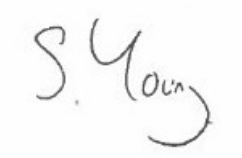
Public Document Pack

# Health Policy and Performance Board

**Tuesday, 26 November 2024 at 6.30 p.m.**
**Council Chamber, Runcorn Town Hall**



**Chief Executive**

**BOARD MEMBERSHIP**

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

***Please contact Ann Jones on 0151 511 8276 or e-mail ann.jones@halton.gov.uk for further information.***
***The next meeting of the Board is on Tuesday, 11 February 2025***

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

**Part I**



***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, 24 September 2024 at the Council Chamber, Runcorn Town Hall*

Present: Councillors Dourley (Chair), Baker (Vice-Chair), Begg, C. Loftus, L. Nolan and Thornton and D. Wilson, Healthwatch Co-optee

Apologies for Absence: Councillors Davidson, Fry, Garner, Goodall and Stretch

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, S. Salaman, A. Jones, L Wilson, P. Preston and J. Rosser

Also in attendance: T. Knight – NHS Cheshire & Merseyside, T. Leo and K. Hanson – Halton Place and Councillor Wright (in accordance with Standing Order number 33)

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

*Action*

HEA8 MINUTES

Subject to noting that David Wilson was in attendance, the Minutes of the meeting held on 25 June 2024 having been circulated were signed as a correct record.

HEA9 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

HEA10 HEALTH AND WELLBEING MINUTES

The minutes from the Health and Wellbeing Board's meeting held on 20 March 2024, were submitted to the Board for information.

HEA11 DENTAL SERVICES UPDATE

Members welcomed Mr Tom Knight from NHS Cheshire and Merseyside, who presented to the Board a report which updated them on dental services in Halton; the

local dental improvement plan progress; and the publication of the national dental recovery plan.

It was reported that access to dental care remained one of NHS Cheshire and Merseyside's key priorities. However, access to NHS dental services was impacting negatively on patients on a local, regional and national level. Many performers on NHS contracts had switched from providing NHS care to private care, resulting in national workforce challenges. This was due to the NHS contract no longer being an attractive option both professionally and financially.

The report described how the NHS Cheshire and Merseyside Dental Improvement Plan 2023-34 facilitated an increase in access from 2023-24 and led to a number of providers offering urgent care and urgent care plus. Additionally, a pathway was created for looked after children and vulnerable patients such as those receiving cancer treatment.

The Cheshire and Merseyside Dental Improvement Plan 2024-26 was presented to the Board. The local plan would focus on five key pathways which focussed on routine access for all; these were explained in detail. It was reported that under the *New Patient Premium* and *Golden Hello* incentives within the *National Dental Recovery Plan*, Halton had 4 practices and one practice respectively, opting into the schemes.

Member's questions were taken and the following additional information was provided:

- Under the New Patient Premium scheme patients would be seen as they usually were, so based on their individual health needs. Some patients attended every 6 months, some every 12 months;
- One Member shared the experience of one of her constituents with a child who was turned away from a dentist in an emergency – further information would be provided to Mr Knight following the meeting;
- The NHS had no jurisdiction over private practice;
- The dentists in Halton who were included in the above schemes must advertise on their websites when space becomes available for new patients;
- The numbers of NHS dentists lost across Cheshire and Merseyside was considered alarming; Mr Knight would check the numbers lost in Halton since his last visit to the Board;
- As mentioned above two of the main challenges were

the numbers of dentists leaving the profession and the unattractiveness of NHS contracts; and

- The Cheshire and Merseyside Dental Improvement Plan 2024-26 included looking at different types of contracts for dentists and also other staff such as hygienists and nurses.

RESOLVED: That the report is noted.

Executive Director of Adult Services

HEA12 PROPERTY POOL PLUS (PPP) - POLICY AMENDMENTS

The Board considered a report from the Executive Director, Adults, which provided recommendations for several amendments to be made to the Property Pool Plus (PPP) Policy, and provided some background and rationale for the recommended policy changes.

The Board was advised that in 2020 the PPP partner scheme local authorities (Halton, Knowsley, Liverpool City, Sefton and Wirral) undertook a review of the jointly administered PPP housing allocations policy, which resulted in the approval and implementation of a revised PPP policy and upgraded IT system. The revised policy was implemented in January 2024.

The report outlined the recommended changes and rationale for these (two in particular); changes to qualification criteria; corrections and minor changes; and amendments to the discretion criteria.

It was reported that to further ensure that the Policy was compliant with new legislation and to seek views on the recommendations, a 12 week formal consultation process would begin.

One Member raised concerns over what he felt was a poor relationship between the Registered Providers and the Council and he was disappointed with the PPP partner scheme. He gave examples of some complaints he had received from residents regarding the poor condition of some properties on Castlefields. After receiving complaints from people on the waiting list, he felt the allocations of properties was flawed in some way.

With regards to those clients without online access, it was explained that housing officers were available to help customers to register. There were also drop in sessions for customers and in some cases home visits were made.

RESOLVED: That

Executive Director of Adult Services

1) the Board notes the report and Policy; and

2) the majority of the Board endorse the consultation process.

HEA13 PUBLIC HEALTH ANNUAL REPORT

The Board welcomed the Director of Public Health (DPH), who presented the Public Health Annuary Report (PHAR) for 2023-24 – Healthy Start, Healthy Future.

The PHAR was an important vehicle by which a DPH could identify key issues, flag problems, report progress and therefore, serve their local populations. It is also a key resource to inform local inter agency action and remained a key means by which the DPH was accountable to the population they served.

For the year 2023-24 the PHAR focussed the impact of empowered young people who had embraced key messages from the Personal, Social and Health Education (PHSE) curriculum, who were inspired to promote change within their school community. The children and young people were supported to make this change through the work of the Healthy School's Team in collaboration with schools and their partners. The Public Health Team's Healthy Schools Program worked with schools and colleges to help create a healthy school environment that built lifelong health enhancing habits.

This culminated in an event where the different programmes that they had developed were shared and their contributions celebrated.

The PHAR highlighted some of the key health challenges as well as some of the ways that the healthy schools programme tackled these. Members were referred to the case studies presented with some of Halton's schools and the different areas of focus such as obesity, vaping, intergenerational initiatives (care homes), young health champions and wellbeing.

The challenges being faced with children and young people taking up vaping were discussed. The dangers of vaping were still unknown but concerns were raised around the 'normalisation' of using vapes and that they were considered to be a safe alternative to cigarettes. Their misuse, by non-smokers, was on the increase by children and young people, which was a concern for all.

One Member suggested that a video be made by young people, aimed at young people (peers) warning of the dangers of vaping, as a way of communicating this message, which could be played in schools.

The Board welcomed the Annual Report and supported the recommendations made.

RESOLVED: That the Board

1) notes the contents of the report; and

2) supports the Public Health Annual Report's recommendations.

HEA14 UTILISATION OF MENTAL HEALTH BEDS FOR HALTON RESIDENTS

The Board received a report and presentation from the Director – Halton Place, NHS Cheshire and Merseyside, on the utilisation of mental health beds for Halton residents.

The presentation gave details on:

- the type and number of adult mental health inpatient commissioned beds for Halton residents;
- utilisation of commissioned beds and any out of area placements;
- services commissioned to support patients to safely remain in the community, reducing avoidable admissions, providing better quality and outcomes for local people; and
- the challenges faced in ensuring local people were able to access inpatient mental health beds locally, when they needed them.

To provide some context to the total number of adult bed days, numbering 14,890, this was equivalent to a total of 40 beds available in Halton each day. The Board was provided with information on the numbers of adult mental health bed days utilised in Halton, in comparison to other Mersey Care locations. The same was provided for older adult bed days.

It was commented that the Council's Mental Health Teams struggled to access these beds at times; this would be discussed at the next ICB meeting.

For its next steps, it was reported that NHS Cheshire and Merseyside was implementing a Mental Health System

Flow Programme in 2024-25. This was intended to reduce the numbers of patients waiting in a community setting for admission to a hospital bed; to reduce the numbers of patients waiting in acute hospital emergency departments for discharge into the community or to a mental health inpatient bed; and to reduce the number of patients who were clinically ready for discharge in mental health in-patient settings.

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

HEA15 JOINT HEALTH SCRUTINY PROTOCOL

The Board received a report from the Director of Legal and Democratic Services, which introduced proposed revisions to the Joint Health Scrutiny Arrangements, which were in operation across Cheshire and Merseyside.

The revised draft was attached at Appendix one, with the proposed changes highlighted in yellow. The Board was requested to endorse the revised arrangements and recommend it to Council for approval.

Following one query, the Board was advised that no notifications had been received from the new Government regarding any further revisions to the arrangements.

RESOLVED: That the Board

Director, Legal and Democratic Services

1) notes the report and Appendix; and

2) endorses the revised Joint Health Scrutiny Arrangements and recommends it to Council for approval.

HEA16 PERFORMANCE MANAGEMENT REPORTS - QUARTER 1 OF 2024-25

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

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

The Board was requested to consider the progress

and performance information; raise any questions or points for clarification; and highlight any areas of interest or concern for reporting at future meetings of the Board.

Key developments within the report were welcomed. It was noted that some of the data was incomplete as it was only available up to the end of May due to the transfer from the Carefirst reporting system to the Eclipse reporting system and some data would not be available until October.

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

*Meeting ended at 7.35 p.m.*

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

**DATE:** 26 November 2024

**REPORTING OFFICER:** Chief Executive

**SUBJECT:** Public Question Time

**WARD(S)** Boroughwide

1.0 **PURPOSE OF THE 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 **RECOMMENDATION: 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**

4.1 None identified.

5.0 **FINANCIAL IMPLICATIONS**

5.1 None identified.

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

6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

None identified.

6.2 **Building a Strong, Sustainable Local Economy**

None identified.

6.3 **Supporting Children, Young People and Families**

None identified.

6.4 **Tackling Inequality and Helping Those Who Are Most In Need**

None identified.

6.5 **Working Towards a Greener Future**

None identified.

6.6 **Valuing and Appreciating Halton and Our Community**

None identified.

7.0 **RISK ANALYSIS**

7.1 None.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

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

10.1 None under the meaning of the Act.

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

**DATE:** 26 November 2024

**REPORTING OFFICER:** Chief Executive

**SUBJECT:** Health and Wellbeing Minutes

**WARD(s):** Boroughwide

## 1.0 PURPOSE OF REPORT

1.1 The Minutes from the Health and Wellbeing Board's meeting held on 10 July 2024 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 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

None

5.2 **Building a Strong, Sustainable Local Economy**

None

5.3 **Supporting Children, Young People and Families**

None

5.4 **Tackling Inequality and Helping Those Who Are Most In Need**

None

5.5 **Working Towards a Greener Future**

None

5.6 **Valuing and Appreciating Halton and Our Community**

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, 10 July 2024 at the Bridge Suite, Halton Security Stadium*

| | |
|---|---|
| Present: | Councillor Wright (Chair)<br>Councillor Ball<br>Councillor Woolfall<br>S. Burrows, Public Protection, Halton Borough Council<br>M. Hancock, Public Health<br>L. Hughes, Healthwatch Halton<br>A. Leo, Integrated Commissioning Board<br>W. Longshaw, Mersey & West Lancashire NHS Trust<br>D. Moore, Warrington & Halton Hospitals<br>L. Naidu, Public Protection, Halton Borough Council<br>T. McPhee, Mersey Care NHS Trust<br>L. Olsen, Halton Housing Trust<br>I. Onyia, Public HealthPublic Health, Halton Borough Council<br>H. Patel, Halton Citizens Advice Bureau<br>S. Patel, Local Pharmacy Committee<br>S. Scott, Halton Housing Trust<br>F. Watson, Halton Borough Council<br>S. Yeoman, Halton & St. Helens VCA |
| Apologies: | Councillor T. McInerney, D. Bowman (Cheshire Fire) and C. Jones (Cheshire Constabulary) |
| Also in attendance: | None |

*Action*

HWB1 MINUTES OF LAST MEETING

The Minutes of the meeting held on 20 March 2024 having been circulated were signed as a correct record.

HWB2 PUBLIC HEALTH ANNUAL REPORT 2024

The Board received a report and presentation from the Director of Public Health, on the Public Health Annual Report (PHAR) for 2023-24, Healthy Start, Healthy Future.

The 2023-24 Public Health Annual Report focussed on the impact of empowered young people who had embraced key messages from the Personal, Social and Health Education (PSHE) curriculum and who had been inspired to promote change within their school community. The young people were supported to make these changes through the work of the Healthy Schools Team in collaboration with schools and other partners.

The report highlighted some of the key health challenges as well as some of the ways that the Healthy Schools Programme tackled these. The report also highlighted several school and educational setting approaches to vaping on school grounds; peer-led health messages; role modelling to parents around health food and physical activity; five ways to wellbeing and an intergenerational approach to reducing loneliness.

The Director of Public Health circulated a copy of the Annual Plan to each Board Member present.

RESOLVED: That the Board:

1) note the report; and

2) support the recommendations.

HWB3 HOUSING ASSOCIATIONS AND HEALTH IN HALTON

The Board received a report and presentation which was delivered by the Chief Executive of Halton Housing Trust. The presentation provided an overview of the scale and context of social housing activity across Halton, with a particular focus on links with health outcomes for residents.

The presentation provided a focus on:

- Health and Safety;
- Key housing and health issues in Halton;
- Poor housing – the cost to the NHS; and
- Improving living conditions and opportunities to collaborate.

Case studies were also included, which outlined how the work of housing associations in Halton had improved the health and wellbeing of its tenants.

The Board discussed the information presented to them and agreed that organisations needed to jointly identify an integrated approach to prevent duplication of work. It was agreed that this should be discussed further and progressed via the One Halton Group.

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

HWB4 WARRINGTON AND HALTON INTEGRATION PROGRAMME

The Board received a presentation from the Director of Strategy and Partnerships, Warrington and Halton Hospitals on the Warrington and Halton Integration Programme.

In order to make improvements for both patients and staff working at the front line, opportunities had been identified via a programme of work. This would deliver integrated and collaborative models of care between Warrington and Halton Hospital NHS Foundation Trust and Bridgewater Community NHS Foundation Trust.

The presentation provided information on the following:

- Work undertaken to date;
- Local Governance;
- Proposed Programme Workstreams;
- Financial opportunities; and
- Communications and engagement to date and immediate next steps.

It was noted that the first meeting of the Joint Committee would take place in September 2024 and it was proposed that milestone targets and delivery expectations for the eight programmes and overarching objectives would be identified and agreed.

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

HWB5 TRADING STANDARDS SERVICE UPDATE

The Board received a report from the Director of Public Health, which provided an update on some of the work of the Trading Standards Service and the contribution this work had made in protecting public health, children and vulnerable adults from harm.

It was noted that the Trading Standards team provided a wide range of statutory services to protect consumers and legitimate businesses from unfair, misleading or unsafe trading practices. Amongst others, these services included weights and measures, product safety, restricted sales, explosives, scams awareness, fair trading, doorstep crime, counterfeit and illicit goods – including tobacco and vapes. The team also provided an enhanced consumer advice service to help consumers enforce their own civil consumer rights.

The report focussed on the following services which contributed to protecting public health and safeguarding children and adults:

- scams awareness;
- doorstep crime;
- illegal money laundering;
- tobacco and vapes;
- age restricted sales;
- consumer advice and the Citizens Advice Consumer Helpline; and
- iCAN consumer alert network.

The report also provided case studies for each of the services, which the Board noted.

Following discussions, some additional information was noted and agreed:

- Stop Loan Sharks was operated by Birmingham City Council on behalf of Local Authorities throughout the country;
- It was acknowledged that more promotional work needed to be undertaken on the referral process; and
- It was suggested that there were opportunities for joint working and this would be discussed at a future housing partnership meeting.

RESOLVED: That the Board:

1) note the report;

2) endorse the approach to doorstep crime and illegal money lending;

3) endorse the multi-faceted approach to both prosecute and disrupt illegal activity by seizing illegal an illicit products to remove them from the market; and

4) encourage partners to sign up to and share the iCan alert system.

HWB6 PHARMACEUTICAL NEEDS ASSESSMENT

The Director of Public Health, presented a report which provided members of the Board with a briefing on the Pharmaceutical Needs Assessment (PNA) which included risks associated with it and proposed local governance arrangements.

Every Health and Wellbeing Board in England had a statutory responsibility to publish and keep an up-to-date statement of needs for pharmaceutical services of its local population. This was referred to as a Pharmaceutical Needs Assessment (PNA) and included dispensing services as well as public health and other services that pharmacies may be commissioned to provide.

The report set out the commissioning arrangements; proposed arrangements for producing Halton's next PNA; and the resources required.

The report also outlined the next steps which would be undertaken by a steering group. It was noted that once a final draft document had been completed, a 60 day statutory consultation would be undertaken and the results would be reported to the Board before its publication on 1 October 2025.

RESOLVED: That the Board:

1) note the contents of the report;

2) agreed that the Director of Public Health be the lead; and

3) agreed that the PNA be managed by a local steering group, led by Public Health.

HWB7 WIDER DETERMINANTS OF HEALTH: RESPONDING TO POVERTY & TACKLING THE DRIVERS OF HEALTH INEQUALITIES

The Board received a report from the Director of Public Health, which outlined the effects of the cost of living crisis on those living in poverty in Halton.

The report outlined the Halton and multi-agency approach and the support offered during the cost of living crisis. Local Councils received Government funding to help programs supporting residents and some of the main food and fuel services funded were as follows:

- food support for families;
- fresh food at social supermarkets;
- foodbanks; and
- energy payments.

The Board was advised that some research had also been undertaken which looked into housing conditions and

how the effects of damp and mould have on the health of residents. Some of this work was done in collaboration with Bridgewater and Halton Housing Trust who were able to provide additional data on health and home conditions.

There were different reasons why residents required support e.g. financial, behavioural and structural. For those struggling to heat their homes, fuel vouchers had been offered. Energy Project Plus offered home visits, as part of their Warmth for Health Scheme, which advised residents on causes of mould and how to ventilate their homes properly. For homes that needed structural improvements, the Eco Flex Scheme offered grants for improvements such as wall and loft insultation and over the Winter period, 40 successful applications had been granted.

RESOLVED: That the Board:

1) endorse the work taking place in Halton;

2) note the importance of multi-agency approaches to tackling inequalities and collective work;

3) note the requirement for a long-term focus on prevention to combat the drivers of poverty and health inequalities; and

4) discuss how to sustain support for interventions to ensure they remain open and available to all.

HWB8 BETTER CARE FUND 2023/24 - END OF YEAR RETURN

The Board received a report from the Executive Director of Adult Social Services, which provided an update on the Better Care Fund 2023-24 Year-End return, following its submission on 21 May 2024. The update provided the Board with information on the four national conditions which had been met, progress on the four national metrics, income and expenditure actual, year-end feedback and adult social care fee rates.

RESOLVED: The Better Care Fund Year-End return for 2023-24 be noted for information.

HWB9 BETTER CARE FUND PLAN 2024/25

The Board received a report from the Executive Director of Adult Social Services, which provided an update on the Better Care Fund (BCF) Plan 2024-25, following its submission on 4 June 2024.

The aim of the BCF Plans was to support people to live healthy, independent and dignified lives through joining up health, social care and housing services.

The Board noted that in order to support the BCF Plan 2024-25, the current Joint Working Agreement was reviewed and updated to reflect recent changes in governance arrangements and to include 2024-25 pooled budget financial details.

Following discussions, the Board noted the request from Mersey Care NHS Trust to join the Better Care Commissioning Advisory Group.

RESOLVED: That the Better Care Fund Plan 2024-25 be noted for information.

*Meeting ended at 3.25 p.m.*

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

**DATE:** 26th November 2024

**REPORTING OFFICER:** Dr Robert McSherry, Professor of Nursing and Practice Development in Health and Social Care, Dr Nellie Makhumula-Nkhoma, Research Assistant and Rhian Crompton, Research Assistant

**PORTFOLIO:** Adult Social Care

**SUBJECT:** Research and Practice Development Care Partnership - Using co-creation to explore public and professionals' awareness of location and types of care services (the Continuum of Care) available to older people: A qualitative approach.

**WARD(S)** Borough wide

## 1.0 PURPOSE OF THE REPORT

1.1 To provide an update on the Research and Practice Development Care Partnership Co-Creation Final Report of using co-creation to explore public and professionals' awareness of location and types of care services (the Continuum of Care) available to older people: A qualitative approach. Please see appendix 1.

## 2.0 RECOMMENDATION: That

**1) the report be noted; and**
**2) recommendations actioned where necessary.**

## 3.0 SUPPORTING INFORMATION

### 3.1 Background

3.1.1 The Research and Practice Development Care Partnership was formed in August 2021. It is a joint venture between Halton Borough Council Adult Social Care, the University of Chester, Age UK Mid Mersey and the Caja Group. The partnership aims to improve experiences of care by forging closer links between social care professionals and researchers. They are part of a national NIHR funded programme of “Creating Care Partnerships”.

3.1.2 The COVID-19 pandemic has raised some fundamental questions surrounding the provision of home care (domiciliary care) and care

services and their impact on an older individual's quality of life and health and wellbeing. Anecdotal evidence seems to suggest that an individual is better placed in their own home as opposed to a nursing / residential care home. However, there is limited evidence to corroborate these claims. The Continuum of Care and Care Spectra are essential attributes and characteristics aligned to understanding individuals' experiences of health and wellbeing throughout the life-course. It is imperative that both the Continuum of Care and Care Spectra help people and society shift the perspective from personal success and failure. It is a matter of personal preferences.

3.2 **Methodology**

3.2.1 There were 4 key activities for the methodology used for the project. These were:

- Activity 1: Professional and Stakeholder Engagement Events
- Activity 2: An Exploratory Literature Review
- Activity 3: Public Engagement Events, comprising of 5 creative engagement methods.
    - Snap judgement
    - Three words
    - Idea Board
    - Role Play Scenarios
    - Survey
- Activity 4: Sharing and Dissemination

3.3 **Findings**

3.3.1 <u>Activity 1 – Professional and Stakeholder Engagement Events</u>

Five events took place, two face-to-face and three online with 18 people attending in total. Representatives came from the following groups:

- Local and national charitable organisations
- NHS and Primary Care
- Halton Borough Council
- Rehabilitation Services
- Health & Wellbeing-related Social Enterprises
- Carers' Organisations
- Local Government Elected Members

3.3.2 <u>Activity 2 – An Exploratory Literature Review</u>

Areas looked at included:

- National surveys
- Newspaper articles
- Reports
- Google
- Various related databases
- These amounted to around 150 thousand pieces of literature.

3.3.3 Key Findings

- The majority of publications – have indicated *Home* as the favoured location of care.
- Also highlighted that social and emotional components can act as barriers – certain areas are neglected but easily actionable – mainly to do with safety.
- There is lack of consensus on quality of life, i.e. whether individuals are in their own home or care/nursing homes.
- Individuals who are dependent on others in their daily lives, can still experience autonomy and well-being.

3.3.4 Conclusion

- When developing services for older people, it is important to consider those that reinforce recovery, adaptation and psycho-social growth, which will enable them to navigate resources and marshal areas of concern related to old age.

3.3.5 Activity 3 - Public Engagement Events, comprising of 5 creative engagement methods.

3.3.6 There were 5 activities which resulted in 451 engagements in total.

3.3.7 *Activity 1 – Snap Judgement*

- The people who participated were categorised by age range (8 categories from 18-24 up to 85-94).
- Participants were asked to choose their preferred option of location of care out of 5 alternatives. The majority opted for *Living at Home.* Only one person chose *Residential Care Home*.

3.3.8 *Creative Methods 2: Three Words*

- Participants were shown 4 pictures and asked to provide words relating to them, e.g. one picture showed a sign of love in a care home.
- 252 words were identified: recurring words were: *Love, Care, Caring, Hospital, Support* and *Happy*. *Love* was the most popular word.

3.3.9 *Creative Methods 3: Ideas Board*

- Participants were shown a flipchart and invited to provide feedback on their experience of care services which were posted onto the chart.
- There were 7 sessions producing 110 responses, with a varying level of feedback. This exercise provided a useful overview of people's experiences and opinions.
- Sterling's thematic analysis was then applied. All responses were noted and words with no meaning removed. Categorisation took place into basic themes and organisational themes.

- After detailed analysis, 18 broad themes were consolidated into 6 which cut across all areas:
    - Communication and Information was the top priority, alongside Public Image and Perspectives of Care Services. This was divided into 4 key.
    - Helpfulness – what individuals are able to gain and access
    - Individuals not wanting to think about growing old, personal experience of care
    - Political element around imagery – media influence
    - Domiciliary care - Perception that these services have reduced and failed over time.
- Place and Types of Care Services:
    - Desire to bring back care services such as home helps.
    - Sharing memories and places. Feeling that some interactions with care sector was too rapid and rushed.
    - Funding
    - Much talk about resource allocation and underfunding across the sector.
- Resources and Support:
- Workforce and skill-mix
- Rewards and recognition
- Challenges around equipment. Some useful and interesting anecdotes were noted
- Impact and Outcome of Care:
    - Concerns about cost of care –
    - Safety and quality.
- In conclusion, this exercise provided much insight into how people view care services. Overall theme of individuals only looking for services when needed and not wanting to think about the issues until something happens. Concerns about expense of future care.

3.3.10 <u>Creative Methods 4: Role Play</u>

- Participants were offered a scenario and asked to put themselves into this situation.
- Participants were then asked how they would feel and given several options and what they would do next.
- The majority would contact family, although worried about being a burden. In terms of contacting professionals, they were not convinced they would be provided with the care required.
- There were also statements of resilience, such as they would concentrate on getting better, getting adaptations installed in their house, or sourcing alternative care such as domiciliary care.
- Some individuals expressed a wish to stay sociable and ensure they got out and took advantage of any activities

available to them.

- The final question concentrated on what choice of services are available?
- Participants indicated negative feelings about professionals and the services they provide (possibly as a result of experiences of care during the pandemic).
- Services referred to included:
    - Family and friends
    - Alternative care
    - Legal/finance advice
    - External services
    - Social activities

The most concerning response was where individuals indicated they were unsure of available resources, bearing in mind that the majority of participants were aged 55 and above.

3.3.11 Creative Methods 5: Survey

- 41 surveys were completed (39 in field and 2 online)
- Majority of respondents were female (some of the locations were weighted towards women)
- Majority of respondents were Halton residents; age breakdown reflects the age breakdown from other activities
- Summary of some of the questions as follows:
    - Preferred location of care: no-one selected residential care home
    - Sources of information regarding care options: wide variety of sources, the most popular being the internet, GP or family and friends.
    - Factors determining choice of care: most important factor was to remain near family and friends, followed by cost.

Has Covid 19 affected opinion of care services: majority answered no – those that answered yes were influenced by stories in the media.

3.3.12 Activity 4 – Findings Dissemination

- There are journals and publications in the academic world who may be interested in this research.
- However, the prime objective is to link with Adult Social Care and offer a presentation to local meetings, to provide insight and oversight on the subject.

## 3.4 Conclusion

3.4.1 Co-creation and creative methodologies have proved useful tools in evaluating awareness of care services available to older people, by both the public and professionals. The findings highlight the importance of location in terms of both the home (care provided at home) and the community (care services embedded in communities

allowing closeness to family and friends, ease of access to services and local amenities e.g. GP, Library services, opportunities for connecting with people to avoid social isolation).

3.4.2 The feedback regarding Halton Borough Council's drive to reform the care services was overwhelmingly positive, and the data allowed the development of some recommendation to continue this important work.

## 4.0 POLICY IMPLICATIONS

4.1 Using a co-creation approach, this service evaluation aimed to discover the current situation and most pressing issues affecting location and types of care services (the Continuum of Care) as determined by the public and professionals using Halton as a case study.

4.2 This is essential in shaping our understanding care services going forward. By gaining real world insight into the Continuum of Care, we can begin to explore wider issues and concepts, such as the impact of location and type of care services on the health and wellbeing of older people.

## 5.0 FINANCIAL IMPLICATIONS

5.1 None identified.

## 6.0 IMPLICATIONS FOR THE COUNCIL'S

### 6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

The aim is to collaborate with Halton Adult Social Care to look deeper into the findings to assist with future planning.

### 6.2 Building a Strong, Sustainable Local Economy

The aim is to collaborate with Halton Adult Social Care to look deeper into the findings to assist with future planning.

### 6.3 Supporting Children, Young People and Families

None

### 6.4 Tackling Inequality and Helping Those Who Are Most In Need

The aim is to collaborate with Halton Adult Social Care to look deeper into the findings to assist with future planning.

### 6.5 Working Towards a Greener Future

None

### 6.6 Valuing and Appreciating Halton and Our Community

The aim is to collaborate with Halton Adult Social Care to look

deeper into the findings to assist with future planning.

## 7.0 Risk Analysis

7.1 None identified.

## 8.0 EQUALITY AND DIVERSITY ISSUES

8.1 An Equality Impact Assessment (EIA) is not required for this report.

## 9.0 CLIMATE CHANGE IMPLICATIONS

9.1 None identified.

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

10.1 Appendix 1: Co-Creation Final Report of using co-creation to explore public and professionals' awareness of location and types of care services (the Continuum of Care) available to older people: A qualitative approach.

Centre for Ageing and Mental Health

University of Chester

Faculty of Health and Social Care


**Using co-creation to explore public and professionals' awareness of location and types of care services (the Continuum of Care) available to older people: A qualitative approach**

Authors

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# Executive Summary - July 2023

## Using co-creation to explore public and professionals' awareness of location and types of care services (the Continuum of Care) available to older people: A qualitative approach

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### *Background*

The COVID-19 pandemic has raised some fundamental questions surrounding the provision of home care (domiciliary care) and care services and their impact on an older individual's quality of life and health and wellbeing. Anecdotal evidence seems to suggest that an individual is better placed in their own home as opposed to a nursing / residential care home. However, there is limited evidence to corroborate these claims. The Continuum of Care and Care Spectra, in our opinion, are essential attributes and characteristics aligned to understanding individuals' experiences of health and wellbeing throughout the life-course. The Continuum of Care highlights and represents the individual's lifespan from birth to death (dependent, independent to possible dependency), running in parallel to health and wellbeing. The Care Spectra are associated with specific elements relating to maintaining optimum quality of life. For example, Technology Spectrum is about having minimum or advanced enhanced or assisted technology to keep someone safe at hospital, home and/or in a care facility. The Care Provider Spectrum focuses on the place where care is provided

i.e., in health and/or social care facilities and delivery type ranging from informal to specialist care. It is imperative that both the Continuum of Care and Care Spectra help people and society shift the perspective from personal success and failure. It is a matter of personal preferences.

### *Funding*

The service evaluation project is funded by the Impact and Research Co-Creation Programme in partnership with Halton Borough Council, facilitated by the Research and Innovation Office (RIO) and in support of the Research and Knowledge Exchange Institutes (RKEIs) at the University of Chester.

## *Service Evaluation Aims and Objectives*

### *Aims*

Using a co-creation approach, this service evaluation aimed to discover the current situation and most pressing issues affecting location and types of care services (the Continuum of Care) as determined by the public and professionals using Halton as a case study.
This is essential in shaping our understanding care services going forward. By gaining real world insight into the Continuum of Care, we can begin to explore wider issues and concepts, such as the impact of location and type of care services on the health and wellbeing of older people.

### *Objectives:*

**1:** To use the existing Research and Practice Development Care Partnership to facilitate engagement with stakeholders and experts in older people services to identify the opportunities and challenges resulting from the Continuum of Care. [Professionals]
**2:** To undertake an exploratory review of the literature to explore the context of the Continuum of Care and identify how different types and location of care services influence outcomes such as benefits, harm and costs as regard older people's quality of life.
**3:** To apply a qualitative co-created methodology to explore public perceptions and awareness of the Continuum of Care concerning older people. [Public]
**4:** To devise a sharing and dissemination strategy to help inform and enhance professional, clinical practice, educational and research priorities, and activities for our community and beyond.

### *Methodology*

The service evaluation adopted a co-creation design and associated principles aligned to qualitative inquiry. The approach provided a logical and effective approach including: discovery: what is working well, envision: what would we like to see more of, co-create: how we achieve our aims and embed: what works well.

Several methods were sequentially operationalised through four activities to achieve the aims and objectives of the service evaluation. These were:

- Activity 1: Professional and Stakeholder Engagement Events
- Activity 2: An Exploratory Literature Review
- Activity 3: Public Engagement Events, comprising of 5 creative engagement methods;
    - Snap judgement
    - Three words
    - Idea Board
    - Role Play Scenarios
    - Survey
- Activity 4: Sharing and Dissemination

### *Service Evaluation Context*

The service evaluation was conducted using a combination of online and public engagement activities with health and care workers and the public in the Borough of Halton in North West England.

### *Sampling*

A total of 18 professionals and stakeholders participated in activity 1 and 118 members of the public contributed to activity 3 across the various creative engagement methods resulting with over 400 participant interactions.

### *Ethical and Research and Development Approvals*

The service evaluation obtained approval from the University of Chester, Faculty of Health, Medicine and Society Research and Governance Committee.

### *Findings*

In relation to Activity 1: comprising of 5 sessions (3 online and 2 face to face) 18 professional and stakeholders from across 7 care sector organisations participated in the event. An endorsement of the overall co-creation service evaluation design, and the 5 creative

engagement methods for activity 3 was provided. Mechanisms for improving the approach included expanding the number of events and locations. Key challenges experienced by the care sector were identified. These included, workforce and skill mix shortages, a lack of reward and recognition and the desire to see a fair pay parallel to health sector workers.

Activity 2, Exploratory Literature Review of national and professional databases primary message was that when developing services for people of old age it is of great importance to consider the services that reinforce recovery, adaptation and psychosocial growth.

Activity 3, Public Engagement Events were undertaken over 3.5 days, covering 7 venues comprising of libraries, care facilities and marketplaces. The five innovative creative engagement methods enabled participation based on their availability of time to complete some or all of the activities. The creative engagement methods generated the following results:

1) Snap judgement n=126:  highlighted interaction by age-range, the choice of location of care
2) Three words n= 91: love, care, caring, hospital, support and happy most popular word
3) Notice Board n=110: 7 sessions, 18 broad themes, 6 consolidated themes
4) Role Play Case Scenarios n=63: 6 choices, most accessed scenario D and least accessed scenario B.
5) Survey n= 41: 68.3% female, 31.7% male, mean average age 63, range of ages 22-89, residents of Halton 82.9%. Preferred location of care was own home (75.6% of respondents), closeness to family and friends most important factor in choice of care (85.4%), followed by cost (70.3%). Wide variety of sources identified to gain information about care. Desire expressed for local community based care options.
Total: 451 interactions.

In brief the results highlighted a strong commitment and desire from professionals, stakeholders and the public to engage with the activities. There was variability of awareness of the location, types and places of care. Participants sought information about care services from a variety of sources.

A synthesis of the all the activities generated 6 key themes as follows:

- Communication and Information
- Public Image and Perspectives of Care Service

- Place and Types of Care Services
- Funding
- Resources and Support
- Impact and Outcome

Several recommendations and limitations focusing on enhancing the project and services were identified.

### *Conclusion*

Co-creation and creative methodologies have proved useful tools in evaluating awareness of care services available to older people, by both the public and professionals. The findings highlight the importance of location in terms of both the home (care provided at home) and the community (care services embedded in communities allowing closeness to family and friends, ease of access to services and local amenities e.g. GP, Library services, opportunities for connecting with people to avoid social isolation).

The feedback regarding Halton Borough Council's drive to reform the care services was overwhelmingly positive and the data allowed the development of some recommendation to continue this important work.

# Contents

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# 1 Background

The COVID-19 pandemic has exposed some of the best areas of care and practice in the caring sectors along with their deficits. These include but are not limited to the following: failure in safety and governance systems and processes, workforce and skill mix shortages, lack of education and training, lack of care and compassion, insufficient capital and financial investment and limited access to personal protective equipment and other resources.

Care and caring are fundamental principles and are often regarded as 'threshold concepts' and are essential understandings central to a health / care / allied profession or professions (Meyer and Land 2003). Care is awash with threshold concepts, for example, 'caring' is the bedrock of the nursing profession and by extension could be argued central to care professionals and workers. Similarly, 'person-centred' is a major component for the delivery of 'individualised care'. Both concepts could be regarded as primary "threshold concepts". Like care and caring the 'Continuum of Care' (CoC) – "care options that follow an individual through time, adapting to their changing needs", and 'Care Spectra' (CS) – mechanisms that aid and support individuals along the Continuum of Care, we would suggest, are threshold concepts (see Appendix 1 for elaboration of these emerging concepts).

The CoC and CS are disciplinary-specific knowledge requirements for care workers essential to the delivery of safe, quality care and services across the care sector. If a care worker fails to understand these the following may be impeded. Firstly, the way in which care workers and practitioners make sense of their working environment and professional world. Secondly, how they engage with their future education and training through continuous professional development. Thirdly, their confidence, capability, and competence to undertake their roles and responsibility both efficiently and effectively. Finally, threshold concepts are "central to the mastery of a subject" (Cousin, 2003).

The challenge and difficultly surrounding the application of "threshold concepts" specifically to care is twofold. Firstly, in raising awareness of what they mean together with their characteristics and how they influence the Continuum of Care and Care Spectra. Secondly in highlighting their importance of facilitating care worker and practitioner learning (Meyer and Land 2003; Clouder, 2005; Bellingham-Yong, 2015).

In parallel to the above the COVID-19 pandemic raised some fundamental questions surrounding the provision of home care (domiciliary care) and care services and their impact on an older individual's quality of life and health and wellbeing. Anecdotal evidence suggests that an individual is better placed in their own home as opposed to a nursing care home. However, there is limited evidence to corroborate these claims.

Focusing on the Continuum of Care and Care Spectra in our opinion are essential attributes and characteristics aligned to understanding individuals' experiences of health and wellbeing throughout life's course. The Continuum of Care highlights and represents the individual's lifespan from birth to death (dependent, independent to possible dependency) which has running in parallel health and wellbeing. The Care Spectra are associated with specific elements relating to maintaining optimum quality of life. For example, Technology Spectrum is about having minimum or advanced enhanced or assisted technology to keep someone safe at hospital, home and/or in a care facility. The Care Provider Spectrum focuses on the place where care is provided i.e., in health and/or social care facilities and delivery type ranging from informal to specialist care. It is imperative that both the Continuum of Care and Care Spectra help people and society shift the perspective from personal success and failure. It is a matter of personal preferences (Weil and Smith, 2016).

The service evaluation project is funded by the Impact and Research Co-Creation Programme in partnership with Halton Borough Council, facilitated by the Research and Innovation Office (RIO) and in support of the Research and Knowledge Exchange Institutes (RKEIs) at the University of Chester.

The service evaluation project is guided by the following overarching question:

*To what extent do care service professionals and stakeholders have an awareness of the 'Continuum of Care' and how well informed are the public regarding care service provision?*

# 2. Service Evaluation Aims and Objectives

## 2.1 Aims

Using a co-creation approach, this service evaluation aims to discover the current situation and most pressing issues affecting location and types of care services (the Continuum of Care) as determined by the public and professionals using Halton as a case study.

This is essential in shaping our understanding going forward. By gaining real world insight into the Continuum of Care, we can begin to explore wider issues and concepts, such as the impact of location and type of care services on the health and wellbeing of older people.

## 2.2 Objectives*:*

**1:** To use the existing Research and Practice Development Care Partnership to facilitate engagement with stakeholders and experts in older people services to identify the opportunities and challenges resulting from the Continuum of Care. [Professionals]

**2:** To undertake an exploratory review of the literature to explore the context of the Continuum of Care and identify how different types and location of care services influence outcomes such as benefits, harm and costs as regard older people's quality of life.

**3:** To apply a qualitative co-created methodology to explore public perceptions and awareness of the Continuum of Care concerning older people. [Public]

**4:** To devise a sharing and dissemination strategy to inform and enhance professional, clinical practice, educational and research priorities, activities for our community and beyond.

# 3 Methodology and methods

## 3.1 Service Evaluation Design

The service evaluation is designed around the principles of co-creation. This according to McSherry et al. (2018) is ideal in this context because it offers a simple, logical, and highly effective phased approach through “discovery’. Discovery in this instance is about establishing what is working well, what needs to happen more of the time to improve the situation, and whether there was sufficient preparation to achieve goals. Qualitative inquiry enables the team to explore and evaluate the opportunities and challenges surrounding the Continuum of Care for older people.

## 3.2 Service Evaluation Process

The service evaluation process utilised four activities to achieve the aims and objectives of the project, as summarised in Figure 1.

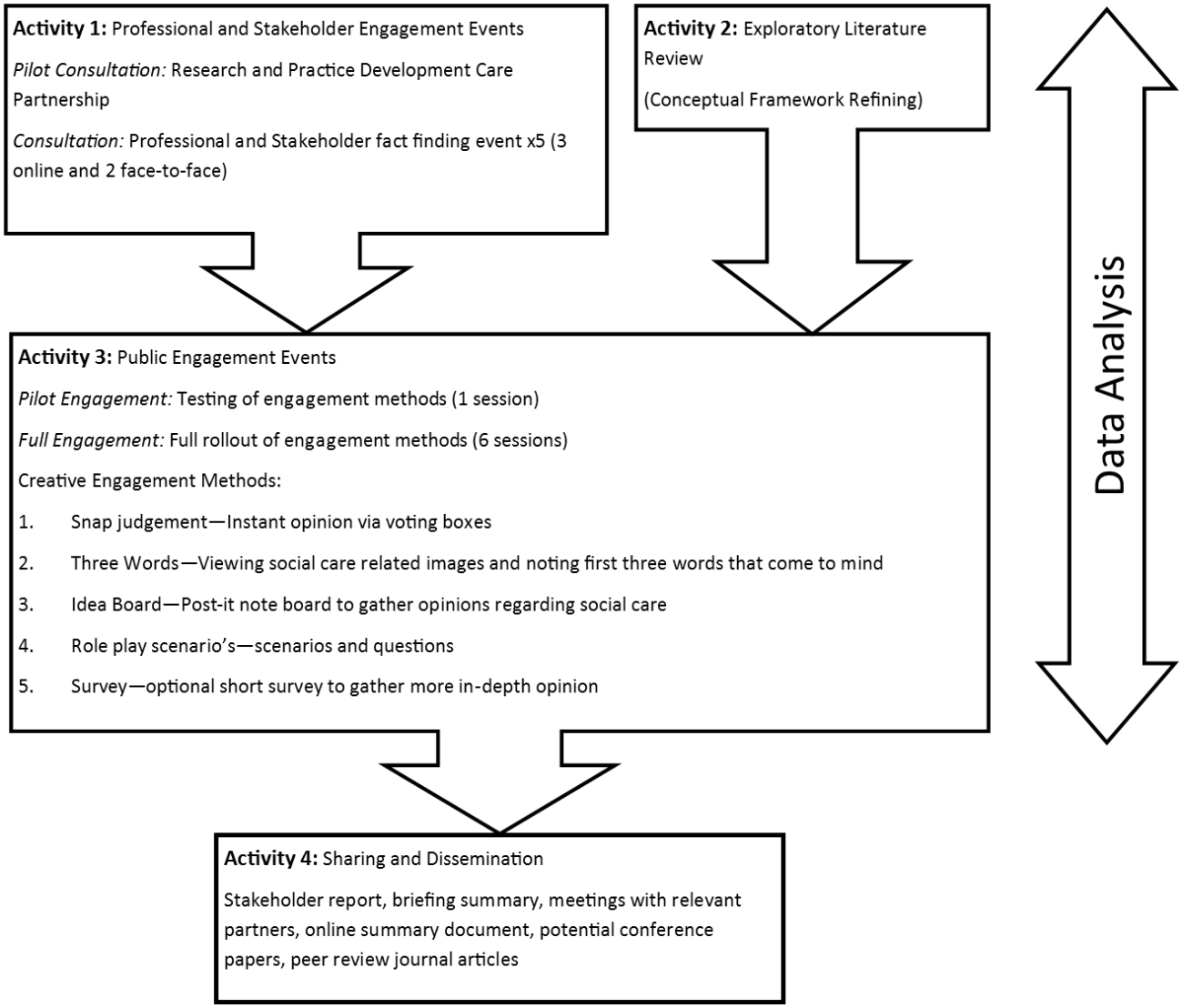



***Figure 1:*** **Summary of Service Evaluation Processes (Activities 1- 4)**

### 3.2.1 Activity 1: Professional and Stakeholder Engagement Events

These events involved an Initial Consultation: Professional and Stakeholders event designed to obtain the potential stakeholder and participant's perspectives surrounding the proposed format and methods for the activities. Following this, five events were held, two face to face at a Halton Borough Council venue and three online via Microsoft Teams. The duration of these events was no longer than 90 minutes. The format for the engagement activity comprised of a briefing outlining the service evaluation framework. This was followed with a series of five discussion points:

- Professional opinions of the care sector
- Perspectives on co-creation and project design
- Thoughts and opinions associated with creative methods

- Perspectives on the Continuum of Care and Care Spectra
- Any other relevant points

### 3.2.2 Activity 2: An Exploratory Literature Review

An exploratory literature search included general market surveys conducted nationally such as that of IPSOS, newspaper articles such as the Guardian. This baseline search enabled the project team to gain general insight of the public's perception of the current social care context. The search was then conducted in google scholar search engine with reference list revealing previously published research. A review of these resources enabled the design of a scoping search framework of Population, Intervention, Comparator and Outcome (PICO) framework, using an updated strategy from Boland et al (2017), and shown in Table 1. Limits were set for research published in English and conducted or published between 2018 and 2023. This limitation is to allow retrieval of research published in the past five years and to exclude already been identified.

***Table 1*: Primary search terms and strategy**

| Elements | Search strategy |
|---|---|
| **Population** | 'Adults 65 years old or greater'<br>**AND** |
| **Intervention** | 'Home care' OR 'home care with support' OR 'living home with technology' OR 'companionship care' OR 'live-in care' OR home nurs* OR 'shared care' OR shared liv* OR 'extra care housing' OR 'retirement village' OR 'community-based care' OR 'retirement village' OR 'adult day care centre' OR 'at home friend' OR 'at home companion' OR 'at home visitor' OR 'family care support' OR 'domiciliary care' OR 'shared living' OR 'sheltered accommodation' OR 'support care'<br>**AND** |
| **Comparator** | |

| | |
|---|---|
| | 'nursing home care' OR 'care home care' OR 'hospital rehabilitation' OR 'respite care' OR 'long-term care' |
| | **AND** |
| **Outcome** | 'physical health and wellbeing' OR 'psychological health and wellbeing' OR 'mental health and wellbeing' OR morbidity OR mortality OR 'functional status and dependence' OR activit* OR 'quality of life' OR fall* |

### 3.2.3 Activity 3: Public Engagement Events

Public engagement activities commenced following the completion of Activity 1. A pilot of the public engagement methods was undertaken in Halton. Following revisions, a full rollout of the public engagement activities was conducted over a three-day period across six separate public engagement locations in Halton. The duration of each session was no more than 4 hours. The agreed format implemented following the pilot activity comprised of series of five creative engagement methods, as shown in Figure 2).

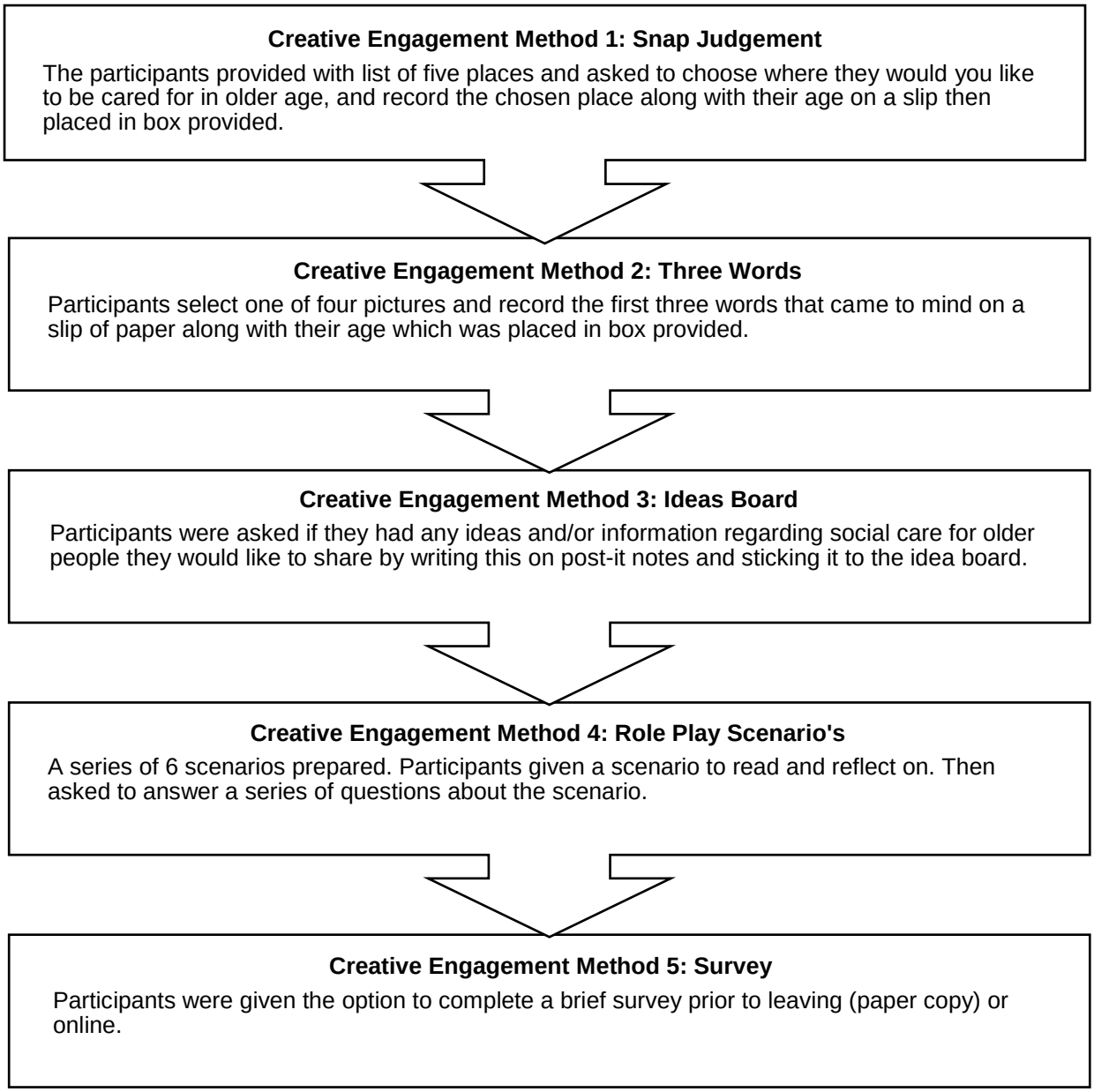



***Figure 2*: Creative Engagement Methods**

The creative engagement methods incorporated a new novel feature into the design processes. This was in the way participant responses were captured, moving from the short quick responses requiring minimal time to, the more detailed responses needing more time to engage.

### 3.2.4 Activity 4: Sharing and dissemination

The service evaluation team intends to disseminate the findings of the project to academics, health and care staff, partners, and other interested parties.

## 3.3 Recruitment and sample

The recruitment for Activity 1 (stakeholder engagement) was facilitated via the Research and Practice Development Care Partnership. Representatives of the group circulated an invitation email (see Appendix 2) and Participant Information Sheet (see Appendix 3) to a list of stakeholders held by the partnership. A cross sectional representative membership of care sector workers, organisations and associated partners was achieved.

Activity 3 (public engagement) was advertised on Halton Borough Council social media platforms and notice boards highlighting the date, location and times of the various events. Participants attending the events were encouraged to read and review a participant information leaflet/poster (Appendix 4). On reading and reviewing the poster they consented to participate in the various activities.

## 3.4 Ethical Considerations and participant support

### 3.4.1 Consent and confidentiality

Consent was obtained from adults over 18 years of age to participate in activities 1 and 3. Consent for activity 1 was integrated within the Participant Information Sheet**.** After reviewing the leaflet/poster verbal consent for activity 3 was provided by the participant prior to engaging with the creative engagement methods**.**

All information is anonymous and is maintained throughout the duration of the project. Information and data are password protected and stored on University of Chester main drives to protect the data and information. Access is only available to the service evaluation project team identified in the project.

### 3.4.2 Anonymity

Participants for activity 1 and 3 were informed in the Participant Information Sheet (see Appendix 3) and Participant Information Leaflet/Poster (see Appendix 4) that anonymity will always be maintained throughout the duration of the service evaluation. All information is non-identifiable in any sharing and dissemination of the findings.

### 3.2.3 Dealing with potential risks and management

The service evaluation posed limited risk to participants given the fact that we were seeking opinion and information which is already available in the public domain. A potential risk to highlight was the safety of staff undertaking the activities specifically within the public areas of Halton. A comprehensive risk assessment was undertaken and mitigating measures implemented to safeguard all staff members undertaking fieldwork. The service evaluation team received a written letter from the council authorising the public engagement consultations for review should they be challenged.

# 4 Findings from each Activity

## 4.1 Demographic overview

Tables 2 and 3 summarise the dates, locations and demographics of the stakeholder events and the public engagement events in turn.

***Table 2*: Stakeholder events demographic summary**

| **Stakeholder and partners engagement Events** | | | | |
|---|---|---|---|---|
| Date | Time | Mode | Participant areas of work/specialty | **No attended** |
| 21/03/23 | AM | Face-to-face | Local and National Voluntary and Charitable Organisation<br>National Health Service<br>Halton Council<br>Primary Care<br>Rehabilitation Services<br>Health and Wellbeing related Social Enterprises<br>Carers Organisations<br>Local government elected members | **2** |
| 21/03//23 | PM | | | **5** |
| 24/03/23 | AM | Online | | **4** |
| 24/03/23 | PM | | | **6** |
| 11/04/23 | AM | | | **1** |
| **TOTAL** | | | | **18** |

### *Table 3*: Public events demographic summary

| **Public engagement events** | | | |
|---|---|---|---|
| Date | Time | Venue | **(minimum)[1] No. seen** |
| 28/03/23 | AM | Halton Lea Library (Pilot) | **8** |
| 17/04/23 | AM | Widnes Market | **20** |
| | PM | Widnes Library | **20** |
| 18/04/23 | AM | Halton Lea Library | **18** |
| | PM | St Luke's Nursing Home | **12** |
| 19/04/23 | AM | Carer Group Meeting | **15** |
| | PM | Widnes Market | **33** |
| **TOTAL** | | | **126** |

[1] These figures represent the minimum number of participants – as the five engagement activities were completed at different rates, from people completing just one, to those who completed all five, the minimum number of people seen is based on the activity which recorded the highest number of completions, i.e., the snap judgement including the pilot (though the pilot data is not included in the results).

## 4.2 Activity 1 – Professional and stakeholder engagement events

A total of 18 participants attended across the 5 events, with a range of organisations and care-allied work specialities represented (see Table 2). The events were focussed around a PowerPoint presentation (provided in Appendix 5) encouraging open discussions regarding professional opinions of social care and the co-creation and fitness of the creative methods for purpose framed around a series of questions identified in section 3.2.1 (page 15-16). Overall, the participants to the professional and stakeholder events agreed with the use of the co-creation and creative methods in the data collection for the public events, the following suggestions were made:

1. To consider audio format for scenarios (due to ethical and time constraints this was not practical. However, the feedback is noted for any future events).
2. To be mindful in use of some terminology for example, the use of the term 'institution' referring to care and nursing homes.
3. To consider and suggested additional public engagement sites. Several of the recommended sites were included.

During the discussion several emerging themes developed, as illustrated in Figure 3.

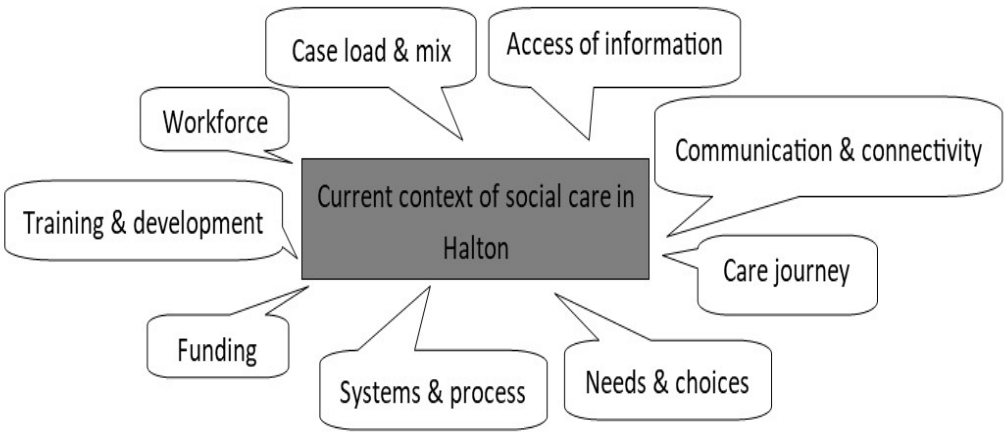



***Figure 3*: Emerging themes during the professional and stakeholder events**

## 4.3 Activity 2 – Exploratory literature review

At the time of writing, the literature review is still ongoing. Thus far, most of the reviewed literature favoured home as the favoured location of care (Shaw et al 2018; Bolan et al 2017; Smith-Carrier et al 2017; Beswick et al 2010). Although, aging in place highlights the socioemotional components that act as barriers to remaining in the home, it often neglects actionable safety features of the home which may also pose a threat (Brim et al 2021). These include categories home mobility and safety, personal health, access to community services, home improvement and maintenance needs, general safety concerns, and bathroom safety (Brim et al 2021). Moreover, successful ageing in terms of autonomy and wellbeing – can occur in people who are very dependent on others for daily living (Beswick et al 2010). When developing services for people of old age it is of great importance to consider the services that reinforce recovery, adaptation and psychosocial growth (WHO 2015). These may be particularly important in helping people navigate the systems and marshal the resources that will enable them to deal with the health issues that often arise in older age (WHO 2015). Figure 4 summarises the overall evidence in reviewed literature.

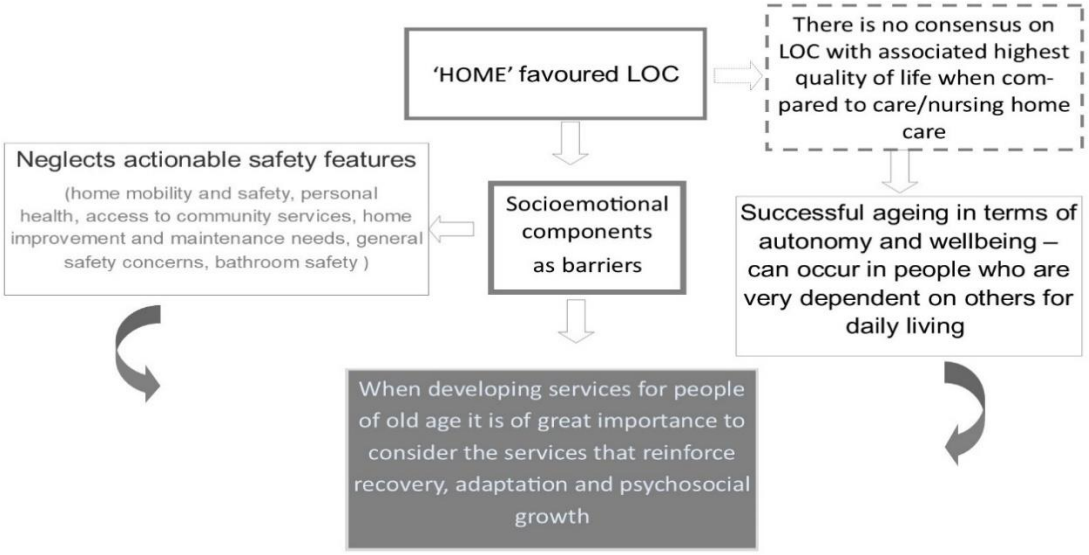



***Figure 4*: Summary of reviewed evidence on favoured Location of Care**

## 4.3 Activity 3 – Public Engagement Events

### 4.3.1 Pilot

The public engagement pilot event enabled the testing of the creative methods, and the following amendments were made:

1. *Snap judgement:* provide example of sheltered care
2. *Three words:* reduce number of photographs
3. *Idea board:* reduce structure
4. *Role play/ Scenarios:* develop template to capture data more accurately
5. *Survey:* more multiple choice, less free text

### 4.3.2 Creative Engagement Method 1: Snap Judgement

The snap judgement is where the participants were asked to pick location of choice of care amongst 5 options of:

**A.** To live in your own home with help from friends and family

**B.** To live in your own home with adaptions and domiciliary care workers to support you

**C.** To live in a retirement village

**D.** To live in a flat in assisted living facility

**E.** To live in a residential care home.

There was a total of 118 interaction at this activity. Most of the responses (60.2%, n=71) were from participants age range 55 – 89 years and the least 39.8% (n=47) from the participants age range 18 – 54 years. The highest response rate came from participants age range 55-64 (25.4%, n=30, and the lowest from those of age range 18-24 (5.1%, n=6,), Figure 5. However, 2 (1.7%) of the participants opted not to give their ages and could not be included in the analysis by age range.

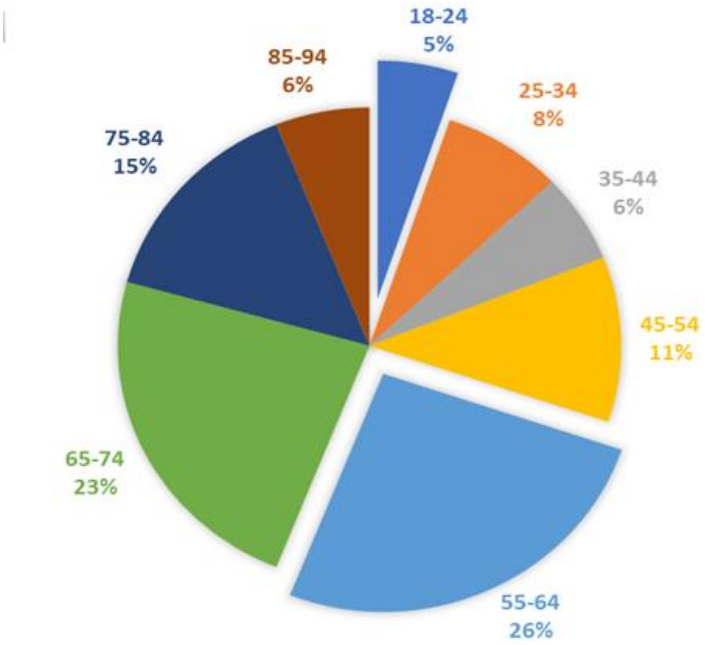



***Figure 5*: Interactions by age-range**

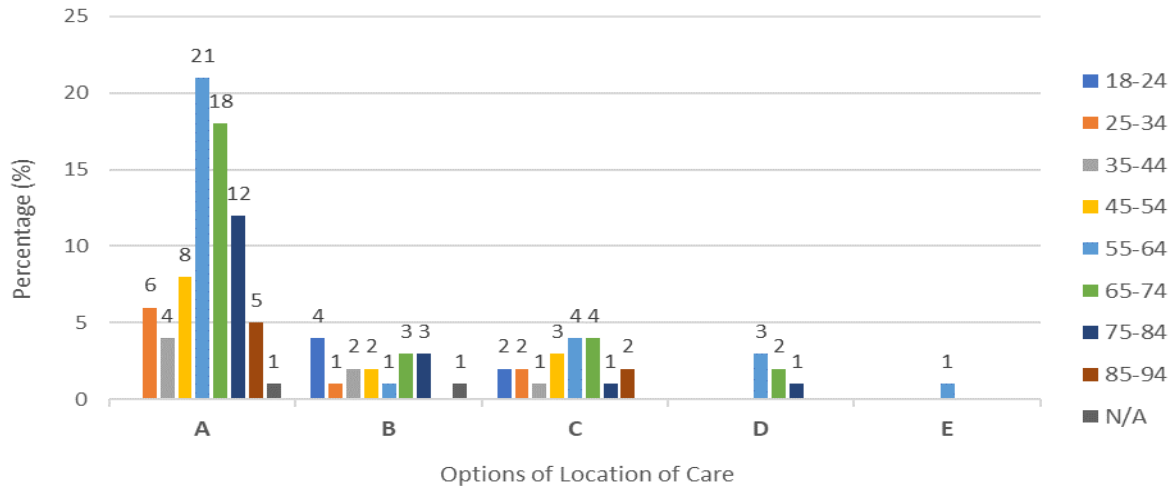
Further analysis was conducted to determine participants' choice of care by age category with the majority, 63.6% (n=75) choosing option 'A' (To live in your own home with help from friends and family). Most of these participants (74.7%, n=56) that chose option 'A' were of age range 55 to 89. The remaining (24%, n=18) were between 25-54 age range and 2.3% (n=1) did not give their age. None of participants in the age category 18-24 went for this option 'A'. The least chosen option (0.8%, n=1) of location of care of location of care was 'E' (To live in a residential care home). Table 4 summarises the results of the Snap Judgement.

### *Table 4*: Choice of location of care by age category

| Location of care | Age range (years) | | | | | | | | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| | *18-24* | *25-34* | *35-44* | *45-54* | *55-64* | *65-74* | *75-84* | *85-94* | *N/A** | |
| *A* | | 6 | 4 | 8 | 21 | 18 | 12 | 5 | 1 | **75** |
| *B* | 4 | 1 | 2 | 2 | 1 | 3 | 3 | | 1 | **17** |
| *C* | 2 | 2 | 1 | 3 | 4 | 4 | 1 | 2 | | **19** |
| *D* | | | | | 3 | 2 | 1 | | | **6** |
| *E* | | | | | 1 | | | | | **1** |
| **TOTAL** | **6** | **9** | **7** | **13** | **30** | **27** | **17** | **7** | **2** | **118** |

*N/A = no age declared

The results in the above table are also visually presented (percentage) of the choices of care by age category in Figure 6**.** Please note the two participants did not give their age have also been included in this analysis.




N/A = No age provided

### *Figure 6*: Choice of location of care by age category

### 4.3.3 Creative Engagement Method 2: Three Words

During this activity participants were asked to pick and look at an image, labelled A, B, C and D (Pictures 3A, 3B, 3C and 3D as shown in Figure 7) and to list three words that came to mind.


***Figure 7:*** **Images used in Three Words creative engagement method (3A to D)**

There were a total of 91 interactions with 7 excluded (7.7%) in this activity. Reasons for exclusion included, participants not identifying the selected picture (n=6) or not writing down the three words (n=1). Based on participants who had provided their age, most responses to this (3-word activity) were from those of age range 55-64 years (n=30) and the least were from age rage 18-24 and 25-34 (n=4), as shown in Figure 8. Figure 9 shows results including those who did not provide an age.

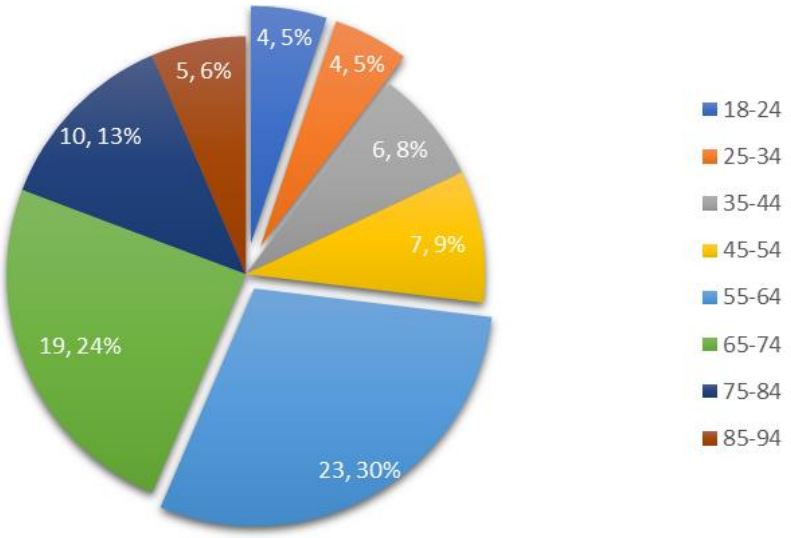
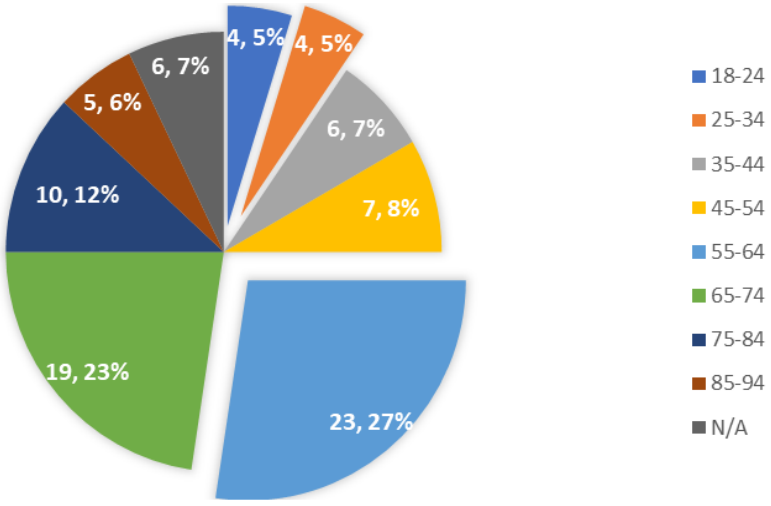



***Figure 8:*** **Response rate to three-word activity by age range (excluding those who did not provide an age)**




N/A = No age provided

***Figure 9:*** **Response rate to three-word activity by age range (including those who did not provide an age)**

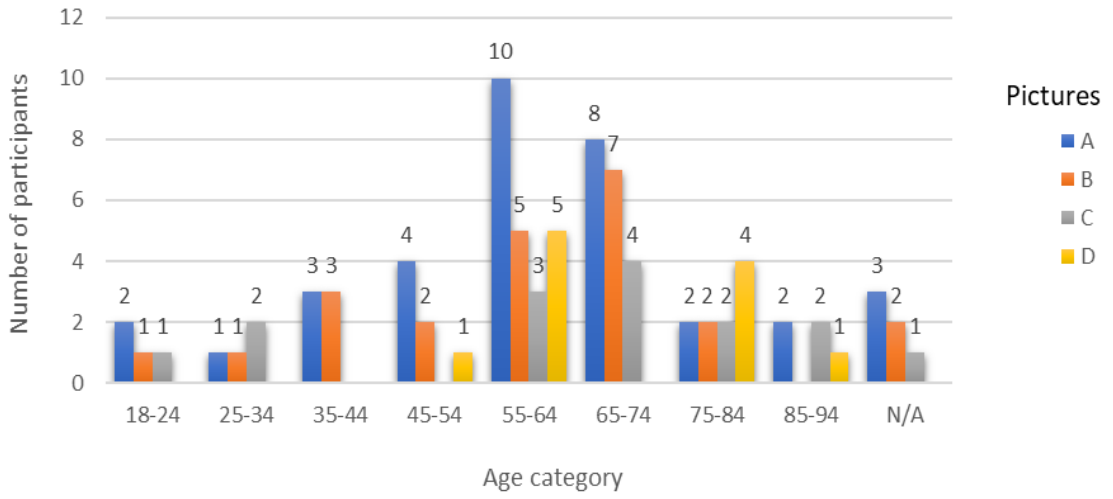
Most of the participants (41.7%, n=35) chose picture A with the least, 13.1% (n=11) having participated in picture D (shown in Table 5).

### *Table 5*: Three-letter word participants by choice and age range

| Picture choice | Age range (years) | | | | | | | | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| | *18-24* | *25-34* | *35-44* | *45-54* | *55-64* | *65-74* | *75-84* | *85-94* | *N/A** | |
| *A* | 2 | 1 | 3 | 4 | 10 | 8 | 2 | 2 | 3 | **35** |
| *B* | 1 | 1 | 3 | 2 | 5 | 7 | 2 | | 2 | **23** |
| *C* | 1 | 2 | | | 3 | 4 | 2 | 2 | 1 | **15** |
| *D* | | | | 1 | 5 | | 4 | 1 | | **11** |
| **TOTAL** | **4** | **4** | **6** | **7** | **23** | **19** | **10** | **5** | **6** | **84** |

N/A = No age provided

A graphical presentation of the results in Table 5 is presented in Figure 10.




N/A = No age provided

### *Figure 10: Participation by selected picture and age category*

Qualitative data analysis was then performed to determine the participants' perceptions of the chosen picture. Individually, there were 144 words that were mentioned across all the four pictures; however, some of these words were mentioned multiple times which brought an overall grand total of 252 words. The five most recurring words across the four pictures were:

- Love (19x)
- Care (16x)
- Caring (9x)
- Hospital (8x)
- Support and happy (7x each).

### 4.3.4 Creative Engagement Methods 3 – Ideas Board

A total of three and a half days covering seven sessions generated a total of 110 participant's responses, shown in Table 6.

***Table 6*: Public Engagement Numbers (Based on Ideas Board)**

| ***Public Engagement Numbers*** | | | |
|---|---|---|---|
| **Date** | **Morning** | **Afternoon** | **TOTAL** |
| *28/03/2023*<br>*(Pilot)* | 8 | *N/A* | 8 |
| 17/04/2023 | 15 | 21 | 36 |
| 18/04/2023 | 19 | 21 | 40 |
| 19/04/2023 | 17 | 9 | 26 |
| **FINAL TOTAL** | | | **110** |

The qualitative data generated from the sticky notes were analysed using, Attride- Stirling's (2001) Thematic networks analytic tool for qualitative research (see Appendix 6 for summary of this approach).

Thematic networks were ideal in this context because it offers a simple 'way of organising a thematic analysis of qualitative data. Thematic analyses seek to unearth the themes that are salient within an excerpt of text at different levels. Thematic networks aim to facilitate the structuring and depiction of these themes' (Attride-Stirling 2001). This network enabled the participants' individual attitudes, perceptions and experiences to be expressed in narrative formats, which were reviewed individually and collectively at a basic, organisational and global level. The process is depicted in Table 7.

***Table 7:*** **Transcript analysis and theming associated with "Public Images and Perspectives of Care Services".**

| Participant No | Initial statement | Condensed meaning | Basic theme | Organization theme | Global theme |
|---|---|---|---|---|---|
| *14* | People think of old-fashioned care homes when they think of them | People think of old-fashioned care homes when they think of them | People think old-fashioned care homes | Old fashioned places<br><br>Public image | **Public imagery and perspectives of care services** |
| *17* | People forget that lots of old people are just frail and not dementia sufferers and that those have different needs. Good care takes those needs into account – and helps the families too | People forget that lots of old people are just frail and not dementia sufferers and that those have different needs | Imagery of older people | Perspectives of ageing | **Public imagery and perspectives of care services** |
| *18* | Care homes frighten me. I know a few horror stories. Staff seem like they are so in demand that a few don't care enough about the patients | Care homes frighten me. I know a few horror stories. | Fear | Fear | **Public imagery and perspectives of care services** |

| | | | | | |
|---|---|---|---|---|---|
| *35* | Social care provision had been very good in recent years, but extremely difficult in years prior | Social care provision had been very good in recent years, but extremely difficult in years prior | Public imagery | Public imagery of care | **Public imagery and perspectives of care services** |
| *88* | You hear more cases of neglectful or careless practices i.e. people left to die at home and remaining undiscovered and children under social care suffering or even dying at the hands of their parents/care givers" | More cases of neglectful or careless practices i.e. people left to die at home and remaining undiscovered and children under social care suffering or even dying at the hands of their parents/care givers | Cases of careless and/or neglectful care | Public image and perspectives surrounding careless and/or neglectful care | **Public Image and Perspectives of care services** |
| *90* | Agencies are not as supported/vetted enough. Some terrible stories coming from our service users about agencies | Agencies are not as supported/vetted enough. Some terrible stories coming from our service users about agencies | Agencies are not as supported / vetted. Terrible stories coming from our service users about agencies | Shocking stories from public about agency care | **Public Image and Perspectives of care services** |

A total of 18 themes were identified from the 110 participants. These were arranged in order of the number of comments aligned to the themes Figure 11. Figure 12 shows the final global and sub themes.

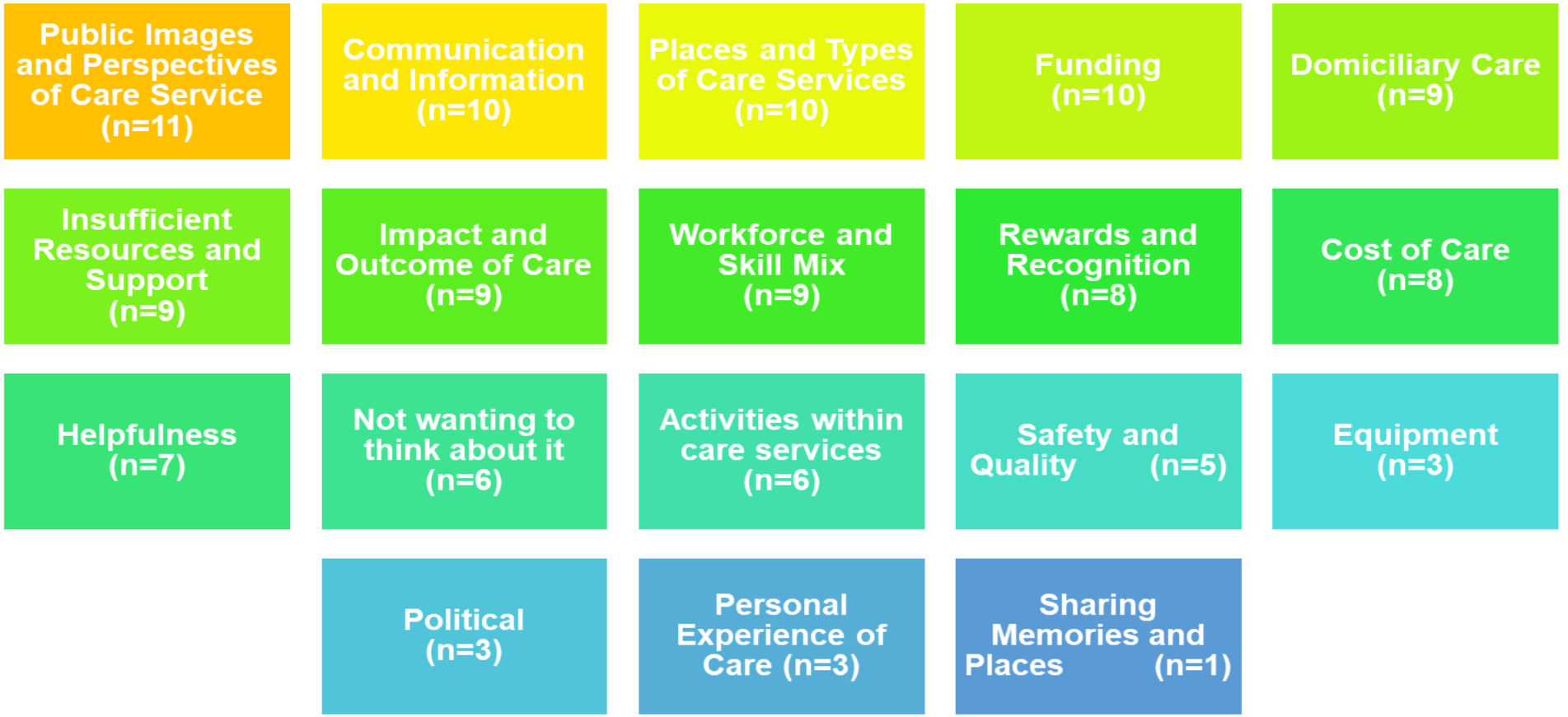



***Figure 11*: Emerging themes**

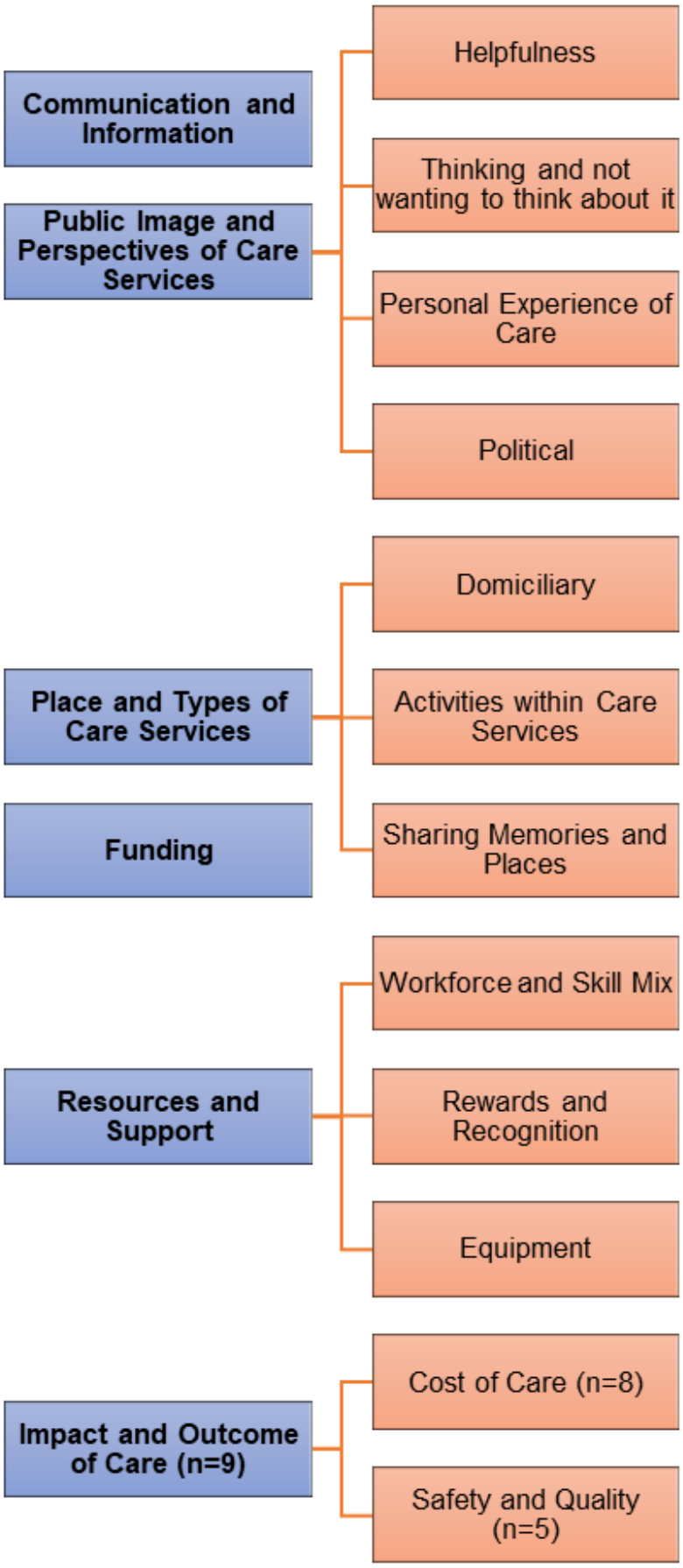


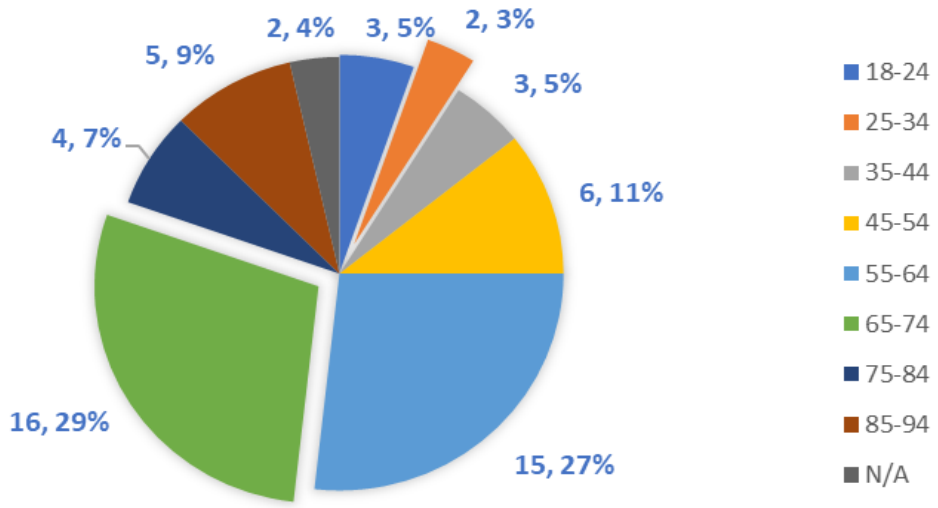

***Figure 12*: Six global and sub themes**

### *4.3.5 Creative Engagement Method 4: Role Play Case Scenarios*

During this activity participants were randomly offered one scenario (A, B, C, D, E, F) out of six (see Appendix 7) to read. They were asked to assume being the person in the scenario and answer the following three question:

1. How do you feel?
2. What would you do next?
3. What choices do you think would be available?

A total of 56 participants got involved in this activity. While the majority (96.4%, n=54), 3.6% (n=2) did not declare their age. Most participation (29%, n=16) with the scenarios was from participants of age category 65-74 years. The least participation was from age category 25-34 years (4%, n=2), shown in Figure 13.




N/A = No age provided

***Figure 13:*** **Participation by age category**

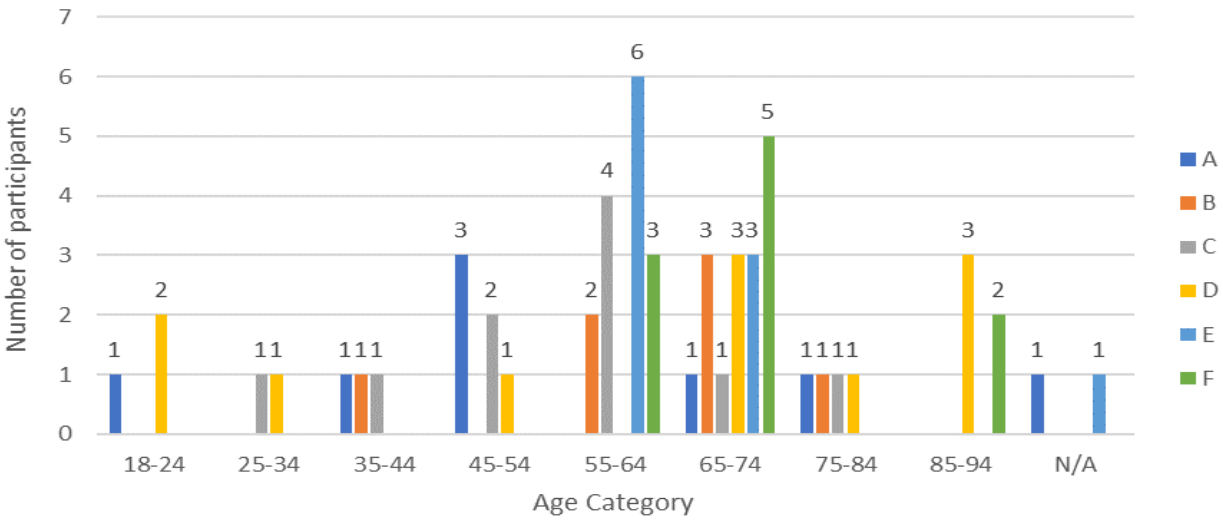
Scenario D was the most accessed (19.6%, n=11) and the least was scenario B (12.5%, n=7). Results by age category are summarised in Table 8.

***Table 8*: Participation by scenarios and age category**

| Scenario | Age category (years) | | | | | | | | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| | *18-24* | *25-34* | *35-44* | *45-54* | *55-64* | *65-74* | *75-84* | *85-94* | *N/A** | |
| *A* | 1 | | 1 | 3 | | 1 | 1 | | 1 | 8 |
| *B* | | | 1 | | 2 | 3 | 1 | | | 7 |
| *C* | | 1 | 1 | 2 | 4 | 1 | 1 | | | 10 |
| *D* | 2 | 1 | | 1 | | 3 | 1 | 3 | | 11 |
| *E* | | | | | 6 | 3 | | | 1 | 10 |
| *F* | | | | | 3 | 5 | | 2 | | 10 |
| **TOTAL** | **3** | **2** | **3** | **6** | **15** | **16** | **4** | **5** | **2** | **56** |

N/A = No age provided

Results in Table 8 and Figure 13 are consolidated and presented in Figure 14 to display a picture of participation to the activity by scenario and age range.




N/A = No age provided

***Figure 14*: Participation by scenarios and age category**

**Participants' responses**

Responses to each question for all of the scenarios were collated to determine the most recurring answers. Overall, there were 31 expressed feelings to Question 1 across all the five scenarios. The following were the most recurring expressed feelings grouped together:

- 'worried' (5), 'nervous' (3), anxious (3) (35.5%, n=11)
- 'lonely' (5), 'sad' (1), 'uncared for' (1), 'unwanted' (1), 'not understood' (1), 'let down' (1) (32.3%, n=10)
- 'scared' (4) 'frightened' (3) 'afraid' (1) (25.8%, n=8)

**Responses to question one**

Further analysis was conducted to determine the commonly appearing participant's feelings by scenario and by age. Out of 8 responses to question one in scenario A, half of the participants (50%, n=4) expressed word, 'worried' (2) and upset (2). The word 'upset was stated by participant's age category 45-54. For scenario B, the word 'frustrated' was mentioned twice by participants age category 55-64. Words such as 'vulnerable', 'stuck' and 'vulnerable' were mentioned once each by participants age category 65-74. Sixty percent (n=6) of the stated feeling in scenario C was 'nervous' (5) and worried (1) expressed by participants age categories 45-54 (2), 55-64 (3) and 75-84 (1). The most appearing words

(54.5%, n=6) for scenario D was lonely (3) and isolated (3). Two participants of age category 65-74 expressed the word 'isolated'. Three participants highlighted the word, 'scared', 'frightened' and 'afraid'. The most expressed word (40% n=4) in scenario E, is 'lonely' (age 55-64, 2 and 65-74, 1). Words 'forgotten' and 'isolated' were also highlighted. 'Sad' was another word expressed by 30% (3) of the participants of two of who were of the age 55-64. The most expressed (40%, n=4) feelings to scenario F were 'sad' (3) and 'depressed' (1) mostly (2) from participants in age category 55-64. 'Alone' and 'isolated' were also highlighted (one each).

**Responses to question two**

In response to the second question, *'what would you do next?'* a total of 69 responses were captured across all the five scenarios. The following themes emerged:

1. Family or professional involvement in future care – nephew / niece involvement and social worker and GP (General Practitioner) input
2. Resilience – 'concentrate on getting independence back'
3. Home adjustments – grab rails, 'equipment may be lifesaver'
4. Alternative care – opt for the other available services, e.g., domiciliary, residential home care
5. Remain sociable – clubs, regular visitors, past hobbies and reconnect, new hobbies

Further analysis was conducted to determine suggested action by scenario and age category. The most common response (62.5%, n=5) to the second question to scenario A was 'to wait for the scan results before making further decision'. These responses came from both the younger age category (18-24, 35-44, 45-54) and the old age category (65-74) and one from the participants that did not declare their age. The others indicated that they would not know what to do (1) or cry (1).

Most participants (57%, n=4) to scenario B indicated they would seek support for charitable organisations such as Age Concern or professional (Social Services) or neighbour's input. The responses were participants age category 55-64 and 65-74 (two each). Two (35-44; 65-74) had indicated they would look into sheltered accommodation or home care, respectively. The last participant (75-84) indicated they would continue with current activities.

In view of scenario C, there was a consensus (80%, n=8) amongst the participants to seek assistance in response to question two. Fifty percent of these participants indicated they would seek assistance from family members and friends. While one participant indicated,

would seek support without specifying where from, the other indicated they would complete physio. Most of the responses (30%, n=3) were from participants age category 55-64 and 20% from age category 45-54. The other two participants to the scenario age category 55-64 indicated they would check if 'staying at home' would be an option and the last (25-34) indicated they would 'list everyday tasks'.

There were variable responses from the 11 participants to question two in scenario D. Some of the participants (36.4%, n=4) indicated they would seek help with one specifying they would 'seek help from family but would not like to bother them'. These views were from across all age categories (25-34, 65-74, 75-84, and 85-94). A further 27.3% (n=3) age category 18-24, 65-74, 85-94, specified the type of help they would seek (domiciliary / home care). Another participant 'felt pushed into care home /sheltered housing'. Two participants of the youngest and oldest age categories stated they would 'complete physiotherapy to help them get on their feet' (18-24) and another indicated 'seek medical check-up' (85-94). While the last participant indicated they would 'nothing'.

In view of scenario E, four (40%) of the participants highlighted they would 'speak to someone to get help' with one specifying they would 'speak to family'. The participants were of age categories 65-74 (2), 55-64 (1), and one who did not specify their age. Two of the participants both of age category 55-64 stated they would 'downsize', or 'move into care environment'. A further two participants stated they would socialise 'find a club to meet people' or 'try to mix with people. Both participants were of age category 55-64. As with the previous scenario, one participant stated, 'after the grieving you have to carry on.'

Lastly, 50% (n=5) expressed the need to seek help when given scenario F, with two specifying need for professional help (GP, social worker). Most of the responders (3) were of age category 65-74. Two participants (age category 55-74, 85-94) expressed the need 'to go in a home' with the last indicating they would do 'nothing'.

**Responses to question three**

There was a total of 38 responses to this question with the following five highlighted assumed available choices:

1. Professional (GP/medical, community, dementia/memory teams) and social support (council, support workers) and advice of available services (5)

2. Family and friends – for advice, support, and care (7)

3. Alternative care – home, day centres, increased home visits (5)

4. Legal/financial advice – power of attorney, welfare/wellbeing rights, benefits (4)

5. External services – agency, meals on wheels (3)

6. Social activities – painting, handcraft, elderly social care clubs, local connection, community services, libraries, friendship groups via social media (8).

7. Unsure of available services/ lack of trust of NHS (National Health Service) /not wanting to depend on family (6).

Like question 2 above, further analysis was conducted to determine suggested available choices of care by scenario and age category. In response to question 3 on scenario A 37.5% (n=3) age category 18-25, 35-34, 45-54, mentioned medication/more medication. While another 37.5%, age category 65-74 (1), 75-84 (1) and another with undisclosed age, indicated they would seek professional /online advice, 25% (n=2) both of age category 45-54, indicated they 'did not trust the NHS'/ 'not a lot'.

Most participants (57.1, n=4), age category, 65-74% (n=2), 35-44, 65-74, to scenario B highlighted 'social services/worker/ care' as the available choices. Some participants in age categories 65-74 and 75-84 indicated there were 'not options/none'. The last participant highlighted they would have to 'all information before making any choices.

Ninety percent (n=9) of participants to scenario C indicated they would need more help / advice ranging from professional personnel (GP, district nurse, social services/support worker, n=4), to family/friends (2), the community (1) and home adaptation (1). Three of these responses were from participant's age category 55-64. One participant (age category 45-54) indicated there were 'not too sure' of other available choices.

Majority of the participants to scenario D had indicated various options ranging from social services/ home care/ carers (5) to family (1), NHS (1). Others were not specific as they just indicated 'services' and 'help' (2); while the last indicated 'stroke club' (1).

Most responses (50%, n=5) to scenario E were from participants aged 55-64 with the other choices of care being, care home, Help the Aged, family, and social care. The other two indicated 'unsure/very little choice.' Further 20% (n=2) aged 65-74 indicated Help the Aged and clubs as the other options.

Thirty percent (n=3) to scenario E felt the other available are social clubs (1), Help the Aged (1) both of age category 65-74 and local church (1) of age 55-64. Another of same age category felt social services and another (65-74) indicated the social services.

Most of the participants (60%, n=6) to scenario F highlighted the need to some support or care. These ranged from care home (2), social care/housing (2), relatives (1), and professionals (1). However, two participants indicated 'they did not know' and 'not many. There was one response indicating the need for technology but indicated it may not be appropriate 'not being very good to new technology.'

### 4.3.6 Creative Engagement Method 5: Survey

**Survey Demographics**

The Survey was completed by 39 respondents across the 6 main public engagement events (responses from the pilot are not included, as the event involved a trial survey which was subsequently amended based on feedback). The option to complete the survey online was given via a leaflet containing the website link to the survey, however only 2 responses were gathered via this means, giving 41 survey completions altogether.

A PDF copy of the survey can be found in Appendix 9.

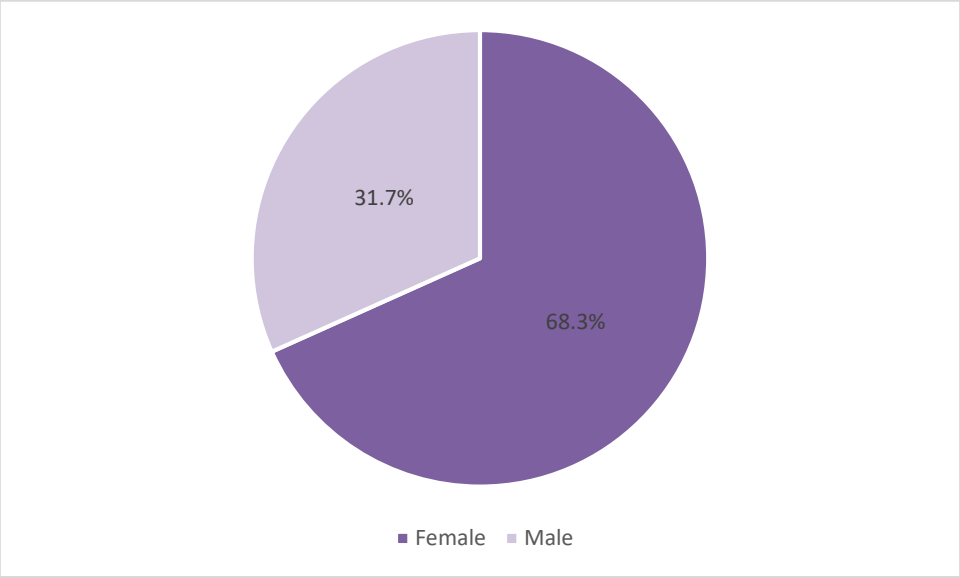



***Figure 15:*** **Survey results demographics by gender**

Gender: The gender of respondents is shown in Figure 15. The majority of respondents were female (68.3%), due to sites visited (e.g., the majority of respondents completing the survey

at both the care home and carers group sites were female). Other public engagement sites yielded a more equal gender split (if the aforementioned sites were excluded, the weighting would be closer to a 54:46 female/male split).

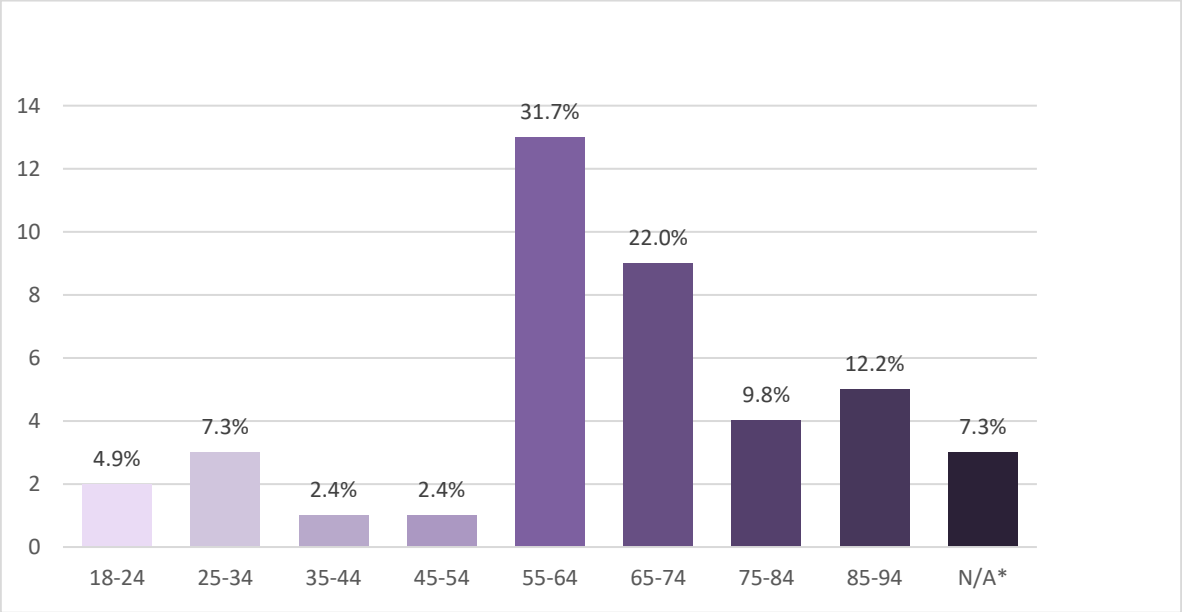



***Figure 16:*** **Survey results demographics by age category**

Age: The age categories of respondents is shown in Figure 16. It can be seen that age group is heavily weighted towards older categories (mean average age of respondents was 63), again likely due to sampling bias, as the time of day at which public engagements took place (approx. 09:00-12:00 and 13:00 to 16:00) could have excluded those working (especially on standardised hours). This inherent bias was apparent to the project team prior to the study, but time constraints were in effect. The inclusion of an online option of filling in the survey was included as an attempt to address this (giving people passing but in a hurry for whatever reason the option to complete at a more convenient time), however, as noted, not many people took up this option.

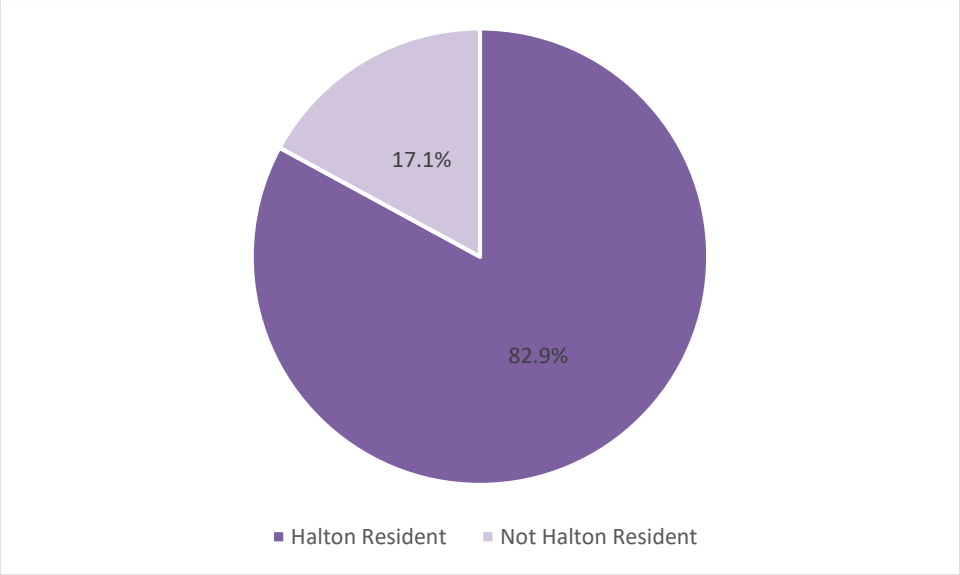



***Figure 17:*** **Survey results demographics by residence**

Residence: Figure 17 shows the proportions of respondents who resided within and outside of Halton borough. Respondents were asked for their area of residence via which council area they lived within. By far the majority of respondents (82.9%) were from Halton borough itself. Of the seven people from outside the area, they were mainly still local (two each from Warrington and Cheshire West, and one each from Knowsley and St Helens), with one individual residing outside the UK visiting family.

**Survey Results**

After demographics, the survey consisted of questions concerning:

- preferred location of care (if you were / are over 65 years of age and in need of care services), and whether that choice in based upon yourself or with someone else in mind
- the factors that would influence choice of care location
- sources of information utilised to learn about care options
- whether Covid-19 had an impact on choice of preferred care location and type opinions
- levels of awareness regarding a range of care providers and types
- a chance to share any other thoughts about care services in Halton itself, or in general

**Preferred location of care (for self or with others in mind)**

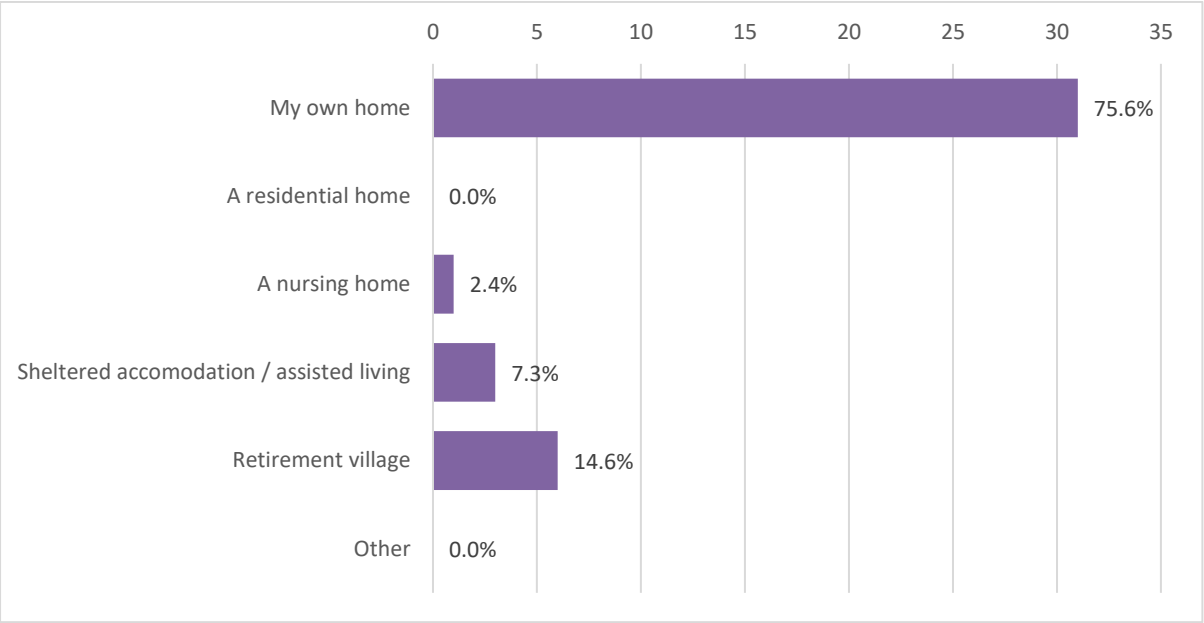



***Figure 18: "If you are/were aged 65 years and over and needed care, where would be your preferred location of care?"***

Figure 18 shows responses for preferred location of care. Own home was by far the preferred location selected in which to receive care (75.6% of respondents). There was some interest in retirement villages and sheltered accommodation, but residential homes and nursing homes proved very unpopular with respondents to this survey.

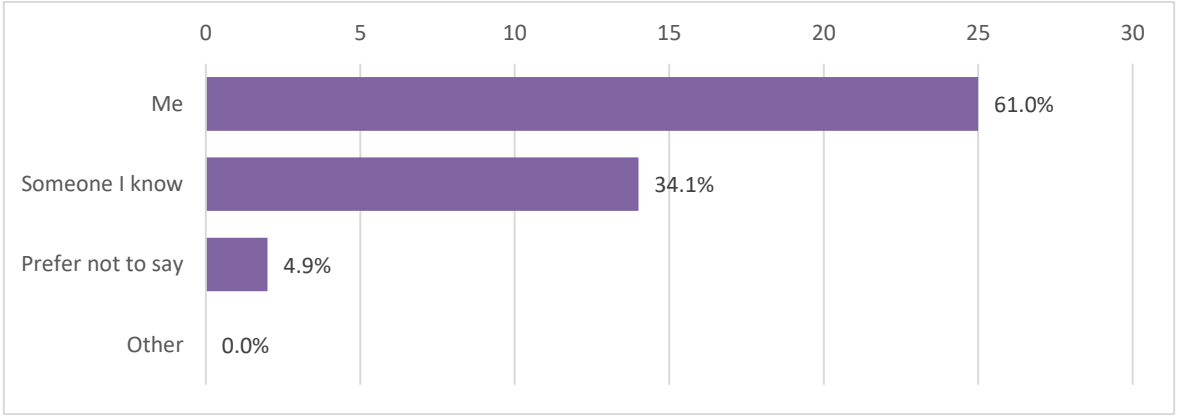



***Figure 19: "Is your choice based on you or somebody you know providing or accessing the care?"***

Figure 19 shows how the majority of respondents were making their choice regarding themselves (61%). “Someone I know” included grandparents, great-grandparents, parents, spouses, siblings, uncles/aunts, in-laws and friends. When elaborating on their choice, most responses were negatively linked to care homes, though there was also some positive notes regarding care staff). Others were linked to the desire to maintain independence:

- “I've witnessed care outside the home and it was appalling”
- “My experience of residential and nursing homes has always negative and they would always be a very last resort for either myself or an elderly family member”
- “Would like to remain independent as long as possible”
- “The want for independence!”

One respondent compared the experience of two relatives, one receiving home care viewed positively:

- “Having family around her and being in familiar surroundings made her feel more comfortable”

And one receiving care home care having a more negative experience:

- “Whilst the staff in the care home were great, [relative] would miss home and would fret whenever we left her. She wouldn't understand why she was sharing a house with so many other people”

**Factors that would influence choice of care location**

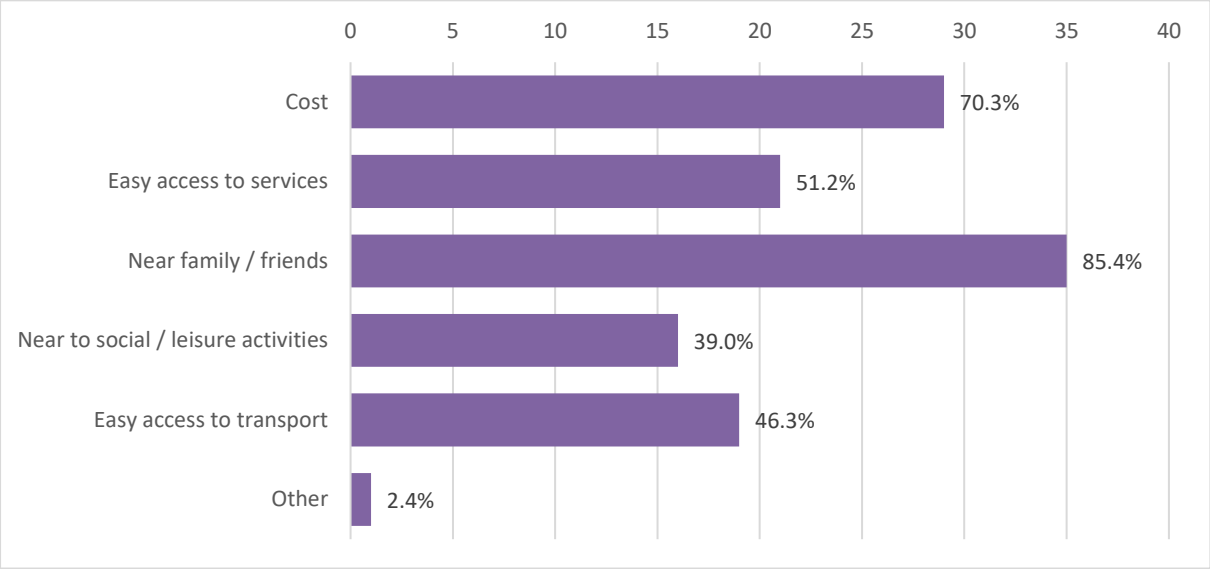



***Figure 20: "What would determine where you accessed care from?"***

Respondents were given a list of possible factors determining their care access choices, and able to give multiple answers. As can be seen in Figure 20, while cost was an important consideration when determining care access (70.3% of respondents selecting this option), it was remaining near family and friends which was seen as most important (85.4%). The 'other' option selected by one respondent identified a good point; that their choice of care location would be determined by their health over time / the amount of care they required.

**Sources of information utilised to learn about care options**

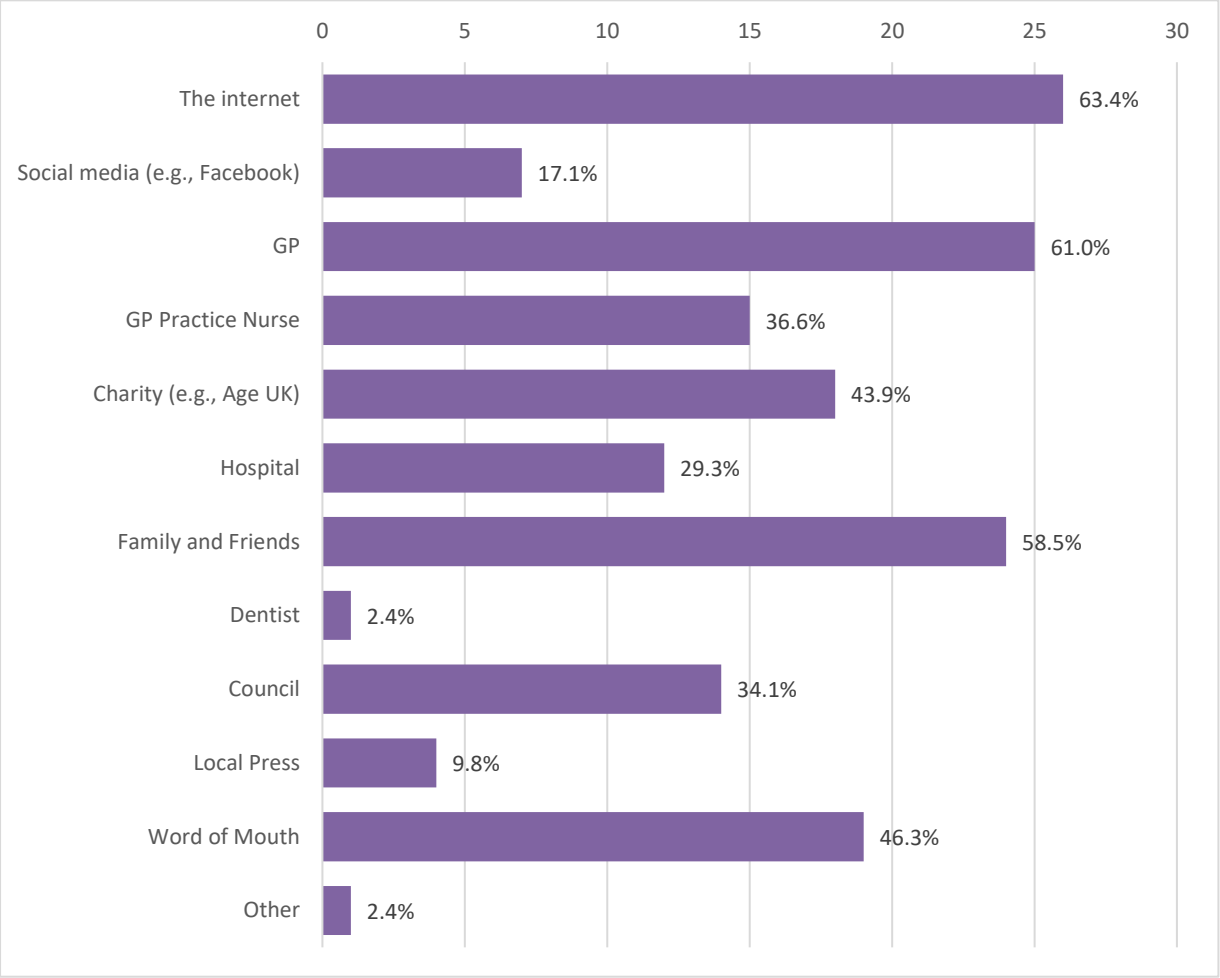



***Figure 21: "Where would you seek information about available care?"***

Respondents were given a choice from a list of potential sources of information, and able to give multiple answers. Responses showed a whole variety of options being chosen for information-seeking sources regarding care, as can be seen in Figure 21. The internet (63.4%), GP's (61.0%) and family and friends (58.5%) proved the most popular three sources of information. The Council was also identified as an information source by over a third of respondents (34.1%). Social media was identified by only 17.1% of respondents, which may be linked to the survey sample population being skewed to older age groups. The individual who filled out "other" referred to seeking information from social workers. The variety of sources identified suggests that publicity strategies for information regarding care need make use of a multitude of source types. Also, the fact that even the highest ranked source (internet) was still only used by less than a third of individuals suggests that there is no 'one stop shop' from which people feel they can access all the information they need.

This suggests that the provision of a resource giving a consolidation of information regarding care services and support could be useful.

**Impact of Covid-19 on opinions of care services**

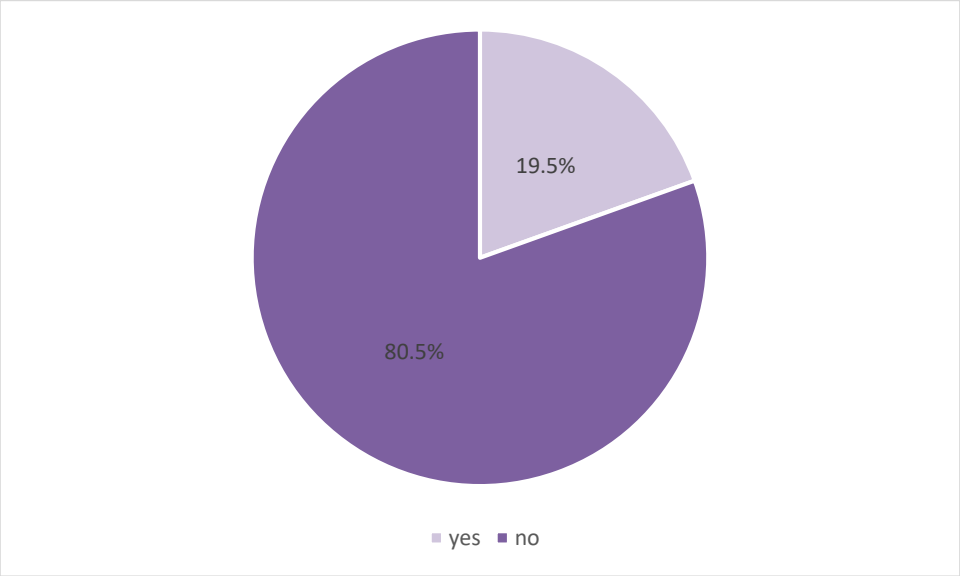



***Figure 22: "Has COVID-19 affected your opinion of choice of care services?"***

The majority of respondents noted that Covid-19 had not affected their opinions on care services (80.5%), as illustrated in Figure 22. When asked to expand on their decisions, respondents in this group noted that Covid-19 was just another illness to manage, and a fact of life:

- "Whilst the initial virus was detrimental to health, the virus is now part and parcel of everyday life / health."
- "It has been the same for years even before Covid 19"

However, of the 19.5% who said their opinions had been affected by Covid-19, respondents noted specific reasons linked to the stories about struggles faced by care homes during the pandemic:

- "Covid caused a collapse in social care. People discharged from hospitals to intermediate care services then forgotten about."
- "Slightly, it was scary to see older people not being able to see family during Covid."
- "The isolation of care homes during Covid made me feel I wouldn't want to go!"

- "Shortage of staff and medical services that was provided to care homes during Covid-19 - should have been prioritised like they did with the NHS."

**Levels of awareness regarding a range of care providers and types**

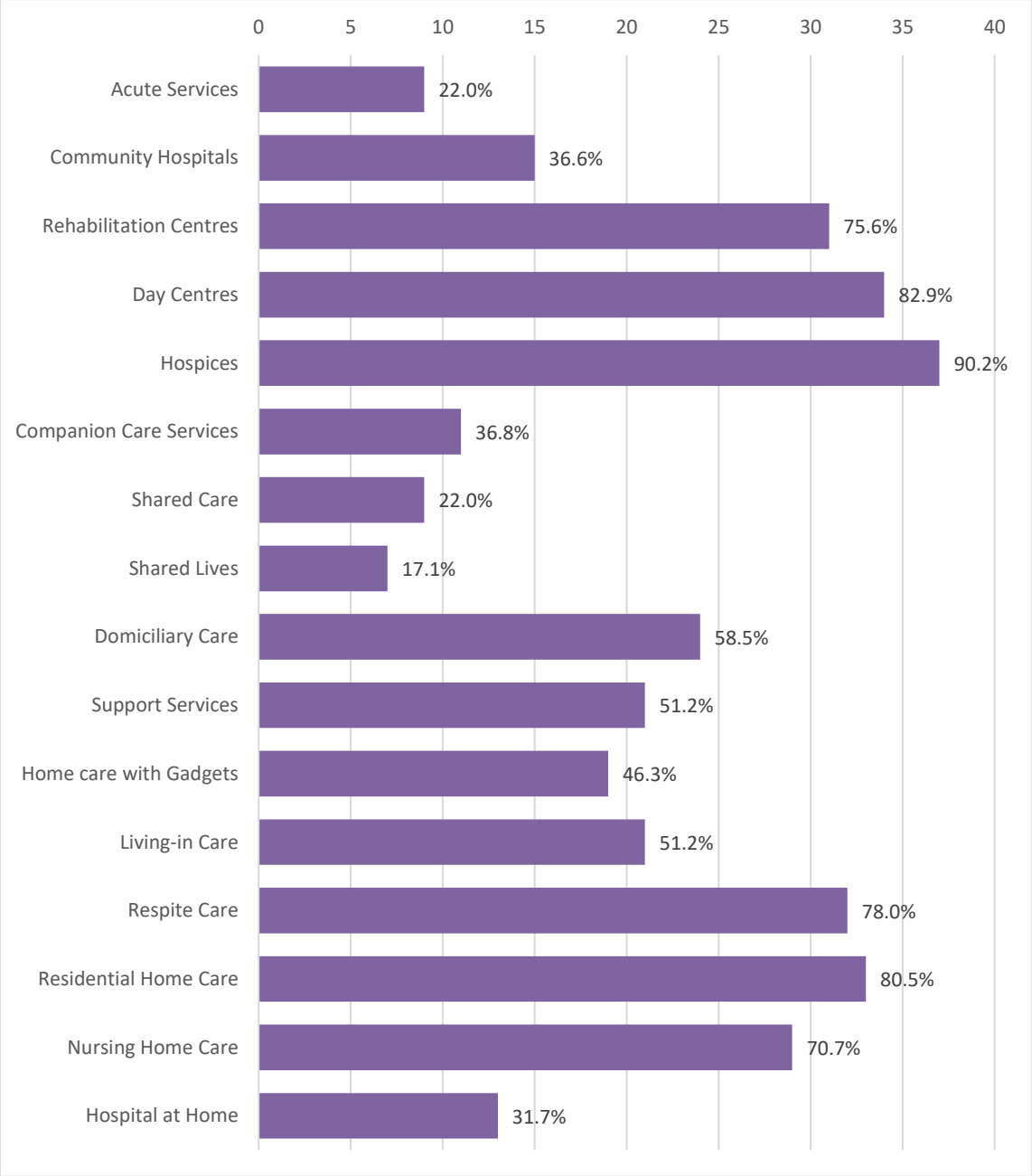



*Figure 23: Have you heard of any of the following services?*

Respondents were given a list of care related services and providers to choose from, and able to give multiple answers. Figure 23 shows the choices of respondents, most of whom had heard of such services as Hospices (90.2%), Day Centres (82.9%), Residential Homes (80.5%), Respite Care (78.0%), Rehabilitation Centres (75.6%) and Nursing Homes (70.7%). It should be noted, if people failed to fill out the question, this will affect the exact percentages, but the chart in Figure 23 still illustrates some of the better known services, compared with services that are not known as well (e.g., the Shared Lives scheme on 17.1%). This is no judgement on the quality of these services, just the public awareness of them, showing some may need more effective marketing or publicity. The low recognition of acute services (22.0%) could be linked by the choice of terminology by the project team (i.e., it is possible that if terms such as “NHS hospital services” or “Medical Care” had been used, more respondents would have shown awareness).

**Thoughts about care services in Halton and beyond**

Responses to this open box question will be examined using the global themes identified in Figure 12 (page 35).

*Communication and Information*

The survey reiterated the findings of the other public engagement activities, with some respondents feeling there was a dearth of information regarding care services and support.

- *“I don't think there is enough information for Halton area for social care.”*
- *“Too many people are isolated as they get older. Support not promoted enough”*

*Public Image and Perspectives of Care*

As reflected in the low numbers of people selecting care homes (both residential and nursing) earlier in the survey, when elaborating, respondents indicated a low / fearful opinion of care homes.

- *“I prefer to be at home. Don't like nursing homes”*
- *“Would always like to care myself if I could not heard good things about care homes.*

There was a feeling that local services were lacking, and needed to be improved. There was also evidence for a feeling that care had deteriorated in quality over the years.

- “*Halton need to improve all aspect of care.”*

- *"There are not a lot of available beds in the local area. Need to fight to get near family."*
- *"The change in today's standards from my parents experienced in their old age"*

As noted in the other public engagement activities, there were also those who admitted to not thinking about care up to that point, showing again that planning for care is not currently a normalised behaviour, until a crisis point is reached.

- *"Not thought about it yet."*
- *"I haven't had any experience of any type of local care so don't think I can comment."*

*Places and Types of Care Services*

While one's own home was identified as the preferred location in which to receive care, there was also a stress placed on the importance of the local area / community, and the desire to maintain the social connections of family, friends and neighbourhoods. This was seen as of paramount importance by many respondents.

- *"There are not a lot of available beds in the local area. Need to fight to get near family."*
- *"It needs to be more local"*
- *"Not a lot of choice of care homes in the local area, some are too far to travel to."*
- *"I think that proximity of care to someone's home and extended family is a key factor"*
- *"Domiciliary care is the perfect location / distance!"*

*Funding*

Respondents indicated appreciation of the difficulties regarding funding for care services. Some also showed awareness of and support for Halton council's strategy of bringing care home services back in house. The survey did not ask outright what the opinions of people were regarding this strategy; it could be of use for the council to more explicitly explore these public views regarding who should be providing care.

- *"Care under-funded and not priority for central Govt. Local Govt under pressure to help fund care. Some care homes which were private in Halton rescinded ownership therefore putting even more pressure on L Govt / HBC to fund & provide adequate care."*
- *"More home carers & care homes put back into council control rather than run by private companies that are only interested in making a profit."*

*Resources and Support*

The range in quality of care services and support was identified. Care services / staff in Halton was viewed positively on average (though facing the same struggles in care as other locations), while there were concerns for relatives sent away to care outside of the local area. Variations based on residential area type (rural / urban divide) was also identified (though the majority of the population of Halton can be found in its large towns, the experiences with care services of those living in its more rural areas would also be interesting to explore).

- *"There are variations in different care homes around. Had a brother in one care home that provided good care and was moved to another outside the area where services were poor. It had shortage of staff."*
- *"Care is usually miles away if you live rurally, and standards vary from very good to poor"*

Some respondents did appreciate the choice available for services offering support in the home, while others noted improvements were still needed.

- *"There are a lot of companies that offer home care too so I do feel like there are a lot of options available for people."*
- *"Improved domiciliary care needed and supported accommodation with carers on site and warden support."*

*Impact and Outcome of Care*

The fear of becoming a burden was raised, as it was in other of the public engagement activities, along with a desire to maintain 'independence' for as long as possible, the importance of being treated with 'dignity', and being provided with the appropriate support to achieve these.

- *"I would hate to be a burden to my children but they would be the first place I would look."*
- *"We all deserve good care as we get older, and personally respect & dignity"*
- *"People should be supported to live at home with support, equipment and adaptations until it is no longer feasible or safe for them to live alone."*

## 4.4. Synthesis of findings

Table 9 shows a summary of all of the public engagement activities combined. In total, there were 451 ‘engagements’ with the activities.

***Table 9:*** **Summary of Public Engagement Activities**

| **Date** | **Time** | **Venue** | **Activity 1: Snap** | **Activity 2: 3 Words** | **Activity 3: Ideas Board** | **Activity 4: Scenarios** | **Activity 5: Survey** |
|---|---|---|---|---|---|---|---|
| 28/03/23 | AM | Halton Lea Library (Pilot) | 8 | *20* | 8 | 5 | N/A |
| 17/04/23 | AM | Widnes Market | 20 | 16 | 15 | 21 | 16 |
| | PM | Widnes Library | 20 | 20 | 21 | 2 | |
| 18/04/23 | AM | Halton Lea Library | 18 | 15 | 19 | 11 | 9 |
| | PM | St Luke’s Nursing Home | 12 | 13 | 21 | 13 | 3 |
| 19/04/23 | AM | Carer Group Meeting | 15 | 15 | 17 | 11 | 10 |
| | PM | Widnes Market | 33 | 12 | 9 | 0 | 1 |
| Online | | | | | | | 2 |
| **TOTAL** | | | 126 | 91 | 110 | 63 | 41 |
| | | | | **Total no. Engagements: 451** | | | |

A synthesis of the data from the three activities enabled us to map the data to reveal the crossover of the themes Figure 24.

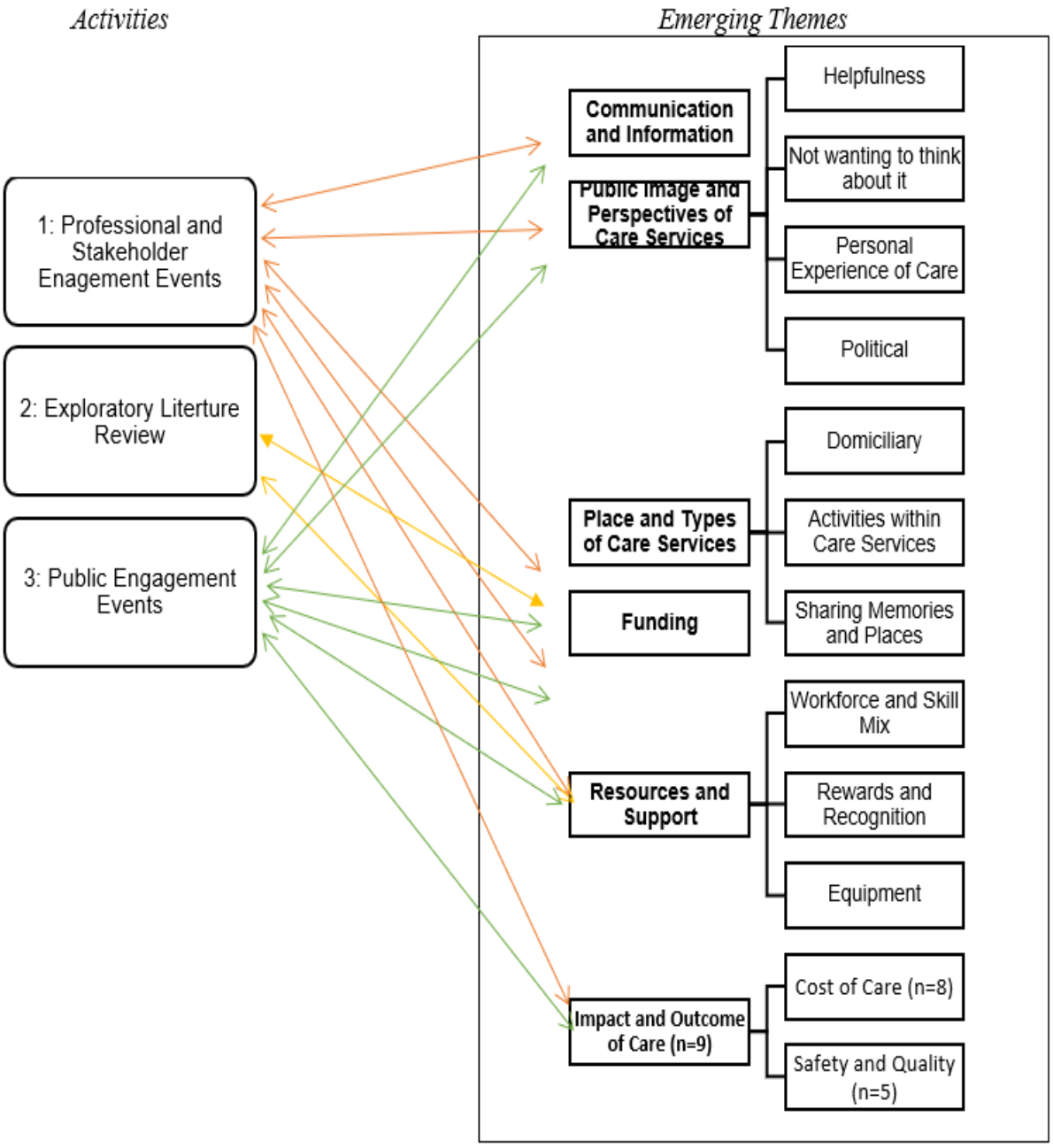



***Figure 24*: Synthesis and mapping of the three activities**

Figure 24 highlights how the three activities facilitated the capturing of data in a tripartite way; stakeholders and partners, the literature and the public. The uniqueness of this approach was in how the primarily open-ended options of data collection enabled a blend of positive and negative statements to be captured. The narrative was both personal, anecdotal and first-hand experiences of professionals and stakeholders of care services and the public showing that one size does not fit all. Similarly, the approaches demonstrate the importance

of utilization several creative methodologies to engage the participants at varying levels of time and intensity. The approach facilitated the capturing of narratives that could be traced across the three activities illuminating priorities for action. For example, the six global themes and associated sub themes.

## 4.5 Activity 4 – Sharing and Dissemination

In addition to this report, the service evaluation team is currently writing papers to be submitted to relevant peer-reviewed journals. Appropriate care conferences will be identified and, if applications are accepted, presentations will be delivered. There are planned briefing summaries (in person or via visual presentations such as posters) for some of the public engagement sites included in the project (i.e., carers group, stakeholders, libraries). Summaries for online display are also being prepared.

# 5 Discussion and Recommendations

The discussion is presented in three sections highlighting the emerging theory, notes on methodology and key themes originating from the service evaluation.

## 5.1 Emerging theory

The importance of type, location and place of care services was confirmed across all activities and associated methods. The public participant feedback demonstrated an indirect appreciation of the Continuum of Care by the fact they were able to articulate some of the various types, location and places where they would like care to occur. In contrast, the stakeholders and partners engagement activity generated in-depth, supportive discussions highlighting an awareness and understandings of the Continuum of Care and Care Spectra endorsing the emerging theoretical framework (refer to Appendix 1 for more details). They found the visualization and presentation of the Continuum of Care and Care Spectra to be interesting concepts that merit further development.

The theory regarding the Continuum of Care was reflected in the variety of responses to the preferred location of care. While participants in the public engagement events overwhelmingly preferred care to take place at home, there was variety in this selection as some favoured family/friends support, some emphasised the importance of technological types of support and others preferred external independent care support e.g. home help, domiciliary care. Also, whilst the least preferred option was nursing home type settings, the participants stressed the importance of local geography and accessibility with care remaining embedded in the community, thus if care homes (residential and nursing) were confirmed to remain within the local area, this could become a more appealing option.

Some participants indicated types of help and support which indirectly related to the Care Spectra emerging theory including:

- Technology Spectrum in references to stair lifts, smart watches, personal alarms, mobility aids
- Care Provider Spectrum such as, domiciliary care, home help, meals on wheels,
- Risk and Safety Spectrum like safeguarding issues

The professional and stakeholder meetings helped the team to identify a new spectrum framed around legal issues which was reaffirmed by the public engagement responses e.g. enduring power of attorney, wills, issues with service contracts (i.e., banks, mobile companies) and issues with benefits, amongst other legal matters.

These results reinforce the potential significance of the emerging theory regarding the Continuum of Care and Care Spectra, which warrants further research in this field.

## 5.2 Notes on Methodology

The co-creation process has proved its importance and utility. The nature of the service evaluation as an exploratory piece of work means the focus has been on co-ideation (the first of the four-stage process of co-creation developed by Pearce et al, 2020). This was evidenced in the way the professionals and stakeholders feedback led to direct amendments to the public engagement events, assisted the team with the use of terminology (both in terms of elaborating on professional terminology and highlighting sensitivities pertaining to potentially problematic phraseology (i.e. the weight behind nomenclature such as institutional, formal and informal care), and helped further develop the emerging theory. There was also support for the innovative approach adopted.

The novel creative methods developed specifically for the service evaluation have also proven highly successful with both support from the professionals and positive feedback from the public participants. The creative methods facilitated the collection of a wide ranging and diverse set of data primarily due to the engaging and stimulating nature of the methodology. The success of this approach has inspired the team to repeat these methods future projects.

## 5.3 Themes

Based on the synthesis of the three activities it is evident that several universal overarching key themes have emerged as follows:

- **Communication and Information**
- **Public Image and Perspectives of Care**
- **Places and Types of Care Services**
- **Funding**
- **Resources and Support**
- **Impact and Outcome of Care**

The themes will be discussed separately.

### 5.3.1 Communication and Information

There was variability of awareness about the type, location and place for care and the associated services available. Both the professionals and public have challenges regarding the accessibility and availability of information through various mediums. The first port of call from the public was to access information on the internet. Others sought information from professionals such as General Practitioner's (GP), family and friends, word of mouth and charitable organisations, with the council also recognised as a source of information. While some of the participants sought information regarding social care from a variety of sources, others did not know where to go, or who to contact (this could be especially concerning when many of the participants were older adults). Some information was considered to be outdated and participants noted struggles to know where to start accessing information about available services.

### 5.3.2 Public Image and Perspectives of Care

Residential and care home were the less preferred option for care. There exist fears of care homes, alongside a recognition that information about choices is absent. Most participants noted COVID-19 would not influence their decisions regarding care, but those who did expressed fears based on problems experienced by care homes during the pandemic. There was an apparent lack of trust in official lines of social services. People would turn to family first, but do not want to and fear becoming a 'burden'. Living at home gives older people comfort they will be cared for; but there is also acknowledgement of feeling depressed, anxious and worried about the children's future and their own commitments (Smith-Carrier et al 2016). Overall, it was clear people do not want to think about 'aging and getting old' and make advance preparation of the type and LOC they would prefer when the time comes. Stigma has also been highlighted as one reason for people not wanting to talk and plan for getting old due to unappealing aesthetic (e.g. grab bars, accessibility devices) proactively implementing home modifications to reduce the risk of accidents and support extended living at home (Shaw et al 2018). The participants responses to the three words creative engagement method seem to be highly positive with the terms, 'love' care' and 'caring' most recurring. Such response may have perhaps be reflective of the cultural markers' residual following the COVID-19 pandemic. Seeing the image of an individual with a mask, socially distancing seems to have highlighted these markers which continue to evoke deep emotive feelings.

### 5.3.3 Places and Types of Care Services

Most participants opted to be cared for at home or at home with support. Those below the age of 55 years were more receptive to the idea of sheltered and retirement village types of accommodation. Overall, most of the reviewed literature identified 'home' as the favoured location of care (Shaw et al 2018; Bolan et al 2017; Smith-Carrier et al 2017; Beswick et al 2010). Although, aging in place highlights the socioemotional components that act as barriers to remaining in the home, it often neglects actionable safety features of the home which may also pose a threat (Brim et al 2021). Healthy Ageing reflects the ongoing interaction between individuals and the environments they inhabit; the interaction of which results in trajectories of both intrinsic capacity and functional ability (WHO 2015). These include categories of home mobility and safety, personal health, access to community services, home improvement and maintenance needs, general safety concerns, and bathroom safety (Brim et al 2021). Specific groups may not be using the services and may face difficulties because they are unaware of the depth and breadth of care services available to them. Losses in physical function and ability of a person to care for themselves lead to reduced social engagement, and that this in turn accelerates functional decline (Beswick et al 2010. These factors could increase isolation and enhance decline. When viewing the three words images (see Figure 7, image '3D'), some respondents identified the care home as a hospital setting, thus leading to associations with ill-health and sickness, with related emotions attached (i.e., medicalising care homes). In addition to the preference for 'home', there was also an emphasis on the importance of community, stressing the importance of local facilities for care, the desire to have family and friends nearby, and the benefits of maintaining community links, especially when care in the home is no longer an option.

### 5.3.4 Funding

When deciding on care, the most important consideration was being able to remain near family and friends – cost was secondary to this. As noted, local services and resources and keeping loved ones requiring care nearby were very important to participants. The ability to make the best choices at different stages in life is influenced by a range of environmental and personal resources such as financial security and social connection (WHO 2015). Being aware of such influences with an individual requiring care could facilitate assignment of appropriate location of care. Participants were generally positive both as regards care workers (though this was noted as variable, with good and bad examples provided by some), and the work of the local council, with an appreciation of funding pressures faced by both.

### 5.3.5 Resources and Support

When developing services for older people requiring care it is of great importance to consider the services that reinforce recovery, adaptation and psychosocial growth (WHO 2015). Such services could enhance function and independence, and, or support when required. Public services and facilities could be considered an essential place to the public for connecting, accessing information, advice, social gatherings and sign posting to other essential services. These may include legal services and arranging financial matters (e.g. ensuing powers of attorney, will-writing, care finances) which were identified as an area requiring support. It is apparent from across the different public engagement activity findings that many people are unaware of the resources and support available to them.

### 5.3.6 Impact and Outcome of Care

The holistic care journey approach through integration of care services across the public, voluntary and private sectors could facilitate the healthy ageing, including in those fully dependent on others. Moreover, people who are very dependent on others for daily living can age successfully in terms of autonomy and wellbeing (Beswick et al 2010). Therefore, interdisciplinary and inter-sectoral approach is essential in the allocation of appropriate care to all the population with variant needs. Furthermore, assessment of such care would be appropriately identified through thorough and continuous assessment of care needs, with collaboration across different services.

## 5.4 Recommendations

The recommendations are presented under the headings of 'Project Recommendations' (potential further work to expand the project) and 'Service Recommendations' (advice for service providers based on the project findings).

### 5.4.1 Project Recommendations

It would be useful to repeat the public engagement events developed during this project targeting young adults, and individuals with long term conditions, co-morbidities and people living with different types of disabilities (physical, mental health, learning disability etc.). People with greatest heath care need at any time may at any time may also be those with the fewest resources to address it (WHO 2015). Interventions need to be crafted in ways that overcome, rather than reinforce, these inequities (WHO 2015). The initial approach could be performing resources and assets assessment (e.g., asset and resource audit) at grass roots level and revisiting current services. Such an approach could highlight current successes and areas in need of further development. A follow-up through interdisciplinary and inter-sectoral research could enhance understanding of the needs of such members of the population around care services and ageing in place (Shaw et al 2018; WHO 2015). Such evidence would support planning and early action, laying the groundwork for people and the services they require to safely remain in their homes as changes in their capability occur (Shaw et al 2018). It would be beneficial to find more participants from all ages, to enhance the quantitative components of the method (e.g. word counts, word clouds). It could also be helpful to expand the project into a greater range of residence area types, i.e., the data gathering was concentrated in the two biggest urban centres of the borough, and a look at more rural areas could be of interest so they are not 'left behind'.

As the creative methods used in this project were novel, there were a number of potential amendments the team identified which could be carried forward to future work. The choice of pictures in 'public engagement activity 2: three words' could have been influenced by the type and style of picture. If repeating, the team would seek to use photographs / images that are targeted to specific questions that are under review, and that are natural / neutral to avoid unintentionally influencing people. Research materials could also be adapted for all types of participants e.g. accessibility for vision impaired, potentially larger print materials/images and some audio recorded descriptions of the various methods, use of easy read / 'Makaton' materials. Greater emphasis could also be given to fully explaining what people need to do more with each creative method (e.g., making the method more explicit in what to do and how it works, for example, in the 'three words' activity, some individuals

provided statements like ‘I love you’ and ‘enjoy the outside’, rather than giving three separate words). There could also be scope to increase the digital options for data collection. There was low take up of these options here (i.e., digital returns of survey), however, successfully utilising digital means could open data collection to a wider sample population, with the digitisation of other methods beyond just the survey, e.g., development of a digital ideas board to capture real-time feedback. Having an innovative approach is key.

### 5.4.2 Service Recommendations

Service recommendations based on the findings of this project are presented in Table 10, each categorised by the team as to their perceived priority level and required timescales.

### *Table 10:* Service Recommendations by priority and timescale

| | Higher Priority | Medium Priority | Lower Priority |
|---|---|---|---|
| **Short Term** | Explore existing localised care based options within communities<br><br>Consolidating a public care communication and awareness strategy<br><br>Review domiciliary care services | Engage with diverse, hard to reach, groups about views of care and services (e.g. chronic illness, disabilities, life limiting etc...) | Invite new and diverse members onto the Research and Practice Development Care Partnership |
| **Medium Term** | Undertake a resources and assets audit<br><br>Create ways of engaging the public to enhance trust, confidence, in care services<br><br>Enhance the accessibility and clarity of available resources for care planning | Create accessible free community-based space for connecting<br><br>Facilitating and connecting care services (health, social, allied)<br><br>Explore the possibility of merging existing assessment methods into a single holistic individualised framework<br><br>Having adequate ongoing care education and training standards and competencies for all staff | Consider a public awareness campaign regarding healthy ageing, planning for ageing well and celebrating ageing |
| **Long Term** | Designing innovative and creative ways for the provision of localised care | Maintain proactiveness with partners enhancing services, resources and assets<br><br>Emphasising care that is individualised, targeted, flexible and adaptable<br><br>Review existing workforce, skill mix and employment conditions to ensure safe, quality care services | Engaging with younger age groups to gather opinions on care and services |

The key themes provide a road map informing priorities for care services. The responses highlighted the importance of engaging with all sectors of the public when focusing on changing or designing new services. It would be beneficial that more of the stakeholders and partners involved in this project be invited onto the care partnership (Research and Practice Development Care Partnership). Furthermore, it is important to widen the stakeholder and partnerships to elicit the voices of allied professionals and organisations (e.g., housing, urban planning, cultural services). Interdisciplinary and inter-sectoral collaboration and creation of an advisory committee could enhance easy access to mainstream specialised knowledge, contacts and services and build awareness of how to prepare to age in place (Shaw et al 2018). Moreover, it is essential to keep the proactiveness around stakeholders and partners to enhance and maintain excellent services through engaging with resources and assets.

Localised care based within communities was of paramount importance to participants in the public engagement activities (not being sent to large care homes at a distance from families, friends and communities). Given the growing number of older adults who face health decline and who wish to remain at home instead of moving to long-term care facilities, there is an urgent need to assist this population in preparing to live longer at home (Shaw et al 2018). Developing a strategy of a diverse set of mechanisms for sharing and communicating information about care services is of great importance. When devising information sharing strategies, a range of sources should be utilised. It is also important to develop awareness raising programmes for the public to improve communication and provide information which is easily accessible and understandable about the various types, locations and places of care services. This could include creation of accessible free community-based space for people to identify and connect, for the sharing and finding of information, for socialising and feeling included. There is also some evidence for a lack of trust in formal services associated with care, so building ways of engaging the public to enhance trust and confidence in care services is imperative. Strategies for information sharing should also help to encourage people to think about their own future care needs (and from earlier ages), and should assist in normalising thinking about and discussing care. When the need for care is identified by allied care services, it should be followed with multidimensional assessment at intake, enhancing effective creation of care plans targeted at appropriate management of health and social care of older adults requiring care (Smith-Carrier et al 2016). Facilitating and connecting the services to ensure a shared comprehensive holistic assessment of an individual's health and care needs and requirements will allow interventions to become more individualised and targeted.

## 5.5 Fulfilment of Aims and Objectives

Tables 11 and 12 illustrate how the service evaluation project has met its aims and objectives.

### *Table 11:* Fulfilments of Aims

| **Aim** | **Achieved – Yes/No** |
|---|---|
| Using a co-creation approach, this service evaluation aimed to discover the current situation and most pressing issues affecting location and types of care services (the Continuum of Care) as determined by the public and professionals using Halton as a case study. | **Yes** |
| Shaping our understanding going forward, by gaining real world insight into the Continuum of Care, we can begin to explore wider issues and concepts, such as the impact of location and type of care services on the health and wellbeing of older people. | **Yes** |

### *Table 12:* Fulfilment of Objectives

| **Objective** | **Achieved – Yes/No** |
|---|---|
| **1:** Use the existing Research and Practice Development Care Partnership to facilitate engagement with stakeholders and experts in older people services to identify the opportunities and challenges resulting from the Continuum of Care. [Professionals] | **Yes** |
| **2:** Undertake an exploratory review of the literature to explore the context of the Continuum of Care and identify how different types and location of care services influence outcomes such as benefits, harm, and costs as regard older people's quality of life. | **Yes** |
| **3:** To apply a qualitative co-created methodology to explore public perceptions and awareness of the Continuum of Care concerning older people. [Public] | **Yes** |
| **4:** Devise a sharing and dissemination strategy to inform and enhance professional, clinical practice, educational and research priorities, activities for our community and beyond. | **Ongoing** (at time of writing) |

## 5.6 Limitations

- Population - Sample size small numbers of public, sample demographics, weighted towards older adults, female.
- Locations – enhance the breadth and depth of places to engage with the public.
- Creative Methodology – Adjustment's and amendments e.g., address potential bias in list of care location provided (could be read as ranking) influencing choices. Could include a description of place and mixing these choices. Adapting the ideas board to focus on what you are requiring information about. Having an awareness that put the ideas on the board may influence other participant's contributions. Some sensitivities may emerge around the topics of the case scenarios that may need to be addressed appropriately.
- Having greater clarity and instructions in place to allow the activities to run smoothly and with enhanced autonomy, access to technologies to aid completion of online methods in person.
- Loss of capturing the anecdotal discussions and conversations, having an additional project team member to note these comments may be useful.

# 6 Conclusion

Co-creation and creative methodologies have proved useful tools in evaluating awareness of care services available to older people, by both the public and professionals. A synthesis of the data from the three activities has highlighted a number of key themes:

- Communication and Information
- Public Image and Perspectives of Care
- Places and Types of Care Services
- Funding
- Resources and Support
- Impact and Outcome of Care

The findings highlight the importance of location in terms of both the home (care provided at home) and the community (care services embedded in communities allowing closeness to family and friends, ease of access to services and local amenities e.g. GP, Library services, opportunities for connecting with people to avoid social isolation). The feedback regarding Halton Borough Council's drive to reform the care services was overwhelmingly positive and the data allowed the development of some recommendations to continue this important work.

## 7 Acknowledgements

The service evaluation team would like to thank the University of Chester and Halton Borough Council for the funding to undertake the service evaluation project. We would also like to say thank you for having the confidence and insightfulness to commission the project during a difficult and challenging time for social care and society. We would like to thank and acknowledge Dr. Jan Blain (University of Chester), Dean Stevens (University of Chester) and Jacob Barnard (Halton Borough Council) for their assistance with data collection. We would like to thank all participants and organisations for their contributions throughout the four activities and duration of the project period. We would also like to thank the University of Chester, Faculty of Health and Social Care Research Ethics Committee for reviewing our application and approval as a service evaluation project. Finally, we would like to thank the care workers who again found the time and resource to participate in the project that will contribute to improving the care sector in the future.

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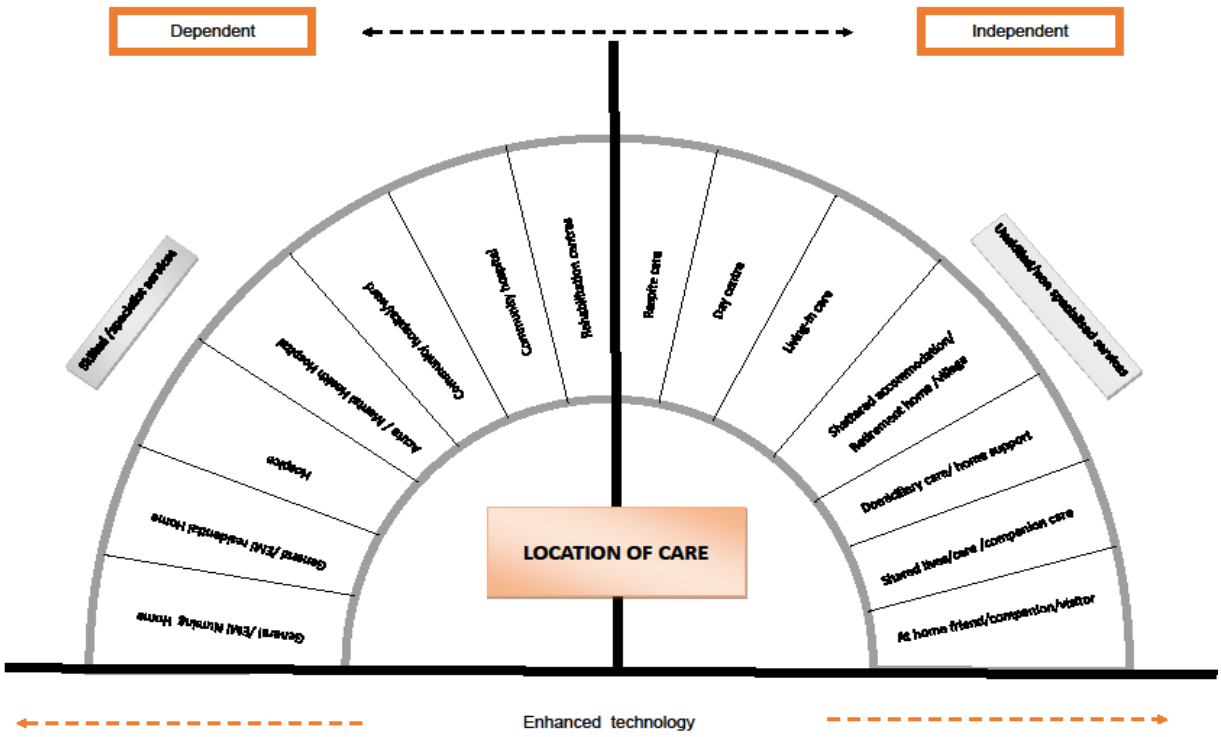
# APPENDICIES

## Appendix 1: The Continuum of Care and Care Spectra: The Emerging Theory and Framework

The 'Continuum of Care' is an emerging concept being developed as part of this service evaluation project.

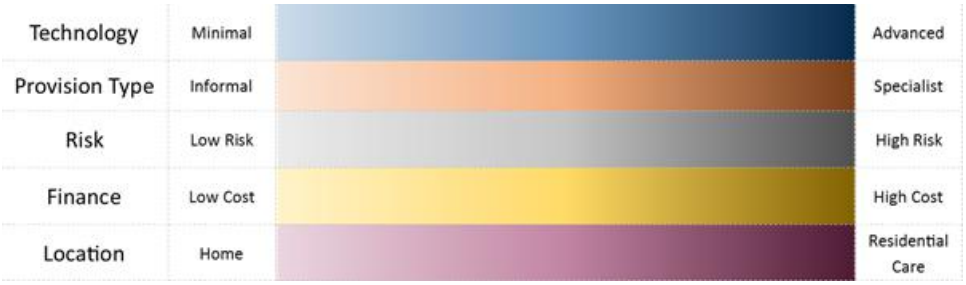
The term has previously been used by Weil and Smith (2016) to move beyond a binary in care home choice, i.e., domiciliary care vs care homes, and instead consider the wide range of concepts in between (see figure below).




*"Aging in place should be moved from the personal "success" or "failure" of an older individual to include the role of society and societal views and policies in facilitating or hindering aging in place options."* (Weil and Smith, 2016)

We are proposing a further development and widening of this concept, with "The Continuum of Care" highlighting and representing an individual's lifespan from birth to death, with varying levels of intervention required for retaining independence, health and wellbeing.

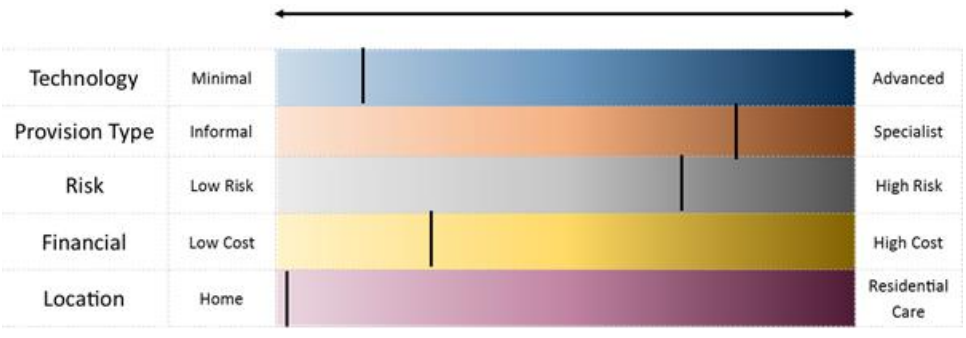
We also propose there are a number of “Care Spectra” which are associated with specific elements relating to maintaining optimum quality of life. For example, the “Technology Spectrum” is about having minimum or advanced enhanced or assisted technology to keep someone safe at hospital, home and/or in a care facility. The “Care Provision Spectrum” focuses on the place where care is provided i.e., facilities and delivery type ranging from informal to specialist care. The figures below illustrate the Care Spectra concept visually, with some examples:




Everyone fits somewhere along the spectra. Using an example scenario:

“Priscilla, 85-year-old lady was living in her own home with domiciliary care before a fall which resulted in a fractured hip. Priscilla had an operation four days ago and has now been discharged from the medical team who have now referred her to the physiotherapist to commence her rehabilitation.”

The diagram for ‘Priscilla’ would look something like this:



(Low technology required, high levels of specialist care, relatively high risk, low to medium cost and home/community-based care)

By viewing care through the lens of a continuum, shaped by the spectra, a shift in perspective can be made, removing care options from binary concepts of home/care home, low tech/high tech, etc., and consequently away from viewing care choices as forms of personal success and failure.

## Appendix 2: Professional and Stakeholder Invitation Letter

Dear Sir/Madam,

We are contacting you regarding a project we are undertaking into **'exploring professional awareness of location and types of care services available to older people'.** The project is jointly funded by the Research and Innovation Office (RIO) of the University of Chester and Halton Borough Council; and is being supported by the Research and Knowledge Exchange Institutes (RKEIs) at the University of Chester.

Using a co-creation approach, the project aims to discover the current situation and most pressing issues affecting location and types of care services as determined by professionals and later the public, using Halton as a case study.

We will be holding a listening and learning event to gather "stakeholder perceptions of the effect of location and type of care services on older people". This event will comprise of a choice of one of two sessions: either face-to-face or online. Both will involve fact-finding consultation with professionals and stakeholders where a brief outline of the service evaluation framework will be presented followed with a series of questions.

As a person with interest and/or experience in older people's services or working in the field we would be very grateful if you would be willing to attend or nominate a representative to attend either a face-to-face session on 21 March 2023 from 10:30 to 12MD **or** 13:00 to 14:30 at the **Civic Suite, Runcorn Town Hall, Heath Road, WA7 5TD**. There will also be option of online sessions via Microsoft TEAMS on 24 March 2023 from 9am to 10:30am ***or*** 13:30 to 15:00. Please specify whether you would prefer to attend the face-to-face or online session, and the time by emailing the project team (r.crompton@chester.ac.uk). The sessions should last no longer than 90 minutes.

We hope that the project and the proposed process is essential in shaping greater understanding of current old age services and will enable the development of new approaches. Please feel free to consider helping to further promote participation in the project by inviting other eligible individuals to the session(s), by forwarding this email to them.

The project team comprises:

Professor Robert McSherry (Principal Investigator), email: r.mcsherry@chester.ac.uk

Rhian Crompton (Research Assistant), email: r.crompton@chester.ac.uk

Nellie Makhumula-Nkhoma (Research Assistant), email: n.makhumulankhoma@chester.ac.uk

If you have any queries or would like any further information about the project, in the first instance please contact Rhian Crompton via email.

We would be most grateful if you would let us know if you are interested in participating in the project.

Yours sincerely,

Professor Rob McSherry

Centre for Ageing and Mental Health

University of Chester

# Appendix 3: Professional and Stakeholder Participant Information Sheet

University of Chester

**Participant Information Sheet (PIS)**

**Stakeholder perceptions of the effect of home care and nursing home care services on the health and wellbeing of older people: a care sector listening and learning event**

You are being invited to take part in a stakeholder fact finding event. Before you decide, it is important for you to understand what the event is for and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything which is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

**What is the purpose of the project?**
The COVID-19 pandemic has exposed some of the best areas of care and practice in the caring sectors along with its deficits. It has reiterated some fundamental questions surrounding the provision of home care (domiciliary care) and nursing home care services and their impact on an older individual's quality of life and health and wellbeing. Anecdotal evidence seems to suggest that an individual is better placed in their own home as opposed to a nursing care home. However, there is limited evidence to corroborate these claims.

Staff from the Centre for Ageing and Mental Health (University of Chester) have organised this event with the intention of opening a dialogue between staff specialising in older peoples services across a diverse range of organisations and stakeholders.

**Why have I been chosen?**
You have been chosen because you have specialist knowledge and experience regarding older people's services in Halton and/or its surrounding area.

**Do I have to take part?**
It is up to you to decide whether or not to take part. If you decide to attend, you are free to leave at any time during the event.

**What will happen to me if I take part?**
If you decide to take part you will be sent details of the event including its schedule, and some points to think on ahead of time. As we want to give the opportunity for as many people as possible to attend, we will be running two parallel events; one in person, and one online. Both events will follow the same structure, and you only need to attend one.

*In Person:*

If you choose to attend in person, you will be emailed event details, including travel advice about getting to the venue.

*Online:*
If you choose to attend the online event, you will be sent an invite through Microsoft Teams, will a link to follow at the beginning of the event. You do not have to be registered with Microsoft Teams in order to attend (attendance will be as a 'guest'). You will need internet access and a computer equipped with internal or external microphone, camera and speakers. If you would like to take part online but have any issues or queries regarding equipment, please contact staff at the Centre for Ageing and Mental Health (see 'further information' section of this form for contact details).

**What are the possible disadvantages and risks of taking part?**
There are no anticipated disadvantages or risks foreseen in taking part in the event.

**What are the possible benefits of taking part?**
By taking part, you will be contributing to the development and co-ideation of both this project and potential future research directions in collaboration with researchers based at the Centre for Ageing and Mental Health, University of Chester. You will have the opportunity to contribute your opinions and raise issues regarding social care provisions for older people. There will also be the chance to network with other professionals and stakeholders across older peoples services in Halton and its surrounding areas.

**What if something goes wrong?**
If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during the course of this project, please contact: Professor Angela Simpson, Executive Dean, Faculty of Health and Social Care, University of Chester, Riverside Campus, Castle Drive, Chester, Cheshire, CH1 1SL. Tel: 01244 513380. Email: angela.simpson@chester.ac.uk

The University does not accept responsibility for any harm experienced apart from that which is proven to have been caused through its negligence. In the unlikely event that you experience harm through your participation in the event, and this is due to the negligent conduct of the university team, then you may have grounds to bring legal action. If you choose to bring such action, you may incur legal costs.

**Will my taking part in the study be kept confidential?**
All information will be anonymised and we will not collect any personal information about you beyond your position/role and organisation.

**What will happen to my data?**
By agreeing to participate in this event, you are consenting to the retention and publication of data.

**What will happen to the information gathered at the event?**
The project team will prepare a draft summary report of event findings. Attendees will be able to suggest amendments or clarification, following which a final event report will be distributed. Information may also be published in academic journals and used at conferences. Individuals who participate will not be identified in any subsequent report or publication.

**Who is organising and funding the event?**
The event is jointly funded by Halton Borough Council and the University of Chester. Staff from the Centre for Ageing and Mental Health (part of the Faculty of Health and Social Care) at the University of Chester will be organising the event and analysing its findings.

**Who may I contact for further information?**
If you would like more information about the event and/or would like to take part, please contact:

Prof. Rob McSherry r.mcsherry@chester.ac.uk (Principal Investigator)
Rhian Crompton r.crompton@chester.ac.uk
Nellie Makhumula Nkhoma n.makhumulankhoma@chester.ac.uk

Or write to us at:
Centre for Ageing and Mental Health
Faculty of Health and Social Care
University of Chester
B95, Room 106
Thornton Science Park
Pool Lane
Chester
CH2 4NU

Or call us on: 01244 512249

**Thank you for your interest in this project.**

University of Chester

# Social Care Provision for Older People: What do you think?

## Hello!

This engagement event is seeking to discover what you think about social care provision for older people in Halton and beyond.

Please read the following information if you would like to take part.

## Who are we?

We are a team of researchers from the Faculty of Health and Social Care at the University of Chester.

## What are we doing?

We are working in collaboration with Halton Borough Council to seek public opinions about social care provision for older adults in the area, and across the UK in general.

## How do I take part?

We have a number of engagement activities to help people to focus their thoughts about social care provision for older people, and offer opinions and ideas. **By taking part, you are consenting to any information you provide being used by the research team**. **All information gathered is anonymous**. Please talk to one of our research team for more information.

## Do I have to take part?

Not at all – involvement is completely voluntary.

## What information are we collecting?

In addition to opinions, we are gathering 3 pieces of basic information – age, gender, and village/town/city of residence. This is to allow us to compare opinions gathered (e.g., does age effect opinions of social care provision?). **No information being collected could be used to identify any individual.**

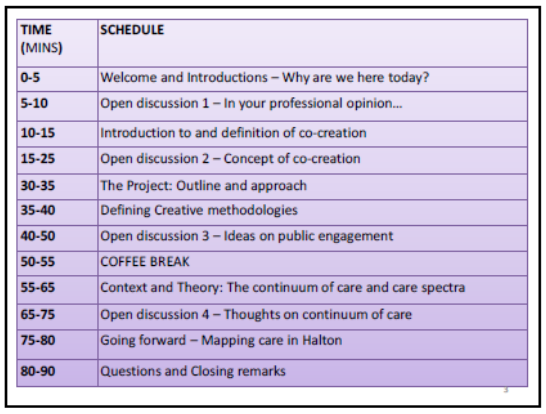
## What will happen with collected information?

Information collected will be used to prepare a report about public opinions of social care provision for older people for Halton Borough Council, its partners, and stakeholders. Information may also be used by the research team for publication in academic journals. Again, all information provided is completely voluntary, and anonymous. A summary of results will be available on the University of Chester website.

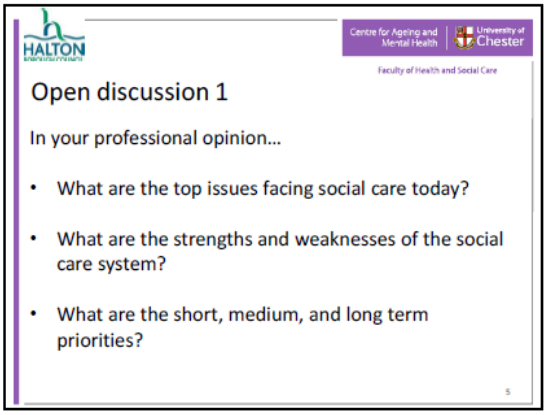
**Please ask one of our research team if you would like to learn more about this project.**

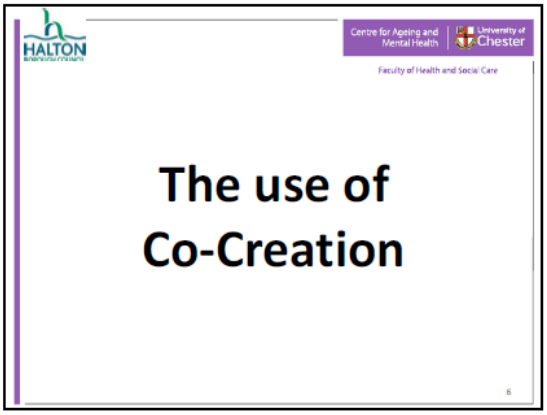
## Appendix 5: Professional and Stakeholder Event PowerPoint Presentation





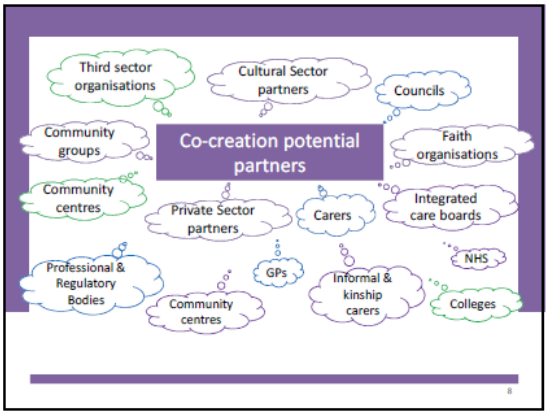
| TIME (MINS) | SCHEDULE |
|---|---|
| 0-5 | Welcome and Introductions – Why are we here today? |
| 5-10 | Open discussion 1 – In your professional opinion… |
| 10-15 | Introduction to and definition of co-creation |
| 15-25 | Open discussion 2 – Concept of co-creation |
| 30-35 | The Project: Outline and approach |
| 35-40 | Defining Creative methodologies |
| 40-50 | Open discussion 3 – Ideas on public engagement |
| 50-55 | COFFEE BREAK |
| 55-65 | Context and Theory: The continuum of care and care spectra |
| 65-75 | Open discussion 4 – Thoughts on continuum of care |
| 75-80 | Going forward – Mapping care in Halton |
| 80-90 | Questions and Closing remarks |

## Co-creation is ....

...the generation of new knowledge that is derived from the application of rigorous research methods that are embedded into the delivery of a program or policy (by researchers and a range of actors including service providers, service users, community organisations and policymakers) through four collaborative processes.




## Co-creation process

**Generating an idea (co-ideation)**

↓

Designing the program (co-design)

↓

Implementing the program (co-implementation)

↓

Collection, analysis and interpretation of data (co-evaluation)

## Open discussion 2

- Have you heard or used the concept of co-creation in the past?
- What was the context in which it was applied?
- What other partnership/collaborative methods have you used?

## The Project:

Using co-creation to explore public and professional awareness of the continuum of care (location and types of service) available to older people

## The Project: Aims

To provide an initial exploration into the effect of the continuum of care on the health and wellbeing of older people using qualitative methods and adopting a co-creation approach.

## The Project: Public Engagement Sites

- **Retail** (Markets, Shopping centres)
- **Health and Wellbeing** (GP practices, Care/Nursing Homes)
- **Cultural** (Libraries, Leisure Centres, Theatres)

## The Project: Planned Timetable

- Public Engagement Pilot: 28th March
- Runcorn: 17th – 19th April
- Widnes: 8th – 10th May
- Data Analysis: Late May – Early July
- Findings Dissemination: July

# Creative Methodologies

## Creative methods ...

...are qualitative methods that use **visual** (photo-elicitation) and **narrative** (storytelling) techniques for both collecting data and presenting findings.

Haynes 2022

## Order of activities

1. Snap judgement
2. Three words
3. Role play – scenarios
4. Idea board
5. Survey

## Snap Judgement

- Voting box
- Back board with options labelled A, B, C, etc.
- Paper slips with tick box for A/B/C etc.
- Space to enter age / tick age range

## Three Words

- Care-related images on board (4 or 5 pictures)
- People asked to write and submit first 3 words that come to mind linked to each picture
- Submissions used to develop Word Clouds


## Role Play / Scenarios

- Card options
- Different scenarios on each card
- Role play imagining how you would feel / behave in given circumstance
- Feedback collected

## Idea Board

- Back board / Flip chart
- Post-Its for people to make comments / voice ideas
- Develops into Idea Board

## Survey

- Traditional survey (paper copies and link to online version)
- Basic demographic questions
- Short section of Multi-choice questions
- Final free-text section

## Open discussion 3

- What are your thoughts and experiences of using arts-based and creative methods?
- Do you think creative methods are able to capture the current social care context?
- What are your thoughts on our proposed approach?

## Background to the proposed context and theory

## Research Context

*"Research about aging in place tends to stress the value of one place (one's home) over other living settings. This limits the ability of people to age in place and curtails discussion of all the items necessary to maintain place."*

Weil and Smith 2016

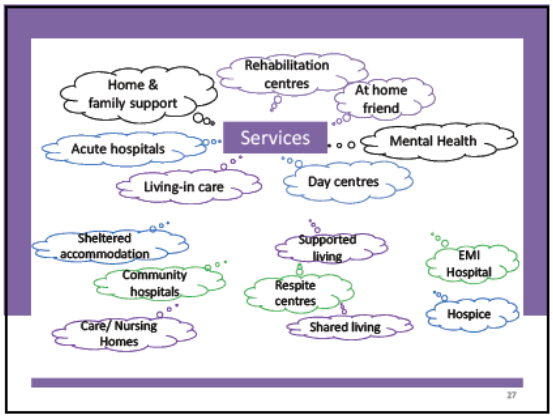
## Continuum of care and care spectra

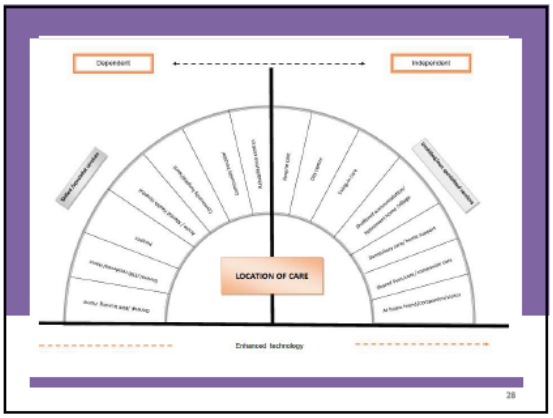
**Continuum of care**

Refers to bundled care options that follow an individual through time, adapting to their changing needs.

**Care spectra**

Are specific elements relating to maintaining optimum quality of life.

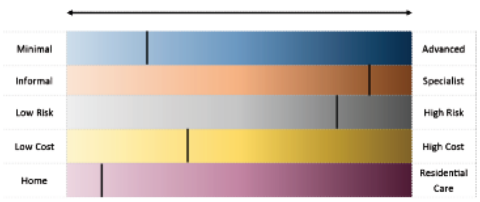


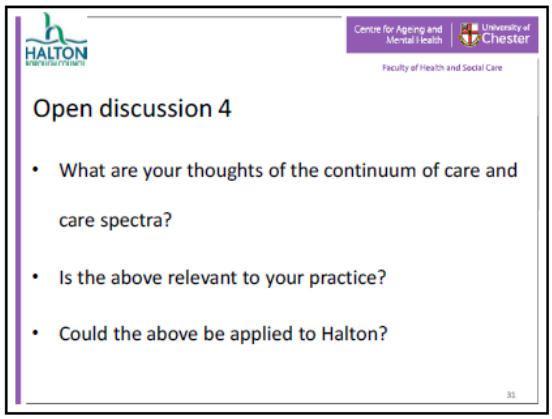

## Care Spectra: Visualising

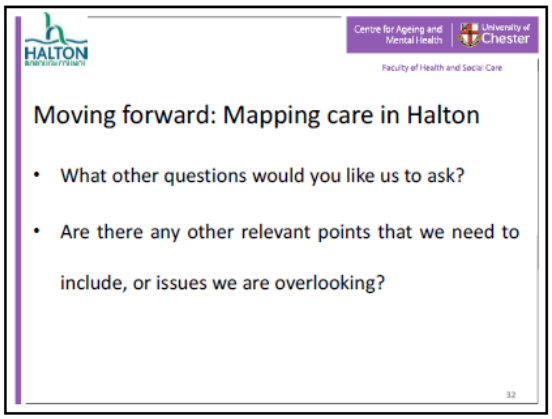
Examples:

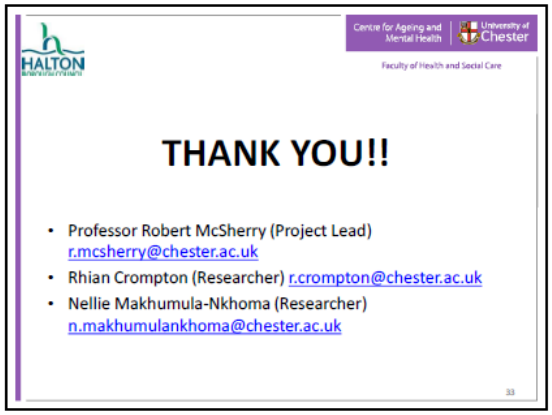
- Technology
- Types of Provision
- Risk Levels
- Finance
- Location




Priscilla, 85-year-old lady was living in her own home with domiciliary care before a fall which resulted in a fractured hip. Priscilla had an operation four days ago and has now been discharged from the medical team who have now referred her to the physiotherapist to commence her rehabilitation.


HALTON
Centre for Ageing and Mental Health
University of Chester
Faculty of Health and Social Care
Open discussion 4
• What are your thoughts of the continuum of care and care spectra?
• Is the above relevant to your practice?
• Could the above be applied to Halton?
31


HALTON
Centre for Ageing and Mental Health
University of Chester
Faculty of Health and Social Care
Moving forward: Mapping care in Halton
• What other questions would you like us to ask?
• Are there any other relevant points that we need to include, or issues we are overlooking?
32


HALTON
Centre for Ageing and Mental Health
University of Chester
Faculty of Health and Social Care
THANK YOU!!
• Professor Robert McSherry (Project Lead) r.mcsherry@chester.ac.uk
• Rhian Crompton (Researcher) r.crompton@chester.ac.uk
• Nellie Makhumula-Nkhoma (Researcher) n.makhumulankhoma@chester.ac.uk
33

## Appendix 6: Idea Board – Attride-Stirling (2001) thematic analysis networks applied to review and analyse the findings

| Stages | Steps | Rationale |
|---|---|---|
| **A**<br>**Reduction or Breakdown of Text** | 1. Code material | Each individual post it notes and was reviewed and transcribed. |
| | 2. Identify themes | A transcript template was devised where each post it notes statement was recorded.<br>The transcript enabled a review of the participant's responses by basic, organisational and global themes to be undertaken. |
| | 3. Construct thematic networks | Focused on consolidating the transcript into basic themes. |
| **B**<br>**Exploration of Text** | 4. Describe and explore thematic networks | Achieved by identifying emerging organisational themes derived from consolidating the basic themes. |
| | 5. Summarise thematic networks | By reviewing and consolidating the organisational themes for global themes and trends. |
| **C**<br>**Integration of Exploration** | 6. Interpret patterns | Associated with reviewing the occurrence of the global themes. |

## Appendix 7: Role Play Scenarios

Read through the information below and imagine yourself being in the situation described. Then, turnover the sheet, think about the questions, and share your thoughts.

### Scenario A

You are 58 years old, you work so does your wife. You have four children, the youngest is 14 years old. Of late you've started to become more forgetful. A few times you have forgotten to attend a few important meetings at work and are getting frustrated more easily. Today you received a letter advising you to take early retirement. Your partner is concerned and has sought medical advice. The doctor has requested blood tests and a brain scan to rule out dementia.

### Scenario B

You are 81 years old, live alone, have no close family, and suffers from Parkinson's disease. You have recently had 2 falls. You enjoy living in his own home and community. You have an influential and active role in community life but have had to slow down due to your Parkinson's getting worse in the last few months, You have a good relationship with your neighbours, who help when they can but of late, you can tell they are getting concerned of your safety.

### Scenario C

You are 85 years old and are living in your own home with domiciliary care. You have a niece and nephew living nearby who come over to visit when they can. You recently had a fall which resulted in a fractured hip. You had an operation four days ago and have now been discharged from the medical team, who have referred you to the physiotherapist to commence rehabilitation. You are happy to be home but more nervous than before when carrying out everyday activities.

### Scenario D

You are 70 years old and live independently in your own home. You are divorced. You are close to your two children but they live in London with their young families and can't see

them in person as often as you would like. A month ago, you experienced a stroke living you with partial paralysis on your right side and mild swallowing problems. You have been seen by the medical team and referred to the physiotherapy and speech and language teams.

## Scenario E

You are 94 years old.  You lost your spouse 6 months ago. Before then, you enjoyed a walk to the pub, talking to your neighbours and working in your garden, with the help of one of your grandchildren. Since your spouse's death, you spend most of the day indoors and rarely speak to the neighbours. You are also working less in your garden. You gradually have become frailer, have lost weight, and feel lonely. Your family visit when they can, and are getting worried about your appearance and frame of mind.

## Scenario F

You are 78 years old; you live alone but with support from family and close friends. You have heart failure and lately have become short of breath at slight exertion. The past couple of days you started to become incontinent. As your support can only come a couple of times a day, you are spending time sitting in a wet pad, not drinking much as you fear needing to use the toilet again. Due to work commitments and changing care requirements, some of your friends and family have indicated they can't continue in their current role. A social worker has been contacted.

Q1. How do you feel?

Q2. What would you do next?

Q3 What choices do you think will be available to help?

## Appendix 8: Public Engagement Activity 5 – Survey

University of Chester

# Perceptions of Care Services for Older People in Halton

## Page 1: Page 1

**Perceptions of care locations, types and services available for older people across Halton and beyond.**

This Survey is part of a joint project by Halton Borough Council and the Centre for Ageing and Mental Health at the University of Chester, looking at perceptions of social care for older people.

We appreciate you taking the time to give us information about your perceptions regarding older people's care services. By filling out the survey, you are consenting to the University of Chester using the data provided. Please note the information is being collected anonymously, but we require some demographic information about you that will facilitate the analysis of the data we collect. Completing the questionnaire should take around 10 to 15 minutes.

1 / 7

## Page 2: Demographic information

1. Please state your age. *Optional*

2. What is your gender? *Optional*

- ○ Female
- ○ Male
- ○ Prefer not to say
- ○ Other

2.a. If you selected Other, please specify:

3. Are you a resident of Halton? *Optional*

- ○ Yes
- ○ No
- ○ Prefer not to say

3.a. If you are not a resident of Halton, please note the council area you live in e.g., Warrington Borough Council, Cheshire West and Chester Council, Liverpool City Council, etc. *Optional*

2 / 7

## Page 3: Choosing care

4. If you are/were aged 65 years and over and needed care, where would be your preferred location of care?

- My own home
- A residential home
- A nursing home
- Sheltered accommodation/assisted living
- Retirement village
- Other

4.a. If you selected Other, please specify:

5. Is your choice based on you or somebody you know providing or accessing the care?

- Me
- Someone I know
- Prefer not to say
- Other

5.a. Please feel free to provide more information about who influenced your choice. *Optional*

3 / 7

6. What would determine where you accessed care from? Please select all that apply.

- ☐ Cost
- ☐ Easy access to services
- ☐ Near family / friends
- ☐ Near to social and leisure activities
- ☐ Easy access to transport
- ☐ Other

6.a. If you selected Other, please specify:

7. Where would you seek information about available care? Please select all that apply.

- ☐ The Internet
- ☐ Social media, e.g. Facebook
- ☐ GP
- ☐ GP Practice Nurse
- ☐ Charity, e.g. Age UK
- ☐ Hospital
- ☐ Family and friends
- ☐ Dentist
- ☐ Council
- ☐ Local press
- ☐ Word of mouth
- ☐ Other

4 / 7

7.a. If you selected Other, please specify:

8. Has COVID19 affected your opinion of choice of care services?

- ○ Yes
- ○ No
- ○ Prefer not to say

8.a. Please explain your answer.

9. Have you heard of any of the following services? Please select all services you have heard about.

- ☐ Acute services
- ☐ Community hospitals
- ☐ Rehabilitation centres
- ☐ Day centres
- ☐ Hospices
- ☐ Companion care services
- ☐ Shared care
- ☐ Shared lives
- ☐ Domiciliary care
- ☐ Support services
- ☐ Home care with gadgets

5 / 7

- ☐ Living-in care
- ☐ Respite care
- ☐ Residential home care
- ☐ Nursing home care
- ☐ Hospital at home

*10.* Please give your thoughts regarding location of care in people as we age (feel free to write about personal experiences but please do not include any identifiable information, e.g., names, addresses, contact details etc.)

## Page 4: Final page

**Thank you for taking the time to complete this questionnaire and for your interest in the project.**

If you would like any further information about this questionnaire or project, please contact Professor Robert McSherry.

email: r.mcsherry@chester.ac.uk

Telephone: 01244 512249

Address: The Centre for Ageing and Mental Health, Faculty of Health, Medicine and Society, B95, Room TEC106, Thornton Science Park, Pool Lane, Chester, CH2 4NU.

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HALTON BOROUGH COUNCIL

Centre for Ageing and Mental Health | University of Chester

Faculty of Health and Social Care

# RPDCP Project Summary

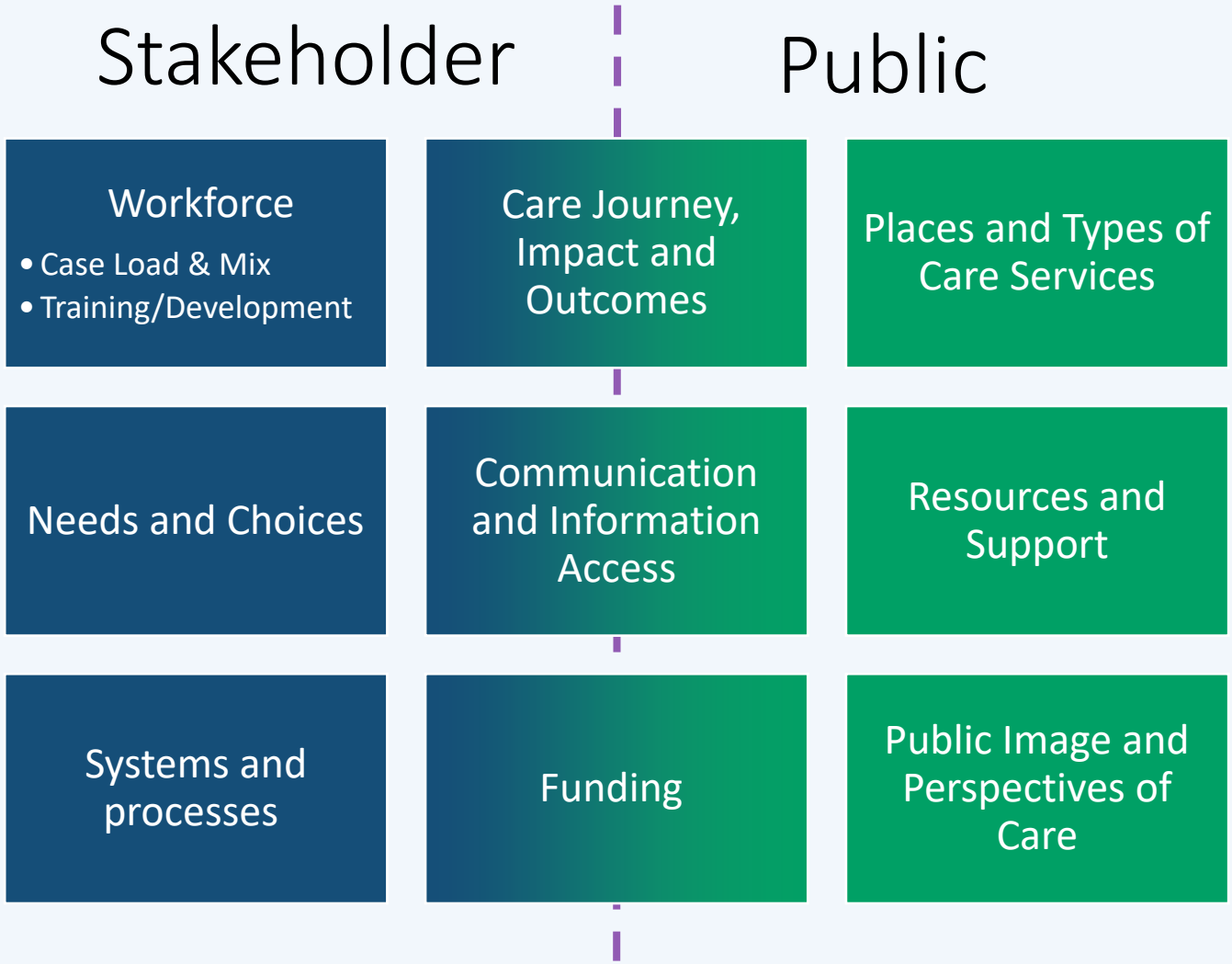
## Using co-creation to explore public and professionals' awareness of location and types of care services in Halton

# Introduction to the RPDCP

- Stands for *"Research and Practice Development Care Partnership"*
- A Social Care Research Practice Partnership between Halton Borough Council, University of Chester, Age UK, Changes Plus and Caja Group
- Part of wider nationwide network of three initiatives in the "Creating Care Partnerships" project

# Project Summary

- Research Population: professional stakeholders and members of the public
- Location: Halton Borough
- Time Frame: Fieldwork carried out March – June 2023
- Research Ethos: Partnership Working and Co-Creation
- Research Methodology: Creative Methods & Survey


Stakeholder
Public
Workforce
• Case Load & Mix
• Training/Development
Care Journey, Impact and Outcomes
Places and Types of Care Services
Needs and Choices
Communication and Information Access
Resources and Support
Systems and processes
Funding
Public Image and Perspectives of Care

# Short Term Recommendations

| | |
|---|---|
| **High Priority** | • Review existing workforce, skill mix and employment conditions to ensure safe, quality care services<br>• Review domiciliary care services |
| **Medium Priority** | • Invite new and diverse members onto the RPDCP<br>• Developing a social care related digital and technological strategy<br>• Create ways of engaging the public to enhance trust, confidence, in care services |
| **Low Priority** | • Engaging with younger age groups to gather opinions on care and services<br>• Start planning for future housing and infrastructure policies |

# Medium Term Recommendations

| | |
|---|---|
| **High Priority** | • Having adequate ongoing care education and training standards and competencies for all staff<br>• Undertake a resources and assets audit to explore localised care options within communities |
| **Medium Priority** | • Develop strategy to engage with diverse, hard to reach, groups about views of care and services (e.g. chronic illness, disabilities, life limiting etc...)<br>• Consolidate a public care communication and awareness strategy<br>• Facilitating and connecting care services (health, social, allied) – e.g., Link Workers |
| **Low Priority** | • Create accessible free community-based space for connecting<br>• Explore the possibility of merging existing assessment methods into a single holistic individualised framework |

# Long Term Recommendations

| | |
|---|---|
| **High Priority** | • Designing and implementing innovative and creative ways for the provision of localised care<br>• Consider a public awareness campaign regarding healthy ageing, planning for ageing well and celebrating ageing |
| **Medium Priority** | • Maintain proactiveness with partners enhancing services, resources and assets<br>• Emphasising care that is individualised, targeted, flexible and adaptable<br>• Enhance the accessibility and clarity of available resources for individual's care planning for old age |
| **Low Priority** | • Long term sustainability planning for RPDCP<br>• Long term research and innovation strategy |

Centre for Ageing and Mental Health | University of Chester

Faculty of Health and Social Care

# Thank You

For more information, please contact:

Rhian Crompton r.crompton@chester.ac.uk

Or search for the Centre for Ageing and Mental Health at:

https://www.chester.ac.uk/

| | |
|---|---|
| **REPORT TO:** | Health Policy and Performance Board |
| **DATE:** | 26th November 2024 |
| **REPORTING OFFICER:** | Lucy Gardner, Chief Strategy and Partnerships Officer, Warrington and Halton Teaching Hospitals NHSFT |
| **PORTFOLIO:** | Health and Wellbeing |
| **SUBJECT:** | Integration between Warrington and Halton Teaching Hospitals NHSFT (WHH) and Bridgewater Community Healthcare NHSFT (BCH) |
| **WARD(S)** | Borough wide |

## 1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide an update on the integration between Warrington and Halton Teaching Hospitals NHSFT and Bridgewater Community Healthcare NHSFT.

## 2.0 RECOMMENDATION: That the Board is asked to note the update.

## 3.0 SUPPORTING INFORMATION

3.1 The attached presentation provides all supporting information.

## 4.0 POLICY IMPLICATIONS

4.1 N/A

## 5.0 FINANCIAL IMPLICATIONS

5.1 The integration programme intends to deliver financial savings to support the sustainability of healthcare provision.

## 6.0 IMPLICATIONS FOR THE COUNCIL'S

The integration between WHH and BCH supports all the council priorities.

- Improving Health, Promoting Wellbeing and Supporting Greater Independence.
- Building a Strong, Sustainable Local Economy.
- Supporting Children, Young People and Families.
- Tackling Inequality and Helping Those Who Are Most In Need.

- Working Towards a Greener Future.
- Valuing and Appreciating Halton and Our Community

## 7.0 Risk Analysis

7.1 The risks to the delivery of the integration programme are reviewed by both Trusts and reported monthly to the Integrated Care Board. Risks of the integration itself will be identified, described and mitigated through the development of the strategic outline case and delivery of the integration of services.

## 8.0 EQUALITY AND DIVERSITY ISSUES

8.1 A full Equality Impact Assessment is currently being completed.

## 9.0 CLIMATE CHANGE IMPLICATIONS

9.1 Any climate change implications will be identified as the programme progresses.

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

10.1 ‘None under the meaning of the Act.’


# Warrington and Halton integration programme

***Bringing together Bridgewater Community Healthcare NHS Foundation Trust and Warrington and Halton Teaching Hospitals NHS Foundation Trust***

Slides for partners October 2024 (v4LG)

# Introduction

- We have identified significant opportunities to improve things for  both our patients and staff working at the front line and are launching a programme of work to deliver integrated and collaborative models of care between Warrington and Halton Hospital NHS Foundation Trust and Bridgewater Community NHS Foundation Trust.

- Our system is not clinically and financially sustainable and we must significantly improve our use of resources. All parties have recognised the sub-optimal working that exists, caused by silo working, fragmentation, and lack of co-ordination.  Evidence demonstrates that alignment of management of the system is necessary to effectively address and optimise the use of resources and outcomes for patients and staff.

- We recognise the potential  risks associated with these plans, in terms of staff anxiety and the potential for cumbersome governance. The overriding aim of delivery of a sustainable system for patients and staff will require focus and leadership to mitigate risks and take people with us.

- The programme must focus on a Warrington and Halton solution and involve the seven local Primary Care Networks and the two Local Authorities.

- To achieve the objectives, the programme will focus on the place-based clinical integration of services and production of a co-designed clinical strategy for the places/partnership, with organisational forms/models being developed to create the environment, leadership and governance for high-quality clinical services to thrive.

# ICB Context

NHS Cheshire and Merseyside

**Reporting**

Bimonthly Status Report

Monthly Summary Status Report
Fortnightly exception reports
'Focus on' sessions (scheduled)

Monthly Summary Status Report
Fortnightly exception reports
Weekly check ins as agreed

**NHS Cheshire & Merseyside Board**
**Chair: Raj Jain**

**Cheshire and Merseyside Recovery Committee**
**Chair: Graham Urwin**

**Recovery Programme Management Office (PMO)**
**Lead: Natalie Robinson**

**Recovery Programmes**
Steering groups/programme boards to be established as required

**Urgent Care Improvement**

- **Liverpool** – Mark Bakewell/ Deb Butcher
- **Mersey and West Lancashire** – Mark Palethorpe/ Deb Butcher
- **Cheshire** – Laura Marsh
- **Warrington & Halton** – Carl Marsh
- **Wirral** – Simon Banks

- **Mental Health A&E and OOA Placements** – Simon Banks
- **Optimising Independent Sector Value** – Mark Wilkinson
- **Primary and community care standardised offer** – Clare Watson
- **Non-Statutory Services** – Anthony Leo

**Major organisational integration projects**

- **Wirral Review** – Simon Banks
- **Liverpool Clinical Service Review** – Mark Bakewell
- **Warrington Review** – Carl Marsh
- **Cheshire Review** – Mark Wilkinson

- **Unwarranted clinical variation** – Rowan Pritchard Jones
- **All Age Continuing Care** – Alison Lee
- **Neurodiversity** – Laura Marsh
- **Workforce** – Chris Samosa
- **Medicines Management** – Anthony Leo

**Digital– enabler role on above programmes**
John Llewellyn

# Overview of organisations

## Bridgewater Community Healthcare NHSFT

**1,550** staff

**£97m** annual turnover

**66** community sites in Warrington, Halton, Cheshire, Merseyside and Greater Manchester

Community adult and children's nursing and therapy services in **Halton, Warrington, and St Helens**. Community dental services across **Cheshire, Merseyside and Greater Manchester.**

## Warrington and Halton Teaching Hospitals NHSFT

**5,000** staff

**£347m** annual turnover

**2** Acute hospital and over **30** community sites in Warrington and Halton

Full range of acute general hospital services, across unplanned care, planned care and clinical support services in **Warrington and Halton.**

# Programme workstreams (1)

| Workstream | Leads | Purpose |
|---|---|---|
| **1. Clinical and operational service integration** | Mark Charman<br>Dan Moore | ▪ Deliver improvements to the care provided to our populations<br>▪ Ensure financial and clinical sustainability of our shared services.<br>▪ Determine the clinical operating model for the integrated teams |
| **2. Corporate services integration** | Nick Gallagher<br>Jane Hurst | ▪ Review corporate services structures<br>▪ Develop corporate services operating model<br>▪ Establish integrated structure, systems and streamlined processes to support clinical services<br>▪ Deliver efficiency savings and improved Use of Resources, enabling the release of the opportunity costs identified in Model Health data |
| **3. Finance** | Nick Gallagher<br>Jane Hurst | ▪ Understand the underlying Place financial position and develop and 5-year strategy to ensure financial sustainability.<br>▪ Outline the financial impact of the integration to the overall financial position of the new organisation<br>▪ Develop financial benefits realisation plan<br>▪ Identify financial and operational efficiencies |
| **4. Workforce** | Paula Woods<br>Michelle Cloney | ▪ Establishment of leadership and organisational structure<br>▪ Cultural behavioural alignment (Common vision, values and behaviours)<br>▪ Workforce transformation<br>▪ Develop change management and staff transition plan/arrangements |

# Programme workstreams (2)

| Workstream | Leads | Purpose |
|---|---|---|
| **5. Estates** | Nick Gallagher<br>Dan Moore | ▪ Develop Estates strategy<br>▪ Current Estate review and rationalisation<br>▪ Develop single EFM structure |
| **6. Digital** | Ted Adams<br>Paul Fitzsimmons | ▪ Review and rationalisation of digital infrastructure<br>▪ Develop and implement robust informatics systems, processes and digital technologies to improve quality of care, increase productivity and improve operational efficiencies<br>▪ Review and harmonise clinical systems<br>▪ End-to-end digitised clinical pathways, ongoing optimisation across place including social care |
| **7. Communications and engagement** | Mike Baker<br>Kate Henry | ▪ Engagement and communication with stakeholders<br>▪ Manage stakeholder consultation<br>▪ Develop benefit key messages<br>▪ Develop communications and engagement strategy |
| **8. Governance and programme management** | Lucy Gardner | ▪ Establish robust Governance and Assurance arrangements<br>▪ Development of Programme and Implementation timeline |

# 6-month deliverables

| Workstream | Deliverables |
|---|---|
| **1. Clinical and operational services integration** | ▪ UEC System Improvement (Flow)<br>▪ Dermatology (Quality and safety) |
| **2. Corporate services integration** | ▪ Review all corporate structures and identify opportunities to share resource<br>▪ Develop integrated structures and assess savings |
| **3. Finance** | ▪ Develop high level 5-year financial strategy<br>▪ Review use of resources data to identify opportunities |
| **4. Workforce** | ▪ Develop integrated organisational change framework<br>▪ Develop joint vacancy review & management process framework |
| **5. Estates** | ▪ Explore options for integrated hard/soft facilities management functions<br>▪ Review service contracts across both Trusts and identify opportunities for savings |
| **6. Digital** | ▪ Identify opportunities for EPR consolidation, convergence, patient portals and interoperability<br>▪ Review & align digital strategic intent |
| **7. Communications and engagement** | ▪ Develop communications and engagement strategy<br>▪ Introduce regular internal and external comms re the integration journey |
| **8. Governance and programme management** | ▪ Establish programme governance and reporting arrangements<br>▪ Development of programme and implementation timeline |

# Summary of progress to date (1)

- Developed and agreed an MoU between CEOs
- Agreed Nikhil Khashu will be Chief Executive for both Trusts, subject to approvals
- Drafted and approved high level summary case for change
- Established workstreams and SROs
- Joint executive SROs met to agree initial 6, 12 and 24 month priorities for each workstream
- Plans on a page drafted for each workstream and highlight reports produced monthly to track progress
- Agreed initial programme governance arrangements
- Regular joint executive team delivery group meetings held
- Second Steering Group, chaired by ICB CEO, held 9th October
- First Board to Board held 4th September

# Summary of progress to date (2)

- Sought advice from partners and networks who have undertaken integration recently
- Met with Hill Dickinson to obtain initial advice on options for legal mechanism to bring organisations together
- Reviewed model hospital data to inform potential financial benefits
- Issued joint media statement and internal communications
- Established joint vacancy review process
- Developed initial quality, performance and financial benefits
- Developed and agreed workforce principles and single EIA process
- Approved communications key messages and principles
- Developed and approved initial milestone plan
- Signed data sharing agreement
- Approved risk/gain share agreement
- Developed draft joint executive team structure

# Summary strategic case for change

- Initial draft case for change shared at Exec-to-Exec meeting on 6 August and developed further subsequently
- It helps set a positive tone for the integration, focusing on the benefits for patients and staff
- Boards have now:
  - reaffirmed the principles of strategic intent to integrate
  - approved the proposed partnership branding
  - Approved the strategic case for change
- This case for change will be communicated internally across both organisations, and externally, as soon as possible

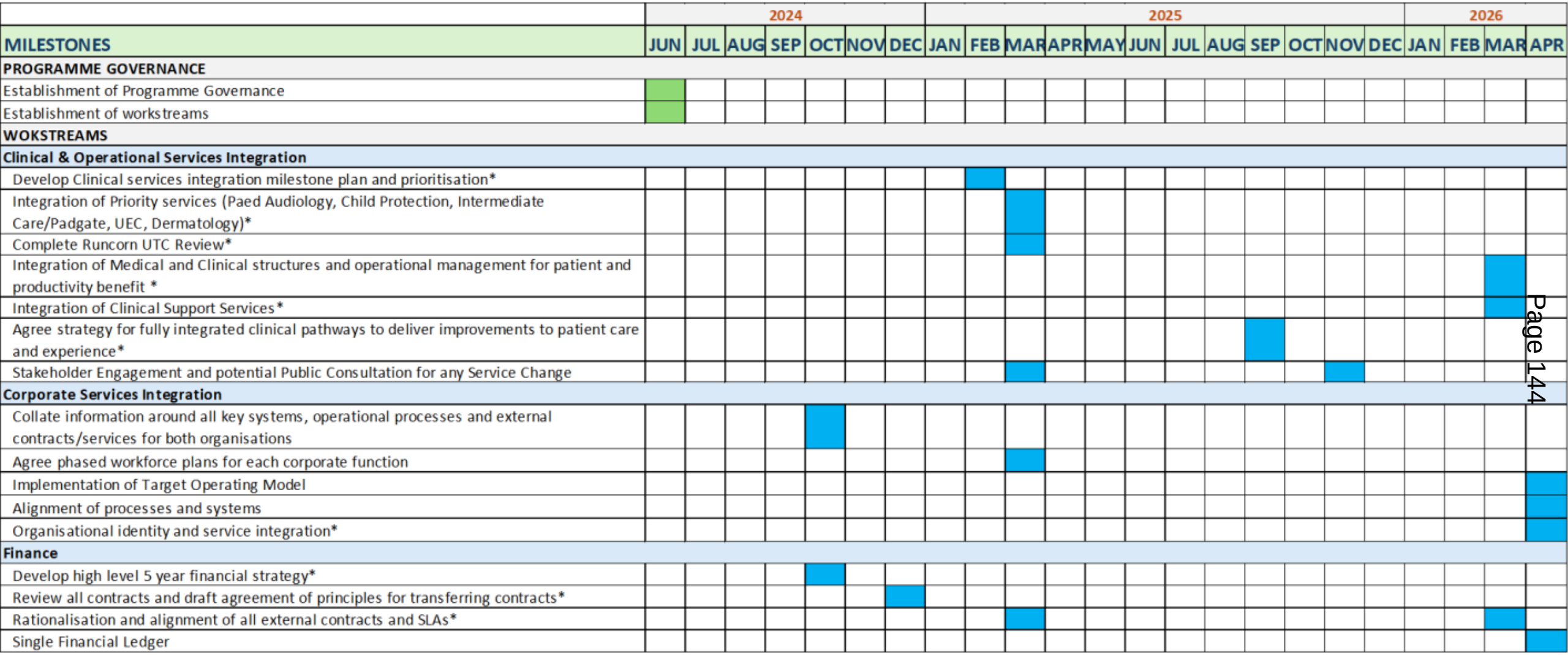
# Priority services

| Priority service for integration | Rationale for prioritisation |
|---|---|
| 1. Urgent and emergency care (including UTC and UCR) | |
| 2. Intermediate Care (Padgate) | Risk around workforce resilience and leadership |
| 3. Dermatology | Clinical risk re inpatient dermatology |
| 4. Paediatric Audiology | Need to create a high quality, more seamless service as close to patients' homes as possible. Potential IQIPP accreditation for single service. |

# Key next steps

- Finalise communications and engagement plan – October 2024
- ICB Steering Group meeting – October 2024
- Confirm in year forecast benefits – quality, performance and financial – October 2024
- Clinical and operational services workshop – October 2024
- Joint CEO and executive team – 1st November 2024
- Develop partnership/management agreement – November 2024
- Establish Joint Committee – January 2025

# Key next steps – draft milestone plan



# Key next steps – draft milestone plan

| | 2024 | | | | | | | 2025 | | | | | | | | | | | | 2026 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **MILESTONES** | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR |
| **Workforce** | | | | | | | | | | | | | | | | | | | | | | | |
| Sign off Joint Vacancy Review and Management Framework. | | | | | | | | | | | | | | | | | | | | | | | |
| Sign off Integrated Organisational Change Framework. | | | | | | | | | | | | | | | | | | | | | | | |
| Single ESR system in place | | | | | | | | | | | | | | | | | | | | | | | |
| **Estates** | | | | | | | | | | | | | | | | | | | | | | | |
| Complete Review of all Trust sites to identify opportunities for cost savings* | | | | | | | | | | | | | | | | | | | | | | | |
| Identify opportunities for service relocation to and from WHH/BCH sites* | | | | | | | | | | | | | | | | | | | | | | | |
| Implementation of a single FM Service delivery model | | | | | | | | | | | | | | | | | | | | | | | |
| Rationalisation and alignment of all FM contracts and SLAs* | | | | | | | | | | | | | | | | | | | | | | | |
| **Digital** | | | | | | | | | | | | | | | | | | | | | | | |
| Define and agree plan for digital system architecture integration* | | | | | | | | | | | | | | | | | | | | | | | |
| Provide digital user environment conducive to integration | | | | | | | | | | | | | | | | | | | | | | | |
| Seek opportunities for integrated digital procurement (non-EPR)* | | | | | | | | | | | | | | | | | | | | | | | |
| Define a common suite of products to use across WHH and BW for end user hardware | | | | | | | | | | | | | | | | | | | | | | | |
| Align BW and WHH digital strategies* | | | | | | | | | | | | | | | | | | | | | | | |
| Align BW and WHH digital teams in order to delivery digital strategy | | | | | | | | | | | | | | | | | | | | | | | |
| **Comms** | | | | | | | | | | | | | | | | | | | | | | | |
| Finalise and begin implementing integration communications and engagement plan, including approach to joint branding* | | | | | | | | | | | | | | | | | | | | | | | |
| Introduce regular internal and external comms re integration* | | | | | | | | | | | | | | | | | | | | | | | |
| **Governance** | | | | | | | | | | | | | | | | | | | | | | | |
| Develop and agree Partnership/management agreement | | | | | | | | | | | | | | | | | | | | | | | |
| Develop options appraisal/strategic outline case* | | | | | | | | | | | | | | | | | | | | | | | |
| Joint Committee in place | | | | | | | | | | | | | | | | | | | | | | | |
| Committees in Common in Place | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|---|---|
| **REPORT TO:** | Health Policy and Performance Board |
| **DATE:** | 26th November 2024 |
| **REPORTING OFFICER:** | NHS Director - Halton |
| **PORTFOLIO:** | Health and Wellbeing |
| **SUBJECT:** | One Halton Partnership and ICB@Halton Updates |
| **WARD(S)** | Borough wide |

## 1.0 PURPOSE OF THE REPORT

1.1 To present the Board with an update on One Halton Partnership and also some of the work programmes undertaken by ICB@Halton which support One Halton's ambitions.

## 2.0 RECOMMENDATION: That an update on One Halton and associated activities is received and noted.

## 3.0 SUPPORTING INFORMATION

3.1 The attached document provides an update on One Halton Partnership activities and builds on previous reports which have been shared with the Health Policy and Performance Board. The paper also references further programmes of work being undertaken by NHS Cheshire and Merseyside ICB @ Halton Place which support the aims and ambitions for the people of Halton.

3.2 One Halton Partnership Board comprises a wide range of members including NHS bodies, local authority (including children's, adults, public health services), and non-NHS/non-statutory bodies. This Partnership Board is the vehicle for delivery of national priorities, local priorities and Halton's Joint Health and Wellbeing Strategy. Achieving One Halton's ambitions is the responsibility of all partners working together to achieve a set of shared strategic objectives for Halton Place.

3.3 The presentation sets out the context and provides the latest overview of progress.

## 4.0 POLICY IMPLICATIONS

4.1 The original White Paper, Joining Up Care for People, Places and Populations, February 2022 set out the future ambition for shared outcomes with shared accountability and a single person

accountable at place level. This means that as One Halton Place-Based Partnership further evolves and develops there will be a need to understand the potential impact on policies of all of the partner organisations, including the Council.

## 5.0 FINANCIAL IMPLICATIONS

5.1 One Halton is a partnership arrangement as described above and therefore a collaborative of statutory and non-statutory organisations serving residents and patients within Halton. As One Halton further develops partners will need to understand more fully the resourcing and financial impacts on a collective basis at Place. This work is being progressed with partners.

## 6.0 IMPLICATIONS FOR THE COUNCIL'S

### 6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

One Halton supports the Council's and the Health and Wellbeing Board priorities for a Healthy Halton

### 6.2 Building a Strong, Sustainable Local Economy

Facilitate sustainable economic prosperity.

### 6.3 Supporting Children, Young People and Families

One Halton supports the Council's Health & Wellbeing Board's priority of improving levels of early child development. One of the system thematic priorities is Start Well.

### 6.4 Tackling Inequality and Helping Those Who Are Most In Need

One Halton is a key stakeholder locally supporting the Council & Health and Wellbeing Board's priorities for supporting improved health outcomes and reducing health inequalities for Halton's population.

### 6.5 Working Towards a Greener Future

None at this stage.

### 6.6 Valuing and Appreciating Halton and Our Community

The NHS reforms to Integrated Care Systems and Place Based Partnerships seek to engender a whole place collaborative approach.

There will be a One Halton work stream around assets to understand the public estate that supports delivery (in the widest sense) in Halton and work towards collaborative planning of the public estate.

It is also imperative to plan appropriately for healthy communities utilising Public Health ensuring an evidence-led

approach to meeting the future needs of Halton's population. One Halton will link into future regeneration schemes and developments in the Borough to ensure appropriate planning and system partner involvement. There are recent examples of joint working with the delivery of a Hospital Hub in Shopping City and the development of the Town Deal for Runcorn Old Town.

## 7.0 Risk Analysis

7.1 This will require further work to be undertaken when One Halton understands the range of services and activity that will be delivered at scale (Cheshire & Merseyside footprint) and those delegated to place (One Halton) provided by the different partners.

## 8.0 EQUALITY AND DIVERSITY ISSUES

8.1 In developing One Halton and health delivery moving over to NHS Cheshire & Merseyside, all services will continue to require equality impact assessments for any fundamental changes to service delivery to ensure equality and access to services is considered.

8.2 The One Halton Partnership Board and its sub-committees also has membership of Halton's Third Sector organisations and will actively work alongside them to consider equality and diversity issues. Many of Halton's voluntary sector organisations exist to support vulnerable, disadvantaged or disenfranchised cohorts of the community and have a reach often beyond public service delivery.

## 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 None under the meaning of the Act.

OneHalton
Working better together

NHS
Cheshire and Merseyside

# UPDATES

Tuesday 26 November 2024

*Anthony Leo*
Director – Halton

# One Halton Partnership

**One Halton Partnership** comprises a wide range of members including:

- NHS Primary Care (general practices, dental practices, pharmacies, opticians)
- Bridgewater Community Healthcare NHS Foundation Trust
- Warrington and Halton Teaching Hospitals NHS Foundation Trust
- Mersey and West Lancashire Teaching Hospitals NHS Trust
- Mersey Care NHS Foundation Trust
- Halton Borough Council (including children's, adults, public health services)
- Voluntary, Community, Faith and Social Enterprise (VCSFE) sector
- Halton Housing
- Halton Healthwatch.

The One Halton Partnership is the **vehicle for delivery of national priorities, local priorities and the vision set out in the Joint Health and Wellbeing Strategy within Halton**. Achieving One Halton's ambitions is the **shared responsibility of all partners working together** to achieve a set of strategic objectives for Halton's residents.

Our shared ambition is ***"to improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill health, promoting self-care and independence, arranging local, community-based support and ensuring high quality services for those who need them."***

To support delivery of this ambition, local health, care, and other services are working together, as equal partners, to support **seamless, person-centred care and tackle health inequalities** by improving the lives of the poorest fastest.

# One Halton Strategic Priorities

**One Halton Strategic Priorities** are driven by the vision and ambitions set out in the **Joint Health and Wellbeing Strategy** agreed in October 2022.

These are:

1. **Wider Determinants of Health:** Improve the employment opportunities for the people of Halton, in particular, where it affects children and families.

2. **Starting Well:** Enabling children and families to live healthy independent lives.

3. **Living Well:** Provide a supportive environment where systems work efficiently and support everyone to live their best life.

4. **Ageing Well:** Enabling older adults to live full independent healthy lives.

# One Halton Programmes

Through our One Halton programmes and an additional range of “business as usual activities” being progressed by all partners, we are progressing One Halton’s strategic priorities. However, we recognise that there is much more to do and we will continue to work together to improve the lives of the people living in Halton.

Our programmes of work include:

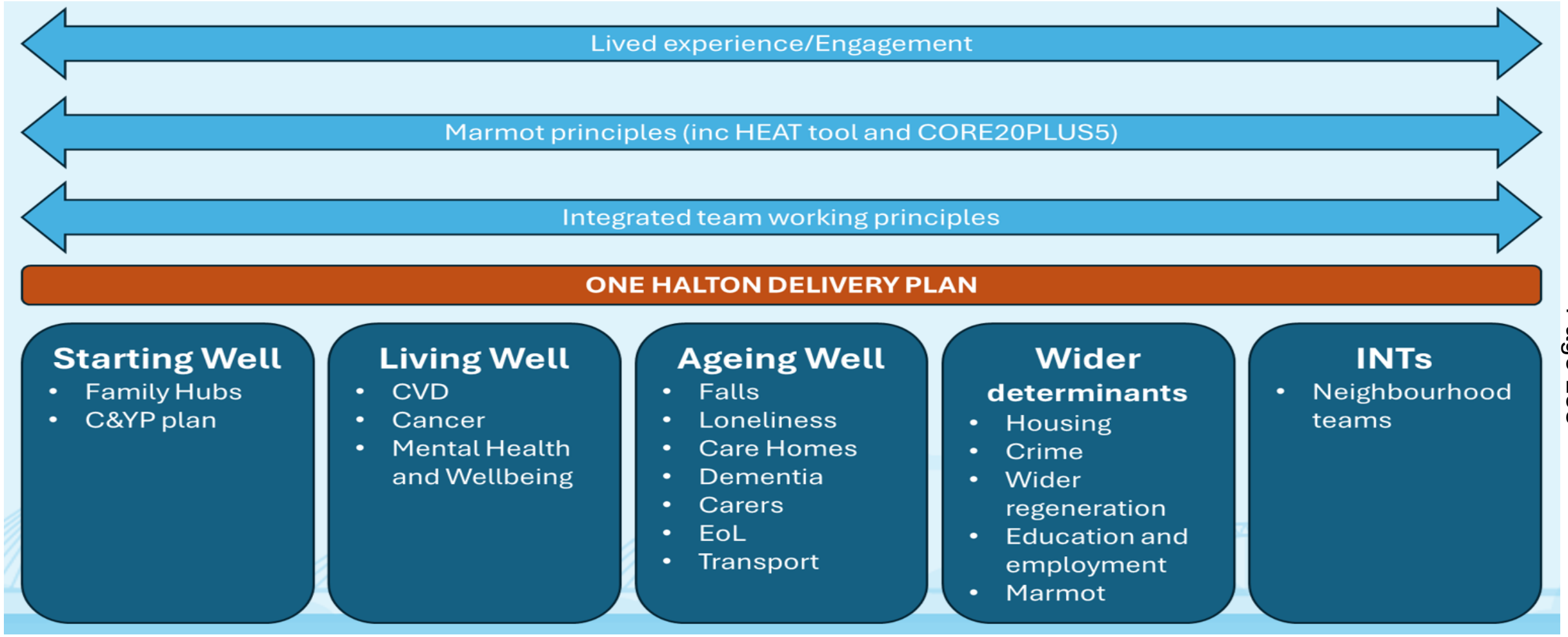
1. **Starting Well –** To enable Children and Families to live Healthy Independent Lives with the goal of more financially stable, informed and supported families with children who have better health outcomes.

2. **Living Well – Cardiovascular Disease; Cancer; Mental Health and Wellbeing Programmes:** To support early diagnosis and timely access to screening programmes and treatment.

3. **Ageing Well – Care Homes; Dementia; Falls Reduction; Reducing Loneliness and Isolation; End of Life care:** The various programmes will enable and support older adults to live full and independent lives.

4. **Wider Determinants – Economic regeneration; Employment, workforce, and Education, Improving Living Conditions:** The programmes seek to improve the employment opportunities for the people of Halton in particular where it affects children and families.

# One Halton Delivery Plan




Specific work projects are being progressed against the delivery plan.
Future progress updates will be provided against each element.

# ICB @ Halton Place
# Update

## Examples of
## ICB @ Halton Place
## *“Business as Usual”*
## *projects* which also support One Halton ambitions

# ICB @ Halton Place – Business As Usual Progress

In addition to the One Halton Partnership programmes, NHS Cheshire and Merseyside ICB @ Halton also has a range of **"business as usual"** work programmes some of which are highlighted as examples below and **which support the ambition and aims of One Halton**.

1. **General Practice Services:** Halton Place has a Primary Care Capacity and Access Improvement Plan for general practice. This sets out the ambition to improve access to general practice services in Halton and is aligned to the NHS Cheshire and Merseyside ambition and the national ambition. General practices in Halton typically deliver more than 55,000+ appointments each month for Halton's population (c130,000 people).

2. **Dental Services:** NHS Cheshire and Merseyside has an ambitious Dental Improvement Plan for 2024/25. This will build upon the current programmes in place and align to the delivery of the national dental recovery plan - *Our plan to recover and reform NHS dentistry published on 4 February 2024*. Our Cheshire and Merseyside Dental Improvement Plan 2024-2026, published in May 2024, builds on the national Dental Reform Plan via a range of additional, local dental improvement actions, backed by a multi-million pound increase in funding this year with a focus on improving access to urgent and routine care.

3. **Pharmacy Services:** Patients in Cheshire and Merseyside (including Halton) are now able to get treatment for seven common conditions through their high street pharmacy from January 2024, as part of a major transformation in the way the NHS delivers care. The Pharmacy First service is well-utilised in Halton. Highly trained pharmacists can assess and treat patients for each of the following conditions, without the need for a GP appointment or prescription first:

   - sinusitis
   - sore throat
   - earache
   - infected insect bite
   - impetigo
   - shingles
   - uncomplicated urinary tract infections in women

   The Pharmacy First service is available to patients on referral by their GP practice, NHS 111, and NHS Walk-in Centres/Urgent Treatment Centres – as well as by contacting their pharmacy directly.

# ICB @ Halton Place – Business As Usual Progress

4. **Urgent and Emergency Care:** A major programme of work is underway across Halton Place relating to urgent and emergency care improvement. This work includes all system partners: the hospitals; the community trust; mental health; local authority social care, primary care, and other partners to help avoid people needing to go to hospital, but when they do care for them in a way that means they do not need to be admitted to hospital unnecessarily, provide enhanced community responses, improve hospital flow and to enable more timely discharges from hospital.

5. **Cancer:** A range of projects for Halton are undertaken under the Cheshire and Merseyside Cancer Alliance programme including, for example: prevention and early detection, faster diagnosis, personalised care for all people with cancer, and access to screening programmes. Across Cheshire and Merseyside, we have seen improved rates of cancer diagnosis. To the end of March 2024, 76% of people had a cancer diagnosis confirmed or ruled out within 28 days of referral (better than the national average). In part, this was due to the opening of additional Community Diagnostic Centres (CDCs) including one in Halton. We have also seen improvements in early detection rates over the last five years.

6. **Children's Services:** There is a range of work being undertaken to improve children's services. For children and young people, we are working to implement a standardised pathway/model of care for neurodiversity (primarily ADHD and autism) that focuses on need and earlier access to support. Within Halton, a number of Family Hubs have now been established. The aim of the hubs is to join up and enhance the range of services delivered through the family hubs across Halton, ensuring all parents and carers can access the support they need when they need it. These hubs provide support to parents and carers so they are able to nurture their babies and children, improving health and education outcomes for all.

7. **Women's Health Hub:** Work is underway in Halton to establish a Women's Health Hub in Halton working in partnership with local stakeholders and across the wider Cheshire and Merseyside network to reduce fragmentation and enhance access to services.

8. **Living Well Bus:** Halton has continued to maximise the use of a roving health service in the borough in 2023-24 and into 2024-2025 working with Halton Borough Council's Public Health Team. This is delivered by Cheshire and Wirral Partnership NHS Trust, incorporating flu vaccines into the services provided.

# ICB @ Halton Place – Business As Usual Progress

9. **Community Engagement: Local Young People Supporting Health Research:** A key part of the One Halton approach is the involvement of local people and community organisations. An example is the work currently taking place with Power In Partnership (PIP) - a local not-for-profit organisation that supports young adults with their education and employment. PIP have teamed up with The National Institute of Health Research (NIHR), Halton Public Health Team and Cheshire & Merseyside NHS, to support local young people to become Community Research Champions. As part of NIHR's Research Ready Communities Project, young people have begun to research health topics that interest them such as diabetes and mental health. They've also been out and about on 'Kitty' the research bus, engaging with local people and encouraging people to get their blood pressure checks. The Champions have become Community Connectors, supporting the work of One Halton in a range of ways.

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

**DATE:** 26th November 2024

**REPORTING OFFICER:** Executive Director – Adult Services and Chief Executive Halton Carers Centre

**PORTFOLIO:** Adult Social Care

**SUBJECT:** Report on Activity to support Carers

**WARD(S)** Borough wide

## 1.0 PURPOSE OF THE REPORT

1.1 To provide the Board with information on activities that support carers in the Borough

1.2 To provide in-depth information on the work of Halton Carers Centre

## 2.0 RECOMMENDATION: That the report be noted.

## 3.0 SUPPORTING INFORMATION

3.1 In 2024 a new All Age Carers Strategy has been agreed under the One Halton governance framework and is attached at Appendix 1. This strategy arises from a review of the previous strategy, engagement with carers and the wider partnership and incorporates changes to national guidance where this has occurred.

3.2 Halton Borough Council works with partners in the independent, voluntary and statutory sectors to ensure a wide range of factors, engagement and types of provision can be supported.

3.3 Local Authorities (LA) in the UK have statutory duties to assess adult carers of adults with eligible social care needs and provide support where eligible. In England these duties are set out in the Care Act 2015. This duty is undertaken by the Adult Social Care Directorate

3.4 This report focuses on the work across the Adult Social Care Directorate and its partners to fulfil these duties and have a wider focus on supporting carers

3.5 **Carers Assessments**
Carers assessments are undertaken by staff in the Adult Social Care directorate. Assessments are offered when staff identify that someone has a carer(s). Staff also sign post people to the Carers

Centre and other agencies in the borough who may be able to provide support.

3.6 An assessment may lead to the provision of a service directly commissioned by the LA; the spot purchase of a service; the provision of a Direct Payment (money) that the carer can use to support them in undertaking their carers role; information on other organisations who can support the carer.

Table 1: Carer Assessment and Reviews Completed

| | Assessments | Reviews |
|---|---|---|
| 2021/22 | 530 | 373 |
| 2022/23 | 504 | 447 |
| 2023/24 | 548 | 476 |

3.7 **Services**

Respite is a key type of service that enables carers to have a break from their caring role. Respite in residential establishments is organised with the individual, their carer and social work staff. This can enable an individualised approach. Capacity in residential establishments is variable depending on type of establishment and demand.

3.8 The council block purchase respite capacity for people with a Learning Disability and / or Autism at the Bredon Respite Centre in Runcorn. Some of this capacity had been utilised for people requiring longer stays but this ceased in 2024 releasing this for further respite. In 2023/24 this was utilised by 26 people. In 2024/25 27 people have accessed this service to date. This provision is under review as part of the wider transformation work in respect of the model of provision for adults with learning disabilities.

3.9 The council also block purchase a respite service that can be delivered in people's own homes. Typically, this supports carers to go out knowing the person they care for is being looked after. This service has capacity to deliver circa 500 hours of support per month. For the first 6 months of 2023/24 this has delivered 2,187 hours of support.

3.10 The Alzheimer's society also provides tailored support to people living with Dementia and their carers

3.11 **Direct Payments**

Direct Payments (DP's) are offered to carers as a flexible way for carers to meet their assessed needs. Funding for this comes through an allocated budget 'Carers Breaks' (see 7.0 below)

Table 2: Number of Carer Direct Payments

| | No. Carer DP's |
|---|---|
| 2021/22 | 436 |
| 2022/23 | 456 |
| 2023/24 | 497 |

There have been 281 carer DP's in the first 6 months of 2024/25

3.12 **Carers Break Fund**

This is a budget allocation to support carers. This budget is in addition to the commissioned services and funding for the voluntary sector organisations. It is typically used for DP's, respite and one-off resources for carers as part of the assessment and support plan. It should also be noted that some spend that supports carers utilises the Community Care budget in adult social care and is attributed to the person being cared for rather than their carer.

Table 3 shows the allocated budget increases year on year and that spend is recovering from the impact of the pandemic

Table 3: Cares Break Fund Allocation and Spend

| Year | Budget (£) | Spend (£) |
|---|---|---|
| 2019/20 | 393,600 | 312,702 |
| 2020/21 | 404,810 | 264,774 |
| 2021/22 | 412,410 | 235,911 |
| 2022/23 | 428,070 | 268,768 |
| 2023/24 | 450,020 | 345,128 |
| 2024/25 | 474,100 | n/a |

3.13 **Halton Carers Strategy**

The Carer's Trust define a carer as:
"A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support."

3.14 Across Halton we know that providing care and support for another person can be extremely rewarding, but it can also be difficult. Carers are recognised in their own right within legislation, and in particular, the Care Act 2014 places a duty on the Council to assess the needs of carers and the impact of their caring role on their wellbeing.

3.15 Acknowledgement of the contribution carers make to the health and care system is made through the One Halton Carers Strategy 2024-2027, and its associated Delivery Plan – attached at Appendix One.

3.16 This strategy was devised on a multi-agency basis, and in working in coproduction with carers to understand their needs and priorities. It supersedes the strategy which ran from 2020 – 2023. Updates on progress made in the period are given in a new version.

3.17 The multi-agency group that devised the current strategy meet on a quarterly basis to discuss developments and opportunities for carers across the borough. They also monitor progress against the Delivery Plan. The group involves representation from Halton Borough Council – both Children's and Adults services, the Integrated Care Board – Cheshire and Merseyside NHS, Citizen's Advice Bureau, Alzheimer's Society, local Department for Work and Pensions/ Job Centre Plus representation, and Halton Carers Centre.

3.18 **Halton Carers Centre**
Halton Carers Centre is a hub of support and activity for carers across the borough. It was opened in 2008, being established following Council consultation across the borough on what support was needed for unpaid carers, which resulted in a preference for provision which was independent from the Council.

3.19 As a network partner to The Carers Trust, Halton Carers Centre adheres to the charity's national standards. The service works with adult carers as well as young carers to offer to offer a holistic assessment of need and deliver against a core support offer that incorporates:

- Information and advice
- Carers break funding
- Training
- Counselling and emotional support
- Family support and young carers activities
- Support groups and forums
- Provides holistic therapies
- Day trips and events

3.20 Halton Carers Centre has a 'shop front' presence in Runcorn at their base in Church Street, and also has an office in St Marie's in Widnes.

3.21 The Carers Centre is funded through a variety of sources and holds a commission through Better Care Fund, which is a joint funding pot between Halton Borough Council Adults Directorate and NHS Cheshire and Merseyside Integrated Care Board (ICB). The contract for this activity sits with the ICB but is jointly monitored by the Council and the ICB. The work delivered supports the Council's duties to adult carers under the Care Act 2014.

3.22 Current figures show that Halton Carers Centre have 6,036 carers registered with them (Adult Carers: 4,961, Young Carers: 1,075).

3.23 **Overview of services**
**Recent activity:**
Ongoing Activities and groups:

- Dementia Carers Support Group – Fortnightly - Runcorn

(evening to allow working carers to attend)

- Dementia Carers Support Group – Monthly - Widnes.
- ADHD Carers Group – Monthly - online to enable carers to attend who may struggle to leave the house
- Carers Coffee group – Monthly - Widnes. General Drop in / Catch up for all Carers. In these groups carers often support each other and share experiences.
- Carers Coffee group – Monthly - Runcorn. General Drop in / Catch up for all Carers. In these groups carers often support each other and share experiences.
- Parent Carer Support Group – Monthly - Widnes
- Parent Carer Support Group – Monthly - Runcorn
- Young Carers Me Time Group – Fortnightly - Widnes/Runcorn
- Young Carers R Time Group – Fortnightly - Widnes/Runcorn

Recent additional activities have included:

- Sensory Workshops – delivered in partnership with Shine Therapy. Directed sessions both to professionals and at parents with children with conditions and difficulties including (but not limited to) ASD, ADHD, Sensory processing Disorder and Global Development Delay.
- Additional Dementia Support Group at St Maries – this has been put on following an increased in registrations for carers looking after a loved one with Alzheimer's / Dementia. The support offer has been stepped up to recognise this additional need.
- School Holiday Programme for young carers up to age 18 – Through Children and Families Directorate Holiday Activity Fund, a large range of trips, groups and activities have been offered during the summer to reflect that many young carers lose the support and routine of school over this period and need additional support
- Carers Week – to mark national Carers Week in June 2024 the Centre held a series of events to recognise and celebrate the work of carers in Halton.
- Tourettes Workshop – After listening to carers an unmet local need was identified around carers who look after a loved one with Tourettes. To begin the conversation around increasing awareness of Tourettes in Halton the Centre brought the national charity 'Tourettes Action' in to facilitate workshops with carers and professionals about how Tourettes is diagnosed and affects people's daily lives.

3.24 **Carers Break Funding**

Separate to the Carers Break Fund at 7.0 above, Carers Centre also receive and distribute Carers Break Funding on behalf of the Council.

3.25 This involves a pot of money being made available for carers to manage their individual situations and assessed needs, and funding is usually granted up to a total of £250. During 2023/24 a total of 1,170 grants were issued to carers across the borough totalling the amount of £185, 650. For this year, 2024/25, to date a total of 676 grants have been issued, totalling £111,510 A breakdown of the funding allocation is given at Appendix Two.

Examples of how this funding is used includes:

- Short Breaks
- Pamper days
- Garden work
- Work for decorating
- Cinema trips
- Meals and Theatre breaks
- Laptop, to enable the carer to access services online

3.26 **Partnership working**

Tourettes Action – as outlined in 3.2.3 we were able to bring Tourettes action into Halton to support the unmet need around carers looking after a loved one with Tourettes. Halton Carers Centre are planning further workshops in partnership with Tourettes Action and Children and Families services.

3.27 Citizen's Advice Bureau (CAB) – Halton Carers Centre are working together with the CAB to formulate a new project supporting carers experiencing debt, poverty and financial difficulties.

3.28 Halton Housing – Halton Carers Centre were approached by Halton Housing to deliver a joint project aimed at carers living in Halton Housing accommodation. This included a Teddy Bears Picnic for young carers and creative workshops for adult carers.

3.29 Outreach – working with other organisations the Carers Centre deliver outreach sessions across the community to increase the visibility of carers and assist other organisations to identify carers in their own settings. This includes taking the Halton Carers Centre information stand to schools, colleges, GP surgeries, hospitals and other third sector organisations.

3.30 Halton Carers Centre represent and advocate for young carers at relevant Halton Borough Council meetings including MAP, Child in Need and Child Protection conferences.

3.31 **Future funding challenges**

Halton Carers Centre, as a charity sector organisation, operates with a continuous level of uncertainty in terms of financial stability. This results primarily from working with short-term and project-based funding through grant applications.

3.32 The Council and ICB contract offers £341,866, roughly 63% of the Centre's current annual budget. This is, however, currently offered and issued on an annual basis, according to budgetary restraints across the public sector.

3.33 Halton Carers Centre are confident that their funding allows for current activities to the end of March 2025. From there, a shortfall of £79,000 is predicted for the following financial year. For this there is currently a possible £31,000 in pending funding application that are currently being worked on. The rest needs to be identified from other sources, many of which will be emergent nearer to the period.

3.34 Halton Carers Centre undertake robust financial planning to be remain aware of their funding position both now and into future years. They are currently investigating all options and strategies to deal with this and understand the continuous cycle of need to ensure the future sustainability of the service.

## 4.0 POLICY IMPLICATIONS

4.1 The delivery of service through Halton Carers Centre aligns to the One Halton Carers Strategy 2024-2027 and associated Delivery Plan.

## 5.0 FINANCIAL IMPLICATIONS

5.1 N/A

## 6.0 IMPLICATIONS FOR THE COUNCIL'S

### 6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

Halton Borough Council has a statutory duty to support the wellbeing of carers under the requirements of the Care Act 2014.

### 6.2 Building a Strong, Sustainable Local Economy

Carers are often in employment. Providing support to the carer role can support employment

### 6.3 Supporting Children, Young People and Families

Halton carers centre support all age carers and their families

### 6.4 Tackling Inequality and Helping Those Who Are Most In Need

Unpaid carers are recognised as being disadvantaged in relation to economic activity and community inclusion.

### 6.5 Working Towards a Greener Future

None identified.

### 6.6 Valuing and Appreciating Halton and Our Community

Halton Carers Centre strive to provide a wide range of community-based opportunities to identify and include carers.

**7.0 Risk Analysis**

7.1 None identified

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 None identified

**9.0 CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

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

10.1 None under the meaning of the Act.

# ONE HALTON CARERS STRATEGY

# 2024 - 2027

# and

# DELIVERY PLAN

## Contents

# Foreword

Following on from the success of the previous All-Age Carers Strategy in Halton, this updated 2023-2026 Strategy continues to identify progress towards more joined-up and holistic approaches to supporting Carers.

Carers are a valued part of our community and Halton Borough Council (HBC), NHS Cheshire and Merseyside Integrated Care Board (ICB) and partners working together across One share a commitment to improve the lives and opportunities for children, young people and adults who are carers in Halton.

Every year, across the country, more and more people take on a caring role. The enormous contribution of our carers not only makes an invaluable difference to the people they support, but it is an integral part of our health and social care system.

This Strategy and the Delivery Plan set out our current position, the areas for improvement that we need to focus on over the next three years and the outcomes for individuals that we want to achieve.

The Delivery Plan has been developed in conjunction with children and adult carers, along with the key providers of services within Halton. We would like to thank everyone who has been involved with the development of this Strategy and Delivery Plan.

# 1. Introduction

## The aim of this strategy

This strategy aims to identify a set of local priorities for those people who have caring responsibilities in Halton.

It intends to celebrate people's experiences of caring in Halton, including what's working well for them. It will also look to pinpoint some areas for improvement, where there are perhaps some gaps in the system which can be closed. By working in collaboration across One Halton we aim to improve the lives of people who provide informal care.

The strategy is set in the context of national legislation, policy and guidance which sets out the rights of carers and recognises their contribution to the health and social care system and wider society.

## 1.1 Who is A Carer?

A carer is someone who provides unpaid support to a family member or friend who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support. Each carer's experience is unique to their own circumstances. Carers can be any age, from children to older people, and from every community and culture. Some carers may be disabled or have care needs themselves.

The Care Act 's definition of an adult carer is "…. someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally, or through a voluntary organisation."

The Carers Trust[1] definition of a Young Carer is "…someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol."

Many people with caring responsibilities don't see themselves as carers, but rather as a parent, spouse, son, daughter, partner, friend or neighbour. They support their family and do not think of themselves as "carers" or are not recognised as Carers by professionals and/or the community. Many carers would never use the term carer, even if they are one, as it's not how they wish to view their role and it positions the cared-for person in the role of a dependent person, which they might not want to be viewed as.

[1] https://carers.org/about-us/about-young-carers

## 1.2 National Context

There are two main pieces of legislation that define how support is provided by carers, namely The Care Act 2014[2] and The Children and Families Act 2014[3].

Carers rights have been embedded into statute and carers have been put on the same legal footing as those with care and support needs when it comes to their own wellbeing. This main body for identifying carers support needs is the Local Authority but this is backed by a wider system-based approach. This means that children's and adults' services must have arrangements in place to assess carers, including young carers to ensure that no young person's life is unnecessarily restricted because they are providing significant care to an adult.

The Children and Families Act ensures that all children, young people and their families are able to access the right support and provision to meet their needs.

Under The Care Act, any carer can request an assessment, they will however be subject to eligibility criteria in respect of accessing publicly funded services.

The Care Act places a duty on local authorities to:

- Prevent, reduce and delay the need for support, including the needs of carers.
- Provide information and advice to carers in relation to their caring role and their own needs; and
- Work together with NHS partners and others in delivering the Care Act functions.

The Department of Health and Social Care's 'Next Steps to put People at the Heart of Care – A plan for adult social care system reform 2023 to 2024 and 2024 to 2025' acknowledges: "There are key gaps in the evidence base surrounding the circumstances, experiences and needs of unpaid carers in England. We are taking steps towards implementing a new survey of unpaid carers which would capture the data and evidence needed to address these gaps."

The NHS Long Term Plan (LTP) makes a clear commitment to identify and support unpaid carers. There are clear metrics associated with supporting young carers and ensuring professionals can access carer contingency plans when they need to.

While caring is not a protected characteristic under the Equality Act 2010 it is, to some extent, covered under Section 13 which looks at 'discrimination by association'. There are currently campaigns asking for caring to become the 10th protected characteristic under the law.

[2] https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets#factsheet-8-the-law-for-carers
[3] http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted

National charities set up to support and campaign for the continued rights of carers across the UK communicate the value of the role and its impact those who undertake it.

The Carers Trust state that: "Although for many carers, caring can have positive and rewarding aspects, there are lots of reasons why caring can also leave you needing support.

"Caring can have an impact on many aspects of your life."

Carers UK maintain that: "Carers are holding families together, enabling those they care for to get the most out of life, making an enormous contribution to society and saving the economy billions of pounds.

"Yet many are stretched to the limit – juggling care with work and family life, struggling to make ends meet and often battling with poor health themselves. "

## 1.3 Local Context

Halton has a number of local strategies and policy documents that are key drivers in areas of priority for health and social care. Public Health evidence and intelligence reports and data for the borough indicate a wide range of inequalities and impactors on the local population, including communities with high levels of deprivation and lower than national average life expectancy, dependant of where people live.

The population of Halton (128,432 in 2018[4]) is predominantly homogeneous in relation to protected characteristics such as ethnicity, faith and sexual orientation, though it is recognised that there are key minority groups within Halton.

Halton is an industrial and logistics hub with a higher proportion of people working in manufacturing (particularly chemicals and advanced manufacturing), wholesale and retail, and transport and storage compared to the average for England. Less than 60% of the working age population of Halton are economically active[5].

[4] Local Area Profiles and data for Runcorn and Widnes (halton.gov.uk)
[5] Local Area Profiles and data for Runcorn and Widnes (halton.gov.uk)

## 2. One Halton

One Halton is the place-based partnership between the local authority, NHS organisations and the voluntary and community sector. The aim of One Halton is to fulfil a commitment to whole 'system' working for the benefit of the people of the borough.

In developing a shared strategy for the carers across Halton we have a mutual understanding of the needs and ambitions of carers and can work collectively to achieve common goals.

**One Halton Vision**

"To improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill health, promoting self-care and independence, arranging local, community-based support and ensuring high quality services for those who need them."

Halton Borough Council is responsible, through legislation, for assessing and supporting the needs of carers, through its social care functions. In Halton it is recognised that caring responsibilities affect people across all aspects of their lives and a partnership approach to supporting carers is key to maintaining their wellbeing. All partners within One Halton have a responsibility to consider the needs and rights of carers as part of their services and functions.

## 3. Halton Carers Centre

Halton Carers Centre, as the primary voluntary sector organisation offering support to carers in the borough, receives pooled funding from Halton Borough Council and Cheshire and Merseyside Integrated Care Board to maintain services. Halton Carers Centre is a network partner of the Carers Trust. It also manages other funding streams for targeted activity.

Halton Carers Centre works alongside a range of other partners to identify carers, assess their needs and provide support and timely interventions. They work with unpaid carers of all ages to help them manage their caring role, have some time to themselves and stay well.

For more information about Halton Carers Centre and its holistic service offer visit:

www.haltoncarers.co.uk

**Myth buster - If I reach out for support or register as a carer, the person I care for could get taken away by social services/or I could get taken into care?**

This is the biggest concern we hear from carers wanting to reach out for support. **The truth is** these situations rarely happen. We want to support the carer and the person they care for to be safe and supported in their own home.

Once you register as a carer, the most likely thing to happen is you could access things you may not have realised are out there for you or the person you care for. It really is better to reach out, even just to talk things through with one of our lovely team members at the Carers Centre.

*'I am thankful that I interacted with the Halton Carers Centre as I know they will always do their best to help me.'*

*'I really enjoy the holistic treatments I have in the centre and feel like the hour for myself does benefit me so much for my week ahead.'*

# 4. What do we know about Carers in Halton?

In 2021, 4.6 per cent of Halton residents (aged five years and over) reported providing up to 19 hours of unpaid care each week. This figure decreased from 6.8 per cent in 2011. However, Halton were in the top five authorities in England of those aged 5 years and over providing unpaid care.

The 2021 Census was undertaken during the coronavirus (COVID-19) pandemic. This may have influenced how people perceived and managed their provision of unpaid care, and therefore may have affected how people chose to respond. However, Halton Carers Centre have also been proactive in identifying carers and encouraging them to identify themselves as a carer. In this sense, the figures may represent invaluable insight into the extent of caring in Halton.

| Indicator | Percentage - Halton 2021 Census | Number - Halton 2021 Census |
|---|---|---|
| Provides 1 – 19 hours unpaid care a week | 4.6% | 5,660 |
| Provides 20-49 hours unpaid care a week | 2.7% | 3,322 |
| Provides 50 or more hours unpaid care a week | 4.0% | 4,747 |

In Halton there are currently 5,566 carers who are registered with Halton Carers Centre and receive support from them. This shows that there are many more carers out there who have not identified themselves as a carer or have not registered with the Carers Centre.

The Carers Centre collate information on a regular basis and the information below is a snapshot of their data, based on a few different categories, to give an overview of what we know about Halton's carers. Below is a breakdown of all carers in Halton (registered with the Carers Centre) covering gender, ethnicity and age of carers in Halton as of February 2023. The data shows us that although the majority of carers in Halton are from a White British background, there are at least 12 other ethnicities of carers, and cultural differences and intersectionality need to consider when working with carers.

| Gender | |
|---|---|
| Male Carers | 1,749 |
| Female Carers | 3,811 |
| Non-Binary | 1 |
| Prefer not to say | 5 |
| **Total** | **5,566** |

| Age | |
|---|---|
| 0 – 17 years old | 899 |
| 18 – 64 years old | 3,374 |
| 65 plus | 1,293 |
| **Total** | **5,566** |

| Ethnicity | | | |
|---|---|---|---|
| Asian Indian | 5 | Asian Pakistani | 1 |
| Asian Bangladeshi | 3 | Asian Chinese | 1 |
| Asian Other | 4 | Black Caribbean | 3 |
| Black African | 6 | Black Other | 29 |
| White Black Caribbean | 2 | White Asian | 13 |
| Any Other Mixed | 14 | White English | 5262 |
| White Irish | 26 | White Other | 48 |
| Not Stated | 152 | | |
| **Total** | | | **5,566** |

## Case Study from Halton Carers Centre

I have been supporting a single mother who cares for her 9-year-old son with ASD & ADHD. Mum accesses our parent carer support groups and activities and also works for a large well-known company which she has done for over 10 years.

Recently the contracts in work were changed to incorporate new working hours due to the amalgamation of 2 other companies. This left Mum with no childcare for the hours she was being asked to do.

Her son struggles with new routines and mum finds that if he is left with childminders his anxiety reaches a high level which cause him to have meltdowns and his behaviour becomes erratic. This can lead to self-harm and other destructive behaviours.

I chatted with Mum, listened to her concerns and worries and encouraged her to speak to her line manager as soon as possible to ensure maximum communication between her and her employer. After speaking with her team leader to came back to me to tell me that this conversation had not gone well. Her team leader had told her that she needed to accept the new hours and that they could not change work patterns to accommodate her childcare needs.

I subsequently sent an employment support letter to her line manager, explaining that she is an unpaid carer, outlining carer rights in the workplace and explaining some details behind her sons' condition and why it is important to them as a family to have consistent working hours. This led to a meeting with mum and the HR team at which point she was returned to her original working hours.

After this mum was delighted, she could continue working whilst knowing her son wasn't going to be put in a situation that would cause him additional stress and anxiety.

**Myth buster - Is it true that if I register as a carer, I won't be able to stay employed or continue studying?**

Caring can of course be hard and time-consuming, so often people find it hard to continue working or studying. But the truth is, registering as a carer means you can get access to the support you need to enable you to continue working, studying and caring, if that is something you wish to continue. Carers often tell us they want to stay in employment or continue their academic or career paths, and the support and advice we offer can help you achieve this.

## Quote from former carers:

Halton Carers Centre continue to support carers for a further 12 months following the loss of their loved ones, giving them chance to readjust as their caring role end and their new circumstances develop.

## Case Study from Age UK Mid-Mersey

Female Carer aged 88 lives in Runcorn cares for her husband 92, for many years her husband as suffered from prostate cancer and was diagnosed with Dementia/ Alzheimer's 9 months ago.

They have been married for over 66 years, they have two sons, one who lives in the South of England and one who lives more local but works fulltime, is married and has his own family.

The couple both worked all their lives and lived a comfortable lifestyle which included being part of many local social groups and being members of the golf club.

A couple of years ago her husband's health started to deteriorate due to memory issues, he started requiring support with everyday activities and needed to be prompted to complete simple personal tasks or to go out socially.

Caring for her husband had a detrimental effect on her health she started to suffer from severe anxiety, she stopped attending her social groups, playing golf, and meeting up with friends. Over time she became isolated.

She was referred to us via her GP. Within 5 days of referral, she was contacted by an adult carer support worker who completed the registration process over the phone. In this conversation we discussed how she was coping, her feelings and anxieties and what support she needed.

The Carer said she would feel very nervous about attending the centre to access services as she was nervous going somewhere new and joining an established group. We instead invited her to pop into the centre when she was next in the Old Town to meet the staff and have a look around the centre without any expectation of joining an activity. She subsequently did this and just asked if she could introduce herself to the worker she had talked to on the phoned. We gradually encouraged her to join in other activities and since then, she has felt confident to attend therapies, podiatry, had a full health check, attend carers forums and has applied for Carers Break Funding to help pay for a gardener. She also attends our dementia carers group and often calls in with her husband for a coffee and chat telling us she feels very welcome.

As well as accessing the therapies, podiatry and funding, since registering with the centre, carer has also been referred to Welfare Rights for support with applying for Attendance Allowance which was awarded. She recently told us she feels she has enough confidence to return to the golf club not to play but to visit the ladies there. Carer was offered a Carers Assessment to discuss any additional support available but declined, at present she feels confident in caring role and able to continue.

## 5. Progress since our last Carer's strategy

The last Carers Strategy covered the period 2020-2023. Through partnership work and planned development activity some valuable outcomes have been achieved to better the lives of carers across Halton.

| You said | We did | What are the outcomes for carers? |
|---|---|---|
| Improved joint working across partners | Regular Carer's Strategy Group meetings with Voluntary Sector Organisations, Halton Carers Centre, Halton Borough Council and Health are held to share information and address the needs of carers. | Joint working supports timely and appropriate access to services to meet carers needs.<br>Service pathways and referrals routes are identified and the right help can be better determined at the right time for individuals. |
| Working in schools to promote awareness of young carers | Halton Carer Centre now employ three young carer support workers who are actively involved in outreach in schools, to identify and support young carers. | Halton Carers Centre offer a range of services for young carers aged 5-17.<br>A key priority is to provide a space for young carers to have fun and to meet other young carers as realising that other people are in similar circumstances to yourself is key to reducing isolation. |
| Information sharing and raising awareness of carers within GP Surgeries | Halton Carer Centre have GP Link Worker in all but one GP surgeries across Halton; however, they do promote the work of the Centre.<br>Regular outreach sessions are held in surgeries and flu session completed during the winter months. | Having a regular presence within GP surgeries enables better identification of carers, giving them access to service they weren't previously aware of.<br>Targeted sessions help specific groups of carers to recognise their own needs. |
| Publicity around carers to be more widespread- including the following areas:<br>Bus Stops<br>Social Media<br>Local Radio<br>Taxi's<br>Community Transport | Halton Carers Centre and Halton Borough Council have good social media platforms, including Facebook, twitter and Instagram. Halton Carer Centre also have leaflets with Apec Taxi service. | Increased public knowledge of services and recognition of carers needs. |

| | | |
|---|---|---|
| Employer support for Working Carers in organisations within Halton | Halton Carers Centre provides advocacy for working carers, this need is raised through the review process or through our info, advice and guidance drop in | Improved recognition of the wellbeing needs of carers and support to keep the economically active. |
| More support with Direct Payments | Carers can access Direct Payments if they are eligible following a Carers Assessment of need. | Greater autonomy for carers to choose how their own wellbeing needs and met and managed. |
| Availability and range of Respite Care especially in terms of pre-booking | Halton Borough Council had devised a new Adults Directorate Respite policy which brings all respite opportunities, and how to access them, into one place. | Increased access to clear and concise information. |
| Increased support for older carers | Older carers have access to all aspect of support through the Carer's Centre.<br>Age UK Mid-Mersey work with older people to identify caring responsibilities and encourage registration with the carers centre. | Increased numbers of older people identify as carers and have access to support and resources in relation to their own wellbeing needs resulting from their caring role. |
| More support for dementia carers | Halton Carers Centre has a range of interventions devised for dementia carers, including Information and advice, training and Dementia Carers Groups.<br>Dementia Advisory Service available to carers, through Alzheimer's Society.<br>A number of community-based Dementia Cafes have been set up for both carers and the cared for to access.<br>Halton Borough Council has adopted a Council-wide Dementia Friendly Halton action plan. | Dementia carers have access to resources and support and feel less isolated. |
| NHS Services not being fully up to date on situation. | NHS Cheshire and Merseyside have worked with Halton Carers Centre to increase the profile of local carers and the Carers Centre offer.<br>This was done through wide circulation of Halton Carers Centre literature and reports, briefing sessions for NHS staff, Going forward we are planning protected learning time for GPs and reports in the Primary Care Bulletin. | NHS professionals are more aware of the levels and needs of carers, and the services available to support them. |

| | | |
|---|---|---|
| Publicise access to leisure facilities – such as Halton Leisure Card | Carers Centre has been provided with an initial run of 100 leisure cards. | Carers have access to HBC leisure services, providing an opportunity to look after their own wellbeing. |
| Carer lists at GP Surgeries for priority appointments | Unfortunately, it was found that it is not possible to prioritise appointments for carers, appointments have to be based on clinical need. Carers can, however, inform their practice that they are a Carer as it is useful to be logged on the system, and may help with access to additional support. | Carers are identified by the practice and can then be directed to additional support such as social prescribing or VCFSE partners. |
| Podiatry appointments are over subscribed | NHS Cheshire and Merseyside have worked with the service provider, Bridgewater Community Healthcare NHS Foundation Trust, to review the service. The emphasis of the review is to ensure timely access for those most in need. Additional appointments are now being made available and Podiatry features on the Trusts Service Development Improvement Plan for 2024/25. | Increased access to appointments and a more accessible service will be beneficial to carers. |
| Young adults, people who have physical illnesses, not enough support | Halton Borough Council have commission a range of activities to take place across Halton during school breaks. The Holiday Activity Fund is aimed at young people who would otherwise not get a break, such as young carers. Activities are free, accessible and a meal is provided. | Young carers who may not be able to leave their parent for long periods, can have a break and socialise with peers. |

## 6. One Halton Carers Deliver Plan 2024-2027

The delivery plan for this strategy has been devised in partnership across One Halton and represents feedback gained from carers themselves (see Section 7)

| Where are the gaps in support for Carers? | Action to be undertaken | Responsible Service Area |
|---|---|---|
| Identifying 'hidden' carers; we know there are over 13,000 carers in Halton, around over 8,000 of those are not known to services. | Further promotional activities across all partner agencies to encourage carers to recognise their contribution and register to have their own wellbeing needs supported.<br>Work with known carers to coproduce activity and campaigns to recognise carers. | All |
| Lack of awareness from Social Care Teams as to the role of Halton Carers Centre and support available to unpaid Carers. | Recognition of opportunities for presentations to be delivered to workers and information shared – ongoing in consideration of staffing changes.<br>Targeted work with i-Cart to discuss issues with referrals and how these can be progressed. | Halton Carers Centre / Halton Borough Council – Adults Directorate and Children and Families Directorate |
| Support with access to financial information | Benefits maximisation – referrals made to Welfare Benefits teams made through all partner agencies.<br>Maintain capacity to support with benefits claim forms - voluntary sector organisations.<br>Targeted carers promotion for additional funds accessible to the public to support the cost of living. | All |
| Not all schools are engaging with young carer worker outreach sessions to identify and support young carers. | Halton Carer Centre to meet with Jill Farrell, OD for education, inclusion and provision, to look at improvements in engagement for all schools. | Halton Carers Centre / Halton Borough Council (Education) |

| | | |
|---|---|---|
| There is no standardised procedure for registering unpaid carers with GP surgeries. | Cheshire and Merseyside ICB to work with GP networks to devise strategies to ensure carers are identified and registered. | Cheshire and Merseyside ICB / GP networks |
| Respite opportunities for carers. There is no pre-bookable respite available in the area. | Evaluate current provision and commissioning opportunities for respite models, working in coproduction with carers to listen to their needs. | Halton Borough Council / Cheshire and Merseyside ICB |
| Opportunities to reduce loneliness for carers and to improve well-being. | Halton Carers Centre to continue to offer a varied programme of activities aimed at improving carer well-being. | Halton Carers Centre / All |
| Raising awareness and promoting the needs of carers | Planned and coordinated activities and events for National Carers Week and other associated carers awareness days | Halton Carers Centre / All |
| Employer's understanding of carers needs and rights | Work across partnerships to raise awareness of carers needs and rights with a range of workplaces and organisations. | Halton Carers Centre / All |

# 7. Involving and Listening to Carers

A number of different events have taken place during 2023 to capture the views of carers to feed into this strategy.

## 7.1 Carers Consultation Event


On 23rd May 2023 the Carer's Centre and Halton Borough Council organised a Carer's Forum which took place at the Foundry in Widnes. Carers known to the Carer's Centre were invited to the event, which saw a good turn out on the day, with the Mayor in attendance.

Following on from the previous strategy there was a focus on what was working for Carers and what improvements still need to be made.

The theme of this event was: 'What carers feel is working or not in Halton. Carers felt they were given the opportunity to talk about their experiences of being a carer in Halton. Using 'a day in the life of Billy' they were able to express how being a carer affected their day-to-day lives.

Carers reported to feeling busy, tired and having little time to themselves, with poor emotional wellbeing and high levels of stress.

From work since the last strategy, where are the remaining gaps?

**What needs to improve for carers in Halton?**

Carers were asked to prioritise what they wanted to improve.

1st - Listening to carers/carers voice

2nd - Access to information and advice

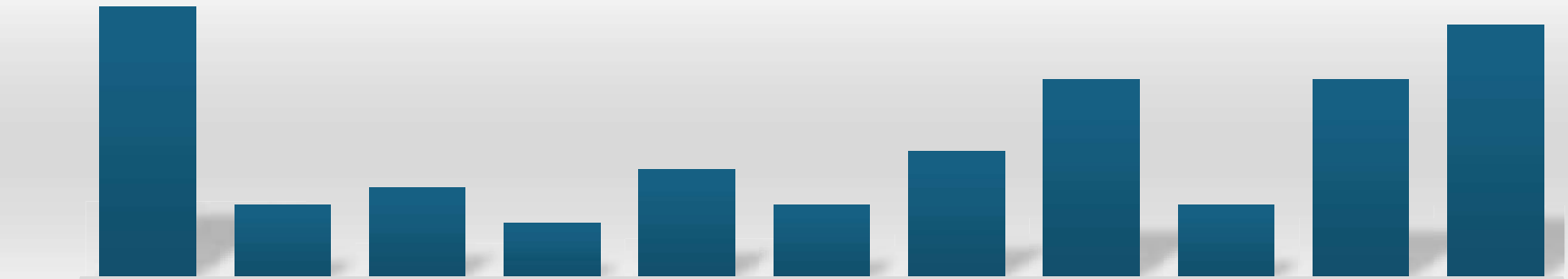
3rd - Information about and access to finances

4th - Opportunities to reduce loneliness

5th - More respite opportunities

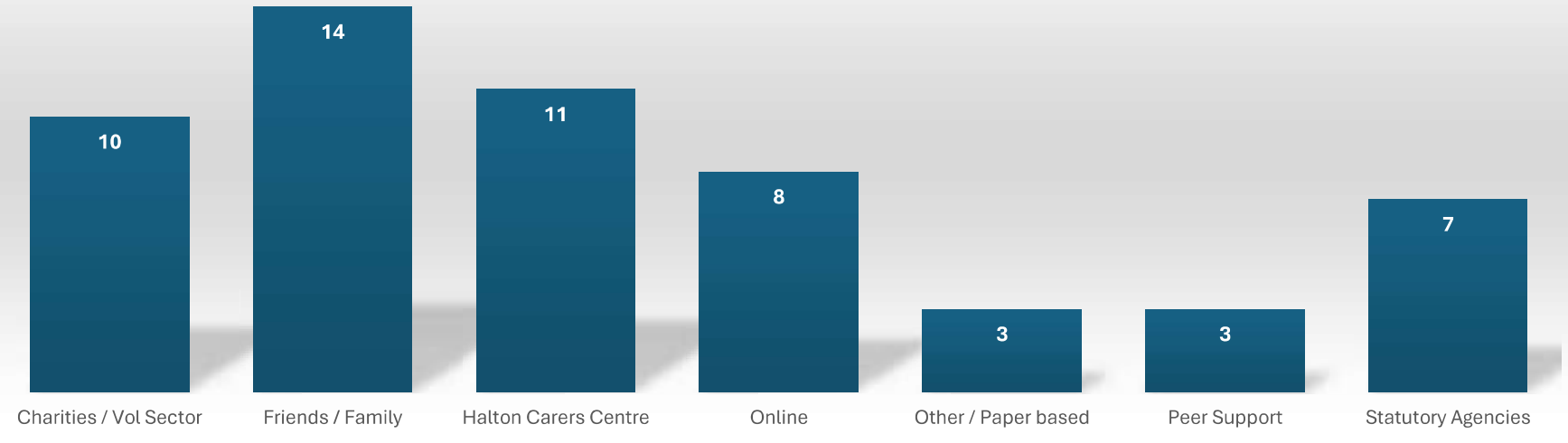
6th - Opportunities to have fun and improve wellbeing

## How did Billy feel?



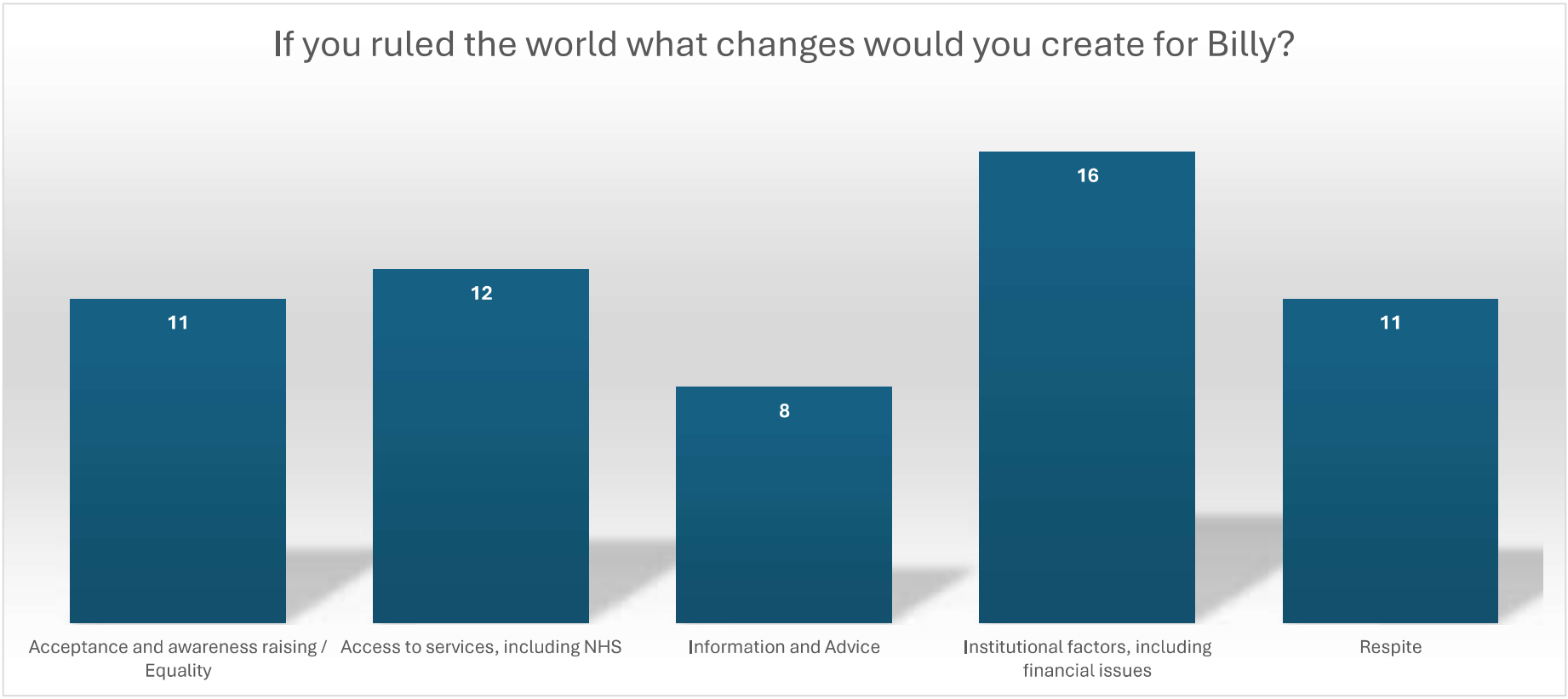
| | Busy | Financial problems | Frustrating | Guilt | Isolating | Issues with other Organisations | Other | Own Emotional Health | Own Health problems | Stressed | Tired |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total | 15 | 4 | 5 | 3 | 6 | 4 | 7 | 11 | 4 | 11 | 14 |

## Where does Billy go for Support?



Support was sought in the main from family and friends, followed by Halton Carers Centre and voluntary sector organisations. Carers are less likely to contact statutory organisations for support and feel that they have issues with some of these organisations.

It was clear from all that finances were a concern when in came to caring, in particular issues around Carer's Allowance and other benefits affecting working carers. There were concerns that there was little or no information on these, particularly since the pandemic and more so since the 'cost of living crisis' began.



Carers want to be able to have access to services without long waiting times/lists. It was noted that there was little recognition that the carer has limited time when going to appointments for themselves. Alongside this access to respite for their cared for person so that should they need to be away for a longer period of time, they have the reassurance appropriate support is being provided in their absence; and when attending appointments with the person they care for, to be accepted that they have the knowledge and information about that person and have their voice heard – to be accepted as an equal partner in the caring profession.

## 7.2 Carers Week 2023

The impacts of caring can be profound and significant. It can affect health and wellbeing, ability to be in paid work, relationships, incomes and finances. It is something that most of us will experience at some point in our lives, however few of us are prepared for it and it's impossible to predict when we might have to provide care, according to the Carers Week 2202 report, Make Caring Visible, Valued and Supported.

During the pandemic it was especially tough for unpaid carers, with services shutting down, carers being left to cope often along and the added worry and risk of COVID and keeping the person they care for safe. While many people may feel that the world has 'opened up' and that they are 'living with COVID', for carers, the legacy of the pandemic is profound, and they feel they continue to face significant challenges. The added pressure of increased costs of living is making life harder for carers.

The Carers Week charities believe that that everyone has a role to play in making sure that caring is Visible, Valued and Supported:

**Visible:**

To carers, this means the public understanding about caring and being recognised and identified as a carer.

**Valued:**

To carers, this means the public, services, other family members, community and the government of their country valuing what they do.

**Supported:**

To carers, this means that they get the information, advice, support and recognition to protect their health and wellbeing, support relationships, get breaks when they need them, continue working and be able to manage financially.

During Carers Week 2023, Halton Carers Centre facilitated a number of activities for carers:

## Carers Strategy – Delivery Partners and acknowledgements







Halton & St Helens
Voluntary and Community Action




Department
for Work &
Pensions

| 24-25 | Monthly amount awarded | More than £250 | £250 | £200 | £150 | £110 | £100 | £50 | Total | No of adult carers awarded | No of young carers awarded | Total No of carers awarded break funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **April** | 21,960 | | 60 | 13 | 5 | 1 | 23 | 24 | 126 | 79 | 47 | 126 |
| **May** | 21,750 | | 53 | 12 | 6 | | 39 | 26 | 136 | 71 | 65 | 136 |
| **June** | 20,300.00 | | 47 | 15 | 4 | | 27 | 46 | 139 | 66 | 73 | 139 |
| **July** | 11,050.00 | | 29 | 7 | 4 | | 14 | 8 | 62 | 40 | 22 | 62 |
| **August** | 19,750.00 | | 46 | 23 | 5 | | 26 | 6 | 106 | 74 | 32 | 106 |
| **September** | 16,700.00 | | 40 | 14 | | | 25 | 28 | 107 | 54 | 53 | 107 |
| **October** | | | | | | | | | | | | |
| **November** | | | | | | | | | | | | |
| **December** | | | | | | | | | | | | |
| **January** | | | | | | | | | | | | |
| **February** | | | | | | | | | | | | |
| **March** | | | | | | | | | | | | |
| **Total** | 111,510 | - | 275 | 84 | 24 | 1 | 154 | 138 | 676 | 384 | 292 | 676 |

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

**DATE:** 26th November 2024

**REPORTING OFFICER:** Executive Director Adult Services

**PORTFOLIO:** Adult Social Care

**SUBJECT:** HSAB Annual Report 2023-24

**WARD(S)** Borough wide

## 1.0 PURPOSE OF THE REPORT

1.1 To provide the Board with a copy of the Halton Safeguarding Adults Board Annual Report 2023-24.

## 2.0 RECOMMENDATION: That

**1) the report be noted; and**
**2) the Board approves the Annual Report for publication**

## 3.0 SUPPORTING INFORMATION

3.1 Under the Care Act 2014, Safeguarding Adults Boards are responsible for producing an Annual Report setting out their achievements of the SAB and highlighting priorities for the following year.

3.2 The HSAB Annual Report has been developed in conjunction with HSAB partners to ensure the report encompasses a multi-agency approach. The Annual Report includes performance data and comparisons between years, achievements in the year and highlights areas of good practice regarding safeguarding in the borough.

3.3 Once approved, the Annual Report will be published widely and shared with HSAB member organisations through the SAB Board meetings.

## 4.0 POLICY IMPLICATIONS

4.1 The HSAB Annual Report is in line with current regulations and guidance from the Care Act 2014.

## 5.0 FINANCIAL IMPLICATIONS

5.1 None identified.

## 6.0 IMPLICATIONS FOR THE COUNCIL'S

### 6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

This document is an important part of the safeguarding policy framework ensuring that the Council fulfils its statutory obligations, in line with the Care Act 2014.

### 6.2 Building a Strong, Sustainable Local Economy

None.

### 6.3 Supporting Children, Young People and Families

None.

### 6.4 Tackling Inequality and Helping Those Who Are Most In Need

This document is an important part of the safeguarding policy framework ensuring that the Council fulfils its statutory obligations, in line with the Care Act 2014.

### 6.5 Working Towards a Greener Future

None.

### 6.6 Valuing and Appreciating Halton and Our Community

None.

## 7.0 Risk Analysis

7.1 Halton Safeguarding Adults Board strives to show improvement in fulfilling its statutory duties and a dedication to seeking and providing the best possible care and support to protect those members of our community that need it.

## 8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified.

## 9.0 CLIMATE CHANGE IMPLICATIONS

9.1 None identified.

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

10.1 None under the meaning of the Act.

EGUARDING
LTS
RD

# Halton Safeguarding Adults Board Annual Report April 2023 – March 2024

# Contents Page

HALTON SAFEGUARDING ADULTS BOARD

# Message from the Chair

HALTON
SAFEGUARDING
ADULTS
BOARD

I am very pleased to present the annual report of Halton Safeguarding Adult Board for 2023/24. The report is an opportunity to share the work of the Board more widely and it provides an overview of the progress and achievements made during this 12 month period which I hope you will find informative and useful.

During this year we have embedded the new structure of our Board and sub groups and it has worked well. We remain committed to ensuring that safeguarding is "Everyone's Business" across Halton.

The context of our work over the next year will be to focus on our strategic priorities for 2024/25 as agreed at the Strategic Planning Event, with all sub groups playing a critical role in achieving our outcomes.

Finally I would like to extend my thanks to all those who continue to work hard to support the Board and their continued commitment and focus on safeguarding Adults in Halton. By working together, we can continue to improve the lives and outcomes of many of our vulnerable residents.

I look forward to working with you all again this year.

**Sue Wallace-Bonner**

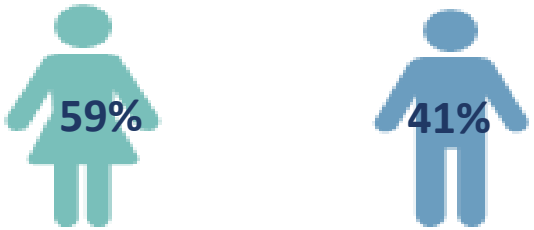
**Executive Director, Adults Directorate Halton Borough Council**

# Key Safeguarding Facts 2023-24

HALTON SAFEGUARDING ADULTS BOARD

**809** Safeguarding Concerns raised during the year

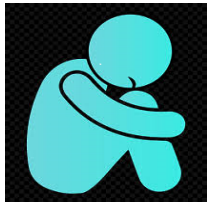
**327** became S42 enquiries




More women than men were alleged victims


18-64 65-84 85+

The age groups of people who had safeguarding concerns raised on their behalf



**179**

Concluded S42 enquiries involved allegations of neglect

**49**

Concluded S42 enquiries involved allegations of physical abuse

**167**

Concluded S42 enquiry allegations occurred in victim's own home

**455** White British

**12** Black & Minority Ethnic

Ethnicity of those who had safeguarding concerns raised on their behalf

26% Decrease in the number of concerns raised, down from 1096 last year

25% Decrease in the number which progressed to S42 enquiries, down from 436 last year

**In Halton, an adult at risk is most likely to be a female aged 65 or over living in their own home and will suffer from neglect or acts of omission perpetrated by a service provider**

# Deprivation of Liberty Safeguards (DoLS)

HALTON SAFEGUARDING ADULTS BOARD

**1080** applications received

**21%** increase in the number of DoLS applications received last year, up from 894 in 2022/23

**57% of** applications received for females

**43% of** applications received for males


Applications for 18-64 age group


Applications for 65-74 age group


Applications for 75-84 age group


Applications for 85+ age group

# Overview of the Board

HALTON SAFEGUARDING ADULTS BOARD

## What is Halton Safeguarding Adults Board?

Halton Safeguarding Adults Board (HSAB) is a statutory partnership between the Local Authority, Cheshire Police, NHS, Fire Service and other organisations who work with adults with care and support needs in our Borough.

The role of the Board is to make sure that there are arrangements in Halton that work well to help protect adults with care and support needs from abuse and neglect.

## The Board and its Duties

| Safeguarding Adults Board were established under the Care Act 2014 | |
|---|---|
| **Main SAB Objective** | To assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the safeguarding adult criteria |
| **3 Core Duties** | 1. Publish an Annual Report |
| | 2. Publish a Strategic Plan |
| | 3. Conduct Safeguarding Adult Reviews |

## What is our vision?

**"Our vision is that people with care and support needs in Halton are able to live their lives free from abuse and harm"**

Halton Safeguarding Adults Board

Halton Safeguarding Adults Board strives to show improvement in fulfilling its statutory duties and a dedication to seeking and providing the best possible care and support to protect those members or our community that need it.

## What does Safeguarding Adults mean?

Safeguarding adults means stopping or preventing abuse or neglect of adults with care and support needs.

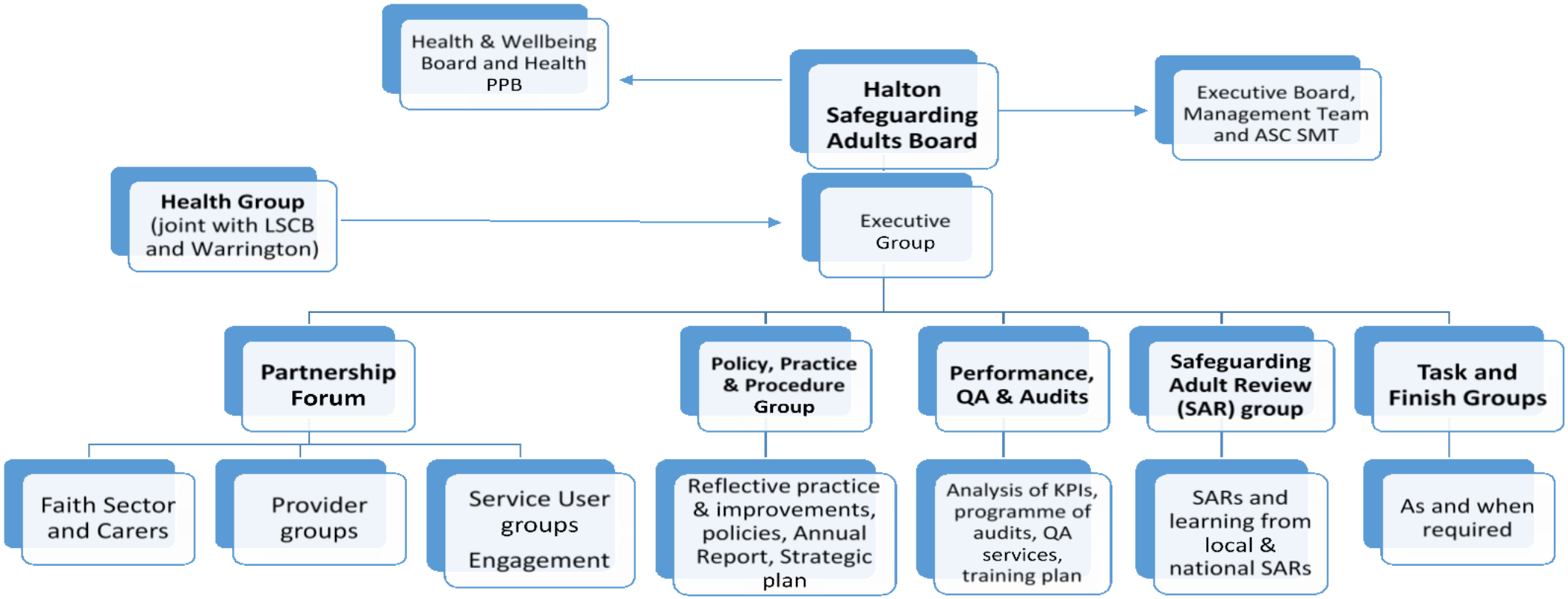
Adults with care and support needs are aged 18 and over and may:

- Have a learning disability
- Have a mental health need or dementia disorder
- Have a long or short term illness
- Have an addiction to a substance or alcohol
- And/or are elderly or frail due to ill health, disability or a mental illness

# Overview of the Board

HALTON SAFEGUARDING ADULTS BOARD

## Halton Safeguarding Adults Board Structure



# Overview of the Board

HALTON SAFEGUARDING ADULTS BOARD

## Who are HSAB's partner organisations?

HALTON BOROUGH COUNCIL

NHS Bridgewater Community Healthcare NHS Foundation Trust

Cheshire Constabulary

Halton Children and Young People SAFEGUARDING PARTNERSHIP

NHS Cheshire and Merseyside

Mid Mersey ageUK

CHESHIRE FIRE & RESCUE SERVICE

HM Prison & Probation Service

healthwatch Halton

NHS Mersey Care NHS Foundation Trust

NHS Warrington and Halton Teaching Hospitals NHS Foundation Trust

NHS Mersey and West Lancashire Teaching Hospitals NHS Trust

# Priorities for 2023-24

HALTON SAFEGUARDING ADULTS BOARD

**Quality Assurance**


- Ensuring internal quality assurance frameworks are in place
- Ensuring any identified learning is shared
- Review of the safeguarding adults audit processes within Halton
- Sharing of information across HSAB members and provider services

**Co-production & Engagement**


- Ensuring HSAB partner agencies have learning and professional development opportunities in place for their individual workforce
- Ensure there is a consistency and standardisation of safeguarding practice across Halton

- Ensure all agencies promote a Making Safeguarding Personal approach
- Ensure that there is effective communication of training

**Learning & Professional development**


- Reassurance that safeguarding approaches are developed actively including representation from all key areas
- Ensure that the voice of people who use services are heard, are involved in developing policy and are at the centre of any health and social care intervention ensuring their rights, wishes and feelings are at the heart of the decision making process

# HSAB Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

| Priority | What we said we'd do | What we did |
|---|---|---|
| **Quality Assurance**   | Ensuring internal quality assurance frameworks are in place | Following a restructure of HSAB and its sub groups, the Board now has a clear reporting structure in place which ensures that work programmes are closely monitored and any issues are identified and resolved quickly. |
| | Share identified learning | The Safeguarding Policy, Procedure & Practice Sub Group ensures that any lessons learned or areas of good practice are shared and adopted where possible. |
| | Review of the safeguarding adults audit processes within Halton | The Safeguarding Adult Case File Audit policy was reviewed and updated in July 2022. There have been 3 multi-agency audits held during the year. The themes for the audits were: Self-Neglect; Neglect and Acts of Omission and Emergency Duty Team |
| | Sharing of information across HSAB members and provider services | The Chairs of each sub group are asked to share information within their groups on a regular basis, with quarterly reports presented to the main Board. |

# HSAB Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

| Priority | What we said we'd do | What we did |
|---|---|---|
| **Co Production & Engagement** | HSAB partner agencies to have learning and professional development opportunities in place for their individual workforce | An annual training programme is developed and delivered on behalf of the board, which is available to all partner agencies. A HSAB Members Induction Pack has also been developed so all members are clear about their role and responsibilities. |
|  | Consistency and standardisation of safeguarding practice across Halton | All policy and procedure documents, toolkits and strategies developed in relation to adult safeguarding are agreed by HSAB and the relevant sub groups. All policies are reviewed on a 3 yearly basis ,, or earlier if required, to ensure they are reflective of current processes and legislation |
| | All agencies to promote a Making Safeguarding Personal approach | Making Safeguarding Personal is at the centre of all safeguarding practice in Halton, with a survey completed at the end of each S42 enquiry. Our multi-agency audits have found good evidence of Making Safeguarding Personal embedded in safeguarding working practices. |
| | | |

# HSAB Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

| Priority | What we said we'd do | What we did |
|---|---|---|
| **Co Production & Engagement** | Implement effective communication of training opportunities within HSAB members and partner agencies | An annual training programme is developed and delivered on behalf of the board, which is available to all partner agencies. |
|  | Support the development of good multi-agency practice, sharing best practice, lessons learned and have the confidence to challenge decision making | The Safeguarding Policy, Procedure & Practice Sub Group ensures that any lessons learned or areas of good practice are shared and adopted where possible.<br><br>HSAB Partnership Forum have developed a Communications & Engagement Strategy for 2022-24 and action plan for delivery with partners. |
| | Support adults at risk, informal carers and families with safeguarding and ensuring that they feel support within the safeguarding process | By adopting the Making Safeguarding Personal approach to safeguarding practice in Halton, to ensures the adult at risk is at the centre of all decisions and are supported to ensure their desired outcomes are met.<br>HSAB Partnership Forum led on the compilation, distribution and evaluation of an adult safeguarding awareness survey to support engagement with service users, family members/carers and the public regarding feedback on safeguarding services, to help shape services in the future. |

# HSAB Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

| Priority | What we said we'd do | What we did |
|---|---|---|
| **Learning & Professional Development**   | Reassurances that safeguarding approaches are developed actively including representation from all key areas | Development of New Safeguarding Case File Audit process was shared and tested with practitioners and managers including the Partnership Forum members in advance of implementation in July 2022. Partner representatives also invited to participate in mult-agency audits, with representatives from partner agencies given the opportunity to act as Lead Auditors. |
| | Ensure that the voice of people who use services are heard, are involved in developing policy and are at the centre of any health and social care intervention ensuring their rights, wishes and feelings are at the hear of the decision making process | Engagement survey /questionnaire was created and distributed in September 2022 through the SAB Partnership Forum for people who use services linked to safeguarding. Feedback was used to inform the Communication & Engagement Strategy. |

# Partner Achievements 2023/24

HALTON SAFEGUARDING ADULTS

## Halton Borough Council

**Quality Assurance**
Halton Borough Council has continued to support the work of Halton Safeguarding adults Board and it's sub groups this year. The Board and all of it's sub groups include at least two members of Halton Borough staff on each group.

The multi-agency safeguarding file audits continued this year with 3 audits completed as follows:

**April 2023** – Self-Neglect
**September 2023** – Neglect and Acts of Omission in a person's home
**March 2024** – Emergency Duty Team

The audits have been well attended and have received positive feedback from Auditors and practitioners involved. As a result of the audit on Self-Neglect, the Multi Agency Risk Assessment Management Policy (MARAM) was developed in Halton and is in the process of being implemented in the borough.

As a result of the work plans undertaken by the HSAB sub groups, the Multi Agency Public Protection Arrangements policy (MAPPA) was updated and agreed by the Board. The Safeguarding Adult Review Sub Group have agreed and implemented a new Safeguarding Adult Review Policy which has been endorsed by Board members.

The Safeguarding Thresholds document was also revised and updated to ensure that all partners wishing to raise a safeguarding concern are clear about what action will be taken and by which team.

**Co-Production & Engagement**
The work that has been led by Halton Borough Council this year includes the planning and hosting of the HSAB Strategic Planning Event. This is an annual planning event that takes places every December and provides an opportunity for the Board members to contribute to priority setting for the Board and it's sub groups for the forthcoming year.

National Safeguarding Week was supported once again this year, with a series of Lunch & Learn events on various aspects of safeguarding hosted online. A pop up event was held in Widnes Market to raise awareness of safeguarding and was supported by several HSAB partner agencies. A radio broadcast was also recorded and played on hospital

# Partner Achievements 2023/24

HALTON SAFEGUARDING ADULTS

## Halton Borough Council continued:

radio throughout the week to raise awareness of how people can identify possible signs of abuse and who to contact if they are concerned.

**Learning & Professional Development**
Halton Safeguarding Adults Board subsidises a small programme of training to enhance opportunity and access to learning across Halton.

All training is now face-to-face and this training is offered free of charge to those living and working in Halton and who have a direct involvement in the care and support of adults with additional needs. This includes volunteers, carers, those employed through a personal budget and those who use services. Courses cover local process, policy and protocol and are not relevant to those out of area.

The courses that are provided throughout the year are as follows:

- **Safeguarding Adults – Awareness and Responsibilities**
- **Provider-led concerns and enquiries**
- **Mental Capacity Act – working with capacity assessments**
- **Self-Neglect Awareness**
- **Financial Abuse**

HALTON BOROUGH COUNCIL

# Partner Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

## Cheshire & Merseyside Integrated Care Board:

NHS Cheshire and Merseyside

**Quality Assurance**

NHS Cheshire & Merseyside Integrated Care Board (C&M ICB) Halton Place has received regular safeguarding assurance from NHS commissioned health providers. Safeguarding activity across Halton's large NHS Trusts has remained at a raised level throughout the year. NHS internal Trust Safeguarding Teams support and guide NHS staff with complex concerns ensuring appropriate actions are taken. Activity to NHS internal Trust Safeguarding Teams is consistently high, demonstrating that patient facing staff are identifying and acting on concerns. Trust staff follow internal safeguarding pathways to access expert safeguarding advice within the organisations. This has led to a high percentage of referrals from health converting into section 42 safeguarding enquiries.

The large NHS Trusts complete an annual safeguarding audit and assurance programme, there is a continuous cycle of improvement and strengthening of processes. This is supported by Specialist Safeguarding Teams, policy updates, mandatory and additional training around themes and emerging topics. During 2023/24, Bridgewater Healthcare NHS Foundation Trust conducted a safeguarding conference, topics included Trauma Informed Practice, All Age Exploitation and Organisational Safety.

NHS Cheshire & Merseyside ICB (Halton) and Provider Trusts have engaged in all multi-agency audit workstreams during 2023/24, this has led to learning being cascaded across Halton and the local health economy.

A safeguarding health data stream was developed during 2023/24, this illustrates safeguarding training levels and safeguarding activity at trust level, for the three large trusts that serve Halton residents. This provides a level of assurance regarding safeguarding knowledge and practices at the trusts.

NHS C&M ICB staff continue to support the health function across the region. There are several workstreams developing and strengthening practice, and areas include Mental Capacity, Prevent, LeDeR and information sharing pathways.

There has been a focus on Primary Care support with a programme of education in the form of training sessions, online platform and local

# Partner Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

| Cheshire & Merseyside Integrated Care Board continued: | |
|---|---|
| updates being provided. A Named GP was appointed to cover Halton earlier this year and this has strengthened the system.<br><br>Health continues to support the provision to Daresbury Initial Accommodation Centre. The system has flexed to accommodate the changing nature of the centre. From the changes to population and demographic now present at the centre to issues such as management, treatment and containment of a TB outbreak during 2023. The health system alongside partners adapted to effectively deal with the situation.<br><br><u>Learning from Lives and Deaths (LeDeR)</u><br>The LeDeR programme is subject to robust quality assurance. All reviews are quality assured by the senior reviewer and Local Area Contact. Focus reviews are all taken for discussion and approval via the C&M LeDeR Review Panel. In addition, a random sample is reviewed each quarter by NHS England and a North West Quality Panel.<br><br>**Co-Production & Engagement**<br>NHS C&M ICB and health providers have worked in partnership with other key partners to support Daresbury Initial Accommodation Centre. | The system has flexed to accommodate the changing nature of the centre. From the changes to population and demographic now present at the centre to issues such as management, treatment and containment of outbreaks during 2023. The health system alongside partners adapted to effectively deal with the situation. Monthly health meetings are ongoing in addition health joining partners at quarterly and reactive meetings as required.<br><br>NHS C&M ICB and health providers have worked collaboratively with Halton Borough Council safeguarding colleagues and the HSAB partnership on all subgroup areas. This includes participated in task and finish groups, audit workstreams and National Safeguarding Adults Week.<br><br>Health have supported all multi-agency audit workstreams during 2023/24, with health representatives acting as lead auditors on several audits.<br><br><u>Learning from Lives and Deaths (LeDeR)</u><br>The NHS C&M LeDeR programme works closely with experts by |

# Partner Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

## Cheshire & Merseyside Integrated Care Board continued:

experience, parents and carers. The C&M LeDeR Review Panel is supported by experts by experience and a parent representative. C&M undertook a conference in 2023 with NW Pathways to share LeDeR learning and undertook a morning of group work with people with a learning disability on keeping healthy and looking after your health. C&M LeDeR programme is working with People First Merseyside to plan several lunch and learn sessions for Quarter 3 and a face to face awareness raising session all related to End of Life/Advanced Care Planning and supporting their work on Dignity and Voices in Dying.

**Learning & Professional Development**

C&M ICB continue to support Primary Care colleagues via safeguarding themed webinars, NHS Futures Platform, monthly safeguarding newsletters and a Quarterly Primary Care Forum. The forum has been delivered by the Halton Safeguarding Named GP with support from the Halton Designated Nurses.

Prevent training with Halton Primary Care has been a focus during the later part of 2023, and this has led to additional sessions being offered to Primary Care Staff.

C&M NHS Trusts have continued to prioritise Mental Capacity Act adherence and strive to support and educate staff around the Act. The C&M Mental Capacity Act Forum meets bi-monthly. The group is attended by NHS Trust providers and Designated Safeguarding Adult representatives. The group acts as a network, sharing national and local resources and devising strategies to strengthen practice across the region.

C&M Designated Professional and Named GP's have formed a network. The group meet bi-monthly reports and information are shared, NHSE safeguarding regional team attend and take relevant information back to the National Team.



<u>Learning from Lives and Deaths (LeDeR)</u>

The C&M LeDeR specialist service has now been in operation for over 12 months. Analysis of information/learning gained, has led to the production of a workplan for 2024/25. There are several improvement areas for action.

A C&M LeDeR forum has been in operation with meetings taking place

# Partner Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

## Cheshire & Merseyside Integrated Care Board continued:

quarterly. The meeting is well attended and open to all.

A North West workstream has been set up which will focus on obesity and weight management and dysphagia – in particular choking deaths.

**Organisational Activity**

Since the transition from Clinical Commissioning Groups to Cheshire and Merseyside Integrated Care Board the organisations safeguarding provision across the region has commenced a process of alignment. Processes and practices are being reviewed with the aim of finding best practice and sharing and standardising this across the region.

During 2023/24, the large provider Key Performance indicator tool was implemented, which allows organisations to be mapped across the region, trends and patterns and risks can be drawn from the data. The intelligence gained will assist in future planning around risks, training and work streams.

Following completion of a comprehensive Domestic Abuse mapping application, C&M ICB were successful in gaining 12 months funding to pilot the IRIS (Identification and Referral to Improve Safety) scheme across Halton Primary Care services. IRIS is a specialist domestic violence and abuse (DVA) training, support and referral programme for General Practices. It is a partnership between health and the specialist DVA sector. C&M ICB Halton Primary Care services and Halton Domestic Abuse service are working in partnership to implement this programme.

NHS Cheshire and Merseyside

# Partner Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

## Bridgewater Community Healthcare Foundation Trust continued:

NHS Bridgewater Community Healthcare NHS Foundation Trust

**Quality Assurance**

During 2023/24, the Trust has been able to provide significant assurance around safeguarding governance, policies and procedures, supervision and multi-agency engagement.

Feedback received from C&M ICB, indicated that our commissioners recognise and value the contribution the Trust makes to local multi-agency safeguarding arrangements and the support from the safeguarding team in providing support and supervision to staff to manage or prevent safeguarding situations from occurring by gaining support and decreasing risk at an early stage.

Good safeguarding practice identified throughout the year included:

- Examples of professional curiosity
- Multi-disciplinary team (MDT) working across teams and agencies Relationship building and maintaining contact with service user over a prolonged period of time
- Person-centered working and building up a trusting relationship
- Evidence of innovative working to try and build upon engagement with service user

**Audits**

The Trust has also contributed to all of the HSAB multi-agency audits during 2023/24 on S**elf-neglect**; **Neglect and acts of omission in a person's home** and the **Emergency Duty Team.**

Internally a Mental Capacity Act Compliance (re)Audit showed a significant improvement in the quality of assessments

**HSAB Engagement**

The Trust actively contributes to HSAB and Board Level and within the Partnership Forum, Performance, Quality Assurance and Audit and SAR sub-groups alongside working with Halton Domestic Abuse Partnership Board

**Learning & Professional Development**

The Trust achieved over 90% compliance in all adult safeguarding training at the end of Quarter 2 and have maintained that level of compliance since. In addition to delivering Level 3 safeguarding training, our Safeguarding Teams have delivered a variety of bespoke training sessions responsive to service needs as well as supporting the delivery of multi-agency safeguarding training.

# Partner Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

## Bridgewater Community Healthcare Foundation Trust continued:

NHS Bridgewater Community Healthcare NHS Foundation Trust

**Safeguarding Conference**

The first annual Trust Safeguarding Conference took place on Thursday 23rd November 2023 with the theme of "Trauma Informed Practice" with presentations from Trust staff followed by an afternoon talk by 'Lads Like Us'. There were 50 attendees in the room and over 70 online tickets booked. Comments included:

***"Mike from Lads Like Us was totally inspirational and made it so clear to understand the impact of trauma in really tangible terms and the way that we, as practitioners, can work to create positive impact within that context"***

***"I definitely feel more capable of considering the impact trauma can have on people when I am having conversations with them"***

**Organisational Activity**

- The Trust's Safeguarding Adults Team were winners in the Bridgewater Annual Staff Awards. The awards panel: ***"A critical function, the Safeguarding Adults Team have made safeguarding a core business across the Trust"***
- Safeguarding oversight of all patient safety incidents and investigations within the Trust
- Building on the success of the HiCaFS service, the Trust has worked with partners to introduce a Halton virtual ward model. This will allow people to get the care they need at home, safely and conveniently, rather than being in hospital
- The Quality Review Visits have started to take place across the Trust. The Bridgewater Quality Review tool includes 12 standards based on the CQC new single assessment framework including safeguarding.
- The Trust has started work with the Advancing Quality Alliance to develop "Lived Experience Panels" across our services including the internal Trust LD Improvement Group and Think Local Act Personal
- The Safeguarding Adults Team are engaged with groups set up to improve the care of people with a learning disability
- The Trust's Safeguarding twitter account @BWSafeguarding is used to engage with patients, staff and the wider public.
- The Trust developed and launched a Care and Support Assessment Tool – Supporting Patients in Developing Treatment Plans Procedure. This compliments safeguarding activity relating to self-neglect and Making Safeguarding Personal.

# Partner Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

## Healthwatch Halton

### Quality Assurance

- All public feedback we receive on health and social care services is reviewed to highlight and report any safeguarding concerns
- This year we carried out a series of 'Listening Events' at local hospital sites to gather people's experiences of care at these services and monitor the quality of care and services, which includes assessing safeguarding practices. During these events we heard from over 320 people
- We carried out four 'Enter and View' visits to local care homes to view the quality of care provided to residents. Reports and recommendations from these visits are sent to service providers and commissioners to highlight good practice and areas for improvement
- We hold weekly outreach sessions at community venues across Halton which we also use to raise awareness of the role the public can play in safeguarding
- We continue to have representation at a wide range of stakeholder meetings which allows for regular sharing of information

### Co-Production & Engagement

- We engaged with Halton Safeguarding Adults Board in the promotion of Safeguarding Adults Week with our e-bulletin, website and social media. We joined with other organisations to support the safeguarding week pop-up event at Widnes Market
- Working with Healthwatch Warrington we have carried out a project to look at the experiences of people being discharged from inpatient stays at Warrington & Halton Hospitals. The report includes a number of recommendations to improve the discharge experience of patients
- We have represented Healthwatch across Cheshire & Merseyside at meetings to review NHS Trusts Equality Delivery System (EDS) reports. The main purpose of the EDS is to help local people with characteristics protected by the Equality Act 2010
- Access to NHS dental services continues to be a concern for many vulnerable local residents. Through our sessions with local asylum support groups we've helped support people suffering serious dental issues to obtain NHS dental treatment
- Our Advocacy Hub Team Lead attends monthly safeguarding meetings at Gateway Recovery Hospital with external parties such as the Safeguarding Team and the Police. From this we now

# Partner Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

## Healthwatch Halton continued:

receive updates from the Safeguarding Team to advise of safeguarding enquiries and to support any enquiries not received from the hospital to be supported. The Halton advocacy service also receives notifications of seclusion notices and Long Term Segregation (LTS) from both hospitals (Gateway Recovery Hospital and the Brooker Centre) and this allows for IMHA (Independent Mental Health Act) support to be offered in a timely manner. We also attend the Mental Health Law Governance Group from Merseycare due to providing IMHA support at the Brooker Centre.

- Halton Advocacy provide IMHA support at the Gateway Recovery Hospital in Widnes covering 6 units (3 female and 3 male) and at the Brooker Centre in Runcorn covering 2 wards (1 female 1 male). Halton Advocacy have a presence on each ward or unit each week. In the last reporting year 266 referrals were received between the 2 hospitals and this excludes the seclusion alerts and LTS notifications
- As well as supporting safeguarding concerns or alerts within secure settings the advocacy service supports Care Act referrals for safeguarding enquiries and reviews. These can be in a variety of locations such as the community, care homes and hospital settings

**Learning & Professional Development**

All Healthwatch Halton staff and advisory board members take part in a range of online e-learning sessions in subjects such as Diversity, Inclusion & Belonging and Adult and Child Safeguarding Levels 1 and 2. In addition, our Advocacy Hub Team regularly undertake advocacy qualifications across different elements of the statutory services Healthwatch Halton provides.

healthwatch Halton

# Partner Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

## Mersey Care Foundation Trust:

**Quality Assurance**

Mersey Care Fountation Trust (MCFT) has supported HSAB with the multi-agency audits, acting as lead auditors. The audits have resulted in learning such as implementation of the Multi Agency Risk Assessment Management (MARAM) procedure and learning around Making Safeguarding Personal.

MCFT is represented on the Quality Assurance Sub Group.

MCFT undertake audits of practice within the footprint of the Trust, including Halton, which results in action plans to further strengthen safeguarding practice. During 2023/24 we have completed audits on: Domestic Abuse, Appropriateness of safeguarding referrals to the Local Authorities (which included a review of the effectiveness of Safeguarding Duty Hub), self-neglect and Making Safeguarding Personal. Each audit has highlighted good practice, but areas for improvement and learning which has been set out within action plans. Learning has included: development and launching Domestic Abuse Practice Guidance, development of training & supervision sessions, updating safeguarding recording documents, update Safeguarding Duty Hub practice etc.

Learning from each audit has been added to the agenda for team specific safeguarding adults supervision as a briefing to ensure learning is shared with frontline practitioners.

**Co-Production & Engagement**

MCFT has support the Task and Finish Group for Domestic Abuse and Older Adults.

MCFT delivers an internal training package on Making Safeguarding Personal (MSP), and we completed an audit on MSP during Quarter 2 2023/24, reviewing how MCFT practitioners applies MSP in practice which resulted in the MSP training package being further developed.

**Learning & Professional Development**

MCFT supported HSAB during Safeguarding Adults Week, delivering Trauma Informed Safeguarding Practice training. MCFT was part of the HSAB National Safeguarding Adults Week Task and Finish Group.

# Partner Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

## Mersey Care Foundation Trust continued:

MCFT has been part of the HSAB MARAM Task and Finish Group. MCFT have delivered training internally to promote the newly created HSAB MARAM process within Halton and supported the development of a 7 minute briefing as well as a HSAB training package.

MCFT has a modular training offer each year, which is accessible for MCFT Halton practitioners. During National Safeguarding Week, MCFT delivered a number of sessions covering aspects of safeguarding highlighted as concerns raised by our practitioners.

All our teams in Halton have 3 monthly Safeguarding Adults Supervision where further professional development is provided on safeguarding matters. MCFT has put significant work in to put this into place this year after writing our Safeguarding Adults Supervision Standard Operating Procedure.

MCFT Safeguarding Adults Service provide Thematic Group Supervision which is available to all adult practitioners across the Trust footprint. Sessions have included:

- Self-neglect
- Care Act 2014 and making good safeguarding referrals
- Coercive and controlling behaviour
- Exploitation

The sessions have been very well attended.

NHS Mersey Care NHS Foundation Trust

# Partner Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

## Probation Service:

HM Prison & Probation Service

**Quality Assurance**
We continue to undertake monthly quality assurance activity across the service, this is internal activity alongside regular audits and inspection.

Across the Probation Delivery Unit, our quality is good in comparison to other delivery units across the North West.

Regionally we are prioritizing quality improvement over the next 12 months and have developed a quality improvement plan which is currently being implemented.

**Co-Production & Engagement**
We have a defined engaging people on probation strategy and have identified leads in Halton. The co-production activity is undertaken both nationally and regionally, via focused groups and forums.

We are holding our inaugural people on probation awards ceremony in April 2024 in Halton and are seeking nominations from all probation practitioners.

**Learning & Professional Development**
As part of our quality improvement focus, internally we have developed a Learning & Development plan to support the improvements needed. Probation practitioners also attend the CPD and training events delivered by the partnership.

**Organisational Activity**
We continue to have strong MAPPA partnerships across Halton which enables us to manage the most complex and risky individuals effectively.

Integrated Offender Management works well across Halton with excellent partnership working across key stakeholders. In particular police, probation and CGL.

We have developed stronger processes to improve the management of people convicted of sexual offences across Halton. We now meet weekly with the Management of Sexual Offenders and Violent Offenders (MOSOVOS) team to review and ensure all risks are being managed effectively.

# Partner Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

## Probation Service continued:

Our commissioned services continue to support individuals across our caseloads focusing on the following areas:

- Finance benefit and debt
- Education training and employment
- Personal wellbeing
- Accommodation

We also commission a specific service for women which is delivered in collaboration with Halton's Women's Centre.

HM Prison & Probation Service

# Partner Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

## Mersey and West Lancashire Teaching Hospitals NHS Trust:

NHS Mersey and West Lancashire Teaching Hospitals NHS Trust

**Quality Assurance**

Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) have an annual audit plan covering all aspects of safeguarding. 2023-24 captured safeguarding adult contacts into the safeguarding team, DoLS and MCA Policy compliance and management for domestic abuse.

Learning and good practice is identified and shared within the Safeguarding Assurance Group, training and supervision.

**Co-Production & Engagement**

During 2023-24, MWL safeguarding team have increased the engagement of vulnerable adults, particularly patients with a learning disability and/or autism, carers and families.

A quarterly patient experience meeting is now held, attended by patients and carers, local support groups, safeguarding and learning disability staff and patient experience teams.

This provided the opportunity for patients to share their experience, both positive and negative. Action is taken, where possible, to improve Practice.

This forum is also used to share key information and updates from guest speakers such as the local community Police Officers.

**Learning & Professional Development**

MWL has a specific training needs analysis which identifies competency requirements for all staff within the Trust. In order to support the safeguarding adult agenda, staff are allocated training in the following areas:

- Safeguarding Adults levels 1-4 (dependent on role)
- Mental Capacity
- Learning Disability
- Prevent

In addition, staff are provided ad hoc training in key area such as domestic abuse, as well as the opportunity to attend any additional training provided by the local safeguarding adult boards.

# Partner Achievements 2023/24

HALTON SAFEGUARDING ADULTS BOARD

## Mersey and West Lancashire Teaching Hospitals NHS Trust continued:

Training compliance is monitored by the safeguarding team and reported monthly to Trust Board, as well as quarterly via the Key Performance Indicators to the Integrated Care Board, quality assured by local place Designated Nurses.

**Organisational Activity**

In July 2023, the legacy St Helens and Knowsley organization merged with Southport and Ormskirk. The safeguarding teams remain visible across all sites, all policies have been reviewed and harmonised and opportunity taken to review process in order to streamline and improve practice. MWL now supports five local Safeguarding Adults Board.

During this reporting period an external safeguarding compliance audit has been completed by MIAA (specialist provider of assurance and solutions services to the NHS), this was a review of safeguarding agenda across all sites. The key lines of enquiry focused on the following areas:

- Strategy
- Policies and Procedures
- Governance arrangements
- Staff role and responsibilities
- Training and multi-agency working

An overall rating of substantial assurance, with areas of high was received.

NHS
Mersey and West Lancashire Teaching Hospitals
NHS Trust

# Policy, Practice & Procedure Sub Group Update

HALTON SAFEGUARDING ADULTS BOARD

**Chair: Marie Lynch – Operational Director, Care Management, Safeguarding & Quality, Halton Borough Council**

The Policy, Practice and Procedure Sub Group meets on a quarterly basis.

This Sub Group has overseen the development and implementation of the new MARAM policy (as a result of the self-neglect multi-agency audit). The Financial Abuse Toolkit (as a result of the multi-agency audit on financial abuse in 2022/23) and Modern Slavery Toolkit were also developed and endorsed by the sub group.

Harmful Sexual Behaviour has been a key topic discussed by this sub group during the year. There is a cohort of individuals open to adult social care that may have a learning disability/autism, that are engaging in potentially harmful sexual behaviour, causing risk to themselves and/or others as they are as risk of being enticed into engaging with vigilantes, leading to threats of violence or criminal activity/behaviour. Information on this topic will be included in updated Safeguarding Policy and Procedures, a task and finish group is also being set up to look at the development of a local protocol on this subject.

This group also oversee the preparations for National Safeguarding Week, which took place during 20th – 24th November 2023. The theme for this year was Safeguarding Yourself and Others. A series of lunch and learn events were held during the week, a pop up event to raise awareness of safeguarding and a radio broadcast was played throughout the week on local hospital radio.

# Safeguarding Adult Review Sub Group Update

HALTON
SAFEGUARDING
ADULTS
BOARD

**Chair: Helen Moir - Divisional Manager Independent Living, Halton Borough Council**

Following the restructure of the sub groups the first meeting took place on 2nd February 2023 via MS Teams.

The HSAB Safeguarding Adult Review (SAR) Sub Group meets on a quarterly basis.

Although the SAR Policy was not due for renewal until 2024, it was felt that it needed to be reviewed due to the formation of the new SAR Sub Group. The policy was subsequently reviewed and updated and endorsed by Board members.

The standing items on the agenda for this sub group include:

- Update from Task & Finish Group re: Mervyn SAR
- Whorlton Hall SAR
- Published SARs

The group has also considered two SAR referrals made in November 2022 and December 2023.

A 7 minute briefing has also been developed to help raise awareness of what a Safeguarding Adult Review is and how to make a referral.

This briefing has been shared with partners and has been added to the HSAB website.

# Performance, Quality Assurance & Audit Sub Group Update

HALTON SAFEGUARDING ADULTS BOARD

**Chair: Kersten Southcott - Detective Chief Inspector, Cheshire Constabulary**

HSAB Dashboard reviewed quarterly by group. Trends and themes are identified. The data influences audit workstreams, HSAB training provision and recommendations for policy strengthening or development.

HSAB training offer was developed this year to increase skills, knowledge and capability of the Halton workforce. Following audit findings training was updated to strengthen self-neglect awareness for staff.

The group has progressed and further developed data streams to strengthen the HSAB Dashboard. A health data stream was implemented from January 2024. This provides added assurance regarding safeguarding assurance.

Safeguarding Multi-Agency audits have been completed for the following areas:

- Emergency Duty Team
- Self-Neglect
- Neglect and Acts of Omission (in person's own home)

Following the self-neglect multi-agency audit, the needs for a MARAM process was identified. A Task and Finish Group has taken this forward.

# Partnership Forum Update

HALTON
SAFEGUARDING
ADULTS
BOARD

**Chair: Mark Weights – CEO, Sustainable Housing Action Partnership**

The Partnership Forum meets on a quarterly basis and includes membership from several partner agencies, voluntary and third sector organisations and the faith sector. The meetings are well attended.

A Prevention Strategy was developed on behalf of the Partnership Forum. The action plan from this strategy is included in the work plans for all sub groups to ensure that key themes are embedded throughout our work.

The Communications and Engagement Strategy was updated for 2023. The Partnership Forum are looking to hold an event on awareness raising and a Task and Finish Group has also been set up to look at awareness raising for domestic violence in older people.

A newsletter is produced on behalf of the Partnership Forum on a quarterly basis and is distributed to all HSAB Board members and sub group members and published on the HSAB website

The Partnership Forum supports National Safeguarding Week on an annual basis.

The forum receives regular information updates from partner agencies about the work they are involved in within the borough relating to adult safeguarding and highlight any issues to be escalated to the main board.

# HSAB Strategic Planning Event

HALTON SAFEGUARDING ADULTS BOARD

The Strategic Planning Event was held on Thursday 18th January 2023 at the Karalius Suite, DCBL Stadium Widnes. The event was attended by representatives from the following organisations:

Halton Borough Council
NHS Bridgewater Community Healthcare NHS Foundation Trust
Cheshire Constabulary
NHS Cheshire and Merseyside
Mid Mers age UK
NHS Mersey Care NHS Foundation Trust
NHS Mersey and West Lancashire Teaching Hospitals NHS Trust
healthwatch Halton
Local Government Association
Wellbeing enterprises

Steve Tingle – Care and Improvement Advisor for London, Local Government Association facilitated the event on behalf of Halton Safeguarding Adults Board. The current issues and priorities for the Board were discussed with the three main areas of focus highlighted as:

- Ensuring that organisations have a quality assurance process in place
- Co-production and engagement
- Learning and professional development

Attendees were split into small working working groups to discuss these main areas of focus. The feedback from these working groups was used in order to develop a "Plan on a Page" to summarise the main priorities for HSAB for 2024/25.

# National Safeguarding Week

HALTON SAFEGUARDING ADULTS BOARD

HSAB supports the National Safeguarding Adults Week on an annual basis, it took place this year during 20th – 24th November 2023. The campaign came about through a national collaboration with Ann Craft Trust and the Safeguarding Adults Board Managers Network, supported by University of Nottingham. Locally, HSAB collaborated with the following statutory, private and voluntary services to help raise awareness of National Safeguarding Week across Halton:

Halton Borough Council

NHS Mersey Care NHS Foundation Trust

Mid Mersey age UK

healthwatch Halton

NHS Cheshire and Merseyside

NHS Bridgewater Community Healthcare NHS Foundation Trust

The aim of the campaign this year was ***"Safeguarding Yourself and Others"***. Each day during National Safeguarding Week focuses on a key theme, the daily themes for this year were as follows

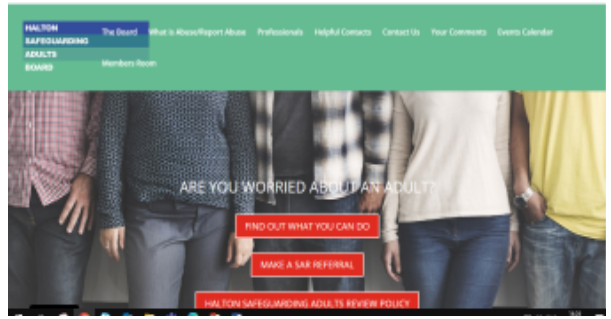
| Day | Theme |
|---|---|
| Monday | What is my role in safeguarding adults? |
| Tuesday | Let's start talking – Taking the lead on safeguarding in your organisation |
| Wednesday | Who cares for the carers? Secondary and Vicarious Trauma |
| Thursday | Adopting a Trauma Informed Approach to Safeguarding Adults |
| Friday | Listen, Learn, Lead – Co-production with Experts by Experience |

# National Safeguarding Week

HALTON SAFEGUARDING ADULTS BOARD

The campaign consisted of:


**A pop up event held at Widnes Market to raise awareness of adult safeguarding**




**HSAB Website fully updated and has a dedicated National Safeguarding Week tab with all information easily accessible**

**A series of Lunch & Learn events were held online for each of the daily themes for all HSAB Partner organisations to attend**

**Daily social media messages published on all HBC Social Media Platforms**

**Mersey Gateway Bridge lit up in HSAB colours to mark the start of National Safeguarding Week**

# Multi-Agency Audits

HALTON SAFEGUARDING ADULTS BOARD

HSAB implemented a new Safeguarding Case File Audit Policy in July 2022. The aim of the policy is to provide a robust audit process which is central to HSAB quality assurance system and offers front line staff an opportunity to reflect in a safe environment.

The safeguarding adults audits are centred on analysing quality with a view to gauging how effective our safeguarding practice is, in improving outcomes for the service user. The process is focused on learning and any recommendations are monitored. The process does not focus on the individual practitioners (although feedback will be given), but assists senior and service managers by providing evidence of recurring key issues/patterns or trends in safeguarding practice across adult services, as a means of informing future improvement and development.

The multi-agency audits took place in April 2023 with the theme of Self-Neglect. Three cases were selected and as a result of this audit, a new Multi Agency Risk Assessment Management (MARAM) process was launched in Halton.

The next round of multi-agency audits took place in September 2023. The theme for this audit was neglect and acts of omission in a person's own home. The following round of audits took place in March 2024 with the theme being safeguarding concerns initially received out of hours by the Emergency Duty Team. No issues were found and the triage system for dealing with safeguarding concerns works well across partners.

# Right Care Right Person

HALTON
SAFEGUARDING
ADULTS
BOARD

Right Care Right Person is an operating model designed to ensure that when there are concerns for a person's welfare linked to health and/or social care, the right person with the right skills, training and experience will respond to provide the best possible service.

The model was developed by Humberside Police and is being rolled out nationally. It is currently being implemented across Cheshire using a phased approach.

Protecting the public, especially those who are vulnerable, will always be a core role of policing and this will be at the centre of any decisions that Cheshire Police make about incidents reported. However, Police Officers are often left looking after people with mental health or social care needs who require specialist medical care that officers from Cheshire Police cannot provide.

The Police will of course still be required to attend some incidents alongside medical or mental health workers and Cheshire Constabulary is fully committed to protecting people where there is an immediate risk to like or a risk of serious harm.

Phase 1 relates to Concern for Welfare and went live in Cheshire on Monday 8th January 2024. Further phases relating to the management of mental health and missing persons will be implemented at a later stage.

**What is Concern for Welfare?**

In its simplest form it is concern for a person or group of people expressed by another person or partner agency. Those concerns are made directly or indirectly to the Police in the expectation that the Police will assume responsibility and legal liability for those people and seek to mitigate or minimize any apparent risk posed. This will usually present as a request made via the Force Control Room for a welfare check or visit to be made.

**What is the change that you need to be aware of?**

The Police will only attend a Concern for Welfare call for service if it is deemed:

- An immediate threat to life or serious harm
- A crime is reported
- Partnership staff are in danger of death or serious harm
- Police action is required to prevent a child from suffering significant harm

**Unless this threshold is reached the Police have no duty to act**

# Right Care Right Person

HALTON SAFEGUARDING ADULTS BOARD

**Referral Pathways**

Cheshire Police will no longer act as incident co-ordinators for partners or the public; instead people will be asked to call other service providers who are best placed to respond to the person's needs. Cheshire Police will signpost callers to the local authority referral hubs on their website:

[www.cheshire.police.uk/rcrp](www.cheshire.police.uk/rcrp)

**For more information:**

The Right Care Right Person Team at Cheshire Constabulary can be contacted at the following email address:

[rightcare.rightperson@cheshire.police.uk](mailto:rightcare.rightperson@cheshire.police.uk)

The team shares regular information bulletins, meetings are also being held at a strategic and tactical level and there is senior manager representation from Halton within these groups.

# Case Study

HALTON
SAFEGUARDING
ADULTS
BOARD

Halton Borough Council Integrated Adult Safeguarding Unit (IASU) make all safeguarding enquiries that are required for adults at risk who are inpatients at Gateway Recovery Centre (GRC).

GRC is a locked rehab unit for patients with complex mental health disorders. There are 6 separate wards, 3 for men and 3 for women.

Due to historic concerns around the safety of patients at GRC, IASU have remained closely involved with the hospital in relation to the safeguarding of patients, the raising of safeguarding concerns, completing enquiries and offering advice and guidance in complex situations. Also in order to identify safeguarding themes and trends.

IASU has a weekly safeguarding meeting with the safeguarding lead and the lead social worker at the hospital, where updates are provided on existing safeguarding enquiries and discussions are held around any new concerns. In addition to this, there is a wide multi-disciplinary team (MDT) meeting held on a monthly basis with IASU, Healthwatch advocacy, Integrated Care Board Safeguarding Lead and a linked Police Officer from Cheshire Police.

A safeguarding concern was raised by Aintree Hospital in relation to a patient who had, whilst detained at GRC under Section 3 of the Mental Health Act 1983, jumped from a bridge onto a carriageway below, sustaining significant injuries as a result.

The referrer, reported that they had no details of the context of the incident, however, they raised the safeguarding on the basis that the patient had come to significant harm whilst an inpatient in a mental health hospital.

Upon making contact with the safeguarding lead at GRC, IASU was advised that at the time of the incident, the patient was out of hospital on Section 17 unescorted leave, which had been agreed by the patient's responsible clinician. IASU was also advised that the patient had been using periods of unescorted leave for several months without incident an that this incident was unexpected and unpredicted. IASU was further advised that a '5 point risk assessment' is carried out with all patients prior to them leaving the hospital. IASU requested that the risk assessment that was completed prior to the incident in question be shared with the Unit as part of the safeguarding screening process.

It transpired that this particular patient had used two separate periods of leave on the day of the incident, one at 4pm for 30 minutes in order to leave the perimeter of the hospital to smoke and a second period of leave at 6pm for 60 minutes in order to go to a nearby shop. This was usual for this patient and was written into care plans and agreed by health professionals at the hospital.

IASU was initially sent the risk assessment that had been completed at 4pm – this showed that a risk assessment had been completed with the patient at 4pm and had been inputted onto GRC database a few minutes later. IASU realised that this was not the relevant risk assessment for the incident and requested that the risk assessment that was carried out at 6pm be shared with the Unit. When the risk assessment was received it was noted that it was documented that whilst the risk assessment was recorded to have taken place at 6pm (time inputted manually by completing staff member) this was not inputted onto the database until 9pm (time stamp captured by database)

# Case Study

HALTON
SAFEGUARDING
ADULTS
BOARD

As a result of this and IASU's concern that perhaps the risk assessment had not been done prior to the period of leave, it was felt that a S42 enquiry was needed to ensure that the documentation was not completed retrospectively and therefore the risk could have been identified earlier.

As a result of the local authority making a decision that a S42 enquiry was required, GRC commenced an internal investigation which was completed by an external professional, who is not based within the hospital. The investigation, once completed, was shared with the local authority for analysis and in order to inform the S42 safeguarding enquiry.

The investigation was comprehensive and included an interview and statement from the nurse in charge who completed the risk assessment and a rationale as to why this was not inputted into the database until later in the evening. It also demonstrated that care plans, clinical notes, risk assessments and daily records were reviewed, as was the process of risk assessments around Section 17 leave in general.

In addition to the above, IASU was able to speak to the patient who was recovering in hospital and discuss our concerns. As a result of the conversation, it was confirmed by the patient that a risk assessment was completed by the nurse in charge prior to leaving the hospital and the patient admitted that at that time, they had not given any indication that it was their plan to self-harm.

The case study highlights how professional curiosity and clarifying details can at times better ensure the safety and wellbeing of service users, it also highlights the ongoing positive relationship between the hospital and the local authority. Since the local agreement has been in place, there is a positive level of transparency and collaborative working, with the safeguarding lead and the management team at GRC welcoming advice and guidance and at times, scrutiny from the local authority to improve the service.

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

**DATE:** 26th November 2024

**REPORTING OFFICER:** Executive Director Adult Services

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** Housing Solutions Performance Update

**WARD(S)** Borough wide

## 1.0 PURPOSE OF THE REPORT

1.1 To update the Board of the Homelessness service provision administered by the Housing Solutions Team, to include performance and contributing factors affecting the service delivery.

## 2.0 RECOMMENDATION: That the report be noted.

## 3.0 SUPPORTING INFORMATION

3.1 Housing Solutions Team
The Housing Solutions Team are responsible for the homelessness administration and must be fully compliant with the homelessness legislation. The introduction of the Homelessness Reduction Act 2017 changed the administration process, with further emphasis upon prevention, which had a vast impact upon the team.

3.2 The legislation also affected the decision-making process, whereby, clients threatened with homelessness are placed under relief for 56 days, subsequently, the officer cannot issue the homelessness decision until after this period. Consequently, this resulted in an increase in demand for temporary accommodation.

3.3 The aim of the Housing Solutions Team is to assist and prevent people who are threatened with homelessness in Halton. To provide a community focussed and accessible service to ensure people know where and how they can seek help and assistance to prevent them becoming homeless and receive a quality and confidential housing options service.

3.4 Each officer within the team has their own specialism and work closely with the designated client group. Each of the officers provide drop-in advice sessions across the Borough, to ensure the service is accessible and provides a less formal setting for vulnerable clients. It also allows officers to work directly with hard-to-reach clients and break down formal communication barriers.

3.5 Staffing

In accordance with the Homelessness Reduction Act 2017, Local Authorities have a statutory obligation to provide temporary accommodation to those in *priority need* of housing accommodation. During the later years there has been a gradual increase in homelessness presentations, placing additional pressure on commissioned and none commissioned housing providers.

3.6 There continues to be a gradual increase in homelessness presentations, placing the team under extreme pressure, whilst managing increased caseloads of approximately 55 cases per officer. Furthermore, a number of issues during the past months have had a detrimental impact upon the service delivery, which include, staff sickness absence and recruitment delays, resulting in agency staff cover, to ease the pressure upon the service.

3.7 The Housing Solutions Team are hybrid working, completing face to face advice sessions and homelessness appointments/assessments, with additional time working from home on decisions etc. The staff are managing the process, though the additional prevention activity has placed considerable pressure upon the team, resulting in an increase In homelessness reviews and legal challenges.

3.8 Homelessness Performance

The past year has proven extremely challenging for the Housing Solutions Team, due to the increase in homelessness presentations and the reduction in housing accommodation availability within both the social and private rented sectors. However, the service has continued to see a gradual flow of homelessness presentations, placing additional pressure upon the team, who are striving towards reducing/preventing homelessness and reducing the reliance upon hotel usage.

3.9 As anticipated, there continues to be a gradual increase in homelessness, which due to present economic issues is deemed to increase further. The team are working extremely hard to facilitate a number of prevention measures to mitigate tenancy re-possessions and enable clients to remain within the home, if safe to do so. The table gives a comparison between the last three years, further illustrating the level of prevention activity achieved during the identified period.

| YEAR | 2021/22 | 2022/23 | 2023/24 | Apr 24-Sept 24 |
|---|---|---|---|---|
| **Presentations** | 2039 | 3156 | 3382 | 1888 |

| | | | | |
|---|---|---|---|---|
| **Relief** | 986 | 1180 | 852 | 547 |
| **Prevention** | 757 | 1423 | 1969 | 864 |
| **Statutory Homeless** | 190 | 433 | 417 | 364 |

3.10 The team work tirelessly to source temporary accommodation, in order to avoid hotel usage. Unfortunately, due the pressures mentioned above, using hotels is a last option, but often needed to meet the local authority statutory requirements. However, there is a robust plan in place to manage the move-on transition from temporary hostel and/or permanent accommodation to free up availability within commissioned services. The table illustrates the decreased reliance upon hotel usage during the past three years.

| YEAR | 2021/22` | 2022/23 | 2023/24 | Apr 24-Sept 24 |
|---|---|---|---|---|
| **Placement** | 149 | 114 | 68 | 36 |
| Total Families | 115 | 67 | 28 | 27 |
| Total Singles | 34 | 47 | 40 | 9 |

3.11 Halton has taken a robust approach to tackling homelessness and meeting the needs of vulnerable homelessness clients. The main objective is to continue to review the housing provision available within the Borough to ensure increased demand can be met. Details of commissioned and leased temporary accommodation provision within the Borough is as follows.

3.12 <u>Commissioned Services</u>

| | | |
|---|---|---|
| Brennan Lodge, Widnes | 39 self-contained units | Single Clients |
| Halton Lodge, Runcorn | 66 self-contained units<br>Inc 3 sit up spaces | Single Clients<br>Rough Sleepers |
| Grangeway Court, Runcorn | 14 self-Contained units | Families |
| Maya Court, Widnes | 12 self-contained units | Victims of Domestic Abuse |
| NSAP Market & Lacey Street, Widnes | 3 self-contained apartments | Rough sleepers / Offenders |

3.13 None Commissioned

| | | |
|---|---|---|
| Columba Hall, Widnes | 16 self-contained apartments | Families |
| Whitchurch Way, Runcorn | 3 shared house units | Singles |

Halton remains committed to providing accommodation for all homeless clients that are rough sleeping or at imminent risk of homelessness. Halton has a robust service provision for rough sleepers, which has proven successful in retaining low rough sleeper figures.

3.14 Future Challenges

The Local Authority continues to face many challenges around homelessness. As detailed above, staffing recruitment is proven to be a major concern for many Local Authorities across the country. The present economic crisis and increased levels of inflation are having a detrimental impact upon many households. Details of the levels of activity across the team are.

3.15 S21 Notice Seeking Possession / Eviction

The majority of households are experiencing varying levels of affordability, which is a major issue. Many households struggle to afford to remain within their properties and therefore, threatened with homelessness.

3.16 During the past twelve months the Local Authority has seen an increase in the level of clients approaching the Housing Solutions Team for support and assistance, as many landlords pursue legal possession of their properties. The table below illustrates the level of repossession notices issued within the social, private, and home ownership sectors during past two years.

| YEAR | 2022/23 | 2023/24 | Apr 24-Sept 24 |
|---|---|---|---|
| **Home Ownership** | 42 | 52 | 35 |
| **Private Rented** | 336 | 384 | 152 |
| **Registered Social Landlord** | 271 | 499 | 191 |

3.17 Within the Housing Solutions Team there is a designated officer who is actively involved in the court process. The officer works directly with lenders to reach an agreement that will allow the clients to remain within their home. The Mortgage Rescue Scheme and possession process has been identified as a priority and funding

allocated to assist homeowners and tenants.

3.18 The Home Ownership possession numbers are low in comparison with other housing sectors. However, we do anticipate that affordability for many homeowners and households will prove to be a major factor to clients losing their homes. The level of prevention activity has been successful, with a vast reduction in evictions. The tables illustrate the level of prevention activity within **Appendix 1**.

3.19 Although the number of private and social rented sector illustrates the highest possession figures, not all will result in the landlord pursuing possession of the property. Staff are working tirelessly with clients and landlords to address any issues and utilise the prevention fund to offset arrears, save the tenancy and prevent homelessness.

3.20 Further discussions are ongoing with the private rented sector to encourage them to work directly with the Local Authority, to increase the accommodation options available and offer clients choice. There are a number of prevention incentives available, to offer reassurance to the landlords and to strive to address and reduce future homelessness,
Details are:

- Bond Guarantee Scheme
- HBC will act as guarantor.
- Discretionary Housing Payments
- Prevention Fund – Rent in advance, Deposits.
- GIFT – Furniture package.

3.21 There is a robust process in place with the registered social landlords that notifies the housing solutions adviser at an early stage of pending action. The process has proven successful with the officer achieving positive outcomes to reduce evictions and negotiations to enable the client to remain within their home. Level of activity during April 2023 – Mar 2024 contained within Appendix 1.

3.22 The Local Authority is seeing an increase in the discontinuation notices being issues by the Home Office to asylum seekers/refugees. There is a designated officer within the Housing Solutions Team, with a robust approach, liaising directly with Serco to ensure all client referrals are registered at the earliest stage of the notice. The officers are working tirelessly to ensure all asylum seekers awarded positive refugee status are supported and advised accordingly, to source accommodation and can access all housing options and services available.

3.23 The main challenge is around asylum seekers who receive a positive decision to remain, which does not necessarily mean they meet the homelessness criteria. This has caused an element of confusion for the clients, which has been raised with the home office

and Serco, The recruitment of the British Red Cross caseworker sits within the Housing Solutions Team and work across all agencies, to assist and support asylum seekers within the Borough. The officer will work with clients to source move on accommodation and support them throughout the process.

3.24 Funding

The Government confirmed the allocation of a key element of the overall investment: funding through the Homelessness Prevention Grant, which is available to local authorities in 2024/25 to support and deliver services to prevent and tackle homelessness. The purpose of the Homelessness Prevention Grant is to give local authorities control and flexibility in managing homelessness pressures and supporting those who are at risk of homelessness, and to deliver the following priorities: Details.

| Funding Grant | Initiative | Total Award |
|---|---|---|
| Homelessness Grant | Prevention | £369.000 |
| Rough Sleeper Grant | Accommodation / Support | £69.000 |
| Trailblazer Grant | Early Intervention Officer | £39.000 |
| AFEO | 2 x Offender Co-ordinators | £60.000 |

3.25 The AFEO funding introduced a new co-ordinator post in 2021/22 to work across offender services and improve service delivery. The post has achieved successful outcomes, resulting in a vast improvement in communication, partnership working and a consistent approach across Local Authority services. Subsequently, no offender has been released back to Halton without a full pathway plan and accommodation route. The service has been deemed good practice and the remaining Liverpool City Region Local Authorities have recently introduced the same approach.

3.26 Engagement with partner agencies is ongoing; to support and advise all client groups to source suitable accommodation. The aim is to assist clients to achieve positive outcomes and promote lifestyle change. Communication and teamwork between service agencies is excellent, enabling a quick response and implemented action to address crisis issues.

3.27 The Government recognises that there is not one single solution to end homelessness, and a strategic approach to tackling the causes of homelessness and the health and well-being of vulnerable client groups is as important as the supply of affordable homes and supported housing.

## 4.0 POLICY IMPLICATIONS

4.1 There are no policy implications associated with the information within this report. Although the potential solutions for some of the issues highlighted may lead to changes in the future.

## 5.0 FINANCIAL IMPLICATIONS

5.1 Financial implications have been identified, due to the reliance upon hotel usage, which will have a significant impact upon local budgets.

## 6.0 IMPLICATIONS FOR THE COUNCIL'S

### 6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

Protect the most vulnerable households, as many are reliant upon accessing social housing to meet their housing needs. Facilitate a choice-based lettings scheme to promote access to suitable social housing, to promote stability, thus improving health and wellbeing, resulting in greater independence!

### 6.2 Building a Strong, Sustainable Local Economy

Facilitate sustainable economic prosperity.

### 6.3 Supporting Children, Young People and Families

Housing support services provided to young people, within both supported accommodation and their own home, ensure they are empowered to access, maintain existing education, training, health services, and support networks.

The Housing Solutions Team have a statutory duty to accommodate people who are homeless or threatened with homelessness. There is a designated youth officer within the Housing Solutions Team, who works directly with young people, to address their needs and refer into the relevant services. The officer will strive to ensure that young people are supported, safe and accommodated within a secure environment.

### 6.4 Tackling Inequality and Helping Those Who Are Most In Need

The services in place will tackle inequality and further identify that those most in need will be awarded priority and support to secure social housing

### 6.5 Working Towards a Greener Future

None at this stage.

### 6.6 Valuing and Appreciating Halton and Our Community

The local authority has a statutory duty to administer homelessness and support clients threatened with homelessness. The process and service options allow clients choice to secure social housing, therefore promote community stability within the Borough.

**7.0 Risk Analysis**

7.1 None at this stage.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 The equality implications have been identified and mitigated.

**9.0 CLIMATE CHANGE IMPLICATIONS**

9.1 None at this stage

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

10.1 None under the meaning of the Act.

**Appendix 1**

## Repossession Notice Activity

| Registered Social Landlord Activity | Total |
|---|---|
| Referrals | 499 |
| Evictions prevented via Crisis Interventions | 159 |
| Evictions prevented via Relief Stage | 259 |
| Property Relinquished / Tenant Deceased<br>**Total Eviction Loss** | 9<br>**28** |
| Court attendance – Suspended Orders | 125 |
| Prevention Funding Applications | 47 - £22,840 |
| Discretionary Housing Applications | 29 - £28,200 |

## Home Ownership Activity

| Owner Occupier Activity | Total |
|---|---|
| Referrals | 52 |
| Total evictions prevented | 42 |
| Cases carried over 24/25 | 10 |
| Total eviction loss | 0 |
| Sold Property and rehoused via PPP | 0 |

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

**DATE:** 26th November 2024

**REPORTING OFFICER:** Executive Director Adult Services

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** Performance Management Reports - Quarter 2 2024/25

**WARD(S)** 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 2 of 2024/25. This includes a description of factors which are affecting the service.

## 2.0 RECOMMENDATION: That

1) **Receive the Quarter 2 Priority Based report.**
2) **Consider the progress and performance information and raise any questions or points for clarification.**
3) **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 2, 2024/25.

## 4.0 POLICY IMPLICATIONS

4.1 There are no policy implications associated with this report.

## 5.0 FINANCIAL IMPLICATIONS

5.1 There are no policy implications associated with this report.

## 6.0 IMPLICATIONS FOR THE COUNCIL'S

**6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence**

Improving Health, Promoting Wellbeing and Supporting Greater Independence

**6.2 Building a Strong, Sustainable Local Economy**

None identified.

**6.3 Supporting Children, Young People and Families**

None identified.

**6.4 Tackling Inequality and Helping Those Who Are Most In Need**

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

**6.5 Working Towards a Greener Future**

None identified.

**6.6 Valuing and Appreciating Halton and Our Community**

None identified.

**7.0 Risk Analysis**

7.1 None identified.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment (EIA) is not required for this report

**9.0 CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

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

10.1 None under the meaning of the Act.

## 2.0 Key Developments

### Adult Social Care

**Domiciliary Care**
Tender moderation has now been completed and a report will be presented to Executive Board on 14th November 2024 outlining recommendations for contract award.

**Homelessness**
A working party, focusing on current homelessness provision, has been established and is being led by Councillor Marie Wright. The purpose of the working party is for Members to better understand the current arrangements in place in relation to Homelessness.

**Carers**
The Council is part of a Cheshire and Merseyside consortium who bid for funding against the Accelerated Reform Fund. The bid was successful, and we have now had Year One funding for support with Carers Breaks. It's been agreed that this will be passported to Halton Carers Centre who have put forward a delivery programme to meet the outcomes of this project.

**Urgent & Emergency Care Improvement Programme**
New hospital discharge model for Halton patients introduced at Warrington & Halton Teaching Hospitals NHS Foundation Trust.

**Supported Housing**
Work continues through the Transformation programme to identify new supported housing opportunities which meet the needs of vulnerable adults across the borough.

### Public Health

- Environmental Health team have been successful in their application for grant funding for the Healthy Homes project. The project will target the 3 wards that have a higher deprivation and will encourage tenants who are in private rentals to contact us when the landlord is not addressing the damp/mould issues in the property.

- Halton have been working with other local authorities and Liverpool John Moore's University to working to develop a Local Drug Information System. The system uses consistent and efficient processes for sharing and assessing information, and issuing warnings where needed, it helps ensure high-quality, effective information rapidly reaches the right people.

- Halton and Cheshire West & Chester staff have been supporting the ICB with development of an injuries due to serious violence dashboard. This will be used by the police and local community safety partnerships to target interventions.

- Our stop smoking team are now as part of the Government funded Swap 2 Stop scheme and a large number of our clients are now using vapes to stop smoking.

- Supervised Toothbrushing Programme. Halton have delivered over 15000 toothbrushes in a structured intervention to 2–7-year-olds in the 20% most deprived areas across Halton, this has been targeted provision of free toothbrushes and pastes in their communities. This programme aims to work in partnership with existing local schemes to reduce child oral health inequalities.

- As we head towards the colder winter months, preparatory work has taken place to ensure care home providers are delivering flu and Covid-19 vaccines for all those eligible. We are also working with pharmacies to commission free vaccinations for staff

- We continue via the Household Support Fund, to support our residents who may be struggling through hardship, this includes food vouchers, contributions to school uniform costs, heated throws for cancer patients and various other methods of support.

The Public Health Directorate continues to work on a wide range of issues linked to tackling the causes of ill health and improving health in Halton.

## 3.0 Emerging Issues

**Adult Social Care**

**Domiciliary Care**
During December and following Executive board approval, intention to award letters will be distributed to the bidders who have been successful in relation to the domiciliary care tender.

**Urgent & Emergency Care Improvement Programme**
Work will continue to embed the new hospital discharge model for Halton patients introduced at Warrington & Halton Teaching Hospitals NHS Foundation Trust in quarter 2 and during quarter 3 explore introduction of new hospital discharge model for Halton patients at Whiston Hospital.

**Public Health**

Ketamine is a class B controlled substance which means possession and supply of it is illegal. When ingested, ketamine affects the brain and body, reducing awareness, pain and coordination.
Recent studies have shown a significant increase in the number of young people taking ketamine and this would reflect the concerns that have recently been raised by our schools locally.
We are working together with other organisations including young people's drug treatment services, police, primary health care, mental health and the wider health and social care to shape and model good practice in a systems-based approach, ranging from prevention through to intervention.

## 4.0 Performance Overview

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***

**Key Objectives / milestones**

| Ref | Milestones | Q2 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** The Dementia Delivery Plan was approved by One Halton Board in April 2024 and a Dementia Delivery Group has been established (meeting in October) to oversee the implementation of the delivery plan.

**1B** Draft strategy to be presented to Management Team November 2024

**1C** Budget projected to come in on target

**1D** Integration work continues through the One Halton work streams

**1E** We have funded additional dedicated support for front door referrals and Deprivation of Liberty Safeguards (DoLS) This has enabled us to clear the backlog 'at the front door' and allocate the correct support for those being referred within 24 hours.
Halton has established a Prevention and Wellbeing Service with the support of a redesign of adult social Care, placing outreach support with a Wellbeing approach at the front door. This approach has enabled us to progress these redesigns quickly and allocate more resources to the team of first assessors and has improved both the speed and impact of this work. We are allocating all new referrals within 24/48 hours.

**1F** All the Strengths based training has now been completed, with 250 staff trained and a train the trainer model in place.
The changes to ways of working have led to a more productive workforce who have more time to speak to clients, reviews are more informed, and Assessment work is more outcomes-focussed.
The Social Care IT system changed in June 24 from Care First 6 to Eclipse, with newly developed Person-Centred Documentation.

***Key Performance Indicators***

| **Older People:** | | Actual 23/24 | Target 24/25 | Q2 | Progress | Direction of Travel |
|---|---|---|---|---|---|---|
| ASC 01 | Permanent Admissions to residential and nursing care homes per 100,000 population 65+ | 347.50 22/23 | 600 | NA | NA | NA |
| ASC 02 | Total non-elective admissions into hospital (general & acute), all age, per 100,000 population. | Dec 23 to Jan 24 = 4,283 | No plan set | 0 Day LOS = 1862<br>>0 LOS = 2693<br>Total = 4555 | | |
| ASC 03 | Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital ASCOF 2D (Formerly ASCOF 2B) | 96% 23/24 | 85% | 96.4% | ✓ | NA |
| **Adults with Learning and/or Physical Disabilities:** | | | | | | |
| ASC 04 | Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS) | 96% | 97% | 97.5% | NA | NA |
| ASC 06 | Proportion of people in receipt of DP ASCOF 3D (Formerly ASCOF 1C – people in receipt of long-term support) (Part 2) DP) | 47.6 | 45% | 41% | NA | NA |
| ASC 07 | **NEW** The proportion of people who receive long-term support who live in their own home or with their family ASCOF 2E (Formerly ASCOF 1G) | NA | 89% | 82% | ✓ | NA |

| **Homelessness:** | | Actual 23/24 | Target 24/25 | Q2 | Progress | Direction of Travel |
|---|---|---|---|---|---|---|
| ASC 09 | Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Reduction Act 2017.<br>Relief<br>Prevention<br>Homeless<br>Advice<br>Triage | 756<br><br><br><br>290<br>163<br>121<br>201 | 3500 | 872<br><br><br><br>254<br>257<br>88<br>192<br>141 | ✓ | ↑ |
| ASC 10 | LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002 | 121 | 800 | 48 | ✓ | ↑ |
| ASC 11 | Number of households living in Temporary Accommodation<br>Hostel<br>Bed & Breakfast / Hotels | 148<br>38<br>30 Singles<br>8 Families | 800 | 151<br><br>109 singles<br>40 Families<br><br>0 Singles<br>2 Families | ✓ | NA |
| **Safeguarding:** | | | | | | |
| | **NEW** The proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed (ASCOF 4b) | NA | NA | Risk reduced 55.4%<br><br>Risk removed 29% | ✓ | NA |
| ASC 12 | Percentage of individuals involved in Section 42 Safeguarding Enquiries | 34% | 30% | 39% | ✓ | ↑ |

| | | Actual 23/24 | Target 24/25 | Q2 | Progress | Direction of Travel |
|---|---|---|---|---|---|---|
| ASC 13 | Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (Previously PA6 [13/14] change denominator to front line staff only. | 76% | 85% | 77% | ✓ | ↑ |
| **Carers:** | | | | | | |
| ASC 15 | Proportion of Carers in receipt of Direct payment | 99% | 99% | 98.9% | NA | NA |
| **Adult Social Care and Carer Survey measures are reported annually for service users and bi-annually for carers – these measures will be included in the Q4 2024/25 report or following publication of the NHS Digital Reporting. Further information can be found here** | | | | | | |

**Supporting Commentary**

**Older People:**

**ASC 01** Figures will be updated as soon as possible.

**ASC 02** Q2 data is not yet available and will not be until Mid-November. Unfortunately, the data is not available to NHS Midlands and Lancashire Commissioning Support Unit until around 6 weeks following the end of the month. This enables the data management teams to cleanse/ process the information before its available to report on. However, the Q1 data has been provided.

**ASC 03** This measure replaces the previous measure which included discharge from hospital into reablement/rehabilitation services. Therefore, no comparison can be made to previous quarters.

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

**ASC 04** This figure is for HMS equipment only so does not represent a true figure for Q2 and is not comparable with the same period last year. This is due to changes in our reporting system we are unable to provide VI or DRC data at present.

**ASC 06** This ASCOF measure is new and reports on all people who receive a direct payment. No comparison can be made to previous quarters.

**ASC 07** This ASCOF measure is new and reports on all people who receive long-term support who live in their own home or with family. It replaces the previous ASCOF 1G measure which reported on the proportion of learning disability people with long-term support who live in their own home or with their family. No comparison can be made to previous quarters.

**Homelessness:**

**ASC 09** There continues to be an increase in homelessness nationally. Halton has seen a gradual increase in family presentations, due to no fault S21 notice seeking possessions, placing additional pressure upon temporary accommodation providers.
The main emphasis is placed upon prevention, and many clients are prevented from homelessness, with officers fully utilising the prevention service incentives to support clients to secure suitable accommodation across both social and private rented sectors.

**ASC 10** There has been an increase in the homelessness acceptance duty. This is partly due to the increase in no fault eviction notices and affordability, whereby, the rents charged are far greater than the awarded local housing allowance.

**ASC 11** Due to the increase in homelessness this has placed additional pressure upon temporary accommodation providers, with concreted efforts by all officers to support clients with the move on process.
For this quarter, we have seen a gradual decrease in hotel usage. However, the LA is still reliant upon hotel use but has implemented a robust transition plan to ensure clients placed out of area are transferred back to commissioned services as quickly as possible.
There continues to be an ongoing review of temporary accommodation to ensure that provision is available to meet the ongoing demand.

**Safeguarding:**

This is a new measure for 2024/25. We will continue to monitor this new measure to inform future performance.

**ASC 12** Current figures have exceeded last year's actual figures and look to improve further over the course of the year.

**ASC 13** Figures have already outperformed last year's actual figures.

**Carers:**

**ASC 15** This measure replaces carers in receipt of self-directed support. There is no comparison to previous quarters.

## ***Public Health***

**Key Objectives / milestones**

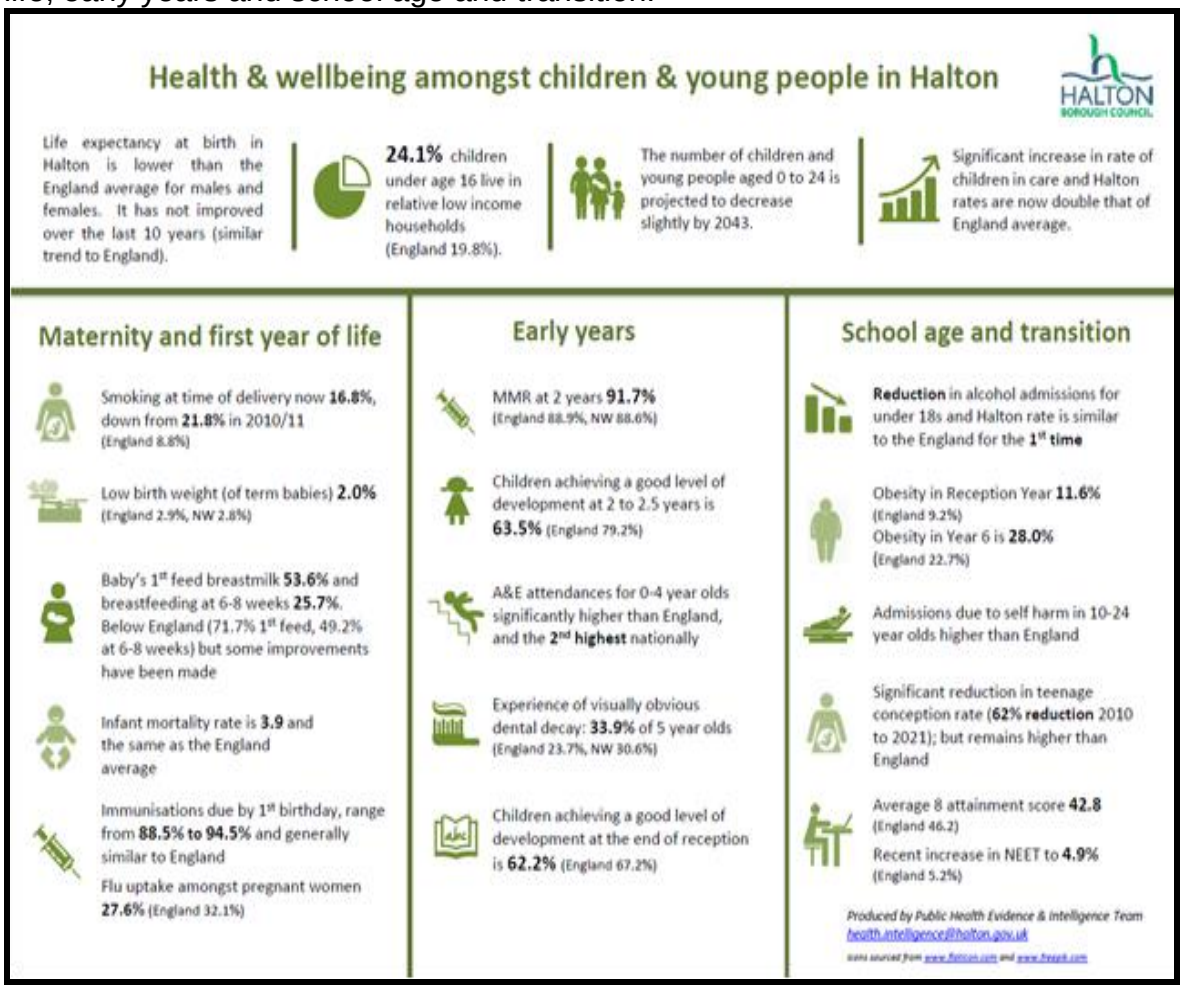
| Ref | Objective 1: Child Health | Q2 Progress |
|---|---|---|
| | **Milestones** | |
| PH 01 | Working with partner organisations to improve the development, health and wellbeing of children in Halton and to tackle the health inequalities affecting that population. | ✓ |
| **Ref** | **Objective 2: Adult weight and physical activity** | |
| | **Milestone** | |
| PH 02 | Reduce levels of adult excess weight (overweight and obese) and adult physical inactivity. | ✓ |
| **Ref** | **Objective 3: NHS Health Checks** | |
| | **Milestone** | |
| 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. | U |
| **Ref** | **Objective 4: Smoking** | |

| | | |
|---|---|---|
| | **Milestone** | |
| 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** | |
| | **Milestone** | |
| PH 05 | Work towards a reduction in suicide rate. | ✓ |
| | **Objective 6: Older People** | |
| | **Milestone** | |
| 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** | |
| | **Milestone** | |
| 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** | |
| | **Milestone** | |
| 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** | |
| | **Milestone** | |
| PH 09 | Work in partnership to reduce drug and alcohol related hospital admissions. | ✓ |

**Supporting Commentary**

**PH Child health**

**01** Regular contract performance meetings take place every quarter with the 0-19 (+ SEND) (0-19 HCP) service. The 0-19 HCP service are supporting the development of the Family Hubs model, starting well strategy, leading on infant parent mental health and attachment, the Local Offer, and the SEND priority action plan. 0-19 HCP staff have participated in the first Community of Practice meetings with Public Health Northwest bringing together reps from Commissioning and 0-19 services across the Northwest. The SEND policy review has now been ratified and all staff have been briefed. The infographic below, is based on Q1 2024/25 performance data. Giving an overview of the 0-19 HCP service and tracking the progress and impact of areas where the service is working towards and improving health outcomes for children and young people. These include maternity and first year of life, early years and school age and transition.




Source: 0-19 HCP produced by Public Health Evidence & Intelligence Team (October 2024)

The infant feeding offer continues to expand, now with 5 weekly drop-in support groups, in addition to home visits and telephone support in the postnatal period, plus antenatal engagement at community midwifery clinics.

**Infant Feeding:**

| | |
|---|---|
| Women supported with breastfeeding | 138 |
| of whom were supported via home visits | 70 |
| Women supported with safe formula feeding via phone | 111 |
| Women attending breastfeeding support groups | 27 |
| Parents attending infant feeding drop-ins | 49 |
| Parents attending Introducing Solid Foods workshops | 43 |

**Halton Healthy Early Years (HHEYS)**
Settings accessing training: 5
Total staff trained: 29
Topics: Oral health, Healthy eating.

**HENRY Programme (preventing obesity for under 5s) & Parent Workshops:**
8-week **Right From the Start** courses completed: 1.
Parent workshops: 4
Total attendees: 17.

**Young Health Champions** Cohorts completed: 2. Participants: 18:
Cohort of Young Carers and cohort of pupils at Ashley High School (SEN).

**Healthy Schools** 58 schools (88%) were engaged in the programme at the end of summer term in July. 2024-25 school year has commenced with 21 visits booked or completed so far. Programme offer has expanded to include breastfeeding awareness, and sessions to promote immunisation uptake.

**PH 02** **Supporting commentary – Adult weight and physical activity**

Through the Fresh Start program the Adult Weight Management Service continues to offer an in-depth curriculum of advice and exercise that supports local people to manage their weight and positively impact their lifestyles. In the current climate, more focus has been emphasised within the service to increase support of weight management for target population groups such as low-income households by embedding key skills such as shopping on a budget, meal planning for 1 and supporting resilience.

Over the second quarter, Fresh Start had 649 referrals to the service from Halton residents. So far 141 have started on the face-to-face service and 158 started via the digital App version of Fresh Start. The team are
currently updating the education on the program and will be doing staff development to support the increasing change toward more complex patients coming through the service.

Halton continues to support physical activity through the ‘exercise on prescription’ program. Exercise on Prescription is a free service, which supports people with health conditions to become more physically active and is part of their treatment to improve their condition management. Some of the common health conditions that clients come for support with include cardiovascular conditions, pulmonary &

respiratory conditions, mental health conditions, falls prevention and back and joint conditions. All clients in service receive brief intervention and advice around their health condition and guided support by an exercise specialist who is trained to deliver activity to people with health conditions. Throughout quarter two, **321 referrals** were made into this service and, **(133) 60%** of clients engaging with physical activity so far.

**PH 03** **Supporting commentary – NHS Health Checks**

Each year 20% of the total eligible population should be invited for an NHS Health Check. **In Halton the target for 2024/25 is 7254 per year**. This equals **1815 invites** per quarter should be sent. In Q2, **2225 NHS Health Check Invites** was sent, which is **123%** of the quarterly invite target.

National targets are set that NHS Health Check services should aim to have a completion rate of around 80%. Of patients who were invited in Halton this quarter, **1213 patients have received a NHSHC**, which is an **84% uptake** rate. This is an increase on quarter one's performance in which 1001 NHS Health Checks were completed which was a **69% uptake** rate. Following an NHS Health Check Halton have a target of 30% of patients should be referred onto wider support services. In Q2, **349 were completed**. This is 29% on NHS Health Checks completed. This is a decrease on last quarters referral rate of 35%. Halton have prioritised tackling health inequalities within the service to which some key milestones have been achieved this year to date. These include:

• In Q2, 100% of ethnic minorities who are eligible for an NHSHC have received an invitation.

• In Q2, 41% of NHSHC's completed are on patients from decile 1&2 IMD (index of multiple deprivation). Previous data shows this cohort has the lowest proportionate uptake.

• In Q2, 56% of NHSHC's were completed on patients in age categories 40-45,45-50, 50-55 which previous data shows Halton has the lowest proportionate uptake.

**PH 04** **Supporting commentary – Smoking**

| | |
|---|---|
| Total Referrals | **668** |
| **Total Set a Quit Date** | **470** |
| Engagement Rate | **70%** |
| Total Quit | **182 so far** |
| Total Still Awaiting 4 Week Quit Outcome | **101** |
| **Unemployed/Never Worked Set a Quit Date** | **77** |
| Unemployed/Never worked Quit | **24** |
| Awaiting 4 Week Quit Outcome | **20** |
| **Sick/Disabled/Unable to Return to Work Set a Quit Date** | **114** |
| Sick/Disabled/Unable to Return to Work Quit | **50** |
| Awaiting 4 Week Quit Outcome | **17** |
| **Routine/Manual Set a Quit Date** | **72** |
| Routine/Manual Quit | **24** |
| Awaiting 4 Week Quit Outcome | **15** |

**PH 05 Supporting commentary – Suicide reduction**

We continue to work closely with partners and Champs on the Zero Suicide Agenda and consistently drive Halton's action plan to contribute to reduction in suicides. Work continuing to take place on long term conditions, Dual Diagnosis, male mental health as well as supporting education settings with self-harm and suicide attempts. Insight work with teenage males to understand why they don't engage with mental health services at the same rates as teenage females is complete and next steps under development. Despite work continuing RTS for 2024/2025 are slightly higher than the previous year 2023/2024. Economic crisis is known to increase risk of suicide therefore issues with cost of living could be contributing to a potential increase locally.

**PH 06 Supporting commentary – Older people**

The Exercise on Prescription Programme which includes falls prevention has been rolled out in some GP practices to target common health conditions such as hypertension and falls. In Q2 67 local people were identified as at risk of falling or as having had a previous fall. These service users have been supported with advice and a strength and stability class. There are some ongoing issues with the data from the Sure Start to Later Life service, due to the transition from Care First to Eclipse data systems by Adult Social Care Services However data is available for July and August of Q2 showing 38 referrals into service, with 35 assessments and 30 review appointments being completed. Out of the 30 reviews that took place 4 people reported that they feel less socially isolated as a result of the intervention from the service.

**PH 07 Supporting commentary - Poverty**

We continue to work closely with regional partners on the Cheshire & Merseyside fuel poverty steering group to look at pro-active home support for those with high-risk long term health conditions. We have worked with national CIC Catapult over the last quarter to replicate locally the warm home prescription offer that they have successfully trialled over the last few winters.

**PH 08 Supporting commentary – Sexual health**

Halton Sexual Health Service has offered 1,644 face to face clinical appointments in Q1, 2024/25. This is an increase of 89 from Q4, 2023/24. A total of 233 young people aged 19 and under have accessed the service in Q1, an increase of 22 from the previous quarter. axess4u provision is promoted through Axess website, social media, outreach, and education teams. The number of males (all ages) accessing the service has risen by 44 in Q1, to a total of 441. A total of 1452 patients were seen during Q1, increases were seen in the 18-39 and 50-60+ age groups. Online bookings in Q1 rose by 34%, with out of area attendances rising by 4.3%. And a 29% increase in cervical screening numbers. In women under 18 there was a rise of 4% in the numbers taking up LARC including Depo and Sayana, and within that, the main method chosen was implant. Coding issues have been rectified in the service since Q4, hence the number of recorded BAME attendances has risen by 15%, bringing this back over target. A rise in mixed white/ black African and Caribbean. STI screening of all ages has risen by over 13% in Q1. With syphilis and HIV screening making up 40% of the total tests, with an increase in positive syphilis numbers since Q4. The total number of patients issued with PrEP in Halton through Q1 was 15% higher than the previous quarter. The service saw 161 LGBT+ patients in Q1, an increase of 12 from Q4.

The sub-contracted pharmacies have issued 178 emergency contraception prescriptions in Q1, an increase of 17 from Q4. GP's fitting IUC's have also raised activity in Q1 with 51 fittings, an increase of 12 from Q4.

Discussions continue around Women's Health Hubs and a new C&M WHH clinical lead has been appointed to support this work, focussing on increasing LARC access.

**PH 09** The first plus one for the contract extension with Change Grow Live has now been finalised, there is flexibility for another plus one for 2026/2027 if required. Commissioners in the North West have agreed to collaboratively fund a post to be employed by North West Ambulance Service (NWAS) initially over 2 years. The post will support strategic planning to ensure targeted and tailored support is provided following a non-fatal opiate overdose. This means that every opiate non-fatal overdose is automatically referred to the local drug and alcohol service, with or without patient consent.

The role is unique to England and is expected to make a significant contribution to improved responses to non-fatal overdoses in the North West and contributing to a reduction in drug-related deaths in the region. The expected outcomes include:
• Increase in referrals into drug and alcohol treatment services.
• Contribution towards a reduction in drug-related deaths.

Audit C screenings are delivered during Health Checks and Stop Smoking consultations to clients across Halton. During Q1 Health Trainers/Health Check Officers have delivered **974 Audit C screenings** in workplaces, GP practises and in the community. During Q1 the Stop Smoking Service have delivered **278 Audit C screenings** with clients wishing to stop smoking Total combined **Audit C screenings delivered = 1,252**

***Key Performance Indicators***

| Ref | Description | Actual 2023/24 | Target 2024/25 | Quarter 2 | Current Progress | Direction of Travel |
|---|---|---|---|---|---|---|
| PH01a | Healthy life expectancy at birth: females (years) | 58.0 (2018-20) | 58.0 (2019-21) | n/a | U | ↑ |
| PH01b | Healthy life expectancy at birth: males (years) | 61.4 (2018-20) | 61.4 (2019-21) | n/a | U | ↑ |
| PH02 | A good level of child development (% of eligible children achieving a good level of development at the end of reception) | 62.2% (2022/23) | 62.5% (2023/24) | n/a | U | ↑ |
| PH03 | Health Visitor new births visits (% of new births receiving a face-to-face visit by a Health Visitor within 14 days) | 83.9% (2023/24) | 90% (standing target) | 87.6% (Q1 2024/25) | U | ↑ |
| PH04 | Prevalence of adult excess weight (% of adults estimated to be overweight or obese) | 72.7% (2022/23) | 72.0% (2023/24) | n/a | U | ↓ |
| PH05 | Percentage of physically active adults | 62.8% (2022/23) | 62.6% (2023/24) | n/a | ✗ | ↓ |
| PH06 | Uptake of NHS Health Check (% of NHS Health Checks offered which were taken up in the quarter) | 44% (2023/24) | 60% (2024/25) | 46% (Q1 2024/25) | ✗ | ↓ |
| PH07 | Smoking prevalence (% of adults who currently smoke) | 13.3% (2022) | 13.0% (2023) | 14.6% (2023) | ✗ | ↓ |

| Ref | Description | Actual 2023/24 | Target 2024/25 | Quarter 2 | Current Progress | Direction of Travel |
|---|---|---|---|---|---|---|
| PH08 | Deaths from suicide (directly standardised rate per 100,000 population) | 9.3 (2020-22) | 9.9 (2021-23) | 13.4 (2021-23 provisional) | ✗ | ↓ |
| PH09 | Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population) | 261.8 (2022/23) | 259.2 (2023/24) | 223.7 (2023/24 provisional) | ✓ | ↑ |
| PH10 | Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition) | 2,206 (2022/23) | 2,195 (2023/24) | 2,144 (2023/24 provisional) | ✓ | ⇔ |
| PH11 | Social Isolation: percentage of adult social care users who have as much social contact as they would like (age 18+) | 32.7% (2021/22) | 40% (2022/23) | 36.2% (2022/23) | ✗ | ↑ |
| PH12 | Fuel poverty (low income, low energy efficiency methodology) | 12.4% (2021) | 12.2% (2022) | 12.2% (2022) | ✓ | ↑ |
| PH13 | New sexually transmitted infections (STI) diagnoses per 100,000 (excluding chlamydia under 25) | 407 (2023) | 399 (2024) | n/a | u | n/a |
| PH14 | Long-acting reversible contraception (LARC) prescribed as a proportion of all contraceptives | 49.2% (2023/24) | 50% (2024/25) | 48.9% (Q1 2024/25) | u | ⇔ |
| PH15 | Admission episodes for alcohol-specific conditions (Directly Standardised Rate per 100,000 population) | 857 (2022/23) | 848 (2023/24) | 934 (2023/24 | ✗ | ↓ |

| Ref | Description | Actual 2023/24 | Target 2024/25 | Quarter 2 | Current Progress | Direction of Travel |
|---|---|---|---|---|---|---|
| | | | | provisional) | | |
| PH16 | Successful completion of drug treatment (non-opiate) | 19.1% (2023/24) | 19.5% (2024/25) | 19.4% (Q1 2024/25) | U | ⇔ |

**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 -** The percentage reduced by 6% between 2018/19 and 2021/22 in Halton; this is similar to the decline in England overall. However, the Halton percentage did increase slightly between 2021/22 and 2022/23. Data is released annually.

**PH 03 -** The 2023/24 and Q1 2024/25 data saw an increase from 2022/23 but failed to meet the target of 90%. However, they did meet the performance standard of 75%.

**PH 04 -** Adult excess weight increased in 2022/23 and did not meet the target. Data is published annually by OHID.

**PH 05 –** Adult physical activity decreased again slightly in 2022/23. Data is published annually by OHID.

**PH 06 -** There has been a reduction in uptake during 2023/24 and Q1 2024/25 as there were a large number of invites sent out. Q2 2024/25 data is not yet available.

**PH 07 –** Smoking levels increased in 2023 and did not meet the target. Data is published annually.

**PH 08 -** Provisional 2021-23 data indicates the rate has increased since 2020-22 and is not on track to meet the target. Data is published annually.

**PH 09 -** Published 2023/24 data shows the rate of self-harm admissions has reduced since 2021/22 and met the target. Data is available annually.

**PH 10 -** Provisional 2023/24 indicates the rate of falls injury admissions is similar to 2022/23 (a very small reduction) and has met the target. Data is available annually.

**PH 11 -** The proportion of adult social care users having as much social contact as they would like increased in 2022/23 but did not meet the target. Data is available annually.

**PH 12 –** Fuel poverty has improved in Halton since 2020 and is slightly below the England average. Data is published annually.

**PH 13 –** New STI rates increased slightly in 2023. However, rates are consistently better than the England. Data is published annually.

**PH 14 –** Data for Q1 2024/25 is similar to 2023/24 annual figure.

**PH 15 –** Provisional 2023/24 indicates the rate of alcohol-specific admissions has increased and has not met the target.

**PH 16** - Data does fluctuate year on year but in 2022/23and 2023/24, the Halton proportion of successful completions was worse than the England average. The figure has remained similar in Q1 2024/25.

**APPENDIX 1 – Financial Statements**

## COMMUNITY CARE

## Revenue Budget as at 30TH September 2024

| | Annual Budget £'000 | Budget to Date £'000 | Actual Spend £'000 | Variance (Overspend) £'000 | Forecast Outturn £'000 |
|---|---|---|---|---|---|
| **Expenditure** | | | | | |
| Residential & Nursing | 13,372 | 6,302 | 7,279 | (977) | (1,345) |
| Domicilary Care & Supported living | 12,890 | 5,867 | 5,846 | 21 | 46 |
| Direct Payments | 14,125 | 7,389 | 8,035 | (646) | (1,155) |
| Day Care | 648 | 389 | 274 | 115 | 7 |
| **Total Expenditure** | **41,035** | **19,947** | **21,434** | **(1,487)** | **(2,447)** |
| | | | | | |
| **Income** | | | | | |
| Residential & Nursing Income | -13,182 | -5,842 | -5,849 | 7 | 6 |
| Community Care Income | -2,270 | -1,043 | -1,048 | 5 | 11 |
| Direct Payments Income | -1,014 | -435 | -441 | 6 | 8 |
| Income from other CCGs | -135 | -34 | -34 | 0 | 0 |
| Market sustainability & Improvement Grant | -2,796 | -1,398 | -1,398 | 0 | 0 |
| Adult Social Care Support Grant | -5,167 | -2,583 | -2,583 | 0 | 0 |
| War Pension Disregard Grant | -67 | 0 | 0 | 0 | (11) |
| **Total Income** | **-24,631** | **-11,335** | **-11,353** | **18** | **14** |
| | | | | | |
| **Net Operational Expenditure** | **16,404** | **8,612** | **10,081** | **(1,469)** | **(2,433)** |

## Comments on the above figures:

The Community Care budget has been realigned since the last report to reflect more closely services commissioned.

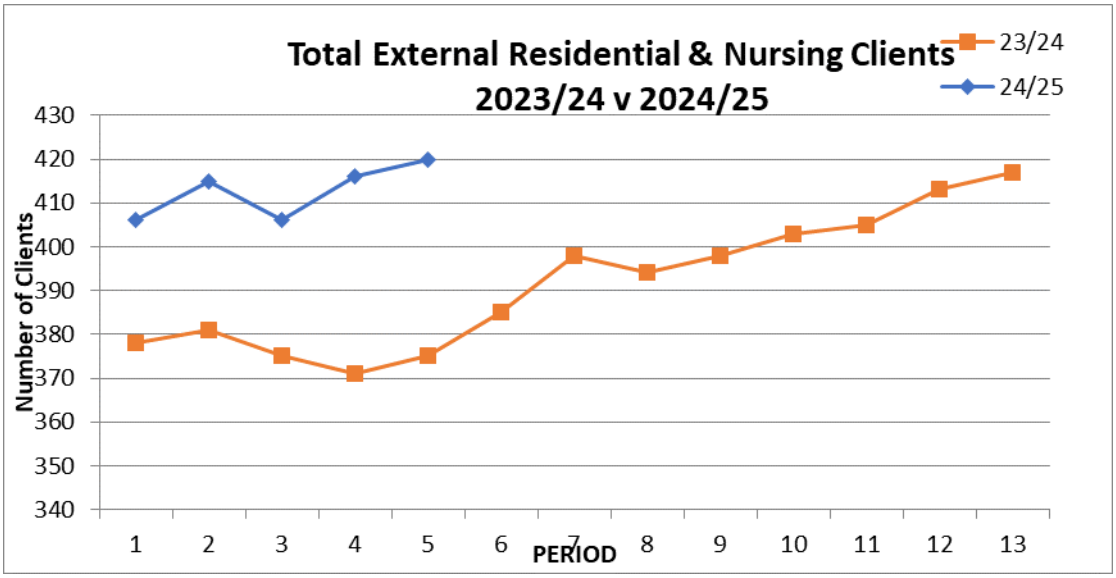
At the end of September 2024 expenditure on Community Care services is over budget profile by £1.4m. It is anticipated that at the end of the financial year it will be overspent by £2.4m. This is an increase of £0.3m from the previous position reported at the end of July.

Further analysis of individual service budgets is provided below. Note service demand referred to in the report is based on the most up to date information as at the end of August 2024.

## Residential & Nursing Care

There are currently 420 residents in permanent external residential/nursing care as at the end of August 2024 compared to 406 in April, an increase of 3.4%. Compared to the 2023/24 average of 390 this is an increase of 7.6%. The average cost of a package of care since April has increased from £866 to £881 a slight increase of 1.7%. Based on this average cost the 4 additional service users from July to August will cost approximately £0.127m to year end. In addition to these placements there are 94 residents placed within council internal care homes.

The graph below illustrates the demand for permanent placements.




There are 25 external packages which charge a top up currently costing £2,592.14 per week which equates to £0.135m per annum.

Extra 1 to 1 hours in external care homes currently cost £13,379 per week and the forecast to year end for this is circa £0.422m. This is for 14 individuals to date. Last year 20 individuals received 1 to 1 care at a cost of £0.255m. This suggests that either people are receiving more hours, or the rate is higher than last year.

The table below shows the number of Permanent external packages over £1,000 per week.

| Weekly Cost £ | No of Permanent PoCs | | | | |
|---|---|---|---|---|---|
| | PERIOD 1 | PERIOD 2 | PERIOD 3 | PERIOD 4 | PERIOD 5 |
| 1000-1999 | 52 | 53 | 53 | 53 | 54 |
| 2000-2999 | 18 | 18 | 16 | 17 | 17 |
| 3000-3999 | 5 | 5 | 5 | 5 | 5 |
| 4000-4999 | 7 | 8 | 8 | 8 | 9 |
| 5000-5999 | 3 | 2 | 2 | 2 | 3 |
| 6000-6999 | 1 | 2 | 1 | 2 | 2 |
| 7000-7999 | | 1 | 1 | 1 | 1 |
| >10,000 | 1 | 1 | 1 | 1 | 1 |
| Total | 87 | 90 | 87 | 89 | 92 |
| | | | | | |
| Over £1,000 Out of Borough | 60 | 62 | 60 | 62 | 63 |
| | | | | | |
| Over £1,000 Joint Funded | 41 | 43 | 42 | 43 | 46 |

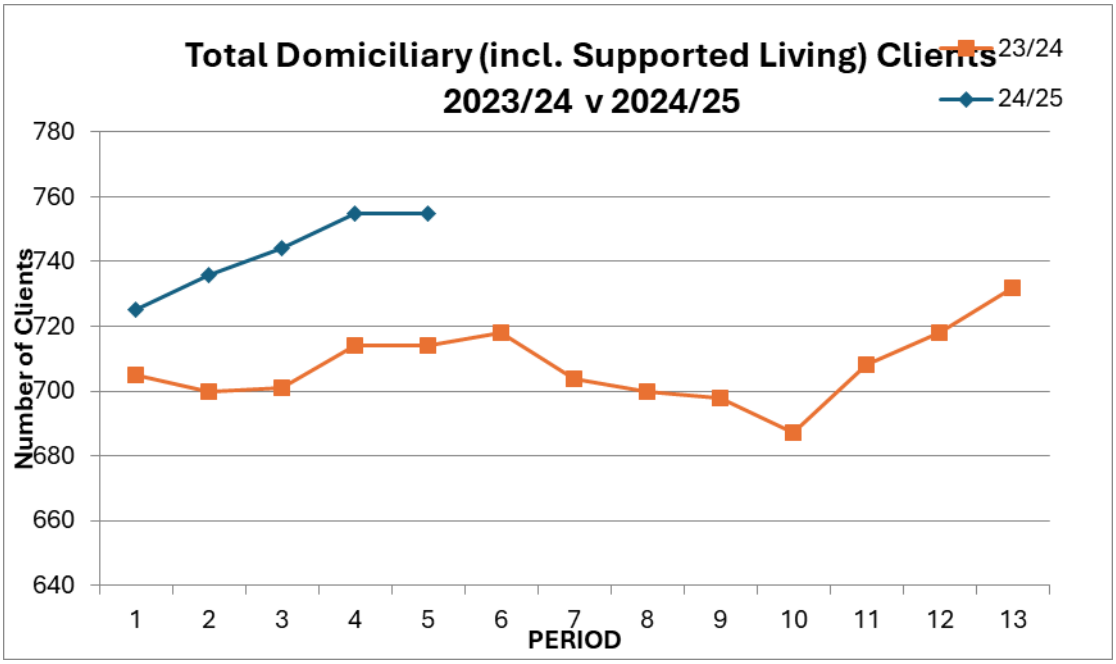
Between Period 4 and 5 the number of permanent packages over £1000 has increased by 3 at a cost of £6382.89 per week, circa £0.191m to year end.

Of the current 92 permanent placements 63 are out of borough and 46 are joint funded.

**Domiciliary Care & Supported Living**

There are currently 755 service users receiving a package of care at home compared to 744 in June, a slight increase of 1.5%. However, the average number of service users during 2023/24 was only 707, an increase of 6.7% which demonstrates demand for the service has increased this financial year.

The graph below illustrates the demand for the service from April 2023 to date.




However, the average cost of a package of care is currently £433.89 compared with £490.65 in April, a decrease of 11.5% which is helping to achieve a balanced budget for the service.

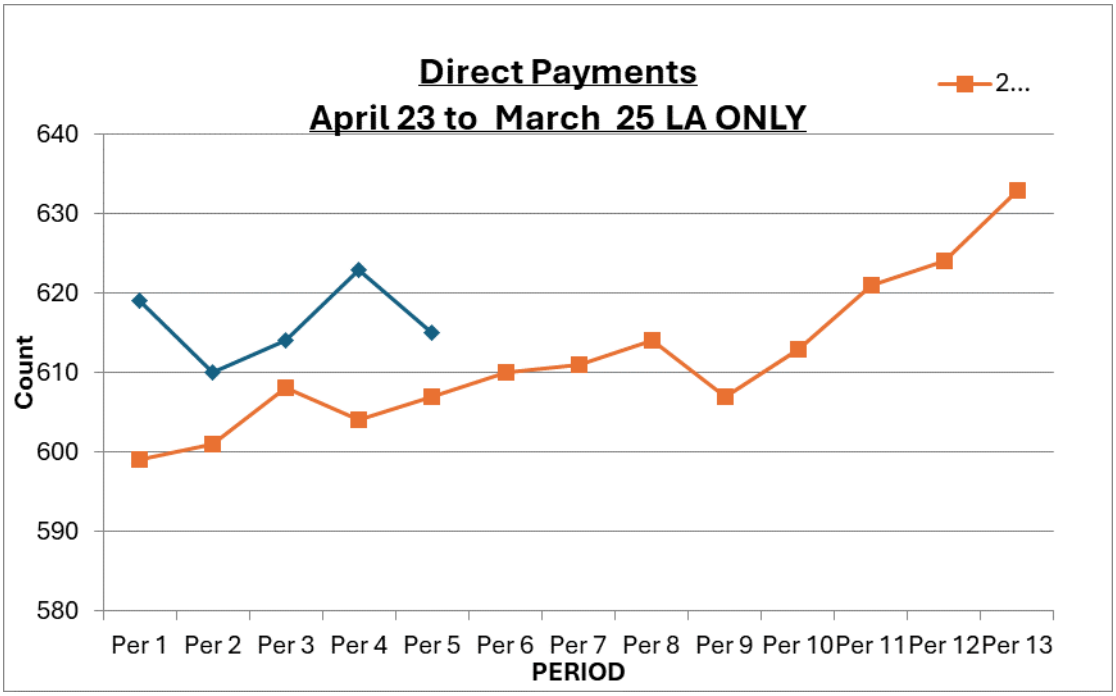
**Direct Payments**

In August 615 clients received a Direct Payment (DP) compared with 619 in April a very slight decrease of 0.64%. However, the average number of DP's in 2023/24 was 591, therefore there has been an increase of 4.06% on last year's average.

The average cost of a package of care has decreased since April from £529.04 to £455.65 in August, a reduction of 13.7%.

Currently there are 193 service users receiving a DP to pay care providers that have an hourly rate higher than the Council's domiciliary contracted rate of £21.18. This is an increase from period 4 of 32 clients and a financial increase of £5,860 per week (£0.152m to year end if this continues). This appears to be a trend and is exerting additional pressure on the budget.

The forecast position for Direct Payments assumes an amount of £1.4m will be recovered from users following an audit to seek assurance the DP is spent in line with their care and support needs. Variations to the amount recovered will directly affect the forecast.




The Community Care budget as a whole is very volatile by nature as it is demand driven, with many influential factors such as the ageing population, deprivation within the borough and also links to the health care sector.

It will continue to be closely monitored and scrutinised throughout the rest of the financial year to quantify pressures on the financial performance. The Community Care budget recovery group continues to meet to identify savings to try to mitigate the risk of further overspend against this budget. So far, they have realised savings to the tune of £1.2m.

## Care Homes Division

## Revenue Budget as at 30th September 2024

| | Annual Budget £'000 | Budget to Date £'000 | Actual Spend £'000 | Variance (Overspend) £'000 | Forecast Outturn £'000 |
|---|---|---|---|---|---|
| **Expenditure** | | | | | |
| **Madeline Mckenna** | | | | | |
| Employees | 698 | 349 | 316 | 33 | 35 |
| Agency - covering vacancies | 0 | 0 | 70 | (70) | (152) |
| Other Premises | 101 | 38 | 39 | (1) | (3) |
| Supplies & Services | 20 | 8 | 12 | (4) | (2) |
| Food Provison | 48 | 20 | 24 | (4) | (1) |
| **Total Madeline Mckenna Expenditure** | **867** | **415** | **461** | **(46)** | **(123)** |
| **Millbrow** | | | | | |
| Employees | 2,056 | 1,028 | 618 | 410 | 679 |
| Agency - covering vacancies | 3 | 3 | 458 | (455) | (950) |
| Other Premises | 129 | 51 | 70 | (19) | (38) |
| Supplies & Services | 61 | 27 | 49 | (22) | (25) |
| Food Provison | 78 | 33 | 39 | (6) | 1 |
| **Total Millbrow Expenditure** | **2,327** | **1,142** | **1,234** | **(92)** | **(333)** |
| **St Luke's** | | | | | |
| Employees | 2,884 | 1,442 | 1,012 | 430 | 740 |
| Agency - covering vacancies | 250 | 250 | 696 | (446) | (1,023) |
| Premises | 172 | 73 | 109 | (36) | (67) |
| Supplies & Services | 59 | 21 | 47 | (26) | (26) |
| Reimbursement & Grant Income | -104 | -104 | -104 | 0 | 0 |
| Client Income | -44 | -44 | -44 | 0 | 0 |
| Food Provison | 120 | 60 | 62 | (2) | (3) |
| **Total St Luke's Expenditure** | **3,337** | **1,698** | **1,778** | **(80)** | **(379)** |
| **St Patrick's** | | | | | |
| Employees | 1,839 | 919 | 590 | 329 | 566 |
| Agency - covering vacancies | 42 | 42 | 504 | (462) | (1,001) |
| Other Premises | 157 | 55 | 64 | (9) | (17) |
| Supplies & Services | 64 | 29 | 22 | 7 | 14 |
| Food Provison | 122 | 50 | 49 | 1 | 2 |
| Reimbursement & Grant Income | -21 | -21 | -21 | 0 | 0 |
| **Total St Patrick's Expenditure** | **2,203** | **1,074** | **1,208** | **(134)** | **(436)** |
| **Care Homes Divison Management** | | | | | |
| Employees | 362 | 180 | 141 | 39 | 77 |
| Supplies & Services | 0 | 0 | 2 | (2) | (4) |
| **Care Home Divison Management** | **362** | **180** | **143** | **37** | **73** |
| | | | | | |
| **Net Operational Expenditure** | **9,096** | **4,509** | **4,824** | **(315)** | **(1,198)** |
| **Recharges** | | | | | |
| Premises Support | 264 | 88 | 88 | 0 | 0 |
| Transport Support | 0 | 0 | 0 | 0 | 0 |
| Central Support | 683 | 228 | 228 | 0 | 0 |
| Asset Rental Support | 0 | 0 | 0 | 0 | 0 |
| Recharge Income | 0 | 0 | 0 | 0 | 0 |
| **Net Total Recharges** | **947** | **316** | **316** | **0** | **0** |
| | | | | | |
| **Net Departmental Expenditure** | **10,043** | **4,825** | **5,140** | **(315)** | **(1,198)** |

## Comments on the above figures

## Financial Position

The Care Home division is made up of the following cost centres, Divisional Management Care Homes, Madeline Mckenna, Millbrow, St Luke's and St Patrick's.

The spend to 30th September 2024 across the division is over budget profile by £0.315m. The forecast for the end of 2024/25 financial year is an estimated outturn position of £1.198m over budget. This is assuming the level of agency continues at a similar rate and includes higher spend assumptions later in the financial year due to winter pressures surrounding staffing and utilities.

**Comparison to Previous Year Outturn and Period 2 forecasted Outturn**

The outturn position for financial year 2023/24 was £1.056m over budget. Based on the estimated outturn position for 2024/25, there is an expectation that the estimated outturn overspend will be £0.142m higher than the last financial year.

The outturn position for Period 4 was £1.290m over budget. Based on the estimated outturn position for Quarter 2, there is an expectation that the estimated outturn overspend will be £0.092m lower than the previous quarter.

Employee expenditure specifically agency spend continues to be a pressure across the care homes, Agency spend will continue to be monitored to ensure the forecast remains in line with spend.

**Supporting Information**

**Employee Related expenditure**

Employee related expenditure is over budget profile at the end of September 2024 by £0.192m with the expected outturn position of employee related expenditure at the end of financial year 2024/25 as £1.029m over budget.

It has been assumed that the pay award offer of £1,290 will be accepted. This has been included within the forecasted outturn. This will result in an over budget spend of £0.188m across the Care Home Division.

Recruitment of staff is a continued pressure across the care homes. There remains a high number of staff vacancies across the care homes. A proactive rolling recruitment exercise is ongoing within the care homes and is supported by HR.

Due to pressures with recruitment and retention in the sector, heavy reliance is being placed on overtime and expensive agency staff to support the care homes. At the end of September 2024 total agency spend across the care homes reached £1.887m, the cost of this has partially been offset by staff vacancies.

**Premises Related Expenditure**

Premises related expenditure is over budget profile at the end of September 2024 by £0.065m and is forecast as an estimated overspend at the end of the financial year 2024/25 by £0.125m.

Repairs and maintenance continue to be a budget pressure across all the care homes. The recruitment of a facilities manager would help to reduce these costs. Budget for this post has been made available but the recruitment to this position has so far been unsuccessful.

**Food Related Expenditure**

Food related expenditure is over budget profile at the end of September 2024 by £0.011m and is forecast as an estimated overspend at the end of the financial year 2024/25 by £0.010m.

**Approved 2024/25 Savings**

There are no approved savings for the care home division in financial year 2024/25

**Occupancy Levels**

Current occupancy at September stands at 120 residents, which represents 74% of total capacity. This figure has reduced from the 128 residents recorded in April 2024.

**Risks/Opportunities**

The demand for agency staff within the care homes has been significantly high for several years.

Currently agency staff are being used for a variety of different reasons, to cover vacant posts, maternity leave and sickness absence.

The forecasts for agency staff are continuously reviewed to account for fluctuations in demand, however, the difficulty in the recruitment of new staff and the inability to retain existing staff has resulted in continued reliance on agency staff. The expectation is that the use for agency staff will be an ongoing issue. The care homes and the transformation team are working actively to look at options to reduce the reliance on agency.

**COMPLEX CARE POOL BUDGET**

**Revenue Budget as at 30 September 2024**

| | Annual Budget £'000 | Budget to Date £'000 | Actual Spend £'000 | Variance (Overspend) £'000 | Forecast Outturn £'000 |
|---|---|---|---|---|---|
| **Expenditure** | | | | | |
| Intermediate Care Services | 5,220 | 2,109 | 2,226 | (117) | (233) |
| Oakmeadow | 1,831 | 884 | 921 | (37) | (74) |
| Community Home Care First | 2,111 | 818 | 649 | 169 | 338 |
| Joint Equipment Store | 871 | 276 | 276 | 0 | 0 |
| Development Fund | 582 | 66 | 0 | 66 | 133 |
| Contracts & SLA's | 3,243 | 98 | 98 | 0 | 0 |
| Inglenook | 127 | 55 | 41 | 14 | 28 |
| HICafs | 3,703 | 1,210 | 1,066 | 144 | 289 |
| Carers Breaks | 494 | 225 | 156 | 69 | 138 |
| Carers centre | 371 | 0 | 0 | 0 | 0 |
| Residential Care | 7,225 | 3,629 | 3,629 | 0 | 0 |
| Domiciliary Care & Supported Living | 4,227 | 2,113 | 2,113 | 0 | 0 |
| **Total Expenditure** | **30,005** | **11,483** | **11,175** | **308** | **619** |
| **Income** | | | | | |
| BCF | -13,484 | -6,742 | -6,742 | 0 | 0 |
| CCG Contribution to Pool | -2,865 | -1,432 | -1,432 | 0 | 0 |
| Oakmeadow Income | -19 | -16 | -13 | (3) | (4) |
| ASC Discharge Grant Income | -1,631 | -816 | -816 | 0 | 0 |
| ICB Discharge Grant Income | -1,282 | -1,282 | -1,282 | 0 | 0 |
| Other Income | -20 | 0 | 0 | 0 | 0 |
| **Total Income** | **-19,301** | **-10,288** | **-10,285** | **(3)** | **(4)** |
| ICB Contribution Share of Surplus | | | | 0 | (307) |
| **Net Operational Expenditure** | **10,704** | **1,195** | **890** | **305** | **308** |

**Comments on the above figures**:

The financial performance as at 30th September 2024 shows the Complex Care Pool Budget is £0.305m under budget profile as this point of the financial year.

Intermediate Care Services are currently over budget to date predominantly due to the use of agency staff within the reablement team. This overspend is in contrast to the previous financial year, which was underspent, and is the result of higher staffing costs and the absence of the Local Authority Urgent and Emergency Care (LAUEC) Grant this year.

Spend is over budget at this point in the year on Oakmeadow due to increased costs in utilities, food, supplies & services and the use of agency staff. The majority of vacant posts have now been recruited to, but a few remain, and agency staff are required to cover staff sickness. This agency spend is currently being investigated by the service in order to ascertain as to whether it can be reduced in year.
The underspend on HICafs relates to the reduction in value of the Bridgewater contract due to the non-recruitment of two Pharmacy posts. This is offset by an overspend on staffing caused by unbudgeted spend on agency staff.

The underspend on Community Home Care First is due to agency costs being lower than expected at the start of the financial year, with current indications that this may continue throughout the financial year.

Expenditure on Inglenook is less than anticipated as although there are two clients using the service, one is now funded by Continuing Health Care which has reduced the pressure on this budget.

Expenditure on Carer's Breaks is £0.069m less than anticipated for the year to date, with a forecast outturn of £138m under budget as demand for services is still lower than pre-pandemic levels.

Based on current intelligence, the forecast outturn for year end is £0.615m under budget, however the year-end position will result in a balanced budget for the pool with any unallocated funds in year being split with the ICB in accordance with the terms of the pool budget to fund those services under extreme pressure – namely the Health & Community Care budget. This budget has historically always overspent due to limited resources and often relies on the pool budget underspend to offset pressures. It is important to note however, that it is not guaranteed that the Pool will always have the resources to contribute towards these underspends in the future.

**Pooled Budget Capital Projects as at 30th September 2024**

| | 2024-25 Capital Allocation £'000 | Allocation To Date £'000 | Actual Spend £'000 | Total Allocation Remaining £'000 |
|---|---|---|---|---|
| Disabled Facilities Grant | 1050 | 525 | 580 | 470 |
| Stair lifts (Adaptations Initiative) | 200 | 100 | 89 | 111 |
| RSL Adaptations (Joint Funding) | 150 | 75 | 77 | 73 |
| Telehealthcare Digital Switchover | 135 | 70 | 60 | 75 |
| Oakmeadow & Peelhouse Network Improvements | 40 | 0 | 0 | 40 |
| Miadekine McKenna Refurb | 100 | 50 | 82 | 18 |
| Millbrow Refurb | 50 | 25 | 34 | 16 |
| St Luke's Care Home | 50 | 25 | 24 | 26 |
| St Patrick's Care Home | 50 | 25 | 30 | 20 |
| **Total** | **1,825** | **895** | **976** | **849** |

**Comments on the above figures:**

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2023/24 spend and budget, and expenditure across the 3 headings is projected to be within budget overall for the financial year.

The £400,000 Telehealthcare Digital Switchover scheme was approved by Executive Board on 15 July 2021. Significant capital investment is required to ensure a functional Telehealthcare IT system is in place prior to the switch off of existing copper cable based systems. Procurement commenced in 2022/23 with an initial purchase to the value of £100,000. It is anticipated that the scheme will be completed in the current financial year, fully funded from the residual capital allocation of £135,000.

On 16th June 2022 Executive Board approved a £4.2M refurbishment programme in respect of the four Council owned care homes, to be completed withing a three year timescale. Spend to 31 March 2024 amounted to £947,000, leaving available funding of £3.253M at the start of the current financial year.

Executive Board have approved an additional £2M capital allocation in respect of energy efficiency initiatives. At present, detailed costing proposals are in development, with further revisions to the capital allocations to be submitted to Executive Board later in the year.
Initial 2024-25 capital allocations against each home currently therefore reflect just anticipated minor refurbishment costs.

## ADULT SOCIAL CARE

## Revenue Operational Budget as at 30th September 2024

| | Annual Budget £'000 | Budget to Date £'000 | Actual Spend £'000 | Variance (Overspend) £'000 | Forecast Outturn £'000 |
|---|---|---|---|---|---|
| **Expenditure** | | | | | |
| Employees | 17,543 | 8,776 | 8,249 | 527 | 1,060 |
| Agency- Covering Vacancies | 0 | 0 | 580 | (580) | (1,160) |
| Premises | 481 | 263 | 247 | 16 | 0 |
| Supplies & Services | 511 | 297 | 319 | (22) | (45) |
| Aids & Adaptations | 37 | 18 | 21 | (3) | 0 |
| Transport | 242 | 120 | 152 | (32) | (60) |
| Food & Drink Provisions | 214 | 107 | 89 | 18 | 30 |
| Supported Accommodation and Services | 1,385 | 652 | 608 | 44 | 90 |
| Emergency Duty Team | 115 | 0 | 0 | 0 | 0 |
| Transfer To Reserves | 282 | 0 | 0 | 0 | 0 |
| Capital Financing | 13 | 0 | 0 | 0 | 0 |
| Contracts & SLAs | 1,090 | 537 | 534 | 3 | 0 |
| | | | | | |
| Housing Solutions Grant Funded Schemes | | | | | |
| Homelessness Prevention | 471 | 148 | 130 | 18 | 0 |
| Rough Sleepers Initiative | 167 | 48 | 49 | (1) | 0 |
| Trailblazer | 100 | 50 | 43 | 7 | 0 |
| **Total Expenditure** | **22,651** | **11,016** | **11,021** | **(5)** | **(85)** |
| | | | | | |
| **Income** | | | | | |
| Fees & Charges | -873 | -430 | -393 | (37) | (70) |
| Sales & Rents Income | -480 | -311 | -317 | 6 | 10 |
| Reimbursements & Grant Income | -2,208 | -658 | -635 | (23) | 0 |
| Capital Salaries | -121 | -61 | -61 | 0 | 0 |
| Housing Schemes Income | -631 | -626 | -625 | (1) | 0 |
| **Total Income** | **-4,313** | **-2,086** | **-2,031** | **(55)** | **(60)** |
| | | | | | |
| **Net Operational Expenditure** | **18,338** | **8,930** | **8,990** | **(60)** | **(145)** |
| | | | | | |
| **Recharges** | | | | | |
| Premises Support | 529 | 264 | 264 | 0 | 0 |
| Transport Support | 581 | 291 | 400 | (109) | (190) |
| Central Support | 3,465 | 1,732 | 1,732 | 0 | 0 |
| Asset Rental Support | 13 | 0 | 0 | 0 | 0 |
| Recharge Income | -112 | -55 | -55 | 0 | 0 |
| **Net Total Recharges** | **4,476** | **2,232** | **2,341** | **(109)** | **(190)** |
| | | | | | |
| **Net Departmental Expenditure** | **22,814** | **11,162** | **11,331** | **(169)** | **(335)** |

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is currently £0.169m above budget profile at the end of the second quarter of the financial year.

Current Expenditure projections indicate an overspend for the full financial year in the region of £0.335m

Employee costs, including agency, are currently £53,000 above budget profile. Spend projections are based on the current pay offer, costed on a full-year basis. This results in a projected full-year cost above current budget of £100,000. This relates to unbudgeted agency costs in respect of

covering vacant posts, particularly in terms of front-line Care Management and Mental Health Team posts.

Agency expenditure across the department as a whole at the end of September 2024 stood at £0.580m, with a full year spend of £1.160m projected. This compares with a spend for April to September 2023 of £0.404m, and a full year spend for last financial year of £0.928m.

The projected £0.045m full year spend above budget in respect of supplies and services relates to an increased volume of caseload in respect of Deprivation Of Liberty Standards (DoLs) assessments.

Transport and transport recharge costs were substantially above budget in the previous financial year. A review of costs, and apportionment of recharged costs between Children's and Adults Services is ongoing. Current projections imply a full year spend above budget of £0.060m in respect of direct transport costs, and £0.190m in respect of internally recharged costs.

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Housing Strategy initiatives included in the report above include the Rough Sleeping Initiative, Homelessness Prevention Scheme, and the Trailblazer initiative. The Homelessness Prevention scheme is an amalgamation of the previous Flexible Homelessness Support and Homelessness Reduction schemes and is wholly grant funded.

Income for the Department as a whole is broadly to budget for the year, although there is a projected full-year under-achievement of £0.070m in respect of transport income charged to service users.

It is currently projected that Departmental spend will be £0.335m overspent at the end of the financial year, as a result of the above factors.

Whilst some of the 2024/25 approved savings have been achieved, work is still ongoing on a number of items. The above projections account for the currently projected delayed or partially achieved items.

**Progress Against Agreed Savings**
**Adult Social Care**

| | Service Area | Net Budget £'000 | Description of Saving Proposal | Savings Value | | Current Progress | Comments |
|---|---|---|---|---|---|---|---|
| | | | | 24/25 £'000 | 25/26 £'000 | | |
| ASC1 | Housing Solutions | 474 | Remodel the current service based on good practice evidence from other areas. | 0 | 125 | ✓ | Anticipated to be achieved, currently under review. |
| ASC2 | Telehealthcare | 680 | Explore alternative funding streams such as Health funding or Disabled Facilities Grants.<br><br>Increase charges / review income.<br><br>Cease the key safe installation service. | 170<br><br>170<br><br>15 | 0<br><br>0<br><br>0 | U<br><br>✓<br><br>✗ | Currently Under Review<br><br>Charges were increased by 40% w.e.f. April 2024, so this should be achieved<br><br>Service still being provided |
| 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.<br><br>Merge the service with the Safeguarding Unit. | 0<br><br>50 | 0<br><br>0 | ✓<br><br>✓ | Saving implemented |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 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. | 58 | 0 | U | Service currently still provided in-house, although a balanced budget will be attained for 2024/25 as a result of current temporary savings, and work is ongoing to ensure the 2025/6 structure can achieve the permanent savings target |
| 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 dependence upon Council funding. A target saving phased over two years has been estimated. | 200 | 100 | ✓ | Anticipated to be achieved |
| ASC4 | Positive Behaviour Support Service | 349 | Increase income generated in order to ensure full cost recovery, through increased service contract charges to other councils.<br><br>Review the Integrated Care Board contribution for Adults, to | 100 | 0 | ✓<br><br>U | Contracts being re-costed on renewal, saving anticipated to be achieved<br><br>ICB funding not secured, although a balanced budget will be attained for 2024/25 as a result of current temporary savings, and work is ongoing to |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | ensure the full recovery of related costs. | 150 | 0 | | ensure the 2025/6 structure can achieve the permanent savings target |
| 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 historical arrangement. The Integrated Care Board would need to consider how they want to provide this function. | 424 | 0 | ✓ | Costs now recharged to the ICB |
| 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" i.e. focused upon prevention. | 500 | 1,000 | U | Under Review |
| **Total Adult Social Care Department** | | | | **1,837** | **1,225** | | |

**PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT**

**Revenue Budget as at 30 September 2024**

| | Annual Budget £'000 | Budget to Date £'000 | Actual Spend £'000 | Variance (Overspend) £'000 | Forecast Outturn £'000 |
|---|---|---|---|---|---|
| **Expenditure** | | | | | |
| Employees | 5,345 | 2,238 | 2,184 | 54 | 48 |
| Agency - covering vacancies | 0 | 0 | 17 | (17) | 0 |
| Premises | 6 | 0 | 0 | 0 | 0 |
| Supplies & Services | 387 | 188 | 169 | 19 | 38 |
| Contracts & SLA's | 7,913 | 3,372 | 3,319 | 53 | 16 |
| Transport | 4 | 2 | 0 | 2 | 0 |
| Transfer to Reserves | 19 | 19 | 19 | 0 | 0 |
| Other Agency | 24 | 24 | 24 | 0 | 0 |
| **Total Expenditure** | **13,698** | **5,843** | **5,732** | **111** | **102** |
| | | | | | |
| **Income** | | | | | |
| Fees & Charges | -83 | -61 | -62 | 1 | 0 |
| Reimbursements & Grant Income | -306 | -276 | -276 | 0 | 0 |
| Transfer from Reserves | -1,714 | -65 | -65 | 0 | 0 |
| Capital Salaries | 0 | 0 | 0 | 0 | 0 |
| Government Grant Income | -12,193 | -6,297 | -6,297 | 0 | 0 |
| **Total Income** | **-14,296** | **-6,699** | **-6,700** | **1** | **0** |
| | | | | | |
| **Net Operational Expenditure** | **-598** | **-856** | **-968** | **112** | **102** |
| | | | | | |
| **Recharges** | | | | | |
| Premises Support | 149 | 75 | 75 | 0 | 0 |
| Transport Support | 22 | 11 | 11 | 0 | 0 |
| Central Support | 2,387 | 1,194 | 1,194 | 0 | 0 |
| Asset Rental Support | 0 | 0 | 0 | 0 | 0 |
| Recharge Income | -669 | -335 | -335 | 0 | 0 |
| **Net Total Recharges** | **1,889** | **945** | **945** | **0** | **0** |
| | | | | | |
| **Net Departmental Expenditure** | **1,291** | **89** | **-23** | **112** | **102** |

## Comments on the above figures

## Financial Position

The current financial position shows the net spend for the department is £0.112m under budget profile as at the end of September 2024. The estimated outturn position for 2024/25 is £0.102m net spend under the approved budget for the year. However, this does include a £0.509m forecast drawdown from reserves to cover additional expenditure and contributions to public health related HBC services from the public health grant. This has increased from the previous reporting period due to unexpectedly receiving a number of unaccounted invoices relating to previous years.

Due to recent recruitment, employee costs are running in line with budget profile.

Expenditure on supplies and services will be kept to essential items only throughout the year and is currently forecasting a small underspend.

A budget pressure to be aware of is a number of contracts are due for renewal and in the current financial climate are likely to increase significantly.

Symbols are used in the following manner:

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

**Direction of Travel Indicator**

*Where possible performance measures will also identify a direction of travel using the following convention*

| | | |
|---|---|---|
| **Green** | ↑ | *Indicates that **performance is better** as compared to the same period last year.* |
| **Amber** | ↔ | *Indicates that **performance is the same** as compared to the same period last year.* |
| **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.* |