



**Health Policy and Performance Board**

**Tuesday, 4 November 2014 at 6.30 p.m.  
Civic Suite, Town Hall, Runcorn**

A handwritten signature in black ink, appearing to read 'David W R', positioned above a faint rectangular stamp.

**Chief Executive**

**BOARD MEMBERSHIP**

<b>Councillor Ellen Cargill (Chairman)</b>	<b>Labour</b>
<b>Councillor Joan Lowe (Vice-Chairman)</b>	<b>Labour</b>
<b>Councillor Sandra Baker</b>	<b>Labour</b>
<b>Councillor Marjorie Bradshaw</b>	<b>Conservative</b>
<b>Councillor Mark Dennett</b>	<b>Labour</b>
<b>Councillor John Gerrard</b>	<b>Labour</b>
<b>Councillor Margaret Horabin</b>	<b>Labour</b>
<b>Councillor Martha Lloyd Jones</b>	<b>Labour</b>
<b>Councillor Chris Loftus</b>	<b>Labour</b>
<b>Councillor Pauline Sinnott</b>	<b>Labour</b>
<b>Councillor Pamela Wallace</b>	<b>Labour</b>
<b>Mr T Baker</b>	<b>Healthwatch Co-optee</b>

*Please contact Lynn Derbyshire on 0151 511 7975 or e-mail [lynn.derbyshire@halton.gov.uk](mailto:lynn.derbyshire@halton.gov.uk) for further information.*

*The next meeting of the Board is on Tuesday, 13 January 2015*

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

**Part I**

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<b>1. MINUTES</b>	
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Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.	
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*In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.*

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

**DATE:** 4<sup>th</sup> November 2014

**REPORTING OFFICER:** Strategic Director, Policy & Resources

**SUBJECT:** Public Question Time

**WARD(s):** Borough-wide

### **1.0 PURPOSE OF REPORT**

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2 Details of any questions received will be circulated at the meeting.

**2.0 RECOMMENDED: That any questions received be dealt with.**

### **3.0 SUPPORTING INFORMATION**

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

- (i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.
- (ii) Members of the public can ask questions on any matter relating to the agenda.
- (iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.
- (iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.
- (v) The Chair or proper officer may reject a question if it:-
  - Is not about a matter for which the local authority has a responsibility or which affects the Borough;
  - Is defamatory, frivolous, offensive, abusive or racist;
  - Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
  - Requires the disclosure of confidential or exempt information.

- (vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.
- (vii) The Chairperson will ask for people to indicate that they wish to ask a question.
- (viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.
- (ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

#### **4.0 POLICY IMPLICATIONS**

None.

#### **5.0 OTHER IMPLICATIONS**

None.

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

6.1 **Children and Young People in Halton** - none.

6.2 **Employment, Learning and Skills in Halton** - none.

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

6.5 **Halton's Urban Renewal** – none.

#### **7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

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

8.1 There are no background papers under the meaning of the Act.

**REPORT TO:** Health Policy and Performance Board  
**DATE:** 4<sup>th</sup> November 2014  
**REPORTING OFFICER:** Chief Executive  
**SUBJECT:** Health and Wellbeing minutes  
**WARD(s):** Boroughwide

**1.0 PURPOSE OF REPORT**

1.1 The Minutes relating to the Health and Wellbeing Portfolio which have been considered by the Health & Wellbeing Board are attached at Appendix 1 for information.

**2.0 RECOMMENDATION: That the Minutes be noted.**

**3.0 POLICY IMPLICATIONS**

3.1 None.

**4.0 OTHER IMPLICATIONS**

4.1 None.

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

**5.1 Children and Young People in Halton**

None

**5.2 Employment, Learning and Skills in Halton**

None

**5.3 A Healthy Halton**

None

**5.4 A Safer Halton**

None

**5.5 Halton's Urban Renewal**

None

**6.0 RISK ANALYSIS**

6.1 None.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

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

8.1 There are no background papers under the meaning of the Act.

**HEALTH AND WELLBEING BOARD**

*At a meeting of the Health and Wellbeing Board on Wednesday, 9 July 2014 at Karalius Suite, Halton Stadium, Widnes*

Present: Councillors Philbin, Polhill and Woolfall and S. Banks, S. Boycott, P. Cook, K. Appleton, K. Dee, K. Fallon, G. Ferguson, A. McIntyre, D. Parr, M. Pickup, J. Rosser, N. Rowe, R. Strachan, A. Stretch, N. Sharpe, M. Shaw, A. Waller, S. Wallace Bonner.

Apologies for Absence: Councillor Wright and E. O'Meara, I. Stewardson, S. Yeoman, D. Lyon, C. Richards, D. Sweeney, D. Johnson, J. Wilson.

Absence declared on Council business: None

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

*Action*

HWB1 MINUTES OF LAST MEETING

The minutes of the meeting held on the 7<sup>th</sup> May 2014 were taken as read and signed as a correct record.

HWB2 PRESENTATION - PUBLIC HEALTH ENGLAND CENTRE CHESHIRE AND MERSEYSIDE

The Board received a presentation on behalf of Public Health England (PHE) Centre Cheshire and Merseyside from Katie Dee, who outlined to Members details on:-

- a summary of the changes since PHE Centre Cheshire and Merseyside was established in April 2013;
- PHE's mission, role, core functions and national priorities;
- its achievements in 2013/14 and priorities for 2014/15; and
- details on the 2014/15 Business Plan.

Arising from the discussion the Board discussed the administration of prescribed medicines in schools by staff. It was noted that changes to the Children's Act would address this. In addition, partnership working between PHE and other organisations was discussed. It was noted that when

approached to work with Commissioners, PHE had said there would be cost implications and a decision had been made not to pursue the proposed partnership project. In response the Board was advised that the PHE Centre role as a provider would become clearer.

RESOLVED: That the presentation be received.

HWB3 PRESENTATION NHS HALTON CCG - END TO END ASSESSMENT WORK

The Board received a report which set out an overview of the outcomes of the End to End Assessment Project which was delivered by Capita on behalf of NHS Halton CCG with NHS Knowsley, St. Helens and Warrington CCGs and NHS England. The End to End Assessment Project was commissioned to provide a:-

- High level retrospective review of healthcare activity, spend and patient flows by commissioner and by location per quarter in the past three years;
- A review of all current health care activity, spend and patient flows by commissioner and by location;
- Projected activity, spend and patient flows by commissioner and by setting for the next 3, 5 and 10 years assuming current cost and payment arrangements.

It was noted that the Capita End to End Assessment work had shown that the Mid Mersey CCGs all had similar strategic commissioning intentions. The Capita and i5 work suggested that the plans of NHS Halton CCG in partnership with Halton Borough Council and local providers were achievable but there were significant challenges ahead.

It was reported that the outcomes of the NHS End to End Assessment work would be factored into the 5 Year Strategy for NHS Halton CCG.

RESOLVED: That the report be noted.

HWB4 CHIMAT- CHILD HEALTH PROFILE

The Board received a report from the Director of Public Health, which provided an update on the Child Health Profile (CHIMAT) which was released every year by Public Health England and provided a summary of the health and wellbeing of children and young people in Halton. The data

that was included in the Child Health Profile was available at a national level and enabled Halton to benchmark their health outcomes against the England average values.

It was noted that health outcomes were closely related to levels of deprivation, the more deprived an area the poorer health outcomes that would be expected. Overall the health and wellbeing of children in Halton was generally worse than the England average, as were the levels of child poverty. Halton was the 27<sup>th</sup> most deprived borough in England (out of 326 boroughs) and, as such, would be expected to have lower than average health outcomes.

Members were advised that there were 32 health and wellbeing indicators included in the CHIMAT report and details in relation to performance were outlined in the report. With regard to the 32 indicators it was highlighted that:-

- there had been improvement in 17 indicators;
- for five outcomes performance was poorer in 2014 when compared to 2013, however for four of these indicators Halton was performing either at or above the England average rate;
- Six indicators had new methods of reporting data and therefore could not be compared to the 2013 report.

Members were further advised that child health remained a challenge for Halton. However, in many areas, the trend was moving in the right direction and improvements to child health had been made. It was important to maintain these improvements and continue to reduce the gap between Halton's outcomes and the England average. The Board was asked to support work in the areas where performance remained worse than the England average. It was also recommended that in areas of work where progress had been made, programmes in these areas continued to be supported. The main areas identified in CHIMAT where further improvements were needed included:-

- Child Development;
- Children and Young People who were Not in Education, Employment or Training and Youth Justice;
- Hospital Admissions (all causes other than for mental health conditions);
- Breastfeeding rates and smoking at the time of delivery; and
- Child Poverty.

RESOLVED: That

- 1) the contents of the 2014 Child Health Profile and the progress that has been made against a challenging baseline be noted. Out of the 32 areas 17 had improved, 4 had stayed the same and 5 were worse. For six of the measures data changes meant the results could not be compared;
- 2) of the five areas showing poorer performance in 2014 when compared to 2013, for four of these indicators, Halton was performing either at or above the England average rate and continues to do so.

#### HWB5 CHILDREN'S JOINT STRATEGIC NEEDS ASSESSMENT

The Board received a report of the Director of Public Health, which provided an update on the Children's Joint Strategic Needs Assessment (JSNA). It was noted that the last two JSNA overall summary documents had adopted a life course approach which met with favourable responses from the Board and from various partnerships and stakeholders. As a consequence, the Children's Trust Executive Group requested that the next iteration of the children's element of the JSNA use broadly the same approach. By doing this it was hoped that the JSNA better described the needs children and young people had at different stages of their lives and better reflected the full range of local needs.

Members were advised that a small working group of Children's Trust officers was established to consider what was needed and to develop a framework for the development of the new JSNA. This consisted of a series of life stage chapters with additional chapters to reflect vulnerable groups.

The Board was advised that all JSNA chapters had now been completed and uploaded onto the Children's Trust website. Each chapter had a set of key findings and priorities. It was noted that key themes emerging included:

- emotional health and wellbeing and mental health;
- accidents;
- high levels of hospital admissions compared to England and North West. In addition to accidents the admission rates for asthma, diabetes and epilepsy were comparatively high;

- maintaining good results for many indicators and continuing to drive them in the right direction;
- some issues remained significant and resistant to change, including breastfeeding, although small improvements had been made, levels remained low compared to the national and regional averages;
- although some issues that had improved for example, educational attainment, inequalities across the Borough remained and needed to be addressed; and
- there were new services and payment tariffs, organisational change and financial pressures against a back-drop of welfare reforms and continuing economic hardship.

It was also noted that the Children's JSNA had already been used to inform the Children and Young People's Plan and work on the Children in Care Sufficiency Report. The Children's Trust had also agreed to use the JSNA to focus discussions on their priorities and action plans throughout the year.

Arising from the discussion it was suggested that a future JSNA could cover 'later life over 65's'.

RESOLVED: That the report be noted.

#### HWB6 CHILD PROTECTION INFORMATION SHARING PROGRAMME

The Board considered a report of the Strategic Director, Children and Enterprise, which provided an update on the Child Protection Information sharing Programme (CP-IS). The CP-IS was a Government programme which would become a statutory responsibility in April 2015. The aim of the programme was to integrate crucial information into the Health database and allow information to be reported by Health straight into local authority Social Care records for children and young people. It was noted that the targeted group of young people were those subject to Child Protection Planning and those children who were in the care of the local authority. For those children and young people, information would be shared with the central system which speaks with both the Healthcare systems and the Children's Social Care systems.

It was also noted that a further aim of the programme was to ensure that a child could attend any medical facility throughout the country and upon presentation would be identified as a child at risk or in care and, as a consequence, actions and treatment provided would consider the

presenting risks. The data in respect of their visit to a medical establishment would then be uploaded and sent back to the local authority and appropriate action taken. The data was required to be updated every 24 hours by all three systems, Child Social Care (CSC), Health and the central data system.

Members were advised that in order for the process to work the CSC and Health organisations must have the capability to talk to the central system that collated and amended the data. As a result, each party was required to have an N3 connection. In addition, CSC would require Carefirst to be able to report on the required data, aggregate the data and send it via the N3 to the central system. The operators of the Carefirst CSC system were currently identifying how Carefirst would aggregate the data and send it to the central record. It was likely that there would be cost implications for this but assurances had been given by CP-IS that they would challenge companies that charged too much and had stated that it should cost no more than £1,000.

In respect of the data collection, the Local Authority was required to produce procedures detailing how and who would be responsible for ensuring the data was recorded appropriately onto the system. This was particularly important as in the event that an NHS number was wrong, the whole dataset would be returned. The report outlined details of the staged approach to implementing the programme and the next steps involved before the data transfer at the end of September 2014.

Halton had agreed to be part of wave two of the roll-out and consequently would be operational by April 2015 with a target date being September 2014.

RESOLVED: That

- 1) the contents of the report be noted;
- 2) the Board ensures that the appropriate requirements were in place from a Health perspective as outlined in the report; and
- 3) the staged approach to implementing the programme be supported.

HWB7 HEALTHY START PROGRAMME VITAMINS

The Board considered a report of the Director of

Public Health, which provided information on a pilot to increase the provision and distribution of Healthy Start vitamins in Halton. The Healthy Start Programme was a Department of Health funded programme that provided low-income families which included a pregnant woman or a child under the age of 4 years (and all pregnant women under the age of 18 years), with vouchers to spend on food and to exchange for vitamins. It was noted that the numbers accessing the scheme were very low equating to less than 1% of all pregnant women, new mothers and infants.

Until recently pregnant women who were ineligible for the voucher scheme were able to purchase Healthy Start vitamins from NHS Trusts at a lower cost. However due to regulatory changes NHS Trusts were no longer able to do this and there was a concern that this could have a significant impact on the numbers accessing the vitamins. It was therefore proposed that Healthy Start vitamins would be distributed free of charge to all pregnant and breastfeeding women in the Borough regardless of income via midwives, health visitors and through the children's centre network and one bottle of vitamins would be provided to all infants at 6 months of age. It was proposed that this pilot would run from 1<sup>st</sup> August 2014 to 31<sup>st</sup> August 2015.

It was noted that the existing voucher scheme for low income families would continue and it was proposed that the availability of the voucher scheme would be extended to Children's Centres, to increase access and encourage take-up. An awareness raising campaign would help promote both the universal availability of free vitamins and the voucher scheme for eligible infants.

The cost of the scheme based on an initial 90% uptake rate with fall off among subsequent uptake was estimated at £5,325.12. With the cost of the promotional marketing campaign at approximately £2,500.

Arising from the discussion it was suggested that any promotional material regarding the free vitamins scheme could be included in the Halton Housing Trust Welcome packs.

RESOLVED: That

- 1) the content of the report be noted; and
- 2) the proposals to pilot the universal distribution of Healthy Start vitamins to all pregnant and breastfeeding women (regardless of income) and to

all infants at six months of age be supported.

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*Meeting ended at 3.10 p.m.*

**HEALTH AND WELLBEING BOARD**

*At a meeting of the Health and Wellbeing Board on Wednesday, 17 September 2014 at Karalius Suite, Halton Stadium, Widnes*

Present: Councillors Polhill (Chair), Woolfall and Wright and S. Banks, C. Bentley, S. Boycott, P.Cook, T. Dean, G. Ferguson, D. Houghton, D. Lyon, S. McAteer, E. O'Meara, A. Marr, D. Parr, A. Risino, N. Rowe, R. Strachan, N. Sharpe, M. Shaw, E. Sutton-Thompson, D. Sweeney, A. Waller, S. Yeoman.

Apologies for Absence: Councillor Philbin and A. McIntyre, D. Johnson and J. Wilson

Absence declared on Council business: None

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

*Action*

HWB8 MINUTES OF LAST MEETING

The Minutes of the meeting held on 9<sup>th</sup> July 2014 having been circulated were signed as a correct record.

HWB9 APPROVAL OF THE DRAFT BETTER CARE FUND SUBMISSION 2014

The Board considered a report of the Strategic Director, Communities, which sought approval for the final re-submission of the Better Care Fund, in light of the re-issued new guidance and new templates, to the LGA and NHS England by 19<sup>th</sup> September 2014.

The initial draft Better Care Fund was submitted to the LGA and NHS England on the 4<sup>th</sup> April 2013, following approval by the Board. After receiving the submissions, NHS England and the LGA re-issued new guidance and new templates, changing some of the focus of the plan. For example, the payment for performance was now purely focussed on non-elective admissions, instead of cross health and social care performance metrics.

RESOLVED: That the Board

- 1) note the content of the report; and

- 2) approve the final draft Better Care Fund submission (Appendix 1).

Strategic Director,  
Communities

HWB10 FINAL NHS HALTON CCG 5-YEAR STRATEGY AND 2-YEAR OPERATIONAL PLAN WITH SUPPORTING ECONOMIC ASSURANCE

The Board considered a copy of the final NHS Halton CCG-5 Year Strategy and two year Operational Plan with supporting economic assurance. The document was the result of consultation with providers, public, clinicians and other stakeholders, including the local authority from July 2013, with data gathered from a number of sources to inform evidenced-based decisions of the strategic direction of Halton Health Economy and the Commissioning intentions which formed the Operational Plan to achieve that aim.

The document also set out the eight priority areas which had been agreed and what would be achieved over the next five years through focussing on these priority areas. The full list of commissioning intentions, associated metrics and targets to achieve the ambitions and priority areas were published in the plan. In addition, the Plan attempted to describe how the vision, priorities and ambitions would be achieved but also how this would be done in the context of the expected financial gap between supply and demand.

It was reported that a significant development (both in terms of expected impact and financial risk/benefit) was the establishment of two Urgent Care Centres in Widnes and Runcorn on the sites of the existing walk-in centre and minor injuries unit. A separate series of working groups had been set up to look at this scheme, and two organisations (i5 Health and Capita) had been commissioned to provide independent analysis of the potential available by reducing the level of urgent care in Halton. Both i5 and Capita had used different methods to calculate the potential levels of benefit available in the health economy and details of both findings were outlined in the report. A marketing campaign would be used to launch both Centres.

A copy of the NHS Halton CCG 5 year Plan Strategy and 2 year Operational Plan was submitted to NHS England on the 20<sup>th</sup> June 2014. Details of the response received on the 1<sup>st</sup> August by NHS England Merseyside Area Team Director, were outlined to Members. Overall the Plan was well received and they felt the Plan addressed the health needs of Halton's population.

RESOLVED: That the 5 year Strategy and 2 year Operational Plan be approved as demonstrating the strategic direction of the CCG in relation to the wider health economy in Halton, and that the specific operational intentions will contribute to achieving the strategy.

#### HWB11 ADDRESSING PREMATURE MORTALITY IN HALTON - PRESENTATION

The Board received a presentation from Professor Chris Bentley from HINST Associates. The presentation examined how the Health and Wellbeing Board could implement practical interventions in order to reduce health inequalities locally, with a view to improving health and wellbeing and reducing premature mortality. The presentation outlined the following:-

- the background to improving health and wellbeing and addressing health inequalities;
- levels of deprivation in Halton for both males and females;
- the relationship between multiple lifestyle risks and mortality;
- benchmarking against similar areas to Halton;
- potential interventions to postpone deaths; and
- how Halton, in conjunction with partners, can identify those who remain 'missing' in the system, to improve their health and wellbeing.

RESOLVED: That the report be noted.

#### HWB12 DEVELOPING A STRATEGY FOR GENERAL PRACTICE SERVICES IN HALTON - PRESENTATION

The Board considered a report and presentation of the Chief Officer, NHS Halton Clinical Commissioning Group, which advised on the programme to develop a strategy for general practice services in Halton. The Board was advised that general practice faced challenges from :-

- an ageing population, growing co-morbidities and increasing patient expectations;
- increasing pressure on NHS financial resources and increased regulation;
- persistent inequalities in access and quality of general practice;
- growing reports of workforce pressures, including recruitment and retention problems; and
- political pressure to change.

The Board was further advised that NHS Halton CCG and NHS England were discussing development of the formalising co-commissioning arrangements for general practice services in the Borough, following an expression of interest process. This meant that NHS England may, over the next few months, be delegating more responsibility for the commissioning of general practice services in the Borough to NHS Halton CCG. NHS Halton CCG and NHS England agreed that a strong, sustainable general practice was required in Halton to support commissioning and service provision. This required a co-ordinated and engaged approach to deliver.

Members were also advised that NHS England had stated their ambition for general practice services to operate at greater scale and be at the heart of a wider system of integrated out-of-hospital care. This would require a shift of resources from acute to out-of-hospital care. These ambitions were congruent with NHS Halton's CCG's 2 Year Operational Plan and 5 Year Strategy and also with the Better Care Fund Delivery Plan, developed with Halton Borough Council. NHS Halton CCG, engaging with NHS England, local practices and other partners was developing a co-commissioning strategy to meet these ambitions by focusing transformational activity in six areas:-

- Improved access and resilience;
- Integrated care;
- New services in the community;
- Community Development;
- Quality improvement; and
- Enabling work streams (i.e. governance, finance, estate, contracting, information technology and workforce).

It was noted that a copy of the Themes for Transformation Policy document would be submitted to the next meeting of the Board.

RESOLVED: That the Board note the report and presentation.

#### HWB13 PHARMACEUTICAL NEEDS ASSESSMENT

The Board considered a report of the Director of Public Health, which provided Members with a draft Pharmaceutical Needs Assessment (PNA) and an outline of the statutory 60 day consultation process. The PNA was a statutory document that states the pharmacy needs of the local population. This included dispensing services as well

as public health and other services that pharmacies may provide. It is used as the framework for making decisions when granting new contracts and approving changes to existing contracts, as well as for commissioning pharmacy services.

The Board had previously approved the establishment of a local steering group to oversee the development of its first PNA (Minute No 17/2013, refers). It had met at regular intervals since then. The Group had overseen and supported the development of the PNA and a Task and Finish Group had also met to ensure tasks identified by the Steering Group were being progressed and to trouble shoot any difficulties.

It was reported that in addition to the statutory 60 day consultation, the Steering Group also carried out a questionnaire to all pharmacies to gather up-to-date information on the services they provided. It also conducted a public survey to gain local people's views on their local pharmacy. Nearly 100 local people responded to the survey during a 4 week period. The information obtained from both the pharmacy and public surveys had been used to populate and inform the PNA.

The report outlined details of the findings of the PNA and set out the proposed arrangements for the 60 day statutory consultation exercise. It was anticipated that the final PNA would be submitted to the January 2015 Board meeting.

RESOLVED: That

- 1) the draft PNA, including the findings detailed in it, be approved; and
- 2) the commencement of the 60 day statutory consultation in line with the process detailed in this report.

Director of Public Health

#### HWB14 HALTON HEALTH PROFILE 2014

The Board received a report of the Director of Public Health, which presented information relating to Halton's Health Profile 2014 and provided analysis regarding the findings from a local perspective. Each year, the Department of Health released a health profile of Halton which compared it to the England average. It was designed to help local government health services understand their communities needs so that they could work to improve people's health

and reduce health inequalities.

The Halton Health Profile 2014 showed that half of all local residents lived in the most deprived areas in England. Given the direct relationship between poverty and poor health, it was unsurprising that Halton's health statistics were worse than the national average. Although Halton was not better than the England average, in the majority of indicators, it had improved against the previous year's figures in 15 out of 27 comparable indicators, remained static for 7 and worsened in 5. The report outlined Halton's progress and challenges and the wide range of programmes that were in place to address areas of concern.

RESOLVED: That

- 1) progress in health outcomes and programmes established to address areas of concern be noted; and
- 2) any comments be fed back to the Director of Public Health.

#### HWB15 HEALTH CHECKS

The Board considered a report of the Director of Public Health, which provided an update on the progress of the NHS Health Check Programme within Halton. The following developments were noted:-

- the Programme was revamped in October 2013 to include dementia and alcohol and to remove elements of the check which did not form part of the statutory programme;
- research undertaken by Health Inequalities Specialist Professor Chris Bentley revealed that 40% of Halton residents with long term conditions did not visit GP practices;
- new Service Level Agreements were drawn up with GP practices to reflect the changes and a handbook was developed to assist GP practices deliver the programme;
- the EMIS web template was revised by one of the practice managers and rolled out to other practices;
- the revised programme had been promoted by individual visits to practices, attendance at Practice

Managers' meetings and via presentations at related events;

- Health Trainers from the Health Improvement Team had been based within GP practices for the purpose of carrying out Health Checks on behalf of the practice; and
- an annual report on the performance of NHS Health Checks in 2013/14 had been produced using information supplied by the St. Helens and Knowsley NHS Hospitals Trust Health Information Service (HIS) Team.

Members were advised that of the 35,169 registered patients who were eligible at Quarter 4 2013/14), 5,217 had been invited for a Health Check, equating to 14.83%. This fell somewhere short of the 20% that would be needed on an annual basis to ensure that every eligible person was invited once in a five year period. Of those invited, 2,179 patients received an NHS Health Check, giving a take up rate of 42%.

With regard to future developments, to promote Health Checks, the following was proposed:-

- a Health Trainer would be based in every practice for the purpose of supporting the Health Check Programme;
- Wellbeing Practice Officers would be trained and deliver Health Checks in GP Practices;
- negotiations to secure the use of a bus for the purposes of carrying out Health Checks within the community were on-going;
- practices would be supported on the use of read codes to ensure that all invitations were recorded regardless of how the patient had been invited for the Health Check;
- an options appraisal was being undertaken in relation to the data collection element of the programme;
- a feasibility of offering NHS Health Checks to Council staff and elected Members was being explored;
- community venues for NHS Health Checks delivered by health trainers were being identified; and

- information stands offering Health Checks be set up in community areas such as supermarkets.

RESOLVED: That

- 1) the Annual Report on Health Checks be noted; and
- 2) the Board endorse the recommendations in the Annual Report, in particular –
  - Widespread promotion of Health Checks;
  - A Health Trainer available to every Practice and Wellbeing Enterprise Officers be trained to deliver Health Checks in each GP Practice; and
  - Use of a bus to deliver Health Checks and community based approaches.

Director of Public Health

#### HWB16 HYPERTENSION

The Board considered a report of the Director of Public Health, which advised that Champs was a collaborative service where nine local authority public health teams worked together to enable greater access to public health expertise and advice in Cheshire and Merseyside. A project had taken place to identify and agree the priorities that would be used to form the work plan for healthcare public health. It was led by a Public Health Consultant from Halton and the report outlined the process used and the local implications of this.

It was noted that three local priorities, which concurred with Halton CCGs priorities, matched those generated by the data produced:

- Mental Illness (highest cost to NHS);
- cancer (Largest cause of premature mortality); and
- unplanned/urgent care (high rate of 30 day re-admissions).

The review also highlighted the following priorities not chosen by partners: hypertension (largest disease register), liver disease (worse rate of premature mortality) and respiratory disease (large cause of hospital admissions). Of these, hypertension was chosen as a key area for action at the last CCG primary care model development workshop in August. A working group had been formed to develop a system wide approach to tackling the issue. A Halton cardio vascular disease strategy was in early development and the

regional Cardio Vascular Strategic Clinical Network and Merseyside Primary Care Strategic Forum had prioritised hypertension as a result of the Champs approach.

RESOLVED: That the Board

- 1) note that hypertension was a key cause of premature mortality in Halton;
- 2) note there was under diagnosis of hypertension nationally and in Halton; and
- 3) endorse the future plans for action in the area of hypertension.

Director of Public Health

#### HWB17 NHS SUPPORT FOR SOCIAL CARE

The Board was advised that similar to previous years, the Department of Health had allocated non-recurrent budget allocations to NHS England, nationally, for transfer to local authorities to invest in social care services to benefit health, and to improve overall health gain. In 2014, there were two components to the allocation; NHS transfer and Preparation for the Better Care Fund.

Members were advised that the Department of Health had announced revised allocations and transfer arrangements for 2014/15. Funding transfer to local authorities would be carried out by NHS England and Halton would be expected to receive NHS transfer £2,396,355 and Preparation for the Better Care Fund £533,000. The total allocation was £2,929,355. The report outlined a number of conditions which must be satisfied prior to the transfer of funding.

In light of the current financial and other pressures within the Local Authority, it was proposed that the majority of this allocation was utilised to support the whole system, which were of benefit to the wider health and care systems and provided good outcomes for service users.

The proposed funding main allocation for 2014/15 was as follows:

- Maintain the Telecare Service - £140,000;
- Additional support to the Community Care budget - £500,000; and
- Support of mainstream service delivery - £1,756,355.

In addition, it was noted that the proposed funding

allocation Implementation and Preparation of Better Car Fund, included early progress against national conditions and performance measures - £533,000 which would be used as follows:

- Early progress against national conditions and performance measures, an additional 14 Intermediate Care Beds - £300,000; and
- Preparation and Implementation, it was noted that further work was required to develop detailed plans and contingencies - £233,000.

RESOLVED: That the revised funding allocation as detailed in the report be approved.

#### HWB18 HEALTHWATCH HALTON ANNUAL REPORT 2013-2014

The Board received a presentation from Paul Cook, a representative of Healthwatch Halton which highlighted key elements of the Healthwatch Annual Report 2013/14. Members were advised on the governance arrangements at Healthwatch and the successful appointment of Jim Wilson as Chair of the Organisation, the establishment of the Healthwatch website, the role of Healthwatch in the community, developing links with the Polish Family Support Group and its statutory activities and plans for the next 12 months. Arising from the discussion, it was agreed that the Council and the CCG would liaise with Healthwatch to assist co-ordinating visits to local care homes.

RESOLVED: That the presentation be received.

#### HWB19 NATIONAL DEMENTIA ACTION ALLIANCE 'CARERS' CALL TO ACTION'

The Board was advised that a letter from the Secretary of State was sent to the Chairs of Health and Wellbeing Boards on the 16<sup>th</sup> July 2014, relating to the Prime Ministers Challenge on Dementia. The letter encouraged Local Authorities to sign up to the National Dementia Action Alliance Carers' Call to Action. In addition to the Local Authority signing up, member organisations of the Health and Wellbeing Board were invited to sign up individually to make pledges specific to their organisation, thus increasing the number of organisations supporting the movement.

It was noted that supported by the Chair of the Halton Dementia Partnership Board, the Council signed up to the Call to Action on the 23<sup>rd</sup> July 2014, pledging to deliver the

actions contained in the Local Dementia Strategy by 2018.

RESOLVED: That the contents of the report be noted.

HWB20 JOINT PUBLIC SERVICES (SOCIAL VALUE) ACT 2012  
POLICY, PROCUREMENT FRAMEWORK AND CHARTER

The Board considered a report of the Chief Officer, Halton CCG, which provided an update on the development of a Social Value approach for both Halton Borough Council and NHS Halton Clinical Commissioning Group (CCG). This had been carried out both in response to the needs of the Public Services (Social Value) Act 2012 and in conjunction with the Halton Health and Social Value Programme.

It was noted that a Social Value policy statement had been developed setting out a commitment that through our commissioning and procurement activity and under the Public Services (Social Value) Act 2012 consideration would be given, where appropriate, to seek to secure wider social benefits for Halton as a whole. The Policy Statement would also support the Halton Social Value Charter which was being developed in partnership across the Borough as part of the Social Value In Health Programme.

In addition, a Social Value Procurement framework had also been produced, a copy of which had been previously circulated to the Board. Both the policy and framework would need to be applied in a proportionate manner and be tailored to reflect what was being procured and how it would be the role of service commissioners and procurement lead to consider, on a contract by contract basis, what social value opportunities and outcomes may be relevant to that contract. Both the policy and framework had been consulted on with relevant stakeholders and the suggested approach had received universal support.

RESOLVED: That

- 1) the work carried out to date on the Developing a Social Value Approach for Halton Borough Council and the NHS Halton Clinical Commissioning Group be noted;
- 2) both the attached Policy Statement and Procurement Framework be endorsed and be recommended for approval by Executive Board; and
- 3) the Board consider opening the approach to the wider partnership for their use (as appropriate).

HWB21 SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

The Board considered a report which provided an overview of the new statutory duties, from 1<sup>st</sup> September 2014, under the Children and Families Act 2014 (the Act), to ensure schools made arrangements to support pupils with medical conditions. Each school was required to have a Medical Conditions policy, ensuring pupils with medical conditions have full access to education, including physical education and school trips.

It was reported in order to support schools to fulfil their statutory duties, a range of resources would be made available from 1<sup>st</sup> September 2014, which included:-

- a revised Supporting Pupils at Schools with Medical Conditions Policy, including a blank policy template which schools could adopt if they so wish;
- a list of the available training for school staff; including governors and teachers;
- information bulletins would be circulated to schools advising them of the changes through the schools e-bulletin, Chairs of Governors Briefings etc; and
- information would be made available through Halton's Local Offer and the Children's Trust websites.

RESOLVED: That the report be noted.

*Meeting ended at 5.00 p.m.*

<b>REPORT TO:</b>	Health Policy & Performance Board
<b>DATE:</b>	4 <sup>th</sup> November 2014
<b>REPORTING OFFICER:</b>	Strategic Director, Communities
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	Improving Access to Psychological Therapies (IAPT)
<b>WARD(S)</b>	Borough-wide

### 1.0 **PURPOSE OF THE REPORT**

- 1.1 To receive a presentation from the 5 Boroughs Partnership (5BP) on the work of the Improving Access to Psychological Therapies (IAPT).

### 2.0 **RECOMMENDATION: That**

- (1) Members receive the presentation; and**
- (2) Members ask any questions about the IAPT service as it operates in Halton.**

### 3.0 **SUPPORTING INFORMATION**

- 3.1 The 5BP has recently been awarded the contract to provide the IAPT service and this went live on 1<sup>st</sup> August 2014. 5BP are the principal provider but are working in partnership with Self Help Services (SHS) to deliver the service.

- 3.2 IAPT is the Department of Health's (DoH) mandated model for providing talking therapies for anxiety and depression in primary care. The main principles of the service are:

- Improving access
- Improving quality
- Demonstrating effectiveness

- 3.3 The IAPT model states that we should provide the least intrusive intervention first i.e. start with brief therapy, if this is not successful, offer more intensive therapy. There are 3 steps:

- Step 1
  - GP interventions
- Step 2 (provided by the IAPT service)
  - Guided self help

- Between 6 and 8 half hour sessions
- Lots of things to read and do between sessions
- Step 3 (provided by the IAPT service)
  - “Traditional” therapies
  - Between 12 and 20 hour long sessions
  - Cognitive Behaviour Therapy (CBT)

3.4 Referrals for the service come in writing from GPs. Clients are written to and asked to call the service for an appointment and are usually assessed within a week and placed on an appropriate waiting list.

#### 4.0 **THE NEW MODEL**

4.1 The Halton model is based on the Award winning Wigan service provided by 5BP. This service was recently identified as being in the top ten services in the country with regard to quality.

4.2 This model uses a self referral system that improves access to talking therapies for clients and has the highest recovery rates in the North West. It has met the 50% recovery rate target “since records began”.

4.3 Staff are supported using a complex continuing professional development system to ensure that the clinical quality of the service is good.

4.4 Improved links with secondary care at a consultant level smooths the pathway between primary and secondary care

#### 5.0 **POLICY IMPLICATIONS**

5.1 None identified.

# Halton Psychological Therapy Service (IAPT)

# IAPT

- IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES
- Not to be confused with another IAPT initiative: *“Improving Access to Public Toilets”*
- A four year DoH initiative to improve access to NICE guided Psychological Therapies
- Now part of the NHS Mandate

# Principles of IAPT

- Improving access
  - Moving from GP to self-referrals
- Improving quality
  - Only NICE guided therapies are provided
- Demonstrating effectiveness
  - Outcome measurement at EVERY session
- **Targets:**
- 50% recovery rate
- 13% return to work
- Referral to start of active treatment= 28 days

# What we treat...

1. Depression
2. Generalised anxiety disorder
3. Obsessive-compulsive disorder
4. Panic disorder
5. Post traumatic stress disorder
6. Agoraphobia
7. Health anxiety
8. Specific phobia
9. Social phobia
10. Mixed anxiety and depressive disorder



# What the service looks like

# Step 1

- GP & other primary care health professionals
- Watchful waiting
- Self-help materials
- If unsuccessful, try medication
- Refer into IAPT

## Step 2

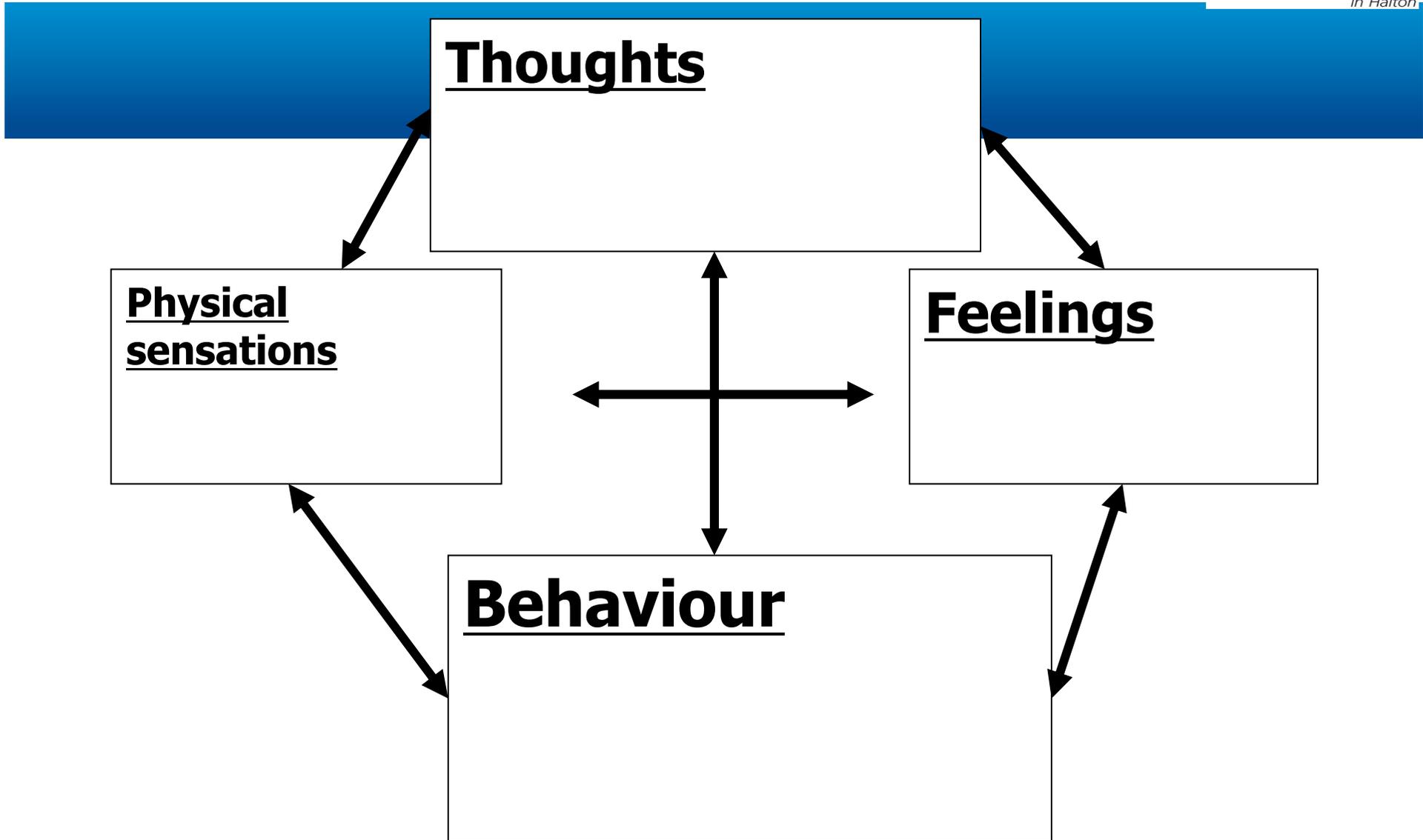
- Psychological Wellbeing Practitioners (PWP)
- Mental health ‘coaches’
- Provide Individual Guided Self-Help (IGSH)
- 4-8 half hour sessions with a lot of material given between sessions
- Face-to-face, telephone or on the computer

# Step 3

- High Intensity Therapists (HIT) & Mental Health Practitioners (MHP)
- ‘traditional’ therapies
- Currently available:
  - CBT
  - TF-CBT
  - EMDR

# CBT

- A type of therapy that helps the client to understand how mood, behaviour, thinking styles and physical factors are all linked
- The therapy helps the client to change these four factors



# Risk

- Risk is a vital factor in deciding on a referral
- CBT can increase suicidality in currently moderate to high risk clients
- A period of stability is needed for CBT/EMDR to be safe
- Typical client= some suicidal ideation but no plans, intent or recent history

# Quiz

- Men or women
- Age of greatest risk
- Riskiest time of year
- Most common methods
- Employed or unemployed
- Riskiest profession

# True or False?

- People who talk about suicide do not commit suicide.
- False
  
- Suicide happens without warning.
- False
  
- Not all suicides can be prevented.
- True
  
- Suicidal people are absolutely intent on dying.
- False
  
- An improvement in mood is a sign that suicide is less likely for the time being
- False

# How to refer to mental health services

- Get the client to contact their GP
- Self referral pathway currently being developed

# Questions?????

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

**DATE:** 4<sup>th</sup> November 2014

**REPORTING OFFICER:** Strategic Director, Communities

**PORTFOLIO:** Health & Wellbeing

**SUBJECT:** Adult Social Care Mental Health Services

**WARDS:** All

**1.0 PURPOSE OF THE REPORT**

1.1 This is a brief report to update the Board on, and to seek the Board's views about, potential developments within the Council's social care provision for adult mental health services.

**2.0 RECOMMENDATION: That**

- 1. The contents of this report are noted; and**
- 2. Members make any suggestions for change or future developments**

**3.0 SUPPORTING INFORMATION**

**3.1 Context:**

3.2 There are currently two services provided by Halton Borough Council for residents with complex mental health needs: the mental health social work service, based at the Brooker Unit in Runcorn, and the Mental Health Outreach Team, based in the Mental Health Resource Centre in Vine Street, Widnes.

3.3 There are 11 social workers in the Brooker Unit, three of whom work with older people who mainly have dementia; the remainder work with people aged between 18 and 65 who have severe and enduring mental health problems. There is also a dedicated mental health Carers Assessor. Most of the social workers are also Approved Mental Health Professionals, who are authorised to assess people for detention under the Mental Health Act 1983. In addition, the service is supported by one Principal Manager, one Practice Manager and administrative support. This service is largely funded directly by Halton Borough Council, but with a small contribution from Halton Clinical Commissioning Group.

3.4 The team is closely aligned to, and works alongside, the service provided by the 5BoroughsPartnership for people with mental health

conditions; they are part of the Recovery Team and they use all the same processes for assessment and service provision, so that people do not have to go through unnecessary duplication of assessments. The social workers also complete assessments of need under the NHS and Community Care Act, to ensure that people receive the care and support they need whilst living in the community.

3.5 In terms of support for older people with mental health problems, this service – the Later Life and Memory Services (LLAMS) - is delivered in partnership with the 5BoroughsPartnership NHS Trust. The Council is working with the 5Boroughs in a review of the LLAMS service and a report will be presented to the Board at a later date.

3.6 The Mental Health Outreach Team is a team of six outreach workers and one Practice Manager who provide practical and emotional support to people with severe and enduring mental health problems in the community. Their role is to work directly with the person concerned, to help them to manage all the things they need to do to live independently; they work closely with the social workers and nurses at the Brooker Unit, and monitor and report back on changes in people's mental health. The Outreach Team is funded jointly by the Borough Council and the Halton Clinical Commissioning Group.

### **3.7 Potential Developments:**

3.8 The model of service delivery described above has been in place for many years, and has achieved positive outcomes for very many people. However there have been a number of changes, both in terms of national policy and local service delivery, which have meant that the ways in which the services are delivered needs to be reconsidered. These changes include:

- New national policy guidance which stresses the extent to which people can be supported to recover from severe mental illness
- In the same national guidance, a strong emphasis on the need to develop services which prevent mental health conditions, or which intervene at a much earlier stage to stop them from getting worse
- The decision of the Halton Health and Wellbeing Board to treat mental health as a key local priority
- Changes in the way key partner organisations deliver services
- Increasing numbers of people being assessed for detention under the Mental Health Act
- Changing demands on the services from other partners, such as children's services, who need support with families with complex needs where there may be a mental health problem, and the police, who need appropriate community support for

people who might otherwise enter the criminal justice system

- 3.9 For the social work service, the recent development of the Acute Care Pathway within the 5Boroughs has meant that the 5Boroughs has now focused its work only on the people with the most complex needs and levels of risk. As a result the social work caseloads have fallen somewhat, although other work, such as Mental Health Act assessments, has increased considerably, in line with national patterns.
- 3.10 There is now some capacity within the team to develop a small service which works more directly with people who are known only to primary care services and who have not been referred to specialist hospital mental health services. One of the social workers already does some of this work, working with people who are referred by a range of agencies who might be at risk without support, and a proposal is to be prepared to extend this service, using existing resources. Crucially, this would allow the Directorate to provide support not only to primary care services but also to the Children's Directorate, both for the early intervention "Team Around the Family" approach and for the more complex work with families where there are children in need or at risk of harm.
- 3.11 This approach would build on some work that has already been going on within the Mental Health Outreach Team, and which will be the subject of a more detailed report to the Board. Again using existing resources, the Outreach Team has worked directly with five surgeries spread across the Borough to identify people with mental health conditions which, without support and intervention at this point, might result in more serious conditions in the future. Through this pilot programme some very promising results have been achieved and these are currently being evaluated; the expectation is that additional funding will be sought to extend this approach across the Borough.
- 3.12 In addition, there has been some effective work by partner agencies to ensure that people with mental health needs are managed within the correct care pathways, rather than – as has been the case both locally and nationally – being inappropriately engaged with the police service. An exercise known as Operation Emblem has achieved very positive results in reducing the numbers of people in Halton who have been detained under Section 136 Mental Health act 1983 – these are the powers that allow the police to detain people they find in the community who they believe may be a risk to themselves or others because of a mental health problem. This will also be the subject of a separate report to the Board.
- 3.13 Related to this, work is currently taking place with Warrington Borough Council to extend a successful service in that area into Halton. "Support 4 Change" is a treatment based approach which

aims to divert people from custody where appropriate, reduce risk of re-offending, and improve emotional health and general wellbeing. This approach requires close working between the courts, police and probation services and mental health services, and will involve a small number of people working across all agencies to deliver the aims of the project. A submission has been made for funding for this project and early indications have been positive.

3.14 All of this is about creating clear and consistent pathways for people into and out of services, so that people can receive quick care and support which is tailored to their needs. As a part of this, work with the commissioned provider services in mental health is also taking place, to ensure that there is a wide range of lower-level support available to people in the Borough.

3.15 Finally, work is in an initial stage to look at developing employment opportunities for people with mental health needs in Halton. There is emerging evidence that this group of people has been one of the groups that has been hit the hardest by the economic recession, and certainly the local chances of a person with a serious mental health problem being in employment are less than 10%. Within the Directorate, opportunities for people to gain work experience through voluntary work, and indeed some paid work, are being developed through the social enterprises attached to the council, and discussions are also taking place with local employment services to see whether any additional developments can be made.

#### 4.0 **POLICY IMPLICATIONS**

4.1 These developments meet the requirements of the national mental health policy guidance, “No health without Mental Health”. In addition they also go some way towards supporting the local priority within the Health and Wellbeing Board of developing a range of early and preventive mental health services to improve emotional health and wellbeing. Finally, these developments will support delivery of the national children’s services policy requirements in terms of early and preventive engagement with families, and effective involvement where children are in need or at risk of harm.

#### 5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Some of the proposed changes can be delivered within existing resources. Additional investment will be required for others, such as the development of the Support 4 Change service and the roll-out of the pilot work by the Mental Health Outreach Team with GP surgeries. However, external funding streams have already been identified for these and processes are in place to secure the finances necessary to deliver these changes, although this has yet to be finally confirmed.

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

### 6.1 **Children & Young People in Halton**

Adult social care services already work closely with children's services, particularly where there is a parent or adult with a mental health need in the family. These developments offer the opportunity for more a structured response to the needs of children and families, not only for those where children are in need or at risk of harm, but also for the provision of early help and support to prevent situations from getting worse.

### 6.2 **Employment, Learning & Skills in Halton**

There is some potential to develop employment and volunteering opportunities for people with mental health problems in Halton, although this is currently at an early stage.

### 6.3 **A Healthy Halton**

One of the stated aims of the Support 4 Change programme is to create improved emotional health and wellbeing. The work of the Mental Health Outreach Team, through its pilot with GP surgeries, has already achieved a number of positive health outcomes, including a reduction in one case of prescribed antidepressants (by agreement with the GP), improved attendance for health and dental checks, and in one case a significant improvement in a specific health condition following support offered about diet and management of the condition.

### 6.4 **A Safer Halton**

The Support 4 Change programme is specifically designed to support people with mental health needs to avoid offending behaviour. This will support the delivery of a Safer Halton.

### 6.5 **Halton's Urban Renewal**

There are no implications for Halton's Urban Renewal arising from this report.

## 7.0 **RISK ANALYSIS**

The proposed developments extend the scope of mental health services, providing engagement at a much earlier stage in the care pathway. There is the potential for a considerable level of demand arising from this, and this will have to be carefully managed. Regular reports will be taken to the Mental Health Delivery Board, so that all key partners are aware and early measures can be put in place to manage this demand.

Without the developments, however, there is a risk both to individual residents that they will not receive the care and support

that is appropriate to their needs.

**8.0 EQUALITY AND DIVERSITY ISSUES**

People with mental health problems are amongst the most disadvantaged in society. The proposals are designed to support people to have greater access to their own communities, and the proposals apply equally to all people.

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

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
No Health Without Mental Health	Runcorn Town Hall	Divisional Manager Mental Health

<b>REPORT TO:</b>	Health Policy & Performance Board
<b>DATE:</b>	4 <sup>th</sup> November 2014
<b>REPORTING OFFICER:</b>	Strategic Director, Communities
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	Safeguarding Update
<b>WARD(S)</b>	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the Health Policy and Performance Board with an update regarding the safeguarding work being undertaken across the Borough.

2.0 **RECOMMENDATION: That the Board note the contents of the report and associated Appendix.**

3.0 **SUPPORTING INFORMATION**

3.1 The Care Act 2014 has been heralded as ‘an historic piece of legislation that will make a difference to some of the most vulnerable people in society for many years to come’. The Act aims to put adult safeguarding on a statutory footing.

3.2 The main areas of safeguarding adults responsibilities contained within the Act are:

- Make safeguarding adults boards statutory;
- Make safeguarding enquiries a corporate duty for councils;
- Make serious case reviews mandatory when certain triggering situations have occurred and the parties believe that safeguarding failures have had a part to play;
- Place duties to co-operate over the supply of information on relevant agencies;
- Place a duty on councils to fund advocacy for assessment and safeguarding for people who do not have anyone else to speak up for them;
- Abolish, on human rights grounds, councils’ power to remove people from insanitary conditions under section 47 of the National Assistance Act, albeit with recourse to the Public Health Act still possible for nearly the same outcome;
- Re-enact existing duties to protect people’s property when in residential care or hospital;
- Place a duty of candour on providers about failings in hospital

and care settings, and create a new offence for providers of supplying false or misleading information, in the case of information they are legally obliged to provide.

An action plan has been developed to ensure that Halton is compliant and HSAB will monitor progress.

3.3 In addition, all Safeguarding Adults Board are required to produce an annual report, which summarises all of the key achievements and priorities the Safeguarding Adults Board has been working towards over the previous year. In Halton this is an activity that has been undertaken annually and the Annual Report 2012/2013 has been published which focused on four key priorities:

1. Promote awareness of abuse and the right to a safe and dignified life – particularly among the “vulnerable” and “at risk” but also among staff, volunteers and the wider community
2. Increase the contribution from service users and carers ensuring their views and experience inform the Board’s work and service developments. Provide individualised services that keep people safe, but permit informed decisions about risk
3. Ensure there is a strong multi-agency approach to the safety, wellbeing and dignity of all adults at risk
4. Equip employees with the necessary tools and training to safeguard adults at risk and ensure their dignity is respected

3.4 An updated Inter-Agency Policy, Procedure and Good Practice Guidance has been produced by the Integrated Adults Safeguarding Unit, in conjunction with members of Halton Safeguarding Adults Board. The document provides all agencies involved with safeguarding in Halton, with a practical and informative policy, which will ensure that procedures between statutory agencies are consistent across the whole of Halton. The policy was last produced in 2010, during this review of the policy the aim has been to revise all working practices to make sure the safeguarding process is clear and easy to follow.

3.5 The Safe in Town project and Halton Speak Out were awarded almost £5k from the Cheshire Police and Crime Commissioner, which was subsequently match funded by the Halton Clinical Commissioning Group earlier in the year. This funding was agreed on the principle that the types of beneficiaries and premises signed up to the scheme would widen.

3.6 The Safe in town scheme is there to help people to keep safe when they are out and about in the community. People who are (14+) and

have a learning or physical disability, people with Alzheimer’s or Dementia and people over the age of 60 can sign up for the Safe in town scheme.

They can go into any shop or building in the community that has the safe in town logo show them the card and they will keep the person safe until the carer comes to collect them. To date 457 people have signed up to the scheme.

No of people	Age range
62	14 - 18
201	18 - 60
194	60+

3.7 30 shops in Halton Lea are now safe havens, 17 shops and venues in the Old Town and 18 shops in Widnes Town Centre. An App has been designed for people to download on to their phones and Safe in Town also has its own Facebook page. Publicity has been applied to all public buses in Halton and Hallwood Health Centre advertises Safe in Town on their TV monitor in the waiting room. A full evaluation of the project will be undertaken regarding the sustainability of the scheme.

3.8 The annual report (attached at Appendix 1) describes how organisations and individuals across all sectors are working together to safeguard vulnerable people. As well as reporting on the HSAB’s work over the past twelve months, the Annual Report explains the national context in which we are all currently operating and lists the Board’s priorities for the coming year.

4.0 **POLICY IMPLICATIONS**

4.1 It is the responsibility of all Safeguarding Adults Boards to have a current Safeguarding Policy in place, for all agencies to adhere to. If the policy document cannot be agreed and approved, our safeguarding process could be at risk and a standardised approach not followed.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no other implications associated with this Report.

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

6.1 **Children & Young People in Halton**

The successful implementation of the Inter-Agency Policy, Procedures and Good Practice guidance will ensure that safeguarding processes work consistently well in order to safeguard adults and children in the Borough.

6.2 **Employment, Learning & Skills in Halton**

There are no implications for Employment, Learning and Skills arising from this Report.

6.3 **A Healthy Halton**

The successful implementation of the Inter-Agency Policy, Procedures and Good Practice guidance will ensure that safeguarding processes work consistently well in order to safeguard adults and children in the Borough.

6.4 **A Safer Halton**

The successful implementation of the Inter-Agency Policy, Procedures and Good Practice guidance will ensure that safeguarding processes work consistently well in order to safeguard adults and children in the Borough.

6.5 **Halton's Urban Renewal**

There are no implications for Urban Renewal arising from this Report.

7.0 **RISK ANALYSIS**

7.1 Not applicable.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no Equality and Diversity issues relating to this Report.

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

None under the meaning of the Act.



Halton's Safeguarding Adults Board  
Annual Report 2013/14

DRAFT



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## 1. Foreword

Halton's Safeguarding Adults Board believes that the safeguarding of vulnerable people is everybody's business with communities playing a part in preventing, detecting and reporting neglect and abuse. Although safeguarding adults is a complex and challenging area of work, effective measures are in place locally to protect those least able to protect themselves. As Chair of the multi-agency Board, I am pleased to present this Annual Report, which describes how organisations and individuals across all sectors, are working together to safeguard vulnerable people.

As well as reporting on its work over the past year, the Board's annual report explains the national context in which we all operate and lists our priorities for the coming year. When the Care and Support Bill is enacted in 2015, it will profoundly influence the role of Local Safeguarding Adults boards. The Francis Report (2013) into Mid-Staffordshire NHS Trust highlighted the importance of taking seriously people's escalation of concerns and stressed that service users should be placed at the centre of what organisations. Lessons from Winterborne View (DH, 2012) have also been at the forefront of the Board's attention, with provision for individuals with learning or mental health needs, in line with government guidance for good practice. Lessons to be learned include the need for sound complaints and whistle blowing procedures along with the effective monitoring and inspection of service provision. These benchmarks of quality will continue to govern how the Board holds its statutory partners and the wider partnership network of domiciliary and residential care service providers to account.

The last twelve months have been very productive with a number of developments introduced to help ensure Halton is still performing excellently in respect of safeguarding adults. Halton services throughout the year dealt with 822 alerts of which 540 became referrals of alleged abuse, investigated those concerns, putting safeguarding arrangements in place and supporting people who found themselves in abusive situations.

We have continued to make important linkages to the Halton Domestic Abuse Forum and Halton's Safeguarding children's Board. We have also maintained our communication and scrutiny of what we do through the Local Strategic Partnership.

I want to assure local people and partner agencies of our continuing commitment to this work, which is essential to the quality of life and experience of people whose circumstances make them vulnerable and take the opportunity to thank all those involved for their vital contribution to this essential area of activity. I am grateful to all those managers and practitioners who seek to ensure that adults at risk are safeguarded and who uphold the highest standards of care and support. I hope that you find the Annual Report informative and reassuring, even though the practice surrounding the safeguarding of adults at risk is always complex and frequently challenging.



**Dwayne Johnson**

Chair of Halton's Safeguarding Adults Board  
Strategic Director – Communities  
Halton Borough Council

## 2. The Safeguarding Adults Board - Partnerships and Principles

This report sets out national and local developments on safeguarding vulnerable adults. It includes principles used by Local Authority Social Services, housing, health, the police and other agencies to develop and assess the effectiveness of local safeguarding arrangements. It also describes in broad terms, adult safeguarding outcomes for both individuals and agencies and outlines Halton's priorities for the future.

Membership of Halton's Safeguarding Adults Board (SAB) includes senior representatives from all partner agencies, including directors, lead clinicians and lead officers responsible for safeguarding adults in Halton. It has a zero-tolerance approach to abuse. Every person has the right to live a life free from abuse and neglect. It is everyone's business to ensure that we work together as a community to support and safeguard all adults who are most at risk in society.

To achieve this the Board continues to develop and establish strong partnerships to ensure that the most vulnerable in society are safeguarded and are free from fear, harm, neglect and abuse. There is recognition that this cannot be achieved in isolation. Instead, local solutions are required by working collaboratively with partner agencies and others in the local community who will have a key part to play in preventing, detecting and reporting neglect and abuse.

All Partners are expected to share the following values which underpin their work:

- Everybody within our society deserves, and is entitled to, good quality care and support to meet their needs;
- Some people have difficulty expressing their needs and require careful consideration of their individual circumstances;
- Everybody has a right to live in a safe and secure environment without fear of abuse, harassment or injury;
- Everybody has a right to live as independently as they are able;
- Everybody has a right to make choices and decisions about their lifestyle, which can involve risk-taking.

Everybody should have access to relevant services for addressing issues of abuse and neglect. This includes the civil and criminal justice system and victim support services. The structure and reporting framework for the Board is shown in **Appendix 1**.

## 3. National Activity

In the past year there have been a significant number of publications focusing nationally on various aspects of safeguarding. Some of these are described below:

**3.1 Draft Care and Support Bill** - This proposes a number of changes to safeguarding adults at risk and will lead to changes in practice over the coming two years. These are:

- Within the overall unifying principles of the Bill:
  - The well-being of the individual is paramount
  - Local authorities must promote the individual's well-being in all decisions made with and about them
  - Well-being is the outcome that individuals seek for themselves
- A duty to make enquiries where the local authority has reasonable cause to suspect abuse or neglect of an adult at risk (Clause 41).
- A duty to share information about a person for safeguarding purposes (Clause 44)
- Safeguarding Boards will be placed on a statutory footing with a minimum core membership of the local authority (which retains the lead for adult safeguarding); the police, and the clinical commissioning group (Clause 42).
- Safeguarding Adults Reviews will be statutory and will replace serious case reviews (Clause 43)

- Section 47 of the National Assistance Act 1948 (which gives a local authority power to remove a person in need of care from home) will cease to apply to persons in England

**3.2 Local Government Association, Association of Directors of Adult Social Services and Care Quality Commission - Making Safeguarding Personal (March 2013)** - This final project report, draws together the findings of various pilot studies of person-centred, outcome focused responses to safeguarding adults. It focuses on process, outcomes, impact on practice and cost effectiveness.

**3.3 Statement of Government Policy on Adult Safeguarding (May 2013)** - This describes, in broad terms, the outcomes of adult safeguarding, for both individuals and organisations and reinforces the importance of the government's six principles for safeguarding: **Empowerment; Prevention; Proportionality; Protection; Partnership and Accountability.**

**3.4 The Francis Report, February 2013** into the Mid Staffordshire NHS Foundation Trust Public Inquiry. This has had major implications for the NHS and social care, in terms of improving dignity and quality of care for individuals. The report ends with the message to focus on what is truly important and which requires:

- Readily accessible fundamental standards and means of compliance;
- No tolerance of non-compliance and the rigorous policing of fundamental standards;
- Openness, transparency and candour in all the system's business.

**3.5 Health & Social care Information centre (hscic): Measures from the Adult Social care Outcomes framework (July 2013); Abuse of Vulnerable Adults in England (September 2013)** – These include information about the volume of safeguarding activity, the characteristics of adults who are at risk and the location of where abuse is most commonly taking place.

**3.6 Local Government Association (LGA) and the Directors of Adult Social Services (ADASS) - Making Safeguarding Personal (March, 2013).** This is based on workshops, test bed sites, practitioner involvement and reports from a number of councils and partners including the Restorative Justice Council. Results strongly suggested that people need to feel more in control and involved in any decisions made about them. Hence, adult safeguarding needs to be more person centred and person driven with less emphasis on processes. It has to emphasise outcomes which are closely linked to individual social networks and personal experience.

## **4. Key Developments and Local Activity**

**4.1** Halton's Safeguarding Adults Board (SAB) contributes to the objectives of the Health and Wellbeing Board's Joint Health and Wellbeing Strategy and Halton's Strategic Partnership's Sustainable Community Strategy. During 2012-13 the Board focussed on 4 key priorities:

1. Promote awareness of abuse and the right to a safe and dignified life - particularly among the 'vulnerable' and 'at risk,' but also among staff, volunteers and the wider community.
2. Increase the contribution from service users and carers, ensuring their views and experience inform the Board's work and service developments. Provide individualised services that keep people safe, but permit informed decisions about risk.
3. Ensure there is a strong multi-agency approach to the safety, wellbeing and dignity of all vulnerable adults.
4. Equip employees with the necessary tools and training to safeguard vulnerable adults and ensure their dignity is respected.

**4.2** Actions under each priority carried out in 2012-13 were mapped against the '*Standards for Adult Safeguarding*' and Halton's Clinical Commissioning Group's '*Safeguarding Assurance Framework*' (Safeguarding Adults – A national Framework of Standards for good practice

and outcomes in adult protection work (Association of Directors of Adult Social Services [ADASS October 2005]; Safeguarding Advice and Guidance to Directors of Adult Social Services, March 2013; Standards for Adult Safeguarding: <http://www.idea.gov.uk/idk/aio/29270716>).

**Priority 1 (Promote awareness...):**

- The marketing strategy has been reviewed and developed to engage more effectively with adults at risk and the wider community as a means of raising awareness (ADASS std. 3, 6; CCG std. 9).
- Information is now widely distributed in a variety of suitable formats (ADASS std. 3, 6; CCG std. 5).
- Halton's Prevention and Early Intervention Strategy has been reviewed and updated (ADASS std. 1; CCG std. 3).
- All Safeguarding related policy, procedure and practice guidance takes appropriate account of Safeguarding and dignity standards in terms of both prevention and response - restrictive Physical Interventions, Exclusion, Nutrition and Hydration, Recruitment and selection, Whistleblowing, Supervision (ADASS std. 4; CCG std. 6).
- Reasonable systems have been put in place to safeguard individuals directing their own support and ensure their dignity (ADASS std. 4; CCG std. 6).

**Priority 2 (Increase SU and carer...contributions):**

- Systems have been put in place so that service users, carers and wider community involvement are able to inform the work of the SAB. This involves the use of available resources to acquire feedback from stakeholder events, User led organisations, LINKs, PALS, Local Area Forums, community groups, Halton 2000 Survey, partner agencies' and intelligence (ADASS std. 7; CCG std 8).
- Have implemented the recommendations from the Service User and Carer Survey carried out during August – November 2011 (ADASS std. 7; CCG std. 8).

**Priority 3 (Strong multi-agency involvement...):**

- Structure, reporting arrangements and current activity has been reviewed to improve effectiveness, impact on outcomes and better use of resources (ADASS std. 1, 5; CCG Std.5, 7).
- In the past year there has been a concerted effort to forge much closer alignments with other strategic partnerships and related services such as: domestic abuse; dignity, mental capacity, personalisation and self-directed support; safeguarding children, customer care; community safety and hate crime (ADASS std. 1; CCG std. 5). In addition, customer feedback is now an important aspect of our work and informs all future strategy and practice (ADASS std. 2; CCG std. 9).

**Priority 4 (Training employees...):**

- Robust policies, procedures, practice guidance and protocols have been developed, reviewed, communicated and implemented (ADASS std. 4, 7; CCG std. 2).
- There have been a number of training events to develop practice and support cascade learning with feedback given to practitioners and managers. These involved the implementation of: the safeguarding Adults Learning, Development and Training Strategy; and the roll out of Safeguarding Adults Safer Recruitment training. Events, workshops and learning experiences and opportunities have helped to ensure good practice is fully embedded (ADASS std. 3, 6, 7; CCG std. 6, 8).

- There has been a significant improvement in the way available learning and outcomes are recorded, shared, inform and drive service developments from the experience of individuals using safeguarding services, carers and from events such as Serious Case reviews and Serious Untoward Incidents. This has led to an improvement in patient experience and hospital admission and discharge arrangements regarding Safeguarding and Dignity. (ADASS std. 1, 2, 7; CCG Std. 9).
- Revised vetting and barring and CRB requirements have been adopted (ADASS std. 1; CCG std. 6)

## 5. Integrated Adults Safeguarding Unit

Safeguarding is everyone's business. Keeping people safe and ensuring they are treated with dignity and respect continues to be a high priority for the council and its partners. In recognition of this commitment, the Council have set up a joint Integrated Adults Safeguarding Unit with the NHS Halton Clinical Commissioning Group. The unit undertakes the most complex cases which include multi-agency police investigations and multiple abuse allegations within nursing and residential homes. Establishment of the unit has the support provided to Halton's safeguarding Adult Board, the Local Authority and other agencies operating within Halton. **Appendix 1** illustrates the structure and accountability of the Safeguarding Adults Board.

## 6. Outcomes – Case Histories from Service Users and Carers

Two Recent examples of prompt action and improved levels of protection:

A woman with mental health issues and who was known to Social Services was experiencing harassment from her neighbours. Following a Vulnerable Adult Safeguarding investigation, extra support and strategies (including the use of the Community Support Officer) to reduce any risk to the woman were put in place. Following a review of her situation, involving a range of professionals and partners, the support package was adjusted. This ensured that the approach adopted continued to meet the woman's needs, enabling her to live safely and independently within the community.

Mr. G is a young gentleman who had been granted a Personal Health Budget to enable him to employ personal assistants to support him on a daily basis with his health and social care needs. This was a significant event in Mr. G's life as it provided him with increased autonomy, empowering him to take control of his life and make his own choices.

Mr. G had identified a group of carers whom he wished to employ in this role; he had developed good relationships with carers when he had been supported by a provider care agency. These relationships and more importantly their knowledge of his specific needs were paramount to Mr. G. Shortly before Mr. G's Personal Budget was to commence he decided to celebrate with his carers, one of whom was on duty and the other who had completed their shift. As a result of this celebration and decisions made under the influence of alcohol Mr. G was left in a risky situation by both carers.

The then care provider agency was contacted by emergency services and following an investigation both carers were referred to the Disclosure and Barring Service (DBS). Mr. G accepted that it was reasonable that the carer who was on duty should be dismissed and referred to DBS. However, he felt that as the second carer was not officially on duty

and he had invited both of them to celebrate with him, they should not be dismissed. Staff explained to Mr. G that there was a code of conduct for carers around personal boundaries and furthermore, the carer's responsibility towards him and their professional accountability does not end when they finish their shift.

Mr. G presents as a very pleasant, intelligent and articulate young man. He acknowledged how the actions of the carers could be perceived by others as neglectful, nevertheless he maintained that it was extremely important that he be allowed to continue his employment of the second carer.

A 'network meeting' was proposed with Mr. G and his wider network partners. The facilitator of the meeting met with Mr. G prior to the network meeting to explain what the meeting would entail. The aim being to reduce any anxieties that this process would potentially raise, to gain consent to go ahead with the meeting and to discuss what he wanted to achieve from the meeting.

At the meeting Mr. G conducted himself admirably, belying his young age and lack of experience in such a forum. He also acknowledged that there had been significant learning for himself. However, at the end of the day he was a young man who had made a poor decision and sadly because of his personal circumstances this had very different consequences for him.

At this stage Mr. G had already taken significant action to better protect both himself and his employees in the future. He had conducted his own research on the internet and with the help of his advocate had produced his own employer/ employee agreements.

The outcome of the network meeting was that Mr. G could continue to employ the carer. However, he was made aware that should the Disclosure and Barring Service take action to bar this carer then Mr .G would be legally bound to dismiss the person from his employment.

Although Mr. G's anxieties were raised at the beginning of the safeguarding process, the subsequent opportunity for Mr. G to lead his own network meeting enabled him to feel more in control and eventually achieve his initial outcome. This resulted in a partnership that allowed an adult at risk to increase his safety balanced with his need for independence and control.

## 7. Adult Safeguarding data (trends over the past 3 years)

### Abuse of Vulnerable Adults – a national comparison

Total Alerts Age-Group  
(April 2010 – April 2013)

Data Year	Age-Group	Halton Total Alerts	Estimated Average Alerts for 152 English Councils
2010-11	18 - 64	232	
	65 - 74	92	
	75 - 84	248	
	85+	220	
	All ages Total	792	
2011-12	18 - 64	317	
	65 - 74	126	
	75 - 84	335	
	85+	312	
	All ages Total	1090	
2012-13	18 - 64	245	
	65 - 74	103	
	75 - 84	207	
	85+	267	
	All ages Total	822	

National Data (final column) for 2011/12 and 2012/13 is taken from Health & Social Care Information Centre Abuse of Vulnerable Adults in England 2012-13, final report 6/2/14.

Between 2010/11 and 2011/12 there was a significant increase in the number Vulnerable adults within all age groups in Halton.

In the past year however (2011/12 and 2012/13) there has been a significant improvement (decrease) across all age groups. Comparing All ages Totals with National data for England over the same period shows that in Halton Total Alerts decreased by 25% (1090 to 822), whereas nationally they increased by 19% (1097 to 1303). This bucking the national trend is thought to be due to improved training and better public awareness.

## 8. Training and Development

During 2012/13, work has continued to support the implementation of the 3-year Multi-Agency Safeguarding Adults Learning and Development Strategy, which was introduced in 2010/11.

It is designed to ensure that staff and volunteers across all organisations who are providing support to vulnerable people in Halton have an understanding about the various factors that can indicate a vulnerable person is, or may be, being abused and know how to fulfil their responsibilities when abuse is indicated and how to prevent abuse wherever possible. By making the training available to all partners, the outcome will be improved safeguarding practices for Halton's most vulnerable adults.

As part of the strategy, a Safeguarding Adults E-learning course was developed and is available via the HBC Internet website. **499** employees undertook the e-Learning (Basic Awareness) during 2012/13. Further E-learning modules have been developed to provide training on Dignity in Halton, Safer Recruitment, and Children Safeguarding Basic Awareness. Such training has the potential to prevent abuse, promote safe practice, reduces the time away from the workplace and can be completed at a convenient time to the individual.

In addition, Seven Elected Members have attended 'Safeguarding Adults/ Children's Alerter' training and further dedicated training is planned for 2013/14.

Safeguarding courses for 2012-13 were advertised widely to a variety of local organisations and representative contacts across all sectors. As an example, dedicated advertising was included in e-newsletters issued by: Halton & St Helens Voluntary & Community Action, Bridgewater Healthcare and the 5 Boroughs Partnership. Courses made available included the following:

- Investigators course (for Halton Borough Council and NHS staff)
- Alerter Training
- Safeguarding Children – E-learning module

- Safer Recruitment – E-learning module
- Domestic Abuse – E-learning module
- Safeguarding Adults Induction Workbook

Four multi-agency Joint (Safeguarding Adults and Children) 'Alerter' training events took place during 2012-13. These events all received very positive feedback from delegates who attended, and were delivered by a drama group facilitated by HBC & HSCB officers who were present to deal with any queries arising that related to local issues.

At the latter end of 2012, a joint Adults and Children Training Needs Analysis (TNA) was undertaken. This provided an overview of Safeguarding Vulnerable Adults and Children training requirements and provision for individual agencies across Halton. The following priorities for the 2013-14 training period were produced:

- ❖ Continue to identify effective networks and links to engage the Voluntary Community and Faith (VCF) sector to ensure a higher level of involvement in next year's TNA.
- ❖ Awareness-raising by individual agencies with their staff to highlight the requirement to undertake relevant training for Safeguarding Vulnerable Adults and Children, to ensure staff are able to work effectively across all safeguarding issues.
- ❖ A Strategic Level Safeguarding Course is developed to raise awareness and understanding at a senior management level of safeguarding responsibilities.
- ❖ Joint 'Alerter Workshops' to continue twice a year with consideration as to whether or not a further 3rd day of delivery is required should demand reach the indicated levels of need indicated by the TNA.
- ❖ A revised TNA matrix is developed for September 2013. This is to support further clarification of the Safeguarding Adult groups and staff allocation.
- ❖ The revised electronic Joint Safeguarding Adults and Children TNA process is repeated in September 2013.
- ❖ A review of the current Domestic Abuse courses available is undertaken and a revised package is made available to address the reported lack of relevance by agencies.

## 9. Publicity and Communication

In the past 12 months the **Publicity & Communications Sub-Group** has focused on communicating the safeguarding agenda within our communities and among our key partners. Membership of Halton Safeguarding Adults Board (HSAB) includes: the health service, police, fire service and registered landlords. A quarterly newsletter was launched and distributed electronically to all members of the Board as a means of keeping them informed of key developments. The newsletter contains a national and local perspective as well as key pieces of work that highlight best practice. Board Members are encouraged to share news from their respective organisations, highlight good practice and provide details of key contacts. This helps to maintain awareness of the most recent developments in the safeguarding arena.

In the past year the Publicity and Communications Sub-Group have produced and distributed two editions of the newsletter and made available a summary of the Annual Report for (2011-12) outlining key achievements. The Board must continue to ensure agencies and partners are fully informed of the most recent developments. However, it is equally important that we continue to promote safeguarding within our communities to ensure those most at risk are afforded the greatest protection.

There has been a reduction in the number of safeguarding issues reported during 2012-13. For this year 2013/14 need to consider how we might further strengthen our communication activity. Further achievements and developments in 2012-13 included the Launch of a quarterly E-bulletin to members of Halton Safeguarding Adults Board and the production of a summary version of Halton Safeguarding Adults Board Annual Report.

## 10. Future Priorities 2013-14

The overarching principles set out in Government policy for safeguarding vulnerable adults (DH, May 2011) are fully supported by the Halton Safeguarding Adults Board. These principles provide the direction for future safeguarding priorities in Halton. These are summarised as:

### *Empowerment*

Individuals will be asked what they want as the outcomes from the safeguarding process and these outcomes will directly inform what happens wherever possible. Halton will continue working towards supporting people to manage risk in their own lives, with professionals supporting their decision making at each stage of their safeguarding adult's procedures. There will be an emphasis on reducing focus on process and increasing the focus on the individual. We also ensure that there is a greater public awareness of safeguarding adults, whilst also managing expectations.

### *Protection*

Individuals will get help and support to report abuse and neglect and be assisted to take part in the safeguarding process. We will continue working towards ensuring safeguarding adults procedures serve to respond to abuse or neglect and that decisions are made in line with the Mental Capacity Act.

### *Proportionality*

Individuals will be confident that professionals will work for their best interests and that professionals will only get involved when needed. Halton will continue working towards ensuring that safeguarding adult's policies, procedures and guidance are used in appropriate circumstances to inform a proportional response to the concerns being raised. This will be achieved by ensuring safeguarding adults policies, procedures and guidance are clear and explicit about the definitions and thresholds for intervention and what the potential alternatives are if these thresholds are not met. The Board will also ensure that thresholds are consistently applied by all partner agencies.

### *Prevention*

Individuals will be clearly informed about what abuse and neglect is, how to recognise the signs and what they can do to seek help and support. We will continue working towards gaining assurance from all partner agencies that prevention is a core element in the delivery, commissioning and development of services. This includes providing appropriate information and training to their respective workforces on how to recognise and respond to abuse and neglect. This will be achieved by ensuring the right people are recruited through safe recruitment mechanisms, that all staff receive appropriate training and that there are specialist safeguarding adults' staff from whom they can obtain advice and support. Maintenance of levels of safeguarding awareness and understanding delivered through training and communication strategies is essential in the current changing environment.

### *Partnership*

Individuals will be confident that professionals will work together to get the best outcomes for them. They will also be confident that all staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. Halton will continue working towards developing joint working practices between and across organisations that promote coordinated, timely and effective responses for the individual at risk. The partnership aims to foster an

approach that places the welfare of individuals before the “needs” of the system. This will be achieved by ensuring the working relationships of partner agencies are sustained and developed at a strategic and operational level and links to wider networks or Boards are embedded.

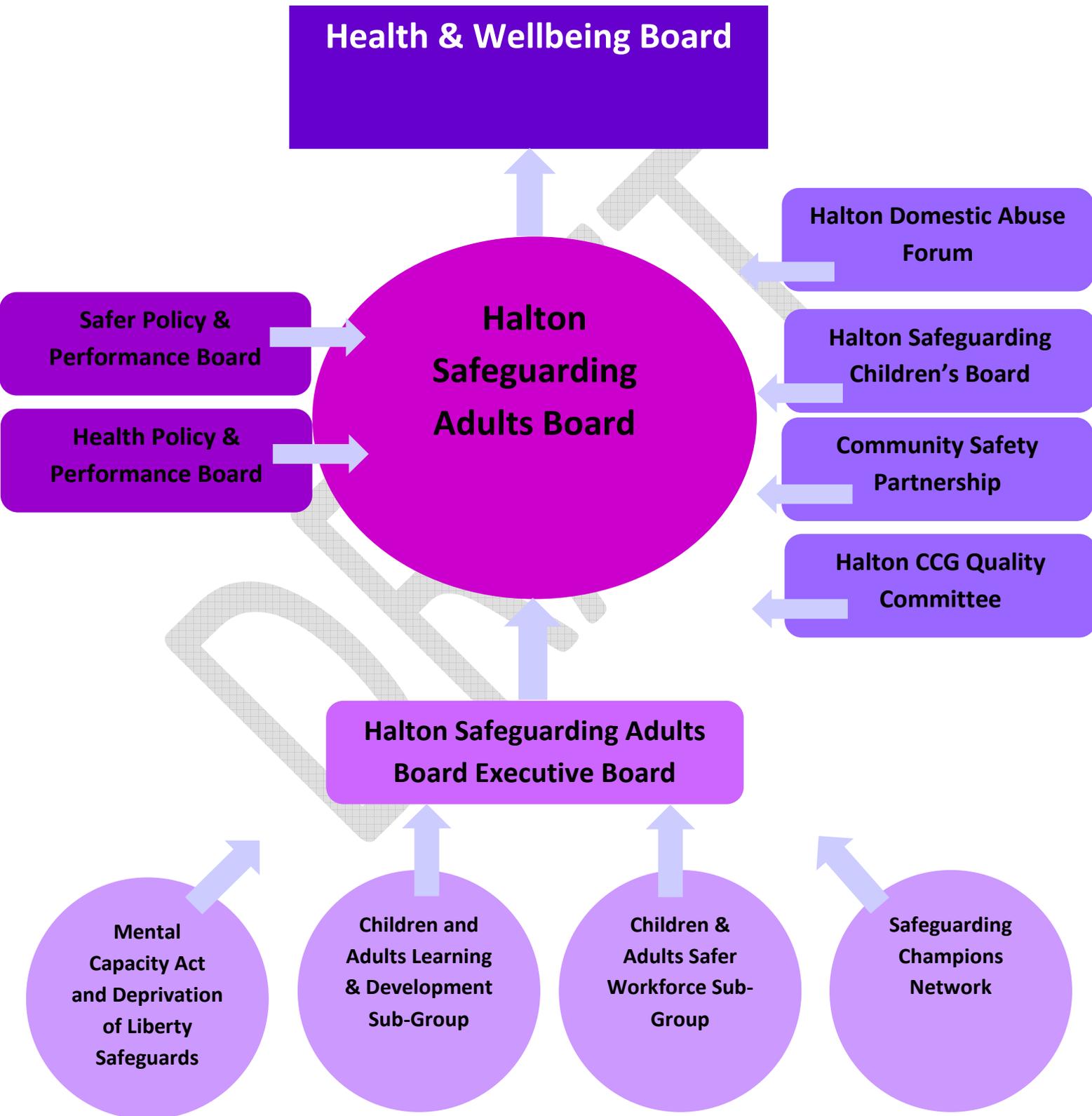
*Accountability*

Individuals will receive timely help they need from the person or agency best placed to provide it. We will continue working towards ensuring that the roles of all agencies and staff (and their lines of accountability) are clear and explicit. Agencies across the partnership will recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements. Halton will improve the performance management information available on safeguarding adults and this will include feedback from individuals who have been subject to safeguarding adults procedures.

These priorities will be achieved by ensuring that there is a full range of policies, procedures and guidance in place that provide a framework within which partner organisations can work together effectively to respond to abuse and neglect. These policies, procedures and guidance will reflect emerging developments in national guidance and legislation as well as national, regional and local learning, and new approaches to safeguarding practice.

DRAFT

**STRUCTURE AND REPORTING FRAMEWORK**



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

**DATE:** 4<sup>th</sup> November 2014

**REPORTING OFFICER:** Director of Public Health

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** Public Health Annual Report 2013-14  
*'Drinking Less and Living Longer'*

**WARD(S)** Borough-wide

**1.0 PURPOSE OF THE REPORT**

1.1 To provide information on the 2013-14 Public Health Annual Report *'Drinking Less and Living Longer'*. A draft version is attached.

**2.0 RECOMMENDATION: That**

- 1. the Board note the contents of the report and presentation; and**
- 2. the Board supports the recommendations of the PHAR**

**3.0 SUPPORTING INFORMATION**

**Public Health Annual Report**

3.1 Since 1988 Directors of Public Health have been tasked with preparing annual reports - an independent assessment of the health of local populations. The annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively. The annual report is an important vehicle by which a DPH can identify key issues, flag problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action. The annual report is a key means by which the DPH is accountable to the population they serve.

3.2 This year's Public Health Annual Report focusses on the topic of alcohol-related harm and sets out how we are working in partnership to reduce alcohol harm for individuals, families and communities. Alcohol-related harm affects all age groups within Halton. The report is therefore written from a life-course perspective and sets out key actions that will be taken for each group. A communities chapter is also included which covers issues that affect people of all ages e.g. crime and community safety, alcohol availability and price.

3.3 Reducing alcohol-related harm was chosen as a topic as it demonstrates the importance of working in partnership and what can be achieved when organisations work together across organisational boundaries. It is also timely as the public health team are currently working in partnership to develop a local alcohol harm reduction strategy. In addition Halton is one of only twenty areas in the country to be awarded the status of being a Local Alcohol Action Area.

3.4 Chapters included in the report are as follows:

- Starting well: Promoting an alcohol free pregnancy and protecting Halton babies and toddlers from alcohol-related harm
- Growing well: Reducing underage drinking in Halton
- Living well: Promoting safe and sensible drinking among adults
- Aging well: Promoting safe and sensible drinking among older people
- Keeping our local communities safe from alcohol-related harm

Each chapter outlines the current levels of alcohol-related harm, describes current local activity to reduce alcohol-related harm, outlines gaps in current activities and makes recommendations for future actions.

#### 4.0 **POLICY IMPLICATIONS**

4.1 Reducing alcohol harm is a key priority within the Health and Wellbeing Strategy and across the wider partnership. By highlighting the issue of alcohol harm within the Public Health Annual Report further emphasis is drawn to the importance of the issue and the partnership approach required to reduce alcohol-related harm in Halton.

#### 5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no financial implications relating to the production of the Public Health Annual Report, however, the implementation of the recommendations set out within it may require investment. These will be considered as part of the Alcohol Harm Reduction Strategy and reported to the Board as appropriate.

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

##### 6.1 **Children & Young People in Halton**

Alcohol harm can affect children and young people in a variety of different ways including; the harm caused by maternal alcohol consumption during pregnancy, parental alcohol consumption may impact on a child's health, development and safety, older children may drink alcohol to excess which can lead to both short term and

long-term negative health consequences. The report makes recommendations to reduce the impact of alcohol on children and young people in Halton.

**6.2 Employment, Learning & Skills in Halton**

Alcohol can affect an individual's ability to access or maintain employment as well as have a detrimental effect on educational attainment. The PHAR highlights these issues that will also be addressed through the Alcohol Harm Reduction Strategy.

**6.3 A Healthy Halton**

Reducing alcohol-related harm in Halton is a key priority within the Health and Wellbeing Strategy.

**6.4 A Safer Halton**

Alcohol misuse has a significant impact on community safety. Halton suffers from high levels of alcohol-related crime and anti-social behaviour. The report makes recommendations for actions to improve community safety in Halton.

**6.5 Halton's Urban Renewal**

A key objective set out in the report to reduce alcohol-related harm is the promotion of a diverse and vibrant local night time economy which does not centre on excessive drinking.

**7.0 RISK ANALYSIS**

7.1 There is no risk associated with the publication of the Public Health Annual Report.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 This report is in line with all equality and diversity issues in Halton.

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

None.

Public Health  
Annual Report

2013-2014



DRINKING LESS  
and  
LIVING LONGER

## ACKNOWLEDGMENTS

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The Annual Report Editorial Board would like to acknowledge and thank all of those who contributed to the production of this year's report.

We would be pleased to receive your comments about this report.

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Further copies of this report may be obtained by contacting the above.



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## Foreword

It gives me great pleasure to welcome you to the first Public Health Annual Report written exclusively for the Borough of Halton. This year has proved a very dynamic and exciting time for Public Health to work with others and achieve improved health outcomes and a reduction in health inequalities. We transferred from the NHS to Halton Council in April 2013 and were warmly welcomed by local elected Members and well supported by the Council Leader, Rob Polhill and the portfolio holder for Health and Wellbeing, Cllr Marie Wright.

As Director of Public Health I have had the opportunity to build a new, strong, professional team that has integrated environmental health and trading standards as part of its core function. We are working with colleagues from Policy and Resources, Children's Services and Communities to provide earlier help and prevention so we do not just deal with the results of poor health but enable people to stay well. We are continuing to work closely with NHS commissioners especially Halton's Clinical Commissioning Group on their mission to provide a new model of health care. Wider partnerships with the voluntary and private sector have encouraged us to be innovative and commission cutting edge high tech solutions to work with schools. We are also working with local communities to build community participation and resilience so that people can look after their own health.

During our first year within the Council we have worked in partnership to produce Halton's Joint Health and Wellbeing Strategy, an ambitious plan to improve the health of Halton residents.

For the **individual**, drinking above recommended guidelines risks a future burdened by illnesses such as cancer, liver cirrhosis and heart disease, and a taste for alcohol can turn all too easily into dependence.

For local **families**, alcohol can lead to relationship breakdown, domestic violence, child neglect and poverty.

For our **communities**, alcohol can fuel crime and disorder, transform town centres into no-go areas and impact on our local economy.

I have chosen to highlight the work being undertaken in Halton to reduce alcohol-related harm in my annual report this year as it demonstrates the importance of working in partnership and what can be achieved when organisations work together across professional boundaries.

Halton has been chosen as one of only twenty areas in the country to be awarded the status of being a "Local Alcohol Action Area" (LAAA). This award provides us with support from the

Home Office and Public Health England during 2014 to address the harm from alcohol in Halton across three areas – promoting health, reducing alcohol-related crime and anti-social behaviour, and diversifying the night time economy. Halton's public health team are leading on this project working closely with colleagues from health, the community safety team and Cheshire Police.

In addition my public health team is currently leading on the development of a local alcohol harm reduction strategy for Halton.

This year's annual report describes how we are working in partnership to reduce alcohol-related harm in Halton, identifies areas where further progress is required and makes recommendations for future actions.

I hope you enjoy reading the report.

*E O'Meara*

**Eileen O'Meara**  
Director of Public Health  
Halton Borough Council



**Cllr Rob Polhill**  
Halton Borough  
Council Leader



"In Halton we have long recognised the important role local government plays in protecting and improving the health and wellbeing of our residents. I am delighted that public health is now an integral part of the council, and fully endorse this year's annual report and recommendations. Tackling alcohol-related harm is vital in order to promote the health and safety of our local residents".

# What is the problem with alcohol?

Alcohol misuse damages health, drives crime and anti-social behaviour, harms children and families and creates huge costs for the NHS, Local Authority and the Police.

## HOW ALCOHOL AFFECTS YOUR BODY (and how to avoid the side-effects)

It's worth being aware of some of the side effects your body experiences if you often have a few more drinks than you should. The effects are very similar for men and women and the solution is the same: drink in moderation, keep to the guidelines.

### 1 Brain

Alcohol is a depressant so it slows down the brain. Cutting down may help you feel less depressed and less anxious, and by not drinking over the guidelines, you'll avoid long-term damage to your memory.

### 2 Breasts (women)

Drinking alcohol increases your risk of developing breast cancer. One study showed that breast cancer increased by 6% for each 10 grams of alcohol you drink, that's slightly over a unit of alcohol a day. Staying within the guidelines when you drink will lessen that risk.

### 3 Heart

Frequently drinking too much can damage this very important pump and put you at risk of heart disease. Keep your drinking to within the guidelines and you're less likely to cause damage.

### 4 Blood pressure

One in three adults in the UK has high blood pressure - and regularly drinking too much is one of the most common reasons. Drink less to keep your blood pressure down and reduce your risk of having a stroke or heart attack.

### 5 Stomach

Your stomach will thank you for cutting back on the booze. In the short term, drinking over the guidelines can cause sickness and nausea and sometimes diarrhoea. In the long term, it's also associated with a higher risk of stomach cancer.

### 6 Pancreas

The pancreas produces digestive juices and hormones, like insulin, that are involved in digestion and blood sugar regulation. Regularly drinking too much can cause pancreatitis, which is a serious condition caused by your pancreas becoming inflamed. Damage caused by pancreatitis can also trigger the development of diabetes. Moderation is key.

### 7 Liver

Your liver converts food into energy and helps get rid of waste products. It also plays a vital role in fighting infections. When your liver is damaged, you normally won't know about it until things get serious. Regularly drinking over the unit guidelines can increase your risk of developing liver disease and cause irreparable damage.

### 8 Bowel

Bowel trouble and alcohol are closely linked. Alcohol can trigger symptoms of irritable bowel syndrome and studies have shown even small amounts of alcohol can increase the risk of bowel cancer.

### 9 Bladder

If you find yourself peeing the night away, it's because alcohol's a diuretic. It makes your kidneys empty out more than is going in. To save yourself some toilet trips, have a few less alcoholic drinks. If you are peeing lots, it will make you dehydrated so drink water.

## What are the unit guidelines?

The government advises that men should not regularly drink more than 3-4 units of alcohol a day and women 2-3 units of alcohol a day. 'Regularly' means drinking every day or most days of the week.



1.5 pints  
(4% ABV)



2-3



175 ml glass  
(13% ABV)

## Women: Reproduction

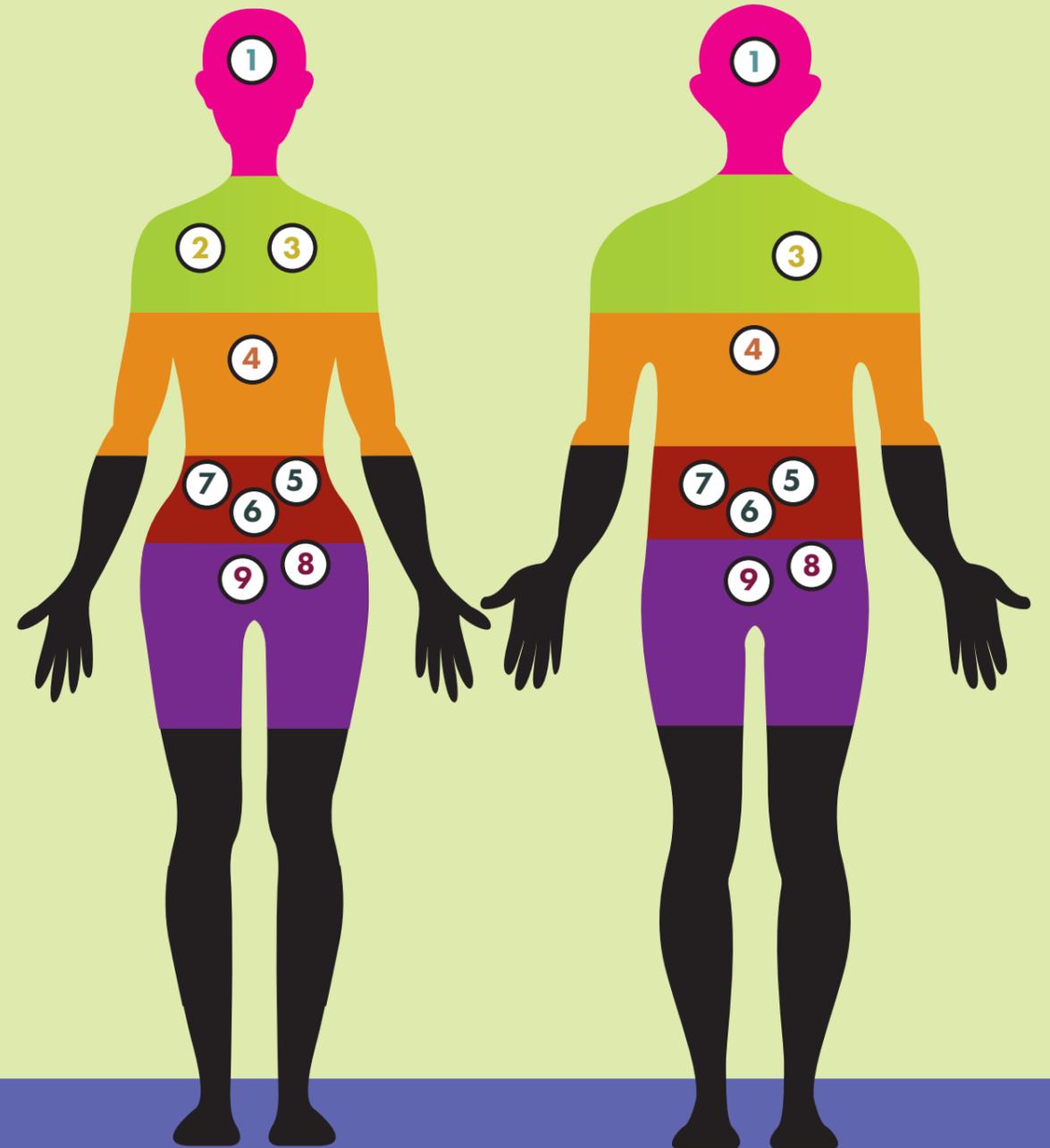
If you're trying for a baby, the government's advice is to avoid alcohol as it can affect your menstrual cycle and reduce the chance of conceiving. If you are tempted to have a drink to get you in the mood, maybe just try some Barry White instead.

## Women: Pregnancy

If you're pregnant, congratulations! It's recommended that to keep your baby safe, you avoid alcohol altogether. If you do choose to drink, the government's advice is to not have more than one to two units of alcohol once or twice a week, and not to get drunk.

## Men: Reproduction

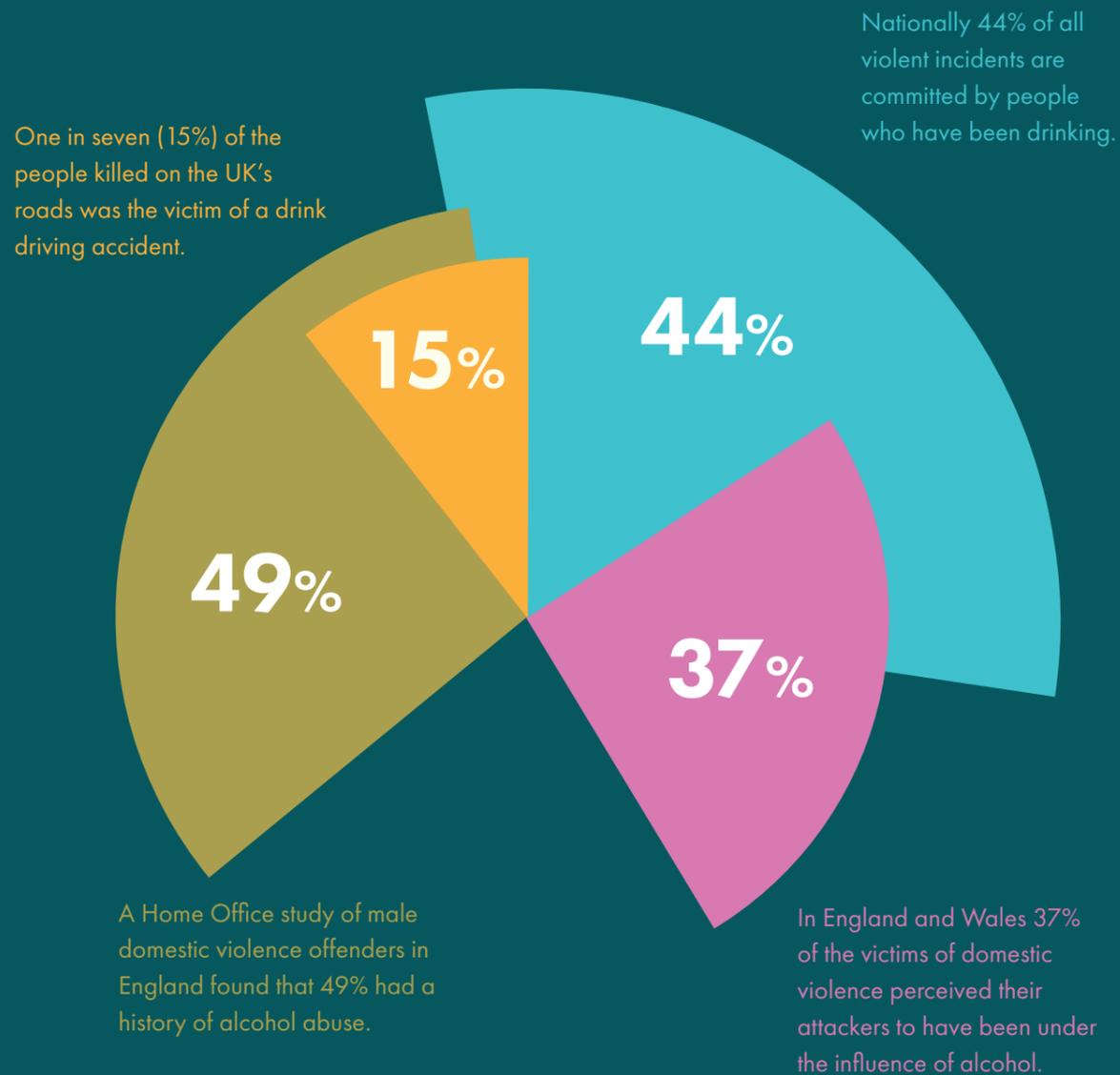
Feeling less amorous than you used to be? Alcohol reduces your testosterone levels. Your sperm can also take a dip in performance, losing quality, structure and movement. If you want to get those swimmers back to gold-standard, skip the extra drinks.



If you want to know more about any of these, there's plenty of information at [drinkaware.co.uk](http://drinkaware.co.uk)

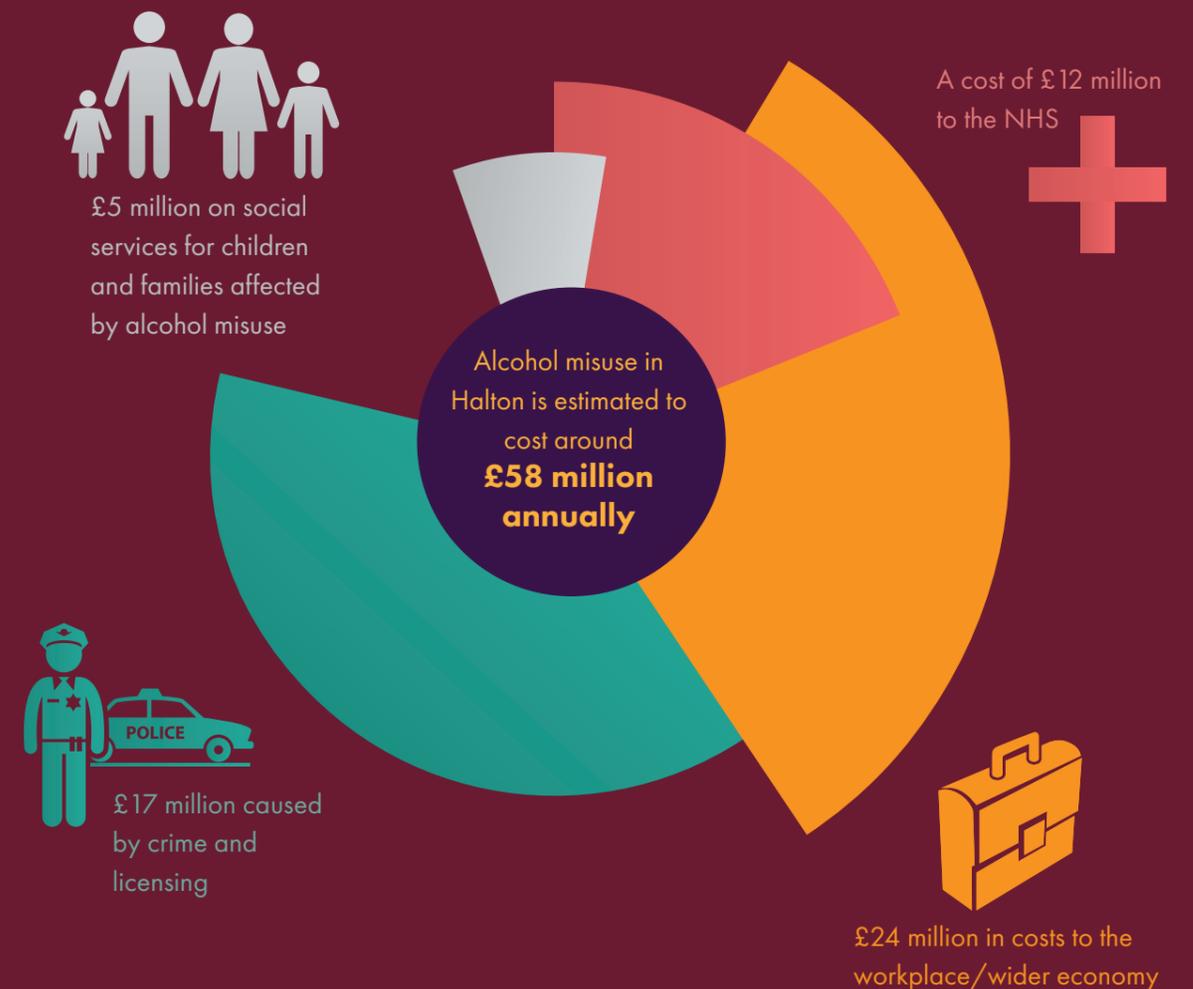
## How alcohol affects crime and community safety

Although the number of violent crimes in England and Wales has fallen over the last 15 years, the proportion committed under the influence of alcohol has not.



## The financial cost of alcohol misuse

Alcohol misuse in England is estimated to cost society around £21.3 billion annually. The cost of alcohol misuse in Halton is £58 million, or £461 per person. This is a large bill we simply cannot afford to keep paying when we need to be protecting our front line services.



## Taking action across the life course in Halton

The harm caused by alcohol is not a problem of any particular sector of our community. It is a problem that cuts across all ages. That is why this year's annual report is written from a life course perspective. As outlined in the figure below alcohol-related harm can start before birth and affect us at each stage in life.

It is clear that the impact of drinking alcohol on public health and community safety in Halton is so great that radical steps are needed to change our relationship with alcohol. The chapters below outline the actions being taken locally to reduce alcohol-related harm across the life course and make recommendations for the future. We have also included a communities chapter to cover issues that affect people of all ages e.g. crime and community safety, alcohol availability and price. The emphasis of this report is on preventing the harm from alcohol by intervening as early as possible in order to reduce alcohol-related harm.



### Starting well

- Each year in Halton around 1,600 women become pregnant.
- Of these women around 1,300 (80%) were drinking before pregnancy.
- Around 500 women (40% continue to drink during pregnancy, potentially putting the health of their baby at risk.

### Growing well

- Around 2,500 (just over 40%) of 14 to 17 year olds in Halton drink at least once a month.
- 62 under 18 year olds living in Halton were admitted to hospital due to alcohol between 2010 and 2013.
- Around 200 children in Halton have a parent who is in treatment due to an alcohol or drug misuse problem.

### Living well

- Two in three adults in Halton drink alcohol. This is higher than both the average rate for the whole of Merseyside and England.
- In 2013/14 there were over 1,000 hospital admissions among Halton residents aged 18 to 64 due to alcohol (all admissions with some people admitted multiple times).
- Between 2009 to 2013 there were 60 alcohol-related deaths in Halton.

### Ageing well

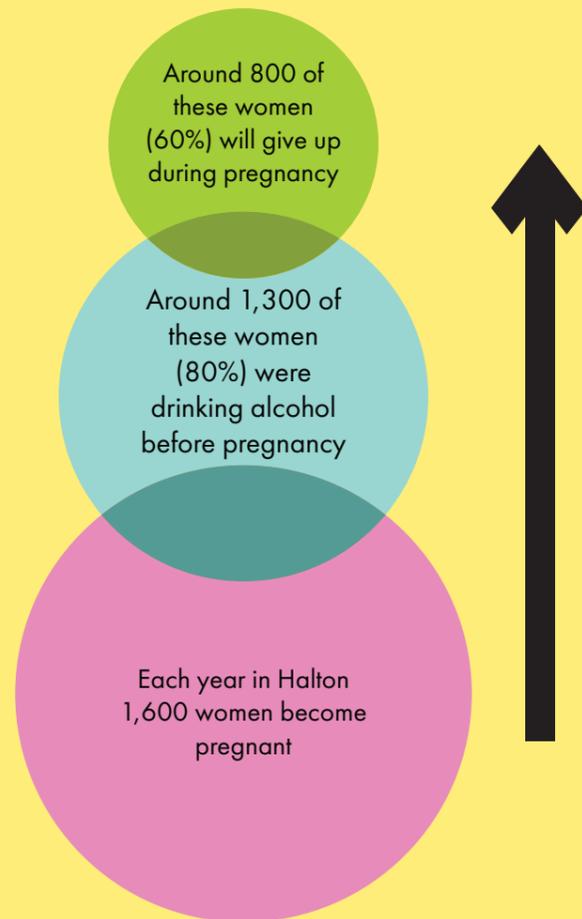
- Around 3500 (18%) people aged 65 and over drank alcohol on 5 or more days in the last week; more than any other age group.
- During 2013/14 there were over 200 hospital admissions among Halton residents aged 65 and over due to alcohol (all admissions with some people admitted multiple times).
- Between 2009 and 2013 there were 17 deaths due to alcohol among people aged 65 and over in Halton.



# Promoting An Alcohol Free Pregnancy

## The Halton picture

There is no local data showing the number of women who drink in pregnancy or the quantity they consume. To estimate the drinking during pregnancy we can apply national rates to our local population. It is clear there is still work more work required to ensure local Halton women do not drink during pregnancy.



**We don't know how much alcohol is safe to drink in pregnancy. The healthiest and safest option is therefore for women not to drink when trying for a baby or when pregnant. Reducing or stopping drinking alcohol at any point during pregnancy can make a positive difference to the health of your baby.**

## Foetal alcohol spectrum disorder (FASD)

Foetal alcohol spectrum disorder is the umbrella term for a range of preventable alcohol-related birth defects. Risk factors for foetal alcohol spectrum disorder include:

- Drinking in very early and late pregnancy. The highest risk period for damage is the first 3 weeks before many women may know they are pregnant.
- Binge drinking (drinking more than double the lower risk guidelines for alcohol in one session. Binge drinking for women, is drinking more than 6 units of alcohol, equivalent to two large glasses of wine).

The effects of foetal alcohol spectrum disorder can be mild or severe, ranging from reduced intellectual ability and attention deficit disorder to heart problems and even death. Many children experience serious behavioural and social difficulties that last a lifetime.

**Experts estimate that in western countries, one child in 100 is born with foetal alcohol spectrum disorder as a result of their mother's drinking alcohol while pregnant.**

For more information about foetal alcohol spectrum disorder please visit:

- The National Organisation for Foetal Alcohol Syndrome UK: [www.nofas-uk.org](http://www.nofas-uk.org)
- The Foetal Alcohol Spectrum Disorder Trust: <http://www.fasdtrust.co.uk/>



## Halton survey on drinking alcohol during pregnancy

In order to investigate local knowledge and attitudes related to drinking during pregnancy and the risk of foetal alcohol spectrum disorder the Halton health improvement team conducted a survey with members of the public in Halton. Over 250 surveys were completed, key findings include:

- People were unsure about alcohol units
- People found information and advice related to safe levels of drinking in pregnancy confusing
- Although a lot of people had not heard of the term foetal alcohol spectrum disorder there was awareness that drinking during pregnancy could lead to the symptoms of foetal alcohol spectrum disorder e.g. facial abnormalities, intellectual delay.

The information collected from this local survey is being used to inform an alcohol awareness campaign around safe drinking during pregnancy in Halton. The aim of the campaign is to ensure that local women and their families know that the healthiest and safest option is not to drink alcohol when trying for a baby or when pregnant.

## What are we doing in Halton to promote an alcohol free pregnancy?

All Halton midwives and health visitors have been trained in the early identification and support of pregnant women who misuse alcohol. This includes when and how to refer to local treatment services.

A dedicated midwifery service exists for Halton women identified as having an alcohol problem during pregnancy.

## What more could we be doing?

A recent local survey revealed that many Halton residents are confused about the guidance around drinking alcohol during pregnancy. More work is required to ensure that local women and their families know that the healthiest and safest option is not to drink alcohol when trying for a baby or when pregnant..

## In order to promote an alcohol free pregnancy we will

Develop a local education campaign to increase the awareness of the harm of drinking alcohol when pregnant or trying to conceive.

Ensure staff in Halton who come into contact with women planning for a baby or pregnant consistently give the advice that the healthiest and safest option is not to drink alcohol when trying for a baby or when pregnant.

Review alcohol treatment pathways for pregnant women identified as misusing alcohol

## How Halton midwives support women who drink: Michelle's story

Michelle was very excited to learn she was pregnant. When she had her booking visit with her midwife, the midwife asked Michelle about how much alcohol she drank. Michelle was initially reluctant to talk about her alcohol intake as she felt guilty about the fact she was still drinking alcohol, she had heard that it was best to cut down when you are pregnant. The midwife sensed Michelle was apprehensive and explained to Michelle the risks associated with drinking during pregnancy, the benefits of cutting down her drinking to her baby and the support she could offer her to do this. This offer of support helped Michelle realise she needed help related to her drinking. Michelle had started drinking regularly when she was a teenager; initially this had just been at weekends and nights out but recently due to stress with her job and in her relationship with her partner this had been gradually increasing. Michelle stated she was now drinking on a daily basis, she had been trying to cut down as she had heard drinking could be harmful for her baby but had been struggling to do this on her own.

Michelle was referred to the Alcohol and Substance Misuse Liaison Midwife. The midwife provided Michelle and her family with information and support which helped her to make informed choices and enabled Michelle to cut down the amount of alcohol she was drinking to reduce the impact of alcohol on her own health and that of her baby. An individual package of care was developed for Michelle and the midwife ensured she was able to access all her antenatal appointments. Michelle also attended one to one parent craft sessions which helped her feel more confident about becoming a mum for the first time. The Drugs and Alcohol Misuse Liaison Midwife made sure that everyone involved in caring for Michelle knew and understood her needs and offered appropriate help and support. With the support provided Michelle was able to successfully reduce her drinking during pregnancy.



# Protecting babies and toddlers from alcohol-related harm

## The Halton Picture

The preschool years are a time of rapid child development. Parental alcohol consumption during this period can have a harmful impact on a baby or toddler's health, safety and development.

Parenting pre-school children is a tiring and demanding job and some parents may turn to alcohol in order to cope with the stresses of the new role. There is no local data showing the number of parents of pre-school children who drink in Halton or the quantity they consume. A recent national survey into the drinking behaviour of new parents found that, after the birth of their first child:

- Around one quarter of parents continued to drink as much as before their baby was born
- Around one in six increased the amount they consumed.
- Overall, around three in ten new parents drank more than the recommended units of alcohol per week.

Rather than helping parents to cope alcohol misuse may cause harm. At its most extreme, alcohol use can increase the likelihood of child maltreatment and child death. These extreme cases are rare but only the tip of an iceberg of alcohol-related harm. Drinking above recommended guidelines can impact upon parenting skills and may lead to children's social, physical and educational development being delayed. Alcohol use may also cause relationships to suffer, break down or become abusive which may have negative impacts on the development of young children.

## What are we doing in Halton to protect our babies and toddlers from alcohol-related harm?

Halton early years and children centre staff have been trained in the early identification and support of parents who misuse alcohol. This includes when and how to refer to local treatment services.

## What more could we be doing?

Halton staff who work with families locally report there is a lack of awareness among parents with young children of the harm that drinking alcohol to excess can do to their families.

## In order to protect Halton babies and toddlers from alcohol-related harm we will:

1. Ensure local parenting programmes include messages of the harms of parental drinking may have upon young children.

2. Develop an information resource for new parents which includes key messages around safe drinking guidelines, safe sleeping and reducing the risk of accidents.

3. Develop referral pathways between alcohol services and children and family services (to include the early identification, assessment and referral of children who need to be safeguarded). Safe.



## How Halton health visitors support parents who drink: Emma's story

### “Emma lives in Runcorn with her partner Paul and their 18 month old son called Leo”

Emma found that since having Leo she had become very isolated and had lost contact with a lot of her friends from before becoming a mum. A lot of days Emma and Leo didn't leave the house. Emma found she often felt very lonely and down and had begun drinking to help her cope. It had started with a glass of wine when Leo had gone to bed to relax but more recently the time she started drinking had become earlier and the amount of alcohol she was drinking had increased.

Emma's drinking had led to rows with her partner Paul. Emma knew she shouldn't be drinking so much but didn't know where to turn for help or support. She was concerned that her drinking was impacting on Leo who was quiet and didn't seem to be speaking as much as other children his age.

Everything came to a head one night when Emma and Paul had a row when drunk and the police were called to the house. The police officer talked to Emma about her drinking and asked if she needed any help and support to reduce her drinking but she didn't want to at that time. However, the next morning Emma saw her health visitor who again asked her about her drinking habits and explained the support she could be offered to reduce her alcohol intake. The health visitor explained to Emma that no one would judge her and that the service was there to support and help her.

Emma's health visitor referred Emma to the local drug and alcohol service. She made sure that everyone involved in caring for Emma and her family knew and understood their needs and offered appropriate help and support. Leo was referred for an assessment of his development and offered a subsidised placement at a local nursery. Leo also attended speech and language therapy and play therapy sessions. Emma and Paul attended relationship counselling.

With support Emma was able to reduce the amount of alcohol she drank and is currently not drinking. Emma found that since she had stopped drinking she had started feeling better about herself and her self-confidence had improved. Leo has really benefited from attending nursery and much to Emma's relief Leo's speech improved and he has now caught up with the other children. Emma and Paul's relationship has also improved and they are enjoying spending time together as a family again.



## Reducing under age drinking

## The Halton picture: Good progress but more work to do!

**Children and their parents and carers are advised that an alcohol-free childhood is the healthiest and best option. However, if children drink alcohol, it should not be until at least the age of 15 years.**

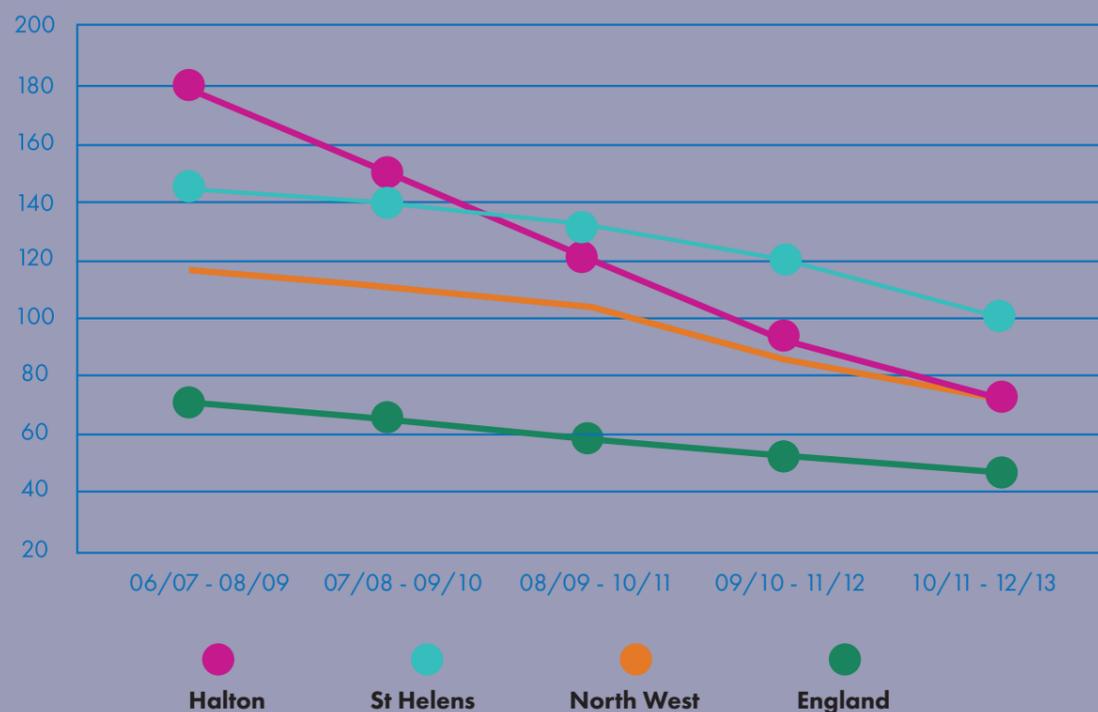
**Chief Medical Officer, 2009**

Childhood is a period of change and transition. At the beginning of childhood young people's health and lifestyle choices are largely determined by their parents. By the end of adolescence they need to be equipped to understand the impact of the choices they make, and have the self-esteem, resilience, and knowledge to make healthy choices.

Alcohol misuse has negative consequences on the health and well-being of school age children in Halton. This effect may occur directly through the young person drinking alcohol or indirectly through excessive alcohol consumption among parents and carers.

The number of our young people admitted to hospital due to alcohol has decreased year on year. Halton has seen the biggest decrease within Merseyside, and also a greater decrease compared to the England and North West average. The number of young people admitted to hospital due to alcohol is now similar to the North West figure.

**Under 18s admitted to hospital with alcohol-specific conditions.**  
Crude Rate per 100,000 population  
Source: LAPE 2014

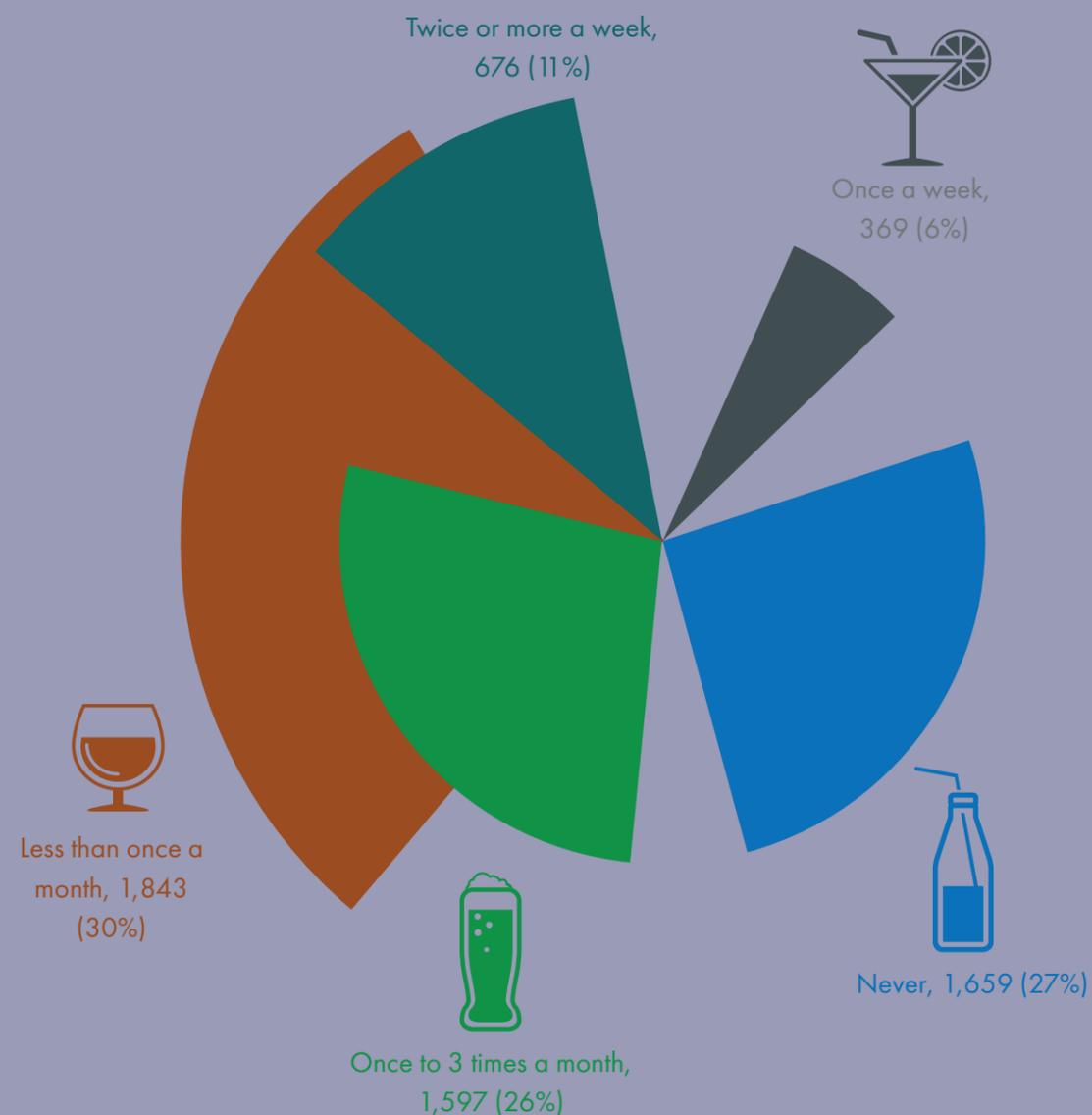


## Local trends in under age drinking

Although the proportion of young people in the UK who drink alcohol regularly is falling, levels of drinking are still significantly higher than the European average.

Local estimates of drinking among Halton young people show there has been a reduction in the number of young people drinking alcohol on a regular basis. The number of young people in the 2013 survey who stated they never drink alcohol had increased to 27% compared to only 14% in the 2011 survey.

## Alcohol consumption among 14 - 17 year olds in Halton



## The effects of parental drinking on children and young people in Halton

Children are especially vulnerable to violence and the wider effects of excessive alcohol consumption among parents and carers in the home. We also know that children whose parents misuse alcohol are at greater risk of themselves developing an alcohol problem.

- Nationally in 2008/09, a fifth (21%) of all young callers to Childline were worried about drinking by a parent or other significant person. They described experiences of neglect, violence, isolation and fear.
- Around 200 children in Halton have a parent who is in treatment due to alcohol or drug misuse. A larger number of children locally will live with parents who drink above the recommended guidelines.

### It is against the law:

- To sell alcohol to someone under 18
- For someone under 18 to buy alcohol, attempt to buy alcohol or to be sold alcohol in any circumstances
- For someone under 18 to consume alcohol in any part of licensed premises with one exception – 16 and 17 year olds accompanied by an adult may consume, but not buy beer, wine and cider with a table meal in licensed premises.
- For an adult to buy or attempt to buy alcohol on behalf of someone under 18.

## What are we doing in Halton to reduce underage drinking?

### School based education programmes

Alcohol awareness training is available for pupils and teachers in all schools

All Halton schools participate in the local Healthy Schools programme which provides health information and support around alcohol.

The Halton Healthitude programme is a school based health education programme that works with teachers and students in Halton to raise awareness of the harms related to alcohol.

R U Different? a social norms campaign is being run in secondary schools from September 2014.

Holistic health drop ins, are provided in 3 High Schools and offer young people one to one support on reducing alcohol use and harm reduction.

### Community based alcohol awareness campaigns

Resources are widely available in local communities giving important alcohol messages

The VRMZ mobile outreach bus and street based teams engage young people in hotspot areas 6 days a week and provide information, advice and guidance on alcohol to children and young people.

Support for children and young people affected by parental/sibling alcohol misuse

Children and young people affected by parental/sibling alcohol misuse are able to access one to one support in community settings.

The Amy Winehouse Foundation offer schools and community groups, a programme of 6 targeted sessions to children and young people affected by parental /sibling alcohol misuse. Sessions aim to build resilience, self-esteem, ensure young people are safeguarded and prevent them from becoming problematic alcohol users in the future.

Alcohol misuse has been chosen as a local priority, for Halton's Inspiring families (nationally known as Troubled Families) initiative.

## Early identification and treatment

Key staff members working with children and young people have been trained in the early identification and support of young people who misuse alcohol. This includes when and how to refer to local treatment services.

Cheshire police and street based teams work in partnership to run Operation Stay Safe; which aims to reduce alcohol related youth anti-social behaviour. Police and health staff jointly patrol the public areas of Halton on key nights to identify drunken youths who are placing themselves at risk. These are taken to a place of safety and parents are requested to collect their children. Meanwhile youth workers give advice to the child and parents and may arrange follow up appointments.

Young Addaction provide a specialist substance misuse service in Halton which offers one to one treatment and harm reduction interventions to young people misusing alcohol and drugs. Interventions include motivational interviewing, CBT, and recovery focused care plans.

Young people can access one to one support at drop in clinics in local hostels for homeless young people e.g. YMCA and Belvedere.

## Reducing underage sales

Perform test purchases at bars, clubs and off-licenses to check for staff selling alcohol to people under 18.

Issuing fixed penalty notices where we find licensees selling alcohol to under 18s in licensed premises.

Seize alcohol from under 18s who are caught drinking in public places.

Licensed premises operate Think 21 / Think 25 policies.

Operation Iced – is an initiative taken with the door staff in Halton to identify underage drinkers attempting entry with false or borrowed ID cards / passports. These documents are seized and handed to police for follow up and when possible the offenders details taken. The individual then attends an alcohol awareness course.

## What more could we be doing?

Not all local schools currently engage with alcohol education programmes.

We need to ensure that young people in Halton affected by parental alcohol misuse are well supported.

We need to ensure that young people who misuse alcohol are identified early and able to access appropriate support.

## In order to reduce underage drinking in Halton we will:

Work to ensure all local school take up the offer of alcohol education programmes

Promote a family approach to alcohol treatment to ensure that young people affected by family alcohol misuse are well supported.

Review alcohol treatment pathways for young people who misuse alcohol in Halton (to include pathways for vulnerable young people including truants and school exclusives, young offenders, looked after children)



Social norms refer to our perceptions of what is 'normal' behaviour in the people around us. It has long been established that these beliefs are very influential on our own behaviour, especially amongst young people - so for example how much alcohol a person drinks will be strongly determined by how heavily they think their friends drink.

Individuals have a tendency to follow the herd (or what they perceive the herd to be doing). Therefore, we may indulge in a 'risky behaviour' because we (incorrectly) assume everyone else is doing it.

Data gathered in Halton shows that young people often overestimate the number of their peers who drink alcohol and the frequency and amount they drink. R U Different? is a nationwide school based intervention that uncovers the real attitudes and perceptions of young people – and tackles these views in a positive, efficient and measurable way.

The R U Different? campaign will be delivered in local secondary schools from September 2014.

## The Halton Healthitude programme

Healthitude is a school based health education programme that works with teachers and students in Halton to raise awareness of the harms related to alcohol. Information covered includes, what do you know about alcohol? The harm alcohol causes, the recovery position, alcohol and the law.

Healthitude also covers topics including Healthy Eating, Tobacco Education, Mental Wellbeing, Healthy Relationships and Sexual Health and Cyber Bullying Prevention.

- 720 children and young people across Halton have been engaged on the Healthitude programme during the period of April 2013 to March 2014.
- 78% of children who took part in the sessions have shown an increase in knowledge in at least two areas.

### Pupils and teachers say:

**They were good lessons. It was really fun. I learnt things I didn't know before. Miss was very helpful**

**Great credit must go to you and your team on the successful delivery of the Healthitude programme. Our students really enjoyed the sessions and got a lot from them. In light of the positive feedback from our students, we would like to roll the programme out to some more year 9 classes. Thank you for all your hard work in the planning and delivery of the sessions**



## Courtney's story

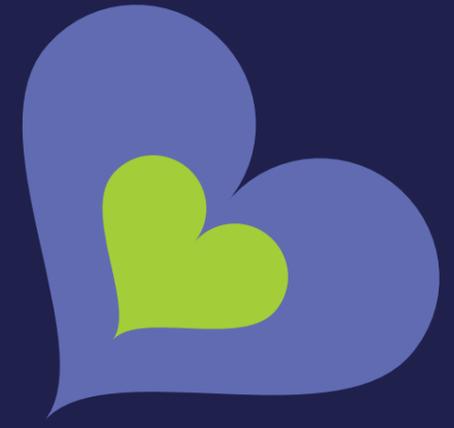
### "My name is Courtney I am 15 and I live in Runcorn"

I was referred into the young Addaction service by the local hospital. I had gone around to my friend's house one evening where we had been listening to music and drinking vodka. My friends called my parents when I became drunk. When my parents arrived at the house they rang for an ambulance, because I had passed out. Following an assessment by the paramedics I was taken to hospital for further treatment.

I was seen in A&E by the triage nurses and following assessment and treatment was referred to talk to the Young Addaction advisor about alcohol use and staying safe. My parents had been very shaken up by finding me drunk and spoke to me about their fears and the dangers and risks I had taken by drinking so much alcohol.

I was very sorry about the incident. The Young Addaction worker was very supportive and not judgemental or lecturing, after a chat she let me go home. I was provided with information and support related to the short and long term risks of alcohol both to my health and safety, and also information about how to be assertive and say no to drink. I realised I had made my parents and friends very worried when I became unwell due to drinking alcohol. We also talked about managing and coping mechanisms in regards to anxieties and worries. I was also told about activities for young people locally that didn't involve alcohol.

I realised that I had been drinking as I was worried about what to do with my life after my school exams were over. The Young Addaction advisor provided me with the number of the local Connexions service for career advice and support. My parents were also given phone numbers in case they needed further support in the future.



# Promoting safe and sensible drinking among adults

## The Halton picture

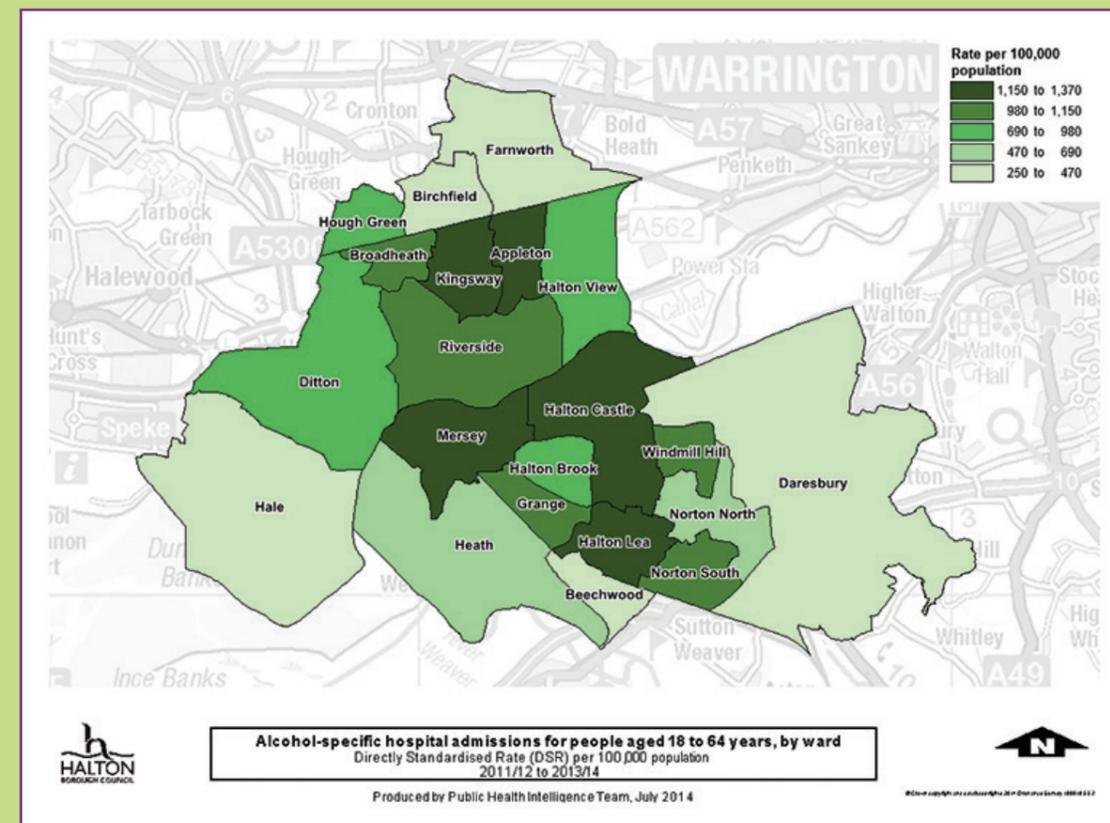
Alcohol plays a big part in society today and the majority of adults who choose to drink do so without any ill effect. However, for some adults, their families and the wider community in Halton the impact of alcohol misuse on their health, safety and wellbeing is very serious.

### In Halton:

- Two in three working age adults drink alcohol (68%). This is higher than both the average rate for the whole of Merseyside and England.
- Working age men are significantly more likely to drink alcohol than women.
- Increasing risk drinking (regularly drinking more than 3-4 units a day if you're a man or regularly drinking more than 2-3 units a day if you're a woman) is more common among younger working age people (aged 18-34 and 35-44). Rates of higher risk drinking are consistent across all age groups.

### Working age adults admitted to hospital due to alcohol

- Hospital admissions for alcohol-related conditions are not evenly distributed throughout the borough. The highest rates of hospital admissions among working age adults related to alcohol are seen in Kingsway, Appleton, Mersey, Halton Castle and Halton Lea wards.
- The number of working age men admitted to hospital due to alcohol is higher than the number of working age women
- In Halton a few individuals account for a large number of hospital admissions due to alcohol. Last year local people of working age were admitted to hospital due to alcohol 4 or more times, in total these individuals accounted for over 200 hospital admissions.



### Working age adults dying due to alcohol

Between 2009 to 2013 there were 60 alcohol-related deaths among working age adults in Halton. The majority of those who died were only aged between 45 to 54. The number of deaths among women due to alcohol has increased in recent years and there is now an even split of deaths among men and women.

### What are we doing in Halton to promote safe and sensible drinking among working age adults

#### Prevention

##### Alcohol awareness campaigns:

These campaigns are delivered in line with local and national campaigns, for example; Dry January, Know your limits, alcohol awareness week, Christmas campaigns, which aim to raise awareness of alcohol related harm and information and advice on lower risk drinking and local services available.

##### Alcohol education sessions:

Education sessions are delivered to community members in order to increase awareness of the potential damage alcohol may cause, this looks at the impact of alcohol on physical and mental health and social impact.

#### Alcohol Health days:

Alcohol health days are offered to organisations; such as workplaces and community venues for example, Haltons Vintage Rally or the Runcorn Carnival where the local community have the opportunity to seek advice around lower risk drinking in order for them to make an informed choice around their drinking. This may involve the use of the alcohol free bar, and opportunistic alcohol screening and brief alcohol advice may also be offered.

#### Identifying alcohol problems in working age adults

In Halton the Health Improvement Team deliver a programme of Identification and Brief Advice (IBA) training to targeted front line staff to enable them to identify those at risk as a result of their drinking in the adult population of Halton at the earliest opportunity. This enables clients to receive brief alcohol advice based on their screening result and/or a referral into specialist alcohol service can be made to ensure that a comprehensive assessment is made and an appropriate treatment plan put in place for the individual. This is supported by the alcohol care pathway being covered within the training programme. Amongst those who are trained to routinely provide early identification and brief advice to their clients are; health and social care teams, for example GPs, practice nurses, midwives and the police and fire service.

#### Treatment

Halton public health team commissions an alcohol liaison service at both Whiston and Warrington hospitals. The alcohol liaison service provides support with the medical management of patients with alcohol problems within the hospital, the implementation of case-finding strategy and delivery of brief advice within the hospital, liaison with community alcohol and other specialist services, and the education and support for other healthcare workers in the hospital.

Halton public health team commission a drug and alcohol integrated recovery service, operated by Crime reduction initiative (CRI). The service provides rapid and open access to drug and alcohol treatment.

#### What more could we be doing?

We currently do not have a local social marketing strategy on alcohol. This would help in changing attitudes and behaviour locally around alcohol among identified groups in order to prevent harm. This would ensure consistent and clear messages on safe drinking to be delivered across all agencies.

We could do more to support local business in developing workplace alcohol policies.

We need to ensure that clear referral pathways exist between services to support individuals who misuse alcohol.

#### In order to promote safe and sensible drinking among working age adults we will:

1. Develop a coordinated alcohol awareness campaign aimed working age adults to include supporting the local promotion of national alcohol awareness campaigns e.g. Dry January, Alcohol awareness week and Drink Wise campaigns

2. Support local workplaces in developing workplace alcohol policies.

3. Review alcohol treatment pathways for working age adults (aged 18 to 64) in Halton. To include a review of pathways for vulnerable adults e.g. the unemployed, veterans, offenders, people with mental health problems, the homeless.

## Michael's experience of taking part in Dry January

I knew I drank more than I really should, I don't tend to drink during the week but drink from Friday

**“My name is Michael, I am 43 and live in Widnes and signed up to Dry January 2014.”**

to Sunday, often socially but also just when in the house. This usually starts with a few beers before we eat, a couple glasses of wine whilst eating, then I tend to carry on drinking after that and I would say that on average I drank between 15-20 units in an evening.

I knew with Christmas coming I would possibly exceed my usual drinking, so I saw an advert for Dry January in the local paper and then signed up on line. I enjoyed Christmas and the New Year came and we were going out with friends so I decided that I may still be drinking after midnight on 1st January and we also had family coming over on New Years Day, so I decided to start on 2nd January, it did say on the website that you can start at any point throughout January. From the 2nd to the 31st January I did not drink any alcohol and I can't begin to explain how good I felt by the end of January.

At first it was hard, but I found I had so much more time to spend with my family and whereas before we would all be sat in different rooms maybe watching TV, we would all sit together and more importantly I could remember the conversations and what we had watched the next day. No more hangovers the next day, I also had more energy and I reckon I saved about £100 over the month.

I did start to have a drink again in February, the 1st of February to be truthful, although now I felt it was not a habit anymore and I could choose to have a drink or not. I would recommend people to sign up for Dry January next year as it gives you a chance to reflect on your drinking and put it in to perspective, I know I will be signing up again for 2015!

**For more information on Dry January please visit the Dry January Website:**

[www.dryjanuary.org.uk/](http://www.dryjanuary.org.uk/)

**DRY JANUARY** 00 00 00 **DONATE!** English | Cymraeg

HOME | FUNDRAISING | PUBLIC HEALTH | TESTIMONIALS | CORPORATE SUPPORT | ADVICE | UNIT CALCULATOR

**OUT TO DRY.**

**CAN YOU STAY OFF THE BOOZE FOR 31 DAYS?**

Our aim: to start a new conversation about alcohol  
Your challenge: to go booze free for 31 days  
Your chance: to lose weight, feel better, save money and make a difference.

We're already getting ready for Dry January 2015, so sign up today at the button below.

**SIGN ME UP**

----- 368 PEOPLE ARE SIGNED UP FOR DRY JANUARY -----

**DRY TIPSTER**  
**CONTAIN YOUR EXCITEMENT**  
You may be getting excited at the prospect of your first drink after 31 days, take your energy and use it on a climbing wall, yeah that's right a climbing wall -- it's great fun honestly.

**DRY TWITTER**  
**@DRYJANUARY**

EntrepreneurshipTeam @Entrepreneurship  
It's back! Pink Passion! Buy a ticket @CrestAcademy Xmas Fairs & Fashion Show, 20th Nov for #DryJanuary #WidnesNov 30.31.14  
Us sponsored by Dry January  
Expand

SafeStocks @SafeStocks 7 Oct  
Come on people of Stockton get signed up for #DryJanuary #D015insyle  
Us sponsored by Dry January  
Expand



## Sheila's story

I only used to drink alcohol socially and on special occasions. However, last year I suffered a double bereavement when first my mother and then my father passed away in a 6 month period. Following this I started drinking more to cope with my emotions. I found that drinking helped me

**“My name is  
Sheila  
I am 44  
and live in  
Widnes.”**

to forget and numbed the pain. I quickly found my drinking got out of hand with my first drink of the day getting earlier and that I could not get through a day without drinking. I was very ashamed of my behaviour and was hiding it from my family. I was hiding bottles of wine around the house to disguise the amount I was drinking.

However rather than helping me cope, drinking made me feel like I was spiralling out of control. My husband became very concerned about the amount I was drinking and this caused lots of arguments. I knew I needed to get help when my husband said our marriage only stood a chance if I was prepared to face up to the consequences of my 'out of control' drinking. I went to see my GP who referred me to CRI at Ashley House. I attended with my husband for support. The staff at Ashley House were very supportive and discussed treatment options. I chose to be admitted to undertake detox. I then commenced on a recovery plan. As part of this I attended extended brief intervention sessions which helped to motivate me to stay off the drink by exploring why I had been drinking and why I wanted to stay drink free. I was also referred to counselling for support with my bereavement and had a health check for my general health and wellbeing.

It has not been an easy journey but I am pleased to say that thanks to the support I have received I am now alcohol free and feel much more positive about life and am looking forward to returning back to work.



# Promoting safe and sensible drinking among older adults

## The Halton picture

Alcohol misuse among older people has been described as a hidden problem. Estimating the size of the problem is therefore difficult, however there is evidence that alcohol misuse is increasing among people aged over 65. National research tells us:

- One in five older men and one in ten older women drink enough to harm themselves, a rise of 40% in men and 100% in women over the past 20 years.
- 18% of those aged 65 and over drank alcohol on 5 or more days in the last week; more than any other age group
- Older people are more likely to drink at home alone. This may mean that their drinking is hidden from friends and family. In addition measures poured at home are likely to be bigger than in pubs and restaurants.

Alcohol misuse among older people is often described as a hidden problem. Estimating the size of the problem is difficult, however there is evidence that alcohol misuse is increasing in people over the age of 65.

- Older people may have had a lifelong pattern of problem drinking (early onset) or may first develop drinking problems in later life (late onset). About a third of older people with drink problems develop them for the first time in later life.
- Older people are more sensitive to alcohol's effects, reacting more slowly and tending to lose their sense of balance. The liver becomes less efficient at breaking down alcohol as you age.
- Reasons for alcohol abuse in old age include bereavement, loneliness, pain, ill health, disability and depression.
- Older people can be successfully treated and even people with a long history of misuse can change behaviour.

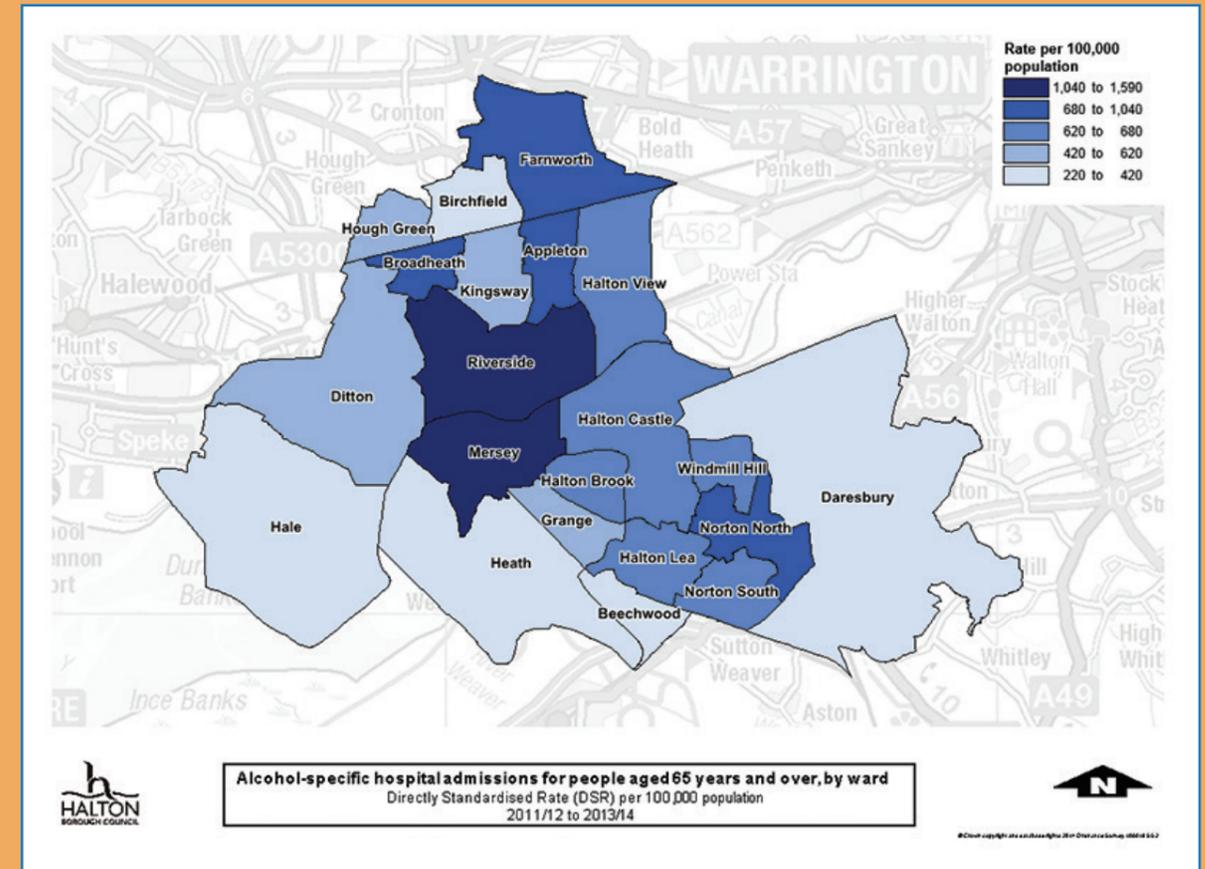
**“Whilst the spotlight on excessive drinking generally falls on younger people, the most significant increases in alcohol related harm are actually in older age groups, with people aged 65 and over also reporting the highest rates of drinking on five or more days a week.”**

Age UK, 2014

## Alcohol-related hospital admissions among older people in Halton

In line with national trends locally alcohol specific hospital admissions for people aged 65 and over have increased.

Hospital admissions for alcohol related conditions among those aged 65 and over are not evenly distributed throughout the borough. The highest rates of alcohol-specific hospital admissions are seen in Mersey and Riverside.



## Older Halton residents dying due to alcohol-related diseases

Nationally mortality rates due to alcohol, among people aged 75 and over, have risen to their highest level since records began in 1991. In Halton between 2009 and 2013, 17 people (6 men and 11 women) died due to alcohol-related diseases.

# OLDER & WISER?



We all age at a different rate, so you need to regularly look at your drinking and how it affects you...

Your body's ability to process alcohol decreases with age, this is because your body's water content decreases. This means that there is a higher concentration of alcohol in your blood, so it has a stronger and longer lasting effect.

## Alcohol and Falls

Drinking can make you unsteady on your feet, which can lead to falls and as you get older you're more likely to have a serious injury, such as broken bones.

As you get older you are advised to drink less than these lower risk guidelines set out by the Department of Health

	<b>MEN</b>		<b>WOMEN</b>
	No more than 3-4 units a day		No more than 2-3 units a day

## Why do older people drink? Life changes associated with alcohol misuse in older people



## What are we doing in Halton to promote safe and sensible drinking among older people?

The Health and Wellbeing service currently delivers alcohol identification and brief advice sessions (IBA). This enables front line staff to identify older people's drinking levels using an AUDIT screening tool at an early opportunity and either offer brief alcohol advice or use an alcohol care pathway to ensure those who require it are referred into wider alcohol services.

Falls awareness sessions delivered to staff and older people include sections on alcohol awareness.

Halton Borough Council (HBC) conducts pre-retirement courses for employees to try and prepare them for the change of role associated with giving up work.

Halton health and social care agencies have taken a partnership approach to tackling loneliness in older people across the borough. Loneliness awareness sessions are being developed for staff and older people as is a loneliness pathway. A loneliness awareness marketing campaign has been funded and is in the process of being developed.

HBC and Bridgewater Community Healthcare NHS Trust staff (Sure Start to Later Life and Health Improvement teams) have formed the Health and Wellbeing service which focuses on older people's needs. There is some evidence to indicate that alcohol interventions for older people are most effective when delivered by professionals who have an underlying expert knowledge of older people.

Our local alcohol treatment service (CRI) provides support for older people.

## What more could we be doing?

We currently don't know how many older people locally drink above recommended guidelines and if excess drinking is perceived as a problem by this age group.

There is an opportunity to train front line staff who work with older people to identify and support older people who misuse alcohol. This includes when and how to refer to local treatment services.

## In order to promote safe and sensible drinking among older people in Halton we will:

1 Undertake insight work with older people to better understand the nature of the problem and what prevention strategies and treatment approaches work best with older drinkers

2 Develop an alcohol awareness campaign aimed at older people – to be targeted at older peoples settings (social groups, bingo etc), general practice, local faith groups. To include experienced based interventions (peer to peer).

3 Develop and train key staff who work with older people in delivering brief interventions which focus on motivating factors for older people.





### Gill's story

**"My name is Gill, I am 68 and live in Widnes"**

I had suffered from alcohol problems during my 30's and 40's but in recent years I had made a good recovery. I am now retired and was enjoying spending more time with friends and family. Unfortunately, my husband died very suddenly, this understandably left me feeling very depressed.

I felt lost without my husband we had been married for 45 years and had done everything together. I found that I was spending a lot of time on my own at home, and had started drinking again in order to cope with being alone. I was worried that my drinking might get out of hand again. Fortunately for me, my family were on hand to support me through this difficult time and encouraged me to go and talk to my GP. With my GP's help I was able to access counselling to help me deal with my loss.

My GP also told me about Sure Start to later life and I have attended the Day-trippers a fun group that go for days out, and other social events. This has helped me to make new friends and feel less lonely. Due to the help and support that I have received I have managed to keep my drinking under control.



# Keeping our local communities safe from alcohol-related harm



## Increasing awareness of alcohol related harm within Halton

### Talking Drink: Taking Action

We recognise that we need to engage the local community in Halton in looking for shared solutions for tackling alcohol-related harm. Halton's public health team has asked Our Life, a community engagement organisation, to explore this issue with local people at a community level.



Our Life will deliver an approach based on the citizen's jury model of community engagement. This allows a diverse group of residents to share their opinions with each other and hear from a range of external people with certain expertise (commentators), before reaching a set of recommendations to reduce alcohol-related harm and working these through with local decision-makers.

## Supporting a minimum unit price for alcohol

Of all the alcohol sold, very cheap alcohol products play the biggest part in driving alcohol-related harm

The simplest way to reduce demand for alcohol is to put the price up. Like most consumer products, demand for alcohol is related to its price. When the price of alcohol rises, demand for alcohol falls and so too does alcohol related harm. Over the last thirty years the affordability of alcohol in the UK has increased. Minimum pricing would not affect every drink – only those which are sold at an unacceptably low price. By introducing a minimum price per unit of alcohol, drinks with a high number of units, which are currently being sold at low prices, will see the greatest change in price.

We believe that introducing a minimum price for alcohol of 50p a unit will have a positive impact on reducing alcohol related harm in Halton. An important study from the University of Sheffield has worked out that setting a minimum cost of 50p per unit of alcohol means that nationally each year there would be 98,000 fewer hospital admissions, 3,000 lives will be saved and there will be 40,000 fewer crimes.



## Reducing alcohol-related crime and anti-social behaviour in Halton

Excess alcohol consumption is directly associated with crime, anti-social behaviour, violence and aggression (including domestic abuse).

Good progress has been made in reducing alcohol-related crime locally. Between 2008 and 2012 Halton had the greatest decrease in the rate of alcohol-related recorded crime within Merseyside. However rates remains higher than the North West and England averages.

## What are we doing in Halton to reduce alcohol-related crime and anti-social behaviour?

Ensuring a visible police presence in town and city centres during hot-spot times.

Enforcing 'banning orders' for individuals who have been barred from premises or arrested for drink-related violence or disorder.

Targeting named offenders of violent crime and potential alcohol-related crime 'hotspots', and late night cafes, bars and clubs.

Seizing alcohol from people drinking in an anti-social manner within designated no drinking zones, and arresting those who fail to comply.

Greater use of CCTV to diffuse potential disorder in town centres.

Issuing Direction to leave orders, which give police officers the power to tell anyone aged 16 or over to leave a particular area for up to 48 hours. These are generally issued in the night time economy and are for people who are drunk and disorderly but fall below the threshold of behaviour that requires an arrest. The offenders are sent a health pack and advice on local alcohol support services. If an individual comes to our attention twice then a joint visit with a police officer and health professional is arranged.

Offenders arrested whilst drunk are usually visited by health workers in custody and are offered alcohol advice and referrals to local alcohol support services.

All police officers and Police community support officers have been trained in the early identification and support of those who misuse alcohol. This includes when and how to refer to local treatment services.

## Preventing domestic abuse in Halton

Alcohol is a contributing factor in many cases of domestic abuse. In England and Wales in 2009/10, 37% of the victims of domestic abuse perceived their attackers to have been under the influence of alcohol, and a Home Office study of male domestic abuse offenders in England found that 49% had a history of alcohol misuse.

## What are we doing in Halton to reduce domestic abuse?

A Halton domestic abuse and sexual violence strategy is under development. The strategy will promote joint working to improve the risk identification, assessment and management of domestic abuse and sexual violence in Halton. There is also an action plan in place which specifies what will be done, by whom and when in order to reduce incidences of domestic abuse and sexual violence as well as support victims and their families.

## Ensure the local licensing policy supports alcohol harm reduction

Halton Borough Council is directly responsible for controlling alcohol provision through licensing, planning and trading standards.

Effective licensing enforcement has an impact on drinking behaviour and failure to enforce the law leads to higher levels of alcohol consumption in the population. In Halton, the council and Cheshire Police work with licensed premises and off licenses to ensure they adopt more responsible approaches to the sale of alcohol.

## What are we doing in Halton to ensure the local licensing policy supports alcohol harm reduction?

A multi-agency alcohol harm reduction meeting is held once a month. At this meeting all Temporary Event Notices/ Licence variations and new licences of note are discussed. Premises that have had incidents are discussed and further actions agreed. These may vary from warning to the generation of a joint action plan or in more extreme cases a full license review and prosecution.

Licensing enforcement officers work with licensed premises to voluntarily improve practice as per the guidance of the licensing act. This has the added benefit that the trade actively works in partnership with us and results are achieved far faster than through a judicial process.

Police and trading standards conduct joint visits to licensed premises to ensure conditions are being complied with and fraudulent or phoney sales are not being undertaken. Test purchase operations are run for underage sales.

Operation Stagger – this is a plain clothes operation used at premises when we have

intelligence that they are repeatedly serving drunks. Observations by officers will result in ID advice, action plans or prosecutions.

Licensing enforcement officers work with the door staff to ensure they act proportionately when dealing with incidents, contact the police when required, are readily identifiable and keep a record of all incidents for examination by police.

Pub watch – the licensing team and police support both the Widnes and Runcorn pub watch schemes and work closely with the trade to promote pub watch bans of offenders.

ArcAngel – this is the Cheshire equivalent of Best bar None and is a scheme promoting minimum standards of safety and responsible retailing within the borough. Over the past 3 years fifteen premises in Halton have joined the scheme with others on the way.

## Promoting a diverse and vibrant night-time economy in Halton

The aim of creating a more diverse and vibrant night-time economy is intended to broaden the range of businesses offering activities that do not centre on drinking alcohol. The night time economy locally brings many positive benefits, from job creation, spending in our local economy and provision of a diverse range of activities for local people, including restaurants, arts centre, ice rink, cinemas etc. We want to encourage a wide range of age groups to make use of a night-time centre and to offer alternatives to going out to get drunk. We believe that this could have significant benefits in helping to reduce crime and disorder and reducing health harms.

Purple Flag is a national accreditation scheme that recognises excellence in the management of town and city centres at night. Town centres that achieve a Purple Flag will be those that are safe, vibrant, appealing, well-managed and offer a better night out.

Purple Flag aims to raise standards and improve the quality of our towns and cities at night. Just as Blue Flag is an indicator of a safe/clean beach and Green Flag an indicator of a good open space/park, Purple Flag is set to be the indicator of where to go for a good night out and will bring positive publicity for successful town and city centres.

## What are we doing in Halton to promote a diverse and vibrant night time economy?

The council recently conducted a review of the night time economy across Halton. The report made recommendations to improve and diversify the night time economy within the borough.

## In order to keep our local communities safe from alcohol-related harm we will:

1. Work with partners to influence the Government and other key decision makers in relation to issues such as introducing a minimum unit price for alcohol and restricting alcohol promotions and advertising.

2. Work in partnership to review Halton Borough Council's statement of licensing policy to ensure it supports the alcohol harm reduction agenda

3. Work towards the completion of a self-assessment / gap analysis for the town centre areas in Widnes and Runcorn, using the Purple Flag criteria as a guide Benchmark.



Taking the hard line against ALCOHOL RELATED CRIME

Arc Angel is a standards based approach adopted by all agencies working in partnership with the licensed trade to target the problem of alcohol-related crime and disorder as well as underage drinking and alcohol-related incidents.

### The ArcAngel approach aims to:

- Encourage responsible drinking, discourage binge drinking and drinking in public;
- Target hotspot locations and prolific and persistent offenders of alcohol related violent crime and disorder;
- Help reduce the number of incidents of alcohol related serious injuries, common assaults and Accident and Emergency admissions;
- Improve the care and support for victims and witnesses of alcohol related violent crime.
- Help people feel safer during a night out;
- Raise public awareness of the issue of alcohol related violence and disorder and the penalties that will be imposed against offenders.

ArcAngel aims to protect communities and raise the standards of acceptable behaviour. This means that as well as having a no tolerance attitude to alcohol fuelled behaviour we're getting pubs, clubs and off licences to sign up to delivering a drinking environment that will stamp out underage drinking and discourage binge drinking so that you'll have a night out to remember - for the right reasons.

Many venues throughout Cheshire now have ArcAngel Accreditation which means, they follow the codes of practice to try to combat alcohol-related crime (including the sale of alcohol to people who are underage).

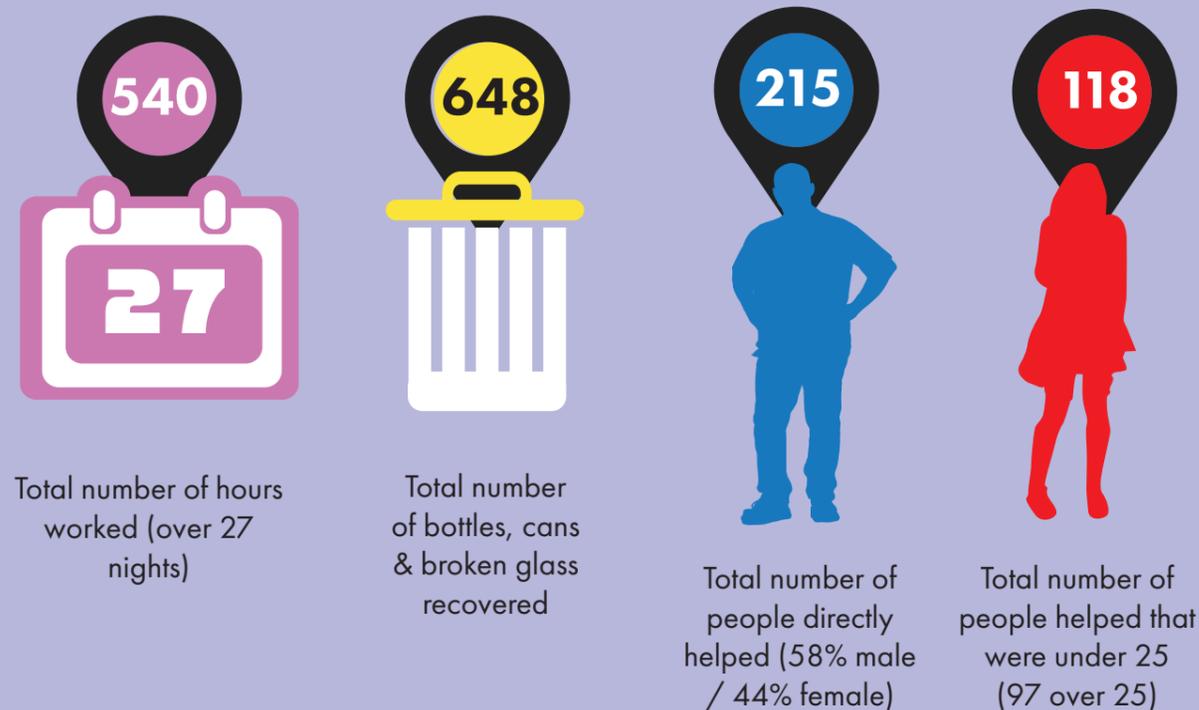
More info: [www.cheshire.police.uk/get-involved/arcangel.aspx](http://www.cheshire.police.uk/get-involved/arcangel.aspx)

## Halton Street Pastors project

The Halton Street Pastors project began in June 2013. 15 volunteer street pastors have been recruited to cover the Widnes area. They receive extensive training. A team of approximately four volunteer pastors go out on the streets in Widnes on Saturday nights between 23:00 hours and 04:00 hours the next day. The pastors make contact with members of the public, helping them in many ways, including:

- providing flip flops to women who were walking bare foot;
- dealing with minor injuries;
- helping people who had lost contact with their friends;
- providing water and wipes to people vomiting; and
- helping people with taxis home.

The Pastors also removed glass bottles and drinking glasses from certain areas making the streets a safer place.



The attitude of the public so far has been very positive and people have welcomed the Pastor Service. With regards to door staff, feedback from forums has been positive. There had been incidents where door staff had sought out the Pastors to assist with injured members of the public. Also, since the presence of the pastors, some bars and clubs have been stopping people leaving with bottles and glasses and cleaning up the front of their premises.

## More information and support

If you feel you have a problem with your drinking there is plenty of help and support available locally. Please contact:

You're local GP  
Halton CRI: support those living in Halton affected by alcohol. Telephone 0151 422 1400

Young Addaction (Under 19s): support young people having problems with alcohol.  
Telephone 0151 257 2530

### For pregnant women:

NHS Choices: Alcohol in pregnancy  
<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/alcohol-medicines-drugs-pregnant.aspx#close>

Drink Aware: Alcohol and pregnancy  
<https://www.drinkaware.co.uk/check-the-facts/health-effects-of-alcohol/fertility-and-pregnancy/alcohol-and-pregnancy>

### For young people:

Talk to Frank:  
<http://www.talktofrank.com/>

### The facts about young people and alcohol:

[https://www.drinkaware.co.uk/media/246532/alcohol%20and%20young%20people\\_new.pdf](https://www.drinkaware.co.uk/media/246532/alcohol%20and%20young%20people_new.pdf)

### For parents:

Talking to your child about alcohol:  
<http://www.drinkaware.co.uk/check-the-facts/alcohol-and-your-child#>

### For adults:

Change 4 Life helps you keep an eye on how much you are drinking and offers advice and tips on how to reduce your intake.  
<http://www.nhs.uk/change4life/Pages/drink-less-alcohol.aspx>

NHS Choices offers a variety of online resources covering binge drinking, alcoholism, drinking calculator, alcohol limits and more.  
[www.nhs.uk/Livewell/alcohol](http://www.nhs.uk/Livewell/alcohol)  
[www.nhs.uk/Livewell/alcohol](http://www.nhs.uk/Livewell/alcohol)

Drinkaware promote responsible drinking and challenge the national drinking culture to help reduce alcohol misuse and minimise alcohol-related harm.  
[www.drinkaware.co.uk](http://www.drinkaware.co.uk)

### For older adults:

Sure Start to later life – the gateway to information, services and activities for people over 55  
Tel: 0151 907 8311 Fax: 0151 420 0631  
Email: [ss2ll@halton.gov.uk](mailto:ss2ll@halton.gov.uk)  
Or alternatively you can visit our website at: [www.ss2ll.co.uk](http://www.ss2ll.co.uk)

Age UK Halton –run a variety of projects and services in the Halton area.  
For more information call 01744 752 644

### Community safety:

To find out more about alcohol-related harm in the North West and join the debate please visit:  
<http://drinkwisenorthwest.org/>

For more information on a minimum unit price for alcohol visit:  
<http://minimumpricing.info/>

Information related to Cheshire Police is available on their website:  
<http://www.cheshire.police.uk/default.aspx>

For information on Specialist Services and Organisations within Halton contact the Halton Domestic Abuse Service 0300 11 11 247  
[www.halton3.gov.uk](http://www.halton3.gov.uk)

### If you would like additional help and support with Domestic Abuse, contact any of the following national helplines:

National 24hr Helpline 08082000247  
[www.nationaldomesticviolencehelpline.org.uk](http://www.nationaldomesticviolencehelpline.org.uk)

M.A.L.E (Men's advice line) 08088010327  
[www.mensadvice.org.uk](http://www.mensadvice.org.uk)

Broken Rainbow (Lesbian, Gay, Bisexual and Transgender support)  
03009995428

[www.broken-rainbow.org.uk](http://www.broken-rainbow.org.uk)  
Stalking Helpline 0808 802 0300  
[advice@stalkinghelpline.org](mailto:advice@stalkinghelpline.org)

## Update on recommendations from the Public Health

RECOMMENDATIONS	COMMENTARY ON PROGRESS
CVD	
Local Authority Commissioners should review the current Health Checks Plus programme	The Health Checks Plus programme has been reviewed and a new streamlined programme has been developed and rebadged as NHS Health Checks. The new programme focuses on the mandatory elements of the national programme and includes the new national elements around raising awareness of dementia and alcohol screening. The programme was rolled out to GP practices in Autumn 2013.
Continue to invest in services that can assist people to manage and/ or reduce any risks identified	Working with Public Health colleagues from other areas Halton Borough Council and Halton CCG have played a pivotal role in the development of a pathway to provide support for patients who have a high risk of developing diabetes across Merseyside. High risk patients identified through GP registers and NHS Health Checks are referred to health trainers who have been trained to deliver patient education around "Borderline Diabetes" and who can sign patients up to relevant healthy lifestyle programmes. The pathway was launched locally in January 2014 and to date 43 patients have received patient education, 18 of which have signed up to the Fresh Start weight management programme.

Local Healthy Weight Strategy Groups should ensure that all actions in the local Healthy Weight Strategy and accompanying delivery plan are implemented and performance is monitored and evaluated	Performance of the Local Healthy Weight Strategy is monitored through the Healthy Lifestyles group and reported to the Health and Wellbeing Strategy. A review of the Healthy Weight pathway is underway to ensure that it is still effective and responsive to local need.
Providers should ensure that lifestyle programmes monitor and target those most in need to address health inequalities	A range of well-established and successful lifestyle interventions are available for patients who are identified as being at risk of CVD, diabetes and other conditions. These include free weight management courses such as Fresh Start, Stop Smoking Services including the provision of free vouchers for nicotine replacement products and alcohol reduction services such as Brief Interventions. The Council is working with Halton's Health and Well Being Service and Halton Clinical Commissioning Group to ensure that GP practices can advise patients of the full range of available services and make appropriate referrals into the services on behalf of the patient and for outcomes resulting from lifestyle interventions to be monitored.
Tobacco Control	
Commissioners and providers should review evidence-based interventions that will help reduce the percentage of young people, especially women, starting to smoke	Commissioners and Providers follow NICE Guidelines PH10, PH14, PH23, PH26, PH48 which all identify recommendations to follow to help reduce the percentage of young people, especially women starting to smoke. An event held in Riverside college on 5th March 2014 highlighted the fact that tobacco kills one in two. The event consisted of performances by 12 dancers and a rapper designed to drive home the message to young people. The performances were filmed and heavily promoted on social media for a three week period.

Providers should review data collection of pregnant women smoking at the time of delivery and ensure robust processes are in place	<p>Smoking at time of delivery (SATOD) data is collected by all Midwives and is collated and presented at a borough level and has shown improvements.</p> <p>Providers review this data for monitoring purposes and targets. Work continues in partnership with the CCG and maternity providers to ensure they record the data accurately.</p> <p>The Stop Smoking Service has a specialist cessation role specifically in place to work with pregnant smokers and has established partnerships between the Service and Midwives to enable direct referrals and regular communication to take place.</p>
Commissioners, providers and the Health and Wellbeing Board should work nationally, regionally and locally to support advocacy for plain packaging	The Tobacco Control Coordinator works closely with Tobacco Free Futures (Northwest region) and is Chair of the Cheshire & Merseyside Tobacco Alliance and ensures regional and sub-regional advocacy support for plain packaging is coordinated and delivered locally.
Dental Health	
Local Authority Commissioners should work in partnership with the National Commissioning Board to monitor performance and ensure good access to dental services	The performance is monitored and a report on progress was presented to the Halton Health and Wellbeing Board, reporting good access to dental services, 70% of dentists are accepting new patients, which is good access when compared to the rest of England.

National Commissioning Board should encourage the application of fluoride varnish by the dental team in their practices in line with Delivering Better Oral Health- an evidence-based toolkit for prevention (2nd Edition)	Recent evidence suggests that fluoride varnish is not as effective as the distribution of toothbrushes and toothpaste to children, and therefore while this continues to be available it is no longer the main focus for action.
Local Authority commissioners should review the work of the Oral Health Promotion team	The work of the Oral health promotion team is being reviewed and will work within the healthy child programme as this is fully transferred into the local authority.
Early Years (relates to HWB Child Development Action Plan)	
Data quality of local data collection via the Child Health Surveillance System should be reviewed by both commissioner and provider	The Halton Child health system has been reviewed and is being replaced. National work continues to improve the child health system.
Develop the Health Visitor service, (in line with the Health Visitor implementation plan, "A Call For Action") to ensure that all children have access to the core healthy child programme	This is fully compliant with the national Health Visitor implementation plan. All children in Halton have access to the core healthy child programme.
Midwifery, Health Improvement Team and GPs should monitor the effectiveness of health programmes for pregnant women including early booking, targeted smoking cessation campaigns, access to appropriate weight loss services and encourage a high uptake of seasonal influenza and whooping cough immunisations.	Midwifery and health improvement team are each performance monitored in relation to early booking and smoking cessation rates. Regional up take of immunisations for pregnant women is monitored and acted upon accordingly. Weight loss services for pregnant women have been piloted and their performance monitored.

Alcohol	
Ensure that people have accurate, relevant information to enable them to make healthy, safe, informed choices and that messages are promoted in the right settings	A range of campaigns and promotional activities and campaigns are available locally. Halton has supported the Dry January campaign and has conducted a piece of social marketing into Foetal Alcohol Spectrum Disorders (FASD). National campaigns are supported on a local level, with a great deal of prevention and promotion activity aimed at young people delivered by Young Addaction and Catch 22, through the use of outreach youth work and the youth centres. School activity is coordinated through the Healthitude programme, which brings together a range of service providers to promote healthy lifestyles with local primary and secondary schools. During 2013/ 2014, 986 children and young people have received 1 hour alcohol awareness education sessions.
GPs should promote brief interventions and screening within primary care	A national enhanced service is available for GPs with regards to identification of 'at risk' patients and brief advice training is available for all GPs and practice staff
Commissioners, providers and the Health and Wellbeing Board should work nationally, regionally and locally to support minimum pricing per unit of alcohol	Halton is supportive of activity to introduce a minimum pricing per unit of alcohol.

All School Nurses, Youth Workers, Children's Social Care and Youth Offending Team staff should receive training to enable them to identify drug and alcohol problems to enable them to offer appropriate support and referral if needed. In addition, people who work with children need to be trained to recognise when children exhibit signs of experiencing parental alcohol misuse and know what action to take.	325 front line staff/ community residents have been trained in IBA. Those trained includes 44 young people with special needs, 16 vulnerable adults have received alcohol awareness sessions. Alcohol awareness has also been incorporated into the Falls Training Programme and delivered to 74 staff who work with older people  100% of staff reporting an increased knowledge of alcohol misuse and feel they have the confidence to highlight issues and refer on appropriately.  Relationships have improved between adult substance misuse services and children's services, with improved protocols and pathways, joint visits and clear referrals now established to ensure that systems are in place to support young people when parental misuse of alcohol is identified.
Cancer	
NHS Commissioning Board should provide regular updates to Health and Wellbeing Boards on improvement in screening and uptake rates and ensure cancer and non-cancer screening programmes are accessible to people with learning or other disabilities	The Halton Action on Cancer Group receives regular updates regarding screening which it reports to the Healthy Lifestyles group and to the Health and Wellbeing Board.  Recent activity has highlighted some access issues with regards to people with a disability and as a result this has been escalated to the relevant Trusts for action.

Local Hospital Trusts should commit to achieving agreed staging reporting for at least 70% of all cancers, collating, analysing and reporting this staging data after a minimum time delay

Following the negotiation of a cancer staging CQUIN (a framework aimed at improving services and outcomes for patients), with both local provider trusts (Warrington and Halton Hospital Foundation Trust and St Helens & Knowsley Hospitals), local trusts will be financially incentivised in 13/14 to achieve 70% staging data completeness. This will be monitored by the Clinical Commissioning Group during Quality Review meetings throughout 13/14 and progress reports will be brought to the Halton Action on Cancer Board. This is to ensure that both local trusts are compliant with the nationally expected standard by 14/15.

Commissioners should continue to invest in public awareness of cancer signs and symptoms

During the year Halton has continued to support the active promotion of National campaigns through "Be Clear on Cancer" activity. This has included the support for the 'Breast Cancer in Women over 70' campaign along with the promotion of breast cancer screening services in Halton and the promotion of the regional 'Be Clear on Cancer campaign for ovarian cancer'.

During 2013/14 over 2100 presentations / training sessions were delivered to front line staff/ community groups/ residents on cancer awareness, and nine GP practices were supported with training, events and cancer awareness sessions. This included Appleton Village, Murdishaw Health Centre and Oaks Place practices where 32 staff attended training, and Castlefields Health Centre where 27 staff received breast cancer awareness training.

## Data On Health & Wellbeing in Halton:

This year's public health annual report is focused on reducing alcohol related harm in Halton. Data on health and wellbeing in Halton is available in the joint strategic needs assessment (JSNA). The JSNA pulls together a wide range of information about the health and well-being of the local population.

The JSNA and children's JSNA are available from:  
[www3.halton.gov.uk/Pages/health/JSNA.aspx](http://www3.halton.gov.uk/Pages/health/JSNA.aspx)

For further information contact the public health intelligence team:  
[Health.Intelligence@halton.gcsx.gov.uk](mailto:Health.Intelligence@halton.gcsx.gov.uk)

**Joint Strategic Needs Assessment**

The JSNA must pull together a wide range of information about the current and future health and well-being needs of the local population. It provides an opportunity to look to the future - over the next 5, 10, 15 and 20 years - so that we can plan now for likely changes in needs. Therefore it is one of the major influences in directing our commissioning priorities and planning service development.

The JSNA has been set out in chapters; where key issues are highlighted, information about what services are making a difference and the key priorities for the future are identified. The JSNA is intended to be an on line tool, enabling the reader to go straight to the chapters that they require. Each chapter references other relevant chapters that can provide wider context, allowing the reader to access all relevant and interlinking information to the subject area. Data updates are added each year when new information is available.

This assessment has not been done in isolation. Results of local and national consultations, surveys and research with people who use services, carers, residents and service providers have been used to inform the JSNA.

- Summary document
- JSNA data updates 2013
- Health Profiling
- More Borough Statistics and Profiles

**Demographics and Wider Determinants**

- Economic
- Housing
- Overall Health and Wellbeing in Halton
- Social Care
- Substance Misuse
- Transport
- Community Safety
- Demographics
- Smoking

**Children and Young People**

The Children's JSNA is available from <http://www.haltonchildrenstrust.co.uk/index.php/jsna/> and includes the following chapters

1. Introduction, Key Findings & Methodology
2. Population and socio-economic profile
3. Maternal health
4. Early Years: 0-4 years
5. Health & Wellbeing of School Age Children: 5-18 years
6. Educational Attainment and Employment
7. Safeguarding
8. Children with Disabilities & Complex Health Needs, including learning disabilities and autism
9. Children in Care
10. Engagement and Participation

**Adults (working age)**

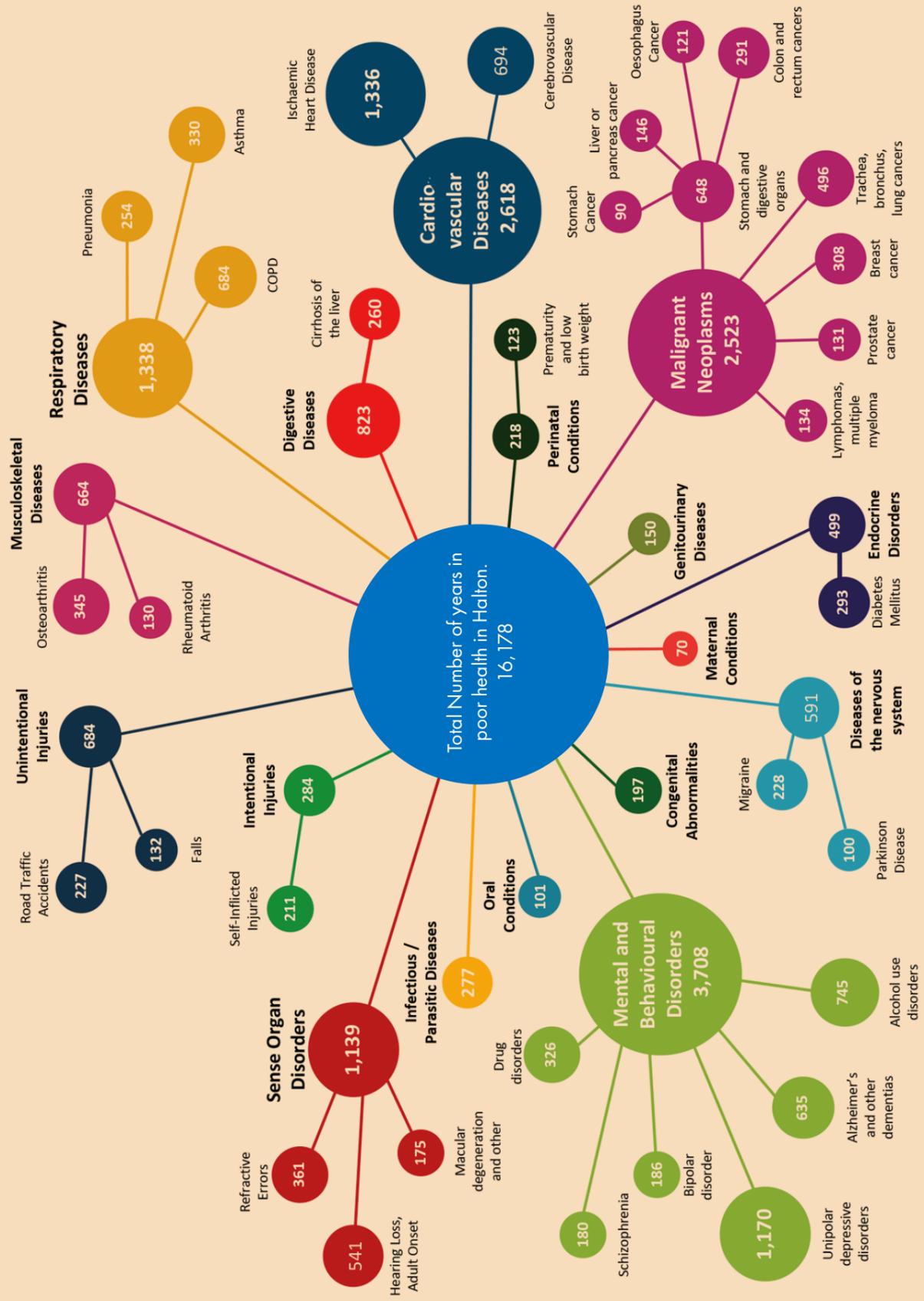
- Diabetes
- Hypertension High Blood Pressure
- Physical sensory and learning disability
- Sexually Transmitted Infection
- Stroke
- Alcohol
- Mental Health
- Cancer
- COPD
- Coronary Heart Disease
- Obesity
- Immunisations

**Older People**

- Dementia
- Older People Falls

**Specialist Needs Assessments**

- Alcohol
- Older People

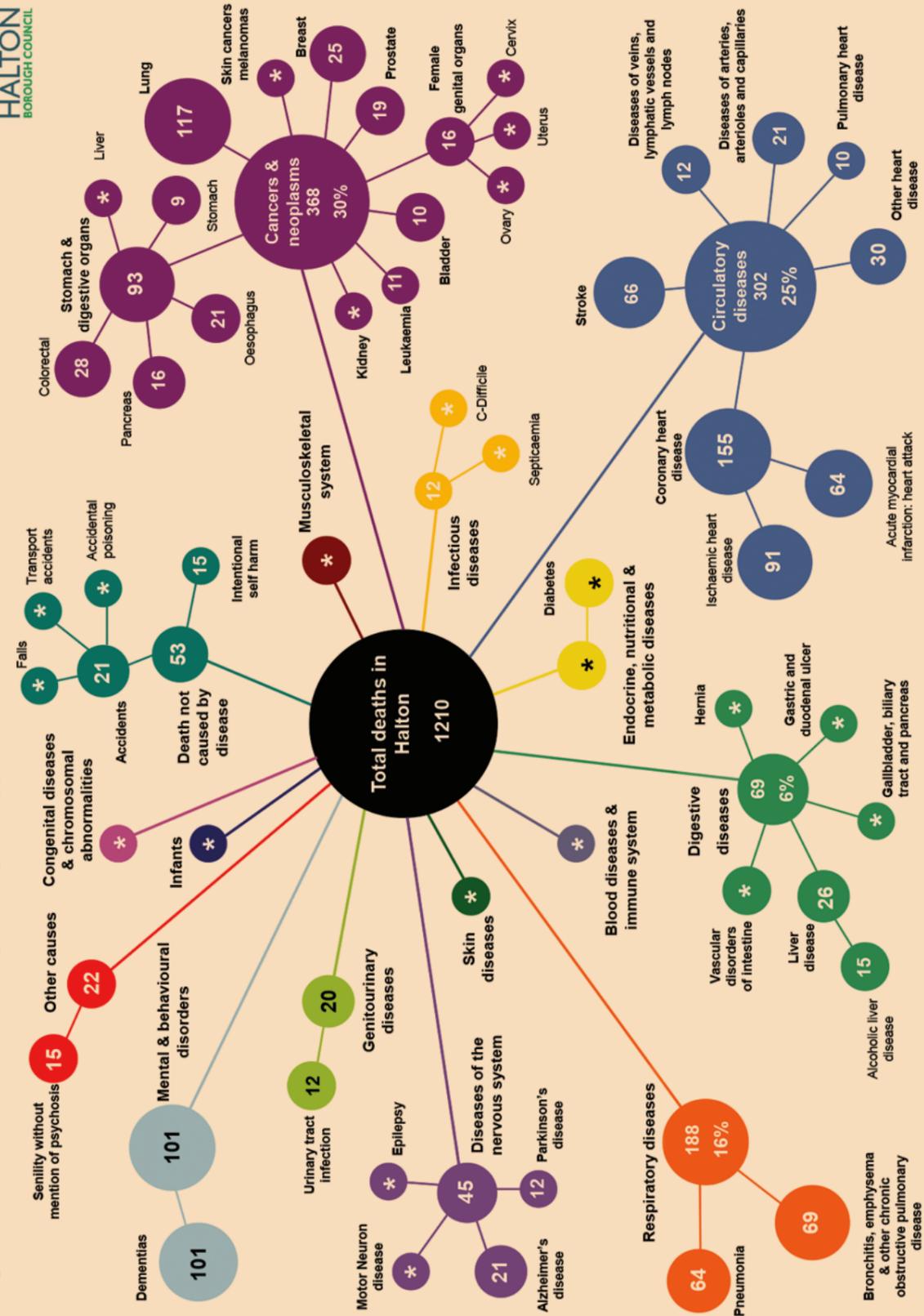


Produced by Public Health Intelligence Team, 2014

### Main causes of death in Halton 2013

\* signifies less than 10 deaths Source: Primary Care Mortality Database (Open Exeter) 2014

Public Health Intelligence Team  
Health.intelligence@halton.gcsx.gov.uk



# Top Ten Priorities for Public Health

## A Public Health Manifesto from the North West Directors of Public Health

1. Introduce a minimum price of 50p per unit of alcohol sold to tackle alcohol-related harm and improve health and social outcomes.
2. Introduce a sugar sweetened beverage duty at 20p per litre to help address poor dental health, obesity and related conditions.
3. Commit to the eradication of childhood poverty to meet targets set by the Child Poverty Act 2010 and improve the health and wellbeing of all children.
4. Work with employers to increase payment of the living wage and introduce a higher minimum wage to improve quality of life, happiness and productivity in work.
5. Ban the marketing on television of foods high in fat, sugar and salt before 9pm to reduce children's exposure to unhealthy food advertising and improve diet choices.
6. Implement the recommendations contained within the "1001 critical days" cross party report to ensure all babies have the best possible start in life.
7. Implement tougher regulation of pay day loan companies to improve the health and wellbeing of people with debts.
8. Require all schools to provide a minimum of one hour of physical activity to all pupils every day in line with UK physical activity guidelines for 5-18 year olds.
9. Introduce policies to encourage active travel and use of public transport to improve the quality of local environments and improve road safety, health and wellbeing.
10. Require compulsory standardised front of pack labelling for all pre-packaged food and beverages (including alcoholic drinks) to encourage informed decision making about food and drink consumption.

Source: "Top Ten for Number Ten" – A Public Health Manifesto from the North West Directors of Public Health- July 2014

[http://www.cph.org.uk/wp-content/uploads/2014/07/  
Public-Health-Manifesto-final-version.pdf](http://www.cph.org.uk/wp-content/uploads/2014/07/Public-Health-Manifesto-final-version.pdf)