

# Health and Well Being Priority Area

## Action Plans

Halton Health and Well Being Board

**APPENDIX 1 – DRAFT Action plans for the Health and Well Being  
Priority Areas (VER 4 28/06/13)**

Eileen O'Meara Director of Public Health



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(Baseline 2012 – 17.6%)

**Name of Priority: Prevention and Early Detection of Cancer**

Overall Target - 1% Reduction in under 75 mortality rate from cancer  
(Baseline 2010 – 147.96/100,000)

Pregnancy & Early Years					
Outcomes	Targets		Actions	Timescales	Lead
Reduction in incidence of skin cancer.	100% of nurseries and Children's centres provided with sun awareness training in year 1	C1	Health Improvement Team to run sun awareness training for all nurseries and Children's centres in Halton in 2013/14 (this is to be part of Halton Healthy Early Years Standard accreditation).	2013-14	Health Improvement Team
Reduction in incidence of skin cancer	<b>Local Policy/guidance on sun protection</b> To develop sun protection policy during 2013/14	C2	To ensure implementation in all Children's centres and nurseries via training programme outlined above.	2013/14	Health Improvement Team Public Health CYP Team
Children to reach a good level of physical development and make healthy choices.			Detail included in child development action plan		
School Age School age					
Outcomes	Targets		Actions	Timescales	Lead

<b>Reduction in obesity rates for school age children.</b>	Ensure Fit for Life is available in 70% of primary schools in year 1. 100% in year 2 Year 1- Run Fit for Life as a pilot in 20% of secondary schools	C3	Health improvement team to extend Fit for Life programme across Halton.	2013-16	Health Improvement Team
<b>Reduction in sunbed use amongst children under 16 years.</b>	Educational events across all secondary schools in Halton in year 1.	C4	Liaise with school head-teachers to organise collaborative educational events run by HIT & school nurses.	2013-16	Health Improvement Team
<b>Reduced incidence in skin cancer.</b>  <b>All children protected against sunburn</b>	Development of sun protection guidance for schools by 2014. Educational awareness raising in PHSE lessons in all schools by 2015	C5	Public Health/ Health Improvement Team to work with local head teachers to develop simple policy/guidelines with clear messages on sun risks and how to prevent them.	2013-15	Public Health to develop policy.  Health Improvement Team to deliver implementation.
<b>Maintain HPV vaccine uptake and herd immunity.</b>	Maintenance of 95% compliance	C6	Regular communication with Halton schools to provide information on benefits of vaccination including information events for lowest performing schools.	2013-16	NHS Commissioning Board / Public Health commission service, School Nursing to deliver service with Health Improvement Team to support promotion.
<b>Reduced number of children starting to smoke.</b> <b>Reduced number of children using counterfeit and illegal tobacco.</b>	Smoking prevention and illegal and counterfeit tobacco training for all teachers and school nurses.  Raised awareness of the dangers of smoking for all children	C7  C8	HIT to deliver smoking prevention training to teachers & school nurses.  Teachers & school nurses to raise awareness with all children.	2013-16	Health Improvement Team  Schools School Nurses Health

<b>Reduced prevalence of smoking in school children.</b>	33% staff trained year 1 33% staff trained year 2 33% staff trained year 3				Improvement Team
<b>Young Adulthood (16-24)/ Healthy Adulthood (25-64) Older People (65+)</b>					
<b>Outcomes</b>	<b>Targets</b>		<b>Actions</b>	<b>Timescales</b>	<b>Lead</b>
<b>Improved healthy lifestyles for young people &amp; adults.</b>	Meet NICE guidelines of 5% reduction in obesity after completion of the active phase of the healthy weight programme	C9	HIT implement and extend weight management programmes.	2013-16	Health Improvement Team
	Reduce smoking by 0.5% year on year to 2016. (baseline 24% based on Halton Health Profile 2012)	C10	HIT implement training & stop smoking services.	2013 - 16	Health Improvement Team
<b>Reduction in incidence of skin cancer.</b>	<b>Increased awareness of Sun and UV Risks</b> Halton Council endorsed information displayed in 50% of sunbed shops in Halton Year 1, 100% in Year 2	C11	Trading standards contact local sunbed shops to agree standard information to be displayed informing of the risks of UV and sunbed use so that customers can make informed choices. Support regional and national initiatives to combat the use of sunbeds and raise awareness of the link with skin cancer	2013-14	Halton Borough Council
<b>Increased awareness of resources available for early detection and prevention of cancer for service providers and the public.</b>	Information workshop to be carried out in <b>ALL</b> GP practices on role of Merseyside and Cheshire Cancer Network and support they can offer.	C12	CCG to liaise with MCCN to establish dates for all practices in Year 1. Continue to commission use of the iVan based on GP profile data in 13/14, targeting areas where uptake is lower with support from local voluntary groups.	2013	Merseyside & Cheshire Cancer Network Health and Wellbeing Service Steering Group CHaMPs.
<b>Increase uptake of national cancer screening programmes.</b>	<b>Increased uptake of Screening Services:</b> <b>-Breast</b> <b>-Bowel</b> <b>-Cervical</b>	C13	CCG lead in collaboration with cancer lead and MCCN to visit practices and discuss cancer profile to establish priorities. All practices should have established an achievable screening target by Year 1 and met their specific target by year 3.	2013-16	NHS Commissioning Board Local Area Team

	100% of all Halton GP practices to agree practice specific target in Year 1 and to maintain all other screening levels Improved screening uptake of vulnerable and hard to reach groups. GP training to improve early detection.		Development of user friendly materials for vulnerable and hard to reach groups  (CCG lead to investigate potential for incentive schemes where target is not part of contractual obligations)		Health Improvement Team
<b>Improved detection of cancer.</b>	<b>Increased uptake of Primary Care Cancer Audit</b> 100% of GP practices to take part in annual primary care cancer audit.	C14	CCG to distribute communication on Primary Care Audit  All practices to audit on an annual basis	2013-16	CCG Lead, GP Practices
<b>Improved detection of cancer.</b>	GP Practice Staff training programmes on Cancer Awareness  All low performing GP Practices to receive staff training.	C15	Extension of staff training programme (Health Improvement Team) to <b>all</b> GP practices below CCG average for breast, cervical, lung or bowel screening with input from Cancer Support Group	2013-16	Health Improvement Team
<b>Access to staging data</b>	Routine monthly staging data to be reported to Halton Action on Cancer Board (HACB) in Year 1	C16	Develop requirement (or potential CQUIN) for staging data to be sent to HACB as routine monthly information  Secondary care representative to be established to attend HACB meetings  Merseyside and Cheshire Support to Unit to require staging data from Acute Trusts	2013	CCG/Secondary care provider
<b>Rise cancer awareness</b>	Utilisation of iVAN: Targeted use of iVan in 9 GP Practices that have significantly lower screening rates than	C17	Continue to commission use of the iVan based on GP profile data in 13/14, targeting areas where uptake is lower with support from local voluntary groups.	2013	Public Health

	CCG average for either breast, cervical, lung or bowel screening.				
<b>Improved early detection</b>	Maintenance or improvement of 2 week wait referrals	C18	Utilising GP practice profiles identify practice specific targets based on referral rates. CCG lead and GP lead to establish targets and action plans with GP practices.	2013-16	CCG Lead/Clinical Lead
<b>Improved early detection</b>	Reduce cancer related A&E admission rates	C19	Target the 6 GP practices that have above national average emergency presentations  Work with Wellbeing Areas to promote symptoms of cancer in these areas and encouraging populations to visit GP sooner.	2013-16	Wellbeing Areas / Health Improvement Team
<b>Link to Alcohol strategy outcomes</b>		Detail included in alcohol action plan			

## Name of Priority: Improved Child Development

**Overall Target – 2% year on year increase in children achieving a good level of development at age 5 (Baseline 2011 – 49.9%)**

### Antenatal

Outcomes	Targets		Actions	Timescale	Lead
Improved parenting skills	100% of expectant parents will have access to a session on parenting	CD1	Review current provision of existing programmes  Delivery of antenatal session on expectations of parenting	Overview of current service by June 2013  April 2014	Health Improvement Team Midwifery Service
Improved ante-natal health	90% women have seen a midwife by 12 weeks and 6 days of pregnancy	CD2	Design targeted/specific antenatal classes, to attract vulnerable families  Timely GP referral to community midwives to ensure early booking	Monitor quarterly  June 2013	Midwifery Service  CCG
Improved early detection and treatment of maternal depression	100% of women screened for mental health issues at booking appointment	CD3	Determine if current pathway is in line with national evidence and guidelines for detecting depression, including ensuring women who book in late are screened	September 2013	Midwifery Service
	100% of women offered	CD4	Monitor screening rates	Ongoing	



Outcomes	Targets		Actions	Timescale	Lead
	screening at home antenatally, targeting uptake in high risk women				
To reduce risks associated with vulnerable socially excluded women.	Establish a targeted programme to support vulnerable women.	CD5	<p>Midwives produce Individual care plans for vulnerable women to reduce risk and minimize harm.</p> <p>Explore the Commissioning of Family Nurse Partnership, a targeted programme to support young mothers</p> <p>Explore Evidence for families needing additional support but who are not eligible for family nurse partnership</p> <p>Midwives link with Speech and language therapy to implement "talk to bump"</p>	<p>Ongoing development, all elements available by March 2014</p> <p>On-going 2013-14</p> <p>June 2013</p> <p>March 2014</p>	<p>Midwifery Service</p> <p>Public Health</p> <p>Health Visitors</p> <p>Midwifery Service</p>
Increased opportunities for antenatal access to health visitors available to assess risk and improve outcomes	100% parents to be offered antenatal contact from health visiting from March 2015 (staged increase)	CD6	<p>Universal antenatal contact from Health visitors</p> <p>All staff to be trained in motivational interviewing.</p>	<p>Year on year increase to March 2015</p> <p>March 2014</p>	Health Visitors
Reduce smoking in pregnancy to improve maternal and child health, and reduce infant hospital admissions.	<p>Reduce number of women Smoking at the time of delivery by 2% per annum</p> <p>100% of women and their partner who smoke are offered smoking cessation</p>	<p>CD7</p> <p>CD8</p>	<p>Continue Antenatal incentive scheme</p> <p>Follow the smoking and pregnancy pathway</p>	<p>Ongoing</p> <p>Sept 2013</p>	<p>Midwifery Service</p> <p>Health Improvement Team</p>

## Birth and postnatal care

Outcomes	Targets		Actions	Timescales	Lead Officer
Improved infant- mother bonding	100% health visitors trained	CD9	Training for staff to promote responsive parenting with new parents.	August 2013	Health Visitors
	100% new parents receive new birth visit	CD10	New Birth visit offered to all families	June 2013	Health Visitors
			Review of services to support attachment disorder	Jan 2014	Health Visitors / Public Health
Improved breastfeeding support, initiation and bonding	Achieve Baby Friendly Initiative stage 2 by March 2014	CD11	Put in place all actions to achieve UNICEF Baby friendly initiative stage 2, and subsequently stage 3	Nov 2013 (stage 2)	Health Improvement Team
	Increase breastfeeding initiation and at 6-8 weeks by 2% year on year	CD12	GPs complete online breastfeeding training	Available from Sept 2013	CCG
Earlier detection and management of Post Natal Depression to improve attachment	90% of women screened at 6-8 weeks	CD13	Measure the number of women screened and supported, and patient outcomes	On going	Health Visitors
			Review pathway against NICE guidelines	March 2014	Health Visitors / Public Health

## Early years and Preschool years

Outcomes	Targets		Actions	Timescales	Lead Officer
Early detection and support to improve physical and emotional health and wellbeing	All eligible staff have access to training in 'Every contact counts' and Healthy child programme	CD 14	Training for staff in every contact counts for children's services Promotion of healthy child programme across child and family workforce in Halton to improve signposting  Terrific Two's and Positive Play available in all Children's Centre	Ongoing March 2014  By Sept 2014	Health Improvement Team / Health Visitors  Health Improvement Team / Health Visitors
		CD 15	Continue and improve consistency in HHEYS accreditation and target new settings  Provide training on weaning to parents	June 2013  Ongoing	CYP Services / Health Improvement Team Health Visitors
	95% of participating settings gain Healthy early years (HHEYS) accreditation				
Improved child development and preparation for school	100% children receiving 2-2 ½ year review	CD 16	Child development training for child and family workforce across Halton (including early years settings)	March 2014	CYP Services / Health Visitors
	Health professionals collocated in children's centres	CD 17	Co-location in 2 children's centres Development plan for further centres	Sept 2013 March 2014	CYP Services
	Increase number of 2 year placements in line with national requirement	CD 18	Increased number of vulnerable 2 year old early years places	December 2013	CYP Services

	Rolling programme of Speech and Language training available to Early Years Workforce	CD 19	Speech and Language training to early years workforce	Ongoing	SLT Service
	Pilot Integrated reviews in 4 settings	CD 20	Health visitor and Early years provider conduct the child's 2 year review together. Roll out wider if indicated	June 2013	CYP Services / Health Visitors
	100% early years staff competently track child's development	CD 21	Provide training, and support to settings to track child's development	Ongoing	CYP Services
Improved school readiness	Children achieving a good level of development at age 5 improve by 3% points from 2012 baseline of 55%	CD 22	Commission universal SEAL (Social and emotional aspects of learning programme)  Deliver Letters and Sounds; mark making and engaging boys training	Sept 13  Ongoing	Children's Trust  CYP Services
Increase in MMR immunisation rates	95% of children received 1 dose of MMR by 24 months	CD 23	Ensure Department of Health childhood immunisation targets are met.	Sept 14	NHS Commissioning Board / Public Health

## Name of Priority: Reduction in the number of falls in Adults

**Overall Target – 5% annual reduction in hospital admissions as a result of falls  
(Baseline 2011/12 – 2,962/100,000)**

Adulthood (25-64) Older People (65+)					
Outcomes	Targets		Actions	Timescales	Lead Officer
Reduction in hospital admissions due to falls	5% annual reduction in hospital admissions as a result of falls (Baseline 2011/12)	F1	Increase the number of people who access the Falls service by 5%	By 1 <sup>st</sup> April 2014	Falls Steering Group
	10% increase in the number of people accessing falls services (2011/12 baseline)	F2	Increase the number of people discharged from the falls service who access low level prevention services by 10%.		
	Decrease the number of repeat fallers by 5% on discharge from the falls service	F3	Increase number of people accessing community services on discharge from hospital by a minimum of 10%		
Reduction in the number of readmissions to hospital due to falls	5% annual reduction in hospital readmissions due to falls. (Baseline 2011/12)	F4	Increase the number of people who have been admitted to hospital as a result of a fall who are subsequently referred to the falls service by 10%	By 1 <sup>st</sup> April 2014	Falls Steering Group
Reduction in the risk of falls at home amongst	5% annual increase in the numbers of people,	F5	Increase the number of people who access the Falls prevention service from 93 per year to 200 per year	By 1 <sup>st</sup> April 2014	Falls Steering Group

older people	at risk of falls, accessing prevention services (Baseline 2011/12)		Provide falls awareness sessions twice yearly for --- number of Older People		
	10% annual increase in falls screening completed (Baseline 2011/12)	F6	Introduce whole system screening for people at risk of falls	1 <sup>st</sup> April 2013	
	20% increase in the number of providers using the Falls Risk Assessment Tool (FRAT)	F7	Targeted approach to those GP practices with higher incidences of falls. Specific training developed relating to the Falls Risk Assessment Tool (FRAT)	September 2013 March 2014	
Improved access to falls services	Redesign and implement the new service by 2013/14	F7	Develop a falls strategy for Halton. Review the falls pathway for people who have fallen Review the falls pathway for people at risk of falls. Implement performance management system, across all falls services. Review access and range of falls prevention services Review age criteria for access to the falls service Develop a business case for additional resources for falls prevention services.	April 2013 April 2013 April 2013 September 2013  June 2013 April 2013 June 2013	Falls Steering Group
Reduction in the number of people in care homes who experience a fall	5% annual reduction in recorded falls	F8	Develop robust data collection methods  Carry out provider forum awareness raising  Identify specific training for providers to support their individual needs.	August 2013  Sept 2013  Dec 2013	Falls Steering Group
Reduction in the severity of fall related injuries	5% annual reduction in number of fractured neck of femur's. (current baseline 499 per 100,000 people)	F9	Increase in the number of Exercise / balance programmes to six per year  Develop and implement specific training programmes around the needs of different providers	April 2014  April 2014	Falls Steering Group
Increase in the number of	Provide initial training	F10	ROSPA accredited training for 20 frontline staff	January 2013	Completed

frontline staff who receive specialist falls training	to 20 frontline staff		Increase provider training sessions to raise awareness of the risk of falling from 2 sessions to 5 sessions per year.	March 2014	Falls Steering Group
			Train 50 frontline staff in identifying the risk of falling	March 2014	

## Name of Priority: Reduction in the harm from Alcohol

**Overall objective – 2% reduction in rate of increase of admission episodes for alcohol-attributable conditions (Baseline - (2011/12) – 2836.7/100,000)**

Pregnancy & Early Years					
Outcomes	Targets		Actions	Timescales	Lead
<b>Increase awareness of effects of alcohol on children, families and the unborn child.</b>  <b>Reduction in the numbers of people drinking to harmful levels</b>	The provision of a concentrated campaign aimed at new and prospective parents.	A1	Develop series of messages for new parents, prospective parents and pregnant women to include: <ul style="list-style-type: none"> <li>• Alcohol consumption and pregnancy</li> <li>• Alcohol and safety – accidents, co-sleeping, etc.</li> <li>• Alcohol and domestic violence</li> <li>• Foetal Alcohol Spectrum Disorder (FASD)</li> </ul>	By End March 2014	Health Improvement Team
	All Midwives (20-30), Health Visitors (20), (Early Years Intervention workers, front line Children's Centre Staff to be identified) provided with information and training/update training on alcohol IBA.	A2	Midwives / Health Visitors to be trained in identification and brief advice (IBA) for alcohol including when and how to refer to local support.	By End March 2014	Health Improvement Team
		A3	Appropriate Early Years Intervention Workers and Children's Centre Staff to be trained in identification and brief advice (IBA) for alcohol including when and how to refer to local support.	By End March 2015	Health Improvement Team

### School Age

<b>Reduction in the number of people drinking to harmful levels</b>	The provision of a concentrated campaign aimed at education staff, school age children and their families.	A4	Explore opportunities through the curriculum and creative social networking. Areas of particular relevance to include: <ul style="list-style-type: none"> <li>- Raise profile of national campaigns e.g. "talk to Frank".</li> <li>- Proactive Campaign on School Help Advice Reporting Page (SHARP).</li> <li>- Delivery/expansion of 'Healthitude' programme</li> <li>- Expand 'Teen Drop Ins' in Schools and outreach sessions including VRMZ outreach bus across Halton.</li> </ul>	By End March 2014	Health Improvement Team, Young Addaction, School Nursing Service, CYP Team
	All frontline School Nurses (~30), (Youth Workers, Youth Offending staff to be identified) are offered information and training/update training on alcohol IBA. (70% uptake)	A5	- Develop work to target alcohol education work at those most at risk(e.g. NEETs, PRUs, etc.)  People who work with children will be trained to: recognise when children exhibit signs of either personal or parental alcohol misuse; deliver holistic screening; provide alcohol IBA; signpost appropriately.	School Nurses/ YOT by end March 2014, Other staff by end March 2015	Health Improvement Team
	20 Police Community Support Officers and 20 Special Constables trained in alcohol IBA.	A6	Expand the training programme for the Police to include all Community Safety Team staff in Halton to deliver holistic screening and alcohol IBAs and the development of an appropriate monitoring system.	By End March 2014	Health Improvement Team
<b>Reduction in the rate of alcohol-related admissions</b>	20% Increase in the number of IWST referrals from Adult Treatment Service.	A7	Further develop access to and the impact of specialist treatment by utilising IWST process and ensure multi-agency action planning for all young people in specialist service affected by their own or parental alcohol misuse.	By End March 2014	Integrated CYP Commissioners
	Develop data collection for local A&E and/or Alcohol liaison service data to include repeat admissions/attendance	A8	Review, improve and develop system to monitor pathways into community services for young people attending A&E and Acute Wards in hospital with alcohol related harm.	By End March 2015	Integrated CYP Commissioners



	Increase in range of agencies referring and using screening protocols from universal, targeted and specialist youth services as a measure of increased awareness of systems.	A9	Further embed referral and screening protocols across universal, targeted and specialist treatment services, within the framework of Integrated/Targeted Youth Support. <ul style="list-style-type: none"> <li>- Provision of updated information and protocols to all relevant organisations.</li> <li>- Monitor awareness of systems and protocols via number of referrals, range of services etc</li> </ul>	By end March 2014	Integrated CYP Commissioners
<b>Reduction in the level of social disruption and harm due to alcohol consumption</b>	Maintain current test sales protocols and related enforcement / educational activity and expand to include 'test sales' against Challenge 25 campaign.	A10	Maintain Trading Standard activity around alcohol Test Sale purchases and appropriate vendor education and enforcement activity as required. Incorporate additional 'test sale' purchases to test current adoption and application of Challenge 25 campaign.	By End March 2015	Trading Standards (TS)
	Development and implementation of monitoring tool to measure Operation Staysafe activity and outcomes.	A11	Operation Staysafe will continue to operate, identifying, offering advice and removing vulnerable school age children to a place of safety and referring to appropriate agencies. A tool will be developed to monitor activity and follow up outcomes against individual referrals.	By End March 2014 and on-going	A&C, CST, CYP, PHMA, DG, JB
	Evidence of a robust Halton response to the National Alcohol Consultations and other key Government policies and initiatives.	A12	Work with partners to influence the Government and other key decision makers in relation to issues such as cheap alcohol and irresponsible promotions and advertising.	On-going	Public Health

**Young Adulthood (16-24)**

<b>Reduction in the number of people</b>	The provision of a concentrated	A13	Develop a series of age specific messages and campaigns to address alcohol harm and other risk taking	End September 2013	Health Improvement
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<b>drinking to harmful levels</b>	campaign aimed at young adults between the ages of 16 and 24.	A14	behaviours. Monitor local services activity and contact as a proxy for measuring increased awareness amongst the young adult population.	By End March 20	Team Integrated CYP Commissioners
	An increase in the local awareness of young adults on how they can access support and information.  All frontline Children's Social Care (~60) provided with information and training/update training on alcohol IBA	A15	Children's Care Social Workers to be trained in identification, holistic screening and alcohol IBA. - Identify appropriate Looked after children Staff and college pastoral care staff and extend training to these staff groups.	Looked After Young People Staff by end March 2014, other staff By End march 2015	Health Improvement Team
<b>Reduction in the rate of alcohol-related hospital admissions</b>	Develop data collection for local A&E and/or Alcohol liaison service data to include repeat admissions/ attendance (create baseline to measure future reduction)	A8	Review, improve and develop system to monitor pathways into community services for young people attending A&E and Acute Wards in hospital with alcohol related harm.	By end March 2015	Integrated CYP Commissioners
<b>Reduction in the level of social disruption and harm due to alcohol consumption</b>	Reduction in alcohol related crime/ASB in Night Time Economy Hotspots	A16	Define appropriate methodology for measuring alcohol related crime and pathways for reporting in order to assess activity and set reduction target	End March 2014	Community Safety Team Adults and Communities & Public Health
	Adoption of the Purple Flag Principles.	A17	Work with local business and key stakeholders to continue to develop local action plans to reduce alcohol related harm within Halton's Town Centre and the local Night Time Economy. - Ensure that all street pastors who work in the	By End March 2015	Community Safety Team Adults and Communities,

		A18	<p>night time economy are adequately trained to give brief alcohol advice and signposting information to wider alcohol services.</p> <p>Development of a multi-agency working group to support the adoption of the Purple Flag Principles.</p>	By End March 2015	<p>Health Improvement Team &amp; Public Health</p> <p>Community Safety Team Adults and</p>
<b>Healthy Adulthood (25-64)</b>					
<b>Reduction in the number of people drinking to harmful levels</b>	Reduction of in proportion of adults drinking to harmful levels by 0.44% from baseline (2009 synthetic estimate 6.44%)	A19	Develop a series of messages and campaigns for adults and ensure that they are disseminated through the most appropriate mediums	By End March 2014	Health Improvement Team & Public Health
		A20	Develop dedicated activities to support the promotion of Alcohol Awareness Week.	March 2014	
	Reduction in proportion of adults who binge drink by 1.4% baseline (2007/08 synthetic estimate 22.7%)		<i>National synthetic data update available</i>	<i>August 2014</i>	Improvement Team
<b>Reduction in the rate of alcohol-related hospital admissions</b>	100% of GP Practices in Halton to be provided with updated information and Training alcohol IBA	A21	All 17 GP practices (to include GHPs, Practice Nurses, Health Care Assistants and co-located allied health professionals) are to be trained in alcohol IBA.	All GP Practices by end March 2014	Health Improvement Team
		A22	Ensure that the community treatment service (CRI) is successfully embedded within pathways and meets local needs and that prevention strategies are in place for alcohol related liver disease.	By End March 2014	Adults and Communities & Public Health
		A23	Embed a 'whole family approach' into CRI services: <ul style="list-style-type: none"> <li>• Delivering/facilitating access to interventions to improve relationship and parenting skills</li> <li>• The identification of young carers</li> <li>• Develop local integrated treatment provision for</li> </ul>	By End March 2014	CCG, Adults and Communities & Public Health
	Liver Disease Pathway is in place across primary and secondary care & specialist treatment services				

	<p>Development of a full family support strategy (to support A7 activity).</p> <p>Phase 2 of Whiston A&amp;E Alcohol Liaison Nursing Scheme implementation to manage repeat attendees (contributes to a 33% reduction in the number of admissions from the Frequent Attendee cohort).</p>	A24	<p>families who need help to address alcohol related challenges and break the cycles of harm. This includes families identified as part of the Inspiring Families Project.</p> <ul style="list-style-type: none"> <li>Review inpatient treatment services for people with intense need. (The Windsor Clinic - Mersey care). Robust pathway in place and effective demand management.</li> </ul> <p>Support the full implementation of the A&amp;E Alcohol Liaison Nursing Scheme to include identification and management of regular attendees to hospital for alcohol related harm.</p>	By End March 2015	CCG & Public Health
<b>Reduction in the level of social disruption and harm due to alcohol consumption</b>	<p>Reduction in the harm caused by alcohol to individuals and others by using repeat Section 27 (S27) notices and Police IBA interventions.</p> <ul style="list-style-type: none"> <li>100% of S27 notices will be followed up with an appropriate health intervention.</li> </ul> <p>Reduction in alcohol related crime/ASB in Night Time Economy Hotspots (cross ref A16)</p>	A25  A26	<p>Offers of support to parents under pressure or families with additional needs (including families who have come to the attention of the criminal justice system, through issues for example domestic violence) will also encompass alcohol treatment within that support if appropriate.</p> <p>Maximise forthcoming changes in licensing law to address problem premises and exploring processes for informing licensing decisions.</p> <ul style="list-style-type: none"> <li>Roll out Arc Angel accreditation to premises running business in a well-managed way.</li> <li>Maximise opportunities that arise from information sharing with local A&amp;E departments.</li> </ul>	By End March 2015  By End March 2015	Community Safety Team Adults and Communities, Health Improvement Team & Public Health

Older People (65+)					
<b>Reduction in the number of people drinking to harmful levels</b>	The provision of a concentrated campaign aimed at adults over the age of 65.	A27	Develop a series messages and campaigns for older adults and ensure that they are disseminated through the most appropriate mediums. Areas of particular relevance to include: <ul style="list-style-type: none"> <li>• Alcohol and Falls</li> <li>• Alcohol and Mental Health</li> </ul>	By End March 2014	Health Improvement Team
<b>Reduction in the rate of alcohol-related hospital admissions</b>	All appropriate Home Care Staff are provided with updated information and access to training on signposting and brief interventions.	A28	Appropriate front-line Home Care professionals to be identified and offered training in screening and alcohol brief advice (IBA).	By End March 2015	Health Improvement Team

## Name of Priority: Prevention and early detection of mental health conditions

**Overall Target - Increase of 1% in self-reported wellbeing (Feeling Worthwhile)  
(Baseline 2012 – 17.6%)**

Pregnancy and early years					
Outcomes	Targets		Actions	Timescales	Lead Officer
Detection and treatment of maternal depression	100% of women screened at home antenatally at 36 weeks	M1	Determine if current pathway is in line with national evidence and guidelines for detecting depression	September 2013	Midwifery Service
			Monitor screening rates	Ongoing	Midwifery Service
Detection and management of Post Natal Depression to improve attachment	90% of eligible women screened at 6-8 weeks	M2	Measure the number of women screened and supported, and patient outcomes	On going	Health Visitors
			Review pathway against NICE guidelines	March 2014	Health Visitors / Public Health
Improved support for families in dealing positively with toddlers	Borough-wide availability of specific programmes and activities in Children's Centres  Training for staff in Nurturing-based approaches to support parenting skills and confidence in achieving positive behaviour management and emotionally healthy relationships	M3	Terrific Two's and Positive Play available in all Children's Centres	By Sept 2014	CYP Services
		M4	Getting it Right with Families training delivered to first cohort of 16 practitioners	By March 2014	CYP Services

**School age children**

<b>Outcomes</b>	<b>Targets</b>		<b>Actions</b>	<b>Timescales</b>	<b>Lead Officer</b>	
Improved mental wellbeing of school-aged children	Early identification and support for children who are potentially more vulnerable to developing mental health problems	M5	Train 10 school nurses in how to identify children and young children at risk of developing mental health conditions and offer low level counselling and support with referral to specialist services, e.g. Ad Action, GP, CAMHS	September 2013	Primary Care Mental Health Team	
		M6	Run four workshops per annum to train teaching staff in how to communicate with children on social and emotional issues using evidence based interventions, e.g. SEAL	September 2013	Primary Care Mental Health Team	
	Reduce levels of sexual exploitation and improve self-esteem and confidence	M6	Develop resources and packs for teachers on gender, identity, confidence and aspirations	January 2014	CAMHS team	
		M7	4 sessions per annum on anti-cyber bullying training and materials for front line staff, teachers and school nurses.	September 2013	Health Improvement Team	
	Improve healthy eating and reduce levels of obesity	M8	Enrol all schools on Healthitude programme which covers healthy eating, drinking, tobacco and drugs.	June 2014	Health Improvement Team	
		M9	Review school nurse provision and develop new school nurse specification to include social and emotional health outcomes.	June 2014	Public Health	
	Emotional wellbeing of looked after children (PHOF, Placeholder)	Increased promotion and use of materials within schools about the importance of emotional health and well being	M10	Develop information packs and resources on the impact of change on social and emotional health of children for front line staff	September 2013	Health Improvement Team
				Refresh CAYP EWB Strategy and Implementation plan Implement recommendation of HNA of children & young people's emotional wellbeing	December 2013 March 2014	Integrated CYP Commissioners
				Agree final recommendations from the Looked After Children's needs assessment and implement.	September 2013	Integrated CYP Commissioners

			<p>Support for children living with parents/carers who have mental health, alcohol or drug problems.</p> <p>Expansion of Healthitude Programme in schools which includes:</p> <ul style="list-style-type: none"> <li>• Drug and alcohol</li> <li>• Relationships</li> <li>• Peer Pressure</li> <li>• Sexual Health</li> <li>• Exam Stress</li> <li>• Local services on offer</li> </ul>	<p>Ongoing</p> <p>September 2013</p>	<p>All</p> <p>Health Improvement Team</p>
Improved support for children and young people experiencing mental health problems	CAMHS needs assessment refreshed And CAHMS Strategy developed	M11	<p>Refresh the CAMHS health needs assessment to reflect current Halton data (needs to feed strategy review detailed above)</p> <p>Develop new CAHMS Strategy &amp; Action Plans Review Tier 2 CAMHS provision</p> <p>Ensure staff are able to meet the needs of Children and Young People with both a mental health and learning disability need.</p>	<p>July 2013</p> <p>2013</p> <p>Within 2013-14</p>	<p>Public Health</p> <p>Integrated CYP Commissioners</p> <p>Integrated CYP Commissioners</p>
Few people suffer avoidable harm	A&E attendance Reduction in hospital admissions due to self-harm <18 years of age	M12	<p>Ensure self-harm referrals to commissioned 'Hear4u' Service are prioritised and audited, with revised assessment process in place to deliver most appropriate response for individual children and young people</p> <p>Two Training Sessions per year for GP, A &amp; E nurses, social workers and teachers on how to communicate and treat self harming children and young people using evidence based material and programmes</p>	<p>June 2013</p> <p>June 2013</p>	<p>Integrated CYP Commissioners</p> <p>Health Improvement Team</p>



Adulthood (16-64)					
Outcomes	Targets		Actions	Timescales	Lead Officer
<p>More people will have &amp; maintain good mental health</p> <p>Improve the social and other determinants of mental ill health across all ages, and reduce the inequalities that can both cause and be the result of mental health problems including, for example, social isolation.</p>	<p>Reduce number of first time entrants into the Youth Justice System (PHOF) Baseline:</p>	M13	<p>Implement recommendations from the health needs assessment of young offenders</p> <p>Implement recommendations from the HNA on adult mental health and wellbeing</p>	<p>2013</p> <p>2014</p>	<p>Integrated CYP Commissioners</p> <p>Public Health</p>
	<p>Increase in self-reported wellbeing (PHOF)</p>	M14	<p>Implement recommendations of the Health impact of the economic downturn report from Liverpool Public Health Observatory</p>	2014	CCG
	<p>Reduce unemployment, including youth unemployment and long-term unemployment</p>	M15			Adults and Communities
	<p>Increase access to green space</p>	M16			
	<p>Reduction in admissions due to alcohol and drugs, including reduced inequalities</p>	M17			
<p>Improved information and support available to help young people maintain positive mental health</p>	<p>Develop a series of messages for young adults and ensure that they are disseminated through variety of mediums. Mental health and wellbeing issues will be considered alongside other issues important to young people</p>	M18	<p>Insight work carried out.</p> <p>Messages developed and disseminated.</p> <p>Measure use as much as possible e.g. website visits</p> <p>Information distributed throughout the borough</p>	<p>September 2013</p> <p>December 2013</p>	Health Improvement Team

<p>Early identification of for those with mild to moderate mental health problems.</p> <p>Improved range and use of self-help and other non-medical interventions to improve levels of self-reported wellbeing.</p>	<p>GP Practices support patients to access local services and facilities, use self-help tools, access training and participate in the local community</p> <p>50% of practice staff participating in the initiative will undertake brief intervention training re: wellbeing</p> <p>Increased referral of 20% into community based services</p> <p>An agreed % of the practice population of those practices involved will report improved wellbeing levels using SWEMWBS before and after interventions</p>	<p>M19</p> <p>M20</p> <p>M21</p> <p>M22</p>	<p>Rollout of the Community Wellbeing Practice Initiative</p> <p>GPs and primary care staff will be encouraged to use non-medical initiatives where appropriate for those with mild mental health issues eg. social prescribing</p> <p>Expansion of social prescribing services e.g. access to CAB, books on prescription, access to self-help website.</p> <p>Training for GP Primary Care staff on how to recognise mental health conditions and early non-medical treatment.</p>	<p>Rollout from April 2013</p> <p>Commissioner will performance manage provider at quarterly contract meetings against agreed KPIs September 2013</p>	<p>Halton CCG/ Wellbeing Initiative/ evaluation support from Public Health</p> <p>Health Improvement Team</p>
<p>Improved access and availability of psychological therapies.</p>	<p>IAPT Programme: Services provided to at least 15% of disorder prevalence Recovery rate of at least 50% in fully established services.</p> <p>Improved access for BME and older people Increased availability of psychological</p>	<p>M23</p> <p>M24</p>	<p>Redesign current IAPT service to improve access to psychological therapies as part of the commitment to full rollout by 2014/15.</p> <p>Promote increased access of services by black and minority ethnic groups and by older people, and increased availability of psychological therapies for people with severe mental illness and long term health</p>	<p>Tender timetable to be developed in 13/14 and timescales then set</p> <p>Monthly contractual reporting of</p>	<p>CCG</p>

More people will recover	therapies for people with severe mental illness and long-term health problems  Pre and post treatment outcome data (PHQ9 & GAD7) on over 90% of all patients who start treatment.	M25	problems.	current contract will happen in tandem with tender exercise	
Few people suffer avoidable harm <i>(this relates to all adults)</i>	Self harm: see previous section  Reduction in suicide rates (PHOF) Baseline:	M26	Raise awareness of organisations that offer support to people considering suicide by disseminating information through engaging with at least 20 staff and community forums per year  Review the current contract with organisations that offer support to people considering suicide – this is a Mersey wide funded service. Halton is an associate commissioner  Training for Primary Care staff on how to recognise and help people at risk of suicide.	Through the year until review (below) is complete  Review complete by September 2013	Health Improvement Team  Public Health  Health Improvement Team
<b>Older People (65+)</b>					
<b>Outcomes</b>	<b>Targets</b>		<b>Actions</b>	<b>Timescales</b>	<b>Lead Officer</b>
More people will have good mental health	Reduction in the number of lonely older people.	M27	Work with Public Health England to scope suitable projects for Halton.  Review health improvement services for older people that link them to community activities. E.g. Reach for the Stars.	2013  2013	Public Health  Public Health

	Reduction in the number of older people with low to moderate mental health conditions in Care Homes and for those that receive domiciliary care.	M28	Implementation of Guidelines in How to Identify Treat and Refer Older People with Low to Moderate Depression in Care Homes and for those that receive domiciliary care.	2013	Health Improvement Team
Improved integration of services and support for people with dementia	Review of dementia strategy	M29	Final sign off through Mental Health Partnership Board	May 2013	Adults and Communities
	Completion of carers strategy	M30	Final sign off through the Health and Well-being Board	April 2013	Adults and Communities
	Evaluation of the Later Life and Memory Service pathway completed	M31	6 month evaluation report signed off	October 2013	Adults and Communities