedback form Evaluation form for providers Councillor feedback report 	Quality Contract Monitoring
QM2	Provider Self-Assessment	<ul style="list-style-type: none"> Self-Assessment PAMMS 	Regulatory preparation
QM3	Focused visit	<ul style="list-style-type: none"> Focused visit report 	Information gathering
QM4	Unannounced out of hours Safe and Well visit	<ul style="list-style-type: none"> Unannounced Care Home Safe and Well Visit Report 	Information gathering
QM5	Quality and Contract Monitoring Meeting	<ul style="list-style-type: none"> Keeping in Touch meeting record 	Quality Contract monitoring
QM6	Quarterly Contract Review Meeting – Supported Living Services	<ul style="list-style-type: none"> Performance Report 	Quality Contract Monitoring
QM7	Electronic Call Monitoring (ECM) data and deep dive analysis	<ul style="list-style-type: none"> ECM Proforma 	Information gathering
QM8	Quarterly Contract Review Meeting – Home Care Services		Information gathering /continuous improvement
QM9	Provider Feedback	<ul style="list-style-type: none"> Provider Feedback Protocol Provider Feedback Form Provider Feedback Flowchart 	Information gathering /continuous improvement
QM10	Risk identification and management	<ul style="list-style-type: none"> Multi-disciplinary Team Early indicators of concern template Risk profile Report for approval for the suspension of services Suspension Guidance Policy 	Risk mitigation

		<ul style="list-style-type: none"> Care Home Closure Policy Provider Failure Protocol 	
QM11	Information Sharing Group		Information gathering /continuous improvement
QM12	Core Grant Monitoring		Financial monitoring
QM13	Out of Borough and Spot Purchase Arrangements		Quality monitoring
QM14	Market Oversight	<ul style="list-style-type: none"> Business Continuity Plan checklist Capacity Tracker/bed vacancies QA dashboard 	Market oversight

Frequency of Quality Assurance Activity

Type	Method	Frequency
QM1	Quality and Contract Monitoring Visit	Annually (frequency will vary depending on rating and emerging risk)
QM2	Provider Self-Assessment	Annually (for services rated as good or excellent)
QM3	Focused Visit	As and when required (in response to concern)
QM4	Unannounced out of hours Safe and Well visit (Care Homes)	Annually
QM5	Quality and Contract Monitoring Meeting	Monthly
QM6	Quarterly Contract Review Meeting – Supported Living Services	Quarterly
QM7	ECM data and deep dive analysis	Monthly
QM8	Quarterly Contract Review Meeting – Home Care Services	Quarterly
QM9	Provider Feedback Review	Monthly
QM10	Risk identification and management	Daily
QM11	Information Sharing Group	Monthly
QM12	Core Grant Monitoring	Annually
QM13	Out of Borough and Spot purchase arrangements	As and when required

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QM1 – Quality and Contract Monitoring Visit

- 3.4 Quality Assurance Officers will complete a Quality and Contract Monitoring Visit to commissioned providers using a Provider Assessment and Market Management Solution (PAMMS). This is a web-based platform devised by The Access Group, which allows for the creation, delivery, and management of Provider assessments. It provides a structured assessment process to assure that services commissioned by the Local Authority are of a high quality and are delivering what has been commissioned.
- 3.5 The solution includes a web-based portal for providers to view and respond to the Provider assessment process, to view assessment reports and to support the post assessment action planning process.
- 3.6 A baseline PAMMS assessment is undertaken for all contracted services, Quality and Contract Monitoring visits, thereafter, will be completed at a frequency determined by current rating and level of risk.

Preparing for the visit

- 3.7 Prior to the visit Quality Assurance Officers will review current intelligence to identify themes and trends to be considered as part of the assessment.
- 3.8 Information around what to expect from the visit is shared with providers in advance, to allow time to prepare for the visit. See Appendix 1.
- 3.9 Supporting Information Checklist, see appendix 2, is sent to the provider requesting a list of documents to be shared before the visit, which will be reviewed by the Quality Assurance Officers ahead of the visit.
- 3.10 In line with the Councillor Visits to Care Homes Policy, the ward councillors will be invited to join the Quality Assurance Officers for part of the visit as an opportunity to meet with constituents and provide feedback, see appendix 15. The policy does not cover Supported Living or Home Care services.
- 3.11 Quality Assurance Officers officers send consultation forms out to professional stakeholders who are regularly involved with people supported by the provider to gain their feedback and support the PAMMS. See Appendix 3.
- 3.12 Quality Assurance Officers will invite key professionals from the below teams, to accompany them on the visit to complete their relevant audits which will feed into the PAMMS report.
 - Medicines Management Team
 - Infection Prevention and Control Team
 - Integrated Care Board (ICB) Quality Improvement Nurses (For Nursing services)

Site visit

- 3.13 The Quality Assurance Officer (s) will visit the service at a time agreed with the service manager. The site visit will include a review of documentation, environmental observations, observations of staff practice, management discussion and consultation with staff and people using the service. Initial feedback will be shared with the provider at the end of the visit.
- 3.14 Consultation with staff, people using the service, and their families will be completed during the visit.

PAMMS assessment

- 3.15 The Quality Assurance Officer will input the information gathered into the PAMMS platform to produce a report. There are a number of audit tools used to support the PAMMS assessment – see Appendix 5 – 14.
- 3.16 This report will be shared with the provider via the PAMMS provider portal.
- 3.17 There will then be a 14 day factual accuracy period for the provider to submit any comments for the Quality Assurance Officer to review. If the provider does not have any comments to submit the report will be finalised and automatically publish with an overall rating. The rating is automatically generated by the PAMMS system, based on the information entered, using an algorithm which takes risk into account.

PAMMS action plan

- 3.18 If there are any identified areas for improvement, these will be automatically collated on a separate tab on the assessment within the provider portal, With support from the Quality Assurance Officer, the provider will generate an action plan. On occasion, and where agreed, an action plan may be produced outside of the PAMMS portal.
- 3.19 On completion of the action plan the overall rating will not change, a follow up visit will be arranged for services with a rating of requires improvement (RI) or poor; at this stage the overall rating will be determined.

PAMMS follow up assessment

- 3.20 Where the overall outcome of a PAMMS assessment is Requires Improvement or Poor, the Quality Assurance Officer will complete a follow up visit to the service within a maximum period of six months.
- 3.21 The visit will focus on the areas that were rated Requires Improvement or Poor on the initial PAMMS assessment, to review progress made and check for evidence of improvement in these areas.
- 3.22 Questions rated Good or Excellent will not be considered as part of this visit and the original comments made against these questions will remain.

- 3.23 Consultation with staff, people using the service and their families, and key stakeholders will take place as part of the follow up visit.
- 3.24 The Executive Summary part of the PAMMS assessment will detail which questions have been reassessed as part of the visit.
- 3.25 The Quality Assurance Officer will input the information gathered into the PAMMS assessment tool to produce a draft report. This will be shared with the provider via the portal, there will then be a 14 day factual accuracy period for the provider to submit any comments for the Quality Assurance Officer to review. If the provider does not have any comments to submit the report will be finalised and automatically publish with an overall rating. The rating is automatically generated by the PAMMS system, based on the information entered, using an algorithm which takes risk into account.
- 3.26 PAMMS action plan – If the follow up assessment identifies areas where further action is required to evidence improvement, these will be automatically collated on a separate tab on the assessment within the provider portal, With support from the Quality Assurance Officer, the provider will generate an action plan. On occasion, and where agreed, an action plan may be produced outside of the PAMMS portal.

QM2 – Provider Self-Assessment

- 3.27 The provider self-assessment, see Appendix 16, has been created to compliment the PAMMS process. Providers whose PAMMS rating outcome is Excellent or Good may be asked to complete a self-assessment to provide a current picture of service provision to the QAT.
- 3.28 The self-assessment is designed to mirror the quality standards outlined in the PAMMS and is an opportunity for the provider to share good practice and to support the continuing development of the service to achieve excellence.
- 3.29 Following the completion of a self-assessment, a site visit will be scheduled to verify the information supplied by the provider. This visit will serve as a ‘temperature check’ to ensure the accuracy of the submitted details. The visit will also include consultation with staff, people supported and relatives.

QM3 – Focused Visit

- 3.30 It may be necessary at times for a Quality Assurance Officer to complete a focused visit to a provider. Focused visits are in response to concern and are agreed at HBC Head of Service level.
- 3.31 These visits may be announced or unannounced, and depending on the area of concern the Quality Assurance Officer may be accompanied on the visit by other professionals from Medicines Management Team, Infection Prevention and Control Team and Safeguarding Team.
- 3.32 At the end of the visit, feedback with key themes will be given to the manager, or in the absence of the Manager, the most senior staff on duty on the day; a report will follow. See Appendix 17

QM4 – Unannounced Out of Hours Safe and Well Visit

- 3.33 As part of the QAF, commissioned care home providers will receive an annual Safe and Well visit. These will be scheduled outside of the core business hours, will be unannounced and will last no longer than two hours. The visits are **not** in response to concern or escalating risk and will focus on the following areas:
- Staffing
 - Health and Safety
 - Observations of care and support
 - Environmental observations
 - Consultation with residents and the staff
- 3.34 There is no expectation for the Manager to attend the service for the visit; feedback will be given at the end of the visit to the most senior staff member on duty. The Quality Assurance Officer will contact the Care Home's manager the next working day to provide an overview of the visit and key themes. The Quality Assurance Officer will also advise on any other actions taken, which could include safeguarding referral, request for care management review or professional support.
- 3.35 Following the visit the Quality Assurance Officer will complete a report, see appendix 18, which will be shared with the home manager.

QM5 – Quality and Contract Monitoring Meeting

- 3.36 Quality and Contract Monitoring Meetings (Keeping in Touch or 'KIT') are scheduled monthly with care home providers.

- 3.37 The meetings help to establish and build relationships and promote transparency.
- 3.38 The meetings are held in person at the care home and serve as an opportunity for the Quality Assurance Officer to complete environmental observations and have conversations with residents and staff.
- 3.39 There are key areas of discussion which form the structure of the meeting, see appendix 19, notes from the meeting will be completed by the Quality Assurance Officer and shared with the Manager. If there are any actions, these will be agreed at the meeting and will be reviewed at the next KIT meeting.
- 3.40 Any concerns arising from the KIT meeting will be discussed with the Quality Assurance Manager and escalated appropriately.

QM6 – Quarterly Contract Review Meeting - Supported Living Services

- 3.41 Contract meetings are scheduled with Supported Living Services on a quarterly basis.
- 3.42 A month before the contract meeting, the Quality Assurance Officer will arrange to visit an individual property alongside the service Manager to complete a safe and well visit.
- 3.43 A performance report, see appendix 20, will be submitted by the provider for review ahead of the quarterly contract meeting. The report will capture information for each quarter to enable comparison of the data across the year and themes, trends and emerging issues discussed at the meeting.
- 3.44 Submission dates for the performance report are agreed, allowing time for the provider and the Quality Assurance Officer to review the information and seek clarification if needed, ahead of the meeting.
- 3.45 The report covers the following key areas;
- Occupancy and Housing
 - Assessment Planning and Review
 - Staff training and recruitment
 - Risks to delivery and quality
 - Reportable Events
 - Compliments and Complaints
 - Engagement and Feedback
 - Case Studies

QM7 – Quarterly Contract Review Meeting – Home Care Services

- 3.46 Home Care providers will provide ECM data, a performance report and updated action plan in advance of the quarterly contract meeting.
- 3.47 The performance report will provide data against Key Performance Indicators, as set out in the Domiciliary Care contract and agreed by the provider and the Local Authority.
- 3.48 Home Care providers will also provide a narrative to support the data provided.
- 3.49 ECM analysis completed by both parties will be discussed in further detail at the Quarterly Contract Meeting.

QM8 – Electronic Call Monitoring (ECM) Data and Deep Dive Analysis

- 3.50 Home care providers will provide ECM Data on a four weekly basis, as per the ECM specification. (See Appendix 21)
- 3.51 ECM is a system to monitor care call visits, providing assurance and evidence of visits attended. It allows managers to monitor care delivery in real time to enhance service quality, improve accountability, promote safety and wellbeing and support accurate billing.
- 3.52 Providers will analyse their performance in key areas for the four week period and provide a performance report based on their findings.
- 3.53 The Quality Assurance Officer will also undertake snap shot analysis of the data, which will include an overview of overall performance in addition to deep dive analysis.
- 3.54 Deep dive analysis will look in detail at the experience of random sample of 5 people using the service and 3 staff.
- 3.55 Telephone consultation will also be completed with the sample of people using the service or their family members.
- 3.56 Feedback following the overall analysis, deep dive analysis and consultation will be emailed to the provider and any actions discussed and agreed.

QM9 – Provider Feedback Protocol

- 3.57 The Provider Feedback protocol, provides a mechanism for people who visit services to provide feedback to the QAT. Feedback received supports quality assurance or improvement and helps to build a current picture of services.
- 3.58 The QAT actively encourage health and care professionals to share information about the services they visit. This information is used to identify and celebrate good practice, offer support to providers, or take more urgent action if necessary.
- 3.59 Feedback will be provided using the Provider Feedback form, see Appendix 22, and returned to the QAT via the Contracts inbox.
- 3.60 Feedback received will be collated into the Provider Feedback spreadsheet, which provides an overview of intelligence received and supports triangulation with other forms of intelligence such as Safeguarding referrals, Provider Led Concerns and Enquiries, CQC notifications, Compliments and Complaints and Whistleblowing concerns.
- 3.61 The Quality Assurance Officer receiving the feedback will acknowledge receipt with the referrer and seek further information or clarity if required. Feedback will be logged for information and shared with the provider if appropriate, with clear actions agreed, where necessary.

QM10 – Risk identification and management

Multi-Disciplinary Team Meeting (MDT)

- 3.62 Where there are concerns about a provider's ability to meet the requirements of the contract or specification or we are concerned that there is a risk of harm to service users, we will intervene as early as possible.
- 3.63 An MDT approach can be requested by the provider as a supportive measure or initiated by the Local Authority in response to escalating risk or concern.
- 3.64 The MDT will be chaired at Head of Service level and is a forum for the provider, and professionals working alongside them to offer support, provide updates on current position, as well as assurances on actions taken, progress made and agree next steps.
- 3.65 The MDT will be minuted and the minutes will be shared with attendees.

Early Indicators of concern template

- 3.66 The early indicators of concern template, see Appendix 23, is used by the QAT identify early warning signs of issues or practice that, if not addressed, could result in an impact on service delivery, quality, safety or continuity of care.

Risk Profile

- 3.67 If there are a number of concerns relating to a provider, it may be necessary for the QAT to complete a Risk Profile, see Appendix 24, to gather information around risks.
- 3.68 A risk score will be applied and used to inform next steps.

Temporary Suspension of Purchasing Notice

- 3.69 In some instances, the Local Authority may take the decision to place a temporary suspension of purchasing notice on placements. The purpose of the suspension is to protect service users whilst allowing time for either an investigation to take place or for a provider to make improvements in areas where weaknesses have been highlighted.
- 3.70 The QAT will complete a report for approval of the suspension of services in line with the Suspension Policy. (See Appendix 25). A letter is sent to the provider to advise of the notice and the notification will be shared in accordance with the Information Sharing Protocol.

Provider Failure

- 3.71 In the event of provider failure in a domiciliary care or supported living service, the local authority will activate the Provider Failure Protocol to ensure the continuity of care, safety and wellbeing of all service users. There is a separate policy for managing Care Home Closures.
- 3.72 The QAT will coordinate activity including linking in with Care Management to conduct risk assessments for all individuals receiving care, identifying those with critical care needs and identify alternative care providers to ensure continuity of care.
- 3.73 The QAT will ensure there is clear communication with service users, families and relevant stakeholders and work closely with the CQC and other agencies to monitor service provision, ensuring disruption of care is minimised and statutory duties are met.
- 3.74 A lessons learned approach will be undertaken to review the circumstances of the failure, to inform improvement measures needed and to prevent recurrence.

See Provider Failure Protocol and Care Home Closure Policy in the [Adult Social Care Policy Library](#).

Complaint Investigation (including MP enquiries)

- 3.75 Complaints are allocated to a Quality Assurance Officer through HBC's Customer Care Team or Corporate Complaints Team, when quality concerns are identified.
- 3.76 The allocated Quality Assurance Officer will complete an investigation and provide a response via the Customer Care Team within agreed timescales, as per HBC Complaints policy.

QM11 – Information Sharing Group

- 3.77 This is a monthly meeting which brings key partners together to share emerging intelligence which does not directly pertain to safeguarding concerns or formal reportable incidents. This includes sharing information related to trends, patterns, risks or emerging issues that may impact service delivery. (See Appendix 28 for terms of reference.)
- 3.78 Information shared may inform monitoring and support risk assessment of early indicators of concern.

QM12 – Core Grant Monitoring

- 3.79 The QAT will request evidence to support the providers annual return, which links back to their specification or the bid which forms the basis of the agreement.

QM13 – Out of Borough Placements, Spot Purchase Agreements and Direct Payments.

- 3.80 Before placing a Halton resident in a care service which is out of the Halton locality, the Care Manager will approach the QAT to complete an Out of Borough (OOB) validation. This is a quality assessment of the care provider that includes
- CQC inspection report in England or equivalent bodies in other parts of the UK. (CIW Wales, Care Inspectorate in Scotland or RQIA in Northern Ireland)
 - Quality Reference check with other local authorities who may have used the service

- 3.81 The QAT will follow the OOB Provider Validation process and will notify the host local authority in writing of any out of borough placement made.

This should be in advance of the arrangements commencing and include full contact details for the placing authority and contact details for the placing authority if any concerns about the provider arise. This information should be done as soon as is practicable but bearing in mind the time it can take to contact the relevant person. This notification will assist the host authority if safeguarding concerns arise, or when dealing with urgent care home closures in its area, as it will provide a record of the responsible authority and a named contact person. It will also assist in any contract monitoring and in general communication between ourselves as the placing and host authorities. We will inform the host authority when a person leaves the provision.

(see Appendix 27)

- 3.82 As the placing authority, we enter into a spot purchase agreement with the provider. This outlines the expectations for quality of care, safeguarding, reporting and financial arrangements.

Monitoring OOB placements

- 3.83 As the placing authority we retain responsibility for ensuring ongoing quality through:
- 3.84 Regular review: Ongoing review of the placement is required. This will be through Care Management review and, where appropriate, an Independent Advocate to ensure that individuals needs are met. Where issues are identified, a Provider Feedback form submitted will be submitted to the QAT.
- 3.85 Feedback from the individual and family: ongoing communication between Care Management and the individual receiving care and their family is critical in identifying potential issues. Where issues are identified, a Provider Feedback form submitted will be submitted to the QAT.

Cheshire and Merseyside

- 3.86 Should service quality issues arise that meet the threshold for notification, there is a system in place to report concerns through the Information Sharing Protocol, which are then followed up as documented in the QAF. This is a reciprocal arrangement across Cheshire and Merseyside, whereby all host authorities are obligated to share information in this way to alert placing authorities. See 'Information Sharing Protocol' section, below.

Direct Payment

3.87 Where individuals choose to use their Direct Payment (DP) to contract a CQC regulated service, the Local Authority check that the service is registered to carry out regulated activity and the CQC are satisfied they can meet their Legal requirements. Below are the key steps followed in these circumstances:

- When made aware that a CQC Registered service is being contracted by the person to provide their care under a DP arrangement, the DP team will notify the QAT via contracts@halton.gov.uk.
- The QAT will check the service's registration details with the CQC, including any inspection reports and ratings. This information is shared with the DP Team via email direct.payments@halton.gov.uk
- Validated CQC Regulated Services are held on a list by the DP team, which is updated and shared with Direct Payment clients annually. The DP Team provide guidance to people choosing who to contract with.
- The QAT will sign up to receive an email alert when the CQC have inspected a validated care service.

3.88 The QAT will notify the DP Manager/Team when:

- A CQC inspection report is requires improvement or inadequate, then the DP Team will notify the Client/Suitable Representative so that they can make an informed decision about their care and speak to their provider if they have any concerns regarding the CQC inspection and quality of care.
- Information Sharing Protocol notifications related to services providing support under a Direct Payment are received.

3.89 The DP Team signpost people receiving a Direct Payment arrangement to the Local Authority's website, where there is a link to the CQC website.

Escalation of Concerns / Risk

3.90 Where there are quality concerns identified for a provider/ where a Halton resident has been placed, HBC may be informed via the following agreed process.

Information Sharing Protocol (ISP)

3.91 This is an arrangement between Local Authorities in the North West Region to share information about concerns, service quality and market failure related to service providers in their area.

The reasons for completing the Information Sharing Proforma include:

- Sale or change of ownership where it effects contracting party

- Voluntary withdrawal from contract by provider
 - Permanent ending of contractual relationship led by the commissioner
 - Contract Default Notice relating to quality of care for services
 - CQC Notice of Proposal to Cancel Registration
 - CQC Cancelled Notice of Proposal to Cancel Registration
 - CQC Inadequate rating
 - Temporary, Restricted or Whole Suspension
 - Removal of suspension
 - In Administration
 - Closure or cease trading
- 3.92 On receipt of the ISP notice, the QAT will check if there are residents placed within the service by checking the Income and Assessment Team's Master Service Return (MSR) and whether recent validations for the service have been completed. In the event there are Halton residents placed in the service; the relevant Care Management Team will be informed.
- 3.93 Safeguarding procedures: Safeguarding issues will be raised and promptly investigated by the host local authority.
- 3.94 Collaboration: Contact will be made with the host local authority to establish the extent of risk and actions needed.
- 3.95 Where there is a current placement of care, the detail of the notice will be logged on the Information Sharing Notification spreadsheet.
- 3.96 Regulatory notification: The CQC will be notified by the host Local Authority when registered providers do not adhere to regulatory standards.
- 3.97 CQC inspection outcomes: The QAT receive notifications of CQC inspection reports, which alerts the team when a service has been visited and the relevant rating outcome. Where the rating outcome is 'Inadequate', checks against the MSR would be completed and the relevant Care Management Team informed if Halton residents are placed within the service.
- 3.98 By applying these steps, the QAT maintain oversight and ensure safety, wellbeing and quality of care for individuals.

QM14 – Market Oversight

- 3.99 The Local Authority has a critical role in the market oversight of adult social care, ensuring that the care market is stable, sustainable and capable of meeting the needs of our community. This responsibility includes monitoring the financial health of care providers, ensuring continuity of care and safeguarding service users from disruptions caused by provider failure. An

important aspect of this oversight involves an annual Business Continuity check to assess providers readiness to handle crisis.

Manage provider failure and disruption

- 3.100 The Local Authority has a responsibility to identify early warning signs of provider instability such as falling occupancy levels.

Market assessment

- 3.101 As a Local Authority we engage in several proactive measures, this includes market assessment. We conduct an annual market position statement to assess the current state of care provision and identify future needs, gaps and priorities for service development. This helps guide providers and ensures that the market can respond to demographic and social change.

Capacity Building

- 3.102 As a local authority we may offer support to smaller or struggling providers, such as offering advice on financial management or assistance with workforce recruitment.

Innovation and best practice

- 3.103 As a Local Authority we encourage the adoption of innovative care models and best practice to improve service quality and efficiency. This includes promoting collaboration across providers to share resources and expertise. We work alongside the CQC to ensure full market oversight; the CQC has a market oversight scheme that monitors the financial health of larger care providers operating across multiple regions. If a large provider is at risk of failure the CQC will notify the Local Authority allowing preparation for possible disruption.

Business Continuity Plan Checklist

- 3.104 The QAT complete an annual review of each provider's Business Continuity Plan (BCP), to assess their readiness to handle crisis and ensure the plan is comprehensive, up to date, tailored and tested to any current risks faced by the provider. (See Appendix 29)
- 3.105 Scenario testing: The Local Authority work alongside the Emergency Planning Team to conduct table top scenario testing exercises with providers; this is to evaluate how effective their BCP is in a real world situation. This helps to identify any weakness within the plan and encourages proactive improvement.

Capacity Tracker and Bed Vacancy

- 3.106 The QAT maintain oversight of occupancy levels within the borough, this information is collated and shared with professionals and can be used to track the health of the care market.

Quality Assurance Dashboard

- 3.107 The QAT complete monthly performance dashboards for Supported Living services and Care Homes which provide an overview of each service. The dashboards serve as an effective quality assurance tool by delivering structured, data driven insight into care quality. This ensures compliance and promotes continuous improvement through monitoring and evaluating performance against key indicators. This allows commissioners to oversee overall service performance and quality, and allows for early intervention from the QAT; by identifying areas that are underperforming, resources and intervention are focused where they are most needed. Adults Senior Management Team retain oversight through receiving regular dashboard reports. *(Currently, there is no dashboard for Domiciliary Care due to there being just one provider. Oversight is maintained through quarterly provider meetings and ongoing quality assurance activities)*

4.0 The way we use and share information

- 4.1 The information gathered by QAT will be used in several ways. Including, but not limited to:

To support learning and improvement

- 4.2 The QAT play a vital role in supporting improvement by capturing and applying a Lessons Learned approach to benefit the provider, and the sector as a whole. Quarterly Care Home Provider Forums and Specialist Provider Forums provide an opportunity to share good practice and learning across the sectors.

Information Sharing Requests

- 4.3 The QAT receive regular requests to share information in relation to providers from
- Halton Integrated Adults Safeguarding Unit (IASU)
 - CQC
 - Other Local Authorities
- 4.4 Such information will be shared in a timely manner in accordance with Data Protection and General Data Protection Regulation (GDPR) rules. Safeguarding concerns identified through the QAF will be reported to the Halton

Adult Safeguarding Unit and shared with Halton Safeguarding Adults Board and HBC Care Home Development Group.

Safeguarding Assurance process

- 4.5 The Safeguarding Assurance Process within the QAF is a critical component, designed to ensure that adults at risk of abuse or neglect are protected. This process involves structured oversight, evaluation and continuous improvement of safeguarding practices within services to ensure compliance with statutory obligations and to promote best practice.
- 4.6 Key elements involved in assuring safeguarding process are;
- 4.7 Safeguarding Policy and Procedure: The QAT will ensure the provider has a safeguarding policy in place, which is aligned with Halton's Safeguarding policy and national guidelines including, the Care Act 2014 and Making Safeguarding Personal.
- 4.8 Operation Procedures: The QAT will ensure the provider has a process in place for reporting, investigating and responding to safeguarding concerns including notifying the CQC of reportable events.
- 4.9 Governance and Leadership oversight: The QAT will ensure the sector has provider representation on the Halton Safeguarding Adults Board (HSAB). The Quality Assurance Officer will ensure the provider has governance systems in place to monitor the effectiveness of their safeguarding arrangements.
- 4.10 Safeguarding lead role: The QAT will ensure the provider has a safeguarding lead within the Organisation who is responsible for ensuring that robust, person centred safeguarding practices are embedded across the service.
- 4.11 Regular reporting: The QAT will ensure the provider has an effective process of audits and governance in place and that good practice is followed where incidents have arisen. This includes themes analysis, accountability and learning from incidents.
- 4.12 Performance monitoring and data collection: The QAT will complete analysis of data collected from a range of intelligence sources including, safeguarding alerts, provider led concerns and enquiries, CQC notifications, provider feedback, whistleblowing concerns and complaints. Quality Assurance Officer will review the data to identify themes and trends, prevalence of incidents and reporting arrangements.
- 4.13 Case file audits: Where there is a request for a review under the Safeguarding Adults Case File Audit policy, a Quality Assurance Officer may be required to take part in a case audit. This is to identify lessons learned and to drive improvement in safeguarding practices across all agencies.

- 4.14 Risk management and escalation: Where concerns identified could lead to unsafe care of service users and risk of harm, the QAT will undertake prompt and proportionate action. Action may include completion of a service risk profile, referral to IASU, initiation of an MDT approach and consideration of a default notice.
- 4.15 Multi-agency working: The QAT are part of the HSAB Quality Group and will report on quality issues.
- 4.16 Training and workforce development: Quality Assurance Officers will ensure the provider has a robust training plan in place which includes mandatory safeguarding training to ensure carers can identify, report and respond to safeguarding concerns.
- 4.17 Quality Assurance Audits: Quality Assurance Officers will ensure the provider's governance processes evidence learning from audits and reviews and that appropriate action is taken.
- 4.18 Quality Assurance Officers will ensure the provider has a system in place to support and train staff to understand the importance of reporting concerns, listening to the service user and ensuring the service user has a voice and is provided with information
- 4.19 Sharing Intelligence: A Quality Assurance Officer will meet weekly with IASU to share provider intelligence.
- 4.20 IASU share quality concerns with QAT when identified following a safeguarding alert.
- 4.21 The QAT receive weekly reports of safeguarding referrals, provider led concerns and provider led enquiries which have been screened by IASU. This information is generated from Eclipse and collated by QAT as part of the provider feedback process and overall intelligence gathering.

Multi-agency collaboration

CQC Engagement Meeting:

- 4.22 Representatives from the Local Authority and CQC come together in a structured meeting to exchange information and insight regarding the quality of registered services in the local area. The purpose is to ensure that services meet the necessary standards and that quality issues are addressed proactively and preventatively. The meeting facilitates an exchange of information regarding care providers performance, compliance and regulations, and areas where support or intervention may be necessary. By sharing information both parties can identify and take steps to address, early signs of standards falling.

4.23 Areas included are:

- Provider updates: the Local Authority and CQC share the latest information from intelligence and assessment or inspection. This includes updates on complaints, incidents or outstanding safeguarding enquiries.
- Enforcement action:
- Best practice: sharing best practice.
- New and Emerging providers: discuss newly registered services or providers entering the market.
- Sector wide themes and trends: demographics, pressures in the sector.

Healthwatch:

4.24 A monthly information sharing meeting takes place between Quality Assurance Manager and Healthwatch.

The main objectives are;

- Improving service quality: Sharing information to identify areas of concern and best practice with the opportunity for improvement.
- Coordinating responses to emerging issues
- Promote transparency and accountability
- Outcomes and recommendations from Enter and View visits

Healthwatch share Enter and View reports with the QAT, reports are sent to Quality Assurance Officers who review the information shared and ensure appropriate and proportionate action is taken.

Elected Members:

4.27 As part of the Local Authority's commitment to ensuring the safety, wellbeing and quality of life of residents in care homes, Councillor visits play a critical role in supporting the broader QAF. This reinforces public accountability and provides an opportunity for Councillor's to observe care practice, speak with residents and families on their experience of care and life within the home, and report on general conditions of care standards being delivered.

4.28 In line with the Councillor Visits to Care Homes Policy, see appendix 15, Councillors will make contact with the QAT indicating when they would like to visit a particular home. The QAT can then advise when the visit can be accommodated.

4.30 The QAT will invite the relevant ward Councillors to attend planned care home monitoring visits alongside a Quality Assurance Officer.

- 4.32 Councillors will produce a report following any visit undertaken which will be shared with the QAT and care home manager. This may generate an action plan which the provider formulate and share with the Councillor to be monitored until completion.
- 4.33 If there are concerns relating to the home manager or senior staff Councillors will inform the QAT, should any concern require immediate action Councillors can escalate through the Safeguarding process.

Appendices

Appendix 1 – Quality and Contract Monitoring Visit Information	 Quality and Monitoring Visit Infor
Appendix 2 - Supporting Information checklist	 Supporting Information Checklist.
Appendix 3 - Stakeholder feedback form	 Pamms assessment professional consulta
Appendix 4 - Relatives feedback form	 BLANK Family consultation question:
Appendix 5 - PAMMS visit record	 PAMMS VISIT RECORD blank.docx
Appendix 6 - Care Plan Audit	 Care Plan Audit OP Accommodation Haltc
Appendix 7 - Policy review checklist	 Policy review checklist.docx
Appendix 8 – Environmental audit	 Environmental audit.docx
Appendix 9 - Financial audit checklist	 Financial Audit checklist - DRAFT.doc:
Appendix 10 – Medication Audit	 Medicines Management Audit O
Appendix 11 – Staff file audit tool	 Safer recruitment audit (part of governa
Appendix 12 – Training Audit	 Training Audit OP Accommodation.docx
Appendix 13 – Initial feedback form	 Initial Monitoring visit feedback form.doc

Appendix 14 – Evaluation form of providers	 PAMMS Assessment Evaluation Form.docx
Appendix 15 – Councillor Feedback Report	 Councillor Visits to Care Homes - Feedba
Appendix 16 – Provider Self-Assessment	 Provider self assessment.xlsx
Appendix 17 – Focused Visit	 Focused visit report.doc
Appendix 18 – Unannounced Out of Hours Visit	 Unannounced Care Home Visit Report.do
Appendix 19 – Quality and Contract Monitoring Meeting	 Keeping in touch monthly meetings - bl
Appendix 20 – Quarterly Contract Meeting – Supported Living Services	 Supported living performance report 2
Appendix 21 – ECM data and deep dive analysis	  ECM proforma blank BLANK Service User and guidance.xlsx consultation Deep div
Appendix 22 – Provider feedback protocol	  Provider Feedback Form.docx Provider Feedback Protocol 2023.docx  Provider Feedback flow chart 2023.docx
Appendix 23 - Early indicators of concern template	 Early Indicators of Concern Template DR
Appendix 24 – Risk Profile	 Risk Profile Template.docx
Appendix 25 – Report for approval for the suspension of services and Suspension Policy	  Report for approval GUIDANCE ON of the suspension of s SUSPENSION OF CO
Appendix 26 – Core Grant Funding	

Appendix 27 – OOB Validation Process	 Provider Validation Process 2024.docx
Appendix 28 – Information Sharing Group – Terms of Reference	 ISG TOR.docx
Appendix 29 – Business Continuity Plan Checklist	 BCP Checklist April 2024.docx

REPORT TO:	Health Policy and Performance Board
DATE:	11 th February 2025
REPORTING OFFICER:	Executive Director, Adults
PORTFOLIO:	Adult Social Care
SUBJECT:	Home Adaptations for Disabled People Policy and Home Assistance Policy
WARD(S):	Borough Wide

1.0 **PURPOSE OF THE REPORT**

- 1.1 To present the Home Adaptations for Disabled People and Home Assistance Policies

2.0 **RECOMMENDATION:**

RECOMMENDED: That the report be noted.

3.0 **SUPPORTING INFORMATION**

- 3.1 The Home Adaptations for Disabled People Policy is the internal policy for determining eligibility, approval and management of both minor and major housing adaptations requests. The Home Assistance Policy is the corresponding public-facing document, which we must have in place as per the Regulatory Reform (Housing Assistance) Order (RRO) 2002.
- 3.2 A recent review of the policies has considered the government guidance published in March 2022 (*Disabled Facilities Grant (DFG) Delivery: Guidance for Local Authorities in England*).
- 3.3 The initial review was undertaken with input from Adult Social Care (Principal Occupational Therapist and Principal Manager Prevention and Wellbeing Service) and the Project Lead for the Home Improvements Agency. Revisions to the Home Adaptations for Disabled People policy, in relation to reflecting best practice from the guidance or updating the operational practice, were made (*and replicated, where appropriate in the Home Assistance Policy*).
- 3.4 In addition, views on the policy content were sought from a number of 3rd sector stakeholders; MND Association, Alzheimer's Society, Age UK Mid Mersey, Widnes and Runcorn Cancer Support Group, the M.S Society, Halton Carers Centre and the Walton Neurological Centre.

3.5 Stakeholders were invited to provide comment on the draft policies between 2nd October – 23rd October, with two reminder emails sent.

3.6 The only stakeholder organisation to respond was MND Association. Comments from their Service Development Manager are shown in full below;

'Thanks to HBC for developing this policy, given the current difficult climate it's a positive move.

It was great to see noted 4.4 Deteriorating conditions and example MND as potential for priority fast track. I just wondered if there is a policy or guidance around the fast-track process and how this is determined by the assessing professional and that they have awareness around life limiting conditions and especially MND.

I have had experience (not necessarily in Halton) where a person has been assessed but not prioritised as the person assessing hasn't flagged up the priority (no fault of the professional) so I was just interested from an operation perspective (not necessarily policy) on how this works and will work in practice.

Otherwise, many thanks for sharing this in providing the opportunity to feedback'.

3.7 MND Association were thanked for their comments and they were responded to with information provided the Principal Social Worker, as below:

...just wondered if there is a policy or guidance around the fast-track process and how this is determined by the assessing professional and that they have awareness around life limiting conditions and especially MND.

3.8 We cover this in the adult social care guidance around prioritising and use a prioritisation tool. As standard someone with MND is always prioritised due to the rapid life limiting effect this condition has. Screenings are completed by a qualified OT who has expert knowledge.

I was just interested from an operation perspective (not necessarily policy) on how this works and will work in practice.

3.9 As a safeguard, all referrals are overseen by the Practice/Principal Manager daily so even if a mistake did occur with the OT screening, this would immediately be picked up and actioned appropriately. The case is colour coded on Eclipse to highlight the priority. Again, this is falls within the adult social care guidance.

4.0 **POLICY IMPLICATIONS**

4.1 The public-facing Housing Assistance Policy document must be published on our website. Whilst DGF is primarily for adaptations, by publishing a Housing Assistance Policy under the RRO, HBC can use Government funding for the DFG more flexibly to offer other forms assistance such as repairs, or assistance to move, if an applicant's home is unsuitable for adaptation.

5.0 **FINANCIAL IMPLICATIONS**

5.1 HBC has a statutory duty to approve DFG applications which meet the statutory requirements.

5.2 The DFG maximum award (£30k) has not changed since 2008 and recent plans to review this by the Government have been halted. Therefore as cost of living rising, including materials, labour etc it is having an impact on what adaptation work can be completed within the individual funding allocation. Historically extensions may have cost between £35-40k but are now routinely costing over £50k. With our aging population and increasing population of people with very complex needs living at home, this is an area of concern. This is also applicable to minor adaptations, particularly adaptations to accesses.

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

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

Adaptations under DFG can improve the health, wellbeing and ability to live as independently as possible, mitigating or delaying the need for further social care interventions.

6.2 Building a Strong, Sustainable Local Economy

None.

6.3 Supporting Children, Young People and Families

Adaptations under DFG can improve the health, wellbeing and ability to live as independently as possible, mitigating or delaying the need for further social care interventions.

6.4 Tackling Inequality and Helping Those Who Are Most In Need

None.

6.5 Working Towards a Greener Future

None.

6.6 Valuing and Appreciating Halton and Our Community

None.

7.0 **RISK ANALYSIS**

7.1 A risk Assessment is not required.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None.

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

Care Act 2014

Regulatory Reform (Housing Assistance) Order (RRO) 2002.



Home Adaptations for Disabled People

Policy & Procedure

September 2024

Policy, Performance and Customer Care Team

Adult Social Care | Adults Directorate

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Policy Summary

Document name	Home Adaptations for Disabled People
Version	1.0
Publication date	November 2024
Review due date	September 2027
Approved by	October 2024
Status	Mandatory (all named staff must adhere to guidance)
Author	Emma Bragger, Service Development Officer
Contributors	Sara Griffiths – Principal Manager, Prevention and Wellbeing Service Simon Featherstone – Project Lead, Home Improvement Agency
Service area	Adult Social Care
Target audience	All members of staff involved in the provision of housing adaptations, especially: Community Care Workers and Occupational Therapists in the Prevention and Wellbeing Service, Halton Borough Council, Adults Directorate Home Improvement Agency, Independent Living, Adults Directorate
Distribution	Those named as contributors for onward dissemination
Related document(s)	Home Assistance Policy (This is an inter-related policy covering much the same content as this document, but differs in that it is public facing and is required under the Regulatory Reform Order [Housing Assistance] Order 2002 to set out what assistance the Council provides to disabled people for home adaptations) HBC Social Care Guidance
Superseded document(s)	Home Adaptations for Disabled People 2020
Equality Impact Assessment	October 2024
<p><i>If you require this policy or any associated documents in another format (e.g. other languages, easy-read or any other format), please email details of your requirements to: ascservicedevelopment@halton.gov.uk.</i></p>	

1.0 Introduction

- 1.1 This document sets out the policy, procedure and practice associated with the provision of minor and major housing adaptations for disabled people living in Halton.

1.2 Context

- 1.2.1 Through person-centred conversations social care practitioners can build a picture of the person's individual strengths, preferences, aspirations and needs. Housing adaptations are one approach that can facilitate people's independence and minimise the impact of a disabling home environment to help.

- 1.2.2 *'Home adaptations are changes made to the fabric and fixtures of a home to make it safer and easier to get around and to use for everyday tasks like cooking and bathing. Adapting a home environment can help restore or enable independent living, privacy, confidence and dignity for individuals and their families...*

Adaptations give more people the choice to live independently and healthily in their own homes for longer, with fewer people staying in hospital unnecessarily or moving to residential care prematurely when that is not where they want to live. Adaptations can reduce the amount of formal care and support an individual may require, as well as often making the difference between being able to continue living in their current home or not'.ⁱ

1.3 Scope

- 1.3.1 This document is concerned with minor and major adaptations, as defined below. It is **not** concerned with community equipment; the provision of which is covered under a separate policy (see the [Disability Equipment Policy](#)).
- 1.3.2 **Minor adaptations** are structural or non-structural works costing £1,000 or less, for example, handrails, grab rails, stair rails. These are provided free of charge.
- 1.3.3 **Major adaptations** 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).

This document is intended to support Occupational Therapists (OTs) and Community Care Workers (CCWs) based within the Council's Prevention and Wellbeing Service and staff within the Home Improvement Service to follow the local procedures that are in place to ensure that disabled people are provided with the housing adaptations that are required to meet their assessed needs.

2.0 Legislative framework

- 2.1 Legislation relating to the provision of housing adaptations for disabled people is complex and cuts across several areas.

For more information on the legislation relevant to home adaptations, see the [‘Home Adaptations: The Care Act 2014 and related provision across the UK’](#) briefing published by the College of Occupational Therapists in 2016. See also section 2 of the Home Adaptations for Disabled People (2015) guide.

2.2 Social Services

- 2.2.1 The **Care Act 2014** reformed the adult social care system, creating a single, modern piece of law to replace several separate pieces of outdated legislation.

- 2.2.2 Therefore, the legislation relevant to the provision of adaptations for **adults** is laid out in the Care Act 2014. The Act sets out the requirement for local authority social services departments to carry out a needs assessment where it appears that any person for whom they may provide or arrange care and support services needs such services.

- 2.2.3 Section 1 of the Care Act sets out the guiding principle of wellbeing, which local authorities have a duty to promote. Wellbeing is defined as being made up of nine components, several of which could be influenced by the provision of adaptations (particularly, the suitability of accommodation, dignity, emotional wellbeing, and control over day-to-day life).

- 2.2.4 Section 2 of the Care Act places a duty on local authorities to prevent, delay or reduce the needs of adults for care and support and the needs of informal carers for support. Minor adaptations are likely to feature strongly amongst preventative services.

- 2.2.5 Eligibility under the Care Act is determined through three key questions:

1. Does the adult have care and support needs arising from, or related to, a physical or mental impairment?
2. Is the adult unable to achieve at least two of the outcomes* listed in the regulations?
3. Consequently, is there, or is there likely to be, a significant impact on the adult’s wellbeing?

**The outcomes listed in the Care Act regulations are (many of which are affected by the provision of adaptations):*

- *Managing and maintaining nutrition;*
- *Maintaining personal hygiene;*
- *Managing toilet needs;*

- *Being appropriately clothed;*
- *Being able to make use of the adult's home safely;*
- *Maintaining a habitable home environment;*
- *Developing and maintaining family or other personal relationships;*
- *Accessing and engaging in work, training, education or volunteering;*
- *Making use of necessary facilities or services in the local community;*
- *Carrying out any caring responsibilities the adult has for a child.*

2.2.6 If all three questions are answered **yes**, there are eligible needs, which the local authority has a duty to meet (assuming the adult is ordinarily resident in the area), unless there is an informal carer able and willing to meet the needs.

2.2.7 Similarly, local authorities are **not** required to meet the need if it can be met through another statutory route (e.g. DFG or NHS continuing healthcare) and they are only required to meet the need in the most cost-effective way.

2.2.8 Local authorities are permitted to conduct a means test with a view to charging for services, except in the case of minor adaptations costing £1,000 or less, which the regulations state local authorities must not charge for.

2.2.9 It is also important to note that the Care Act represents a change of approach to informal carers; they have the right to be assessed against specific eligibility criteria for carers and, if they meet it, the local authority has a duty to meet their needs for support. Those needs can be met either by arranging provision for the carer or the adult and adaptations might be one way of meeting such needs.

2.3 Children

2.3.1 The Care Act **does not** apply to children (other than the provisions regarding transition from childhood to adulthood). For **children**, the legislation covering the provision of adaptations is set out in the **Children Act 1989** and the **Chronically Sick and Disabled Persons Act 1970 (CSDPA 1970)**, which was repealed by the Care Act for adults but remains in place for children.

2.3.2 Section 2 of the **CSDPA 1970** states that local authority social services departments may discharge their duties by providing adaptations. It also states that there is a duty to ensure that disabled people get the assistance they need, particularly in cases where needs cannot be met through a DFG.

2.3.3 Section 17 of the **Children Act 1989** includes a general duty for local authorities to safeguard and promote the welfare of children in need (which includes disabled children), which would include the provision of major adaptations.

2.3.4 The **Children and Families Act 2014** (which reformed special education law) is also of some relevance, as Section 37 states that anything provided for a child under section 2 of the CSDPA 1970 must be contained within the Education, Health and Care (EHC) Plan (a document that sets out a child or young person's education, health and social care needs). This would therefore include any adaptations.

2.4 Housing

2.4.1 The legislation concerning the provision of Disabled Facilities Grants (DFGs) is covered within the **Housing Grants, Construction and Regeneration Act 1996 (HGCRA 1996)**. This Act is unaffected by the Care Act and the right to apply for a DFG is absolute. For major adaptations, the HGCRA 1996 is usually the first port of call.

2.4.2 Eligibility for a DFG is determined by establishing whether:

- There is a disabled* occupant;
- The proposed adaptations fall within the prescribed list of purposes;
- The works are necessary and appropriate; and
- They are reasonable and practicable.

**For the purposes of a DFG, a person is disabled if:*

- *Their sight, hearing or speech is substantially impaired;*
- *They have a mental disorder or impairment of any kind; or*
- *They are physically substantially disabled by illness, injury, impairment present since birth, or otherwise.*

2.4.3 The maximum amount awarded under a DFG is £30,000. This is also subject to a deduction as a result of a means test in the case of adults but not children.

2.4.4 There is a further piece of housing legislation of relevance to adaptations – the **Regulatory Reform (Housing Assistance) Order (RRO) 2002**, which gives local authority housing departments the discretion to assist with local housing, including adaptations. If needs are not met (or not met in full) under the HGCRA 1996, the RRO 2002 can be used, and this would mean that social services departments would not need to step in under the provisions of the Care Act.

2.4.5 There is no restriction on the amount of assistance that can be provided under the RRO 2002 and it may be in addition or as an alternative to a mandatory DFG. It may be used, for example, to avoid the procedural complexities of mandatory DFGs or to top-up the level of assistance provided through a DFG where the local authority believes the DFG assistance is insufficient to meet the level of need. It may also be used to assist with the acquisition of alternative accommodation in cases where the local authority is satisfied that this would benefit the occupant at least as much as adapting their existing accommodation.

2.4.6 In order to make use of the RRO 2002, local authorities must have a published policy setting out what use they intend to make of the power. See the Home Assistance Policy.

2.5 Health

2.5.1 In some cases, the provision of adaptations may be the responsibility of the National Health Service (NHS). The [NHS Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) Regulations](#)

[2012](#) state that if a person's needs amount to a **primary health need**, and thus constitute a continuing healthcare need, **the person's package of care must be arranged and funded solely by the NHS**. In addition, section 22 of the Care Act prohibits social services from doing anything that the NHS is required to do.

2.5.2 The position in relation to continuing care is less clear for children than it is for adults but as stated in the College of Occupational Therapists' briefing "the more closely related the adaptation is to the treatment of a complex health condition or essential medical need, the stronger the argument may become that the NHS should arrange or at least assist with an adaptation".

3.0 Underlying principles

3.1 Adaptations will be provided within the context of the following principles:

3.2 Stepped approach

3.2.1 When considering the need for adaptations the following stepped approach will be used:

1. Consideration as to whether a different way of approaching tasks, rearranging the layout of the property and/or provision of equipment and /or minor adaptations may meet needs, reduce risks, and alleviate the need for more major adaptation work.
2. Where it is established that major adaptations are required, the adaptation should be done within the existing footprint of the property.
3. Where extensive major adaptations are required, consider the possibility of assisting the disabled person to move to more suitable accommodation.
4. **(FOR DFG)** Should the adaptation required be beyond the scope of the existing footprint of the property and the possibility of relocating has been explored and ruled out, an extension within the boundary of the property to accommodate the required adaptation can be considered.

3.3 Best value and cost effectiveness

3.3.1 Best value requirements demand that local authorities seek to spend money cost effectively. It therefore follows that:

- Although the disabled person's preference will be considered, it is not the only consideration. The most cost-effective solution, that also meets the disabled person's needs, should be found,
- The stepped approach to considering the extent of adaptations will be used. If a more expensive option is available, the disabled person can pay the additional costs, provided that the adaptation is consistent with the needs of the disabled person and DFG processes.
- Alternative housing will be recommended if a more suitable property would remove the need for extensive adaptations or if adaptations are not technically feasible in the current property.
- For the most complex cases there is some discretion as to the level of flexibility that may be exercised in applying the processes detailed in this policy. The

Principal Manager of the Prevention and Wellbeing Service and the Home Improvement Agency Project Manager meet regularly to assess the most appropriate way forward for the most complex cases.

3.3.2 Additional considerations

- The planning of adaptations should take account of the disabled person's **current and long-term needs**.
- There must be **due consideration** given to a person's religious, cultural, and ethnic background.
- The disabled person and their family/carers will be **consulted at all stages** of the process and provided with adequate information on which to base their decisions.
- Staff will always **carefully record their evidence**, reasoning, and conclusions in determining the course of action they will follow, in conjunction with the disabled person and taking their views into account.
- Major adaptations cannot be considered until the disabled person has **completed all recommended treatments and rehabilitation**. *However*, interim help may be given through the provision of specialist equipment and/or minor adaptations.
- Adaptations are **not a means of providing additional bedrooms** to alleviate issues of overcrowding.
- **Adaptations will not be provided to repair or replace features** in the property which the homeowner has failed to regularly and adequately maintain e.g. poorly maintained doors or windows resulting in difficulties in opening or poorly maintained, broken or leaking sanitary ware requiring replacement.

3.3.3 Where funding for adaptations is provided through a DFG or by Social Services and the service user subsequently receives payment in respect of an insurance, damages or personal injury claim that includes an amount towards adapting their home, they will be expected to repay the grant so far as is appropriate out of the proceeds of any claim.

4.0 Procedure

4.1 Assessment and Eligibility

4.1.1 There are several legal avenues for the provision of home adaptations for disabled people. Assessment will take place to determine eligibility in line with the criteria under a relevant legislation described in the table below.

Legal avenue	Adaptations provided
Assistance from local authority social services departments in line with the Care Act 2014 (for adults) and the Children Act 1989 / Chronically Sick and Disabled Persons Act 1970 (for children).	<ul style="list-style-type: none"> • Minor adaptations for owner-occupiers and tenants in the private rented sector (those in housing association properties will have minor adaptations provided by their landlord) • Major adaptations funded through the Social Services Panel process (via a Discretionary Support Loan)
Mandatory assistance (subject to eligibility) from local authority housing departments through a DFG in line with the Housing Grants, Construction and Regeneration Act 1996.	<ul style="list-style-type: none"> • Major adaptations funded through DFGs either using or not the Home Improvement Agency route
Discretionary assistance from local authority housing departments through local policies developed under the Regulatory Reform (Housing Assistance) Order 2002.	<ul style="list-style-type: none"> • Major adaptations through the Housing Association joint funded route • Stair lifts • Ceiling track hoists • At its discretion, the Council may offer loan assistance to help a disabled person in a privately owned dwelling to move to a different property if it is not reasonable or practicable to adapt the present home. The disabled person must have been resident in the borough for a period of 3 years and the new home must be considered suitable or capable of being made suitable for the needs of the disabled person.

4.2 The assessment process

- 4.2.1 Initially, the needs of a disabled person and any carer will be assessed by an Occupational Therapist (OT) or Community Care Worker (CCW) based within the Prevention and Assessment Service.
- 4.2.2 During the initial assessment process staff will gather information about the person's condition, consider which/how adaptations could enable them to maximise their independence in carrying out daily tasks using a balanced risk-taking approach, and explore whether all appropriate treatments, including rehabilitation, have been received.
- 4.2.3 Medical opinion and advice will be requested to clarify the nature and extent of the person's diagnosis and prognosis and identify any potential contraindications or risk created by proposed solutions.

- 4.2.4 In considering solutions to improving a person's independence, in line with a stepped, strengths based approach, alternative methods of meeting people's needs (other than the provision of major adaptations) will always be considered first.

4.3 Involving the disabled person and their family/carers

- 4.3.1 The disabled person and their family/carers will be fully involved in the assessment process and their views will be considered.
- 4.3.2 The amount of care and support provided by relatives and carers, and the type and size of equipment used, will be taken account of when determining the space requirements of any proposed adaptations.
- 4.3.3 A consensus on the final proposals for adaptations must be sought between the disabled person, their family/carers and other members of the household along with other agencies, where appropriate.
- 4.3.4 At all stages the disabled person and their family/carers must be provided with adequate information on which to base their decisions.

4.4 Deteriorating conditions

- 4.4.1 Assessments will always take account of the person's current and long-term needs, particularly if the person has a condition that is likely to deteriorate over time.
- 4.4.2 Age and/or prognosis alone should not be a barrier to the provision of adaptations.
- 4.4.3 Due to the length of time required for building works, each case in which there is a deteriorating condition will be triaged by the Prevention and Wellbeing Service Principal Manager and Home Improvement Agency Project Manager. Where appropriate, and subject to clinical agreement, they can recommend that those with any condition that is likely to result in rapid deterioration, is highly debilitating or where the care is considered palliative and adaptations remain appropriate, follow the priority fast-track process. Such circumstances where it is appropriate for the fast-track process may include conditions such as MND or cancers, for example.

4.5 Assessing a child's need for adaptations

- 4.5.1 The provision of adaptations to the family home where there is a disabled child or young person can be a complex process. Planning adaptations for children needs to take account of their ability to grow, develop and increase in weight. Therefore, recommendations need to be appropriate for their level of development and their potential and future needs.
- 4.5.2 Any assessment or review of need must include the views of the child or young person and their parents. The assessment must take account of the child's

developmental needs, the needs of parents as carers and the needs of other children in the family.

4.5.3 With children it is not always possible to determine their long-term needs, particularly if they are receiving treatment or training to improve their level of independence, or if they have not yet reached their developmental milestones. In these situations, the provision of equipment and/or minor adaptations may be the best immediate solution while gathering all the relevant information on which to predict the child's future needs. In relation to behaviours of concern, understanding the purpose of the behaviour, the impact of the environment on the senses and understanding what happens in other environments and situations is needed. [Developing best practice principals for Children and Others referred for adaptations where behaviours of concern have been identified. Foundations 2024.](#)

4.5.4 Occupational Therapists will consult widely with all those involved in providing the child's care and treatment to gain an appreciation of potential longer term needs.

4.6 Minor Adaptations

4.6.1 Minor adaptations are relatively small and inexpensive and can be defined as structural or non-structural works (see list below) costing £1,000 or less (this may be the cost of a single item or a combination of items). See *the Minor Adaptations Criteria and Guidance at appendix 1*.

4.6.2 It is accepted practice that minor adaptations costing £1,000 or less will be provided free of charge to the individual. HBC social services will fund minor adaptations for owner occupiers *and* private tenants.

4.6.3 Housing associations will fund minor adaptations for their tenants, and many of the larger housing associations accept self-referrals (further information should be obtained from individual housing associations). Cost-related criteria may vary between local housing providers meaning that the definition of items as either minor or major adaptations may also differ.

4.6.4 **Structural minor adaptations:**

- Handrails – external
- Half steps
- Extra paving to widen pathways
- Re-siting of sockets
- Additional sockets
- Re-location of light switches
- Re-hanging of doors
- Re-location of radiators
- Widening of doorways – key access points
- Compressible threshold
- Alter position of WC
- Lowering of shower controls
- Alterations to service meter cupboard
- Trim window sill
- Trim newel post

4.6.5 ***Non-structural minor adaptations:***

- Grab rails
- Stair rails – not the primary rail
- Lever taps
- Drop down rails
- Floor fixing of toilet frames
- Spatulate WC handles
- Lower wall cupboards/worktop

- Change door handles/kitchen door handles
- Flashing light door bells
- Smoke alarm alerts
- Door and wall protectors
- Intercom door release system
- Toilet plinth
- Microphone pick up units

4.6.6 The majority of minor adaptations are provided within 7 days, apart from external adaptations, door widening and WC alterations, which are provided within 4 weeks.

4.7 Major Adaptations

4.7.1 Major adaptations are more substantial items ranging from level access showers to ground floor extensions. See the Major Adaptations Practice Guidance at appendix 2.

4.7.2 There are several different arrangements in place with regards to the provision of major adaptations depending on the type of adaptation and the tenure of the property:

1. Disabled Facilities Grant (DFG) route, which can be either using the Home Improvement Agency (HIA) or not using the HIA;
2. Non-DFG Housing Association joint funded route;
3. Non-DFG route for ceiling hoists;
4. Non-DFG route via Panel (Discretionary Support Loan).

Each route is covered in more detail in the following sections.

4.8 Major Adaptations – DFG route

4.8.1 These are mandatory grants to fund eligible works up to the statutory maximum (currently £30,000 including all professional fees, VAT and any client contribution etc.). See appendix 3 for the guidance notes regarding the purposes for which a DFG may be given. See appendix 4 for the DFG leaflet which is available for prospective applicants.

4.8.2 All grants are subject to a financial means test, except in the case of children. The financial assessment may result in the disabled person making a full or part contribution towards the cost of the adaptation. A DFG may fund major adaptations or minor works totalling more than £1,000, following a full assessment of need.

Although tenants of Housing Associations can apply for these grants, Halton has separate streamlined arrangements in place through partnership working arrangements with most Housing Associations.

4.8.3 Under the Housing Grants, Construction and Regeneration Act 1996 all adaptations provided through a DFG must be '**necessary and appropriate**' and '**reasonable and practicable**'.

4.8.4 To be '**necessary & appropriate**', adaptations recommended by Occupational Therapist / Community Care Workers must be required to enable the disabled person to remain in the dwelling with a great degree of independence or to enable their carer to take care of them. The needs of the disabled person should be wholly or substantially met by the proposed adaptation.

4.8.5 Recommendations are subject to technical feasibility. If the proposed adaptations cannot be achieved within the existing footprint of the home, some people may find that their needs may be best met by support for re-housing to more suitable adapted accommodation or to accommodation that can be adapted.

4.8.6 The local housing authority must also decide whether the works are '**reasonable and practicable**'. This decision relates to the age and condition of the dwelling, i.e.:

- The architectural and structural characteristics of the dwelling, which may render certain types of adaptations inappropriate;
- The practicalities of carrying out adaptations to smaller or older properties where limited access could make wheelchair use difficult;
- The courts have stated that where the works would be abnormally expensive, due to the age and condition of the property, the local authority can take this into account when making a decision. However, a general lack of resources and insufficient budget alone cannot justify a decision that the works are not 'reasonable and practicable'.

DFG flexibility

- 4.8.7 The Council will agree the most suitable and cost-effective scheme to meet the needs of the disabled person and will award a DFG based on the eligible costs.
- 4.8.8 In the event of the applicant deciding to carry out additional works or choosing to provide the adaptations in a different way, then the Council will only pay the cost of the Council's recommended scheme and the applicant will be required to pay for any additional costs.
- 4.8.9 The Council will also only make the payment if the revised scheme is considered to meet the needs of the disabled person. In these circumstances, the Council is unable to provide the services of the Home Improvement Agency.

Halton Home Improvement Agency (optional service; fees apply)

- 4.8.10 The Council's Home Improvement Agency (HIA) provides a full agency service to owner occupiers and private tenants applying for a Disabled Facilities Grant. This ranges from initial help and advice in the completion of the application forms to a full architectural design and contract administration. *DFG using the HIA: Appendix 5 describes the process when using the HIA route and a process flow chart is included at appendix 6. Appendix 7 details the range of letters, leaflets, forms and memos that are used during the process. Appendix 8 is a leaflet for service users detailing the help provided by the HIA.*
- DFG not using the HIA: Appendix 9 describes the DFG process when not using the HIA.*
- 4.8.11 **Note:** Clients not wishing to use the in-house HIA can engage their own agent/designer to assist with the DFG funded works. Reasonable professional fees can be considered as part of the DFG award.

Land Charges /Repayment of Grant (DFG)

- 4.8.12 In Halton, land charges are placed on all owner-occupied properties where the DFG exceeds £5k, to recover some of the cost of the grant if the property is sold, transferred, or ceases to become the main residence of the disabled person within 10 years of completion of the works.
- 4.8.13 This will apply where the DFG is for more than £5,000 and the Council may then require repayment of that part of the grant, which is more than £5,000 up to a maximum of £10,000. However, repayment can be waived in some circumstances and at the discretion of HBC.

5.0 Major adaptations – Housing Association joint funded route

- 5.1 A Joint Funding Agreement is in place with most local housing associations

through which the Council and the housing association each pay 50% of the cost of the eligible adaptation work (subject to the availability of resources by both parties). The Housing Association will organise and deliver the adaptations; on completion they will invoice the Council for the agreed amount. *See the Process for Major Adaptations in Housing Association Properties at appendix 10 and the HBC/Housing Association Joint Funding Agreement at appendix 11.*

5.2 Tenants living in properties owned by Housing Associations, which have not participated in the joint funding agreement with the Council, can apply for a DFG to fund the eligible works.

5.3 Major adaptations – non-DFG route for ceiling hoists

5.3.1 Those who are assessed to need a ceiling hoist will have one provided via the Council's contract with the supplier. There is no means testing. The hoists are provided with a 5-year extended warranty, which aligns with the life cycle of the hoist. After this point, if there is continued eligible need it is anticipated that a new hoist would be supplied, again with a 5-year warranty.

5.4 Major adaptations – non-DFG route via Panel (Discretionary Support Loan)

5.4.1 A Discretionary Support Loan may be granted in exceptional circumstances to fund a shortfall in contributions due to financial hardship, this would be subject to a land charge. *See appendix 15 for more information on the Discretionary Support Loan / Panel process.*

Occupational Therapists/ Community Care Workers can advise service users to apply to Panel if:

- They report an inability to pay their assessed contribution towards major adaptations.
- The major adaptations are more than £30,000 (current DFG ceiling) and they report an inability to pay.

5.5 Major adaptations – VAT, warranties, maintenance and removal

5.5.1 Most items of equipment and building work will be covered by warranties for the first six months from completion. Some items may be covered for a longer period.

5.5.2 The disabled person and their family/carers must be supplied with information on which items are covered and for what period and who has ownership and responsibility for ongoing servicing and maintenance after the warranty period.

5.5.3 The responsibility for ongoing servicing and maintenance varies depending on the type of adaptation, the tenure of the property and how the works were funded, as described in the table overleaf:

5.5.4 HBC are ineligible to claim back the VAT on these works, as although we are installing the equipment, ownership is then passed onto the client. HBC staff should arrange with the supplier to receive a copy of their zero VAT declaration documents and ensure that these are completed by the end user when the adaption works are agreed and prior to the invoices being raised. This will ensure that no VAT element is charged to HBC. Without this the supplier will continue to charge VAT to HBC resulting in higher costs being paid for the works.

Funding route/ type of adaptation	Responsibility for maintenance
DFG funded / Discretionary Support Loan via Social Services Panel	The standard position is that once items are installed they become the property of the individual who is therefore responsible for any ongoing servicing, maintenance and repair as necessary. The Council will secure an extended warranty for some pieces of equipment (mechanical lifts, wash/dry toilets and adjustable height products). The Council will also provide information as to how the individual can make their own arrangements for ongoing maintenance (e.g. by purchasing a warranty).
Housing Association properties	Either the tenant or their landlord will be responsible but practice varies according to the policies of the various Housing Associations. Tenants should check with their Housing Association (landlord) if they are unsure.
Stair lifts	Stair lifts are provided with a period of extended warranty (five years in total) at the point of installation, after which point they become the responsibility of the individual.
Ceiling hoists	Hoists are provided with a 10 year extended warranty, which aligns with the life cycle of the hoist. After this point, if there is continued eligible need it is anticipated that a new hoist would be supplied, again with a 10 year warranty; responsibility for ongoing repair and maintenance of ceiling hoists will not transfer to individuals.

5.5.4 It should be noted that a person cannot have a DFG for the same item twice, apart from mechanical lifts that are unrepairable or have reached the end of their life; a report as proof of this would be required.

5.5.5 In cases where the Council retains ownership of an item, the Council may recover the item if it is no longer required and/or at the request of the homeowner. It may then be re-used as appropriate for another disabled person.

- 5.5.6. Removal of some types of adaptations, for example through floor lifts and step lifts may cause damage to or disturb ceilings, walls, floors and floor coverings. Where ceilings, walls or floors are damaged or disturbed, the areas will be 'made good' by Halton Borough Council to a standard appropriate for re-decoration by the homeowner. Where carpets/floor coverings are cut and/or re-laid, they will be checked for safety but not replaced.
- 5.5.7 Where removal of bathroom adaptations, for example, clos-o-mat WCs and hi-lo baths, necessitates replacement of sanitary fittings, the Council will fund the cost of the basic item only and 'making good' to a standard appropriate for re-decoration by the homeowner.
- 5.5.8 Where items have been re-located or associated works have been carried out to make way for the adaptation, for example heating, sockets, meter cupboards, lowered kitchen worktop etc. they will be left in position following removal of the adaptation.

6.0 Complaints and feedback

- 6.1 If disabled people and/or their family/carers are dissatisfied with the way in which the policy has been applied to them, or if they have other concerns e.g. about the quality of the service they have received or the behaviour of staff, they can access the social services complaints procedure at any time. More information on the complaints procedure is available on HBC's website:

[Adult Social Care](#)

[Children's Social Care](#)

- 6.2 The Home Improvement Service routinely sends out feedback questionnaires following the completion of DFG works in order to monitor the quality-of-service provision.

Appendices

Appendix	Document Name	Date of last update
1  IR9b Home Adaptations Policy Ap	Minor Adaptations Criteria and Guidance	April 2024
2  IR9b Home Adaptations Policy Ap	Major Adaptations Practice Guidance	April 2024

Appendix	Document Name	Date of last update
3  IR9b Home Adaptations Policy Ap	Purposes for which a DFG may be given – Guidance Notes (2015)	2015
4  IR9b Home Adaptations Policy Ap	DFG leaflet	July 2019
5  IR9b Home Adaptations Policy Ap	DFG process – HIA route	January 2018
6  IR9b Home Adaptations Policy Ap	Major Adaptations process flow chart (DFG route using HIA)	January 2018
7  IR9b Home Adaptations Policy Ap	HIA DFG process – forms, letters, leaflets, memos	November 2017
8  IR9b Home Adaptations Policy Ap	DFG using HIA leaflet	July 2019
9  IR9b Home Adaptations Policy Ap	DFG process non-HIA (private) route	November 2017
10  IR9b Home Adaptations Policy Ap	HBC process for major adaptations – RSL (housing association) properties	April 2019
11  IR9b Home Adaptations Policy Ap	RSL Joint Funding Agreement 2019-20 (agreement between the council and housing associations)	April 2019

Appendix	Document Name	Date of last update
12  IR9b Home Adaptations Policy Ap	Stair lift grant process	April 2019
13  IR9b Home Adaptations Policy Ap	Stair lift process flow chart	April 2024
14  IR9b Home Adaptations Policy Ap	Stair lift leaflet	July 2019
15  IR9b Home Adaptations Policy Ap	Discretionary Support Loan Process for Major Adaptations	August 2019

ⁱ [Disabled Facilities Grant \(DFG\) delivery: Guidance for local authorities in England](#)
 Published 28 March 2022



Home Assistance Policy

For disabled people wishing to apply for adaptations to their home



2024-2027

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1.0 Introduction

Purpose of the Policy

- 1.1 This policy describes how Halton Borough Council (HBC) will use its powers under the *Regulatory Reform (Housing Assistance) (England and Wales) Order 2002* to provide home adaptations for disabled people. These powers enable HBC to give assistance to people directly or to provide assistance through a third party such as a Home Improvement Agency.
- 1.2 Working with our partners across health and social care in exercising our powers, Halton considers a flexible use of DFG funding alongside other sources of funding to provide home adaptations, including minor adaptations, so that people with disabilities can adapt their home to meet their needs and they are able to continue living safely and independently at home.

How this policy supports Halton Borough Council's aims

- 1.3 This policy contributes towards the local authority's strategic aims, objectives and priorities, as identified in Halton's Sustainable Community Strategy 2011-2026, that sets out a vision for Halton:

"Halton will be a thriving and vibrant Borough where people can learn and develop their skills; enjoy a good quality of life with good health; a high quality, modern urban environment; the opportunity for all to fulfil their potential; greater wealth and equality; sustained by a thriving business community; and safer, stronger and more attractive neighbourhoods."

- 1.4 The Council's [Corporate Plan 2024-2029](#) supports this vision and describes how it will be realised through the following strategic priorities:

- **A Healthy Halton**
- Environment and Regeneration in Halton
- Employment, Learning & Skills in Halton
- Children & Young People in Halton
- A Safer Halton

This Home Assistance Policy contributes to the **'Healthy Halton'** priority, which is:

"To improve the health and wellbeing of Halton people so they live longer, healthier and happier lives."

2.0 Funding source

2.1 The assistance offered through this policy will be funded through the DFG allocation received from the Ministry of Housing, Communities & Local Government.

2.2 **Except for statutory DFGs, any additional financial assistance provided is at the discretion of the Council and is subject to financial resources being available.**

4.0 Review and monitoring

4.1 This policy will be reviewed in 2027, or at any other time as deemed necessary due to changes in funding or legislation.

4.2 As part of HBC's commitment to continuous improvement, the quality and performance in relation to the application of this policy will be regularly monitored through a range of established internal mechanisms.

4.3 Customers' views and experiences of the services provided, and their needs and expectations for future services, will also be used when reviewing the policy.

5.0 Types of assistance available

The sections below provide a description of the types of assistance available and the circumstances in which people will be eligible for assistance.

5.1 Disabled Facilities Grants (DFGs)

This is mandatory grant to provide housing adaptations to enable disabled people to live independently at home.

Typically for works to allow individuals to

- get in and out of their home more easily
- to move around their home safely
- to improve access to bathing and toileting facilities.

The DFG scheme is statutory meaning that the rules and regulations are set out in law rather than Council policy.

The purposes for which a grant must or may be given are described in Section 23 of the Housing Grants, Construction and Regeneration Act 1996¹.

More information is available at

<https://www.gov.uk/disabled-facilities-grants>

Eligibility criteria	Eligible need assessed by HBC Social Services. Subject to a means test (financial assessment), except in the case of children.
Amount available	For works costing over £1,000 up to a maximum of £30,000. The Council will award Disabled Facilities Grants up to the statutory maximum (currently £30,000 including all professional and planning fees, VAT and any client contribution etc.).
Charges and fees	If the property is disposed of (whether by sale, assignment, transfer or otherwise) within 10 years of works being completed, grant monies exceeding £5,000 are repayable up to a maximum of £10,000. The Council will place a land charge on the property to reclaim the grant when the property is disposed of. The Council may agree to waive repayment of DFG in certain cases. Please see Appendix 1 for the DFG Repayment Policy. The Council has an optional Home Improvement Agency (HIA) service, available to owner occupiers and private tenants applying for a DFG; there is a charge for this service, however, the fee can be included within the DFG award as professional fees. The Council reserves the right to charge the applicant for agency services if the applicant withdraws from the scheme.
Conditions	The detailed scheme conditions are set out in Part 1 of the Housing Grants, Construction and Regeneration Act 1996. The application will only be approved if the proposed works are necessary and appropriate to meet the needs of the disabled person and reasonable and practicable to achieve taking into account the nature, age, layout and condition of the property. The Council will agree the most suitable and cost-effective scheme to meet the needs of the disabled person and will award

¹ <http://www.legislation.gov.uk/ukpga/1996/53/section/23>

	<p>a DFG based on the eligible costs. In the event of the applicant deciding to carry out additional works or choosing to provide the adaptations in a different way, then the Council will only pay the cost of the Council's recommended scheme and the applicant will be required to pay for any additional costs. The Council will also only make the payment if the revised scheme is considered to meet the needs of the disabled person. In these circumstances, the Council is unable to provide the services of the Home Improvement Agency.</p> <p>Mechanical lifts, wash/dry toilets and adjustable height products will be provided with an extended warranty for a period of five years. After this period, the item becomes the responsibility of the individual in terms of ongoing maintenance and repair.</p>
<p>Application process</p>	<p>The first step in making an application is to call the Council's Contact Centre number for Adult Social Care on 0151 907 8306 or visit one of the Halton Direct Links at Halton Lea, Runcorn or Brook Street, Widnes.</p> <p>Eligible need to be assessed by one of the Council's Occupational Therapists (OT) or Community Care Workers (CCW) and identification of the necessary and appropriate adaptations works.</p> <p>An Initial Financial Assessment (means test) will also be carried out to establish DFG eligibility (form to be completed by the customer).</p> <p>If applicants choose to use the Council's in-house HIA to arrange the DFG work: the OT/CCW will send a referral to the HIA who will assist the customer in arranging the work (by preparing plans/quotes/ contract administration etc.) and applying for the DFG.</p> <p>If the applicant is arranging the DFG work themselves: the OT/CCW will send a DFG referral to the Council's Housing Grants Section. A grants inspection of the property will be carried out and DFG application forms and grant schedule will be issued to the customer for them to complete and return.</p> <p>Referrals will normally be dealt with in the order of being received, however, on occasions they may be prioritised in consultation with the Occupational Therapist or Community Care Worker according to the relative urgency of the works after taking account of the applicant's circumstances.</p>

5.2 Discretionary Support Loan

Discretionary support in the form of a loan (repayable once the property is sold or transferred) may be available as a 'top-up' in connection with DFGs or Stair Lift Grants, particularly where the works exceed the maximum grant limit.

<p>Eligibility criteria</p>	<p>Eligible need assessed by HBC Social Services.</p> <p>Only where the disabled person, or couple, has savings and capital below the upper capital limit as set out by the Care Act would this form of assistance be considered.</p> <p>Where the disabled person does not qualify for a Disabled Facilities Grant i.e. their assessed borrowing power exceeds the costs of the work, they would not be considered for assistance.</p> <p>Financial assistance is discretionary and will be made available subject to the Council having adequate resources.</p> <p>This assistance will be available to owner-occupiers and private tenants but not Housing Association tenants. In the case of Housing Association tenants, the expectation is that the landlord Housing Association will make up any shortfall.</p>
<p>Amount available</p>	<p>Each case will be considered on case by case basis and considered by the Discretionary Support Loan panel.</p>
<p>Charges and fees</p>	<p>If the property is disposed of (whether by sale, assignment, transfer or otherwise) within 10 years of works being completed, the loan will be subject to repayment in full.</p> <p>The Council will place a land charge on the property to reclaim the loan when the property is disposed of.</p> <p>The Council may agree to waive repayment in certain cases in line with the circumstances under which repayment of a DFG would be waived. Please see Appendix 1 for the DFG Repayment Policy.</p>
<p>Conditions</p>	<p>This discretionary assistance will be considered for funding home adaptation works which are deemed as being necessary and appropriate by the Council's Major Adaptations Service in the following circumstances:</p> <ul style="list-style-type: none"> • Following the means test there is a financial contribution, and the disabled person reports an inability to pay their assessed contribution towards major adaptations; or

	<ul style="list-style-type: none"> The major adaptations are more than £30,000 and the disabled person reports an inability to pay the additional costs. <p>In the case of applications for DFG on behalf of a disabled child where no means test has been carried out, the applicants acting on behalf of the disabled child will be required to provide information to assist with the assessment for the discretionary assistance.</p> <p>Mechanical lifts, wash/dry toilets and adjustable height products will be provided with an extended warranty for a period of five years. After this period, the item becomes the responsibility of the individual in terms of ongoing maintenance and repair.</p>
Application process	Any requirement for additional support will be identified as part of the DFG application. The applicant will be required to complete a separate Application Form so that the Council can determine whether a Discretionary Support Loan can be provided. The decision is made by a Panel of Social Care professionals.

5.3 Joint Funding Arrangement with Housing Associations

A Joint Funding Agreement is in place with most of the local housing associations through which the Council and the housing association each pay 50% of the cost of the eligible adaptation work (subject to the availability of resources by both parties).

Eligibility criteria	<p>Eligible need assessed by HBC Social Services.</p> <p>Tenants living in properties owned by Housing Associations that have not participated in the joint funding agreement with the Council, can apply for a DFG to fund the eligible works.</p>
Amount available	For works costing over £1,000 up to a maximum of £30,000 (£15k from Housing Association and £15k from the Council).
Charges and fees	There is no means test (financial assessment) required.
Conditions	Adaptation work to be completed with 12 months of funding being agreed.
Application process	The first step in making an application is to call the Council's Contact Centre number for Adult Social Care on 0151 907 8306

	<p>or visit one of the Halton Direct Links at Halton Lea, Runcorn or Brook Street, Widnes.</p> <p>Eligible need to be assessed by one of the Council's Occupational Therapists (OT) or Community Care Workers (CCW) and identification of the necessary and appropriate adaptations works.</p> <p>The OT/CCW will send a referral to the Housing Association, who will gather the information required (plans / quotes etc.) and submit a funding request to the council for 50% of the cost. On agreement of funding, the Housing Association will organise and deliver the adaptations and on completion they will invoice the Council for the agreed amount.</p>
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5.4 Stair Lift Grant

The Council provides grants to help pay for a stair lift to make it easier for those with disabilities to access the first floor of their home, therefore retaining independence. It is a local means tested grant that can be used towards the cost of a stair lift. The Council will arrange installation via an approved supplier. Stair lifts are provided outside of the full DFG process.

Eligibility criteria	<p>Eligible need assessed by HBC Social Services.</p> <p>Subject to a means test (financial assessment), except in the case of children.</p>
Amount available	<p>This depends on the cost of the lift required and the financial situation of the individual; it is a means tested grant based on a financial assessment (with exceptions for children and young people).</p>
Charges and fees	<p>This application will involve a means test in line with that used as part of the DFG application process, which may result in the individual having to contribute (in part or full) to the cost of the stair lift and associated works.</p>
Conditions	<p>The Council must consider the stair lift to be necessary and appropriate and that the works are reasonable and practicable.</p> <p>When the grant is agreed (together with any assessed contribution that the individual may have to pay towards the cost of the lift), the Council will arrange installation using their approved supplier.</p>

	Stair lifts are installed with an extended warranty for a period of five years. After this period, the lift becomes the responsibility of the individual in terms of ongoing maintenance and repair.
Application process	<p>The first step in making an application is to call the Council's Contact Centre number for Adult Social Care on 0151 907 8306 or visit one of the Halton Direct Links at Halton Lea, Runcorn or Brook Street, Widnes.</p> <p>Eligible need will be assessed by one of the Council's Occupational Therapists (OT) or Community Care Workers (CCW).</p> <p>A financial assessment (means test) will also be carried out to establish stair lift grant eligibility (form to be completed by the customer).</p>

5.6 Ceiling Track Hoists

Ceiling Track Hoists are provided by the Council to assist disabled people to retain independence and quality of life at home. They can also support caregivers in their caring role. Hoists are provided outside of the full DFG process, allowing a timely response.

Eligibility criteria	Eligible need assessed by HBC Social Services.
Amount available	Provision of a ceiling track hoist in line with assessed needs.
Charges and fees	There is no means test (financial assessment) required.
Conditions	The hoists are provided with a 5year extended warranty, which aligns with the life cycle of the hoist. After this point, if there is continued eligible need it is anticipated that a new hoist would be supplied, again with a 5 year warranty; responsibility for ongoing repair and maintenance of ceiling hoists will not transfer to individuals.
Application process	The first step in making an application is to call the Council's Contact Centre number for Adult Social Care on 0151 907 8306 or visit one of the Halton Direct Links at Halton Lea, Runcorn or Brook Street, Widnes.

	Eligible need will be assessed by one of the Council's Occupational Therapists (OT) or Community Care Workers (CCW).
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5.7 Minor Adaptations

Minor adaptations are relatively small and inexpensive and can be defined as structural or non-structural works (see list at appendix 2) costing £1,000 or less (this may be the cost of a single item or a combination of items).

Eligibility criteria	Eligible need to be assessed by HBC Social Services.
Amount available	Up to £1,000.
Charges and fees	<p>Minor adaptations costing £1,000 or less will be provided free of charge.</p> <p>The Council will fund minor adaptations for owner occupiers and private tenants.</p> <p>Housing associations will fund minor adaptations for their tenants, and many of the larger housing associations accept self-referrals (further information should be obtained from individual housing associations). Cost-related criteria may vary between local housing providers meaning that the definition of items as either minor or major adaptations may also differ.</p>
Conditions	Most minor adaptations are provided within 7 days (of the request being made to the Council's contractor), apart from external adaptations, door widening and WC alterations, which are provided within 4 weeks.
Application process	<p>The first step in making an application is to call the Council's Contact Centre number for Adult Social Care on 0151 907 8306 or visit one of the Halton Direct Links at Halton Lea, Runcorn or Brook Street, Widnes.</p> <p>Eligible need will be assessed by one of the Council's Occupational Therapists (OT) or Community Care Workers (CCW).</p>

6.0 Repair and maintenance

6.1 The Council will make use of DFG funds to cover the costs of repair and maintenance of mechanical lifts and hoists that are owned by the Council.

- 6.2 The use of DFG funds for revenue purposes is in line with the flexibility that is encouraged since the DFG allocation sits within the Better Care Fund².
- 6.3 However, in most cases, lifts and hoists will be provided with an extended warranty and such items will not be repaired/maintained by the Council. Extended warranties will be secured using DFG funds at the point of installation; most items are provided with a five-year warranty (which covers all repair and maintenance needs).
- 6.4 At the end of the warranty period, the individual will be responsible for ongoing repair and maintenance; the Council will provide information and advice to assist people in this respect.
- 6.5 The situation is different for ceiling track hoists, which are supplied with a 5 year warranty to cover the life cycle of the lift (individuals do not become responsible for repair and maintenance of ceiling track hoists).

7.0 Discretion

- 7.1 Although every effort has been made to ensure that this policy clearly sets out what assistance is for, who is eligible and the conditions that apply, it is accepted there may be exceptional circumstances not covered by this policy but where there are compelling reasons to justify the provision of assistance.
- 7.2 Whilst this policy will be the primary consideration, applications will be assessed on a case-by-case basis and exceptional cases falling outside of this policy will be considered by a management panel and any assistance will be subject to approval by a Senior Manager/Director.

8.0 Further information, feedback and complaints

- 8.1 If you wish to contact the Council for further information or to provide general feedback, please call the Contact Centre on 0303 333 4300 (Mon-Fri, 8am-6pm) in the first instance. Alternatively, you can call into the one of the Halton Direct Links on Brook Street, Widnes or Halton Lea, Runcorn (Mon-Fri, 9am-5.30pm and Sat 9am-1pm). [See here](#) for all our contact details.

² 'Use of DFG funding for revenue purposes', Foundations, April 2017:
<https://www-foundations-uk-com/media/5000/use-of-dfg-funding-for-revenue-purposes.pdf>

8.2 Should you wish to make a formal complaint you can contact Halton Borough Council Social Care Services on 0303 333 4300 or call into one of the Halton Direct Link shops for information about this process.

Appendix 1: DFG Repayment Policy

- 1.1 The Housing Grants Construction and Regeneration Act 1996: Disabled Facilities Grant (Conditions relating to approval or payment of Grant) General Consent 2008 allows Local Authorities to reclaim some of the DFG awarded in certain circumstances.
- 1.2 The local authority under this general consent can reclaim repayment of grant if the property adapted is disposed of (whether by sale, assignment, transfer or otherwise) within 10 years of completion of the relevant works but only where the cost of the grant awarded is in excess of £5,000. The maximum that can be reclaimed by the authority is £10,000. The applicant completes and signs a repayment of grant form with their application to confirm their understanding of this grant condition.
- 1.3 The government introduced the general consent to enable local authorities to maximise the potential for recycling funding for future major adaptations using DFG.
- 1.4 In order to enable the local authority to reclaim DFG funding a local land charge is registered on the property by the Council after the completion of the grant work in every case where the DFG awarded is more than £5,000.
- 1.5 Examples of potential reclaim are given below:

Example 1

Amount of DFG awarded was £5,679.50 for replacement of a bath with a level access shower together with cost of professional fees.

Property is sold 5 years after completion of works.

Amount of grant repayable to the local authority £679.50

Example 2

Amount of DFG awarded was £28,950.95 for provision of a ground floor bathroom extension and ramped access together with cost of professional fees.

Property is sold 2 years after completion of works.

Amount of grant repayable to the local authority £10,000

- 1.6 The policy on repayment of DFG takes into account the circumstances from the General Consent which the Council should consider before deciding whether or not it may be appropriate to consider waiving repayment of grant

and these are set out in 1.8 below. The policy also adds one other relevant circumstance (in 1.9 below) where repayment of grant will not normally be requested.

1.7 The Council will reclaim the applicable amount in all cases where the property is disposed of within 10 years of the date of final completion of the eligible works, including where the sale arises following the death of the disabled person.

1.8 **Repayment may not be required in the following circumstances:**

1.8.1 Where the recipient of the grant would suffer financial hardship were they to be required to repay all or any part of the grant.

1.8.2 Where the disabled person or their partner are moving to take up employment or to change the place of employment.

1.8.3 Where the disposal is made for reasons connected with the physical or mental health or physical or mental wellbeing of the recipient of the grant or of a disabled occupant of the premises.

1.8.4 Where the disposal is made to enable the recipient of the grant to live with a person who is disabled or infirm and in need of care or where the recipient of the grant is disabled or infirm and is moving to receive such care from that person.

1.9 In such circumstances as described in 1.8.1 to 1.8.4 above and where a request is made to waive repayment of the applicable DFG amount then the decision will be made by the appropriate Operational Director on having received full supporting information from the person or persons making the request.

Appendix 2: List of Minor Adaptations

Structural minor adaptations:	Non-structural minor adaptations:
Hand rails – external	Grab rails
Half steps	Stair rails – not the primary rail
Extra paving to widen pathways	Lever taps
Re-siting of sockets	Drop down rails
Additional sockets	Floor fixing of toilet frames
Re-location of light switches	Brackets for swivel bathers and bath boards
Lower section of kitchen workspace	Spatulate WC handles
Re-hanging of doors	Lower wall cupboards/worktop
Re-location of radiators	Change door handles/kitchen door handles
Widening of doorways – key access points	Flashing light door bells
Compressible threshold	Smoke alarm alerts
Alter position of WC	Door and wall protectors
Lowering of shower controls	Intercom door release system
Alterations to service meter cupboard	Toilet plinth
Trim window sill	Microphone pick up units
Trim newel post	

REPORT TO: Health Policy and Performance Board

DATE: 11th February 2025

REPORTING OFFICER: Anthony Leo, ICB Place Director (Halton)

PORTFOLIO: Health and Wellbeing

SUBJECT: Consultation on NHS funded Gluten Free Prescribing across Cheshire and Merseyside

WARD(S) Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to inform the Committee that the Board of NHS Cheshire and Merseyside Integrated Care Board (ICB), at its meeting on 28 November 2024,¹ approved the recommendation that the ICB commences a period of public consultation regarding the proposal to cease NHS funded gluten free prescribing (bread and bread mixes) across Cheshire and Merseyside.

1.2 The ICB has duty to engage with Local Authority Health and Overview Scrutiny Committees (HOSC) to seek confirmation as to whether the HOSC believes this proposal is a substantial development or variation (SDV) to NHS services. If this is confirmed by HOSC then this triggers the requirement for the ICB to formally consult with the HOSC, in line with the [s.244 Regulations](#)² of the NHS Act 2006 (as amended by the Health and Care Act 2022

2.0 RECOMMENDATION:

The Board is asked to:

- consider and determine whether the ICB proposal to cease NHS funded gluten free prescribing represents a substantial development or variation.

3.0 SUPPORTING INFORMATION

3.1 The Board of NHS Cheshire and Merseyside Integrated Care Board (ICB), at its meeting on 28 November 2024, has approved the recommendation that the ICB commences a period of public consultation regarding its proposal to cease NHS funded gluten free prescribing (bread and bread mixes) across Cheshire and Merseyside. The paper outlining the proposal and rationale is appended to this paper (Appendix One) and is available at www.cheshireandmerseyside.nhs.uk. Contained within this Appendix is

the following that was considered by the Board:

- Cover paper
- Gluten Free Prescribing Options Appraisal document
- Communications and Engagement Plan
- Equality, Diversity, and Inclusion Impact Assessment
- Quality Impact Assessment.

- 3.2 Currently across Cheshire and Merseyside there are differences in the prescribing availability of gluten free products for patients due to previous arrangements of the individual predecessor Clinical Commissioning Group (CCG) organisations. GP Practices within eight Places currently offer gluten free prescribing in line with the 2018 national Department of Health and Social Care (DHSC) consultation outcome, which was to reduce prescribing to bread and bread mixes only. It is of note that St Helens CCG and NHS Cheshire West CCG opted to withdraw prescribing completely (noting this was prior to the national Department of Health and Social Care (DHSC) consultation as detailed above). For Cheshire West Place, the area that was covered by the former NHS Vale Royal CCG did not opt to withdraw gluten free prescribing, and as such there are still parts of Cheshire West where gluten free prescribing (for bread and bread mixes) can be undertaken (Winsford, Northwich and surrounding area). As the ICB has commissioning responsibilities for all of Cheshire and Merseyside patients, work has been undertaken to rectify this position and recommend a harmonised approach to gluten free prescribing.
- 3.3 In Cheshire and Merseyside, c13,000 patients have a diagnosis of coeliac disease or other conditions which requires management through a gluten free diet. Most people choose to purchase their gluten free foods at supermarkets or other retailers however 2,314 Cheshire and Merseyside patients receive gluten free bread and bread mixes via prescription. Of the gluten free prescriptions issued, 99% are exempt from prescription charges, with 73% being due to age (under 16 or 18 if in full time education, or over 60 years old) and over 60% of these being over the age of 60. Further data can be seen in Tables One, Two and Three.
- 3.4 Under the ICBs Reducing Unwarranted Variation Recovery programme, a number of options were considered in order to address the variation in gluten free prescribing. The option to maintain the current arrangements was not considered, due to the current unharmonised position, and the need to ensure equity across Cheshire and Merseyside. In order to achieve this, the two main options considered were to either fully prescribe across Cheshire and Merseyside at an estimated additional cost of £130k per year (increase annual spend on the service of c.£655k) or to withdraw prescribing completely, offering an estimated annual saving of £525k. The full options appraisal can be found in

Appendix One of this report.

3.5 In the context of NHS Cheshire and Merseyside needing to consider how and where to allocate the fixed resources allocated by NHS England to best meet the healthcare needs of the population they serve, the Unwarranted Variation programme proposed to the Board of NHS Cheshire and Merseyside that gluten free prescribing is stopped across Cheshire and Merseyside due to the following rationale:

- availability of gluten free foods is much greater than it was when the original policies were implemented, and in the six years since the DHSC consultation. It should also be noted that bread is not classed as an essential food item and people can maintain a healthy diet without bread through choosing naturally gluten free foods
- whilst the cost of gluten free bread is still more expensive than non-gluten free there are other gluten free products (e.g., pasta) which are the same price. In addition, improved food labelling and increased awareness enables people to make informed and healthy choices
- Coeliac UK now say that 40% of ICBs have stopped or reduced gluten free prescribing. Our research shows that 32% have stopped completely, 61% prescribe bread and bread mixes and 6% offer to under 18s only
- consideration was given to prescribing to under 18s only, however, Cheshire and Merseyside data shows that over 60% of gluten free prescriptions are for patients 60 years old, and therefore could be seen as discriminatory against the older population
- gluten free prescriptions are in the main received by patients who have exemptions from payment, with the majority of this being due to age (73%). Because age exemption does not take into account financial capacity, it is difficult to evidence the individual financial impact on the impacted patients.
- withdrawing prescribing has already been implemented fully in St Helens and part of Cheshire West and to date we are not aware of any unforeseen health consequences
- ceasing ICB funded gluten free prescribing across Cheshire and Merseyside would enable achievement of a harmonised policy and remove existing unwarranted variation in access to these products based on the rationale set out in this document. In addition, it would harmonise the approach to prescribing other foods for conditions impacted by “standard” products e.g. lactose intolerance, as NHS Cheshire and Merseyside does not currently prescribe food alternatives for other food allergies / intolerances
- a number of neighbouring ICBs including Lancashire and South Cumbria and Shropshire, Telford and Wrekin have already stopped prescribing.

- 3.6 NHS Cheshire and Merseyside will commence its public consultation on 28 January 2025 for a 6-week period, with the closing date being the 11 March 2025. It is anticipated that the outcome of the consultation and the recommendation for the Board to consider and decide upon will be undertaken at the meeting of the Board on 29 May 2025. The Board will receive the results of the consultation and any feedback report/opinion of Local Authority HOSC at this meeting to help inform its deliberations and decision. Any formal response to the proposal / consultation by Local Authority HOSC would be requested to be provided prior to the start of May 2025 so as to help inform in a timely manner the final report to the Board of NHS Cheshire and Merseyside, however the exact date will need to be agreed with the HOSC.
- 3.7 Subject to the decision of the Halton HOSC, and that of the other Local Authority HOSCs in Cheshire and Merseyside, NHS Cheshire and Merseyside will make the necessary preparations to formally consult with the agreed scrutiny arrangements. The ICB is attending Local Authority HOSC meetings across Cheshire and Merseyside throughout December 2024, January 2025 and early February 2025 with regards the consultation.

4.0 BACKGROUND

- 4.1 Coeliac disease is an autoimmune condition associated with chronic inflammation of the small intestine, which can lead to malabsorption of nutrients. The complications of coeliac disease (which may or may not be present at diagnosis) can include osteoporosis, ulcerative jejunitis, malignancy (intestinal lymphoma), functional hyposplenism, vitamin D deficiency and iron deficiency. Other key information about coeliac disease includes:
- population screening studies suggest that in the UK 1 in 100 people are affected.
 - according to Coeliac UK, most people are diagnosed from 50 years old and coeliac disease is most common in people aged between 50-69 years old
 - people with conditions such as type 1 diabetes, autoimmune thyroid disease, Down's syndrome, and Turner syndrome are at a higher risk than the general population of having coeliac disease.
 - first-degree relatives of a person with coeliac disease also have an increased likelihood of having coeliac disease.
 - according to NICE the prevalence in females is higher than in males (0.6% compared to 0.4%). Cheshire and Merseyside data reflects this with 65% of patients diagnosed with coeliac disease being female.
- 4.2 Across Cheshire and Merseyside, we have the following data available.

Table One: Total number of patients, registered with a GP Practice, diagnosed with coeliac disease by Place and by age

Place	Age Range										Grand Total
	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	
Liverpool	44	196	314	280	227	293	391	305	200	18	2268
Cheshire East	52	200	216	293	231	293	351	304	216	45	2201
Wirral	43	163	193	267	200	288	317	258	157	35	1921
Cheshire West	45	171	199	219	231	235	331	273	161	31	1896
Sefton	22	113	101	162	102	224	258	187	126	26	1321
Warrington	31	108	97	117	106	178	173	126	68	15	1019
Knowsley	12	83	79	87	87	132	151	100	61	12	804
St Helens	14	65	84	100	86	120	137	121	61	14	802
Halton	14	72	77	91	78	95	108	100	42	7	684
Grand Total	277	1171	1360	1616	1348	1858	2217	1774	1092	203	12916

Source: EMIS, November 2024

Table Two: Total number of patients, registered with a GP Practice, currently receiving gluten free bread and/or bread mix prescriptions

Place	Age Range										Grand Total	% of total coeliac patients in Place
	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+		
Liverpool	16	61	28	20	34	67	120	104	66	5	521	23%
Cheshire East	19	64	18	23	22	38	97	98	67	6	452	21%
Wirral	13	42	20	27	28	48	81	75	55	7	396	21%
Sefton	9	34	13	19	10	53	69	74	49	6	336	18%
Warrington	11	24	8	8	8	19	37	35	23	8	181	14%
Knowsley	5	22	11	11	9	21	32	35	24	2	172	17%
Halton	4	17	3	14	10	22	28	31	9	3	141	18%
Cheshire West	2	8	5	3	11	10	18	19	11	2	89	11%
St Helens	0	0	0	0	0	0	0	1	1	0	2	0%
Grand Total	79	272	106	125	132	278	482	472	305	39	2290	

Source: EMIS, November 2024

Table Three: Total Number of Prescriptions issued (September 2023 – September 2024)

Area	Number of prescriptions issued
Halton Place Total	1282
Widnes Primary Care Network	657
Runcorn Primary Care Network	625

Source: EMIS

4.3 Management of coeliac disease is a lifelong gluten free diet.

Historically, availability of gluten free foods was limited and expensive, so patients obtained these products via prescribing, however, all major supermarkets now commonly stock a wide range of gluten free foods, and the price differential is reducing as demand grows.

4.4 It is difficult to evidence the impact of stopping gluten free prescriptions for bread and bread mixes and understanding the impact on affected patients. Whilst there are known risks to not adhering to a gluten free diet, which could have long term health impacts and lead to greater demand on wider health services, there is now greater availability of gluten free foods in supermarkets and other retailers (both in store and on-line), improved food labelling and greater awareness of the impact of non-adherence, which all support the patient to make good food choices for a healthy diet.

4.5 It should be noted that although gluten free bread and bread mixes are still more expensive, the cost of these products has been reducing. It is also worth noting that bread is not an essential food item and there are many naturally occurring gluten free foods. Additionally, gluten intolerance individuals do not need to eat wheat based products to maintain good health.

5.0 COMMUNICATION AND ENGAGEMENT

5.1 NHS Cheshire and Merseyside intends to begin a 6-week public consultation period from 28 January 2025, with the closing date being the 11 March 2025. The public consultation will present a single option – the cessation of NHS funded gluten free prescribing across Cheshire and Merseyside. The objectives of the consultation are:

- to inform patients, carers/family members, key stakeholders, and the public of proposed changes to gluten free prescribing.
- to engage with people who currently receiving gluten free bread and bread mixes on prescription, organisations which support them (where applicable), their carers/family members, and the wider public, to gather people's views about the proposed changes, including how individuals might be impacted.
- to use these responses to inform final decision-making around the proposal.

5.2 The consultation will be promoted across NHS Cheshire and Merseyside's internal and external communication channels. Wider partners and stakeholders, including providers of NHS services (hospitals, community and mental health providers and primary care), local authorities, Healthwatch, and voluntary, community, faith and social enterprise (VCFSE) organisations, will be asked to share information using their own channels, utilising a toolkit produced for this purpose.

- 5.3 To ensure that those who would be most impacted by any potential change have an opportunity to share their views, NHS Cheshire and Merseyside will seek to work with colleagues in general practice and local pharmacies, to ensure that those who currently receive gluten free bread and bread mixes on prescription are made aware that the consultation is underway.
- 5.4 While specific standalone events will not be organised as part of the consultation, if individual groups/networks request further information, NHS Cheshire and Merseyside will offer to attend meetings to provide additional briefings if required/appropriate.
- 5.5 NHS Cheshire and Merseyside recognise that it is important to understand the effectiveness of different routes for reaching people, so that this can be utilised for future activity, and the questionnaire will ask people to state where they heard about the engagement. We will summarise this information – along with other measures such as number of enquiries received and visits to the website page – in the final consultation report.
- 5.6 When the consultation closes, the findings will be analysed and compiled into a report by an independent external organisation. The feedback report will be used to inform final decision-making about the proposal, and will therefore be received by the Board of NHS Cheshire and Merseyside at its meeting held in public on 29 May 2025. The outcome of this will be communicated using the same routes used to promote the consultation.

Any formal response to the proposal/consultation by Local Authority HOSC would be requested to be provided prior to the start May 2025 so as to help inform in a timely manner the final report to the Board of NHS Cheshire and Merseyside, however the exact date will need to be agreed with the HOSC.

6.0 POLICY IMPLICATIONS

- 6.1 A substantial development or variation is not defined in legislation. Guidance has suggested that the key feature is that it should involve a major impact on the services experienced by patients and/or future patients. Paragraph 5.2.3 of the Cheshire and Merseyside Protocol outlines the following criteria that Local Authorities should consider to help them with their determination:
- *Changes in accessibility of services:* any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location.

- *Impact on the wider community and other services:* this could include economic impact, transport, regeneration issues.
- *Patients affected:* changes may affect the whole population, or a small group. If changes affect a small group, the proposal may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.
- *Methods of service delivery:* altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.
- *Potential level of public interest:* proposals that are likely to generate a significant level of public interest in view of their likely impact.

6.2 Where a substantial development or variation impacts on the residents within one local authority area boundary, only the relevant local authority health scrutiny function shall be consulted on the proposal. Where a proposal impacts on residents across more than one local authority boundary, the NHS body/health service provider is obliged to consult all those authorities whose residents are affected by the proposals in order to determine whether the proposal represents a substantial development or variation.

6.3 Those authorities that agree that any such proposal does constitute a substantial development or variation are obliged to form a joint HOSC for the purpose of formal consultation by the proposer of the development or variation. Whilst each local authority must decide individually whether a proposal represents a substantial development/variation, it is only the statutory joint health scrutiny committee which can formally comment on the proposals if more than one authority agrees that the proposed change is “substantial”.

6.4 Determining that a proposal is not a substantial development / or variation removes the ability of an individual local authority to comment formally on the proposal. Once such decisions are made, the ongoing obligation on the proposer to consult formally on a proposal relates only to those authorities that have deemed the proposed change to be “substantial” and this must be done through the vehicle of the joint committee. Furthermore, the proposer will not be obliged to provide updates or report back on proposals to individual authorities that have not deemed them to be “substantial.”

7.0 FINANCIAL IMPLICATIONS

7.1 There are no financial implications for Halton Council. If the ICB was to cease funding Gluten Free prescriptions, then this would result in an estimated annual saving of £525k.

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

Not applicable.

9.0 RISK ANALYSIS

Not applicable.

10.0 EQUALITY AND DIVERSITY ISSUES

10.1 Within Appendix One there is a link to the Equality and Quality Impact Assessments undertaken by NHS Cheshire and Merseyside ICB. There are no equality implications in relation to the ask contained / request outlined within the report to the Committee.

11.0 CLIMATE CHANGE IMPLICATIONS

Not applicable.

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

12.1 **Appendix One:** Gluten Free prescribing Paper to the Board of NHS Cheshire and Merseyside ICB, 28 November 2024

Appendix Two: Cheshire and Merseyside Protocol for the establishment of Joint Health Scrutiny Arrangements in Cheshire and Merseyside

References:

1. Papers for the 28 November 2024 meeting of the Board of NHS Cheshire and Merseyside ICB
<https://www.cheshireandmerseyside.nhs.uk/get-involved/meeting-and-event-archive/nhs-cheshire-and-merseyside-integrated-care-board/2024/28-november-2024/>
2. National Health Service Act 2006, Section 244
<https://www.legislation.gov.uk/ukpga/2006/41/section/244>
3. Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013,
<https://www.legislation.gov.uk/uksi/2013/218/contents/made>

Meeting of the Board of NHS Cheshire and Merseyside

28 November 2024

Proposal regarding ICB funded Gluten Free Prescribing across Cheshire and Merseyside

Agenda Item No: ICB/11/24/17

Responsible Director: Prof. Rowan Pritchard-Jones, Medical Director



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Proposal regarding ICB funded Gluten Free Prescribing across Cheshire and Merseyside

1. Purpose of the Report

- 1.1 The purpose of the paper is to seek approval from the Board of NHS Cheshire Merseyside ICB to progress with the commencement of a period of public consultation, regarding ICB funded gluten free (GF) prescribing.
- 1.2 The approval will enable the commencement of a six-week consultation involving patients, public, staff and other key stakeholders, starting January 2025.

2. Executive Summary

- 2.1 Currently within NHS Cheshire and Merseyside there are differences in the prescribing of gluten free products for patients due to previous arrangements of the individual predecessor Clinical commissioning Group (CCG) organisations. As the ICB has commissioning responsibilities for all of Cheshire and Merseyside patients, work has been undertaken to rectify this position and recommend a harmonised approach to prescribing.
- 2.2 Across the 9 Places in Cheshire and Merseyside, there are GP Practices within 8 Places that currently offer gluten free prescribing in line with the 2018 national Department of Health and Social Care (DHSC) consultation outcome, which was to reduce prescribing to bread and bread mixes only. It is of note that St Helens CCG and NHS Cheshire West CCG opted to withdraw prescribing completely (noting this was prior to the national Department of Health and Social Care (DHSC) consultation as detailed above). For Cheshire West Place, the area that was covered by the former NHS Vale Royal CCG did not opt to withdraw prescribing, and as such there are still parts of Cheshire West where gluten free prescribing can be undertaken (Winsford, Northwich, Middlewich and surrounding area).
- 2.3 In Cheshire and Merseyside, over 13,300 patients have a diagnosis of coeliac disease or other conditions which requires management through a gluten free diet. Most people choose to purchase their gluten free foods at supermarkets or other retailers however 2,314 patients receive their gluten free bread and bread mixes via prescription. It should be noted that of the gluten free prescriptions issued, 99% are exempt from prescription charges, with 73% being due to age (under 16 or 18 if in full time education, or over 60 years old) and over 60% of these being over the age of 60.
- 2.4 Under the ICBs Unwarranted Variation Recovery programme, a number of options were considered in order to address the unwarranted variation. The option to maintain the current arrangements was not considered, due to the



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current unharmonised position, and the need to ensure equity across Cheshire and Merseyside. In order to achieve this, the two main options considered were to either fully prescribe across Cheshire and Merseyside at an estimated additional cost of £130k per year (increase annual spend on the service of c.£655k) or to withdraw prescribing completely, offering an estimated annual saving of £525k. (The full options appraisal can be found in Appendix One of this report).

2.5 Initially the review of the current gluten free prescribing policies was undertaken as part of the Clinical Policy Harmonisation programme which involved a clinical working group who recommended to reinstate prescribing across all of Cheshire and Merseyside which is in line with the DHSC consultation outcome. However, this position was not supported by the ICBs Finance, Investment and Our Resources Committee due to the financial challenges faced by NHS Cheshire and Merseyside.

2.6 In the context of NHS Cheshire and Merseyside needing to consider how and where to allocate the fixed resources allocated by NHS England to best meet the healthcare needs of the population they serve, the Unwarranted Variation programme has proposed that gluten free prescribing is stopped across Cheshire and Merseyside due to the following rationale:

- availability of gluten free foods is much greater than it was when the original policies were implemented, and in the six years since the DHSC consultation. It should also be noted that bread is not classed as an essential food item and people can maintain a healthy diet without bread through choosing naturally gluten free foods
- whilst the cost of gluten free bread is still more expensive than non-gluten free there are other gluten free products (e.g. pasta) which are the same price. In addition, improved food labelling and increased awareness enables people to make informed and healthy choices
- Coeliac UK now say that 40% of ICBs have stripped or reduced prescribing. Our research shows that 32% have stopped completely, 61% prescribe bread and bread mixes and 6% offer to under 18s only
- consideration was given to prescribing to under 18s only, however, Cheshire and Merseyside data shows that over 60% of gluten free prescriptions are for patients 60 years old, and therefore could be seen as discriminatory against the older population
- gluten free prescriptions are in the main received by patients who have exemptions from payment, with the majority of this being due to age (73%). Because age exemption does not take into account financial capacity, it is difficult to evidence the individual financial impact on the impacted patients.
- withdrawing prescribing has already been implemented in St Helens and part of Cheshire West and to date we are not aware of any unforeseen consequences
- ceasing ICB funded gluten free prescribing across Cheshire and Merseyside would enable achievement of a harmonised policy and remove existing unwarranted variation in access to these products based on the rationale set out in this document. In addition, it would harmonise the approach to prescribing other foods for conditions impacted by “standard” products e.g.



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lactose intolerance, as NHS Cheshire and Merseyside does not currently prescribe food alternatives for other food allergies / intolerances

- a number of neighbouring ICBs including Lancashire and South Cumbria and Shropshire, Telford and Wrekin have already stopped prescribing.

2.7 A decision to withdraw gluten free prescribing would require a public consultation, and which will also include engagement and/or consultation with our Local Authority colleagues through 8 of the 9 Local authority Health Overview and Scrutiny committees. Included in this report is the proposed engagement and consultation plan, subject to approval received from the Board (see Appendix Two).

2.8 The feedback from the consultation, together with that of the Local Authority Health Overview and Scrutiny Committees will inform the final proposal that will come to Board in 2025 for consideration and decision.

3. Ask of the Board and Recommendations

3.1 **The Board is asked to:**

- **approve** the commencement of a consultation exercise with the public and stakeholders regarding the proposed option to withdraw ICB funded gluten free prescribing across all of Cheshire and Merseyside.

4. Reasons for Recommendations

4.1 A decision by the Board to withdraw ICB funded gluten free prescribing needs to be informed with evidence including the outcome and outputs of a consultation exercise with the public and key stakeholders. It is a legal requirement and duty on the ICB to engage and consult with the public as well as local Health Overview and Scrutiny arrangements.

5. Background

5.1 Currently NHS Cheshire and Merseyside has unwarranted variation in the prescribing of gluten free products across all Places. St Helens CCG and Cheshire West CCG opted to withdraw prescribing completely prior to the national Department of Health and Social Care (DHSC) consultation the outcome of which was to reduce prescribing to bread and bread mixes only in 2018. For Cheshire West Place, the area that was covered by the former NHS Vale Royal CCG did not opt to withdraw prescribing, and as such there are still parts of Cheshire West where prescribing can be undertaken (Winsford, Northwich, Middlewich and surrounding area).

5.2 Coeliac disease is an autoimmune condition associated with chronic inflammation of the small intestine, which can lead to malabsorption of nutrients. Population screening studies suggest that in the UK 1 in 100 people are

affected. The complications of coeliac disease (which may or may not be present at diagnosis) can include osteoporosis, ulcerative jejunitis, malignancy (intestinal lymphoma), functional hyposplenism, vitamin D deficiency and iron deficiency. People with conditions such as type 1 diabetes, autoimmune thyroid disease, Down's syndrome and Turner syndrome are at a higher risk than the general population of having coeliac disease. First-degree relatives of a person with coeliac disease also have an increased likelihood of having coeliac disease.

- 5.3 Management of coeliac disease is a lifelong gluten free diet. Historically, availability of gluten free foods was limited and expensive, so patients obtained these products via prescribing, however, all major supermarkets now commonly stock a wide range of gluten free foods and the price differential is reducing as demand grows. It should be noted that there have been a number of recent national news articles on the higher cost of these “free from” alternatives and the impact of withdrawing prescribing in context of cost-of-living increases.
- 5.4 Initially the former CCGs gluten free prescribing policies were reviewed as part of the Clinical Policy Harmonisation programme, the objective of which was to review existing policies and the latest evidence base to recommend a single set of policies which would enable all patients to have equitable access. Therefore, the option to continue with the current arrangements was discounted. The review of the gluten free prescribing policy involved a clinical working group who recommended to reinstate prescribing across all of Cheshire and Merseyside in line with the DHSC consultation outcome. However, as this would result in additional annual expenditure of c.£130k, this position was not supported by our Finance, Investments and Resources Committee due to the financial challenges faced by NHS Cheshire and Merseyside.
- 5.5 The review was then progressed under the Reducing Unwarranted Variation programme and the non-prescribing option was considered in context of the patient safety risks, and the requirement to support NHS Cheshire and Merseyside to deliver the financial objectives of the Recovery programme.
- 5.6 It is difficult to evidence the impact of stopping gluten free prescriptions for bread and bread mixes and understanding the impact on affected patients. Whilst there are known risks to not adhering to a gluten free diet, which could have long term health impacts and lead to greater demand on wider health services, there is now greater availability of gluten free foods in supermarkets and other retailers (both in store and on-line), improved food labelling and greater awareness of the impact of non-adherence, which all support the patient to make good food choices for a healthy diet.
- 5.7 The options appraisal paper was initially discussed with the Associate Directors of Quality where the proposal was acknowledged and supported for progression. It was subsequently presented to the Recovery Committee on 16 September 2024 and was then considered by the Strategy and Transformation (S&T) committee at the meeting on 19 September 2024. The S&T committee supported the recommendation to present the preferred option, to cease



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prescribing to the Board and that we progress to a public consultation to inform the outcome. It is of note that the options appraisal was also reviewed and considered by the Clinical Effectiveness Group on 2 October 2024 and the group supported progressing consulting of the proposed preferred option to withdraw prescribing across Cheshire and Merseyside.

6. [Link to delivering on the ICB Strategic Objectives and the Cheshire and Merseyside Priorities](#)

Objective One: Tackling Health Inequalities in access, outcomes and experience

- The proposal seeks to remove unwarranted variation in access to prescribing for gluten free bread and bread mixes. It is of note that prescriptions are not available for other food allergies / intolerances, so this will further remove unwarranted variation. GF goods are much more widely available in supermarkets and other retailers both in store and on-line and therefore more accessible to patients. Food labelling has improved so patients are able to identify naturally gluten free foods, and there is greater awareness of the impact of not following a GF diet, so patients are more informed to make healthy diet choices. In addition, it would harmonise the approach to prescribing other foods for conditions impacted by “standard” products e.g. lactose intolerance.

Objective Two: Improving Population Health and Healthcare

- The ICB has a duty to consider how and where to allocate the fixed resources that it receives from NHS England, and this proposal to stop prescribing GF bread and bread mixes will enable the ICB to save an estimated £525k per year which could be allocated to more critical services.

Objective Three: Enhancing Productivity and Value for Money

- The ICB has a duty to consider how and where to allocate the fixed resources that it receives from NHS England, and this proposal to stop prescribing GF bread and bread mixes will enable the ICB to save an estimated £525k per year which will support delivery of the financial recovery plan or allow funds to be reallocated to more critical services.

Objective Four: Helping to support broader social and economic development

- This proposal does not directly contribute to this objective.

7. [Link to achieving the objectives of the Annual Delivery Plan](#)

This proposal is aligned to the annual delivery plan through the Effective Use of Resource element contributing to the delivery of clinical policy harmonisation and supporting the finance efficiency and value programme.



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8. Link to meeting CQC ICS Themes and Quality Statements

Theme One: Quality and Safety

Key to both the clinical policy harmonisation and unwarranted variation programmes is the focus on ensuring all Cheshire and Merseyside residents have equal access to services. In addition, sustainability of services must be considered when making decisions on how to spend limited resource. A QIA has been completed and reviewed by the Associate Directors of Quality who support the proposal to stop prescribing based on re-allocation of this resource to focus on other critical services. (The QIA is available in appendix four).

Theme Two: Integration

The proposal does not directly relate to this theme, however, in relation to the 'safe systems' quality statement, if supported by the Board the next step will be a public consultation which will enable the views of the population to help shape the outcome.

Theme Three: Leadership

If the proposal is supported by the Board, there will be a public consultation exercise through which we will work with wider partners and stakeholders, including providers of NHS services, local authorities, Healthwatch, and voluntary, community, faith and social enterprise (VCFSE) organisations to support us to engage with the right people. We will engage throughout with our Local Authority colleagues through the Health Overview and Scrutiny committees in the impacted Places. This relates to the 'partnerships and communities' quality standard.

9. Risks

- 9.1 It is difficult to evidence the impact of Coeliac patients not being able to access gluten free bread and bread mixes, but there are known risks to not adhering to a gluten free diet which could have long term health impacts and lead to greater demand on wider health services. An example given by Coeliac UK states it costs £195 a year per patient to support gluten free on prescription, but the average cost to the NHS of an osteoporotic hip fracture is £27,000.
- 9.2 Mitigation: A published DHSC Impact Assessment examines the issue of adherence in detail and concludes that adherence to a gluten free diet cannot be isolated to any single cause. Evidence shows that many factors are at play including product labelling, cost and information when eating out and managing social occasions. Adherence requires a range of knowledge and skills to avoid all sources of gluten. Gluten free foods are now much more readily available in supermarkets and other retailers, both in store and on-line, making them more accessible. In addition, there is improved food labelling across all foods and greater awareness of adherence to gluten free diet helping people to make healthy choices. It should be noted that although gluten free bread and bread mixes are still more expensive, the cost of these products has been reducing



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over time and there are other GF foods at comparable prices to standard foods for example 500g of GF pasta being the same price as 500g of standard pasta. It is also worth noting that bread is not an essential food item and there are many naturally occurring GF foods.

- 9.3 There is a reputational risk to the ICB if the proposal to stop prescribing is accepted. Due to the current cost of living, there have been a number of national articles on the increased cost of “free from” foods despite them being much more available. In addition, 99% of the cohort of patients receiving prescriptions have an exemption in that they do not pay for prescriptions so could be seen that we are disadvantaging our most vulnerable population.
- 9.4 Mitigation: A public consultation would be held in those Places who currently prescribe, the outcome of which will inform the final decision. It should be noted that the ICB does not prescribe food products for other conditions that are associated with or affected by types of food.

10. Finance

- 10.1 If the proposal is supported by the Board and implemented following a public consultation exercise, this would offer the ICB an estimated annual saving of £525k and a cost avoidance of a further £130k (the estimated cost of harmonising prescribing across all Places).
- 10.2 The public consultation exercise would be led by NHS Cheshire and Merseyside’s in-house communications and engagement team; however, it is anticipated that up to £12,000 one-off enabling funding will be required to support delivery. This would include analysis of consultation findings and production of a report to inform the final decision, and funding for additional formats, including easy read versions and other languages. It is standard practice for public consultation reports to be produced by an external organisation.

11. Communication and Engagement

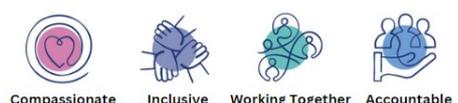
- 11.1 A supporting comms and engagement plan is available in appendix two.

12. Equality, Diversity and Inclusion

- 12.1 An equality, diversity and inclusion assessment (EIA) was undertaken and can be viewed in appendix three.

13. Climate Change / Sustainability

- 13.1 This proposal does not directly relate the ICB green plan or net zero obligations.



14. Next Steps and Responsible Person to take forward

- 14.1 If the recommendation to progress consulting on our proposal for ICB funded gluten free prescribing, a public consultation exercise will be held, with proposed start date of January 14th 2025 continuing for six-weeks until Tuesday February 2025.
- 14.2 Engagement will commence with Local Authority Health Overview and Scrutiny committees to determine how best to engage and/or consult with them.
- 14.3 Feedback on the consultation will inform the final recommendation put to the which will be presented to a future Board meeting for Board decision.
- 14.4 The work will be taken forward by the Reducing Unwarranted Variation Programme Team under the direction of Anthony Leo as Senior Responsible Officer, Professor Rowan Pritchard-Jones as Clinical Lead and Natalia Armes as Programme Director.

15. Officer contact details for more information

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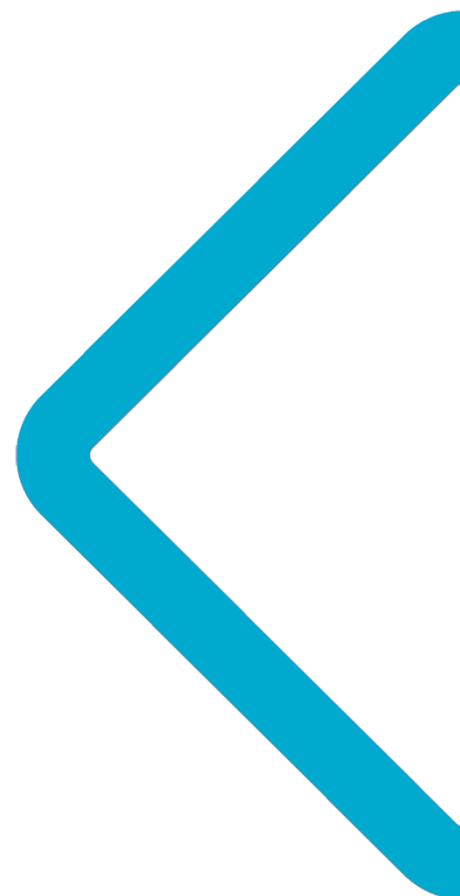
Natalia Armes, Chief of Staff for Medical Directorate and Associate Director of Digital Transformation and Clinical Improvement

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16. Appendices

- Appendix One:** Gluten Free Prescribing Options Appraisal document
- Appendix Two:** Communications and Engagement Plan
- Appendix Three:** Equality, Diversity and Inclusion Impact Assessment
- Appendix Four:** Quality Impact Assessment

**Options Appraisal ICB funded Gluten
Free products Prescribing across
Cheshire and Merseyside**



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Glossary

Term	Definition
Coeliac Disease	Coeliac disease is a lifelong autoimmune disease caused by a reaction to gluten. Once diagnosed, it is treated by following a gluten free diet for life
Gluten	Gluten is a protein found in wheat, rye and barley.

1 Executive Summary

Currently NHS Cheshire and Merseyside has unwarranted variation in the prescribing of gluten free products across all Places. St Helens CCG and Cheshire West CCG opted to withdraw prescribing completely (to note the footprint previously under Vale Royal CCG within Cheshire West Place still undertake some prescribing) prior to the national Department of Health and Social Care (DHSC) consultation the outcome of which was to reduce prescribing to bread and bread mixes only in 2018.

In Cheshire and Merseyside, over 13,300 patients have a diagnosis of coeliac disease or other conditions which requires management through a gluten free diet. Most people choose to purchase their gluten free foods at supermarkets or other retailers however 2,314 patients receive their gluten free foods via prescription. It should be noted that of the prescriptions issued, 99% are exempt from prescription charges, with 73% being due to age (under 16 or 18 if in full time education, or over 60 years old) and over 60% of these being over the age of 60.

Under the Unwarranted Variation Recovery programme, a number of options were considered in order to address the unwarranted variation, but the 2 main options were to either fully prescribe across Cheshire and Merseyside at an estimated additional cost of £130k per year (increase annual spend on the service of c.£655k) or to withdraw prescribing completely offering an estimated annual saving of £525k.

Initially the review of the current gluten free prescribing policies was carried out under the Clinical Policy Harmonisation programme and involved a clinical working group who recommended reinstating prescribing across all of Cheshire and Merseyside which is in line with the DHSC consultation outcome. However, this position was not supported by our Finance, Investments and Resources Committee due to the financial challenges faced by NHS Cheshire and Merseyside.

In the context of the financial challenge facing NHS Cheshire and Merseyside, the Unwarranted Variation programme has reviewed all options and are proposing that gluten free prescribing is stopped due to the following rationale:

- Availability of gluten free foods is much greater than it was when the original policies were implemented, and in the six years since the DHSC consultation. It should also be noted that bread is not classed as an essential food item and people can maintain a healthy diet without bread through choosing naturally gluten free foods.
- Whilst the cost of gluten free bread is still more expensive than non-gluten free there are other products (e.g. pasta) which are the same price. In addition, improved food labelling and increased awareness enables people to make informed and healthy choices.
- Coeliac UK now say that 40% of ICBs have stopped or reduced prescribing, our research shows that 32% have stopped completely, 61% prescribe bread and bread mixes and 6% offering to under 18s only.
- Consideration was given to prescribing to under 18s only, however, C&M data shows that over 60% of the population receiving prescriptions are over 60 years and therefore could be seen as discriminatory against the older population.
- Gluten free products are in the main received by patients who have exemptions from payment, with the majority of this being due to age (73%) and because exemption does not take into account financial capacity, it is difficult to evidence the individual financial impact on the impacted patients.
- Withdrawing prescribing has already been implemented in St Helens and part of Cheshire West and to date we are not aware of any unforeseen consequences.
- NHS Cheshire and Merseyside do not currently prescribe food alternatives for other food allergy / intolerances e.g. lactose intolerance.
- A number of our ICB neighbours including Lancashire and South Cumbria and Shropshire, Telford and Wrekin have already stopped prescribing.

A decision to withdraw gluten free prescribing would require a public consultation in 8 of the 9 Places including engagement with our Local Authority colleagues through Oversight and Scrutiny committees.

The options appraisal paper was initially discussed with the Associate Directors of Quality where the proposal was acknowledged and supported for progression. It was subsequently presented to the Recovery Committee on 16th September and was then considered by the Strategy and Transformation (S&T) committee at the meeting on 19th September. The S&T committee supported the recommendation to present the preferred option, to cease prescribing to the Board for approval to progress to a public consultation to inform the final decision.

It is of note that the options appraisal was also reviewed and considered by the Clinical Effectiveness Group on 2nd October and the group supported progress of the proposed option to withdraw prescribing across Cheshire and Merseyside.

The Board is asked to approve the recommendation to progress a proposal for a non-prescribing option for gluten free bread and bread mixes in order to commence a public consultation starting in January 2025. The feedback from this exercise, together with that of our Oversight and Scrutiny Committees will inform the decision whether to continue with this recommended option. In addition, the Board is asked to receive the feedback from this exercise at the first available board meeting.

2 Background

Currently NHS Cheshire and Merseyside has unwarranted variation in the prescribing of gluten free products across all Places. St Helens CCG and Cheshire West CCG opted to withdraw prescribing completely prior to the national Department of Health and Social Care (DHSC) consultation the outcome of which was to reduce prescribing to bread and bread mixes only in 2018. Further information about this consultation and the revised regulation subsequently put in place is available on the NHS England website ([NHS England » Prescribing Gluten-Free foods in Primary Care: Guidance for Clinical Commissioning Groups – frequently asked questions](#)). For Cheshire West Place, the area that was covered by the former Vale Royal CCG did not opt to withdraw prescribing, and as such there are still part of Cheshire West were prescribing can be undertaken (Winsford, Northwich, Middlewich and surrounding area).

Coeliac disease is an autoimmune condition associated with chronic inflammation of the small intestine, which can lead to malabsorption of nutrients. Population screening studies suggest that in the UK 1 in 100 people are affected. The complications of coeliac disease (which may or may not be present at diagnosis) can include osteoporosis, ulcerative jejunitis, malignancy (intestinal lymphoma), functional hyposplenism, vitamin D deficiency and iron deficiency. People with conditions such as type 1 diabetes, autoimmune thyroid disease, Down's syndrome and Turner syndrome are at a higher risk than the general population of having coeliac disease. First-degree relatives of a person with coeliac disease also have an increased likelihood of having coeliac disease.

Management of coeliac disease is a lifelong GF diet. Historically, availability of GF foods was limited and expensive, so patients obtained these products via prescribing, however, all major supermarkets now commonly stock a wide range of GF foods and the price differential is reducing as demand grows. It should be noted that there have been a number of recent national news articles on the higher cost of these "free from" alternatives and the impact of withdrawing prescribing in context of cost-of-living increases.

Initially the former CCGs gluten free prescribing policies were reviewed as part of the Clinical Policy Harmonisation programme and involved a clinical working group who recommended to reinstate prescribing across all of Cheshire and Merseyside in line with the DHSC consultation outcome.

However, as this would result in additional annual expenditure of C.£130k, this position was not supported by our Finance, Investments and Resources Committee due to the financial challenges faced by NHS Cheshire and Merseyside

The review was then progressed under the Unwarranted Variation programme and the non-prescribing option was considered in context of the patient safety risks, and the requirement to support NHS Cheshire and Merseyside to deliver the financial objectives of the Recovery Programme.

It is difficult to evidence the impact of stopping GF prescriptions and understanding whether the impacted patients would continue to follow a GF diet. Whilst there are known risks to not adhering to a GF diet, which could have long term health impacts and lead to greater demand on wider health services, there is greater availability of GF foods in supermarkets and other retailers, improved food labelling and greater awareness of the impact of non-adherence, which all support the patient to make good food choices for a healthy diet.

The options appraisal paper was initially discussed with the Associate Directors of Quality where the proposal was acknowledged and supported. It was subsequently presented to the Recovery Committee on 16th September and was then considered by the Strategy and Transformation (S&T) committee at the meeting on 19th September. The S&T committee supported the recommendation to present the preferred option, to cease prescribing to the Board and that we progress to a public consultation to inform the outcome. In addition, the Clinical Effectiveness Group also supported progression of the proposed option on 2nd October.

3 Approach

The gluten free prescribing policy was initially reviewed under the Clinical Policy Harmonisation Programme (CPH) the objective of which was to review existing policies and the latest evidence base to recommend a single set of policies which would enable all patients to have equitable access. The review of the gluten free prescribing policy focused on the published evidence base DH&SC and Coeliac UK recommendations with input from clinicians, dieticians and pharmacists and was led by the CPH Steering Group which includes commissioners, GP, Pharmacist and public health leads. An options appraisal was carried out to consider a number of options to harmonise the prescribing position and an EIA and QIA were developed to consider all options. Therefore, the option to continue with the current arrangements was discounted.

The CPH programme recommended that the harmonised policy be to implement gluten free prescribing in accordance with DHSC guideline, however, this comes at an additional annual cost of C.£130k and this was not able to be supported by the Finance, Investment and Resources Committee at the time. It is of note that this work was placed on hold, due to the financial pressures and pre-election activity so it was brought into the scope of the Reducing Unwarranted Variation Recovery Programme (noting that 3 members are consistent with the previous Clinical Policy Steering Group) and review has also been completed by the Deputy Medical Director and Clinical Lead for Reducing Unwarranted Variation (RUV) Programme.

In the context of the ICB financial recovery plan, the RUV programme carried out a further review which considered Cheshire and Merseyside data, prices and availability of GF foods in supermarkets and other retailers, both instore and on-line, improvements in food labelling and increased information via websites on how to maintain a GF diet. Following discussions on these findings with Place Clinical Directors and Associate Directors of Quality, the Reducing Unwarranted Variation Steering group **is recommending as a financial decision, prescribing is stopped across Cheshire and Merseyside** and this view is supported by the Deputy Medical Director and Programme Clinical Lead.

The group recognised that this goes against the latest published guidance, however, it should be noted that this is now 6 years old, and this is not a medicine or prescription for an essential food item (as it is for bread or bread mixes only). In addition, the group noted that this is a similar stance as taken with other food allergies / intolerances and dietary requirements where we do not offer alternative food items by prescription and increasing affordable gluten free products are available at supermarkets. This

recommendation would result in a financial saving of circa. £525k and avoid additional expenditure of £130k.

3.1 Current Cheshire and Merseyside Activity and Spend on Gluten Free Prescribing

Across Cheshire and Merseyside, 8 Places still have a Policy that includes GF prescribing at an annual cost of circa £525k for the year 2023/2024. Prior to the establishment of the ICB, two of the former CCGs (St Helens and West Cheshire) withdrew GF prescribing as a cost cutting policy, although it is of note that GP practices in the former Vale Royal CCG footprint still prescribe as shown within the table below.

Cheshire and Merseyside - Gluten Free Prescribing 2023/24

Row Labels	Sum of Items	Sum of Actual Cost	Weighted Pop	per 1,000 Wtd Pop.	
				Items	Actual Cost
Sefton	3816	£87,559	310666	12.28	£281.84
CHESHIRE EAST	4909	£97,731	429865	11.42	£227.35
Knowsley	2156	£46,220	196251	10.99	£235.52
Halton	1551	£32,413	149417	10.38	£216.93
Wirral	3724	£77,017	385940	9.65	£199.56
Liverpool	5953	£122,669	646320	9.21	£189.80
Warrington	1953	£41,160	232237	8.41	£177.23
CHESHIRE WEST & CHESTER	939	£19,396	410116	2.29	£47.29
St Helens	20	£413	231122	0.09	£1.79
Grand Total	25021	£524,579	2991933	8.36	£175.33

Gluten Free Prescribing Exemption in Cheshire and Merseyside

In Cheshire and Merseyside over 13,300 patients have a diagnosis of coeliac disease, with only 17.4% (2,314) receiving prescription gluten free food.

The table below details the breakdown of GF prescriptions across Cheshire and Merseyside and shows that 99% of prescriptions issued are currently exempt from prescription charges.

Row Labels	Chargeable at Current Rate		Exempt	
	Number of Items	Proportion	Number of Iter	Proportion
Cheshire East	21	1.03%	2020	98.97%
Cheshire West	11	2.72%	393	97.28%
Halton	6	0.93%	637	99.07%
Knowsley	5	0.57%	869	99.43%
Liverpool	24	0.96%	2465	99.04%
Sefton	5	0.32%	1556	99.68%
St Helens		0.00%	10	100.00%
Warrington	6	0.76%	785	99.24%
Wirral	14	0.93%	1488	99.07%
Cheshire and Merseyside	92	0.89%	10223	99.11%

Of these exemptions, 73% is due to age (under 16 or 18 if in full time education, or over 60 years old), with the majority being over the age of 60.

According to Coeliac UK, most people are diagnosed from 50 years old and coeliac disease is most common in people aged between 50-69 years old.

Row Labels	Exempt	
	Number of Items	Proportion
Aged 60 Or Over	6253	61.17%
No Declaration/Declaration Not Specific	1950	19.07%
Under 16 / Aged 60 Or Over	898	8.78%
Pre-Payment Certificate	315	3.08%
Aged 16-18 And In Full Time Education	311	3.04%
Medical Exemption	287	2.81%
Income Support	87	0.85%
Universal Credit	64	0.63%
HC2 Charges	19	0.19%
NHS Tax Credit Exemption Certificate	19	0.19%
Maternity Exemption	15	0.15%
Income Based Job-seekers Allowance	3	0.03%
HRT Pre-payment Certificate	1	0.01%
Pension Guarantee Credit	1	0.01%
Unassigned		0.00%

3.2 Current Prescribing Approaches across England (where available)

Coeliac UK state that 40% of ICBs have stopped or reduced prescribing. Where the information was published, our research shows that 32% have stopped completely with 61% prescribing bread and bread mixes, 6% prescribing to under 18s only and 6% prescribe bread only. (see appendix E).

The table below shows the policy stance of local ICBs:

Prescribe bread & bread mixes	Do not prescribe – all ages
<ul style="list-style-type: none"> Greater Manchester – all ages Staffordshire – for those under age of 18 only 	<ul style="list-style-type: none"> Lancashire and South Cumbria Shropshire, Telford and Wrekin

3.3 Guiding principles:

- To reduce unwarranted variation and harmonise access to services across Cheshire and Merseyside.
- Use the latest evidence base to develop harmonised policies
- Consider sustainability of Cheshire and Merseyside ICB in context of financial requirements

3.4 Strategic Context

The main objectives identified are:

Objective 1	
Objective	Tackling health inequality, improving outcomes and access to services
Current Arrangement	<p>7* of 9 Places currently offer gluten free prescribing in line with the national Department of Health and Social Care (DHSC) consultation the outcome of which was to reduce prescribing to bread and bread mixes only in 2018. It is of note that for the remaining 2 Places, St Helens CCG and Cheshire West CCG opted to withdraw prescribing completely (noting this was prior to the national Department of Health and Social Care (DHSC) consultation as detailed above).</p> <p>*For Cheshire West Place, the area that was covered by the former Vale Royal CCG did not opt to withdraw prescribing, and as such there are still part of Cheshire West were prescribing can be undertaken (Winsford, Northwich, Middlewich and surrounding area).</p> <p>In addition, there are other patients who are diagnosed with food related allergies / intolerance conditions who do not receive prescriptions to</p>

Objective 1	
	manage their diet and therefore could be argued that those patients are disadvantaged by a prescribing option.
Gap/Business Needs	In order to harmonise the position across C&M, there are 2 options, one to implement prescribing across all 9 Places at a potential additional cost of £130k per year; a total estimated cost of £655k per year or to withdraw prescribing across all 9 places at a potential saving of £525k per year.
Objective 2	
Objective	Enhancing quality, productivity and value for money
Current Arrangement	<p>7* of 9 Places currently offer gluten free prescribing in line with the national Department of Health and Social Care (DHSC) consultation the outcome of which was to reduce prescribing to bread and bread mixes only in 2018. It is of note that for the remaining 2 Places, St Helens CCG and Cheshire West CCG opted to withdraw prescribing completely (noting this was prior to the national Department of Health and Social Care (DHSC) consultation as detailed above).</p> <p>*For Cheshire West Place, the area that was covered by the former Vale Royal CCG did not opt to withdraw prescribing, and as such there are still part of Cheshire West were prescribing can be undertaken (Winsford, Northwich, Middlewich and surrounding area).</p> <p>In addition, there are other patients who are diagnosed with food related allergies / intolerance conditions who do not receive prescriptions to manage their diet and therefore could be argued that those patients are disadvantaged by a prescribing option.</p> <p>There is a risk to patient safety if patients do not follow a GF diet (quality) and potential impact on wider services in the future.</p>
Gap/Business Needs	In order to harmonise the position across C&M, there are 2 options, one to implement prescribing across all 9 Places at a potential additional cost of £130k per year; a total estimated cost of £655k per year or to withdraw prescribing across all 9 places at a potential saving of £525k per year.

4 Options and considerations

No	Description	Outcome	EIA Feedback*	QIA Feedback*	Financial Impact
1	Do nothing -discounted option	Inequity of prescribing for patients across C&M	No EIA completed	No change to current situation, but unwarranted variation across C&M	Current annual spend of circa £525,000 will be maintained
2	NHS C&M adopt prescribing to national guidelines across all Places	Harmonised C&M policy in line with evidence base. Public involvement exercise could be minimal as there has already been a full consultation by DHSC.	In line with DHSC EIA guidance following extensive public consultation and EIA completion (see appendix F). If not prescribed will be contrary to national published guidance, however, this EIA is now 8 years old. Minimal equality impact identified. (see appendix A)	Equity across C&M and improves access to patients in the Places who do not currently receive prescribed gluten free goods. Overall Risk rating: 1 Green – Low risk (see appendix B)	Estimated increase in spend of £130,000. Estimated annual spend £655,000
3	NHS C&M to withdraw prescribing across all Places	Harmonised C&M policy contrary to published guidance however, this is now 6 years old. Public consultation exercise would be required in 8 Places	A number of groups of patients could be at risk of dietary neglect as clear links were identified between: - age (those aged under 16, those aged 16, 17 and 18 in full time education, and those aged 60 or over are eligible for prescription exemptions) - Gender (reported cases of coeliac disease are two to three times higher in women than men), -pregnancy and maternity (e.g. Poorly controlled coeliac disease in pregnancy can increase the risk of developing pregnancy-related complications) (see appendix C)	Withdrawal of prescribing would impact those patients who receive free prescriptions who are likely to be vulnerable due to low income, holding medical certificates which implies wider health needs and age. There is a risk in this current economic climate that people on low income would consume non-GF bread and bread mixes which could have longer term health impacts and therefore increase health inequalities. (see appendix D)	Most current spend would cease leading to an estimated saving of £525,000 with further estimated cost avoidance of £130k Estimated annual spend £0

No	Description	Outcome	EIA Feedback*	QIA Feedback*	Financial Impact
			<ul style="list-style-type: none"> - Families on low income (due to eligibility for exemptions from prescription charges) 	<p>Overall Risk rating: 4 Amber – moderate</p>	
4	<p>Prescribe to under 18s only – discounted option</p>	<p>Harmonised policy but only for young people, therefore inequity of access for patients across C&M. Public consultation would be required in all 9 Places.</p>	<p>This option is against published guidelines (& this would benefit less than 15% of the C&M population receiving GF prescriptions). A number of groups of patients could be at risk of dietary neglect as clear links were identified between:</p> <ul style="list-style-type: none"> - age and in particular those aged 60 or over are eligible for prescription exemptions - Children and young people are not financially independent so this option would support them to adhere to a GF diet - Gender (reported cases of coeliac disease are two to three times higher in women than men), -pregnancy and maternity (e.g. Poorly controlled coeliac disease in pregnancy can increase the risk of developing pregnancy-related complications) - Families on low income (due to eligibility for exemptions from prescription charges) 	<p>Withdrawal of prescribing would impact those patients who receive free prescriptions who are likely to be vulnerable due to low income, holding medical certificates which implies wider health needs and age. There is a risk in this current economic climate that people on low income would consume non-GF bread and bread mixes which could have longer term health impacts and therefore increase health inequalities.</p> <p>Whilst this option would support younger people, they make up less than 15% of the C&M population receiving GF prescriptions.</p>	<p>Based on 10% of current spend estimated costs would be £50,000 - £60,000 per annum. This results in a saving of £465,000 - £475,000</p>

4.1 Risks, Constraints & Dependencies

The following risks, constraints and dependencies have been highlighted as part of the development of the case for change.

Risks

The following risks have been identified with the achievement of the programme outcomes:

Risk	Mitigating actions
<p>It is difficult to evidence the impact of Coeliac patients not being able to access Gluten Free (GF) bread and bread mixes, but there are known risks to not adhering to a GF diet which could have long term health impacts and lead to greater demand on wider health services. An example given by Coeliac UK states it costs £195 a year per patient to support GF on prescription, but the average cost to the NHS of an osteoporotic hip fracture is £27,000.</p>	<p>A published DHSC Impact Assessment examines the issue of adherence in detail and concludes that adherence to a GF diet cannot be isolated to any single cause. Evidence shows that many factors are at play including product labelling, cost and information when eating out and managing social occasions. Adherence requires a range of knowledge and skills to avoid all sources of gluten. Gluten free foods are now much more readily available in supermarkets, with clear gluten free labelling. It should be noted that although GF bread and bread mixes are still more expensive the cost of these products has been reducing over time and there are other GF foods at comparable prices to standard foods for example 500g of GF pasta being the same price as 500g of standard pasta. It is also worth noting that bread is not an essential food item and there are many naturally free GF foods e.g. potatoes, rice.</p> <p>If the option to stop prescribing was accepted, signposting on how to adhere to a gluten free diet would be made available on the ICB website and GPs would continue to monitor these patients as usual.</p> <p>Also engagement with supermarkets in Cheshire and Merseyside would be undertaken to advise of the change in prescribing with a request for them to manage their stock levels accordingly.</p>
Risk	Mitigating actions
<p>There is a reputational risk to the ICB if the option to withdraw prescribing is accepted. Due to the current cost of living, there have been a number of national articles on the increased cost of “free from” foods despite them being much more available. In addition, 99% of the cohort of patients receiving prescriptions have an exemption in that they do not pay for prescriptions so</p>	<p>The ICB does not prescribe for other conditions that are associated with, or affected by the types of food they eat, so this would result in a fairer approach for these patients.</p> <p>A public consultation exercise would be held in those Places who currently prescribe in line with the approach in St Helens and the relevant area of Cheshire West.</p>

<p>could be seen that we are targeting our most vulnerable population.</p>	
<p>If the option to re-instate prescribing is accepted, there is a financial risk to the ICB in that an additional £130k per year would be required to support this, meaning an estimated annual spend of £655k.</p> <p>This may result in other critical funded services not being funded as a consequence of the further cost pressure.</p>	<p>Place based Medicines Management teams would review prescribing quantities to ensure they are in line with Coeliac UK guidance. This may mitigate some of the cost.</p> <p>Noting that this option is not the recommended option of the Reducing Unwarranted Variation Steering Group.</p>

Constraints

- The review is being undertaken in context of the recovery programmes.
- Due to the significance of the change, a public consultation exercise would be required if any option to withdraw prescribing was accepted. In addition, it would be necessary to engage and consult with the Oversight and Scrutiny Committees in all affected Places. A Joint OSC meeting would need to be formed, composed of the Local Authorities where the population would be impacted. The availability and timing of these meeting would be largely dictated by the Local Authorities. This would impact the timing of benefits delivery.
- Engagement/communication would also be required with local MPs.
- Consideration is needed regarding any delays to benefits delivery caused by the potential for ‘call in’ to the SoS for Health & Care of any proposed service change – members of the public or organisations can write to the Secretary of State at any stage of the process.

Dependencies

- NHS Cheshire and Merseyside’s communications and engagement team is currently focused on a number of pieces of public involvement work. Any public involvement requirements around gluten-free prescribing will need to be considered alongside existing work plans.
- Public involvement activity has resource implications. It is standard practice to commission independent analysis and reporting of feedback from public consultation, aside from any additional requirements around delivery of consultation activity. There is a need to scope out the requirements and identify the necessary budget.

5 Options Appraisal and Financial Case

For completeness a range of options have been considered as part of the case for change, a brief description of full range of options is below:

Option 1: Do nothing – 8 of 9 Places prescribe GF products, St Helens and part of Cheshire West do not prescribe (Option discounted)

Pros	Cons
<ul style="list-style-type: none"> The financial position of the ICB does not change. 	<ul style="list-style-type: none"> There is unwarranted variation across Cheshire and Merseyside in unequal access to GF bread and bread mixes for our patients. There is an increased risk of challenge by Equalities and Human Rights commission re inequality in service access. Financial impact remains at circa £525k per annum.

Option 2: Implement Prescribing of bread and bread mixes across whole of Cheshire and Merseyside

Pros	Cons
<ul style="list-style-type: none"> Harmonised access to GF bread and bread mixes across C&M In line with evidence base Supported by Quality and EDI Teams and Clinicians Review of the quantities prescribed in each Place could mitigate the additional cost 	<ul style="list-style-type: none"> Additional estimated annual cost of £130k making a total of estimated annual cost £655k per annum This may impact the ability to support other areas of need due to financial constraints across the Integrated Care System. There are other patients who suffer from other food allergies or intolerances who do not receive prescribed food goods, this option could be seen as increasing inequity for these patients.

Proposed next steps and estimated timeframe for Option 2:

- 1) Recovery Committee (September 16th) and Strategy & Transformation Committee (STC) (19th September) supported recommendation to withdraw prescribing
- 2) The recommendation from STC to be considered and decision to be ratified by Board – 28th November 24
- 3) Public Involvement exercise in St Helens and Cheshire (West Vale Royal GP Practices) (working assumption is this would be a communications exercise)
- 4) Harmonised policy to be launched across all Places – no change for 8 of 9 – December 24

Option 3: Withdraw Prescribing across whole of Cheshire and Merseyside

Pros	Cons
<ul style="list-style-type: none"> • Harmonised access to GF products across C&M • Financial benefit to the ICB of £525k per annum • Increased fairness in prescribing policies as NHS does not provide food on prescription for other groups of patients who conditions are associated with, or affected by, the type of food they eat. 	<ul style="list-style-type: none"> • Contrary to the latest published guidance, however, this is now 8 years old and the prices of GF goods have been reducing, therefore would be purely financial rationale • Concerns identified through the EIA and QIA process particularly around the impact on vulnerable patients (particularly age) and for those patients on low income the risk of increasing health inequalities. • Consultation required in 8 places. Time delay and potential cost to develop outcomes report. • Risk of negative publicity for ICB particularly in local press. • Increased risk of challenge by EHRC (as per above) • Increased risk of judicial review raised by individuals/organisations

Proposed next steps and estimated timeframe for Option 3:

- 1) Recovery Committee (September 16th and Strategy & Transformation Committee (19th September) support recommendation
- 2) Public consultation plan and materials to be developed.
- 3) The preferred option (subject to public consultation), and public consultation plan, to be approved by Board – 28th November 24
- 4) Public consultation exercise 8 weeks (subject to further discussion around timings and resources) – January 25 to February 25
- 5) Feedback and analysis report on consultation completed (approx. 4 weeks required) – March 25
- 6) Engagement with OSC on feedback from consultation exercise – to be confirmed
- 7) Feedback on consultation exercise presented to Board. Board asked to decide on whether to proceed with no GF prescribing approach – to be confirmed
- 8) Feedback on consultation exercise and Board decision presented to OSC - TBC
- 9) Subject to outcomes of public consultation and final decision-making, policy launch & benefits realisation start – to be confirmed

Option 4: Prescribe to under 18s only (Option discounted)

Pros	Cons
<ul style="list-style-type: none"> • Harmonised approach to prescribing of GF bread and bread mixes across C&M • Financial benefit to the ICB of £465,000 - £475,000 per annum • Would support the younger coeliac patients to follow a correct diet until adulthood. 	<ul style="list-style-type: none"> • Contrary to evidence base • Concerns identified through the EIA and QIA process around the impact on vulnerable patients particularly age (as over 60% of issued GF prescriptions are due to patients being aged 60+) and for those adult patients on low income as there is a risk of increasing health inequalities • Would require public engagement in all 9 Places • Risk of negative publicity for ICB particularly in local press. • This option does not provide a service for the majority of patients who are currently receiving GF prescriptions (15% under 19yo) • Increased risk of challenge by EHRC (as per above) • Increased risk of judicial review raised by individuals/organisations

5.1 Financial Case: Following the initial options assessment, Options 1 and 4 have been discounted.

Options	Description (*Committed costs)	Non-recurrent Year 1	Non-recurrent Year 2	Recurrent costs (Annual)	Comments
Option 1: Do nothing – 8 of 9 Places prescribe GF products, St Helens and part of Cheshire West do not	£525,000	£525,000	£530,000	£538,000 (yr 3)	Based on ONS population growth projection
Option 2: Implement Prescribing across whole of Cheshire and Merseyside	£650,000	£650,000	£661,700	£672,287 (yr 3)	Based on ONS population growth projection, however, could increase if cost of products or activity increases. Place prescribing Teams would also review prescribing quantities to ensure all in line with guidance.
Option 3: Withdraw Prescribing across whole of Cheshire and Merseyside	-£525,000	-£525,000	-£525,000	-£525,000	Provides a consistent approach to prescribing for food intolerances. Whilst this does not adhere to published guidance, this is now 6 years old. It is of note that the £525k is a cash releasing saving with a further cost avoidance of £130k.
Option 4: Prescribe to under 18s only	-£465,000 - £475,000	-£465,000 - £475,000	-£465,000 - £475,000	-£465,000 - £475,000	Not in line with published guidance and does not reflect the need of C&M demographics

6 Recommendation

In the context of the Recovery Programme and following further review and the formation of this options appraisal, the Reducing Unwarranted Variation Steering Group recommend the progression to public consultation of option 3, to withdraw prescribing of bread and bread mixes. This recommendation has also been discussed by the Deputy Medical Director and Associate Directors of Quality, and also with the Clinical Effectiveness Group who also support based on the QIA risk scores and EIA.

The context of this recommendation is that availability of GF foods has increased since the original policies were implemented, and whilst the cost of GF bread and bread mixes is still higher, some GF products (e.g. pasta) is the same price. Food labelling is much improved supporting patients to make healthy choices, and in addition, this is not a prescribed medication and bread and bread mixes are not considered an essential food item.

In addition, the withdrawal of prescribing of GF foods has already been implemented in St Helens and part of Cheshire West and so far, we are unaware of any unforeseen consequences; and NHS Cheshire and Merseyside do not prescribe products for other food alternatives for other food allergy / intolerances.

It should be noted that 99% of GF prescriptions issued are subject to payment exemption, the reason for the majority (73%) is that of age. A number of our ICB neighbours including Lancashire and South Cumbria and Shropshire, Telford and Wrekin have already stopped prescribing.

In accordance with the framework methodology established as part of the decommissioning policy, this has been undertaken for Gluten Free prescribing and the output is as follows:

The combined impact of the individual criterion scores, when put through the Prioritisation Framework tool is an overall score of 4.86. This equates to an overall assessment of "Consider Decommission / discontinue" indicating that this investment carries a relatively low priority within the context of financial recovery. (see appendix G).

The options appraisal paper was initially discussed with the Associate Directors of Quality where the proposal was acknowledged and supported. It was subsequently presented to the Recovery Committee on 16th September and was then considered by the Strategy and Transformation (S&T) committee at the meeting on 19th September. The S&T committee supported the recommendation to present the preferred option, to cease prescribing to the Board and that we progress to a public consultation to inform the outcome.

The recommendation to withdraw prescribing is also supported by the Recovery Committee and the Strategy and Transformation Sub-Committee based on the financial case and the QIA and EIA feedback. It is of note that the options appraisal was also reviewed and considered by the Clinical Effectiveness Group on 2nd October and the group supported progress of the proposed option to withdraw prescribing across Cheshire and Merseyside.

6.1 The Ask:

The Board are asked to:

- **approve** the recommendation put forward by the Reducing Unwarranted Variation Steering Group and supported by the Recovery Committee and Strategy and Transformation sub-committee to progress a proposal for a non-prescribing option for gluten free bread and bread mixes in order to commence a public consultation starting in January 2025. The feedback from this exercise, together with that of our Oversight and Scrutiny Committees will inform the decision whether to continue with this recommended option.

Appendices

Appendix A – EIA for option 2 – prescribe across all Places



Appendix A EIA
Clin070 GlutenFree S1

Appendix B – EIA for option 3 – stop prescribing across all Places



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Appendix C – QIA for option 2 – prescribe across all Places



Appendix%20C%20C
M%20ICB%20QIA%20

Appendix D – QIA for option 3 – stop prescribing across all Places



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HS%20Cheshire%20a

Appendix E – National Gluten Free Prescribing Offers (where available)

<https://westcheshireway.glasscubes.com/share/s/62deuiccpflvuqvc4kedtu31qo>

Appendix F – DHSC EIA

https://assets.publishing.service.gov.uk/media/5a823231e5274a2e87dc1a59/Equality_impact_assessment_-_GF_food.pdf

Appendix G – NHC C&M Decommissioning Framework review

<https://westcheshireway.glasscubes.com/share/s/ku6ksdqu610ekti92nuci6rj07>

<https://westcheshireway.glasscubes.com/share/s/v8q9qa836ob739m35697hq4d1e>

Gluten-free prescribing proposal

Draft plan for public consultation

Introduction and background

Gluten free (GF) products are sometimes prescribed to individuals who suffer from coeliac disease.

Updated national guidance on prescribing of GF products was introduced in 2018, with the intention of reducing previous variation in what was prescribed. The new guidance meant that GF products that fell outside the category of a bread or a mix were no longer prescribed at NHS expense. Local commissioners were encouraged to align their local policies with the amended regulations, but could also choose to restrict further by selecting bread only, mixes only or choose to end prescribing of all GF foods, if they felt this was appropriate for their population.

As the successor body to nine former clinical commissioning groups (CCGs), NHS Cheshire and Merseyside inherited each CCG's commissioning policies, including those for GF prescribing. Currently, there is not a single approach to prescribing of GF products across Cheshire and Merseyside. Seven areas or 'Places' (Cheshire East, Halton, Knowsley, Liverpool, Sefton, Warrington and Wirral) offer gluten free bread and bread mixes on prescription to eligible patients, while St Helens and Cheshire West do not offer this (although there are still some parts of Cheshire West where prescribing is undertaken – Winsford, Northwich, Middlewich and surrounding area).

On 28 November 2024, the Board of NHS Cheshire and Merseyside will be asked to give the go-ahead for a public consultation about a proposal to end ICB funded gluten free prescribing across Cheshire and Merseyside.

This document outlines NHS Cheshire and Merseyside's plan for holding a public consultation on this proposal from 14 January to 25 February 2025, pending the Board's approval. It should be read alongside the following paper being presented to Board: *Proposal for ICB funded Gluten Free Prescribing across Cheshire and Merseyside*, which contains additional background and rationale for the proposed change.

Objectives

The public consultation will present a single option – the cessation of GF prescribing across Cheshire and Merseyside. The objectives of the consultation are:

- To inform patients, carers/family members, key stakeholders, and the public of proposed changes to gluten free prescribing.
- To engage with people who currently receiving gluten free bread and bread mixes on prescription, organisations which support them (where applicable), their carers/family members, and the wider public, to gather people's views about the proposed changes, including how individuals might be impacted.

- To use these responses to inform final decision-making around the proposal.

Legal and statutory context

The main duties on NHS bodies to make arrangements to involve the public are set out in the National Health Service Act 2006, as amended by the Health and Care Act 2022 (section 14Z45 for integrated care boards).

Involvement also has links with separate duties around equalities and health inequalities (section 149 of The Equality Act 2010 and section 14Z35 of the National Health Service Act 2006). As part of our work, we need to involve people with protected characteristics, social inclusion groups and those who experience health inequalities.

The courts have established guiding principles for what constitutes a fair consultation exercise, known as the Gunning principles. These are:

1. Consultation must take place when the proposal is still at a formative stage.
2. Sufficient information and reasons must be put forward for the proposal to allow for intelligent consideration and response.
3. Adequate time must be given for consideration and response.
4. The product of consultation must be conscientiously taken into account.

Methods of engagement and materials

NHS Cheshire and Merseyside will produce clear and accessible public-facing information about the proposal, details of who is likely to be impacted and how, setting out the background to the issue and explaining why NHS Cheshire and Merseyside is proposing to make a change.

This information will be accompanied by a questionnaire containing both qualitative and quantitative questions, designed to gather people's views and perspectives on the proposals. Both the information and questionnaire will be available in Easy Read format. All materials will be made available on the NHS Cheshire and Merseyside website, with printed versions and alternative formats/languages available on request (via email or telephone). People who are unable to complete the questionnaire will be able to provide their feedback over the telephone.

The consultation will be promoted across NHS Cheshire and Merseyside's internal and external communication channels. Wider partners and stakeholders, including providers of NHS services (hospitals, community and mental health providers and primary care), local authorities, Healthwatch, and voluntary, community, faith and social enterprise (VCFSE) organisations, will be asked to share information using their own channels, utilising a toolkit produced for this purpose.

To ensure that those who would be most impacted by any potential change have an opportunity to share their views, NHS Cheshire and Merseyside will seek to work with colleagues in general practice and local pharmacies, to ensure that those who currently receive gluten free bread and bread mixes on prescription are made aware that the consultation is underway.

While specific events will not be organised as part of the consultation, if individual groups/networks request further information, NHS Cheshire and Merseyside will offer to attend meetings to provide additional briefings if required/appropriate.

Audiences

The following is an overview of key groups who we will seek to engage and/or communicate with during the consultation, either as a party with a direct interest or as a means of promoting the consultation to a wider audience.

Internal/NHS

- NHS Cheshire and Merseyside Integrated Care Board (ICB)
- NHS C&M staff
- General practice
- Primary care networks (PCNs)
- Local medical committees
- Local pharmacy committees
- NHS England

External

- General public in Cheshire and Merseyside
- People in Cheshire and Merseyside who currently receive prescriptions for GF bread and bread mixes (approx. 2,300)
- Local authorities
- Champs Public Health Collaborative
- MPs
- Local voluntary, community, faith and social enterprise organisations (VCFSEs)
- Local Healthwatch organisations
- Local/regional media outlets
- Coeliac UK (Liverpool, Cheshire and Warrington branches)

Governance and approvals

This plan has been developed by NHS Cheshire and Merseyside's Communications and Engagement team, which will also be responsible for leading public consultation activity. The plan will be presented to the Board of NHS Cheshire and Merseyside for approval before consultation commences.

Local authority scrutiny

NHS commissioners must consult local authorities when considering any proposal for a substantial development or variation of the health service. Subject to the board's approval of this plan, NHS Cheshire and Merseyside will commence discussions with each of the relevant local authorities.

Responding to enquiries

Members of the public will be directed to contact engagement@cheshireandmerseyside.nhs.uk with any enquiries about the consultation (a phone number will also be supplied). NHS Cheshire and Merseyside's Patient Experience

Team will be briefed on the engagement so that any enquiries that come through central routes can be directed appropriately.

Analysis, reporting and evaluation

When the consultation closes, the findings will be analysed and compiled into a report by an external supplier. The feedback received will be used to inform final decision-making about the proposal, and will therefore be received by a future meeting of the Board of NHS Cheshire and Merseyside. The outcome of this will be communicated using the same routes used to promote the consultation.

It's important to understand the effectiveness of different routes for reaching people, so that this can be utilised for future activity, and the questionnaire will ask people to state where they heard about the engagement. We will summarise this information – along with other measures such as number of enquiries received and visits to the website page – in the final consultation report.

ENDS

DRAFT



Cheshire and Merseyside

Equality Analysis Report

Pre-Consultation/ Post-Consultation/Full Report* (Use the same form but delete as applicable. If it is post-consultation it needs to include consultation feedback and results)

Cheshire & Merseyside wide

Start Date:	October 2024	
Equality and Inclusion Service Signature and Date:	Nicky Griffiths	30 October 2024
Sign off should be in line with the relevant ICB's Operational Scheme of Delegation (*amend below as appropriate)		
*Place/ ICB Officer Signature and Date:	Katie Bromley	30 October 2024
*Finish Date:		
*Senior Manager Sign Off Signature and Date		
*Committee Date:	28 th November 2024	

1. Details of service / function:

Guidance Notes: Clearly identify the function & give details of relevant service provision and or commissioning milestones (review, specification change, consultation, procurement) and timescales.

In 2016 – 2017 the Department of Health and Social Care undertook a review of prescribing for gluten free products and following a public consultation recommended that prescribing was limited to bread and bread mixes only.

When gluten free prescribing was first introduced, the availability of these foods was limited, however, all major supermarkets and other retailers stock gluten free foods both in store and on-line. In addition, food labelling has improved, and awareness has increased which means people are able identify which foods contain gluten and choose healthy options.

Currently in Cheshire and Merseyside 7* out of 9 Places offer Gluten Free Prescribing for patients with diagnosed coeliac disease in line with DHSC guidelines (*St Helens CCG and part of Cheshire West CCG stopped prescribing around 5 years ago). Therefore, there is inequity across Cheshire and Merseyside.

NHS Cheshire and Merseyside was created in July 2022 and, as the statutory body, took over commissioning responsibilities from the 9 former CCGS. NHS C&M has to consider how to use the fixed resource allocation from NHS England to enable them to fulfil their

duties and have to decide how and where to allocate resources to best meet the healthcare needs of the population they serve.

Under the Policy Harmonisation programme, and based on the DHSC consultation and clinical opinion, the recommendation was to re-instate prescribing for bread and bread mixes however this would result in an estimated additional annual spend of £130k. However, because of the need for NHS Cheshire and Merseyside to consider how they allocate funding to ensure it is being allocated to areas of highest risk, a review has been undertaken regarding the continuation of spend on gluten free prescribing and a recommendation to Board to stop gluten free prescribing is being presented. This would of course be subject to a public consultation exercise in order to inform the final decision.

A number of other ICBs have stopped prescribing, one of our neighbouring ICBs Lancashire and South Cumbria do not offer this service, and as an ICB we do not prescribe other food products for patients with other food intolerances or allergies.

What is the legitimate aim of the service change / redesign

For example

- Demographic needs and changing patient needs are changing because of an ageing population.
 - To increase choice of patients
 - Value for Money-more efficient service
- Public feedback/ Consultation shows need/ no need for a service
 - Outside commissioning remit of ICB/NHS

- To ensure a harmonised approach across Cheshire and Merseyside to prescribing food products for patients with coeliac disease and with other food intolerances / allergies
- To support the ICB to achieve financial savings - stopping prescribing across 8 places which would offer an estimated saving of £525k per year.
- To carry out a public consultation exercise to inform the final decision on gluten free prescribing

2. Change to service.

Currently 7* out of 9 Places offer Gluten free prescribing for bread and bread mixes, St Helens and Cheshire West CCG opted to stop this prior to the DHSC consultation. *For Cheshire West Place, the area that was covered by the former Vale Royal CCG did not opt to withdraw prescribing, and as such there are still part of Cheshire West were prescribing can be undertaken (Winsford, Northwich, Middlewich and surrounding area).

The proposal would stop prescribing across all of Cheshire and Merseyside. This proposal is based on the much wider availability of gluten free goods, which has increased in the 6 years since the DHSC consultation, the clearer food labelling which makes healthy choices easier and whilst bread is still more expensive than non gluten free options, the difference in price has reduced and bread is not required for a healthy diet.

3. Barriers relevant to the protected characteristics

Guidance note: describe where there are potential disadvantages.
<p>Primarily this will affect patients with coeliac disease and related conditions. However, the eligibility criteria states that gluten free products will be commissioned for patients diagnosed as suffering from established gluten-sensitive enteropathies, including dermatitis herpetiformis and coeliac disease. Other impact on protected characteristic groups will be no different to that on other members of the public who suffer with this disease.</p> <p>Awareness raising about alternative gluten free available foods will be available via GPs.</p> <p>There is no evidence to suggest that any protected group has higher prevalence of gluten intolerance.</p> <p>Diabetics and patients with food allergies are the most immediate comparator where alternative foods are not prescribed by the NHS. Gluten intolerance patients do not need to eat wheat based products to maintain good health.</p> <p>Poorly controlled coeliac disease in pregnancy can increase the risk of developing pregnancy-related complications, such as giving birth to a low birth weight baby. However, if pregnant women adhered to Gluten Free diet and their disease is under control then pregnancy related risk would be similar to pregnant women without coeliac disease. Pregnant women with coeliac disease get advice on managing their condition from both General Practitioners and hospital doctors.</p> <p>Coeliac disease is 3 times more common in women than in men and so any policy changes will affect women more than men.</p> <p>This assessment recognises that advice needs to be given to the public on healthy eating for patients with coeliac disease and we need to particularly reach out to women with healthy eating messages - this may help to mitigate against some patients with coeliac disease may not adhere to gluten free diet.</p> <p>Consideration should also be given to older people (who tend to be less mobile) or less mobile people (e.g. due to physical disability) are more likely to find it difficult to source gluten free foods.</p>

Protected Characteristic	Issue	Remedy/Mitigation
Age	<p>Coeliac UK have identified that it is key for younger people to have the right diet and have in the past supported stopping prescribing for all but under 18s.</p> <p>According to Coeliac UK, the majority of people are diagnosed from 50 years old</p>	<p>C&M data shows that less than 12% of prescriptions are allocated on the basis of being under 18s, and therefore prescribing to just this group could be</p>

	<p>and it is most common in people aged between 50 – 69 years. C&M data shows that 60% of GF prescriptions are allocated because patients are aged 60 and above and therefore our older age population may feel disadvantaged by stopping prescribing or prescribing for just under 18s.</p> <p>However, although only 11% of gf prescriptions are allocated to children and young people, they are not financially independent, and this data does not take into account their parents' financial capacity.</p> <p>According to Coeliac UK, non-adherence to a gluten free diet puts patients at a higher risk of long-term complications, including osteoporosis, ulcerative jejunitis, intestinal malignancy, functional hyposplenism, vitamin D deficiency and iron deficiency. This could lead to patients requiring additional care and support from NHS.</p> <p>An example given by Coeliac UK states it costs £195 a year per patient to support GF on prescription, but the average cost to the NHS of an osteoporotic hip fracture is £27,000.</p>	<p>seen as discriminatory for the older population.</p> <p>GF products are much more widely available in supermarkets and other outlets both in store and on-line, and improved food labelling means that patients are able to make more informed decisions about a healthy diet. In addition, bread is not necessary for a healthy diet as there are gluten free alternatives e.g. GF pasta, rice, potatoes etc.</p> <p>GP would continue to monitor patients and information is widely available on how to avoid gluten and follow a healthy diet.</p>
<p>Disability (you may need to discern types)</p>	<p>Currently, patients can get free NHS prescriptions if, at the time the prescription is dispensed, they:</p> <ul style="list-style-type: none"> • have a continuing physical disability that prevents them from going out without help from another person and have a valid MedEx • hold a valid war pension exemption certificate and the prescription is for an accepted disability. <p>People with coeliac disease, amongst these groups of people, may therefore be negatively impacted as a result of this proposal.</p> <p>People in this cohort may feel that this has a detrimental effect on their finances and so on their overall quality of life.</p> <ul style="list-style-type: none"> • People with learning difficulties may find the GF labelling confusing and could be at greater risk of not adhering to a GF 	<p>Many supermarkets now have outlets on-line offering home deliveries which would support those with mobility issues to access GF products.</p> <p>GPs could offer prescriptions through the Individual Funding Request (IFR) process if their patient could demonstrate exceptionality.</p> <p>GP would continue to monitor patients</p>

	<p>diet without these products being prescribed.</p> <ul style="list-style-type: none"> • Patient with mobility issues may struggle to get to shops to buy GF foods. 	
Gender reassignment	No greater impact	
Marriage and Civil Partnership	No greater impact	
Pregnancy and maternity	<p>Poorly controlled coeliac disease in pregnancy can increase the risk of developing pregnancy-related complications, such as giving birth to a low-birth weight baby.</p>	<p>Only 0.15% of the prescription exemptions are because of maternity exemption which implies the number of patients impacted is minimal.</p> <p>If pregnant women adhered to Gluten Free diet and their disease is under control then pregnancy related risk would be similar to pregnant women without coeliac disease. Pregnant women with coeliac disease get advice on managing their condition from both GPs and hospital doctors.</p> <p>The prescription exemption applies to pregnant women from the time they are pregnant to one year after either the due date or delivery date. This equality group will have short term effect.</p>
Race	No greater impact	
Religion and belief	No greater impact	

Sex	According to NICE the prevalence in females is higher than in males (0.6% compared to 0.4%). C&M data reflects this with 65% of patients being female. This could result in females being more impacted than men, and they feel that this has a detrimental effect on their finances and so on their overall quality of life.	Food labelling is much improved and supports people to make healthy choices. In addition, bread is not necessary for a healthy diet as there are gluten free alternatives e.g. GF pasta, rice, potatoes etc. There are many websites with information on how to remain GF. GP would continue to monitor patients
Sexual orientation	No greater impact	
<p>Whilst currently out of scope of Equality legislation it is also important to consider issues relating to socioeconomic status to ensure that any change proposal does not widen health inequalities. Socioeconomic status includes factors such as social exclusion and deprivation, including those associated with geographical distinctions (e.g. the North/South divide, urban versus rural). <i>Examples of groups to consider include: refugees and asylum seekers, migrant, unaccompanied child asylum seekers, looked-after children/ care leavers, homeless people, prisoners and young offenders, veterans, people who live in deprived areas, People living in remote, and rural locations.</i></p> <p style="text-align: center;"><i>Health inclusion groups</i></p> <p style="text-align: center;">https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/inclusion-health-groups/</p> <p style="text-align: center;"><i>For a more in-depth assessment of health inequalities please use the HEAT toolkit</i></p> <p style="text-align: center;">https://www.gov.uk/government/publications/health-equity-assessment-tool-heat</p>		
refugees and asylum seekers	No greater impact	
Looked after children and care leavers	Children and young people in care are not financially independent and often rely on GF specific products.	
Homelessness	No greater impact	
worklessness	No greater impact	
People who live in deprived areas	No greater impact	
carers	No greater impact	
Young carers	No greater impact	
People living in remote, rural and island locations	There is a risk that people in more remote areas will not have the same access to	Many supermarkets offer on-line shopping and deliver to homes,

	supermarkets with gluten free alternatives to bread. People in this cohort may feel that this has a detrimental effect on their finances and so on their overall quality of life.	and bread is not necessary for a healthy diet as there are gluten free alternatives e.g. GF pasta, rice, potatoes etc. GP would continue to monitor patients
People with poor literacy or health Literacy	No greater impact	
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	No greater impact	
<i>Sex workers</i>	No greater impact	
People or families on a low income	There is a risk that people or families on low income will not be able to adhere to a gluten free diet because the cost of GF bread and bread mixes compared to a standard loaf and flour is higher. People on low income who choose to purchase gluten free products because they can no longer obtain them on prescription may feel that this has a detrimental effect on their finances and so on their overall quality of life. The financial capacity of patients over 60 receiving prescription payment exemptions due to age is unknown and therefore still a risk that they will be impacted because of low income. Children and young people are at risk from not being able to adhere to a GF diet if the cost is too expensive. According to Coeliac UK a weekly gluten free food shop can be as much as 20% more expensive than a standard weekly food shop	C&M data shows that less than 2% of the prescription exemptions are because the patient is in receipt of tax credit or income based job seekers allowance. Whilst the cost of bread and flour is more expensive, there are other GF products e.g. pasta which is the same price as standard, and there are other natural GF foods. There are websites with information on how to maintain a GF diet. GP would continue to monitor patients
People with addictions and/or substance misuse issues	No greater impact	
SEND / LD	No greater impact	
Digital exclusion	No greater impact	

4. What data sources have you used and considered in developing the assessment?

NHS England Guidance: 'Prescribing Gluten-Free Foods in Primary Care: Guidance for CCGs' NICE guidance regarding coeliac disease: https://www.nice.org.uk/guidance/qs134 , Department of Health & Social Care website, Coeliac UK website, C&M prescribing data
5. Involvement: consultation/ engagement
Guidance note: How have the groups and individuals been consulted with? What level of engagement took place? (If you have a consultation plan insert link or cut/paste highlights)
No engagement has taken place yet as the work to date has been an options appraisal to recommend an ICB proposal. This EIA is part of paper to ICB Board meeting to establish support for a non-prescribing option and at that point, if appropriate, public consultation would be initiated in order to inform the final decision.
6. Have you identified any key gaps in service or potential risks that need to be mitigated
Guidance note: Ensure you have action for who will monitor progress. Ensure smart action plan embeds recommendations and actions in Consultation, review, specification, inform provider, procurement activity, future consultation activity, inform other relevant organisations (NHS England, Local Authority).

Risk	Required Action	By Who/ When
<p>If the option to withdraw prescribing is accepted, there is a risk that patients who previously received prescriptions will not adhere to a GF diet which could have significant health implications for them and will potentially increase demand (& cost) on future NHS Services.</p> <p>An example given by Coeliac UK states it costs £195 a year per patient to support GF on prescription, but the average cost to the NHS of an osteoporotic hip fracture is £27,000.</p>	<p>A published DHSC Impact Assessment examines the issue of adherence in detail and concludes that adherence to a GF diet cannot be isolated to any single cause. Evidence shows that many factors are at play including product labelling, cost and information when eating out and managing social occasions. Adherence requires a range of knowledge and skills to avoid all sources of gluten. Gluten free foods are now much more readily available in supermarkets, with clear gluten free labelling and greater awareness on healthy eating choices. Whilst bread and bread mixes are still more expensive than non GF products (according to Coeliac UK a gluten free loaf of bread is on average 4.3 times more expensive than a standard gluten containing loaf) it can be said that the cost of these products has been reducing over time and there are other GF products that are comparable prices to standard goods (e.g.500g of GF pasta is the same price as 500g of pasta containing gluten). In</p>	<p>Medical Directorate would ensure this happened following a decision</p>

	<p>addition, there are naturally free gluten free products e.g. rice, potatoes.</p> <p>In C&M the majority of patients receiving GF Prescriptions are exempt from charges, with over 70% of this being due to age. Because this exemption does not take into account financial capacity it is difficult to evidence what the individual financial impact on the impacted patients would be. It should be noted that there are less than 2% of prescription exemptions identified as being on tax credits or income support.</p> <p>If the option to stop prescribing was accepted, information on how to adhere to a gluten free diet would be made available and GPs would continue to monitor these patients as usual.</p>	
<p>There is a reputational risk to the ICB if the option to withdraw prescribing is accepted. Due to the current cost of living, there have been a number of national articles on the increased cost of “free from” foods despite them being much more available. In addition, 99% of the cohort of patients receiving prescriptions have an exemption in that they do not pay for prescriptions so could be seen that we are disadvantaging our most vulnerable population.</p>	<p>See above regarding non-GF options.</p> <p>In addition, the ICB does not prescribe for other conditions that are associated with, or affected by the types of food they eat, so this would result in a fairer approach for these patients.</p> <p>A public consultation exercise would be held in those Places who currently prescribe in line with the approach taken in St Helens and West Cheshire CCG before a final decision is made.</p>	<p>n/a</p>

<p>7. Is there evidence that the Public Sector Equality Duties will be met (give details) Section 149: Public Sector Equality Duty (review all objectives and relevant sub sections)</p>		
<p>PSED Objective 1: Eliminate discrimination, victimisation, harassment and any unlawful conduct that is prohibited under this act: (check specifically sections 19, 20 and 29)</p>		
<p>PSED Objective 2: Advance Equality of opportunity. (check Objective 2 subsection 3 below and consider section 4)</p>		
<p>Analysis post consultation</p>		
<p>PSED Objective 2: Section 3. sub-section a) remove or minimise disadvantages suffered by people who share a relevant protected characteristic that are connected to that characteristic.</p>		
<p>Analysis post consultation</p>		
<p>PSED Objective 2: Section 3. sub-section b) take steps to meet the needs of people who share a relevant protected characteristic that are different from the needs of people who do not share it</p>		
<p>Analysis post consultation</p>		
<p>PSED Objective 2: Section 3. sub-section c) encourage people who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such people is disproportionately low.</p>		
<p>Analysis post consultation</p>		
<p>PSED Objective 3: Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (consider whether this is engaged. If engaged consider how the project tackles prejudice and promotes understanding -between the protected characteristics)</p>		
<p>Analysis post consultation</p>		
<p>Health Inequalities: Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s.14T);</p>		
<p>[ENTER RESPONSE HERE]</p>		
<p>PSED Section 2: Consider and make recommendation regards implementing PSED in to the commissioning process and service specification to any potential bidder/service provider (private/ public/charity sector)</p>		
<p>Analysis post consultation</p>		
<p>8. Recommendation to Board</p>		
<p>Guidance Note: will PSED be met?</p>		
<p>[ENTER RESPONSE HERE]</p>		
<p>9. Actions that need to be taken</p>		
<p>[ENTER RESPONSE HERE]</p>		

QUALITY IMPACT ASSESSMENT					
Project Name	Gluten Free Prescribing – Option 3 All Places Withdraw Gluten Free Prescribing				
Verto/PMO reference		Date of QIA	10/07/24	Date QIA reviewed	Stage 1 (local) 21/08/2024
					Stage 2 (regional) 06/09/24
Name of Project Manager	Katie Bromley	Name of Programme manager	Natalia Armes	Clinical Lead	Rowan Pritchard Jones
Confirm date discussed at PDG or appropriate Place forum	n/a ICB Wide Recovery Programme	Is this QIA part of an options appraisal?	Yes	Is the place of care expected to change?	n/a
Is this a permanent or temporary change? (e.g., a GRANT or a PILOT scheme?)	Permanent	If temporary – what are the expected timescales?	n/a	What will happen to the cohort of patients in progress when the service ends?	They will have to fund their own Gluten Free products
It is a nationally, or regionally, mandated service?	No	Is it identified as clinically essential?	No	Is it a statutory service? Y/N and details	No
Confirm if a Digital Impact Assessment has been undertaken	n/a	Confirm if a DPIA is required. (Remember this on all the data involved – not just the data held by NHS C&M)	n/a	An EIA is advised. Confirm if it has been undertaken.	Yes
Number of patients affected	2570 (23/24 data)	Mitigated quality risk if project progresses.	Moderate - 4	Mitigated Quality risk if project is NOT Progressed	Low - 1
Current costs	£520,000	Proposed costs	£0	Does it impact on another C&M Place?	8 of 9 Places: Liverpool Wirral Sefton

					Knowsley Warrington Halton Cheshire East Cheshire West (excluding GP practices in Cheshire West CCG footprint)
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Background and overview of the proposals (can be copied from PID on Verto or from National/Regional commissioning guidance)

In 2016 – 2017 the Department of Health and Social Care undertook a review of prescribing for gluten free products and following a public consultation recommended that prescribing was limited to bread and bread mixes only. When gluten free prescribing was first introduced, the availability of these foods was limited, however, all major supermarkets and other retailers stock gluten free foods both in store and on-line. In addition, food labelling has improved, and awareness has increased which means people are able identify which foods contain gluten and choose healthy options.

Currently in Cheshire and Merseyside 7* out of 9 Places offer Gluten Free prescribing for patients with diagnosed coeliac disease in line with the national Department of Health and Social Care (DHSC) consultation the outcome of which was to reduce prescribing to bread and bread mixes only in 2018. It is of note that for the remaining 2 Places, St Helens CCG and Cheshire West CCG opted to withdraw prescribing completely (noting this was prior to the national Department of Health and Social Care (DHSC) consultation as detailed above).

*For Cheshire West Place, the area that was covered by the former Vale Royal CCG did not opt to withdraw prescribing, and as such there are still part of Cheshire West were prescribing can be undertaken (Winsford, Northwich, Middlewich and surrounding area. Therefore, there is inequity of access to these products across Cheshire and Merseyside.

NHS Cheshire and Merseyside was created in July 2022 and, as the statutory body, took over commissioning responsibilities from the 9 former CCGs. NHS C&M has to consider how to use the fixed resource allocation from NHS England to enable them to fulfil their duties and have to decide how and where to allocate resources to best meet the healthcare needs of the population they serve.

Under the Policy Harmonisation programme, and based on the DHSC consultation and clinical opinion, the recommendation was to re-instate prescribing for bread and bread mixes however this would result in an estimated additional annual spend of £130k. However, because of the need for NHS Cheshire and Merseyside to consider how they allocate funding to ensure it is being allocated to areas of highest risk, a review has been undertaken regarding the continuation of spend on gluten free prescribing and a recommendation to Board to stop gluten free prescribing is being presented. This would of course be subject to a public consultation exercise in order to inform the final decision.

The purpose of the QIA is to help articulate the risks to patients as it is hard to evidence the impact of withdrawing Gluten Free prescribing.

Risks if the project did not go ahead.

If this option was not supported, this would leave unwarranted variation in access to these services.

<p>Please confirm the specific patient groups affected.</p> <p>Advise the impact on health inequalities</p>	<p>There are over 13,300 patients diagnosed with Coeliac Disease and other conditions which would deem them eligible for gluten free prescribing. Most patients choose to purchase their GF products themselves, however, 2,314 patients receive their GF bread and bread mixes through a prescription.</p> <p>Currently 99% of patients currently receiving Gluten Free prescriptions are exempt from charges. The highest categories are as follows:</p> <ul style="list-style-type: none"> Aged 60 or over – 61% Under 18 – 12% Pre-payment certificate – 3% Medical Exemption – 3% Non specified Declaration – 19% <p>The data shows the biggest impact would be to patients over 60.</p>		
	<p>Positive impact Improved patient safety, such as reducing the risk of adverse events is anticipated</p>	<p>Neutral Impact May have an adverse impact on patient safety. Mitigation is in place or planned to mitigate this impact to acceptable levels</p>	<p>Negative impact Increased risk to patient safety. Further mitigation needs to be put in place to manage risk to acceptable level</p>
<p>Explain how the project minimises the risk of harm and impacts patients. Include any risks</p>	<p>This would save the ICB over £500,000 per annum which could be spent on other priorities.</p>	<p>The majority of patients receiving prescriptions are exempt from charges, and this is mainly due to age. Because this exemption does not take into account financial capacity it is difficult to evidence that these patients would not be able to afford to purchase their own GF bread and mixes. The 2 CCGs that have withdrawn prescribing have advised that they have not experienced an increase in patients presenting with issues relating to not following a GF diet.</p>	<p>It is difficult to evidence the impact of Coeliac patients not being able to access Gluten Free (GF) bread and bread mixes, but there are known risks to not adhering to a GF diet which could have long term health impacts and lead to greater demand on wider health services.</p> <p>According to Coeliac UK, non-adherence to a gluten free diet puts patients at a higher at a higher risk of long-term complications, including osteoporosis, ulcerative jejunitis, intestinal malignancy, functional hyposplenism, vitamin D deficiency and iron deficiency. This could lead to patients requiring additional care and support from NHS.</p>

<p>Explain how the project may impact upon adults at risk and children and provide assurance that safeguarding process are in place with the provider</p>		<p>A gluten free diet may be maintained with items such as potatoes and rice, and bread is not essential</p>	<p>The patient groups that will be most impacted by this decision are older adults (over 60yo) and young people (under 18 & in full time education). These patient groups may potentially be at greater risk (incl. osteoporosis / long term conditions for younger patients) if they do not adhere to a GF diet. It is of note, however, this policy only relates to bread and bread mixes and bread is not an essential food item as there are gluten free alternatives e.g. GF pasta, rice, potatoes etc. and improved labelling on food and website with information on how to maintain a healthy GF diet.</p> <p>Due to the current cost of living, there have been a number of national articles on the cost of “free from” foods despite them being much more available. In addition, 99% of the cohort of patients receiving GF prescriptions have an exemption in that they do not pay for prescriptions so could be seen that we are disadvantaging our most vulnerable population. Because 73% of these exemptions are due to age, and this exemption does not take into account financial capacity, it is difficult to evidence that these patients would not be able to afford to purchase their own GF bread and mixes</p>
<p>Describe the impact on processes for reducing and</p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>

preventing patient harms and Healthcare Associated Infections? (e.g., falls, pressure ulcers, MRSA / CDI, VTE, etc)			
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Clinical Effectiveness			
Please confirm how the project uses the best, knowledge based, research	The review of GF prescribing was carried out initially by Pharmacists and Dieticians, with support from other clinicians as part of the CPH Steering Group and was then continued under the ICB Unwarranted Variation Programme due to the financial constraints. Evidence from Dept. Health & Social Care, Coeliac UK was also reviewed. The recommendation from DH&SC is now to prescribe only bread and bread mixes, however, in the “Prescribing Gluten-Free Foods in Primary Care: Guidance for CCGs” document, published following the consultation in 2018 it does state “CCGs may further restrict the prescribing of GF foods by selecting bread only, mixes only or CCGs may choose to end prescribing of GF foods altogether”.		
	Positive impact Clinical effectiveness will be improved resulting in better outcomes anticipated for patients	Neutral impact May have an adverse impact on clinical effectiveness. Mitigation is in place or planned to mitigate this impact to acceptable risk levels	Negative impact Significant reduction in clinical effectiveness. Further mitigation needs to be put in place to manage risk to acceptable level
Explain if/how the project improves hospital flow or improves length of stay		These patients would not be treated in a hospital environment, so no impact on length of stay.	
Describe the impact on			It is difficult to evidence the impact of Coeliac patients not being able to access

<p>clinical outcomes and how this will be monitored.</p>			<p>GF bread and bread mixes, but there are known risks to not adhering to a GF diet which could have long term health impacts (e.g. osteoporosis, ulcerative jejunitis, intestinal malignancy, functional hyposplenism, vitamin D deficiency and iron deficiency), and lead to greater demand on wider health services. However, availability of gf products has improved, as has food labelling. Patients would continue to be supported by their GPs as usual.</p> <p>Feedback from the 2 CCGs who have withdrawn prescribing have not reported any unforeseen consequences.</p>
<p>Does the project result in a higher likelihood of clinical recovery?</p>			<p>If patients cannot afford or cannot get to a supermarket to buy their own GF bread and bread mixes, there could be a negative impact on their long term health.</p>
<p>Does the project provide better access to wider care pathways?</p>			<p>No this would end prescribing</p>
<p>Does the project follow the latest NICE guidance/other relevant best practice evidence?</p>			<p>No. DH&SC and Coeliac UK guidance recommend prescribing bread and bread mixes</p>
<p>Describe the feedback of clinical leads</p>	<p>A number of clinicians have expressed support for the withdrawal, some noting that they have seen requests reduce over the last couple of years potentially due to wider availability of GF products in shops.</p>	<p>Where Clinical Leads support the withdrawal of prescribing, they have noted a potential financial impact to lower income patients.</p>	<p>The Dieticians who were part of the Clinical Policy Harmonisation programme did not support stopping prescribing through concern over those patients who may not follow a GF diet if not prescribed. However, feedback from those Places who have withdrawn</p>

			prescribing is that they have not experienced unforeseen consequences. GPs would continue to support patients and information on how to maintain a GF diet is widely available
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Patient Experience			
Please confirm the specific patient groups affected and how they are impacted.	A policy not to prescribe gluten free products may have an impact on vulnerable patients because gluten free products, while readily available in supermarkets, are more expensive than standard products, and some patients may not be able to access supermarkets easily.		
	Positive impact Improved patient and carer experience anticipated	Neutral impact May have an adverse impact on patient and carer experience. Mitigation is in place or planned to mitigate this impact to acceptable risk levels	Negative impact Significant reduction in patient and carer experience. Further mitigation needs to be put in place to manage risk to acceptable levels
Explain how the project will impact on the experience of care and better access to services	Not prescribing GF products will save over £500k which can be invested in other services. In addition, GF products are also the only food product that is offered on prescription, but there are other food allergies that don't have this offer, so could argue that stopping prescribing further reduces unwarranted variation.	This option withdraws prescribing and therefore does not impact access to services, however for patients who currently receive prescriptions they may reflect that experience of care is impacted by this, but access to supporting services is unchanged.	

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Describe any consultation or engagement with the population that has occurred or is planned.		Public consultation would take place following a decision from the ICB Board as to whether withdrawing prescriptions would be considered	
Describe any change of location or setting of care.	n/a	n/a	n/a

Have any risks been identified in the following areas? (please list risk and escalation process)				
Area	Risk identified	If escalated, identify where escalated to	Date escalated	Mitigations put in place
Staff Experience	no			
Service Delivery	no			
Disinvestment	no			
Contingency plans	no			
Interdependency	no			
Sustainability	no			

QUALITY IMPACT ASSESSMENT

RISKS where the project is progressed				
	Comment to explain rationale (include mitigations where applicable)	Likelihood of risk (L) (see table below)	Risk Impact / Consequence (C) (see table below)	Multiplication Total L x C
Quality risk to progress project	If the option to withdraw prescribing is accepted, there is a risk that patients who previously received prescriptions will not adhere to a GF diet due to affordability of free from products, which could have significant health implications for them and will potentially increase demand on health services as a result. There is a risk that this will widen health inequalities in deprived areas.	2	3	6
MITIGATED RISK to progress project				
Quality risk to progress project	<p>In line with Cheshire West CCG actions when they stopped prescribing, we would improve the information and advice available to patients with coeliac disease that will help them to have a healthy, nutritious and balanced diet with all the necessary vitamins and minerals.</p> <p>Coeliac patients can still eat all naturally gluten-free foods such as meat, fish, fruit, vegetables, rice, and potatoes. We will provide advice to the following:</p> <p>Coeliac UK website for guidance and advice NHS Choices Website BBC website on gluten free diet The Eatwell Guide - NHS).</p> <p>Engage with supermarkets within C&M footprint to advise of prescribing decision with ask of them to manage their stock levels.</p>	2	2	4

RISKS if project is NOT progressed				
	Comment to explain rationale (include mitigations where applicable)	Likelihood of risk (L)	Risk Impact / Consequence (C)	Multiplication Total for not progressing project

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		See table below	See table below	L x C
Quality risk if project does not proceed	<p>If the option to withdraw prescribing is not supported, then C&M have unwarranted variation in access to these products.</p> <p>The alternative option is to re-instate prescribing, however, there is a financial risk to the ICB in that an additional £130k would be required to support this and a total estimated annual expenditure of £650k.</p>	1	1	1
MITIGATED RISK if project is NOT progressed				
Mitigated quality risk to progress project	Place based Medicines Management teams would review prescribing quantities to ensure they are in line with Coeliac UK guidance. This may mitigate some of the cost.	1	1	1

Summary

Decision made	Score	Mitigated score	Impact
Progress	6	4	moderate
Not progress	1	1	Low
Score summary (add to front page)			
Negligible and Low risk	Moderate risk	Major risk	Catastrophic risk
1-3	4 to 6	8- 12	13- 25

Risk Impact Score Guidance

LEVEL	DESCRIPTOR	DESCRIPTION – ICB LEVEL
5	Catastrophic (>75%)	<p>Safety - multiple deaths due to fault of ICB OR multiple permanent injuries or irreversible health effects OR an event affecting >50 people.</p> <p>Quality – totally unacceptable quality of clinical care OR gross failure to meet national standards.</p> <p>Health Outcomes & Inequalities – major reduction in health outcomes and/or life expectancy OR major increase in health inequality gap in deprived areas or socially excluded groups</p> <p>Finance – major financial loss - >1% of ICB budget OR 5% of delegated place budget</p> <p>Reputation – special measures, sustained adverse national media (3 days+), significant adverse public reaction / loss of public confidence major impact on trust and confidence of stakeholders</p>
4	Major (50% > 75%)	<p>Safety - individual death / permanent injury/ disability due to fault of ICB OR 14 days off work OR an event affecting 16 – 50 people.</p> <p>Quality – major effect on quality of clinical care OR non-compliance with national standards posing significant risk to patients.</p> <p>Health Outcomes & Inequalities – significant reduction in health outcomes and/or life expectancy OR significant increase in health inequality gap in deprived areas or socially excluded groups</p> <p>Finance - significant financial loss of 0.5-1% of ICB budget OR 2.5-5% of delegated place budget</p> <p>Reputation - criticism or intervention by NHSE/I, litigation, adverse national media, adverse public significant impact on trust and confidence of stakeholders</p>
3	Moderate (25% > - 50%)	<p>Safety - moderate injury or illness, requiring medical treatment e.g., fracture due to fault of ICB. RIDDOR/Agency reportable incident (4-14 days lost).</p> <p>Quality – significant effect on quality of clinical care OR repeated failure to meet standards</p> <p>Health Outcomes & Inequalities – moderate reduction in health outcomes and/or life expectancy OR moderate increase in health inequality gap in deprived areas or socially excluded groups</p> <p>Finance - moderate financial loss - less than 0.5% of ICB budget OR less than 2.5% of delegated place budget</p>

		<p>Reputation - conditions imposed by NHSE/I, litigation, local media coverage, patient and partner complaints & dissatisfaction moderate impact on trust and confidence of stakeholders</p>
2	Minor (<25%)	<p>Safety - minor injury or illness requiring first aid treatment</p> <p>Quality – noticeable effect on quality of clinical care OR single failure to meet standards</p> <p>Health Outcomes & Inequalities – minor reduction in health outcomes and/or life expectancy OR minor increase in health inequality gap in deprived areas or socially excluded groups</p> <p>Finance - minor financial loss less than 0.2% of ICB budget OR less than 1% of delegated place budget</p> <p>Reputation - some criticism slight possibility of complaint or litigation but minimum impact on ICB minor impact on trust and confidence of stakeholders</p>
1	Negligible (<5%)	<p>Safety - none or insignificant injury due to fault of ICB</p> <p>Quality – negligible effect on quality of clinical care</p> <p>Health Outcomes & Inequalities – marginal reduction in health outcomes and/or life expectancy OR marginal increase in health inequality gap in deprived areas or socially excluded groups</p> <p>Finance - no financial or very minor loss</p> <p>Reputation - no impact or loss of external reputation</p>

The likelihood of the risk occurring must then be measured. Table 2 below should be used to assess the likelihood and obtain a likelihood score. When assessing the likelihood, it is important to take into consideration the existing controls (i.e. mitigating factors that may prevent the risk occurring) already in place.

Table 2 - Risk Likelihood Score Guidance

1	2	3	4	5
<p>Rare The event could only occur in exceptional circumstances (<5%)</p>	<p>Unlikely The event could occur at some time (<25%)</p>	<p>Possible The event may well occur at some time (25%> -50%)</p>	<p>Likely The event will occur in most circumstances (50% > 75%)</p>	<p>Almost certain The event is almost certain to occur (>75%)</p>

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The impact and likelihood scores must then be multiplied and plotted on table 3 to establish the overall level of risk and necessary action.

Table 3 - Risk Assessment Matrix (level of risk)

LIKELIHOOD of risk being realised	IMPACT (severity) of risk being realised				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Rare (1)	1	2	3	4	5
Unlikely (2)	2	4	6	8	10
Possible (3)	3	6	9	12	15
Likely (4)	4	8	12	16	20
Almost Certain (5)	5	10	15	20	25

Low Risk	Moderate Risk	High Risk	Extreme Risk	Critical Risk
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Risk Proximity

A further element to be considered in the risk assessment process is risk proximity. Risk proximity provides an estimate of the timescale as to when the risk is likely to materialise. It supports the ability to prioritise risks and informs the appropriate response in the monitoring of controls and development of actions.

A pragmatic approach to the use of risk proximity which supports leadership, decision making and reporting is used and is therefore determined to be applied to all Risks.

The proximity scale used is below:

Proximity and timescale for dealing with the risk	Within the current quarter	Within the financial year	Beyond the financial year
Rating	A	B	C

Likelihood, impact and proximity are dynamic elements and consequently all three must be reviewed and reassessed frequently in order to prioritise the response.

Sign off process			
Name	Role	Signature	Date
Katie Bromley	Project lead		4/9/24
Sinead Clarke	Clinical lead		4/9/24
Natalia Armes	Programme manager		4/9/24
	PMO lead		
Once signed off by all above, then the QIA is submitted to QIA review group			

This section to be completed following review at the QIA review group					
Name	Role	Approved	Rejected	Signature	Date
ADs of Quality	QIA review group chair (after group meeting)	Yes			6/9/24
Denise Roberts (supported by Maxine Dickinson)	AD of Quality	Yes			21/08/24
	C&M ICB QIA lead (if necessary)				

PROTOCOL FOR THE ESTABLISHMENT OF JOINT HEALTH SCRUTINY ARRANGEMENTS IN CHESHIRE AND MERSEYSIDE

1. INTRODUCTION

1.1 This protocol has been developed as a framework for the operation of joint health scrutiny arrangements across the local authorities of Cheshire and Merseyside. It allows for:

- scrutiny of substantial developments and variations of the health service; and,
- discretionary scrutiny of local health services.

1.2 The protocol provides a framework for health scrutiny arrangements which operate on a joint basis only. Each constituent local authority should have its own local arrangements in place for carrying out health scrutiny activity individually.

2. BACKGROUND

2.1 The relevant legislation regarding health scrutiny is:

- Health and Social Care Act 2012,
- The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013; and
- The Health and Care Act 2022.

This is supplemented by relevant guidance:

- Local Authority Health Scrutiny (DHSC, updated 2024)
- Statutory guidance: “Reconfiguring NHS services – ministerial intervention powers” (DHSC, 2024).

2.2 In summary, the statutory framework authorises local authorities individually and collectively to:

- review and scrutinise any matter relating to the planning, provision and operation of the health service; and,
- consider consultations by a relevant NHS commissioning body or provider of NHS-funded services on any proposal for a substantial development or variation to the health service in the local authority’s area.

2.3 Ultimately the regulations place a requirement on relevant scrutiny arrangements to reach a view on whether they are satisfied that any proposal that is deemed to be a substantial development or variation is in the interests of the health service in that area. In instances where a proposal impacts on the residents of one local authority area exclusively,

this responsibility lays with that authority's health scrutiny arrangements alone.

- 2.4 Where such proposals impact on more than one local authority area, each authority's health scrutiny arrangements must consider whether the proposals constitute a substantial development or variation or not. The regulations place a requirement on those local authorities that agree that a proposal is substantial to establish, in each instance, a joint overview and scrutiny committee for the purposes of considering it. This protocol deals with the proposed operation of such arrangements for the local authorities of Cheshire and Merseyside.
- 2.5 Whilst it is recognised that the previous power of a health scrutiny committee or joint health scrutiny committee to refer a service change proposal to the Secretary of State for Health and Social Care has been removed, such committees will now possess the ability to request formally that the Secretary of State "call-in" a service change proposal. The ability to "call-in" a proposal should only be used in exceptional circumstances where all efforts to resolve issues locally have been exhausted.

3. PURPOSE OF THE PROTOCOL

- 3.1 This protocol sets out the framework for the operation of joint scrutiny arrangements where:
- a) an NHS commissioning body or health service provider consults with more than one local authority on any proposal it has under consideration, for a substantial development/variation of the health service;
 - b) joint scrutiny activity is being carried out on a discretionary basis into the planning, provision and operation of the health service.
- 3.2 The protocol covers the local authorities of Cheshire and Merseyside including:
- Cheshire East Council
 - Cheshire West and Chester Council
 - Halton Borough Council
 - Knowsley Council
 - Liverpool City Council
 - St. Helens Metropolitan Borough Council
 - Sefton Council
 - Warrington Borough Council
 - Wirral Borough Council
- 3.3 Whilst this protocol deals with arrangements within the boundaries of Cheshire and Merseyside, it is recognised that there may be occasions

when consultations/discretionary activity may affect adjoining regions/ areas. Arrangements to deal with such circumstances would have to be determined and agreed separately, as and when appropriate.

4. PRINCIPLES FOR JOINT HEALTH SCRUTINY

4.1 The fundamental principle underpinning joint health scrutiny will be co-operation and partnership with a mutual understanding of the following aims:

- To improve the health of local people and to tackle health inequalities (outcome-focussed);
- To ensure that scrutiny activity adopts an appropriate balance between a focus on future service delivery and a focus on responding to immediate concerns/ issues (balanced)
- To represent the views of local people and ensure that these views are identified and integrated into local health service plans, services and commissioning (inclusive);
- To scrutinise whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community (evidence-informed); and,
- To work with NHS bodies and local health providers to ensure that their health services are planned and provided in the best interests of the communities they serve, taking into account any potential impact on health service staff (collaborative).

5. SUBSTANTIAL DEVELOPMENT OF /VARIATION TO SERVICES

5.1 Requirements to consult

5.1.1 All relevant NHS bodies and providers of NHS-funded services¹ are required to consult local authorities when they have a proposal for a substantial development or substantial variation to the health service.

5.1.2 A substantial development or variation is not defined in legislation. Guidance has suggested that the key feature is that it should involve a major impact on the services experienced by patients and/or future patients.

¹ This includes NHS England and any body commissioning services to the residents of Cheshire and Merseyside, plus providers such as NHS Trusts, NHS Foundation Trust and any other relevant provider of NHS funded services which provides health services to those residents, including public health.

- 5.1.3 Where a substantial development or variation impacts on the residents within one local authority area boundary, only the relevant local authority health scrutiny function shall be consulted on the proposal.
- 5.1.4 Where a proposal impacts on residents across more than one local authority boundary, the NHS body/health service provider is obliged to consult all those authorities whose residents are affected by the proposals in order to determine whether the proposal represents a substantial development or variation.
- 5.1.5 Those authorities that agree that any such proposal does constitute a substantial development or variation are obliged to form a joint health overview and scrutiny committee for the purpose of formal consultation by the proposer of the development or variation.
- 5.1.6 Whilst each local authority must decide individually whether a proposal represents a substantial development/variation, it is only the statutory joint health scrutiny committee which can formally comment on the proposals if more than one authority agrees that the proposed change is “substantial”.
- 5.1.7 Determining that a proposal is not a substantial development/variation removes the ability of an individual local authority to comment formally on the proposal.. Once such decisions are made, the ongoing obligation on the proposer to consult formally on a proposal relates only to those authorities that have deemed the proposed change to be “substantial” and this must be done through the vehicle of the joint committee. Furthermore the proposer will not be obliged to provide updates or report back on proposals to individual authorities that have not deemed them to be “substantial”.
- 5.1.8 For the avoidance of doubt, if only one authority amongst a number being consulted on a proposal deem it to be a substantial change, the ongoing process of consultation on the proposal between the proposer and the remaining authority falls outside the provisions of this protocol.

5.2 Process for considering proposals for a substantial development/variation

- 5.2.1 In consulting with the local authority in the first instance to determine whether the change is considered substantial, the relevant NHS commissioning body / provider of NHS-funded services is required to:
- Provide the proposed date by which it requires comments on the proposals
 - Provide the proposed date by which it intends to make a final decision as to whether to implement the proposal
 - Publish the dates specified above

- Inform the local authority if the dates change²

5.2.2 NHS commissioning bodies and local health service providers are not required to consult with local authorities where certain ‘emergency’ decisions have been taken. All exemptions to consult are set out within regulations.³

5.2.3 In considering whether a proposal is substantial, all local authorities are encouraged to consider the following criteria:

- *Changes in accessibility of services:* any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location.
- *Impact on the wider community and other services:* This could include economic impact, transport, regeneration issues.
- *Patients affected:* changes may affect the whole population, or a small group. If changes affect a small group, the proposal may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.
- *Methods of service delivery:* altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.
- *Potential level of public interest:* proposals that are likely to generate a significant level of public interest in view of their likely impact.

5.2.4 These criteria will assist in ensuring that there is a consistent approach applied by each authority in making their respective decisions on whether a proposal is “substantial” or not. In making the decision, each authority will focus on how the proposals impacts on its own area/residents.

6. OPERATION OF A STATUTORY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

6.1 General

6.1.1 A joint health overview and scrutiny committee will be made up of each of the constituent local authorities that deem a proposal to be a substantial development or variation. This joint committee will be

² Section 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

³ Section 24 *ibid*

formally consulted on the proposal and, in exceptional circumstances, formally request that the Secretary of State to “call-in” a proposal, where local consultation has failed to resolve significant outstanding issues.

6.1.2 A decision as to whether the proposal is deemed substantial shall be taken within a reasonable timeframe and in accordance with any deadline set by the lead local authority (see section 6.6), following consultation with the other participating authorities.

6.2 Powers

6.2.1 In dealing with substantial development/variations, any statutory joint health overview and scrutiny committee that is established can:

- require relevant NHS bodies and health service providers to provide information to and attend before meetings of the committee to answer questions
- make comments on the subject proposal by a date provided by the NHS body/local health service provider
- make reports and recommendations to relevant NHS bodies/local health providers
- require relevant NHS bodies/local health service providers to respond within a fixed timescale to reports or recommendations
- carry out further negotiations with the relevant NHS body where it is proposing not to agree to a substantial variation proposal.

6.2.2 A joint health overview and scrutiny committee has the ability to request the Secretary of State to “call-in” a service change proposal where it has not been possible to resolve significant outstanding issues during the course of local consultation. The ability to request the “call-in” of a proposal should only be exercised in exceptional circumstances where all possible efforts to resolve the matter locally have been exhausted, as outlined in 6.2.3 and 6.2.4 below.

6.2.3 Where a committee has made a recommendation to a NHS commissioning body/local health service provider regarding a proposal and the NHS body/provider disagrees with the recommendation, the local health service provider/NHS body is required to inform the joint committee and attempt to enter into negotiation to try and reach an agreement.

6.2.4 In any circumstance where a committee disagrees with a proposal for a substantial variation, there will be an expectation that negotiations will be entered into with the NHS commissioning body/local health service provider in order to attempt to reach agreement.

6.2.5 Where local authorities have agreed that the proposals represent substantial developments or variations to services and agreed to enter into joint arrangements, it is only the joint health overview and scrutiny committee which may exercise these powers.

6.2.5 An ad-hoc statutory joint health overview and scrutiny committee established under the terms of this protocol may only exercise the powers set out in 6.2.1 to 6.2.4 above in relation to the statutory consultation for which it was originally established. Its existence is time-limited to the course of the specified consultation and it may not otherwise carry out any other activity.

6.3 Membership

6.3.1 The participating local authorities must ensure that those Councillors nominated to a joint health overview and scrutiny committee produce a membership that reflects the overall political balance across the participating local authorities. However, political balance requirements for each joint committee established may be waived with the agreement of all participating local authorities, should time and respective approval processes permit.

6.3.2 A joint committee will be composed of Councillors from each of the participating authorities within Cheshire and Merseyside in the following ways:

- where 4 or more local authorities deem the proposed change to be substantial, each authority will nominate 2 elected members
- where 3 or less local authorities deem the proposed change to be substantial, then each participating authority will nominate 3 elected members.

(Note: In making their nominations, each participating authority will be asked to ensure that their representatives have the experience and expertise to contribute effectively to a health scrutiny process)

Local authorities who consider change to be 'substantial'	No' of elected members to be nominated from each authority
4 or more	2 members
3 or less	3 members

6.3.3 Each local authority will be obliged to nominate elected members through their own relevant internal processes and provide notification of those members to the lead local authority at the earliest opportunity.

6.3.4 To avoid inordinate delays in the establishment of a relevant joint committee, it is suggested that constituent authorities either arrange for delegated decision-making arrangements to be put in place to deal with such nominations at the earliest opportunity, or to nominate potential

representatives annually as part of annual meeting processes to cover all potential seat allocations.

6.5 Quorum

6.5.1 The quorum of the meetings of a joint committee shall be one third of the full membership of any Joint Committee, subject to the quorum being, in each instance, no less than 3.

6.5.2 There will be an expectation for there to be representation from each authority at a meeting of any joint committee established. The lead local authority will attempt to ensure that this representation is achieved.

6.6 Identifying a lead local authority

6.6.1 A lead local authority should be identified from one of the participating authorities to take the lead in terms of administering and organising a joint committee in relation to a specific proposal.

6.6.2 Selection of a lead authority should, where possible, be chosen by mutual agreement by the participating authorities and take into account both capacity to service a joint health scrutiny committee and available resources. The application of the following criteria should also guide determination of the lead authority:

- The local authority within whose area the service being changed is based; or
- The local authority within whose area the lead commissioner or provider leading the consultation is based.

6.6.3 Lead local authority support should include a specific contact point for communication regarding the administration of the joint committee. There will be an obligation on the key lead authority officer to liaise appropriately with officers from each participating authority to ensure the smooth running of the joint committee.

6.6.4 Each participating local authority will have the discretion to provide whatever support it may deem appropriate to their own representative(s) to allow them to make a full contribution to the work of a joint committee.

6.7 Nomination of Chair/ Vice-Chair

The chair/ vice-chair of the joint health overview and scrutiny committee will be nominated and agreed at the committee's first meeting.

6.8 Meetings of a Joint Committee

6.8.1 At the first meeting of any joint committee established to consider a proposal for a substantial development or variation, the committee will also consider and agree:

- The joint committee's terms of reference;
- The procedural rules for the operation of the joint committee;
- The process/ timeline for dealing formally with the consultation, including:
 - the number of sessions required to consider the proposal; and,
 - the date by which the joint committee aims to reach its final conclusion on the proposal – which should be in advance of the proposed date by which the NHS commissioning body/service provider intends to make its final decision on it.

6.8.2 All other meetings of the joint committee will be determined in line with the proposed approach for dealing with the consultation. Different approaches may be taken for each consultation and could include gathering evidence from:

- NHS commissioning bodies and local service providers;
- patients and the public;
- voluntary sector and community organisations; and
- NHS regulatory bodies.

6.9 Reports of a Joint Committee

6.9.1 A joint committee is entitled to produce a written report which may include recommendations. As a minimum, the report will include:

- An explanation of why the matter was reviewed or scrutinised.
- A summary of the evidence considered.
- A list of the participants involved in the review.
- An explanation of any recommendations on the matter reviewed or scrutinised.

The lead authority will be responsible for the drafting of a report for consideration by the joint committee.

6.9.2 Reports shall be agreed by the majority of members of a joint committee and submitted to the relevant NHS commissioning body/health service provider.

6.9.3 Where a member of a joint health scrutiny committee does not agree with the content of the committee's report, they may produce a report

setting out their findings and recommendations which will be attached as an appendix to the joint health scrutiny committee's main report.

7. DISCRETIONARY HEALTH SCRUTINY

- 7.1 More generally, the Health and Social Care Act 2012 and the 2013 Health Scrutiny Regulations provide for local authority health scrutiny arrangements to scrutinise the planning, provision and operation of health services.
- 7.2 In this respect, two or more local authorities may appoint a joint committee for the purposes of scrutinising the planning, provision and operation of health services which impact on a wider footprint than that of an individual authority's area.
- 7.3 Any such committee will have the power to:
- require relevant NHS commissioning bodies and health service providers to provide information to and attend before meetings of the committee to answer questions.
 - make reports and recommendations to relevant NHS commissioning bodies/local health providers.
 - require relevant NHS commissioning bodies/local health service providers to respond within a fixed timescale to reports or recommendations.
- 7.4 Ordinarily, a discretionary joint committee would not have the ability to request the Secretary of State for Health and Social Care "call-in" a service change proposal. However, please note section 8.3 below.
- 7.5 In establishing a joint committee for the purposes of discretionary joint scrutiny activity, the constituent local authorities should determine the committee's role and remit. This should include consideration as to whether the committee operates as a standing arrangement for the purposes of considering all of the planning, provision and operation of health services within a particular area or whether it is being established for the purposes of considering the operation of one particular health service with a view to making recommendations for its improvement. In the case of the latter, the committee must disband once its specific scrutiny activity is complete.
- 7.6 In administering any such committee, the proposed approach identified in sections 6.3 – 6.9 of this protocol should be followed, as appropriate.

8. SCRUTINY OF CHESHIRE AND MERSEYSIDE INTERGRATED CARE SYSTEM

- 8.1 Further to this protocol and in particular section 7 above, the nine local authorities have agreed to establish a discretionary standing joint health scrutiny committee in response to the establishment of the Cheshire and Merseyside Integrated Care System.
- 8.2 A separate Joint Scrutiny Committee Arrangements document has been produced in line with the provisions of this protocol to outline how the standing joint committee will operate.
- 8.3 In summary, the “Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee” has the following responsibilities:
- To scrutinise the work of the Integrated Care System in relation to any matter regarding the planning, provision and operation of the health service at footprint level only; and
 - To consider the merits of any service change proposals that have been deemed to be a substantial variation in services by all nine authorities.

9. CONCLUSION

- 9.1 The local authorities of Cheshire and Merseyside have adopted this protocol as a means of governing the operation of joint health scrutiny arrangements both mandatory and discretionary. The protocol is intended to support effective consultation with NHS commissioning bodies or local health service providers on any proposal for a substantial development of or variation in health services. The protocol also supports the establishment of a joint health overview and scrutiny committee where discretionary health scrutiny activity is deemed appropriate.
- 9.2 The protocol will be reviewed regularly, and at least on an annual basis to ensure that it complies with all current legislation and any guidance published by the Department of Health and Social Care.

REPORT TO: Health Policy and Performance Board

DATE: 11th February 2025

REPORTING OFFICER: Executive Director, Adults

PORTFOLIO: Adult Social Care

SUBJECT: Scrutiny Committee Review of NHS (Non GP) Community Services

WARD(S): Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 To present a summary of evidence, Member conclusions and recommendations relating the to scrutiny topic.

2.0 RECOMMENDATION:

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

3.0 SUPPORTING INFORMATION

3.1 The NHS Community Health Services topic was approved by the Board in June 2023. Between July and December, a scrutiny group met monthly to receive evidence from several contributors. Details of the membership, contributors and summary evidence can be found in Appendix 1: Scrutiny Recommendations Report.

3.2 The scope of the review is shown below:

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 community response.

3.3

The scrutiny review process provided Members the opportunity to gain an understanding of community health services' role in the health and social care landscape in Halton, and how resources are mobilised to provide quality services that maximise capacity in both the health and social care system.

3.4

Through considering the evidence presented, Members propose the following recommendations for action;

3.5

Cross cutting across all evidence areas	Service areas within the scope of this scrutiny review should continue to provide update reports to the Health Policy and Performance Board on the outcomes of emerging workstreams identified in this report and any proposed service developments, emerging challenges or notable successes.
Urgent Treatment Centre Widnes	<p>GP attendance- Availability of a GP should be a priority and steps taken to ensure that there is sufficient GP coverage in the service.</p> <p>Patient experience - The service should take steps to implement the recommendations of Healthwatch.</p>
Urgent Care Response	Newton Recommendations - UCR, and HICaFS as a whole, should continue to analyse the available data and work with stakeholders to maximise potential within the service and it's component parts, in line with the Newton recommendations.
Nursing in the Community	<p>Single Point of Access - Consider how a single point of access and holistic approach to nursing in the community could maximise capacity across the 3 service areas and further improve patient experience.</p> <p>Capacity - Analysis of clinical practice/demand to identify opportunities to maximise capacity, particularly in the Treatment Rooms.</p> <p>Impact of bridge crossings - Explore solutions to mitigate the impact of bridge tolls on the recruitment and retention of nurses</p>
Podiatry	<p>Risk score matrix - Monitor the results of the risk score matrix and implement recommendations resulting from the trial.</p> <p>Information resources - Explore what information resources and formats would be most appropriate ie preventative information and self-help, and the role of partner agencies in supporting prevention and self-help.</p> <p>Recruitment and retention - Continue with proactive relationships with universities to promote NHS podiatry as a career choice and provide updates to the Health Policy and Performance Board.</p>

Community Therapy and HICaFS Therapy	<p>Undertake a deep dive into service data to identify potential opportunities for therapy services to support capacity and demand across the health and social care system and to inform future workforce structure requirements.</p> <p>Urgent Care Response - Pilot the use of lifting raisers to prevent unnecessary hospital admission, and example of therapies and nursing working in partnership.</p> <p>Falls Prevention & Management - Continue to focus on ways to reduce the risk of people falling and going to hospital through assessment of their environment and provision of strengthening and balancing exercises.</p> <p>Urgent & Emergency Care System Improvement Programme - Maximise the use of alternatives to the Emergency Department, including Same Day Emergency Care. Provide updates to the Health Policy and Performance Board on any proposed system improvements.</p> <p>NWAS - Optimising referral pathways to community services.</p>
NWAS	<p>Hospital Hand Overs: NWAS and ICB Halton should continue to work with health system managers to try and identify improvements to the hospital handover situation, taking learning from other areas that have managed to bring down the handover times, such as Greater Manchester. Analysis of differences in handover process between Warrington and Whiston Hospitals may provide insight as to how Whiston and NWAS can work together to improve their handover times.</p> <p>Alternative to Hospital: NWAS have identified that there may be more they can do with community health and social care partners to provide an alternative to hospital and negate the need for conveyance to hospital. NWAS should continue to explore potential with services, such as community therapy.</p>
Musculoskeletal Therapy Outpatient Service	<p>Improving patient uptake to community services eg Health Improvement Team</p> <p>Understand barriers to patients attending appointments to reduce DNAs, such as accessing support from the Trust Knowledge and Skills Department to scope the reasons why patients DNA with a view to work with patients to identify ways to improve attendance.</p> <p>Undertake further work on patient experience questionnaire to gain greater insight into patient satisfaction, such as develop an annual comprehensive patient satisfaction questionnaire.</p>

	<p>Continue with Evidence Based Practice to ensure best treatment for patient and to provide excellence of care and to actively engage with Stakeholders in the planning of services.</p> <p>Look for use of community settings suitable to increase capacity for both more local groups and 1:1 appointments.</p> <p>Raising profile of service and pelvic health concerns Patient engagement events.</p>
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3.6

The options below are proposed by Members as potential areas for scrutiny during 2025. Members should select one of the options, for which a full topic brief will be developed.

1. **Mental Health Support** – Looking at how existing provision is meeting current and responding to predicted demand, and equality of access to services for marginalised or minority groups, covering both Adults and Children and Young People services.
2. **Access to Health Care** - Looking at equality of access, experience and outcomes across specific health care provisions for marginalised or minority groups (specific provisions to be identified, but including mental health and dentistry).

4.0 **POLICY IMPLICATIONS**

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

5.0 **FINANCIAL IMPLICATIONS**

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

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

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence
 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.

6.2 Building a Strong, Sustainable Local Economy
None.

6.3 Supporting Children, Young People and Families
None.

6.4 Tackling Inequality and Helping Those Who Are Most In Need
None.

6.5 Working Towards a Greener Future
None.

6.6 Valuing and Appreciating Halton and Our Community
None.

7.0 **RISK ANALYSIS**

7.1 A risk Assessment is not required.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None.

Health Policy and Performance Board

Scrutiny Review 2024

NHS Community Health Services (non-GP)

Findings & Recommendations

Health Policy and Performance Board

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1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to summarise the evidence, findings and recommendations of the Health Policy and Performance (HPPB) Scrutiny Group in relation to the NHS Community Health (non-GP) Services topic brief (outlined in full in *Section 3*).
- 1.2 The scrutiny review process provided Members the opportunity to gain an understanding of:
- Who uses the service and why.
 - Referral/access pathways.
 - How each of the services interact within the wider health and social care landscape.
 - The key performance and quality indicators, including outcomes achieved by the service and service user experience.
 - The level of capacity and demand within the services.
 - Innovative work taking place to improve performance, outcomes and service user experience.
 - Opportunities, current challenges or emerging issues faced by the services.
 - Recommendations as to how services can further improve performance, outcomes and service user experience and how services manage any capacity and demand issues identified.

2.0 STRUCTURE OF THE REPORT

- 2.1 This report contains an introduction providing the topic brief and context, a summary of the evidence presented, conclusions reached by Members and recommendations to be made to Health PPB. Supplementary information such as presentations can be found in the appendices.

3.0 INTRODUCTION

Scope of the scrutiny topic review

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

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 community response.

The reason this scrutiny review was commissioned

- 3.2 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 involve collaboration across health and social care teams, including professionals such as 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](#).
- 3.3 It is widely recognised that NHS community health services are critical to keeping the whole health system working effectively. From avoidable hospital admissions to supporting timely discharge, community services play their part in maximising capacity and managing demand across the system.
- 3.4 It is important that Members understand the community services' role in the health and social care landscape in Halton and how resources are mobilised to provide quality services that maximise capacity in both the health and social care system and meet or exceed agreed safety, performance and quality indicators.
- 3.5 **Membership of the Scrutiny Working Group:**

Members	Officers
Cllr Eddie Dourley - Chair Cllr Sandra Baker – Vice Chair Cllr Sian Davidson Cllr Chris Loftus Cllr Louise Nolan Cllr Tom Stretch Cllr Louise Goodall Cllr Emma Garner Cllr Mike Fry Cllr Victoria Begg Cllr Sharon Thornton	Damian Nolan, Operational Director Emma Bragger – ASC Service Development Officer

4.0 METHODOLOGY

- 4.1 This scrutiny review was conducted via:
- Monthly meetings of the scrutiny review topic group.
 - Presentations by key Officers of services within the scope of the topic brief.
 - Two site visits
 - Provision of information both written and verbal.
 - The evidence provided to Members considered:
 - ✓ the key responsibilities of each service
 - ✓ referral/access pathways and service user demographics

- ✓ key operational practices and interface with other services within the health and social care system in Halton
- ✓ performance and trend analysis in relation to key quality and safety indicators and patient outcomes/experience.

4.2 The presentations given to Members can be found in Appendix 1.

5.0 SUMMARY OF EVIDENCE, MEMBER CONCLUSIONS AND RECOMMENDATIONS

5.1 Evidence Area 1: Cheshire & Merseyside Integrated Care Board (ICB) Context

5.2 NHS Cheshire & Merseyside is the statutory body responsible for the commissioning of most health services within the region, including primary, community, and hospital health services. Within NHS Cheshire and Merseyside ICB, there are nine places each of which is co-terminus with the local authority and has a place-based partnership. The place-based partnership in Halton is 'One Halton'. This is a collaborative partnership arrangement that comprises a range of stakeholders including health providers, children and adult social care, public health, housing, Healthwatch, and the voluntary and community sector.

5.3 The ICB is responsible for planning of services for the population, such as GP, Dental, Pharmacy, Optometry, community and hospital services. Cheshire and Merseyside has a population of around 2.7 million. Halton's place based partnership, One Halton, is co-terminus with Halton Borough Council footprint. The ICB allocates about £300m each year for health services for Halton's population of 130,000. Work continues on an on-going basis to improve patient services and access, as well as ensuring greater productivity and value for money. Health services, like some other public services, continue to recover from the effects of the COVID-19 pandemic. Demand for services continues with people generally living longer but with co-morbidities adding to the complexity of need.

5.4 Collaboration – Across NHS Cheshire and Merseyside there are two NHS provider collaboratives: Cheshire and Merseyside Acute and Specialist Trust (CMAST), the acute provider collaborative, and Mental Health, Learning Disabilities and Community Services (MHLDC), the mental health, learning disabilities, and community collaborative. These collaboratives work as groups of health providers at greater scale to drive improvements to services and increase productivity for the benefit of patients. More widely, all local agencies continue to collaborate and work in partnership to deliver for the residents of Halton.

5.5 Performance – NHS Cheshire and Merseyside Board receives regular performance and quality reports. Some of the indicators are monitored at Cheshire and Merseyside level whilst others are at Place level.

5.6 Quality and Safety – There is a continuous focus on the quality and safety of services which are monitored through rigorous ICB quality management

systems which seek to ensure the provision safe, high quality and effective services and improving patient experience.

5.7 Local quality and performance priorities for the ICB include:

- Maintaining/improving access to high quality and safe services, including Community Health Services.
- Working with partners such as the local authority children's and adults' services and Public Health in tackling disparities between communities in Halton who may be affected by wider determinants of health and wellbeing such as housing, social isolation, employment and financial, fuel and food poverty.
- Promoting the importance of the right service at the right time, including support to families 'upstream' to prevent escalation of issues later in life by adopting a multi-agency partnership approach.

5.8 Conclusions

5.9 Workforce, capacity and demand, increasing patient acuity and NHS estates continue to present challenges across the health service, including in community services in Halton.

5.10 National industrial action has had an impact on quality and performance in relation to capacity and patient experience in Halton. Whilst provider collaboratives are working to increase capacity, individual experiences do differ between services. However, Halton Intermediate Care and Frailty Service (HICaFS) and family hubs are examples of well used collaboratives that are working well.

5.11 Nationally and locally, there is a challenge to help people live longer, but in better health – highlighting the need to address the wider determinants of health such as poverty, housing and employment.

5.12 Locally, demand is continually high for community services and services are not seeing seasonal fluctuations that have previously been evident. This is compounded by workforce issues such as an unstable workforce in some services leading to vacancies, and the need for sufficient investment to address workforce retention issues.

5.13 Locally, bed occupancy in hospitals is consistently high, which has a knock on effect on community services in Halton, leading to high demand for packages of health and social care in the community. Provision in the social care market can also a challenge and often beyond the control of the local health and social care system.

5.14 Evidence Area 2: Urgent Treatment Centre (Widnes)

5.15 Bridgewater Community Healthcare NHS Foundation Trust deliver services from the Widnes Urgent Treatment Centre (UTC), which provides medical help for minor illnesses and injuries to all age groups. The centre is open 8am-9pm 365 days a year and supports primary care by dealing with acute, on the day illness and aims to prevent attendance at local accident

and emergency departments. The service has an onsite facility of x-ray imaging, plaster room and has the ability to book into the fracture clinic to ensure the process of care can be completed in one care episode.

- 5.16 The following list of injuries and illness are what patients can expect to be treated with at Widnes UTC:
- Slips, trips, falls, sprains,
 - fractures (upper and lower limb)
 - Wounds, grazes, dressings
 - Burns, scalds,
 - Allergies, rashes, bites, and stings
 - Coughs, colds, sore throats, ear problems
 - Headaches
 - Back pain and strains
 - Eye problems
- 5.17 The service is staffed by a range of health care professionals which include advanced nurse practitioners and prescribers, both adult and paediatric trained, GPs, health care assistants, who are highly skilled and able to triage, examine, diagnose and treat a variety of minor illness and injuries, and supporting administrative staff. As at August 2024 there was just one vacancy and the staffing base is reported as being stable.
- 5.18 Bridgewater Community Healthcare NHS Foundation Trust provides a number of other community services in Halton and refers patients from the UTC to these services if required, for example to the Halton Integrated Frailty Assessment Service (HIFCAS)/Urgent community response team. These established referral pathways are reported as working well and provide seamless transition for patients.
- 5.19 Average attendance is between 110-120 patients per day. Throat and cough symptoms account for the majority of attendances. The service averages 3500 contacts per month, with 130 follow up appointments (where patients have been invited to return). The majority of attendees at Widnes UTC are from Widnes, although people from Runcorn and out of borough can and do access the service. It is noted that there are instances of people from areas in which there is a UTC local to them are travelling to access the UTC in Widnes. This may be due to service availability, waiting times or previous positive experience of Widnes UTC.
- 5.20 The UTC national timeframe target for being seen, treated and discharged is within 4 hours. In the first 3 months of this financial year (2024/25) the service achieved 98.6%, 97.81% and 99.49% of cases seen within 4 hours. The service reported a key reason why someone may not be seen, treated and discharged within 4 hours as being due to additional treatment/s being required lengthening the episode of care. Some people who present at reception leave before they are triaged. Instances where people may not wait for triage is if the service is running at capacity, there are long waiting times or it is approaching service closing time and patients are advised on entry that it is a 'triage only' service.

- 5.21 Five visits were carried out by Healthwatch between Oct 2023 and March 2024. Each visit lasted between 2 and 3 hours and in total 98 people provide feedback on their experience.
- 5.22 **Feedback from Healthwatch visits :**
- The UTC offers an excellent alternative for patients who feel they need same day treatment and may have visited A&E if there wasn't a local UTC available.
 - It supports patients attending from Halton and further afield, many of whom have been unable to access suitable appointments with their own GP practices and see the UTC as a viable alternative for treatment.
 - During visits Healthwatch observed staff treating patients with dignity and respect and being, friendly, helpful and courteous to patients, which is also reflected in the comments from patients taking part in the survey.
- 5.23 **Recommendations from the Healthwatch visits:**
- Feedback highlighted a need for an improved way of keeping patients updated on waiting times – this will manage expectations and improve customer satisfaction.
 - A review of the way patients are currently called in for triage or treatment to make it clearer and more accessible.
 - Recommended the installation of a water cooler.
 - Improved signage from both entrances to the Health Care Resource Centre to direct people to reception.
- 5.24 The UTC welcomed the audit as Healthwatch brings a unique, local perspective. The service has taken actions to implement previous Healthwatch recommendations relating to the waiting areas, and are considering how best to implement the recommendations from the most recent visits. It is acknowledged by the service that the building isn't always conducive to smooth and comfortable service delivery, but it is limited in options to increase capacity within the current building. The building is in an accessible location so there is no desire to move at this time. There are likely to be improvements to signage and waiting areas to improve patient experience.
- 5.25 Where there has been anecdotal evidence of inappropriate referrals from the UTC to Whiston A&E, the data does not appear to show that this is an issue. Through communication between the UTC and A&E's it is known that people will present at A&E and advise they have been told to attend by UTC even when this is not the case. The relationship between UTC and A&E's is positive and both services work together to maximise capacity, referring to each other where one has greater capacity.
- 5.26 In the NHS 'friends and family test', 89.9% rated the service as good or very good. There have been 3 complaints over the last 12 months, relating to clinical treatment and prescribing.

5.27 The service has identified a number of emerging areas to consider, including:

- A pilot to look at reviewing children who attend clinic and parents who need re-assurance . This aims to reduce A&E and GP attendance (Paediatric Assessment and Review Clinic (PARC)).
- Leg Dressing Clinic - Pilot to look at reviewing leg dressings , increasing the competencies and skills of the Health Care Assistants and using these staff to see lower leg dressings to free up the time of qualified staff to see more complex patients.
- 'Levelling up' the UTC offer across Widnes and Runcorn sites - As part of the integration work between Bridgewater Community Healthcare NHS and the Primary Care Networks (PCNs), the two UTCs in Halton (UTC Runcorn, Warrington and Halton Hospitals NHS Trust) will be moving towards working together. This may mean additional point of care testing or other diagnostic interventions so that more Halton residents can be cared for within their community.
- Musculo Skeletal Practitioners (MSK) - Pilot to look at the use of an MSK practitioner in the department. This will support any future skill mix planning.
- GP Connect - Work to re-instate the GP connect work undertaken in 2022. This was paused after initial pilot to enable an assessment to be undertaken of the benefits and to support a plan to widen this out across the GP patch.
- GP Coverage - Working with Commissioners and the Primary Care Network to look at how to meet the needs of the UTC in relation to GP coverage moving forward
- It was acknowledged that 'front of house' and the customer care experience of attendees can vary, but it is important to get the initial contact right to reassure patients and ensure they access the most appropriate service/signposting. Admin/reception is no longer managed by the clinical service, however previously it has been integrated within the clinical service and this provided more cohesion and opportunity to signpost, where appropriate. This will be an area of focus moving forward.

5.28 Conclusions

5.29 The UTC is a valuable resource for residents of Widnes, Halton as a whole and people in nearby areas. The service can treat a range of minor acute illnesses and conditions on the day, preventing the need for Primary Care intervention and A&E visits, maximising capacity across those parts of the health system.

5.30 Feedback about the service is largely positive, with negative comments mostly relating to waiting times. Work streams have been identified (noted above) to further improve patient experience.

5.31 There are processes and services within the Widnes UTC that differ from those offered by the Runcorn UTC as a result of different providers delivering the services. However, it is a priority across both UTCs to work closely together to level up the offer across Halton utilising the resources across both sites.

5.32 Recommendations

- **GP attendance-** There have been reported incidents of where there has not been a GP present within the service, an integral part of the service model. Availability of a GP should be a priority and steps taken to ensure that there is sufficient GP coverage in the service.
- **Patient experience** - The service should take steps to implement the recommendations of Healthwatch, where this is reasonable and practical to do so, in relation to waiting areas, signage and notice boards. Negative feedback on the friends and family test is largely around the waiting times, therefore, clear and up to date information about expected waiting times should be made available to manage people's expectations and improve patient experience.
- **Identified emerging areas** - The service should provide updates to the Health Policy and Performance Board on progress made in the identified emerging areas noted in this report.

5.33 Evidence Area 3: Urgent Care Response (UCR) – part of HICaFS

5.34 UCR is one component of the Halton Intermediate Care and Frailty Service (HICaFS), along with Oakmeadow Intermediate Care and Reablement.

5.35 HICaFS provides a whole-systems approach to proactively manage referrals safely and seamlessly for patients requiring urgent care response, intermediate care and frailty services by working in partnership with Halton Borough Council, Warrington and Halton Hospital Teaching Hospital NHS Trust, Bridgewater Community NHS Trust, general practitioners (GPs), the voluntary sector and other key stakeholders.

5.36 The service has office bases in Runcorn Town Hall, the Health Care Resource Centre in Widnes and Peel House Lane Children's Centre. The service is delivered in the patient's own home or care setting and is available 8am to 6pm Monday to Sunday with a maximum two-hour response time, with the aim of avoiding unnecessary hospital admissions.

The services inclusion criteria is:

- People over 18 years with complex health needs.
- People over 18 years who have experienced a rapid deterioration in health or function which does not need secondary care as a result.
- People over 18 years who require rapid intervention and a timely intensive care package.
- People over 18 years who require access to time-limited care and support.
- People who require a rapid Multidisciplinary approach to their care.
- Referrals from the Ambulance service to assist and assess patients who have fallen.

- Referrals from the Ambulance service for people who can remain at home with the correct support.
- Referrals from hospital for people who can continue their care at home with the correct support.

Main elements of the service are:

- Clinical triage
- Initial triage of presenting patients by an appropriate clinician
- Treatment and admission avoidance care plans
- Advanced care planning
- Clinical medication review
- Optimising physical function
- Discharge planning.
- Supporting self-care and patient education

5.37 There are around 350 referrals to the service per month. 69.80% referred for the crisis response element, 23.65% referred to intermediate/reablement care service and 6.55% referred to bed based intermediate care (Oakmeadow). Referrals mainly come from Hospitals GP practices, NWAS and district nurses. 85% of referrals are responded to within 2 hours.

5.38 Satisfaction with the service - In satisfaction surveys, 100% of respondents were very satisfied with the service, however, the cohort was small. Due to the emergency response nature of the service, it is difficult to get questionnaire responses completed at the time of intervention.

5.39 Admission avoidance work – The service is involved in the regional 'Newton' programme of work, which has identified opportunities for UCR to play a further role in admission avoidance. Within the Newton recommendations, the findings suggested there were 11 people a week going into hospital who could have been supported in the community by the Warrington/Halton UCR services. A group has been developed which brings together key stakeholders who can support the a review the UCRs in the context of the Newton findings and wider place-based systems. The group will review how UCR models are functioning and what needs to be developed or remodelled to increase UCR activity with specifically targeted groups to prevent unnecessary hospital attendance and admissions, specifically:

Mid Mersey and West Lancashire Urgent and Emergency Care Recovery Programme

The aims of the group are to:

- Increase NWAS → UCR referrals by having a co-located clinical navigator in the NWAS call centre (EOC)
- Understand the patient process from calling 999 to being conveyed to emergency departments → where are the opportunities for UCRs to intervene?
- Map service variation → understand where there are differences and whether those differences are barriers to increasing NWAS referrals

- ✓ Enhanced Care Home Model - No enhanced Care Home Service in Halton. There are plans to proposed a model to be developed
- ✓ When actively attending Care/ Nursing homes lots of patients are referred to the service at point of contact
- ✓ The service sits on NHSE Social Care Nursing Home Group.
- ✓ This area of work is where we could prevent admissions and reduce AED attendance

5.40 Conclusions

5.41 Anecdotal evidence suggested that there may be a problem with availability of care packages, but data does not show this. There are 'process' issues within the assessment and hospital discharge process that can slow down discharge. There is capacity within domiciliary care and intermediate care – the most common care types required on discharge. However, where people with dementia and other additional needs, some service providers are reluctant to accept the risk if they do not feel they have suitable staff numbers/skill mix or limited capacity within their service.

5.42 The UCR element of HICaFS is a fundamental part of the model with almost 70% of referrals to HICaFs being for this part of the service.

5.43 The Newton work has identified capacity for UCR to reduce hospital admissions, and Halton is part of a working group to consider recommendations on how to achieve this through closer working with stakeholders such as NWAS.

5.44 Recommendations:

- **Newton Recommendations** - UCR, and HICaFS as a whole, should continue to analyse the available data and work with stakeholders to maximise potential within the service and it's component parts, in line with the Newton recommendations. Progress should be reported to the Health and Wellbeing Being Board.

5.45 Evidence Area 4 – Nursing in the Community

5.46 Nursing in the community is made up of 3 service areas: District Nursing, Community Matron and Specialist Nursing (9 specialisms: Heart Failure, Palliative, IV Therapy, Tissue Viability, Stroke, Parkinsons, Intermediate Care, Wellbeing and Community Treatment Rooms). Each of the 3 service areas has different functions and are commissioned separately.

5.47 **District Nursing** – Has the aim of preventing hospital admissions and maintaining independence within the community. Referrals come predominantly from GP and Hospitals and is the biggest of the 3 nursing service areas in Halton.

5.48 Halton District nurses provide a 24-hour nursing service over 365 days a year providing nursing care and treatments to patients in their own homes, including residential homes, or sometimes from a GP Practice.

- 5.49 Care is for patients who have a short-term nursing need, require nursing care following a hospital discharge, have a long-term condition or a terminal illness.
- 5.50 The Halton District nurses work in partnership with patients, carers, GP's, Hospitals, Specialist Nurses, Community Matrons, Macmillan Nurses, Social Care teams and all other Health and Allied Health Professionals.
- 5.51 **Community Matron Service** – Community Matrons have additional qualifications than District Nurses enabling them to undertake higher level tasks, such as prescribing. There are 5 Community Matrons in Halton, aligned to the GP Practices.
- 5.52 Once referred into the service, the matrons aim to see patients within six weeks. They will create a care plan with the patient in order to promote patient autonomy and maintain patient independence.
- 5.53 Community matrons will keep patients on their caseloads for approximately 16 weeks, or until they are medically optimised, at which point they will be discharged back to the care of the GP.
- 5.54 **Specialist Nurses** – Specialist Nurses operate both from clinics in the community and also visit people's homes to support people at any/throughout all stages of condition progression. They work very closely with the hospitals/specialists and work is ongoing to further build on this. Specialist nursing teams' staffing is relatively small ie 4 specialist heart failure nurses.
- 5.55 The Specialist Nursing teams provide support to Urgent Care Response, and support the Virtual Wards model, in preventing hospital admissions through provision of specialist care in the community.
- 5.56 Service satisfaction rates are 92.7%, as at August 2024. It is rare for complaints to be about waiting times. Feedback tends to be around the length of the visit or not being able to tend to other nursing needs that fall under another part of the nursing in the community service. Whilst continuity of nursing staff is a priority, it is not always possible due to the small team numbers.
- 5.57 **Conclusions**
- 5.58 Patients may be in need of, for example, a District Nurse and also a Specialist Nurse, common for people with co-morbidities, yet services are delivered in silos and patients are referred to separate elements of community nursing. This may impact on the patient's experience ie having to 'tell their story' several times over multiple appointments and waiting for additional appointments.
- 5.59 Only Treatment Rooms have a waiting lists and Bridgewater have taken action to reduce this. Work is underway to look at how patient experience can be improved, potentially through changing the service opening hours

to outside of normal working hours. This may improve capacity within the Urgent Treatment Centre through offering a more accessible service so people don't need to attend the UTC.

- 5.60 Ongoing Virtual Ward development and expansion through enhanced links with the local acute hospitals will improve pathways for patients and ensure seamless care.
- 5.61 The specialist Wellbeing Nurses support people with severe mental illness, undertaking reviews and liaising with GPs. Members discussed a potential gap in accessibility of mental health services, and it was acknowledged that these specialist nurses play an important role in preventing people attending A&E and potentially resulting in an avoidable admission.
- 5.62 Some of the specialist services are extremely small, e.g. Parkinson's service which is one part time nurse. This makes building resilience for these services more difficult. Workforce planning is underway to look at the staff mix, for instance, in the Treatment Rooms and analyse what the demand is for specific treatments. This will help to modify the clinical treatments on offer to maximise capacity, in line with what the GP Practices need the service to deliver. The service has, in some areas, morphed into 'filling the gap', this then has a knock on effect on the wider healthcare system becoming saturated. People then attend the UTC seeking treatment which impacts on that services capacity resulting in people seeking UTC services then attending A&E.
- 5.63 It is recognised that there is a need to address the historical rational for nurses not dealing with a patient's multiple nursing needs in one visit. Nursing in the community has been very task orientated, with time allocated to attend to a specific task. This is further impacted by the fact that there is no single point of access for nursing in the community and the services are commissioned separately, fuelling a silo approach. A cultural shift may be required to move towards a more holistic nursing approach which, it is anticipated, will lessen 'another appointment on another day' and prevent escalation of patients' requirements. Positively, this is something that the newly qualified nurses in the teams are keen to develop and build on relationships with community partners, such as the voluntary sector to offer additional support to patients.
- 5.64 The impact of the bridge tolls has been evident across nursing in the community services, with nurses now generally working the patches on the side of the river in which they live. For nurses that reside outside of the borough, the toll costs have been prohibitive to recruitment if required to incur the toll cost. There is potential for Bridgewater to look at their expenses system and propose a similar approach to HBC staff bridge toll expenses reimbursement, separate from the car mileage system. Discussions with Merseyflow may also be considered to see if there is any potential discount for health services.

5.65 Recommendations:

- **Single Point of Access** - Consider how a single point of access and holistic approach to nursing in the community could maximise capacity across the 3 service areas and further improve patient experience.
- **Capacity** - Analysis of clinical practice/demand to identify opportunities to maximise capacity, particularly in the Treatment Rooms.
- **Impact of bridge crossings** - Explore solutions to mitigate the impact of bridge tolls on the recruitment and retention of nurses

5.66 Evidence area 5 – Podiatry

- 5.67 The Service aims to offer a wide range of clinical interventions primarily dealing with assessment, diagnosis, and treatment of the lower limb to patients deemed as having a clinical or medical need. This is done through the following:
- Basic foot care and routine podiatry for patients with medium to high clinical or medical need
 - Specialist treatment to children via biomechanical (leg and foot function) clinics
 - Biomechanical assessment and insole provision for adults
 - Rapid access Diabetic foot ulcer clinic in Warrington Hospital
 - Nail surgery clinics (i.e. when we remove all or part of a toenail under local anaesthesia) for all age groups.
 - Emergency access clinics for acute/ infected/ painful foot conditions
 - Domiciliary service for housebound patients
- 5.68 The service is offered at a range of community locations – all have the advantage of local transport stops nearby. Home visits are available for patients who are housebound. The service has 10 full time staff, trained to different levels, working closely with musculoskeletal services and acute hospitals.
- 5.69 Referral into the service has been via a referral form that can be completed by either the patient themselves, General Practitioner, or other Health Care Professional. An online referral form is replacing the previous referral form as there was previously no way that pictures can be sent as part of the referral to assist with the prioritisation of 'urgent' cases.
- 5.70 The service has an average of 1800 contacts with patients per month. Each month the service sees on average 200 new patients. There is a waiting list for this service, and waits at all clinics are monitored by clerical staff and the service lead. Patients are triaged on referral into the service in terms of medical priority. Staff are moved around clinics to provide more sessions at any particular venue where the demand has increased above normal.
- 5.71 There is a high level of satisfaction reported, despite the large waiting list, with 100% of participants satisfied with the treatment they received, waiting

times, dignity and respect and being listened to. Overall positive experience was 97.9%

5.72 Conclusions

5.73 The service is much in demand. The waiting list has reduced from over 1000 to 700 through the temporary use of locums. Work is underway to look across the ICB to mirror what other areas, such as Warrington, are doing to achieve smaller waiting lists. The service is working with commissioners to develop the eligibility criteria and the exploration of local provider offers.

5.74 There is a trial underway with a socially and medically 'risk score matrix' across Cheshire and Merseyside ICB that may help with eligibilities, referral, triage and prioritisation going forward.

5.75 Self-care web based and leaflet resources are areas for development, but often the cohort of people requiring podiatry struggle with self-care, hence their need for the service.

5.76 There are risks to the sustainability of the service as the current workforce profile is skewed towards older podiatrists. It is difficult to recruit podiatrist from university into the NHS as they are attracted by private practice. Bridgewater have done work with universities to develop and promote a flexible offer to newly qualified podiatrists whereby they can work for the NHS and Private Practice, to make recruitment into the NHS more attractive.

5.77 Recommendations:

- **Risk score matrix** - Monitor the results of the risk score matrix and implement recommendations resulting from the trial. Provide an update on the recommendations and impact of the trial/implementation of the risk score matrix in managing demand and prioritisation.
- **Information resources** - Explore what information resources and formats would be most appropriate ie preventative information and self-help, and the role of partner agencies in supporting prevention and self-help.
- **Recruitment and retention** - Continue with proactive relationships with universities to promote NHS podiatry as a career choice and provide updates to the Health Policy and Performance Board.

5.78 Evidence area 6 – Community Therapy and HICaFS Therapy (Warrington and Halton Hospitals NHS Trust)

5.79 The Halton Community Therapy Team (HCTT) offers therapeutic & rehabilitative assessment, triage, intervention and advice for adults within their home settings (including nursing and residential homes). Patients are mostly housebound and therefore unable to access therapy within the hospital environment; often therapeutic needs are best met in home environment as this reinforces functional aspect of their rehabilitation.

- 5.80 Halton Community Therapy Team is based at Halton Hospital and comprises of 12 staff: 5.65 whole time equivalent (wte) Physiotherapists, 2.71 wte Occupational Therapists , 0.55 wte Admin & Clerical staff.
- 5.81 Staff retention is reported as being stable. There have been a number of development posts introduced with opportunities for staff to work with colleagues across Cheshire and Merseyside which promotes retention of staff. There has been work done to attract people into the therapy professions, including links to colleges to promote apprenticeship routes and promote the different therapy roles, as well as links to universities.
- 5.82 The service accepts referrals from health professionals for any Halton resident with a Halton GP who requires Occupational Therapy or Physiotherapy in their own home environment. Referrals from GP's and community health care functions account for 75% - this includes: GPs, Practice Nurses, District Nurses, Community Matrons, Palliative Care Nurse, Halton Haven Hospice, Halton Intermediate Care & Frailty community services and Social services OTs, (anyone who is under the care of the GP at point of referral). Referrals from Hospital Consultants: account for 25% - including all hospital discharges, consultants, allied health professionals and nurses.
- 5.83 Waiting times have improved from a peak during the COVID-19 pandemic. At January 2020 (just before the pandemic) there was a 2 week wait for service. Post pandemic it peaked at 36 weeks. As at October 2024 it was at 8 weeks, against targets of routine referrals 8 weeks and urgent 48 hours.
- 5.84 New referrals per month average 133, with the split being around 33 for Occupational therapists, 100 for Physiotherapists. New patient contacts for 2023/24 totalled 1324 with 385 for Occupational therapists , 939 for Physiotherapists.
- 5.85 The Community Therapy service faces a number of challenges, including:
- Halton's Aging Population – 20% increase in over 65s by 2030 – therefore increase in referrals to the service for Falls Prevention/Management etc.
 - Deprivation Index – Halton ranks at 39th out of 317 of the most deprived local authorities. Therefore the service has a clear role in contributing to quality improvement initiatives that tackle health issues such as obesity, cancer survival rates, diabetes related disease, smoking related disease.
 - Implementation of Rolling Satisfaction Survey – Whilst service feedback is largely positive, participation rates are fairly low. The service is to investigate links with Experts by Experience/Halton Health Watch and implement a rolling satisfaction survey available to patients so that any issues can be identified and acted upon in a timely manner.
 - The service attends Heads of Service & Clinical Leads Meetings ensuring quality of clinical care through research, audit, supervision, NICE guidance, patient experience; offering assurance to commissioners that the patient receives excellent evidenced based care. This involvement is to

be ongoing and forms an important part of the continuous quality improvement process.

Therapy in the Halton Integrated Care and Frailty Service (HICaFS)

- 5.86 HICaFS replaced the NHS services previously provided in Halton by the Rapid Access Rehabilitation Service (RARS), Capacity & Demand Team and the Halton Integrated Frailty Service (HIFS). The Therapy element of the service is made up of Urgent Care Response, Reablement (often referred to as intermediate care at home) and Oakmeadow Intermediate Care Response.
- 5.87 Access is through a referral by Health Professionals, Social Services, Voluntary Agencies and self-referral (if previously seen by the service). People have access to Dietetic, Physiotherapy and Occupational Therapists.
- 5.88 During quarter 1 of 2024/25 (April – June 2024) the average number of referrals was 325 per month. The majority of referrals came from the Hospital Discharge teams, then GPs. A small amount came from the Care Homes. Whilst a small amount of referrals came via Northwest Ambulance Service (NWS) or NHS 111, there are plans to improve referral rates here through increased partnership working. There is an opportunity for the HICaFS Therapy team to work with the 999/111 calls service to triage and advise, where appropriate, to save an ambulance attendance where the HICaFS service can intervene.
- 5.89 Through the single point of access for HICaFS, the most demand for therapy is for Urgent Care Response (61%). Urgent Care Response have seen an increase in average number of referrals in comparison to 2023/24 by 18% (53 to 76). After Urgent Care Response, demand is then greatest for Reablement and then Oakmeadow Intermediate Care. Up to 29% of referrals result in no further intervention, due to either not being medically stable or referred to another service.
- 5.90 **Outcomes for UCR, Reablement & Oakmeadow Quarter 1 - April to June 2024**
- 65% of patients referred to the service were discharged has been independent, requiring no additional long term social care.
 - 15% of patients were readmitted to hospital due to being medically unwell. Majority of this cohort of patients were seen by the UCR aspect of the service.
 - 14% of patients required a new or revised package of care.
- 5.91 **Average length of stay Quarter 1 - April to June 2024**
Reablement - 33 days. A downward trend since 2023/2024.
Oakmeadow - 30 days. Average occupancy rate – 88%
Urgent Care Response - 7 days
- 5.92 **Service User Satisfaction Survey**
Latest results – as at October 2024
100% of people said they were treated with dignity and respect.

100% of people said agreed/strongly agreed they would recommend the service.

77% of people felt their condition had improved after they had received care.

5.93 Conclusion

5.94 An older person living with frailty is more likely to have a delayed transfer of care from hospital and it is recognised that people living with frailty often have their needs best met in settings outside of acute hospital care. Community Therapy plays a valuable role in the local health and social care system in both facilitating hospital discharge and preventing hospital admissions.

5.95 There may be opportunities within Community Therapy to maximise capacity in other parts of the health and social care system such as hospitals and ambulance service, with the appropriate levels of additional resourcing, through the flexibility and expertise within the therapy service.

5.96 Recommendations

- **Undertake a deep dive into service data** to identify potential opportunities for therapy services to support capacity and demand across the health and social care system and to inform future workforce structure requirements.
- **Urgent Care Response** - Pilot the use of lifting raisers to prevent unnecessary hospital admission, and example of therapies and nursing working in partnership.
- **Falls Prevention & Management** - As part of the aging well programme, continue to focus on ways to reduce the risk of people falling and going to hospital through assessment of their environment and provision of strengthening and balancing exercises.
- **Urgent & Emergency Care System Improvement Programme** - Maximise the use of alternatives to the Emergency Department, including Same Day Emergency Care. Where necessary, redesign and implement current alternatives to Emergency Department to ensure that they are optimised to reduce avoidable admissions. Provide updates to the Health Policy and Performance Board on any proposed system improvements.
- **NWAS** - Optimising referral pathways to community services.

5.97 Evidence area 7 – North West Ambulance Service (NWAS)

5.98 NWAS covers 5 counties; Cumbria, Greater Manchester (and Glossop), Cheshire, Merseyside and Lancashire, covering a population of 7.5 million across 5 Integrated Care System (ICBs).

5.99 Across the patch, there are 100 ambulance stations, and 10 contact centres handling 999, 111 and patient transport services, delivered by 7,074 staff with a budget of £493m. There are 1,019 vehicles in the fleet.

5.100 In the Cheshire and Merseyside region, there are 1,250 front line ambulance staff in operation working from 35 ambulance stations. Halton falls in the east of the sector (the sector also covers Warrington, St Helens, Newton Le Willows and part of Knowsley). There are 2 ambulance stations in Halton, one in Widnes and one in Runcorn.

5.101 Ambulance cover is matched to the 999 demand profile. Whilst there are two ambulance stations in Halton, emergency ambulances are dispatched on a 'next nearest' basis, not necessarily an ambulance that is based at a Halton ambulance station. Such is demand, it is very infrequent that ambulances are parked at a station during their shift.

5.102 Calls to 999 and 111 both use the same NHS Pathways triage system, so regardless of which service the patient calls they will get the most clinically appropriate response, or ambulance if required. There are clinicians based in the call handling centres to provide rapid phone assessment and advice to the patient and / or call handler.

Demand

5.103 Demand is returning to pre pandemic levels, with the greatest demand on the service being in 2020/21 and 2021/22.

5.104 During 2023-2024 in Cheshire and Merseyside there were the following number of incidents, by category. Category 1 is the highest level of medical acuity/emergency, category 2 is where there is most demand and category 5 calls do not require the dispatch of an ambulance.

	Category 1	Category 2	Category 3	Category 4	Category 5
No. of calls	35,610	188,641	73,134	4,823	30,269
Mean ambulance response time	8m24s (7m standard)	37m27s (18m standard)	2hr28m57s	2hrs44m27s	-
90 th centile response time	14m21s	1hr20m51s	6hr45m	6hr41m11s	-

5.105 During 2023-2024 call response times to **Halton patients** for category 1 calls was 8m53s and category 2 calls was 40m35s. This was significantly higher than both the original national standard of 18 minutes, and the stop gap standard of 30 minutes for category 2 calls.

5.106 Across Cheshire and Merseyside, for 2024 – year to date (October 2024) there has been a slight improvement in the mean response time for category 1 calls from 8m24s to 8m2s and for category 2 calls from 37m27s to 35m59s.

5.107 Category 2 call response times for the year to date for **Halton patients** has shown some slight improvement, moving from 40m35s to 38m4s.

Outcomes

- 5.108 A little over half (56%) of the patients requiring an ambulance response result in the patient being conveyed to an A&E department. For Halton patients these are primarily Whiston and Warrington Hospitals.

Hear and Treat	14.4%
See and Treat	23.1%
See and Convey to A&E	56.1%
See and Convey to non A&E	6.4%

- 5.109 For 2024- year to date (October 2024) there are slightly higher numbers of people being conveyed to A&E, currently at 56.7%.

Performance

- 5.110 Delivery of performance against national response standards across Cheshire and Merseyside has been challenging. The national standard for category 2 calls (which make up the majority of demand) had been increased from 18 minutes to 30 minutes in a 'stop gap' response to unprecedented demand as a result of the COVID-19 pandemic. However, following the national trend, NWAS was falling short on attaining the revised standard of 30 minutes. As a result, significant investment has been made with an additional 1000 ambulance hours available per week than the same time last year. This investment has been incorporated in to the NWAS baseline establishment and is now permanent. Recruitment to these positions is now almost complete.
- 5.111 As a result, improvements in getting closer to attainment of the national response standards is showing this year, but NWAS still do not yet meet the standard.
- 5.112 Cheshire and Merseyside is somewhat of an outlier for response times compared to the north west. This is largely affected by the hospital transfer times affecting the availability of ambulance crews. 'Long waits' present a risk to patient safety and positive outcomes. Waiting over 60 minutes increases the risk of harm. In 2023 over 18,000 patients waited over 60 minutes for an ambulance.
- 5.113 In our area, Warrington Hospital currently is the best performing A&E department for handover times, but is still double the 15 minute target. Whiston A&E is 60 minutes, on average. It was noted by NWAS that ambulance crews queuing outside Whiston Hospital to do a handover has increased significantly this year compared to last year. NWAS has been held outside the A&E at Whiston 2000 times since April 2024. NWAS reported that across Cheshire and Merseyside 79,000 emergency ambulance hours have been lost this year to October, equivalent to 15 24hr emergency ambulances.

5.114 Conclusions

- 5.115 NWAS provide a vital front line service in the health and social care system. They work proactively with partners to maximise capacity within their own service and others.
- 5.116 The introduction of NHS Pathways across 999 and 111 works to ensure that ambulance dispatch is appropriate to the acuity of the patient, with other resources and tools available to call handlers to manage patient needs, such as clinical support and referral to other community services, such as pharmacy.
- 5.117 It is evident that the service is operating in very challenging times, despite significant investment to increase response capacity. Whilst demand for the service is great, it is relatively stable, but the ability to plan resources and work flow is hampered by the increasing issue of long hospital handovers.
- 5.118 The impact of long hospital handovers not only affects patient safety, but also operational aspects of the service in being able to free up crews and achieve the response standards, sometimes resulting in serious incidents and complaints, but also staff morale is being impacted.
- 5.119 Staff are highly educated, skilled and dedicated and their welfare has always been a priority of NWAS with things in place to support staff both on and off shift, however staff are becoming increasingly frustrated by the hospital handover delays and the impact it has on patients and operations.
- 5.120 NWAS raise the hospital handover issue regularly, with monthly newsletters to local MPs and regular meetings with hospital and Integrated Care Board (ICB) managers, but as yet there is no robust solution.

5.121 Recommendations

- **Hospital Handovers:** NWAS and ICB Halton should continue to work with health system managers to try and identify improvements to the hospital handover situation, taking learning from other areas that have managed to bring down the handover times, such as Greater Manchester. Analysis of differences in handover process between Warrington and Whiston Hospitals may provide insight as to how Whiston and NWAS can work together to improve their handover times.
- **Alternative to Hospital:** NWAS have identified that there may be more they can do with community health and social care partners to provide an alternative to hospital and negate the need for conveyance to hospital. NWAS should continue to explore potential with services, such as community therapy.

5.122 Evidence area 8 – Musculoskeletal Therapy Outpatient Service (Warrington and Halton Hospitals NHS Trust)

5.123 The Musculoskeletal (MSK) Therapy Outpatient Service comprises three teams;

- The Clinical Assessment and Triage Service (MSK CATS)
- The MSK Outpatient Physiotherapy Team Chronic Pain Management Service
- The Women's and Men's Health Physiotherapy team

5.124 **The Clinical Assessment and Triage Service (MSKCATS)** is made up of a team of highly specialised physiotherapists who diagnose muscle, bone and joint conditions, supported by an Admin and Clerical team. The service is available for people aged 16 years and over complaining of MSK conditions. There are a number of exclusion criteria, for which there are more appropriate services that people will be referred to i.e. condition management services or clinical intervention.

5.125 The service is made up of whole time equivalents (wte):

- Clinical Lead Physiotherapist- 0.63 wte (1 person)
- Physiotherapists- 8.6 wte (12 people)
- Admin and Clerical staff 3.37 wte (4 people)
- Medical Lead- 1 session per week with the team

5.126 The service operates out of:

- Clinic C Halton General Hospital: Mon- Fri core hours 8.30am-4.30pm Health Care Resource Centre, Widnes: Mon- Fri core hours 8.30am-4.30pm
- Halton Health Hub, Shopping City : Monday, Tuesday and Friday core hours 8.30am- 4.30pm
- Castlefields: Thursday 8am-4pm
- Brookvale: Friday 8.30am-4.30pm

5.127 The MSKCATS team work alongside GP colleagues offering appointments across primary care as part of the primary care workforce, which helps increase the capacity of primary care appointments across Runcorn and Widnes. This enables patients with MSK conditions to see the right clinician at the right time, freeing GPs to see more medically ill patients.

5.128 Patients receive a 30-minute appointment with a highly trained MSK physiotherapist, a significantly longer appointment than what they would have with a GP. Once assessed by MSKCATS clinician, the best course of management is discussed eg self-management advice, diagnostics, onward referral to treatment or onward referral to a consultant and referrals are made in a timely manner.

5.129 The service is commissioned service by Halton Place, Integrated Care Board (ICB) for Runcorn and Widnes offering a specific number of appointments to each GP practice based on practice population. Runcorn Primary Care Network (PCN) separately commission extra capacity for Runcorn GP practice patients using Additional Roles Reimbursement Scheme (ARRS) funding. Widnes PCN do not commission any extra

capacity from MSKCATS, they have commissioned a private company called 'Pure Physio' using the ARRS funding.

5.130 Capacity and Demand

- Runcorn ICB commissioned service capacity: 211 appointments per month
- Runcorn PCN commissioned service capacity: 412 appointments per month
- **Total per month for Runcorn : 623**
- Widnes ICB commissioned service capacity: 227 appointments per month

Performance

5.131 MSKCATS manage staff resources and work flow to match capacity and demand, wherever possible, to avoid long waiting times for patients. Waiting time is 5 working days, unless at holiday time where capacity and demand may not match. There is a 98% satisfaction rate for the service.

Runcorn June- Sept 24	Widnes June- Sept 24
Target appointments - 2494	Target appointments - 910
Actual appointments available - 2377	Actual appointments available - 751
Actual number of assessments carried out - 1952	Actual number of assessments carried out - 510

5.132 **The MSK Outpatient Physiotherapy Team Chronic Pain Management Service** sits within the MSK Physiotherapy Out Patient Department and currently has just over 1 WTE of physiotherapy, working across Halton Hospital MSK Physiotherapy Dept., Widnes Health Care Resource Centre Physiotherapy MSK Dept., GP practices and Halton Urgent Care Centre.

The service is staffed by:

- Clinical Specialists in spine, lower limb and upper limb - 2.4 WTE
- Clinical Team Manager - 1 WTE
- Advanced Therapists - 1.8 WTE
- Specialist static MSK physiotherapists - 4.2 WTE
- Band 5 Physiotherapist - 1 WTE
- Physiotherapy Assistants x3 – 2 WTE

5.133 The service offers triage, assessment, treatment advice, exercises and education relevant to the patient's condition and is available to adults and children (3years +, but excludes developmental MSK presentations).

- 5.134 The service offers:
- Musculoskeletal physiotherapy
 - Rheumatology specialist physiotherapy
 - Hydrotherapy
 - Acupuncture
 - Group therapy, including shoulder rehab classes, lower limb classes, post operative total knee replacement classes. Advance Lower limb class specialising in post operative of ACL Reconstruction with lower limb clinical specialists.
 - Classes at Kingsway Leisure Centre and Brookvale leisure centre known as 'Escape Pain' for patients who suffer from Osteoarthritis (OA) of the Hip and/or Knee
 - Back To Action class.
- 5.135 Demand for the service is high, with service demand against the available workforce capacity generating waiting lists. For example, 662 referrals in September 2024 with a capacity of 332 appointments. This is reflected in an increase in activity/attendances per month this year, from last year. In 2023-2024 there were 1014 activity/attendances on average per month, in 2024-2025 so far the average is 1165.
- 5.136 A number of strategies to support management of the high referral demand have been implemented, including introduction of a Virtual Engagement Group - inviting patients with similar pathologies to attend virtual clinics. However, poor attendance at the virtual class has facilitated a trial of group Face 2 Face for the first appointment which has shown an improvement in attendance, so referred this methodology for future groups. Escape Pain group for management of OA Hip and or Knee is well attended. Shoulder group classes in the gym at Halton Hospital have been introduced, along with Lower Limb gym classes in the gym at Halton Hospital and Hydrotherapy classes in the Community at Beechwood Community Centre twice per week. The clinical teams engage and refer to other community groups, including the HIIT Team and the Halton Healthy living team where appropriate.
- 5.137 **The Women's and Men's Health Physiotherapy team** offers general pelvic health, perinatal pelvic health and post operative breast cancer rehabilitation services. Referral is by health professionals for any patient with a Halton GP, with a self-referral access for Perinatal Pelvic Health branch of service to be available by the end of 2024. The services are available to people aged 18 year or older with the ability to access outpatient services.
- 5.138 The service is staffed by a Team Manager - 0.5 wte, Specialist Therapists - 2.98 wte, Pelvic Health Midwife - 0.4 wte and an Assistant Physiotherapist - 0.60 wte. A total of 4.48 wte staff.
- 5.139 The main aspects of the service are:
- Clinical triage
 - 1:1 assessment and treatment
 - Prescription of appropriate exercise programmes
 - Supporting self-management and patient education

- Monthly multidisciplinary meetings for complex case discussions
- Referral into exercise / advice classes as appropriate
- Onward referrals as appropriate
- Training for Trust ward based staff and Bridgewater Adult Bladder & Bowel Continence Service.

5.140 Exercise and Advice Classes that the service provides:

- Antenatal pelvic health education class - online
- Pelvic Girdle Pain education and exercise class – Living Well Hub Warrington
- Postnatal education and exercise classes – Living Well Hub Warrington
- Pre-op gynae surgery education class referrals Total Referrals between

5.145 Referrals are shown below, with it being likely there will be a further increase in numbers with plans to open self-referral access for perinatal pelvic health by end of 2024.

	Total Referrals between April – October 2024	Total Referrals between April – October 2024
Breast	23	40
General Pelvic Health	148	272
Perinatal Pelvic Health	378	719

5.146 Conclusions

5.147 The range of therapy services available supported primary care capacity by enable patients to see MSK specialists to address, prevent and rehabilitate MSK problems.

5.148 The services work collaboratively with the wider health and social care system, adopting a holistic approach that helps ensure appropriate wrap around care for MSK problems. Referrals to other parts of the service, other health and social care services form a key part of the services.

5.149 Specialist MSK therapy services can reduce the number of diagnostic tests carried out, improve the appropriateness of referrals into secondary care (and reduce secondary care waiting lists) and improve conversion rate from referral into surgery.

5.150 Each of the services are made up of relatively few wte staff, so managing workforce capacity against demand can be difficult particularly during periods of holiday and sickness. This is further compounded by 'Did not attends' (DNAs) which continue to be a problem across the specialist MSK therapy services.

5.151 Recommendations

- **Improving patient uptake** to community services eg Health Improvement Team
- **Whilst management plans are in place to address DNAs, focus should remain on improving DNA** rates and understanding any barriers

to patients attending, such as accessing support from the Trust Knowledge and Skills Department to scope the reasons why patients DNA with a view to work with patients to identify ways to improve attendance.

- **Whilst patient satisfaction across the specialist MSK therapy services is high, further work on patient experience questionnaire is required** to gain greater insight into patient satisfaction, such as develop an annual comprehensive patient satisfaction questionnaire.
- **Continue with Evidence Based Practice** to ensure best treatment for patient and to provide excellence of care and to actively engage with Stakeholders in the planning of services.
- **Look for use of community settings** suitable to increase capacity for both more local groups and 1:1 appointments.
- **Raising profile of service** and pelvic health concerns Patient engagement events.

6.0 Summary of Recommendations to Health Policy and Performance Board

Evidence Area	Recommendation
1) Cross cutting across all evidence areas	1. Service areas within the scope of this scrutiny review should continue to provide update reports to the Health Policy and Performance Board on the outcomes of emerging workstreams identified in this report and any proposed service developments, emerging challenges or notable successes.
2) Urgent Treatment Centre Widnes	2. GP attendance - Availability of a GP should be a priority and steps taken to ensure that there is sufficient GP coverage in the service. 3. Patient experience - The service should take steps to implement the recommendations of Healthwatch.
3) Urgent Care Response	4. Newton Recommendations - UCR, and HICaFS as a whole, should continue to analyse the available data and work with stakeholders to maximise potential within the service and it's component parts, in line with the Newton recommendations.
4) Nursing in the Community	5. Single Point of Access - Consider how a single point of access and holistic approach to nursing in the community could maximise capacity across the 3 service areas and further improve patient experience. 6. Capacity - Analysis of clinical practice/demand to identify opportunities to maximise capacity, particularly in the Treatment Rooms. 7. Impact of bridge crossings - Explore solutions to mitigate the impact of bridge tolls on the recruitment and retention of nurses
5) Podiatry	8. Risk score matrix - Monitor the results of the risk score matrix and implement recommendations resulting from the trial. 9. Information resources - Explore what information resources and formats would be most appropriate ie preventative information and self-help, and the role of partner agencies in supporting prevention and self-help.

	<p>10. Recruitment and retention - Continue with proactive relationships with universities to promote NHS podiatry as a career choice and provide updates to the Health Policy and Performance Board.</p>
6) Community Therapy and HICaFS Therapy	<p>11. Undertake a deep dive into service data to identify potential opportunities for therapy services to support capacity and demand across the health and social care system and to inform future workforce structure requirements.</p> <p>12. Urgent Care Response - Pilot the use of lifting raisers to prevent unnecessary hospital admission, and example of therapies and nursing working in partnership.</p> <p>13. Falls Prevention & Management - Continue to focus on ways to reduce the risk of people falling and going to hospital through assessment of their environment and provision of strengthening and balancing exercises.</p> <p>14. Urgent & Emergency Care System Improvement Programme - Maximise the use of alternatives to the Emergency Department, including Same Day Emergency Care. Provide updates to the Health Policy and Performance Board on any proposed system improvements.</p> <p>15. NWAS - Optimising referral pathways to community services.</p>
7) NWAS	<p>16. Hospital Hand Overs: NWAS and ICB Halton should continue to work with health system managers to try and identify improvements to the hospital handover situation, taking learning from other areas that have managed to bring down the handover times, such as Greater Manchester. Analysis of differences in handover process between Warrington and Whiston Hospitals may provide insight as to how Whiston and NWAS can work together to improve their handover times.</p> <p>17. Alternative to Hospital: NWAS have identified that there may be more they can do with community health and social care partners to provide an alternative to hospital and negate the need for conveyance to hospital. NWAS should continue to explore potential with services, such as community therapy.</p>
8) Musculoskeletal Therapy Outpatient Service	<p>18. Improving patient uptake to community services eg Health Improvement Team</p> <p>19. Understand barriers to patients attending appointments to reduce DNAs, such as accessing support from the Trust Knowledge and Skills Department to scope the reasons why patients DNA with a view to work with patients to identify ways to improve attendance.</p> <p>20. Undertake further work on patient experience questionnaire to gain greater insight into patient</p>

	<p>satisfaction, such as develop an annual comprehensive patient satisfaction questionnaire.</p> <p>21. Continue with Evidence Based Practice to ensure best treatment for patient and to provide excellence of care and to actively engage with Stakeholders in the planning of services.</p> <p>22. Look for use of community settings suitable to increase capacity for both more local groups and 1:1 appointments.</p> <p>23. Raising profile of service and pelvic health concerns Patient engagement events.</p>
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Appendix 1 – Site visits and evidence presented to Members

Site Visits

Theme	Attended by
North West Ambulance Service (NWAS), Estuary Point, Speke.	Cllrs Dourley, Baker and Loftus. Emma Bragger, Service Development Officer
Urgent Care Centre Widnes (Bridgewater)	Cllrs Dourley, Baker and Loftus

Presentations listed in the table below are available on request from the Policy, Performance & Customer Care Team – Adults Directorate:

Theme	Speaker	Presentation
Integrated Care Board (ICB) Perspective	Tony Leo, Place Director, Halton	Scrutiny Topic Review
Urgent Treatment Centre Widnes	Jillian Wallis, Associate Director of Halton Adult Community Services, Bridgewater Community Healthcare NHS Foundation Trust	Widnes Urgent Treatment Centre
Urgent Care Response		Halton Intermediate Care & Frailty (HICAF)
Podiatry		Podiatry
Community Nursing		Community Nursing
Community Therapies	Steve Hope, Clinical team Manager Community Therapies. Rachel Bold, Therapy Manager, Warrington and Halton Teaching Hospitals Hospital NHS Trust	Halton Community Therapy Team Halton Intermediate and Frailty Community Services - Therapy
Musculoskeletal Services	Lisa Horne, MSKCATS Clinical Lead, Warrington and Halton Teaching Hospitals Hospital NHS Trust	Halton Musculoskeletal Physiotherapy Outpatient Services
North West Ambulance Service (NWAS)	Ian Moses, Area Director, Cheshire and Merseyside, North West Ambulance Service NHS Trust	Halton OSC

REPORT TO: Health Policy and Performance Board

DATE: 11 February 2025

REPORTING OFFICER: Finance Director

PORTFOLIO: Corporate Services

SUBJECT: Councilwide Spending as at 30 November 2024

WARD(S): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To report the Council's overall revenue and capital spending position as at 30 November 2024, together with the latest 2024/25 outturn forecast.

2.0 RECOMMENDED: That;

(i) The Councilwide financial position as outlined in the attached report, be noted.

3.0 SUPPORTING INFORMATION

3.1 On 16 January 2025 the Executive Board received the attached report, which presents details of Councilwide revenue and capital spending by each Department, and outlines the reasons for key variances from budget.

3.2 Given the scale of the Council's current financial challenges, Executive Board requested that a copy of the report be shared with each Policy and Performance Board for information. This is to ensure that all Members have a full appreciation of the Councilwide financial position, in addition to their specific areas of responsibility.

3.3 The report is presented to Executive Board every two months and the attached report covers the period 1 April 2024 to 30 November 2024. It includes details of spending to date by each Department against both the revenue budget and capital programme.

3.4 Appendix 1 provides a Councilwide summary of revenue spending, while Appendix 2 presents details relating to each Department. The latest forecast of revenue spending to year-end compared to budget is also provided.

3.5 Appendix 4 indicates progress with implementation of previously approved budget savings for 2024/25 and 2025/26.

3.6 In future the bi-monthly Councilwide spending report will be reported to each Policy and Performance Board.

4.0 POLICY IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

5.2 **Building a Strong, Sustainable Local Economy**

5.3 **Supporting Children, Young People and Families**

5.4 **Tackling Inequality and Helping Those Who Are Most In Need**

5.5 **Working Towards a Greener Future**

5.6 **Valuing and Appreciating Halton and Our Community**

There are no direct implications, however, the revenue budget and capital programme support the delivery and achievement of all the Council's priorities.

6.0 RISK ANALYSIS

6.1 There are a number of financial risks within the budget. However, the Council has internal controls and processes in place to ensure that spending remains in line with budget as far as possible.

6.2 A budget risk register of significant financial risks is maintained and is included at Appendix 5 of the attached report.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

8.0 CLIMATE CHANGE IMPLICATIONS

8.1 None

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1072

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

REPORT TO: Executive Board
DATE: 16 January 2025
REPORTING OFFICER: Finance Director
PORTFOLIO: Corporate Services
SUBJECT: 2024/25 Spending as at 30 November 2024
WARD(S): Borough-wide

1.0 PURPOSE OF REPORT

1.2 To report the Council's overall revenue net spend position as at 30 November 2024 together with a 2024/25 forecast outturn position.

3.0 RECOMMENDED: That;

- (ii) All spending continues to be limited to essential items only;**
- (iii) Executive Directors continue to identify areas where they can further reduce their directorate's spending or generate income, in order to reduce the councilwide forecast outturn overspend position;**
- (iv) Executive Directors continue to implement the approved savings proposals for 2024/25 and 2025/26 as detailed in Appendix 4;**
- (v) The updated forecast outturn position be shared with the Ministry of Housing, Communities & Local Government in support of the Council's application for Exceptional Financial Support;**
- (vi) Council be asked to approve the revisions to the capital programme set-out in paragraph 3.22 and incorporated within Appendix 3;**
- (vii) This report be shared with each Policy and Performance Board, in order to ensure they have a full appreciation of the councilwide financial position, in addition to their specific areas of responsibility.**

3.0 SUPPORTING INFORMATION

Revenue Spending

3.1 Appendix 1 presents a summary of spending against the operational revenue budget up to 30 November 2024 and Appendix 2 provides detailed figures for each individual Department. In overall terms, net

Council spending as at 30 November 2024 is £14.246m over budget. The outturn forecast for the year estimates that net spending will be over budget by £20.757m if no corrective action is taken.

- 3.2 The forecast outturn overspend has increased by approximately £100,000 from the amount reported on 14 November 2024. Whilst this is only a marginal increase, there has been significant movement within individual directorates' outturn positions. Further information regarding significant departmental variances is included within the report and departmental figures are included in Appendices 1 and 2.
- 3.3 The forecast position continues to be of great concern, as there is no evidence of a reduction in overall spending across the Council. In order to address the situation, financial focus workshops led by the Chief Executive are taking place with each Directorate's senior leadership team on a monthly basis. These workshops are looking for urgent ways to reduce or stop spending, or generate income. The aim is that initiatives identified in these workshops will help reduce the overall forecast overspend position for the year.
- 3.4 It is certain that available reserves will not be sufficient to cover the forecast overspend for the year. Therefore, on 04 December 2024 Council approved an application to the Ministry of Housing, Communities & Local Government (MHCLG) for Exceptional Financial Support (EFS). The Government's EFS arrangement provides councils with exceptional permission to capitalise annual revenue costs and fund them from long term borrowing (usually over 25 years) from the Public Works Loans Board (PWLb). EFS provides permission to borrow and does not provide grant funding. The Council submitted a draft EFS application on 13 December 2024. The application will be updated based on the information within this report and also following clarification of the 2025/26 provisional grant settlement.
- 3.5 The Council's available useable reserves (general and earmarked) total £11.484m. This is well below that required to help provide a balanced budget position given the forecast outturn overspend. Further detail on reserves is provided at paragraph 3.19.
- 3.6 The forecast outturn figures reflect a prudent yet realistic view of spend and income levels through to the end of the year. Work will continue to update the financial position as more information becomes available. Included within the forecast position is the 2024/25 pay award which was paid in November 2024.
- 3.7 The largest pressure on the Council's budget continues to be within the Children & Families Department, where net spend for the year is forecast to be £8.311m (16.5%) above 2023/24 actual spend. There continue to be significant cost pressures within the forecast relating to staffing costs, residential placements, and out of borough foster care.
- 3.8 On 24 October 2024 the Board approved additional revenue funding of £4.2m per year, to help develop a programme around the stabilisation

and redesign of Children's Social Care, following the Ofsted review. This investment is focused upon proactive early intervention and prevention systems. It is envisaged that this investment will help control and reduce costs within Children's Social Care over the next few years, and these cost reductions will be built into future year budget targets.

- 3.9 The use and cost of agency staff continues to be one of the main contributing factors to the overspend position for the year. This is mostly evident within the Children & Families Department and the Council's in-house Care Homes. Initiatives and support from the Transformation Programme are ongoing to reduce reliance upon agency staff.
- 3.10 Analysis of agency spend for the year, together with comparative analysis of 2023/24 costs, is included in the table below. Note information for Q3 only includes data for two months, October and November.

	2024/25				2023/24
	Q1 £'000	Q2 £'000	Q3 to Date £'000	Total £'000	Total £'000
Adult Social Care	1,341	1,656	806	3,803	5,927
Chief Executives Delivery Unit	132	179	154	465	0
Children & Family Services	1,283	1,432	940	3,655	6,157
Community & Greenspace	116	129	68	313	336
Economy, Enterprise & Property	86	105	78	269	343
Education, Inclusion & Provision	99	78	36	213	393
Finance	14	42	24	80	56
Legal & Democratic Services	253	274	137	664	814
Planning & Transportation	94	85	15	194	206
Public Health & Public Protection	11	10	1	22	21
Total	3,429	3,990	2,259	9,678	14,253

- 3.11 Within the approved budget for the year is a £4m savings target against the Transformation Programme. To date budget savings of £0.129m have been identified against this target. In addition, the Transformation Delivery Unit (TDU) have identified cost reductions and cost avoidance measures, although these will not lead to an overall reduction in the budgeted target. Progress against transformation savings is reported monthly to the Transformation Programme Board.
- 3.12 The forecast overspend is significantly above that which has been recorded in recent years. Whilst the current year net budget for the Council has increased by £7.7m (5.45%), this is well below the forecast increase in net costs, currently estimated as an increase of £22.952m (15.5%).

Revenue - Operational Spending

- 3.13 Operational net spending for the first eight months of the year is higher than the budget to date by £14.246m. Based on current forecasts it is estimated net spend will be over budget for the year by £20.757m if no further corrective action is taken.

3.14 Within the overall budget forecast position for the quarter, the key budget variances are as follows;

(i) **Children and Families Department**

The overall forecast financial position at the end of 2024/25 has reduced by £0.631m since last reported at 30 September 2024.

Significant investment as part of a Children's Social Care improvement plan and redesign of the service, has been provided to support the improvement journey. Although, there has been a reduction in forecast overspend, It is important to recognise that the level of spend across the service remains a similar level. The reduction in forecast overspend is primarily due to the increased funding provided, as well as some reductions in other areas.

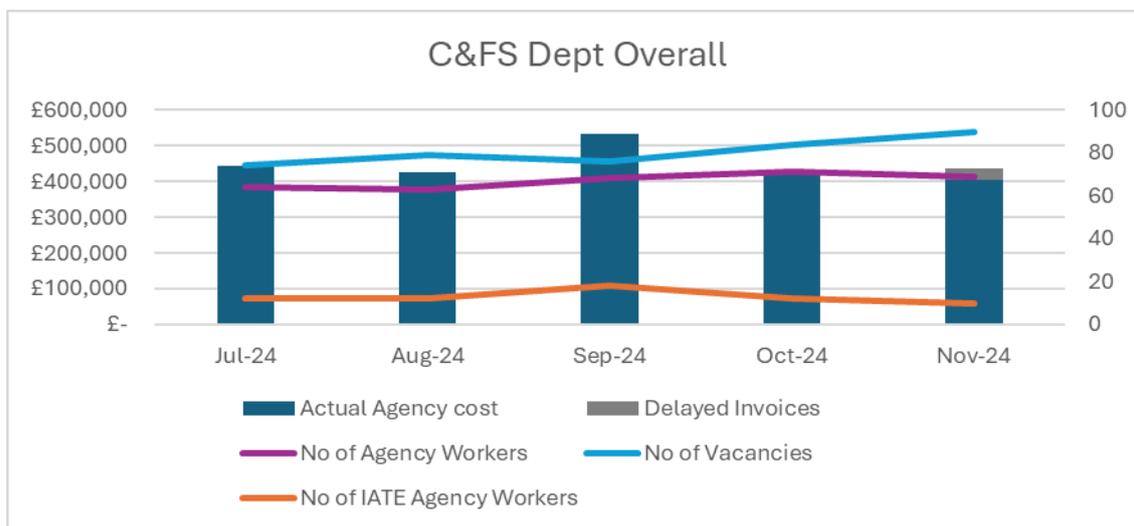
The Children's and Families Department forecast overspend continues to be an area of serious concern and the issues remain the same. These include the difficulty with recruitment of social workers and the subsequent high cost of agency staff, along with spiralling costs of residential placements. This has been an ongoing problem for a number of years.

Employee Expenditure

Employee costs are forecast to be over budget profile at the end of financial year 2024/25 by £2.618m, a reduction of £0.438m compared to the end of September 2024.

The reduction mainly relates to the approved additional investment within Children's Services which has resulted in the establishment of 33 new roles across the Department. Agency staff that were previously in addition to the establishment (IATE) are no longer considered as IATE. Additional in-year budget of £0.370m (funded from contingency) has been provided for some of the newly established posts which has helped reduce the overspend position.

The chart below analyses agency costs for the period April to November, for the Children and Families Department. These are based upon the period worked, the number of agency staff where an invoice has been received for each period, the number of vacancies, and the number of staff who are currently in addition to the establishment (IATE).



Residential Care

Out of Borough Residential Care costs continue to be the main budget pressure for the Children and Families Department, as the costs of residential care have continued to escalate year-on-year. The numbers of young people in residential placements remains high, complexity of care is increasing, and the cost of placements is rising significantly.

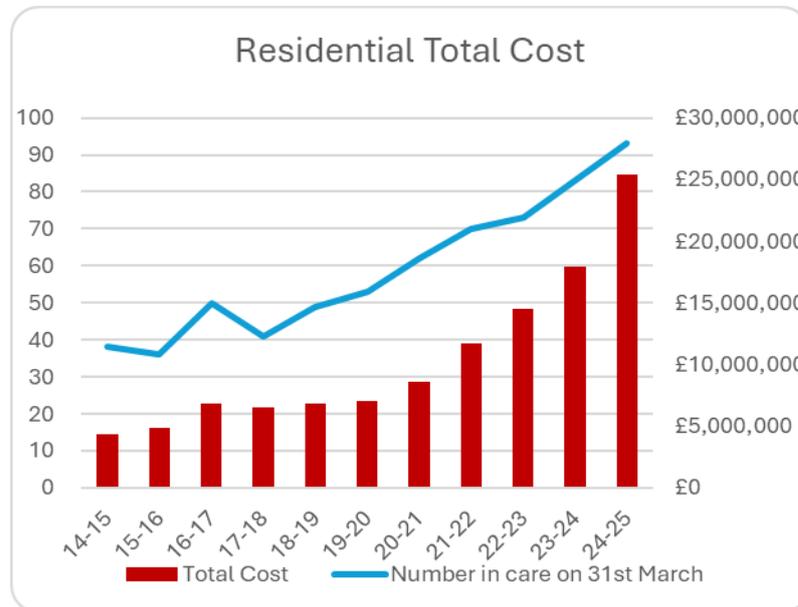
Provision	Weekly Costs	30-Nov-24		30-Sep-24	
		No. Placed	Estimated cost for the year	No. Placed	Estimated cost for the year
Residential	£1000 - £3000	4	476,360	3	425,275
Residential	£3001 - £5000	25	4,956,870	26	5,642,774
Residential	£5001 - £7000	26	7,413,389	27	7,989,196
Residential	£7001 - £15982	17	9,291,964	14	8,215,999
Secure	£6397 - £8137				
Leaving Care	£443 - £7175	14	2,341,056	18	2,643,101
Parent & Child	£2000 - £5500	7	913,562	6	715,298
Total:		93	25,393,201	94	25,631,643

The forecast overspend at the end of financial year is £7.194m for residential placements, which is a reduction of £0.200m since last reported.

Overall the cost of packages is increasing due to the complexity of support the young people require, as well as inflationary package cost increases. This is a national issue and market factors such as low supply and high demand have resulted in the costs of residential care packages rising significantly over the past year in particular, meaning that the level of spend is unsustainable at the current rate.

A number of initiatives are taking place to try and address the issue, including the operation of a High Cost Placement Panel, where high cost packages are individually scrutinised to ensure the placement is correct for the young person's needs and is provided at the best available cost.

The graph below illustrates the rising costs of Residential Care, for consistency this does not include the costs of Unaccompanied Asylum-Seeking Children (UASC) as these costs were not included in previous years.



(ii) **Adult Social Care Directorate**

Community Care

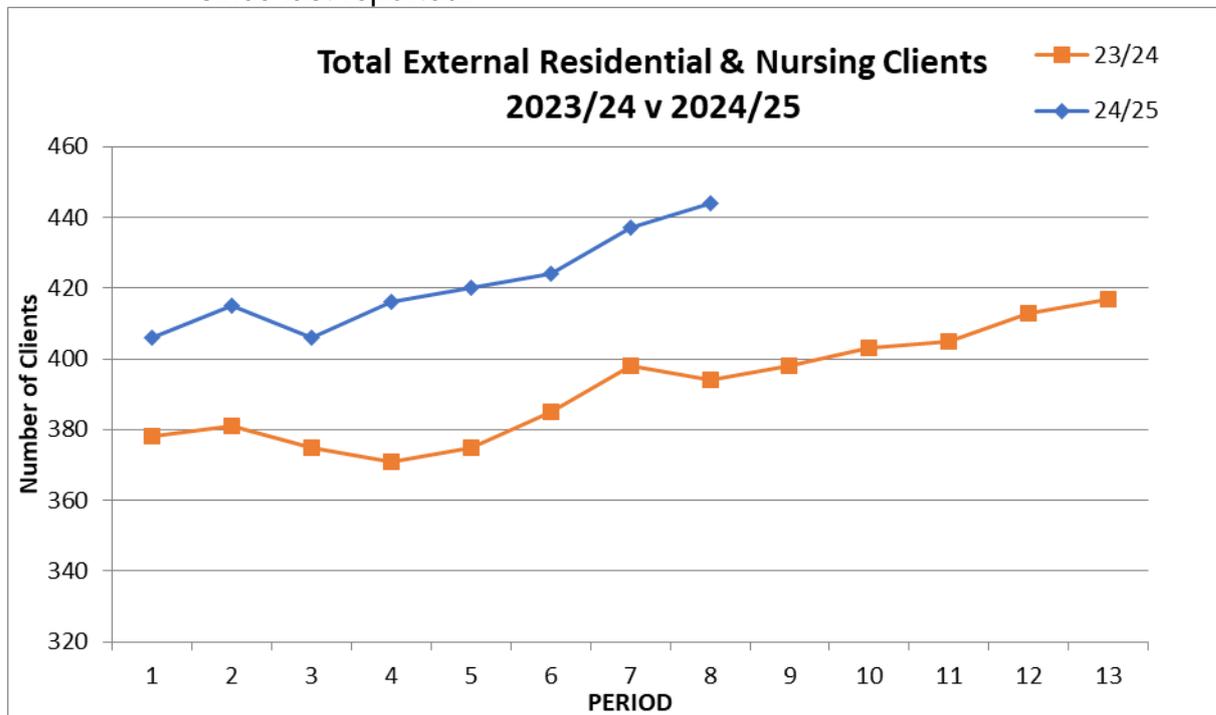
At the end of November 2024 expenditure on Community Care services is over budget profile by £1.569m. It is anticipated that at the end of the financial year it will be overspent by £2.951m. This is an increase of £0.518k from the previous forecast reported at the end of September. Note the September forecast was based upon August figures, hence this increase is over three months.

Residential & Nursing Care

There are currently 444 residents in permanent external residential/nursing care as at the end of November 2024 compared to 406 in April, an increase of 9.3%. Compared to the 2023/24 average of 390 this is an increase of 13.8%. The average cost of a package of care since April 2024 has increased from £866 to £873 a slight increase of 0.8%. Based on this average cost the 24 additional service users from August to November will cost approximately £0.491m to year-end. In addition, there are 92 residents placed within the Council's in-house care homes.

The graph below illustrates the demand for permanent placements.

However, it is not only permanent placements that are increasing, as short-stay placements are also increasing fuelled by Pathway 3 Discharge to Assess. Health provide funding for four weeks, but generally when this funding ends the cost falls to the Council. Very few residents tend to qualify for Continuing Healthcare funding from Health. Short-stay placements have increased by £0.183m since last reported.



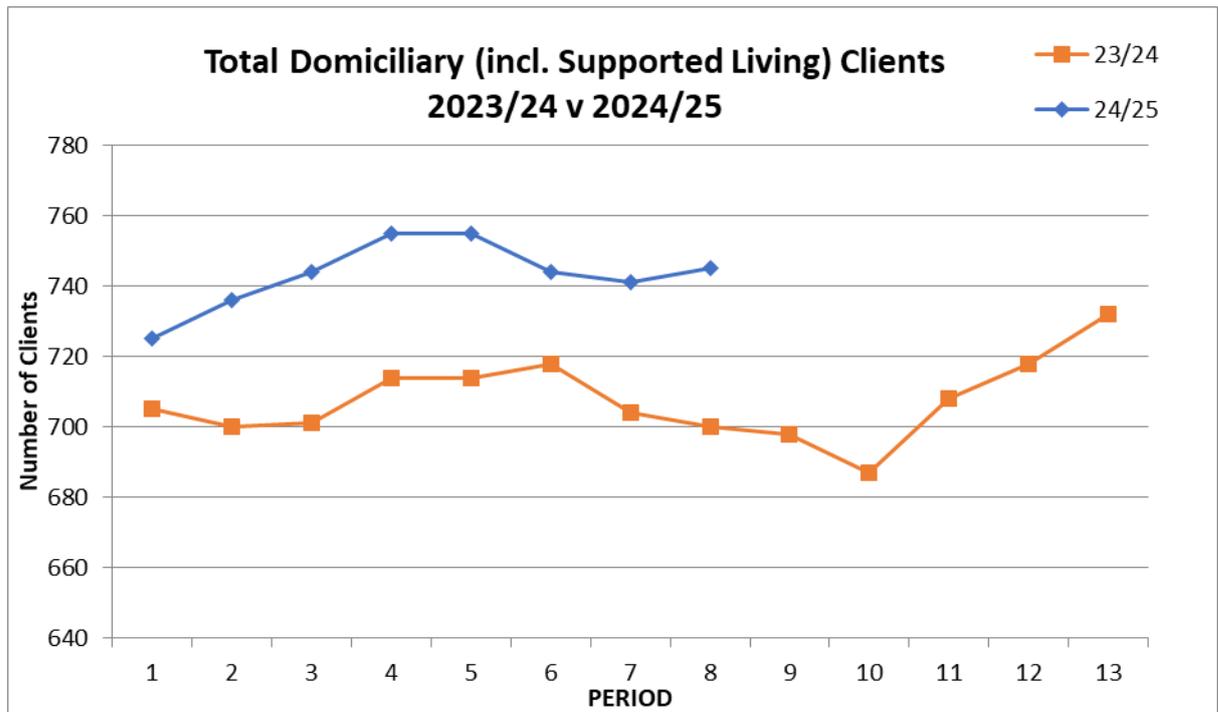
There are 25 external packages which charge top-up amounts currently costing £4,138 per week. The full year forecast spend is circa £0.159m.

Extra 1 to 1 hours in external care homes currently cost £8,339 per week and the forecast to year end for this is circa £0.492m. This is for 18 individuals to date. Last year 20 individuals received 1 to 1 care at a total cost of £0.255m. This suggests that either people are receiving more hours of care, or the rate is higher than last year.

Domiciliary Care & Supported Living

There are currently 745 service users receiving a package of care at home compared to 755 in August, a slight decrease of 1.3%. However, the average number of service users during 2023/24 was 707, so there has been an increase of 5.3% demonstrating that demand for the service has increased this financial year. The average cost of a package of care has increased by 3.5%, from £515 to £533.

The graph below illustrates the demand for the service from April 2023 to date.



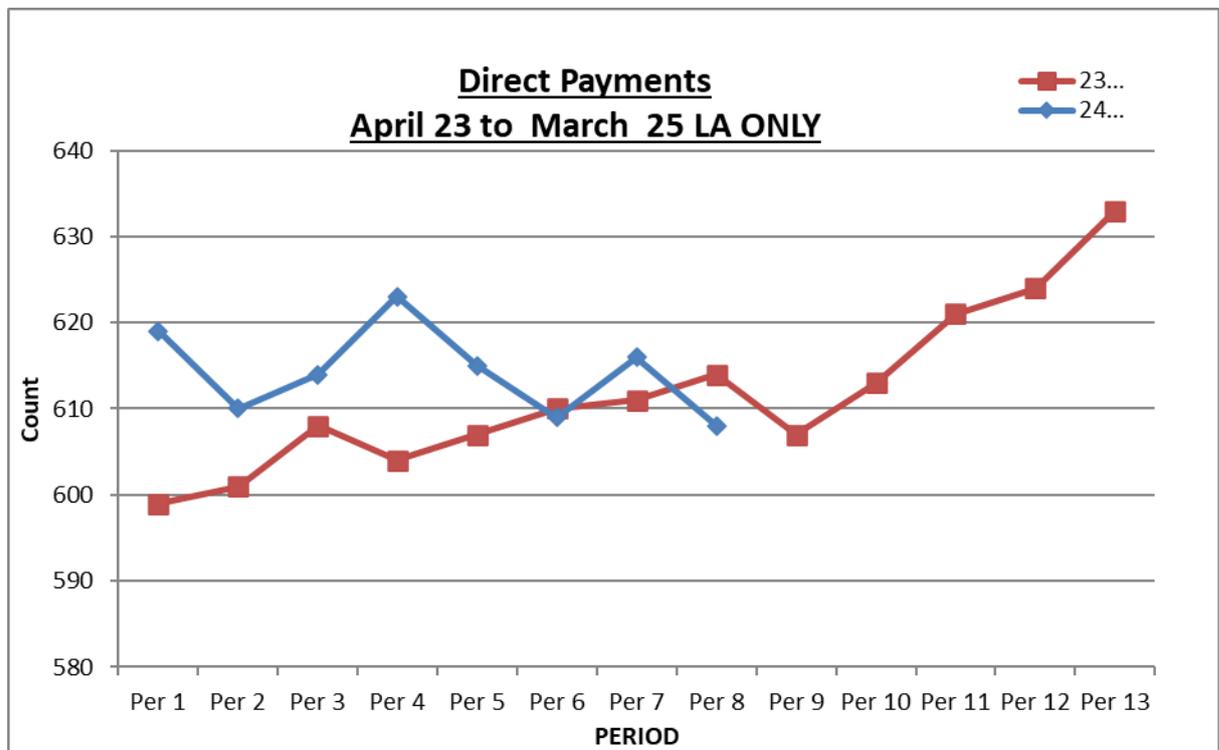
The average cost of a package of care is currently £533 compared with £491 in April, an increase of 8.6%.

Direct Payments

In November 2024, 608 clients received a Direct Payment (DP) compared with 619 in April 2024, a very slight decrease of 1.7%. However, the average number of DP's in 2023/24 was 591, therefore, there has been an increase of 2.8% on last year's average.

The average cost of a package of care has decreased since April 2024 from £529 to £472 in November 2024, a reduction of 10.7%.

The forecast position for Direct Payments assumes an amount of £1.4m will be recovered from users, following the ongoing audit process to seek assurance that the DP is spent in line with their care and support needs. Variations to the amount recovered will directly affect the forecast.



Care Homes

The spend to 30 November 2024 across the Division is over budget profile by £0.873m. The forecast for the end of 2024/25 financial year is an estimated outturn position of £1.245m over budget. This is assuming the level of agency staffing continues at a similar rate and includes higher spend assumptions later in the financial year due to winter pressures surrounding staffing and utilities.

Recruitment of staff is a continued pressure across the care homes, where there remains a high number of staff vacancies. A proactive rolling recruitment exercise is ongoing, supported by HR.

Due to pressures with recruitment and retention in the sector, heavy reliance is being placed on overtime and expensive agency staff to support the care homes. At the end of November 2024 total agency spend across the care homes reached £2.383m, the cost of which has partially been offset by staff vacancies.

(iii) Education, Inclusion and Provision

Schools Transport is the main budget pressure for the Education, Inclusion and Provision Department. The Council has a statutory responsibility to provide Special Educational Needs (SEN) pupils with transport. This is split into two main areas of SEN pupils attending In-Borough and Out-of-Borough Schools.

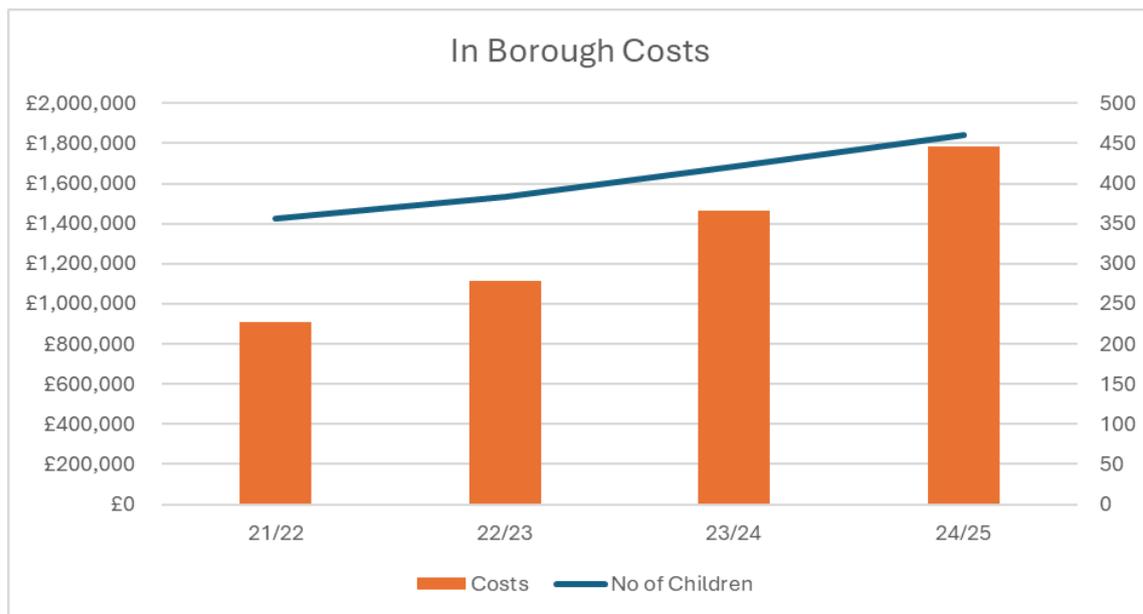
The table below illustrates the split between the two areas, and how each areas spend compares to the budget.

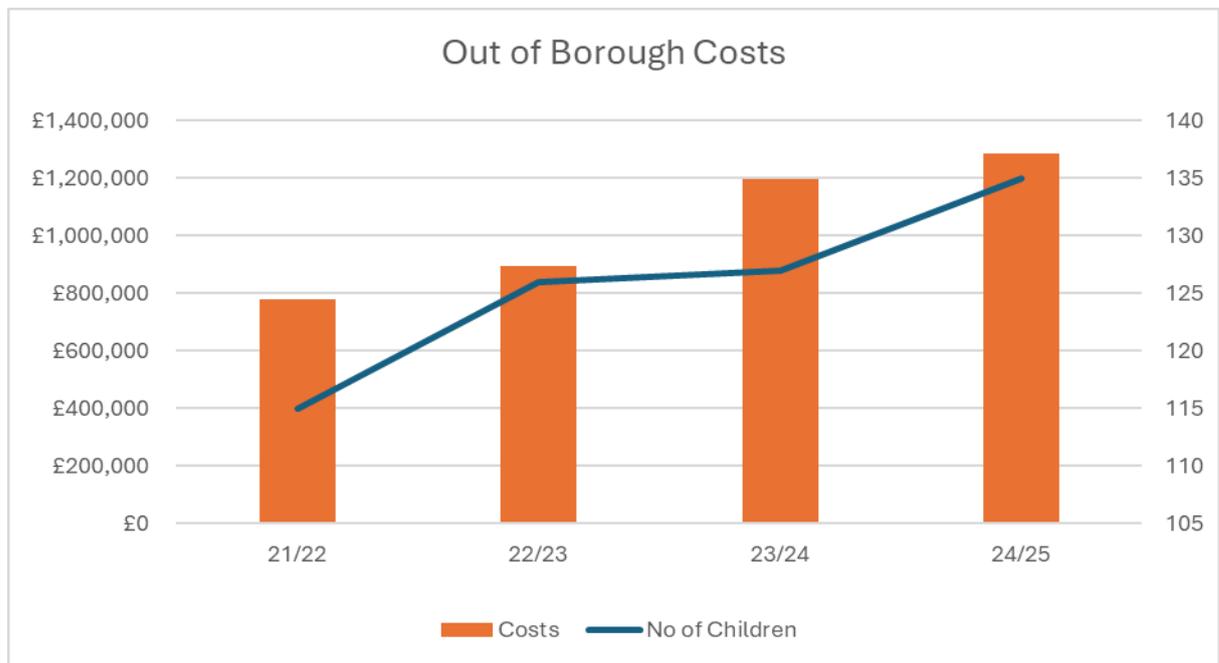
2024-25 as at Nov-24					
Area	Number of Users	Budget £000	Projected Spend £000	Variance £000	Average Cost per User
In Borough	461	1,826	1,783	43	£3,869
Out of Borough	135	489	1,286	(797)	£9,528
Total	596	2,315	3,070	(754)	

There are currently 596 service users, the majority of which attend schools within the Borough. The Out-of-Borough overspend has increased since the end of September 2024, to £0.852m.

During the current Academic year, it is anticipated that these figures will continue to rise, based upon historic information. The demand for the School Transport Service continues to increase in line with the increasing number of pupils with SEN within the Borough.

The graphs below show the trend in the number of SEN children using this service and the associated costs.





A further pressure on the departmental budget for the year relates to Psychology and SEN Assessment services provided to schools. For a number of years these costs have been funded by the Dedicated Schools Grant (DSG). The Department for Education have recently advised that these costs cannot be DSG funded as they are outside of scope in meeting the grant conditions. It is therefore currently assumed this cost will fall upon the Council's budget at a cost of £0.860m, until at such time other sources of funding are found.

(iv) ICT Department

At the end of the 2024/25 financial year it is forecasted that the ICT and Administration Department will be over the approved budget profile by £0.657m.

The main pressures faced by the ICT and Administration Department is in relation to the IT infrastructure, with the move to Microsoft 365, staff have been able to utilise much more efficient hardware. However, the software utilised by the new hardware is at a premium and will be a continuous pressure the Council will need to react to as prices fluctuate.

(v) Community and Greenspaces Department

The net departmental expenditure is forecast to be £0.616m under budget at the end of the 2024/25 financial year. This is an improved position from the expected £0.395m forecasted previously.

The largest contributor to the underspend is in relation to spend on Employees, which is currently forecast to be £1.012m under the approved budget profile by the end of the financial year. There are

several restructures taking place across the Department, therefore, in order to facilitate these a number of posts are currently being held vacant until the new structure is implemented. The most notable of these being the new structure being implemented when the new Halton Leisure Centre opens.

Collection Fund

- 3.15 The council tax collection rate through to the end of November 2024 is 71.43% which is 0.14% lower than the collection rate at the same point last year.

Debt relating to previous years continues to be collected, and the Council utilises powers through charging orders and attachment to earnings/benefits to secure debts. £1.811m (10.28%) has so far been collected this year in relation to previous years' debt.

- 3.16 Business rate collection through to the end of November 2024 is 76.03% which is 2.39% higher than the collection rate at the same point last year.

£1.694m has so far been collected this year in relation to previous years' debt.

Review of Reserves

- 3.17 As at 30 November 2024 the Council's General Reserve is unchanged from the previous period at £5.149m, which represents 3.44% of the Council's 2024/25 net budget. This is considered to be a minimum level.
- 3.18 There is a regular review of earmarked reserves undertaken to determine whether they can be released in part or in full to assist with funding the Council's current financial challenges, recognising that this only provides one-year funding solutions.

Reserves Summary

- 3.19 A summary breakdown of the Council's reserves is presented in the table below, showing the balance of reserves as at 30 November 2024.

Summary of General and Earmarked Reserves	
Reserve	Reserve Value £m
Corporate:	
General Fund	5.149
Transformation Fund	6.355
Capital Reserve	0.499
Insurance Reserve	1.000
Specific Projects:	
Adult Social Care	0.507
Fleet Replacement	0.418
Highways Feasibility Costs	0.102

Local Development Framework	0.494
Community & Environment	0.253
Mersey Valley Golf Club	0.483
Mersey Gateway	27.222
Various Other	0.554
Grants:	
Building Schools for the Future	6.529
Public Health	1.881
Supporting Families Performance Payments	0.534
Children's & Education	0.741
Domestic Abuse	1.186
Enterprise & Employment	0.115
Various Other	0.766
Total Earmarked Reserves	54.788

3.20 Held within the Transformation Reserve is £6.355m, set aside to help fund future balanced budgets, fund overspends, and meet a range of potential spending commitments in future years associated with delivering the Transformation Programme.

3.21 The above table shows the diminishing level of reserves available to assist with funding any future budget overspends and balancing future budgets. Only the £11.484m of the General Fund and Transformation Reserve could now be used for these purposes, as all remaining reserves are committed for specific purposes. Use of these reserves will help contribute towards reducing the Council's overall forecast overspend position and mitigate against the level of Exceptional Financial Support required.

Capital Spending

3.22 Council approved the 2024/25 Capital Programme on 6 March 2024. Since then the capital programme has been revised to reflect a number of changes in spending profiles and funding as schemes have developed. Appendix 3 brings all the separate elements together and report on the Council's total planned capital programme expenditure over the next three years. The schemes which have been revised within the programme are as follows:

- a. Family Hubs & Start for Life
- b. Joint Funding RSL Adaptations
- c. Madeline McKenna Refurbishment
- d. Runcorn Station Quarter
- e. Mersey Gateway Handback Land

- 3.23 Capital spending at 30 November 2024 totalled £26.1m, which represents 37.5% of the total Capital Programme of £69.6m (which assumes a 20% slippage between years).

Approved Savings

- 3.24 On 02 February 2023, Council approved savings proposals against the budget for the three year period 01 April 2023 to 31 March 2026. Appendix 4 lists those savings covering 2024/25 and 2025/26, together with RAG rated information on progress to date with developing and implementing the target savings.

4.0 CONCLUSIONS

- 4.1 As at 30 November 2024, net revenue spend is forecast to be £20.757m over the budget for the year.
- 4.2 It is clear that Council reserves alone will not be sufficient to fund this pressure. As a result of this position and future budget challenges, the Council has applied to Government for Exceptional Financial Support (EFS).
- 4.3 Departments should continue to ensure that all spending continues to be limited to only what is absolutely essential throughout the remainder of the year, to ensure that the forecast outturn overspend is minimised as far as possible and future spending is brought in line with budget. This will assist with minimising the ongoing cost of EFS borrowing.

5.0 POLICY IMPLICATIONS

- 5.1 None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

- 6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**
There are no direct implications, however, the revenue budget and capital programme support the delivery and achievement of all the Council's priorities.
- 6.2 **Building a Strong, Sustainable Local Economy**
There are no direct implications, however, the revenue budget and capital programme support the delivery and achievement of all the Council's priorities.
- 6.3 **Supporting Children, Young People and Families**
There are no direct implications, however, the revenue budget and capital programme support the delivery and achievement of all the Council's priorities.

6.4 Tackling Inequality and Helping Those Who Are Most In Need

There are no direct implications, however, the revenue budget and capital programme support the delivery and achievement of all the Council's priorities.

6.5 Working Towards a Greener Future

There are no direct implications, however, the revenue budget and capital programme support the delivery and achievement of all the Council's priorities.

6.6 Valuing and Appreciating Halton and Our Community

There are no direct implications, however, the revenue budget and capital programme support the delivery and achievement of all the Council's priorities.

7.0 RISK ANALYSIS

7.1 There are a number of financial risks within the budget. However, the Council has internal controls and processes in place to ensure that spending remains in line with budget as far as possible.

7.2 A budget risk register of significant financial risks has been prepared and is included at Appendix 5.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None.

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 None

10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1072

10.1 There are no background papers under the meaning of the Act

Summary of Revenue Spending to 30 November 2024

APPENDIX 1

Directorate / Department	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance (Overspend) £'000	November 2024 Forecast Outturn (o'spend) £'000	September 2024 Forecast Outturn (o'spend) £'000
Adult Social Care	22,806	15,080	15,367	(287)	(456)	(335)
Care Homes	9,989	6,519	7,392	(873)	(1,245)	(1,198)
Community Care	16,460	12,980	14,549	(1,569)	(2,951)	(2,433)
Complex Care Pool	10,704	1,972	1,660	312	234	308
Adults Directorate	59,959	36,551	38,968	(2,417)	(4,418)	(3,658)
Finance	5,030	6,099	6,156	(57)	(162)	369
Legal & Democratic Services	-618	-360	447	(807)	(1,137)	(976)
ICT & Support Services	2,279	886	1,308	(422)	(657)	(588)
Chief Executives Delivery Unit	1,169	595	602	(7)	(14)	(63)
Chief Executives Directorate	7,860	7,220	8,513	(1,293)	(1,970)	(1,258)
Children & Families	38,745	21,153	29,602	(8,449)	(11,702)	(12,333)
Education, Inclusion & Provision	9,771	4,802	5,908	(1,106)	(1,598)	(1,642)
Children's Directorate	48,516	25,955	35,510	(9,555)	(13,300)	(13,975)
Community & Greenspace	25,370	15,065	14,840	225	616	395
Economy, Enterprise & Property	2,335	923	815	108	123	30
Planning & Transportation	8,405	4,099	3,545	554	528	102
Environment & Regeneration Directorate	36,110	20,087	19,200	887	1,267	527
Corporate & Democracy	-4,240	-3,659	-1,721	(1,938)	(2,418)	(2,380)
Public Health Directorate	1,291	-962	-1,032	70	82	102
Total Operational Net Spend	149,496	85,192	99,438	(14,246)	(20,757)	(20,642)

Adult Social Care

APPENDIX 2

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	17,559	11,684	10,956	728	1,092
Agency- Covering Vacancies	0	0	796	(796)	(1,194)
Premises	482	360	334	26	40
Supplies & Services	637	452	588	(136)	(180)
Aids & Adaptations	37	25	34	(9)	(14)
Transport	242	161	245	(84)	(130)
Food & Drink Provisions	211	142	123	19	29
Supported Accommodation and Services	1,385	923	828	95	150
Emergency Duty Team	115	0	0	0	0
Transfer To Reserves	269	0	0	0	0
Contracts & SLAs	1,090	738	738	0	0
Housing Solutions Grant Funded Schemes					
Homelessness Prevention	471	150	151	(1)	0
Rough Sleepers Initiative	167	48	46	2	0
Trailblazer	100	50	43	7	0
Total Expenditure	22,765	14,733	14,882	(149)	(207)
Income					
Fees & Charges	-860	-574	-526	(48)	(70)
Sales & Rents Income	-480	-368	-378	10	10
Reimbursements & Grant Income	-2,195	-858	-905	47	47
Capital Salaries	-121	-61	-61	0	0
Transfer from Reseres	-49	-49	-49	0	0
Housing Schemes Income	-731	-731	-735	4	4
Total Income	-4,436	-2,641	-2,654	13	(9)
Net Operational Expenditure	18,329	12,092	12,228	(136)	(216)
Recharges					
Premises Support	529	353	353	0	0
Transport Support	582	402	553	(151)	(240)
Central Support	3,465	2,308	2,308	0	0
Asset Rental Support	13	0	0	0	0
Recharge Income	-112	-75	-75	0	0
Net Total Recharges	4,477	2,988	3,139	(151)	(240)
Net Departmental Expenditure	22,806	15,080	15,367	(287)	(456)

Care Homes

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Madeline Mckenna					
Employees	698	466	443	23	28
Agency - covering vacancies	0	0	87	(87)	(150)
Other Premises	101	65	65	0	(2)
Supplies & Services	20	10	17	(7)	(6)
Food Provison	48	28	33	(5)	(1)
Total Madeline Mckenna Expenditure	867	569	645	(76)	(131)
Millbrow					
Employees	2,057	1,271	853	418	782
Agency - covering vacancies	3	3	656	(653)	(1,077)
Other Premises	129	89	101	(12)	(35)
Supplies & Services	61	36	71	(35)	(36)
Food Provison	78	33	39	(6)	1
Total Millbrow Expenditure	2,328	1,432	1,720	(288)	(365)
St Luke's					
Employees	2,884	1,922	1,420	502	740
Agency - covering vacancies	250	250	931	(681)	(1,042)
Premises	172	104	164	(60)	(86)
Supplies & Services	60	33	64	(31)	(35)
Reimbursement & Grant Income	-103	-103	-103	0	0
Client Income	-44	-44	-44	0	0
Food Provison	120	80	88	(8)	(9)
Total St Luke's Expenditure	3,339	2,242	2,520	(278)	(432)
St Patrick's					
Employees	1,838	1,225	813	412	612
Agency - covering vacancies	42	42	709	(667)	(1,007)
Other Premises	157	95	95	0	(10)
Supplies & Services	64	38	37	1	5
Food Provison	122	82	70	12	14
Reimbursement & Grant Income	-21	-21	-21	0	0
Total St Patrick's Expenditure	2,202	1,461	1,703	(242)	(386)
Care Homes Divison Management					
Employees	306	184	170	14	73
Supplies & Services	0	0	3	(3)	(4)
Care Home Divison Management	306	184	173	11	69
Net Operational Expenditure	9,042	5,888	6,761	(873)	(1,245)
Recharges					
Premises Support	264	176	176	0	0
Transport Support	0	0	0	0	0
Central Support	683	455	455	0	0
Asset Rental Support	0	0	0	0	0
Recharge Income	0	0	0	0	0
Net Total Recharges	947	631	631	0	0
Net Departmental Expenditure	9,989	6,519	7,392	(873)	(1,245)

Community Care

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Residential & Nursing	13,715	9,941	11,428	(1,487)	(2,503)
Domiciliary Care & Supported living	12,890	8,564	8,574	(10)	(17)
Direct Payments	14,125	9,838	10,063	(225)	(570)
Day Care	648	377	366	11	19
Total Expenditure	41,378	28,720	30,431	(1,711)	(3,071)
Income					
Residential & Nursing Income	-13,138	-8,457	-8,039	(418)	88
Community Care Income	-2,270	-1,364	-1,459	95	35
Direct Payments Income	-1,014	-521	-624	103	8
Income from other CCGs	-466	-34	-396	362	0
Market sustainability & Improvement Grant	-2,796	-1,864	-1,864	0	0
Adult Social Care Support Grant	-5,167	-3,445	-3,445	0	0
War Pension Disregard Grant	-67	-55	-55	0	(11)
Total Income	-24,918	-15,740	-15,882	142	120
Net Operational Expenditure	16,460	12,980	14,549	(1,569)	(2,951)

Complex Care Pool

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Intermediate Care Services	5,220	3,087	3,243	(156)	(234)
Oakmeadow	1,831	1,192	1,259	(67)	(100)
Community Home Care First	2,111	1,196	1,124	72	107
Joint Equipment Store	871	553	553	0	0
Development Fund	191	77	0	77	115
Contracts & SLA's	3,171	586	586	0	0
Inglenook	127	85	66	19	28
HICafs	3,703	2,026	1,744	282	423
Carers Breaks	494	303	226	77	115
Carers centre	371	357	342	15	23
Residential Care	7,225	3,629	3,629	0	0
Domiciliary Care & Supported Living	4,227	2,113	2,113	0	0
Pathway 3/Discharge Access	391	0	0	0	0
HBC Contracts	72	54	58	(4)	(6)
Total Expenditure	30,005	15,258	14,943	315	471
Income					
BCF	-13,484	-8,990	-8,990	0	0
CCG Contribution to Pool	-2,865	-1,910	-1,910	0	0
Oakmeadow Income	-19	-16	-13	(3)	(4)
ASC Discharge Grant Income	-1,631	-1,088	-1,088	0	0
ICB Discharge Grant Income	-1,282	-1,282	-1,282	0	0
Other Income	-20	0	0	0	0
Total Income	-19,301	-13,286	-13,283	(3)	(4)
ICB Contribution Share of Surplus					(233)
Net Operational Expenditure	10,704	1,972	1,660	312	234

Finance Department

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	6,989	4,664	4,600	64	96
Insurances	975	566	362	204	306
Supplies & Services	417	261	441	(180)	(263)
Rent Allowances	35,500	20,669	20,669	0	0
Concessionary Travel	1,748	556	659	(103)	(154)
LCR Levy	1,748	0	0	0	0
Bad Debt Provision	77	0	97	(97)	(145)
Non HRA Rent Rebates	70	34	29	5	7
Discretionary Social Fund	106	75	11	64	96
Discretionary Housing Payments	300	146	134	12	18
Household Support Fund Expenditure	2,625	2,158	2,158	0	0
Total Expenditure	50,555	29,129	29,160	(31)	(39)
Income					
Fees & Charges	-335	-210	-214	4	6
Burdens Grant	-60	-62	-78	16	24
Dedicated schools Grant	-144	-13	0	(13)	(19)
Council Tax Liability Order	-581	-446	-547	101	152
Business Rates Admin Grant	-157	0	0	0	0
Schools SLAs	-312	-312	-307	(5)	(5)
LCR Reimbursement	-1,748	0	0	0	0
HB Overpayment Debt Recovery	-400	-264	-191	(73)	(109)
Rent Allowances	-34,700	-18,548	-18,287	(261)	(391)
Non HRA Rent Rebate	-70	-47	-49	2	2
Discretionary Housing Payment Grant	-300	-300	-93	(207)	(23)
Housing Benefits Admin Grant	-498	-332	-326	(6)	(9)
Housing Benefits Award Accuracy	0	0	-12	12	12
Universal Credits	-5	-3	0	(3)	(5)
Household Support Fund Grant	-2,625	0	-243	243	0
VEP Grant	0	0	-5	5	5
CCG McMillan Reimbursement	-87	-44	-48	4	5
Reimbursements & Grant Income	-185	-235	-390	155	232
Transfer from Reserves	-7	-7	-7	0	0
Total Income	-42,214	-20,823	-20,797	(26)	(123)
Net Operational Expenditure	8,341	8,306	8,363	(57)	(162)
Recharges					
Premises Support	377	251	251	0	0
Transport Support	0	0	0	0	0
Central Support	2,365	1,577	1,577	0	0
Asset Rental Support	0	0	0	0	0
Recharge Income	-6,053	-4,035	-4,035	0	0
Net Total Recharges	-3,311	-2,207	-2,207	0	0
Net Departmental Expenditure	5,030	6,099	6,156	(57)	(162)

Legal Services

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Employees	1,511	1,104	1,099	5	7
Agency Related Expenditure	0	0	664	(664)	(914)
Supplies & Services	388	331	294	37	55
Civic Catering & Functions	23	12	4	8	13
Legal Expenses	218	122	281	(159)	(230)
Transport Related Expenditure	11	11	7	4	6
Other Expenditure	0	3	3	0	0
Total Expenditure	2,151	1,583	2,352	(769)	(1,063)
Income					
School SLA's	-98	-78	-77	(1)	(20)
Licence Income	-301	-205	-183	(22)	(33)
Government Grant	-42	-42	-42	0	0
Reimbursement & Other Grants	-164	-164	-164	0	0
Fees & Charges Income	-74	-52	-37	(15)	(21)
Transfer from Reserves	-27	-27	-27	0	0
Total Income	-706	-568	-530	(38)	(74)
Net Operational Expenditure	1,445	1,015	1,822	(807)	(1,137)
Recharges					
Premises Support	53	35	35	0	0
Transport Recharges	0	0	0	0	0
Central Support Recharges	275	184	184	0	0
Asset Rental Support Costs	0	0	0	0	0
Support Recharge Income	-2,391	-1,594	-1,594	0	0
Net Total Recharges	-2,063	-1,375	-1,375	0	0
Net Departmental Expenditure	-618	-360	447	(807)	(1,137)

ICT & Support Services Department

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	5,596	3,758	3,567	191	286
Supplies & Services	921	625	941	(316)	(475)
Capital Finance	100	67	12	55	80
Computer Repairs & Software	1,725	1,521	1,770	(249)	(374)
Communication Costs	13	0	100	(100)	(164)
Premises	159	101	88	13	19
Transport	3	3	1	2	0
Total Expenditure	8,517	6,075	6,479	(404)	(628)
Income					
Fees & Charges	-1,056	-529	-562	33	50
Schools SLA Income	-646	-599	-561	(38)	(59)
Reimbursements & Grant Income	0	7	20	(13)	(20)
Transfer from Reserves	-148	-148	-148	0	0
Total Income	-1,850	-1,269	-1,251	(18)	(29)
Net Operational Expenditure	6,667	4,806	5,228	(422)	(657)
Recharges					
Premises Support	550	367	367	0	0
Transport Support	19	15	15	0	0
Central Support	2,380	1,587	1,587	0	0
Asset Rental Support	1,494	0	0	0	0
Support Costs Income	-8,831	-5,889	-5,889	0	0
Net Total Recharges	-4,388	-3,920	-3,920	0	0
Net Departmental Expenditure	2,279	886	1,308	(422)	(657)

Chief Executives Delivery Unit

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Employees	3,304	2,229	2,221	8	12
Employees Training	99	66	63	3	2
Apprenticeship Levy	300	187	193	(6)	(10)
Supplies & Services	391	267	240	27	41
Total Expenditure	4,094	2,749	2,717	32	45
Income					
Fees & Charges	-223	-146	-141	(5)	(8)
Schools SLA Income	-565	-548	-509	(39)	(56)
Transfer from Reserves	0	0	-5	5	5
Total Income	-788	-694	-655	(39)	(59)
Net Operational Expenditure	3,306	2,055	2,062	(7)	(14)
Recharges					
Premises Support	174	116	116	0	0
Transport	0	0	0	0	0
Central Support	1,209	806	806	0	0
Asset Rental Support	53	0	0	0	0
HBC Support Costs Income	-3,573	-2,382	-2,382	0	0
Net Total Recharges	-2,137	-1,460	-1,460	0	0
Net Departmental Expenditure	1,169	595	602	(7)	(14)

Children & Families

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	15,544	9,828	11,607	(1,779)	(2,618)
Other Premises	415	199	227	(28)	(24)
Supplies & Services	1,725	1,612	1,966	(354)	(589)
Transport	360	210	176	34	44
Direct Payments	1,097	701	827	(126)	(206)
Commissioned services to Vol Orgs	224	134	134	0	0
Residential Care	17,727	9,509	14,895	(5,386)	(7,194)
Out of Borough Adoption	96	48	0	48	96
Out of Borough Fostering	4,253	2,336	3,051	(715)	(955)
In House Adoption	548	304	253	51	63
Special Guardianship Order	2,510	1,577	1,617	(40)	(59)
In House Foster Carer Placements	2,739	1,738	1,532	206	310
Lavender House Contract Costs	234	141	128	13	15
Home Support & Respite	340	177	224	(47)	(73)
Care Leavers	248	215	295	(80)	(130)
Family Support	53	27	39	(12)	(18)
Contracted services	3	2	2	0	0
Early Years	0	0	0	0	0
Emergency Duty	132	37	72	(35)	(51)
Youth Offending Services	321	124	169	(45)	(73)
Transfer to Reserves	8	0	0	0	0
Total Expenditure	48,577	28,919	37,214	(8,295)	(11,462)
Income					
Fees & Charges	-33	-9	0	(9)	(12)
Sales Income	-4	-3	0	(3)	(5)
Rents	-81	-41	-37	(4)	0
Reimbursement & other Grant Income	-787	-598	-506	(92)	(137)
Transfer from reserve	-82	-82	-82	0	0
Dedicated Schools Grant	-50	0	0	0	0
Government Grants	-10,528	-8,189	-8,143	(46)	(86)
Total Income	-11,565	-8,922	-8,768	(154)	(240)
Net Operational Expenditure	37,012	19,997	28,446	(8,449)	(11,702)
Recharges					
Premises Support	398	266	266	0	0
Transport	16	11	11	0	0
Central Support Recharges	2,274	1,516	1,516	0	0
Asset Rental Support	0	0	0	0	0
Internal Recharge Income	-955	-637	-637	0	0
Net Total Recharges	1,733	1,156	1,156	0	0
Net Departmental Expenditure	38,745	21,153	29,602	(8,449)	(11,702)

Education, Inclusion & Provision

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	7,313	4,887	5,108	(221)	(283)
Agency - covering vacancies	0	0	199	(199)	(290)
Agency - addition to establishment	72	48	14	34	58
Premises	14	12	11	1	3
Supplies & Services	4,152	2,676	2,617	59	88
Independent School Fees	9,113	5,618	5,618	0	0
Schools Contingency	225	157	157	0	0
Transport	43	23	30	(7)	(10)
Schools Transport	2,341	1,033	1,536	(503)	(754)
Early Years Payments	10,372	6,995	6,995	0	0
Early Years Pupil Premium	154	94	94	0	0
Commissioned Services	1,719	890	1,090	(200)	(300)
Inter Authority Special Needs	1,175	795	795	0	0
Grants to Voluntary Organisations	182	84	77	7	10
Capital Financing	4,608	2,805	2,805	0	1
Total Expenditure	41,483	26,117	27,146	(1,029)	(1,477)
Income					
Fees & Charges Income	-424	-414	-414	0	(14)
Government Grant Income	-7,747	-5,300	-5,300	0	0
Dedicated Schools Grant	-23,331	-15,554	-15,554	0	0
Inter Authority Income	-366	-216	-216	0	0
Reimbursements & Other Grant Income	-1,779	-1,098	-1,098	0	0
Schools SLA Income	-473	-383	-399	16	24
Transfers from Reserves	-84	0	0	0	0
Total Income	-34,204	-22,965	-22,981	16	10
Net Operational Expenditure	7,279	3,152	4,165	(1,013)	(1,467)
Recharges					
Premises Support	344	229	229	0	0
Transport Support	528	352	445	(93)	(131)
Central Support	1,603	1,069	1,069	0	0
Asset Rental Support	17	0	0	0	0
Recharge Income	0	0	0	0	0
Net Total Recharges	2,492	1,650	1,743	(93)	(131)
Net Departmental Expenditure	9,771	4,802	5,908	(1,106)	(1,598)

Community & Greenspaces

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Employees	17,435	11,470	10,795	675	1,012
Agency - covering vacancies	0	0	149	(149)	(224)
Agency - in addition to establishment	0	0	164	(164)	(246)
Premises	3,455	2,004	2,092	(88)	(90)
Supplies & Services	2,186	1,304	1,381	(77)	(115)
Hired & Contracted Services	623	623	623	0	0
Book Fund	128	96	96	0	0
Food Provisions	388	281	259	22	33
School Meals Food	1,960	972	1,025	(53)	(80)
Transport	117	52	74	(22)	(33)
Other Agency Costs	429	340	340	0	0
Other Expenditure	0	0	63	(63)	(64)
Waste Disposal Contracts	7,002	3,317	3,131	186	279
Grants to Voluntary Organisations	64	44	27	17	26
Grants to Norton Priory	172	172	172	0	0
Total Expenditure	33,959	20,675	20,391	284	498
Income					
Sales Income	-1,373	-991	-973	(18)	(26)
Fees & Charges Income	-5,490	-4,016	-4,122	106	158
Rental Income	-235	-135	-170	35	53
Markets Income	-910	-446	-437	(9)	(12)
Government Grant Income	-1,337	-1,337	-1,337	0	0
Reimbursements & Other Grant Income	-703	-361	-361	0	0
School SLA Income	-1,313	-564	-564	0	0
School Meals Income	-3,598	-1,942	-1,808	(134)	(200)
Internal Fees Income	-322	-135	-177	42	64
Capital Salaries	-173	-90	-34	(56)	(84)
Transfers From Reserves	-15	-15	-15	0	202
Total Income	-15,469	-10,032	-9,998	(34)	155
Net Operational Expenditure	18,490	10,643	10,393	250	653
Recharges					
Premises Support	1,675	1,115	1,116	(1)	0
Transport	2,257	1,491	1,515	(24)	(37)
Central Support	3,897	2,581	2,581	0	0
Asset Rental Support	199	0	0	0	0
HBC Support Costs Income	-1,148	-765	-765	0	0
Net Total Recharges	6,880	4,422	4,447	(25)	(37)
Net Departmental Expenditure	25,370	15,065	14,840	225	616

Economy, Enterprise & Property

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	5,075	3,558	3,285	273	410
Agency - covering vacancies	0	0	198	(198)	(320)
Repairs & Maintenance	1,706	1,280	1,346	(66)	(99)
Premises	136	119	119	0	0
Energy & Water Costs	1,248	666	617	49	74
NNDR	690	691	660	31	31
Rents	173	94	89	5	7
Economic Regeneration Activities	21	0	0	0	0
Security	544	243	278	(35)	(53)
Supplies & Services	506	387	369	18	27
Supplies & Services - Grant	2,090	302	304	(2)	(3)
Grants to Voluntary Organisations	75	85	86	(1)	(1)
Capital Finance	0	0	0	0	0
Transfer to Reserves	185	186	185	1	1
Total Expenditure	12,449	7,611	7,536	75	74
Income					
Fees & Charges Income	-987	-405	-460	55	83
Rent - Commercial Properties	-872	-524	-511	(13)	(20)
Rent - Investment Properties	-38	-26	-26	0	0
Government Grant	-2,510	-1,157	-1,158	1	1
Reimbursements & Other Grant Income	-193	-403	-400	(3)	(5)
Schools SLA Income	-227	-208	-198	(10)	(15)
Recharges to Capital	-295	-214	-217	3	5
Transfer from Reserves	-1,120	-1,164	-1,164	0	0
Total Income	-6,242	-4,101	-4,134	33	49
Net Operational Expenditure	6,207	3,510	3,402	108	123
Recharges					
Premises Support	2,074	1,382	1,382	0	0
Transport Support	30	18	18	0	0
Central Support	1,947	1,298	1,298	0	0
Asset Rental Support	4	0	0	0	0
Recharge Income	-7,927	-5,285	-5,285	0	0
Net Total Recharges	-3,872	-2,587	-2,587	0	0
Net Departmental Expenditure	2,335	923	815	108	123

Planning & Transportation Department

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	5,719	3,796	3,535	261	393
Agency - covering vacancies	110	84	120	(36)	(54)
Agency - in addition to establishment	24	22	68	(46)	(69)
Efficiency Savings	-150	-100	0	(100)	(150)
Premises	193	144	111	33	50
Hired & Contracted Services	59	0	96	(96)	(167)
Planning Appeal Decision	0	0	0	0	(300)
Supplies & Services	144	153	260	(107)	(161)
Street Lighting	1,662	502	494	8	12
Highways Maintenance - Routine & Reactive	1,772	946	1,010	(64)	(97)
Highways Maintenance - Programmed Works	1,908	932	718	214	321
Fleet Transport	1,455	978	908	70	105
Bus Support - Halton Hopper Tickets	23	20	15	5	8
Bus Support	498	569	569	0	0
Agency Related Expenditure	8	7	34	(27)	(27)
Grants to Voluntary Organisations	31	31	31	0	0
NRA Levy	74	73	73	0	2
LCR Levy	1,059	529	529	0	0
Contribution to Reserves	359	359	359	0	0
Total Expenditure	14,948	9,045	8,930	115	(134)
Income					
Sales & Rents Income	-97	-65	-111	46	70
Planning Fees	-826	-546	-350	(196)	(294)
Building Control Fees	-245	-163	-163	0	0
Other Fees & Charges	-908	-596	-910	314	472
Grants & Reimbursements	-206	-121	-121	0	0
Government Grant Income	-240	-253	-253	0	0
Halton Hopper Income	-24	-16	-7	(9)	(13)
Recharge to Capital	-467	-89	-89	0	0
LCR Levy Reimbursement	-1,059	-529	-529	0	0
Contribution from Reserves	-1,036	-1,036	-1,036	0	0
Total Income	-5,108	-3,414	-3,569	155	235
Net Operational Expenditure	9,840	5,631	5,361	270	101
Recharges					
Premises Recharges	560	373	373	0	0
Transport Recharges	749	511	509	2	4
Central Recharges	1,534	1,022	1,022	0	0
Asset Charges	851	0	0	0	0
HBC Support Costs Income	-5,129	-3,438	-3,720	282	423
Net Total Recharges	-1,435	-1,532	-1,816	284	427
Net Departmental Expenditure	8,405	4,099	3,545	554	528

Corporate & Democracy

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Employees	412	275	235	40	0
Contracted Services	39	24	24	0	0
Supplies & Services	119	98	98	0	0
Premises Expenditure	5	5	7	(2)	0
Transport Costs	1	0	8	(8)	(9)
Members Allowances	983	656	659	(3)	0
Interest Payable - Treasury Management	1,341	894	1,305	(411)	(617)
Interest Payable - Other	115	77	143	(66)	(100)
Bank Charges	132	44	158	(114)	(100)
Audit Fees	348	174	15	159	0
Contingency	667	445	0	445	667
Capital Financing	2,288	2	2	0	301
Debt Management Expenses	20	13	3	10	0
Precepts & Levies	240	160	140	20	30
Transformation Efficiency Savings	-4,000	-2,667	0	(2,667)	(3,871)
Total Expenditure	2,710	200	2,797	(2,597)	(3,699)
Income					
Interest Receivable - Treasury Management	-4,152	-2,768	-3,405	637	956
Interest Receivable - Other	-19	-13	-13	0	0
Other Fees & Charges	-158	-99	-58	(41)	(50)
Grants & Reimbursements	-255	-85	-85	0	333
Government Grant Income	-377	-126	-189	63	42
Total Income	-4,961	-3,091	-3,750	659	1,281
Net Operational Expenditure	-2,251	-2,891	-953	(1,938)	(2,418)
Recharges					
Premises Support	21	14	14	0	0
Transport	0	0	0	0	0
Central Support	1,016	711	711	0	0
Asset Rental Support	0	0	0	0	0
HBC Support Costs Income	-3,026	-1,493	-1,493	0	0
Net Total Recharges	-1,989	-768	-768	0	0
Net Departmental Expenditure	-4,240	-3,659	-1,721	(1,938)	(2,418)

Public Health

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Employees	4,762	3,095	3,085	10	20
Agency - covering vacancies	0	0	22	(22)	0
Premises	6	0	0	0	0
Supplies & Services	485	274	218	56	46
Contracts & SLA's	7,547	4,314	4,288	26	16
Transport	4	3	1	2	0
Transfer to Reserves	19	19	19	0	0
Other Agency	24	24	24	0	0
Total Expenditure	12,847	7,729	7,657	72	82
Income					
Fees & Charges	-102	-124	-121	(3)	0
Reimbursements & Grant Income	-349	-331	-332	1	0
Transfer from Reserves	-820	-65	-65	0	0
Government Grant Income	-12,174	-9,116	-9,116	0	0
Total Income	-13,445	-9,636	-9,634	(2)	0
Net Operational Expenditure	-598	-1,907	-1,977	70	82
Recharges					
Premises Support	149	75	75	0	0
Transport Support	22	11	11	0	0
Central Support	2,387	1,194	1,194	0	0
Asset Rental Support	0	0	0	0	0
Recharge Income	-669	-335	-335	0	0
Net Total Recharges	1,889	945	945	0	0
Net Departmental Expenditure	1,291	-962	-1,032	70	82

Capital Programme as at 30 November 2024

Appendix 3

Scheme Detail	2024/25 Original Allocation £000	2024/25 Revised Allocation £000	Q1 Spend £000	Q2 Spend £000	Q3 Spend £000	Q4 Spend £000	Total Spend £000	Allocation remaining £000	2025/26 Allocation £000	2026/27 Allocation £000
Childrens Directorate										
Capital Repairs	749.0	749.0	151.0	531.0	50.0		732.0	17.0		
Basic Need Projects	600.8	600.8	0.0	0.0	0.0		0.0	600.8		
SEND capital allocation	3,355.2	3,355.2	178.0	519.0	322.0		1,019.0	2,336.2		
SCA unallocated	255.6	448.0	0.0	0.0	0.0		0.0	448.0		
Family Hubs & Start for Life	53.2	110.4	1.3	54.1	10.0		65.4	45.1		
Childcare Expansion	314.8	314.8	0.0	0.0	0.0		0.0	314.8		
Directorate Total	5,328.6	5,578.2	330.3	1,104.1	382.0	0.0	1,816.4	3,761.9	0.0	0.0
Adults Directorate										
Halton Carers Centre Refurbishment	199.0	0.0	0.0	0.0	0.0		0.0	0.0		
Grants - Disabled Facilities	600.0	1,050.0	353.0	227.0	157.0		737.0	313.0	600.0	600.0
Stair Lifts	270.0	200.0	66.0	23.0	62.0		151.0	49.0	270.0	270.0
Joint Funding RSL Adaptations	270.0	200.0	53.0	24.0	81.0		158.0	42.0	270.0	270.0
Telehealthcare Digital Switchover	0.0	135.0	60.0	0.0	20.0		80.0	55.0		
Oakmeadow & Peelhouse Network Improvements	0.0	40.0	0.0	0.0	0.0		0.0	40.0		
Madeline McKenna Refurbishment	0.0	150.0	9.0	73	2.0		84.0	66.0		
Millbrow Refurbishment	0.0	50.0	26.0	8.0	0.0		34.0	16.0		
St Lukes Care Home	0.0	50.0	10.0	14.0	7.0		31.0	19.0		
St Patricks Care Home	1,200.0	50.0	14.0	16.0	-1.0		29.0	21.0		
Directorate Total	2,539.0	1,925.0	591.0	385.0	328.0	0.0	1,304.0	621.0	1,140.0	1,140.0

Capital Programme as at 30 November 2024 Continued

Scheme Detail	2024/25 Original Allocation	2024/25 Revised Allocation	Q1 Spend	Q2 Spend	Q3 Spend	Q4 Spend	Total Spend	Allocation remaining	2025/26 Allocation	2026/27 Allocation
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Environment & Regeneration Directorate										
Stadium Minor Works	30.0	30.0	7.9	7.7	0.0		15.6	14.4	30.0	30.0
Halton Leisure Centre	8,997.0	8,997.0	2,030.0	3,045.4	2,205.0		7,280.4	1,716.6		
Children's Playground Equipment	67.8	67.8	1.0	1.0	40.0		42.0	25.8	65.0	65.0
Landfill Tax Credit Schemes	340.0	340.0	0.0	0.0	0.0		0.0	340.0	340.0	340.0
Upton Improvements	13.0	13.0	0.0	0.0	0.0		0.0	13.0		
Crow Wood Park Play Area	12.0	12.0	0.0	0.0	0.0		0.0	12.0		
Open Spaces Schemes	600.0	600.0	130.0	154.4	86.0		370.4	229.6	600.0	600.0
Runcorn Town Park	468.6	468.6	0.0	6.8	0.0		6.8	461.8	280.0	280.0
Spike Island / Wigg Island	1,933.5	1,933.5	2.4	4.4	0.0		6.8	1,926.7		
Pickerings Pasture Cafe	503.0	503.0	0.0	0.0	0.0		0.0	503.0		
Replacement Cremator Widnes	308.0	308.0	0.0	77.3	6.0		83.3	224.7		
Litter Bins	20.0	20.0	0.0	0.0	0.0		0.0	20.0	20.0	20.0
3MG	134.5	134.5	0.0	0.0	0.0		0.0	134.5		
Murdishaw redevelopment	21.2	21.2	5.4	0.0	0.0		5.4	15.8		
Equality Act Improvement Works	293.2	93.2	8.7	17.6	59.6		85.9	7.3	300.0	300.0
Foundary Lane Residential Area	1160.0	1160.0	1.8	464.8	2.3		468.9	691.1		
Town Deal	11352.9	11552.9	174.9	261.8	940.0		1,376.7	10,176.2	7,190.4	
Property Improvements	360.2	460.5	4.3	131.1	286.6		422.0	38.5	200.0	200.0
Runcorn Station Quarter	484.7	76.0	0.0	60.5	15.5		76.0	0.0		
Waterloo Building	0.0	75.0	0.0	0.0	0.0		0.0	75.0		
UK Shared Prosperity Fund	178.2	178.2	0.0	0.0	12.2		12.2	166.0		
Runcorn Waterfront Residential Development	484.7	268.7	8.6	122.9	61.5		193.0	75.7		
Changing Places	24.1	24.1	2.5	0.1	1.6		4.2	19.9		
Sci-tech Daresbury Project Violet	2200.0	2200.0	0.0	0.0	0.0		0.0	2,200.0		
Port of Weston	0.0	3,960.0	0.0	1.3	1.7		3.0	3,957.0		
Kingsway Leisure Centre Demolition	0.0	749.5	0.0	30.7	0.0		30.7	718.8		
Bridge and Highway Maintenance	0.0	2,265.6	280.8	313.0	20.0		613.8	1,651.8		

Capital Programme as at 30 November 2024 Continued

Scheme Detail	2024/25 Original Allocation £000	2024/25 Revised Allocation £000	Q1 Spend £000	Q2 Spend £000	Q3 Spend £000	Q4 Spend £000	Total Spend £000	Allocation remaining £000	2025/26 Allocation £000	2026/27 Allocation £000
Runcorn Busway	0.0	0.0	227.4	80.0	371.0		678.4	-678.4		
ATF3 Murdishaw to Whitehouse	0.0	3,000.0	175.3	363.0	497.0		1,035.3	1,964.7		
ATF4 Widnes Town Centre Accessibility	0.0	114.5	0.0	0.0	0.0		0.0	114.5		
A56 Reconstruction (Delph Lane)	0.0	943.7	351.1	0.0	10.0		361.1	582.6		
Dukesfield ATL (Waterloo Bridge)	0.0	0.0	1.1	0.0	0.0		1.1	-1.1		
LCWIP Phase 2 Daresbury	0.0	3,861.7	629.3	56.0	15.0		700.3	3,161.4		
Additional Pothole Funding	0.0	429.1	0.0	0.0	0.0		0.0	429.1		
CRSTS	5,819.4	5,288.6	1,656.0	884.0	2,184.0		4,724.0	564.6		
Street Lighting - Structural Maintenance	1,025.6	1,025.6	0.0	37.0	94.0		131.0	894.6	200.0	200.0
Street Lighting - Upgrades	969.4	969.4	0.0	0.0	0.0		0.0	969.4		
East Runcorn Connectivity	5,851.7	5,851.7	452.5	207.0	810.0		1,469.5	4,382.1	5,851.7	5,851.7
Early Land Acquisition Mersey Gateway	212.4	212.4	0.0	16.4	99.2		115.6	96.8		
VAT										
deposit Jolly Brewer										
Land adj 44 Bower St										
falkirk Ave S106 funds included in sale proceeds for 14-15										
Directorate Total	49,390.3	63,773.5	7,237.7	6,826.1	8,086.6	0.0	22,150.4	41,623.1	16,620.4	8,006.7
Chief Executives Directorate										
IT Rolling Programme	1,026.9	1,026.9	27.7	668.2	12.7		708.6	318.3	700.0	700.0
Halton Smart Microgrid	11,000.0	11,000.0	0.0	0.0	128.0		128.0	10,872.0		
Transformation Programme	3,740.0	3,740.0	0.0	0.0	0.0		0.0	3,740.0	1,000.0	
Directorate Total	15,766.9	15,766.9	27.7	668.2	140.7	0.0	836.6	14,930.3	1,700.0	700.0
Grand Total	73,024.8	87,043.6	8,186.7	8,983.4	8,937.3	0.0	26,107.4	60,936.2	19,460.4	9,846.7

Progress Against Agreed Savings

Appendix 4

Adults Directorate

	Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value		Current Progress	Comments
				24/25 £'000	25/26 £'000		
ASC1	Housing Solutions	474	Remodel the current service based on good practice evidence from other areas.	0	125		Anticipated to be achieved, currently under review.
ASC2	Telehealthcare	680	Explore alternative funding streams such as Health funding or Disabled Facilities Grants.	170	0		Currently Under Review
			Increase charges / review income.	170	0		Charges were increased by 40% w.e.f. April 2024, so this should be achieved
			Cease the key safe installation service.	15	0		Service still being provided
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.	0	0		Saving implemented
			Merge the service with the Safeguarding Unit.	50	0		

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.	58	0	u	Service currently still provided in-house, although a balanced budget will be attained for 2024/25 as a result of current temporary savings, and work is ongoing to ensure the 2025/6 structure can achieve the permanent savings target
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.	200	100	✓	Anticipated to be achieved
ASC4	Positive Behaviour Support Service	349	Increase income generated in order to ensure full cost recovery, through increased service contract charges to other councils. Review the Integrated Care Board contribution for Adults, to ensure	100	0	✓	Contracts being re-costed on renewal, saving anticipated to be achieved ICB funding not secured, although a balanced budget will be attained for 2024/25 as a result of current temporary savings, and work is ongoing to ensure the 2025/6 structure can
				150	0	u	

			the full recovery of related costs.				achieve the permanent savings target
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 need to consider how they want to provide this function.	424	0		Costs now recharged to the ICB
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.	500	1,000		Position currently being reviewed.
Total Adults Directorate				1,837	1,225		

Finance Department

Ref.	Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value		Current Progress	Comments
				24/25 £'000	25/26 £'000		
F9	Internal Audit	300	Restructure in light of potential retirements over the next two years within the Internal Audit Team.	0	50		No official changes made yet
F13	Discretionary Support Scheme	221	Review the roles, procedures and structure of the team.	25	0		On track
F17	Council Tax	84	Increase the charges applied when a court summons is issued by 30% (£23), to achieve full cost recovery over the three year period.	40	40		On track
Total Finance Department				65	90		

Legal and Democratic Services Department

Ref.	Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value		Current Progress	Comments
				24/25 £'000	25/26 £'000		
L4	Marketing, Design and Communications	45	Review the frequency of production of Inside Halton, as part of the wider consideration of the Council's communications strategy required for the Transformation Programme	15		<input checked="" type="checkbox"/>	Budget adjusted inline with the savings in the ICT department
Total Legal Services Department				15	0		

Children and Families Department

Ref.	Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value		Current Progress	Comments
				24/25 £'000	25/26 £'000		
C1	Ditton and Warrington Road Daycare Centres	52	Closure of Ditton and Warrington Road daycare centres, given the significant on-going net losses at both centres. Sufficient alternative provision exists nearby, as well as in the adjoining nursery schools.	26	0		Early Years has now closed and budget for 24/25 has been removed
C2	Children's Centres	1,293	Review the operation of Windmill Hill Children's Centre, where there is the potential to save on premises and staffing costs.	0	22		This is subject to further review as external factors are changing the original review parameters. Potential alternative funding also to be reviewed.
C3	Children with Disabilities and Inglefield	858	Explore the potential for selling Inglefield and then purchase two bungalows within the community to provide a more appropriate setting.	112	0		Amount was removed at budget setting as will not be achieved
Total Children & Families Department				138	22		

Education, Inclusion and Provision Department

Ref	Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value		Current Progress	Comments
				24/25 £'000	25/26 £'000		
EIP1	Education Psychology Service	339	There is excess demand from schools for the Education Psychology Service. The service is valued and there is opportunity to expand our offer and generate additional income.	52	0		
EIP2	SEN Assessment Team	82	Consideration will be given to funding the full service costs from the High Needs Block of the Dedicated Schools Grant.	80	0		DSG funding removed as does not comply with grant conditions.
EIP5	Commissioning	148	Review with Health colleagues how the Emotional Health and Wellbeing Service for Children in Care, Care Leavers and Carers could instead be provided by Child and Adolescent Mental Health Services (CAMHS) as they are commissioned by the Integrated Care Board.	148	0		To be reviewed.
Total Education, Inclusion and Provision Department				280	0		

Community and Greenspaces Department

Ref.	Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value		Current Progress	Comments
				24/25 £'000	25/26 £'000		
COMM3	Sport & Recreation	471	Restructuring the roles and responsibilities of the Sports Development Team	36	0	<input checked="" type="checkbox"/>	Restructure is currently underway
COMM5	Stadium & Catering Services – School Meals	12	Cease to deliver the school meals service, which has made significant losses of over £200,000 for a number of years and is forecast to make a similar loss by year-end. Work would be undertaken with schools over the next two years to support them to secure an alternative means of delivery, whether in-house or via an external provider.	0	12	<input checked="" type="checkbox"/>	The cessation of the service is underway with the majority of schools ending their contracts by the end of the calendar year.
Total Community & Greenspace Department				36	12		

Economy, Enterprise and Property Department

Ref.	Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value		Current Progress	Comments
				24/25 £'000	25/26 £'000		
EEP4	Cleaning Services – Council Buildings	580	Review cleaning arrangements, with a focus on only emptying bins and cleaning toilets daily.	100	0	U	A review of the cleaning service is underway with some positions removed from the structure. The full savings will not be achieved until the accommodation review is complete.
EEP2	Caretaking & Security Services	641	A review and restructuring of caretaking arrangements.	52	0	U	The restructure can now take place following the retirement of a member of staff. The full saving will not be made until financial year 25/26
Total Economy, Enterprise & Property Department				152	0		

Policy, Planning and Transportation Department

Ref.	Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value		Current Progress	Comments
				24/25 £'000	25/26 £'000		
PPT6	Traffic	N/A	Consider introducing civil traffic enforcement for traffic violations. Employ private sector civil enforcement officers to issue fines and generate income. It would take 12 months to apply for powers from the DFT and put the scheme in place. The Environment & Urban Renewal Policy & Performance Board will consider this via a Topic Group.	150	0		Not currently viable, therefore no income will be generated in the current year as the traffic enforcement will not be carried out.
Total Policy, Planning & Transportation Department				150	0		

Symbol

Objective



Indicates that the objective is on course to be achieved within the appropriate timeframe.



Indicates that it is uncertain or too early to say at this stage whether the milestone/objective will be achieved within the appropriate timeframe.



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

2024/25 Budget Risk Register as at 30 November 2024

Appendix 5

Risk No	Risk Identified	Impact	Likelihood	Risk Score	Risk Control Measures	Assessment of Residual Risk with Control Measures Implemented			Responsible Person	Timescale for Review	Progress Comments	Date Updated
						Impact	Likelihood	Risk Score				
1	<p>Pay costs</p> <ul style="list-style-type: none"> • Pay award • Staff Turnover Saving Target • Agency, casuals and overtime • National Living Wage • Pension Costs 	4	4	16	<ul style="list-style-type: none"> • Budget based upon individual staff members/vacancies • Budget monitoring • Contingency • Balances • Medium Term Forecast • Engage with Cheshire Pension Scheme and pension actuary • Recruitment and retention scheme children social care workers. • Social Care Academy for children social care workers • Connect to Halton 	3	3	9	ED/SB/Executive Directors	Monthly	<p>2024/25 pay offer accepted and implemented November 2024.</p> <ul style="list-style-type: none"> •£1290 on all pay points from 1st April •Equivalent to 5.77% on point 2 and 2.5% on point 43 •2.5% on all pay points above 43 and below chief officer level <p>Estimated 4% 2024.25 budget uplift will cover cost of pay award.</p> <p>Connect to Halton scheme went live September 2024, agency and casual appointments to be covered by the scheme.</p>	30/11/24

Risk No	Risk Identified	Impact	Likelihood	Risk Score	Risk Control Measures	Assessment of Residual Risk with Control Measures Implemented			Responsible Person	Timescale for Review	Progress Comments	Date Updated
						Impact	Likelihood	Risk Score				
2	Redundancy and Early Retirements	3	3	9	<ul style="list-style-type: none"> • Benefits Tracking Process • Future savings to take into account cost of redundancy and early retirements. • Seek Government approval to use capital receipts to fund transformation costs. • Transformation Reserve 	2	3	6	ED/SB	Quarterly	Tracker created to monitor redundancy costs in current year. Transformation reserve created to cover costs but limited reserves will impact use of this. Look to capitalise compulsory costs where possible where evidence exists it creates in a longer term saving.	30/11/24
3	Savings not achieved	4	3	12	<ul style="list-style-type: none"> • Budget monitoring • Contingency • Reserves / Provisions • Rigorous process in approving savings. • Review of savings at departmental and directorate level 	4	2	8	RR/ED/SB	Monthly	Savings for 2024/25 have been written into Directorate budgets. Budget savings monitored closely and if necessary offsetting savings sought. Transformation Programme Board meeting	30/11/24

Risk No	Risk Identified	Impact	Likelihood	Risk Score	Risk Control Measures	Assessment of Residual Risk with Control Measures Implemented			Responsible Person	Timescale for Review	Progress Comments	Date Updated
						Impact	Likelihood	Risk Score				
					<ul style="list-style-type: none"> • Monthly budget monitoring • Medium Term Financial Forecast • 2023/24 to 2025/26 savings agreed February 2023. • RAG monitoring of savings included in quarterly monitoring reports. • Transformation saving targets reported monthly through Transformation Programme Board. 						on monthly basis to discuss progress against programme.	

Risk No	Risk Identified	Impact	Likelihood	Risk Score	Risk Control Measures	Assessment of Residual Risk with Control Measures Implemented			Responsible Person	Timescale for Review	Progress Comments	Date Updated
						Impact	Likelihood	Risk Score				
4	Price inflation	3	3	9	<ul style="list-style-type: none"> Prudent budget provision Latest forecast information used eg. utilities Budget monitoring Contingency Balances CPI/RPI monitoring MTFS 	3	3	9	ED/SB	Monthly	CPI for November 2024 is 2.6% and RPI is 3.6%. Office of Budget Responsibility (OBR) forecast inflation to hit 3.5% in 2025 and 3.1% through to 2027. Rates are higher than forecast in September 2024 and remain above Governments 2% target.	30/11/24
5	Review of LG Finance <ul style="list-style-type: none"> Business rates retention – 100% Pilot and Review Fair Funding Review National Public Spending Plans Social Care Green Paper 	4	4	16	<ul style="list-style-type: none"> MPs SIGOMA / LG Futures Liverpool City Region & Merseyside Treasurers Group Medium Term Financial Strategy Member of business rate retention pilot 	3	3	9	ED/SB/NS/MW/MG	Weekly/Monthly	Business rate retention pilot continues through to March 2026. New Government are committed to providing more certainty on LG Finances through multi year settlements. Provisional settlement	30/11/24

Risk No	Risk Identified	Impact	Likelihood	Risk Score	Risk Control Measures	Assessment of Residual Risk with Control Measures Implemented			Responsible Person	Timescale for Review	Progress Comments	Date Updated
						Impact	Likelihood	Risk Score				
					region <ul style="list-style-type: none"> Dialogue with DCLG 						announced 18 December 2024, funding is higher than within financial forecast but consideration still being undertaken on impact to Halton.	
6	Treasury Management <ul style="list-style-type: none"> Borrowing Investment 	2	3	6	<ul style="list-style-type: none"> Treasury Management Strategy Link Asset Services advice Treasury Management planning and monitoring Attendance at Networking and Benchmarking Groups Officer Training 	1	3	3	ED/SB/MG	Daily / Quarterly	Investment rates continue to be high relative to last decade. BoE base rate at 4.75%, general thoughts are for this rate to be lowered towards the end of the financial year and further reductions beyond this. Impact of Exceptional Financial Support request to be assessed with regards to timing of future borrowing.	30/11/24

Risk No	Risk Identified	Impact	Likelihood	Risk Score	Risk Control Measures	Assessment of Residual Risk with Control Measures Implemented			Responsible Person	Timescale for Review	Progress Comments	Date Updated
						Impact	Likelihood	Risk Score				
7	Demand led budgets <ul style="list-style-type: none"> Children in Care Out of borough fostering Community Care 	4	4	16	<ul style="list-style-type: none"> Budget monitoring Contingency Balances Review service demand Directorate recovery groups Monthly budget monitoring 	4	4	16	ED/SB/NS/MW	Monthly	<p>Children in care, numbers and costs continue to exceed budget. Numbers of children in care and with protection plans reviewed on a weekly basis. Community care costs and numbers on increase, reviewed on a regular basis.</p> <p>Investment in Children Services following OFSTED inspection to be monitored with regard to control and reduction of future costs.</p>	30/11/24
8	Mersey Gateway Costs <ul style="list-style-type: none"> Costs 	4	2	8	<ul style="list-style-type: none"> Regular monitoring with Crossing Board 	2	1	2	ED/SB/MG	Quarterly	<p>Arrangements in place to monitor spend and availability of</p>	30/11/24

Risk No	Risk Identified	Impact	Likelihood	Risk Score	Risk Control Measures	Assessment of Residual Risk with Control Measures Implemented			Responsible Person	Timescale for Review	Progress Comments	Date Updated
						Impact	Likelihood	Risk Score				
	<ul style="list-style-type: none"> Toll Income Funding Accounting treatment 				<ul style="list-style-type: none"> Capital reserve Government Grant Liquidity Fund 						liquidity fund.	
9	Council Tax Collection	3	3	9	<ul style="list-style-type: none"> Council tax monitoring on monthly basis Review of Collection Rate Collection Fund Balance Provision for bad debts Review recovery procedures Benchmarking 	3	2	6	ED/PG/SB/P D/BH/MG	Monthly	Collection rate to 30 November 2024 was 71.43% which is marginally lower than the rate of 71.57% at the same point last year. It is uncertain at this point if collection for the year will be at the same level as for 2023/24. To 30 November 2024 £1.811m was collected in relation to old year debt.	30/11/24
10	Business Rates Retention Scheme	3	3	9	<ul style="list-style-type: none"> Review and monitoring of latest business rates income to baseline and 	3	1	3	ED/SB/LB/M G	Monthly	Collection rate to 30 November 2024 was 76.03% which is 2.39% higher	30/11/24

Risk No	Risk Identified	Impact	Likelihood	Risk Score	Risk Control Measures	Assessment of Residual Risk with Control Measures Implemented			Responsible Person	Timescale for Review	Progress Comments	Date Updated
						Impact	Likelihood	Risk Score				
					<p>estimate for year.</p> <ul style="list-style-type: none"> • Prudent allowance for losses in collection • Prudent provision set aside for losses from valuation appeals • Regular monitoring of annual yield and baseline / budget position • Benchmarking Groups • Review recovery procedures 						<p>than the rate at the same point last year. It is uncertain at this point if collection for the year will be at the same level as for 2023/24. To 30 November 2024 £1.694m was collected in relation to old year debt.</p>	
11	<p>Income recovery</p> <ul style="list-style-type: none"> • Uncertainty to economy following Brexit, cost of living and high inflation 	3	3	9	<ul style="list-style-type: none"> • Corporate charging policy • Budget monitoring • Contingency • Balances • Income benchmarking 	3	2	6	ED/MM/SB	Monthly	<p>Income shortfalls identified and cause of increased concern in certain areas are being closely monitored. Cost of living crisis adds to uncertainty over collection.</p>	30/11/24

Risk No	Risk Identified	Impact	Likelihood	Risk Score	Risk Control Measures	Assessment of Residual Risk with Control Measures Implemented			Responsible Person	Timescale for Review	Progress Comments	Date Updated
						Impact	Likelihood	Risk Score				
13	Capital Programme <ul style="list-style-type: none"> • Costs • Funding • Key Major Projects • Clawback of Grant • Availability and timing of capital receipts • Cashflow • Contractors 	4	3	12	<ul style="list-style-type: none"> • Project Management • Regular monitoring • Detailed financial analysis of new schemes to ensure they are affordable • Targets monitored to minimise clawback of grant. • Contractor due diligence • Dialogue with Government departments. 	3	2	6	Project Managers/ED /SB/LH	Quarterly	Capital receipts have been fully committed therefore new capital schemes need to bring own funding.	30/11/24
14	Academy Schools <ul style="list-style-type: none"> • Impact of transfer upon Council budget • Loss of income to Council Services 	2	4	8	<ul style="list-style-type: none"> • Early identification of school decisions • DfE Regulations • Prudent consideration of financial transactions to facilitate transfer • Services continue to be 	1	3	3	ED/SB/NS	Monthly	Consideration given in MTFS for loss of funding.	30/11/24

Risk No	Risk Identified	Impact	Likelihood	Risk Score	Risk Control Measures	Assessment of Residual Risk with Control Measures Implemented			Responsible Person	Timescale for Review	Progress Comments	Date Updated
						Impact	Likelihood	Risk Score				
					<p>offered to academies</p> <ul style="list-style-type: none"> Transfer Protocol 							
15	<p>Reserves</p> <ul style="list-style-type: none"> Diminishing reserves, used to balance budget, fund overspend positions. 	3	4	12	<ul style="list-style-type: none"> Monitored on a quarterly basis, reported to Management Team and Exec Board Benchmarking Financial Forecast Programme to replenish reserves. 	3	3	9	ED/SB	Quarterly	Monitored and reported on a regular basis. Council reserves at historic low levels. Reserves will need to be replenished within future budgets	30/11/24
16	<p>Budget Balancing</p> <ul style="list-style-type: none"> Council has struggled to achieve a balanced budget position for a number of years. Forecast for current year is an overspend position of £19m. Reserves insufficient to 	4	4	16	<ul style="list-style-type: none"> Current year budgets monitored on a regular basis. Forward forecasting through to March 2029 reported on a prudent basis. Regular conversations with DHLUC re Council's financial position. 	4	4	16	ED/SB	Ongoing	Updated benchmarking to be reported to better inform Transformation Programme targets.	30/11/24

Risk No	Risk Identified	Impact	Likelihood	Risk Score	Risk Control Measures	Assessment of Residual Risk with Control Measures Implemented			Responsible Person	Timescale for Review	Progress Comments	Date Updated
						Impact	Likelihood	Risk Score				
	<p>balance current year budget.</p> <ul style="list-style-type: none"> • Before transformation targets, there is a forecast budget gap of £68.5m through to 2028/29. 				<ul style="list-style-type: none"> • LGA to undertake a financial assurance review. • Transformation programme in place. 							