

### 1.0 Introduction

This report provides an overview of issues and progress against Health and Wellbeing priorities, objectives, milestones and performance targets from October to December 2014 from the following areas:

- Improved mental health
- Reduced harm from alcohol
- Improved child development
- Prevention and Early detection of cancer.
- Reduced number of falls in older people.

### 2.0 Key Developments

There have been a number of developments which include:

#### **Mental Health Services**

Operation Emblem was originally set up following a successful trial across Halton and Warrington, as a pilot in late 2013. This project, operated jointly between Cheshire Police and the 5BoroughsPartnership NHS, funded by NHS Halton CCG and supported by Halton Borough Council. The scheme was designed to reduce the large number of inappropriate detentions under section 136 Mental Health Act 1983 (this gives the police the power to detain anyone found in a public place who appears to be mentally disordered and in need of care or treatment). There had been a particular problem in the Northern Division of the Cheshire Police force (which covers Halton), with substantial numbers of people being detained but only relatively low numbers of people then going on to be offered psychiatric help.

Under this scheme, police officers were supported by specialist mental health nurses to assess and triage people who were liable to be detained; this was initially for specified shifts for four days a week. After 12 months, it is clear that Operation Emblem has been extremely effective; the numbers of people being detained under this legislation has dropped by up to 90%, and of those, around 90% are now receiving the psychiatric help that they need. This indicates that the right people are now receiving the appropriate support, and it is proving an effective means of fast tracking people in crisis to specialist help.

The project has now been extended from four days a week to provide full time cover, and it is being rolled out across the whole of Cheshire.

Mental Health Crisis Care Concordat: this policy directive was published by Central Government in February 2014, and requires all relevant organisations to work together to reduce the impact of mental health crisis on individuals and their families, and to ensure that appropriate services and supports are in place. Each locality was required to submit a declaration by the end of December 2014, committing itself to achieving the aims of the Concordat, and then to have an action plan in place by April 2015.

As a whole, the Halton mental health system has signed up to the declarations submitted across the local authority areas in both Cheshire and Merseyside; this is because, for planning and commissioning reasons, Halton straddles both areas. An integrated Halton approach is actively engaged in supporting the Cheshire partners in developing its action plan; in addition, however, Halton has made its own separate declaration and is developing a local action plan, which will be designed to reflect fully the plans developed across Cheshire and Merseyside. This will be reported on more fully in the next Quarterly Monitoring Report.

GP pilot: for twelve months, the Mental Health Outreach Team has been operating a pilot programme with three local GP surgeries, taking referrals about and working with people with lower level mental health needs, intervening at an earlier stage and aiming to reduce the need for more complex support in the future. This continues to show very promising results and measures are now being taken, in partnership with NHS Halton CCG, to develop this as a Borough-wide service.

Full Mental Health Review: A major review of mental health services has been commissioned covering 5 regional CCGs and LAs. This review will take an in-depth look into the successes, gaps, and opportunities around the acute care pathway (ACP). This work will also take into consideration mental health acute psychiatric beds. The results and recommendations will be completed by June 2015.

New planning and governance arrangements for mental health services: a new Mental Health Oversight Group - consisting of senior managers from key stakeholders - has now been developed, with responsibility for leading the strategic development of local mental health services, and monitoring and holding to account all organisations responsible for the delivery of those services. A Mental Health Delivery Group, accounting to the above group, has also been set up, with the primary responsibility of delivering the Halton Mental Health Action Plan.

### **Prevention and early detection of cancer**

A local Cancer Strategy has recently been developed and sets out key actions to address this priority and improve outcomes. The national Be Clear on Cancer campaign is being rolled out with a team of volunteers working with local people. Halton CCG has prioritised cancer as a key area for the new Primary Care Model. A project plan and working group are taking this forward. Weight Management is important to reduce levels of bowel cancer. A range of weight management services are delivered for children and adults on an individual or group level, such as the fresh start programmes, active play and introduction to solid food parties. The Halton Healthy Weight management care pathways for children and adults have been reviewed and opportunities to enhance provision identified. We are also working with the CCG to improve uptake in bowel cancer screening and again this is part of the Primary Care Model work. HPV Vaccination protects girls from cervical cancer in later years. Uptake remains good for HPV vaccination. Changes to the national schedule for HPV vaccination may further improve opportunities to improve uptake locally.

### **Improving child development**

The Family Nurse Partnership team has been recruited and began to start work with first time teenage mothers in November 2014. Work is underway to ensure the safe transition of the Health Visiting service to be commissioned by the Local authority by October 2015.

To date we have had a successful workshop with all providers and partners on the 0-19 child pathway.

### **3.0 Emerging Issues**

#### **Mental Health Services**

Mental Health Act Code of Practice: a full and detailed review of the Code of Practice to the Mental Health Act has been conducted by the Department of Health, and Halton Borough Council made a substantial contribution to the national consultation. The revised Code will be issued in Quarter 4 and will then be the subject of detailed training for key staff; relevant policies and procedures will also need to be revised.

Review of the Acute Care Pathway (ACP): the ACP was developed within the 5Boroughs in 2013 as a model for the delivery of services to people under the age of 65 with complex mental health problems. The CCGs across the footprint of the 5Boroughs - supported by the Local Authorities - are now taking forward a review of the ACP as a whole, to establish the level of positive outcomes that have been achieved.

Redesign of Borough Council services for people with mental health problems: given the positive results coming from the pilot programme run by the Mental health Outreach Team with GP surgeries, the decision has been made to review in detail the way that social services as a whole are provided for local residents with mental health problems. Although there will always be a need to provide comprehensive support to people with the most complex needs and levels of risk, the intention is to establish the extent to which social services can engage at an earlier stage with people and reduce the need for complex interventions. This should result in greater opportunities to support partner agencies – particularly the police, children’s services and the local housing bodies – to manage and support people whose needs can be very challenging, but who do not fit the criteria for referral to the specialist psychiatric services. This review will also involve a detailed examination of the pathways into step-down services with lower levels of support, to ensure that the right services are provided to people at the right time. The Review is designed to complement the review of the ACP, described above.

5Boroughs locality-based service: following an internal restructure, the 5Boroughs are moving to develop a more borough-based approach to the delivery of their services, so as to match local commissioning requirements more exactly. This is welcomed by the Borough Council and it should continue the effective engagement by the 5Boroughs in local strategic planning processes.

#### **Child development**

Current child development status shows an improvement from 37% in 2013/14 to 46% this quarter. We expect this figure to continue to improve.

Since 2010/11 breastfeeding has increased by 11.3%. Halton has a Child Poverty Strategy and Action Plan and is part of the City Region Child Poverty Commission. There is a wide range of work underway to address this area including Children’s Centres Programmes, healthy eating, working with food banks, increasing breastfeeding, increasing free school meal uptake, plain packaging for cigarettes, smoking prevention,

work with mums and tots, Credit Crunch Cooking, work with Housing Trusts around welfare reforms and work with the Citizens Advice Bureau supporting clients with mental health issues to access benefits.

### **Reducing alcohol harm**

#### **Local Alcohol Action Area (LAAA) update**

We continue to receive support from the Home Office and Public Health England through being a Local Alcohol Action Area (LAAA). Good progress is being made against all LAAA objectives. In December we were appointed a diversity advisor. An initial scoping meeting was held to discuss developing a local action plan. In addition an overnight assessment will be organised and a wider meeting on the topic of diversification arranged.

#### **Halton Alcohol Inquiry: Talking drink taking action**

Local residents have been recruited to take part in the Halton Alcohol Inquiry. The Inquiry entitled "Talking Drink: Taking Action" will take place between January and April 2015. As part of The Halton Alcohol Inquiry residents will answer the question 'What would make it easier for people to have a healthier relationship with alcohol?' The group will meet for 9 sessions and hear from local experts who work on this agenda locally in order to create local recommendations for action on the issues that matter to them. The recommendations will then be used to inform and advise what is done to reduce alcohol-related harm in Halton.

#### **Ensuring the local licensing policy supports alcohol harm reduction agenda**








Work is underway to work in partnership to ensure Halton's local licensing policy supports the local alcohol harm reduction agenda. It has been agreed that Halton's Statement of licensing policy (SOLP) will be updated in collaboration with all Responsible Authorities. Public health (supported by Community Safety colleagues, Public Health England and Drink Wise) are briefing the Licensing Regulatory Committee in February around alcohol-related harm in Halton and the role licensing can play in promoting public health.

Initial discussions have also been undertaken as part of the Community Safety Sub Regional Programme at looking at licensing tools and powers (including the Late Night Levy) on a sub-regional basis.

## **6.0 Performance Overview**

The following information provides a synopsis of progress for both milestones and performance indicators across the key areas that have been identified by the Health and Wellbeing Board. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

## Key Objectives / milestones

Ref	Milestones	Q3 Progress
PH 01	Work with the public and service providers to raise awareness of the early signs and symptoms of bowel, breast and lung cancer so we can identify it an early stage in the population. <b>March 2015</b>	
PH 01	Reduce obesity rates in the local population, thereby reducing the incidence of bowel cancer through promoting healthy eating and screening programmes for adults and children via a range of services. <b>March 2015</b>	
PH 01	Meet the 95% target for the take up of HPV vaccination in girls 11-13, to reduce cervical cancer rates by working proactively with the School Nursing Service and GPs. <b>March 2015</b>	
PH 01	Work proactively with GPs, all service providers, Alcohol Liaison Nurses, teachers in schools to reduce the number of people drinking to harmful levels and alcohol related hospital admissions given the rise in pancreatic and liver cancer rates. <b>March 2015</b>	
PH 02	Facilitate the Early Life Stages development which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years. <b>March 2015</b>	
PH 03	Working with all service providers, implement the action plan to reduce falls at home in line with the Royal Society for the Prevention of Accidents (ROSPA) guidance as outlined in the new Falls Strategy <b>March 2015</b>	
PH 05	Implement the Mental Health and Wellbeing Programme in all schools and provide training for GP Practices and parenting behaviour training in the Children's Centres. <b>March 2015</b>	

### Supporting Commentary

#### **PH 01 Raise awareness of Bowel, Breast and Lung Cancer**

This remains a priority for Halton Health & Wellbeing Board and sits within its underlying action plans. The national Be Clear on Cancer campaign continues to be rolled out with a team of volunteers working with local people. We are working closely with Halton CCG to develop additional early detection programmes along the lines of a Cancer Rehabilitation programme. We are still working towards improving access to staging data from the local hospitals.

### **PH 01 Reduce Obesity Rates**

A range of weight management services are delivered for children and adults on an individual or group level, such as the fresh start programmes, active play and introduction to solid food parties. The Halton Healthy Weight management care pathways for children and adults is under review and opportunities to enhance provision being identified. Community Food Workers have been reviewed and the dietetic service is out to tender .

### **PH 01 Reduce Cervical Cancer Rates**

Uptake remains good for HPV vaccination. Changes to the national schedule for HPV vaccination (reduction from 3 to 2 dose schedule) may further improve opportunities to improve uptake locally.

### **PH 01 Reduce the number of people drinking to harmful levels**

An Alcohol Harm Reduction Strategy for Halton has been developed and was launched during alcohol awareness week (17-23 November). The strategy was developed in partnership with colleagues from health, social care, education, voluntary sector, police and the community safety team. The strategy sets out actions across the life course to reduce alcohol related harm and reduce hospital admissions. Good progress has been made related to reducing Under 18 admission alcohol rates locally and Halton is now at the same level as the North West.. Alcohol health education sessions are being delivered in all local schools

### **PH 02 Facilitate Early Life Stages development**

The healthy child programme continues to be delivered across Halton, conducting screening, immunisations and health reviews. The Family Nurse Partnership team started recruiting first time teenage mothers from November 2014. Work continues to ensure the safe transition of the Health Visiting service and Family Nurse Partnership to be commissioned by the Local authority by October 2015.



### **PH 03 Falls Reduction Action Plan**






Implementation of the falls strategy is on track, the main emphasis remains workforce development, public awareness and training and the development of an integrated pathway. All of these elements have seen either a completion or increase in activity. The next stage of development is to agree a new falls business case that will see an increase in prevention work to support the positive rehabilitation work that has been carried out as part of the strategy.

### **PH 05 Mental Health and Wellbeing Programme**

The children's mental health service went out to tender and the announcement of the service provider is awaited. A new mental health and wellbeing action plan has been refreshed.

### **Key Performance Indicators**

Ref	Measure	13/14 Actual	14/15 Target	Q3	Current Progress	Direction of travel
PH LI 01 (SCS HH 7)	Mortality rate from all cancers at ages under 75	145.1 July 13 to June 14	140	126		

PH LI 02	A good level of child development	37%	40%	46%		
PH LI 03 New SCS Measure Health 2013-16)	Falls and injuries in the over 65s	2,850.4 (Jan 13 – Dec 13)	2,847	2,796.3		
PH LI 04	Admissions which are wholly attributable to alcohol AAF=1, rate per 100,000 population.	947.5 (2013/14)	1,038	Data unavailable		N/A
PH LI 05	Mental Health: Self-reported wellbeing	N/A	69%	N/A	N/A	N/A

### **Supporting Commentary**

#### **PH LI 01**

There is some progress with a slight decrease in the mortality rate from cancers. It is too early to identify an ongoing trend, although the activity against the Cancer Action Plan will maximise reduction going forward.

#### **PH LI 02**

Quarter 3 has shown an increase in the number of children reaching a good level of child development by school age. There has been a lot of work in this area, for example piloting an integrated assessment between education and health and parenting programmes that contribute to this improvement.

#### **PH LI 03**

Although there has been a slight rise in the rate of falls and injuries, it is not significantly higher. Also the figure is still considerably lower than the 2013/14 figure. The slight increase can be attributed to a higher level of people being present in either hospital or residential care settings, both of which see a higher level of falls compared to people who live at home. Work is ongoing to address this area of concern.

#### **PH LI 04**




Data for 2014/15 is not available until later this year.

#### **PH LI 05**

No data available yet.




## APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

### Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

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