

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:

- 1) note the financial position outlined in the report; and
- 2) consider the budget pressures highlighted in the report.

Executive Director
of Adult Services

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.