



METROPOLITAN
BOROUGH OF ST HELENS

50TH ANNIVERSARY

Town Hall, St. Helens, Merseyside, WA10 1HP

Telephone: 01744 676276 (Karl Allender)

Agenda

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Date: Monday 15 April 2024

Time: 10.00 am

Venue: Room 10

Membership

Lab 6 Councillors J Banks, Bell, Clarke, D Long, T Long and Sweeney (Chair)

Grn 1 Councillor Makin

LD 1 Councillor Spencer

Inds 1 Councillor Stevenson

Con 1 Councillor Mussell

Co-opted (Non -Voting) Canon Almond - Representative from Healthwatch

<u>Item</u>	<u>Title</u>	<u>Page</u>
1.	<u>Apologies for Absence</u>	
2.	<u>Minutes of the meeting held on 15 January 2024</u>	3
3.	<u>Declarations of Interest from Members</u>	
4.	<u>Declaration of Party Whip</u>	
5.	<u>Mental Health Provision in St Helens Presentation</u>	

Jamaila Hussian – Director for Adult Social Services,
Donna Robinson – MerseyCare Representative,
Jane Parkinson-Loftus - Healthwatch Representative, and
Julie Gallagher – C&M ICB St Helens Place Mental Health and Wellbeing
Group representative have been invited to attend.

<u>Item</u>	<u>Title</u>	<u>Page</u>
6.	<u>Care Communities Strategy Presentation</u> Dr Hilary Flett – Clinical Director, Cheshire and Merseyside Integrated Care Board (C&M ICB) – St Helens Place, and Julie Gallagher – Associate Director of Transformation and Partnerships, C&M ICB – St Helens Place (also Care Communities Lead) have been invited to attend.	9
7.	<u>Cabinet Response to the Scrutiny Spotlight Review of Dentistry</u> Councillor Marleen Quinn, and Councillor Anthony Burns have been invited to attend.	21
8.	<u>Inequalities Commission Presentation</u> Ruth Du Plessis – Director for Public Health has been invited to attend.	37
9.	<u>Quarter 3 Performance Report 2023/24</u> Ruth Du Plessis - Director for Public Health and Jamaila Hussain - Director for Adults Social Services have been invited to attend.	51
10.	<u>Integrated Care Partnership (Verbal Update)</u>	
11.	<u>Scrutiny Work Programme</u>	81

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

At a meeting of this Committee held on
15 January 2024

(Present) **Councillor Sweeney (Chair)**
Councillors J Banks, Clarke, D Long, T Long, Makin, Mussell and
Spencer

(Not Present) **Councillors Bell and Stevenson**

21 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Bell and Stevenson

22 **MINUTES**

* **Resolved that the minutes of the meeting held on 9 October 2023 be approved and signed.**

23 **DECLARATIONS OF INTEREST**

No Declarations of interest from Members were made.

24 **DECLARATIONS OF PARTY WHIP**

No Declarations of Party Whip were made.

25 **ST HELENS FAMILY HUBS UPDATE**

The Director of Public Health and Transformation Lead for Family Hubs provided an overview of the report. The Committee was informed that St Helens Borough had been one of 75 local authorities to receive additional funding to set up family hubs. The Council was due to receive a further 12 months of funding in April 2024.

The purpose of family hubs was to support the first 1001 days of a child's life (from conception to 2 years old) with some remit to support children with Special Educational Needs and Disabilities (SEND) up to age 25.

Funding for the programme had been targeted by DfE in relation to transformation of services, infant feeding, parenting support, engagement with parent/carers (parent/carer panels), home learning and early language development, perinatal mental health and parent child relationship, and a published Best Start for Life offer.

Service provision included online resources and support as well as a face-to-face offer in both family hub buildings and through outreach. Some of the services provided were available universally but others were targeted at individuals and their families based on need.

The development of family hubs required the alignment and integration of previous national 'stand-alone' initiatives and programmes. Strategic and operational working groups were formed with positive engagement between Public Health, Children's Services and partners.

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

The plan was to have three Family Hub locations across the Borough. One was already operating in Sutton; another was due to open at Central Link in St Helens Town Centre on the day of this meeting and another was expected to open in Newton-le-Willows.

Members asked questions and the following points arose:

- The Council had conducted a lot of engagement activity with the public to encourage people to attend activities at the Sutton hub or had offered through the outreach to visit a parent (and child were relevant) in a place they were comfortable in. Services had been made as user friendly as possible to avoid discouraging people from engaging. Online resources and support was also a key requirement and there was active social media promoting the online element.
- Officers were already collecting and measuring data on engagement with 66% more families engaged in services since the hub started. Efforts were being made to try to measure the impact services were having on individual families and the overall impact of the hubs.
- The majority of people in St Helens Borough were born at Whiston Hospital so Hubs was working closely with neonatal and midwifery services there to engage families. It was mentioned that some families have babies born at Ormskirk Hospital and Members wanted to make sure those born outside of Whiston were being captured too.
- A key aim of the Family Hubs Initiative was to support people to be the best parents they can be to avoid the need for social services intervention in future and to help parents improve their child's readiness for school. It was suggested that statistics indicated that a good start in life had a huge impact on a person's overall outcomes. It was hoped that the Family Hubs would contribute towards a reduction in inequalities across the Borough.
- Funding was currently limited to the end of the 2024/25 municipal year so the long-term future of Family Hubs was uncertain. However, it was hoped that the initiative would have an impact on the number of children being taken into social care which would result in savings, some of which could be used to continue funding services. There was however a risk that the initiative would have to stop once funding had expired.

The Committee thanked officers and partners for the work that had been done so far and hoped that funding for the long-term future of the Family Hubs initiative could be secured for the long term.

* **Resolved that the report be noted.**

26 **CGL SUPPORTING FAMILIES IN ST HELENS THOUGH; INNOVATION, INTEGRATION AND AN INTER-AGENCY APPROACH PRESENTAION**

Representatives from Change Grow Live attended the meeting to provide an overview of its role as the provider of Drug and Alcohol Support Services in St Helens Borough as commissioned by Public Health.

During the presentation the following points were made:

- The aim of Drug and Alcohol Support Services was to break intergenerational substance misuse trends in the Borough by supporting adults to stop their substance misuse and avoid their children being impacted by it and coming substance users in future.

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

- The services was performing above the national average in getting parents into services. Services were offered in house at the CGL centre in St Helens Town Centre but also out in the community. CGL was engaged with the Family Hubs initiative as a partner. The service was responsive to people's needs and supported them in the best way to help them succeed in tackling their substance misuse and avoid negative impacts on their families.
- Some of the staff at CGL had personal experience with substance misuse and this often helped them to engage well with service users who had similar experiences.
- CGL worked with midwifery services to engage parents (both mothers and fathers) to tackle their issues before children were born where necessary as well as drug and alcohol training to midwives. CGL also linked with health visitors and early years providers to continue engagement after children were born.
- Service supported parents with parenting skills and understanding how substance misuse impacted on their children. The Service supported people to access mental health support were this was a trigger for drug and alcohol use.
- The presentation provided a case study of how the service supported a family to stop substance misuse and improve their parenting skills to better support their new born baby. This couple had previously had children removed from their care but were now able to keep their new child and were looking to reengage with their other children. A cost benefit analysis was provided which suggested that the cost of providing the services provided a net benefit to other services by reducing social care and health service costs of this family no longer being effected by substance misuse.

Members of the Committee asked questions and the following points arose:

- It was difficult to quantify the impact these services had on improving the lives of parents and children who are supported away from substance misuse however it was possible to show how preventative measures could reduce costs in areas such as social care and health services.
- A barrier to some parents engaging with services was a fear of having their children removed from their care if they admitted to substance misuse therefore it was important to always reassure people and communicate to the public that parents would be offered support to keep their children in their care rather than have them automatically removed.
- As well as giving children more positive outcomes, enabling children to remain at home in their parents' care was better for the parents health and wellbeing also. Having their children removed from their care was often detrimental to their mental health which could lead to further substance misuse and make it less likely for children to be able to return home at a later date.
- There was a risk to the future of funding for residential rehabilitation services due to inflation of residential care costs.

Some Members of the Committee had attended a site visit to the CGL centre in St Helens and provided positive feedback regarding the welcoming atmosphere of the centre and the positive experiences that some service users had shared with them. Members were also pleased with the flexible nature of services being able to meet an individual's needs and the collaboration with partner organisations.

* **Resolved that the presentation be noted.**

Councillor Clarke here left the meeting.

27 QUARTER 2 PERFORMANCE REPORT 2023/2024

The Committee gave consideration to the Quarter 2 Performance Report 2023/2024 as it related to Priority 2 of the Borough Strategy. The Executive Director for People Services, Director of Public Health and the Director of Adult Social Care provided an overview of the performance indicators as they related to their service areas.

Members of the Committee asked questions and the following points arose:

- There was a concern about the level of admissions to hospital for alcohol specific conditions (PH-016) which had increased from the previous year. There was currently high levels of liver disease among both men and women which was a concern to officers. The need for support services to reduce alcohol consumption among the public was bigger than the resources available could provide. It was suggested alcohol consumption had increased nationally following the covid-19 pandemic.
- There was an expectation that all those admitted to hospital would have their discharges planned during their time in hospital; this included consideration of any support services that would need to be put in place or adaptations needed to the home to enable a person to return to live at home safely. When there was preplanned elective surgery these plans should be considered prior to the surgery.
- It was often possible for simple adaptations to homes to be carried out quickly by the Home Improvement Agency however larger adaptations often required disabled facilities grants to be funded which could sometimes lead to delays in work being done which could impact on a person's discharge from hospital or intermediate care back into their home.
- Quarter 3 and Quarter 4 were often the most challenging times of the year in relation to discharges from hospitals. There were currently significant pressures on NHS and social care services with recent strikes impacting waiting lists. Contact Cares provided a joined up approach to managing discharges between the NHS and St Helens Social Care resulting in St Helens having the lowest figures across Cheshire and Merseyside for people being in hospital when they didn't need to be.
- Figures related to ASC-013 were below target in Quarter 1 as this was often a time when people receiving domiciliary care would go on holiday or have relatives come to see them so need for services was reduced resulting in a red indicator. Members suggested a way to factor this sort of seasonal trend into targets be considered.
- There had been a rise of 40% in the number of people who requested a mental health assessment compared to the previous year. Some people were being treated at home but some needed to be admitted to hospital however there was a shortage of beds.

* **Resolved that the report be noted.**

- (1) the performance position at Quarter 2 2023 be noted; and**
- (2) that a review of admissions to mental health services be added to the list of possible items for the Committee's work programme for 2024/25.**

28 DENTISTRY SPOTLIGHT REVIEW

The Executive Director for People Services provided an overview of his views in relation to the recommendations contained in the Spotlight Review Report. Following approval of the Spotlight Review's Recommendations by the Committee the report would be

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

submitted to Cabinet for consideration and response would be presented to a future meeting of the Committee.

* **Resolved that:**

- (1) **the report be noted;**
- (2) **the recommendations contained in the report be approved; and**
- (3) **the report and recommendations be submitted to Cabinet for consideration and a response be requested to be received by the Committee at a future meeting.**

28 INTEGRATED CARE PARTNERSHIP (CHAIRS UPDATE)

The Chair provided an update on the activity of the Integrated Care Partnership (ICP). The Chair informed the Committee that an item on budgets for the ICP was scheduled to be considered by the Integrated Care Board (ICB) at the end of January 2024.

* **Resolved that the update be noted.**

29 SCRUTINY WORK PROGRAMME 2023/24

The Scrutiny Work Programme was presented to the Committee to consider items for future meetings. It was noted that an item on Vision for Adult Social Care: 5 Year Plan had been scheduled to be brought to this meeting but had been deferred to the next meeting.

It was confirmed that there were no additional items for the work programme. The Chair was scheduled to meet Link Officers to prepare items for the Committee's next meeting.

* **Resolved that the report be noted.**

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St Helens Care Communities - Background

Across St Helens who we serve:

- 180,000 residents and 196,000 patients on GP lists
- 26th most deprived Local Authority in England
- Approximately 25% of our residents live in the 10% most deprived neighbourhoods in England
- 38% of our population have multiple long term health conditions and are being identified in younger age groups

10 Within St Helens, we have:

- 31 GP practices across 4 Primary Care Networks (PCNs)
- 4 Care Communities aligned to our 4 PCNs
- 7 Council localities covering 18 wards
- Range of professionals across Community nursing services, Mental Health, Contact Cares, Social Services, Voluntary sector, Housing, Schools, Hospitals, Public Health, Police, Fire, Library...

Leading to the generation of our Vision and Objectives

Our Vision:

A way of working together in a truly multidisciplinary way...



..to deliver the right personalised care/support for a whole of person approach (not just treating the symptom)...



..and ensuring a seamless journey through healthcare and social support services in St Helens Borough.

Our Objectives:



Professional Groups of people working effectively together for the benefit of patients



To work proactively as well as reactively



Access relevant information in a timely manner

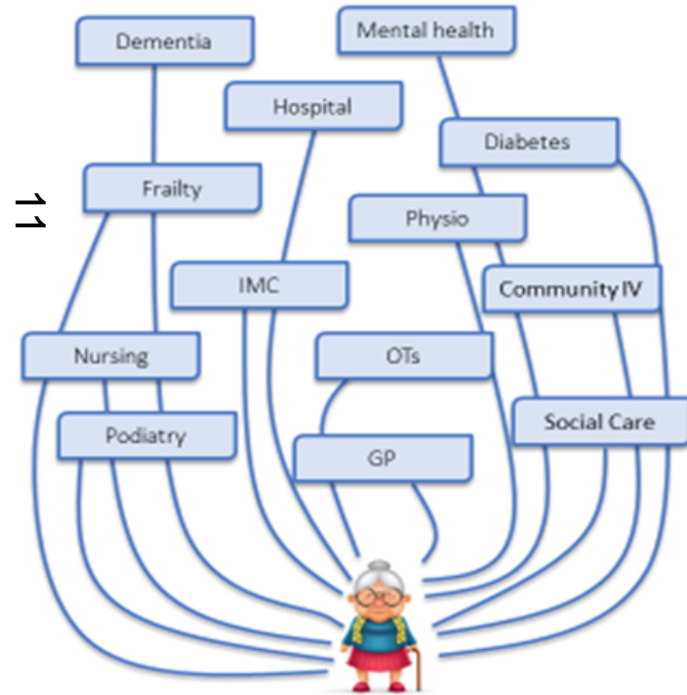


Holistically produced useful care plans

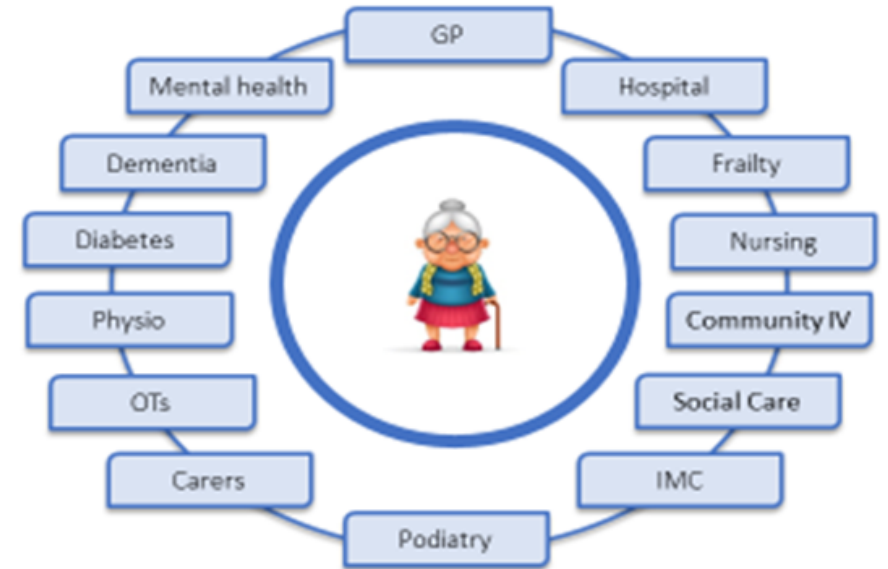
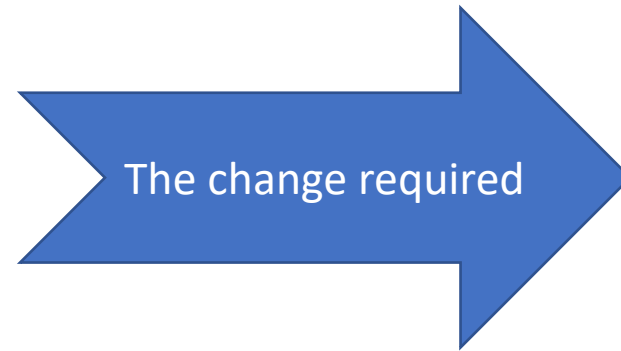
St Helens Care Communities – the reality

The Reality: Within St Helens, many of our most complex patients and residents access a range of services in an uncoordinated manner with little sharing of knowledge between the professionals who deliver these services.

Moving from this...



To this...

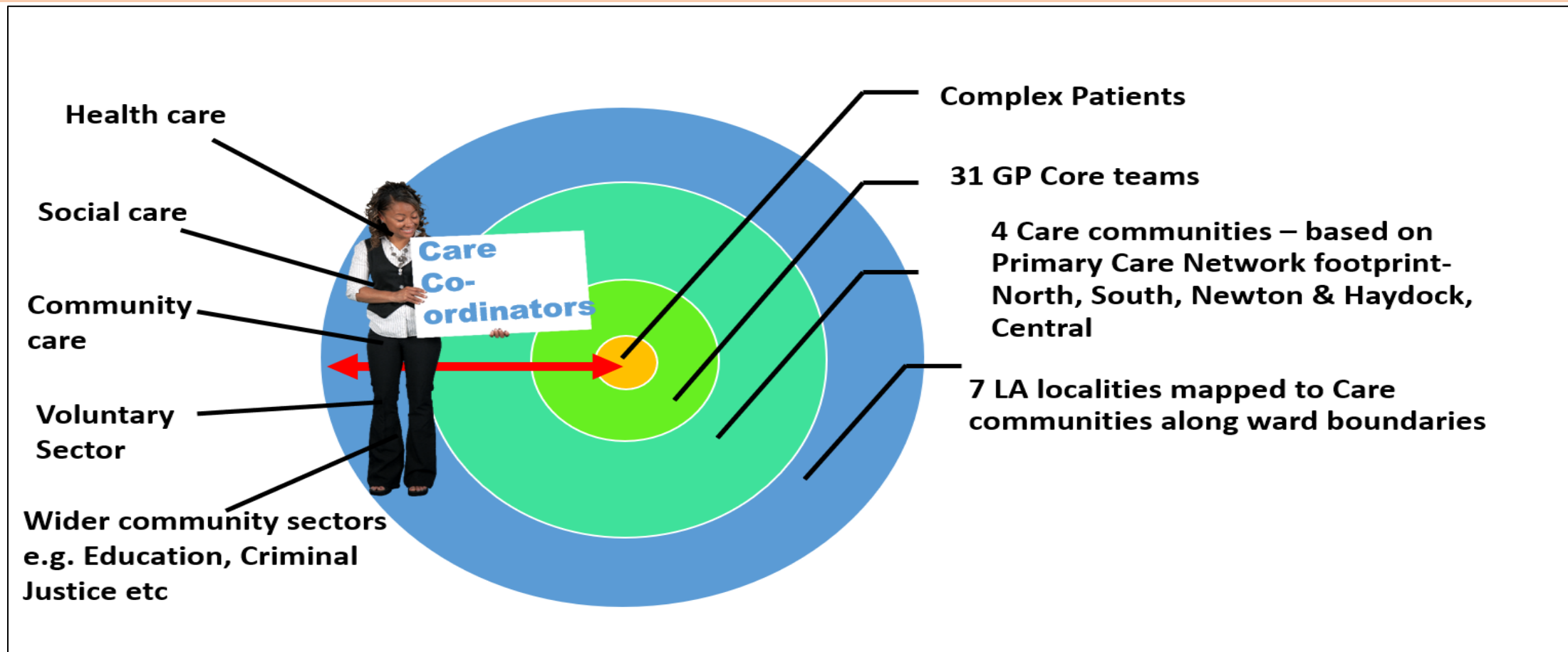


Outcome: Delivering an experience that is better for our patients/residents and better for our staff

St Helens Care Communities - Our Model

Aim: A model that has our complex patients at its centre, wrapping around the key professionals and forming strong local multi-disciplinary teams aligned to our four Care Communities and seven localities across St Helens.

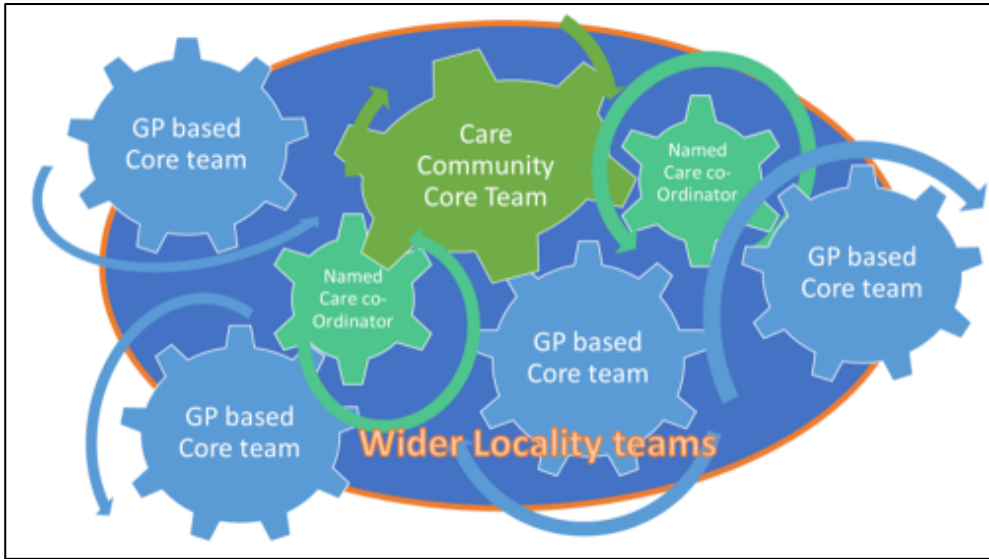
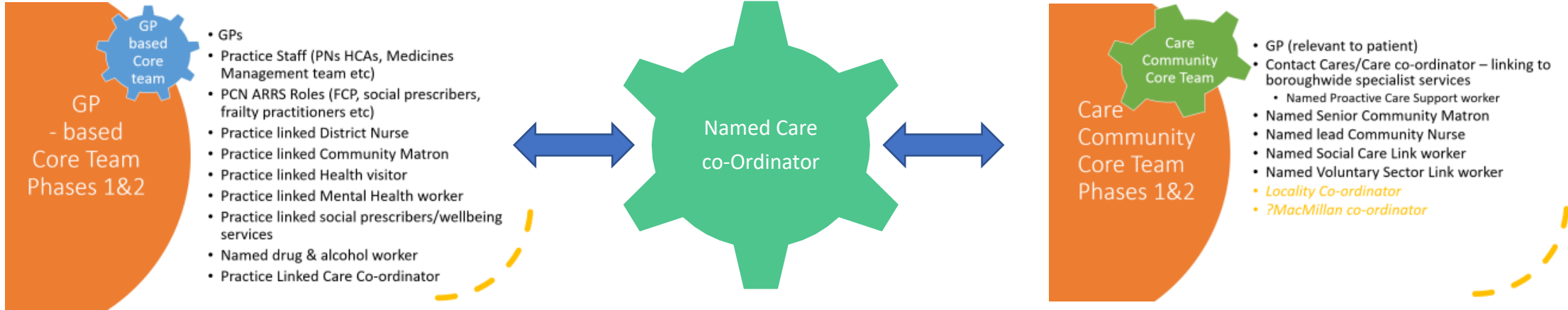
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St Helens Care Communities – Our Core Teams

Approach: Operating through clearly defined **GP based core teams**, AND **Care Community core teams** across Central, Newton & Haydock, North and South AND named **Care Co-ordinators** joining these teams together seamlessly.

13



Outcome: Aligning our teams and staff across health, care and wider locality resources for the benefit of our residents.

St Helens Care Communities – Our Approach (1 of 2)

Phases 1 and 2: Building the right foundations:

- ✓ Bringing people together to generate a shared awareness of understanding
- ✓ Bringing people together to build relationships, understand their services and access to services



PHASE 1: Identifying the core GP & CC core teams: Jan- April 2023

PHASE 2: Core teams building relationships & working together: April – Oct 2023

PHASE 3: Linking in the wider Teams: Oct 23 – Jun 24

Accountability / Governance / Focus

- ✓ A dedicated Design Group / SROs
- ✓ Securing Clinical and professional leadership
- ✓ Agreement on Vision / Objectives
- ✓ Development of Operating Model

Communications

- ✓ Dedicated newsletter
- ✓ Organisation of Engagement events

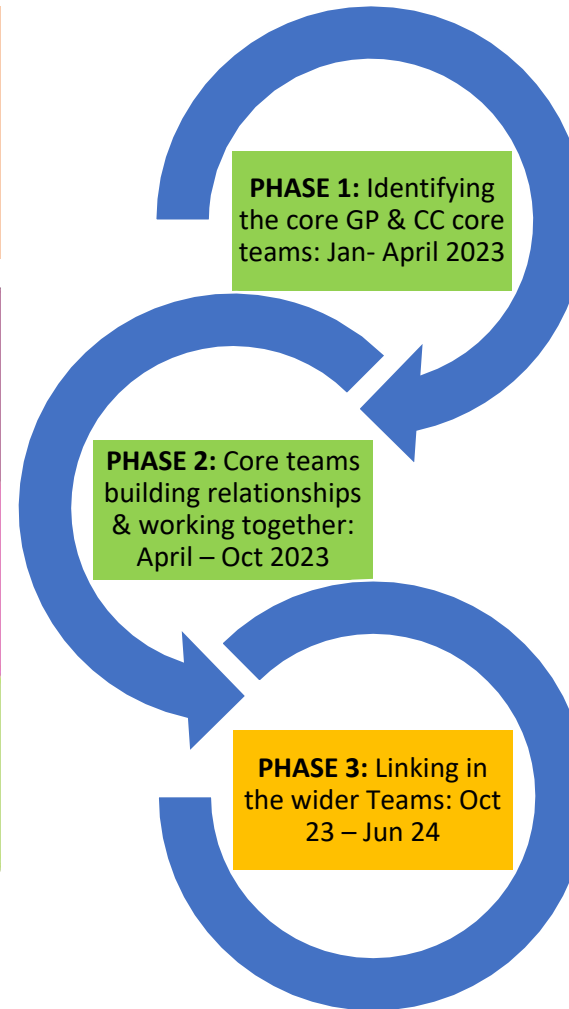
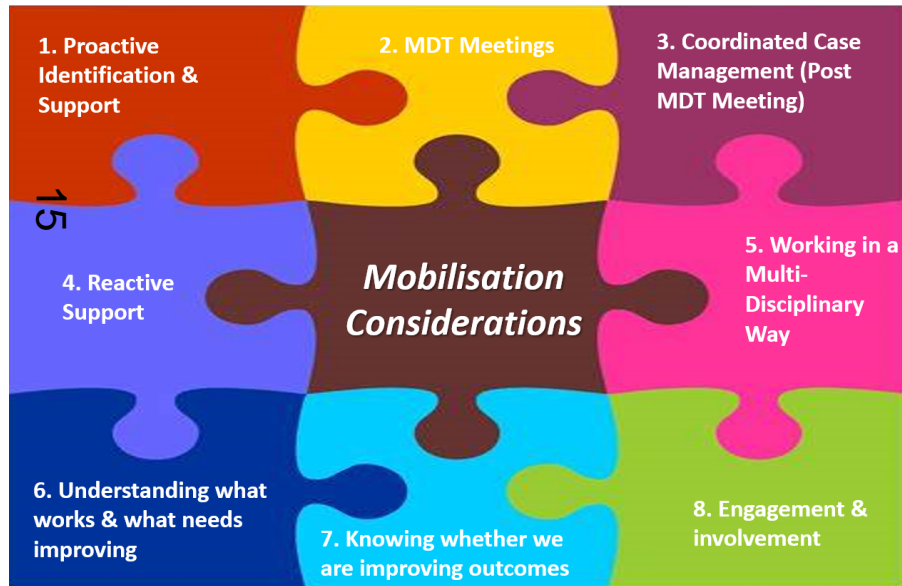
Roles / Responsibilities

- ✓ Identification of Care Coordinators
- ✓ Identification of Core Teams

St Helens Care Communities – Our Approach (2 of 2)

Phase 3: Mobilisation / roll-out:

- ✓ Identifying which Care Communities are ready and how ready – working through the key mobilisation considerations:



Linking in the wider teams including:

- ✓ Housing
- ✓ Education
- ✓ Police / Criminal Justice
- ✓ Fire

Aligning with key programmes including:

- ✓ Complex Lives
- ✓ Localities
- ✓ Cheshire & Merseyside ICB

St Helens Care Communities – North (1 of 2)

North Roadmap of Activities (October 2024 – September 2024)

October 2023 November 2023 December 2023 January 2024 February 2024 March 2024 April 2024 May 2024 June 2024 July 2024 August 2024 September 2024

North Care Community Key Activities (To Date / Planned)

- Meetings held to run through the key mobilisation considerations.
- Cohort identified from CIPHA (As per Clinical Forum 05/10/23): 51 individuals plus GP Frequent Flyers / High Intensity Users and those that professionals identified for raising.
- Care Coordinators in place with clearly defined remit.
- Monthly Practice MDTs scheduled for 2024 across majority of North GP Practices.
- Preparation and organisation for a MDT Key Principles Meeting with representation from the Core Team.

- MDT Key Principles Meeting held 10/01/24 with representation from across the different health and care professionals comprising the Core Team.
- Triage MDT Session organised and held 07/02/24 at Seneley Green Community Centre (hybrid) to run through the Cohort; GP Frequent Flyers / High Intensity Users and individuals identified – with Care Coordinators preparing the cohort details / information for discussion at the MDT Triage meeting.
- Learning captured and shared at the Care Communities Oversight Group and with Newton & Haydock Core Team.

- Review and refinement of the Cohort generated from CIPHA.
- Continued identification of GP Frequent Flyers / High Intensity Users by the dedicated Care Coordinators – to be brought to the GP Practice MDTs.
- Fellow health and care professionals to continue identification of other patients / cases to be brought to the GP Practice MDTs.
- Ongoing holding of GP Practice MDTs on a regular monthly basis.
- Capture and evaluation of qualitative and quantitative feedback to demonstrate impact and outcomes for North Care Community.
- Sharing of learning with fellow Care Community Core Teams – with proposal to hold a ½ day event at the end of June 2024 (location / details tbc).
- Generation and promotion of case studies / experience, with form of communication and engagement media to be confirmed.
- Feedback to autumn Clinical Forum on Cohorts identified for 2023/2024.

St Helens Care Communities – North (2 of 2)

North Care Community Triage Meeting overview

- ✓ Logistics: hybrid meeting for flexibility and cater for different locations.
- ✓ Running order: agreed in advance based on numbers, attendee's availability.
- ✓ Information: brought by Care Coordinators for the GP practices they cover.
- ✓ Intelligence: invited from relevant Core Team Members as individuals were discussed i.e. what was known / how e.g. from Adult Social Care, Change Grow, Live (CGL), Mental Health, Social Prescribers etc...

What worked well

- ✓ Professional representation / participation at Triage meeting
- ✓ Preparation of information for the Triage meeting
- ✓ Structure used to work through the Practice / cohort lists
- ✓ Richness of discussion at the Triage MDT
- ✓ Ability to cross-check / reference professional intelligence
- ✓ Recognition that other parties could contribute e.g. Housing
- ✓ Enhanced knowledge of services available for access for immediate person being discussed or wider family member impacted by the situation e.g. The Carer's Centre
- ✓ Ability to identify those required for Practice MDTs and not

What could be improved / considered / questions generated...

- ❖ The criteria that generated the list – “Known to Social Care” – as this appeared to pick up from a wide range of association e.g. family / siblings / previous history / MH assessment
- ❖ Broadening of invite as appropriate to other professional colleagues e.g. housing (Torus); Complex Lives etc.
- ❖ “The list” itself – whether opportunity to generate via subject / theme area
- ❖ Opportunity through a MDT discussion to not focus on a “sole / specific aspect” but the “whole of the person's requirements and what could potentially improve their lives

St Helens Care Communities – Newton & Haydock

Mobilisation / Roll-out commenced: building upon the experience / learning from North Care Community

Backdrop Preparation (January 2024)

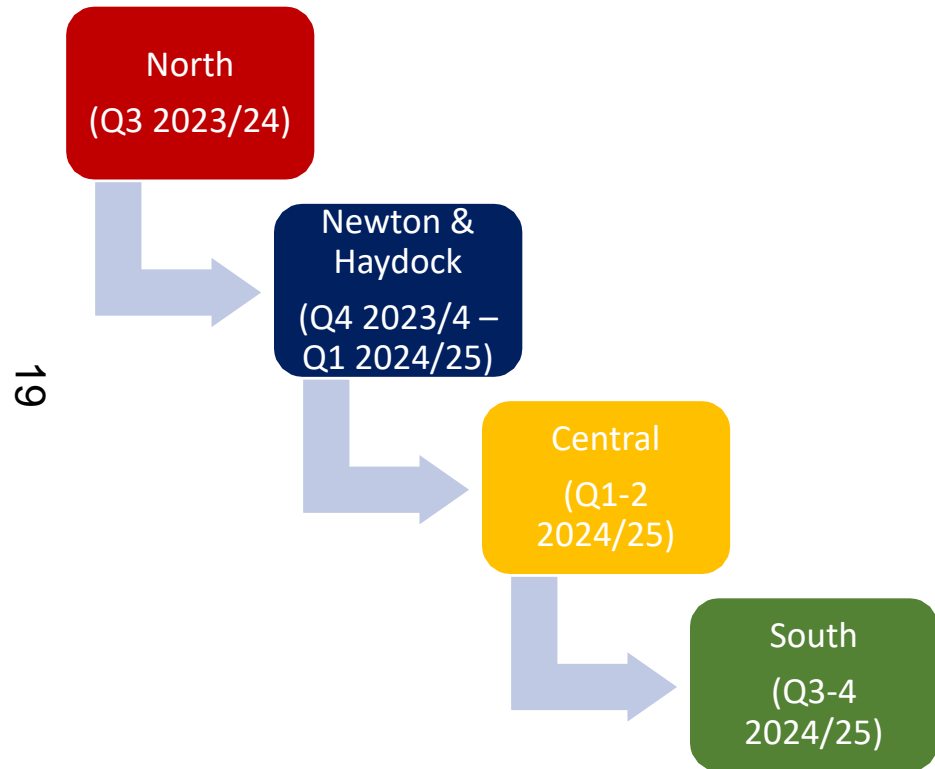
- ✓ MDT Key Principles Meeting held 10/01/24 with representation from the immediate Core Team.
- ✓ Cohort to be identified (as per Clinical Forum 05/10/23).
- ∞ ✓ Care Coordinators in place with clearly defined remit.
- ✓ Monthly MDTs agreed to be scheduled from February / March 2024 onwards.
- ✓ Learning to be gleaned from North Care Community experience / progress.
- ✓ Understand any limitations e.g. access to SCR / training requirements.

Progress Update (February – March 2024)

- ✓ Representatives from Newton & Haydock attended the North Triage MDT Session held 07/02/24 as Observers to understand the process and what worked well / what could be improved.
- ✓ Team meeting held 14/02/24 to share the process followed and agree preparations ahead of their Pre-triage meeting.
- ✓ Schedule of MDT dates for all GP Practices progressed.
- ✓ Access requirements to CIPHA database identified and arranged and Cohort re-run.
- ✓ Preparation progressed for Triage meeting to be held April 2024 and commencement of MDTs.

St Helens Care Communities – Roll-out / next steps

Making Care Communities a reality through a stepped approach to mobilization / roll-out across St Helens:




Wider Mobilisation / Roll-out involvement / plans:

- Involvement of Housing colleagues
- Discussions with colleagues from Education and Children's Services around their potential involvement and timing of such
- Identification of any wider service representation and cooperation

Next steps from mobilisation / roll-out:

- Capture of learning and sharing – what went well/even better if
- Capture of activity – MDTs held and patients / cases discussed
- Outcome from MDTs – referrals / cases resolved
- Organisation of a learning event – June 2024
- Writing up of case studies – throughout 2024 / 25
- Capture of St Helens experience in research report
- All Care Communities to be up and running by 31/03/2025

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 <p>ST HELENS BOROUGH COUNCIL</p>	<h2>Adult Social Care and Health Scrutiny Committee</h2> <h3>15 April 2024</h3>
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Report Title	Cabinet Response to the Scrutiny Spotlight Review of Dentistry
Cabinet Portfolio	Integrated Health & Care
Cabinet Member	Councillor Marlene Quinn
Exempt Report	No
Reason for Exemption	N/A
Key Decision	No
Public Notice issued	N/A
Wards Affected	All
Report of	Mark Palethorpe Executive Director - Peoples Services & NHS Place Director markpalethorpe@sthelens.gov.uk
Contact Officer	Mark Palethorpe Executive Director- Peoples Services & NHS Place Director markpalethorpe@sthelens.gov.uk

Borough Priorities	Ensure children and young people have a positive start in life	
	Promote good health, independence, and care across our communities	X
	Create safe and strong communities and neighbourhoods for all	
	Support a strong, thriving, inclusive and well-connected local economy	
	Create green and vibrant places that reflect our heritage and culture	
	Be a responsible Council	

1. Summary

1.1 The Adult Social Care and Health Scrutiny Committee held a spotlight review Dentistry on 23 October 2023. The purpose of the spotlight review was to enable elected members, relevant services and key partners to:

- To gain insight into the difficulties residents are currently facing in accessing dental services,
- Improve access for residents,
- To understand the road map to improve services and reassure residents,
- To understand future plans for dentistry in the Borough, the Cheshire and Merseyside Region and the Country, and
- Seek to identify where St Helens Council can add value and provide recommendations to support the work being carried.

1.2 The report of the spotlight review and its recommendations for action were formally agreed by ASCH Scrutiny Committee on 15 January 2024 and was submitted to Cabinet on 13 March 2024 for responses as per the Council's constitution.

2. Recommendation for Decision

2.1 **Adult Social Care and Health Scrutiny Committee is recommended to:**

- i) Note the Action Plan approved by Cabinet attached at Appendix 1b that sets out the recommendations from the Dentistry Spotlight Review.

3. Purpose of this report

3.1 This report provides the Adult Social Care and Health Scrutiny Committee with the Cabinet response to the report of the Adult Social Care and Health Scrutiny Committee spotlight review of Dentistry.

4. Background / Reason for the recommendations

4.1 At the Adult Social Care and Health Scrutiny Work Programme Workshop held on 9 June 2023, Members agreed to establish a Task Group on 'Dentistry'.

4.2 The topic is highly relevant to the Borough because:

- Residents may struggle to pay for or avoid seeking dental treatment because they cannot afford the costs,
- Residents may only visit the dentist when they need treatment, despite clinical guidelines recommending regular dental check-ups to keep people's mouths healthy,
- Demographic groups who have been affected the most by the lack of NHS dental appointments and NHS dental fees include people on low incomes and those from ethnic minority groups – the same groups who have been affected by the COVID-19 pandemic,
- Increased number of residents experiencing issues accessing the Dentist, and

- The potential impact of wider issues on an individual's health, loss of income in relation to a person's ability to work as well as further economic pressures on the Health Care Sector as a result of poor oral health is a concern.

4.3 Members therefore agreed that a spotlight review was a priority to gain a better understanding of the wider issue, and how the Committee can support reducing the impact of the current situation through collective action.

4.4 Since the 15 January 2024 Adult Social Care and Health Scrutiny Committee meeting where the Spotlight Review Report was approved, the Government has announced a series of dentistry reform measures. Given that the Government announcement on reforms to dentistry meet the desired outcome of the Spotlight Review Report in relation to the need for reforms to dentistry, the Chair of the Adult Social Care and Health Scrutiny Committee has suggested that the actions recommended in Recommendation 1 of Appendix 1 of the Spotlight Review Report, are no longer required.

5. Consideration of Alternatives

5.1 N/A

6. Conclusions

6.1 The Report in Appendix 1 and 1b set out the findings, recommendations and proposed actions resulting from the Adult Social Care and Health Scrutiny Committee Spotlight Review of Dentistry.

6.2 The response of Cabinet to the recommendations will be presented to the next meeting of the Adult Social Care and Health Scrutiny Committee.

7. Legal Implications

7.1 There are no legal implications in this report.

8. Financial Implications

8.1 Members have agreed to a recommendation which will include – 'Public Health to pursue funding opportunities for ongoing promotion of oral hygiene'.

9. Equality Impact Assessment

9.1 No Equality Impact Assessment is required for the purposes of this report.

10. Social Value

10.1 The social value of improving density access and oral health is that health and economic inequalities are reduced through improved oral health which is also linked to wider health implications and well-being for the people in St Helens.

10.2 With a higher proportion of the local population needing access to NHS dentistry, it is the most deprived sections of the borough that cannot afford private treatment and are disproportionately affected, resulting in wider health inequalities.

11. Net Zero and Environment

11.1 There are no net zero and environment implications in this report.

12. Health and Wellbeing

12.1 The implications on Health Wellbeing as a result of poor oral health are significant. This report set out how improving dental access and oral health programmes will have a positive impact on the health and wellbeing of our residents.

13. Customer and Resident

13.1 Action to improve dental access and oral health should have a positive impact on our residents. Due to the link between oral health and general health it is also expected that there will be a significant positive impact on the mental health and general health of residents.

14. Asset and Property

14.1 There are no Asset and Property implications in this report.

15. Staffing and People Management

15.1 The agreed actions in this report will be carried out by existing staff from the Council and provider and partner organisations.

16. Risks

16.1 The Risk implications of not improving dental access and the oral health of residents are increasing health inequalities and further demand on health and social care services leading to budget pressures.

17. Policy Framework Implications

17.1 The Dentistry Services Scrutiny Spotlight Report considers Priority Two in the Borough Strategy – ‘Promote good health, independence, and care across our communities’.

18. Impact and Opportunities on Localities

18.1 There are no impact and opportunities on Localities implications in this report.

19. Background Documents

19.1 Public Health England - Local authorities improving Oral Health: Commissioning better oral health for children and young people.

19.2 Public Health England – Commissioning better oral health for vulnerable older people.


19.3 Healthwatch St Helens – Accessing NHS Dental Treatment in St Helens Report

20. Appendices

20.1 Appendix 1 – Adult Social Care & Health Scrutiny Committee Spotlight Review Report

20.2 Appendix 1b – Dentistry Spotlight Review Recommendations Table

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 <p>ST HELENS BOROUGH COUNCIL</p>	<p>Adult Social Care and Health Scrutiny Committee</p> <p>15 January 2024</p>
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Report Title	Dentistry Spotlight Review
Cabinet Portfolio	Integrated Health & Care
Cabinet Member	Councillor Marlene Quinn
Exempt Report	No
Reason for Exemption	N/A
Key Decision	No
Public Notice issued	N/A
Wards Affected	All
Report of	Mark Palethorpe Executive Director Integrated Health and Social Care Services markpalethorpe@sthelens.gov.uk
Contact Officer	Karl Allender Scrutiny Support Officer karlallender@sthelens.gov.uk

Borough Priorities	Ensure children and young people have a positive start in life.	
	Promote good health, independence, and care across our communities.	X
	Create safe and strong communities and neighbourhoods for all.	
	Support a strong, thriving, inclusive and well-connected local economy.	
	Create green and vibrant places that reflect our heritage and culture.	
	Be a responsible Council.	

1. Summary

- 1.1 This report is a summary of the evidence that was submitted to the Adult Social Care and Health Scrutiny Committee, “Dentistry” Spotlight Review:
- 1.2 It concludes with a set of recommendations which link to and support the second of the six borough priorities “Promote good health, independence, and care across our communities”.

2. Recommendation for Decision

Adult Social Care and Health Scrutiny Committee is recommended to:

- 1) **Approve the Task Group report and recommendations as set out in Appendix 1a; and**
- 2) **Submit the recommendations to Cabinet for response.**

3. Purpose of this report

- 3.1 This report presents the evidence submitted to and findings of the Adult Social Care and Health Services Scrutiny Committee ‘Dentistry’ Spotlight Review, held on 24th October 2023.
- 3.2 The remit for the Task Group was to investigate the provision of Dental Services in the Borough and to understand the difficulties being experienced by some residents in accessing those services, and to seek to identify areas where St Helens Council can add value to its community and residence.
- 3.3 Based on the Review’s findings, the purposes of this report are:
 - To gain insight into the difficulties residence are currently facing in accessing dental services,
 - Improve access for residents,
 - To understand the road map to improve services and reassure residents,
 - To understand future plans for dentistry in the Borough, the Cheshire and Merseyside Region and the Country, and
 - Seek to identify where St Helens Council can add value and provide recommendations to support the work being carried.

4. Background / Reason for the recommendations

- 4.1 At the Adult Social Care and Health Scrutiny Work Programme Workshop on 9 June 2023, Members agreed to establish a Task Group on ‘Dentistry’.
- 4.2 The topic is highly relevant to the Borough because:
 - Residents may struggle to pay for or avoid seeking dental treatment because they cannot afford the costs,
 - Residents may only visit the dentist when they need treatment, despite clinical guidelines recommending regular dental check-ups to keep people’s mouths healthy,
 - Demographic groups who have been affected the most by the lack of NHS dental appointments and NHS dental fees include people on low incomes and those from ethnic minority groups – the same groups who have been affected by the COVID-19 pandemic,
 - Increased number of residents experiencing issues accessing the Dentist, and
 - The potential impact of wider issues on an individual’s health, loss of income in relation to a person’s ability to work as well as further economic pressures on the Health Care Sector as a result of poor oral health is a concern.
- 4.3 Members therefore agreed that a spotlight review was a priority to gain a better understanding of the wider issue, and how the Committee can support reducing the impact of the current situation through collective action.
- 4.4 Members of the Adult Social Care and Health Scrutiny Committee were invited to participate in the spotlight review. Participating members were as follows:

- Councillor Michelle Sweeney (Chair)
- Councillor Jeanette Banks
- Councillor Lynn Clarke
- Councillor Trisha Long
- Councillor Allan Makin

4.5 The following officers attended the Spotlight Review meeting on 24th October 2023:

- Julie Gallagher – Associate Director of Transformation and Partnerships - ICB St Helens Place
- Tom Knight – Head of Primary Care - Cheshire and Merseyside Integrated Care Board
- Shirley Goodhew- Consultant in Public Health - St Helens Council
- Jayne Parkinson-Loftus – Servicer Manager - Healthwatch
- Emily Abbott – Project Support Officer - Healthwatch
- Karl Allender – Scrutiny Support Officer - St Helens Council

Overview and Scene Setting – Councillor Sweeney (Chair)

4.6 In the light of the difficulties in accessing Dentistry Services in St Helens, the Adults Social Care and Health Scrutiny Committee convened this Spotlight Review as a priority. The remit for the group was: *"To investigate the provision of Dental Services in St Helens to understand:*

- *The difficulties being experienced by some residents in accessing those services,*
- *To seek to identify areas where St Helens Council can add value to the community,*
- *To support prevention, and the wider issues of improving Oral Health."*

4.7 The Chair highlighted regular reports to councillors from residents explaining the frustrations they were experiencing getting an appointment with a dentist, and the ever-increasing concerns and pressure around oral health.

4.8 Poor oral health leads to gum disease, tooth cavities, tooth decay and loss, infection and pain, even oral cancer, diabetes, heart disease and respiratory disease. Where economic and health inequalities are prevalent, such issues manifest into wider problems.

4.9 If we wish to see the oral health of our population improve, we must be bold, and grasp the opportunities that the devolution of dental commissioning to the Integrated Care Board (ICB) offers. There is a real need to encourage NHS dentistry in St Helens.

Evidence From Healthwatch

4.10 The Manager for St Helens Healthwatch highlighted that access to NHS dental care continues to be a problem for people across England, with Healthwatch recording a year-on-year rise in calls and complaints about dentistry. Both locally and nationally, the picture appears to be the same. Due to the impact on resources and on residents, Healthwatch is prioritising its resources to improve the current crisis in accessing dental services.

4.11 Residents with complex health issues, such as cancers, are at an increased risk when oral health is not maintained, this is also extended to other health conditions. Healthwatch noted that they are receiving an increasing number of calls where emergency prioritisation and action is required when complex issues are coinciding with dental emergencies.

4.12 Healthwatch shared with the Task Group a series of case studies in relation to 'Customer Experiences.' Whilst some people were asked to wait an unreasonable time of up to three years for an NHS appointment, those able to afford private care could get an appointment within a week. For poorer households, private provision is often not an option. With a higher proportion of the local population needing access to NHS dentistry, what is certain, is that when demand outstrips supply and there is a shortage of NHS Dentists, it is the most deprived sections of the Borough that cannot afford private treatment and are disproportionately affected.

4.13 The key themes found over the past 12-months were:

- People could not register at all with a dentist as an NHS patient,
- Emergency Cases were unable to get resolved,
- Long wait times with a registered dentist if someone is an NHS patient,
- Some Dentists take private patients only,
- Some Dentists are not offering a waitlist at all, and

- Some Dentists use antibiotics to temporarily solve the problem rather than undertaking the work needed.

4.14 Healthwatch shared with members the impact this is having on its resources. 40% of all calls to Healthwatch are complaints and requests for support around dental issues. 98% of all callers stated they had a negative experience of Dentistry Services in the Borough.

4.15 This year-on-year increase in demand for help and advice, often from angry and frustrated residents, is proving challenging for Healthwatch and its limited resources. Based on the evidence shared, Healthwatch representatives reinforced the message that the current emergency pathway isn't working, and that the commissioning of dental services needs to change.

Evidence from the Integrated Care Board (ICB)

4.16 Tom Knight – Head of Primary Care at Cheshire and Merseyside ICB provided members with an overview of the recent changes to dentistry commissioning, key challenges, and strategic aims of the ICB through the Primary Care, Dental Improvement Plan.

4.17 The Health and Care Act 2022 established Integrated Care Boards, tasked with the commissioning and oversight of NHS services. The future delegated responsibility of commissioning and oversight of all primary care services formed part of the Health and Care Act. The aim of delegating these services to ICBs was to make it easier for organisations to deliver joined up and responsive care, delivering high quality primary care services for our population. Local systems have responsibilities over a broad range of services and this is a key enabler in designing services and pathways of care that better meet local priorities and opportunities for integration.

4.18 Access for patients without a dentist remains extremely challenging and it should be noted that patients are not registered with a dental practice in the same way that patients register with a GP. At the time of writing this report very few practices were accepting new adult patients, but some were accepting children. Because the position changes daily it was not possible to confirm actual numbers, but patients were advised to regularly check practice websites or call practices directly. Local Healthwatch organisations had been working closely with commissioners and access to urgent dental care has been maintained since the COVID-19 pandemic and expanded further.

4.19 Work has been progressing to ensure that the ICB is presented with a clear and accurate picture of known specific service delivery issues and how the ICB could work with the NHS England Regional Team in the future in supporting the management of these service pressures. A comprehensive Dental Services handover document has been created to support the delegation process and contains information relating to:

- Primary Secondary and Community Dental Service information,
- Summary of Cheshire and Merseyside Needs Assessments,
- Dental Access,
- Key issues / challenges and impact of COVID,
- National dental contract reform,
- Contracting models and Quality Assurance framework,
- NHS England Dental Service Commissioning Manual, and
- Procurement.

4.20 Alongside this the ICB and NHS England Regional Team have completed two dental deep dive sessions.

4.21 Deep Dive 1, held in November 2022, focused on dentistry in terms of the pathway currently commissioned by NHS England, the challenges, and issues. The meeting was attended by colleagues from:

- NHS England NW dental commissioning and finance teams,
- NHS Cheshire and Merseyside ICB, and
- Health Education England.

4.22 Deep Dive 2, held in February 2023, focused on engaging with wider stakeholders including a group discussion to support the ICB and shape the future. In addition to those attending Deep Dive 1 the meeting was attended by colleagues from:

- Cheshire and Merseyside Healthwatch organisations,
- Clinical representatives from the Dental Managed Clinical Networks,
- Local Professional Dental Network,

- Local Dental Committee, and
- Liverpool University School of Dentistry.

- 4.23 In summary, the national picture is bleak, with dentists leaving NHS dentistry in significant numbers and patients unable to get appointments for routine dental work. The Covid pandemic, and the dental contract (under which dentists are remunerated for NHS work) are variously blamed for this and both have probably contributed. Whilst Central Government was taking steps to alleviate difficulties it was unlikely that the situation would improve anytime soon.
- 4.24 Members were reassured that although the integration of dentistry at place level is in its early stages of development, work is being undertaken to look at how dentistry can align with already pre-existing models. Members suggested that consideration should be given to including dentistry representation on the Care Communities Forum during the next phase of its development.
- 4.25 Members discussed supply and demand and what resources can be obtained to increase the supply of dentists within the NHS through increasing access to education and training streams. St Helens is poorly served by NHS dentistry. This is compounded by the imbalance of the supply of qualified dentists. Although outside the remit of the ICB, Members agreed to seek, through a council motion to improve education facilities in the region, working with NHS Health Education England to consider the provision of dental training practices in the region, and to seek to explore opportunities to expand higher or further education dental education courses, to include Dentist Practitioners & Therapists.
- 4.26 As well as improving contractual agreements and incentivising dentists to remain in the NHS, currently the dental contract is not attractive to dentists. Many private practices are actively recruiting newly qualified dentists promoting the premise that, in the private sector, dentists are emancipated from the 'national dental contract' enabling private practitioners to 'choose their respective work'.
- 4.27 Currently, the Unit of Dental Activity (UDA) for NHS Dentists in the Cheshire and Merseyside region is between £27.00 - £35.00 per treatment. St Helens is at the lower end of this funding scale. Moreover, dental practices are experiencing higher costs such as rents, IT systems and staffing costs. Members agreed that it was essential that further changes to the system should be encouraged to improve financial flexibility through delegation of powers to the ICB in commissioning dental services regionally and Place level.

Evidence from Public Health

- 4.28 Members welcomed the overview and evidence from the Consultant in Public Health at St Helens Council.
- 4.29 Local authorities are statutorily required to provide or commission oral health promotion programmes to improve the health of the local population, to an extent that they consider appropriate in their areas.
- 4.30 The Council is also required to provide or commission oral health surveys. The oral health surveys are carried out as part of the Public Health Northwest (NHS England & Office of Health Disparities) (formerly Public Health England (PHE)) dental public health intelligence programme (formerly known as the national dental epidemiology programme).
- 4.31 The Council has invested in the surveys and evidence was provided to the Task Group. From the Oral Health Survey of 5-year-old children in 2022, 31.2% of children in St Helens have experienced dental decay. St Helens did not take part in the 2019 Survey for the same piece of work therefore, it could not be determined if there was an improvement or decline in oral health of 5-year-olds. For those authorities who were included, it was highlighted that the issue of dental decay had worsened.
- 4.32 Members discussed the evidence-based interventions needed for good oral health. Officers agreed the importance of improving evidenced based oral health interventions and preventative treatment. In practice this means:
- Brushing effectively twice a day with fluoride toothpaste,
 - Spitting out after brushing, rather than rinsing with water, to avoid diluting the fluoride concentration,
 - Maintain good dietary practice in line with the 'Eatwell Guide' including avoiding/minimizing sugary drinks, sweets, and snacks, and

- Going to see a dentist once a year or so for a check-up.

- 4.33 The consensus appeared to be that it is those that do not look after their teeth, and only go to a dentist once they have accumulated several years of overdue dental work, that are overwhelming the patient base for the NHS. Whilst this may be true it does not change the challenge faced in the Borough. Fewer dentists, combined with existing low access rates in St Helens, will not lead to an improvement in the population's oral health.
- 4.34 In terms of potential actions to support improving oral health, officers agreed that there is compelling evidence of the oral health benefits of fluoridation of the mains water supply, with particular benefit to children living in disadvantaged communities. It was highlighted that certain parts of the Northwest have lower, naturally occurring levels of fluoride in water. Furthermore, in areas where higher levels of Fluoride are present, oral health manifests itself as being generally better.
- 4.35 Officers acknowledged support of the Health and Care Bill, supporting water fluoridation. The decision to give the Secretary of State the power to directly introduce, vary or terminate water fluoridation schemes. This is because water fluoridation is the single most effective public health measure for reducing oral health inequalities and tooth decay rates, especially amongst children.
- 4.36 Education and promotional activities are vital in terms of improving oral health and prevention. Several programmes were looked at including NHS data on the 'Return on investment' for programmed interventions.

Reviews of clinical effectiveness have found that the following programmes effectively reduced tooth decay in 5-year-olds. Based on a £1 investment, the investment *return* after 5 years is shown below:

- Targeted supervised tooth brushing program = £3.03
- A targeted fluoride varnish program = £2.29
- Water fluoridation program = £12.71
- Targeted provision of toothbrushes and paste by post = £1.03
- Targeted provision of toothbrushes and paste by post and by Health visitors = £4.89

- 4.37 Members agreed that the programmes should be the principle focus of the Council's Oral Health Improvement Plan and to seek financial resource investment for such programmes from the ICB or elsewhere.
- 4.38 Furthermore, communication, education and reaffirming key messages regarding self-care should be a priority. Members discussed the potential for Public Health to work on providing clear consistent messages that are children, adult, and neuro diverse friendly. Education, and communications should be correct and delivered via Governor forums and all other relevant forums.
- 4.39 It was further discussed that eradicating mixed messages in terms of what is best practice is needed. Task Group Members had different ideas of what was thought to be best practice, demonstrating the current confusion in the population. It was reiterated that the Council should ensure a clear steer and clear message about poor oral health prevention and best practice.

5. Consideration of Alternatives

- 5.1 N/A

6. Conclusions

- 6.1 The review highlighted increasing concerns about dentistry access and the oral health of our residents.
- 6.2 Many of the challenges mentioned are challenges being experienced nationally, but that does not mean that solutions do not exist to improve conditions for residents locally, particularly in relation to education and bolstering preventive measures.

- 6.3 The changes brought about by the Health and Care Act 2022 devolve some of the responsibility for meeting those challenges, however, the need for further reform and flexibility (in terms of the delegation of powers, financial flexibility, dentistry contracts and continuity within the primary care model to incentivise practitioners collectively in terms of rents and IT systems being consistent) is clear.
- 6.4 Members acknowledged that Dentistry is at the early stages of integration within the primary care system however action on prevention and self-care programmes is needed.
- 6.5 The ICB should be asked to consider the provision of NHS dental services in St Helens and take steps to rectify the current access problems experienced by the population such as promoting dental practitioners and to implement measures to make St Helens more attractive to NHS dental practitioners. The consensus around self-care, sharing correct information, consistent advice and messages for all age groups as well as maintaining regular data and monitoring, is vital to reinforce best practice in relation to prevention. This is particularly important for vulnerable children and those in less affluent areas. Financial constraints limit what can currently be achieved by Public Health programmes. However, Members overwhelmingly agreed to seek opportunities for the release of funding at both local and regional level for joint and collective action to improve self-care and raise prevention awareness.
- 6.6 The improvement of the oral health of the population of St Helens requires both effective oral health education, with a particular focus on children and their parents, and appropriate levels of dental provision, including an appropriate level of NHS dental provision in the borough.
- 6.7 A set of recommendations for action are presented in Appendix 1.

7. Legal Implications

- 7.1 There are no legal implications in this report.

8. Financial Implications

- 8.1 Financial constraints limit what can currently be achieved in terms of delivering programmes within the Council. Members have agreed to a recommendation which will include – ‘Public Health Team to pursue funding opportunities for ongoing promotion of oral hygiene’.

9. Equality Impact Assessment

- 9.1 An Equality Impact Assessment has not been carried out for the purposes of this Report.

10. Social Value

- 10.1 The social value of improving density access and oral health is that health and economic inequalities are reduced through improved oral health which is also linked to wider health implications and well-being for the people in St Helens.
- 10.2 With a higher proportion of the local population needing access to NHS dentistry, it is the most deprived sections of the borough that cannot afford private treatment and are disproportionately affected, resulting in wider health inequalities.

11. Net Zero and Environment

- 11.1 There are no Net Zero and Environmental implications in this report.

12. Health and Wellbeing

- 12.1 The implications on Health Wellbeing as a result of poor oral health are significant. This report sets out how improving dental access and oral health programmes will have a positive impact on the health and wellbeing of our residents.

13. Customer and Resident

- 13.1 Action to improve dental access and oral health should have a positive impact on our residents. Due to the link between oral health and general health it is also expected that there will be a significant positive impact on the mental health and general health of residents.

14. Asset and Property

- 14.1 There are no Assets and Property implications in this report.

15. Staffing and People Management

- 15.1 The agreed actions in this report will be carried out by existing staff from the Council and provider and partner organisations.

16. Risks

- 16.1 The Risk implications of not improving dental access and the oral health of residents are increasing health inequalities and further demand on health and social care services leading to budget pressures.

17. Policy Framework Implications

- 17.1 The Dentistry Services Scrutiny Spotlight Report considers the Boroughs Priority Two - 'Promote good health, independence, and care across our communities'.

18. Impact and Opportunities on Localities

- 18.1 There are no impact and Opportunities on Localities implications in this report.

19. Background Documents

- 19.1 Presentation Slides
- 19.2 Public Health England - Local authorities improving Oral Health: Commissioning better oral health for children and young people.
- 19.3 Public Health England – Commissioning better oral health for vulnerable older people.
- 19.4 Healthwatch St Helens – Accessing NHS Dental Treatment in St Helens Report

20. Appendices

- 20.1 Spotlight Review Recommendations with Cabinet response to timescales.

Appendix 1b

Rec No	Recommendations	Responsible Officer	Agreed Action and Date of Implementation
1	<p>Dentistry Contracting and Commissioning Reform</p> <p>That the Committee endorse a notice of motion to Council at a future meeting (proposed by Cllr Sweeney, seconded by Cllr T Long) that will call for support for:</p> <ul style="list-style-type: none"> • Delegation of Powers to the ICB (enable a more flexible funding formula) • Dental Contract Reform • Enhance workforce capacity. Increase the prominence of dental schools, teaching hospitals, training, and access courses in the region. 	Cllr Sweeney/ Karl Allender	<p>March 2024</p> <p>Action no longer required. Refer to paragraph 4.4 of the Cabinet response report.</p>
2	The Public Health Team to pursue funding opportunities for ongoing promotion of oral hygiene education.	Public Health Ruth Du Plessis/ Shirley Goodhew	March 2025
3	<p>Public Health Prevention and Self Care</p> <p>The authority to advocate dental awareness programmes via Public Health/ Education within the existing budget.</p> <p>Public Health Team to work on providing clear consistent evidence-based messages that are child, adult, and neurodiverse friendly via -</p> <ol style="list-style-type: none"> 1) Newsletters 2) Educational video on school website about good practice. 3) Links on School Websites <p>Promotions via Schools and School governor</p>	<p>Public Health</p> <p>Ruth du Plessis/ Shirley Goodhew</p> <p>Education Jo Davies (via Public Health)</p>	<p>March 2025</p> <p>March 2024, October 2024 & March 2025</p>

Rec No	Recommendations	Responsible Officer	Agreed Action and Date of Implementation
	<p>forums, school bulletins, relevant adult groups, and communications via all social media platforms</p> <p>Seek to promote the access to free toothbrushes/toothpaste for children living in deprivation age between 2-7 years. Subject to funding.</p> <p>Public Health Team to continue to fund the bi-annual Oral Health Survey</p>		<p>March 2025</p> <p>March 2025</p>
4	<p>Fluoridation</p> <p>The Cabinet Members for Adults Social Care and Health are asked to make representations to HM Government and St Helens' Members of Parliament to inform them that the Council:</p> <p><i>"Is supportive of the Health and Care Bill: Water Fluoridation Bill and the decision to give Secretary of State the power to directly introduce, vary or terminate water fluoridation schemes. This is because water fluoridation is the single most effective public health measure there is for reducing oral health inequalities and tooth decay rates, especially amongst children."</i></p>	Cllr Burns/ Ruth du Plessis	July 2024
5	<p>ICB Action plan monitoring</p> <p>To receive feedback, from the Cheshire and Merseyside ICB and progress from the 'Primary Care Dentistry Action Plan'.</p> <p>To provide the committee with RAG Rating monitoring Report.</p>	Tom Knight/ Julie Gallagher	2024/2025 Municipal year biannually
6	<p>Care Community Forum</p> <p>That St Helens Cares consider including Dentistry in the Care Community Forum</p>	Julie Gallagher/ Hilary Flett	25 April 2024

Inequalities Commission

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Adult Scrutiny Committee – 15th April 2024

WORKING TOGETHER
FOR A BETTER BOROUGH,
WITH PEOPLE AT THE HEART
OF EVERYTHING WE DO.



Overview

- Spearheaded by the Leader of the Council, Director of Public Health and NHS Local Authority Lead, the Inequalities Commission was agreed via the Peoples Board in September 2021
- This links in with the long-term Borough Strategy (2021-2030), which includes tackling inequalities within four of the six priorities
- The multi-agency commission is independently chaired by the chief executive of the YMCA, Justin Hill, with the Director of Public Health, Ruth du Plessis, as deputy chair
- Sir Michael Marmot's team from the Institute for Health Equity spoke to over 40 system leaders in December 2021 and pairing this knowledge with the "Living a good life in St Helens" event, established the following 8 priorities for the Inequalities Commission:

1	Best start in life, including school readiness
2	Improving the quality of jobs and employment
3	Tackling poverty and low pay
4	Supporting people in distress and tackling isolation
5	Tackling stigma and overcoming barriers
6	Tackling inequalities between and within wards and localities
7	Services being focussed on self-esteem and independence
8	Inclusive growth and the 'St Helens Pound'



Regional approach

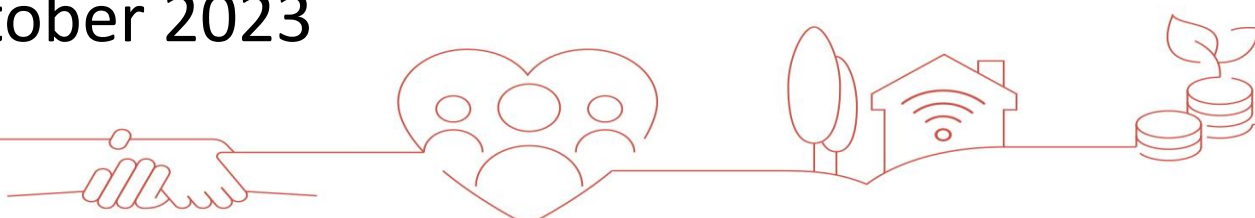
- In 2022, The Institute for Health Equity released the “All Together Fairer” report, outlining measurable actions for Cheshire + Merseyside to build a fairer, healthier region
- The All Together Fairer regional collaboration brings together public, private and third sector, with ongoing bi-monthly input from the Institute and Sir Michael Marmot’s team
- 22 Beacon Indicators have been identified that are monitored annually, allowing for comparison in inequalities between the 9 local authorities in C+M
- The most recent update of these indicators was presented to the commission in October 2023

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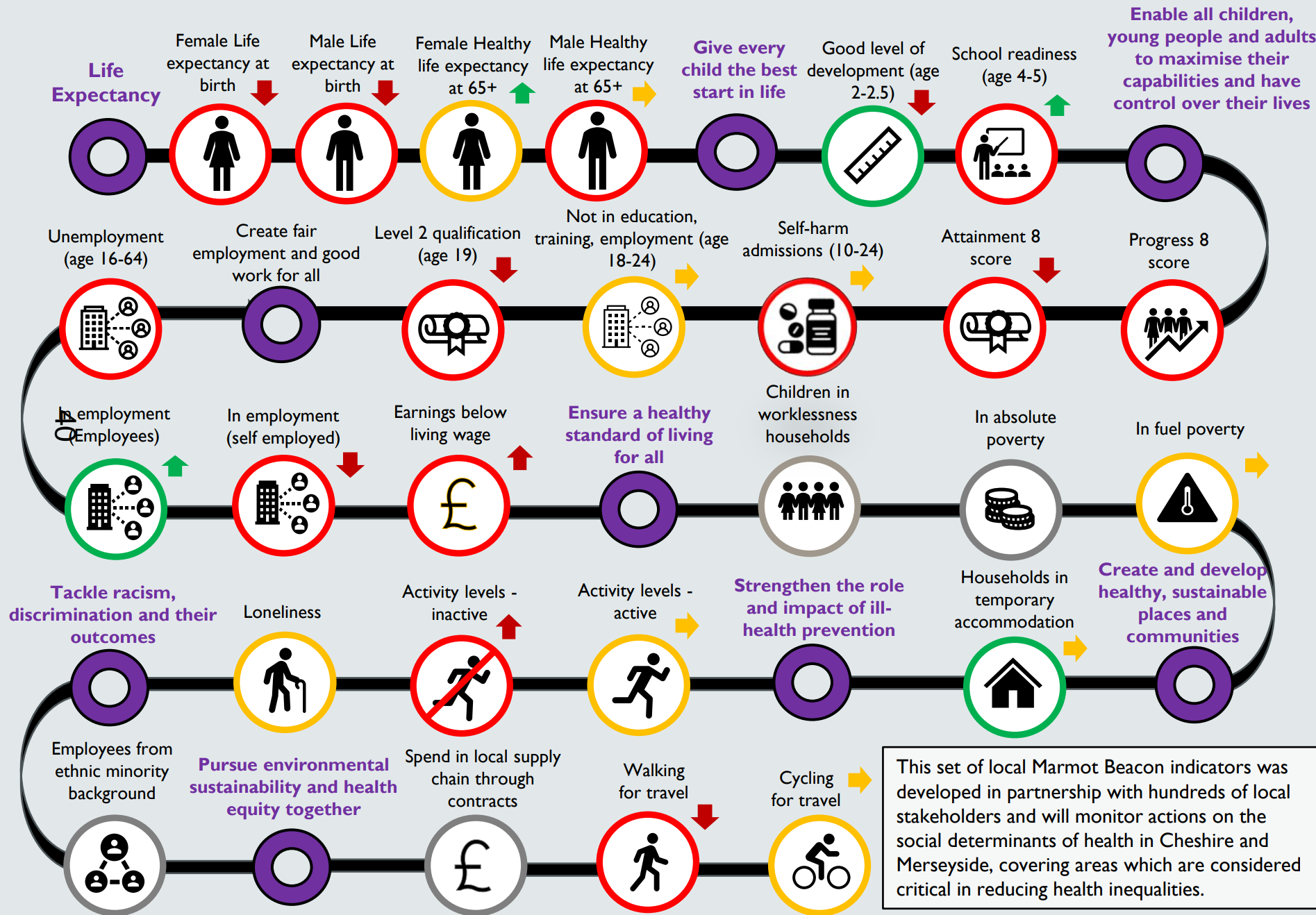


Working as one to build a fairer,
healthier Cheshire and Merseyside

WWW.STHELENS.GOV.UK



Marmot Beacon Indicators - St. Helens 2024: A comparison to England



St. Helens Facts

183,200 people live in St. Helens. Around **43%** of the population live in the top 20% most deprived areas in England.

Women can expect to live to **80.4 years** and men to **76.7 years**. On average, men will spend **27.9%** of their lives in poor health and women will spend **23.6%** in poor health.

Key:

Statistical significance compared to England:

- Better (Green circle)
- Similar (Yellow circle)
- Worse (Red circle)
- Missing (Grey circle)

Trend

- Improving (Green arrow up)
- No change (Yellow arrow right)
- Getting worse (Red arrow down)

Sources: Last update: April 2024

Progress 8 score and Pupils who go on to achieve a Level 2 qualification at age 19 from the Department for Education (DfE). Employment and worklessness from NOMIS. Living wage from ONS. All other data from Office for Health Improvement & Disparities. Public Health Profiles. 2004 <https://fingertips.phe.org.uk> © Crown copyright 2024

Contact: rachelbrown@sthelens.gov.uk

This set of local Marmot Beacon indicators was developed in partnership with hundreds of local stakeholders and will monitor actions on the social determinants of health in Cheshire and Merseyside, covering areas which are considered critical in reducing health inequalities.

Principles of the Inequalities Commission

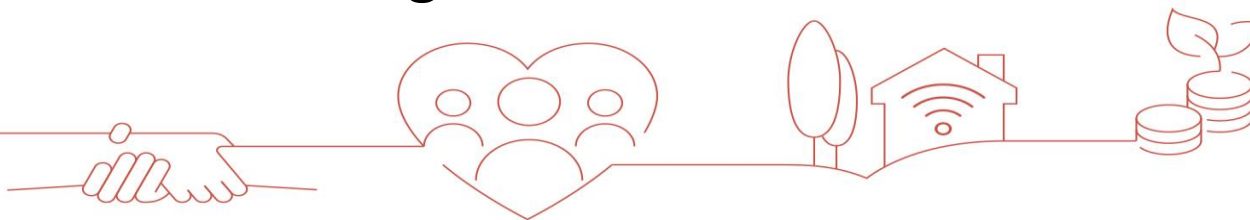
- Courageous and honest
 - Say what is right, not what is easy
 - Drive progress and change by providing constructive challenge
- Evidence-based
 - Use evidence, from statistics and from people's testimony to inform, scrutinise and monitor progress
- Listening and accessible
 - Be visible, accessible and available
 - Listen to those who wish to be heard, especially those with expertise and direct lived experience of inequality
- Promoting dignity and respect
 - Tackle the stigma and discrimination associated with inequality
- Vocal
 - Speak up for and amplify the voices of people who are not often heard
- Person-centred
 - Keep people, their lives, their potential, and their uniqueness at the centre of what we do

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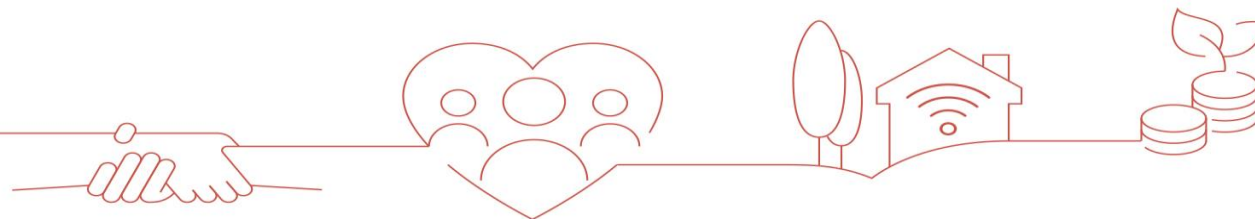
Approach of the Inequalities Commission

- “A commission can be defined as a group of people who have been formally chosen to discover information about a problem or examine the reasons why a problem exists”
- The commission has high level commitment from key system leaders
- The commission does not deliver projects, but uses information gathered from speaking to local people, experts and using best practice to make recommendations to the system
- The commission has a limited budget, primarily used to facilitate engagement and partnership working, and relies on its partners for delivery of interventions
- Progress is monitored internally through a steering group and the commission reports back to the People’s board at every meeting
- Using data, evidence and expert input underlies all made recommendations
- Listening, engaging with and feeding back to local residents is a key pillar of the commission’s work



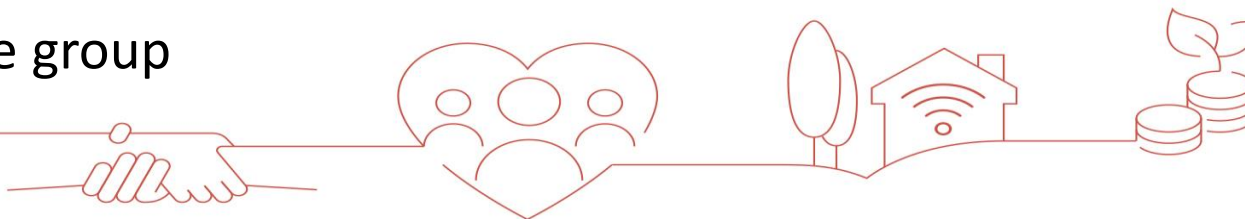
Engagement with residents

- Engagement in 2021 with local system leaders by the Institute for Health Equity to identify local priorities and areas of need
- Institute for Voluntary Action Research (IVAR) supporting two community engagement events with active residents passionate about St Helens in 2022
- 43 • Ongoing longer term IVAR research ongoing exploring social isolation and loneliness, with further engagement events in 2023 and 2024
- In 2023, Vibe UK undertook “Reach – Raising aspirations for young people in St Helens” consultation for the commission, with over 1000 schoolchildren from Years 7-9 across 32 sessions



Best start in Life – influenced delivery of Family Hubs

- Collaboration with expert speakers, such as the author of the “Child in the North Report”, and partnership discussion allowed council to secure funding for Family Hubs
- 2 sites now open and fully staffed as of Jan 2024: Sutton, Central Link
 - Third site in Newton-le-Willows due Spring 2024
- First site showed 66% increase in service users accessing services
- Parent/Carer consultation and regular panel established to shape service and continue engagement with service users
- Launched programmes (selected):
 - BABS – Building attachment and bonds support
 - HENRY – Randomised Control Trial into healthy lifestyle messaging and family engagement
 - Pre-school wheeze group



Food poverty in collaboration with partners

- Task group formed of Public Health, local government, VCSFE, NHS, and Torus
 - Additional £30,000 secured to expand food pantry network
- Food Pantry network expanded from three to 11 sites as of March 2024
- “Your local pantry” model which reduces stigmatisation, improves access to healthy foods while reducing waste
- Uptake mapped against population data and areas of highest deprivation to ensure best coverage for residents
- High demand on sites with some expanding service to 2 days a week
- Mobile pantry van rotating around 4 sites per week
- Community allotment food scheme ongoing



Fuel poverty

- Restoring the Fuel Poverty Working Group which had ceased activity during the pandemic
- Establishing of 38 warm spaces, now “Welcome spaces” to additionally tackle social isolation, open throughout winter
- Collaboration with Public Health for annual Winter Well Packs, provided to 6000 vulnerable residents with information on cold weather, winter illnesses and Vitamin D supplement vouchers
- “Warm Homes for Lungs” + “Warm Homes for Young Lungs” provide targeted support for residents with respiratory conditions
 - 245 referrals since February 2023
- Continued collaborative work with the Affordable Warmth Team has seen residents provided with support through regional and national schemes
 - Over 1000 individual enquiries resulting in more than £1.8 million in annual benefit gains and over £2 million invested into property, boiler and insulation improvement work

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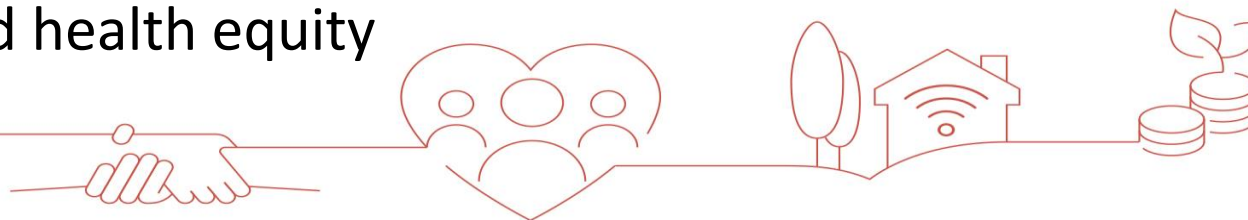
Other achievements

- Inequalities Commission microgrant scheme
 - Offering between £250 and £500 to local people and organisations tackling inequalities and furthering wellbeing in the Borough
 - E.g. World of Glass was able to put on additional sessions of “create and play”
 - Recipients of grants highlighted an improving relationship between the Council and VCSFE sector
- Supporting partnership work and activities populating the Live Well Directory
 - Online service directory already in use in Liverpool and Knowsley
 - Allowing for up-to-date regional information on activities and services



Recognition and next steps

- In 2023, the Inequalities Commission won the national MJ award for “a whole council approach to tackling inequalities”
- Following this, the structure of the Inequalities Commission was reviewed to further improve its work, now undertaking 3 action oriented “business meetings” and 3 longer, “deep-dive” workshops
- Following the first workshop in December 2023 on Raising Youth Aspirations, the current planned workshops for 2024 are as follows:
 - Stigma
 - Social isolation, loneliness and distress
 - Local businesses and health equity



Raising Youth Aspirations in St Helens – Inequalities Commission Workshop Dec. 2023


- Opened by the Leader of the Council and attended by over 40 local partners, including academic guest speakers and members of the youth council
- Presentations from Dr. Robert Hesketh, LJMU and various service providers, including sharing of the “REACH” Youth Consultation results
 - Identified Mental Health, Lack of Opportunities and Money as top 3 barriers
- ⁴⁰Afternoon of facilitated group discussion:
 - 4 intervention priorities identified: Mental Health, Improving access to information, Accessibility, Understanding the local context
 - 4 pathways to potential solutions identified: Communication, Schools, Individually tailored support, Targeted vs. Open-access support
- Commitments to change:
 - Creation of Task + Finish group to ensure actioning of workshop commitments
 - Supporting the council in creation of a children’s manifesto
 - Live Well Directory to be populated with youth offers incl. facilitation in two new Youth Hubs



Current and future challenges

- Securing ongoing and reliable funding in light of financial pressures
- Loss of partner organisations, e.g. St Helens Chamber of Commerce
- Ensuring commitment to change and measurable actions taken after partnership discussions
- Reliant on action by partners while trying to avoid setting up additional long-term task and working groups led by the commission
- Ongoing evaluation of the work of the Inequalities Commission
 - How do we quantify “making a difference” beyond the Beacon Indicators
 - How do current national circumstances, e.g. cost-of-living crisis affect our ability to evaluate local progress
 - How do we engage with the “silent majority” of residents in the Borough



 ST HELENS BOROUGH COUNCIL	<h2>Adult Social Care and Health Scrutiny Committee</h2> <h3>15 April 2024</h3>
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Report Title	Quarter 3 Performance Report – 2023-24
Cabinet Portfolio	Corporate Services
Cabinet Member	Councillor Martin Bond
Exempt Report	No
Reason for Exemption	N/A
Key Decision	No
Public Notice issued	N/A
Wards Affected	All
Report of	Vicky Willett Director Policy and Transformation vickiwillett@sthelens.gov.uk
Contact Officer	Chris Collinge Performance, Strategy & Information Manager chriscollinge@sthelens.gov.uk

Borough Priorities	Ensure children and young people have a positive start in life	
	Promote good health, independence, and care across our communities	X
	Create safe and strong communities and neighbourhoods for all	
	Support a strong, thriving, inclusive and well-connected local economy	
	Create green and vibrant places that reflect our heritage and culture	
	Be a responsible Council	

1. Summary

- 1.1 The Quarter 3 Performance Report 2023-24 (Annex A) provides an analysis of progress and performance over the period from the 1st of October to the 31st of December 2023-24 against the Council's priority 2 - (Promote good health, independence, and care across our communities.) The report reflects the new performance framework and targets aligned to the priorities and outcomes of the Borough Strategy as agreed by Cabinet on the 26th of April 2023. This framework provides the basis for quarterly performance reporting to Cabinet and Overview and Scrutiny over the course of 2023-24.
- 1.2 The Council acknowledges that effective performance management arrangements are critical to supporting decision making and work continues to ensure the development of the performance framework and performance management processes across the Council.

2. Recommendation for Decision

Adult Social Care and Health Scrutiny Committee is recommended to:

- 1) **Note the performance position at Quarter 3 2023-24.**
- 2) **Note the actions planned by the Integrated Health and Care Directorate, Public Health Directorate, and services to address specific areas for performance improvement in relation to Priority 2.**
- 3) **Consider whether there are any potential items for further scrutiny as part of the Committee's work programme based on performance information received.**

3. Purpose of this report

- 3.1 The Council remains committed to the regular monitoring and reporting of performance information to ensure the delivery of efficient, effective and value for money services that meet the needs and expectations of the customers and communities it serves. The purpose of the report is to present a summary of progress against the priorities and outcomes of the Borough Strategy 2021-2030 through an overview of performance in relation to key indicators.
- 3.2 The format of the report is split into 2 distinct parts:
- Part 1 of the report is a statistical analysis of the performance position at Quarter 3 2023-24.
 - Part 2 of the report is a commentary on performance against delivery of the second of the Borough Strategy priorities and their respective outcomes, summarising performance and action being taken to improve performance where required. Scorecards for each priority area are included to provide further information on individual performance measures. Part 2 of the version of the report presented to the Adult Social Care and Health Scrutiny Committee only includes performance information relating to Priority 2 of the Borough Strategy.

4. Background / Reason for the recommendations

- 4.1 The Quarter 3 Performance Report 2023-24 reflects performance over the period October to December 2023 and the legacy impacts of the Covid-19 pandemic, the cost-of-living crisis, rising demand for services and a requirement to deliver significant budget savings. As a result, it is more critical than ever that the Council has a clear understanding of what it needs to measure and how it is performing to inform effective decision making. The indicators reported are split between Tier 1 and Tier 2:
- **Tier 1** – A set of high-level strategic indicators and targets that constitute the Outcomes Framework of the Borough Strategy 2021-2030.
 - **Tier 2** – A set of performance indicators and targets to address key priority areas of performance within Directorates / Departments linked to the business planning process and the Borough Strategy 2021-2030.
- 4.2 Annual targets were set where possible within the context of national, Northwest, and local authority comparator group data. Targets equally aspire to be challenging but achievable within the context of the available resources. The targets also took account of performance during 2022-23 and the legacy impact of the pandemic, the cost-of-living crisis, rising service demand and a challenging financial position for local government.
- 4.3 There are 86 performance indicators, where Quarter 3 performance against target is available to be reported. Of these:
- **72%** of indicator targets have been either exceeded, met fully, or met within 95% of target. This compares to 73% of indicators in Quarter 3 2022-23.
 - **28%** of indicator targets were not met, compared to 27% in Quarter 3 2022-23.
 - The trend measure indicates over the course of the last 12 months **51%** of indicators showed improvement, **10%** of indicators maintained the same performance and **39%** of indicators showed a downward trajectory. The position in Quarter 3 2022-23 was that **52%** of indicators showed improvement, **7%** of indicators maintained the same performance and **41%** of indicators showed a downward trajectory.
 - **21%** of all indicators where comparison is possible are in the top quartile, compared to 24% at Quarter 3 2021-22, whilst **33%** are in the bottom quartile, compared to 27% at Quarter 3 2022-23. 14% and 33% of indicators are in the 2nd and 3rd quartile respectively, compared to 20% and 29% in Quarter 3 2022-23 (NB percentages rounded to nearest whole number).
- 4.4 Performance should continue to be viewed within the context of what has continued to be a challenging operational period for the Council. The legacy impact of the pandemic, the cost-of-living crisis, rising demand for services and the requirement to deliver significant budget savings which has resulted in a recruitment freeze and reductions to the workforce, impacted the Council's ability to meet targets and demonstrate improvements in performance trends. Equally in many areas the impact of the pandemic on performance is yet to be fully realised and understood. However, given the effect of the pandemic on St Helens to date there is the strong likelihood that existing inequalities may be widened. This presents risks for future performance, but particularly in areas such as public health, education and schools and children's services where comparative performance is already challenging.
- 4.5 The report takes the format of an executive summary of performance, followed by a more detailed breakdown for each priority and their respective outcomes. Tables have been included to highlight performance against outcome areas, along with a summary of actions that are being taken to improve performance.

- 4.6 In summary, at Quarter 3 2023-24 there are a number of outcome areas which demonstrate strong and / or improving performance. Equally there are areas where performance against outcomes is either some distance from target or an outlier in terms of St Helens' performance relative to the England average or our statistical neighbours. Areas of challenge include:

- **Priority 2**

- ***The health and wellbeing outcome:***

This includes very high rates of hospital admissions for all age alcohol specific conditions for which St Helens has the 12th highest rate in England and the 6th highest in the North West according to last published national data.

High mortality rates due to suicide persist with St Helens having the 17th highest rate nationally and the 3rd highest in the North West according to last published national data.

Emergency hospital admissions for falls in the 65 plus population increased according to the latest provisional data, and the last published verified data shows that rates remain statistically significantly worse than last published England average.

The two drug treatment indicators showed improvement during Quarter 3 but remain off target. St Helens' mortality rates due to CVD remain comparatively high and have increased over the course of the first 3 quarters.

- ***The independent living outcome:***

Performance against target at Quarter 3 remains largely strong, with a number of areas showing further improvement.

The number of people using adult social care receiving direct payments is 3rd quartile and not meeting target at Quarter 3.

User satisfaction with adult safeguarding outcomes also remains off target.

5. Consideration of Alternatives

- 5.1 None

6. Conclusions

- 6.1 The Quarter 3 Performance Report 2023-24 at Annex A provides an assessment of the Council's performance over the period October to December. The legacy of the pandemic, the cost-of-living crisis and sustained financial pressure on local government continue to pose significant challenges for the Council and St Helens Borough. Robust and appropriate performance management arrangements continue to be critical to support effective decision making and enable the delivery of the Council's desired outcomes across the borough and its communities.

7. Legal Implications

- 7.1 Performance data and effective performance management contribute to the Council's governance position.

8. Financial Implications

- 8.1 The Council's performance management framework and processes are critical to ensuring the organisation provides value for money.

9. Equality Impact Assessment

- 9.1 The performance framework supports the community in understanding the progress the Council makes to achieve its priorities. Consideration will be given to presenting this information in a format that is easily understandable and accessible.

10. Social Value

- 10.1 The indicators include measures relating to the voluntary / community sector, employment, and the local economy.

11. Net Zero and Environment

- 11.1 The indicators include measures relating to Net Zero and the environment.

12. Health and Wellbeing

- 12.1 The indicators include measures relating to the health and wellbeing of the local population.

13. Customer and Resident

- 13.1 The indicators include measures relating to customers.

14. Asset and Property

- 14.1 None

15. Staffing and Human Resources

- 15.1 None

16. Risks

- 16.1 There is a risk that performance may decline in some areas. Where this occurs action will be taken to address performance issues, these will be outlined in action plans the impact of which will be reported to Cabinet and Overview and Scrutiny.

17. Policy Framework Implications

- 17.1 The recommendations within this report are in line with existing council policies. The performance framework links to the priorities and outcomes of the Borough Strategy and related key council strategies.

18. Impact and Opportunities on Localities

- 18.1 There is the opportunity to link aspects of the performance framework to the Localities agenda and report elements of performance at a locality level.

19. Background Documents

19.1 N/A.

20. Appendices

20.1 **Annex A** – Quarter 3 Performance Report 2023-23.

ADULT SOCIAL CARE AND HEALTH PERFORMANCE REPORT QUARTER 3 2023-24



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1. Our Borough Strategy 2021-30 Priorities

Performance Management in St Helens Borough Council is focused around achieving the 6 strategic priorities outlined in Our Borough Strategy 2021-30.



Priority 1 - Ensure children and young people have a positive start in life

Priority 2 - Promote good health, independence, and care across our communities

Priority 3 - Create safe and strong communities and neighbourhoods for all

Priority 4 - Support a strong, thriving, inclusive, and well-connected local economy

Priority 5 - Create green and vibrant places that reflect our heritage and culture

Priority 6 - Be a responsible council



2. Borough Strategy Priorities and the UN Sustainable Development Goals

The Sustainable Development Goals (SDGs) are a collection of 17 interlinked global goals designed to be a "blueprint to achieve a better and more sustainable future for all". The SDGs were set up in 2015 by the United Nations General Assembly and are intended to be achieved by the year 2030. Making progress towards the global goals by 2030 depends on local action. SDGs fit with Our Borough Strategy Vision and the Council's approach to Reset and Recovery. All 17 Sustainable Development Goals have been mapped against the 'Our Borough Strategy' priorities and outcomes.

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<p>ENSURE CHILDREN AND YOUNG PEOPLE HAVE A POSITIVE START IN LIFE</p>	 	<p>SUPPORT A STRONG, THRIVING, INCLUSIVE AND WELL-CONNECTED LOCAL ECONOMY</p>	
<p>PROMOTE GOOD HEALTH, INDEPENDENCE AND CARE ACROSS OUR COMMUNITIES</p>		<p>CREATE GREEN AND VIBRANT PLACES THAT REFLECT OUR HERITAGE AND CULTURE</p>	
<p>CREATE SAFE AND STRONG COMMUNITIES AND NEIGHBOURHOODS FOR ALL</p>		<p>BE A RESPONSIBLE COUNCIL</p>	

3. Purpose of the Report

The purpose of the report is to inform and update Elected Members on performance against the 6 priorities of the Our Borough Strategy 2021-30 and respective outcomes as set out above. The report covers the period Quarter 3 2023-24 providing the performance position reported over the course of the period. The reporting format splits the report into 2 distinct parts:

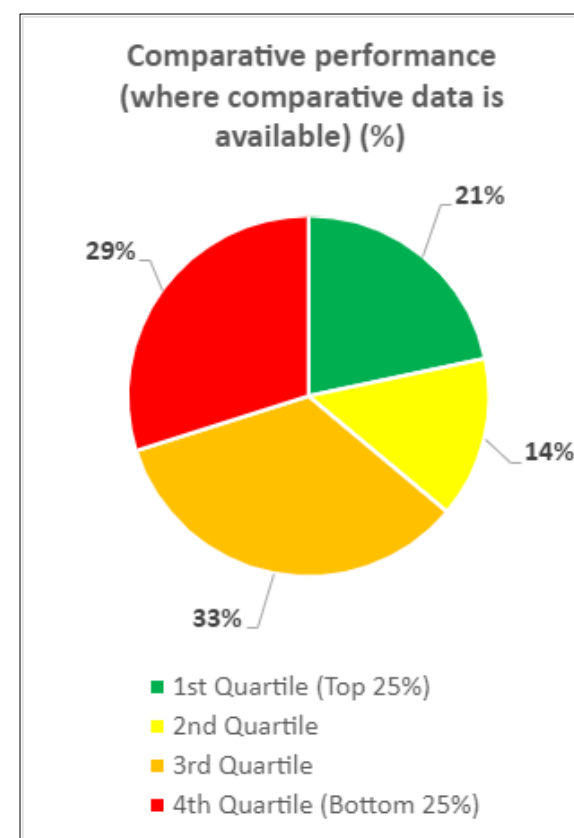
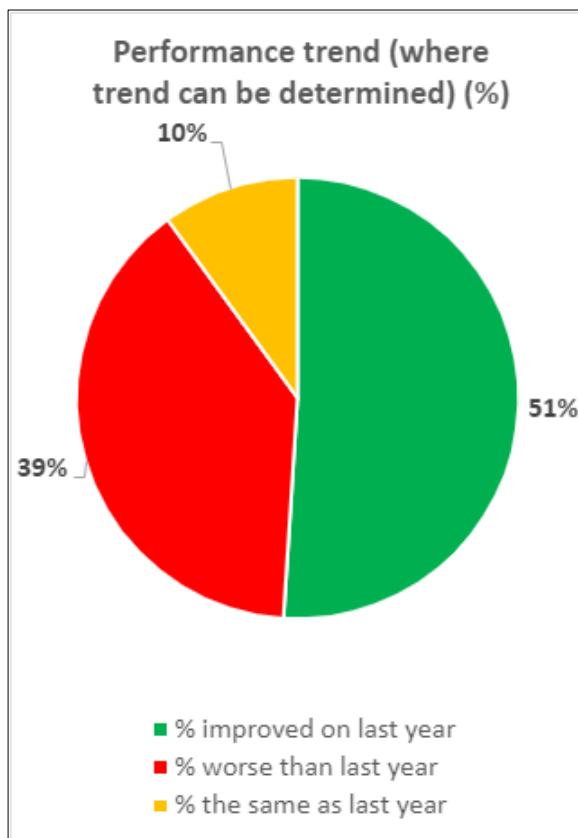
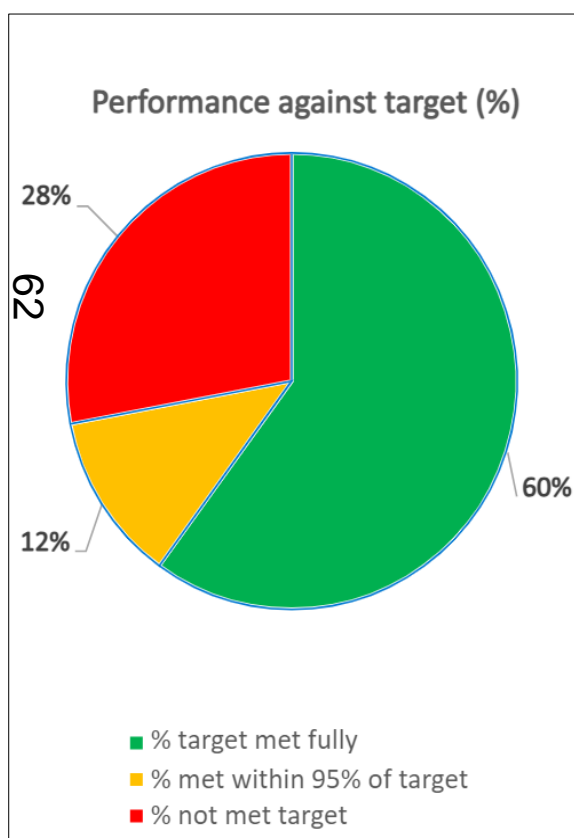
Part 1 of the report is a statistical analysis of the performance position at Quarter 3 2023-24.

Part 2 of the report is a commentary on performance against delivery of the 6 strategic priorities and their respective outcomes summarising current performance within the quarter and action being taken to improve performance where required.

3. Executive Summary

The charts below provide an overview position of all performance measures across all 6 Borough Strategy priorities as at Quarter 3 2023-24, examining:

- Performance against target.
- Trend - whether performance has improved / worsened since the position 12 months ago.
- Inter Authority performance - how St Helens' performance compares to that of a family group of authorities similar to St Helens.



4. Part 1 - Statistical analysis

To measure performance at Quarter 3 2023-24, the Council is reporting against a total of 86 performance indicators, where targets were set. The indicators reported are split between Tier 1 and Tier 2:

Tier 1 – A set of high-level strategic indicators and targets that constitute the Outcomes Framework of the Borough Strategy 2021-2030.

Tier 2 – A further set of performance indicators and targets to address key priority areas of performance within Directorates / Departments.

In the supporting scorecards for each priority area, this distinction is maintained and both tiers are shown as they are all relevant to an understanding of overall performance.

The Quarter 3 report statistical analysis looks at performance under 3 areas:

1. Performance against targets
2. Trend over 12-months
3. Inter-authority comparison

4.1 Performance Against Target

This measure sets out:

- The percentage of indicators by priority where targets have been fully met or exceeded.
- The percentage of indicators by priority that have not fully met target but are within 95% of target.
- The percentage of indicators by priority that have failed to meet the target by more than 5%.

In the supporting scorecards for each priority area, green, amber, and red colours are used to depict indicators in each of the above three bullet point situations.

Priority	Number of Indicators with data	% target fully met	% target met within 95%	% target not met
1. Ensure children and young people have a positive start	21	52% (11)	24% (5)	24% (5)
2. Health, independence, and care	21	57% (12)	14% (3)	29% (6)
3. Safe and strong communities and neighbourhoods	14	64% (9)	0% (0)	36% (5)
4. Strong, thriving, inclusive and well-connected economy	8	63% (5)	0% (0)	37% (3)
5. Green and vibrant places reflecting our heritage and culture	9	67% (6)	0% (0)	33% (3)
6. Responsible Council	13	70% (9)	15% (2)	15% (2)
Total	86**	60% (52)	12% (10)	28% (24)

** Some new indicators do not have targets set for the year as baseline data is being collected in 2023-24. See individual priorities for details.

A listing of indicators, which have met or exceeded target, have met within 95% of target, or have failed to meet target by more than 5% are shown within each of the 6 priority scorecards.

4.2 The Performance Trend

This measure compares performance at Quarter 3 2023-24 with performance at Quarter 3 2022-23 by setting out:

- The percentage of indicators where performance compared to last year has improved.
- The percentage of indicators where performance compared to last year has declined.
- The percentage of indicators where performance compared to last year is the same.

St Helens Borough Performance Report - Quarter 3, 2023/24

In the supporting scorecards for each priority a black arrow pointing up, downwards or sideways is used to depict indicators in each of the above 3 scenarios.

NB. There are a small number of indicators for 2023-24, where performance data in 2022-23 is not available and therefore it is not possible to show a performance trend. Where this is the case N/A appears.

Priority	Number of Indicators with data	% improved on last year	% worse than last year	% the same as last year
1. Ensure children and young people have a positive start	22	45% (10)	41% (9)	14% (3)
2. Health, independence, and care	19	42% (8)	42% (8)	16% (3)
3. Safe and strong communities and neighbourhoods	11	45% (5)	55% (6)	0% (0)
4. Strong, thriving, inclusive and well-connected economy	5	60% (3)	40% (2)	0% (0)
5. Green and vibrant places reflecting our heritage and culture	8	63% (5)	37% (3)	0% (0)
6. Responsible Council	13	70% (9)	15% (2)	15% (2)
Total	78	51% (40)	39% (30)	10% (8)

4.3 Inter Authority Comparison

This measure shows how performance in St Helens compares to the performance of a family group of authorities similar to St Helens. It does this by ranking each authority's performance by quartile. The top performing 25 % are in the first quartile and the bottom 25% in the fourth quartile. Authorities in between are placed in either the 2nd or 3rd quartiles. Comparative national data is only available to be used for **43** indicators.

In the supporting scorecards for each priority, where this measure is used, green indicates that St Helens is in the top best performing quartile, red that it is in the bottom quartile or yellow/amber that St Helens is in either the 2nd or 3rd quartile). The England average figure (Eng, Av) is also now presented, as is the statistical neighbour group average (LA Av.) to provide additional context to comparative performance.

Priority	Number of Indicators with data	% in 1st quartile	% in 2nd quartile	% in 3rd quartile	% in 4th quartile
1. Ensure children and young people have a positive start	22	23% (5)	14% (3)	23% (5)	40% (9)

Priority	Number of Indicators with data	% in 1st quartile	% in 2nd quartile	% in 3rd quartile	% in 4th quartile
2. Health, independence, and care	11	18% (2)	9% (1)	46% (5)	27% (3)
3. Safe and strong communities and neighbourhoods	0	0% (0)	0% (0)	0% (0)	0% (0)
4. Strong, thriving, inclusive and well-connected economy	6	33% (2)	17% (1)	50% (3)	0% (0)
5. Green and vibrant places reflecting our heritage and culture	2	0% (0)	50% (1)	0% (0)	50% (1)
6. Responsible Council	2	0% (0)	0% (0)	50% (1)	50% (1)
Total	43	21%* (9)	14% (6)	33%* (14)	33%* (14)

NB – Percentages rounded to nearest whole number

The latest available picture of inter authority performance largely relates to the 2021-22 financial year. Therefore, St Helens position vis-a-vis its quartile position is based on St Helens performance in that particular year relative to its statistical neighbours. Future reports will be updated to reflect the 2022-23 comparative performance position as and when verified data is published.

4.4 Summary and conclusion of statistical analysis

- **72%** of indicator targets have been either exceeded, met fully, or met within 95% of target. This compares to 73% of indicators in Quarter 3 2022-23.
- **28%** of indicator targets were not met, compared to 27% in Quarter 3 2022-23.
- The trend measure indicates over the course of the last 12 months **51%** of indicators showed improvement, **10%** of indicators maintained the same performance and **39%** of indicators showed a downward trajectory. The position in Quarter 3 2022-23 was that **52%** of indicators showed improvement, **7%** of indicators maintained the same performance and **41%** of indicators showed a downward trajectory.
- **21%** of all indicators where comparison is possible are in the top quartile, compared to 24% at Quarter 3 2021-22, whilst **33%** are in the bottom quartile, compared to 27% at Quarter 3 2022-23. 14% and 33% of indicators are in the 2nd and 3rd quartile respectively, compared to 20% and 29% in Quarter 3 2022-23 (NB percentages rounded to nearest whole number).
- Annual targets were set where possible within the context of national, Northwest, and local authority comparator group data. Equally targets aspire to be challenging but achievable within the context of the available resources. The targets also take account of performance during the last 3 years which has been an unprecedented period due to the onset and impact of the Covid-19 pandemic, a cost-of-living crisis, increasing demand for services and severe financial constraints.
- Performance should therefore be viewed within the context of what has continued to be a challenging operational period for the Council. The legacy impact of the pandemic, the cost-of-living crisis, rising demand for services and the requirement to deliver significant budget savings has impacted the Council's ability to meet targets and demonstrate improvements in performance trends. Equally in many areas the impact of the pandemic on performance is yet to be fully realised and understood. However, given the effect of the pandemic on St Helens to date there is the strong likelihood that

St Helens Borough Performance Report - Quarter 3, 2023/24

existing inequalities may be widened. This presents risks for future performance, but particularly in areas such as public health, education and schools and children's services where comparative performance is already challenging

5. Part 2 - Commentary on performance against priority and outcome

Priority 2 – Promote good health, independence, and care across our communities.



Outcomes

- People live well independently
- People have a positive experience of health and social care services
- People's physical and mental wellbeing improves

• Overview of priority performance

The tables below show provide an overview of performance at Quarter 3 2023-24 for the indicators reported.

Performance Against Target

Number of Indicators with data	% target fully met	% target met within 95%	% target not met
21	57% (12)	14% (3)	29% (6)

The Performance Trend

Number of Indicators with data	% improved on last year	% worse than last year	% the same as last year
19	42% (8)	42% (8)	16% (3)

Inter Authority Comparison

Number of Indicators with data	% in 1st quartile	% in 2nd quartile	% in 3rd quartile	% in 4th quartile
11	18% (2)	9% (1)	46% (5)	27% (3)

Priority 2 - Promote good health, independence, and care across our communities

Tier 1

Outcome	Ref	Performance Indicator	Reporting Frequency	Higher / Lower is better?	22/23 Outturn	23/24 Target	Q1 June	Q2 Sept	Q3 Dec	% Variance from Target (Dec)	Trend	Comparative Performance
69 People's physical and mental wellbeing improves	PH-016	Admission episodes for alcohol specific conditions, all ages, per 100,000 population	Quarterly	Lower	1017	1000	1049.8	1056	1045	-4.5%	↓	4th Quartile Eng Av. 626.0 LA Av. 813 (2021/22)
	PH-017	Emergency hospital admissions for falls for people aged 65+ per 100,000 population	Quarterly	Lower	2370 (provisional)	2320	2548	2261	3053	-31.59%	↓	3rd Quartile Eng Av. 2,100 LA Av. 2,223 (2021/22)
	PH-018	Mortality rate due to suicide and injury of undetermined intent per 100,000 population	Quarterly	Lower	14	13.6	14.6	16.0	15.8	-16.18%	↓	3rd Quartile Eng Av. 10.4 LA Av. 12.8 (2019/21)
	PH-021	Successful percentage completion of drug treatment - opiate users	Quarterly	Higher	6.2	6.1	6.2	4.8	5.5	-9.84%	↓	2nd Quartile Eng Av. 5.0 LA Av. 5.1 (2021)

St Helens Borough Performance Report - Quarter 3, 2023/24

Outcome	Ref	Performance Indicator	Reporting Frequency	Higher / Lower is better?	22/23 Outturn	23/24 Target	Q1 June	Q2 Sept	Q3 Dec	% Variance from Target (Dec)	Trend	Comparative Performance
	PH-022	Successful percentage completion of drug treatment – non-opiate users	Quarterly	Higher	30.3	33	31.6	29.9	32.5	-1.52%	↑	3rd Quartile Eng Av. 34.3 LA Av. 35.0 (2021)
	PH-023	Under 75 mortality rate from CVD	Quarterly	Lower	106.7	104	101	105.7	118.5	-13.94%	N/A	4th Quartile Eng Av. 76 LA Av. 94.7 (2021)
70 People live well independently	ASC-001	Percentage of adults aged 18-69 with learning disabilities known to ASCH, in settled accommodation at the time of their most recent assessment, formal review or other MDT planning meeting.	Quarterly	Higher	94.3%	95%	94.3	96.6	96.4	1.47%	↑	1st Quartile Eng Av. 80.5 LA Av. 88.4 (2022/23)
	ASC-004	The outcome of Short-Term Services	Quarterly	Higher	73%	87%	88.5	94.6	92.5	6.32%	↓	4th Quartile Eng Av. 77.5 LA Av. 78.9 (2022/23)

Outcome	Ref	Performance Indicator	Reporting Frequency	Higher / Lower is better?	22/23 Outturn	23/24 Target	Q1 June	Q2 Sept	Q3 Dec	% Variance from Target (Dec)	Trend	Comparative Performance
People have a positive experience of health and care services	ASC-002	Number of individuals (65+) in a Permanent Nursing placements - per 10,000 Population 65+	Quarterly	Lower	111	105	109.7	72.5	73.3	30.19%	↑	N/A
	ASC-003	Number of individuals (65+) in a Permanent Residential placement - per 10,000 Population 65+	Quarterly	Lower	100	105	98.4	98.6	98.2	6.48%	↑	N/A
	ASC-005A	Percentage of Residential Homes rated outstanding or good	Quarterly	Higher	100%	100%	100	100	100	0%	↔	N/A
	ASC-005B	Percentage of Nursing Homes rated outstanding or good	Quarterly	Higher	68%	80%	83	83	83	3.75%	↑	N/A
	ASC-006	Percentage of people using adult social care who receive direct payments	Quarterly	Higher	24%	26%	23.3	20.6	20.4	-21.54%	↓	3rd Quartile Eng Av. 26.2 LA Av. 28.2 (2022/23)

St Helens Borough Performance Report - Quarter 3, 2023/24

Outcome	Ref	Performance Indicator	Reporting Frequency	Higher / Lower is better?	22/23 Outturn	23/24 Target	Q1 June	Q2 Sept	Q3 Dec	% Variance from Target (Dec)	Trend	Comparative Performance
72	ASC-007	Service user satisfaction with safeguarding outcome	Quarterly	Higher	74%	75%	73.2	69	69	-8%	↓	N/A
	ASC-008	Number of adults receiving self-directed support in the year to 31st March as a percentage of clients accessing long-term community support.	Quarterly	Higher	97.4%	98	97.7	98.6	98.5	0.51%	↑	3rd Quartile Eng Av. 93.5 LA Av. 98.7 (2022/23)

Tier 2

Outcome	Ref	Performance Indicator	Reporting Frequency	Higher / Lower is better?	22/23 Outturn	23/24 Target	Q1 June	Q2 Sept	Q3 Dec	% Variance from Target (Dec)	Trend	Comparative Performance
73 People live well independently	ASC-009	The number of carers receiving a carers specific service (per 10,000 population)	Quarterly	Higher	163.3	160	182.5	183.3	179	11.88%	↑	N/A
	ASC-010	Number of completed annual reviews in a rolling 12 month period as a percentage of all clients in receipt of a service for 12 months	Quarterly	Higher	97.5	95	96.5	90.8	91.1	-4.11%	↓	N/A
	ASC-011	Percentage of adults aged 18-64 with learning disabilities in employment	Quarterly	Higher	7.1%	6%	7.1	7.4	7.8	30%	↑	1st Quartile Eng Av. 4.8 LA Av. 4.6 (2022/23)
	ASC-015	Number of individuals (18+) who are receiving domiciliary care as a % of the total service user population	Quarterly	Higher	50.8%	50%	45.7	59.4	51.9	3.8%	N/A	N/A

Outcome	Ref	Performance Indicator	Reporting Frequency	Higher / Lower is better?	22/23 Outturn	23/24 Target	Q1 June	Q2 Sept	Q3 Dec	% Variance from Target (Dec)	Trend	Comparative Performance
74 People have a positive experience of health and care services	ASC-013	Percentage of initial strategy discussions undertaken within 1 working day of an adult safeguarding alert being made to the contact centre.	Quarterly	Higher	96%	95%	98	95.9	95.2	0.21%	↔	N/A
	ASC-014	Percentage of visits to an adult safeguarding victim undertaken within 2 working days of the initial strategy discussion unless requested otherwise by service user or family	Quarterly	Higher	100%	98%	100	100	100	2.04%	↔	N/A

Summary of Performance against outcome and action for improvement

Outcome – People live well independently

Current Performance

- Performance against the outcome, “People live well independently”, has remained strong across the majority of areas at Quarter 3 2023-24.
- **ASC-001** – There are high numbers of people with a learning disability in settled accommodation. At the end of December 2023, a total of 543 clients (96.4%), with a learning disability, out of 563 were identified as being in settled accommodation, which is above the target of 95% set for the year. St Helens’ latest comparative performance is top quartile within its statistical neighbour group.
- **ASC-004** – The number of people receiving short-term involvement from St Helens’ Adult Social Care services not going on to require long-term support has improved compared to the 2022-23 outturn. Over the course of the first 3 quarters 2023-24, a total of 199 out of 215 people who received

short term involvement from St Helens' Adult Social Care did not go onto to access long term services. This gives a figure of 92.5%, which is currently above the target of 87% set for the year.

- **ASC-009** – Strong support has continued to carers within the borough. As at the end of December 2023, there were 2,649 carers in receipt of a carers specific service. This equates to a rate of 179 per 10,000 population, which exceeds the annual target of 160 set for the year. St Helens had the highest number of carers in the North West in receipt of a carers specific service at the end of Quarter 4 2022-23, and performance has continued to remain strong during 2023-24.
- **ASC-010** – St Helens Adult Social Care Department has continued to ensure relatively strong performance in terms of the completion of annual reviews for people accessing long-term support. The number of people accessing long term support for more than 12 months at the end of December 2023 was 2,054 and of these people 1,872 or 91.1% received a completed annual review in a rolling 12-month period. Performance was slightly below the target of 95%, and down on the Quarter 3 performance of 96.8% in 2022-23.
- **ASC-011** – Numbers of people with a learning disability in employment remains comparatively high in St Helens. As of the end of December 2023 there were 44 people out of 563 (7.7%) with a learning disability in paid employment. This is above the target of 6% set for the year and St Helens' latest comparative performance for 2022-23 remains top quartile within its statistical neighbour group. In addition, there are 21 people currently actively seeking work. We are exploring a wider outreach offer to support people including volunteering options for individuals that require alternative options of work and experience

Action for Improvement

- **ASC 010** – There are plans in place to ensure all outstanding reviews are completed within this financial year.

Outcome - People have a positive experience of health and social care services

Current Performance

- Delivery against this outcome continues to ensure that people have a positive experience of health and social care services within St Helens and performance remaining generally strong.
- **ASC-002** - The number of people aged 65 plus in permanent nursing care is now performing better than target. At the end of December 2023 there was a total of 279 people aged 65 plus in permanent nursing care. This equates to a rate of 73.3 per 10,000 of the over 65+ population in the borough, against a target of 105. Performance at the end of December 2023 was better than the same period in the previous year.
- **ASC-003** - The number of people in aged 65 plus in permanent residential care has continued to be better than target. .At the end of December 2023 there was a total of 374 people aged 65+ in a Permanent Residential placement. This equates to a rate of 98.2 per 10,000 of the over 65+ population

in the borough, better than the target of 105. Performance at the end of December 2023 was better than the same period in the previous year. St Helens had the 5th lowest levels in the NW of people aged 65+ in Permanent Residential Care at the end of Q4 2022-23.

- **ASC-005A** - At the end of December 2023, all 17 residential homes within St Helens continued to be recorded by the Care Quality Commission (CQC) as either 'Good' or 'Outstanding'.
- **ASC-005B** - At the end of December 2023, of the 12 nursing homes in St Helens, 10 or 83% were recorded by the Care Quality Commission (CQC) as either 'Good' or 'Outstanding'. There are 2 nursing homes that require improvement. The homes that require improvement are Grace Court and Elizabeth Court. Both the services are included on the Market Oversight Register which is reviewed as part of the quarterly Market Oversight Meetings.
- **ASC-006** - At the end of December 2023 there were 2,634 people in receipt of community services, of which 538 were in receipt of Direct Payments, giving a Quarter 3 of 20.4%. This is below the annual target of 26% and marginally down on the performance position in Quarter 2 2023-24 and for the same period in the previous year.
- **ASC-007** - Service user satisfaction with the outcome of safeguarding enquiries is performing marginally below target. A total of 1,526 Safeguarding Enquiries were closed between the start of April and the end of December 2023, with 1,052 having the outcomes identified by the service user as fully achieved. This gives a Quarter 3 figure of 69%, which is below the target of 75%. There were 127 Safeguarding Enquiries with a desired outcome of Partially Achieved. If these were included with the Fully Achieved outcome, the outturn for Quarter 3 2023-24 would be 77%. For the same period in the previous year performance stood at 71%.
- 76 • **ASC-008** – High numbers of Adult Social Care service users continue to receive self-directed support. Over the course of the first 3 quarters 2023-24, a total of 2,929 clients out of 2,972 in receipt of services had been through the self-directed support process giving an outturn of 98.5%, which is above the target of 98% and higher than the performance of 97.4% for the same period in the previous year.
- **ASC-013 / ASC-014** – The Adult Social Care Department's compliance with timescales for undertaking safeguarding procedures remains strong. At the end of Quarter 3, the initial strategy discussions to a safeguarding alert indicator is performing better than target at 95.2%. A total of 1,099 initial strategy discussions were undertaken within 1 working day out 1,155 enquiries received during the period. The visits to an adult safeguarding victim indicator was at optimum performance of 100%. Out of the 51 safeguarding investigations commenced between the start of April and the end of December 2023, all 51 had a visit occurring within two working days.
- **ASC-015** – As of the end of December 2023, the number of individuals (18+) who are receiving domiciliary care (1,556) as a percentage of the total service user population (2,621) is 51.9%, which continues to exceed the target for the year of 50%. A total of 1,367 individuals were receiving domiciliary care out of the 2,634 individuals receiving community based services. At the end of Quarter 4 2022-23, St Helens had the highest percentage of people in the North West in receipt of a community service receiving domiciliary care. This trend has continued in 2023-24.

Action for Improvement

- **ASC 006** - A review of the end-to-end process for accessing Direct Payments has commenced. This will establish whether the department needs to improve; promoting the benefits of direct payments; ensure the process of accessing direct payments is simple; ensure there is appropriate support in place to manage a direct payment or understand why residents choose not to take a direct payment as an alternative to commissioned care and support. Feedback from this review will be utilised to develop a targeted action plan to improve performance.

Outcome – People’s physical and mental wellbeing improves

Current Performance

- There is limited data reported for this outcome during Quarter 3 as the majority of measures are reported annually. Performance however remains challenging in areas.
- **PH-016** - Hospital admissions for alcohol specific reasons remain very high. The most recent provisional local data for alcohol specific admission episodes for Quarter 2 2022-23 (a 12-month rolling rate) reveals that the rate is 1,045 admissions per 100,000 population. This equates to a total of 1,864 admissions over the 12-month period). This is slightly lower than the previous quarter where the rate was 1,056 per 100,000. The latest verified published data is for the period 2021-22 and St Helens rate of 1,024 admissions per 100,000 in St. Helens is significantly higher than the North West (815) and England (626) averages.
- **PH-017** - Hospital admissions for falls have seen an increase since the data was last reported and the indicator is now performing worse than target. The latest provisional data relates to Quarter 2 20223-24 and shows a rate of 3,053 admissions per 100,000 which pertains to 289 admissions during the quarter. The previous quarter’s data showed an admission rate of 2,261 admissions per 100,000. The provisional annual data for St Helens outturn in 2022-23 show a slight decrease from the 2021-22 verified published figure of 2,376 per 100,000 in 2021-22 to 2,370. The 2021-22 published verified data gave a St. Helens rate of 2,376, which was higher than both the England and North West averages (2,100 and 2,320 per 100,000 respectively).
- **PH-018** - St Helens mortality rate due to suicide remains high. The most recently available data relates to Quarter 3 2023-24 where the provisional 3-year rolling rate of mortality from suicide and injury of undetermined intent is 15.8 suicides per 100,000. This relates to 75 suicides over the 3-year period. It should be noted that there is an amendment to the Quarter 2 figure which changed from 14.3 to 16.0 due to updated deaths data.
- **PH-021 / PH-022** - The trend of opiate drug users successfully completing treatment in St Helens without re-presenting has increased but is not currently meeting the target of 6.1%. The most recent data which relates to Quarter 2 2023-24 data showed that 5.5% of opiate users successfully completed treatment without readmission within 6 months, an increase on the previous quarter’s figure of 4.8%. The latest nationally verified data is for the period 2021 showed 6.6% of opiate users in St Helens successfully completed treatment without re-presenting within 6 months, compared to 5.0% nationally. The trend of non-opiate drug users successfully completing treatment in St Helens without re-presenting has also improved, but

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again is currently not meeting the target of 33%. The most recent data which also relates to Quarter 2 2023-24 data showed that 32.5% of non-opiate users successfully completed treatment without readmission within 6 months, better than the previous quarter figure of 29.9%. The latest nationally verified data is for the period 2021 and shows 31.5% of non-opiate users successfully completed treatment without re-presenting within 6 months, compared to 34.3% nationally.


- **PH-023** - St Helens' mortality rates due to CVD remain comparatively high and have increased over the course of the first 3 quarters. Using local death registration data, a provisional quarterly annual rolling rate for Q3 2023-24 gives a rate of 118.5 premature deaths per 100,000 (relating to 203 deaths). This is an increase from the previous quarter when the rate was 105.7 (relating to 182 deaths).

Action for Improvement

- **PH-016** – Alcohol specific admissions performance continues along a fairly flat and stable trend, but admissions are still high. We are currently looking at the data in more detail to understand more about these attendances and what might be most effective to reduce them. It is likely that these alcohol specific admissions represent people with existing conditions and poor health generally. Conditions will include mental and behavioural disorders due to alcohol, alcoholic liver disease and alcohol poisonings. The drugs and alcohol services have received investment linked to the national drugs strategy to increase capacity to help more people drinking harmfully in a community setting. We now have more people accessing treatment in the community and this is not the case in many other areas. The community service work closely with the acute trust to support people who may frequently attend hospital for alcohol related problems to ensure their needs are met as far as possible in a community setting and thus reduce the need to receive hospital care, as far as possible. However, it is important to recognise that this cohort of people are already experiencing significant ill health as a result of alcohol consumption and that many do already need hospital care. It may take some time before the impact of the preventive work to reduce harm in the community results in numbers falling in the hospital setting.
- **PH-017** - Injuries from falls can be life changing or even fatal. Whilst the overall trend in falls in the over 65s is a generally downward trajectory since 2011/12, we have seen a recent rise in falls reported. It is important to note however that there were some changes to the coding methods in 2021/22 and we cannot yet see how this has affected national and regional trends. The Community Falls Prevention Service is still undergoing a tender process and there have been two unsuccessful attempts to secure a suitable provider so far. A market testing exercise was carried out in 2023 to understand if a different model would be more viable than that outlined in the existing specification. The service specification has since been revised again in response to this. The Falls Prevention partnership was re-established in September to review the whole multi agency response to falls prevention. However, due to the ongoing procurement process the partnership has limitations currently.
- **PH-018** - Suicide Prevention remains one of our top priorities in the council and across the Integrated Care Partnership Board. Local rates have fluctuated over time and the current economic climate means is challenging for people. Although we saw improvement since 2015-17 there is ongoing partnership work to help people access the support that they may need. The local multi agency strategy and action plan, which aligns with the ambitions of a new Cheshire & Merseyside Suicide Prevention strategy was approved by Cabinet in July 2023 and launched in September 2023. The details of the strategy, its action plan and our local partnership have been shared in previous performance reports. The launch included an ongoing 3 point pledge which represents something that we are asking everyone to do to help prevent suicides: 1) Undertake the Zero Suicide Alliance 20 minute training to know how to have a conversation if someone is feeling suicidal, 2) Download the StayAlive app to keep safe anyone experiencing suicidal thoughts and 3) Check in with at least 3 people to see how they are doing, especially if you think they may be having a tough time right now.

- **PH-021** - Successful completion of treatment for opiate drug addiction is generally very good in St Helens and we have an excellent service in place provided by CGL (Change Grow Live). After a short downward trend in Quarter 1 (caused by a very small number of people re-presenting to service after completing their treatment), the successful completion rate has risen again in Quarter 2. for opiate users, and the service performs consistently better than other services nationally. Our community service are well aware of the recent fluctuation and maintain that they will always work with people who re-present at service after completing their treatment - making sure they are stabilised with a view to becoming abstinent at a later date when they are fully ready. Every representation to service is treated as a priority incident.
- **PH-022** - Successful completion of treatment for non-opiate users in St Helens is still trending fairly close to national figures and in Quarter 4 2022-23 exceeded the national rate, which is good news. The overall trend is affected by an overall increase in the numbers of people now accessing the services through the additional work and capacity relating to the national drugs strategy. It is important to note that any dip in the rates of successful completions represents a relatively small number of people returning to service within 6 months after their treatment is complete. These people still require support from the service and will always be welcomed back and restabilised with a view to abstinence when they are ready.

For more information about individual performance indicators that support the achievement of these outcomes please see the scorecard.

 ST HELENS BOROUGH COUNCIL	<h2>Adult Social Care and Health Scrutiny Committee</h2> <h3>15 April 2024</h3>
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Report Title	Scrutiny Work Programme 2023/24
Cabinet Portfolio	Corporate Services
Cabinet Member	Councillor Martin Bond
Exempt Report	No
Reason for Exemption	N/A
Key Decision	No
Public Notice issued	N/A
Wards Affected	All
Report of	Cath Fogarty Executive Director of Corporate Services cathfogarty@sthelens.gov.uk
Contact Officer	Karl Allender Scrutiny Support Officer karlallender@sthelens.gov.uk

Borough Priorities	Ensure children and young people have a positive start in life	
	Promote good health, independence, and care across our communities	X
	Create safe and strong communities and neighborhoods for all	
	Support a strong, thriving, inclusive and well-connected local economy	
	Create green and vibrant places that reflect our heritage and culture	
	Be a responsible Council	

1. Summary

- 1.1 This report sets out the process followed by members of the Overview and Scrutiny Commission and its thematic committees in determining their work programmes for municipal year 2023/24. Given resource constraints, new approaches have been introduced to further strengthen the process.

2. Recommendation for Decision

Adult Social Care and Health Scrutiny Committee is recommended to:

- (i) **Review the items listed in the work programme document and agree priorities and timescales.**

3. Purpose of this report

- 3.1 The purpose of this report is to set out the process followed in drawing up work programmes for 2023/24.

4. Background/Reason for the recommendations

- 4.1 Overview and scrutiny activities play a key role in a successful democratic process, holding decision makers to account for future (overview) and past (scrutiny) decisions and in turn, contributing to the delivery of positive outcomes for residents and the Council's workforce and resources.
- 4.2 A comprehensive work programme is fundamental to the effectiveness of the Commission and its thematic scrutiny committees. It enables them to plan and manage their workloads to make best use of the available time and resources, ensure a focus on the Borough's priorities and add the most value to the performance of the Council and outcomes for residents.
- 4.3 Each committee agreed an allocation of up to two scrutiny reviews for the year.

Reviewing the Work Programme

- 4.4 The Overview and Scrutiny Commission and Scrutiny Committees are required to review and agree their work programme at every committee meeting. When reviewing the work programme, new items can be added and items that no longer require scrutiny or are not considered to be a priority for action or monitoring can be removed.
- 4.5 When considering whether to add, remove and prioritise items for consideration Members should be mindful of the following:
- Would the Committee be able to add value through its work on the issue?

- Is the issue linked to a Borough Priority?
- Is the issue a priority/concern for partners, stakeholders, and the public?
- Is the issue related to poorly performing services?
- Is there a pattern of budgetary overspends?
- Are there significant levels of public/service user dissatisfaction with the service?
- Has there been media coverage of the issue?
- Is the issue related to new Government guidance?
- Would consideration of the issue be timely?
- Are there sufficient resources (e.g., officer capacity to support a review or provide a report) to effectively consider the issue at this time?
- Would Scrutiny be duplicating work being undertaken elsewhere?
- Is the matter subject to judicial review (sub judice)?

4.6 The Work Programme Prioritisation Aid attached to this report is designed to assist members in considering whether a suggested addition to the work programme is suitable and meets the necessary criteria. If members consider that a suggestion would not be suitable for scrutiny, the Scrutiny Committee could choose to refer the matter elsewhere. If an item is considered an important issue but not a priority at this time an item may be added to the end of the work programme to be monitored for further consideration in the future.

5. Consideration of Alternatives

5.1 None

6. Conclusions

6.1 As this is the final meeting of the municipal year the Committee should consider which outstanding items in the work programme need to be carried forward into the 2024/25 municipal year.

7. Legal Implications

7.1 N/A

8. Financial Implications

8.1 N/A

9. Equality Impact Assessment

9.1 N/A

10. Social Value

10.1 N/A

11. Net Zero and Environment

11.1 N/A

12. Health and Wellbeing

12.1 N/A

13. Customer and Resident

13.1 N/A

14. Asset and Property

14.1 N/A

15. Staffing and People Management

15.1 N/A

16. Risks

16.1 Failure to effectively manage the work programme could lead to inefficient use of the Committee's time and resources, negatively affecting the Committee's ability to add value and help the Council achieve its priorities. By examining the work programme regularly and following the prioritisation aid as recommended, the Committee should minimize the risk of using time and resources on ineffective items.

17. Policy Framework Implications

17.1 N/A

18. Impact and Opportunities on Localities

18.1 N/A

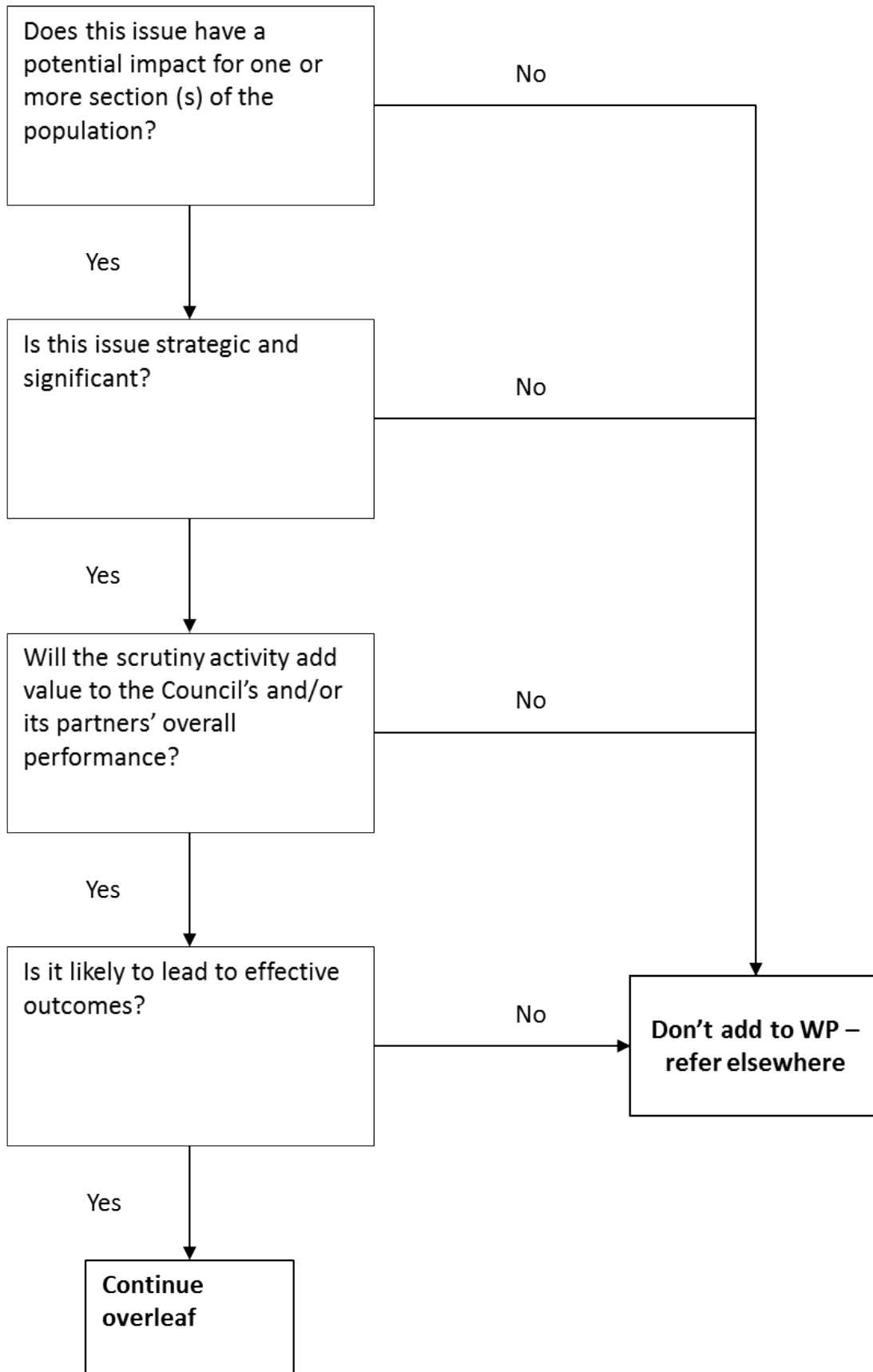
19. Background Documents

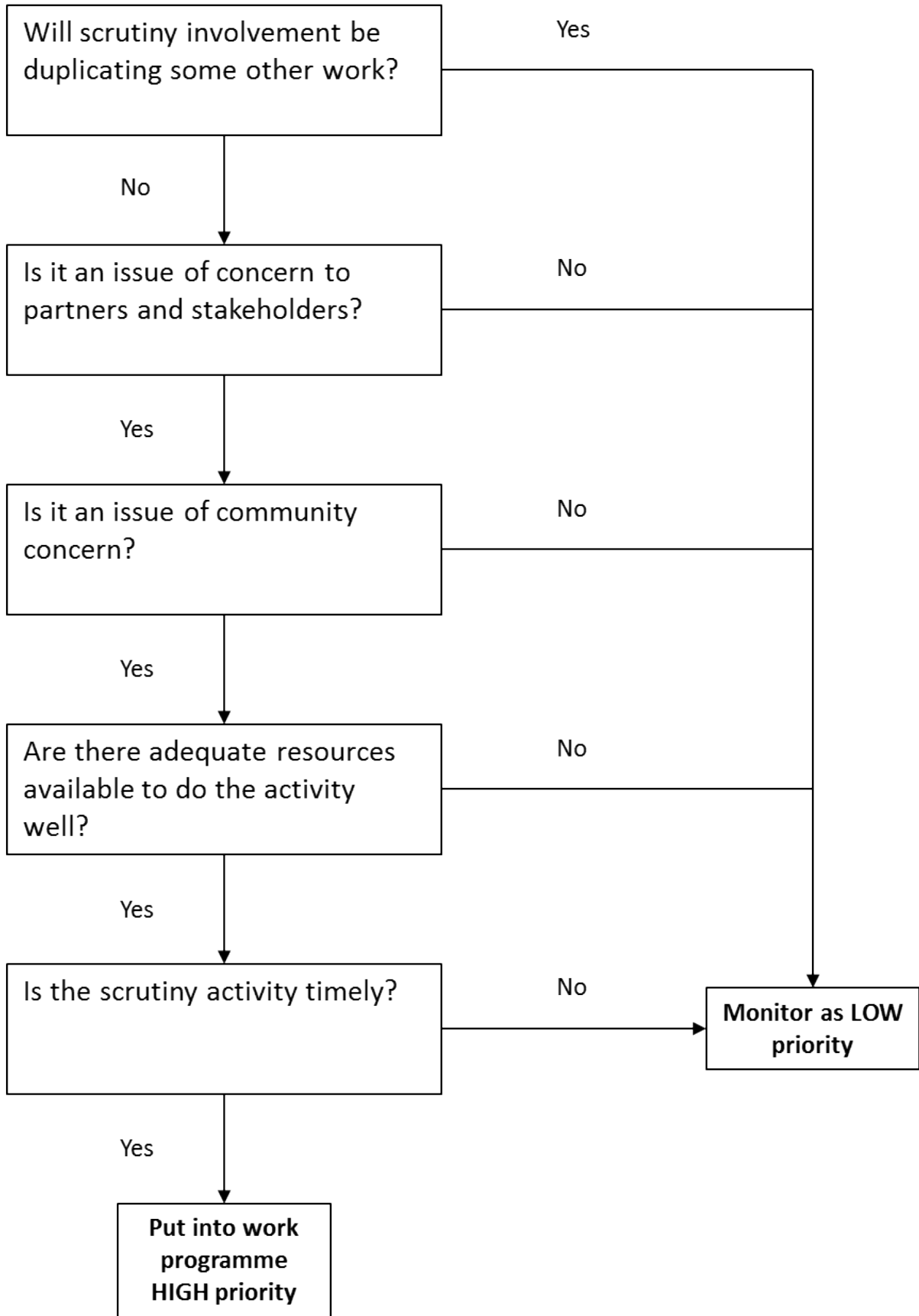
19.1 None

20. Appendices

1. Work Programme Prioritisation Aid
2. Adult Social Care and Health Scrutiny Committee Work Programme 2023/24

**Appendix 1
Overview and Scrutiny Work Programme Prioritisation Aid**





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Appendix 1

Adult Social Care and Health Scrutiny Committee Work Programme

<u>Corporate Priorities</u>	<u>Next Meeting</u>	
Promote good health, independence, and care across our communities	Date: 15 April 2024 Time: 10:00am Venue: Room 10, Town Hall	

<u>Title</u>	<u>Description</u>	<u>Aims/Purpose</u>	<u>Portfolio</u>	<u>Lead Officer</u>	<u>Corporate Priority</u>	<u>Method</u>	<u>Date</u>
Performance Reports	Scrutiny Committees are responsible for reviewing the performance reports for priorities relevant to their remit.	To use performance reports to monitor the performance of services within portfolios and hold Cabinet Members to account.	Integrated Health and Care /Wellbeing, Culture and Heritage (Cllr Marlene Quinn/ Cllr Anthony Burns)	Mark Palethorpe/Jamaila Hussain/ Ruth Du Plessis	Promote good health, independence, and care across our communities	Report to Committee	July 2023 (Completed) 9 Oct 2023 (Completed) 15 Jan 2024 (Completed) 15 April 2024
Integrated Care Partnership	Integrated care systems (ICSs) are new partnerships between the organisations that meet health and	To update the committee on decisions about services and how they are being arranged	Integrated Health and Care (Cllr Marlene Quinn)	Mark Palethorpe	Promote good health, independence, and care across our communities.	Chair Briefing (verbal)	July 2023 (Completed) 9 Oct 2023 (Completed)

<u>Title</u>	<u>Description</u>	<u>Aims/Purpose</u>	<u>Portfolio</u>	<u>Lead Officer</u>	<u>Corporate Priority</u>	<u>Method</u>	<u>Date</u>
	care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.	as well as the progress of the new partnerships					15 Jan 2024 (Completed) 15 April 2024
Market Position Statement Draft Strategy	Underpinning the challenges facing Adult Health and Social Care	Enable members to understand the vision and direction of adult social care year Plan	Integrated Health and Care (Cllr Marlene Quinn)	Mark Palethorpe/ Jamaila Hussain	Promote good health, independence, and care across our communities	Report	15 April 2024
Care Communities' Strategy	To establish an understand of the Care Communities framework and it respective teams. What its functions are and desired outcome. To better understand the	Improve outcomes and reducing health inequalities. Establish the aims, objectives, and outcomes for the respect teams.	Integrated Health and Care (Cllr Marlene Quinn)	Hilary Flett/Julie Gallegher Jamaila Hussain Hilary Flett/Julie Gallegher	Promote good health, independence, and care across our communities	Presentation Presentation	26 July 2023 (Completed) 15 April 2024

<u>Title</u>	<u>Description</u>	<u>Aims/Purpose</u>	<u>Portfolio</u>	<u>Lead Officer</u>	<u>Corporate Priority</u>	<u>Method</u>	<u>Date</u>
	connectivity between the wider determinates of health (housing, environment, employment, education, and societal factors)	Understand the resource to risk element and what they measurable outcomes are expected.					
Inequalities Commission	The committee have agreed to look at the work undertaken by the inequalities commission since its conception and progress made against set goals	Understand the findings and the direct impact on residence. Based on the findings, establish if resource is being match with risk How the inequality commission is reducing gaps in areas like health, education, income, and	Integrated Health and Care (Cllr Marlene Quinn) Wellbeing, Culture Heritage Cllr Antony Burns	Ruth Du Plessis	Promote good health, independence, and care across our communities	Report TBC	15 April 2024

<u>Title</u>	<u>Description</u>	<u>Aims/Purpose</u>	<u>Portfolio</u>	<u>Lead Officer</u>	<u>Corporate Priority</u>	<u>Method</u>	<u>Date</u>
		housing in the borough					
Mental Health provision in St Helens	To look at the mental health provision in the borough. Mersey care are the provider of Mental Health services.	What new provision has been put in place and to gain insight of the increased offer of services under Mersey care - Talking therapy, intervention, self-harm,	Integrated Health and Care /Wellbeing, Culture Heritage (Cllr Marleen Quinn & Cllr Anthony Burn)	Jamaila Hussain Tim McFee/ Leigh Thompson	Promote good health, independence, and care across our communities	Presentation	15 April 2024
SEND (Adults)	For some young people with special educational need, having access to timely and comprehensive information and support prior to 18 may be enough to	To establish how the transition from child to adult SEND is being delivered. Is best practice is being shared with cohesion	Integrated Health and Care (Cllr Marleen Quinn)	Jamaila Hussain/ Julie Gallagher	Promote good health, independence, and care across our communities	Report	26 July 2023 (Completed)

<u>Title</u>	<u>Description</u>	<u>Aims/Purpose</u>	<u>Portfolio</u>	<u>Lead Officer</u>	<u>Corporate Priority</u>	<u>Method</u>	<u>Date</u>
	<p>help them reach their goal.</p> <p>For other young people, more support may be needed during and beyond the transition period.</p>	between all partners / departments.					
Appointment of Co-Opted Representative for Healthwatch	The Overview and Scrutiny Procedure rules allow committees to appoint non-voting co-optees as appropriate.	Healthwatch has proposed Canon Geoff Almond be co-opted onto the Committee as their representative. Council on 15 November 2023 appointed Canon Almond as the new co-opted member.	Integrated Health and Care (Cllr Marlene Quinn)	Mark Palethorpe	Promote good health, independence, and care across our communities	Report	9 Oct 2023 (Completed)
Amalgamation of Two trusts update	Mersey and West Lancashire Teaching Hospitals NHS Trust is an NHS trust that provides services	The Committee would like to receive feedback on the Amalgamation	Integrated Health and Care (Cllr Marlene Quinn)	Mark Palethorpe / Geoffrey Appleton NHS	Promote good health, independence, and care across our communities	Verbal Update	9 October 2023 (Completed)

<u>Title</u>	<u>Description</u>	<u>Aims/Purpose</u>	<u>Portfolio</u>	<u>Lead Officer</u>	<u>Corporate Priority</u>	<u>Method</u>	<u>Date</u>
	<p>throughout Merseyside and West Lancashire</p> <p>It began operations on 1 July 2023, following the merger of Southport and Ormskirk Hospital NHS Trust and St Helens and Knowsley Teaching Hospitals NHS Trust</p>	<p>of the Two Trusts.</p> <p>Understand what the opportunities for the organisation are, and how will that bring improvements for the people of St Helens.</p> <p>To understand the change from CCG to the Place Partnership Board</p> <p>To enable the committee and the wider public to understand what has changed.</p>					

<u>Title</u>	<u>Description</u>	<u>Aims/Purpose</u>	<u>Portfolio</u>	<u>Lead Officer</u>	<u>Corporate Priority</u>	<u>Method</u>	<u>Date</u>
Tenancy Visits	Clock Face Pilot. Tackling loneliness, isolation and understanding	To receive the data from the pilot and to understand what current issues are arising and how this is being managed in terms of signposting, pathways. What support may be needed or could be offered.	Integrated Health and Care (Cllr Marlene Quinn)/ Regeneration & Planning (Cllr McCauley)	Rachel Cleal/ Torus Housing	Promote good health, independence, and care across our communities	Verbal Update	9 October 2023 (Completed)
Peer Review Update	Light touch review in preparation of the recommencements of the Inspections of Adults Care provision	To review the findings of the peer review against potential inspection findings.	Integrated Health and Care (Cllr Marlene Quinn)	Rachel Cleal	Promote good health, independence, and care across our communities	Report	9 October 2023 (Completed)
Dentistry Spotlight Review	In the light of difficulties in accessing Dental Care practices, the Adult Social Care and Health Scrutiny	To understand the wider issues of provision and clarity on where we are now?	Wellbeing, Culture Heritage (Cllr Burns)	Mark Palethorpe	Promote good health, independence, and care across our communities.	Spotlight	January 2024 (Completed)

<u>Title</u>	<u>Description</u>	<u>Aims/Purpose</u>	<u>Portfolio</u>	<u>Lead Officer</u>	<u>Corporate Priority</u>	<u>Method</u>	<u>Date</u>
	<p>Committee agreed at its work programming sessions to commission a Dentistry Spotlight Review. The remit for the group is to investigate the provision of Dental Services in the borough and to understand the difficulties being experienced by some residents in accessing those services. To seek to identify areas where St Helens Council can add value to the community and residence.</p>	<p>where we have been? and where we are heading. it would also be useful to understand what the ICP hope to achieve in managing Dentistry</p>					
<p>'Vision for Adults Social Care ,5-year</p>	<p>A vision consisting of a 5-year plan to enable a strategic direction for the planning, skills, resource and</p>	<p>Enable members to understand the vision and direction of</p>	<p>Integrated Health and Care (Cllr Marlene Quinn)</p>	<p>Mark Palethorpe/ Jamaila Hussain</p>	<p>Promote good health, independence, and care across our communities</p>	<p>Report</p>	<p>15 July 2024 (Deferred)</p>

<u>Title</u>	<u>Description</u>	<u>Aims/Purpose</u>	<u>Portfolio</u>	<u>Lead Officer</u>	<u>Corporate Priority</u>	<u>Method</u>	<u>Date</u>
	recruitment of Adult Social Care.	adult social care year Plan					
Family Hubs	<p>In February 2023 it was announced that funding for Family hubs has been secured –</p> <p>The Family Hub is a centre that offers a 'one stop shop' of services for parents and families with children up to 19 years old or up to 25 for those people with SEND.</p> <p>They bring together a wide range of services that can help provide support and advice on everything a family might need.</p> <p>The plan and the thinking around the spend and the</p>	<p>A Presentation on the plan and the thinking around the spend /funding is getting to where it is required.</p> <p>For the committee to establish understanding on deliverable outcomes expected.</p>	Integrated Health and Care (Cllr Marlene Quinn) Cllr Anthony Burns	Ruth Du Plessis / Hilary Brook / Shirley Goodhew	Promote good health, independence, and care across our communities	Reports to committee	15 January 2024 (Completed)

<u>Title</u>	<u>Description</u>	<u>Aims/Purpose</u>	<u>Portfolio</u>	<u>Lead Officer</u>	<u>Corporate Priority</u>	<u>Method</u>	<u>Date</u>
	<p>funding is getting to where it requires.</p> <p>To Include the link with CGL and the work they are doing to support the family's experience alcohol related issues.</p>						
Assistive Technology	<p>It is preferable for residents to remain independent in their own homes for as long as possible as it is believed to be better for wellbeing and is less expensive than residential care. There are a variety of services and products that can be used to help people to maintain their independence at home.</p>	<p>To explore whether more can be done to support residents to remain in their own homes for longer whether as part of a social care package or as private clients not yet eligible for social care.</p> <p>To promote effective planning for older age to</p>	Integrated Health and Care (Cllr Marlene Quinn)	Jamaila Hussain / A.I officer (when appointed)	Promote good health, independence, and care across our communities	Report or Presentation	15 April 2024 (Deferred until 2024/25 municipal year)

<u>Title</u>	<u>Description</u>	<u>Aims/Purpose</u>	<u>Portfolio</u>	<u>Lead Officer</u>	<u>Corporate Priority</u>	<u>Method</u>	<u>Date</u>
		maintain independence and reduce crises requiring acute care.					

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