

# Public Document Pack



## Health Policy and Performance Board

Tuesday, 27 June 2023 at 6.30 p.m.  
Council Chamber, Runcorn Town Hall

S. Young

**Chief Executive**

### **BOARD MEMBERSHIP**

Councillor Eddie Dourley (Chair)	Labour
Councillor Sandra Baker (Vice-Chair)	Labour
Councillor Victoria Begg	Labour
Councillor Sian Davidson	Conservative
Councillor Mike Fry	Labour
Councillor Emma Garner	Labour
Councillor Louise Goodall	Labour
Councillor Chris Loftus	Labour
Councillor Louise Nolan	Labour
Councillor Tom Stretch	Labour
Councillor Sharon Thornton	Labour

*Please contact Ann Jones on 0151 511 8276 or e-mail [ann.jones@halton.gov.uk](mailto:ann.jones@halton.gov.uk) for further information.  
The next meeting of the Board is on Tuesday, 26 September 2023*

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

**Part I**

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	Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.	
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*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.*

**HEALTH POLICY AND PERFORMANCE BOARD**

*At a meeting of the Health Policy and Performance Board held on Tuesday, 14 February 2023 at the Council Chamber - Town Hall, Runcorn*

Present: Councillors P. Lloyd Jones (Chair), Baker (Vice-Chair), Ball, Bevan, J. Bradshaw, D. Cargill, Dourley, Leck, McDermott and Nolan and D. Wilson – Healthwatch Co-optee

Apologies for Absence: None

Absence declared on Council business: None

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

Also in attendance: A. Leo – Place Director One Halton, S. Constable, S. Kilkenny & S. Fields-Delaney – Warrington & Halton Teaching Hospitals NHS Foundation Trust and S. Brennan – Bridgewater Community Healthcare NHS Foundation Trust

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

	<i>Action</i>
HEA22 MINUTES	
The Minutes of the meeting held on 29 November 2022 were signed as a correct record.	
HEA23 PUBLIC QUESTION TIME	
It was confirmed that no public questions had been received.	
HEA24 HEALTH AND WELLBEING MINUTES	
The minutes from the Health and Wellbeing Board's meeting held on 12 October 2022 were submitted for the information of the Board.	
HEA25 RUNCORN URGENT TREATMENT CENTRE: UPDATE	
The Board considered a report of the Executive Director – Adults, which provided an update in relation to Runcorn Urgent Treatment Centre (UTC) and the current service offer delivered.	

The UTC in Runcorn was open 365 days a year from 8am to 9pm and was located at Halton Hospital. Patients could walk in or book appointments for a number of different conditions, as listed in the report. It was noted that there was a GP on site at Runcorn 7 days a week for 6 hours per day, as well as medical, nursing and administrative staff on each shift, providing a high quality urgent treatment service. It was highlighted that the service met all the requirements of the 2017 UTC National Standards and was one of the only UTCs in Cheshire and Merseyside to do so.

The report outlined the service offer in detail, which included the workforce, accessing the service, performance and activity, partnerships and collaborations and gave communication examples. Members were referred to the detailed performance information in Appendix 1; and Appendix 2 presented the full *Healthwatch* review report on the service in Halton for November / December 2022.

RESOLVED: That the Board notes the report and appendices.

### HEA26 WIDNES URGENT TREATMENT CENTRE: UPDATE

The Board considered a report of the Executive Director – Adults, which provided an update in relation to Widnes Urgent Treatment Centre (UTC) and the current service offer delivered.

Widnes UTC was open 365 days a year from 8am to 9pm and is located in the multi-service Health Care Resource Centre (HCRC) in Widnes. Patients could walk in or book appointments for a number of different conditions, as listed in the report. It was noted that there was a GP on site at Widnes 7 days a week for 6 hours per day, as well as medical, nursing and administrative staff on each shift, providing a high quality urgent treatment service. It was highlighted that the service met all the requirements of the 2017 UTC National Standards and was one of the only UTCs in Cheshire and Merseyside to do so.

The report outlined the service offer in detail, which included the workforce, accessing the service; performance and activity, partnerships and collaborations and gave examples of communications and promotions taking place.

Members were referred to the detailed performance information in Appendices 1 to 5, which presented comparisons with other UTC providers and other performance data.

Members requested clarity on situations where it was reported that some patients arriving at Widnes UTC were not seen at Widnes UTC, but referred to Whiston Hospital Emergency Department. It was commented that some patients required additional diagnostic tests that were not available at the UTC. Staffing levels were adequate at the UTC but some diagnostic testing required staff with additional skill sets that were only available at the Hospital, hence the referral. Decisions were made according to the needs of the patients and their safety. Broadly speaking, referrals happened occasionally, as most patients attending the UTC were treated there.

The following additional information was provided following Members questions:

- Each UTC had a close working relationship with its nearest Hospital – Runcorn UTC worked with Warrington Hospital and Widnes UTC worked with Whiston Hospital;
- There had been a recent increase in the 4-hour wait, which was dealt with by additional staff being on duty and increased partnership working; noted that Widnes UTC experiences a morning surge with people calling in before work etc;
- The communications campaign was rolled out in December 2022 so it was too early to tell if there were any results from this yet, such as successfully diverting patients from A&E to the UTC's;
- Healthwatch welcomed the communications campaign and offered assistance in raising awareness of this. They had carried out surveys in both UTC's recently and advised of two main areas of complaint: not enough waiting room capacity; and the lack of a dashboard for the queue, which would help patients to decide whether or not to wait or go back at a later time when it would be quieter; and
- Messages on health services were communicated to the residents of Halton who were given a choice about where to go for treatment to receive the care they needed.

RESOLVED: That the Board notes the report.

HEA27 SCRUTINY TOPIC 2022/23 OUTCOMES AND PROPOSED TOPICS 2023/24

The Board was presented with the draft report written in conclusion to the Scrutiny Review of Adult Social Care Workforce needs.

The report, titled *Health Policy and Performance Board Scrutiny Review: The Adult Social Care Workforce Report (December 2022)*, was attached as Appendix 1. It was commissioned by the Health Policy and Performance Board, in response to the continued pressures across the Adult Social Care system in relation to recruitment and retention and considerations around opportunities for development and progression within the sector.

Members agreed the findings of the report and endorsed its submission to the Executive Board.

The Board was requested to consider the Scrutiny topics for 2023/24, which had been discussed as part of Member involvement in the current business planning process. From this, a number of areas of activity were identified and grouped together under a single heading – *Health inequalities across Halton and approaches to reducing them*. The areas of focus were outlined in the report. It was agreed that the final topic brief would be ratified at the next meeting of the Board.

RESOLVED: That the Board

- 1) endorse the Scrutiny Review and its recommendations to go forward to the Executive Board; and
- 2) agree that the Scrutiny Review topic for 2023/24 is 'Health inequalities across Halton and approaches to reducing them'.

Executive Director  
of Adult Services

#### HEA28 THE STANDARDS FOR EMPLOYERS OF SOCIAL WORKERS AND THE SOCIAL WORK HEALTH CHECK

The Board received a report of the Executive Director – Adults, which provided an update regarding ongoing work taking place within Adult Social Care in relation to The Standards for Employers of Social Workers in England, which was published by the Local Government Association (LGA).

It was reported that in Autumn 2020, the LGA launched the refreshed Standards for Employers of Social Workers. The health check was a national survey run by the LGA and helped organisations consider how well they were performing in relation to the employer standards. The report provided Members with information on the results of the Social Work Health Check survey, conducted in 2021.

The report detailed the eight standards in place and it was stated that under each standard, there was a list of things that employers should do in order to meet those standards; Members were provided the respective website link to these to view more details.

It was reported that the Health Check survey for 2021 was co-ordinated at a national level with national, regional and local reports being produced. Halton's Social Workers took part in the survey between November 2021 and January 2022. The report gave details of questions asked and responses, as well as examples of statements made and the scores given. The report also presented the Framework and Improvement Plan, which addressed some of the main issues highlighted by the results from the 2021 Health Check.

Further to Members questions, the following was noted:

- The rate of turnover of Social Workers in Halton was improving but recruitment and retention remained challenging – work on the Halton offer was ongoing with the Council's HR Department;
- Some vacancies existed but were spread across Adult Social Care teams – there was a proactive approach being taken to recruitment for these; and
- The low response to the survey was questioned; it was suggested that reasons for this could be due to timing – some staff were on leave, it was close to Christmas time and some staff were off sick with Covid. The timing of the survey has been discussed with the LGA.

Members were advised that the 2022 Health Check survey was underway and being responded to between November 2022 and January 2023; a report on the results of the above survey would be brought to a future meeting of the Board.

RESOLVED: That the Board notes the report.

HEA29 PLANS FOR INTEGRATION : HEALTH & ADULT SOCIAL CARE

The Board considered a report of the Executive Director – Adults, which provided a summary on progress to date on the integration of Health and Adults Social Care services across One Halton.

Executive Director  
of Adult Services

It was reported that in Halton, a number of One Halton Board sub-committees were formed to progress aspects of the integration agenda. The main sub-committee focussing on the integration of health and adult social care is the Operations and Delivery Sub-Committee (ODSC). The ODSC was responsible for overseeing the operational delivery of the integrated local health and adult social care system in Halton. The Committee is chaired by the Director of Adult Social Services and membership of the group included a breadth of representation across the Health and Social Care system.

Members were advised that there were two priority aims that would help inform the ODSC Work Streams to be undertaken (1) to live and independent life; and (2) regain independence following a change in circumstances. The report provided information on the delivery plan and work streams relating to the following areas:

- Halton Integrated Care and Frailty Service;
- Hospital Discharge;
- Care Homes; and
- Future Work Streams

RESOLVED: That the report be noted.

HEA30 HEALTH BASED PRIORITY PERFORMANCE REPORTS :  
QUARTER 3 2022/23

The Board received the Performance Management Reports for quarter three of 2022/23.

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 three of 2022-23. 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.

RESOLVED: That the Performance Management reports for quarter three of 2022/23 be received.



**REPORT TO:** Health Policy & Performance Board

**DATE:** 27 June 2023

**REPORTING OFFICER:** Operational Director – Legal and Democratic Services

**SUBJECT:** Public Question Time

**WARD(s):** Borough-wide

### **1.0 PURPOSE OF 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 RECOMMENDED: 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**

None.

#### **5.0 OTHER IMPLICATIONS**

None.

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

6.1 **Children and Young People in Halton** - none.

6.2 **Employment, Learning and Skills in Halton** - none.

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

6.5 **Halton's Urban Renewal** – none.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

**8.0 CLIMATE CHANGE IMPLICATIONS**

8.1 None identified.

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

8.1 There are no background papers under the meaning of the Act.

**REPORT TO:** Health Policy and Performance Board

**DATE:** 27 June 2023

**REPORTING OFFICER:** Chief Executive

**SUBJECT:** Health and Wellbeing Minutes

**WARD(s):** Boroughwide

### **1.0 PURPOSE OF REPORT**

1.1 The Minutes of the Health and Wellbeing Board's meeting on 18 January 2023 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 Children and Young People in Halton**

None

#### **5.2 Employment, Learning and Skills in Halton**

None

#### **5.3 A Healthy Halton**

None

#### **5.4 A Safer Halton**

None

#### **5.5 Halton's Urban Renewal**

None

### **6.0 RISK ANALYSIS**

6.1 None.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

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

8.1 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, 18 January 2023 at the Karalius Suite - Halton Stadium, Widnes*

Present: Councillors Wright (Chair), T. McInerney, M. Binns, K. Butler, E. Bragger, J. Chow, L. Garner, J. Horsfall, T. Leo, W. Longshaw, D. Nolan, I. Onyia, K. Parker, H. Patel, S. Patel, W. Rourke, L. Thompson, S. Wallace-Bonner, J. Wallis, D. Wilson and S. Yeoman.

Apologies for Absence: Councillor J. Lowe and V. Elliot, P. Jones, N. Goodwin and M. Vasic

Absence declared on Council business: None

**ITEM DEALT WITH  
UNDER DUTIES  
EXERCISABLE BY THE BOARD**

*Action*

**HWB21 MINUTES OF LAST MEETING**

The Minutes of the meeting held on 12 October 2022 having been circulated were signed as a correct record.

**HWB22 HEALTH & WELLBEING BOARD STATUTORY GUIDANCE**

The Board received a report from the Director of Public Health regarding the new Health and Wellbeing Board guidance, which was introduced in November 2022 following the changes to the NHS and, in particular, the establishment of Integrated Care Boards (ICBs) and Integrated Care Systems (ICSs).

The intent of the guidance was to support ICB and ICP leaders, local authorities and Health and Wellbeing Boards to understand how they should work together to ensure effective system and place-based working. Joint working of these agencies would determine the integrated approach that would best deliver holistic care and prevention activities, including action on wider determinants in their communities.

The guidance provided examples of case studies that illustrated how other Health and Wellbeing Boards had adapted to the changes introduced by the Health and Care Act 2022.

**RESOLVED:** That the report and guidance document be noted.

## HWB23 ADULT SOCIAL CARE ANNUAL REPORT

The Board considered a report of the Executive Director, Adults, which presented the Adult Social Care Annual Report 2021/22. Whilst this was not a mandatory requirement, it remained supported as good practice by the Association of Directors of Adult Social Services (ADASS).

The Local Account took stock and reflected on how services had developed and been delivered throughout the period. It also assessed the impact on adults in the Borough who had care and support needs.

The report incorporated both responses to the COVID-19 pandemic and the re-opening of services when restrictions had been lifted.

RESOLVED: That the report be noted.

## HWB24 WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST UPDATES

The Board received a presentation from Lucy Gardner, Director of Strategy and Partnerships, Warrington & Halton Hospitals (WHH) which provided updates on:

**Anchor Institutes** – Anchor institutions were large organisations such as NHS trusts, which are unlikely, by their nature, to relocate, have a significant stake in their local area as a result, and have sizeable assets which can be used to support local community health and wellbeing, including tackling health inequalities.

WHH was an anchor institution. This meant that WHH had an opportunity to positively influence the health and wellbeing of the patients and local communities. A Board level commitment was in place to use the Trust's position and influence to work with others in responsible ways, to have an even greater impact on the wider factors that created happy, healthy and thriving communities.

An overview was provided on the WHH journey as an anchor institution and how this work was delivered through several initiatives, including the Halton Health Hub, the Community Diagnostic Centre and the emerging Health and Education Hub.

The presentation provided a progress update as WHH continued to mature as an anchor institution and advance the Trust's commitment to tackling health

inequalities, whilst striving to achieve the NHS Green Plan objectives and boosting opportunities to make a positive social impact.

The Board received an update following the completion of the project to develop an out-of-hospital hub to deliver clinical outpatient services from Runcorn Shopping City and opportunities for future development.

**Halton & Warrington Community Diagnostic Centre** - The Trust had been successful in bidding for brand new capital and revenue funding from NHS England to develop a Community Diagnostic Centre (CDC) at the Halton site, to deliver capacity for an additional c211,000 diagnostic tests by the end of 2024.

Phase 1 was the CDC Fast Track, planned to be operational by March 2023. This was to design and build a new multi-storey car park and refurbish the Nightingale Building to create:

- 3 x cardio-respiratory rooms;
- 2 x ultrasound rooms;
- 1 x phlebotomy room;
- 1 x point of care testing room;
- 1 x medical records store;
- 1 x IT room; and
- Adequate waiting areas.

Phase 2 was the large scale CDC and it was anticipated that this would be completed by July 2024. Further updates would be provided in due course.

**Halton Health Hub** – In November 2022 the Trust welcomed its first patients to the Halton Health Hub which was a result of a partnership between WHH, Halton Borough Council and the Liverpool City Region. The services delivered in the first instance were:

- Paediatric Optometry / Orthoptics;
- Paediatric Dietetics;
- Adult Optometry / Orthoptics;
- Adult Dietetics; and
- Over 55 Hearing Screening and Assessment.

**Progress of the Development of the Runcorn Health and Education Hub** - WHH, in partnership with Halton Borough Council (HBC), Riverside College, Bridgewater Community Healthcare NHS Foundation Trust (BCH) and Mersey Care NHS Foundation Trust, developed



a project to create a Health and Education Hub in Runcorn as part of Reconnecting Runcorn Town Deal project.

The Health and Education Hub project was one of seven projects within the Runcorn Town Deal “Reconnecting Runcorn” plan. The focus of the hub was for families and young people, with some specific support for other demographics. Services currently planned included:

- Preventative services;
- Women and children’s services;
- Services for people with long term conditions;
- Health skills and training alongside work experience opportunities; and
- Access to employment support.

The presentation outlined the progress and the next steps.

RESOLVED: The Board noted the contents of the presentation and supported the Trusts plan for development of the CDC at its Halton site.

#### HWB25 PLACE SHAPING FOR HEALTHIER COMMUNITIES

The Board received a presentation from the Operational Director, Economy, Enterprise and Property, which provided an overview on Place Shaping for Healthier Communities.

Place shaping was defined as putting an individual stamp on an area. This derived from the Lyons Enquiry (2004-2007) which suggested that Local Governments’ should be the voice of a whole community and as “an agent of place”. Place shaping was fundamental to enabling vibrant communities, planning for what assets, housing and infrastructure would facilitate wellbeing, healthier communities and support communities facing inequalities.

The Board received presentations from Hitesh Patel from Citizens Advice Halton and Joseph Chow from Community Shop. Both of these services located in Halton Lea Ward and served the whole Borough. The presentations described the assets of each service and how they impacted the residents of Halton.

RESOLVED: That the report and contents of the presentation be noted.

## HWB26 ONE HALTON COMMUNITY GRANTS

The Board considered a report from Nicola Goodwin, One Halton Senior Programme Manager, regarding the launch of the One Halton Community Grants scheme in January 2023.

One Halton developed a community grants programme which was agreed by the Finance and Performance Committee in November 2022. This would support engagement with One Halton at grass roots enabling community led activity to directly relate to the strategy's objectives and ambitions around:-

- **Starting Well** - supporting families in financial hardship and enabling child development for speech & language and school readiness through play and family engaging activities;
- **Living Well** – changing lifestyle factors to improve health and wellbeing, increasing levels of physical activity, support to increase employability skills i.e. volunteering opportunities, digital skills development;
- **Ageing Well** – to support people to live an independent life, support people to regain independence following a change in circumstances.

The grant fund was £70,000 and initially available until 31 March 2024. This would provide an indicative allocation of £17,500 for Runcorn and Widnes each year. The grants programme would be administered by the Council's Community Development Team on behalf of One Halton.

Half-yearly reports on the grant delivery would be reported to the One Halton Finance and Performance Group and periodic reports would be brought to the Health and Wellbeing Board as necessary.

The Board was asked to promote these grants across their respective networks.

RESOLVED: That the report be noted.

## HWB27 ADULT SOCIAL CARE DISCHARGE FUND

The Board received a report from the Executive Director, Adult Services regarding the Adult Social Care (ASC) Discharge Fund Plan 2022/23.

Due to the national issue of delayed discharges from hospitals, funding had been allocated to local areas to help

try and reduce delayed discharges over the Winter period. It was noted 40% of the allocations to local areas had been distributed directly to Local Authorities, based on the Adult Social Care Relative Needs Formula (RNF) and 60% of the funding had been distributed to Integrated Care Boards, targeted at those areas experiencing the greatest discharge delays. The available funding was expected to be pooled into local area Better Care Funds.

The first tranche of funding (40%) was received in December 2022 and the second tranche (60%) was received in January 2023. Halton's planned spending report outlined the prioritised approaches that would be most effective in freeing up the maximum number of hospital beds and reducing bed days lost.

RESOLVED: That the report and appendix be noted.

HWB28 HALTON SAFEGUARDING ADULTS BOARD - ANNUAL REPORT 2021/22

The Board considered a report from the Executive Director, Adults regarding the Halton Safeguarding Adults Board Annual Report 2021/22.

Under the Care Act 2014, all Safeguarding Adults Boards are required to produce an annual report which summarised all of the key achievements and priorities the Board had been working towards over the past 12 months. The report set out the national and local developments on safeguarding adults at risk. This included work undertaken to support asylum seekers and refugees; supporting National Safeguarding Week and hosting a strategic planning event for Board members to agree key priorities for the Safeguarding Board going forward.

The report also contained key performance information, taken from the Safeguarding Adults Collection; a statutory return for all local authorities. It was noted that there had been a 10% increase in the number of safeguarding concerns received in 2021-22 compared to the previous year. In Halton, an adult at risk is most likely to be a female aged over 65 and living in their own home. There was also a 32% increase in the number of Deprivation of Liberty Safeguard applications compared to 2020-21.

RESOLVED: That the report be noted.

*Meeting ended at 3.50pm*

<b>REPORT TO:</b>	Health Policy & Performance Board
<b>DATE:</b>	27 <sup>th</sup> June 2023
<b>REPORTING OFFICER:</b>	Strategic Director, Adults
<b>PORTFOLIO:</b>	Adult Social Care Health & Wellbeing
<b>SUBJECT:</b>	Health Policy and Performance Board Annual Report: 2022/23
<b>WARD(S):</b>	Borough-wide

### 1.0 PURPOSE OF THE REPORT

- 1.1 To present the Health Policy and Performance Board's (PPB's) Annual Report for April 2022 - March 2023.

### 2.0 RECOMMENDATION: That the Board:-

- i) **note the contents of the report and associated Annual Report (Appendix 1).**

### 3.0 SUPPORTING INFORMATION

- 3.1 During 2022-23, the Health Policy and Performance Board has examined in detail many of Halton's Health and Social Care priorities. Details of the work undertaken by the Board are outlined in the appended Annual Report.

### 4.0 POLICY IMPLICATIONS

- 4.1 There are no policy implications arising directly from the Annual Report. Any policy implications arising from issues included within the Annual Report will have been identified and addressed throughout the year via the relevant reporting process.

### 5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 As with the policy implications, there are no other implications arising directly from the report. Any finance implications arising from issues included within it would have been identified and addressed throughout the year via the relevant reporting process.

### 6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

#### 6.1 Children & Young People in Halton

There are no specific implications as a direct result of this report however the health needs of children and young people are an integral part of the Health priority.

#### 6.2 Employment, Learning & Skills in Halton

None identified.

#### 6.3 A Healthy Halton

The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None associated with this report.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 There are no environmental or climate implications as a result of this report.

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 Policy and Performance Board

## Annual Report

### April 2022 - March 2023



This year has been my second as Chair of the Health Policy and Performance Board and the Health and Social Care agenda we have been dealing with, as a Board, has been as busy as ever!

We continue to take our scrutiny responsibilities very seriously and during the past 12 months the Board has had the opportunity to comment on a number of proposals and developments, as outlined in this report, along with undertaking a specific scrutiny topic exploring issues associated with the Adult Social Care Workforce in Halton.

On 1<sup>st</sup> July 2022, we saw the Health & Care Act coming into force. This resulted in a significant change to the landscape of NHS commissioning arrangements and saw NHS Clinical Commissioning Groups ceasing to exist from 30<sup>th</sup> June 2022 and from the 1<sup>st</sup> July 2022, the formalisation of Integrated Care Systems (ICS) into new statutory bodies; Integrated Care Boards (ICBs).

As part of these developments we have seen the establishment of a Cheshire and Merseyside ICS Joint Health Scrutiny Committee, where each of the nine Authorities covered by the Cheshire & Merseyside area are able to collectively oversee and scrutinise the operation of the ICS at a Cheshire and Merseyside Level.

We also welcomed Tony Leo, Place Director for Halton, NHS Cheshire & Merseyside on the 1<sup>st</sup> July 2022 and are working with him and his Senior Leadership Team on understanding the impact of these changes on Halton and its residents.

I would just like to take this opportunity to pass the Board's sincere thanks onto all the dedicated staff and volunteers we have working across the health and social care system in Halton, both from the statutory and non-statutory sector, over what has continued to be a challenging time.

Finally, I would also like to thank all the members of the Board for their valued contribution to the Board's work over the last 12 months. I would particularly like to thank Cllr Sandra Baker, for her support as Vice Chair to the Board. I would also like to extend my thanks to all Member's, Officers and Partners for their time and contributions to the Scrutiny topic and for providing performance and update reports throughout the year.

*Cllr Peter Lloyd Jones, Chair*

## **Health Policy and Performance Board Membership and Responsibility**

### **The Board:**

Councillor Peter Lloyd Jones (Chair)  
Councillor Sandra Baker (Vice Chair)  
Councillor Angela Ball  
Councillor Laura Bevan  
Councillor John Bradshaw  
Councillor Dave Cargill  
Councillor Eddie Dourley  
Councillor Louise Goodall  
Councillor Rosie Leck  
Councillor Tony McDermott  
Councillor Louise Nolan

During 2022/23, David Wilson was Halton Healthwatch's co-opted representation on the Board and we would like to thank David for his valuable contribution.

Up until December 2022, the Lead Officer for the Board was Sue Wallace-Bonner, Director of Adult Social Services/Executive Director for Adults, this role has now been taken by Damian Nolan, Operational Director, Commissioning & Provision.

### **Responsibility:**

The primary responsibility of the Board is to focus on the work of the Council and its Partners, in seeking to improve health in the Borough. This is achieved by scrutinising progress against the aims and objectives outlined in the Council's Corporate Plan in relation to the Health priority.

The Board have met three times in 2022/23. Minutes of the meetings can be found on the [Halton Borough Council website](#). It should also be noted that the Board, at each of their meetings, receive and scrutinise the minutes from Halton's Health and Wellbeing Board and monitors work/progress within this area.

This report summarises some of the key pieces of work the Board have been involved in during 2022/23.

## **GOVERNMENT POLICY- NHS AND SOCIAL CARE REFORM**

### **Marmot Report: All Together Fairer**

The Board received details of the launch of the *Marmot Report: All Together Fairer* written by Professor Sir Michael Marmot on health inequalities.

The report was written by Sir Michael and his team of researchers in partnership with Cheshire and Merseyside's local authorities. It set out measurable actions for each area, as well as the sub region as a whole, to create a fairer, equitable society.

The Board heard about the implications of the findings for Halton and how the Borough compared with neighbouring authorities across Cheshire and Merseyside. The report outlined actions still required and the Board were given some examples of actions already taking place, following the publication of the report.

The Board discussed issues associated with the cost of living crisis and the impact that health inequalities had in respect to life expectancy locally and across Cheshire and Merseyside.

### **Primary Care Networks (PCNs) – Additional Roles**

The creation of PCNs builds on the core of current primary care services and enables a greater provision of proactive, personalised and more integrated health and social care. To support PCNs, nationally, the Additional Roles Reimbursement Scheme (ARRS) provides funding for 26,000 additional roles to create bespoke multi-disciplinary teams.

The Board received details of how the national scheme is being implemented locally. It was noted however that whilst the scheme would facilitate a greater range of staff available to care for patients in the GP setting, there were several challenges that would affect the ability to implement the scheme such as the availability of staff to fill positions. Members were provided with information on how these challenges would and are being addressed by the PCNs.

### **One Halton Place-Based Partnership (PBP)**

In September 2022, the Board received an update in respect to the continued development of the One Halton PBP, as a result of the NHS reforms launched in 2021 and welcomed to the Board meeting the new Place Director for Halton, Mr Anthony Leo.

A further update was presented to the Board in November, which focused on how the NHS Cheshire & Merseyside Integrated Care Board was supporting the vision of One Halton.

In February 2023, the Board received a report, which provided a summary on progress to date on the integration of Health and Adults Social Care services across One Halton.



## **SERVICES**

### **Reconfiguration of Breast Services provided to the Boroughs of Halton, Knowsley, St. Helens & Warrington (Phase 2)**

In September 2022, the Board received an update on the proposal to consolidate and expand Breast Screening Services at Bath Street, Warrington, and the impact the proposed service change would have on service users from Halton. This update included the outcomes of the public consultation for the second and final phase of the proposals. As Halton residents have access to a local facility at the Captain Sir Tom Moore Building, which was now fully operational offering breast care services, the Board welcomed the proposals to cease services at the Kendrick Wing of Warrington Hospital, especially taking into consideration the aging facility, and move them to Bath Street.

### **Mental Health, Learning Disabilities and Autism**

The Board received a report and presentation from Mersey Care NHS Foundation Trust, which provided information on Mersey Care NHS Foundation Trust's internal organisational developments, local services and current performance measures.

Services highlighted to the Board included the 24/7 mental health crisis response services, local ADHD Services, Autism Assessment and Diagnostic Service, Learning Disabilities Services and introduced the Think Wellbeing Service (IAPT).

As a result of the presentation, it was agreed that a dedicated information briefing session would be held with Board members on local Mental Health services available within the Borough.

### **Halton Housing: Support to an Ageing Population**

In November 2022, the Board received a report from Halton Housing Trust (HHT) outlining the services in place and the types of housing specifically available for the older population in the Borough.

The Board noted that HHT manage and maintain 7,500 homes predominantly within the Borough of Halton; most were available for social rent, with 220 available for shared ownership. Information was shared with the Board on the profile of the ages of customers; the types of accommodation they lived in; the numbers of older customers assisted over the past 6 months; and details of the work and support provided by the HHT Independent Living Team. The Board welcomed the work done on the development of extra care schemes (Barkla Fields, Naughton Fields and Hazelhurst). These provided customers with care and support services, personal care and domestic services, emergency alarms and 24-hour help lines, as well as communal facilities such as lounges and bistros.

### **Respite Provision**

The Board received an updated position in relation to respite care provision within the Borough, in particular shared care vouchers.

In 2019 a report was presented to the Board providing information on respite provision, specifically the shared care voucher process and outlined areas identified for improvement. The Board noted that as a result of the pandemic, soon after the

previous report was presented, this had affected the level of progress that could be made with the improvements required. However, since the easing of the pandemic the Board heard how the respite offer had been revisited to ensure that the necessary improvements were made and there were options available that met people's needs.

The Board welcomed the improvements that had been made to ensure that appropriate respite provision could be accessed.

### **Runcorn & Widnes Urgent Treatment Centres (UTCs)**

In February 2023, representatives from both Warrington & Halton Teaching Hospitals NHS Foundation Trust and Bridgewater Community Healthcare NHS Foundation Trust, respective providers of the UTCs in Halton, attended the Board to provide an update in respect to the current service offer available at both centres.

The Board received details in respect to current workforce levels, how services could be accessed, performance and activity, partnerships and collaborations and were provided with details of recent examples of communications and promotions taking place to promote the use of the centres to the local population. The Board welcomed the information provided and the opportunity given to raise a number of issues and these to be addressed by the providers.

### **The Standards for Employers of Social Workers and the Social Work Health Check (Adult Social Care)**

Information was presented to the Board in relation to the Standards for Employers of Social Workers in England, which was published by the Local Government Association (LGA).

The report detailed the eight standards in place and it was stated that under each standard, there was a list of things that employers should do in order to meet those standards.

It was also reported that the Health Check survey for 2021 was co-ordinated at a national level with national, regional and local reports being produced. Halton's Social Workers took part in the survey between November 2021 and January 2022. The report gave details of questions asked and responses, as well as examples of statements made and the scores given. The report also presented the Framework and Improvement Plan, which addressed some of the main issues highlighted by the results from the 2021 Health Check.

Outcomes of further surveys would be presented to the Board.

## **POLICY**

### **Dementia Friendly – Halton Borough Council (HBC)**

The Board received details about the Dementia Friendly HBC Plan.

Dementia Friendly Communities was a Programme from the national Alzheimer's Society that encourages everyone to share responsibility for ensuring that people with dementia felt understood, valued and able to contribute to their community. The

Programme focussed on improving inclusion and quality of life for people with dementia and encouraged organisations to develop and implement local action plans.

It was reported that Executive Board gave approval in June 2022 for the development of a dementia friendly cross Council approach and the Board received details of the actions and how implementation of the plan would be monitored.

## **SCRUTINY REVIEWS**

At the Board's meeting in February 2022, it was agreed that the 2022/23 work topic would examine the Adult Social Care Workforce in Halton.

It was agreed that the Board would explore both Council staffing structures and those in the provider sector to consider how the Council supports workforce planning and development. The Board were apprised of innovative projects and initiatives being undertaken to promote a sustainable and skilled workforce. It considered the impact of external forces on the labour market for Adult Social Care and examined local and regional activity, partnership working and contractual arrangements aimed at supporting services to recruit, develop and retain staff.

At the time of writing this report, the outcome from the scrutiny review is due to be presented to the Council's Executive Board.

## **PERFORMANCE**

The Health Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, during the year the Board has been provided with thematic reports which have included information on progress against key performance indicators, milestones and targets relating to Health.

## **INFORMATION BRIEFING**

During 2022/23, the Board continued to receive an Information Briefing Bulletin in advance of each of the Board meetings.

The Information Briefing is a way of trying to manage the size of the agendas of the Board meetings better. Including information on topics which were previously presented to Board as reports only for the Board's information now into the Information Briefing bulletin allows the Board to focus more on areas where decisions etc. are needed.

Example of areas that have been included in the Information Briefing over the last 12 months have included:-

- Local Account: Adult Social Care Annual Report 2020/21
- Adult Social Care: Customer Care Report 2021/22

- Halton Safeguarding Adults Board : Annual Report 2021/22
- Halton Intermediate Care & Frailty Service
- Cheshire & Merseyside Elective Restoration

**WORK TOPICS FOR 2023/24:**

At the meeting of the Board in February 2023, it was agreed that the focus of Scrutiny topic for 2023/24 would be on Health inequalities across Halton and approaches to reducing them.

*Report prepared by Louise Wilson, Commissioning & Development Manager, Adults Directorate*  
Email: [louise.wilson@halton.gov.uk](mailto:louise.wilson@halton.gov.uk) Tel: 0151 511 8861

<b>REPORT TO:</b>	Health Policy & Performance Board
<b>DATE:</b>	27 <sup>th</sup> June 2023
<b>REPORTING OFFICER:</b>	Corporate Director, Chief Executives Delivery Unit
<b>PORTFOLIO:</b>	Leader
<b>SUBJECT:</b>	The Big Conversation Update
<b>WARD(S)</b>	Borough wide

## 1.0 PURPOSE OF THE REPORT

- 1.1 To share with the Health Policy & Performance Board the approach to 'The Big Conversation', which is integral to formulating a new Council Corporate Plan, to take effect from April 2024.

## 2.0 RECOMMENDED: That

- 1) the report be noted; and
- 2) that the Health Policy and Performance Board endorses the approach to facilitate 'The Big Conversation'.

## 3.1 Background

It was agreed at Management Team on February 21<sup>st</sup> 2023 and at Executive Board on March 16<sup>th</sup> 2023 that we would provide adequate opportunity for meaningful consultation and ultimately produce a Corporate Plan which is totally unique and meaningful to the people of Halton.

- 3.2 This would take the form of 'The Big Conversation' and would incorporate the opportunity for all to feedback via hard copy form, electronically or face to face, between now and the end of the year.

## 3.3 The Big Conversation: Reimagine Halton - we don't have all the answers!

'The Big Conversation' is all about engaging with the public so that they understand the challenges that the Council is facing.

It is an approach between the Council and everyone who lives or works in Halton to work together in order to create an improved borough in all aspects of everyday life.

## 3.4 Corporate Plan Survey Themes:

- Effective support for all those in need

- A strong and vibrant economy bringing prosperity to all
- Strong, safe and happy communities that can shape their future
- A Cleaner and greener environment
- Active, healthy and longer lives for all

### 3.5 **Survey Questions:**

- What do you think of the 5 themes?
- What can you do to help us to achieve these?
- What can the Council do to achieve these?
- Are there any other themes that you think are missing?
- Ideally, how do you want to access Council services?
- Any other comments?

Targeted engagement of different audiences, for example, Children and Young People: What would make Halton a better place for you to play, live and grow up?

### 3.6 **Data Analysis**

All feedback and responses will be scrutinised and evaluated. The 2 facilitators from North West Employers (used in December 2022) will then be invited back to meet with members from both Management Team and Executive Board in order to work through this, summarise accordingly and establish a number of key objectives, which in turn will form the organisation`s new Corporate Plan.

### 3.7 **Revised Timescales:**

- January – March 2023: Update Management Team/Executive Board and also communicate with the wider audience, namely Divisional Manager`s and all elected members
- May – December 2023: The Big Conversation takes place
- May – June 2023: consult HBC Workforce
- December 2023 – January 2024: analyse data and identify the key learning points/issues
- January – March 2024: compose the Corporate Plan and seek approval
- April 2024: the New Corporate Plan is launched

## 4.0 **POLICY IMPLICATIONS**

4.1 There are no specific policy implications at this stage; however ultimately there will be a new contemporary and relevant Halton Borough Council Corporate Plan.

## 5.0 **FINANCIAL IMPLICATIONS**

- 5.1 There is a potential financial implication around the resources required for the delivery of 'The Big Conversation' and the evaluation of the data and qualitative content that it results in.

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

- 6.1 The Corporate Plan is Halton Borough Council's key strategic document. This plan sets out the main vision, themes and values of the Council.

'The Big Conversation' will help to determine the Council's new set of priorities, which will be translated into the plan.

## 7.0 **RISK ANALYSIS**

- 7.1 The major risk is that we do nothing and roll out the same priorities as we have done in previous years. To this end the current Corporate Plan is a losing relevance and doesn't fully engage with either the workforce or the people of Halton in the contemporary environment.

- 7.2 The Council is serious about 'Reimaging Halton' aligned with that commitment, this is a perfect opportunity to undertake a meaningful piece of work which will engage the people of Halton and together with our workforce determine a set of new priorities, which will make a difference and take Halton forward over the next 3 – 5 years.

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

- 8.1 Equality and Diversity may well be a specific Corporate Plan priority, but if not then it will certainly underpin the Plan. An Equality Impact Assessment will be undertaken as part of the policy development process.

## 9.0 **CLIMATE CHANGE IMPLICATIONS**

- 9.1 At this stage there is nothing specific to highlight within the context of this report; however there is a distinct possibility that as a result of 'The Big Conversation' climate implications will form one, or a key part of one, of the Council's key priorities.

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

None under the meaning of the Act.



**The Big  
Conversation  
update....**





# Background

The Big Conversation is all about engaging with the public so that they understand the challenges that the Council is facing.

It is an approach between the Council and those who live or work in Halton to work together in order to create an improved borough in all aspects of everyday life.

It also links to 'Reimagine Halton' which will see the Council looking in detail at what we do, how we do it and why we do it – and whether taking a different approach could be more efficient, productive or deliver a better outcome.

[www.halton.gov.uk](http://www.halton.gov.uk)



# Consultation

\* Different consultation approaches will be utilised dependent on the audience – consultation tools will range from an on-line questionnaire, to iwalkers, along with attendance in person at various forums and meetings. These will also be available offline via libraries, community centres, one stop shops, etc.

\* In the first instance we`ll be sending out an on-line survey.

\* It is important that we provide some framing to the questions we are asking in order to manage expectations.

# Consultation

- Background to the Big Conversation – creation of a web page, a user friendly place to hold some of the background information in terms of key data, statutory and discretionary responsibilities.

## List of Stakeholders:

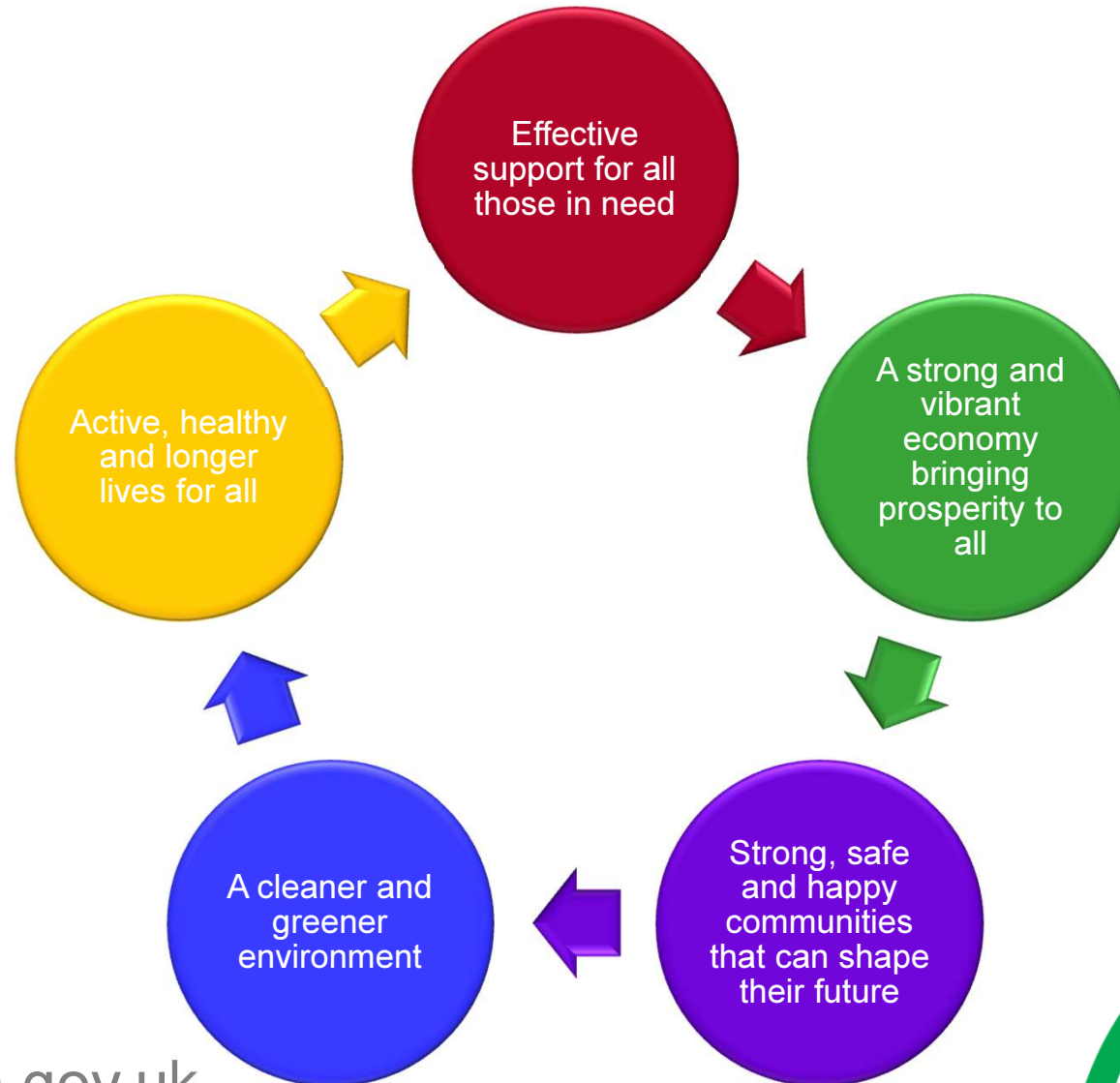
Public/customers, HBC Workforce, Elected Members, Partners, Voluntary Sector, Community Sector, Independent Sector, Businesses, Schools (Heads), Hard to Reach Groups – eg. children and young people/refugees/asylum seekers/travellers/disabled people/people with mental health/minority ethnic groups

# Local Authority 'Corporate Plan' suggested themes

In order that the survey doesn't consist of a 'blank sheet' or a 'wish list', highlighting generic themes provides a starting point leading to more meaningful comments and discussion.

These were established via evidence based data from within the Council, along with an in-depth trawl of numerous existing Local Authority Corporate Plans across the country.

# 'Corporate Plan' Survey Themes



[www.halton.gov.uk](http://www.halton.gov.uk)



# The Survey Questions:

- What do you think of the 5 themes?
- What can you do to help us to achieve these?
- What can the Council do to achieve these?
- Are there any other priorities that you think are missing?
- Ideally, how do you want to access Council services?
- Any other comments?

Targeted engagement of different audiences, eg. Children and Young People: What would make Halton a better place for you to play, live and grow up?

# Publicity & Promotion

- Initially targeting HBC staff (two thirds reside within the Borough – will help to spread the word)
- Inside Halton magazine (June edition)
- Members Briefings & attendance at PPB`s
- iWalkers
- Stickers on Council vehicles eg. Bin lorries
- Constant monitoring throughout

# Revised Timescales

- January – March 2023: Update Management Team/Executive Board and also communicate with the wider audience, namely Divisional Manager`s and all elected members
- May – December 2023: The Big Conversation takes place
- May – June 2023: consult HBC Workforce
- December 2023 – January 2024: analyse data and identify the key learning points/issues
- January – March 2024: compose the Corporate Plan and seek approval
- April 2024: the New Corporate Plan is launched



<b>REPORT TO:</b>	Health Policy & Performance Board
<b>DATE:</b>	27 <sup>th</sup> June 2023
<b>REPORTING OFFICER:</b>	Executive Director, Adults
<b>PORTFOLIO:</b>	Adult Social Care
<b>SUBJECT:</b>	Halton Care Workers - Petition
<b>WARD(S):</b>	Borough-wide

### 1.0 PURPOSE OF THE REPORT

1.1 To present the Board with details of a recent petition received by the Council from Halton Care Workers and associated response.

### 2.0 RECOMMENDATION: That the Board:

*i) Note the contents of the report.*

### 3.0 SUPPORTING INFORMATION

3.1 At the Health PPB on 29<sup>th</sup> November 2022, the Board received a public question in respect to payment of the Foundation Living Wage to all care workers across Halton, following receipt of the Adult Social Care Discharge Fund.

The Board's response was as follows:-

*'The function of the Health Policy and Performance Board is scrutiny; it is not a decision making body, so it is not permitted to commit to any budget spend.'*

3.2 Subsequent to this, in February 2023, Halton Borough Council received a petition from Halton Care Workers demanding a pay rise, focused on three areas, as follows:-

- For Halton Council to require the Foundation Living Wage as a minimum starting salary for all directly employed and commissioned care and support workers;
- Halton Council to work with care workers to deliver the Foundation Living Wage as a minimum starting salary for all of Halton's care and support workers; and
- Call on members of the public to hold local councillors to account and stand with care workers in their campaign for a pay rise.

3.3 Following receipt of the petition, Councillor Mike Wharton, Leader of the Council, responded, as follows:-

*'As an Authority, we do recognise that the care workers in Halton continue do a fantastic job in supporting our most vulnerable residents. We do appreciate this and want to support you as much as we can, during this extremely challenging time.*

*As such we will continue to lobby the government to provide us with the funding needed to pay the foundation living wage. Unfortunately unless we receive additional long term funding we will continue to find this a difficult area to address in full.*

*Every year we review what we pay our commissioned services, taking into account cost of living increases, national living wage and other essential costs.*

*One example of this is the national living wage increase next year, which equates to an additional cost to us of 9.7%, whilst welcomed, central government do not provide the additional funding of £1.8million to support us to pay for this.*

*In your email you raise a really important issue on how available funding can be used to pay for an increase in care workers pay. This funding is only available for a one off short period of time, and therefore cannot be committed to provide long term increases in pay for staff. We have utilised some of this short term funding to pay one off additional pay to some staff, as agreed with their employers.*

*The winter fund, again is only available until the end of March. The government determine what this can be spent on, which is to provide additional care to people leaving hospital. Unfortunately, we cannot commit this money to long term pay increases for staff.*

*The underspend you are referring to as reported to the HPPB, is similar to the issue raised above and is only available for a short period of time, this will not be available next year. This underspend is in a small but significant part of the pooled budget with colleagues in health. As a one off these will need to be considered to support other areas of the Adult Social Care and health budgets for care provision that are projected to overspend.*

*As an Authority we offer our support to your campaign. We will continue to request central government to provide the much needed additional funding for adult social care.'*

#### **4.0 POLICY IMPLICATIONS**

4.1 None associated with this report.

#### **5.0 OTHER/FINANCIAL IMPLICATIONS**

5.1 None associated with this report.

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

6.1 **Children & Young People in Halton**

N/A

6.2 **Employment, Learning & Skills in Halton**

N/A

6.3 **A Healthy Halton**

This report relates specifically to the delivery of health outcomes in Halton.

6.4 **A Safer Halton**

N/A

6.5 **Halton's Urban Renewal**

N/A

7.0 **RISK ANALYSIS**

7.1 None associated with this report.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 This report is for information only, therefore there are no environmental or climate implications as a result of this report.

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

Document	Place of Inspection
Health PPB – Agenda and Minutes from the meeting held on 29 <sup>th</sup> November 2022	<a href="https://councillors.halton.gov.uk/ieListDocuments.aspx?CId=429&amp;MId=8731&amp;Ver=4">https://councillors.halton.gov.uk/ieListDocuments.aspx?CId=429&amp;MId=8731&amp;Ver=4</a>

<b>REPORT TO:</b>	Health Policy and Performance Board
<b>DATE:</b>	27 <sup>th</sup> June 2023
<b>REPORTING OFFICER:</b>	Dr Ifeoma Onyia, Director of Public Health, HBC
<b>PORTFOLIO:</b>	Health and Wellbeing
<b>SUBJECT:</b>	Scrutiny Review Topic Brief 2023/24
<b>WARD(S)</b>	Borough Wide

## 1.0 PURPOSE OF THE REPORT

1.1 To present the topic brief for Health Policy and Performance Board (HPPB) 2023/24 scrutiny review.

## 2.0 RECOMMENDATION: That

- 1) the report be noted; and
- 2) the Board approves the topic brief.

## 3.0 SUPPORTING INFORMATION

3.1 Annually, as part of the HPPB remit, there is a duty on Members to scrutinise a specific area of focus within health and social care and make recommendations to Executive Board.

3.2 At the February 2023 HPPB meeting, and as part of Member involvement in the business planning process, Public Health was discussed as an area for consideration for the next scrutiny review. It was agreed that 'Health inequalities across Halton and approaches to reducing them' would be the focus of the 2023/24 scrutiny review.

3.3 The proposed scrutiny topic brief is:  
*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.

- 3.4 The topic brief in full, including rationale for choosing the brief and the scope of the brief, can be found as an appendix to this report.
- 3.5 Members of the scrutiny topic group will be nominated by the Chair of the HPPB at the June HPPB meeting, with the first meeting of the group taking place in July 2023.
- 3.6 Prior to the first meeting Members will be issued with a background paper to provide wider context to the topic area.
- 3.7 Meetings will take place monthly and provide opportunity for Members to be presented with information relating to the areas covered in the topic brief and scrutinise service delivery, emerging issues and opportunities in order to develop a set of recommendations for presentation at the February 2023 HPPB meeting. These recommendations, once approved by HPPB, will be presented to Executive Board.

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 Any policy implications arising from the recommendations of the Scrutiny Topic Group will be presented to HPPB and Executive Board and considered in line with existing process.

#### 5.0 **FINANCIAL IMPLICATIONS**

- 5.1 Any financial implications arising from the recommendations of the Scrutiny Topic Group will be presented to HPPB and Executive Board and considered in line with existing process

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

##### 6.1 **Children & Young People in Halton**

None

##### 6.2 **Employment, Learning & Skills in Halton**

None at this time

##### 6.3 **A Healthy Halton**

Understanding health inequalities, and approaches to reduce them, may lead to recommendations impacting on local health and social care policy, service development and service delivery. There are wider determinants of health inequalities that sit outside of health and social care, and recommendations made as part of the scrutiny review process may incorporate these.

6.4 **A Safer Halton**  
None at this time

6.5 **Halton's Urban Renewal**  
None at this time

7.0 **RISK ANALYSIS**

7.1 None identified at this time

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified at this time.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified at this time

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

Health Policy and Performance Board Report 'Draft Scrutiny Review Report – Adult Social Care Workforce Needs' February 2023, in which reference to the proposed 2023/24 Public Health scrutiny topic brief was made.

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## Topic Brief

**Topic Title:** Health Inequalities

**Officer Lead:** Dr Ifeoma Onyia - Director of Public Health HBC

**Planned Start Date:** June 2023

**Target PPB Meeting:** 20<sup>th</sup> February 2024

### **Topic Description and Scope:**

The 2023/24 scrutiny review for health policy and performance board will look at health inequalities across Halton and approaches to reduce them. It will look at the current epidemiological distribution of health inequalities, recent trends, and the impact of external forces such as the cost of living crisis and COVID-19, it will examine approaches that are being used to address health inequalities through contracts, partnership working and direct provision of services.

### **Why this topic was chosen:**

Health inequalities are 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 poor outcomes for some as well as varied access to services and sub-optimal care. This results in earlier death, lost years of healthy life, inter-generational effects from traumatic experiences and has significant economic costs for society. Yet health inequalities are often preventable or the impacts can be reduced.

Sir Michael Marmot produced the 'All Together Fairer: Health Equity and the social determinants of health in Cheshire and Merseyside' in 2022 to highlight the work required to tackle inequalities worsened by the COVID- 19 pandemic. The IHE 2020 report 'Health Equity in England 10 years on' demonstrated that improvements in inequalities had stalled since 2010. The LGA (Local Government Association) developed a health inequalities hub to shine a light on action taken by local councils.

Whilst health inequalities lead to poor health outcomes it is not possible for health services alone to address the issue. The wider societal drivers, many of which are influenced by local councils, can play a much stronger role. The Equality Act 2010 applies to all local authorities and includes a general duty to:

- Eliminate discrimination, harassment and victimisation
- Advance equal opportunities for all
- Foster good relations between all individuals

The public sector Equality Duty requires that councils consider how policies and decisions might affect people with protected characteristics. NHS partners have an even more focused duty to reduce health inequalities in relation to patient's access to services and outcomes achieved for them, as part of integrated approaches to deliver care.

From a local perspective, Halton Borough Council has delivered a number of innovative approaches to tackling health inequalities, a result of more systematic working resulting from the COVID-19

pandemic and an awareness of the cost-of-living challenges effecting the local population. The board aims to better understand the council’s and partnerships responsibilities and actions, as well as develop a contextual understanding of local drivers that contribute to health inequalities in Halton.

**Key outputs and outcomes sought:**

- To understand the drivers of health inequalities in Halton Borough Council
- To understand the causes and consequence of health inequalities
- To understand the local position in relation to health inequalities, trends and outcomes
- To highlight innovative work taking place to improve people’s opportunities and reduce unequal access
- To understand any barriers in place that are preventing progress against health inequalities
- To appreciate the Councils position in relation to the Equality Duty
- To evaluate whether any further action can be taken to reduce the impact of health inequalities further

Which of Halton’s 5 strategic priorities this topic addresses and the key objectives and improvement targets it will be a help to achieve

- A Healthy Halton – Our overall aim is to improve the health and wellbeing of Halton people so that they live longer happier healthier lives.

The topic group intends to gain knowledge and understanding of the issues leading to health inequalities across Halton. It will develop an oversight of the key duties, as well as the pathways and practice in place to reduce the impact.

The topic group will hear from across various partners who will be invited to cover how they are responding to the challenge of health inequalities.

**Nature of expected/desired PPB input:**

Member led scrutiny of health inequalities across Halton and the impact this has on our ability to deliver quality services to local residents.

**Preferred mode of operation:**

- Meetings with/presentations from relevant officers from within the Council and partner agencies to examine current services
- Visit to community-based intervention sessions
- Interviews with those that have accessed services
- Desk top research in relation to outcome measures and best practice delivery methods

Agreed and signed by:

PPB chair .....

Officer .....

Date .....

Date .....



<b>REPORT TO:</b>	Health Policy and Performance Board
<b>DATE:</b>	27 <sup>th</sup> June 2023
<b>REPORTING OFFICER:</b>	Executive Director, Adults
<b>PORTFOLIO:</b>	Adult Social Care
<b>SUBJECT:</b>	Market Sustainability Plan 2023
<b>WARD(S)</b>	Borough Wide

### 1.0 PURPOSE OF THE REPORT

1.1 Inform the Board of the Market Sustainability Plan for Care Homes for older people (65+) and Domiciliary Care for adults (18+)

### 2.0 RECOMMENDATION:

**RECOMMENDED: That the report be noted.**

### 3.0 SUPPORTING INFORMATION

3.1 The government set out it's vision for adult social care in it's white paper 'People at the Heart of Care' in December 2021. The government proposed a range of reforms and initiatives to improve care and support for vulnerable people.

3.2 In relation to care provided for older people who need a care home admission and vulnerable adults requiring care in their own home the government set out plans for all local authorities with adult social care duties to undertake a 'fair cost of care exercise' (FCOC) with providers of these types of care and to utilise this information to publish a 'market sustainability plan' in March 2023.

3.3 Markey sustainability plans (MSP) were required to:

- Provide an assessment of the current sustainability of local care markets
- Assess the impact of future market changes between now and October 2025
- Show plans to address sustainability issues including fee rates

3.4 Plans to reform how adult social care provision is funded have been delayed for at least 2 years from autumn 2022. This impacts on some of the original intention in care market reform and sustainability plans however both the fair cost of care and market sustainability were mandated to continue and Halton published its MSP in March 2023.

3.5 For Care Homes 65+ the MSP notes:

- There were 13 care homes in the borough by 7 different providers with 4 homes provided by HBC (excluded from the fair cost of care exercise)

- Halton had proportionately a low level of admission to care homes in the North West
- Fee rates were uplifted by 6% in 22/23 and planned a further 12% uplift for 23/24
- Nationally and locally recruitment and retention of staff, fee rates, inflation and energy costs were identified as the key issues making operating in this sector difficult
- Increased capacity will be needed in dementia care
- There is a significant gap between what independent sector providers identified as the FCOC and current fees levels (notwithstanding the noted difficulties with this exercise)

### 3.6 For Domiciliary Care the MSP notes:

- There was one provider of domiciliary care with 1 sub-contractor
- There were high levels of direct payments in use for care and support compared to the North West
- Fee rates were uplifted by 6% in 22/23 and planned a further 10% uplift for 23/24
- Nationally and locally recruitment and retention of staff, fee rates and inflation were identified as the key issues making operating in this sector difficult – note domiciliary care is somewhat protected against energy prices due to the dispersed nature of the provision
- There remained a gap between the FCOC and current fee levels but significantly less than for care homes

### 3.7 Key Plans to address market sustainability issues:

- Undertake fee setting exercise annually to include the range of information required and ensure central grant money is used to inflate fee rates
- Continue to work with providers across all care settings to increase pay rates for staff
- Support workforce recruitment and retention programmes
- Development of an Adult Social Care borough workforce plan

## 4.0 **POLICY IMPLICATIONS**

4.1 The reforms outlined in 'People at the Heart of Care' set out the future of Adult Social Care for England. Plans are well underway to enable these reforms to take place within the borough. Market sustainability is key to this plan.

## 5.0 **FINANCIAL IMPLICATIONS**

5.1 Market sustainability grant money in 22/23 and 23/24 has been used to inflate fee rates in care homes 65+ and domiciliary care 18+. These increases have also been applied to other parts of the care market to ensure equity of approach and avoid workforce disruption. There remains a gap between the submissions under the FCOC exercise and fee rates. Further work will continue to understand cost and council financial settlements.

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

### 6.1 **Children & Young People in Halton**

None identified

**6.2 Employment, Learning & Skills in Halton**

None identified

**6.3 A Healthy Halton**

Sustainable care and support provision in the borough is key to maintaining the health, wellbeing and independence of vulnerable adults and older people

**6.4 A Safer Halton**

None identified

**6.5 Halton's Urban Renewal**

None identified

**7.0 RISK ANALYSIS**

7.1 Ensuring a sustainable and quality care market forms part of HBC Corporate risk assessment.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

**9.0 CLIMATE CHANGE IMPLICATIONS**

9.1 None associated with this report.

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

10.1 Market Sustainability Plan – Link Below:-

<https://www3.halton.gov.uk/Documents/adult%20social%20care/Final%20Market%20Sustainability%20Plan%20March%202023.pdf>

<b>REPORT TO:</b>	Health Policy & Performance Board
<b>DATE:</b>	27 <sup>th</sup> June, 2023
<b>REPORTING OFFICER:</b>	Executive Director, Adults
<b>PORTFOLIO:</b>	Adult Social Care
<b>SUBJECT:</b>	Disabled Facilities Grant (DFG) Review
<b>WARD(S):</b>	Borough-wide

## 1.0 PURPOSE OF THE REPORT

- 1.1 To present the Board with the results of the benchmarking exercise of current practice against the new Disabled Facilities Grant Guidance

## 2.0 RECOMMENDATION: That the Board:

- i) Note the contents of the report*

## 3.0 SUPPORTING INFORMATION

- 3.1 The Disabled Facilities Grant (DFG) was established 34 years ago and are mandatory capital grants that are available from Local Authorities to pay for essential housing adaptations to help disabled people stay in their own homes. It is available to owner occupiers, private sector tenants and housing association tenants. The grant is able to pay for changes that the Council consider essential for the disabled person to live an independent life. The changes must be 'necessary to meet needs and the work must be 'reasonable and practical'.
- 3.2 Applications are means tested with the maximum grant award being £30,000. To ensure that the grants reach the people most in need a means test for adults (not children) is carried out to determine the amount of grant and looks at the income and capital of the disabled person and their spouse or partner collectively. For families with a disabled child under 19 years the grant is not means tested.
- 3.3 The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) gave local housing authorities the power to adopt discretionary policies with regard to housing interventions to promote independent living and wellbeing. In 2008 a number of changes were made to the way DFGs were administered allowing DFG monies to be used more flexibly to help keep people safe and well at home.
- 3.4 The social care White Paper, People at the Heart of Care: adult social care reform promised several developments in respect of the DFG including an increase to the maximum grant limit; potential changes to the DFG means test; a review of how DFG funding is allocated; and a new fund for minor repairs and changes.

Consultation on these matters was expected in 2022 but is still outstanding.

- 3.5 The Government's National Disability Strategy (July 2021) promised new DFG guidance for authorities in England. The Department of Levelling Up, Housing and Communities (DLUHC) issued this guidance in 2022 to advise local authorities how they can effectively and efficiently deliver DFG funded adaptations. It brings together existing policy frameworks, legislative duties and powers, together with recommended best practice, to help local authorities best serve disabled tenants and residents in their area. <https://www.gov.uk/government/publications/disabled-facilities-grant-dfg-delivery-guidance-for-local-authorities-in-england>.

3.6 **Current Issues**

High demand for the service continues across Halton. Demand for adaptations has always outstripped supply and this is likely to continue as the population ages and with the continued increase in complexity of children's adaptations.

- 3.7 The impact of the pandemic resulted in a reduction in service demand during 2020/21, however, there has been an increase in demand since this time both from the social landlord route and direct applications to the service.

- 3.8 The capacity of the construction sector locally has not yet recovered from the pandemic. This has been compounded by the delays in the delivery of materials and higher than expected costs overall.

- 3.9 Within Halton it was agreed to use the powers within the RRO 2002 to provide discretionary DFG assistance and that a flexible approach to the use of discretionary DFGs was adopted and designed to give equal consideration to people's needs with additional resources made available to the sum of £10,000. The aim of the discretionary element is to assist those meeting certain criteria and whose application would cost in excess of the maximum mandatory award of £30,000 and who would otherwise have to make a financial contribution themselves. Access to the discretionary funding is increasing adding further pressures to the DFG budget.

3.10 **Benchmarking Exercise**

A benchmarking exercise was undertaken to compare Halton practice against the newly issued government guidance to establish baselines, define best practice, identify improvement opportunities and gain a perspective of how well we perform against other areas.

- 3.11 A task and finish group was formed which reviewed HBC current practice against the best practice guidance. The group consisted of representatives from Occupational Therapy and the Home Improvement Agency. They identified a set of opportunities for development and subsequent recommendations for the service which include:

- Wider publication of DFG provision – including self assessment opportunities
- Consideration of additional joint initiatives with key partners such as housing

- Provision of a wider range of assistive technology via discretionary loans or grants.

There were further considerations contained within the guidance which were dependent upon local need.

- Targeting financial help to specific groups – such as waiving the means test.
- Provision of dementia grants
- Ignoring the earnings of a person specifically with MND within the means test where large scale works are required.
- A fast track process with no means testing for works up to £5,000 for people with MND

3.12 It is difficult to prioritise one disability above all other life limiting disabilities. Within Halton there are 12 people living with MND. The group looked at MND cases and specifically considered their progress through the DFG system.

3.13 The group felt that the current practice is able to prioritise people with life limiting diseases to access assessments in a timely fashion and give them access to the DFG quickly and efficiently. However, in order to offer a financial passport to people who suffer from MND would require additional investment into the grant.

3.14 Similarly with some of the other preventative aspects of the guidance in relation to disease specific grants, self assessment portals and assistive technology could not be facilitated within the current budget.

3.15 The benchmarking exercise has provided assurance that current DFG practice is working well for the people of Halton. It has also highlighted the need to further review policy and processes in the light of the published DFG guidance. It is anticipated that a steering group will be established to explore these options and report back to the Board at a future meeting with their findings.

#### 4.0 **POLICY IMPLICATIONS**

4.1 Any changes in processes or procedures will require review and revision of Regulatory Reform Order (RRO) and Housing Assistance Policy

#### 5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Any changes to DFG provision will have financial implications for the DFG budget. The budget is already under pressure as adaptations are much more complex and exceed the mandatory levels of the grant. The DFG mandatory maximum upper limit of £30,000 has not been increased by government despite the increasing pressures on the budget.

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

6.1 **Children & Young People in Halton**

N/A

6.2 **Employment, Learning & Skills in Halton**

N/A

6.3 **A Healthy Halton**

Effective and efficient DFG provision will support this priority

6.4 **A Safer Halton**

N/A

6.5 **Halton's Urban Renewal**

N/A

7.0 **RISK ANALYSIS**

7.1 The DFG Guidance is to advise local authorities how they can effectively and efficiently deliver DFG funded adaptations and it is currently not a statutory requirement, however, it offers best practice and would ensure that Halton is in a strong position to deliver necessary and appropriate services to the people of Halton.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Need to ensure that decisions made to do not discriminate between different groups of disability.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 This report is for information only, therefore there are no environmental or climate implications as a result of this report.

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

Document	Place of Inspection

<b>REPORT TO:</b>	Health Policy & Performance Board
<b>DATE:</b>	27 <sup>th</sup> June 2023
<b>REPORTING OFFICER:</b>	Executive Director, Adults
<b>PORTFOLIO:</b>	Adult Social Care
<b>SUBJECT:</b>	Councillor Care Home Visits Guidance
<b>WARD(S)</b>	Borough-wide

### 1.0 **PURPOSE OF THE REPORT**

1.1 To present to PPB the recently revised document – ‘Councillor Visits to Care Homes: Guidance for Elected Members’.

### 2.0 **RECOMMENDATION: That**

- 1) the Board notes the contents of the report; and**
- 2) the Board endorses the guidance attached.**

### 3.0 **SUPPORTING INFORMATION**

3.1 Revised guidance has been developed to support elected members to undertake visits to local care homes. Previous guidance dating back to 2016 was used as the basis for the revised document but the approach now focusses more on the engagement and relationship building role of Councillors and less on an inspection type approach (that is suitably covered via other processes).

3.2 It is recognised that Councillors will wish to engage in conversations with care home residents just as they do with their constituents who do not reside in care homes. This guidance aims to support and facilitate the important role that Councillors have in developing relationships with, and advocating on behalf (as appropriate), care home residents and their families.

3.3 The guidance document covers the following subject areas:

- Visiting principles to follow before, during and after the visit.
- Areas for consideration during the visit.
- Dos and Don'ts
- Information on how to access the e-learning platform that Councillors may find useful to access before undertaking a visit (for example, training on topics such as safeguarding, and dementia may be beneficial).



3.4 The guidance also contains information about safeguarding procedures; Councillors are advised to discuss any concerns with the manager of the home in the first instance but information on how to report a concern about abuse or neglect is provided.

3.5 Appendix 1 details a list of care homes by council ward along with information on the ward councillors and contact details for the care home.

3.6 Appendix 2 contains a Feedback Form that Councillors should complete following a visit in order to ensure that any issues identified during the visit are addressed accordingly. It will also allow areas of good practice to be highlighted and replicated where possible.

#### 4.0 **POLICY IMPLICATIONS**

4.1 This revised guidance updates outdated guidance from 2016 with a new approach that aligns more suitably with the role of Councillors.

#### 5.0 **FINANCIAL IMPLICATIONS**

5.1 None identified.

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

##### 6.1 **Children & Young People in Halton**

None.

##### 6.2 **Employment, Learning & Skills in Halton**

None.

##### 6.3 **A Healthy Halton**

The guidance outlines processes to support Councillors to visit care home residents, which will allow some of the most vulnerable members of the local community to share their views and receive support from their local Councillors, as needed.

##### 6.4 **A Safer Halton**

None.

##### 6.5 **Halton's Urban Renewal**

None.

#### 7.0 **RISK ANALYSIS**

7.1 Having this guidance in place will ensure that residents of care homes (and their families) are offered the opportunity to share their views with their local Councillors and the processes outlined as part

of the guidance mean that this can be done in the most appropriate way for all concerned.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 Visiting care homes of course requires some local travel on the part of Councillors, however, engaging with constituents is an essential part of the role and ensures that the views of vulnerable residents can be heard.

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

10.1 None under the meaning of the Act.



# **Councillor Visits to Care Homes**

## **Guidance for Elected Members**

**TBC 2023**

Policy, Performance and Customer Care Team  
Adult Social Care | Adults Directorate

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## Policy Summary

<b>Document name</b>	Councillor Visits to Care Homes – Guidance for Elected Members
<b>Version</b>	1.0
<b>Publication date</b>	TBC 2023
<b>Review due date</b>	TBC 2026
<b>Approved by</b>	Adult Social Care Senior Management Team: 08.02.2023 Health Policy & Performance Board – 27.06.23 TBC
<b>Status</b>	Mandatory (all named staff must adhere to guidance)
<b>Author</b>	Natalie Johnson, Service Development Officer, Halton Borough Council (HBC)
<b>Contributors</b>	Helen Moir, Divisional Manager – Care Homes, HBC Jane English, Divisional Manager – Independent Living Services, HBC
<b>Service area</b>	Adult Social Care
<b>Target audience</b>	Elected Members
<b>Distribution</b>	As above
<b>Related document(s)</b>	N/A
<b>Superseded document(s)</b>	Councillor Visits to Care Homes – Information Pack (January 2016)
<b>Equality Impact Assessment</b>	N/A

## 1.0 Introduction

*A councillor's primary role is to represent their ward or division and the people who live in it. Councillors provide a bridge between the community and the council. As well as being an advocate for local residents and signposting them to the right people at the council, you will need to keep them informed about the issues that affect them.*

*In order to understand and represent local views and priorities, you need to build strong relationships and encourage local people to make their views known and engage with you and the council. Good communication and engagement are central to being an effective councillor.*

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### **'The role of a councillor', Local Government Association**

With the above in mind, this guidance document is presented to assist Halton Borough Council Elected Members to undertake regular visits to local care homes. People residing in care homes are residents of the borough and Councillors will wish to engage with them as they do with all constituents.

Councillors are not expected to 'inspect' the home when they visit; there are existing processes in place to ensure the homes are meeting their regulatory obligations and providing safe, high-quality care.

Instead, Councillors play an essential role in developing relationships with local residents and advocating their point of view and this document sets out some principles, areas to consider and dos and don'ts that will help Councillors in the course of their visits to care homes.

## 2.0 Visiting principles

### 2.1 Before the visit

Visits need to be pre-arranged to ensure that the Manager of the Care Home is available to meet and greet Councillors on arrival. Unfortunately, it will not be possible to accommodate unannounced visits.

Councillors should first contact the Council's Adult Social Care Quality Assurance (QA) Team via email on [contracts@halton.gov.uk](mailto:contracts@halton.gov.uk) indicating when they would like to visit a particular home. The QA Team can then advise whether the visit can be accommodated. In most cases, Councillors will generally be welcome to visit upon request but the QA Team will be able to advise if it is not a suitable time due to a Care Quality Commission (CQC) inspection, for example. Councillors will then be advised as to a more appropriate time for their visit to take place.

Councillors should give as much notice of their visit as possible but it is recognised that sometimes Councillors may wish to visit the same day or the following day and this will be accommodated whenever possible.

Following confirmation from the QA Team that there is no reason a visit cannot go ahead at the requested time, the Councillor will need to contact the Care Home Manager to let them know that they are intending to visit and to make arrangements. Appendix 1 provides a list of all care homes by ward with contact details. If plans change and Councillors can no longer attend an arranged visit, they should ensure that they notify the Manager of the home as well as the QA Team.

It is recommended that Councillors undertake some research of the service or the client group prior to their care home visit, in order to achieve an informed perspective. Information can be found on the Care Quality Commission website ([www.cqc.org.uk](http://www.cqc.org.uk)) or the care home's own website.

Councillors may also wish to undertake some e-learning to help prepare for the visit – for example, it may be useful to access the dementia training in preparation for visiting a home with a dementia unit. Please see Section 5.0 for more information.

## 2.2 During the visit

When visiting a care home, the most important point to remember is that the building is home to all the residents that live there. Although the residents often have additional care and support needs, care homes are not hospitals. Large groups of visitors should be discouraged if we are to promote a culture of respect and dignity and to promote the human rights of individuals at all times.

Conflict of interest needs to be considered and Councillors should be aware of this when visiting a care home where their family members/friends/loved ones are resident or employed as a member of staff.

People living in care homes are often there because they can no longer be supported in their own home. This can be for a variety of reasons but may be because they have considerable physical needs or that their cognition or communication is impaired and they need high levels of care and support from trained staff. Residents may have multiple and complex needs and Councillors have a key role to play in ensuring that those receiving dementia/nursing care can have their voice heard without feeling anxious or confused.

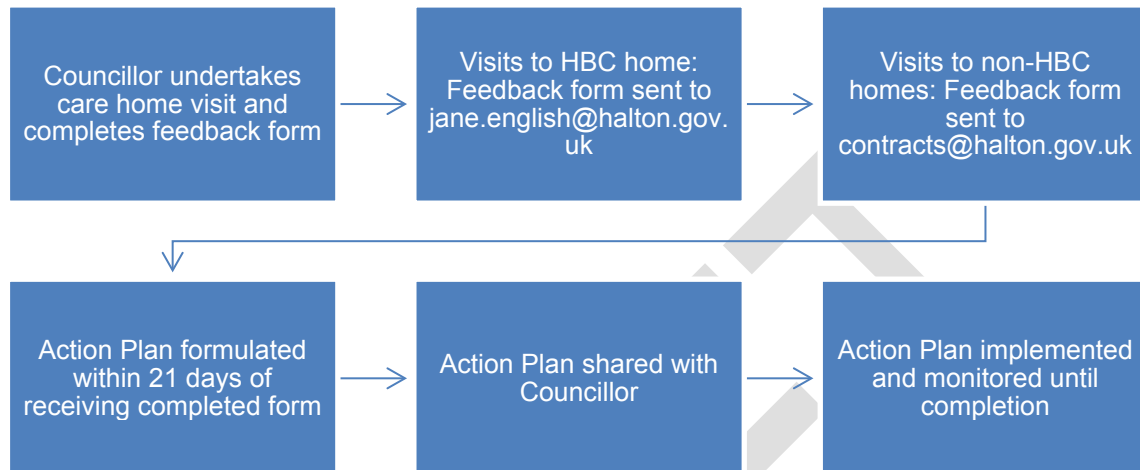
Councillors need to be mindful that because of their physical condition, limited ability to communicate or lack of mental capacity, some individuals may have unpredictable behaviour and they may swear or hit out.

**Please also see Section 3.0 for some areas to consider on the visit and Section 4.0 for some dos and don'ts.**

### 2.3 After the visit

Councillors are asked to produce a written record of their visit to share with the Manager of the home. A Feedback Form is provided at Appendix 2 for Councillors to complete.

All feedback received will be acted upon as per the following process:



### 3.0 Areas for consideration during the visit

Questions	Rationale
What are the general surroundings like? Are the gardens (if any) well maintained?	Having access to pleasant surroundings can greatly enhance quality of life. Many people enjoy the restful atmosphere that gardens offer. Those who are capable may wish to have a role looking after the garden.
Would it be possible for residents to sit outside in suitable weather? Are the surroundings such that it would be safe to do so?	Garden/outside space should be accessible for both those who are mobile and immobile. There should be no hazards such as uneven surfaces.
Is the atmosphere homely and welcoming?	The care home should feel as though residents are living there as if it were their own home. It should not feel like an institution, hotel or hospital with undecorated corridors and a clinical atmosphere. Visitors should not feel like they are imposing.
Is the home clean and pleasantly furnished?	This is especially important in common areas, where residents can socialise as they would in their own home.



Questions	Rationale
	<p>There should be pictures, flowers, areas for residents to sit together etc.</p> <p>Residents should be able to see out of the windows.</p> <p>Common areas should be free from dust and carpets/floors should be free from spillages.</p>
<p>Do residents seem happy and well cared for?</p> <p>Ask them how they feel.</p>	<p>Residents should be comfortable in their surroundings.</p> <p>Whether they are receiving long-term, intermediate or respite care, residents should be relaxed as if in their own home.</p>
<p>Do residents enjoy their mealtimes?</p>	<p>Residents should be able to express their personal food preferences and have these catered for.</p> <p>They should also be able to eat at times that suit them as much as possible. Similarly, there may be occasions when a resident would prefer to eat their meal in private or with family in their bedroom.</p> <p>Residents requiring support with eating should have this provided sensitively and without rushing the resident.</p>
<p>Are doors to resident's bedrooms left open such that you can see residents in bed as you walk past?</p>	<p>A resident's room is their own private domain and other people should only be able to see inside by invitation.</p> <p>If doors are left open always ask staff to explain why this is. It may of course be that residents prefer it that way.</p>
<p>Are the members of staff engaged, caring and friendly?</p> <p>Do they seem comfortable in their role?</p> <p>Do they give residents enough time to respond to their questions?</p>	<p>Caring for the elderly and the vulnerable can be stressful, difficult and demanding, but also very rewarding.</p> <p>It is important for the wellbeing of residents that members of staff are gentle and professional.</p>
<p>What is a typical day like from the perspective of a resident and how would you describe their quality of life?</p>	<p>It is important that the care home clearly demonstrates to you that its central purpose of balancing independence with care is being maintained.</p> <p>Careful and sensitive questioning of both staff and residents combined with observations should give you a snapshot of how effectively the care home is providing a high quality of life for its residents.</p>

## 4.0 Dos and Don'ts

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### ✓ Do...

Talk to the Manager before you visit.

Plan your visit at a time that is most suitable for the individuals you are visiting.

Establish whether there are any sensitive issues that may need to be considered; e.g. someone who is near the end of life, someone who is unwell or has had distressing news.

Explain to residents/families/staff who you are and why you are visiting.

Explain what you will do with the information that you are told.

Ensure that the person fully understands the discussions you are having.

Listen to information without expressing a personal opinion and clarify information that is unclear.

End your visit/conversation if the person becomes distressed or asks you to stop.

Always give general feedback to the Manager / most senior member of staff in the building – include the positives as well as any improvements required and also advise that you are leaving the building.

Always tell the Manager / most senior member of staff if you have any concerns regarding what you have heard or seen whilst with someone / in the building.

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### ✗ Don't...

Meet with a person in their room with the door closed; you need to be able to protect yourself against any accusation.

Use jargon or complex words or phrases or oversimplify in a way that is demeaning to the person.

Talk about a person to another person, in front of them.

If you have concerns regarding a person's health/safety, NEVER walk away without discussing this with the Manager / most senior member of staff.

Talk to someone without explaining to them why you are there and what you will do with the information that you are given.

Make interpretations from the information you are given or ask additional unnecessary or leading questions.

---

Accept information at face value; clarify with the Manager or a member of staff – e.g. a statement made that “they haven’t given me any food today” needs to be explored, as it may be a historical situation or relate to a blood test or screening, for example.

Investigate an issue that may be a safeguarding issue; instead write down the information you are given and speak to the Manager and/or follow the formal safeguarding procedures.

Delay on reporting information of concern to the appropriate person (e.g. the Manager) – if someone says something like “when my husband visits me, he takes my money” or “my carers are great, but Dawn on nights is always cross with me” – the concern may need to be acted upon straight away and the Manager must be informed.

Promise that you will keep information confidential as you may need to tell others on a ‘need to know basis’ if it affects the health and safety of the person or other vulnerable people.

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## 5.0 E-learning opportunities

Councillors are able to access a range of training courses that may be of benefit in the course of undertaking visits to care homes and engaging in discussions with care home residents and their families.

The Council’s e-learning system – ‘**e-nable**’ – offers courses such as:

- Safeguarding Adults
- Dementia
- Dignity
- Health & Safety

The e-learning system can be accessed at the link below and there are instructions on how to create an account:

<https://enable.learningpool.com/login/index.php>

Should you experience any difficulties creating an account or logging in, please contact HBC Learning & Development by calling 0151 511 7111 or emailing [training.reception@halton.gov.uk](mailto:training.reception@halton.gov.uk).

## 6.0 Safeguarding

If you have concerns about someone during a visit to a care home, the first step is to speak to the Manager of the home. If the Manager is not available, you should speak to the most senior member of staff at the home. You should do this during your visit before leaving the home. If your concern relates to the Manager or most senior member of staff available during your visit, you should contact the Council's Quality Assurance Team via [contracts@halton.gov.uk](mailto:contracts@halton.gov.uk). If you are still unhappy or feel the issues requires immediate attention, you can escalate via the safeguarding procedures outlined below.

Adult Safeguarding means protecting a person's right to live in safety, free from abuse and neglect. Safeguarding is everyone's business we must work together to protect adults at risk of harm or those experiencing abuse or neglect.

Absolutely **ANYONE** can report a concern about abuse or neglect – whether you are a relative, member of the public or work in service setting. If you are worried about an adult who may be at risk of harm or neglect, please call:

**0151 907 8306 (Monday-Friday 9am-5pm)**

**0345 050 0148 (evening/weekend/bank holiday team)**

[Adult Safeguarding | Adult Safeguarding \(haltonsafeguarding.co.uk\)](http://haltonsafeguarding.co.uk)

## Appendix 1: Care Homes by Council Ward

There is a total of 25 care homes in Halton and 18 council wards. The 25 homes are situated across 10 of the wards with 8 wards having no care homes. Each ward has three ward councillors (54 in total). Of the 25 homes, 5 are owned and operated by Halton Borough Council (\*denotes in-house care homes in the table below).

Council Ward	Ward Councillors	Care home(s) situated in this ward	Number/type of beds	Address and telephone number of care home	Name and email address of Manager
Appleton	Councillor Eddie Jones Councillor Ged Philbin Councillor Angela Teeling	Halton View	64 beds 36 dementia 28 residential	1 Sadler Street Widnes WA8 6LN 0151 422 0001	Beryl Spruce <a href="mailto:haltonviewmanager@hillcare.net">haltonviewmanager@hillcare.net</a>
		Millbrow*	44 beds 21 nursing 23 EMI nursing	Millbrow Widnes WA8 6QT 0151 420 4859	Jayne Adamson <a href="mailto:jayne.adamson@halton.gov.uk">jayne.adamson@halton.gov.uk</a>
		Oak Meadow*	29 intermediate short stay beds	Peelhouse Lane Widnes WA8 6JT 0151 511 6050	Laura Mullineaux <a href="mailto:laura.mullineaux@halton.gov.uk">laura.mullineaux@halton.gov.uk</a>

Council Ward	Ward Councillors	Care home(s) situated in this ward	Number/type of beds	Address and telephone number of care home	Name and email address of Manager
<b>Bankfield</b>	Councillor Laura Bevan Councillor Louise Goodall Councillor Tony McDermott	Bankfield	6 ALD residential beds	2A Bankfield Road Widnes WA8 7UN 0151 420 5395	Karen Hayes <a href="mailto:karen.hayes@c-i-c.co.uk">karen.hayes@c-i-c.co.uk</a>
		Trewan House	44 residential / residential dementia beds	335 Ditchfield Road Widnes WA8 8XR 0151 423 6795	Carole Davies <a href="mailto:carol@careconcepts.co.uk">carol@careconcepts.co.uk</a>
		Widnes Hall	68 beds dual registered for residential / dementia Residential unit – 32 beds Dementia unit – 36 beds	Coronation Drive Ditton Widnes WA8 8AF 0151 420 8500	Amanda Ashton <a href="mailto:amanda.ashton@anchor.org.uk">amanda.ashton@anchor.org.uk</a>
<b>Beechwood &amp; Heath</b>	Councillor Margaret Ratcliffe Councillor Christopher Rowe Councillor Gareth Stockton	No care homes in this ward			

Council Ward	Ward Councillors	Care home(s) situated in this ward	Number/type of beds	Address and telephone number of care home	Name and email address of Manager
<b>Birchfield</b>	Councillor Angela Ball Councillor Mike Fry Councillor Bill Woolfall	Lilycross Care Centre	60 step-down beds	Wilmere Lane Widnes WA8 5UY 0151 315 1046	Nicola Prescott <a href="mailto:nicola.prescott@catalystchoices.org.uk">nicola.prescott@catalystchoices.org.uk</a>
		Madeline McKenna*	23 residential beds	Haddon Drive Widnes WA8 9DY 0151 511 6460	Angela Colebrook <a href="mailto:angela.colebrook@halton.gov.uk">angela.colebrook@halton.gov.uk</a>
		Regency Park	3 autism residential beds	6 Regency Park Widnes WA8 9PH 01925 759162	Chelsea Holdgate <a href="mailto:chelsea.holdgate@brightfuturescare.co.uk">chelsea.holdgate@brightfuturescare.co.uk</a>
<b>Bridgewater</b>	Councillor Emma Garner Councillor Stef Nelson Councillor Carol Plumpton Walsh	No care homes in this ward			

Council Ward	Ward Councillors	Care home(s) situated in this ward	Number/type of beds	Address and telephone number of care home	Name and email address of Manager
<b>Central &amp; West Bank</b>	Councillor Stan Hill Councillor Noel Hutchinson Councillor Pamela Wallace	No care homes in this ward			
<b>Daresbury, Moore &amp; Sandymoor</b>	Councillor John Bradshaw Councillor Sian Davidson Councillor Mike Ryan	No care homes in this ward			
<b>Ditton, Hale Village &amp; Halebank</b>	Councillor Eddie Dourley Councillor Mike Wharton Councillor Marie Wright	Ferndale Court	58 beds 34 nursing 11 residential 13 residential dementia	St. Michael's Road Ditton Widnes WA8 8TF 0151 257 9111	Jewin Edwin (leaves post 28.01.23) <a href="mailto:jewin.edwin@hc-one.co.uk">jewin.edwin@hc-one.co.uk</a> <a href="mailto:ferndalecourt.manager@hc-one.co.uk">ferndalecourt.manager@hc-one.co.uk</a>
		Ferndale Mews	34 beds 17 residential dementia 17 EMI nursing	St. Michael's Road Ditton Widnes WA8 8TF 0151 495 1367	Lisa Kerr <a href="mailto:lisa.kerr@hc-one.co.uk">lisa.kerr@hc-one.co.uk</a> <a href="mailto:ferndalemews.manager@hc-one.co.uk">ferndalemews.manager@hc-one.co.uk</a>



Council Ward	Ward Councillors	Care home(s) situated in this ward	Number/type of beds	Address and telephone number of care home	Name and email address of Manager
<b>Farnworth</b>	Councillor Valerie Hill Councillor Angela McInerney Councillor Aimee Skinner	No care homes in this ward			
<b>Grange</b>	Councillor John Abbott Councillor Mark Dennett Councillor Joan Lowe	Croftwood	47 residential / dementia beds	Whitchurch Way Halton Lodge Runcorn WA7 5YP 01928 576049	Cheryl Frankland <a href="mailto:manager.croftwood@minstercaregroup.co.uk">manager.croftwood@minstercaregroup.co.uk</a>
		Simonsfield	63 beds 35 dementia 28 residential	53 Boston Avenue Runcorn WA7 5XE 01928 500223	Debbie Smith <a href="mailto:simonsfieldmanager@hillcare.net">simonsfieldmanager@hillcare.net</a>
<b>Halton Castle</b>	Councillor Chris Carlin Councillor Chris Loftus Councillor Sharon Thornton	No care homes in this ward			

Council Ward	Ward Councillors	Care home(s) situated in this ward	Number/type of beds	Address and telephone number of care home	Name and email address of Manager
Halton Lea	Councillor Kath Loftus Councillor Alan Lowe Councillor Dave Thompson	Beechcroft	66 beds dual registered for residential / standard nursing  2 beds can be used for dementia clients	Lapwing Grove Palacefields Runcorn WA7 2TP 01928 718141	Gemma Bunting (interim)  <a href="mailto:gemma.beechcroft@hotmail.com">gemma.beechcroft@hotmail.com</a>
		Bredon Respite Service	4 beds for short-term respite care for adults with a learning disability aged 18-65 years	Lapwing Grove Palacefields Runcorn WA7 2TJ 01928 715108	Dawn Moss  <a href="mailto:dawn.moss@creativesupport.org.uk">dawn.moss@creativesupport.org.uk</a>
		St Luke's*	56 EMI nursing beds (over 65 years of age)	Palacefields Avenue Palacefields Runcorn WA7 2SU 01928 791552	Kerry Fisher  <a href="mailto:kerry.fisher@halton.gov.uk">kerry.fisher@halton.gov.uk</a>
Halton View	Councillor Tom McInerney Councillor Louise Nolan Councillor Rob Polhill	Edward Street	6 beds – physical and sensory disability	1 & 3 Edward Street Widnes WA8 0BW 0151 420 3364	Gaynor Layton  <a href="mailto:gaynor.layton@ambitocare.co.uk">gaynor.layton@ambitocare.co.uk</a>

Council Ward	Ward Councillors	Care home(s) situated in this ward	Number/type of beds	Address and telephone number of care home	Name and email address of Manager
		St Patrick's*	40 EMI nursing beds	Crow Wood Lane Widnes WA8 3PN 0151 495 3593	Nicola Lloyd <a href="mailto:nicola.lloyd@halton.gov.uk">nicola.lloyd@halton.gov.uk</a>
		Warrington Road	12 beds – physical and sensory disability	102-108 Warrington Road Widnes WA8 0AS 0151 423 3621	Gaynor Layton <a href="mailto:gaynor.layton@ambitocare.co.uk">gaynor.layton@ambitocare.co.uk</a>
<b>Highfield</b>	Councillor Robert Gilligan Councillor Paul Nolan Councillor Andrea Wall	Glenwood	12 ALD nursing beds	Liverpool Road Widnes WA8 7HJ 0151 420 5945	Karen Hayes <a href="mailto:karen.hayes@c-i-c.co.uk">karen.hayes@c-i-c.co.uk</a>
		Maeres House	8 beds – mental health (not LD) & physical disability & sensory impairment	56 Blundell Road Hough Green Widnes WA8 8SS 0151 424 0622	Jorjia Swash <a href="mailto:jorjiaswash@voyagecare.com">jorjiaswash@voyagecare.com</a>

Council Ward	Ward Councillors	Care home(s) situated in this ward	Number/type of beds	Address and telephone number of care home	Name and email address of Manager
<b>Hough Green</b>	Councillor Sandra Baker Councillor Phil Harris Councillor Kevan Wainwright	No care homes in this ward			
<b>Mersey &amp; Weston</b>	Councillor Victoria Begg Councillor Rosie Leck Councillor Norman Plumptre Walsh	Holmdale	6 ALD residential beds	2A Company's Close Weston Village Runcorn WA7 4NA 01928 581448	Michelle Carmon <a href="mailto:michelle.carmon@c-i-c.co.uk">michelle.carmon@c-i-c.co.uk</a>
		Wide Cove	8 ALD residential beds	20 Brook Street Runcorn WA7 1JJ 01928 572635	Ellie Tracey <a href="mailto:eleanor.widecove@gmail.com">eleanor.widecove@gmail.com</a>
<b>Norton North</b>	Councillor Irene Bramwell Councillor Peter Lloyd Jones Councillor Geoffrey Logan	Norton Lodge	32 residential / dementia beds	Norton Village Runcorn WA7 6QA 01928 714792	Lorraine Manson <a href="mailto:manager@nortonlodgcarehome.co.uk">manager@nortonlodgcarehome.co.uk</a>

Council Ward	Ward Councillors	Care home(s) situated in this ward	Number/type of beds	Address and telephone number of care home	Name and email address of Manager
		Smithy Forge	6 ALD residential beds	3A Norton Village Runcorn WA7 6PZ 01928 790986	Lynn Price <a href="mailto:dlprice@ntlworld.com">dlprice@ntlworld.com</a>
<b>Norton South &amp; Preston Brook</b>	Councillor Dave Cargill Councillor Martha Lloyd Jones Councillor Tom Stretch	No care homes in this ward			

Information correct at May 2023

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## Appendix 2: Councillor Visits to Care Homes – Feedback Form



This form is to be used by Councillors to record and feedback their views after visiting a care home. For HBC in-house homes, forms should be returned to Jane English, Divisional Manager ([jane.english@halton.gov.uk](mailto:jane.english@halton.gov.uk)) and for independent/non-HBC homes, forms should be returned to the HBC Quality Assurance Team ([contracts@halton.gov.uk](mailto:contracts@halton.gov.uk)).

### About the visit:

Name of Councillor:	
Name of Care Home:	
Name of Registered Manager:	
Date and time of visit:	
Name of senior member of staff on duty at time of visit:	

Did you speak to any members of staff on your visit? Yes  No

Did you speak to any residents on your visit? Yes  No

Did you speak to any family members/friends on your visit? Yes  No

If you want to, you can provide further details below about the conversations you had on your visit:

**Your feedback:**

Please provide feedback on your visit by answering the questions below. Think about what people told you and what you observed. Think about the general environment, meals, activities, staff etc. What does the service do well and what could be done better?

What positive feedback would you like to provide about the care home you visited?

Do you have any negative feedback to provide about the care home you visited?

What can be done to address the negative issues outlined above?

Have you taken any action to resolve any issues highlighted as part of your visit (e.g. have you spoken to a member of staff at the home)?

Any other comments?

Is any further / follow-up action required as a result of your visit?

Yes  No  If yes, please provide details below:

**Thank you! Your feedback is important and helps to improve services.**

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**FOR OFFICE USE ONLY:**

<b>Issues / areas for improvement raised:</b>	<b>Action to be taken:</b>	<b>By who and by when?</b>



<b>REPORT TO:</b>	Health Policy & Performance Board
<b>DATE:</b>	27 June, 2023
<b>REPORTING OFFICER:</b>	Executive Director, Adults
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	Performance Management Reports, Quarter 4 2022/23
<b>WARD(S)</b>	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 Health in Quarter 4 of 2022/23. This includes a description of factors which are affecting the service.

## 2.0 **RECOMMENDATION: That the Policy and Performance Board:**

- i) **Receive the Quarter 4 Priority Based report**
- ii) **Consider the progress and performance information and raise any questions or points for clarification**
- 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 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 4, 2022/23.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications associated with this report.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no other implications associated with this report.

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

6.1 **Children & Young People in Halton**

There are no implications for Children and Young People arising from this report.

6.2 **Employment, Learning & Skills in Halton**

There are no implications for Employment, Learning and Skills arising from this report.

6.3 **A Healthy Halton**

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

6.4 **A Safer Halton**

There are no implications for a Safer Halton arising from this report.

6.5 **Halton's Urban Renewal**

There are no implications for Urban Renewal arising from this Report.

7.0 **RISK ANALYSIS**

7.1 Not applicable.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no Equality and Diversity issues relating to 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**

None under the meaning of the Act.

## Health Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 4 – Period 1<sup>st</sup> January 2023 – 30<sup>th</sup> March 2023

### 1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the fourth quarter of 2022/23 for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Adult Social Care (including housing operational areas)
- Public Health

### 2.0 Key Developments

2.1 There have been a number of developments within the Directorate during the fourth quarter which include:

#### Adult Social Care

**Dementia** – A review of the HBC Dementia Day Service has taken place, as part of development of the One Halton Dementia Strategy. The review considered capacity, demand and potential opportunities within the service ie underutilisation of the dementia friendly venue, working with partners to address potential service gaps ie short notice/flexible session booking to support dementia specific respite support, ALD specific dementia support. Service development options will be explored further by SMT in due course (Currently with D.N) to get a view of feasibility, cost/benefit, before updating the One Halton Strategy group. An Elder Abuse Tool Kit, which considers the specific vulnerability of dementia is being developed by Halton Safeguarding Adults Board. Work continues to deliver actions of the Dementia Friendly Halton Borough Council action plan.

#### Complex Care Widnes

Team recruitment underway and response to the new recruitment model re rolling adverts is positive, two new Social Workers in post, expected to start June 2023, two new Advanced Practitioner's in post.

#### Halton Healthwatch & Advocay Service

Following a Tender process, a new contract was awarded to Engaging Communities Solutions (ECS) for the provision of Healthwatch Halton and the Advocacy Hub service. This signals continuity of service as ECS are the incumbent provider of both services. The contract will commence on 1<sup>st</sup> July 2023 for an initial three year contract term, with the option of a further two year contract extension thereafter.

#### Digital Social Care Records

Halton are part of a national programme to support ensuring care services develop digital social care records. These will support these areas to improve the care and support of people and enable a range of health and social care providers to share information. Funding has been made available to support implementation for providers in the borough over a three year period with monitoring arrangements agreed at a Cheshire and Merseyside level

## **Public Health**

There have been no significant developments since the previous report. It is expected that two new consultants will join the team whilst one consultant has gone to UKHSA on a secondment.

### **3.0 Emerging Issues**

3.1 A number of emerging issues have been identified during the fourth quarter that will impact upon the work of the Directorate including:

#### **Adult Social Care**

##### **Community Meals On Wheels**

In Quarter 1 2023, we will be seeking to confirm new contract arrangements for the provision of frozen ready meals for the Meals on Wheels service. Commissioning and Procurement are currently exploring the viability of utilising an existing purchasing framework for this service.

##### **Care Home Meals**

In Quarter 1 2023, we will be seeking to confirm new contract arrangements for the provision of frozen ready meals for St Lukes and St Patricks Care Homes. Commissioning and Procurement are currently exploring the viability of utilising an existing purchasing framework for this service.

**Discharge Funding 2023/24** - In 2023-24, the Government is providing £600 million (£300 million for ICBs, £300 million for local councils) to enable local areas to build additional adult social care (ASC) and community-based reablement capacity to reduce delayed discharges and improve outcomes for patients. As in 2022-23 the ICB will need to agree with relevant local Health & Wellbeing Boards as to how the ICB element of funding will be allocated rather than being set as part of overall BCF allocations, and this should be based on allocations proportionate to local area need.

This funding is intended to provide increased investment in social care and community capacity to support discharge and free up beds; see additional information below.

**Fair Cost of Care/Reform Funding** - The Market Sustainability and Improvement Fund announced in the autumn statement (November 2022), supports local authorities to make tangible improvements to ASC services in their locality to build capacity and improve market sustainability. Government considers three vital target areas of improvement underpin this overarching objective:

- increasing fee rates paid to adult social care providers in local areas
- increasing adult social care workforce capacity and retention
- reducing adult social care waiting times

In total, there is £400m of new funding for adult social care in 2023 to 2024 and a further £683m is expected in 2024 to 2025. In 2023 to 2024, the new funding will be combined with £162m of continued Fair Cost of Care funding (FCOC). This will continue to support progress local authorities and providers have already made on fees, following their 2022 cost of care exercises. Halton received £431k in 2022/23 Market Sustainability & FCOC

Q4

Grant. In 2023/24 this has been replaced by the Market Sustainability & Improvement Fund £1,496,630 an increase of £1,065,630. This has been used in the setting budget process to increase care provider fees by an additional 4% for care homes and 2% for domiciliary care (including Direct Payment).

The Social Care Grant increased by £4,518,980 from £7,041,560 in 2022/23 to £11,560,540 in 2023/24 however this grant is split between adults and children. Allocations were 43% (Adults) 57% (Children) in 2022/23 and 38% (Adults) 62% (Children) in 2023/4.

Additional £130k has been received as a grant to streamline Adult Social Care Assessments enabling the local authority to buy digital tools and resources to embed into more streamlined operating models. It is assumed to be a one off grant.

The Discharge Funding grant introduced in 2022/23 is provided to ensure those people who need to draw on social care when they are discharged from hospital can leave as soon as possible. Pooled as part of the Better Care Fund, allocations for HBC increased from £532k in 2022/23 to £979k in 2023/4.

### **Safeguarding**

It is anticipated that there will be an announcement in April from Government in relation to the future of Liberty Protection Safeguards.

### **Public Health**

As set out in the individual updates

#### **4.0 Risk Control Measures**

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2018/19 Directorate Business Plans.

As a result, monitoring of all relevant 'high' risks will be undertaken and progress reported against the application of the risk treatment measures in Quarters 2 and 4.

#### **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 Directorate. 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.

### **Commissioning and Complex Care Services**

#### **Adult Social Care**

##### **Key Objectives / milestones**

<b>Ref</b>	<b>Milestones</b>	<b>Q4 Progress</b>
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	
1B	Integrate social services with community health services	
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	
1E	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	
3A	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.	

#### **Supporting Commentary**

**1A** One Halton Dementia Delivery Group approved draft strategy document/actions at meeting in March. Chair requested that the Strategy is now shared wider, with colleagues across all One Halton organisations, to gain feedback on draft before initiating community consultation with cohorts relevant to Dementia. Age UK and Alzheimer's Society have tools to support community consultation and have learning from other areas. They will lead on the consultation activity in due course.

**1B** The Homelessness Strategy Action Plan is monitored by Senior Management Team to illustrate progress made. The Homelessness Forum is scheduled for 19<sup>th</sup> May 2023.




**1C** Budget on target and used to provide additional treatment, care, rehabilitation and support for people in the borough throughout the year













**1D** This work stream is directed through One Halton and has developed a set of principles. Work is ongoing in model development

**1E** This work connects to the integration agenda










**3A** Work continues with partners in health to develop integrated approaches to supporting adults





### Key Performance Indicators





Older People:						
Ref	Measure	21/22 Actual	22/23 Target	Q4	Current Progress	Direction of travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <b>Better Care Fund performance metric</b>	369.2	600	460		
ASC 02	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <b>Better Care Fund performance metric</b>	4071	TBC	4834		N/A
ASC 03	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) <b>Better Care Fund performance metric</b>	79	85%	NA	NA	NA

<b>Adults with Learning and/or Physical Disabilities:</b>						
ASC 04	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	72	97%	96.58 %		
ASC 05	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	81.5	80%	74.9%		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	31.6	45%	22.7%		
ASC 07	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	89.7	89%	93.6%		
ASC 08	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	7	5.5%	5.9%		
<b>Homelessness:</b>						
ASC 09	Homeless presentations made to the Local Authority for assistance In accordance with	1914	200	733 241 434 105 247		



	Homelessness Act 2017. Relief Prevention Homeless					
ASC 10	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	247	200	105		
ASC 11	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	520	650	135 20		
<b>Safeguarding:</b>						
ASC 12	Percentage of individuals involved in Section 42 Safeguarding Enquiries	30	30	39%		NA
ASC 13	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	62	85%	69%		
ASC 14	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care	83.9	89%	78.8%		

	Survey (ASCOF 4B)					
<b>Carers:</b>						
ASC 15	Proportion of Carers in receipt of Self Directed Support.	98.8	99%	98%		
ASC 16	<i>Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)</i>	7.5	N/A	NA	NA	NA
ASC 17	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	39.3	N/A	NA	NA	NA
ASC 18	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	69.5	N/A	NA	NA	NA
ASC 19	Social Care-related Quality of life (ASCOF 1A). (This figure is based on combined responses of several questions to give an average value. A higher value shows good performance)	17.9 %	20%	18.9%		

ASC 20	The Proportion of people who use services who have control over their daily life ( ASCOF 1B)	73.1 %	80%	78.4%		
ASC 21	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	56.9 %	71%	70.4%		

### Supporting Commentary

#### **Older People:**

**ASC 01** We have had an increase in admission from Q4 2021/22, however are still below target, this data has not been cleansed and maybe subject to change at year-end.

**ASC 02** This time last year the data sets were paused so we are unable to provide current progress and direction of travel measures

**ASC 03** This data is currently collected annually and will be available in Q1 2023/24.

#### **Adults with Learning and/or Physical Disabilities:**

**ASC 04** Q4 figures are slightly below target however previous quarters have been above target for 2022/23 also, this time last year for Q4 current progress was 62%

**ASC 05** Figure for Q4 is below that the same time in 21/22, however is still above target. This data is not cleansed and therefore is subject to change at year-end.

**ASC 06** We have not met the target for Q4 however, data is not cleansed and therefore is subject to change at year-end.

**ASC 07** Figures continue to remain stable however, data is not cleansed and therefore is subject to change at year-end.

**ASC 08** Target exceeded and an increase from the same period last year however, data is not cleansed and therefore is subject to change at year-end.

#### **Homelessness:**

**ASC 09** There continues to be a local and national increase in homelessness presentations. Contributable factors are affordability, increased living costs, unemployment, and lack of affordable housing accommodation.

**ASC 10**

Prevention is a key element and the team continue to utilise all prevention incentives to prevent homelessness and encourage housing providers to engage with the Local Authority

Due to the increase in statutory homelessness, this has contributed to the increase in statutory homelessness acceptances.

- ASC 11** Other reasons for the increase relate to clients approaching the service at crisis level, therefore, proving difficult to prevent homelessness. The demand for temporary accommodation continues to be high. The majority of hotel placements are families, with further difficulties sourcing hotels within the Borough. Further options are being explored to increase commissioned services for this client group

**Safeguarding:**

- ASC 12** This is slightly above the target, however in line with the North West and Cheshire and Merseyside averages.

- ASC 13** Work is being undertaken to address the performance and non-achievement of target, however, the performance is improved on the position for the previous year.

- ASC 14** Unfortunately, we have been unable to meet this target and there has been a decrease in the figure from 2021/22, however we need to be mindful that services provided are not necessarily in place to make people feel safe. Feedback suggests that those people who do not feel safe, is attributable to the area they live, youths in the area, fear of falling, for example.

Please note, the survey has not yet been published.

**Carers:**

- ASC 15** Figures continue to remain stable compared to this time last year

- ASC 16** Survey measures are reported annually for service users and bi-annually  
**ASC 17** for carers. The results of these are provided in Quarter 4, however are  
**ASC 18** not published until later in the year.

The next Adult Social Care Survey is due to be administered in January 2023, for results to be reported in the 2022/23 period.

The Survey of Adult Carers will be administered later in 2023 for results to be captured in the 2023/24 period.

Further details on both surveys can be found [here](#)

- ASC 19** Whilst we have not met the target for this year, we have seen an  
**ASC 20** increase on previous year's figures. Response rates to the Adult Social Care Survey remain low, however we will look at the promotion of this prior to the next round of Survey's.

Please note, the survey has not yet been published.










**ASC 21** We have seen a significant increase in the Overall satisfaction of people who use services with their care and support, the figure for 2022/23 was 0.6% short of the target, which is encouraging.













Please note, the survey has not yet been published.

### Key Objectives / milestones

Ref	Objective
PH 01	<b>Improved Child Development: Working with partner organisations to improve the development, health and wellbeing of children in Halton and to tackle the health inequalities affecting that population.</b>

Ref	Milestones	Q4 Progress
PH 01a	Facilitate the Healthy Child Programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being, stop smoking interventions and parenting advice and support.	<input checked="" type="checkbox"/>
PH 01b	Maintain and develop an enhanced offer through the 0-19 programme for families requiring additional support, For example: teenage parents (through Family Nurse Partnership), Care leavers and support (when needed) following the 2 year integrated assessment.	<input checked="" type="checkbox"/>
PH 01c	Maintain and develop an offer for families to help their child to have a healthy weight, including encouraging breastfeeding, infant feeding support, healthy family diets, physical activity and support to families with children who are overweight.	<input checked="" type="checkbox"/>
Ref	Objective	
PH 02	<b>Improved levels of healthy eating and physical activity through whole systems working.</b>	
Ref	Milestone	Q4 Progress
PH 02a	Implementation of the Healthy Weight Action Plan	<input checked="" type="checkbox"/>
PH 02b	Increase the percentage of children and adults achieving recommended levels of physical activity.	<input checked="" type="checkbox"/>

PH 02c	Reduce the levels of children and adults who are obese.	
<b>Ref</b>	<b>Objective</b>	
<b>PH 03</b>	<b>Reduction in the harm from alcohol: Working with key partners, frontline professionals, and local community to address the health and social impact of alcohol misuse.</b>	
<b>Ref</b>	<b>Milestone</b>	<b>Q4 Progress</b>
PH 03a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	
PH 03b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA).	
PH 03c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support in the community and within secondary care.	
<b>Ref</b>	<b>Objective</b>	
<b>PH 04</b>	<b>Cardiovascular Disease</b>	
<b>Ref</b>	<b>Milestone</b>	<b>Q4 Progress</b>
PH 04a	Ensure local delivery of the National Health Checks programme in line with the nationally set achievement targets	
PH 04b	Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.	
PH 04c	Increase the percentage of adults who undertake recommended levels of physical activity and healthy eating.	
PH 04d	Improve early detection and increase the proportion of people treated in line with best practice and reduce the variation at a GP practice level.	
PH 04e	Reduce the premature (under 75) death rate due to cardiovascular disease and stroke.	
<b>Ref 05</b>	<b>Objective</b>	
<b>PH 05</b>	<b>Mental Health</b>	
<b>Ref</b>	<b>Milestone</b>	<b>Q4 Progress</b>

PH 05a	Reduced level of hospital admissions due to self-harm.	
PH 05b	Improved overall wellbeing scores and carers' wellbeing scores.	
PH 05c	Reduced excess under 75 mortalities in adults with serious mental illness (compared to the overall population).	
PH 05d	Reduce suicide rate.	
<b>Ref</b>	<b>Objective</b>	
<b>PH 06</b>	<b>Cancer</b>	
<b>Ref</b>	<b>Milestone</b>	<b>Q4 Progress</b>
PH 06a	Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.	
PH 06b	Increase uptake of cancer screening (breast, cervical and bowel).	
PH 06c	Improved percentage of cancers detected at an early stage.	
PH 06d	Improved cancer survival rates (1 year and 5 year).	
PH 06e	Reduction in premature mortality due to cancer.	
<b>Ref</b>	<b>Objective</b>	
<b>PH 07</b>	<b>Older People</b>	
<b>Ref</b>	<b>Milestone</b>	<b>Q3 Progress</b>
PH 07a	Continue to develop opportunities for older people to engage in community and social activities to reduce isolation and loneliness and promote social inclusion and activity.	
PH 07b	Review and evaluate the performance of the integrated falls pathway.	
PH 07c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropriate age groups in older age.	

### Supporting Commentary

**PH 01a** Triple P is commissioned by the Early Help commissioners to run 8 programmes of Triple P per year. This quarter, 4 programmes were delivered with x15 parents fully completing and x8 partially completing the course.

**PH 01b** The 0-19 Service has continued to maintain support for children and families in Halton through the provision of the universal Healthy Child Programme, the Family Nurse Partnership and the Pause programme.

The service is will require utilisation of 1 x 12 month extension to commence 1.4.2023. Meanwhile a wider review of the service will take place over the next 12 months.

**PH 01c** Antenatal Infant Feeding and Introducing Solid Foods workshops are now being delivered x1 face to face and x1 virtual per month. The multi-agency 'Your Baby and You' programme is on hold awaiting further planning meetings between all partners. Parent/carer bite-size workshops are being delivered virtually and face to face (Fussy Eating and Healthy Snacking, and Sleep and Screens). HHEYS support and training was offered to all EY settings and childminders. There continues to be increased engagement, with some settings completing their renewal to HHEYS, as well as some new childminders signing up.

Fit 4 Life App download instructions have been added to all NCMP results letters for 2022-23, with unique invite IDs based on the weight category for the child to activate appropriate programme content for each weight category.

**PH 02a** There has continued to be a range of parenting programmes are available to families to support them to develop healthy habits for their children. The Holiday Activity Fund (HAF) has supported children during the holidays, to access healthy and nutritious meals, physical activity sessions, nutrition education and enrichment activities. The whole system obesity strategy is currently in consultation phase with partners for review.

**PH 02b** The exercise rererral programme re-started in Q3 2021. The Active Halton strategy is currently in the data and evidence finding stage.

**PH 02c** No update this quarter.

**PH 03a** Bridgewater (and GPs) are informed of nearly all 0-19 attendances at A&E and Urgent Care Centres and where appropriate, parent attendances. Bridgewater work within the framework of a clinical procedure which identifies a Trigger List. The information for those CYP with an attendance that fits within the list are referred to the Health Visitor, Family Nurse Partnership or School Nurse. The attendance is recorded on the record once scanned on and will have access to support/further input.



**PH 03b** Awareness is raised within the local community of safe drinking recommendations and local alcohol support services through social media campaign messages and the promotion of national and local campaigns via digital platforms.e.g Regional Cheshire/Merseyside" Lower My Drinking App". Currently, work is taking place with IT to develop Audit C screening online. Audit C screenings are also delivered during Health Checks and stop smoking consultation to clients across Halton.




















- PH 03c** The CGL service has maintained a Café which offers an opportunity to support clients; this has provided volunteering and peer support sessions to service users.  
The out of prison programme continues to support prison service leavers on their road to recovery and has received exceptionally positive case studies, also recently opening their safe house in Halton.
- PH 04a** A local action plan is in development around barriers to accessing the NHS Health Check.
- PH 04b** Halton Stop Smoking Service continues to deliver the service remotely and also face 2 face (hybrid model) to support local people to stop smoking including those people directly referred into the service via the Targeted Lung Health Check programme. The TLHC programme commenced in Halton in January 2022 and to date (Q3) the service has received an extra 351 referrals into the service. Currently the service has achieved a quit rate of approx. 56% so far.
- PH 04c** See previous comments on weight management and exercise referral programs.
- PH 04d** In addition to the NHS Health Check data above, blood pressure champions have been screening in the community, on the vaccination health bus and in workplaces.
- PH 05a** Halton continues to deliver self harm awareness training to front line staff who work with children and young people as part of the wider preventative mental health agenda. Self Harm kits, that have been developed at a regional level as a resource for staff working with children and young people, are being piloted locally.
- PH 05b** Latest available data for 2018-20 indicates that the excess under 75 mortality for adults with severe mental illness in Halton is significantly better than the England average. Continuing to ensure local primary care undertake annual reviews and engage with health services is key to ensuring that people with SMI experience no poorer health outcomes and services than any other individual.
- PH 05c** Halton's suicide rate for 2019-2021 period is lower than the England average. We continue to work closely with partners and Champs on the Zero Suicide Agenda and consistently review the action plan for reduction of suicides in the community, even undertaking assessments for every individual suicide we are notified of.  
Work is continuing with CHAMPS and the Cancer alliance to focus on activities to increase the uptake of bowel and breast cancer. Regional meetings have not yet been recommenced from UKHSA, though we are continuing to encourage uptake of all screening programmes at all opportunities.
- PH 06a**










- PH 06b** The Targetted Lung Health check programme is beginning to report early results which shows a positive detection rate of stage 1 cancers amongst people who have ever smoked in the targetted age cohorts.
- PH 06c** Cancer survival is improving year on year though the improvement is slowing. We continue to work with the cancer alliance and local partners to ensure new and improved diagnostics and treatments are locally available.
- PH 06d** Cancer mortality is seeing a small improvement year on year, as a factor of the works being undertaken on screening, early diagnosis and presentation and improvements in diagnostic and treatment technology and access.
- PH 07a** The team have received 77 new Sure Start to Later Life referrals in this quarter.
- We have held 6 Get Together events, with a total of 291 people in attendance which is an increase on the previous quarter.
- PH 07b** This quarter we have had over 45 residents from various care homes attend the Sure Start to Later Life Get Together which is fantastic. The feedback received from these residents has been very positive. What they report that they most like about the event is 'socialising with others, the food and entertainment' and 'being with friends'.
- PH 07c** The Age Well service continues to deliver falls prevention exercise classes, 4 times per week. We have received 10 new referrals direct from HICAF, SS2LL or capacity and demand.
- 17 people have attended the groups over this quarter; over 171 falls incident forms have been screened and supporting information has been provided as to how to reduce peoples risk of falls including signposting to relevant services.
- Uptake of flu vaccination for seasonal 2021/22 was higher than average for most cohorts with increased but under target performance especially for pregnant women and 2-3 year cohorts.










### **Key Performance Indicators**





Ref	Measure	21/22 Actual	22/23 Target	Q3	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children)	66.1% (2018/19)	N/A	60.1% (2021/22)		

	achieving a good level of development at the end of reception)					
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)	57.6% (2019/20)	58.2% (2020/21)	65.5% (2020/21)		
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	493 (2020/21)	877.7 (2021/22)	N/A		N/A
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	45.2 (2019/20-2021/22 provisional)	57.1 (2019/20 – 2021/22)	35.5 (Q4 19/20- Q3 22/23 provisional)		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	14.9% (2019)	14.9% (2020)	13.2% (2021)		
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	76.9% (2019/20)	77.5% (2020/21)	65% (2020/21)		

PH LI 03c	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	96.7 (2019-21 provisional)	96.7 (2020-22)	105.8 (Q3 2019-Q3 2022 provisional)		
PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	151.0 (2019-21 provisional)	150.2 (2020-22)	144.8 (Q4 2019-Q3 2022 provisional)		
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	46.6 (2019-21 provisional)	46.4 (2020-22)	45.3 (Q4 2019-Q3 2022 provisional)		
PH LI 03f	Breast cancer screening coverage (aged 53-70) <i>Proportion of eligible</i>	58.8% (2021)	70% (national target)	57.7% (2022)		

	women who were screened in the last 3 years					
PH LI 03g	Cervical cancer screening coverage (aged 25 – 49) <i>Proportion of eligible women who were screened in the last 3.5 years</i>	71.9% (2021)	80% (national target)	71.3% (2022)		
	Cervical cancer screening coverage (aged 50 – 64) <i>Proportion of eligible women who were screened in the last 5.5 years</i>	72.5% (2021)	80% (national target)	72.2% (2022)		
PH LI 03h	Bowel cancer screening coverage (aged 60 to 74) <i>Proportion of eligible men and women who were screened in the last 30 months</i>	55.5% (2021)	No national target as yet	65% (2022)		
PH LI 03i	Percentage of cancers diagnosed at early stage (1 and 2)	55.5% (2019)	55.7% (2020)	N/A (annual data only)		
PH LI 03j	1 year breast cancer survival (%)	97% (2018)	97.25% (2019)	N/A		N/A

PH LI 03k	1 year bowel cancer survival (%)	79% (2018)	79.25% (2019)	N/A		N/A
PH LI 03l	1 year lung cancer survival (%)	41% (2018)	41.5% (2019)	N/A		N/A
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	283.5 (2021/22 provisional)	380.6 (2021/22)	285.1 (Q4 21/22 – Q3 22/23 provisional)		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.1% (2020/21)	11.9% (2021/22)	N/A		N/A
PH LI 05ai	<b>Male</b> Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	17.2 (2019-21 provisional)	17.2 (2020-22)	17.3 (Q3 2019-Q2 2022 provisional)		
PH LI 05aii	<b>Female</b> Life expectancy at age 65 (Average number of years a person would expect to live based on	19.5 (2019-21 provisional)	19.5 (2020-22)	19.4 (Q3 2019-Q2 2022 provisional)		

	contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>					
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2707 (2021/22 provisional)	2806 (2021/22)	2292 (Q4 21/22 – Q3 22/23 provisional)		
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	81.6% (2021/22)	75% (national target)	80.3% (2022/23)		

### Supporting Commentary

PH LI01 Department for Education did not publish 2019/20 or 2020/21 data due to COVID priorities. The percentage of children achieving a good level of development has reduced by 6% between 2018/19 and 2021/22 in Halton; this is similar to the decline in England overall of 6.6% (from 71.8% to 65.2% in 2021/22).

PH LI02a Levels of adult activity increased in 2020/21. Data is published annually.

PH LI 02b Due to a national data change, quarterly data is currently unavailable.

PH LI02c The rate of under 18 alcohol specific hospital admissions has reduced recently. COVID-19 is likely to have had an effect on this.

(2021/22 data is provisional; published data will be released later in the year.)

- PH LI 03a Smoking levels improved during 2019, 2020 and remained the same in 2021; 2021 data met the target.
- PH LI03b Adult excess weight reduced during 2021 and met the target.
- PH LI03c The rate of CVD deaths (in under 75s) increased in 2021, and the provisional 2022 data suggests that the rate has continued to increase. It is likely that COVID-19 has had an effect.  
(Data is provisional; published data will be released later in the year.)
- PH LI03d The rate of cancer deaths (in under 75s) reduced slightly in 2021 and provisional data suggests it has continued to decrease into 2022. It is yet unclear how COVID-19 has affected death rates from other major causes.  
(Data is provisional; published data will be released later in the year.)
- PH LI03e The rate of respiratory disease deaths (in under 75s) has reduced slightly over 2020, and 2021, and data suggest it has continued to decrease slightly into 2022. It is yet unclear how COVID-19 has affected death rates from other major causes.  
(Data is provisional; published data will be released later in the year.)
- PH LI03f Breast cancer screening coverage dropped in 2020 and again in 2021; COVID-19 has most likely affected this. Data is released annually.
- PH LI03g Cervical cancer screening coverage improved during 2020 in those aged 25-49. Halton performed better than the England average both in 2020 and 2021 but is still working towards the national standard of 80% coverage. Data is released annually.  
Cervical cancer screening coverage remained static between 2018 and 2020 in those aged 50-64 but fell slightly during 2021. Halton did not perform as well as the England average and is still working towards the national standard of 80% coverage. Data is released annually.
- PH LI03h Bowel cancer screening coverage improved during 2022 and met the national target. Data is released annually.
- PH LI03i The % of cancers diagnosed at early stage has fluctuated between 50% and 57% since 2013. The latest % is better than the England average (52.3%). Data is released annually.
- PH LI03j 1 year breast cancer survival has improved steadily over the last 10 years. It was 97% in 2018, which was the same as the England average. Data is released annually.



- PH LI03k 1 year bowel cancer survival has improved steadily over the last 10 years. It was 79% in 2018, which was slightly lower than the England average (80%). Data is released annually.
- PH LI03l 1 year lung cancer survival has improved steadily over the last 10 years. It was 41% in 2018, which was lower than the England average (44.5%). Data is released annually.
- PH LI04a Provisional 2021/22 data indicates the rate of self-harm admissions has reduced since 2019/20 and has met the target.  
Provisional Q3 2022/23 data suggests the rate has remained at a similar level to 2021/22.  
(Data is provisional; published data will be released later in the year.)
- PH LI04b Happiness levels worsened during 2019/20 and again in 2020/21. COVID-19 is likely to have had an impact. Data is published annually.
- PH LI05ai Life expectancy has been impacted severely by excess deaths from COVID-19, both nationally and in Halton. Male life expectancy at age 65 reduced during 2020 and 2021 but has improved slightly during 2022.  
(Data is provisional; published data will be released later in the year.)
- PH LI05aii Life expectancy has been impacted severely by excess deaths from COVID-19, both nationally and in Halton. Female life expectancy at age 65 reduced during 2020 and 2021 but has improved slightly during 2022. However, it is unlikely that 2020-22 data will meet the target.  
(Data is provisional; published data will be released later in the year.)
- PH LI05b Provisional 2021/22 indicates the rate of falls injury admissions has reduced slightly and has met the target.  
Provisional Q3 2022/23 data suggest the rate has continue to decrease.  
(Data is provisional; published data will be released later in the year.)
- PH LI05c Flu vaccine uptake for winter 2021/22 didn't meet the national target of 85%, and also didn't meet the target in 2022/23.

## **APPENDIX 1 – Financial Statements**

### **ADULT SOCIAL CARE DEPARTMENT**

#### **Finance**

#### **Revenue Operational Budget as at 31 March 2023**

	<b>Full Year Budget</b>	<b>Actual</b>	<b>Variance (Overspend)</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Expenditure</b>			
Employees	15,699	15,520	179
Premises	451	475	(24)
Supplies & Services	1,211	1,202	9
Aids & Adaptations	55	61	(6)
Transport	232	297	(65)
Food Provision	186	198	(12)
Agency	768	773	(5)
Supported Accommodation and Services	1,463	1,463	0
Emergency Duty Team	105	98	7
Contacts & SLAs	687	678	9
<b>Housing Solutions Grant Funded Schemes</b>			
LCR Immigration Programme	320	318	2
Homelessness Prevention	147	147	0
Rough Sleepers Initiative	71	71	0
<b>Total Expenditure</b>	<b>21,395</b>	<b>21,301</b>	<b>94</b>
<b>Income</b>			
Fees & Charges	-760	-700	(60)
Sales & Rents Income	-420	-456	36
Reimbursements & Grant Income	-2,112	-2,193	81
Capital Salaries	-121	-119	(2)
Housing Schemes Income	-629	-629	0
Transfer From Reserves	-1,131	-1,131	0
<b>Total Income</b>	<b>-5,173</b>	<b>-5,228</b>	<b>55</b>
<b>Net Operational Expenditure Excluding Homes and Community Care</b>	<b>16,222</b>	<b>16,073</b>	<b>149</b>
Care Homes Net Expenditure	8,633	10,427	(1,794)
Community Care Expenditure	19,872	19,997	(125)
<b>Net Operational Expenditure Including Homes and Community Care</b>	<b>44,727</b>	<b>46,497</b>	<b>(1,770)</b>
<b>Recharges</b>			
Premises Support	460	460	0
Transport Support	587	714	(127)
Central Support	3,562	3,562	0
Asset Rental Support	189	189	0
Recharge Income	-122	-122	0
<b>Net Total Recharges</b>	<b>4,676</b>	<b>4,803</b>	<b>(127)</b>
<b>Net Departmental Expenditure</b>	<b>49,403</b>	<b>51,300</b>	<b>(1,897)</b>

#### Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, was £0.022m below budget at the end 2022/23 financial year.

Employee costs were £0.179m below budget for the year. This underspend relates to savings on staff turnover in excess of the £0.449m savings target.

The overspends on transport costs largely relate to increased fuel costs, and are likely to be a pressure, albeit at a lower level, for the 2023/24 financial year.

The shortfall in fees and charges income primarily relates to Day Service trading activities, and the level of reduced consumer confidence post-pandemic. Such shortfalls have been met from Covid related government grant funding in the previous two financial years, although funding has now ceased.

Housing Strategy initiatives included in the report above include the LCR Immigration Programme and Homelessness Prevention Scheme. The Homelessness Prevention scheme is an amalgamation of the previous Flexible Homelessness Support and Homelessness Reduction schemes. Funding has increased significantly from £0.253m back in 2020/21 to £0.356m for 2022/23.

### **PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT**

#### **Revenue Budget as at 31 March 2023**

	<b>Annual Budget</b>	<b>Actual</b>	<b>Variance Underspend</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Expenditure</b>			
Employees	4,260	4,158	102
Premises	5	5	0
Supplies & Services	434	390	44
Contracts & SLA's	7,103	7,110	(7)
Transport	13	13	0
Other Agency - Port Levies	21	21	0
Transfer to Reserves	635	635	0
<b>Total Expenditure</b>	<b>12,471</b>	<b>12,332</b>	<b>139</b>
<b>Income</b>			
Fees & Charges	-221	-239	18
Reimbursements & Grant Income	-436	-436	0
Transfer from Reserves	-1,050	-1,050	0
Government Grant Income	-11,525	-11,525	0
<b>Total Income</b>	<b>-13,232</b>	<b>-13,250</b>	<b>18</b>
<b>Net Operational Expenditure</b>	<b>-761</b>	<b>-918</b>	<b>157</b>
<b>Recharges</b>			
Premises Support	126	126	0
Transport Support	30	30	0
Central Support	1,340	1,340	0
Recharge Income	-482	-482	0
<b>Net Total Recharges</b>	<b>1,014</b>	<b>1,014</b>	<b>0</b>
<b>Net Departmental Expenditure</b>	<b>253</b>	<b>96</b>	<b>157</b>

**Comments on the above figures**

The net Department spend for the year ending 31 March 2023 is £0.157m under the available budget.

Employee costs are £0.102m under budget. This is due to savings made on a small numbers of vacancies, reductions in hours and funding from the Contain Management Outbreak Fund (COMF). The employee budget is based on 89.7 full time equivalent staff. The staff turnover saving target of £0.048m is fully achieved.

The balance of £0.368m carried forward from last year's allocation from the Contain Outbreak Management Fund (COMF) has been used to fund continued spend within the Outbreak Support Team, targeting low COVID-19 vaccine uptake, enhanced communication and marketing, workplace prevention and contain measures and to help the clinically extremely vulnerable remain well. The balance remaining of £0.026m from the first half of the year was spent during October. Spending during the remaining 5 months of the year was met from within the Public Health ring-fenced grant.

Expenditure on supplies and services was kept to essential items only throughout the year and actual expenditure is £0.044m below budget at the end of the financial year.

Fees & Charges income received is £0.018m higher than that anticipated at budget setting time, with £0.013m from Housing Enforcement licences.

**COMPLEX CARE POOL****Revenue Budget as at 31st March 2023**

	<b>Annual Budget</b>	<b>Actual</b>	<b>Variance (Overspend)</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Expenditure</b>			
Intermediate Care Services	5,223	5,352	(129)
Oakmeadow	1,251	1,473	(222)
Community Home Care First	1,300	2,103	(803)
Joint Equipment Store	815	676	139
Development Fund	860	800	60
HICafs	3,541	2,704	837
Contracts & SLA's	3,262	3,200	62
Carers Breaks	428	269	159
Carers centre	377	377	0
ASC Discharge Schemes	1,628	1,628	0
Residential Care	1,292	1,292	0
Domiciliary Care & Supported Living	2,184	2,366	(182)
Transfer to Reserves	-	389	(389)
<b>Total Expenditure</b>	<b>22,161</b>	<b>22,629</b>	<b>(468)</b>
<b>Income</b>			
BCF	-12,078	-12,078	0
CCG Contribution to Pool	-2,831	-2,831	0
ASC Discharge Grant	-1,628	-1,628	0
Oakmeadow Income	-613	-608	(5)
Transfer from reserve	-700	-905	205
Ageing Well	-694	-742	48
Stepdown beds	0	-220	220
<b>Total Income</b>	<b>-18,544</b>	<b>-19,012</b>	<b>468</b>
<b>Net Operational Expenditure</b>	<b>3,617</b>	<b>3,617</b>	<b>0</b>

**Comments on the above figures:**

The overall position for the Complex Care Pool budget is a £0.057m overspend at the end of the financial year. However a £0.205m surplus was carried forward from 2021/22. This has resulted in an overall underspend against budget of £0.148m. This will be carried forward into 2023/24 to cover pressures in the Pool.

Expenditure is below budget mainly due to HICaF (Halton Integrated Care & Frailty Service). There have been vacancies throughout the year including a Divisional Manager post and Bridgewater have not fully recruited. The underspend has enabled the Pool to divert funds to the Community Care budget. However, this can not be relied on going forward and Community Care continues to be a major pressure area.

The overspend on Oakmeadow is due to agency workers and inflation on food, drink provisions and utilities.

Expenditure on Contracts is under budget by £0.062m. This is due to Inglenook which has had a void on and off throughout the year.

Carers' breaks is underspent by £0.159m against budget. Direct Payment carer breaks are low as in previous years. Also Family Placement Daycare started up in June after the pandemic but there have been no placements since July due to a lack of carers.

There has been a transfer to reserves of £0.048m earmarked for falls equipment and £0.193m for Lilycross which is to be funded until end of June 2023.

**Pooled Budget Capital Projects as at 31 March 2023**

	2022-23 Capital Allocation £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	580	575	5
Stair lifts (Adaptations Initiative)	220	217	3
RSL Adaptations (Joint Funding)	300	280	20
Telehealthcare Digital Switchover	400	100	300
Millbrow Refurbishment	180	122	58
Madeline Mckenna Refurb.	100	138	(38)
St Luke's Care Home	20	40	(20)
St Patrick's Care Home	150	119	31
<b>Total</b>	<b>1,950</b>	<b>1,591</b>	<b>359</b>

**Comments on the above figures:**

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2021/22 spend and budget, and expenditure across the 3 headings is within budget overall.

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 in 2025. Procurement has

now commenced, although the scheme is now scheduled to be completed during the 2023/24 financial year.

On 16 June 2022 Executive Board approved a £4.2M refurbishment programme in respect of the four Council owned care homes, to be completed within a three year timescale. Halton purchased the homes, with the exception of Madeline McKenna, when it was evident that the buildings had been neglected. Some of the homes have décor that is very tired, and furniture that is dated, mismatched and sometimes broken. All of the homes struggle with storage meaning that equipment such as hoists are visible in corridors and communal areas. In addition the bedroom areas are small with poor lighting, and gardens areas in all homes require attention so they can be fully accessible for meaningful activities.

£1.6M was initially allocated in terms of estimated spend during the current financial year, although this allocation has now been revised down to £0.450m to reflect progress within year on individual care home refurbishment schemes. The residual £1.150m will be reprofiled to the 2023/24 capital allocation.

## APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

### Progress

Green



**Objective**  
Indicates that the objective is on course to be achieved within the appropriate timeframe.

**Performance Indicator**  
*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

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