Public Document Pack

Health and Social Care Policy and Performance Board

Tuesday, 25 November 2025 at 6.30 p.m.
Council Chamber, Runcorn Town Hall

Interim Chief Executive

BOARD MEMBERSHIP

Councillor Eddie Dourley (Chair)	Labour
Councillor Sandra Baker (Vice-Chair)	Labour
Councillor Sian Davidson	Reform UK
Councillor Louise Goodall	Labour
Councillor Stan Hill	Labour
Councillor Colin Hughes	Labour
Councillor Alan Lowe	Labour
Councillor Katy McDonough	Labour
Councillor Norman Plumpton Walsh	Labour
Councillor Aimee Skinner	Labour
Councillor Tom Stretch	Labour

Please contact Kim on 0151 511 7496 or e-mail kim.butler@halton.gov.uk for further information.

The next meeting of the Board is on Tuesday, 10 February 2026

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

Part I

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.

Agenda Item 1

HEALTH AND SOCIAL CARE POLICY AND PERFORMANCE BOARD

At a meeting of the Health and Social Care Policy and Performance Board held on Tuesday, 23 September 2025 at Council Chamber, Runcorn Town Hall

Present: Councillors Dourley (Chair), Baker (Vice-Chair), S. Hill, A. Lowe, N. Plumpton Walsh and Stretch and Healthwatch Co-optee D. Wilson.

Apologies for Absence: Councillors Davidson, Goodall and Hughes

Absence declared on Council business: None

Officers present: K. Butler, D. Nolan, D. O'Connor and L. Wilson

Also in attendance: T. Leo – Halton Place, NHS Cheshire & Merseyside, 16 members of the public and 3 members of the press

ITEMS DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD

Action

HEA10 MINUTES

The Minutes of the meeting held 24 June 2025, having been printed and circulated, were signed as a correct record.

HEA11 PUBLIC QUESTION TIME

The following public question had been received:

Question 1

Following the outcome of the CQC assessment being only 2 points away from requiring improvement and the factual supporting information that has been brought to the PPBs attention, will the PPB now recommend that the Council appoint an external agency to undertake a full review of the failings, processes and conduct of senior council officers to enable robust learning to prevent future unavoidable harm of vulnerable residents?

Response

The Chair advised that some additional information had been provided in support of the question / request and this

was made available to all Members of the Board to consider. It was agreed that the Board would meet separately to decide what next steps needed to be taken and if necessary, what recommendations would need to be made to the Executive Board.

It was noted that Ms. Gobin requested that David Nimble be commissioned to undertake the external review.

Supplementary Question

How can assurances be made, that Officers of Halton Borough Council who were heavily implicated in this case, will be held accountable for their involvement in this conduct?

Response

The Board would review the information received and consider if any recommendations were needed to be put forward to the Executive Board. Any subsequent reviews would present findings for action.

HEA12 ONE HALTON PARTNERSHIP UPDATE

The Board received a presentation from the NHS Director – One Halton, which provided an update on One Halton Partnership activities and followed previous reports which had been shared with the Board.

The presentation outlined the Integrated Care Board (ICB) key priorities and how these aligned to Halton Place priorities; Halton's Joint Health and Wellbeing Strategy, the challenges in Halton; examples of the things the Integrated Neighbourhood Deliver Model was working on; and the delivery structure of One Halton.

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

- some of the data provided in the presentation was for illustrative purposes only to demonstrate Halton's life course from "starting well" to "ageing well";
- the current Health & Wellbeing Strategy was live and updated every 3 years;
- One Halton Partnership would not be affected by the merge of Bridgewater Community Healthcare NHS Foundation Trust and Warrington and Halton Teaching Hospitals NHS Foundation Trust;
- the population of Halton was approximately 130,000

and on average GP's offer between 55,000 and 60,000 appointments every month. In addition, walk-in Urgent Treatment Centre appointments were available; and

- Family Hubs needed to be promoted in clinics/in the very early stages of maternity services.

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

HEA13 MODEL ICB UPDATE

The Board considered a report from the NHS Director – One Halton, which provided an update on the Model Integrated Care Board (ICB) Blueprint.

On 1 April 2025, Sir Jim Mackey, Chief Executive of NHS England, wrote to all ICB's and NHS Trusts to provide further detail on the Government's Reform Agenda for the NHS. The letter highlighted the significant progress made in planning for 2025/26 and outlined a move to a medium-term approach to planning, which would be shaped by a 10 year Health Plan and the outcome of the Spending Review.

In order to achieve the ambitions it was noted that:

- ICB's would need to reduce their management costs by an average of 50%;
- ICB's would need to commission and develop Neighbourhood Health Models; and
- NHS providers would need to reduce their corporate cost growth by 50% by quarter 3 of 2025/26, with the savings to be reinvested locally to enhance frontline services.

On 2 May 2025 the first draft Model ICB Blueprint was shared with all ICB's, which outlined the future role and functions of ICB's as strategic commissioners within the NHS. The Blueprint set out a number of expectations and in order to respond effectively, NHS Cheshire & Merseyside had identified a programme of work to help meet the requirements of the document. They had also established a Transition Task and Finish Group to oversee the organisational change and duties transfer.

It was noted that the 31% staff reduction would inevitably have a local impact on headcount across Cheshire and Merseyside and consideration would need to be given on how services contained within the blueprint would continue to be delivered; some functions may transfer

elsewhere.

RESOLVED: That the report be noted.

HEA14 INTRODUCING THE SOCIAL CARE WORKFORCE RACE EQUALITY STANDARD (SCWRES) INDIVIDUAL DATA REPORT AND ACTION PLAN

The Board received a report regarding the Social Care Workforce Race Equality Standard (SC-WRES) Improvement Programme. This programme supported local authorities to address evidence of inequality through the collection and analysis of their workforce data against 9 key metrics. Organisations could then use their findings to develop an action plan to drive change and improvement.

The SC-WRES was a new annual data return made to Skills for Care and represented details of the Council's Adult Social Care workforce. A 12 month improvement programme had been developed and was attached at appendix 1 of the report.

Skills for Care had published the latest findings from the SC-WRES and these were set out in the report. The findings were taken from the 9 indicators. The data analysis was carried out at organisational level, which not only enabled local authorities to develop action plans but it was also used to produce a national report, giving an anonymous reflection of the social care sector.

In 2024, 76 local authorities participated in the SC-WRES improvement, with 73 providing data about their adult social care workforce and 43 (of the 73) also provided data about the children's social care workforce for the report.

Halton submitted their action plan in June 2025 and signed up to the programme for three years. The action plan would be made available to the public via social media and the Council's website.

RESOLVED: That the report be noted.

HEA15 HALTON BOROUGH COUNCIL ADULT SOCIAL CARE - CARE QUALITY COMMISSION (CQC) ASSESSMENT OUTCOME

The Board received a report from the Executive Director – Adults, which provided details of the outcome of Halton's Adult Social Care CQC Assessment.

The final report was published on 4 July 2025 and Halton's Adult Social Care Services were rated overall as Good. The rating had been informed by judgements made from across a number of themes and quality statements, such as working with people and providing support.

The report was also accompanied by a short presentation which outlined two specific areas of the assessment:

- What We are doing Well – the headlines; and
- Areas for Improvement.

A draft Improvement Plan had also been developed and this was attached at Appendix 2 of the report.

RESOLVED: That the report and presentation be noted.

HEA16 ADULT SOCIAL CARE BUDGET POSITION

The Board received a report from the Executive Director – Adults, which provided a summary of the Adult Social Care (ASC) budget position. It also highlighted the actions being taken to address immediate financial challenges and identify known budget pressures in the short to medium term.

It was anticipated that the ASC division would be overspent against the planned budget by circa £700,000. This would be the first year that the division would not achieve a balanced budget. This was due to problems of recruitment and retention and the underachievement of income for the community meals and telehealth care services.

Community Care services were experiencing significant and increased pressures and these were detailed in the report. A Community Care budget recovery working group had been established to identify ways to reduce spend.

A financial recovery action plan and tracking monitoring system had been established with the aim of delivering a balanced community care budget at year end. The details of this was contained in section 6 of the report.

Social Care budgets had been impacted by ongoing financial pressures within the NHS, such as access to Continuing Health Care and costs incurred from services

such as transport, medication support and occupational therapy, which should all be funded from health. Current responsibilities and processes changes were under review across the Cheshire and Merseyside region. There were also additional pressures from packages transitioning from Children's Social Care. However, it was noted that the Complex Care Pool Budget was on track to achieve a balanced budget.

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

- at the end of 2022-23, the total overspend for Care Homes was £1.9M this was due to Government grants coming to an end after the Covid Pandemic, although the activity needed to continue e.g. additional staffing, PPE etc. The following year the overspend reduced to £1.6M and this year the projected overspend was £800,000;
- the most financially challenging area was Community Care due to it being demand led; and
- recruitment and retention was still a major issue in care homes, however, there had been an improvement in social care and an end date for agency staff had been agreed. A report with further details would be presented to the Board in due course.

RESOLVED: That the Board:

Executive Director of Adult Services

1) note the financial position outlined in the report; and

2) consider the budget pressures highlighted in the report.

HEA17 JOINT HEALTH SCRUTINY ARRANGEMENTS - CHESHIRE & MERSEYSIDE - STAGE 1: DELEGATION

The Board received a report from the Executive Director - Adults, which introduced proposed revisions to the Joint Health Scrutiny (JHS) Arrangements, which were in operation across Cheshire and Merseyside.

The arrangements provided a framework for local authorities to individually and collectively review and scrutinise matters relating to planning, provision and operations of health services. As outlined in the report, prior to any establishment of JHS arrangements, each local authority should decide individually whether a proposal

represented a substantial/variation or not, referred to as Stage 1. The regulations would then place a requirement of a local authority that agree the proposal to establish a joint overview and scrutiny.

In the past, there had been instances when Boards had been asked to consider proposals when timings of the proposals had not aligned with scheduled Board meetings and on therefore special PPB's had to be arranged for the proposals to be considered.

In Halton's case, it was suggested that a Stage 1 delegation should be made by the Lead Officer of the PPB, in consultation with the Chair and Vice Chair of the PPB. Having a scheme of delegation in place would support this process and would only be initiated when timings did not allow for the proposals to be scheduled within the normal round of Board meetings.

RESOLVED: That the Board endorse the proposal for a Stage 1 delegation and recommend Executive Board agreement, for onward approval by Council.

HEA18 ADULTS DIRECTORATE PROGRESS TOWARDS THE CARE 2030 VISION

The Board considered a report which provided an overview of the Adults Directorate's activity which directly impacted on the priority themes identified in the North West Association of Directors of Adult Social Services (ADASS) Care 2030 Strategy.

The Strategy was published in 2021 and set out a 10 year outlook to achieve change as well as a long-term vision for Adult Social Care across the region. The Strategy recognised that demand for social care continued to grow and this was set against substantial financial challenges. In order to achieve the vision, the Strategy identified four priority objectives: Future Models; Future Markets; Future Workforce and Sector Led Improvement.

The report outlined key developments and the progress Halton had made towards the Care 2030 priorities and vision. It would continue to work alongside NW ADASS to meet the objectives of transforming the sector.

The Board was assured that staff in both the Adults and Children's Directorates work closely to ensure a seamless transition from children to adults services and this had been helped by reverting back to the 14-25 eligibility

criteria.

It was noted that currently, apprenticeships were recruited in-house from staff within Care Management services and this was a robust process, however, in the future this would be expanded to allow applications from staff within Provider Services.

RESOLVED: That the report be noted.

HEA19 PERFORMANCE MANAGEMENT REPORT - QUARTER 1 2025/26

The Board received the Performance Management Reports for quarter one 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 Health in quarter one of 2025-26. This included a description of factors, which were affecting the service.

It was noted that quarter 1 data in respect of Adult Social Care was not yet available. However, key developments, emerging issues and financial statements that related to Adult Social Care were included in the report.

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.

Some queries were raised in relation to the Public Health performance indicators and it was agreed that further information would be circulated to Board Members in due course.

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

Director of Public Health

HEA20 COUNCILWIDE SPENDING AS AT 31 MAY 2025

The Board received a copy of a report, which was presented to the Council's Executive Board on 10 July 2025. The report outlined the Council's overall revenue and capital spending position as at 31 May 2025, together with the latest 2025/26 outturn forecast. The report also described the reasons for key variances from budget.

The Executive Board had requested that a copy of the report be shared with each Policy and Performance Board for information, to ensure that all Members had a full appreciation of the Councilwide financial position, in addition to their specific areas of responsibility.

It was noted that the four in-house Care Homes continued to struggle and were forecast to be £0.8m over budget by year-end. This was mainly due to continued high use of agency staff to cover sickness and recruitment issues.

RESOLVED: That the Councilwide financial position as at 31 May 2025, as outlined in the report, be noted.

On behalf of the Board and the previous Chair of the Board, Councillor Dourley thanked Damian Nolan for his work and contribution to the Board and Adult Services. Damian was due to leave the Authority at the end of the month and he was wished well for the future.

Meeting ended at 8.30 p.m.

REPORT TO: Health & Social Care Policy & Performance Board

DATE: 25 November 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 & Social Care Policy & Performance Board

DATE: 25 November 2025

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 2 July 2025 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 July 2025 at DCBL Stadium, Widnes

Present: *Councillor Wright (Chair)*
Councillor Ball
Councillor T. McInerney
Councillor Woolfall
H. Back – Halton Housing
K. Butler, Democratic Services
S. Corcoran – Halton Housing
M. Hancock - Public Health
H. Herd – Warrington & Halton Hospitals
A. Leo, Integrated Commissioning Board
W. Longshaw, St. Helens & Knowsley Hospitals
D. Nolan, Adult Social Care
I. Onyia, Public Health
H. Patel, Citizens Advice Bureau
N. Renison - Halton Borough Council
J. Wallis - Bridgewater Community Healthcare
D. Wilson - Healthwatch Halton
S. Yeoman, Halton & St Helens VCA

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB1 APOLOGIES FOR ABSENCE

Apologies had been received from Lydia Hughes – Healthwatch Halton, Suketu Patel - Local Pharmaceutical Committee, Tim Phee - Mersey Care NHS Foundation Trust, Lucy Gardner - Warrington & Halton Teaching Hospitals and Lisa Windle – Halton Housing.

HWB2 MINUTES OF LAST MEETING

The Minutes of the meeting held on 12 March 2025, having been circulated, were signed as a correct record.

HWB3 PRODUCTION OF A BOROUGH WIDE HOUSING STRATEGY PROGRESS UPDATE

The Board received a report from the Executive Director – Environment and Regeneration, which provided a progress update on the new Housing Strategy for the

Borough.

Following the approval for production of a new Housing Strategy at the Council's Executive Board in April 2024, Board members were advised that Arc4, a housing research policy specialist, had been commissioned to support the production process of the Strategy. This had commenced in September 2024 and consisted of two stages, the first being a Housing Needs Assessment (HNA) which included a household survey of residents in Halton being undertaken.

The survey took place between November and December 2024 and was sent to 16,530 households. 1,620 useable responses were received (9.8% response rate). It covered 4 broad themes:

- Your home, neighbourhood and household;
- Housing history;
- Future housing requirements: whole household; and
- Future housing requirements: newly forming households.

The main purpose of the survey was to provide evidence to help assess housing need by type, size and tenure within different parts of the Borough.

The Housing Strategy was currently in the draft process (Stage 2) and once completed, an informal stakeholder engagement would be undertaken in June/July 2025, followed by a formal 6 week public consultation in July/August 2025; the final revisions and adoption was planned for September/October 2025.

After some discussions, the following additional information was noted:

- The public consultation would be promoted to all partners and residents of the Borough and would be made widely available both online and in a number of public places e.g. libraries and One Stop Shops;

- Concerns were raised about increasing needs to health services, however, it was confirmed that although the consultation would give an opportunity to raise such concerns, these would be addressed by the Local Plan. The Housing Strategy concentrated more on the demographic needs of the Borough e.g. the type of accommodation that was required to accommodate the needs of the ageing population and

people with learning disabilities. The Strategy was about the quality of the Borough's accommodation as well as the quantity and it was considered that good quality homes lead to good quality health outcomes; and

- It was reported that there were some concerns about the number of Houses of Multiple Occupation (HMO) in the Borough and it was confirmed that the private rental sector features heavily in the Strategy and how the sector would be monitored going forward.

RESOLVED: That the Board:

1) note the progress of the new Boroughwide Housing Strategy; and

2) promote participation in the stakeholder and formal public consultation process.

HWB4 PHARMACEUTICAL NEEDS ASSESSMENT

The Director of Public Health, presented a report which provided members of the Board with a briefing on the Pharmaceutical Needs Assessment (PNA) which included risks associated with it and proposed local governance arrangements.

Every Health and Wellbeing Board in England had a statutory responsibility to publish and keep an up-to-date statement of needs for pharmaceutical services of its local population. This was referred to as a Pharmaceutical Needs Assessment (PNA) and included dispensing services as well as public health and other services that pharmacies may be commissioned to provide.

The report set out the commissioning arrangements; proposed arrangements for producing Halton's next PNA; and the resources required.

The report also outlined the next steps which would be undertaken by a steering group. It was noted that once a final draft document had been completed, a 60 day statutory consultation would be undertaken and the results would be reported to the Board before its publication on 1 October 2025.

RESOLVED: That the Board:

1) note the contents of the report;

2) agreed that the Director of Public Health be the lead; and — Director of Public Health

3) agreed that the PNA be managed by a local steering group, led by Public Health.

HWB5 OVERVIEW OF PROPOSED REFORMS TO PERSONAL INDEPENDENCE PAYMENTS AND UNIVERSAL CREDIT

The Board received a report from the Director of Public Health which provided an overview of the UK Government's proposals for reform to Personal Independence Payment (PIP) and Universal Credit (UC). The proposed reforms were outlined in the Green Paper "Pathways to Work: Reforming Benefits and Support to Get Britain Working Again" which was published in March 2025.

PIP was a benefit payment for people under State Pension age and need help with daily activities or getting around because of a long-term illness or disability. PIP was made up of two components; a daily living and a mobility element and an applicant could be eligible for one or both. The report outlined the details of the PIP criteria and payments.

The benefit was not means tested and therefore an eligible individual could receive support regardless of their employment status, income or the amount of savings they had. As of January 2025, 3.7 million people in the UK were claiming PIP.

The report stated that from November 2026, new and existing claimants would need to score at least 4 points on at least one specific daily living activity, in addition to meeting the overall 8-point threshold. This would mean that some individuals who previously qualified for PIP might no longer be eligible.

UC was a working age benefit to support those on low income with living costs. Applicants may be employed or unemployed and currently there were 7.5 million people in the UK claiming UC with 3 million having no requirement to find work. Payments are paid on a monthly basis and consist of a standard allowance with some additional payments being paid based on individual circumstances.

The report outlined the proposed changes that were due to come into effect from April 2026, particularly regarding the health element for those with limited capability

for work. New claimants would receive a reduced health element, and the existing health element for current claimants would be frozen until 2029/30. However, some individuals with severe, lifelong conditions would see their payments increase with inflation.

The Board was advised that approximately 10,000 people in Halton claim PIP and approximately half this amount would not qualify under the proposed criteria. It was suggested that some work could be done at a local level as to what might be a reformed PIP system in the next few years.

Members were advised that since the publication of the report, Parliament had made further amendments and therefore an accompanying presentation was delivered to the Board to outline these changes. It was noted that the two main changes to note were:

- all proposed amendments to PIP had been put on hold pending the Timms Review of the system, which was expected in the Autumn; and

- the UC health element cut would no longer apply to existing claimants.

RESOLVED: That the Board note the report and accompanying presentation which outlined the most up-to-date proposed Welfare Reform changes and the impacts on Halton residents.

HWB6 OVERVIEW OF PUBLIC HEALTH INITIATIVES TACKLING THE CAUSES AND EFFECTS OF HEALTH INEQUALITIES IN HALTON

A report was presented to members of the Board which provided an update on Public Health projects which targeted health inequalities. The report highlighted the various approaches undertaken to address the issues which included:

- Healthy Advertising Policy – the policy was introduced to combat the impact exposure to unhealthy advertising had on residents and to tackle the rates of overweight and obesity in Halton. This policy was part of the proactive approach to promoting health improvement in communities. Halton was one of only 23 Boroughs nationally to have made such a commitment and was working with partners in each area to bring together a joint

evaluation on the impact of the policy;

- Winter Cold Homes Initiative – due to Halton's successful application to the NHS Cheshire and Merseyside Data and Access Governance Committee, Halton would be able to run a preventative scheme this Winter. Via a dashboard, patients health conditions would be assessed alongside areas of deprivation, to identify those most at risk of requiring hospital admission, due to the effects of fuel poverty. Halton was the first Public Health Department in the North West to be granted access to this dashboard. It would work closely with relevant partners to establish opportunities to change the ways of working with an aim to move towards a proactive prevention approach, opposed to intervention services; and

- Household Support Fund Schemes - in the recent Spending Review, the Government announced the replacement of the Household Support Fund with a new Crisis and Resilience Fund. Although details were not yet known, the Fund would cover multiple years opposed to short-term renewals of the current Fund. This would allow more opportunities for long-term collaboration in other areas.

RESOLVED: That the report be noted.

HWB7 HALTON'S VCFSE SECTOR AND IT'S ROLE IN WIDER DETERMINANTS

The Board received a presentation and accompanying report from the Chief Executive Officer of Halton and St. Helens Voluntary Community Action (VCA), which provided an overview on the work of the VCA and the local Voluntary, Community, Faith, and Social Enterprise (VCFSE) to address health inequalities and the wider determinants that negatively impact health outcomes for people.

There was an estimated 724 groups and organisations in Halton that provided support, services and community action and Halton's VCFSE sector provided a huge contribution to the economic and social wellbeing of the Borough. There were 1,861 paid staff in the sector and 17,671 volunteers who delivered 23.574 hours for local voluntary and social action. The workforce was worth £57.8 million to the Borough and the sector created £44.8 million gross value added.

The presentation outlined the top priorities of the VCFSE for the next 12 months which included funding, recruitment, organisational planning, maintaining reserves and working with others to deliver services.

Members were advised that the VCA ran a Community Lottery whereby charities, community organisations, social businesses and community groups could sign up, free of charge and get a slice of the ticket proceeds. 60% of the ticket proceeds from the Community Lottery go to charities, voluntary organisations and other not-for-profit groups with the remainder being put towards prizes and operating costs.

RESOLVED: That the report be noted.

HWB8 THE IMPACT OF ADVICE SERVICES ON TACKLING POVERTY AND THE WIDER DETERMINANTS OF HEALTH

The Board received a presentation and accompanying report which provided an overview of the volume and nature of enquiries local people were raising with the Citizens Advice Halton. The report outlined the emerging trends and what challenges they may pose for the wider health and wellbeing system.

The following key messages outlined in the presentation were noted:

- By May 2025, 50% of people getting debt advice from Citizens Advice were in a negative budget – this was up from 37% in January 2019;
- In January 2019 people had approximately £20 disposable income each month. By May 2025 this had dropped to minus £23 each month;
- The over 65s had on average £85 spare each month. All other age profiles had negative budgets;
- Owner occupiers had on average £56 spare each month. All other age profiles had negative budgets, ranging from minus £4 to minus £130 each month; and
- Personal Independent Payment enquiries had dropped from 130 each month to 75 each month. It was suggested that this reflected the Citizens Advice capacity as opposed to demand.

RESOLVED: That the report be noted.

HWB9 BETTER CARE FUND PLAN 2025-26

The Board received a report from the Executive Director of Adult Social Services, which provided an update on the Better Care Fund (BCF) Plan 2025-26, following its submission on 31st March 2025.

In January 2025, the Government published a BCF Policy framework for 2025-26 which set out the vision, funding, oversight and support arrangements. The aim was to reform to support the shift from sickness to prevention and to support people living independently and the shift from hospital to home.

The Board noted that in order to support the BCF Plan 2024-25, the current Joint Working Agreement was reviewed and updated to reflect recent changes in governance and processes. The new Joint Working Agreement runs for two years up to the end of March 2027 and this was approved by partners.

RESOLVED: That the Better Care Fund Plan 2024-25 be noted for information.

HWB10 BETTER CARE FUND 2024-25: YEAR END REPORT

The Board received a report from the Executive Director of Adult Social Services, which provided an update on the Better Care Fund 2024-25 Year-End return, following its submission on 29 May 2025.

The update provided the Board with information on the four national conditions which had been met, progress on the four national metrics, income and expenditure actual, year-end feedback and adult social care fee rates.

RESOLVED: The Better Care Fund Year-End return for 2024-25 be noted for information.

Meeting ended at 3.40 p.m.

-REPORT TO: Health & Social Care Policy & Performance Board

DATE: 25th November 2025

REPORTING OFFICER: NHS CM – Halton Place Director

PORTFOLIO: NHS Strategic Commissioning

SUBJECT: Urgent Care Improvement

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide the Board with an update on the urgent care improvement programme and report on current performance against national standards resulting in the continued focus of resources and effort on driving improvements.

2.0 RECOMMENDATION: That the Board:

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.

3.0 SUPPORTING INFORMATION

3.1 The urgent care improvement programmes continue to be driven within each local hospital system with oversight from NHS Cheshire and Merseyside, NHS England Northwest Region and NHS England National Team. Both Warrington and Halton Hospitals NHS Foundation Trust and Mersey and West Lancashire Teaching Hospitals NHS Trust have seen challenged urgent and emergency care performance over the past year and have been classified at Tier 1 status, receiving additional support from the national Emergency Care Improvement Support Team (ECIST) and other external agencies.

3.2 Key sentinel metrics are used to monitor performance, supported by a wide range of indicators, primarily focused on the acute hospitals and A&E departments, but recognising the contribution that out of hospital and social care services provide as part of the overall system programmes.

3.3 All indicators are reported daily and although at times the standards are met, performance can be inconsistent. Therefore, driving the improvement programmes is critical to improving performance which will positively impact

on patient outcomes.

Week ending 12/10/2025					
Sentinel Metrics	Standard	Upper limit	C&M	W&H	MWL
Ambulance Handover Times	15 mins	45 mins	28.5 mins	24.14 mins	26.08 mins
A&E Time to Triage	10 mins	15 mins	13.6 mins	12.5 mins	9.1 mins
A&E 4 hour	95%	78%	52.30%	51.00%	64.00%
A&E 12 Hour	10%	20%	19.20%	22.00%	20.20%
Corridor Care	0		14	13	13
Non-Criteria to Reside	15%	20%	21.40%	25.90%	22.50%

3.4 Currently, A&E 4-hour performance remains below the national standard, indicating continued pressure on emergency departments.

3.5 Mersey and West Lancashire Teaching Hospitals NHS Trust is progressing several key actions to improve the flow and performance within A&E including:

- Ambulance reception team fully established to reduce the time from arrival to booking in enabling faster triage and handover;
- Re-instating GP streaming reducing the time for assessment and treatment of non-admitted patients;
- Tracking of longer waiting patients to ensure actions are undertaken that could prevent a 12-hour breach;
- Increased speciality consultant presence for senior assessment and decision making;
- Increased promotion amongst ambulance crews to improve the utilisation of the Care Coordination Hub to avoid the need to present at A&E;
- Dedicated focus on hospital flow between 8am and 10am to increase morning patient discharges and allow patients in A&E to be admitted to the bed base.

3.6 Warrington and Halton Hospitals NHS Foundation Trust has smaller bed base than Mersey and West Lancashire Teaching Hospitals NHS Trust and several of their challenges are the result of high bed occupancy at 101% most days.

3.7 Warrington also has a significant improvement work programme within A&E including:

- Introduction of a new streaming/triage model to assess patients earlier and move them to the appropriate team;
- Introduction of a discharge decision unit within A&E to improve assessment and treatment of non-admitted patients;
- A focus on paediatric cases in A&E to reduce breaches;
- Additional evening staffing to manage the increase in demand and reduce overnight waits;

- From 29th October, the introduction of the “Blackburn come back model” to reduce the number of patients waiting all night in A&E by offering them a timed slot in the morning;
- Undertaking a 6 week missed opportunities audit with the ambulance service to support the streaming of patients to alternative services;
- A focus in the over 21 day super stranded patients on the wards.

3.8 The wider system is also progressing a range of actions to support the work of the hospital trusts by reducing avoidable attendances at A&E and supporting timely discharges from hospital once a patient is medically optimised. This wider system work programme includes:

- Single point of access for paramedics to transfer patients to the community as an alternative to ED, if they are appropriate to be cared for in their own home. This programme has been running since the end of September and there is an expectation that the numbers of patients managed in this way will grow as the scheme matures.
- A “push model” from the North West Ambulance Service call stack is being rolled out in November 2025 for patients where an urgent community response is more appropriate than an A&E attendance. Providers are working on the IT technical issues to allow electronic transfer of cases which will enable ambulance crews to be freed up to deal with more urgent cases more quickly.
- Urgent Community Response standardisation across C&M is being developed to ensure they are all able to offer the level of service suitable for Primary Care, Community and NWAS to divert patients, and to have capacity and capability within local neighbourhoods to assess and treat patients in their own home, where appropriate.
- A development programme to enable standardisation of Urgent Treatment Centres across Cheshire and Merseyside. This is a programme to review functions and appropriate staffing structures to optimise the service model across Cheshire and Merseyside.
- A programme to reduce inappropriate care home conveyances to A&E by ensuring wraparound enhanced care home offers are available to support residents in their home, as unnecessary hospital episodes often cause deterioration in this group of patients.
- Discharge to access, with reablement first, remains the focus for social care discharges to reduce care home packages and reduce the lead time with assessments on the ward before discharge.
- Assessment of need at an earlier opportunity within the hospital admission, with early engagement with families to agree discharge plans in advance.
- Home first principles with direct referral to intermediate care, reducing the assessment of need being undertaken in the acute wards which often do not reflect the patient’s needs in the same way as they are in their own home.
- Greater offer to care arrangers sourcing beds, with short term additional settlement support as required
- Use of Trusted Assessors to describe the patients’ needs rather than their presentation on the acute ward. Introduction of a dementia trusted

assessor on the Whiston Hospital site to support with complex need assessments.

- Reduction in the length of stay in intermediate care beds and reablement at home to maintain capacity and flow throughout the system.

4.0 **POLICY IMPLICATIONS**

4.1 There are no identified impacts on policies.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are increased discharges to social care services with higher acuity that are contributing to pressures on the intermediate care and care home budgets for both the local authority and the NHS.

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

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

None.

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 The reporting of risks within the UEC improvement program are managed by the C&M UEC Board.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 No issues have been identified within the programme.

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

9.1 None under the meaning of the ‘Act’.

REPORT TO:	Health & Social Care Policy & Performance Board
DATE:	25th November 2025
REPORTING OFFICER:	Chair of Halton Safeguarding Adults Board
PORTFOLIO:	Adult Social Care
SUBJECT:	HSAB Annual Report 2024-5
WARD(S)	Borough Wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide the Board with a copy of the Halton Safeguarding Adults Board Annual Report 2024-25.

2.0 **RECOMMENDED: That**

1) **the report be noted; and**
2) **the Board approves the Annual Report for publication**

3.0 **SUPPORTING INFORMATION**

3.1 Under the Care Act 2014, Safeguarding Adults Boards are responsible for producing an Annual Report setting out their achievements of the SAB and highlighting priorities for the following year.

3.2 The HSAB Annual Report has been developed in conjunction with HSAB partners to ensure the report encompasses a multi-agency approach. The Annual Report includes performance data and comparisons between years; achievements in the year and highlights areas of good practice regarding safeguarding in the borough.

3.3 Once approved, the Annual Report will be published widely and shared with HSAB member organisations through the SAB Board meetings.

4.0 **POLICY IMPLICATIONS**

4.1 The HSAB Annual Report is in line with current regulations and guidance from the Care Act 2014.

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**
This document is an important part of the safeguarding policy framework ensuring that the Council fulfils its statutory obligations, in line with the Care Act 2014.

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**
This document is an important part of the safeguarding policy framework ensuring that the Council fulfils its statutory obligations, in line with the Care Act 2014.

6.5 **Working Towards a Greener Future**
None.

6.6 **Valuing and Appreciating Halton and Our Community**
None.

7.0 **RISK ANALYSIS**

7.1 Halton Safeguarding Adults Board strives to show improvement in fulfilling its statutory duties and a dedication to seeking and providing the best possible care and support to protect those members of our community that need it.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

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

'None under the meaning of the Act.'

Halton Safeguarding Adults Board Annual Report April 2024 – March 2025

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Message from Chair

My name is Denise Roberts and I am the Associate Director of Quality & Safety Improvement for NHS Cheshire & Merseyside. In October 2024, I commenced the role of Chair of Halton Safeguarding Adults Board.

I am very pleased to present the annual report of Halton Safeguarding Adult Board for 2024/25. The report is an opportunity to share the work of the Board more widely and it provides an overview of the progress and achievements made during this 12 month period which I hope you will find informative and useful.

During this year we have continued to embed the new structure of our Board and sub groups and it has worked well. We remain committed to ensuring that safeguarding is "Everyone's Business" across Halton.

The context of our work over the next year will be to focus on our strategic priorities for 2025/26 as agreed at the Strategic Planning Event held in February, with all sub groups playing a critical role in achieving our outcomes.

Finally I would like to extend my thanks to all those who continue to work hard to support the Board and their continued commitment and focus on safeguarding adults in Halton. By working together, we can continue to improve the lives and outcomes of many of our vulnerable residents.

I look forward to working with you all again this year

Denise Roberts

Chair of Halton Safeguarding Adults Board

HALTON
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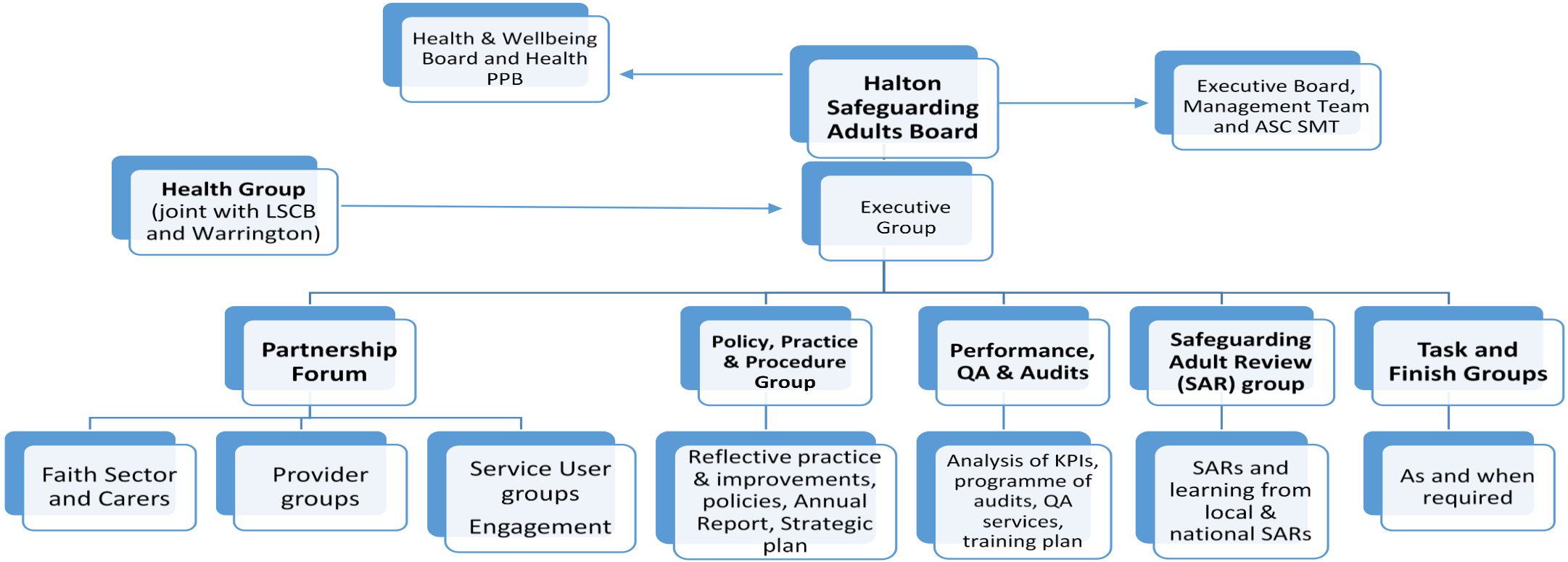
Overview of the Board



HSAB Partner Organisations

HALTON
SAFEGUARDING
ADULTS
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HALTON BOROUGH COUNCIL

NHS Bridgewater Community Healthcare NHS Foundation Trust

Cheshire Constabulary

Halton Children and Young People SAFEGUARDING PARTNERSHIP

NHS Cheshire and Merseyside

Mid Mersey ageUK

Cheshire Fire & Rescue Service

HM Prison & Probation Service

healthwatch Halton

NHS Mersey Care NHS Foundation Trust

NHS Warrington and Halton Teaching Hospitals NHS Foundation Trust

NHS Mersey and West Lancashire Teaching Hospitals NHS Trust

NHS North West Ambulance Service NHS Trust

Independent Scrutineer

Halton SAB invited the role of an Independent Scrutineer to enhance the insight into the effectiveness of its arrangements. The role of the scrutineer is to ask questions about how well services are safeguarding people together, through its SAB arrangements.

During this reporting year, I have undertaken specific work on behalf of SAB to seek assurance about the effectiveness of the multi-agency audit process, and to consider the application and effectiveness of the SAR process. I have also attended all SAB and SAB Executive Group meetings, as well as the annual development session providing independent insights throughout the year.

The scrutiny insights have been reported to the SAB Executive and Board with an end of year scrutiny appraisal reflecting on the year and looking forward to 2025/26.

The overarching assurance statements considered are:

- Safeguarding partners are involved in strategic planning and implementation
- The wider safeguarding partners, including relevant agencies, are actively involved in safeguarding adults
- Making Safeguarding Personal – the voice of people in Halton processes are in place for data collection, performance and quality oversight
- There is a robust process for identifying and investigating learning from local SARs and national SAR analysis
- There is an active programme of multi-agency safeguarding adult training

Independent Scrutineer

In summary, the Halton Safeguarding Adults Board have adopted a strong culture of constructive challenge, ability of agencies to question and an appetite to be continually assured of the effectiveness of systems, policy and practice. The SAB Executive and Board have actively invited this culture between its members and through independent scrutiny which has been listened to carefully.

The themes , trends and areas of safeguarding that concern members, reflect the wider social issues including the cost of living, potentially attributing to some of the prevalent safeguarding issues such as self-neglect. Reassuringly, the SAB recognise that good quality intelligence is essential to an effective collaborative safeguarding system. The development of the performance framework invites qualitative and quantitative intelligence and provides a mechanism for "testing" and "listening". Overall, there is observation of robust arrangements for the SAB and its range of subgroups, tools and activity strengthens this further.

I outlined some observations about system working for cross-cutting areas of safeguarding, strengthening the partnership contributions, developing the preventative focus and voice of people in Halton and lastly tackling the persistent thematic areas that emerge through the SAB. I will continue to work with the SAB through a schedule of activity to strengthen the role responsibilities for acting as a critical friend and providing objective support, scrutiny and challenge.

Anna Berry

Independent Scrutineer – Halton Safeguarding Adults Board

Key Safeguarding Data 2024/25

HALTON SAFEGUARDING ADULTS BOARD

832 Safeguarding Concerns raised during 2024/25

337 Progressed to S42 enquiries

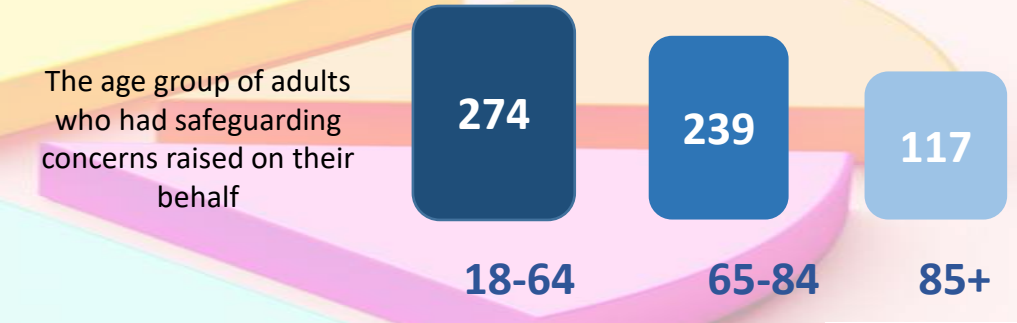
3% Increase safeguarding concerns

3% Increase in safeguarding concerns progressing S42 enquiries

41% Safeguarding Concerns relate to males

59% Safeguarding Concerns relate to females

The age group of adults who had safeguarding concerns raised on their behalf

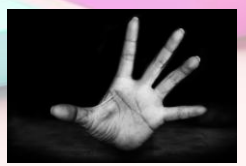


506 White British
8 Black & Minority Ethnic
7 Refused to disclose
109 Undeclared/Unknown

Ethnicity of those adults who had safeguarding concerns raised on their behalf

180

Safeguarding concerns involved allegations of neglect



61

Safeguarding concerns involved allegations of physical abuse

58

Safeguarding concerns involved allegations of financial abuse

In Halton, an adult at risk is most likely to be female, aged 65-84 and living in their own home and will suffer from neglect or acts of omission

Deprivation of Liberty Safeguards 2024/25

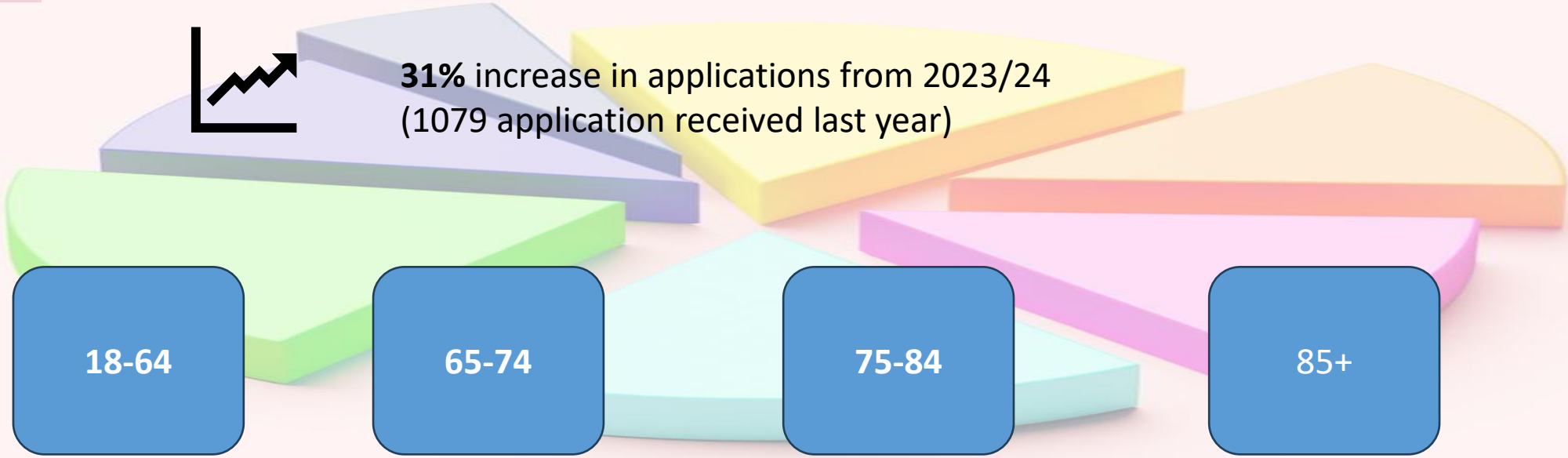
HALTON SAFEGUARDING ADULTS BOARD

1410 Applications received

49% of applications received for males

51% applications received for females

31% increase in applications from 2023/24 (1079 application received last year)



18%

12%

35%

33%

% of applications received broken down by age group

HSAB Priorities for 2024/25

Halton Safeguarding Adult Board Strategic Plan 2024- 2025

Our role is to help and safeguard adults with care and support needs by:

- Seeking assurance that local safeguarding arrangements are in place as defined in the Care Act.
- Assuring that safeguarding practice is person-centred and outcome focused.
- Work collaboratively to prevent abuse and neglect where possible.
- Ensuring that agencies and individuals work in a timely and proportionate manner where abuse or neglect has occurred.
- Seeking assurance that safeguarding practice is continually improving.
- Concern ourselves with a range of issue which may impact on people with care and support needs.

Partnership Forum | **Policy, Practice and Procedure Sub-Group** | **Performance, QA & Audit Sub-Group** | **SAR Sub-Group**

HSAB Responsibilities

Publish strategic plan → **Publish annual report** → Complete Safeguarding Adult Reviews when adults die or are seriously injured as a result of abuse/neglect

Strategic Priority 1

Communication and Involvement

Improve awareness of safeguarding across all citizens, communities and partner organisations.

Sharing learning from Safeguarding Adult Reviews and gain assurance of their related Action Plans Continue to seek assurance on LeDeR action plans and learning disability related safeguarding issues

Strategic Priority 2

Strategic Intervention and Early Intervention

Developing strategies that reduce the risk of abuse, as well as seeking assurance from partners

Seek assurance through audit activity that Making Safeguarding Personal is embedded into practice through safeguarding concerns and enquiries.

Continue to seek assurances that vulnerable young adults are transitioning safely into adult services.

Strategic Priority 3

Making Safeguarding Personal

Ensuring that adults with care and support needs are being supported and encouraged to make their own decisions.

Continue to review our leaflets and publications and involve citizens to hear their experiences to enable improvement.

Continue to identify relevant themes for multi-agency audits.

Strategic Priority 4

Learning development and assurance

Ensure safeguarding arrangements work effectively and learning is shared

Continue to develop a safeguarding dashboard that will be provide the Board with further themes, trends and analysis that can help with the Strategic Plan.

Continue to develop and implement the prevention strategy.

HSAB Achievements 2024/25

HALTON SAFEGUARDING ADULTS BOARD

Strategic Priority 1	Strategic Priority 2	Strategic Priority 3	Strategic Priority 4
Communication and Involvement	**Strategic Intervention and Early Intervention**	**Making Safeguarding Personal**	**Learning development and assurance**
Improve awareness of safeguarding across all citizens, communities and partner organisations.	Developing strategies that reduce the risk of abuse, as well as seeking assurance from partners	Ensuring that adults with care and support needs are being supported and encouraged to make their own decisions.	Ensure safeguarding arrangements work effectively and learning is shared
Sharing learning from Safeguarding Adult Reviews and gain assurance of their related Action Plans Continue to seek assurance on LeDeR action plans and learning disability related safeguarding issues	Seek assurance through audit activity that Making Safeguarding Personal is embedded into practice through safeguarding concerns and enquiries. Continue to seek assurances that vulnerable young adults are transitioning safely into adult services.	Continue to review our leaflets and publications and involve citizens to hear their experiences to enable improvement. Continue to identify relevant themes for multi-agency audits.	Continue to develop a safeguarding dashboard that will be provide the Board with further themes, trends and analysis that can help with the Strategic Plan. Continue to develop and implement the prevention strategy.
Learning from National SARs is included on the agenda of the SAR sub group Themes from National SAR Learnings have been used for Multi Agency Audits Updates from LeDeR Action Plans brought to HSAB on a regular basis	Making Safeguarding Personal questionnaire continues to be an integral part of the S42 enquiry process Data related to Making Safeguarding Personal Outcomes is monitored through the HSAB Performance Dashboard which is produced on a quarterly basis Transitional safeguarding continues to be a priority for the Board and work will continue into 2025/26	7 minute briefings and toolkits are regularly added to HSAB website on various topics in relation to safeguarding Domestic Violence in Older People animation personalized for Halton Multi Agency Audit themes continue to focus on prevalent themes either locally or nationally	HSAB Performance Dashboard has been reviewed, updated and streamlined to provide clear and concise data and information in relation to safeguarding in the Borough Prevention Strategy Action Plan is reviewed, monitored and updated by each sub group at every meeting. Prevention Strategy and Action Plan to be reviewed and updated in 2025/26

Partner Agency Updates

HALTON
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Halton Borough Council has continued to support the work of Halton Safeguarding Adults Board and it's sub-groups this year. The Board and all of it's sub-groups include at least two members of Halton Borough Council staff on each group.

The multi-agency safeguarding case file audits have continued this year with 3 audits completed as follows:

March 2024 – Emergency Duty Team
June 2024 – Domestic Abuse in Older People
November 2024 – Neglect and Acts of Omission in Care Homes

The audits have been well attended and have received positive feedback from both Lead Auditors and practitioners involved. All findings from the audits are presented to the Performance, Quality Assurance and Audit Sub-Group in the first instance and then shared wider with the Board. Key actions that have taken place as a result of these multi-agency audits have included the introduction of the Multi Agency Risk Assessment Management (MARAM) process, which has proven extremely useful when dealing with cases of self-neglect in particular. The Integrated Adults Safeguarding Unit has continued to roll out it's programme of action learning sets to the adult social care operational teams on how to complete Section 42 enquiries and the results of this learning is evident in the quality of the cases that have been audited this year.

During the year the following policy and procedure documents have been reviewed, updated and agreed by HSAB:

Safeguarding Adults Policy, Procedure and Guidance documents
MARAM Policy
Safeguarding Adult Review Policy
MARAC Operating Protocol
Self-Neglect Policy
Self-Neglect Toolkit

The work that has been led by Halton Borough Council this year has included the planning and hosting of the HSAB Strategic Planning Event. This is an annual planning event that took place in February 2025 and provides an opportunity for the Board members and sub-group members to contribute to priority setting for the Board and it's sub-groups for the forthcoming year.

Partner Agency Updates

HALTON
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National Safeguarding Week was supported once again this year by the Board, with a series of Lunch and Learn events on various aspects of safeguarding hosted online. The HSAB website was also updated with numerous resources relating to the daily themes of National Safeguarding Week which are accessible to all. A daily social media campaign was also held during the week with various awareness raising messages shared across all social media platforms by Board members.

HSAB continues to subsidise a small programme of training courses to enhance the opportunity and access to learning across Halton. The courses that are provided throughout the year are as follows:

- **Safeguarding Adults – Awareness and Responsibilities**
- **Provider-Led Concerns and Enquiries**
- **Mental Capacity Act – working with capacity assessments**
- **Self-Neglect Awareness**
- **Financial Abuse Awareness**

In addition to these courses, the Integrated Adults Safeguarding Unit provides Action Learning Set sessions for operational staff in adult social care to increase their confidence and competence in completing Section 42 enquiries. This work has been reflected in the quality of case recording noted during the multi-agency audits.

Partner Agency Updates

HALTON SAFEGUARDING ADULTS BOARD

NHS Cheshire & Merseyside Integrated Care Board Halton Place (NHS Cheshire & Merseyside ICB Halton) has continued to receive quarterly safeguarding assurance from NHS commissioned health providers. Safeguarding activity across Halton's large NHS Trusts has remained significant throughout the year. NHS Trust Safeguarding Teams continue to support and guide NHS staff with complex concerns ensuring appropriate actions are taken. Activity levels to internal Safeguarding Teams, demonstrate that patient facing staff are identifying and acting on concerns. Trust staff follow internal safeguarding pathways to access expert safeguarding advice within their organisations. Health safeguarding referrals to the Local Authority continue to show a high conversion rate to accepted Section 42 enquiries, indicating that in the main, appropriate referrals are being made by Health.

The large NHS Trusts complete a bi-annual safeguarding audit and assurance programme, this is comprised of a suite of commissioning standards. Assessment and rating are conducted, following which providers work towards compliance in any areas required. There is a continuous cycle of improvement which includes a quality focus.

During 2024/25, the large provider Key Performance Indicators (KPI) tool was submitted quarterly by large NHS Provider Trusts. This allows organisations to be mapped across the region, trends, patterns and risks can be drawn from the data. The intelligence gained assists in future planning around risks, training and work streams.

Areas below threshold compliance are highlighted, targeted and monitored via action plans. This process aided assurance across the system.

Trust side safeguarding processes are supported by Specialist Safeguarding Teams, policy updates, mandatory and additional training around emerging themes and topics.

NHS Cheshire & Merseyside ICB Halton and health providers have worked collaboratively with Halton Borough Council safeguarding colleagues and the HSAB partnership on all sub-group areas, task and finish groups and multi-agency audit workstreams (acting as lead auditors), this has led to learning being cascaded across Halton and the local health economy.

Health has continued to provide data to HSAB including quarterly safeguarding training data for inclusion in the HSAB dashboard. The data details safeguarding training levels, for the four large NHS Trusts that serve Halton residents. This provides a level of assurance regarding safeguarding knowledge and practices at the Trusts.

NHS Cheshire & Merseyside ICB Halton staff continue to prioritise Mental Capacity Act (MCA) adherence and strive to support and educate staff around the Act. The Cheshire & Merseyside MCA forum meets quarterly, chaired by the Halton Place Designated Nurse. The group is attended by NHS Trust providers and Designated Safeguarding Adult representatives. The group acts as a network, sharing national and local resources and devising strategies to strengthen practice across the region.

Partner Agency Updates

HALTON
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Support for Primary Care has continued this year, with a programme of education in the form of training sessions, themed webinars via NHS Futures Platform (online platform), monthly safeguarding newsletter and Primary Care forum meetings. The Halton Named GP and Designated Nurse continue to support with ad hoc supervision.

During 2024/25, NHS Cheshire & Merseyside ICB Halton successfully secured 12 months funding to pilot the Identification and Referral to Improve Safety (IRIS) scheme across Halton. IRIS is a specialist domestic violence and abuse (DVA) training, support and referral programme for general practices. As part of the programme, DVA training has been delivered to Primary Care staff across the borough, all practice staff have been included in the roll out, from reception staff to GPs. The training has increased awareness of DVA amongst staff which has led to an increase in referrals to the Halton Domestic Abuse Service.

Health continued to support the provision to Daresbury Initial Accommodation Centre. The system has flexed to accommodate the changing nature of the centre, from the changes to population and demographics at the centre to issues such as management, treatment and containment of outbreaks during the year.

NHS Cheshire & Merseyside ICB continued to chair monthly meetings, where themes, concerns and proactive work was conducted. During episodes of escalation, reactive meetings were called to mitigate risks in a timely manner. The health system alongside partners adapted to effectively deal with situations. The lived experiences of residents was conveyed at meetings (by agencies i.e. Red Cross, Migrant Health) and factored into plans. These actions supported much needed stability at the centre.

<u>Learning from Lives and Death – People with a learning disability (LeDeR)</u>
The NHS Cheshire & Merseyside LeDeR Specialist Service has now been in operation for over two years. The programme has continued the quality assurance process over 2024/25. Reviews are quality assured by experienced senior specialist reviewers and the Local Area Contact. The Cheshire & Merseyside LeDeR Review Panel review in depth focus reports. NHS England and the NW Quality Panel review a sample of reviews quarterly; this process provides confirmation and assurance that reviews are being correctly considered and processed.

The NHS Cheshire & Merseyside LeDeR programme works closely with experts by experience, parents and carers and the Cheshire & Merseyside LeDeR Review Panel is supported by experts by experience.

The NHS Cheshire & Merseyside LeDeR programme has continued to work with People First Merseyside (DAVID) Project – Dignity and Voices in Dying, joining forces to deliver lunch and learn sessions and face to face awareness raising sessions regarding End of Life/Advanced Care Planning. A conference is planned for 2025. Further advancements are planned, with the development of an easy read Advanced Care Plan document, this will be produced with the support of experts by experience (parents and carers).

Partner Agency Updates

HALTON
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Analysis of information/learning gained from year one of the programme led to a work plan. During 2024/25, work has progressed around obesity and weight management, dysphagia and choking.

Work has progressed via a NHS Cheshire & Merseyside LeDeR Forum. The forum meets quarterly with an established membership and an open offer to any new members. A LeDeR newsletter is produced by the group, with the aim of cascading learning.

A North West event took place during 2024/25 with a focus on obesity and weight management (and choking deaths). The NW Toolkit was promoted and cascaded to practitioners and organisations. Several case studies and webinars were delivered across Cheshire & Merseyside (Obesity and Weight Management). Work to improve practice around weight management has progressed on several fronts.

LeDeR Priority areas for focus during 2025/26 have been set as:

Advanced Care Planning – North West Conference planned to increase awareness of advanced Care Planning/End of Life Care for people with a learning disability

Dysphagia and choking deaths

Highest Medical Certificate of Case of Death (MCCD) – Respiratory and Circulatory Disease Mild Learning Disability with MCCD

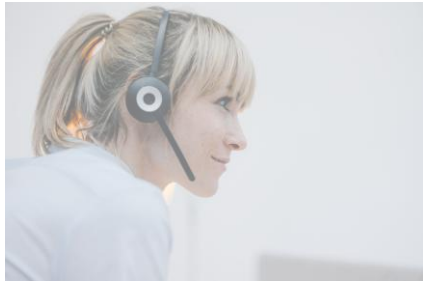
NHS Cheshire & Merseyside LeDeR updates have been shared with Halton Safeguarding Adults Board. A representative from the LeDeR Team attended HSAB to provide assurance to the Board during 2024/25.

Partner Agency Updates

HALTON
SAFEGUARDING
ADULTS
BOARD

Partner Agencies are reminded about their responsibility in notifying Cheshire Police to any breach of Orders (Non-Molestation/Restraining Orders) or breach of bail conditions.
Research shows us that early detection of crime and proactive policing of breaches protects victims and allows reassurance within the most vulnerable.
Safeguarding is everyone's responsibility.
The reporting of breaches should not be left for the victims to decide on their own safety versus reporting. The decision for a professional not to report any known breaches should not be based on their rapport and relationship with the victim and the family.
Reporting should be made via 101 and threat and risk indicators should be explained at the time of the reporting with evidence recorded.

Serious Case Review Team
Serious.case.review@cheshire.police.uk



Partner Agency Updates

HALTON SAFEGUARDING ADULTS BOARD

The Safeguarding Adult Team have continued to provide strong support to clinical teams with reactive, ad-hoc and group safeguarding supervision and training throughout the year. The team are recognised across Bridgewater as approachable, resourceful and knowledgeable and utilised by front line practitioners as an expert resource.

Compliance with mandatory training in Safeguarding Adults, Mental Capacity Act Training, PREVENT and WRAP3 exceeds 90% and compliance across the Trust.

The Safeguarding Adult Team make a significant contribution to both Halton and Warrington Safeguarding Adult Boards, contributing to multi-agency audits, strategic and operational meetings and learning reviews.

Safeguarding activity across Bridgewater has increased throughout 2024-25, this provides assurance around practitioner's recognition of, and response to, abuse and neglect in a timely manner.

The Safeguarding Team contributed to the development of the MARAM process, including development and delivery of training around the MARAM process, this has proved to be a success with an increase in referrals and support for Bridgewater patients.

The Team engaged with both Halton Safeguarding Adults Board in the promotion of Safeguarding Adults Week. Details were disseminated in the Trust bulletin and on Twitter, with support provided with the programme of Lunch and Learn events.

<u>MARAC and Domestic Abuse</u>:
Focussing on a Think Family approach, the Safeguarding Adult Team now routinely screen MARAC listings and provide information for those people who are open to Bridgewater services, to support multi-agency decision making. For those identified, records are flagged to ensure staff have the relevant information for the patients they are engaging with. This supports Bridgewater's safeguarding children teams' contribution to MARAC and provides more robust and holistic information to support families and children.

<u>Trauma Informed Practice:</u>
In response to local learning and audits, Level 3 safeguarding adult training has been revised to include childhood trauma and is delivered from a trauma informed perspective to support staff in adopting a trauma responsive approach to their practice

Partner Agency Updates

HALTON
SAFEGUARDING
ADULTS
BOARD

Hoarding and Self-Neglect:

In response to self-neglect and hoarding being identified as a theme, a bespoke training package was developed and 7-minute briefing to encourage staff to be professionally curious. Practitioners are now encouraged to complete the universal "Clutter Scale" as an evidence-based tool to support assessments and care plans.

In November 2024, the senior safeguarding nursing team hosted the Trust's annual safeguarding conference. The theme was domestic abuse. The conference was a huge success and attended by 57 delegates. The conference included presentations from both adult and children Bridgewater Safeguarding Teams and guest speakers from Warrington Borough Council Domestic Abuse Hub, My CWA (Cheshire Without Abuse), Cheshire Police and Brainkind. Topics discussed included domestic abuse statistics, male victims, perpetrator programmes, policing responses to domestic abuse, non-fatal strangulation and traumatic brain injuries.

Domestic Abuse has remained a focus throughout the year, with training delivered on non-fatal strangulation to strengthen practitioner recognition and response to this.

The team have oversight of incidents and contribute to the Directorate Incident Review & Learning Group (DIRLG) across all divisions to ensure review of incidents from a safeguarding perspective.

The safeguarding adult's nurses facilitate bi-monthly Safeguarding Advocates meetings across Halton. This provides an opportunity for regular updates and promotes discussion around current cases and themes and trends being observed. These have been successful in learning through case discussion and upskilling practitioners.

Quality Review Visits have continued across the Trust with input from safeguarding. The Bridgewater Quality Review tool includes 12 standards based on the CQC single assessment framework including safeguarding.

There has been a focus on Mental Capacity Act (MCA) in response to learning and audit completed, bespoke training has been developed and delivered and the electronic patient records now includes an MCA template to support with assessment and documentation.

Partner Agency Updates

HALTON
SAFEGUARDING
ADULTS
BOARD

Trinity Safe Space has reviewed all it's policies, updating anything which needed to be. All relevant emails from the Halton Safeguarding Adults Board have been sent out to the Safeguarding Faith Forum; Faith Leads and their Safeguarding Officers. The email distribution list has been updated as contacts change and new people have been added. Personnel have been encouraged to attend multi-agency safeguarding training.

Trinity Safe Space has done 1:1 engagement with "beneficiaries" and surveys about which activities they would like to attend. A funding application was submitted and was successful so some of the activities will be starting soon. These are to give people something to do with their time, to improve their mental health. We engage continuously with individuals at our drop-ins and through messaging, as we try as best as we can to meet their needs. Many of the needs are regarding poverty, mental ill health and housing/homelessness. We get very positive feedback from people about how we make them feel and how we try our best to help and support them.

The email updates about training have been circulated to the Safeguarding Faith Forum, the Halton and St Helens Voluntary Community Action mailing list and to Trinity Safe Space volunteers.

Some of the volunteers from Trinity Safe Space have attended multi-agency training as have some from the voluntary community and faith sector. Information gained has been shared by email and conversations e.g. about the steep rise in the recreational use of Ketamine. The Chair has recently attended the Prevent, Ketamine and Trauma Informed Safeguarding training sessions. Prevent is particularly relevant to Trinity Safe Space.

It is important to keep informed about up-to-date training and development in case they do not receive this in their organisations.

The LADO offered to do a bespoke training session on the role of the LADO for the sector, this has not yet taken place.

Partner Agency Updates

HALTON
SAFEGUARDING
ADULTS
BOARD

Pauline Ruth has been heavily involved in supporting 5 suicidal men over the past few months. Two of them reached crisis level – she had to call an ambulance for one who had seriously self-harmed and had to talk down the other as he was in the middle of a busy road trying to be knocked over. The other three are not at crisis level at the moment but need ongoing support. This has highlighted the lack of an easily negotiable pathway into timely, relevant mental health services which are trauma informed and puts a strain on scant resources in the charity.

The other major issue we are dealing with is homelessness in the cohort of newly granted refugees, because of the shortage of suitable housing. We are helping people look for private rented accommodation but come across barriers of deposits, guarantors, unregistered landlords etc. They are very vulnerable to abuse, exploitation and hate crime.

As a result of these issues, a funding expression of interest has been submitted to the Lloyds Bank Foundation by Trinity Safe Space in partnership with Recharge and Restore; Citizens Advice, Halton and SHAP Ltd, to support and influence system change, with the intertwining themes of mental health and homelessness.

TRINITY
SAFE SPACE

Partner Agency Updates

HALTON
SAFEGUARDING
ADULTS
BOARD

As part of our internal quality assurance processes, we undertake full internal case audits on a monthly basis. These are completed by our regional Quality Team and focus on the overall quality of case management and assessment; they will also include a review of partnership engagement and collaboration in relation to effective risk management and intervention.

The most recent audit findings evidences that our overall rating was good with a score of 2.70 and a year-to-date score of 2.56 which just falls into Amber.

In addition to the above, we have recently undertaken an internal audit in relation to Domestic Abuse and Safeguarding Checks and whether the information received into the Probation Service has informed our assessments and risk management. The outcome of this audit will be shared with the partnership once available. There is a commitment to continue with focused quality internal audits over the next 12 months.

We are also fully engaged with multi-agency audits and have nominated cases and attended multi-agency forums across the partnership.

The Probation Service is a National Organisation with national policies and processes. We have a national Engaging People on Probation (EPOP) Strategy which enables co-production of key policies and process across England and Wales. Once completed these are then implemented across local Probation Delivery Unit (PDU) areas and functions.

As part of this strategy there is a requirement for Local EPOP delivery plans to be embedded within each Probation Delivery Unit. Halton has an established EPOP lead who is proactive in engaging with people on probation, as well as working with our EPOP volunteers across the PDU.

One of our focuses for 2025/26 is to establish People of Probation engagement forums which will be chaired by the Head of Probation. The purpose will be to listen to the experiences of the people we supervise, adapt our internal processes from this feedback and encourage more EPOP volunteers.

This year has had a real focus on continued professional development with the North West probation region. We have implemented a Quality Improvement Plan which saw a requirement for all staff to refresh their mandatory training as well as attend new training events, focusing on risk assessment and management.

In addition to the above, we promote multi-agency training across the Halton Team and have now set up a monitored tool to improve attendance and engagement at these events.

Partner Agency Updates

HALTON
SAFEGUARDING
ADULTS
BOARD

From a national position, we have this year introduced Professional Registration for all Qualified Probation Officers, which ensures qualified staff keep up-to-date with their mandatory training and CPD on an annual basis to continue their registration.

We have worked closely with the OPCC in implementing the Domestic Abuse Co-ordinators as part of the PCC Serious Violence duty. We have a dedicated Police Domestic Abuse Co-Ordinator in Halton, who works collaboratively with Probation Practitioners in working with Serious Domestic Abuse Perpetrators in assessing and managing risk.

We have mobilised a new Cheshire wide Registered Sex Offender Delivery in collaboration with Cheshire Constabulary, the new model focus on joint working with Police and Probation Offender Managers, focusing on engagement and risk management.

We continue to lead on MAPPA delivery across Cheshire, which focuses on the risk management of offenders and the safeguarding of victims and vulnerable adults.

HM Prison & Probation Service

Partner Agency Updates

HALTON
SAFEGUARDING
ADULTS
BOARD

Riverside College is currently working towards "College of Sanctuary" award.

One World Week (celebrating our students from different cultures and raising awareness to our whole college population about the difficulties that students and asylum seekers face):

- **Engaged with several partners across the borough including Halton Borough Council, Trinity Church, zero waste and local businesses to develop a week of activities**
- **Wellbeing events for all adult students e.g. coffee mornings, conversation clubs, Zumba, crafts**
- **Coffee mornings are an ideal way to prevent loneliness and build communities for our adult students (this happens on a monthly basis)**
- **Raising aspirations – meet the staff event**

Safeguarding training provided for all staff members. A variety of CPD sessions are run throughout the year, relevant to the local and surrounding areas.

Race for Hope – college event held in the park which takes place annually. Creates a sense of community, empathy and compassion. A lot of our students are impacted by cancer, so this gives time for students to raise money but to also have conversations.

Partner Agency Updates

HALTON
SAFEGUARDING
ADULTS
BOARD

Halton Carers Centre received the Star Standard and Improving Quality Kitemarks in 2023 and intents to submit again at the end of 2025

We always work alongside/in partnership with carers rather than "doing to". This year we have developed our volunteering programmes enabling more carers to lead sessions and co-produce our services

Our carer review processes and annual whole centre monitoring are robust systems and structures for listening to carers to ensure their voice is heard

All Halton Carers Centre staff and volunteers have appropriate training for their role

We are proud of our safeguarding records and take our responsibility to ensure strong safeguarding practices for both the carer and the cared for

Our staff, volunteers and trustees all receive training appropriate to their role and we work closely with Halton Social Services and Adult Social Care Teams to share good practice and support carers to keep themselves and their loved ones safe

Partner Agency Updates

HALTON
SAFEGUARDING
ADULTS
BOARD

Healthwatch Halton has focused on assuring the quality of local care services through direct visits and observations. We have carried out two Enter & View visits to local care homes to assess the care quality and dignity of residents. Additionally, we conducted a joint 'A&E Watch' observation at Whiston Hospital's Accident and Emergency department (with Healthwatch Knowsley), to gather real-time patient experiences. The resulting report highlighted good practices as well as areas needing improvement and we presented its recommendations to the Hospital's Prust's Patient Experience Committee for action. We continue to escalate serious care quality concerns promptly – feedback from our hospital listening visits is reported back to the Trust's each quarter and any urgent issues (such as unsafe discharge cases) are raised immediately with providers. For example, at one hospital meeting we flagged a signage and communication problem which led to the Trust implementing improvements to its patient letters and improving directional signage at the hospital. This proactive approach has ensured that patient feedback leads to tangible service quality improvements.

During the past year, we have delivered a total of 276 outreach and engagement sessions across Halton, hearing feedback from over 5,800 local residents. These face-to-face sessions allow us to gather a wide range of views on health and care services. Working jointly with other local Healthwatch across Cheshire & Merseyside, we also facilitated Listening Events at local hospitals to co-produce improvements in urgent and acute care. Our sessions at Whiston Hospital A&E and at Warrington & Halton Hospitals invited patients and families to share first-hand experiences, which we fed back through our reports to the providers and commissioners of the services.

Our outreach was inclusive and targeted, ensuring the voices of vulnerable or seldom-heard groups were captured. We met people in settings convenient for them – from mental health hubs and homeless hostels to veterans' breakfast clubs, over 55s housing and other community venues and centres.

For example, during quarter 4 we engaged with residents at a homeless shelter (Brennan Lodge), a veteran's morning club, a vision support group for people with visual impairments and a local primary school. By bringing engagement into these diverse venues, we reached individuals who might not otherwise give feedback, ensuring community insights inform adult safeguarding work, All feedback is shared with providers, commissioners and Healthwatch England to help influence service improvements.

Our Advocacy Hub Independent Mental Health Advocate (IMHA) Team continue to attend monthly safeguarding meetings at Gateway Recovery Centre (GRC) with external parties such as the Halton Borough Council Safeguarding Team, the GRC Safeguarding Team and the Police. We now receive updates from the Safeguarding Team to advise on safeguarding enquiries, and this allows for any enquiries not received from the hospital to be supported.

Partner Agency Updates

HALTON
SAFEGUARDING
ADULTS
BOARD

The current statutory areas of support provided by the Halton Advocacy Hub are:

- **IMHA – Independent Mental Health Advocate: For those patients held within a secure setting**
- **IMCA – Independent Mental Capacity Advocate: For those clients deemed to lack capacity for decisions around Change of Accommodation (CoA), for serious medical treatments (SMT) and for Safeguarding Enquiries**
- **Care Act – For those deemed with a substantial difficulty around care and support needs/planning for reviews of care and both safeguarding enquiries and reviews**
- **RPR – Relevant Person's Representative for those clients deemed to lack capacity around accommodation needs and requiring independent support whilst on a Deprivation of Liberty Safeguards (DoLS), residing primarily within a care home setting or hospital setting**
- **IMCA DoLS – For those clients deemed to lack capacity and this includes the IMCA 39A role, IMCA 39C role and the IMCA 39D role. Also this includes the 1.2 rep to provide support for those residing in a community placement ordered by the Court of Protection**
- **ICAS – Independent Complaints Advocacy Service: Supporting individuals with an NHS complaint**
- **Litigation Friend – For those individuals objecting to their DoLS and requiring support from the IMCA to make a 21A challenge to the Court of Protection**

During the past year the advocacy service has supported safeguarding areas in:

- **1 long term segregation (weekly visiting from advocacy)**
- **31 seclusion notices**
- **36 IMHA complex safeguarding enquiries/alerts**
- **20 Care Act Safeguarding referrals**
- **16 39D IMCA**
- **36 39A IMCA**
- **11 1:2 representatives**
- **193 RPR**

Partner Agency Updates

HALTON SAFEGUARDING ADULTS BOARD

Healthwatch Halton has invested in continuous learning and collaboration to strengthen safeguarding. Our staff team have all completed a number of training courses this year in the following areas:

- **Safeguarding Adults levels 1&2**
- **Mental Health Awareness**
- **Learning Disability**
- **Stress Awareness**
- **County Lines**
- **Diversity, Inclusion and Belonging**
- **Autism Awareness**
- **Equality & Diversity**

Staff are also provided the opportunity to attend any additional training provided by Healthwatch England, Halton Borough Council and local voluntary sector organisations.

Our staff and volunteers contributed significantly to Patient-Led Assessments of the Care Environment (PLACE) at local health sites – volunteers provided over 80 hours of their time in one quarter alone to support annual PLACE visits at Warrington & Halton Hospitals, Whiston Hospital, Mental Health Units and other care facilities. This hands-on involvement not only helped improve hospital environments but also developed our volunteers' understanding of quality standards.

We continue to be an active partner on local strategic forums representing the patient voice. We share emerging concerns and trends from the community and have raised specific safeguarding issues when needed, so that partner agencies can take coordinated action. For instance, we have highlighted recurring issues like hospital discharge problems and access to services, ensuring they are on the multi-agency radar.

Our team engaged in awareness initiatives such as National Safeguarding Adults Week to boost public awareness of safeguarding issues.

Throughout the year, 9 Healthwatch volunteers contributed over 150 hours of their time across various activities (from Enter & View visits to our reading panel for patient information).

This commitment to professional development and volunteer support has enhanced our capacity to safeguard adults: it equips our team with up-to-date knowledge and ensures we can effectively champion adults' rights and wellbeing in Halton.

Partner Agency Updates

HALTON SAFEGUARDING ADULTS BOARD

Mersey Care Foundation Trust has continued to support the Task and Finish Group for Domestic Abuse and Older Adults.

Mersey Care Foundation Trust is represented on the Quality Assurance Sub-Group and continues to support audit activity within Halton both as representatives at audits and acting as Lead Auditors.

Each year Mersey Care Foundation Trust agrees a minimum audit cycle. During 2024-25, two audits were completed on appropriateness of referrals to the Local Authorities (Quarter 2 and Quarter 4) which focused on the advice provided by Mersey Care Foundation Trust Specialist Leads within the Safeguarding Duty Hub and whether the recommendation to make a safeguarding adult referral was appropriate as well as auditing whether practitioners took the advice and followed through with making a referral and any subsequent actions. Quarter 1 audit was completed on patient-on-patient incidents within mental health inpatient settings and Quarter 3 audit focused on quality assurance regarding Domestic Abuse Risk Assessments and MARAC referrals. All audits highlighted positive practice and provided assurance around safeguarding practice, however, action plans to address learning were in place and have all been completed.

Mersey Care Foundation Trust has a dedicated Patient and Public Engagement Team that continues to engage with stakeholders on service provision and development.

During 2024-25, a Safeguarding Adults Specialist training package was put in place which had significant emphasis on Making Safeguarding Personal and how to ensure this is applied in practice.

During 2024-25, significant work was completed on launching Mersey Care Foundation Trust Safeguarding Links Network, formerly Safeguarding Champions/Ambassadors. Each team now has a dedicated Safeguarding Adults and Children Link. We have had two Safeguarding Links Away Days in 2024-25, one focusing on Exploitation and one day focused on Neglect; all speakers during those days were external partners. The away days had adult and children focus and was attended by both children and adult links, further reinforcing our Think Family Strategy.

A Training Needs Analysis is completed yearly; mandatory safeguarding training remains in place and is undertaken based on roles and responsibilities. Mersey Care Foundation Trust are above compliance (90%) with all levels of Safeguarding Adults Training.

Partner Agency Updates

HALTON SAFEGUARDING ADULTS BOARD

Mersey Care Foundation Trust has a modular training offer each year, which is accessible for Mersey Care Foundation Trust Halton practitioners. The training subjects during 2024-25 were:

- **Exploitation**
- **Self-Neglect and Hoarding**
- **Safeguarding Adults Specialist**
- **Domestic Abuse**
- **Trauma Informed Safeguarding Practice**

For World Suicide Prevention Day, Mersey Care Foundation Trust Safeguarding Team took the opportunity to raise awareness of the link between Domestic Abuse and Suicide, addressing learning from Domestic Homicide Reviews. This was a well-attended event with positive feedback from frontline staff members.

During Safeguarding Adults Week, Mersey Care Foundation Trust had an internal training offer aiming to address recurrent safeguarding concerns. The offer comprised of:

- **Domestic Abuse Routine Enquiry**
- **Non-recent sexual abuse**
- **Hoarding Awareness**
- **Police: Introduction to Personal Safety**
- **Trauma Informed Safeguarding Practice**
- **Cuckooing**
- **Pressure Ulcers: Neglect and Acts of Omission**

During the Thursday of Safeguarding Adults Week, Mersey Care Foundation Trust invited Halton colleagues to join us for Trauma Informed Safeguarding Practice.

To ensure robust implementation of Mersey Care Foundation Trust Domestic Abuse Policy and Practice Guidance, toolkit sessions were set up for Mersey Care Foundation Trust practitioners. These were short 1 hour sessions focusing on "how to" and reinforcing the expected response to Domestic Abuse. The toolkit sessions are:

- **Routine Enquiry**
- **Responding to Domestic Abuse**
- **Domestic Abuse Risk Assessments, MARAC referrals and Professional Judgement**

Partner Agency Updates

HALTON SAFEGUARDING ADULTS BOARD

All our teams in Halton continue to have 3 monthly Safeguarding Adults Supervision where further professional development is provided on safeguarding matters.

Mersey Care Foundation Trust has continued to raise awareness of the MARAM process during 2024-25, by creating a dedicated page for MARAM on the safeguarding intranet and a 7-minute briefing has been created and distributed. Mersey Care Foundation Trust Safeguarding Adults Policy has also been updated to highlight MARAM as expected practice for suitable cases.

Policy, Practice & Procedure Sub-Group Update

HALTON SAFEGUARDING ADULTS BOARD

The Sub-Group has promoted the use of the National Pressure Ulcer Guidance with Halton nursing homes. As of April 2025, all local NHS Trusts, local hospice and Halton nursing homes have agreed to use the guidance and an easy-read version of the guidance has been developed

A range of policies were updated and agreed by the sub-group including the Self-Neglect Toolkit and Self-Neglect Policy, MARAC Protocol and PiPOT (Persons in a Position of Trust) Policy

A MARAM Task and Finish Group produced a 7-minute briefing which was made available to the public and professionals via the HSAB website

A Halton Professional Challenge and Escalation Policy was written following implementation of the MARAM policy. The policy provides information on how to escalate concerns when there is professional disagreement

A small task and finish group met to review the Halton guidance around Harmful Sexual Behaviour for people with learning difficulties

The sub-group was involved in the planning for National Safeguarding Week, which took place from 18th – 22nd November. Partner agencies helped to deliver sessions over the week and there was good attendance at the sessions

As part of National Safeguarding Week in November in series of lunch and learn sessions were held with partners on the themes of County Lines and Trauma Informed Practice

As part of the implementation of Halton's MARAM process, a series of lunch and learn sessions were held for professionals and delivered by members of the sub-group

Prevention Strategy Action Plan reviewed and updated at every meeting

Safeguarding Adults Review Sub-Group Update

HALTON
SAFEGUARDING
ADULTS
BOARD

Safeguarding Adult Review (SAR) Sub-Group reviewed and updated the Safeguarding Adult Review Policy & Procedures

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

The sub-group considered the link between SARs and Modern Slavery and considered ways of raising awareness in the borough

Suggestion of a Task and Finish Group to look at the link between SARs and Homelessness

Membership of the SAR sub-group was expanded in October 2024 and includes representation from Halton Domestic Abuse Service; Age UK, Mersey Care and Adult Social Care

A 7-minute briefing was produced on Gambling and Domestic Abuse and shared via the HSAB website

Members of the SAR Sub-Group attended a SAR learning event held in September 2024 hosted by Liverpool Safeguarding Adults Board
Agreed that a separate Screening Panel will be responsible for screening SAR referrals, which is made up of statutory members of the group (Local Authority; Police; Health)

The group considered National Learning from SARs including key themes for autistic people and adults with a disability

Halton's Commissioning Lead for learning difficulties is undertaking a piece of work around the National Learning from SARs

A Self-Neglect Task and Finish Group has been established to look at the early identification of self-neglect. There is multi-agency membership of this group including Cheshire Fire and Rescue; Cheshire Police; Housing and DWP

Prevention Strategy Action Plan reviewed and updated at every meeting

Performance, Quality Assurance & Performance Sub-Group Update

HALTON
SAFEGUARDING
ADULTS
BOARD

The HSAB Performance Dashboard is presented to this group on a quarterly basis. The format of the dashboard was reviewed and updated following a review

The HSAB Training Programme for 2025/26 was agreed and circulated to all partner agencies. A small Task and Finish Group was established to review the content of the training packages to ensure they were still accurate and met the needs for Halton. Training course content was amended as appropriate.

Multi-Agency Audits took place in March 2024; June 2024 and November 2024 with the findings and identified areas of learning reported back to the sub-group and to HSAB (please see Multi-Agency Audit section for further details of findings and recommendations as a result of these audits

Terms of Reference for the group were reviewed and updated during 2024/25 and membership of the group updated

Areas of improvement identified from Multi-Agency Audits including ensuring that agencies attend the audits when requested. All sub-group members are now notified of the cases to the audited so they can undertake necessary checks of their agency's involvement with the adult at risk

Prevention Strategy Action Plan reviewed and updated at every meeting

Partnership Forum Update

HALTON
SAFEGUARDING
ADULTS
BOARD

The Partnership Forum supported National Safeguarding Week through establishing a Task and Finish Group to organise events to support the theme of the week

A Task and Finish Group to focus on Domestic Violence in Older People was established. This group has had an animation on this topic personalised for Halton and is available to view on the HSAB website

The Terms of Reference for the Partnership Forum were reviewed and updated in October 2024

A Partnership Forum survey was conducted in November 2024 to gain feedback as to how the Forum operates and suggestions for improvement

Partnership Forum to be re-launched in 2025/26 following discussion at the HSAB Strategic Planning Event

Priority areas for the Partnership Forum to focus on for 2025/26 are as follows:

- **Hard to Reach Groups**
- **Domestic Violence in Older People**
- **Co-production**

Prevention Strategy Action Plan reviewed and updated at every meeting

HSAB Strategic Planning Event

The Strategic Planning Event was held on Tuesday 11th February 2025 at the Karalius Suite, DCBL Stadium Widnes. The event was attended by representatives from the following organisations:

Kathy Clark – Care & Improvement Adviser for the North West in Care & Health, Local Government Association facilitated the event on behalf of Halton Safeguarding Adults Board. The current issues and priorities for the Board were discussed with the three main areas of focus highlighted as:

- Ensuring that organisations have a quality assurance process in place
- Co-production and engagement
- Learning and professional development

Attendees were split into small working working groups to discuss these main areas of focus. The feedback from these working groups will be used in order to develop a "Plan on a Page" to summarise the main priorities for HSAB for 2025/26.

National Safeguarding Week 2024

HALTON
SAFEGUARDING
ADULTS
BOARD

National Safeguarding Week 2024

HALTON SAFEGUARDING ADULTS BOARD

HSAB supports the National Safeguarding Adults Week on an annual basis, it took place this year during 18th – 22nd November 2024 The campaign came about through a national collaboration with Ann Craft Trust and the Safeguarding Adults Board Managers Network, supported by University of Nottingham. Locally, HSAB collaborated with the following statutory, private and voluntary services to help raise awareness of National Safeguarding Week across Halton:

HALTON BOROUGH COUNCIL

PossAbilities

NHS Cheshire and Merseyside

NHS Mersey Care NHS Foundation Trust

Cheshire Constabulary

NHS Bridgewater Community Healthcare NHS Foundation Trust

The aim of the campaign this year was *"Working in Partnership"*. Each day during National Safeguarding Week focuses on a key theme, the daily themes for this year were as follows

Day	Theme
Monday	Look, Listen, Ask – Developing Professional Curiosity
Tuesday	Working in Partnership: How to work effectively with the people you support
Wednesday	Establishing Professional Boundaries
Thursday	Recognising Exploitation: The ladder of criminality
Friday	Professional & Organisational Learning

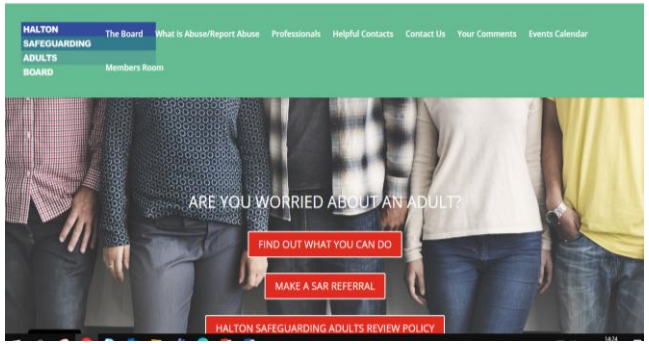
National Safeguarding Week 2024

HALTON
SAFEGUARDING
ADULTS
BOARD

The campaign consisted of:

A series of Lunch & Learn events were held online for each of the daily themes for all HSAB Partner organisations to attend

HSAB Website fully updated and has a dedicated National Safeguarding Week tab with all information easily accessible



Daily social media messages published on all HBC Social Media Platforms

Mersey Gateway Bridge lit up in HSAB colours to mark the start of National Safeguarding Week

Multi Agency Audits

HALTON SAFEGUARDING ADULTS BOARD

Audit: March 2024 Theme: Emergency Duty Team	
Number of Cases Audited: 3	
Outstanding	0
Good	1
Satisfactory	0
Requires Improvement	2
Audit: June 2024 Theme: Domestic Violence in Older People	
Number of Cases Audited: 3	
Outstanding	1
Good	0
Satisfactory	1
Requires Improvement	1
Audit: November 2024 Theme: Neglect and Acts of Omission in Care Homes	
Number of Cases Audited: 3	
Outstanding	0
Good	1
Satisfactory	1
Requires Improvement	1

HSAB Training Overview

HALTON SAFEGUARDING ADULTS BOARD

Halton Safeguarding Adults Board subsidises a small programme of training courses to enhance opportunity and access to learning across Halton. This training is offered free of charge to those living and working in Halton and who have a direct involvement in the care and support of adults with additional needs. This includes volunteers, carers, those employed through a personal budget and those who use services.

Safeguarding Adults – Awareness & Responsibilities

A range of people may be involved in supporting adults with additional needs to live their day to day lives. This session will provide staff, volunteers and carers (paid or unpaid) with the knowledge and understanding of adult safeguarding requirements and enable them to recognise their own responsibilities within this process.

Safeguarding is everyone's business and this course looks at how and why safeguarding adults is important, what constitutes abuse and harm and when and how to raise a safeguarding concern.

It is aimed at ensuring participants can respond to concerns effectively and take appropriate action where there is an identified risk of harm.

Number of places available during 2024/25: 108
Number of places attended during 2024/25: 65

Provider-Led Concerns & Enquiries – Local Policy & Procedure

This session has been designed to widen awareness and understanding of the processes in Halton for raising concerns about adult social care practice that fall short of constituting a safeguarding concern.

The Provider-Led Concerns and Enquiries model (implemented in 2020) replaced the previous Care Concerns process, placing emphasis on those delivering services, to scrutinise their own practice, learn from the experience and make positive changes.

By taking a look at the journey to this point the session will explain what provider-led concerns and enquiries are and why a new system has been implemented. It will equip those delivering adult social care with a clear understanding of safeguarding thresholds and the process to follow where there is a low level safeguarding incident.

Number of places available during 2024/25: 72
Number of places attended during 2024/25: 37

HSAB Training Overview

HALTON SAFEGUARDING ADULTS BOARD

Mental Capacity Act – Working with Capacity Assessments

The Mental Capacity Act 2005 is fundamental in supporting people with their decision making and should be applied throughout all service areas across adult social care.

The CQC specifically focus on this area as part of their regulation of services.

This session will provide information and give confidence around the application of the MCA within the participant's specific service area.

Number of places available during 2024/25: 60
Number of places attended during 2024/25: 35

Self-Neglect Awareness

Working with self-neglect can be extremely challenging as help and support is not always accepted. A person who shows a serious disregard for their own self-care and wellbeing may put their own health and safety at risk as well as those around them.

Gaining a basic understanding of the features, signs and symptoms of self-neglect will allow participants to be vigilant of risk factors and know how and when to take action.

Number of places available during 2024/25: 72
Number of places attended during 2024/25: 26

Financial Abuse

The manipulation of money and other economic resources is one of the most prominent forms of coercive control, depriving vulnerable individuals of the material means needed for independence, resistance and escape.

Financial abuse is an aspect of "Coercive Control" – a pattern of controlling, threatening and degrading behaviour that restricts a victim's freedom.
It is important to understand that financial abuse seldom happens in isolation; in most cases, perpetrators use other abusive behaviours to threaten and reinforce the financial abuse.

Financial abuse involves a perpetrator using or misusing money, which limits and controls the vulnerable person's current and future actions and their freedom of choice. It can include using credit cards without permission, putting contractual obligations in their partner's name, and gambling with family assets.

Financial abuse can leave people with no money for essentials such as food and clothing. It can leave them without access to their own bank accounts, with no access to any independent income.

Number of places available during 2024/25: 72
Number of places attended during 2024/25: 25

Case Study - Mrs J

HALTON
SAFEGUARDING
ADULTS
BOARD

Context:
A safeguarding concern was raised in relation to neglect and acts of omission. The safeguarding concern was raised by a residential care home manager in regard to a care home ward round contact delivered by primary care. The safeguarding concern involved Mrs J – an 88 year old lady with a diagnosis of dementia.

Action:
The safeguarding concern was received from a local care home manager in relation to some concerns around the wellbeing of a patient within the care home.

It was reported that Mrs J had been discharged from hospital following a suspected stroke, fortunately, following assessment in hospital, it transpired that Mrs J had not suffered with a stroke.

The day after discharge, staff felt that Mrs J was still not her usual self, it was reported that she was extremely lethargic, her mobility was impaired with her being unsteady on her feet and she was not drinking enough fluids, despite being offered fluids by the staff and that she appeared generally unwell in comparison to her usual presentation. The manager of the care home asked whether the GP would review Mrs J as part of the weekly "MDT ward round".

Following the ward round, the GP visited Mrs J and decided that Mrs J was best placed to remain at the care home, with the staff who knew her well within her familiar surroundings and where monitoring at the care home could continue.

The following day, Mrs J had a fall and banged her head, an ambulance was called and paramedics raised some concerns around Mrs J's presentation, particularly around dehydration and why medical support was not requested sooner for Mrs J. Care Home Manager felt there may have been potential missed opportunities to identify deterioration and obtain medical treatment sooner and that communication had not been as robust as it might have been between care home staff and health professionals.

Case Study – Mrs J

HALTON
SAFEGUARDING
ADULTS
BOARD

As part of a Section 42 enquiry, the safeguarding lead at the GP surgery was asked to complete an internal investigation to explore the concerns and identify if there were any lessons to be learned from a health perspective, whilst alongside this, the care home manager reviewed the process used by care staff during ward round meetings.

The investigation was completed as requested and shared with the adult safeguarding team for review. This evidenced that the concerns were explored alongside the GP and the following was identified:
It was identified that more robust information sharing was required at the MDT ward round, in order to ensure that all involved are in agreement with the plan and are happy that all relevant information has been shared effectively with all attending colleagues and that actions are followed up as agreed.

Outcome:
In Halton, where a safeguarding concern is raised and it involves health professionals from a GP surgery, we use a form called a GP concern and response form. This is a process where we ask the safeguarding lead at a specific surgery to complete some fact finding around an identified concern and to feed back their findings and identify if there is anything that could have been done differently. As a result of this particular safeguarding enquiry, the MDT ward round process has been updated and is now a lot more robust. The process now includes a pro-forma which clearly documents that the resident has been reviewed, an up-to-date recording of observations including weight, blood pressure reading, and SATs. During the meeting all discussions and treatment plans are documented and shared between all attendees to ensure that agreed actions are completed.

Learning:
From this particular Section 42 enquiry, it was advised that although there was a weekly MDT ward round, the process for capturing the discussion and the agreement around what happens next was not effective on this occasion. This had led to disagreements between the care home manager and the GP on what the best course of action should be. When Mrs J continued to deteriorate and paramedics were asked to respond, this highlighted a lack of action to care home staff, who felt that the GP had not fully reviewed the patient and had not agreed any actions.

As a result of the enquiry, the MDT ward round process is more formal and more effective, to ensure that professionals are working more cohesively to ensure the safety and wellbeing of the residents.

REPORT TO: Health & Social Care Policy & Performance Board

DATE: 25th November 2025

REPORTING OFFICER: Executive Director, Adults

PORTFOLIO: Health and Wellbeing
Adult Social Care

SUBJECT: Priority Based Performance Management Report - Quarter 2 2025/26

WARD(S): Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 This report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Adult Social Care & Public Health in Quarter 2 of 2025/26. This includes a description of factors which are affecting the service.

2.0 RECOMMENDATION: That the Board:

i) Receive the Quarter 2 Priority Based report;
ii) Consider the progress and performance information and raise any questions or points for clarification; and
iii) Highlight any areas of interest or concern for reporting at future meetings of the Board

3.0 SUPPORTING INFORMATION

3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health and social care priorities. Therefore, in line with the Council's performance framework, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 2 of 2025/26.

4.0 POLICY IMPLICATIONS

4.1 There are no policy implications associated with this report.

5.0 FINANCIAL IMPLICATIONS

5.1 Financial statements, as at 31st July 2025, have been included within the priority based report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

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

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

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 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

10.1 None under the meaning of the Act.

Health & Social Care Policy & Performance Board Priority Based Report

Reporting Period: Quarter 2 – Period 1st July 2025 – 30th September 2025

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the second quarter of 2025/26 for service areas within the remit of the Health & Social Care Policy and Performance Board. These areas include:

- Adult Social Care (including housing operational areas)
- Public Health *NB. Quarter 2 data is not yet available*

2.0 Key Developments

2.1 There have been a number of developments within the Adults & Public Health Directorates during the second quarter which include:

Adult Social Care

Housing Strategy
The Council's housing strategy which has a strong focus on supported housing has been presented to elected members and is now out for consultation. A supported housing prospectus is to be developed to include our requirements for specialist supported housing and expectations from housing providers.

Rough Sleeper Strategy
The rough sleeper strategy 2022 – 2026 is due for review and presently underway. Upon completion a draft version will be presented to SMT for approval.

Homelessness Strategy
A review of the homelessness strategy is underway, consultation with service users and providers completed. Draft version of strategy is to be presented to SMT for approval in December 2025

Re-tender of the Single Homelessness Supported Accommodation Service (Halton Lodge, Brennan Lodge)
A re-tender exercise is underway for the service and will be subject to the new Procurement Regulations (2023). A new contract for the service will commence on 1st May 2026.

Bredon
Following a report taken to the Transformation Programme Board on Bredon Respite service, a request was made to look at options for transforming the wider provision including the respite service, crisis accommodation, day service provision and office space.

A preliminary market engagement process has been undertaken to gauge provider interest in working with the Council on this opportunity. Responses will be reviewed and a report will be taken to Adults Senior Management Team in November with options to progress.

Youth Protocol / Strategy
Joint review of youth protocol being undertaken with Children's Services to develop a clear pathway plan for young people when presenting as homeless. The youth strategy is also being reviewed and a draft version will be presented to SMT for approval November 2025.

Learning Disability Strategy
The final version of the strategy has been agreed by the working party and the ALD Partnership Board. Work is underway on the final design and an easy read version which will be taken to ALD Partnership Board in October.

Vulnerable Adults Supported Accommodation
The legal agreements between the Council and Halton Housing are now in place for the Council's capital grant contribution to the development and the nominations agreement for referrals into the service. Work is underway on site and the development of 3 accessible 2 bedroom bungalows and a 10 apartment 'own front door' provision is on course for completion by September 2026.

Cessation of Halton Borough Council's Community Meals Service
Work is underway to prepare for the cessation of the Council's Community Meals service on 31st March 2026. A multi-disciplinary group has been convened and is meeting regularly to review actions and progress. The group includes representation from HR, Transportation/Logistics, Commissioning, Care Management, Communications, Finance, Stadium Catering & Admin. All current Service Users have been notified by letter and are being contacted by Care Management to explore options for alternative meals provision. The aim is to manage a gradual reduction in the service up to 31st March 2026. No new referrals are being accepted into the service.

3.0 Emerging Issues

3.1 A number of emerging issues have been identified during the second quarter that will impact upon the work of the Adults & Public Health Directorates including:

<u>Adult Social Care</u>
Re-tender of the Homeless Families Supported Accommodation Service (Grangeway Court)
Work is being undertaken to prepare for a re-tender exercise for the service and will be subject to the new Procurement Regulations (2023). A new contract for the service will commence on 2nd August 2026. Work is being undertaken with Children's directorate and Corporate services to expand the Service Specification to include development of the site at Grangeway Court to incorporate 12 additional accommodation units that will be utilised primarily for Domestic Abuse and may include people/families experiencing homelessness.

Asylum / Refugee Homelessness
Due to the change in discontinuation notice period from 56 days to 28 days this has resulted in an increase in presentations from asylum seekers receiving positive refugee decisions.
Many clients do not meet the homelessness criteria, resulting in an increase in rough sleeping within the Borough and further legal challenges, which can prove costly to the Local Authority. It is anticipated that there will continue to be an increase across this cohort which is being closely monitored.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of Directorate Business Plans, services were required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Registers.

5.0 Progress against high priority equality actions

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

6.0 Performance Overview

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

Adult Social Care

5.0 Service Objectives/Milestones/Indicators

5.1 Progress Against Objectives/Milestones/Indicators

Total	**21**	✓	**9**	U	**12**	✗	**0**

Appendix 1

6.0 Appendices

Appendix 1: Progress Against Objectives/Milestones/Indicators

Appendix 2: Financial Statement

Appendix 3: Explanation of Use of Symbols

Appendix 1: Progress against Objectives/Milestones/Indicators

Corporate Priority	01: Improving Health, Promoting Wellbeing and Supporting Greater Independence
Directorate Objective 1	**Universal Prevention & Wellbeing:** Universal Services that connect people with their communities
Action	Implementation of the Prevention Strategy Implementation of the Carers Strategy

Milestones	Progress Q2	Supporting Commentary
DO1 1: Creation of a Universal offer for Wellbeing	✓	Following a change at the 'Front Door' of Adult Social Care to a Prevention and Well-Being Service, which is supporting people to have access to information and support from Well-Being Officers to access preventative services and equipment in the community. We have developed an on-line and paper information pack, 'Living Well in Halton', which gives people information to access information for all areas of life, allowing people to access their own support moving forward. We have developed information support to practitioners, on which services and professionals in statutory and voluntary sector services are appropriate in meeting the needs of people who have been traditionally 'hard to reach'. Moving forward we will be developing a well-being offer at other entrances into Adult Social Care and improving our on-line information.
DO1 2: Evaluation from service users, carers and families and partners to feed into service development and commissioning processes	✓	Work is being completed to reinstate the survey. Any coproduction activity that is undertaken will also impact on this.
DO1 3: Proportion of people aged 65 and over discharged from hospital into reablement and who remained in the community within 12 weeks of discharge (ASCOF 2D)	U	2024/25 Actual = NA 2025/26 Target = 85% 2025/26 Q2 = NA There have been changes to the ASCOF metrics since the change from Short- and Long-Term submission to Client Level Data. This metric now replaces the previous

Appendix 1: Progress against Objectives/Milestones/Indicators

		ASCOF 2B (91 days) and therefore, there is no comparable information available. The Q2 submission is not yet available.
DO1 4: Proportion of Carers in receipt of Direct Payments	✓	2024/25 Actual = 98% 2025/26 Target = TBA 2025/26 Q2 = 98%
DO1 5: Proportion of Carers who receive self-directed support	✓	2024/25 Actual = 98% 2025/26 Target = TBA 2025/26 Q2 = 98%

Appendix 1: Progress against Objectives/Milestones/Indicators

Corporate Priority	01: Improving Health, Promoting Wellbeing and Supporting Greater Independence
Directorate Objective 2	**Independent at Home:** Timely interventions that focus on strengths, wellbeing and independence. A responsive and co-ordinated offer of support in times of crisis or escalating need.
Action	Continue with the provision of the Prevention and Wellbeing Service and with a range of intermediate care services

Milestones	**Progress Q2**	**Supporting Commentary**
DO2 1: Percentage of people who are signposted to services	U	2024/25 Actual = 27% 2025/26 Target = 35% 2025/26 Q2 = 8% Information from Client Level Data shows only 8 per cent of requests received in Q2 were sign posted to other services.
DO2 2: Proportion of people who received short-term services during the year - who previously were not receiving services where no further request was made for ongoing support (ASCOF 2A)	U	2024/25 Actual = **57.5%** (532 service users of which 306 were not in receipt of long term services) 2025/26 Target = TBA 2025/26 Q2 = NA The Q2 figure is taken from the latest Client Level Data, however, this is not due to be submitted until 31 October 2025. The Q2 figure will be updated after it has been validated.

Appendix 1: Progress against Objectives/Milestones/Indicators

DO2 3: Proportion of people aged 65 and over discharged from hospital into reablement and who remained in the community within 12 weeks of discharge (ASCOF 2D)	U	2024/25 Actual = NA 2025/26 Target = 85% 2025/26 Q2 = **115*** There have been changes to the ASCOF metrics since the change from Short- and Long-Term submission to Client Level Data. This metric now replaces the previous ASCOF 2B (91 days) and therefore, there is no comparable information available. ***115** figure is for all service users aged 65+ admitted to Reablement from hospital during Q2.
DO2 4: Number of People admitted into Reablement Service	✓	2024/25 Actual = 520 2025/26 Target = 520 2025/26 Q2 = **253 (cumulative)** The aim for 2025/26 is to maintain the 2024/25 level of admissions made into the Reablement Service.
DO2 5: Number of people admitted into Intermediate Care Beds	✓	2024/25 Actual = 161 2025/26 Target = 160 2025/26 Q2 = 80 **(cumulative)** The aim for 2025/26 is to maintain the 2024/25 level of admissions made into the Oakmeadow Intermediate Care Beds.

Appendix 1: Progress against Objectives/Milestones/Indicators

Corporate Priority	01: Improving Health, Promoting Wellbeing and Supporting Greater Independence
Directorate Objective 3	**Care in the Home:** Providing support in people's own homes, which is personalised, safe, and compassionate, creating an enabling environment for them to thrive, including for those with Complex Needs.
Action	Maintain independence in a person's own home with appropriate level of support, avoiding admission to residential/ nursing care.

Milestones	Progress Q2	Supporting Commentary
DO3 1: Proportion of people who are supported in their own homes.	✓	2024/25 Actual = TBA 2025/26 Target = TBA 2025/26 Q2 = 52.7% Since the introduction of client level data, we have been reporting on all people who are in receipt of services who are support in their own home or with family, this was previously restricted to those with a primary support need of learning disability; we therefore have no comparable data for this.
DO3 2: Proportion of people who receive long-term support who live in their home or with family (ASCOF 2E)	U	2024/25 Actual = NA 2025/26 Target = TBA 2025/26 Q2 = 60.2% (All) 2025/26 Q2 = 90.2% (Learning Disability only)
DO3 3: Proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed (ASCOF 4B)	✓	2024/25 Actual = 94.5% 2025/26 Target = TBA 2025/26 Q2 = 96% During Q2 2025/26 the results of a S42 enquiry where the outcome was that the risk was identified and removed or reduced is 96%.

Appendix 1: Progress against Objectives/Milestones/Indicators

		This is an increase compared to Q2 2024/25 at 84.4% and evidences the hard work of the safeguarding team in keeping Halton residents safe from harm and abuse.
DO3 4: Proportion of people using social care who receive self-directed support, and those receiving direct payments (ASCOF 3D)	✓	2024/25 Actual = 76.3% 2025/26 Target = TBA 2025/26 Q2 = 49.2% (Self-Directed Support) 2025/26 Q2 = 34.2% (Direct Payments) The way personal budgets are recorded in the Eclipse system is causing some issues with the self-directed support figures, we are working with our colleagues from I.T. to ensure accuracy of data.

Appendix 1: Progress against Objectives/Milestones/Indicators

Corporate Priority	01: Improving Health, Promoting Wellbeing and Supporting Greater Independence
Directorate Objective 4	**Good, Local, Affordable, Quality Care:** Developing a care and support market, that provides choice, sufficiency and person-centred care
Action	Stimulate market provision that provides choice and control for individuals to meet growing long-term demand, through a direct payment, individual service fund or as a commissioned service.

Milestones	Progress Q2	Supporting Commentary
DO4 1: Develop & Publish Halton Adult Social Care Market Position Statement.	U	Work on the refresh will be undertaken during Q3/Q4. Commencement has been delayed due to the re-tendering of the Single Homeless and Homeless Families contracts.
DO4 2 : Work with providers on the effective deployment of the Market Sustainability Improvement Funding.	✓	Consultation is undertaken annually with providers in order to understand the market pressures and utilise the funding to set sustainable fee uplifts in line with governments target areas.
Do4 3: New accommodation provision – increased number of "own front door" services.	U	No new provision to date, but work in progress with Halton Housing to deliver a 10 unit own front door scheme by September 2026
DO4 4: Number of adults with learning disabilities who are in paid employment	U	2024/25 Actual = 22 2025/26 Target = 22 2025/26 Q2 = 16 There appears to have been a reduction in the number of people with a learning disability in paid employment, however this information has been taken from the Eclipse recording system and not from the external providers. We will make enquiries and cross reference this information to ensure its accuracy.

Appendix 1: Progress against Objectives/Milestones/Indicators

DO4 5: Blended model of care (digital tech) to improve flexibility and independence and realise savings	U	The Supporting Independence Through Technology (SITT) pilot finished and an evaluation of the pilot was undertaken. This indicated that there are potential savings to be made from a blended model of care, as well as improved outcomes for people. Work is progressing to implement the savings from the pilot and then a roll-out to other areas will be taken forward, as part of the new Transformation Plan. Working in collaboration with the University of Chester, a funding bid for digital technology was submitted for the NIHR grant which has made it through to Stage 2 – Full Application.

Appendix 1: Progress against Objectives/Milestones/Indicators

Corporate Priority	01: Improving Health, Promoting Wellbeing and Supporting Greater Independence
Directorate Objective 5	**A Confident, Sufficient and Skilled Workforce:** A skilled workforce that is recognised, respected and valued
Action	Development and implementation of the Workforce Strategy for Adult Social Care in Halton.

Milestones	**Progress Q2**	**Supporting Commentary**
DO5 1: Development of Workforce Strategy	✓	Workforce strategy for Adult Social Care in the borough has now been completed and a strategic group has formed to ensure delivery.
DO5 2: Proportion of staff in the formal care workforce leaving their role in the past 12 months (ASCOF 6A)	U	2024/25 Actual = 71 2025/26 Target = TBA 2025/26 Q4 = This is an annual submission from the Adult Social Care Workforce Data Set; information will not be available until the submission has been validated. 2025/26 data will be published in April 2026.

Appendix 1 – Financial Statements

COMMUNITY CARE

Revenue Budget as at 30th September 2025

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Residential & Nursing	21,630	8,499	9,070	(571)	(824)
Domicilary Care & Supported living	16,703	7,237	7,780	(543)	(1,288)
Direct Payments	15,513	8,166	8,300	(134)	(292)
Day Care	712	318	294	24	52
Total Expenditure	**54,558**	**24,220**	**25,444**	**(1,224)**	**(2,352)**
Income					
Residential & Nursing Income	-13,081	-5,657	-5,669	12	14
Community Care Income	-3,115	-1,198	-1,133	(65)	(140)
Direct Payments Income	-1,034	-398	-456	58	163
Income from other CCGs	-471	-165	-165	0	0
Market sustainability & Improvement Grant	-2,796	-1,398	-1,398	0	0
Adult Social Care Support Grant	-6,102	-3,051	-3,051	0	0
War Pension Disregard Grant	-54	0	0	0	0
Total Income	**-26,653**	**-11,867**	**-11,872**	**5**	**37**
Net Operational Expenditure	**27,905**	**12,353**	**13,572**	**(1,219)**	**(2,315)**

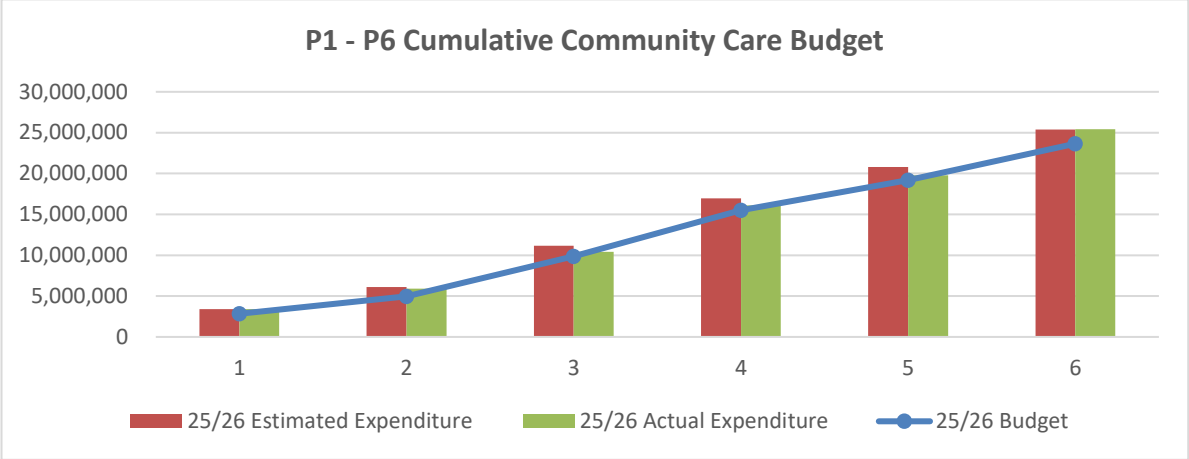
Comments on the above figures:

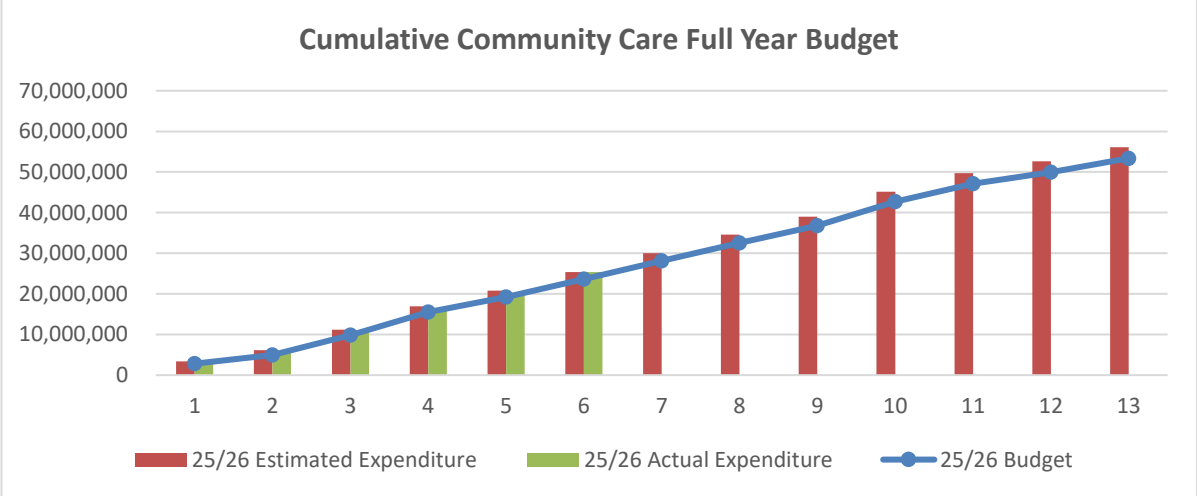
The net spend position for the community care budget at the end of September 2025 is currently £1.219m over the available budget and the year-end anticipated spend is forecast to be £2.315m over planned budget.

As previously reported, there has been a change to the methodology of the forecast for these services. The monthly actual financial performance is being tracked closely against predicted spend and in September we reduced our expected year-end forecast from £2.627m to £2.315m due to the impact of the recovery plan. Currently focus is on the following areas to try to reduce spend.

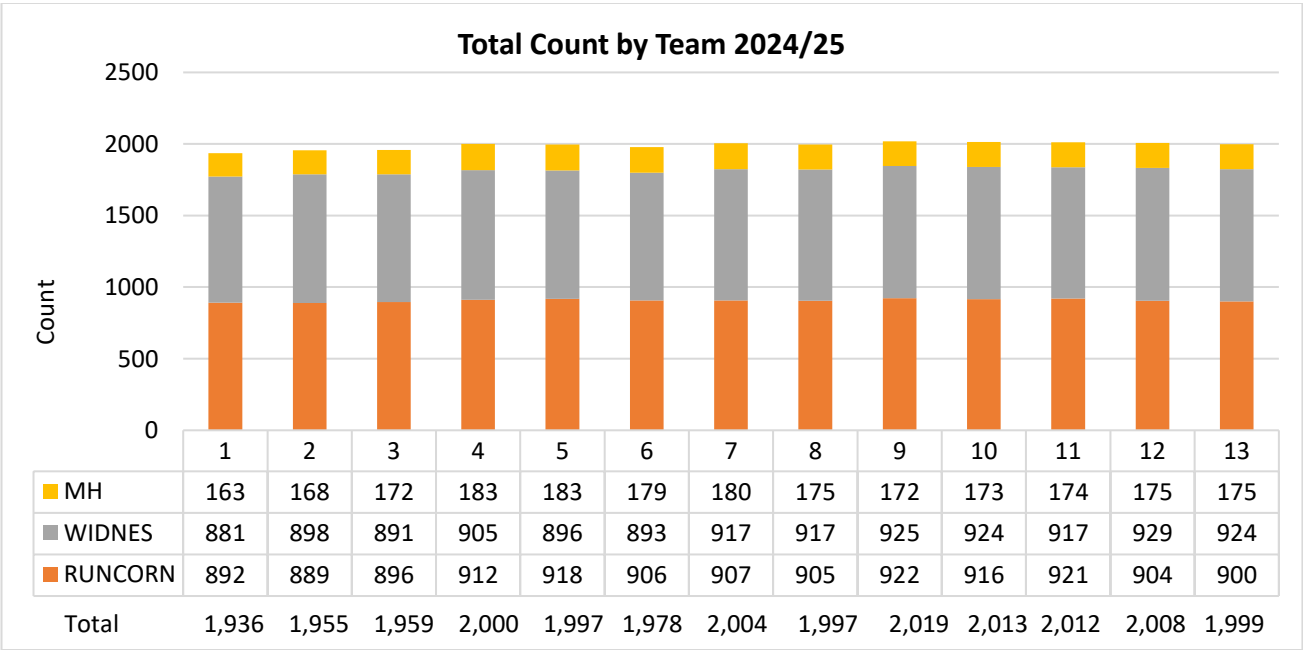
- Reduction of 1 to 1 packages of care if health's responsibility
- Review 15 minutes packages of domiciliary care to identify medicine prompts which are health's responsibility
- Ensure assessments carried out on discharge from hospital are complete and appropriate
- Maximise internal care home capacity

The graphs below show actual spend against expected spend and planned budget. In September actual spend exceeded predicted spend for the first time however as it is not deemed material (£11k) the year end forecast has not been revised at this point in time.



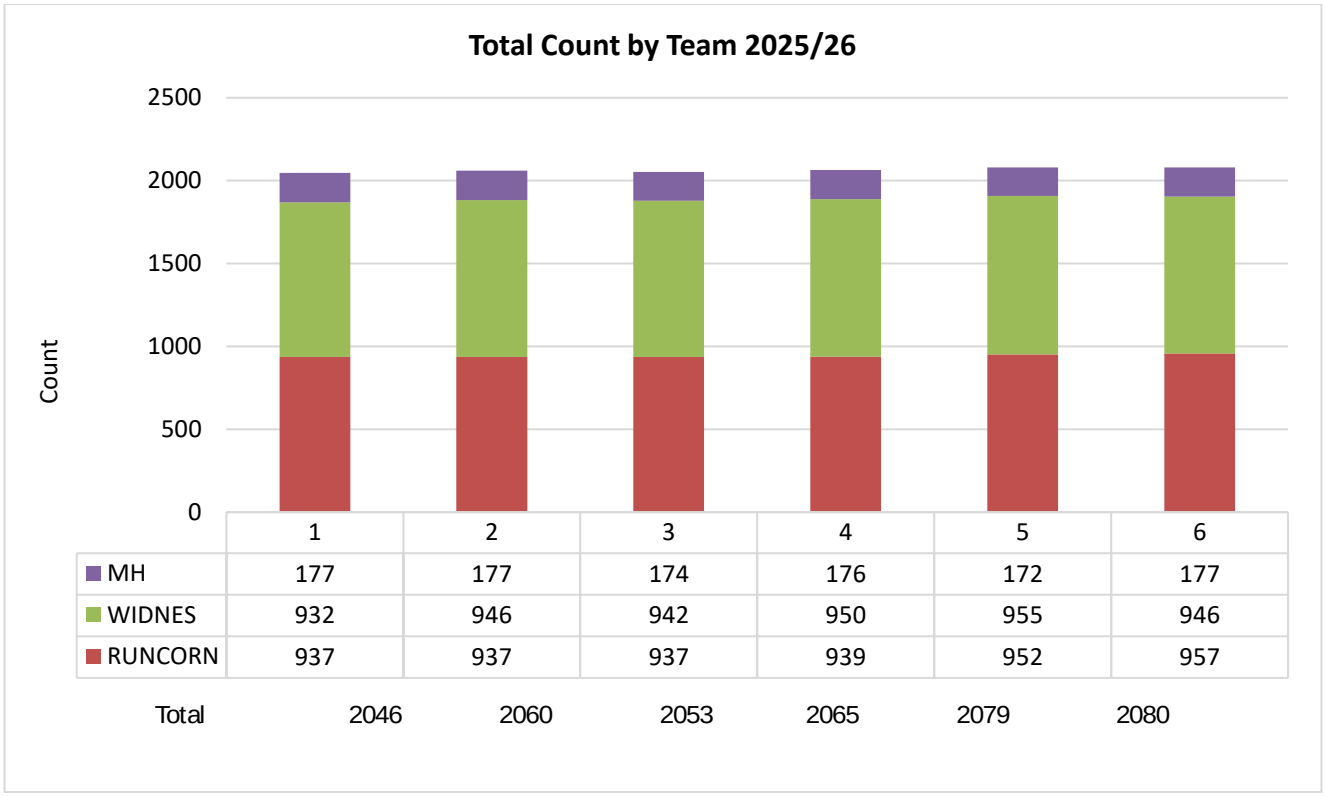


The graphs below show the total numbers of service users for all services as a whole, residential/nursing, domiciliary/supported living and direct payments. The average total count for 2024/25 was 1,991 and the average for 2025/26 is currently 2,064 an increase of 3.7%. Numbers across the teams this year are pretty static and there have been no major changes.



	1	2	3	4	5	6	7	8	9	10	11	12	13
MH	163	168	172	183	183	179	180	175	172	173	174	175	175
WIDNES	881	898	891	905	896	893	917	917	925	924	917	929	924
RUNCORN	892	889	896	912	918	906	907	905	922	916	921	904	900
Total	1,936	1,955	1,959	2,000	1,997	1,978	2,004	1,997	2,019	2,013	2,012	2,008	1,999

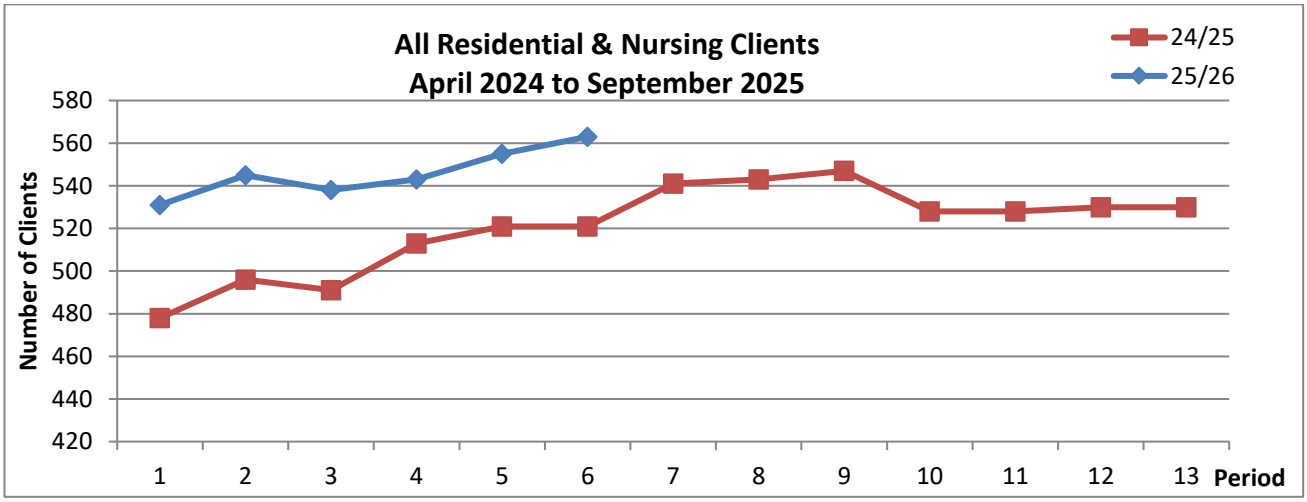
Total 2046 2060 2053 2065 2079 2080



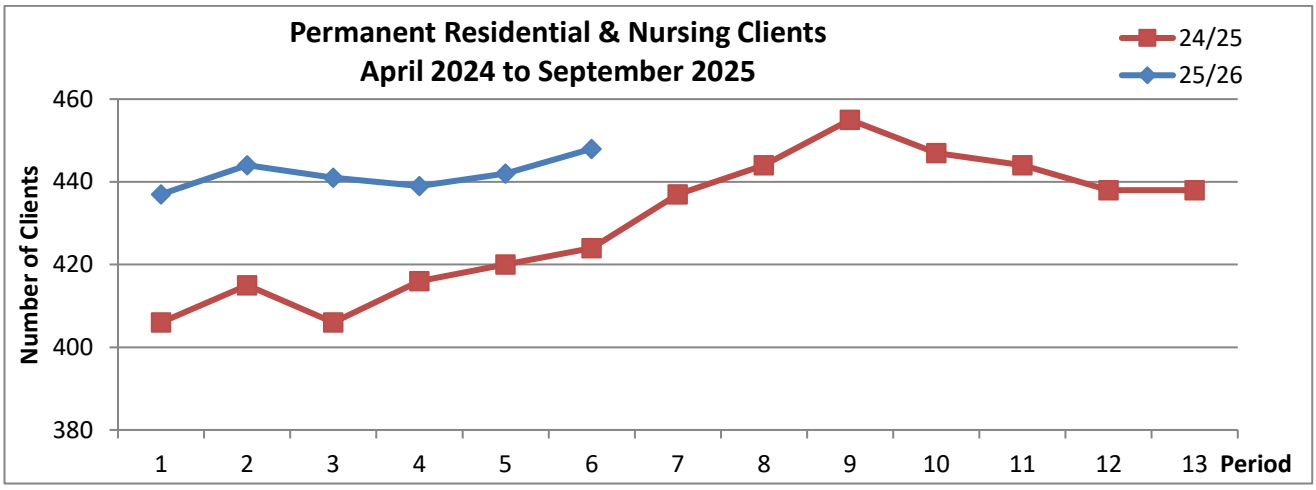
Further analysis of individual service budgets is provided below.

There are currently 563 residents in external residential/nursing care as at the end of September 2025. In April there were 531, therefore an increase of 6%. Compared to 530 at the end of 2024/25, an increase of 6.2%. Compared to the 2024/25 average of 520 this is an increase of 8.2%. The average cost of a package of care is currently £931.27 compared to £850.24 at the end of 2024/25 an increase of 9.5%. Supplementary invoice payments so far amount to £293k.

The graph below illustrates the demand for all residential and nursing placements.



The above external care home data can be further split out to show short stay and permanent placements as in the graphs below.

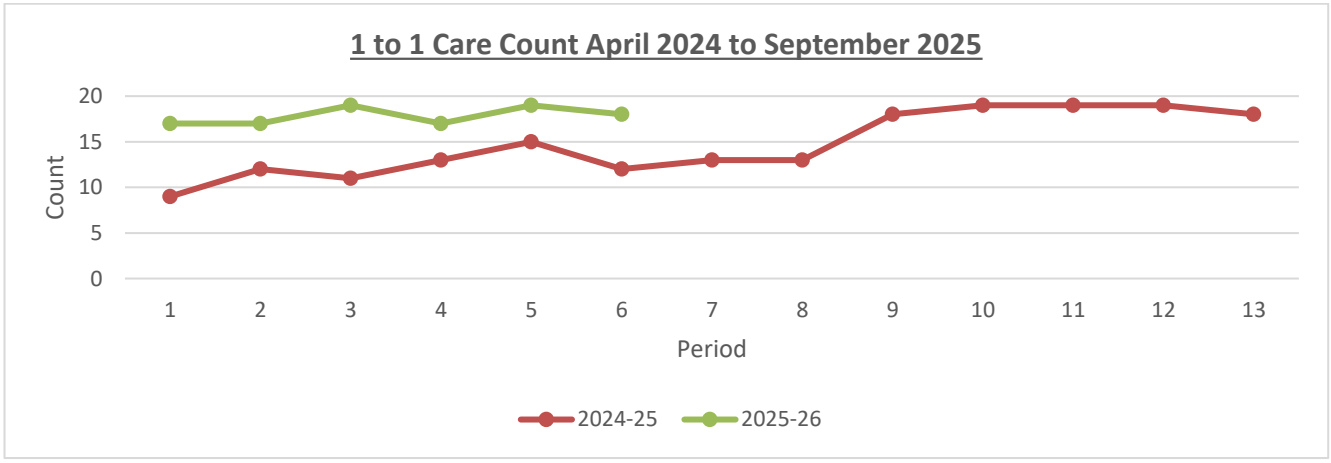


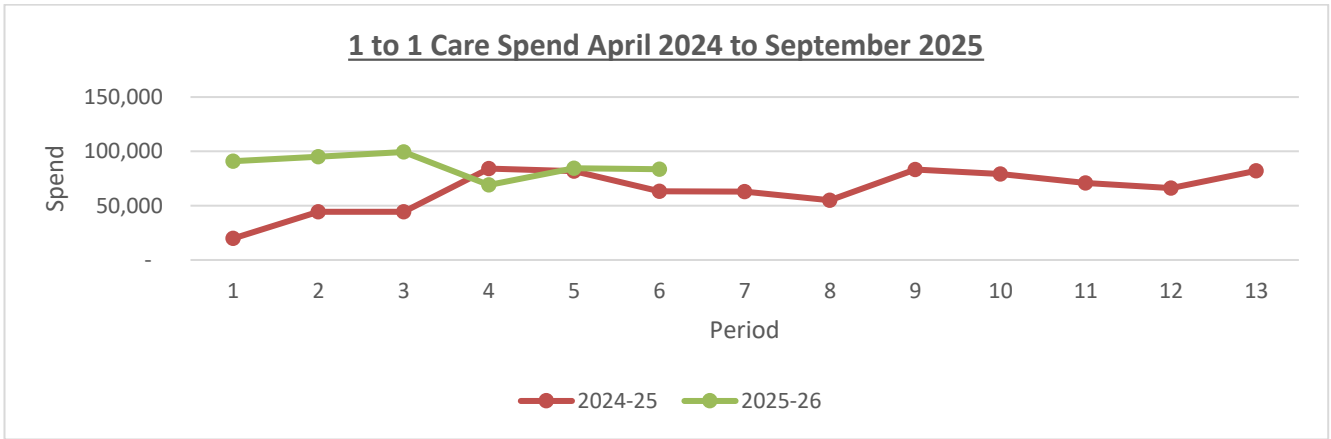
1 to 1 Support In Care Homes

Payments for 1 to 1 support continue to exert pressure on the budget. These are generally to mitigate the risk from falls particularly on discharge from hospital. The full year cost for 2024/25 was £837,882.

The graph below shows the count of service users receiving 1 to 1 care by period. Currently there are 18 compared to 13 at the same point last year. This is an increase of 38%, and an increase of 5% since last reported in July. These should reduce as packages continue to be reviewed, however some new packages coming through are still including 1 to 1 care.

Care homes are being asked to provide monitoring reports as part of the review process to establish if there is a need for 1 to 1 care.

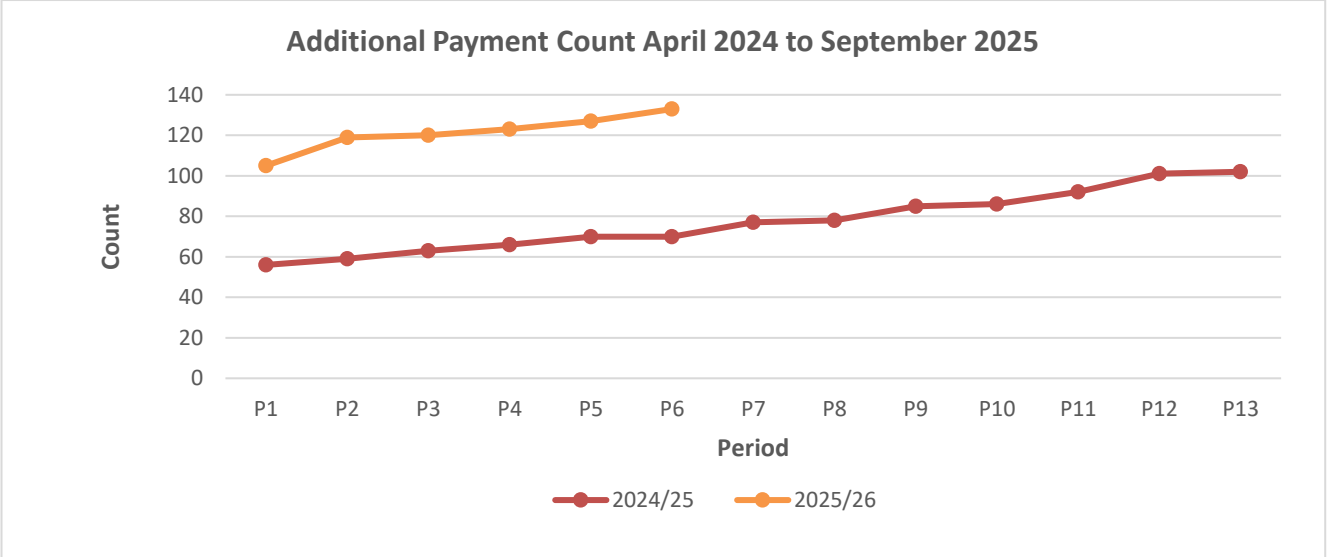


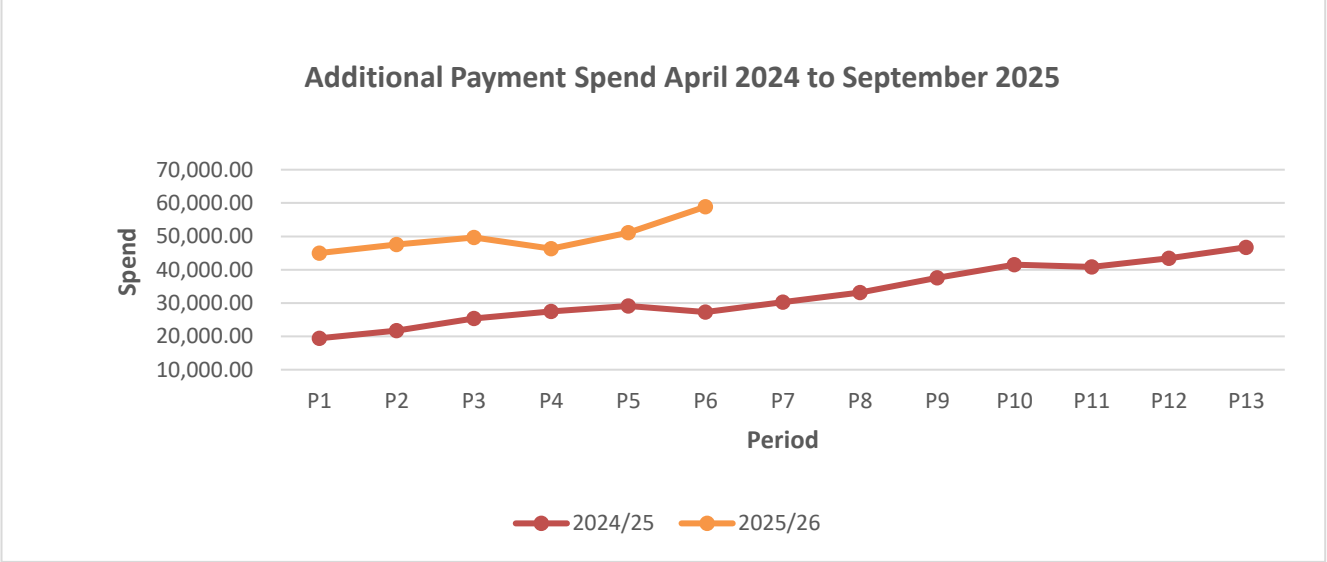


Additional Payments 2025/26

Additional payments to providers rose sharply throughout 2024/25, both in and out of the borough. These are where the care home charges an additional amount on top of the contracted bed rate. The cost of this for 2024/25 was £423,894.

The graphs below illustrate the count of service users with an additional payment by period.
This clearly shows a steady increase in numbers and costs for 2025/26, the spend up to September is £298,913.80. If numbers and costs remain the same the forecast spend for the year will be approximately £711k. This is an increase of 17.5% from July where the estimate was £605k.





High Cost Packages

The number of permanent packages of care over £1k per week are tabled below:

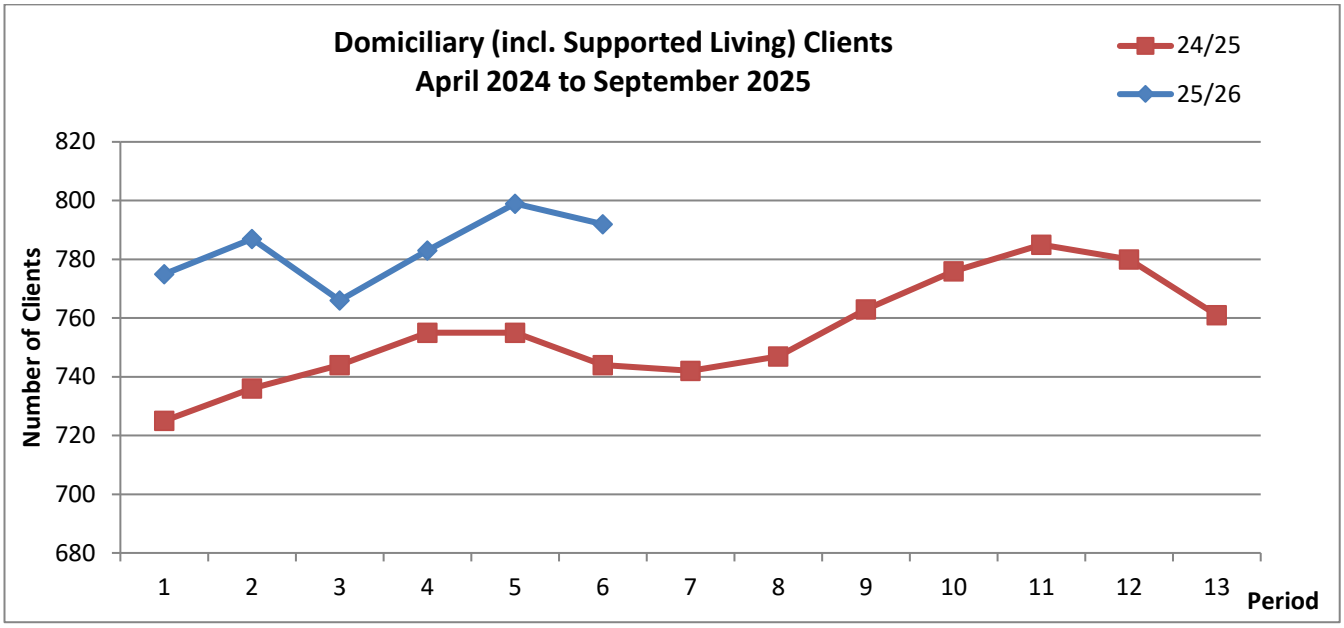
Weekly Cost	No of Permanent PoCs					
£	PERIOD 1	PERIOD 2	PERIOD 3	PERIOD 4	PERIOD 5	PERIOD 6
1000-1999	60	61	61	57	55	55
2000-2999	23	28	25	27	31	31
3000-3999	6	6	6	6	7	7
4000-4999	9	8	8	8	8	8
5000-5999	5	5	5	5	6	6
6000-6999	2	2	3	3	3	4
7000-7999			1	1	1	1
8000-8999	1	1	1			
>10,000						
Total	106	111	110	107	111	112
Over £1,000 Out of Borough	76	80	81	78	79	83
Over £1,000 Joint Funded	47	48	51	51	52	54

Since the beginning of the financial year the number of permanent packages over £1k has increased from 106 to 112. Out of borough placements over £1k has increased 9.2% from 76 to 83. Joint funded packages of care over £1k has increased 14.8% from 47 to 54. The weekly care charge has increased from £250k in April to £283k in September, an increase of 13.2%

Domiciliary Care & Supported Living

As at September there are 792 service users receiving a package of care at home, compared to the average in 2024/25 of 754, an increase of 5%. However compared with September 2024 the increase is 6.5%. The average cost of a package of care is currently £521.71 compared with the average of £450.64 in 2024/25 an increase of 15.7%.

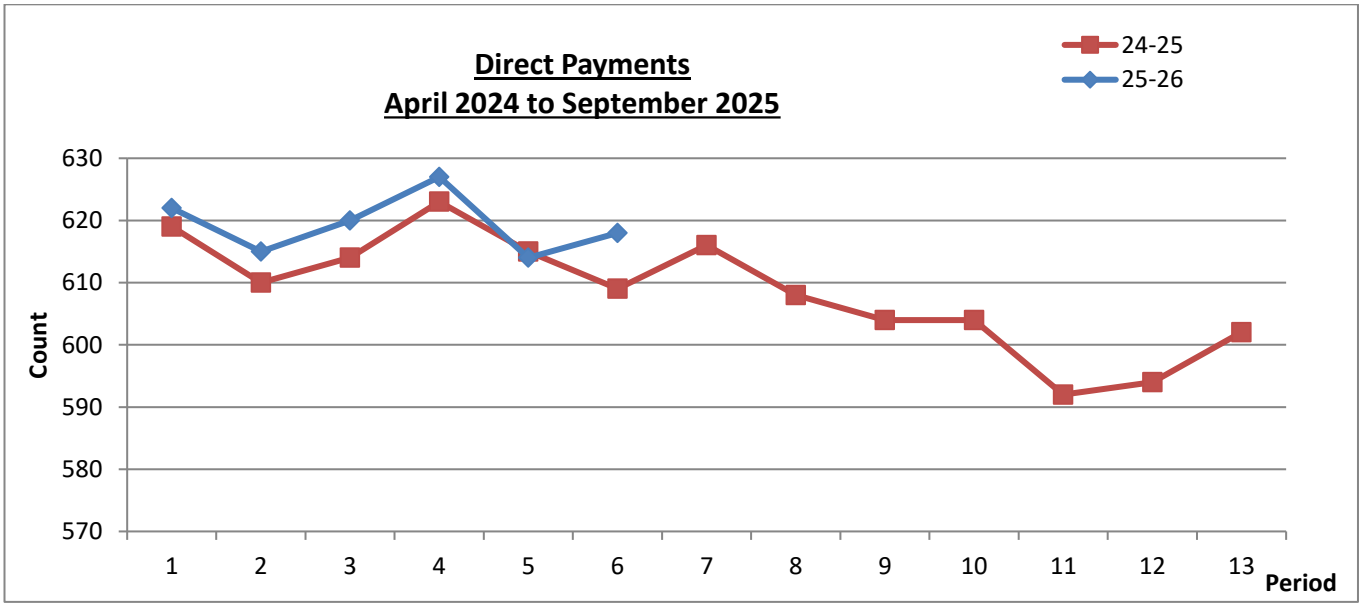
The graph below illustrates the demand for the service from April 2024 to September 2025.



Direct Payments

The average number of clients who received a Direct Payment (DP) in September was 618 compared with 622 in April, a small decrease. The average cost of a package of care has also decreased from £571.26 to £485.80, a reduction of 14.9%. The financial impact of this is a reduction in spend of approximately £200k per month.

The graph below shows movement throughout the year.



The Community Care budget as a whole is very volatile by nature as it is demand driven, with many influential factors. It will continue to be closely monitored and scrutinised in year to quantify pressures on the financial performance. The Community Care budget recovery group continues to meet regularly to identify savings and cost avoidance actions to try to mitigate some of the risk of overspend against this budget.

Care Homes Division

Revenue Budget as at 30th September 2025

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Madeline Mckenna					
Employees	790	395	344	51	123
Agency - covering vacancies	0	0	43	(43)	(90)
Other Premises	90	42	36	6	5
Supplies & Services	26	10	11	(1)	2
Food Provison	51	21	28	(7)	(4)
Private Client and Out Of Borough Income	-127	-42	-42	0	6
Reimbursements & other Grant Income	-34	-17	-17	0	0
Total Madeline Mckenna Expenditure	**796**	**409**	**403**	**6**	**42**
Millbrow					
Employees	2,245	1,123	626	497	937
Agency - covering vacancies	0	0	534	(534)	(1,200)
Other Premises	117	53	71	(18)	(34)
Supplies & Services	72	32	29	3	16
Food Provison	81	34	41	(7)	(2)
Private Client and Out Of Borough Income	-13	-4	0	(4)	(9)
Reimbursements & other Grant Income	-685	-316	-320	4	(23)
Total Millbrow Expenditure	**1,817**	**922**	**981**	**(59)**	**(315)**
St Luke's					
Employees	4,093	2,046	1,203	843	1,958
Agency - covering vacancies	62	31	890	(859)	(2,100)
Other Premises	156	70	93	(23)	(54)
Supplies & Services	67	29	34	(5)	(8)
Food Provison	128	64	84	(20)	(34)
Private Client and Out Of Borough Income	-152	-58	-31	(27)	(9)
Reimbursements & other Grant Income	-1,546	-644	-657	13	79
Total St Luke's Expenditure	**2,808**	**1,538**	**1,616**	**(78)**	**(168)**
St Patrick's					
Employees	2,081	1,016	536	480	993
Agency - covering vacancies	0	0	583	(583)	(1,166)
Other Premises	144	54	66	(12)	0
Supplies & Services	67	30	35	(5)	8
Food Provison	127	64	57	7	12
Private Client and Out Of Borough Income	-99	-49	-5	(44)	(93)
Reimbursements & other Grant Income	-716	-330	-298	(32)	(39)
Total St Patrick's Expenditure	**1,604**	**785**	**974**	**(189)**	**(285)**
Care Homes Divison Management					
Employees	326	163	93	70	123
Care Home Divison Management	**326**	**163**	**93**	**70**	**123**
Net Operational Expenditure	**7,351**	**3,817**	**4,067**	**(250)**	**(603)**
Recharges					
Premises Support	65	32	32	0	0
Transport Support	0	0	0	0	0
Central Support	663	332	332	0	0
Asset Rental Support	0	0	0	0	0
Recharge Income	0	0	0	0	0
Net Total Recharges	**728**	**364**	**364**	**0**	**0**
Net Departmental Expenditure	**8,079**	**4,181**	**4,431**	**(250)**	**(603)**

Comments on the above figures

Financial Position

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

The spend for the first six months of the 2025/26 Financial Year to 30th September is £0.250M above profile, with an estimated spend above budget for the year of £0.603M. This primarily relates to unbudgeted agency staffing costs.

The projected outturn compares favourably to the previous report based on spend until the end of July, when a net overspend of £0.832M was projected for the full year. A number of residents who receive funding for 1:1 support have now had funding to the homes confirmed, and income has been received for the first 6 months of the financial year.

Supporting Information

Employee Related expenditure

Employee related expenditure is over budget profile at the end of September 2025 by £0.078M, with the expected outturn at the end of financial year being £0.422M over budget. Projections take into account agency spending patterns over the previous 3 financial years.

Recruitment of staff is a continued pressure across the care homes. There remains a high number of staff vacancies across the care homes. A proactive rolling recruitment exercise is ongoing within the care homes and is 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 September 2025 total agency spend across the care homes reached £2.050M, the cost of this has partially been offset by staff vacancies.

Premises Related Expenditure

Premises related expenditure is over budget profile at the end of September by £0.047M and is forecast as an estimated overspend at the end of the financial year 2025/26 of £0.083M.

Repairs and maintenance continue to be a budget pressure across all the care homes. The recruitment of a facilities manager would help to reduce these costs. Budget for this post has been made available but the recruitment to this position has so far been unsuccessful.

Income

Income Targets include those for privately funded residents, out of borough placements, and reimbursements from the ICB in respect Of Continuing Health Care, Funded Nursing Care, and Joint Funded placements. Income across all headings is currently projected to be under-achieved by £0.088M for the full year, although income can be volatile depending on the changing nature of resident's funding.

Approved 2025/26 Savings

Although there are no approved savings for the care home division in financial year 2025/26 increasing the occupancy rate of the care homes is part of the recovery plan for the community care budget. Maximising inhouse placements impacts directly on the community care budget helping to minimise costs incurred on externally commissioned residential & nursing placements. Occupancy on 29th September was 100% in Madeline Mckenna, St Lukes & St Pats with Millbrow less at 86

Risks/Opportunities

The demand for agency staff within the care homes has been significantly high for several years.

Currently agency staff are being used for a variety of different reasons, to cover vacant posts, maternity leave and sickness absence.

The forecasts for agency staff are continuously reviewed to account for fluctuations in demand, however, the difficulty in the recruitment of new staff and the inability to retain existing staff has resulted in

continued reliance on agency staff. The expectation is that the use for agency staff will be an ongoing issue.

COMPLEX CARE POOL BUDGET

Revenue Budget as at 30th September 2025

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Intermediate Care Services	6,318	2,755	2,605	150	289
Oakmeadow	2,040	971	968	3	6
Community Home Care First	1,941	490	198	292	617
Joint Equipment Store	880	220	220	0	0
Contracts & SLA's	3,262	-28	-28	0	0
Inglenook	134	67	53	14	27
HICafs	3,729	660	705	(45)	(124)
Carers Breaks	445	176	174	2	0
Carers centre	365	-15	-15	0	0
Residential Care	7,236	3,318	3,318	0	0
Domiciliary Care & Supported Living	4,336	2,168	2,168	0	0
Pathway 3/Discharge Access	426	183	183	0	0
HBC Contracts	72	43	43	0	0
Healthy at Home	28	-28	-28	0	0
Capacity	30	20	13	7	12
Total Expenditure	**31,242**	**11,000**	**10,577**	**423**	**827**
Income					
BCF	-15,032	-7,516	-7,516	0	0
CCG Contribution to Pool	-2,959	-1,480	-1,480	0	0
Oakmeadow Income	-2	0	0	0	0
Total Income	**-17,993**	**-8,996**	**-8,996**	**0**	**0**
ICB Contribution Share of Surplus	**0**	**0**	**0**	**0**	**(414)**
Net Operational Expenditure	**13,249**	**2,004**	**1,581**	**423**	**413**

Comments on the above figures:

The financial performance as at 30th September 2025 shows a significant underspend for the Complex Care Pool which is currently forecast to be the case through to the end of the financial year.

Intermediate Care Services is under budget to date by £0.150m, with an underperformance of £0.289m expected at the end of the financial year. This position is more favourable than Period 4 due to a reduction in spend on agency staff. However, the forecasts for unbudgeted spend on general computer supplies and services in Reablement has also been reduced following further analysis of the contracts.

Oakmeadow is currently under budget by £0.003m with an expected year end underperformance of £0.006m. This is due to a lower than anticipated expenditure on staffing, with spend on agency staff lower than expected for the first part of the year, but gradually increasing since period 5.

The overspend on HICaFS is primarily due to the use of agency staff to cover vacancies. In the previous financial year, this overspend was offset by the underperformance on the Warrington and Bridgewater HICaFS contracts. At present no contract spend information is available, therefore contracts are currently forecast to spend to target, however, any underperformance on the contracts in this financial year will reduce the budget pressure on this service.

Community Home Care First is currently indicating a £0.617m underperformance. The forecasts since period 4 have been revised to reflect actual spend to date and current contractual

agreements with providers. Costs have notably reduced, due to significantly lower payments to providers for agency staff cover. This is a demand led budget and spend can fluctuate throughout the year, however current forecasting adopts a prudent approach, including additional estimates for winter pressures. It is expected that spend for the year will be considerably lower than previous years for this service.

Inglenook is expected to be £0.027m under budget by the end of the financial year. At present there are two clients using the service, however one client is funded by Continuing Health Care, which minimises the expenditure on this budget.

Carer's Breaks is expected to spend in line with allocated budget, indicating a slight increase in spend since period 4 due to an increased uptake in this service.

Pathway 3 is currently forecast to spend to target at the end of the financial year, however, as this is a demand led budget it carries the risk that the spend will increase further, potentially resulting in a more unfavourable position.

There is a slight underspend on the Capacity contract for improving residential care. This is due to majority of the contract costs being incurred during 24/25, leaving a surplus of £0.012m in this financial year.

The forecast outturn for year end is currently showing a substantial underspend. However, in accordance with the section 75 agreement any unallocated underspends at year end will be shared between the partners. The Halton Borough Council allocation will be used to contribute towards the pressures within community care.

Pooled Budget Capital Projects as at 30 September 2025

Scheme Detail	205/26 Original Allocation £000	2025/26 Revised Allocation £000	Cumulative Spend to 30 Sept 2025 £000	Cumulative Forecast Spend to 30 Nov 2025 £000	Cumulative Forecast Spend to 31 Jan 2026 £000	Cumulative Forecast Spend to 31 March 2026 £000	Allocation remaining £000	2026/27 Forecast Allocation £000
Adults Directorate								
Grants - Disabled Facilities	2,200.0	2,000.0	318.0	1,300.0	1,600.0	2,000.0	0.0	700.0
Stair Lifts	400.0	650.0	268.0	400.0	500.0	650.0	0.0	700.0
Joint Funding RSL Adaptations	300.0	250.0	120.0	160.0	200.0	250.0	0.0	300.0
Madeline McKenna Residential Home	300.0	200.0	35.0	130.0	160.0	200.0	0.0	0.0
Millbrow Care Home	200.0	200.0	29.0	130.0	160.0	200.0	0.0	0.0
St Lukes	50.0	200.0	104.0	130.0	160.0	200.0	0.0	0.0
St Patricks	200.0	200.0	29.0	130.0	160.0	200.0	0.0	0.0
Care Home Refurbishment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Telehealthcare Digital Switchover	135.0	135.0	0.0	0.0	135.0	135.0	0.0	0.0
Oakmeadow and Peelhouse Network Improvements	40.0	40.0	0.0	25.0	35.0	40.0	0.0	0.0
Crow Wood Lane Specialist Housing	250.0	250.0	0.0	160.0	200.0	250.0	0.0	0.0
Adults Directorate Total	**4,075.0**	**4,125.0**	**903.0**	**2,565.0**	**3,310.0**	**4,125.0**	**0.0**	**1,700.0**

Actual spend for Disabled Facilities Grants/Stair Lifts and RSL adaptations are marginally below the capital allocation overall. Minor adjustments to the capital allocations have been made from the original allocations to reflect spending patterns within the 3 schemes, although the total allocation across the 3 schemes remains unchanged.

The £400,000 Telehealthcare Digital Switchover scheme was approved by Executive Board on 15 July 2021. Significant capital investment is required to ensure a functional Telehealthcare IT system is in place prior to the switchoff of existing copper cable based systems. Procurement commenced in 2022/23 with an initial purchase to the value of £100,000. It is anticipated that the scheme will be completed in the current financial year, fully funded from the residual capital allocation of £135,000.

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The Crow Wood Specialist Housing scheme represents a capital grant allocated to Halton Housing as a contribution to a new development at Crow Wood Lane in Widnes. The development consists of 10 one bed apartments, and three one bed bungalows, to be used solely for meeting the Borough's housing need. The grant was paid in full in October, and spend will be reflected in future reports.

Adult Social Care Commissioning have been working with Halton Housing to develop the service to be provided within the proposed accommodation to meet the Borough's identified needs. The use of accommodation and services provided will be governed by an agreement between the Council and Halton Housing. This is similar to existing arrangements in place in respect of Barkla Fields also managed by Halton Housing.

The scheme is designed to support reducing the need for out of Borough placements and also reduce voids within out-dated provision within the Borough.

On 16th June 2022 Executive Board approved a £4.2M refurbishment programme in respect of the four Council owned care homes, initially to be completed withing a three year timescale. Spend to 31 March 2024 amounted to £0.947m, leaving available funding of £3.253M at the start of the current financial year.
At present, detailed costing proposals are in development, with further revisions to the capital allocations to be submitted at a later date. The 2025-26 capital allocations against each home therefore just reflect ongoing minor refurbishment costs. The allocations have been revised slightly since the originals to reflect projected spend across the 4 homes, although total funding across all 4 homes remains unchanged.

Adult Social Care

Revenue Operational Budget as at 30 September 2025

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Employees	18,788	9,394	8,727	667	983
Agency- Covering Vacancies			906	(906)	(1,454)
Premises	498	290	251	39	78
Supplies & Services	698	465	568	(103)	(176)
Aids & Adaptations	37	18	21	(3)	6
Transport	341	170	166	4	9
Food & Drink Provisions	228	133	74	59	96
Supported Accommodation and Services	1,408	704	554	150	293
Emergency Duty Team	157	34	33	1	(7)
Transfer To Reserves	295	13	13	0	0
Contracts & SLAs	1,044	451	458	(7)	(2)
Housing Solutions Grant Funded Schemes					
Homelessness Prevention	548	250	224	26	0
Rough Sleepers Initiative	167	84	82	2	0
Trailblazer	75	38	38	0	0
Total Expenditure	**24,284**	**12,044**	**12,115**	**(71)**	**(174)**
Income					
Fees & Charges	-1,044	-435	-317	(118)	(253)
Sales & Rents Income	-538	-291	-286	(5)	(12)
Reimbursements & Grant Income	-2,182	-1,000	-852	(148)	(301)
Capital Salaries	-117	-58	-58	0	0
Housing Schemes Income	-783	-727	-727	0	0
Total Income	**-4,664**	**-2,511**	**-2,240**	**(271)**	**(566)**
Net Operational Expenditure	**19,620**	**9,533**	**9,875**	**(342)**	**(740)**
Recharges					
Premises Support	789	395	395	0	0
Transport	792	396	401	(5)	(11)
Central Support	4,039	2,020	2,020	0	0
Asset Rental Support	13	0	0	0	0
HBC Support Costs Income	-112	-56	-56	0	0
Net Total Recharges	**5,521**	**2,755**	**2,760**	**-5**	**-11**
Net Departmental Expenditure	**25,141**	**12,288**	**12,635**	**(347)**	**(751)**

Comments on the above figures

The above information relates to Adult Social Care, excluding Community Care and Care Homes.

Net Department Expenditure is currently £0.347m over budget profile at the end of the sixth period of the financial year. Current expenditure projections indicate an overspend for the full financial year in the region of £0.751m.

Comparison to previous year outturn and period 4 forecasted outturn

The outturn position for financial year 2024/25 was £0.545m over budget. Based on the estimated outturn position for 2025/26, there is an expectation that the estimated outturn overspend with be £0.206m higher than the last financial year.

The outturn position for period 4 was £0.698m over budget. Based on the estimated outturn position for period 6, there is an expectation that the estimated outturn overspend will be £0.053m higher than period 4.

Employee related spend

The projected full-year cost is above the annual budget by £0.471m. This a reduction of £0.235m from the projected full year over budget spend as at period 4.

Factors relating to the projected overspend include;

Unbudgeted agency costs are in respect of covering vacant posts, particularly in terms of front line Care Management and Mental Health Team posts. However, there has been a reduction in Agency staff use by 3 Agency staff members since June 2025, the reduction of use of these Agency staff members has been reflected in the forecasted spend until the end of the financial year. Agency spend across the division as a whole at the end of September 2025 stood at £0.906m, with a full year spend of £1.454m projected. This is partially offset by a forecasted underspend on the staffing budget of £0.983m.

During previous agreed savings, the budget for Care Arrangers posts was removed. This has not been addressed within the staffing, resulting in a projected unbudgeted spend of £0.096m during 2025/26 financial year.

Within period 4 reports, it was reported of an unbudgeted Market Supplement which has been awarded to social workers across the division. To assist with easing budgetary pressures, the budget to cover the market supplement has been provided on a temporary basis, initially for 12 months, resulting in an increase in budget of £0.391m. This increased budget is reflected within the figures above and has assisted in the reduction of the full-year forecasted over budget spend between this report and the report from period 4.

Supplies and Services related spend

The projected £0.176m forecasted full-year spend above budget relates to an increased volume of caseload in respect to Deprivation of Liberty Standards (DoLs) assessments. Spend to September 2025 was £0.097m, with a total spend for financial year forecast at £0.233m.

Transport related spend

The transport and transport recharge budgets were substantially increased for 2025/26 financial year. Due to this, the forecasted spend is broadly to budget.

Housing Strategy related spend

Housing strategy initiatives included within the report include the Rough Sleeping Initiative and the Homelessness Prevention Scheme. The Homelessness Prevention Scheme is an amalgamation of the previous Flexible Homelessness Support and Homelessness Reduction Schemes, and is wholly grant funded. It is assumed that unspent funding is carried forward to the following financial year.

Income

Income for the Department as a whole is under the budgeted income target by £0.271m with a projected under achieved target at the end of the financial year being £0.566m. The main areas making up the under achievement of target income are Community Meals, Telehealthcare and Transport. Within the projected income figures for the remainder of the financial year is a further reduction of income for Community Meals in the run up to the end of the service in March 2026. There has been a drop in forecast income for the Supported Housing Network, funding of a significant care package through to the end of the year will no longer materialise.

2025/26 Savings

Savings targets including in the budgets for Positive Behaviour Service of £0.250m and Telehealthcare of £0.280m are unlikely to be achieved.

Progress against 2025/26 approved savings for the Adult Social Care Directorate are included at Appendix A.

2025/26 Adult Social Care Directorate Savings

Appendix A

Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value		Current Progress	Comments
			25/26 Agreed Council 01 February 2023 £'000	25/26 Agreed Council 05 March 2025 £'000		
Housing Solutions	474	Remodel the current service based on good practice evidence from other areas.	125	0	U	Currently Under Review
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.	100	0	✓	Achieved
Community Wardens/Telecare Service		Community Wardens/Telecare Service – a review will be undertaken of the various options available for the future delivery of these services, with support from the Transformation Delivery Unit.	0	280	✗	Unlikely to be achieved – currently forecast overspend position

Care Management Community Care Budget		Community Care – continuation of the work being undertaken to review care provided through the Community Care budget, in order to reduce the current overspend and ongoing costs.	0	1,000	✗	Unlikely to be achieved – currently forecast overspend position
Various		Review of Service Delivery Options – reviews will be undertaken of the various service delivery options available for a number of areas including; Day Services, Halton Supported Housing Network, In-House Care Homes, Reablement Service and Oak Meadow.	0	375	U	Currently Under Review
Total ASC Directorate			**225**	**1,655**		

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 30 September 2025

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	5,692	2,654	2,471	183	365
Other Premises	6	3	0	3	6
Supplies & Services	375	89	198	(109)	(219)
Contracts	6,917	2,833	2,920	(87)	0
SLA's	488	60	45	15	21
Transport	4	2	1	1	0
Transfer to Reserves	550	0	0	0	(150)
Grants to Voluntary Organisations	20	0	0	0	0
Other Agency	24	24	24	0	0
Total Expenditure	**14,076**	**5,665**	**5,659**	**6**	**23**
Income					
Fees & Charges	-122	-75	-68	(7)	(14)
Reimbursements & Grant Income	-203	-229	-243	14	27
Transfer from Reserves	-428	-357	-357	0	13
Government Grant Income	-12,923	-6,666	-6,672	6	0
Total Income	**-13,676**	**-7,327**	**-7,340**	**13**	**26**
Net Operational Expenditure	**400**	**-1,662**	**-1,681**	**19**	**49**
Recharges					
Premises Support	209	104	104	0	0
Transport Support	24	12	13	(1)	(2)
Central Support	1,937	988	988	0	0
Asset Rental Support	0	0	0	0	0
Recharge Income	-669	-335	-335	0	0
Net Total Recharges	**1,501**	**769**	**770**	**(1)**	**(2)**
Net Departmental Expenditure	**1,901**	**-893**	**-911**	**18**	**47**

Comments on the above figures

Financial Position

The current financial position shows the net spend for the department is £0.018m under the budget profile. The estimated department outturn position excluding the ring fenced public health grant for 2025/26 is £0.047m net spend under available budget.

Employee costs are expected to be £0.365m under budget profile. This is due to a number of vacancies and some reduced hours within the main Public Health department and the Health Improvement Team.

Budget pressures to be aware of are supplies and services which are currently forecasting a £0.219m overspend and contracts are currently forecast to balance to budget, however, there are a number of contracts which are due for renewal and in the current financial climate are likely to increase significantly. Also £0.254m has been used from Public Health grant reserves to balance the current year budget. This leaves a forecast balance of £1.147m in the Public Health grant reserve, excluding any underspend from current year.

The department is proactive and work is currently being done to identify any areas were savings can be made as the use of reserves from previous years will not be available to balance future budgets.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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