

## HEALTH AND SOCIAL CARE POLICY AND PERFORMANCE BOARD

*At a meeting of the Health and Social Care Policy and Performance Board held on Tuesday, 25 November 2025 at Council Chamber, Runcorn Town Hall*

Present: Councillors Dourley (Chair), Baker (Vice-Chair), Davidson, Goodall and N. Plumpton Walsh and Healthwatch Co-optee D. Wilson.

Apologies for Absence: Councillors A. Lowe and McDonough

Absence declared on Council business: None

Officers present: S. Foy, H. Moir, and K. Butler

Also in attendance: T. Leo – Halton Place, NHS Cheshire and Merseyside and 2 members of the public

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

#### HEA21 MINUTES

The Minutes of the meeting held on 23 September 2025 were taken as read and signed as a correct record.

#### HEA22 PUBLIC QUESTION TIME

The following question was received:

This question relates to agenda item 5B HSAB annual report 2024/25

An Explanation and a reason why Halton Borough are in breach of the Care Act from 2022 to present date, although Halton Borough have employed a New Independent Chair in October 2024 and an Independent Scrutiny Director of Safeguarding in January 2025. Halton Borough for the 4 years regarding safeguarding annual reports have breached the Care Act as follows:

An explanation why 2 New Employers employed in October 2024 and January 2025 under new structure and hopefully

*Action*

different culture are still breaching care act?

Supplementary question as follows :

The Safeguarding adults annual report is on the agenda for Tuesday 25th November meeting, to be approved. The safeguarding adults annual report has already been released in to the public domain?

<https://councillors.halton.gov.uk/documents/s81175/App%201%20HSAB%20Annual%20Report%202024-25.pdf>

The Care Act 2014 requires each SAB to publish an annual report. Most SABs already produce annual reports, although their content and format vary. The Care Act (Schedule 2.4 (1) a – g) defines the minimum content of an annual report thus:

As soon as is feasible after the end of each financial year, a SAB must publish a report on:

what it has done during that year to achieve its objective,  
what it has done during that year to implement its strategy,  
what each member has done during that year to implement the strategy,  
the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year),  
the reviews arranged by it under that section which are ongoing at the end of that year (whether or not they began in that year),  
what it has done during that year to implement the findings of reviews arranged by it under that section, and  
where it decides during that year not to implement a finding of a review arranged by it under that section, the reasons for its decision.

Safeguarding Adults Boards – Annual reports - SCIE  
[\(https://www.scie.org.uk/safeguarding/adults/safeguarding-adults-boards-checklist-and-resources/annual-reports/\)](https://www.scie.org.uk/safeguarding/adults/safeguarding-adults-boards-checklist-and-resources/annual-reports/)

The group has considered a number of SAR referrals received and feedback provided to Halton Safeguarding Adults Board in terms of outcomes and recommendations.

Care Act 2014 - Explanatory Notes  
<https://www.legislation.gov.uk/ukpga/2014/23/notes/division/5/1/10/3/4>

This page contains the following errors:

error on line 1 at column 2099: Extra content at the end of the document

Below is a rendering of the page up to the first error.

289. Sub-paragraph (1) requires the report to describe what the SAB has done during the year to achieve its main objective and its strategy, and how each member of the SAB has helped to implement the strategy. The findings of Safeguarding Adults Reviews concluded that year (whether or not they were started in that year) and actions taken that year in response to Safeguarding Adult Reviews must also be recorded in the annual report. That is either action taken to implement findings or, where a decision has been taken not to implement a finding, then the reason for that decision. The report must also record the total number of ongoing reviews, whether or not they were started in that year.

<https://www.legislation.gov.uk/ukpga/2014/23/schedule/2/crossheading/annual-report>

1) As soon as is feasible after the end of each financial year, an SAB must publish a report on—

- (a) what it has done during that year to achieve its objective,
- (b) what it has done during that year to implement its strategy,
- (c) what each member has done during that year to implement the strategy,
- (d) the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year),
- (e) the reviews arranged by it under that section which are ongoing at the end of that year (whether or not they began in that year),
- (f) what it has done during that year to implement the findings of reviews arranged by it under that section, and
- (g) where it decides during that year not to implement a finding of a review arranged by it under that section, the reasons for its decision.

(2) The SAB must send a copy of the report to—

- (a) the chief executive and the leader of the local authority which established the SAB,
- (b) the local policing body the whole or part of whose area is in the local authority's area,
- (c) the Local Healthwatch organisation for the local authority's area, and
- (d) the chair of the Health and Wellbeing Board for that area.

(3) "Local policing body" has the meaning given by section 101 of the Police Act 1996.

## **Commencement**

We are aware in  
2020 3 SARs request  
2021 3 SARs request  
2022 1 Sar request  
2023 1 SAR request  
2024 4 SAR Request  
2025 11 SAR Request

As the Chair of the PPB from the following legislation care act and other policy's provided the detail of the SAR information that has to be published in the Annual reports.

The Care Act is being breached, if the figures for the SARs aren't being published and the reasons. For SARS being declined and no outcome from the Safeguarding adults reviews, how are the PPB Scrutinised. ( This is not my question but a major concern, 4 years later and the public are picking up on it).

### Response:

In respect to the question and supplementary question submitted relating to agenda item 5B, the Halton Adults Safeguarding Board Annual Report 2024-25, as the Board required time to consider in detail the question and evidence supplied, they were not in a position to provide the member of the public with a response at the time of the meeting and therefore in line with the Standing Order relating to dealing with Public Questions, a written response would be provided in due course.

Executive Director  
of Adult Services

## HEA23 HEALTH AND WELLBEING MINUTES

The minutes from the Health and Wellbeing Board meeting held on 9 July 2025, were submitted to the Board for information.

## HEA24 URGENT CARE IMPROVEMENT

The Board received a report from the Halton Place Director, which provided an update on the Urgent Care Improvement Programme and its current performance against national standards, which resulted in the continued focus of resources and efforts to drive forward improvements.

Over the past year, both Warrington and Halton Hospitals NHS Foundation Trust and Mersey and West Lancashire Teaching Hospitals NHS Trust, had faced

challenges on their emergency care performance, which had led to their classification as Tier 1 status. To address these issues, both Trusts had received additional support from the National Emergency Care Improvement Support Team (ECIST) alongside assistance from other external agencies.

Key sentinel metrics, supplemented by a wide range of indicators, were used to monitor performance and reported daily. Although standards had been achieved, results remained inconsistent. As a result, the improvement programmes were important to improve performance and deliver positive benefits for patient outcomes.

It was noted that the current Accident and Emergency (A&E) 4-hour performance, remained below the national standard, which indicated a continued pressure on emergency departments. In response, Mersey and West Lancashire Teaching Hospitals NHS Trust was progressing several key actions to improve patient flow and overall performance within A&E and these were outlined in section 3.5 of the report. Warrington and Halton Hospitals NHS Foundation Trust operated a smaller bed base, and many of its challenges resulted from consistently high bed occupancy levels, which averaged 101% on most days. In response, Warrington had implemented a substantial improvement programme within A&E, with full details provided in section 3.7 of the report.

The report explained that the wider system work programme was taking forward actions to help hospital trusts. These focussed on reducing unnecessary A&E visits and making sure patients could leave hospital promptly once they were medically ready.

Following discussions and questions raised by Members of the Board, some additional information was noted:

- Some Board Members shared personal encounters of A&E and suggested that the statistics provided in the report did not truly reflect lived experiences. They also suggested that clearer communication was needed to help prevent unnecessary attendances at A&E and encourage use of alternative services such as Urgent Treatment Centres (UTC);
- Board Members were reassured that, through Healthwatch, hospitals were actively seeking patient feedback across a range of services. They were also assured that Halton had performed well in reducing unnecessary hospital attendances and supporting

people to remain well in the community, whilst recognising that further progress was still required to meet national standards. It was further noted that, with Healthwatch's support, Warrington Hospital had introduced live A&E waiting times on its website, along with waiting times for the UTC in Runcorn. This enabled patients to make informed choices about the most appropriate service to access. However, similar information was not yet available for Whiston Hospital;

- The "Blackburn Come Back Model" was introduced in October 2025, which aimed to reduce the number of patients waiting all night in A&E by offering them a timed appointment in the morning. The Board requested a future update on the progress of this model in due course, as well as patients who had remained on wards for more than 21 days;
- Healthwatch raised concerns about the standardisation of UTC's across Cheshire and Merseyside, saying that they did not want to see this as a cost cutting exercise or see standards being lowered across the Board, but rather that they would like to see the consistent services and opening hours at all UTC's. The Board was advised that whilst financial constraints needed to be considered, the development programme was intended to analyse and compare variations, before reviewing services to ensure maximum impact;
- Questions were raised about whether Halton had a similar provision to the "Hospital at Home" scheme in Cheshire West, which had proven highly effective in supporting elderly patients by avoiding A&E attendances and hospital admissions; Members were advised that a range of options were being explored;
- Ambulance handover times were also discussed. A site visit last year observed 32 ambulances waiting outside Whiston Hospital. Whilst handover times remained behind target, it was noted that improvements had been made and A&E triage was moving in the right direction, despite performance still being rated in the red; and
- Finally, the Board asked about the impact of the Integrated Care Boards staff reduction programme on the hospitals and it was explained that although staff reductions were expected in the future, emphasis would be given to protect critical areas whilst working with partners to manage any impacts.

RESOLVED: That the Board:

Halton Place  
Director

- 1) supports the ongoing Urgent Care Improvement Programmes that aim to reduce pressures in the acute hospital setting and improve overall patient care and experience for local people; and
- 2) continues to have oversight on the key improvement metrics to ensure progress towards the standards and seek assurance that Halton residents are being treated within an efficient and effective health system.

#### HEA25 HSAB ANNUAL REPORT 2024-5

The Board received the Halton Safeguarding Adults Board's (HSAB) Annual Report for 2024-25.

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. Members were advised of the four strategic priorities for 2024-25: communication and involvement; strategic intervention and early intervention; making safeguarding personal; and learning development and assurance. The report also included performance data and comparisons between years, achievements in the year updates on partner agencies and sub-groups of the HSAB and highlighted areas of good practice regarding safeguarding in the Borough.

The Board thanked the HSAB for the report and were pleased to note its achievements. They were also complimentary of the referral service and officers agreed to feed this back.

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

HEA26 PRIORITY BASED PERFORMANCE MANAGEMENT  
REPORT QUARTER 2 2025-26

The Board received the Performance Management Reports for quarter 2 of 2025/26.

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 Adult Social Care in quarter 2 of 2025-26. This included a description of factors, which were affecting the service.

It was noted that the report did not include any Public Health data, however, this would be reported in quarter 3.

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.

Following discussions, it was noted that:

- there was an anomaly with data relating to referrals/signposting for homelessness. The Performance Team was undertaking a piece of work to look how this was recorded; and
- a piece of work was being undertaken regarding the pressures around respite and crisis accommodation which was captured within the transformation programme; an update would be provided at the next Board meeting in February 2026.

RESOLVED: That the Performance Management report for quarter 2 of 2025/26 be received.

Executive Director  
of Adult Services

*Meeting ended at 7.29 p.m.*