

Health and Well Being Priority Area

Action Plans

Halton Health and Well Being Board

**Action plans for the Health and Well Being Priority Areas
(VER 5 28/03/14) UPDATE JULY 2015**

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Overall Target - Increase of 1% in self-reported wellbeing (Feeling Worthwhile)
(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	Rag Rate	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	Local Policy/guidance on sun protection To develop sun protection policy during 2013/14	C2	HBC Policy developed, to be reviewed 2015	2015/16		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

Reduction in obesity rates for school age children.	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
Reduction in sunbed use amongst children under 16 years.	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
Reduced incidence in skin cancer. All children protected against sunburn	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. Attended head teachers meeting – building engagement and support	2013-15		Public Health to develop policy. Health Improvement Team to deliver implementation.
Maintain HPV vaccine uptake and herd immunity.	Maintenance of 95% compliance	C6	Regular communication with Halton schools to provide information on benefits of vaccination including information events for lowest performing schools. Included in School Nursing Specification. Home Schooled children are offered the vaccine at home..	2013-16		NHS Commissioning Board / Public Health commission service, School Nursing to deliver service with Health Improvement Team to support promotion.
Reduced number of children starting to smoke. Reduced number of children using counterfeit and illegal tobacco.	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. On going. Teachers & school nurses to raise awareness with all children.	2013-16		Health Improvement Team Schools School Nurses

Reduced prevalence of smoking in school children.	33% staff trained year 1 33% staff trained year 2 33% staff trained year 3					Health Improvement Team
Young Adulthood (16-24)/ Healthy Adulthood (25-64) Older People (65+)						
Outcomes	Targets		Actions	Timescales		Lead
Improved healthy lifestyles for young people & adults.	Meet NICE guidelines of 5% reduction in obesity after completion of the active phase of the healthy weight programme Reduce smoking by 0.5% year on year to 2016. (baseline 24% based on Halton Health Profile 2012)	C9 C10	HIT implement and extend weight management programmes. HIT implement training & stop smoking services.	2013-16 2013 - 16		Health Improvement Team Health Improvement Team
Reduction in incidence of skin cancer.	Increased awareness of Sun and UV Risks 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
Increased awareness of resources available for early detection and prevention of cancer for service providers and the public.	Information workshop to be carried out in ALL 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. iVan is to be decommissioned in 2015 as a result of transfer of provision and associated increased costs.	2013		Merseyside & Cheshire Cancer Network Health and Wellbeing Service Steering Group CHaMPs.
Increase uptake of national cancer screening programmes.	Increased uptake of Screening Services: -Breast -Bowel -Cervical 100% of all Halton GP	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 Health

	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 especially men (CCG lead to investigate potential for incentive schemes where target is not part of contractual obligations)			Improvement Team
Improved detection of cancer.	Increased uptake of Primary Care Cancer Audit 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 The Audit has been completed and assessed and a final report/action plan completed to be circulated/implemented from Jul 2015	2013-16		CCG Lead, GP Practices
Improved detection of cancer.	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 all GP practices below CCG average for breast, cervical, lung or bowel screening with input from Cancer Support Group Health trainers are attached to each practice	2013-16		Health Improvement Team
Access to staging data	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 Staging data is proving difficult to get. 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
Rise cancer awareness	Utilisation of iVAN: Targeted use of iVan in 9 GP Practices that have significantly lower screening	C17	The iVan has been reviewed and it has been agreed that with the appointment of extra staff in house to deliver this service it is no longer required.	2013		Public Health

	rates than CCG average for either breast, cervical, lung or bowel screening.					
Improved early detection	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
Improved early detection	Reduce cancer related A&E admission rates	C19	<ul style="list-style-type: none"> • 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
Link to Alcohol strategy outcomes			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	Comment on progress May 15	Timescale	Lead	RAG
Improved parenting skills	100% of expectant parents will have access to a session on parenting	CD1	Review current provision of existing programmes Delivery of innovative antenatal / parent education session on expectations of parenting / attachment	Preparation for birth and beyond pilot underway Further work required to identify overlap in programmes Available for all, and targets high risk groups	Completed Completed Ongoing	Health visiting Health visiting/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	Universal offer for antenatal class, and early bird session. Vulnerable women are targeted and get a home visit Early booking rates are on target 87% q1-3 2013/14	Monitor quarterly Ongoing	Midwifery Service CCG	

Outcomes	Targets		Actions	Comment on progress May 15	Timescale	Lead	RAG
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	100% of women are screened at booking, 100% offered a home visit, and vulnerable groups are targeted	September 2013	Midwifery Service	
	100% of women offered screening at home antenatally, targeting uptake in high risk women	CD4	Monitor screening rates	Pathway has been reviewed by midwifery and is in line with evidence base. Bridgewater policy on maternal/perinatal mental health and action plan for Halton in development. Future work to look at outcomes of women screened Recruitment of Bridgewater wide specialist health visitor for perinatal and infant mental health	Ongoing August 2015	Health visiting Health visiting	
To reduce risks associated with vulnerable socially excluded women.	Establish a targeted programme to support vulnerable women.	CD5	Midwives produce Individual care plans for vulnerable women to reduce risk and minimize harm.	There are specialised midwives for drugs and alcohol, teenage pregnancy and domestic violence who produce care plans	Completed	Midwifery Service	
			Explore the Commissioning of Family Nurse Partnership, a targeted programme to support young mothers	FNP became operational in Halton in November 2014	Completed	Public Health NHS England	
			Explore Evidence for families needing additional support but who are not eligible for family nurse partnership	Health visitors are developing 'universal partnership plus' package for those families who need additional support, Identified antenatally. Currently focusing on care	March 2014	Health Visiting	

Outcomes	Targets		Actions	Comment on progress May 15	Timescale	Lead	RAG
			Midwives link with Speech and language therapy to implement "talk to bump"	leavers, offering more home visits and more antenatal appointments Talk to bump leaflet distributed – SLT training workforce, but needs more work. A needs assessment on SLT has been completed	ongoing	Midwifery Service	
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	Universal antenatal contact from Health visitors All staff to be trained in motivational interviewing.	Staggered implementation at 19% Completed Dec 2013 Health visitors trained again June 2015	Year on year increase to March 2015 March 2014	Health Visiting	
Reduce smoking in pregnancy to improve maternal and child health, and reduce infant hospital admissions.	Reduce number of women Smoking at the time of delivery by 2% per annum 100% of women and their partner who smoke are offered smoking cessation	CD7 CD8	Continue Antenatal incentive scheme Follow the smoking and pregnancy pathway	This is still available, All women are CO monitored at every midwifery contact Funding has been secured to train all midwives in the Baby clear package. Baby clear offers pregnant women an enhanced smoking cessation pathway.	Ongoing Ongoing March 2015 onwards	Midwifery Service Midwifery and Health Improvement Team	

Birth and postnatal care

Outcomes	Targets		Actions		Timescales	Lead Officer	RAG
Improved infant-mother bonding	100% health visitors trained	CD9	Training for staff to promote responsive parenting with new parents.	All health visitors and trained in Solihull approach.	Completed	Health Visiting	

Outcomes	Targets		Actions		Timescales	Lead Officer	RAG
	100% new parents receive new birth visit	CD10	New Birth visit offered to all families	All Family Work Service staff in Children's Centres trained in Family Links Nurturing Programme Family Work Service based in Children's Centres is offering Family Links Nurturing Programme	Completed Completed	CYP services CYP Services	Green
				100% of families receive the new birth visit from health visitors at 10-14 days	Quarterly monitoring	Health Visiting	
				Reviewed, additional support through FNP	Ongoing	FNP Advisory board	
				Health visitors trained in Brazelton technique.	Ongoing	Health visiting	
			Review of services to support attachment disorder	Bridgewater to implement perinatal mental health policy.	Ongoing	Health visiting	
Improved breastfeeding support, initiation and bonding	Achieve Baby Friendly Initiative stage 2 by March 2014 Increase breastfeeding initiation and at 6-8 weeks by 2% year on year	CD11 CD12	Put in place all actions to achieve UNICEF Baby friendly initiative stage 2, and subsequently stage 3 GPs complete online breastfeeding training	BFI Stage 2 assessment achieved, inspection for stage 3 imminent GPs are offered online training, but it is not being accessed, ongoing work to increase GP awareness	July 2015 (stage 3) Available from Sept 2013, Ongoing	Health visitors/midwives and infant feeding coordinator CCG	Yellow
Earlier detection and management of Post Natal Depression to	90% of women screened at 6-8 weeks	CD13	Measure the number of women screened and supported, and patient outcomes	This is a KPI for bridgewater 72% of women screened for postnatal depression at 6-8 weeks	On going	Health Visiting	Green

Outcomes	Targets		Actions		Timescales	Lead Officer	RAG
improve attachment			Review pathway against NICE guidelines	Updated pathway awaiting ratification	completed	Health Visiting/ Public Health	

Early years and Preschool years

Outcomes	Targets		Actions	Comment on progress Nov 13	Timescales	Lead Officer	RAG
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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	CD14	Training for staff in every contact counts for children's services	Training received by health visitors, health improvements and available in children's centres	Ongoing	Health Improvement Team / Health Visiting	
			Promotion of healthy child programme across child and family workforce in Halton to improve signposting	Health child programme had a promotion event, performance review day, and GPs have requested training, health and Wellbeing board had a paper	completed	Health Improvement Team / Health Visiting	
	CD15	Terrific Two's and Positive Play available in all Children's Centre. From 2015 delivering new groups for 2 year olds developed to improve on the weaker areas of Halton's EYFS results e.g. Mini Markers, Making Your Mark.	Continue and improve consistency in Halton Healthy early years status (HHEYS) accreditation and target new settings	HHEYs self-assessment being launched	Completed	Health Improvement Team	
				Provide training on introduction to solid foods to staff and information and support to parents	Universally families signposted to "weaning parties" held by health improvement team. Health visiting team one to one support or home visits available for more vulnerable families	Ongoing	
95% of participating settings gain Healthy early years (HHEYS) accreditation					Ongoing	CYP Services /	
Improved child development and preparation for school	100% children receiving 2-2 1/2 year review	CD16	Child development training for child and family workforce across Halton (including early years settings)	Staff trained, 86% of children reaching 2 years 6 months had received 2-21/2 review	Completed	CYP Services / Health Visitors	

			Ages and stages to be introduced as an assessment tool for 1 year and 2 year review	Staff trained	Quarterly monitoring	Health visiting	
	Health professionals collocated in children's centres Increase number of 2 year placements in line with national requirement	CD17	Co-location in 2 children's centres Development plan for further centres	Warrington road and Kingsway are co-located. Borough level integrated early intervention work in progress	completed	Health visiting/CYP Services	
		CD18	Increased number of vulnerable 2 year old early years places Children's Centres carrying out home visits to eligible families to improve take up.	The number of early year's places for vulnerable 2 year olds has increased from between approx. Current DFE target list for Halton is to place 762, children, currently hitting 63% of target	Ongoing		
	Rolling programme of Speech and Language training available to Early Years Workforce	CD19	Speech and Language training to early years workforce	Following a JSNA of SALT, a new SALT specification has been commissioned and will come into effect from 1.7.15. SLT are delivering 'you make the difference' to families universal and targeted.	Ongoing Sept 2015	SLT Service SLT service	
	Pilot Integrated reviews in 4 settings	CD20	Health visitor and Early years providers share outcomes from review and conduct the child's 2/2 ½ year review together where practicable	A pilot is underway supporting an integrated process. Information sharing event for practitioners planned for 16.7.15.	Quarterly monitoring	CYP Services / Health Visitors	
	100% early years staff competently track child's development	CD21	Provide training, and support to settings to track child's development	All voluntary, private and independent settings have access to an early years consultant teacher. Training and support		CYP Services	

				provided. Most EY settings are tracking progress and identifying children at risk of delay in order to plan interventions and support needed			
Improved school readiness	Children achieving a good level of development at age 5 improve by 3% points from 2012 baseline of 55%	CD22	<p>Commission universal SEAL (Social and emotional aspects of learning programme)</p> <p>Deliver Letters and Sounds; mark making and engaging boys training</p>	<p>No funding available to commission SEAL. Tier 2 CAMHS service commissioned, to include training teachers, early years staff, mobilisation July 2015</p> <p>Letters and sounds is currently being delivered. Engaging boys is not currently delivered</p> <p>Child development measure has changed, due to a new curriculum and new assessment process so can't be compared with previous EYFS assessment. 46% of children in Halton reached a good level of development in 2014 (nationally 60%). This Good level of development indicator (GLD), measured at the end of reception year remains a key priority.</p> <p>The current EYFS statutory profile arrangements and EYFS statutory assessment will cease in summer 2016. Although a Baseline Assessment tool is being</p>	Ongoing	<p>Children's Trust</p> <p>CYP Services</p>	

				introduced at the beginning of the reception year, this will only give a scaled score to measure progress against Reading, Writing and maths at the end of Key Stage 2 ie the pilot assessment arrangements undertaken in September 2015 will be used to measure a child's progress in 2022, it is not a measure of school readiness.			
Increase in MMR immunisation rates	95% of children received 1 dose of MMR by 24 months	CD23	Ensure Department of Health childhood immunisation targets are met.	<p>Immunisation rates reaching target for all childhood immunisations for children under 2 years</p> <p>2013/14 97% children have received 1 dose of MMR by 24 months</p>	Ongoing	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	Comment on progress Mar 2014	Timescales	Lead Officer	RAG
Reduction in hospital admissions due to falls	<p>5% annual reduction in hospital admissions as a result of falls (Baseline 2011/12)</p> <p>10% increase in the number of people accessing falls services (2011/12 baseline)</p> <p>Decrease the number of repeat fallers by 5% on discharge from the falls service</p>	<p>F1</p> <p>F2</p> <p>F3</p>	<p>Increase the number of people who access the Falls service by 5%</p> <p>Increase the number of people discharged from the falls service who access low level prevention services by 10%.</p> <p>Increase number of people accessing community services on discharge from hospital by a minimum of 10%</p>	<p>There has continued to be a slight reduction in hospital admissions due to a fall. The figures for each year since the baseline of 2011/12 are as follows:</p> <ul style="list-style-type: none"> • 2011/12 – 944 admissions • 2012/13 – 885 admissions (6.25% reduction on baseline) • 2013/14 – 868 admissions(8.1% reduction on baseline) • 2014/15 – 847 admissions (10.3% reduction on baseline) <p>There has been a 26.6% increase in referrals to the falls service during the first three quarters of the year (baseline 365 – 2013-14 figure 462)</p> <p>There has been a 2.5%</p>	By 1 st April 2015	Falls Steering Group	

				reduction in the number of repeat fallers compared to the baseline			
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%	<p>The figures for readmissions have fluctuated, however overall they have seen a 2.6% reduction compared to the baseline:</p> <ul style="list-style-type: none"> • 2011/12 – 162 readmissions • 2012/13 – 128 readmissions (21% reduction on baseline) • 2013/14 – 184 readmissions (13.5% increase on baseline) • 2014/15 – 158 readmissions (2.6% reduction on baseline) 	By 1 st April 2015	Falls Steering Group	
Reduction in the risk of falls at home amongst older people	<p>5% annual increase in the numbers of people, at risk of falls, accessing prevention services (Baseline 2011/12)</p> <p>10% annual increase in falls screening completed (Baseline 2011/12)</p> <p>20% increase in</p>	<p>F5</p> <p>F6</p> <p>F7</p>	<p>Increase the number of people who access the Falls prevention service from 93 per year to 200 per year</p> <p>Provide falls awareness sessions twice yearly for --- number of Older People</p> <p>Introduce whole system screening for people at risk of falls</p> <p>Targeted approach to those</p>	<p>There has been an increase in the number of community services now using the FRAT including Red Cross, Health Improvement Team and work is commencing with Housing Providers.</p> <p>The increased usage of the FRAT tool has seen an increase of over 26% in referrals to the falls service.</p>	By 1 st April 2015	Falls Steering Group	

	the number of providers using the Falls Risk Assessment Tool (FRAT)		GP practices with higher incidences of falls. Specific training developed relating to the Falls Risk Assessment Tool (FRAT)				
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.	The falls strategy is complete with agreed pathways and performance measures. The falls service has been redesigned to ensure the training is delivered through a wider network of staff. This has allowed the falls specialist to increase the level of falls assessments (up by 26.6%)	Ongoing	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.	The figure has remained static since the baseline (2011 – 911 falls – 2014/15 – 920 falls) Further work has begun to establish improved processes, training and best practice in homes.	October 2015	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	Number of fractured neck of Femur for 2013/14 was 113 this reduced to 11 in 2014/15.	April 2015 April 2015	Falls Steering Group	

Increase in the number of frontline staff who receive specialist falls training	Provide initial training to 20 frontline staff	F10	<p>ROSPA accredited training for 20 frontline staff</p> <p>Increase provider training sessions to raise awareness of the risk of falling from 2 sessions to 5 sessions per year.</p> <p>Train 50 frontline staff in identifying the risk of falling</p>	<p>ROSPA training was delivered to 32 frontline staff.</p> <p>283 staff have now gone through the falls training programme delivered through the Health Improvement Team.</p>		<p>Completed</p> <p>Falls Steering Group</p>	
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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	Comments	RAG	
Increase awareness of effects of alcohol on children, families and the unborn child.	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"> Alcohol consumption and pregnancy Alcohol and safety – accidents, co-sleeping, etc. Alcohol and domestic violence Foetal Alcohol Spectrum Disorder (FASD) 	By End March 2014	Health Improvement Team	Completed	Green	
		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	Completed		
		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	Completed		
Reduction in the numbers of people drinking to harmful levels	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.							

School Age						
Reduction in the number of people drinking to harmful levels	The provision of a concentrated campaign aimed at education staff, school age children and their families.	A4	<p>Explore opportunities through the curriculum and creative social networking. Areas of particular relevance to include:</p> <ul style="list-style-type: none"> - Raise profile of national campaigns e.g. "talk to Frank". - Proactive Campaign on School Help Advice Reporting Page (SHARP). - Delivery/expansion of "Healthitude" programme - Expand 'Teen Drop Ins' in Schools and outreach sessions including VRMZ outreach bus across Halton. 	By End March 2014	Health Improvement Team, Young Addaction, School Nursing Service, CYP Team	Completed
	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	<ul style="list-style-type: none"> - Develop work to target alcohol education work at those most at risk(e.g. NEETs, PRUs, etc.) <p>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.</p>	School Nurses/ YOT by end March 2014, Other staff by end March 2015	Health Improvement Team	Completed
	20 Police Community Support Officers and 20 Special Constables trained in alcohol IBA.	A6		By End March 2014	Health Improvement Team	Completed

			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.				
Reduction in the rate of alcohol-related admissions	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	Completed "Hidden harm" report regularly reported to childrens safeguarding board.	
	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	Pathway review underway – due to report December 2015	
	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"> - Provision of updated information and protocols to all relevant organisations. - Monitor awareness of systems and protocols 	By end March 2014	Integrated CYP Commissioners	Pathway review underway – due to report December 2015	

			via number of referrals, range of services etc				
Reduction in the level of social disruption and harm due to alcohol consumption	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)	Challenge 25 being rolled out across licensed venues. Test purchasing exercises being conducted.	
	Development and implementation of monitoring tool to	A11		By End March 2014 and on-going	A&C, CST, CYP, PH MA, DG, JB	Operation Staysafe operating	

	<p>measure Operation Staysafe activity and outcomes.</p> <p>Evidence of a robust Halton response to the National Alcohol Consultations and other key Government policies and initiatives.</p>	A12	<p>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.</p> <p>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.</p>	On-going	Public Health	<p>supported by multi agency partnership group</p> <p>Completed</p>	
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Young Adulthood (16-24)							
Reduction in the number of people drinking to harmful levels	The provision of a concentrated campaign aimed at young adults between the ages of 16 and 24.	A13	Develop a series of age specific messages and campaigns to address alcohol harm and other risk taking behaviours.	End September 2013	Health Improvement Team	Completed	
	An increase in the local awareness of young adults on how they can access support and information.	A14	Monitor local services activity and contact as a proxy for measuring increased awareness amongst the young adult population.	By End March 2015	Integrated CYP Commissioners	Community outreach work undertaken to increase awareness of local support services.	

	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	Completed	
Reduction in the rate of alcohol-related hospital admissions	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	Pathway review underway – due to report December 2015	
Reduction in the level of social disruption and harm due to alcohol consumption	Reduction in alcohol related crime/ASB in Night Time Economy Hotspots Adoption of the Purple Flag Principles.	A16 A17	Define appropriate methodology for measuring alcohol related crime and pathways for reporting in order to assess activity and set reduction target 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 night time	End March 2014 By End March 2015	Community Safety Team Adults and Communities & Public Health Community Safety Team Adults and Communities, Health Improvement Team & Public Health	Alcohol-related crime reported to Safer Halton Partnership Benchmarking against Purple flag standrads undertaken as part of night time scrutiny review. Street pastors trained in IBA	

		A18	<p>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	Community Safety Team Adults and Communities, Health Improvement Team & Public Health	Benchmarking against Purple flag standards undertaken as part of night time scrutiny review.	
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Healthy Adulthood (25-64)						
Reduction in the number of people drinking to harmful levels	Reduction of 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	Completed – multi agency alcohol communication plan being developed.
	Reduction in proportion of adults who binge drink by 1.4% baseline (2007/08 synthetic estimate 22.7%)	A20	<p>Develop dedicated activities to support the promotion of Alcohol Awareness Week.</p> <p><i>National synthetic data update available</i></p>	<p>March 2014</p> <p><i>August 2014</i></p>	Health Improvement Team	
Reduction in the rate of alcohol-related hospital admissions	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	Ongoing

	<p>Liver Disease Pathway is in place across primary and secondary care & specialist treatment services</p> <p>Development of a full family support strategy (to support A7 activity).</p> <p>Phase 2 of Whiston A&E Alcohol Liaison Nursing Scheme implementation to manage repeat attendees (contributes to a 33% reduction in the number of admissions from the Frequent Attendee</p>	<p>A22</p> <p>A23</p> <p>A24</p>	<p>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.</p> <p>Embed a 'whole family approach' into CRI services:</p> <ul style="list-style-type: none"> • Delivering/facilitating access to interventions to improve relationship and parenting skills • The identification of young carers • Develop local integrated treatment provision for 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. • Review inpatient treatment services for people with intense need. (The Windsor Clinic - Mersey care). Robust pathway in place and effective demand management. 	<p>By End March 2014</p> <p>By End March 2014</p> <p>By End March 2015</p>	<p>Adults and Communities & Public Health</p> <p>CCG, Adults and Communities & Public Health</p> <p>CCG & Public Health</p>	<p>Pathway review underway – due to report December 2015</p> <p>All new treatment journeys to Halton Integrated Recovery service are checked with IWST (Integrated Working Support Team) to highlight current or previous Health and Social Care Involvement.</p> <p>Inspiring families project has alcohol as a key priority.</p> <p>In patient treatment services reviewed and pathway in place.</p>	
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	cohort).		Support the full implementation of the A&E Alcohol Liaison Nursing Scheme to include identification and management of regular attendees to hospital for alcohol related harm.			Completed – alcohol liaison nurse service commissioned to support Halton residents in Whiston and Warrington Hospitals	
Reduction in the level of social disruption and harm due to alcohol consumption	Reduction in the harm caused by alcohol to individuals and others by using repeat Section 27 (S27) notices and Police IBA interventions. - 100% of S27 notices will be followed up with an appropriate health intervention.	A25	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.	By End March 2015	Community Safety Team Adults and Communities, Health Improvement Team & Public Health	All new treatment journeys to Halton Integrated Recovery service are checked with IWST (Integrated Working Support Team) to highlight current or previous Health and Social Care Involvement.	
	Reduction in alcohol related crime/ASB in Night Time Economy Hotspots (cross ref A16)	A26	Maximise forthcoming changes in licensing law to address problem premises and exploring processes for informing licensing decisions. - Roll out Arc Angel accreditation to premises running business in a well-managed way. - Maximise opportunities that arise	By End March 2015		Statement of Licensing Policy refreshed to reflect national best practice Increase in number of licensed	

			from information sharing with local A&E departments.			premises with Arc Angel accreditation. A+E data being collated to inform local licensing decisions	
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Older People (65+)							
Reduction in the number of people drinking to harmful levels	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"> • Alcohol and Falls • Alcohol and Mental Health 	By End March 2014	Health Improvement Team	Multi agency alcohol communication plan being developed to include campaign aimed at older adults – April 2016 Falls prevention service staff trained in alcohol IBA	
Reduction in the rate of alcohol-related hospital admissions	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	Completed.	





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	Comment on progress 2014	Timescales	Lead Officer	RAG
Detection and treatment of maternal	100% of women screened at home	M1	Determine if current pathway is in line with national evidence and guidelines for detecting depression	Pathway has been reviewed by midwifery and is in line with evidence base.	September 2013	Midwifery Service	

depression	antenatally at 36 weeks		Monitor screening rates	Bridgewater policy on maternal/perinatal mental health and action plan for Halton in development.	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 Review pathway against NICE guidelines	This is a KPI for bridgewater Pathway was compliant with Nice guidelines. Working to update with recent ammendments	On going March 2014	Health Visitors 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	Terrific 2's and positive play available for vulnerable groups	By Sept 2014 By March 2014	CYP Services	
		M4	Getting it Right with Families training delivered to first cohort of 16 practitioners			CYP Services	
School age children							
Outcomes	Targets		Actions	Comment on progress Mar 2014	Timescales	Lead Officer	
Improved	Early	M5	Train 10 school nurses in how to	School nurses have	September	Primary Care	

mental wellbeing of school-aged children	identification and support for children who are potentially more vulnerable to developing mental health problems		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	received STORM training, on suicide prevention	2013	Mental Health Team	
	Reduce levels of sexual exploitation and improve self-esteem and confidence	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	New service has been commissioned for Tier 2 services which will deliver this, comensing activity June 2015	September 2013	Primary Care Mental Health Team	
	Reduce levels of cyber bullying	M7	Develop resources and packs for teachers on gender, identity, confidence and aspirations	To be completed.	January 2014	CAMHS team	
	Improve healthy eating and reduce levels of obesity	M8	4 sessions per annum on anti-cyber bullying training and materials for front line staff, teachers and school nurses.	Widnes Vikings commissioned to deliver sessions.	September 2013	Health Improvement Team	
	Emotional wellbeing of looked after children (PHOF, Placeholder)	M9	Enrol all schools on Healthitude programme which covers healthy eating, drinking, tobacco and drugs.	Completed. All Schools offered programme.	June 2014	Health Improvement Team	
		M10	Review school nurse provision and develop new school nurse specification to include social and emotional health outcomes.	School Nurse Service has been procured	June 2014	Public Health	
	Increased promotion and use of materials within schools about the importance of emotional health and well being	M11	Develop information packs and resources on the impact of change on social and emotional health of children for front line staff	To be developed	September 2013	Health Improvement Team	
		M12	Refresh CAYP EWB Strategy and Implementation plan	CAMHS reviewed as part of Tier 2 development.	December 2013	Integrated CYP Commissioners	
		M13	Implement recommendation of HNA of	CAMHS reviewed as part of	March 2014		






		M14	children & young people's emotional wellbeing Agree final recommendations from the Looked After Children's needs assessment and implement.	Tier 2 development. Ongoing implementation.	September 2013	Integrated CYP Commissioners	
		M15	Support for children living with parents/carers who have mental health, alcohol or drug problems.	Better working relationship between CRI and Young Addaction to identify CYP. Still low numbers of referrals.	Ongoing	All	
		M16	Expansion of Healthitude Programme in schools which includes: <ul style="list-style-type: none"> • Drug and alcohol • Relationships • Peer Pressure • Sexual Health • Exam Stress 	Ongoing. Widnes Vikings element on bullying added to offer, and multi agency group established.	September 2013	Health Improvement Team	
Improved support for children and young people experiencing mental health problems	CAMHS needs assessment refreshed And CAHMS Strategy developed	M17	Refresh the CAMHS health needs assessment to reflect current Halton data (needs to feed strategy review detailed above)	Complete	July 2013	Public Health	
		M18	Develop new CAHMS Strategy & Action Plans Review Tier 2 CAMHS provision	Mental health action plan completed, and underway New Tier 2 service procured.	2013	Integrated CYP Commissioners	
		M19	Ensure staff are able to meet the needs of Children and Young People	Ongoing	Within 2013-14	Integrated CYP Commissioners	

			with both a mental health and learning disability need.				
Few people suffer avoidable harm	A&E attendance Reduction in hospital admissions due to self-harm <18 years of age	M20	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 Two Training Sessions per year for GP, A & E nurses, social workers and teachers on how to communicate and treat self harming children and young people using evidence based material and programmes	Ongoing Completed	June 2013 June 2013	Integrated CYP Commissioners Health Improvement Team	
Adulthood (16-64)							
Outcomes	Targets			Actions	Timescales	Lead Officer	
More people will have & maintain good mental health	Reduce number of first time entrants into the Youth Justice System (PHOF)	M21	Implement recommendations from the health needs assessment of young offenders	Establishment of a health sub group of the YOT service to take forward recommendations.	2013	Integrated CYP Commissioners	
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	Baseline:	M22	Implement recommendations from the HNA on adult mental health and wellbeing	New Mental Health Strategy developed – action plans in development to meet recommendations.	2014	Public Health / CCG / Adults & Com	
	Increase in self-reported wellbeing (PHOF)	M23	Implement recommendations of the Health impact of the economic downturn report from Liverpool Public Health Observatory	Ongoing	2014	Adults and Communities	
	Reduce unemployment, including youth unemployment and long-term unemployment	M24					

including, for example, social isolation.	Increase access to green space Reduction in admissions due to alcohol and drugs, including reduced inequalities	M25					
Improved information and support available to help young people maintain positive mental health	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	M26	Insight work carried out. Messages developed and disseminated. Measure use as much as possible e.g. website visits Information distributed throughout the borough	Development of the "Like Minds" campaign	September 2013 December 2013	Health Improvement Team	
Early identification of for those with mild to moderate mental health problems. Improved range and use of self-help and other	GP Practices support patients to access local services and facilities, use self-help tools, access training and participate in the local community	M27 M28	Rollout of the Community Wellbeing Practice Initiative. 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 Expansion of social prescribing services e.g. access to CAB, books on prescription, access to self-help website.	Completed Ongoing	Rollout from April 2013 Commissioner will performance manage provider at	Halton CCG/ Wellbeing Initiative/ evaluation support from Public Health Health Improvement Team	

<p>non-medical interventions to improve levels of self-reported wellbeing.</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>M29</p>	<p>Training for GP Primary Care staff on how to recognise mental health conditions and early non-medical treatment.</p>	<p>Ongoing</p>	<p>quarterly contract meetings against agreed KPIs September 2013</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</p>	<p>M30</p> <p>M31</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 problems.</p>	<p>New IAPT service procured.</p> <p>Ongoing</p>	<p>Tender timetable to be developed in 13/14 and timescales then set</p> <p>Monthly contractual reporting of current contract will happen in</p>	<p>CCG</p> <p>IAPT Service</p>	

<p>More people will recover</p>	<p>and older people Increased availability of psychological therapies for people with severe mental illness and long-term health problems</p> <p>Pre and post treatment outcome data (PHQ9 & GAD7) on over 90% of all patients who start treatment.</p>				<p>tandem with tender exercise</p>		
<p>Few people suffer avoidable harm (<i>this relates to all adults</i>)</p>	<p>Self harm: see previous section</p> <p>Reduction in suicide rates (PHOF) Baseline:</p>	<p>M32</p>	<p>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</p> <p>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</p> <p>Training for Primary Care staff on how to recognise and help people at risk of suicide.</p>	<p>New suicide strategy in development. Suicide event has taken place and task and finish developing new strategy.</p> <p>CALM commissioned to provide support for further 12 months.</p> <p>Training ongoing. HIT also developing e-learning tool.</p>	<p>Through the year until review (below) is complete</p> <p>Review complete by September 2013</p>	<p>Health Improvement Team</p> <p>Public Health</p> <p>Health Improvement Team</p>	
<p>Older People (65+)</p>							

Outcomes	Targets		Actions	Timescales	Lead Officer		
More people will have good mental health	Reduction in the number of lonely older people.	M33	Work with Public Health England to scope suitable projects for Halton.	Integration of Older Peoples Services with Health Improvement Team to improve links to community services.	2013	Public Health / HIT/ Adult & Com	
	Reduction in the number of older people with low to moderate mental health conditions in Care Homes and for those that receive domiciliary care.	M34	Review health improvement services for older people that link them to community activities. E.g. Reach for the Stars.	Work with Community Wellbeing Practices to enhance local offer.	2013	HIT/ Adult & Com	
		M35	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	M36	Final sign off through Mental Health Partnership Board	Completed	May 2013	Adults and Communities	
	Completion of carers strategy	M37	Final sign off through the Health and Well-being Board	Ongoing. Commissioning intentions to be developed to reflect Care Bill	April 2013	Adults and Communities	
	Evaluation of the Later Life and Memory Service pathway completed	M38	6 month evaluation report signed off		October 2013	Adults and Communities	