

# Public Document Pack



## Health Policy and Performance Board

Tuesday, 26 September 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
Mr David Wilson	Healthwatch Co-optee

*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, 28 November 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, 27 June 2023 at the Council Chamber, Runcorn Town Hall*

Present: Councillors Dourley (Chair), Baker (Vice-Chair), Begg, Davidson, Fry, Garner, Goodall, C. Loftus, L. Nolan, Stretch and Thornton 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, H. Moir and J. Gallagher

Also in attendance: A. Leo, Halton Place – NHS Cheshire & Merseyside

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

HEA1 MINUTES

The Minutes of the meeting held on 14 February 2023 were signed as a correct record.

HEA2 PUBLIC QUESTION TIME

The following public question had been received in relation to Item 6 (e) Disabled Facilities Grant (DFG) Review:

I'm contacting you on behalf of the Motor Neurone Disease Association. We are the national charity focusing on funding research, improving access to care and campaigning for people living with or affected by MND in England, Wales and Northern Ireland.

We have read item 6e on tomorrow's agenda - the Disabled Facilities Grant (DFG) review - with interest. During 2022 and 2023 we have been in regular correspondence with Halton Council on this issue, with your colleague Helen Moir having been our main contact. I have copied her into this message.

*Action*

We note that the recommendation to the Board in the accompanying paper for 6e is to form a steering group to “further review policy and processes in the light of the published DFG guidance”

In response, as a charity supporting people with and affected by MND in the Borough, we would like to table a question under item 3 of the agenda asking:

***What provision would be made to meet and engage with external stakeholders such as the MND Association in this planned review of DFG policy and process?***

Response:

We are currently working with Think Local Act Personal (TLAP) to develop a co-production framework and charter whereby everyone works together on an equal basis to influence the way services are designed, commissioned and delivered.

On this basis it is anticipated that this value based approach will influence the review and that representation from key stakeholders will be part of the process with everyone having a vital equal contribution in order to improve the quality of life for people and communities.

We would therefore welcome input not only from the Motor Neurone Disease Society but from other people and charities that will be affected by decisions made as a result of the review.

#### HEA3 HEALTH AND WELLBEING MINUTES

The minutes from the Health and Wellbeing Board’s meeting held on 18 January 2023 were submitted to the Board for information.

#### HEA4 HEALTH PPB ANNUAL REPORT

The Vice Chair, Councillor Baker, presented the Health Policy and Performance Board’s Annual Report for April 2022 to March 2023.

RESOLVED: That the Annual Report for 2022-23 be received.

#### HEA5 THE BIG CONVERSATION

The Board received a report presenting the approach

being taken to 'The Big Conversation', which was integral to formulating a new Council Corporate Plan, to take effect from April 2024.

Further to agreement at Executive Board in March, the Council would provide adequate opportunity for meaningful public consultation and ultimately produce a Corporate Plan, which was unique and meaningful to the people of Halton.

'The Big Conversation' was all about engaging with the public so that they understood the challenges the Council is facing. The approach being taken was between the Council and everyone who lived or worked in Halton, to work together in order to create an improved Borough in all aspects of everyday life. It was noted that feedback would be welcome in all formats; paper submissions, electronically or face to face, between now and the end of the year.

The report and accompanying presentation outlined the survey themes and questions, the process of data analysis and gave the timescales the project will take, up to the launching of the new Corporate Plan.

Following the presentation and Members' discussions, the following comments were made:

- Reference was made to a similar exercise that took place previously called Halton 2000 facilitated by lecturers from Edge Hill University;
- The five themes were taken from evidence based data from within the Council on the challenges the Borough currently faced and comparisons with other LA's Corporate Plans across the Country;
- The themes were about getting the conversation going and it was important to engage everyone in the Borough;
- Residents' contribution to a Corporate Plan had not been done before;
- Suggestions regarding the engagement of 'hard to reach' or 'hidden' communities were welcome – please contact officers with these;
- The consultation would also include a range of stakeholders, who will be asked to raise awareness of the survey amongst their organisations;
- Social media platforms are being used to promote the survey;
- The onus is on everyone including Councillors to engage people in all walks of life, so that the opportunity to contribute is given to all;

- Full engagement of the public was crucial to the success of this as the Council cannot do it on its own; and
- The Pride event taking place on 8 July at Norton Priory was noted.

RESOLVED: That the Board

- 1) note the report; and
- 2) endorses the approach to facilitate 'The Big Conversation'.

Operational  
Director Policy,  
People,  
Performance and  
Efficiency

#### HEA6 CARE WORKERS PETITION

The Board received details of a recent petition received by the Council from Halton Care Workers and the associated response to this.

At the Health PPB on 29 November 2022, the Board received a public question in respect to the 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 to this was presented in the report.

Subsequently, a petition was received by the Council in February 2023, from Halton Care Workers, requesting a pay rise; details listed in the report. Following receipt of this Councillor Wharton, Leader of the Council, responded to the petitioners; this was also presented in the report.

Further to debate from Members, it was noted that work on consulting with other local authorities in the area on this matter had begun, under the previous Chair of the Board, Councillor Peter Lloyd Jones.

One Member shared his aspirations for the Council to have its own 'domiciliary care hubs' so that the consistency of care for residents in the Borough could be improved. The difficulties being faced by care providers and local authorities with the recruitment of staff was highlighted at a care provider conference that took place last year.

RESOLVED: That the contents of the report be noted.

#### HEA7 SCRUTINY TOPIC BRIEF 2023/24

The Board received a report from the Director of Public Health, which presented the topic brief for the Health

Policy and Performance Board 2023-24 scrutiny review.

At the February meeting of the Board, 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.

The report outlined the main areas to be considered and a detailed Topic Brief, explaining the rationale and scope of the group, was appended to the report.

It was agreed that all Members of the Board be invited to participate in the scrutiny review.

RESOLVED: That the Board

- 1) note the report; and
- 2) approves the topic brief.

Executive Director  
of Adult Services

#### HEA8 MARKET SUSTAINABILITY PLAN

The Board considered a report of the Executive Director – Adults, informing of the Market Sustainability Plan (MSP) for care homes for older people (65+) and Domiciliary Care for adults (18+).

It was reported that the Government set out its vision for adult social care in its white paper '*People at the Heart of Care*' in December 2021 which proposed a range of reforms and initiatives to improve care and support for vulnerable people.

In relation to care provided for older people who needed 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.

The requirements of the Market Sustainability Plans were set out in the report with the key plans to address market sustainability issues for Halton.

RESOLVED: That the report be noted.

HEA9 DISABLED FACILITIES GRANT (DFG) REVIEW

The Board received a report of the Executive Director – Adults, which presented the results of the benchmarking exercise of current practice against the new Disabled Facilities Grant (DFG) Guidance.

The DFG was established 34 years ago and were mandatory capital grants that were available from local authorities, to pay for essential housing adaptations to help disabled people live an independent life and stay in their own homes. It was available to owner occupiers, private sector tenants and housing association tenants.

The Department of Levelling Up, Housing and Communities (DLUHC) issued new DFG Guidance (part of the National Disability Strategy) in 2022, to advise local authorities how they could effectively and efficiently deliver the DFG funded adaptations. This brought together existing policy frameworks, legislative duties and powers, and recommended best practice to help local authorities best serve disabled tenants and residents in their area.

The report set out the current issues faced in Halton relating to the demand for the service and described the benchmarking exercise carried out. This had provided assurance that current DFG practice was working well for the people of Halton however, a further review of the policy and processes were still required, in light of the published DFG Guidance. A steering group would be established to explore these options and the item would return to the Board at a future date.

Further to Members' questions on the results of the exercise, the following additional information was provided:

- There were two options available for residents who were awarded funding for adaptations – the Council would carry out the 'best value' exercise and invite tenders for the work from 3 providers; or, the private route, whereby the resident arranges their own work and the money is provided to them;
- Registered Social Landlords (RSL's) were already building new houses that were adapted for people with disabilities;
- In cases where older/traditional homes could not be adapted, the resident would be moved to a suitable home; and
- The length of time a grant application took varied due to the specific requirements of the resident, eg a



house extension would take longer than someone who required minor adaptations.

It was noted that the steering group would be inclusive and groups such as the Motor Neurone Disease Association (MND), who had submitted the public question today, would be invited to join.

RESOLVED: That the Board note the contents of the report.

Executive Director  
of Adult Services

#### HEA10 COUNCILLOR CARE HOME VISITS GUIDANCE

The Board received a report from the Executive Director – Adults, which presented the recently revised *Councillor Visits to Care Homes: Guidance for Elected Members* document – this was appended to the report.

Members were advised that revised guidance had been developed to support elected Members 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 focussed more on the engagement and relationship building role of Councillors, and less on an inspection type approach.

It was noted that the guidance aimed to support and facilitate the important role that Councillors had in developing relationships with, and advocating (as appropriate) on behalf of care home residents and their families. As explained in the report the document covered many subject areas, including information about safeguarding procedures.

The guidance included a list of care homes by Ward with contact details and a feedback form that Councillors should complete following a visit, in order to ensure that any issues identified during the visit were addressed accordingly. The feedback form would be sent separately from the guidance to Members', so this can be done easily.

The Board discussed the importance of the need to be trained properly before entering a care home and that these visits should be made regularly for the sake of the residents. E-learning relating to safeguarding is available for Councillors to complete, but it was also important for them to know what to look for on a visit and the best time of the day to make a visit.

Officer support is always available to Members who

want to visit the care homes and Members were invited to contact them if this is required in future.

RESOLVED: That the Board

- 1) note the contents of the report; and
- 2) endorses the guidance attached.

Executive Director  
of Adult Services

HEA11 HEALTH BASED PRIORITY PERFORMANCE REPORTS  
Q4 2022/23

The Board received the Performance Management Reports for quarter 4 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.

Officers advised that the quarter 4 data being presented was subject to some data validation. They also highlighted some service areas that were doing well, with a positive direction of travel.

RESOLVED: That the Performance Management reports for quarter 4 of 2022/23 be received.

*The Chair gave thanks to his predecessor, Councillor Peter Lloyd Jones, who was Chair of the Board for two years and generously shared his experience and knowledge in the health field with him and other Members.*

*Meeting ended at 7.40 p.m.*

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

**DATE:** 26 September 2023

**REPORTING OFFICER:** Chief Executive

**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:** 26 September 2023

**REPORTING OFFICER:** Chief Executive

**SUBJECT:** Health and Wellbeing Minutes

**WARD(s):** Boroughwide

### **1.0 PURPOSE OF REPORT**

1.1 The Health and Wellbeing Board Minutes from its meeting on 22 March 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 CLIMATE CHANGE IMPLICATIONS**

8.1 None identified.

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

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

**HEALTH AND WELLBEING BOARD**

*At a meeting of the Health and Wellbeing Board on Wednesday, 22 March 2023 at the Bridge Suite - Halton Stadium, Widnes*

Present: Councillors Wright (Chair), J. Lowe, T. McInerney and Woolfall.  
K. Butler, M. Crilly, R. Foster, T. Knight, C. Mackie, A. Major, A. Leo,  
W. Longshaw, M. Lynch, D. Nolan, I. Onya, K. Parker, S. Patel and S. Woods.

Apologies for Absence: L. Gardner and D. Wilson.

Absence declared on Council business: None

Also in attendance: One member of the press.

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

*Action*

**HWB29 MINUTES OF LAST MEETING**

The Minutes of the meeting held on 18 January 2023 were agreed and signed as a correct record.

**HWB30 LIFE ROOMS (PRESENTATION FROM MICHAEL CRILLY, DIRECTOR OF SOCIAL HEALTH & COMMUNITY INCLUSION, MERSEY CARE NHS FOUNDATION TRUST)**

The Board received a report and presentation from the Director of Social Health and Community Inclusion, Mersey Care NHS Foundation Trust, which provided an overview of the Mersey Care Life Rooms Social Model of Health and the activity across Halton.

Life Rooms was launched in Walton in May 2016 and offered an open door community-based approach, supporting recovery, prevention and overall population health. Over the last 6 years, the service had evolved and now comprised over 100 staff and provided a range of services across a number of locations and communities. Life Rooms had achieved award successes at both regional and national level.

Mersey Care invested in a 12 month Pilot Programme



in Halton and the project commenced on 23 September 2022. To date, there had been 160 referrals which resulted in 159 new registrations; 116 people attended appointments and received 230 social prescriptions. The service would focus predominantly on supporting Mersey Care service users accessing Recovery, Early Interventions & Crisis Resolution Home Treatment Services.

RESOLVED: That the report be noted.

#### HWB31 ACCESS TO NHS DENTAL SERVICES IN HALTON

The Board received an update report from Healthwatch Halton on access to NHS dental services in Halton. The report provided an update on the difficulties that residents of Halton had experienced in getting access to dental services.

The report set out the enquiries that Healthwatch Halton had received from residents and outlined what they would like to happen going forward to improve the services.

In response to the report, Tom Knight, Head of Primary Care, NHS England – North West, delivered a presentation which addressed some of the concerns and provided an update on dental commissioning in Halton.

RESOLVED: That the report and presentation slides be noted.

#### HWB32 ANNUAL REPORT PRINCIPAL SOCIAL WORKER ADULTS

The Board received an annual report from the Adults Principal Social Worker (APSW) which outlined how the role of social work supported the One Halton Based Partnership in order to meet its priorities and objectives.

The APSW was a statutory requirement under The Care Act 2014 and had a key role in representing and promoting the social work profession.

Appendix A within the report provided some case studies and illustrated the nature of social work practice, that at an operational level, supported the One Halton Health and Wellbeing Strategy.

RESOLVED: That the report be noted.

HWB33 HALTON BOROUGH COUNCIL AND NHS CHESHIRE & MERSEYSIDE: JOINT WORKING AGREEMENT (BETTER CARE (POOLED) FUND)

The Board considered a report from the Executive Director – Adults, which provided a brief overview of the Joint Working Agreement between Halton Borough Council (HBC) and NHS Cheshire and Merseyside (NHS-CM) which would take effect from 1 April 2023 – 31 March 2024 and would replace the existing agreement which was due to expire on 31 March 2023.

The agreement provided the legal framework in which HBC and NHS-CM worked together in order to achieve their strategic objectives of commissioning and providing cost effective, personalised, quality services to the people of Halton. As part of the Agreement, HBC and NHS-CM entered into a Pooled Budget arrangement which would contain the expenditure to deliver care and support services for adults with complex needs.

By working together, HBC and NHS-CM would achieve and sustain good health and wellbeing for the people of Halton and provide a range of options to support people in their lives by jointly designing and delivering services around the needs of local people.

The joint approach would also provide future opportunities and retain commitment to develop an integrated approach to service delivery and transformation to improve the health and wellbeing of Halton residents.

RESOLVED: That the report be noted.

HWB34 JOINT FORWARD PLAN

The Board received a presentation from the Director – Halton Place, NHS Cheshire and Merseyside, which outlined the duty placed on the Integrated Care Boards and their partner Trusts to prepare a Joint Forward Plan by 30 June 2023. The presentation also provided details of the approach to the development of the Joint Forward Plan and its draft strategic objectives and priorities.

Director of Public Health

The presentation outlined:

- The key plans and how they fit together;
- National Guidance – the Joint Forward Plan principles and the role of Health and Wellbeing

Boards;

- Health Care Partnership Interim Strategy – strategic objectives;
- Determining the Health Care Partnership priorities; and
- Next steps in developing the Joint Forward Plan.

RESOLVED: That the Board:

- 1) note the draft Cheshire and Merseyside Joint Forward Plan strategic objectives and priorities; and
- 2) delegate responsibility to the Director of Public Health in consultation with the Chair of the Health and Wellbeing Board to provide a collective response to the Joint Forward Plan by 31 May 2023.

*Meeting ended at 4.20 p.m.*

<b>REPORT TO:</b>	Halton Health Policy & Performance Board
<b>DATE:</b>	26 <sup>th</sup> September 2023
<b>REPORTING OFFICER:</b>	Executive Director, Adults
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	Commissioning of Primary Care Dental Services
<b>WARD(S):</b>	Borough wide

## **1.0 PURPOSE OF THE REPORT**

1.1 To provide an update on the commissioning of primary care dental services.

## **2.0 RECOMMENDATION:**

i) **That the report be noted.**

## **3.0 SUPPORTING INFORMATION**

3.1 NHS Cheshire and Merseyside has the delegated responsibility for the commissioning of dental services including primary, community and secondary care. Access to dental services is a local, regional and national issue impacting negatively on patients.

3.2 Throughout the COVID pandemic expected annual contracted activity was reduced nationally to support providers with the impact of the pandemic, there was also a process for exceptional circumstances in place for absences and further issues relating to COVID.

3.3 Post pandemic the restoration and recovery of primary care dental provision is part of the NHS Operational Plan for 2023/24 with the expectation being that activity will return to pre pandemic levels.

3.4 Practices continue to recover supported by commissioners alongside a small number of national contract changes allowing some flexibilities focussed on improving access and increasing activity.

### **3.5 Dental Provision in Halton**

- 3.5.1
- 13 Practices
  - Two Urgent Care Plus providers offering urgent dental care for patients that do not have a regular dentist with a follow up appointment for definitive care following the urgent care intervention
  - Urgent Care Plus provision in Halton allows for 3 extra sessions per week.

Each session is 3.5 hours in duration and dependant on clinical presentation, there is an expectation that between 4-6 patients can be seen per session, per week.

- Commissioners are aiming to develop a primary care dental dashboard that will allow performance monitoring information to be obtained at Place Level as well as aggregated up across the ICB.
- Overall activity in Cheshire and Merseyside is increasing in line with regional and national trends. As previously discussed with the Board commissioners are still aware that access to routine care in an NHS setting remains very challenging.
- End of year activity for 2022/23 will be made available to commissioners in the next couple of months as defined by the national contract monitoring process and timescales.
- Commissioners are keen to investigate further with contractors the use of the wider dental team known as Dental Care Professionals. This is important as greater use of Dental Therapists or Dental Nurses where appropriate can free up Dental Performer time and support access for new patients.
- Additionally, commissioners will be monitoring adherence to NICE guidance regarding the appropriateness and timeliness of recalling patients. This is important as we support practices to increase the number of new patients that they can see whilst working within the constraints of a national contract.

### 3.6 **Development of Dental Improvement Plan**

3.6.1 The Dental Improvement Plan signals NHS Cheshire and Merseyside's commitment and ambition to ensure that access is improved for both routine, urgent and dental care for our most vulnerable populations and communities impacted by the COVID pandemic.

3.6.2 The plan is being submitted to the ICB System Primary Care Board on 22 June 2023 for approval and identifies the following key strategic aims:

- Recovering dental activity, improving delivery of units of dental activity (UDAs) towards pre-pandemic levels and in line with Operational Plan trajectories.
- Focussing on access for inclusion health and deprived populations and make sure they are prioritised
- Delivering the ambition that no patient will wait longer than the nationally defined period for an urgent appointment at a General Dental Practice.
- Support greater workforce resilience and development in conjunction with NHSE colleagues (formerly HEE) and other partners.

3.6.3 To deliver these aims as previously reported to the Board several initiatives are proposed and some have commenced already.

3.6.4 An important part of the plan is to develop access sessions for new patients across 60 practices in the ICB.

3.6.5 Commissioners are seeking to add an additional 30,000 appointments across Cheshire and Merseyside and will link with local authorities to identify suitable organisations who work with vulnerable populations e.g. Homeless population and Asylum seekers.

3.6.6 In addition to this a number of Foundation Dentists will be working across Cheshire and Merseyside later this year. It is envisaged that this will have a positive impact on access.

#### **4.0 POLICY IMPLICATIONS**

4.1 N/A

#### **5.0 FINANCIAL IMPLICATIONS**

5.1 N/A

#### **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**

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

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

None

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

None

#### **7.0 RISK ANALYSIS**

7.1 It has been previously reported that several risks exist that could impact on the recovery of dental services:

- Workforce – recruitment and retention
- Lack of national contract flexibilities and pace of reform
- Commercial viability and attractiveness of the NHS contract based on Units of Dental Activity.

- The presenting oral health of patients post pandemic
- A national dental improvement plan could be published but commissioners are not aware of timescales and action needs to be taken now to improve access to dental care across the ICB and in Halton.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 Commissioning intentions are driven by ensuring they contribute to tackling health inequalities in outcomes, experiences and access and improving population health and healthcare.

**9.0 CLIMATE CHANGE IMPLICATIONS**

9.1 None.

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

10.1 None under the meaning of the Act.

<b>REPORT TO:</b>	Health Policy and Performance Board
<b>DATE:</b>	26 September 2023
<b>REPORTING OFFICER:</b>	Lucy Gardner, Director of Strategy and Partnerships, Warrington and Halton teaching hospitals NHSFT
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	Halton & Warrington Community Diagnostic Centre
<b>WARD(S)</b>	Borough-wide

## 1.0 **PURPOSE OF THE REPORT**

1.1 The purpose of the report is to provide the Halton Health Policy and Performance Board with an update on Warrington and Halton Teaching Hospitals NHS Foundation Trust's (The Trust) plan for the provision of a Community Diagnostic Centre (CDC) in Halton.

## 2.0 **RECOMMENDATION:**

**It is recommended that the report is noted.**

## 3.0 **SUPPORTING INFORMATION**

In 2020, NHS England commissioned an independent review of NHS diagnostics capacity as part of the NHS Long Term Plan. The resulting report, Diagnostics: Recovery and Renewal, recommended the need for a new diagnostics model, where more diagnostic facilities are created in free standing locations away from main acute hospital sites.

These diagnostic facilities would provide significant additional diagnostic capacity, quicker and easier access to a range of tests on the same day to support earlier diagnosis, greater patient experience and the drive to reduce health inequalities.

At the end of 2021, the Department of Health and Social Care announced that it was making significant funding available for the creation of Community Diagnostic Centres (CDC) and invited applications for funding from NHS Trusts. The Trust was subsequently successful in its bid to secure an allocation of new capital and revenue funding to develop a CDC on the Halton site.

The Warrington and Halton Community Diagnostic Centre will create an enhanced range of diagnostic services for the populations of Warrington and Halton with additional capacity to service demand from across the wider Cheshire and



Merseyside region. The plan will be delivered in three phases:

**Phase 1: Fast Track Community Diagnostic Centre**

Repurposing of existing space in the Nightingale building (former Halton General hospital) to create clinical rooms for the provision of additional capacity in Respiratory, Ultrasound and Phlebotomy (blood-testing) services.

Phase 1 became fully operational in June 2023 and has delivered services to nearly 8,000 patients since then.

**Phase 2: Community Diagnostic Centre in Halton Health Hub (Runcorn Shopping City).**

Utilisation of vacant space at the Trust's Halton Health Hub to create clinical rooms to deliver additional Audiology, Sleep Studies, Ultrasound and Phlebotomy activity. It is planned to be operational in late November 2023.

**Phase 3: New Build Community Diagnostic Centre at the Trust's Halton site.**

Development of a new build large-scale CDC as an extension to the existing Captain Sir Tom Moore (former Cheshire and Merseyside Treatment Centre) building on the Halton hospital site.

The new CDC will accommodate diagnostic services, including MRI and CT imaging.

Design work on the new facility has commenced, and it is anticipated that it will be fully operational in October 2024.

4.0 **POLICY IMPLICATIONS**

4.1 N/A

5.0 **FINANCIAL IMPLICATIONS**

5.1 N/A – the capital and revenue implications associated with the creation of the CDC (all phases) are covered via the NHSE central programme funding.

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

6.1 **Children & Young People in Halton**

No direct implications other than general improved access to diagnostic services to support early identification of disease and conditions.

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

The CDC development will create a range of new employment opportunities within Halton. These will range from construction industry roles during the initial development to a number of clinical and non-clinical opportunities once the construction phase is complete and the services are operational.

The Trust's appointed design and build contractor Kier Construction has its North West Head Office located in Speke, just 10 miles from Halton and has committed to the following:

- 75% targeted spend in local economy (within 30 miles)
- 4 full time employment opportunities for local people
- 16 weeks work experience
- 5 new apprentices - Kier Degree & supply chain
- 120 apprenticeship weeks
- 40 hours careers advice delivered
- 40 hours education engagement activities

### 6.3 **A Healthy Halton**

The Trust CDC scheme will support improvements in population health outcomes across Halton and Warrington, through the creation of increased diagnostic capacity to support earlier diagnosis of conditions. It will also significantly improve access to diagnostic services in one of the most deprived areas of Cheshire and Merseyside to help address a number of stark health inequalities that are visible within the local population.

Additional benefits of the CDC would see the creation of new opportunities to improve productivity, efficiency and overall patient experience through the co-location of multiple diagnostic services. More patients could be seen via a "one stop shop" approach.

Furthermore, the development of the CDC will create new opportunities to greater integrate primary, community and secondary care. The Trust will work with local health and care partners to explore how the CDC can benefit wider stakeholders in terms of the development of new clinical pathways.

Ultimately, the creation of the CDC on the Halton site will help to tackle the issue of healthcare inequalities by embedding diagnostic services deeper into the community to facilitate earlier, faster and more accurate diagnosis of health conditions such as cardiac or respiratory disease or cancer.

### 6.4 **A Safer Halton**

None identified.

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

The development of the CDC in Halton will support the modernisation of the Halton hospital site in Halton Lea. It is also an important first step towards the longer-term redevelopment of the site in line with the site masterplan drawn up in 2018 as part of the work around the Halton Healthy New Town concept.

## 7.0 **RISK ANALYSIS**

7.1 The Trust is working closely with Kier Construction to ensure the planned design and construction is in line with the funding envelope agreed with NHS England.

7.2 Due to challenges in the labour market across health services at present, there is a risk around the availability of workforce in some clinical services and therefore a risk to the Trust's ability to recruit essential staff to deliver the services planned. In order to mitigate this risk, the Trust has set out a medium to long-term plan to recruit a number of key roles as early as possible and train them up internally over a number of months/years.

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The Trust has carried out an Equality Impact Assessment (EIA) of the CDC scheme which showed that the development will have only positive impact on the local population and on people with the nine protected characteristics. The EIA will be continually reviewed and updated throughout the life-course of the project.

Members of the public and "experts by experience" for certain clinical services will be invited to review, feedback and advise on the development of the plans and designs for the new build CDC as the project progresses. This should help ensure that the needs of users are met in full and their views considered from the early stages.

## 9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 N/A

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

10.1 None under the meaning of the Act.

<b>REPORT TO:</b>	Health Policy and Performance Board
<b>DATE:</b>	26 <sup>th</sup> September 2023
<b>REPORTING OFFICER:</b>	Director of Public Health
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	One Halton and Health and Wellbeing Board Strategy
<b>WARD(S)</b>	Borough-wide

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

- 1.1 The purpose of this report is to provide the Halton Health Policy and Performance Board (PPB) with an update on the development of the One Halton and Health and Wellbeing Board Strategy.

### **2.0 RECOMMENDED:**

- i) note the content of the report and presentation**

### **3.0 SUPPORTING INFORMATION**

- 3.1 Halton's previous Health and Wellbeing Board Strategy covered the period of 2017 – 2022. Developments within the local NHS have led to the creation of One Halton and as a partnership approach it was agreed that a shared strategy be adopted. The new strategy was developed following consultation and engagement with frontline staff, operational and strategic leads from health, children's services, employment and jobs, transport, NHS, local authority, acute trusts, community trusts, mental health trusts, adult social care, public health, the voluntary sector and elected members. A further public consultation followed.
- 3.2 The strategy uses a population health intelligence led approach based on qualitative and quantitative data and intelligence to identify the key elements requiring transformational change and development. Priorities for transformation were identified and a draft strategy produced and shared for comments and feedback from a core stakeholder group and a further round of engagement with wider stakeholders has then informed the contents.
- 3.3 The strategy identifies important system priorities and a strategic framework which will be used to develop a delivery plan. The plan was

developed to align with and influence the content of partners own delivery intentions over the coming years.

- 3.4 The strategy outlines our intention to transform and improve the delivery of health care for the people of Halton.

Within the strategy are four underlying themes:

- Tackling the wider determinants of health
- Support our community in Starting Well
- Support our community in Living Well
- Support our community in Ageing Well

- 3.5 This strategy is intentionally a high-level strategy and it sets out how the wider system will come together to achieve our ambitions for reduced health inequalities and to achieve better health outcomes across our community. Eight enablers are identified within the document that are required in order for the strategy to be effective, they include: better, more local data, leadership to oversee transformation, new funding models, a healthy engaged workforce, digital solutions, estates that are fit for the now and the future, an evaluative culture and a community that is involved and engaged.

- 3.6 The intention is that strategy will inform a whole-system process where all partners will consider within their organisational plans how they can align their activities and resources to deliver better health outcomes at a systems level.

- 3.7 A detailed work plan was proposed to and is still in development and in recognition that many of the original themes identified in the strategy cut across the thematic areas identified 4 key objectives will be used to develop the plan:

- Enhanced access and improved communication
- Employability and workforce
- Early intervention and diagnosis
- Wider care and support

- 3.8 One Halton has overall governance for the delivery of the work programme and will be able to describe progress.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 The One Halton/ Health and Wellbeing Strategy should be used to inform commissioning plans and collaborative action for the NHS, Social Care, Public Health and other key partners as appropriate.

**5.0 OTHER/FINANCIAL IMPLICATIONS**

5.1 It's unclear the funding available and what activity/ pathways will be delivered by other organisational groups but as the proposals are transformation resources will need to be identified.

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

**6.1 Children & Young People in Halton**

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton and was identified as a priority through consultation and engagement.

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

The above priority is a key determinant of health and was identified as a priority through consultation and engagement. Therefore, improving outcomes in this area will have an impact on improving the health of Halton residents.

**6.3 A Healthy Halton**

All issues outlined in this report focus directly on this priority.

**6.4 A Safer Halton**

There are also close links between partnerships on areas such as alcohol and domestic violence.

**6.5 Halton's Urban Renewal**

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing.

**7.0 RISK ANALYSIS**

Developing the One Halton Strategy does not present any obvious risk however, there may be risks associated within the delivery. These will be assessed as appropriate by the subgroup leads.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 This is in line with all equality and diversity issues in Halton and supports a reduction in inequalities.

**9.0 CLIMATE CHANGE IMPLICATIONS**

9.1 None.

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

10.1 None.

**Report Prepared by: Dr Ifeoma Onyia, Director of Public Health  
Contact: [ifeoma.onyia@halton.gov.uk](mailto:ifeoma.onyia@halton.gov.uk)**

**REPORT TO:** Health & Wellbeing Board  
**DATE:** 12<sup>th</sup> October 2022  
**REPORTING OFFICER:** Director of Public Health  
**PORTFOLIO:** Health & Wellbeing  
**SUBJECT:** One Halton and Health and Wellbeing Board Strategy  
**WARD(S)** Borough-wide

**1.0 PURPOSE OF THE REPORT**

**1.1 To update the Board on the content of the new combined One Halton and Health and Wellbeing Board Strategy**

**2.0 RECOMMENDATION: That the Board**

- i) note the content of the report and presentation; and**
- ii) receive copies of the Strategy**

**3.0 SUPPORTING INFORMATION**

**3.1** Halton's previous Health and Wellbeing Board Strategy covered the period of 2017 – 2022. Developments within the local NHS have led to the creation of One Halton and as a partnership approach it was agreed that a shared strategy be adopted. The new strategy has been developed following consultation and engagement with frontline staff, operational and strategic leads from health, children's services, employment and jobs, transport, NHS, local authority, acute trusts, community trusts, mental health trusts, adult social care, public health, the voluntary sector and elected members. A further public consultation followed.

**3.2** The strategy uses a population health intelligence led approach based on qualitative and quantitative data and intelligence to identify the key elements requiring transformational change and development. Priorities for transformation were identified and a draft strategy produced and shared for comments and feedback from a core stakeholder group and a further round of engagement with wider stakeholders has then informed the contents.

**3.3** The strategy identifies important system priorities and a strategic framework which will be used to develop a delivery plan. The plan will need to align with and influence the content of partners own delivery intentions over the coming years.

**3.4** The strategy outlines our intention to transform and improve the delivery of health care for the people of Halton.

- Within the strategy are four underlying themes:
- Tackling the wider determinants of health



- Support our community in *Starting Well*
- Support our community in *Living Well*
- Support our community in *Ageing Well*

3.5 This strategy is intentionally a high-level strategy and it sets out how the wider system will come together to achieve our ambitions for reduced health inequalities and to achieve better health outcomes across our community. Eight enablers are identified within the document that are required in order for the strategy to be effective, they include: better, more local data, leadership to oversee transformation, new funding models, a healthy engaged workforce, digital solutions, estates that are fit for the now and the future, an evaluative culture and a community that is involved and engaged.

3.6 The intention is that strategy will inform a whole-system process where all partners will consider within their organisational plans how they can align their activities and resources to deliver better health outcomes at a systems level. A detailed work plan is in development and in recognition that many of the original themes identified in the strategy cut across the thematic areas identified 4 key objectives will be used to develop the plan

- Enhanced access and improved communication
- Employability and workforce
- Early intervention and diagnosis
- Wider care and support

#### 4.0 **POLICY IMPLICATIONS**

4.1 The One Halton/ Health and Wellbeing Strategy should be used to inform commissioning plans and collaborative action for the NHS, Social Care, Public Health and other key partners as appropriate.

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

5.1 It's unclear the funding available and what activity/ pathways will be delivered by other organisational groups but as the proposals are transformation resources will need to be identified.

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

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

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton and was identified as a priority through consultation and engagement.

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

The above priority is a key determinant of health and was identified as a priority through consultation and engagement. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents

6.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority.

6.4 **A Safer Halton**

There are also close links between partnerships on areas such as alcohol and domestic violence.

6.5 **Halton's Urban Renewal**

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing.

7.0 **RISK ANALYSIS**

7.1 Developing the One Halton Strategy does not present any obvious risk however, there may be risks associated with the delivery plan. These will be assessed as appropriate.

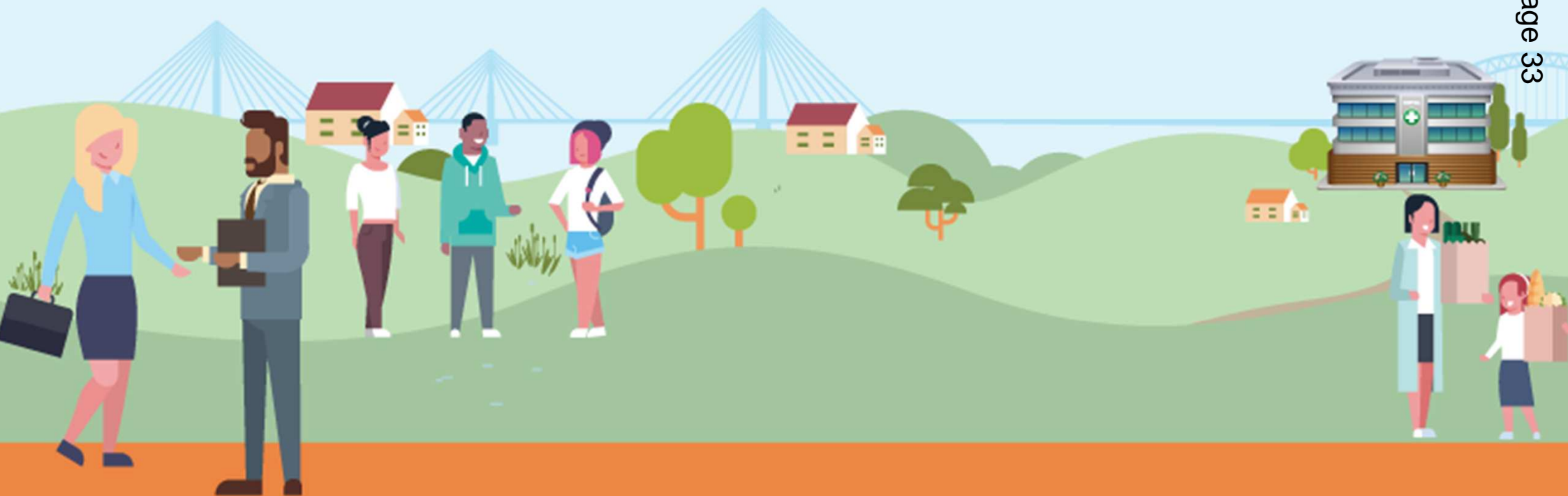
8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 This is in line with all equality and diversity issues in Halton and supports a reduction in inequalities.

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

9.1 None within the meaning of the Act.

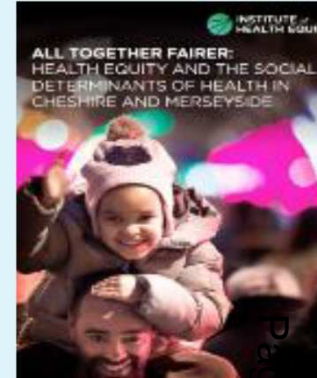
# One Halton HWBB Strategy



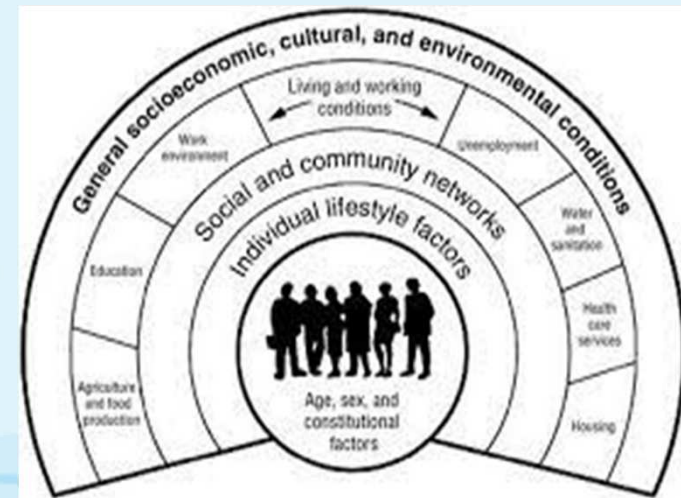
# One Halton HWBB Strategy Development



- Workshops – August – March with support from LGA & AQUA
- Life course approach, Marmot and the wider determinants, Start Well, Live Well & Age Well
- Co-produced 5 year strategy 2022-2027 with review 2024
- Transformational
- Focus on broader health, public health, and social care needs of the population.



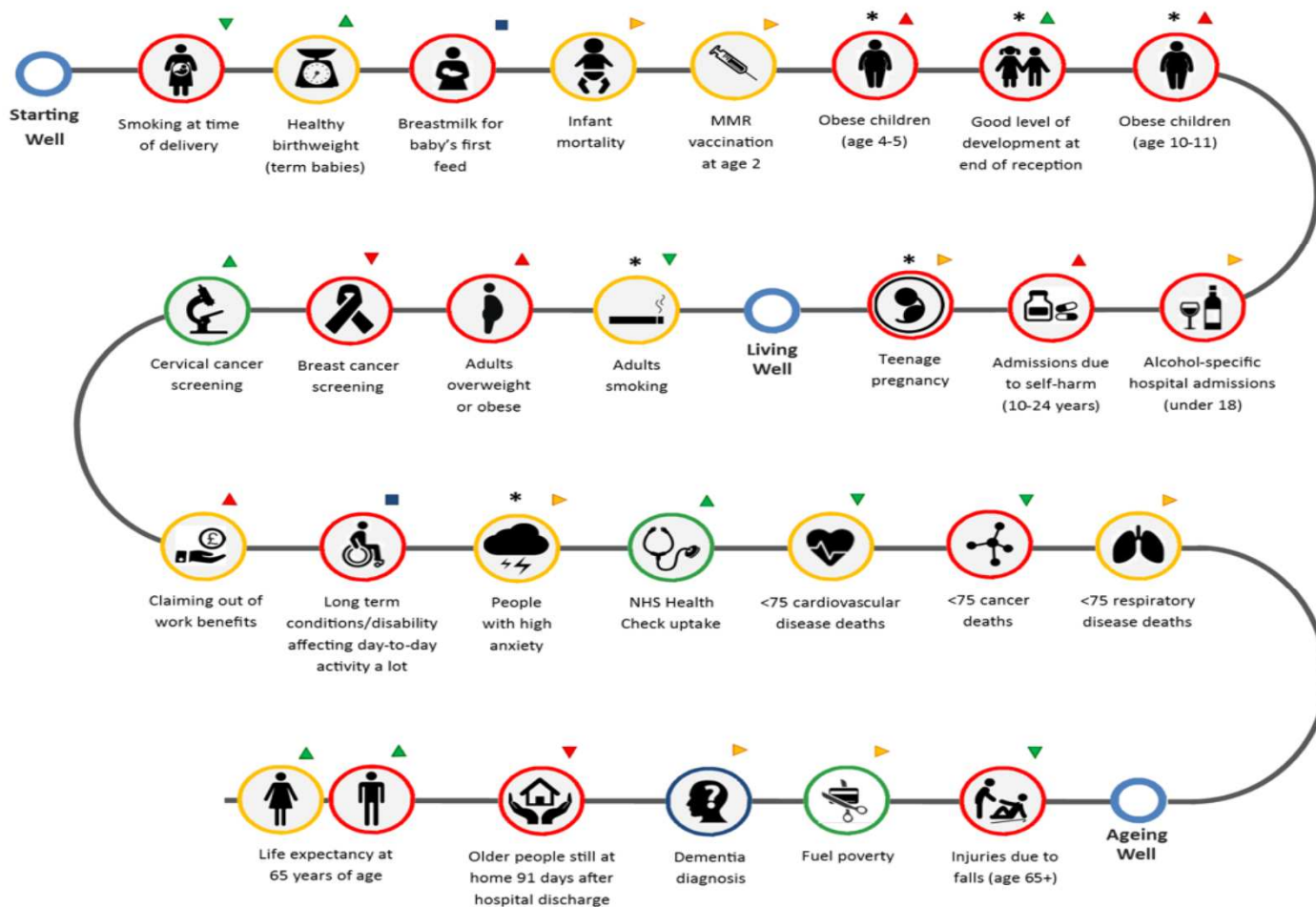
LGA



# Halton's life course statistics 2021

A comparison to the North West

\* INDICATES NATIONAL DATA COLLECTION HAS BEEN AFFECTED BY COVID-19



## HALTON FACTS

### Population

About **129,400** people live in Halton.

By 2041, this is projected to change:

- age 0-14 ↓ 11%
- age 15-64 ↓ 5%
- age 65+ ↑ 38%

### Deprivation

**48.7%** of Halton's population live in the top **20%** most deprived areas in England.

### Child Poverty

**19.6%** of children aged 0-15 live in relative low income households

## KEY

### Direction of travel

- ▲ Improved since last period
- ▶ Similar to last period
- ▼ Worse than last period
- No Comparator

### Statistical significance to North West

- Better
- No different
- Worse
- Lower

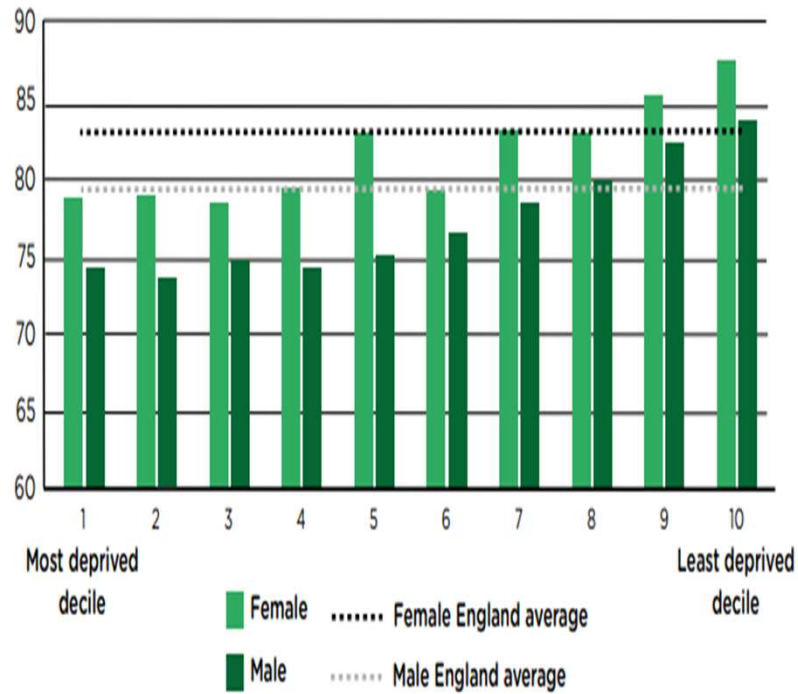
For more information, please contact Halton Borough Council's Public Health Intelligence Team: [health.intelligence@halton.gov.uk](mailto:health.intelligence@halton.gov.uk)

Icons made by Flaticon and available here: [www.flaticon.com](https://www.flaticon.com)  
 Concept developed from Gateshead PHAR 2013/14 and Leicestershire PHAR 2015

# Two Overarching Goals

- Increase life expectancy

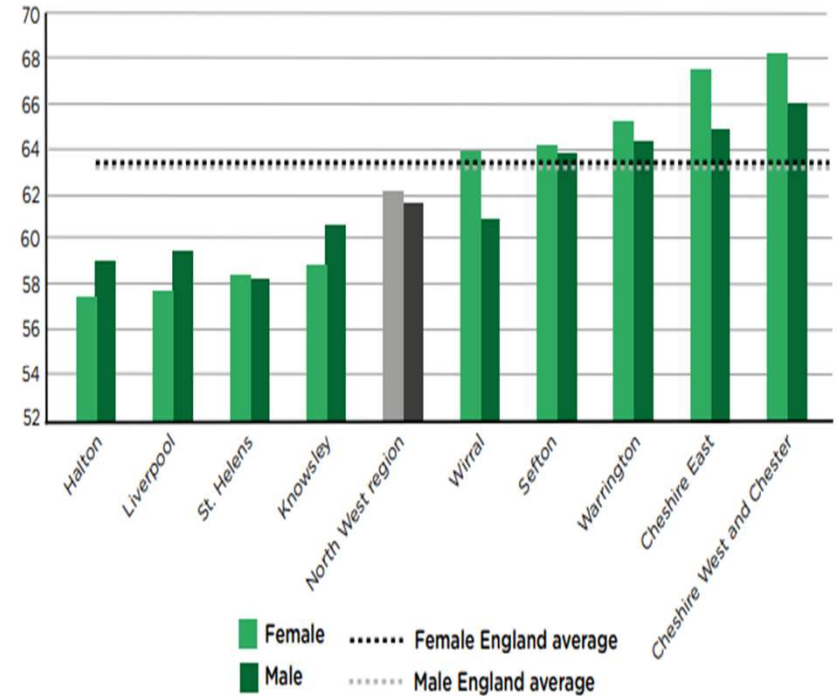
Life expectancy (years)



Source: Office for National Statistics (90)

- Increase HEALTHY life expectancy

Years



Source: Office for National Statistics. (90)



# Strategy Development

**Priorities have been identified by stakeholders and partners.**

Phased approach in recognition that systems approach is new for many participants

2 years high level outcomes with process outcomes to enable quality review and early learning, this will enable us identify which sectors of system need added support or challenge

5 year outcomes aiming for big strategic outcomes- reduction in health inequalities as measure by reduction in Health Life expectancy, Improvement in school readiness score and reduction in the internal (ward) life expectancy gap

**Is dependant up all partners adopting the strategic approaches.**



# Thematic Priorities

## Wider Determinants

- Delivering Marmot; Employment/ Workforce

## Starting Well

- Enabling Children and Families to live Healthy Independent Lives

## Living Well

- Provide a supportive environment where systems work efficiently and support everyone to live their best life

## Ageing Well

- Enabling Older Adults to live Full Independent Healthy Lives.



# The Wider Determinants of Health



GOAL : A more financially active and enabled community who are employed in good jobs that provide greater financial stability, improves quality of life and provide better health outcomes

## By 2024

- Adopt healthy workplace standards charter across all large employers.
- Increase recruitment and retention of people with a disability or long-term condition.
- Ensure all staff can identify need and respond

## By 2027

- Local health and care recruitment offer
- Promotion of healthy workplaces
- Targeted offer to the wards with lower uptake.
- Enhanced offer to older unemployed adults.

# Starting Well



**GOAL :** More financially stable, informed and supported families with children who have better health outcomes

## **By 2024**

- Establish two family hubs
- Link Families at risk of financial hardship to support through effective signposting and referrals

## **By 2027**

- Improvement in children's health, social and educational service provision
- Support community development to support children and their families decision making about health
- Improving access to services
- Focus on early support and help
- Improve communication across service providers as well as with children and their families

# Living Well



**GOAL :** A more supported and enabled community who are able to understand where to go to get the support and care they need in time.

## **By 2024**

- All NHS partners sign up to NHS Prevention Pledge
- Early diagnosis and screening programs – improved access/ comms
- Improve uptake of vaccination programs for the most at risk individuals.
- Deliver Core20PLUS5
- Community conversation about how to promptly access the right care and social support.

## **By 2027**

- Improve care pathways – including those supporting discharge
- Anchor Organisations
- New community development initiatives
- Improving access to services for people and groups most at risk of poor health
- Accountability and continuous quality improvement from information collection
- Develop wellbeing, health and care support resources closer to people
- Deliver the Marmot objectives.

# Ageing Well

**GOAL :** A more active and independent older population who are able to live at home or are supported to get the care they need.

## **By 2024**

- Early diagnosis and screening programs – improved access/ comms
- Improve uptake of vaccination programs for the most at risk individuals.
- Deliver Core20PLUS5
- Community conversation about how to promptly access the right care and social support.

## **By 2027**

- Care Coordination + Advocacy VSCE/Partners
- Integrating and strengthening services and wellbeing support for older people
- Improve care pathways – including those supporting discharge.

# Next Steps

## Dependencies/enablers

Local Data and Intelligence  
Leadership  
Finance  
Workforce  
Digital  
Estates  
Evaluation  
Engagement  
Innovation  
Research

Wider Care  
and  
Support

Enhanced  
Access and  
Communication

Employability  
and  
Workforce

Delivery  
Model

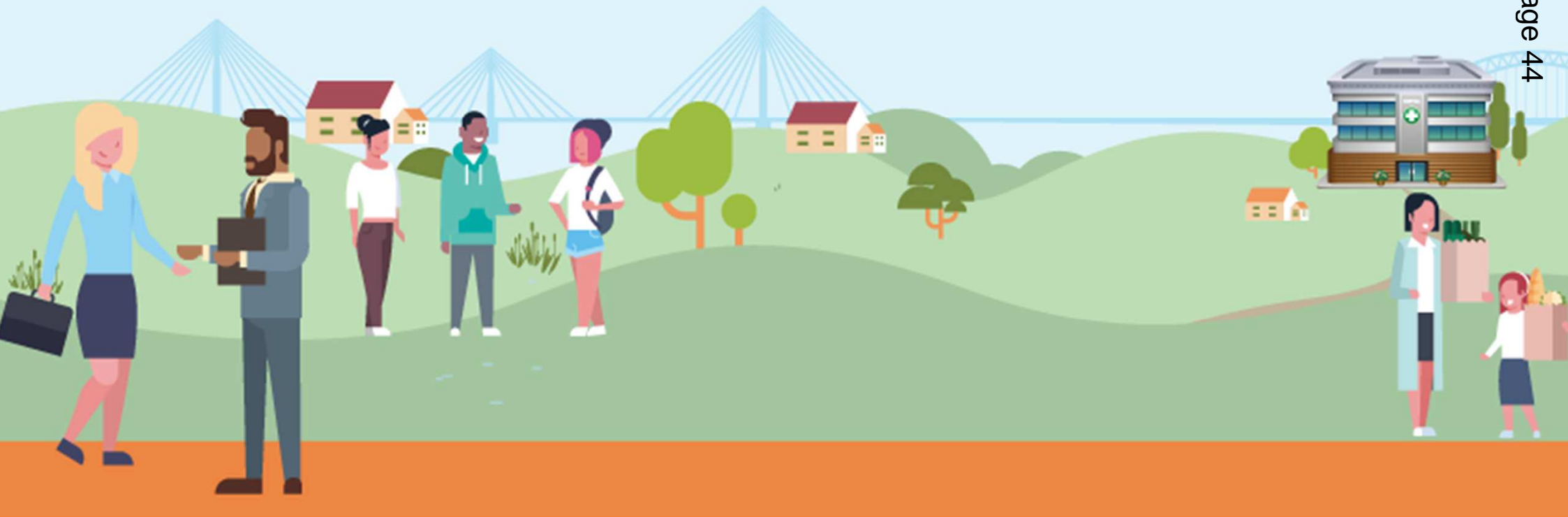
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Strategic  
Objectives

Early  
Intervention  
and  
Diagnosis

Next stages, launch, delivery plan, metrics, monitoring and review

Any Questions?



<b>REPORT TO:</b>	Health Policy and Performance Board
<b>DATE:</b>	26 <sup>th</sup> September 2023
<b>REPORTING OFFICER:</b>	Director of Public Health
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	Public Health Annual Report
<b>WARD(S)</b>	Borough-wide

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

- 1.1 The purpose of this report is to provide the Halton Health Policy and Performance Board (PPB) with an update on the development of the Halton Public Health Annual Report (PHAR).

### 2.0 **RECOMMENDED: That the Board note the theme and recommendations within the Director of Public Health's Annual Report.**

### 3.0 **SUPPORTING INFORMATION**

- 3.1 Since 1988 Directors of Public Health (DPH) have been tasked with preparing annual reports - an independent assessment of the health of local populations. The annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively.
- 3.2 The annual report is an important vehicle by which a DPH can identify key issues, flag problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action. The annual report remains a key means by which the DPH is accountable to the population they serve.
- 3.3 The Faculty of Public Health guidelines on DPH Annual Reports list the report aims as the following.
- Contribute to improving the health and well-being of local populations.
  - Reduce health inequalities.
  - Promote action for better health through measuring progress towards health targets.
  - Assist with the planning and monitoring of local programmes and services that impact on health over time.

- 3.3 The PHAR is the Director of Public Health’s independent, expert assessment of the health of the local population. Whilst the views and contributions of local partners have been taken into account, the assessment and recommendations made in the report are those held by the DPH and do not necessarily reflect the position of the employing and partner organisations.
- 3.4 Each year a theme is chosen for the PHAR. Therefore it does not encompass every issue of relevance but rather focuses on a particular issue or set of linked issues. These may cover one of the three work streams of public health practice (health improvement, health protection or healthcare public health), an overarching theme, such as health inequalities, or a particular topic such as mental health or cancer.
- 3.5 For 2022-2023 the Public Health Annual Report has focused on our health improvement and prevention work to support the Halton community with their health in the different stages of their lives as well as coping with pressures such as the recent pandemic and rising cost of living.
- 3.6 The report uses four key life stages as a guide to the issues including the following sections:
- Start – looking at children’s health and giving children and young people the best possible start to their lives.
  - Strong – acknowledges busy lives and a range of pressures, needing services to be flexible and accessible.
  - Live – providing community and work based services that allow people with busy working lives to take action for their health as well as get help when it’s needed.
  - Well – living healthy and independent lives as we age, reducing the impact poor health can have on our health and social care system as well as for individuals.
- 3.7 Each chapter covers the following areas:
- Key facts and challenges
  - Our approach and local case studies
- 3.8 Summary of Chapter Content: -

<b>Section</b>	<b>Chapter</b>
<b>Our health in Halton</b>	Health trends including data from the latest 2021 Census.
	Health facts for Halton
<b>Start</b>	Key facts and challenges
	Our approach
	Impact
	Getting mental health support into education



	Case study – Brookvale Primary School
<b>Strong</b>	Key challenges
	Our approach
	Diet and fitness – making the first step easier
	Working in practice – case study
	Improve access and uptake of NHS Health Checks to whole community
<b>Live</b>	Key facts and challenges
	Our approach – collaborate and coordinate
	Feeding Halton
	Cost of living support
	Case studies – Queen’s Pantry and Route Café
<b>Well</b>	Key facts and challenges
	Our approach – do less sooner! Prevention and access to information
	Sure Start to Later Life
<b>Update on priorities from previous years report</b>	
<b>Recommendations</b>	
<b>Free local offers for your health</b>	Mental health for men, lower my drinking app, free blood pressure checks, free help to stop smoking, Fresh Start Health Weight App,
<b>Acknowledgements</b>	

#### 4.0 POLICY IMPLICATIONS

- 4.1 The Public Health Annual Report should be used to inform commissioning plans and collaborative action for the NHS, Social Care, Public Health and other key partners as appropriate.

#### 5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 None identified at this time.

#### 6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES

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

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton. The PHAR will highlight elements of childrens health for action, which is a key piece of work for commissioners.

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

The above priority is a key determinant of health. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents

##### 6.3 A Healthy Halton

All issues outlined in this report focus directly on this priority.

##### 6.4 A Safer Halton

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime have an impact on health outcomes particularly on mental health.

There are also close links between partnerships on areas such as alcohol and domestic violence.

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

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing.

### **7.0 RISK ANALYSIS**

7.1 Developing the PHAR does not present any obvious risk however, there may be risks associated with the resultant recommendations. These will be assessed as appropriate.

### **8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 This is in line with all equality and diversity issues in Halton.

### **9.0 CLIMATE CHANGE IMPLICATIONS**

None. Whilst paper copies of the document are available there are options to receive the PHAR electronically as well as accessing the free offers by QR code or by phone.

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

None

[HBC Director of Health annual public health reports \(halton.gov.uk\)](http://halton.gov.uk)

**Report Prepared by: Dr Ifeoma Onyia, Director of Public Health**  
**Contact: [ifeoma.onyia@halton.gov.uk](mailto:ifeoma.onyia@halton.gov.uk)**

<b>REPORT TO:</b>	Health Policy & Performance Board
<b>DATE:</b>	26 <sup>th</sup> September, 2023
<b>REPORTING OFFICER:</b>	Executive Director, Adults
<b>PORTFOLIO:</b>	Adult Social Care
<b>SUBJECT:</b>	Safeguarding Update
<b>WARD(S):</b>	Borough-wide

## **1.0 PURPOSE OF THE REPORT**

1.1 To update the Board and highlight key issues with respect to Safeguarding in Halton.

## **2.0 RECOMMENDATION: That the Board:**

*i) Note the contents of the report*

## **3.0 SUPPORTING INFORMATION**

3.1 The Government announced on 5<sup>th</sup> April 2023 that the implementation of the Liberty Protection Safeguards (LPS) will be delayed 'beyond the life of this Parliament'. Whether the LPS are introduced depends very much on what the incoming Government wants to do after that election. The view was LPS would offer a streamlined alternative to the current Deprivation of Liberty Safeguards (DoLS) system.

3.2 Between April 2022 and March 2023 Halton received 894 DoLS applications. A 6% increase on last year's figures. This has resulted in the increased use of Independent Best Interests Assessors (BIAs) in order to keep pace with the increase in demand and, to ensure the DoLS backlog list is kept below 12 months as reportedly suggested by CQC. Therefore, we have worked with the Regional ADASS DoLS group to explore different strategies in order to streamline the internal DOLS process. This work is ongoing; the aim being to increase the DoLS assessments that are completed by Halton Council's BIAs and reduce the requirement for Independent BIAs.

### **3.3 Key Safeguarding Facts 2022 – 23**

- 1096 safeguarding concerns were raised during the year. This is 10% down from last year
- 436 became s 42 enquiries (40%). This is 19% increase on the numbers from last year
- 59% were women and 41% males
- The majority were from the 18 -64 age group

- 227 concluded s.42 enquiries involved allegations of neglect
- 105 concluded s.42 enquiries involved allegations of financial abuse
- 218 concluded s.42 enquiry allegations occurred in the victim’s own home
- In Halton, an adult at risk is most likely to be female aged 65 or over living in their own home and will suffer from neglect or acts of omission perpetrated by a service provider

3.4 The first round of multi-agency audits took place in September 2022 and there is an ongoing programme.

Theme of Audit	Resultant Action
Financial Abuse	Financial Abuse Toolkit was reviewed and updated
Self-Neglect	Learning will influence the review of the Self Neglect Policy and toolkit and the introduction of the MARAM process which is underway
Acts of omission in a person’s home	Planned for 19 <sup>th</sup> September – 21 <sup>st</sup> September
Safeguarding and EDT	tba

3.5 Cheshire East, Cheshire West and Chester, Halton and Warrington Safeguarding Adults Boards, Safeguarding Children’s Partnership’s and the four area Community Safety Partnerships are committed to protecting children, young people and adults from exploitation. We know in order to do this effectively, we must develop a shared approach to our exploitation reduction strategies and intervention models.

3.6 A consultant has been working on behalf of the Boards and Partnerships to develop the first pan Cheshire All Age Exploitation Strategy 2023 – 2025. Traditionally, adult and child safeguarding procedures have been separated, with divergent strategic and operational approaches. The aim is to take a more flexible approach, exploring how safeguarding children and young adults could be undertaken fluidly and learning from both children’s and adult safeguarding practice and preparing young people for their adult lives. The strategy will be out for consultation shortly.

3.7 The Safeguarding website [www.halton.gov.uk/adultsafeguarding](http://www.halton.gov.uk/adultsafeguarding) has been updated and contains a range of resources for use:

Toolkits:

- Financial Abuse
- MSP Toolkit
- Self Neglect & Hoarding
- Modern Slavery

7 minute briefings

- Adult Grooming

- Creating Safer Places
- Organisational Abuse
- Safeguarding & Wellbeing
- Safeguarding in your Community
- Sports and Activity
- Understanding Safeguarding Legislation
- Modern Slavery

3.8 There are also videos available and links to training and is a great resource for all.

A peer review is in the process of being undertaken in respect of the Safeguarding Adults Board the results of which will be published once completed.

There were four headline key lines of enquiry (KLOE) developed, which have shaped the review process. The KLOE were:

1. Is the Safeguarding Adults Board able to meet its intended function under the Care Act 2014 around safeguarding assurance and improvement?
2. How do Halton adult safeguarding partners ensure there is multi-agency collaboration around safeguarding?
3. Does the SAB promote and enable a safeguarding learning and improvement culture?
4. Is the 'voice of the adult' and lived experience of neglect/abuse/harm discussed and considered by the SAB?

3.9

The Safeguarding Adults Partnership Forum set up a task finish group to consider the issues around domestic violence and older people. They have developed a Domestic Violence toolkit including a dementia checklist to support care providers and those supporting people with dementia and their carers. This is due for publication shortly and will be included on the safeguarding website.

3.10

The care home market in Halton consists of 22 registered care homes. Nine specialist homes offering 67 beds and 13 older people's homes offering 639 beds. (Oak Meadow is not included in these figures). There is currently one home that is subject to a suspension and they and a further home being supported by an MDT approach.

3.11

There are currently no homes within Halton that CQC have rated as inadequate, however, there is one home that has been rated as inadequate in the domain of Safe.

3.12

Adult safeguarding is a critical part of everyday life in looking after vulnerable people in either care homes or in their own homes in the community. From a safeguarding perspective the majority of the concerns and s.42 enquiries within older peoples care homes to date are predominantly in relation to Neglect and Acts of Omission (66%) with 75% of those converting to s 42 enquiry. The majority of these are in relation to medication errors and are predominantly within the two homes that are now being supported via an MDT approach.

#### **4.0 POLICY IMPLICATIONS**

4.1 New policies in respect of LPS will be developed once the Code of Practice is published.

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

5.1 None identified at present.

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

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

Halton Safeguarding Adults Board (HSAB) membership includes a Manager from the Children and Enterprise Directorate, as a link to Halton Children and Young People Safeguarding Partnership (HCYPSP). Halton Children and Young People Safeguarding Partnership membership includes adult social care representation. Joint protocols exist between Council services for adults and children. The SAB chair and sub-group chairs ensure a strong interface between, for example, Safeguarding Adults, Safeguarding Children, Domestic Abuse, Hate Crime, Community Safety, Personalisation, Mental Capacity & Deprivation of Liberty Safeguards.

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

N/A

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

The safeguarding of adults whose circumstances make them vulnerable to abuse is fundamental to their health and well-being. People are likely to be more vulnerable when they experience ill health.

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

N/A

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

N/A

#### **7.0 RISK ANALYSIS**

7.1 Failure to consider and address the Statutory duty of the Local Authority could expose individuals to abuse and the Council as the Statutory Body vulnerable to complaint, criticism, and potential litigation.

#### **8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 It is essential that the Council addresses issues of equality, in particular those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its safeguarding policies and plans. Policies and procedures relating to Safeguarding Adults are impact assessed with regard to equality.

**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**

10.1 There are none under the meaning of the Act.

<b>REPORT TO:</b>	Health Policy & Performance Board
<b>DATE:</b>	26 <sup>th</sup> September, 2023
<b>REPORTING OFFICER:</b>	Executive Director, Adults
<b>PORTFOLIO:</b>	Adult Social Care
<b>SUBJECT:</b>	Carers Respite Finance
<b>WARD(S):</b>	Borough-wide

### 1.0 PURPOSE OF THE REPORT

- 1.1 To update the Board and highlight key aspects of the use of the funding available for respite services for carers in the borough

### 2.0 RECOMMENDATION: That the Board:

- i) Note the contents of the report*

### 3.0 SUPPORTING INFORMATION

Halton Borough Council Adult Social Care carers budget for 2022/23 was £428,070. This represents a 9% increase from the 2019/20 budget of £393,600.

The budget is available for spend on direct respite provision of services for carers of people who are in receipt of adult social care services as part of a carers assessment; carers who apply to Halton Carers Centre for finance to support their caring role and as small grants to voluntary and independent sector organisations who apply.

Spend of the budget varies year on year. The table below shows allocated budget and spend for the past 4 years:

Year	Allocated Budget	Spend	Variance
19/20	393,600	312,702	80,898
20/21	404,810	264,774	140,036
21/22	412,410	235,911	176,499
22/23	428,070	268,768	159,302

The decrease in spend in 20/21 and 21/22 are clearly linked to the pandemic with 22/23 seeing the start of an increase in spend.

In addition to this budget resources from the pooled budget support Halton Carers Centre operating costs; Adult Social Care budget commissions specialist respite provision for adults with learning disabilities at the Bredon Centre; the general Adult Social Care Community Care Budget is available to support carers as required.



Halton Carers Strategy has been in development and is due to be completed September 2023. This will direct future budget and expenditure from Adult Social Care and other resources for carers.

#### **4.0 POLICY IMPLICATIONS**

4.1 None.

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

5.1 None identified at present.

#### **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**

The provision of timely and accessible carers respite can support carers to live and enjoy their own lives while caring for others.

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

N/A

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

N/A

#### **7.0 RISK ANALYSIS**

7.1 None identified.

#### **8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 It is essential that the Council and partners addresses issues of equality, in particular those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its provision of services

#### **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**

10.1 There are none under the meaning of the Act.

<b>REPORT TO:</b>	Health Policy & Performance Board
<b>DATE:</b>	26 <sup>th</sup> September 2023
<b>REPORTING OFFICER:</b>	Executive Director, Adults
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	Performance Management Reports, Quarter 1 2023/24
<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 1 of 2023/23. This includes a description of factors which are affecting the service.

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

- i) Receive the Quarter 1 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 1, 2023/24.

## **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 Not applicable.

**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 & Performance Board Priority Based Report

**Reporting Period:** Quarter 1 – Period 1<sup>st</sup> April 2023 – 30<sup>th</sup> June 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 first 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 first quarter which include:

#### Adult Social Care

##### Home Based Respite Care Service

The provider, who delivered the home-based respite care to support carers of adults with care and support needs in Halton, advised the Council that they would no longer be able to provide the service from 9<sup>th</sup> April 2023. Work was undertaken by the Commissioning & Development Team, to source alternative provision in addition to service users and their carers being contacted, to ensure that a re-assessment of their needs was undertaken. An alternative provider was identified and has been commissioned to deliver the service, with a twelve-month contract being put in place from 19<sup>th</sup> April 2023.

##### Better Care Fund (BCF) Plan 2023-25

On 4<sup>th</sup> April 2023, the BCF Policy Framework was published which sets out the Government's priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations. The vision for the BCF over 2023-25 is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The Plan (including an associated spending plan) has been jointly developed between colleagues from Health and Adult Social Care and was submitted to the national BCF Team at the end of June.

##### Care Homes and Community Meals on Wheels

From 1<sup>st</sup> July 2023, two new contracts for Frozen Ready Meals commenced.

##### CQC Assurance

The new assurance framework is now fully operational and preparation towards assessment in Halton is well underway. A library of evidence has been established and team managers are further feeding into this through regular update and preparation meetings. Consultancy support has been procured to develop Halton's self-assessment and offer an objective view on the Directorate's improvement plan. Progress is being made against the current improvement plan and activity is underway to develop a partner

feedback survey, a prevention strategy, a co-production framework and charter, and an overarching data dashboard.

### **Dementia**

We received notification that the Alzheimer's Society will cease the national Dementia Friendly Communities recognition programme from December 2023. HBC has been recognised as a dementia friendly community since 2015. However, it is part of the One Halton Dementia delivery plan that One Halton organisations will develop their own dementia friendly organisational plan, based on the principals of the Dementia Friendly communities movement, as Alzheimer's Society are still promoting that local plans remain good practice. HBC already has a 'Dementia Friendly HBC' plan in place and is currently delivering on that. We will lose use of the Dementia Action Alliance HBC Webpage (used as a repository for all local dementia news, resources and activities) in December 2023, but will be working with Alzheimer's Society on migrating the information currently on the page to HBC social Care webpages.

It was agreed that Care Management would support HBC involvement in an 'Inequalities in Social Care Needs Assessments in Dementia' post-doctoral research project with Liverpool University / Dr James Watson (PH Halton). The aim of this one-off remote interview study is to explore the experiences of people living with dementia and unpaid carers of the process of Social Care and Carers Needs Assessments and the experiences of Local Authority representatives (commissioners, social workers) dealing with needs assessments. Researchers wish to find out whether the process was easy or difficult, whether people who went through the needs assessments received all the support they required, and how subsequent funding decisions were made. This study will inform a larger research proposal and findings of this study, and any larger research project, may provide useful insight for HBC to further improve service user experience and support for staff.

### **Strengths based Training.**

Halton Adult Social Care will be embarking on a Journey with Helen Sanderson Associates over the next 12 months to embed strength-based practices into our work. Build on the strength-based work of Professor Samantha Baron and the person-centred foundations of work in Halton. Re-design forms to incorporate strength-based approaches followed by training for staff to feel confident and competent in using them in taking a strength-based approach and to be able to fill in the forms (the outcome is better lives, not just completed paperwork). Thinking about the customer journey and including person-centred reviews rather than only focussing on assessment and planning. Support for managers to be able to embed the changes through meetings and supervision. Develop quality standards.

This means thinking about the experience that we want people who use services in Halton to have, from when they may join the service to regular person-centred reviews. We will be cross reference this against national best practice, too. Ensure this is a clear process for supporting social workers, providers, and others to develop specific outcomes, aligned with the principles of strengths-based practices and person-centred approaches.

The process helps ensure that practitioners build on the strengths of the person, recognizing what matters to them and what is working and not working, ensuring achievable outcomes and a wide range of options are considered to achieve the outcome. This

includes working with the person's strengths, technology, and community solutions in a creative way and within current resources.

### **Public Health**

Two new Public Health Consultants have been recruited to join the Public Health team; this will increase the capacity of the team, which has been a challenge for a number of months.

The CHAMPS public health collaborative (the way in which Directors of Public Health and their teams work together to deliver public health interventions) is currently celebrating its 20th year. It's the longest standing Public Health collaborative in the country and has been described as an example of best practice for director level joint working by the LGA. CHAMPS recently engaged in a major piece of media work to call for a country-wide ban on the sale of disposable vapes by publishing a joint position statement.

The statement specifically condemned the aggressive targeting used by tobacco companies, who use clever marketing tricks. The statement also warned against the environmental impact of disposable plastic vapes, a ban on the sale of disposable vapes and for greater regulation and licensing of the sale of vapes and other preventative measures. The story was featured by the BBC, local media outlets and trade publications, and even went international with some US-based coverage too.

Work is continuing with partners to deliver cost of living support to the most vulnerable through different offers aimed at people on low incomes, including through Job Centre Plus, lone parents event and through work with local GPs. The

team continues to work to identify new ways of reaching our most vulnerable and those in most need of support.

The Public Health Annual Report was published on July 6th following its endorsement at Health and Wellbeing Board in July. An online version is on the HBC website.

### **3.0 Emerging Issues**

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

#### **Adult Social Care**

The existing Alzheimer's Society contract for the Community Dementia Care Advisor will expire at the end of March 2024.

#### **Public Health**

Measles cases are on the increase across the country, including the North West. Some of the cases are linked to travel abroad. Measles, Mumps and Rubella (MMR) vaccination programme in England has fallen to the lowest level in a decade, below the 95% target set by the World Health Organization, unfortunately with Halton following a similar trend. Over the coming warmer months, we can expect increased mixing of people in a variety of settings including through foreign travel and social events, which increases the risk of infections such as measles. The Public Health team is working with the ICB and other

Q1

partners to encourage anyone who is unvaccinated or unsure to check their status and take up the opportunity for vaccination.

#### 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

Ref	Milestones	Q1 Progress
1A	Monitor the Local Dementia Strategy Action Plan, to ensure effective services are in place.	
1B	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	
1C	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target.	

1D	Integration of Health and social care in line with one Halton priorities.	
1E	Monitor the Care Management Strategy to reflect the provision of integrated frontline services for adults.	
1F	Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets.	

### Supporting Commentary

**1A** One Halton Dementia Delivery Group continues to meet and progress the delivery plan. Recent consultation with people living with dementia and their carers, undertaken locally by Alzheimer's Society, indicated that the strategic priorities that the group had identified were consistent with what local people felt were a priority.

**1B** The Homeless Strategy Action continues to be monitored by SMT to illustrate progression.

**1C** Pooled budget management arrangements and governance agreed for 23/24. Q1 budget analysis shows budget projected to remain within resource allocation

**1D** One Halton work on neighbourhood model to continue in 23/24









**1E** This work continues to connect to our integration agenda











**1F** We are currently working with Helen Sanderson Associates to deliver training and review our IT systems as we move to eclipse





### **Key Performance Indicators**

<b>Older People:</b>						
Ref	Measure	22/23 Actual	23/24 Target	Q1	Current Progress	Direction of travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+	TBC	600	NA	NA	NA



	<b>Better Care Fund performance metric</b>					
ASC 02	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <b>Better Care Fund performance metric</b>	252.9 (Q1 22/23 )	285.2 (Q1 23/24 )	261.0 1 (Feb/Mar/Apr)		
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>	TBC	85%	NA	NA	NA
ASC 04	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	97%	97%	100%		
ASC 05	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	74.5 %	80%	72.5%		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in	22.6 %	45%	22.4%		

	receipt of long term support) (Part 2) DP					
ASC 07	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	99%	89%	90.4%		
ASC 08	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.8%	5.5%	5.8%		
ASC 09	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless	NA	3000	651 222 274 132 333		
ASC 10	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	NA	750	132		
ASC 11	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	NA	NA	13 12 Families 1 single		

ASC 12	Percentage of individuals involved in Section 42 Safeguarding Enquiries	TBC	30	TBC	NA	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%	72%		
ASC 14	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	78.8 %	89%	NA	NA	NA
ASC 15	Proportion of Carers in receipt of Self Directed Support.	98%	99%	92%		
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% (2021 -22)	NA	NA	NA	NA

ASC 17	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	39.3 % (2021 -22)	NA	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 % (2021 -22)	NA	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)	18.9 %	20%	NA	NA	NA
ASC 20	The Proportion of people who use services who have control over their daily life ( ASCOF 1B)	78.4 %	80%	NA	NA	NA
ASC 21	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	70.4 %	71%	NA	NA	NA

### **Supporting Commentary**

#### **Older People:**

**ASC 01** This measure needs to be cleansed due to reporting issues.

**ASC 02** Mike Shaw CCG – Only a part year picture is available for Q1 (April and part May) however the figure for the three months Feb/Mar/Apr has been

Q1

reported here, therefore a direct comparison with Q1/22/23 is not possible, it would appear though that the number of avoidable admissions is increasing but this was anticipated and is currently below plan.

**ASC 03** Annual collection only to be reported in Q4.

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

**ASC 04** Q1 figure is above target

**ASC 05** Q1 figure is higher than this time last year and does remain above the Northwest average.

**ASC 06** We are continually looking at improving our reporting in this area, as we have had previous issues which have resulted in under reporting.

**ASC 07** Figures continue to remain stable.

**ASC 08** Target exceeded compared to this time last year.

**Homelessness:**

**ASC 09** There continues to be a National increase in homelessness. Halton continues to see a rise in homelessness presentations, which adds additional pressure upon housing providers to meet the ongoing demand for both temporary and permanent accommodation. The Housing Solutions Team continue to work with the clients to explore all housing options and make full use of the prevention measures available within the Borough to reduce homelessness.

**ASC 10** The increase in S21 notices being served by private landlords, has resulted in an increase in statutory homeless acceptances.

**ASC 11** Temporary accommodation remains a challenge for the Local Authority. A review of the temporary accommodation provision was completed and additional provision approved to meet the increased demand for families. Presently all families have been moved into temporary suitable accommodation units, however, the situation is being monitored daily.

**Safeguarding:**

**ASC 12** We have a robust screening system in place which reduces the number of inappropriate concerns progressing to Section 42 Safeguarding Enquiries. However, data still needs to be cleansed and checked.

**ASC 13** The current figures have exceeded last year's performance.

**ASC 14** Annual collection only to be reported in Q4, (figure is an estimate).

**Carers:**

**ASC 15** There are no issues with this measure and we are on track to meet this target. Figures may fluctuate during the year.

**ASC 16**  
**ASC 17**  
**ASC 18**  
**ASC 19**  
**ASC 20**  
**ASC 21**

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





The next Adult Social Care Survey is due to be administered in January 2024, for results to be reported in the 2024/25 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](#)

### Public Health

#### Key Objectives / milestones

Ref	Objective 1: Child Health	
	<b>Milestones</b>	<b>Q1 Progress</b>
PH 01	Working with partner organisations to improve the development, health and wellbeing of children in Halton and to tackle the health inequalities affecting that population.	
Ref	Objective 2: Adult weight and physical activity	
	<b>Milestone</b>	<b>Q1 Progress</b>
PH 02	Reduce levels of adult excess weight (overweight and obese) and adult physical inactivity	
Ref	Objective 3: NHS Health Checks	
	<b>Milestone</b>	<b>Q1 Progress</b>
PH 03	Ensure local delivery of the NHS Health Checks programme in line with the nationally set achievement targets and locally set target population groups.	
Ref	Objective 4: Smoking	
	<b>Milestone</b>	
PH 04	Reduce smoking prevalence overall and amongst routine/manual and workless groups and reduce the gap between these two groups.	

Ref	Objective 5: Suicide reduction	Q1 Progress
	<b>Milestone</b>	
PH 05	Work towards a reduction in suicide rate.	
Ref 05	Objective 6: Older People	Q1 Progress
	<b>Milestone</b>	
PH 06	Contribute to the reduction of falls of people aged 65 and over and reduction in levels of social isolation and loneliness.	
Ref	Objective 7: Poverty	Q1 Progress
	<b>Milestone</b>	
PH 07	To increase awareness of fuel poverty and drive change to tackle the issue through better understanding of services available across Halton (staff and clients).	
Ref	Objective 8: Sexual health	Q1 Progress
	<b>Milestone</b>	
PH 08	To continue to provide an easily accessible and high quality local sexual health service, ensuring adequate access to GUM and contraceptive provision across the Borough, whilst reducing the rate of sexually transmitted infections and unwanted pregnancies.	
Ref	Objective 9: Drugs and alcohol	Q1 Progress
	<b>Milestone</b>	
PH 09	Work in partnership to reduce drug and alcohol related hospital admissions.	

**PH 01 Supporting commentary**

Regular performance contract meetings in place. Currently working with the service; developing SEND action plan incorporating the Complex Needs Pathway.

7 Halton practitioners trained in HENRY. 48 schools (75%) engaged with Healthy Schools programme in 2022-23; school engagement is returning to pre-pandemic levels.

**PH 02 Supporting commentary**

Q1

Halton continues to support weight management objectives with over 268 clients starting tier 2-weight management throughout Q1. Halton continues to support physical activity through the 'exercise on referral' program. This service provides bespoke physical activity support for those with health condition and has supported 99 clients throughout Q1.

**PH 03 Supporting commentary**

IT issues have prevented me from accessing data for this service. This has been reported to the IT team.

**PH 04 Supporting commentary**

2022/23 data: 1,026 clients set a quit date of which 567 quit (55% quit rate). This data includes 299 routine & manual/workless set a quit date of which 151 quit (51% quit rate).

**PH 05 Supporting commentary**

We continue to work closely with partners, Champs on the Zero Suicide Agenda, and consistently drive Halton's action plan to drive reduction in suicides.

**PH 06 Supporting commentary**

The number of referrals into the Age Well Falls service remain low, this service is under review. We have trained 35 carers across 5 care homes in falls prevention. The number of referrals into Sure Start this quarter is 74, which is 25% down on last quarter.

**PH 07 Supporting commentary**

Cost of living information continues to be shared with professionals and promoted across the community to help raise awareness of the support available to alleviate fuel poverty. We are currently in the process of devising a winter plan.

**PH 08 Supporting commentary**

The sexual health service continues to offer multiple weekly clinics across both Runcorn & Widnes with dedicated young persons' clinics, evening and walk in clinics. The outreach team continue to offer packages for schools, colleges and community organisations as well as professional briefings on sexual health topics. Current areas of focus for development include improving access to contraception and testing.

**PH 09 Supporting commentary**

Outreach youth provision/ Vibe, along with CGL and the HBC Early Help Team have continued to work together to provide advice, support and referrals to adults and young people; all of whom are members of the Combatting Drugs Partnership. Audit C screenings are delivered during Health Checks and Stop Smoking consultations to clients across Halton.












**Key Performance Indicators**





Ref	Measure	22/23 Actual	23/24 Target	Q1	Current Progress	Direction of travel
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Q1



PH 01a	Healthy life expectancy at birth: females (years)	58.0 (2018-20)	58.0 (2019-21)	n/a		
PH 01b	Healthy life expectancy at birth: males (years)	61.4 (2018-20)	61.4 (2019-21)	n/a		
PH 02	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	66.1% (2018/19)	N/A	60.1% (2021/22)		
PH 03	Health Visitor new births visits (% of new births receiving a face to face visit by a Health Visitor within 14 days)	73.4% (2021/22)	90%	80.4% (2022/23)		
PH 04	Prevalence of adult excess weight (% of adults estimated to be overweight or obese)	65% (2020/21)	64.7% (2021/22)	71.2% (2021/22)		
PH 05	Percentage of physically active adults	65.5% (2020/21)	65.5% (2021/22)	63.1% (2021/22)		
PH 06	Uptake of NHS Health Check (% of NHS Health Checks offered which were taken up in the quarter)	76.1% (2021/22)	76.5% (2022/23)	104.6% (2022/23)		
PH 07	Smoking prevalence (% of adults who currently smoke)	13.2% (2021)	13.1% (2022)	n/a		
PH 08	Deaths from suicide	10.1	10	9.7		

	(directly standardised rate per 100,000 population)	(2019-21)	(2020-22)	(2020-22 provisional)		
PH 09	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	282 (2021/22)	280.6 (2022/23)	263.6 (2022/23 provisional)		
PH 10	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2,676 (2021/22)	2,663 (2022/23)	2,279 (2022/23 provisional)		
PH 11	Social Isolation: percentage of adult social care users who have as much social contact as they would like (age 18+)	37% (2021/22)	40% (2022/23)	n/a		
PH 12	Fuel poverty (low income, low energy efficiency methodology)	13.8% (2020)	13.7% (2021)	n/a		
PH 13	New sexually transmitted infections (STI) diagnoses per 100,000 (excluding chlamydia under 25)	225 (2021)	220 (2022)	383 (2022)		
PH 14	Long acting reversible contraception	57.8% (Q1 2022/23)	58% (2022/23)	58% (2022/23)		n/a

	(LARC) prescribed as a proportion of all contraceptives					
PH 15	Admission episodes for alcohol-specific conditions (Directly Standardised Rate per 100,000 population)	908 (2021/22)	900 (2022/23)	872 (2022/23 provisional)		
PH 16	Successful completion of drug treatment (non opiate)	47.9% (2021/22)	43% (2021)	21.2% (2022/23)		

### Supporting Commentary

**PH 01a** - Data is published annually by OHID. 2018-20 data showed a slight improvement; however, this may not continue due to the excess deaths that occurred during 2021.

**PH 01b** - Data is published annually by OHID. 2018-20 data showed a slight improvement; however, this may not continue due to the excess deaths that occurred during 2021.

**PH 02** - 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.

**PH 03** - The 2022/23 data saw an increase from 2021/22, but failed to meet the target of 90%. However, it did meet the performance standard of 75%.

**PH 04** - Adult excess weight improved (reduced) in 2020/21 but has increased in 2021/22 and did not meet the target. Data is published annually by OHID.

**PH 05** – Adult physical activity improved in 2020/21 and again slightly in 2021/22. Data is published annually by OHID.

**PH 06** - Please note that there was an issue with the coding of invites during Q1 and Q2 which resulted in an uptake of over 100% for 2022/23.

**PH 07** – Smoking levels improved during 2019 and 2020; 2021 data remained the same and met the target. Data is published annually.

**PH 08** - The suicide rate decreased in 2018-20 and 2019-21. Provisional 2020-22 data indicates the rate has fallen slightly again over 2020-22.

Q1

**PH 09** - Provisional 2022/23 data indicates the rate of self-harm admissions has reduced slightly since 2021/22, and has met the target.

(Data is provisional; published data will be released later in the year.)

**PH 10** - Provisional 2022/23 indicates the rate of falls injury admissions has reduced and has met the target.

(Data is provisional; published data will be released later in the year).

**PH 11** - The proportion of adult social care users having as much social contact as they would like, fell in 2021/22; Covid-19 restrictions may have contributed to this.

(Data is published annually)

**PH 12** – Fuel poverty reduced very slightly in Halton between 2019 and 2020.

(Data is published annually)

**PH 13** – New STI rates increased in Halton between 2021 and 2022 and did not meet the target, However, rates are consistently better than the England. Data is published annually.

**PH 14** – Data covers Halton & Warrington at present and was only collected from April 2022. The proportion has remained stable throughout the year and met the target.

**PH 15** – Provisional 2022/23 indicates the rate of alcohol-specific admissions has reduced and is on track to meet the target.

(Data is provisional; published data will be released later in the year).

**PH 16** - Data does fluctuate year on year but in 2022/23, the Halton proportion of successful completions was worse than the England average.

## **APPENDIX 1 – Financial Statements**

### **ADULT SOCIAL CARE DEPARTMENT**

#### **Finance**

#### **Revenue Operational Budget as at 30 June 2023**

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
Employees	15,710	3,916	3,847	69	210
Premises	602	195	203	(8)	(30)
Supplies & Services	608	203	198	5	0
Aids & Adaptations	38	9	10	(1)	0
Transport	232	57	72	(15)	(60)
Food Provision	201	40	39	1	10
Agency	678	167	165	2	0
Supported Accommodation and Services	1,358	359	357	2	0
Emergency Duty Team	110	0	0	0	0
Transfer To Reserves	357	0	0	0	0
Capital Financing	44	0	0	0	0
Contacts & SLAs	584	282	279	3	0
Housing Solutions Grant Funded Schemes					
Homelessness Prevention	460	45	36	9	0
Rough Sleepers Initiative	150	23	23	0	0
<b>Total Expenditure</b>	<b>21,132</b>	<b>5,296</b>	<b>5,229</b>	<b>67</b>	<b>130</b>
<b>Income</b>					
Fees & Charges	-860	-215	-203	(12)	(20)
Sales & Rents Income	-396	-169	-174	5	10
Reimbursements & Grant Income	-1,489	-327	-338	11	0
Capital Salaries	-121	-30	-30	0	0
Housing Schemes Income	-610	-485	-485	0	0
<b>Total Income</b>	<b>-3,476</b>	<b>-1,226</b>	<b>-1,230</b>	<b>4</b>	<b>(10)</b>
<b>Net Operational Expenditure</b>	<b>17,656</b>	<b>4,070</b>	<b>3,999</b>	<b>71</b>	<b>120</b>
<b>Recharges</b>					
Premises Support	583	146	146	0	0
Transport Support	575	144	179	(35)	(120)
Central Support	3,667	917	917	0	0
Asset Rental Support	13	0	0	0	0
Recharge Income	-112	-28	-28	0	0
<b>Net Total Recharges</b>	<b>4,726</b>	<b>1,179</b>	<b>1,214</b>	<b>(35)</b>	<b>(120)</b>
<b>Net Departmental Expenditure</b>	<b>22,382</b>	<b>5,249</b>	<b>5,213</b>	<b>36</b>	<b>0</b>

### Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is £0.036m below budget at the end of the first quarter of the 2023/24 financial year.

Employee costs are currently £0.069m below budget profile. This underspend relates to savings on staff turnover above the £0.476m savings target. This underspend is projected to continue for the remainder of the financial year, albeit at a reduced level. The currently projected full-year underspend is £0.210m.

The overspends on transport and direct premises costs largely relate to increased fuel costs and are likely to be a pressure on the current year budget for the remainder of the financial year.

The underachievement of Fees and Charges income primarily relates to the Community Meals Service. The 2023/24 budget included a £0.033m saving relating to an increased income target for this service. The charges for meals were increased above inflation from April 2023 to match the required extra income. However, actual income received until the end of June 2023 does not show the increases required to meet the target. The income will be reviewed during the second quarter of the financial year.

Housing Strategy initiatives included in the report above include the Rough Sleeping Initiative 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 £0.460m for 2023/24.

At this stage, a balanced budget is projected for the year, with spend above budget relating to fuel and energy costs, and a potential shortfall in Community Meals income being offset by savings above target in respect of staff turnover.

### Approved 2023/24 Savings

Please see Appendix A for details of progress towards achieving budget efficiency savings agreed by Council in February 2023.

### Progress Against Agreed Savings

	Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value			Current Progress	Comments
				23/24 £'000	24/25 £'000	25/26 £'000		
ASC1	Housing Solutions	474	Remodel the current service based on good practice evidence from other areas.	0	0	125	<input checked="" type="checkbox"/>	Expected to be achieved in 2025/26 budget year
ASC2	Telehealthcare	680	Explore alternative funding streams such as Health funding or	0	170	0	<input checked="" type="checkbox"/>	Expected to be achieved in 2024/25 budget year
				0	170	0		
				0	15	0		

			Disabled Facilities Grants.  Increase charges / review income.  Cease the key safe installation service.					
ASC11	Dorset Gardens Care Services	471	Cease onsite support and transfer to the domiciliary care contract.	275	0	0	u	To be achieved in current year, although full-year savings not realised
ASC17/18	Quality Assurance Team	395	Review the activities of the Quality Assurance Team, given there are fewer providers for domiciliary care and the transfer of four care homes into the Council.  Merge the service with the Safeguarding Unit.	35  0	0  50	0  0	✓	Current year savings achieved, and 2024/25 savings on target
ASC12	Meals on Wheels	33	Increase charges to ensure full cost recovery. A procurement exercise	33	0	0	✓	Charge increase implemented

			will also be completed for the provision of food.					
ASC16	Shared Lives (Adult Placement Service)	115	Engage with an external agency currently operating Shared Lives to take over the running of this service. It is anticipated that this would provide an improved service.	0	58	0	<input checked="" type="checkbox"/>	Expected to be achieved in 2024/25 budget year
ASC19	Voluntary Sector Support	N/A	Review the support provided by Adult Social Care and all other Council Departments, to voluntary sector organisations. This would include assisting them to secure alternative funding in order to reduce their	0	200	100	<input checked="" type="checkbox"/>	Expected to be achieved in the relevant budget years



			dependence upon Council funding. A target saving phased over two years has been estimated.					
ASC4	Positive Behaviour Support Service	349	<p>Increase income generated in order to ensure full cost recovery, through increased service contract charges to other councils.</p> <p>Review the Integrated Care Board contribution for Adults, to ensure the full recovery of related costs.</p>	0	100	0	<input checked="" type="checkbox"/>	Expected to be achieved in 2024/25 budget year
				0	150	0		
ASC6	Bridge Builders	250	Restructure and incorporate within the Care Management front door service, introducing	120	0	0	<input type="checkbox"/>	To be achieved in current year, although full-year savings not realised

			the services currently offered by Bridge Builders to all new referrals.					
ASC5	Mental Health Outreach Team	376	Streamline the service and focus on higher needs requiring joint funding from the Integrated Care Board.	140	0	0	u	Currently under review, full-year savings will not be realised
ASC21	Mental Health Team Carers Officer	38	Commission the Carers Centre to complete all Carers assessments or undertake the function through the Initial Assessment Team.	38	0	0	u	To be achieved in current year, although full-year savings not realised
ASC15	Learning Disability Nursing Team	424	Cease provision of this service. The service is a Health related function rather than Adult Social Care, but this is a	0	424	0	✓	Expected to be achieved in 2024/25 budget year

			historical arrangements. The Integrated Care Board would need to consider how they want to provide this function.					
ASC14	Care Management Community Care Budget	18,982	Attract £500k investment from the pooled budget (BCF) from 2024/25. Undertake work in years 1 and 2 to reduce reliance upon contracted services from 2025/26. Services are currently in the process of being redesigned on a "Strengths Based Approach" ie. focused upon prevention.	0	500	1,000	<input checked="" type="checkbox"/>	Expected to be achieved in the relevant budget years

<b>Total Adult Social Care Department</b>	<b>641</b>	<b>1,837</b>	<b>1,225</b>		
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## **PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT**

### **Revenue Budget as at 30 June 2023**

	<b>Annual Budget</b>	<b>Budget to Date</b>	<b>Actual Spend</b>	<b>Variance (Overspend)</b>	<b>Forecast Outturn</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Expenditure</b>					
Employees	4,629	955	947	8	28
Premises	6	0	0	0	0
Supplies & Services	255	72	44	27	108
Contracts & SLA's	7,006	898	892	6	20
Aids & Adaptations	0	0	0	0	0
Transport	4	1	0	1	0
Other Agency	23	23	23	0	0
Food Provision	0	0	0	0	0
<b>Total Expenditure</b>	<b>11,923</b>	<b>1,949</b>	<b>1,906</b>	<b>43</b>	<b>156</b>
<b>Income</b>					
Fees & Charges	-71	-15	-20	5	20
Sales & Rents Income	0	0	0	0	0
Reimbursements & Grant Income	-44	-32	-32	0	0
Transfer from Reserves	-1,242	0	0	0	0
Government Grant Income	-11,117	-1,776	-1,776	0	0
<b>Total Income</b>	<b>-12,474</b>	<b>-1,823</b>	<b>-1,828</b>	<b>5</b>	<b>20</b>
<b>Net Operational Expenditure</b>	<b>-551</b>	<b>126</b>	<b>78</b>	<b>48</b>	<b>176</b>
<b>Recharges</b>					
Premises Support	156	39	39	0	0
Transport	20	5	5	0	0
Central Support	2,330	582	582	0	0
Asset Rental Support	0	0	0	0	0
HBC Support Costs Income	-482	-120	-120	0	0
<b>Net Total Recharges</b>	<b>2,024</b>	<b>506</b>	<b>506</b>	<b>0</b>	<b>0</b>
<b>Net Departmental Expenditure</b>	<b>1,473</b>	<b>632</b>	<b>584</b>	<b>48</b>	<b>176</b>

### **Comments on the above figures**

### **Financial Position**

Q1

2023/24 Performance Priority Based Report – Health PPB

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## Appendix 1

At the end of Quarter 1 net spend for the department is £0.045m under budget profile. The estimated outturn position for 23/24 is £0.176m net spend under available budget.

Employee costs for the year are expected to marginally under the approved budget due to a number of vacancies the department is holding. The forecast includes increases to pay from the to be agreed pay deal.

Expenditure on supplies and services will be kept to essential items only throughout the year, it is currently forecast that spend for the year will be below budget by approximately £0.108m

**COMPLEX CARE POOL****Revenue Budget as at 30 June 2023**

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
<b>Expenditure</b>					
Intermediate Care Services	3,512	765	756	9	42
Oakmeadow	1,170	283	220	63	0
Community Home Care First	1,530	270	159	111	445
Joint Equipment Store	829	138	138	0	0
Development Fund	695	0	0	0	482
Lilycross	194	55	55	0	139
Equipment	48	0	0	0	0
HICafs	3,226	389	408	(19)	14
Discharge Schemes	1,921	480	480	0	0
Contracts & SLA's	3,320	93	68	25	84
Carers Breaks	450	105	78	27	115
Carers centre	354	177	177	0	0
Residential Care	1,246	311	311	0	0
Domiciliary Care & Supported Living	3,713	776	776	0	0
<b>Total Expenditure</b>	<b>22,208</b>	<b>3,842</b>	<b>3,626</b>	<b>216</b>	<b>1,321</b>
<b>Income</b>					
BCF	-12,762	-3,191	-3,191	0	0
CCG Contribution to Pool	-2,864	-708	-708	0	0
ASC Discharge Grant	-1,921	-1,187	-1,187	0	0
<b>Total Income</b>	<b>-17,547</b>	<b>-5,086</b>	<b>-5,086</b>	<b>0</b>	<b>0</b>
<b>Net Operational Expenditure</b>	<b>4,661</b>	<b>-1,244</b>	<b>-1,460</b>	<b>216</b>	<b>1,321</b>
<b>Recharges</b>					
Premises Support	0	0	0	0	0
Transport	0	0	0	0	0
Central Support	0	0	0	0	0
Asset Rental Support	0	0	0	0	0
HBC Support Costs Income	0	0	0	0	0
<b>Net Total Recharges</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>ICB Contribution Share of Surplus</b>	<b>0</b>	<b>0</b>	<b>108</b>	<b>(108)</b>	<b>(661)</b>
<b>Net Departmental Expenditure</b>	<b>4,661</b>	<b>-1,244</b>	<b>-1,352</b>	<b>108</b>	<b>661</b>

**Comments on the above figures:**

The financial performance as at 30 June 2023 shows the Pool is £0.108m under budget profile. Based on latest information the forecast outturn is for net spend against the Pool to be £1.321m under the approved budget for the year, value to the Council being approximately in the region of £0.661m. However, as the year progresses, this may be subject to change as and when financial pressures or opportunities develop.

The underspend on Intermediate Care Services is in the main due to staff costs being lower than expected at the start of the financial year.

Community Home Care First is forecast to be over budgeted in the region of £0.445m and will be discussed with health colleagues to ascertain where the spare budget can be utilised.

The Lilycross contract has now ended and there will be no further spend.

The underspend on Contracts and SLA's is due to Inglenook. There were 2 service users. However, 1 now comes under Continuing Healthcare funding.

Expenditure on Carer's Breaks is £0.027m less than anticipated for the year to date, demand for services is still lower than pre-pandemic levels. There have also been no Adult Placement Service carer's breaks so far this year. The service reports the reason being due to difficulty in recruiting carers for the service.

**Pooled Budget Capital Projects as at 30<sup>th</sup> June 2023**

	2023-24 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remainin g £'000
Disabled Facilities Grant	650	170	162	488
Stair lifts (Adaptations Initiative)	200	50	41	159
RSL Adaptations (Joint Funding)	300	50	15	285
Telehealthcare Digital Switchover	300	0	0	300
Millbrow Refurbishment	200	40	31	169
Madeline Mckenna Refurb.	1,000	140	138	862
St Luke's Care Home	100	25	18	82
St Patrick's Care Home		0	0	100
	100			
<b>Total</b>	<b>2,850</b>	<b>475</b>	<b>405</b>	<b>2,445</b>

**Comments on the above figures:**




Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2022/23 spend and budget, and expenditure across the 3 headings is projected to be within budget overall for the financial year.

The £0.400m 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 commenced in 2022/23 with an initial purchase to the value of £0.100m. It is anticipated that the scheme will be completed in the current financial year, fully funded from the residual capital allocation of £0.300m.

On 16<sup>th</sup> 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. £0.419m was spent on refurbishment across the 4 homes in the previous financial year, and £1.4M has been allocated for current year refurbishment costs. Unspent funding at year-end will be carried forward to the 2024/25 financial year to enable the scheme's completion.



## APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

### 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>



**Red**



*Indicates that performance is worse as compared to the same period last year.*

**N/A**

*Indicates that the measure cannot be compared to the same period last year.*