

## HEALTH POLICY AND PERFORMANCE BOARD

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

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

Apologies for Absence: Councillors Begg and Stretch

Absence declared on Council business: None

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

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

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

*Action*

#### HEA17 MINUTES

The Minutes of the meeting held on 24 September were taken as read and signed as a correct record.

#### HEA18 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

#### HEA19 HEALTH AND WELLBEING MINUTES

The minutes from the Health and Wellbeing Board meeting held on 10 July 2024 were submitted to the Board for information.

#### HEA20 RESEARCH AND PRACTICE DEVELOPMENT CARE PARTNERSHIP CO-CREATION REPORT

The Board received an update on the Research and Practice Development Care Partnership Co-creation Final

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

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

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

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

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

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

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

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

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

RESOLVED: That the report and recommendations be noted.

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

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

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

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

Lucy responded to Members questions as follows:

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

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

RESOLVED: That the update is noted.

## HEA22 ONE HALTON PARTNERSHIP AND ICB@HALTON UPDATES

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

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

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

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

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

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

## HEA23 REPORT ON ACTIVITY TO SUPPORT CARERS

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

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

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

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

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

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

The following was noted after Members questions:

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

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

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

RESOLVED: That the report and comments made be noted.

Executive Director  
of Adult Services

## HEA24 HSAB ANNUAL REPORT 2023-24

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

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

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

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

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

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

RESOLVED: That the Board:

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

Executive Director  
of Adult Services

## HEA25 HOUSING SOLUTIONS PERFORMANCE UPDATE

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

The report provided details on homelessness

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

The following points were made by Members:

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

RESOLVED: That the report be noted.

#### HEA26 PERFORMANCE MANAGEMENT REPORTS - QUARTER 2 2024/25

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

Members were advised that the report introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in quarter one of 2024-25. This included a description of factors, which were affecting the service.

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



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

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

*Meeting ended at 8.50 p.m.*