HALTON BOROUGH COUNCIL

Health Policy and Performance Board

Scrutiny Review 2023

Health Inequalities

Findings & Recommendations
December 2023

CONTENTS

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide a summary of the evidence provided, conclusions and the recommendations of the Health Policy and Performance (HPPB) Scrutiny Group in relation to the Health Inequalities topic brief (outlined in full in *Section 3)*.

1.2 The scrutiny review process provided Members the opportunity to gain an understanding of:

- How health inequality is **defined**
- How health inequalities are **measured** through key indicators of public health/health inequality, and where Halton is in relation to regional/national averages
- What the **drivers** of health inequality are
- What the **outcomes** of health inequality are
- Consider the current **good practice, pressures, and emerging issues** in Halton, including **barriers and enablers** to access to specific provisions, service **user experience and outcomes** and the impact of some specific **wider determinants of health.**

2.0 STRUCTURE OF THE REPORT

2.1 This report contains an introduction providing the topic brief and context, a summary of the evidence, conclusions, and recommendations.

2.2 Appendices to this report provide the evidence presentations.

3.0 INTRODUCTION

Scope of the scrutiny topic review and reason it was commissioned

3.1 This report was commissioned as a scrutiny working group of the Health Policy and Performance Board. The scope of the review is shown below:

Health Policy and performance Board will look at **health inequalities** across Halton and **approaches to reduce them**. The scrutiny review will consider:

- The current epidemiological distribution of health inequalities
- Recent trends
- The impact of external forces such as the cost-of-living crisis and COVID-19
- Approaches that are being used to address health inequalities through contracts, partnership working and direct provision of services.

**Whilst health inequalities may span the life course, this scrutiny topic review will be concerned with health inequalities from an ADULTS' perspective.*

3.2 Membership of the Scrutiny Working Group:

Members	Officers
Cllr Eddie Dourley - Chair Cllr Sandra Baker – Vice Chair Cllr Sian Davidson Cllr Chris Loftus Cllr Louise Nolan Cllr Tom Stretch Cllr Louise Goodall Cllr Emma Garner Cllr Mike Fry Cllr Victoria Begg Cllr Sharon Thornton	Dr Ifeoma Onyia – Director of Public Health Emma Bragger – ASC Service Development Officer

4.0 METHODOLOGY

This scrutiny review was conducted via:

- Monthly meetings of the scrutiny review topic group.
- Presentations by key Officers of HBC and partner organisations (presentations can be found in *Appendix 1*).
- Provision of information both written and verbal.
- The evidence provided to Members considered:
  - How health inequality is defined and measured
  - The health inequality picture in Halton
  - The impacts of health inequality
  - Key determinants of health- access to Primary Care services
  - Wider determinants of health - cost of living, transport, housing and employment.

5.0 SUMMARY OF EVIDENCE, CONCULSIONS AND RECOMMENDATIONS

5.1 Evidence Area 1 – Defining health inequalities and understanding the local picture.

5.1.2 Health inequality is defined as avoidable, unfair and systematic differences in health between different groups of people. They are rooted deep within our society, and they are widening, leading to unequal outcomes as well as varied access to services, and poor experiences of care. This results in earlier deaths, lost years of healthy life, intergenerational effects from traumatic experiences, and has significant economic costs for society. Yet, health inequalities are often preventable.

5.1.3 Measuring health inequalities is complex. Using both 'hard facts' i.e., quantitative measures such as numbers of deaths or those with chronic illness, or qualitative methods such as surveys of how people feel and

think about their health and services they access/ don't access, a representative picture of the state of the borough's health inequality gap can be developed. Health inequality in Halton can be measured by both comparing the borough to other council areas and measures to look at differences in health within Halton.

5.1.5 A snapshot of how health inequalities in Halton compare to other Northwest authorities is shown in the illustration below. Areas in red circles show where Halton has greater risk of health inequality or poorer health outcomes than other northwest local authority areas, green symbolises less health inequality or better health outcomes. The smaller triangles to the right of each circle show if there is improvement (green), worsening (red) or no change (amber) since the previous period it was measured.

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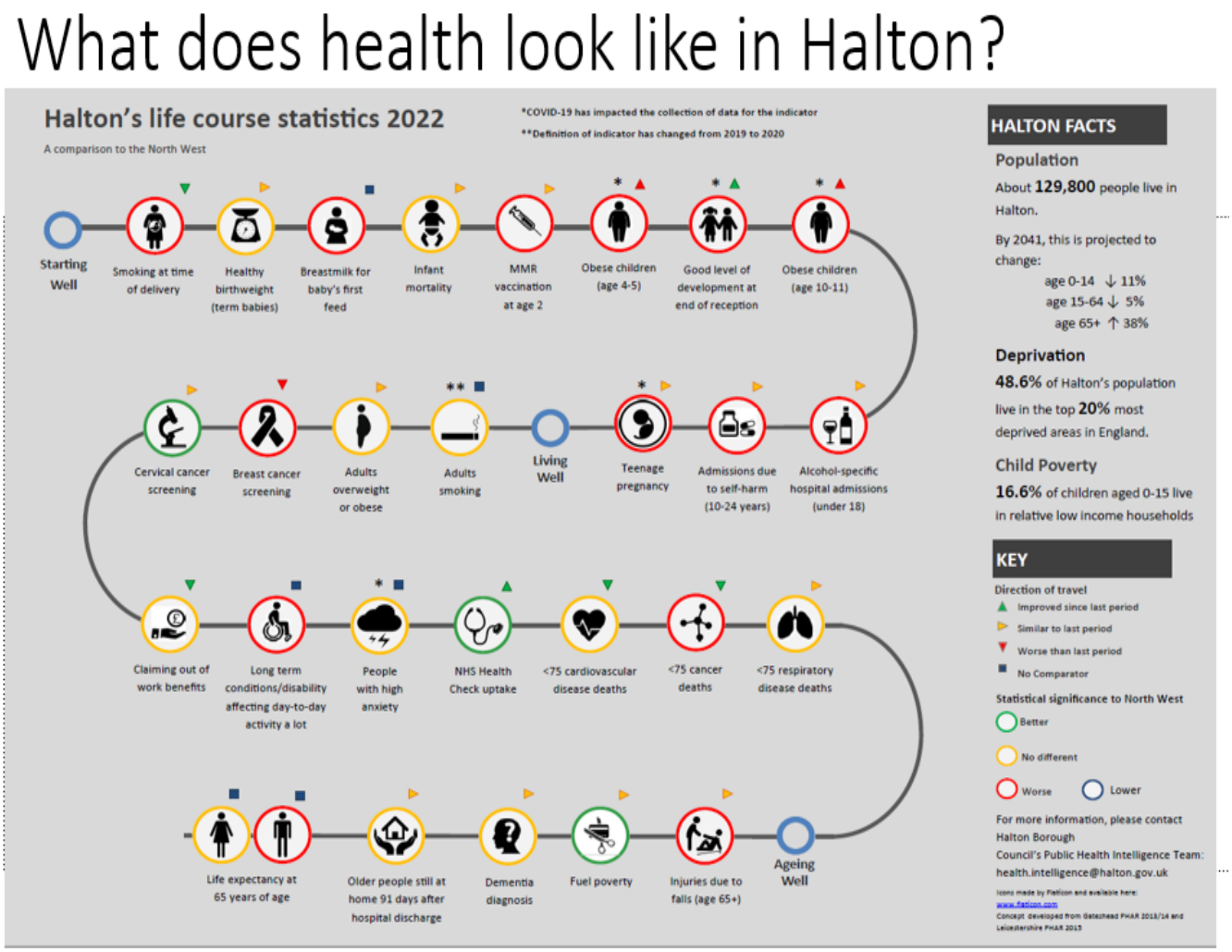


5.1.6 Key messages in relation to health inequalities in Halton are:

- Health inequalities in Halton are often avoidable.
- Life expectancy varies by ward in Halton.
- Health drivers of health inequalities in Halton are circulatory disease, cancer, respiratory and digestive conditions.
- Lifestyle drivers of health inequalities in Halton are smoking, diet, physical activity, weight, alcohol use.

- Social drivers of health inequalities in Halton are poverty, education, employment, and housing.
- People in Halton suffer from *multiple* drivers of health inequality.
- Health inequality is more than just access to medical services, the wider determinants of health are the driving factors affecting life expectancy and long-term health condition free years.
- There is provision in Halton to respond to some immediate/crisis social situations, and longer-term solution planning to try and counteract some of the drivers of health inequalities such as cost of living.
- Tackling health inequalities demands a cross council response, not just Public Health/Health response, and involves other key stakeholders such as wider council services and the voluntary and community sectors.

5.1.7 In order to understand, assess and make recommendations, it was agreed that members of this group would consider:

- Access to specific provisions, service user experience and outcomes
- Barriers and enablers to provision
- Some key wider determinants of health
- Examples of good practice identified gaps and emerging issues.

5.1.8 Conclusion

- The topic of Health Inequalities is vast and impacts across the whole life cycle. It was agreed that due to the limited time the group had to undertake the scrutiny work, specific areas of focus would be identified relating to Adults. These were areas that are particularly pertinent to Halton and the health inequalities that it experiences:
  - Wider determinants of health: housing, transport, employment, cost of living/fuel, income maximisation
  - How health services are working to reduce health inequalities through improved access to Primary Care
  - How public health services are working to reduce health inequalities.

5.2 Evidence Area 2 – Public Health response to the cost-of-living crisis

5.2.1 The Health Improvement Team (HIT) are providing front line support to people to make lifestyle improvements. There is now a dedicated post in place to coordinate action against the driving factors/wider determinants of health inequalities and work towards addressing the underlying factors that determine people's health and lifestyle choices.

5.2.2 It was reported that crisis food support in Halton has seen a notable increase in demand since September 2022, correlating with the national increase in the general cost of living including inflationary increases in the cost of food. Several interventions are in place to manage food crisis: Food Banks and food vouchers, incorporating wrap around support for longer term improvements. Medium term support consists of; community shops, social supermarkets, with work underway to communicate the availability of this support and reduce stigma attached with accessing food support. Community partners are proving wrap around information and advice for people accessing the food crisis support to help tackle the causes of food poverty, such as education, employment, and poor health.

5.2.3 Likewise, demand for energy support has also seen a significant increase during 2022, with around 100 people per month accessing Citizens Advice Bureau (CAB) for support. Energy crisis support is made up of discretionary financial support, advice from CAB and work with Energy Projects Plus to promote energy efficiency within homes and access to grants for home improvements linked to improvements in warmth. Medium term support includes retrofit schemes to improve energy efficiency and reduce usage.

5.2.4 Annually, the council provides a winter cost of living response which is promoted through a multi-channel marketing campaign to raise awareness amongst the HBC staff base, front line staff working with partner agencies and residents of support available and education about how to keep warm. Winter warm spaces are provided across the brough in community spaces such as community centres, providing a warm environment and warm refreshments for people who are unable to heat their homes.

5.2.5 The focus of a Wider Determinants Coordinator role going forward is to look at the root causes of poverty (the biggest determinant of health inequality) through the establishment of the Poverty Alliance - a group made up of national action groups, voluntary sector and community groups in Halton working together to identify those at risk, consider the causes and develop action to address the determinants and practical support– such as the establishment of social supermarkets in the borough providing affordable groceries.

5.2.6 There are number of challenges in understanding the root causes of poverty and responding to them:

- The financial pressures are presenting in groups who traditionally would be seen as at risk, such as young families, people in low paid work and single people.
- A reliance on input and action from the voluntary and community sector – who themselves are under pressure.
- Increasing demand, for example, in response to increased fuel and food prices.
- Sporadic nature of interventions.
- Short term, reactive funding interventions heavily reliant on the national household support fund which ends in March 24.
- Awareness – increasingly new cohorts of people requiring support, but not aware of what support is available.

Conclusion

5.2.7 There are several crisis and medium-term interventions in response to food and energy poverty, key determinants for health inequality, that are delivered or coordinated by HBC Public Health.

5.2.8 As a result of work by the public health team it has been identified that people accessing this support are experiencing financial poverty either as a short term or longer-term pressure, many for the first time. The

interventions in place are pulling in support from other partners to provide a more holistic offer to people who are presenting with food and/or energy poverty, with the aim of helping the immediate situation and offering potential solutions for more sustainable changes.

5.2.9 The establishment of a Wider Determinants Coordinator post has and will continue to tie together the various strands of support available from the council, partners, voluntary and community sector and national companies and bodies making the Halton offer cohesive. Along with the establishment of the Poverty Alliance, causes of financial poverty – the basis of other forms of poverty (food, energy) leading to a widening in the health inequalities gap, will be explored and through collaborative working and where possible solutions identified.

5.2.10 The issue of financial poverty leading to other inequalities, such as health, education and employment requires a multi-agency, multi strategy approach.

5.2.11 Recommendations

- **Public Health to further explore connections with community assets** such as allotment associations, regarding opportunities to access surplus harvest and strengthen links between the community and the community shops/supermarkets. The Poverty Alliance to provide twice yearly reports to HPPB, to include information on Foodbank usage, and fuel poverty initiatives.
- Integrated Care Board (ICB) commissioned **Social Connectors to provide a report to the HPPB so that the Board may understand the role and impact of social connectors** in supporting work to address health inequalities.
- **Explore potential for community/voluntary groups and HBC buildings to further support the annual warm spaces interventions** with not only use of venues, but supply of refreshments to participants using the spaces, through accessing community funding opportunities.
- **Awareness raising of the range of public health interventions** to help with the cost-of-living crisis is key. As different cohorts, who have previously not engaged with support but are increasingly needing help, it is important that all Halton households know what is available/eligibility. 'Self-help' information, such as energy efficiency advice, signposting to local and national help along with the direct support available in Halton should be actively promoted through a multi-channel/multi agency approach and awareness raising should consider ways to reduce stigma to increase uptake of interventions.
- Whilst corporate social responsibility clauses in procurement contracts are being utilised, **explore further opportunities to access support from industry to support initiatives**.

5.3 Evidence Area 3 – Improving Access to Primary Care. Cheshire and Merseyside Integrated Care Board, Halton (ICB)

GP Access

5.3.1 The COVID19 peak pandemic response had impacted significantly on access to health care. Routine dental care was paused nationally, and emergency dental service arrangements put in place; Primary Care moved to triage for face-to-face appointments etc. However, community pharmacy remained open and continued to provide several lower-level health interventions and advice, along with roll out of the COVID-19 vaccine programme.

5.3.2 During the period April 2022-March 2023 there were over 704,000 appointments across the 14 GP practices in Halton. Appointment numbers increased by 29% over the 12 months, with 73% of them being face to face and 51% being undertaken by a GP. Fifty-four percent (54%) of appointments were provided on the day of requesting.

5.3.3 Across the 9 Cheshire and Merseyside localities, data for the period showed that Halton had the second highest % of face-to-face appointments, 3rd lowest appointments by telephone, joint 4th highest appointments provided by GP and 3rd highest appointments provided on the same day.

5.3.4 Data for the period showed that Halton was above the Cheshire and Merseyside and national average (%) for face-to-face appointments, just below the Cheshire and Merseyside average, but below the national average for appointments provided by a GP, above both the Cheshire and Merseyside and National average for appointment provided on the day. The data showed that there were a significant number of 'did not attends' – over 2000 (almost 6%).

5.3.5 Within Cheshire and Merseyside, Cheshire has higher rates of access than Merseyside. Those with lower rates of access tend to correlate with areas of greater deprivation. Compared to areas in Cheshire, Halton has a greater challenge in the recruitment and retention of GPs, nurses, clinical pharmacy, and physiotherapists. Halton has 64.4 FTE GPs per 100,000 patients, 4th highest across Cheshire and Merseyside. There is a new General Practice Workforce group established by the Integrated Care Board to build links with regional Training Hub to access to support and training.

Patient Experience

5.3.6 National GP Patient Survey 2023 suggests that people's overall experience of general practice has dipped. Halton scored 69% positive

comments, broadly similar to the national and Cheshire and Merseyside averages.

5.3.7 Positive responses to 'experience of making an appointment' have fallen in Halton to 45%, mirroring the national and regional trends, but Halton performs worse than the national and Cheshire and Merseyside averages.

5.3.8 Positive responses to 'how easy is it to get through to someone at your GP practice on the phone?' have dropped to 38% for Halton, well below the national and Cheshire and Merseyside averages.

5.3.9 Positive responses to 'how easy is it to use your GP's website to look for information or access services?' is at 64%, similar to the national and Cheshire and Merseyside averages.

Recovering access to Primary Care

5.3.10 The ICB Primary Care Access Recovery Programme Board meets to monitor delivery the 'Primary Care Recovery' plan to further improve access to Primary Care. Primary Care is more than just access to a GP via a face-to-face appointment. Primary Care includes other health and care professionals, such as community pharmacists, physio therapists, practice nurses and advanced practitioners who can deliver health interventions and arrange onward referrals through a range of methods such as online, phone and face to face.

5.3.11 Aims of the plan are to reduce the barriers to accessing primary care and improve enablers to primary care access. Barriers include the 8am rush for appointments and appointment capacity, missed appointments, recruitment, and retention of staff and clinical professionals. Enablers include empowering and educating patients to navigate to the most appropriate service, manage expectations so that people know how their needs will be met when they contact their practice, manage increasing demands on primary care through developing modern general practice that is integrated with other services such as social care, building capacity within the current and future resources and cutting bureaucracy. A national bureaucracy busting concordat has been developed to reduce unnecessary bureaucracy and administrative in general practice with the intention releasing more time for care

5.3.12 **Key actions in the recovery plan are summarised below:**

- Improving information and NHS app functionality
- Increasing self-directed care
- Expanding community pharmacy
- Better digital telephony in GP practices
- Simpler online requests
- Faster navigation, assessment, and response
- Larger multidisciplinary teams

- Increase recruitment/retention
- Primary care estates/ anticipation of demand/capacity
- Improving the primary/secondary care interface
- Building on the Bureaucracy Busting Concordat

Conclusion

5.3.13 Timely access to Primary Care clearly can have a direct impact on health, and health inequality. The impact of clinical and other staff vacancies and an increasing demand for services provides may further exacerbate health inequalities in Halton. However, technology, public awareness campaigns and improved navigation can provide solutions to some of the key demands on Primary Care. Some of those solutions can be designed quickly and implemented at a local level (regional or place), others may require wider NHS input taking more time, such as technology/telephony systems.

5.3.14 The COVID impact legacy of how Primary Care operated during the peak pandemic response is still evident in people's actual experiences and perceptions of access to Primary Care and their experience of using Primary Care, as shown in the survey results.

5.3.15 Data shows that over 700,000 primary care appointments were undertaken during 2022-2023 in Halton, however patient experience results show a reduction in patient satisfaction and ease in getting an appointment. Whilst not all appointments were face to face, or with a GP, this reflects how Primary Care is working to maximise capacity through the skills and services of other practitioners and by alternative methods which may better suit a patient's needs. There is work required to ensure that people understand the options and opportunities available to them in primary care to improve satisfaction and positive experience.

5.3.16 Building capacity by utilising a wider multi-disciplinary team will help build modern general practice and ensure that people are seen in a timelier manner and by the most appropriate person, which might not always be a GP i.e., a physio or pharmacist.

5.3.17 Care navigation can also ensure that patients get the right service at the right time. This can be supported through improvements in telephony, GP websites and NHS app.

5.3.18 Delivery of the recovery plan, and improved access to Primary Care, is a long process with many complexities and risks.

5.3.19 Recruitment and retention is a challenge, not only for GPs, but other supporting professionals.

5.3.20 Recommendations:

- Key to delivery of the plan is how general practice **works more closely with, and builds on existing relationships with, the 3rd sector.** Voluntary and Community sector stakeholders must be actively involved at each stage of the delivery plan. A cautious approach should be taken as to how much the Voluntary and Community sector can deliver to support Primary Care as the sector is under increased pressure and funding constraints itself.
- **The Primary Care workforce** needs support to be resilient to aid retention and attract people in. Promotion through regional and national health and social care networks of opportunities in Halton should be a priority.
- **Improved navigation support** to help people access the most appropriate care at the right time. Investment in telephony and other navigation aids, such as websites and other media channels, could be considered.
- **Information provided by GP practices in letters, on line etc** to include information for the public about the range of other practitioners, services and methods of engagement used in Primary Care to bust the myth that Primary Care is just about seeing a GP and empower people to access the most appropriate course of action.
- **Public health to work with the ICB to share with Primary Care information** about public health interventions, and wider cost of living information and support, for both staff and the public.
- **Work should be undertaken to better understand the causes of 'did not attends' (DNAs)** and action taken to reduce the number of DNAs

5.4 Evidence Area 4 – Housing

5.4.1 Housing security, quality of accommodation and factors that increase the risk of homelessness have a direct effect on the health and wellbeing of people. It also affects the overall wellbeing and sustainability of neighbourhoods due to lack of settled communities which can lead to a reduction in community cohesion. Being homeless can make it more difficult for people to obtain work and losing a job can make homelessness a greater risk. This impacts on health inequalities and wider determinants of health such as the local economy for the wider community, as well as community and individual safety.

5.4.2 HBCs Housing Solutions Team help prevent, and support, people who are threatened with homelessness in Halton, providing a community focussed and accessible service to ensure people know where and how they can seek help and assistance to prevent them becoming homeless and receive a confidential housing options service.

- The team is made up of 16 Officers and 2 external commissioned officers.
- The team respond to housing /homeless enquiries in person, via advice surgeries held across the borough, over the phone and in response to intelligence relating to homelessness/potential homelessness from other stakeholders.

5.4.3 Local statistics show an increase in the number of people presenting as homeless, as shown in the table below, with increases projected for future years.

Homelessness Presentations	Apr 2021 – Mar 2022	Apr 2022 – Mar 2023
Presentations	2039	3156
Homelessness Relief	986	1180
Homelessness Prevention	757	1423
Statutory Homeless	190	433

5.4.4 The different forms of homelessness include:

- *Statutory Homeless defined as:*

- have no accommodation available to occupy.
- are at risk of violence or domestic abuse.
- have accommodation but it is not reasonable for them to continue to occupy it.
- have accommodation but cannot secure entry to it.
- have no legal right to occupy their accommodation.
- live in a mobile home or houseboat but have no place to put it or live in it.

- *Single Homeless* - Single people, without families.

- *Street Homeless* – People sleeping rough.

- *Hidden Homeless* - People who 'sofa surf' with no fixed abode.

5.4.5 Factors that increase the risk of homelessness in Halton include:

- Economic – debt, unemployment
- Housing – availability, affordability, decency
- Interpersonal – relationships, crime
- Individual – health, education
- Rough Sleeping – no recourse to public funds

5.4.6 The council has a legal duty to offer temporary accommodation if someone meets the priority need criteria. Commissioned temporary accommodation in Halton currently includes:

Halton Lodge, Runcorn	66-bed hostel for single homeless 3 X sit up spaces for rough sleepers
Grangeway Court, Runcorn	14 self-contained units for families / couple
Brennan Lodge, Widnes	39 bed hostel for single Homeless

	40
Domestic Abuse Refuge	12 self-contained units for domestic abuse clients
Nightstop	3 units for families
Bed & Breakfast usage	As required

5.4.7 Whilst numbers are low, Halton has seen an increase of new rough sleepers, along with entrenched rough sleepers resistant to service provision. These tend to be predominantly male (88%) and usually white (77%), though increasing numbers from ethnic minorities than 10 years ago, usually aged between 25 and 45 years. Halton's rough sleepers have a range of support needs (48% alcohol, 41% drugs, 35% mental health), often with an institutional history – 39% have been in prison (though not necessarily recently), 12% in care and 5% in the armed forces. Some are migrants without recourse to public funds.

5.4.8 Several local emerging issues and current challenges have been identified which may impact on people's ability to sustain tenancies, maintain the security of a home, and live in decent and appropriate accommodation, all of which have a knock-on effect on physical and mental health. These issues include:

- Landlords moving established tenants out and new tenants in with a higher rent.
- Housing allowance doesn't currently align to market rates.
- Negative decisions on whether someone is classed as statutory homeless. then leading to rough sleeping/sofa surfing.

5.4.9 In response to this, there are several local interventions in place to try and mitigate the impacts. These include:

- ✓ Mental health drop-ins with dedicated officer who can support accelerated homelessness assessments.
- ✓ Multi agency approach to undertake housing assessments, provide advice and assistance to tenant experiencing property in disrepair and unsuitability.
- ✓ Community based drop-in services to provide housing and support advice to people with substance misuse issues.
- ✓ Liaise directly with hospitals to address hospital discharge at early stages through client visits in hospital to complete homelessness assessments to devise move on plan.
- ✓ Promote service provision through stakeholders to encourage early intervention approach.
- ✓ Trailblazers – working with landlords on disrepair issues.
- ✓ Asylum Seekers support – Officer and Red Cross work with people to access homelessness assessment and sign posting to other support.
- ✓ Citizens Advice Bureau - Working with the Courts to do adjournments until a person has received debt advice. This is working particularly well.
- ✓ There has been levelling up funding for Halton to increase preventive incentives, such as furniture gift packages, bond guarantee schemes, private landlord forum (to be reestablished).

✓ Private landlord forum to be re-established.

Conclusion

5.4.10 Currently, the local homelessness prevention and housing support sector mirrors national trends in which there is increasing demand for prevention and support services, there is disparity in affordability of accommodations, increasing demand for accommodation and insufficient supply of suitable accommodations. The local housing strategy is under development to look at better use of/support to landlords and increasing the number of available properties in the borough. This includes looking at potential units at Columba Hall currently occupied by out of borough families but could provide 24 suitable accommodations for local families when current occupants are moved on as part of a planned exit strategy. Grangeway Court is also being considered for a refurbishment to bring temporary accommodation units back into use.

5.4.11 The size of the housing register waiting list is projected to increase. Currently the average waiting time for a family from registration to accommodation, can be in the region of 46 weeks*. The property allocation system, Property Pool Plus (PPP,) has recently been updated and should reduce some of the issues people have experienced around waiting times and there is an improved appeal process for priority banding available to try and improve people's experiences. The new system will be live from November 2023 and information about it has been presented to HBC Executive Board with Member training to be arranged. **The average waiting time for social housing accommodation is 46 weeks, though, this may vary dependent upon the housing requirements of the client. E.g., adapted accommodation is of a high demand and therefore waiting times are much higher and can be 2 years plus. Also, demand for larger 4/5 bed properties is another exception to the average waiting time.*

5.4.12 Recommendations:

- An options paper will be going to Executive Board in the new year to discuss the **future direction of the housing allocation system** and whether Halton will continue with PPP. (Options likely to include retain PPP, develop an LCR allocation system or develop a local allocation system). Members should attend scheduled training sessions on PPP to understand changes to the system to be able to further understand the implications of proposed options.
- Members of the group felt that as housing supply and demand issues are projected to increase and there may be a need for **more diverse Members input into housing related decision making.** Housing should be promoted as a priority for all Members.
- Whilst members have looked at housing from a health perspective it was acknowledged **that a more strategic oversight of housing was required** in order to understand and respond to housing needs in the borough and this sat outside the remit of the current scrutiny review.

- HBC to continue to **communicate findings of negative decisions leading to an increase in rough sleeping and hidden homeless to the Department for Communities**.
- **Members should be kept up to date with the progress of the planned exit strategy for Asylum seekers** from other local authorities who are currently using the Hillcrest Hotel (Widnes).
- **The Homelessness strategy** should consider potential for bringing back current void properties within the borough to maximise local housing stock options. The strategy should be widely shared with all stakeholders to support a cohesive approach to accessing funding grants, improving housing options, reducing homelessness and delivering associated support services.

5.5 Evidence area 5 – Transport

5.5.1 Transport plays an important role in enabling people to maintain independence, increase social interaction and access employment, health, leisure, and recreation opportunities. Access to transport is recognised as a wider determinant of health.

5.5.2 HBCs Transport division has a range of functions:

5.5.3 **Public transport** – information provision and infrastructure
The council support some commercial bus services where it is not commercially viable for the provider, but are socially necessary ie to access employment, health and leisure hubs. It was noted that since the £2 fare cap in September 2022 there has been an 18% increase in public transport journeys, which is a positive.

- In the last 12 months there were 5.5 million passenger journeys in Halton, which is unprecedented. That is a significant number for a population of approx. 130K.
- HBC Transport have supported several bus routes to employment sites, hospitals and leisure and recreation sites where the routes are not commercially viable at certain times/frequencies. Subsidising these services is costly, but essential to maintain social inclusion.
- Currently, the main Warrington, St Helens, Whiston and Halton hospitals are relatively well served by the bus/supported bus network.

5.5.4 **Specialist door to door transport** – Dial a Ride contract
Halton Community Transport contract delivers Dial a Ride. There has been a year-on-year increase in demand for this service that supports social inclusion for people unable to use commercial bus services. There are potential emerging issues with a change in HCT business model as they are transporting increased numbers of people to medical appointments. This is impacting on availability for people accessing transport for social reasons. The service relies on volunteer drivers, of which there are fewer available. The Merseylink Dial-A-Ride service (also operated by HCT) does not support any form of medical appointment transport, HCT are strongly considering a similar model. This could result in a high number of missed appointments, but it would ensure (with an increasing demand) that

other passengers are able to book onto the transport for social purposes and can remain active and independent.

5.5.5 **Fleet transport** – social care transport provision
HBC in house fleet is doing in the region of 42K journeys per year transporting adults with social care needs. This is largely done through the fleet of minibuses and wheelchair accessible cars owned and operated by the Council, but with some taxi contracts in place also. There is a projected year on year increase in demand for this service.

5.5.6 **Travel training to access education**
Travel training is currently available for young people and those moving through transition to adult services. It was discussed about the lack of travel training available to other vulnerable cohorts, such as people with mental health issues and how it could benefit others to access employment, health etc. Travel training in young people has proven to be successful in building knowledge and confidence.

5.5.7 **Promote active travel** ie walking, cycling

Conclusion

5.5.9 There are challenges facing the Transport division, including increased operating costs v's funding, understanding usage/demand for supported bus services and increase in age related Community Transport usage and the impact of changes to Halton Community Transport business model.

5.5.10 The withdrawal of Halton Transport had a significant impact on the public bus network, with the reduction of routes/frequencies that were not picked up by other commercial operators as they were not financially viable. Where HBC has supported some of those routes there has been a significant financial implication for the council.

5.5.11 Dial-A-Ride members state regularly that when they travel on community transport this is the only time they socialise and interact with others. The value of being able to access appropriate transport methods, with the frequencies and routes that are in demand, should not be underestimated and should be recognised by Members as a valuable enabler to reduce health inequalities.

5.5.12 Recommendations:

- Where HBC is supporting routes and frequencies that would not be picked up by commercial operators, **analysis of usage and consideration of alternative frequencies/times should be robust** to ensure best value for money. Collecting an evidence base for maintaining these routes to link people to employment, education, health and recreation should be a priority, and risk assessments undertaken.
- **Potential changes to Halton Community Transport business model should be closely monitored by HBC Transport** to ensure that service capacity is maximised to maintain services that promote social connection

and reduce social isolation. Risk analysis and options to mitigate the impact of reduced medical appointment transport should be considered.

- It is acknowledged that there are currently gaps in the evening network and frequencies to some education establishments. **Further analysis of supported bus service usage data is required to modify frequency/routes to best meet peoples' needs.**
- **HBC to be actively involved in consultation** relating to the Liverpool City Region (LCR) Transport Franchise Model to ensure that the needs of the borough are represented.
- Active travel not only promotes health and wellbeing through increase physical activity but is 'green' and sustainable. **Active travel should be widely promoted within the community and key stakeholders with easily accessible information** on routes, methods of active travel and signposting to other useful 'active' resources.

5.6 Evidence area 6 – Employment, Skills and Health

5.6.1 Employment is a key determinant of health/health inequality in Halton. Health and employment are intrinsically linked– a person's health may determine their ability to work, what work they take or how frequently they can work. Unemployment is a primary determinant of a person's economic situation, and possibly then their ability to maintain a healthy lifestyle and build economic and social resilience and good mental health.

5.6.2 Halton People into Jobs (HPIJ) therefore is making the links to health as a key determinant of someone's ability to access and maintain employment through proactively working with key employment and health partners such as the Department for Work and Pensions, HBC's Adult Learning and Skills department and HBC's Health Improvement Team (HIT) to deliver a wide range of interventions.

5.6.3 In response to learning from the Halton Employment Partnership, a multiagency group that works to identify barriers and solutions to employment, skills, recruitment, retention and employment sustainability through 'in work support', HPIJ has developed a comprehensive range of services addressing health and wellbeing issues that may pose a barrier for people to access work, or skills training. A summary of the support programmes is shown below:

Halton People into Jobs	Adult Learning & Skills	Halton Employment Partnership
▪ Ways to Work Programme ▪ Work and Health Programme ▪ Pioneer Support Programme ▪ Restart Programme ▪ Supported Internship Programme (cross Division) ▪ Free recruitment and job matching service to employers ▪ ILM – wage subsidy programme ▪ HPIJ1 and HPIJ2 Church Street ▪ HPIJ Kingsway Learning Centre	▪ Mental health and wellbeing offer ▪ Maths, English and ICT ▪ Employability provision ▪ Personal development ▪ ESOL provision ▪ Pathways to Teaching ▪ Quality and Learner Experience ▪ Learner Voice ▪ Kingsway Learning Centre & Acorn Learning Centre	▪ Partnership that contributes to the councils corporate plan ▪ Act as the main point of contact for employers (large scale projects) ▪ Supports business solutions and interventions, which will assist local employers with recruitment, skills, apprenticeships, grants etc. ▪ Supports development of bids for funding which will support local businesses to employ local people ▪ Assists businesses in achieving relevant employment and skills KPIs/social value outputs ▪ Signposts employers to a range of available support services e.g. Skills Brokerage Service

5.6.4 HPIJ has two bases in Widnes from which it delivers the above programmes, and two in Runcorn. All the above programmes are predicated around providing a personalised, holistic approach to providing information advice and guidance on not only accessing suitable employment opportunities and skills training, but addressing barriers that have prevented them from doing so previously. People are supported to develop realistic and sustainable employment goals and a course of action to achieve them.

5.6.5 The key cohorts supported by HPIJ are:

- Unemployed people
- Economically inactive
- People residing in economically deprived wards
- health condition or disability (physical, mental health, learning difficulty)
- a carer or former carer
- a homeless person
- a former member (or partner) of His Majesty's (HM) armed forces
- a member (or partner) of the HM armed forces reserves
- a care leaver / NEET young person
- a young person in a gang or at risk of being involved with a gang
- a refugee
- a victim of domestic violence
- dependent (or have been dependent) on drugs or alcohol and it's preventing you from getting work
- an ex-offender and you've completed a custodial or community sentence or an offender serving a community sentence

5.6.6 Subject to eligibility, depending on what HPIJ programme a person accesses, practical support on offer includes:

- Full assessment of the individual's goals, barriers and circumstances

- Reverse marketing to potential employers, targeting companies and organisations that have realistic and sustainable employment opportunities.
- Information, advice, and guidance on realistic employment opportunities
- Access to funding for interview/work clothes
- Access to funding for employment skills training and education qualifications, such as literacy and numeracy.
- Access to funding to remove barriers to employment such as short term funding for transport or one off payments to purchase a bike, for example.
- Access to funding to purchase employment essentials such as licenses.
- Self-care packages containing personal hygiene products.
- Supported Internships and In work support

5.6.7 Collaboration with Public Health's HIT means bespoke packages of health and employment support can be offered to people whose health and wellbeing circumstances are identified as a barrier them from accessing employment.

5.6.8 HIT health trainers provide health screening for mental health and physical health through NHS Health Checks for HPIJ clients identified as having a potential health and wellbeing barrier to employment. People are supported by HIT to set health and wellbeing goals, which are then addressed through a range of bespoke services, such as weight management programmes, exercise on prescription and condition information and management workshops.

5.6.9 Through a successful funding bid, HPIJ and HIT were able to do some small-scale research about what prevents people from accessing employment and skills opportunities through a series of interviews with HPIJ clients, which resulted in the introduction of weekend lifestyle clinics and health checks.

5.6.10 The work of HPIJ, Adult Learning and Skills and Health Improvement team have evidenced the following outcomes from their programmes:

Halton People into Jobs	Halton Adult Learning
▪ Local residents supported into paid employment	▪ Attendance rates
▪ Local residents into self-employment	▪ Achievement rates
▪ Completion paid/unpaid work placement	▪ Retention rates
▪ Completion of training	▪ Progression into employment
▪ Addressed barriers to work	▪ Increased confidence levels
▪ Accessed support or specialist services to manage condition to start or retain employment	▪ Increased motivation
▪ Increased confidence levels	
▪ Increased motivation	
▪ Increased engagement (reduction in social exclusion)	

5.6.11 People who have used HPIJ services have provdied the following feedback:

- ""Just to update you on yesterdays interview. They rang me yesterday afternoon to tell me I GOT THE JOB !!!! I'm really shocked but so pleased. It's all down to all your help & support with all those interview preps we've done so thanks so much!"
- "Made a fundamental difference for me. When we met I had basically no hope of re-entering the workforce, convinced that I had nothing of value to offer and frankly discouraged from trying, but today I feel like I'm living in an entirely different world"
- "I've got hope, some confidence and even ambition. I'm collaborating with peers to work on projects"
- "I'm attending training courses, and I'm applying for roles that I'd previously have disregarded"
- "Brilliant service, felt motivated for my journey for looking work and get more information how to develop myself"
- "Kind, supportive, understanding and flexible to meet my needs"
- "I know what I can expect and I'm feeling very positive and in good hands"
- "Communication inspiration and really good support thank you"
- "I was petrified when I first came here. Now I love coming here for appointments"
- "Looking forward to advancing in my job search with a very helpful and knowledgeable advisor"
- "The support I have received has been amazing. My advisor has pushed me beyond my limits"
- Good communication/organisation/supportive/enthusiastic"

Conclusion

5.6.12 HPIJ offers impartial advice and tailored packages of support through partnership working and collaboration with other services to remove barriers to employment.

5.6.13 The collaboration between HPIJ and HIT ensures that people are getting the right help at the right time. Addressing health and wellbeing barriers helps people find the right kind of work and aids sustainability of employment.

5.6.14 The cost-of-living crisis has disproportionately affected people with existing poor health, further impacting their ability to maintain a healthy lifestyle. This in turn affects their ability to enter/sustain employment. Linking with HIT has provide HPIJ clients with direct access to specialist signposting and support to mitigate some of the impact.

5.6.15 Capacity within the Learning and Skills department has been affected by the ability to recruit tutors, however, the department has adopted a 'grow our own' approach and offers opportunities to train as a tutor.

5.6.16 Recommendations

- A focus should remain on **community engagement and marketing** of HPIJ to raise the profile of the Employment Learning and Skills service to both Halton residents and employers – promoting the range of support to reach key cohorts.
- **Relationship building** with the Department of Work and Pensions (DWP) is key to maintaining consistent level of referrals needed to our DWP funded programmes i.e. Restart, Work and Health Programme by Jobcentre Plus

- Ensure that **appropriate referrals** are made to the Supported Internship Programme to maximise support on offer to young people with an Education, Health and Care Plan.
- Consideration should be given to **funding** post March 2025, Future funding has more of an increased focus on supporting economically inactive cohorts– however, there are emerging cohorts that may not recognise themselves as being in need/eligible for support, such as people affected by the cost-of-living crisis, people not previously unemployed and those impacted by redundancy etc.
- **HPIJ should continue to promote the Disability Confidence accreditation** through signposting and providing information on how employers can access the scheme.
- **Promote the Liverpool City Region (LCR) Fair Employment Charter** to prospective employers.
- **Seek employment opportunities with employing organisations that meet the National Living Wage.**
- **HPIJ to provide an update report** on outcomes and emerging issues to HPPB.

5.7 Evidence area 7 – Income Maximisation

5.7.1 Maximising income is an important service provided by HBCs Benefits Division, as it is often the most vulnerable people who are eligible for statutory benefits, discretionary benefits, short term cost of living support and welfare benefits advice.

5.7.2 Statutory benefits delivered by Benefits Division include Housing Benefit and Council Tax Reduction, with the main case load (approx. 90%) being in Council Tax Reduction cases (in the region of 11,000 cases).

5.7.3 Discretionary Housing Payment is a non-statutory benefit administered by the Division that provides short term help with rent for claimants receiving housing benefit or housing element of Universal Credit. The grant allocation from central government has been reduced over the last 3 years. The table below shows spend and number of payment allocations:

Year	DHP spend	Number of applications	Number of awards	Number of refusals
2020/21	£527,396	1,390	1,007	383
2021/22	£394,071	1,207	736	471
2022/23	£279,321	1,251	828	423
1/4/23 – 30/9/23	£110,907	463	366	97

5.7.4 Period of award is 18 weeks and a claimant may receive 2 awards. A Common reason for refusal is claimant not providing sufficient information.

5.7.5 The Discretionary Support Scheme is a local welfare scheme that has been in operation since 2013, which provides short term assistance with emergency support and community support. Emergency support

comprises of food parcels and assistance with gas and electric. Community support relates to help setting up a home, such as providing kitchen equipment, beds, bedding and other essential items to furnish a home. To be eligible for community support an applicant must be receiving a means tested benefit. The Discretionary Support Scheme operates in accordance with a member approved policy and applications are made by telephone. There are a high number of refusals for this scheme, largely due to the claimant's income being too high or not providing sufficient evidence.

5.7.6 The Household Support Fund is a scheme introduced by the government to assist with the cost of living. The government introduced this fund in October 2021, and has released funds in 6 monthly tranches (although the most recent tranche was 12 months), this has made it quite difficult to coordinate.

5.7.7 The spend for this grant is shown below:

Spend for period 1st October 2022 – 31st March 2023

Area of spend	Amount
Free school meal vouchers £12/week for school holidays	£536,592
Vulnerable pensioner household payment £100 (4,055 pensioners)	£405,500
Discretionary Support Scheme	£167,314
Halton Citizens Advice Bureau	£49,977
Runcorn Foodbank	£10,000
Widnes Foodbank	£10,000
Holiday Activity Food programme	£5,000
Energy Projects Plus	£9,745
Halton Voluntary Action	£10,000
Total	£1,204,128

5.7.8 The Welfare Rights Service sits within the Division and offers specialist advice on:

- Welfare rights
- Benefit checks and calculations
- Assistance with completing complex benefits applications
- Advocating in decision tribunals

5.7.9 The service supports people to access the right benefits in a timely manner through face to face and telephone appointments.

5.7.10 Specialist debt advisors within the service have limited capacity, so support is for referred clients only. McMillan Welfare Rights Advisors provide specific support to people with cancer or other life limiting illness.

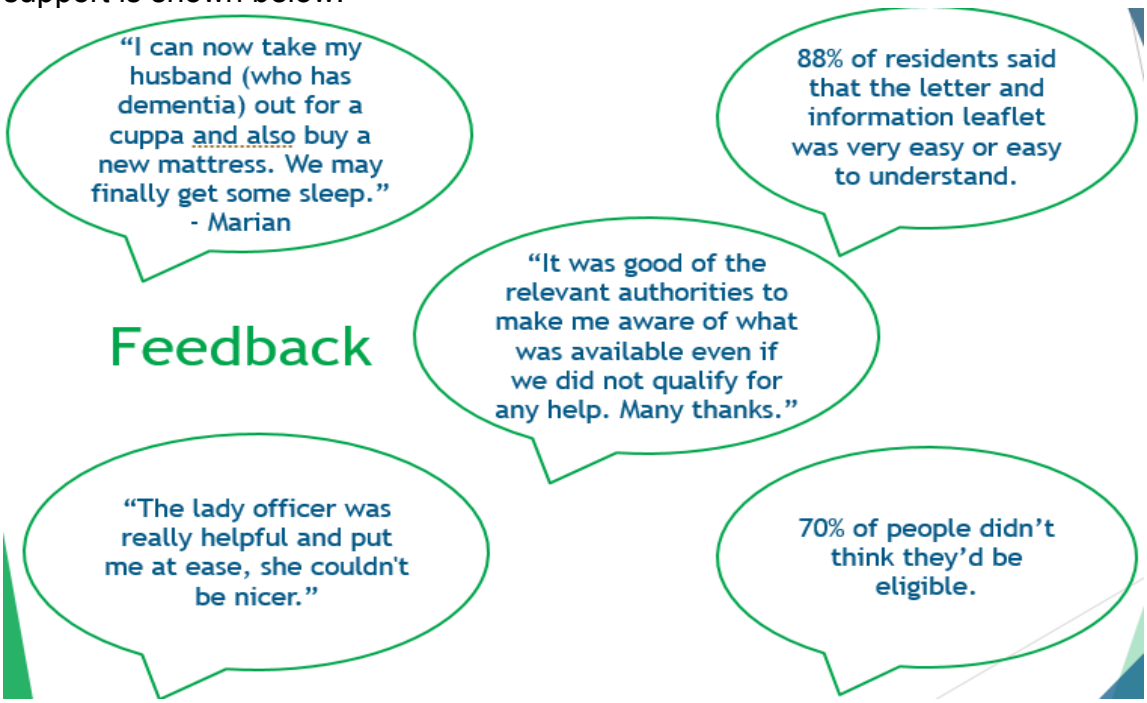
5.7.11 Over 2022/23 the Welfare Rights service has brought over £2.5 million in benefit income to Halton residents through the identification and successful application for benefits that they had not rightfully claimed.

5.7.12 Public Health worked with Welfare Rights service to identify people who may be eligible for Pension Credits and undertook a campaign to contact them to inform them of the process of applying. Nine hundred residents received a letter, of which 240 responded and received a 1:1 appointment to get support to complete the application, with 77 going on to complete the application. The outcomes of which is shown below:

- £137,608 - Pension Credit take up annually
- £1,067,457 - Lifetime value (to 80 years)
- £5.20 - £8,671 - Range of annual income

5.7.13 Pension credit is a 'gateway' benefit, that opens up eligability to a range of other benefits, including cold weather payments, help with dental treatment and free TV licence.

5.7.14 Feedback received from people who had benefited from the contact and support is shown below:



5.7.15 Healthy Start supports families of children aged 0-4 years in means tested benefits through access to food and milk vouchers. Halton has the 10th highest sign up through a targeted approach, working with family hubs and data focused signposting to help people navigate the benefits system.

Conclusions

5.7.16 The benefit of increasing benefit income for Halton residents is multifaceted. It increases income into the household where there is a fixed income and may therefore help to alleviate financial pressures leading to health and other social drivers of health inequality. The increased spending power of households may then benefit the local economy.

5.7.17 Halton has demonstrated how targeted, proactive engagement can help people benefit form Pension Credits and Healthy Start, in particular, with good take up levels and income maximisation results.

5.7.18 There are emerging cohorts of people who may not identify themselves as being in need or eligible for statutory or discretionary benefits, such as older people or people in employment, or who have previously not claimed any benefits. There has historically been a stigma associated with claiming both statutory and discretionary benefits, which may be a barrier to people who are eligible.

5.7.19 There are a high number of rejected claims, largely due to income being too high or not meeting other eligibility criteria. For those who do not engage with the process or provide sufficient evidence beyond initial contact, a number of these may be eligible, but could be put off pursuing due to the nature of the application process, or perceived nature of the application process.

5.7.20 There are an increasing number of households who have been affected by the cost-of-living crisis who do not meet benefits criteria, yet are in need.

5.7.21 Nationally there is a huge gap with unclaimed benefits (estimated around £19billion), it is likely that this picture is reflected locally.

5.7.22 Recommendations

- Focus should remain on **engaging with cohorts that may be eligible** for income maximisation schemes – through targeted approaches, with awareness raising and reducing stigma at the forefront of communications.
- Consideration should be given as to how **unclaimed benefits** could be utilised to support those who 'fall between the gaps'. This may require national lobbying.
- HBC to consider how more support can be put in place for people who want to claim benefits recognising that some may lack the skills and knowledge or might feel daunted by the process. Signpost ineligible clients to CAB and other voluntary sector groups who may be able to identify other relevant support.

6.0 Recommendations made to Health Policy and Performance Board

6.1 Each evidence area has generated several service specific recommendations to be considered as part of ongoing service

development and commissioning, however, there were common themes across all areas. In considering the evidence presented, Members propose the following recommendations for action;

	Thematic area	Recommendation
1	Partnership	Continue to build on relationships with key partners to develop approaches to engage with hard-to-reach cohorts through increasing awareness of the determinants of health inequality, reducing stigma associated with seeking help and developing effective pathways to support - Joining the dots between different agencies working with the different determinants of health inequality and helping people navigate effectively.
2	Communication	Community engagement and profile raising of the breadth of support available should be a priority. Individual service specific plans should be developed to ensure that a universal support offer is communicated. The plan should link existing local and national support for each determinant of health, considering how the most vulnerable and hard to reach cohorts can be informed of support through targeted, multi-channel approaches.
3	Lobbying /involvement in national action	On local issues identified in this report that may require a central solution, such as utilising unclaimed benefits, issues relating to housing and homelessness – Halton Borough Council and its key partners should actively engage in national lobbying and consultations. Members should be kept informed of key issues.
4	Risk Mitigation	Where risks are identified within service specific risk mitigation plans should be put in place – for example where funding models or changes in key partner business models are anticipated to have an impact on what/how services are delivered.
5	Service Specific Action Health Inequality Plan	Throughout this process, and outlined in this report, recommendations have been made that relate to each specific evidence area. These should be considered by service managers as part of business planning, service development and risk management.
6	Funding	Funding of commissioned services that support the determinants of health inequalities should be reviewed and reported to HPPB, to better understand the impact of short vs long term funding.
7	Social Prescribers	A request for a presentation on the activities of the ICB commissioned social connectors service to the HPPB so that the Board may better understand the role they play and impact on addressing health

		inequality in Halton.

6.2 The Chair thanks all Members, Officers and Contributors for their input to this scrutiny review.

Appendix 1 – Evidence presented to Members

Date	Time	Location	Theme	Speaker
Thursday 6th July	6pm	RTH CR 1	Background and timeframe of review	Dr Ifeoma Onyia – Director of Public Health
Thursday 31st August	6pm	RTH CR 1	Wider Determinants • Cost Of Living • Food • Warmth • Energy	Ian Baddily - Divisional Manager Matt Hancock - Public Health Wider Determinants Practice Manager
Thursday 28th Sept	6pm	RTH CR 1	Health care Interventions to reduce Health Inequalities	Tony Leo - ICB Place Director
Thursday 26th Oct	6pm	RTH Cr1	Wider Determinants • Housing • Transport to health and wellbeing hubs in the borough	Patricia Preston – Housing Solutions Manager Ian Boyd - Lead Officer Transport Co-ordination
NOV				
Thursday 30th Nov	6pm	RTH CR 1	Wider Determinants • Employment • Income Maximisation Support Schemes	Lynsey Carr - Halton Into Jobs (35mins) and Stephen Purcell - HIT Public Health Paul Garnett - Divisional Manager Benefits David Gray - Welfare Rights Manager Matt Hancock - Public Health Wider Determinants Practice Manager

Thematic Area	Presentation
Defining Health Inequalities	Improving%20health%20and%20reducing'
Public Health response to the cost of living crisis	PBB Current interventions.pptx
Improving access to Primary Care	Halton - General Practice Access HPPB
Housing and Homelessness	Homelessness%20Presentation%20Final.p|
Transport	PRESENTATION%20Transport.pptx
Employment, Skills and Health	Health%20Inequalities%20scrutiny%20revi
Income Maximisation	Pension%20Credit%20Powerpoint%20Fina Healthy%20Start%20Scheme.pptx Benefits%20Division%20presentation%20.