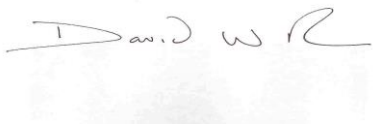
Public Document Pack

Health and Wellbeing Board

Wednesday, 4 October 2017 2.00 p.m.
The Halton Suite - Select Security Stadium, Widnes



Chief Executive

Please contact Gill Ferguson on 0151 511 8059 or e-mail gill.ferguson@halton.gov.uk for further information.
The next meeting of the Committee is on Wednesday, 17 January 2018

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

Part I

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 5 July 2017 at The Halton Suite - Select Security Stadium, Widnes

Present: Councillors Polhill (Chair), T. McInerney, Woolfall and Wright and N. Atkin, P. Cooke, D. Cooper, A. Fairclough, G. Ferguson, S. Johnson Griffiths, P. McLaren, A. McItyre, E. O'Meara, D. Nolan, D. Parr, H. Patel, M. Roberts, J. Rosser, S. Semoff, R. Strachan and P. Woods

Apologies for Absence: S. Ellis, Sally Yeoman, Tracey Hill and M. Larkin

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 29th March 2017 having been circulated were signed as a correct record.

HWB2 HALTON RAPID CLINICAL ASSESSMENT TEAM - PRESENTATION

The Board considered a presentation on the development of Halton's Rapid Clinical Assessment Team (RCAT). The development of the RCAT service arose from an approach by a Care of the Elderly Consultant, Professor Bhowmick, to the medical team at Warrington and Halton Hospitals NHS Foundation Trust. Professor Bhowmick had developed, in two locations in Wales, a rapid assessment model for older people in the community who otherwise would be admitted to hospital for consultant assessment, diagnostics and review of non-life threatening illness.

It was noted that:

- from August 2015 to April 2016, a model was developed drawing on nursing resources in the Rapid Access and Rehabilitation Service (RARS) and Community Matrons;

- the RCAT service commenced on 4th April 2016;
- GP led Primary Care Teams had the opportunity to refer to RCAT for an enhanced Rapid Clinical Assessment; and
- the service accepted referrals Monday to Friday 9am to 4pm and the aim was for the service to undertake an initial assessment within two hours.

The referral criteria was as follows:-

- Age 75+. However the team were flexible and if a GP felt that a patient would benefit from an intervention irrespective of age, then they could contact the team to discuss this; and

- Not critically ill (e.g. Myocardial Infraction, stroke or severe sepsis etc.).

It was reported that from the 4th April 2016 – 31st March 2017, 194 referrals had been made to the Service. Of those referrals made a total a total of 165 admissions were avoided during 2016/17. For NHS Halton Clinical Commissioning Group, the average cost of an emergency attendance and admission via ambulance in 2015/16 was £2,786 (age 75+). Based on this figure, a total saving of £459,690 was made in hospital avoidance. If this saving was then offset against the annual cost of the RCAT service, which was approximately £350,000, then in 2016/17 a total saving of £109,690 was made.

RESOLVED: That the presentation be noted.

HWB3 JOINT WORKING ON MATERNAL AND INFANT MENTAL HEALTH - PRESENTATION

The Board considered a presentation which provided Members with an overview of the integrated work taking place in Halton to improve infant and maternal mental health and wellbeing. Halton had received the 'Locality award for mental health inclusion' at the PIPUK (Parent infant partnership) infant mental health awards. The award was for the collaborative work that had taken place through the Halton Health in the Early Years group, on perinatal mental health, preparation for parenthood, and bonding and attachment. It was in recognition of the close working between the Bridgewater midwives, Family Nurses and Health visitors, and Children's centre staff, Health improvement team, Public Health and the CCG.

The Board considered a presentation which outlined

the work that was taking place to 'give every child the best start in life', by supporting mums mental health and building the relationship with the child.

RESOLVED: That the contents of the presentation be noted.

HWB4 JOINT LOCAL AREA INSPECTION OF SPECIAL EDUCATIONAL NEEDS AND DISABILITY FOR HALTON

The Board considered a report which provided an update on the outcome of the Joint Local Area Inspection of Special Educational Needs (SEN) and Disability for Halton. Between the 27th March and 31st March 2017, Ofsted and the Care Quality Commission conducted a joint inspection in Halton. As part of the inspection they:

- spoke to children and young people with special educational needs and/or disabilities, parents and carers, local authority and National Health Service (NHS) officers;
- visited a range of health and education providers including schools, Children's Centres, Early Years settings and Riverside College;
- considered a range of information about the performance of the local area including the local area's self-evaluation;
- met with the leads for health, social care and education in Halton; and
- reviewed performance data and evidence including the local offer and joint commissioning.

It was reported that the inspection focused on the following three areas:-

- The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities;

- The effectiveness of the local area in meeting the needs of children and young people who have special educational needs/or disabilities; and

- The effectiveness of the local area in improving outcomes for children and young people who have special educational needs and or/disabilities.

Members were advised that Ofsted had published the outcome of the inspection in a final letter on the 16th June and a copy had been previously circulated to Members of

the Board. The letter set out both the strengths of the local area and a number of areas for further development.

The report acknowledged what was working well, what needed to improve and emphasised the need for increased joint planning. Therefore, in order to respond to the areas for development and to further improve the outcomes for children and young people, NHS Halton Clinical Commissioning Group, the Local Authority, Impart (parent and carer organisation) and other partners were committed to working together to develop a local area joint Action Plan. Once developed the Action Plan would be monitored and reviewed by the SEN Strategic Partnership Board and a progress report would be provided to the Health and Wellbeing Board every six months.

RESOLVED: That

(1) the outcome of the Joint Local Area SEND inspection be noted;

(2) approval be given to the development of a Joint Action Plan to address the areas of development identified by the inspection; and

(3) a report on progress be submitted to the Board in six months.

HWB5 REDUCING CHILD POVERTY AND IMPROVING LIFE CHANCES IN HALTON

The Board considered a report on the work of the Child and Family Poverty Strategic Group and how this fed into the Liverpool City Region co-ordinated approach to addressing child and family poverty.

In 2010 Halton, alongside other Liverpool City Region leaders, agreed to adopt a City Region wide approach to tackling issues relating to child and family poverty that would build on strong local and City Region partnerships. Subsequently, in 2011, the first Child Poverty and Life Chances Strategy for the Liverpool City Region was launched.

It was noted that whilst Halton was happy to adopt a joint strategic approach as part of the Liverpool City Region, it had agreed to develop its own Action Plan to underpin it. As a result, Halton's Child and Family Poverty Strategic Group had hosted a workshop on the 26th January to consider what should be included within Halton's Child

Poverty Action Plan and the outcomes from the workshop were detailed in the report.

It was proposed that the outcomes of the strategy and the Action Plan would be reported annually to the Children and Young People's Policy and Performance Board and the Liverpool City Region Child Poverty and Life Chances Commission.

RESOLVED: That the report be noted.

HWB6 FALLS UPDATE

The Board considered a report which provided an update on the Falls Service in Halton and the work undertaken to date in the line with the Halton Falls Strategy 2013 – 2018.

The Falls Strategy had been underpinned by a robust action plan which was agreed by all partners to drive the implementation of key objectives and to deliver evidence based, efficient, high quality services.

It was noted that to date many key actions identified in the plan had been fully implemented and although performance was still below the national average in a number of areas, there had been a significant decrease in the gap. The report highlighted progress against the Falls Strategy Action Plan within the following areas:

- Falls Pathways – Treatment/Prevention;
- Workforce training and awareness raising;
- Development of an awareness raising campaign with both the public and professionals;
- Improved partnership working and governance; and
- Impact on performance.

Members were advised that progress had been made in a number of areas in line with the following key priorities:

- to reduce emergency hospital admissions for injuries due to a fall (65+); and
- emergency hospital admissions due to fracture of neck or femur (65+).

However, it was reported that work needed to continue to close the gap and to reduce the numbers of people who fall in Halton. Therefore, a number of key recommendations which would support work in this area were outlined in the report.

RESOLVED: That the report be noted.

HWB7 PUBLIC HEALTH PROTECTION ANNUAL REPORT

The Board considered a copy of the Public Health Protection Annual Report 2016/17. The report provided an overview of the current health protection situation within Halton highlighting any on-going challenges or issues. The document enabled the Director of Public Health to provide assurance to the health and wellbeing board that the health of the residents of Halton was being protected in a proactive and effective way.

A copy of the Public Health Protection Annual Report 2016/17 had been previously circulated to the Board.

RESOLVED: That the report be noted.

HWB8 2016/17 PUBLIC HEALTH ANNUAL REPORT

The Board considered a report of the Director of Public Health, on the development of the Public Health Annual Report 2016/17. For the 2016/17 report the focus would be on the health of women and girls in Halton. The topic had been chosen to highlight key topics specific to female health and those issues local women and girls believed to be the most significant areas for their health.

The final version of the report would be presented to the Board in September 2017.

RESOLVED: That the Board

1. note the theme and areas of focus; and

2. raise awareness of the forthcoming report with their staff and elected Members.

HWB9 ADULT AND SOCIAL CARE ADDITIONAL FUNDING

The Board considered a report of the Director of Adult Social Services, which outlined the allocation of additional funding for Adult Social Care which was announced by the Chancellor in the Spring Budget. The additional funding was to be spent on adult social care and used for the purposes of meeting adult social care needs, reducing the pressures on the NHS; including supporting more people to be discharged from hospital when they are ready and stabilising the social care provider market.

The report set out a number of recommendations on areas where this additional funding should be allocated, including cost and predicted outcomes.

RESOLVED: That the report be noted.

Meeting ended at 3.22 p.m.

REPORT TO: Health & Wellbeing Board

DATE: 4 October 2017

REPORTING OFFICER: Director of Adult Social Services

PORTFOLIO: Health & Wellbeing

SUBJECT: Care Quality Commission (CQC) - Local System Review (LSR) of Health & Social Care in Halton

WARD(S): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To receive a presentation from Sue Wallace Bonner, Director of Adult Social Services, Halton Borough Council on CQC's recent LSR of Health & Social Care in Halton.

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

3.0 SUPPORTING INFORMATION

3.1 During the Summer, CQC were commissioned by the Secretaries of State for Health and for Communities and Local Government to undertake a programme of targeted system reviews in 12 Local Authority areas; Halton was selected as the first area for one of these LSRs.

3.2 The LSRs are aimed at looking at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old and includes an assessment of commissioning across the interface of health and social care and of the governance systems and processes in place in respect of the management of resources.

3.3 The Reviews do not include mental health services or specialist commissioning specifically, however they do look at the experiences of people living with dementia as they travel through the system.

3.4 CQC's intention is that these LSRs will provide a useful reflection for each local area highlighting what is working well and where there are opportunities for improving how the system works for people using services.

3.5 While the LSRs focus on the interface between health and social care, each system review is focused on a local authority area. As such to ensure a consistent approach to CQC's local engagement they have asked each Borough Council to co-ordinate input from partners from across the health and social care system.

3.5 As part of the review the Borough Council worked closely with its key statutory partners

to provide the necessary information and associated documentation requested by the review Team.

CQC spent 7 days in Halton (2 & 3rd August and w/b 21st August 2017) carrying out various visits, holding a series of focus groups, undertaking case tracking and conducting a variety of interviews.

3.6 At the time of writing this report, we are expecting to receive the written report on the outcome of the review by the 22nd September from CQC.

CQC have stated that we will then have the opportunity to check the report for factual accuracy and will need to return it back to them by 2nd October.

We will also then have the opportunity to go back to CQC following the outcome of discussions at today's Board, for example in the case the Board wish to challenge any areas of the report etc.

3.7 Following this, the CQC intend to hold a Quality Summit in Halton when they will formally be presenting details of their findings from the Review.

At the time of writing this report, we are still waiting for exact details about the format for the session etc., however the date etc. for the Summit is as follows:-

Date : Wednesday 11th October 2017
Time: 10am – 1pm
Venue: The Bridge Suite, Select Stadium, Widnes

4.0 POLICY IMPLICATIONS

4.1 None associated with this report.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
None identified

6.2 **Employment, Learning & Skills in Halton**
None identified

6.3 **A Healthy Halton**
All issues outlined in this report and its associated presentation focuses directly on this priority.

6.4 **A Safer Halton**
None identified

6.5 **Halton's Urban Renewal**
None identified

7.0 RISK ANALYSIS

7.1 None associated with this report.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None associated with this report.

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

9.1 None under the meaning of the Act.

REPORT TO: Health & Wellbeing Board

DATE: 4 October 2017

REPORTING OFFICER: Director of Commissioning

PORTFOLIO: Health and Wellbeing and Children, Young People and Families

SUBJECT: Well North Programme

WARDS: Borough-wide

1.0 PURPOSE OF THE REPORT

This report provides the Halton Health and Wellbeing Board with information and progress updates pertaining to the Well Halton Programme

2.0 RECOMMENDATION: That

1. **The Board note the contents of the Well Halton presentation and review the draft plan; and**

2. **Feedback comments to the Director of Commissioning**

3.0 SUPPORTING INFORMATION

Well North is a partnership between Public Health England (PHE), The University of Manchester and Manchester Academic Heath Science Centre; Local authorities, NHS organisations, business (both big and small), community, voluntary, and enterprise organisations.

The well north principles are to:
- Address inequalities by improving the health of the poorest, fastest
- Increasing resilience at individual, household and community levels
- Reducing levels of worklessness.

Well Halton is one of ten regional ‘pathfinder’ sites across the North, we are adopting a ‘place based’ approach that builds upon the unique nature of our borough and capitalises on Halton’s many assets.

Unique projects are being develop in various neighbourhoods, each being co-produced with the local community, VCSE providers, agencies and Private Sector partners.

PIDs were developed in June 2016, however funds were not released until April2017 due to legal issues at the Well North Hub level. Despite the delays in funding, significant progress has been made against the PIDS and an overarching Well Halton Plan has now been developed.

4.0 POLICY IMPLICATIONS

4.1. The Well Halton Programme is an opportunity to be innovative, further develop the One Halton concept and add extra impetus to other 'place based' schemes such as Healthy New Towns

5.0 FINANCIAL IMPLICATIONS

5.1 The initiative provides investment in the borough.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

Improving the Health of Children and Young People is a key priority in Halton and will be addressed via the Well Halton programme.

6.2 Employment, Learning and Skills in Halton

Enterprise, learning and employment are fundamental to the Well North approach. These areas will feature heavily in our activity

6.3 A Healthy Halton

All issues outlined in this report focus directly on this priority.

6.4 A Safer Halton

Well Halton takes a holistic approach and will address issues around nuisance behaviour, isolation and other impactors upon community safety

6.5 Halton's Urban Renewal

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing; Well Halton recognises the broad context of issues that impacts upon resident's health & wellbeing including the physical environment

7.0 RISK ANALYSIS

This bid does not present a risk.

8.0 EQUALITY AND DIVERSITY ISSUES

The Well North programme will strive to engage with cohorts of Halton's community whom traditionally haven't accessed primary care services.

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

Document	Place of Inspection	Contact Officer
Well Halton Plan	Appendix A	Leigh Thompson

REPORT TO:	Health and Wellbeing Board
DATE:	4 October 2017
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	2016 – 2017 Public Health Annual Report – Women and Girls' Health
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

To provide the Health and Wellbeing Board with some background information on the Public Health Annual Report. (PHAR) - Women and Girls' Health.

2.0 RECOMMENDATION: That the Board note the contents of the report and supports the recommendations.

3.0 SUPPORTING INFORMATION

3.1 Since 1988 Directors of Public Health (DPH) 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.

3.2 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 remains a key means by which the DPH is accountable to the population they serve.

3.3 The Faculty of Public Health guidelines on DPH Annual Reports list the report aims as the following.

- Contribute to improving the health and well-being of local populations.
- Reduce health inequalities.
- Promote action for better health through measuring progress towards health targets.
- Assist with the planning and monitoring of local programmes and services that impact on health over time.

3.3 The PHAR is the Director of Public Health's independent, expert assessment of the health of the local population. Whilst the views and contributions of local partners have been taken into account, the assessment and recommendations made in the report are those held by the DPH and do not necessarily reflect the position of the employing and partner organisations.

3.4 Each year a theme is chosen for the PHAR. Therefore it does not encompass every issue of relevance but rather focuses on a particular issue or set of linked issues. These may cover one of the three work streams of public health practice (health improvement, health protection or healthcare public health), an over-arching theme, such as health inequalities, or a particular topic such as mental health or cancer.

3.5 For 2016-17 the Public Health Annual Report focuses on the health of women and girls in Halton. This topic has been chosen as female health is not improving at the same rate as male health. It is also to highlight key topics pertinent to female health and issues local women and girls believe to be the most significant areas for their health.

3.6 The report uses a life-course approach through the following sections:

- Start Well – Maternity
- Start Well – Girls
- Live Well
- Age Well

3.7 Each chapter covers the following areas:

- Summary of topic and why it is important
- What work has been or will be done

3.8 Summary of Chapter Content: -

Section	**Chapter**
Start Well – Maternity	Smoking in Pregnancy
	Mums' Mental Health
	Family Nurse Partnership
	Breast Feeding
Start Well – Girls	HPV (Human papilloma virus) Vaccination
	Mental Health
	Physical Activity
Live Well	Sexual Health
	Mental Health
	Cancer Screening
	Alcohol
	Wider Issues
Age Well	Warm Homes
	Social Isolation and Loneliness

	Falls
Recommendations - 2016/17 - Women and Girls' Health **Recommendations Update - 2015/16 - Assessing Needs and Taking Action**	

3.10 The final version is available in hard copy and online at www.halton.gov.uk/PHAR.

4.0 POLICY IMPLICATIONS

4.1 The Public Health Annual Report should be used to inform commissioning plans and collaborative action for the NHS, Social Care, Public Health and other key partners as appropriate.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified at this time.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton. The PHAR will highlight key topics for maternal health and children.

6.2 Employment, Learning & Skills in Halton

The above priority is a key determinant of health. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents

6.3 A Healthy Halton

All issues outlined in this report focus directly on this priority.

6.4 A Safer Halton

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime have an impact on health outcomes particularly on mental health.

There are also close links between partnerships on areas such as scams, alcohol and domestic violence.

6.5 Halton's Urban Renewal

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing.

7.0 RISK ANALYSIS

7.1 Developing the PHAR does not present any obvious risk however, there may be risks associated with the resultant recommendations. These will be assessed as appropriate.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 This 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

REPORT TO: Health & Wellbeing Board

DATE: 4 October 2017

REPORTING OFFICER: Director of Adult Social Services

PORTFOLIO: Health and Wellbeing

SUBJECT: Better Care Fund 2017 - 19

WARD(S): Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 To inform the Health and Wellbeing Board of the submission of the Better Care Fund 2017 - 19

2.0 RECOMMENDATION: That the Board note the content of the report and associated documents.

3.0 **SUPPORTING INFORMATION**

3.1 The Better Care Fund for 2017 - 19 is a continuation of the fund from 2016/17. The Department of Health and NHS England in partnership with the Local Government Association and the Association of Directors of Adult Social Services were keen to see progress in the 2017 - 19 submission of the various schemes and system changes that would support the key metrics.

3.2 In order to streamline the process, NHS England have reduced the amount of performance metrics that we are required to report on to four, in relation to the management of Delayed Transfers of Care (DToC), non-elective admissions to hospital, admissions to residential and nursing care homes and number of people who were still at home 91 days after discharge from hospital (reablement).

The success of the Halton implementation and achievement of the key performance indicators in 2016/17 has enabled us to develop further on community initiatives that bring care and support closer to people's homes and family context.

This aligns to the Sustainability and Transformation Planning required of NHS Halton CCG and the locality where key risk management and sharing across the system is planned for.

Much of the 2017 - 19 submission remains a continuation of the successful approach in 2016/17.

The Joint Working Agreement between Halton Borough Council and

NHS Halton CCG is in place for a further 2 years and therefore the Better Care Fund forms part of this wider pool. This is attached within the narrative submission.

4.0 POLICY IMPLICATIONS

4.1 None identified at this stage.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The Better Care Fund sits within the wider pooled budget arrangement and the financial context of the local health and social care environment. The pooling of resources and integrating processes and approach to the management of people with health and social care needs will support effective resource utilisation.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 A Healthy Halton

Developing integration further between Halton Borough Council and the NHS Halton Clinical Commissioning Group will have a direct impact on improving the health of people living in Halton. The plan that is developed is linked to the priorities identified for the borough by the Health and Well Being Board.

7.0 RISK ANALYSIS

7.1 Management of risks associated with service redesign and project implementation are through the governance structures outlined within the Joint Working Agreement.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified at this stage

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

None.

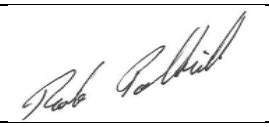
Better Care Fund Plan 2017 - 2019

Local Authority	**HALTON BOROUGH COUNCIL (HBC)**
Clinical Commissioning Groups	**NHS HALTON Clinical Commissioning Group (CCG)**
Boundary Differences	**Co-terminus**
Date agreed at Health and Well-Being Board:	**This will be retrospectively**
Date submitted:	**11th September 2017**
Minimum required value of BCF pooled budget: 2017/18	**£9,660,843**
Total agreed value of pooled budget: 2017/18	**£14,686,914**

Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	
By	Dave Sweeney
Position	Interim Chief Officer
Date	

Signed on behalf of the Council	
By	David Parr
Position	Chief Executive
Date	

Signed on behalf of the Health and Wellbeing Board	
By Chair of Health and Wellbeing Board	Rob Polhill
Date	

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1.0 Introduction

Halton's Better Care Fund (BCF) in 2017 - 2019 builds on the work undertaken by the fund in previous years and develops further some key areas to enable people to access services they need more quickly and closer to their own home. The BCF focuses resources on a wide range of integrated, complex and responsive services either fully funding services or contributing additional resources to increase capacity. This approach supported the achievement of key targets in the last BCF. In addition the BCF supports maintaining the eligibility criteria for social care. Some areas funded in the last iteration of the Plan were either specific to that period and no longer required funding or were supported by funding sources from other parts of the system. The BCF is integrated with the Cheshire and Merseyside (C&M) Sustainability and Transformation Plan (STP) and therefore much of the narrative in this document is congruent with the STP.

1.1 Our Vision

NHS Halton Clinical Commissioning Group (CCG), Halton Borough Council (HBC) including Public Health are driven by a burning ambition to make Halton a healthier place to live and work. We are committed to ensuring that local people get the right care and support at the right time and in the right place. We will continue to uphold the rights of people under the NHS Constitution, appropriate legislation e.g. Care Act 2014 etc. and positively push the boundaries of quality standards and patient experience.

Our vision is **'to involve everyone in improving the health and wellbeing of the people of Halton'**.

1.2 Our Purpose

Our purpose is to improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill-health, promoting self-care and independence, arranging local, community-based support whenever possible and ensuring high-quality hospital services for those who need them.

We want to support people to stay well in their homes, in particular to avoid crises of care that can result in hospital admission. General practices will support and empower individuals and communities by promoting prevention, self-care, independence and resilience.

We will work with local people and with partner organisations including healthcare providers and the voluntary sector. This will ensure that the people of Halton experience smooth, co-ordinated, integrated and high-quality services to improve their health and wellbeing.

1.3 Our Values

The key values and behaviours at the heart of our work are:

Partnership: We will work collaboratively with our practices, local people, communities and with other organisations with whom we share a common purpose.

Openness: We will undertake to deliver all business within the public domain unless there is a legitimate reason for us not to do so.

Caring: We will place local people, patients, carers and their families at the heart of everything we do.

Honesty: We will be clear in what we are able to do and what we are not able to do.

Leadership: We will be role models and champions for health and wellbeing in the local community.

Quality: We will commission the services we ourselves would want to access.

Transformation: We will work to deliver improvement and real change in care.

1.4 One Halton – Five Areas of Focus

One Halton is about working better together to improve the care and wellbeing of the people of Halton.

It requires a change in the mind-set and the involvement of everybody; the public, volunteers, carers, practices, social workers, care homes, hospitals and other providers.

There is already a lot of good work that is going on in Halton and improvements are being made. ***One Halton*** will involve more people, bringing a boarder perspective and a more integrated approach resulting in efficient, smooth and effective care.

Our aim is to achieve a happier and healthier population and a happier and healthier workforce. Our goal is to create a health and social care system that:

- works around each individual's needs;
- supports people to stay well; and
- provides the very best in care, now and for the future.

Therefore, the objectives that have been developed for One Halton are:

1) To work better together regardless of discipline;
2) To find or identify those 'hidden' people who don't access care;
3) To treat and care for people at the right time, in the right place by the right people;
4) To help people stay healthy and keep generally well; and
5) To provide the very best in care, now and in the future.

The seven priority areas previously agreed by the Health and Well Being Board have been consolidated into five areas of focus as outlined in the One Halton Health and Wellbeing Strategy 2017 - 2022:

1) Families and children;
2) The generally healthy;
3) People with mental health conditions;
4) People with Long Term Conditions (LTCs); and
5) Older people.

Each intention by the CCG, Local Authority or Public Health will be evaluated on the impact against these five areas of focus as well as the triple aim in the NHS Five Year Forward View and the nine national must dos in 'delivering the forward view'

1.5 Cheshire and Merseyside Sustainability and Transformation Plan (STP)[1]

[1] CM STP 8_21 Oct submission_Version 2

Partners across Cheshire and Merseyside (C&M) have been working together over the past six months to further develop and accelerate the implementation of the 5 Year Forward View[2] for our Communities. The STP summaries our plans to address the challenges we face, under 4 common themes:

- support for people to live better quality lives by actively promoting the things we know have a really positive effect on health and wellbeing;
- working together with partners in local government and the voluntary sector to develop more joined up models of care, outside of traditional acute hospitals, to give people the support they really need in the most appropriate setting;

C+M Next Steps on
2 NHS 5 year forward v

- designing an acute care system for our communities that meets current modern standards and reduces variation in quality; and
- making ourselves more efficient by joining up non front-line functions and using the latest technology to support people in their own homes.

Our core purpose is to create sustainable, quality services for the population of C&M. This is effectively our ambitious blueprint to accelerate the implementation of the 5 Year Forward View across C&M. Sustainable means delivering services within the amount of finance made available to C&M for the provision of health and social care. Quality means services that are safe, and deliver excellent clinical outcomes and patient experience. We have devised a portfolio of 20 programmes, each with clear objectives, scope and emerging governance structures – some are further ahead than others in developing their detailed plans.

Halton is part of the Local Delivery System (LDS) programme[3] detailed in the attached. The LDS programmes are the delivery vehicles that deliver the principles, guidance and clinical models developed across the other programmes. To effectively deliver the strategy it is important that this is well understood to avoid duplication of effort. The STP provides a platform for the key themes and direction that we are taking in order to deliver our goals. It draws on much of the work that is already underway across the three LDSs, and aims to deliver additional scale economies, learning and collaboration through the focus on a one C&M approach to those activities where additional scale can bring benefits.

The key themes we are pursuing

Investment in improving the resilience of services delivered outside of hospital settings (primary care, social care, community care, mental health) is essential for us to transform our system and move towards both lower cost and higher quality care delivery.

By improving the support for self-care, better and more proactive care in the community and addressing the wider determinants of health at a C&M scale, we can better address peoples need for care and the associated demand on acute services.

There remains a need for C&M to undertake an STP wide review of clinical services, to reduce variation and determine future options for hospital configuration. Through taking a pan-C&M approach we can reduce unwarranted variation and improve quality.

A first step will be to identify how acute care is performing under its current configuration. This will enable effective and well informed decisions to be made and will help to identify areas of focus and opportunity.

Our vision for collaborative productivity is to deliver cost effective, efficient and commercially sustainable Back Office operations.

[3] Alliance LDS Refresh Chapter (May 2017).

Delivery happens at LDS level, and in the organisations that make up the LDS so it is important that the LDS's have a clear set of plans to effect implementation of the STP programmes, as well as delivering on their own portfolio of change and transformation.

What stage are we at now?

The C&M STP is still at a developmental stage. We are in the design phase of a programme that will help to create healthier NHS services across Cheshire and Merseyside for future generations.

We know that these changes can't happen overnight and that they shouldn't. Some NHS care models haven't changed much in over fifty years and it is unrealistic to expect them all to be suitable for a growing, aging, online population with changing expectations and needs.

In addition to the work already underway within our three LDS we identified the strategic STP priorities that would make our health and care system sustainable in the near medium and long term:

1. **Improve the health of the C&M population** (previously referred to as 'Demand Management' and 'Prevention at Scale') by:
   - Promoting physical and mental well-being; and
   - Improving the provision of physical and mental care in the community (for example outside of hospital).

2. **Improve the quality of care in hospital settings** (previously referred to as 'Reducing variation & improving quality in support of hospital reconfiguration') by:
   - Reducing the variation of care across C&M;
   - Delivering the right level of care in the most appropriate setting; and
   - Enhancing delivery of mental health care.

3. **Optimise direct patient care** (previously referred to as Productive back office and clinical support services collaboration) by:
   - Reducing the cost of administration; and
   - Creating more efficient clinical support services.

2.0 An Evidence Base Supporting the Case for Change

2.1 Opportunities for Change

We want people to live longer, healthier and happier lives. We are acutely aware that we are working within scarce resources. It is a well-known fact that over the next five years NHS Halton CCG, HBC and our partners face significant financial challenges. These financial challenges are driving us to do things differently and transform all aspects of health, social care and wellbeing in Halton over the next five years.

Halton continuously analyses a wide range of data and evidence to identify where opportunities exist for the health and social care economy to change the configuration and delivery of services to provide better outcomes and value for money whilst ensuring that acute services only need to be used by people in acute need. Most of this analysis is available in the Joint Strategic Needs Assessment (JSNA)[4] but additional sources of information are also used such as Right Care's Commissioning for value pack[5], local insight through patient engagement and local analysis of trend data.

The analysis highlighted that both A&E attendances and hospital admissions for certain conditions, most notably respiratory, were significant areas where opportunities for change existed. Opportunities also existed in improving cancer outcomes especially with regard to screening and length of time to start treatment. Other areas highlighted included prevention work around obesity, childhood accidents, health checks and child development. The use of hospital services by frail older people is also identified as a key opportunity in both providing alternative pathways of care and reducing length of stay where admission occurs.

By redesigning primary care access we aim to enable 7 day GP access same day appointments. By integrating Acute and Community services we aim to align clinical pathways enabling a seamless approach to patient care. Focusing on the vulnerable through Multi-Disciplinary Teams (MDT) will allow for significant efficiencies. The BCF will play a key role in these areas.

Evidence gathered from our residents and acute hospitals indicated that 23% of the A&E attendances did not warrant acute care and that almost half of patients required no medical care. In 2016/17 we expanded the services available in our Urgent Care Centres in Widnes and Runcorn to provide real alternatives to A&E. Utilising GP and Consultant oversight offers a central location for 7 day GP access, speedy diagnostics and a 'one stop' approach to minor illness and injury.

Building on these innovative solutions and experiences, the people of Halton will experience a fully integrated system that puts people at the heart of decision making about their care.

[4] http://www3.halton.gov.uk/Pages/health/JSNA.aspx
[5] http://www.rightcare.nhs.uk/index.php/commissioning-for-value/

NHS Halton CCG and Public Health will work together to develop pro-active prevention, health promotion and identifying people at risk early, when physical and / or mental health issues become evident, will be at the core of all our developments, with the outcome of a measurable improvement in our population's general health and wellbeing.

The Local Authority and the CCG are working together to develop services centred around care homes, including medication and dementia screening and strengthening clinical nursing support for residents and staff alike.

Choice, partnership and control will continue to be developed based on integrated approaches to needs assessment. Bringing care out of acute settings and closer to home will be an essential part of providing health and social care over the next five years. The BCF will continue to support the developing Rapid Clinical Assessment Team, with consultant oversight and utilising the diagnostic capacity at the Urgent Care Centres.

The 5-year STP is totally aligned with the BCF and has been developed in collaboration with the Local Authority, providers and the public.

As outlined earlier this integrated approach as part of One Halton has identified 5 priority areas where the opportunities are greatest to transform our healthcare delivery, these are;

- Mental health needs – including learning disabilities
- Older People – particularly the over 75's and falls
- People with long term conditions – such as cancer, CVD, stroke
- Women and Children – including troubled families, maternities and neonates
- Generally well – including prevention and wellbeing

By working together as a single system, Halton will achieve both the triple aim and the nine national must do's alongside addressing the local needs of the local community.

3.0 Review of BCF Plan 2016/17

3.1 Impact and outcomes – Key successes

Schemes/projects within the BCF Plan, and just generally, are evaluated on an ongoing basis to ensure they are impacting positively and producing the outcomes that are needed to improve the health and wellbeing of the people of Halton. All schemes within the BCF Plan report progress on a regular basis to the Operational Commissioning Committee.

In November 2016, the Better Care Support Team (BCST) visited Halton. The event focused on ***'The Halton Way' - the local approach to integrated services*** and covered the many schemes funded through the local BCF and operational managers/staff working within the teams came along to present their presentations. The event clearly demonstrated that the multi-agency staff involved with the teams work very much as one "integrated" team and do not have any barriers to their work because of being employed by different agencies. The event also highlighted the passion and enthusiasm that the staff all have, striving to improve the health and social care journey for each individual and to improve their overall quality of life and outcomes. Halton was also showcased in the National BCF Support Team's report ***"Local Learning 2016/17 Report".***

The table below gives an overview of the main schemes within the BCF Plan, and a brief overview of the scheme/project, the aims/objectives and the key successes and challenges from 2016/17.

3.2 Review of Schemes 2016/17

Local Scheme	Outline	Aims/Objectives	Challenges/Successes
Integrated Hospital Discharge team	Established in 2011, the team contribute to reductions in length of stay and delayed transfers of care by adopting trusted assessor principles, tracking patients stay and focusing on rehabilitation and increasing independence.	HIDT undertake a proactive approach to identifying Halton residents within Warrington Hospital and do not necessarily wait for a formal referral to be made. There is a clear focus on rehabilitation services and increasing independence, sharing skills and expertise, and reducing in-patient stay. The team track the patients stay, liaising with the Multi-Disciplinary team to plan and expedite discharges in a safe and timely manner, with a focus on delayed transfer of care to prevent delayed discharges. On a daily basis a list of adults (50+) that have been admitted overnight is provided to the HIDT. Designated Care Managers track and monitor the person's hospital journey during the duration of their stay. System established to ensure that individual's rehabilitation needs are maximised before consideration for long term care and NHS Continuing healthcare assessment. Arrangements in place for transitional funded beds to ensure that NHS CHC assessment is completed in the appropriate setting where needs can be more clearly identified.	• Availability of resources/system pressures. • Winter Pressures. • Ageing population. • Quality of referrals/ assessment paperwork. • 7 days working/the future.
Urgent Care Centres	There are two community-based primary care facilities operating 7am – 10.30pm, 365 days per year. With close links to services including: Ambulance Service,	• Make care easier to access and closer to home; • Avoid patients making unnecessary visits to A&E;	There has been a decrease in Type 1 A&E attendances during 2016/17 by 2.5%.

	Primary Care, Secondary Care, Out of Hours, Mental Health Services, Community Nursing, Social Care and Health Improvement Services.	• Avoid any unnecessary delays, transfers of care, and duplication in care; • Support patients to effectively manage their own health and wellbeing; • Extend and standardise primary care provision for Halton residents into the weekend and evening periods; • Effect a cultural and behavioural change in the population of Halton enabling greater knowledge of, and confidence to utilise, local services; • Maximise the utilisation of all available resources. • Make services more accessible via two Urgent Care Centres, one in Runcorn and one in Widnes • Provide diagnostics closer to home and in an alternative venue to an acute hospital setting • Provide a suitably trained, competent and integrated workforce which includes a range of Health Care Professionals • Provide clean and pleasant environments, with well maintained, safe and hygienic facilities.	
Rapid Clinical Assessment Team	Supporting older people to remain home during periods of acute illness, with the aim of preventing hospital admission and reducing the length of hospital stay. The service works with patients in their own homes and also within dedicated intermediate care beds. The Elderly Consultant Physician; a team of	The service is for those 75+ who are not critically ill. Promoting patients choice, the Rapid Clinical Assessment Team (RCAT) aims to prevent avoidable admissions to hospital / attendance at accident and emergency departments, in frail older people, by providing expert clinical assessment and examination, diagnostic testing as required and	Between April 2016 and March 2017, out of the 194 referrals made, 165 non-elective admissions were avoided. For NHS Halton CCG, the average cost of an emergency attendance and admission via ambulance in 2015/16 was £2,786 (Age 75+).

	Registered Nurses including Advance Nurse Practitioners provide expert clinical assessment, examination and diagnostic testing, to prevent avoidable admissions and A&E attendances in frail older people.	management in the individuals own home. Provision of high quality multi-disciplinary care within the older persons own home, utilising existing health and social care community services within Halton.	Based on this figure, a total saving of £459,690 was made in hospital avoidance. Offset against the annual cost of the RCAT service, which is circa. £350k, then in 2016/17 a total saving of £109,690 was made. The scheme was shortlisted for a BMJ clinical leadership award 2017. Feedback from patients, families and GPs on the whole has been excellent. Challenges have included:- • Ensuring timely communication with GPs, which has been addressed with the introduction of shared electronic records with GPs. • Persuading multiple- admission avoidance providers that RCAT offer alternatives to existing primary care services. • Building the confidence of local GP's in the service. We overcame this by rapid response times, good communication and keeping older people safely at home. A continuing challenge is ensuring the long term sustainability of the service and we continue to work with our local

			acute trusts on this.
Integrated Health and Social Care - Social Care in Practice (SCiP)	Since 2008, the core aim is to promote independence; a presence in the GP Surgery has reduced the barriers for health professionals making social care referrals, and provides a holistic assessment. A merged health and social care IT portal is under development which will allow access to current records, by GP, Community Matrons, District Nurses and Social Work staff.	**Aim** • Develop a bespoke self-management focused, patient centred care plan. • Identification of the Lead Professional • Develop authentic integrated health, social care and well-being teams • Improve communication, record keeping and patient experience. **Care Planning** • Following MDT discussion comprehensive Care Plans will be developed for the patient, carer and service providers outlining appropriate information regarding management of the condition. • Identification of a Lead Professional • Development of a self-care plan using the local electronic care plan library • Signposting to other services including names and contact details of providers. •	• Effective joint leadership • Patient centred health and social care • Care management through multidisciplinary team working by integrated health and social teams • A service that is wrapped around and linking into primary care neighbourhood. • Improved communication between all services, identify pathways and future merging of appropriate documentation • Reduction of duplication
Community Therapy Team	An integrated team taking referrals from across all intermediate care services, hospital discharge teams, GPs, consultants, and other healthcare professionals to promote independence in the home. Receiving approximately 130 referrals per month, patients on average have 4-5 follow up visits, with short waiting times, often less than 24	• Support the whole system by offering rapid assessment and intervention. • Manage capacity on a daily basis – create a rapid access pathway for community patients. • To provide a level of support for all other community pathways as described in our locally developed "map" of Halton therapy services – reducing the likelihood of unnecessary onward referral; reducing	A patient satisfaction survey from 2016 highlighted some of the successes of the team including: Effectiveness of the help/treatment you were given? – 86% responded excellent and 14% responded good. Level of support you received from the therapist? – 79% responded excellent and 21% responded good.

	hours.	duplication of service provision; resolving inappropriate/avoidable crisis; reducing admission & readmission - by **"getting it right first time"** with an earlier, lower intensity, level of input. • Early access and intervention to improve patient flow – by developing and improving the proactive support the team can give to Hospital discharge pathways; Halton Falls Service and Halton Palliative Care Services & embedding the appropriate pathways within the established teams. • To work closely with all services to support holistic patient care and by providing an easily accessible route for direct referral resolving patient issues at an appropriate level without escalation into crisis; multiple agency interventions or avoidable admission.	Challenges over the next 2 years: • Increase in demand – complexity, patient expectation, older population. • Increased pressure in acute sector – need to develop even stronger links & discharge pathways to support winter pressures. • Discharge to assess model. • Neighbourhood working. • 7 day working • Accommodation, as Team grows and/or effects of Halton site estates rebuild. • The New Bridge – impact of traffic now and impact of toll charges on future workforce recruitment.
Rapid Access and Rehabilitation Service	The Rapid Access Rehabilitation Service (RARS) offers a range of integrated Intermediate Care (IC) services in Halton that focuses on: promoting recovery from illness, preventing unnecessary hospital admission and premature admission to long term residential care, supporting timely discharge from hospital and maximise independent living. This staff group are employed by one of the following three organisations: Halton Borough Council; Warrington & Halton Hospitals NHS Trust or Bridgewater	The service aims to build a multi-disciplinary team around the individual based on their needs and key areas of work to be undertaken. Ensuring adults and older people are given the opportunity to maximise their independence and fully engage with their local communities. A multi-disciplinary team of health and social care professionals that provides initial and ongoing assessment, admission to other Intermediate Care services and rehabilitation, treatment and care to people: in their own homes; in a residential intermediate care unit or in a sub-acute unit.	Successes • Total number of referrals approximately - 1400 per year • Response time on average within 2-4 hours • Self-referrals for patients or service users • Integrated Health & Social Care team • Integration of Falls intervention service into RARS

	Community NHS Trust. A clear pathway across primary, secondary and social care organisational boundaries enables seamless provision of services, the team works with patients who are in their own homes - including crisis response or in designated bed based or Intermediate Care units. More information can be found here.	The service has a 22 bedded IC Sub-acute unit and a 19 bedded IC Residential Care unit. Also flexible bed provision – ability to increase IC bed capacity as and when need arises. The service is able to meet the needs of people with complex, sub-acute, chronic conditions, rehabilitation and reablement needs; this includes people with mental, physical and learning impairment. The service is provided in the least intensive setting as appropriate to the patient's need and appropriate risk assessment and the service has clear pathways across primary, secondary and social care boundaries, ensuring seamless provision of services.	Challenges • Hospital escalation • Domiciliary Care provision • Ageing population • Increase in frailty • Implementation of Care Act • 7 days working/the future
Stroke Early Supported Discharge (ESD)	The scheme was set up in 2015, helping to reduce length of stay for Stroke patients; improving patient flow, reducing social care packages, reducing readmission rates, and achieving high levels of patient satisfaction and functional outcomes. The Early Supported Discharge (ESD) enables stroke patients to be discharged home from hospital more quickly, whilst still receiving specialist rehabilitation. Reducing pressures on acute hospital beds and allowing patients to return home more rapidly.	To discharge patients early to enable stroke patients to get home from hospital more quickly. The Early Stroke Discharge team is based on the stroke ward, and made up of; physiotherapists, occupational therapist, speech and language therapist and assistant practitioner. Rehabilitation therapists visit patients in their own homes to provide therapy, working closely with other agencies and services; GP's, Psychologists, Care Agencies, Equipment Services, Carer Support Services and the Stroke Association. Within 24 hours of discharge, the team will aim to visit patients in their own home. Patients must be committed to engage with the rehabilitation programme for up to 8 weeks.	The Early Supported Discharge (ESD) enables stroke patients to be discharged home from hospital more quickly, whilst still receiving specialist rehabilitation. Reducing pressures on acute hospital beds and allowing patients to return home more rapidly. Patients who receive ESD have an increased likelihood of remaining at home long-term and also of regaining independence with daily activities.

		Based on patient need, sessions are provided daily (Monday to Friday) for 45 minutes a day.	
Falls Prevention	In 2012 a review was undertaken to look at the falls service in Halton. This work was conducted by a multi-agency steering group and it became clear from very early on that services linked to falls were fragmented and there was no overarching vision. In addition to this fragmentation; overall performance was significantly worse than the national average, for example the hip fracture rate in people over 65 in Halton was 750 per 100,000, and the National average was 674 per 100,000. At this point it was agreed that a new falls strategy was required for Halton for the period 2013 – 2018. The strategy focused on key objectives which included : • To develop an integrated falls pathway for Halton • To develop a prevention of falls pathway for Halton • To develop a package of workforce training • To develop an awareness raising campaign with both the public and professionals	To date many key actions identified in the plan have been fully implemented and although performance is still below the national average in a number of areas there has been a significant decrease in the gap as illustrated in section 3 (performance). This links in with the key strategic priorities for falls prevention in Halton, which are to reduce: • Emergency hospital admissions for injuries due to a fall (65+) • Emergency hospital admissions due to fracture of neck of femur (65+)	In summary progress has been made in a number of areas in line with the key priorities to reduce emergency hospital admissions for injuries due to a fall (65+) and emergency hospital admissions due to fracture of neck of femur (65+). However work needs to continue to close the gap and to reduce the numbers of people who fall in Halton. See attached report: OCC Paper Falls 6th March 2017.doc

	• To improve partnership working across all agencies involved and improve governance arrangements to support falls.		
Admiral Nurse Scheme	Admiral Nurses are specialist dementia nurses who give practical and emotional support to family carers, as well as the person with dementia. They offer support to families throughout their experience of dementia that is tailored to their individual needs and challenges. They provide families with the knowledge to understand the condition and its effects, the skills and tools to improve communication, and provide emotional and psychological support to help family carers carry on caring for their family member.	The service comes with an element of a *given* remit to work with those patients and families with the most complex needs as a result of coping with a diagnosis and the associated behaviours. However, the Admiral Nurse service has been tailored to the needs identified in Halton, and complements the range of existing community provision within the borough.	Service has commenced with paperless care records Referrals accepted from 7/03/16 Service leaflet for Knowsley and Halton now approved and going to print will then be distributed widely across Halton Ongoing contribution to the GEANS project Development of case studies Team have completed Advanced Care Planning training, Gold Standards Framework, Opening the Spiritual Gate, Six Steps. Room space at Brooker Centre now confirmed with Castlefield's surgery as a base on Wednesdays Dementia Action Alliance (DAA) End of Life event to be confirmed in September 1 2 1 Employer clinics Internal safety walkabout 28/10/16 Internal Quality reviews 28/04/16

			(Bridge ward) and 26/04/17 (St Helens Home Treatment Team) MSNAP review 26/04/17 (South Sefton) Dementia UK Living with Dementia masterclass 20/10/16
Care at the end of Life	End of life care in Halton is provided in a variety of settings by a wide range of organisations. To meet individual needs and deliver high quality care, a whole system approach is needed that co-ordinates care across professional and organisational boundaries.	See attached report on Scope of Care at the End of Life:  End of Life Scoping Paper.docx	It is recommended that further work is undertaken including a 'deep dive' into the cost of care at the end of life, to support the development of a different commissioning process that will enable a new delivery model for end of life care. It is recommended, from an analysis of the available evidence and discussions with stakeholders, that serious consideration should be given to include end of life care in the STPs. To develop a different type of commissioning, NHS Halton Clinical Commissioning Group will be required to formulate an end of life strategy, jointly with local people and key partners, which clearly sets out the vision for end of life care. The strategy will in turn drive a whole-systems approach that will support the implementation of 'The Priorities for Care of the Dying Person' framework; • The possibility that a person may die within the coming days and hours is recognised and communicated clearly; decisions

			about care are made in accordance with the person's needs and wishes and these are regularly reviewed and decisions revised accordingly. • Sensitive communication takes place between staff and the person who is dying and those important to them. • The dying person, and those identified as important to them, are involved in decisions about treatment and care. • The people important to the dying person are listened to and their needs are respected. • An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion. A key element of the strategy must include the Electronic Palliative Care and Coordination System (EPaCCS). This will enable the recording and sharing of people's end of life choices, their preferences and individualised care plan.
Integrated Mental Health	To redesign the existing service to be able to deliver shorter-term, outcome focused interventions to residents in Halton who have mental health issues and have	• Carry and be responsible for own caseload • Work with individuals to identify priorities for intervention • Operate an agreed performance and	• As the volume of referrals have greatly increased over the last few months and referral points further widened as a result of the redesign,

	identified support needs. To create more capacity through changing processes that addresses current capacity issues and increased demand for the service. This model meets the service redesign proposals identified as a result of the Tony Ryan report and will also apply to the physical and sensory disability section of the service.	outcome management process with each individual • Complete risk assessment and care plans in accordance with principles of personalisation • Complete the identified specific outcome-focused intervention over a specified time frame of 6 weeks initially, but which can be expanded if required - Desensitisation program - Anxiety / stress management programme - Travel training - Confidence course - Budgeting skills - Introduction to community social activities - Educational / vocational placements - Physical health / wellbeing programme • Support to access and attend physical health appointments • Work in partnership and create pathways to appropriate services (Health improvement, housing, CAB, Welfare Rights, Community Bridge Builders, Women's Centre, Jigsaw, Nightstop, Sure Start, Wellbeing Enterprises, etc) • Contribute to multi-disciplinary, ECC and adults and children safeguarding meetings • Maintain effective record systems • Act as Appropriate Adults under PACE	it may create some capacity issues. Increasing the number of workers (by 2-3) would allow the service to develop and increase accessibility and early intervention for Halton residents. This will result in reducing long term care and service cost as well as impacting on other costs such as housing and health related costs and has been evidenced already by the addition of a temporary (until March 2018) support worker funded by Supporting People monies • Funding of £80,000 was initially allocated from the Better Care Fund to support this redesign / expansion of the service however had to be diverted and invested in another service (IAPT) therefore Outreach did not receive any additional monies. The cost of a support worker (with on costs) on HBC3 is £20,708 - £22,226 • In order to continue to provide effective and efficient PACE duties there will need to be more staff trained and included on the rota, possibly from other service areas

Frailty Pathway	Development of an end to end pathway of care for frail older people in Halton; Living and Aging Well in Halton.	While many people remain well, engaged and active well into later life, increasing age can also bring an increasing chance of long term medical conditions, frailty, dementia, disability, dependence or social isolation. By working together, in an integrated way, we can do much to prevent these problems or help people live with them, to retain their independence and keep them out of hospital. However we also have to acknowledge that older people often do need to go into hospital, have to move into residential/nursing care or need to access rehabilitation services following illness. By working together across the whole of the health and social care economy, via the end to end pathway, we will ensure that the right services are in place and that people can access them at the right time.	Patients will enter the pathway at different levels, or may require identification in primary care in order to access appropriate services along the pathway. However, identification of frail older people and the level of frailty can be a challenge. Frail older people at different stages of the pathway will require a range of interventions that are clinically effective and appropriate for their level of frailty. These interventions may well involve voluntary and community sector groups, in addition to clinical assessment and support, particularly at the early stages of frailty when the focus should be on maintaining independence and optimising function and health. Below are examples of the work undertaken as part of the pathway's development:- • An information leaflet on recognising frailty in Older People • A Joint Health and Social Care Plan. The introduction of the Care Plan will be supported by the development of a Joint Assessment. • Establishment of an Older People's Reference Group

			• Reinforced with General Practice the need to monitor and review Emergency Department attendances etc. as part of the Multi-Disciplinary Team (MDT) process. • Completion of an End of Life Review and associated provision in Halton. • Development of the Rapid Clinical Assessment Team (RCAT) in Halton • Development of an Older People's Performance Management Framework which is intended to provide information as to whether the various components of the pathway are having a positive impact or not.

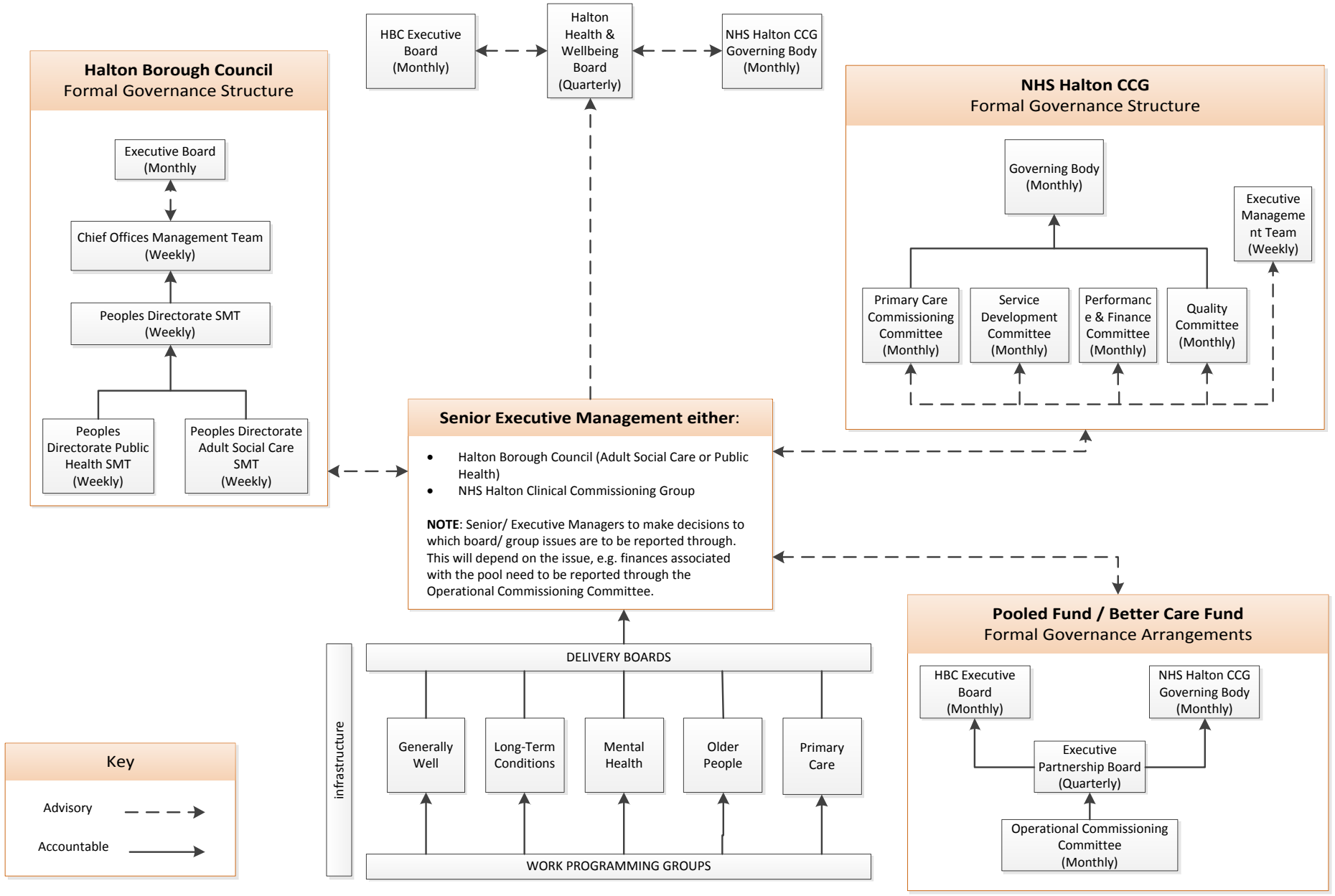
4.0 A Co-ordinated and Integrated Plan of Action for Delivering the BCF

The performance management and governance arrangements set up for the 2015 pool will continue for 2017 – 2020 with a few minor changes. The BCF Executive Commissioning Board has been renamed the Operational Commissioning Committee (OCC) and now meets on a monthly basis and the Better Care Board is now called the Executive Partnership Board. The governance structure is detailed below.

The overarching performance framework with the BCF metrics included within is attached here:

Copy of OCC 2017-18.xlsx

On the following page chart shows the Integrated Commissioning and Delivery Governance Structure.


HBC Executive Board (Monthly)
Halton Health & Wellbeing Board (Quarterly)
NHS Halton CCG Governing Body (Monthly)
Halton Borough Council
Formal Governance Structure
Executive Board (Monthly
Chief Offices Management Team (Weekly)
Peoples Directorate SMT (Weekly)
Peoples Directorate Public Health SMT (Weekly)
Peoples Directorate Adult Social Care SMT (Weekly)
NHS Halton CCG
Formal Governance Structure
Governing Body (Monthly)
Executive Management Team (Weekly)
Primary Care Commissioning Committee (Monthly)
Service Development Committee (Monthly)
Performance & Finance Committee (Monthly)
Quality Committee (Monthly)
Senior Executive Management either:
Halton Borough Council (Adult Social Care or Public Health)
NHS Halton Clinical Commissioning Group
NOTE: Senior/ Executive Managers to make decisions to which board/ group issues are to be reported through. This will depend on the issue, e.g. finances associated with the pool need to be reported through the Operational Commissioning Committee.
Pooled Fund / Better Care Fund
Formal Governance Arrangements
HBC Executive Board (Monthly)
NHS Halton CCG Governing Body (Monthly)
Executive Partnership Board (Quarterly)
Operational Commissioning Committee (Monthly)
DELIVERY BOARDS
infrastructure
Generally Well
Long-Term Conditions
Mental Health
Older People
Primary Care
WORK PROGRAMMING GROUPS
Key
Advisory
Accountable

4.1 BCF Delivery Plan 2017/18

SCHEME NUMBER	SCHEME NAME	Actions to be undertaken	Timescales	Lead(s)
1	Urgent Care	Continuation of Urgent Care Centres and expansion of clinical and social pathways Implement RCAT model and evaluate impact to inform future development	Ongoing Ongoing	Dr G O'Hare Damian Nolan
2	Intermediate Care	Monitoring and review of existing capacity and demand to consider redesign of pathways and resource base	Ongoing	Louise Wilson Damian Nolan
3	Telecare	Continue existing service with view to combining with telehealth developments	Ongoing	Helen Moir
4	Carers	Ongoing provision of Carers Centres	Ongoing	Ann Nolan
5	Falls Prevention	Review of existing investment in primary and secondary prevention		Lisa Taylor
6	Dementia	Evaluation of Admiral Nurse scheme	Evaluation	Faye Gilston
7	Integrated Hospital Discharge	Continue with 7 Day working	N/A	Damian Nolan
8	Care at the End of Life	Continue with service	N/A	Kate Roberts
9	Integrated Social Care and Health	Continue MDT cluster model development	Ongoing	John Patton
10	Integrated Mental Health	Continue Outreach service	Ongoing	Lindsay Smith
11	PBSS	Continue Service	Ongoing	Stiofan O'Sullibhan
12	LD Nurses and Therapy Services	Continue services	Ongoing	Damian Nolan
13	Integrated Services and Quality Assurance	Strengthen joint arrangements	Ongoing	Helen Moir
14	IT Strategy	This has been taken out as a scheme – now have IT Strategy in place.	N/A	Jonathan Greenough/ Emma Alcock
15	Prevention	Continue implementation of strategy	Ongoing	Damian Nolan
16	DFG and Equipment/Adaptations	Continue service provision	Ongoing	Helen Moir
17	Wellness Service	This is no longer a scheme in the BCF	N/A	Dave Sweeney
18	Frailty Pathway	Continue development of pathway	Ongoing	Michelle

		and identify key areas for investment		Creed and Sue Wallace-Bonner
19	Contingency Fund	Monitor activity across the pool to determine when additional investment is required to manage fluctuations in demand	Ongoing	Damian Nolan

4.2 Integrated BCF (i-BCF)

At the Spring Budget 2017, the Government announced that an additional £2 billion will be given to councils in England over the next 3 years for adult social care. Halton's additional funding allocations are outlined below:-

- 2017/18: £2,974,314
- 2018/19: £1,827,114
- 2019/20: £904,208

This additional funding is to be spent on adult social care and used for:-

- Meeting adult social care needs;
- Reducing the pressures on the NHS, including supporting more people to be discharged from hospital when they are ready, as there is an expectation that the additional funding will result in a reduction in Delayed Transfers of Care; and
- Stabilising the social care provider market.

A number of pressures have been identified within our local system, as a direct result of reductions in available funding, including:

- Ability to manage increases in demand;
- Domiciliary Care capacity and model of provision;
- Care Homes - sustainability/risks from closures/model of provision;
- Transfers of care from hospital - speed and availability of care; and
- Capacity and availability of Reablement packages.

Seven initiatives/developments have been identified for 2017/18 which will address issues within our local system and the requirements/expectations outlined by Government, for use of the funding. Associated action plans have been developed to ensure that these initiatives will be implemented during 2017/18. A review of the outcomes and financial impact achieved will be completed at the end of 2017/18 and will form the basis of recommendations for further initiatives/developments for 2018/19 and 2019/20.

ASC Funding Action Plan - 300817.docx

4.3 Transforming Domiciliary Care (TDC)

In Halton the overall budget for Domiciliary Care is approximately £4.3million and currently supports 742 people. However, it is clear that the current system is not sustainable in light of an ageing population and does not offer people an opportunity to better manage their own quality of life whilst living at home. The project that will be developed will specifically work with people who are currently receiving Domiciliary Care or who are assessed for an identified need in the future. The service will be delivered through a unique partnership between HBC, NHS Halton CCG, the voluntary sector and the Domiciliary Care providers who are already working in the borough. The change in design will mean that rather than just offering the standard task focussed domiciliary care, the service will instead work with an individual to identify their needs and critically work towards improving their overall quality of life, which in turn will have a positive impact on their overall health and wellbeing. Examples of such interventions could include support in accessing groups and networks, reconnecting with friends, receiving escorted shopping trips, building confidence and helping individuals and families to manage some of the caring aspects that people need support with. The attached TDC Work Programme gives more detail on the project.

TDC Programme Overview Document \

5.0 A Clear Articulation of how the Plan will meet each National Condition

5.1 Plans to be Jointly Agreed

The plan will be signed off by the Health and Wellbeing Board leaders from across the Health and Social Care economy.

5.2 NHS Contribution to adult social care is maintained in line with inflation

Resources in the BCF are allocated to maintain eligibility for social care services consistent with the joint approach to the provision of complex care services in the borough and agreements on the use of the former Section 256 and Reablement funding. Whilst the majority of this funding will be used for direct care provision in the community and in the care home sector and ensuring duties under the Care Act are maintained, funds will also be used to support the continuing integration of front line assessment and care/case management in the MDT approach.

The Disabled Facilities Grant allocation contained within the pool will be used flexibly to support infrastructure changes as well as traditional adaptations.

5.3 Agreement to invest in NHS commissioned out-of-hospital services

The financial resource allocation identifies the key NHS commissioned out-of-hospital service areas. These include Intermediate Care, Mental Health, Integrated teams in the community and hospitals and the provision of end of life care.

The BCF has built in a capacity contingency fund of **£510k** to manage potential increases in demand during 2017/18 across key service areas and outcomes for the Fund. This is in lieu of a pay for performance fund which does not feature in Halton's 2017/18 BCF plan. This can only be spent through reports to the Operational Commissioning Committee detailing the issues and proposed solutions. However, it is expected that other avenues should be explored in the first instance, e.g. redesign. The contingency fund now appears in the Delivery Plan.

5.4 High Impact Change Model

National condition four requires health and social care partners in all areas to work together to implement the High Impact Change Model for Managing Transfers of Care. BCF plans should set out how local areas are implementing the model, which was agreed by local government and health partners in December 2015 and republished in April 2017. This model sets out eight broad changes that will help local systems to improve patient flow and processes for discharge and so help reduce delayed transfers. It provides a framework to assess local services and offers practical options to support improvements. The changes cover:

- Early discharge planning;
- Monitoring patient flow;
- Discharge to assess;
- Trusted assessors;
- Multi-disciplinary discharge support;
- Seven day services;
- Focus on choice (early engagement with patients and their families/carers); and;
- Enhancing health in care homes.

5.4.1 Early Discharge Planning

The Halton population accesses elective and non-elective care at two main hospitals, St Helens and Knowsley NHS Teaching Hospital Trust and Warrington and Halton Hospitals NHS Foundation Trust. Both Trusts have processes in pace for the early identification of discharge needs and monitoring the flow through the in-patient episode. Both have regular length of stay processes which the multi-disciplinary discharge teams are engaged in. This is supported by regular senior management input from Halton. Both trusts have commenced transfer to assess processes utilising community based services to continue the assessment of need (this includes supporting <15% of CHC assessments undertaken in an acute environment). All intermediate care and social care services are available and accessible 7 days a week with a programme of work commenced exploring 'trusted assessor'

model for care homes. A single coordinating provider for domiciliary care in the borough will play a crucial role in expediting hospital discharge whilst the 'reablement first' approach (with funds from the iBCF) will link directly to transfer to assess and hospital discharge. The 'enhancing healthcare in care homes' programme is supported by the wider programme of work for care homes linked into the iBCF.

5.4.2 Monitoring Patient Flow

The ongoing analysis of the data and the operational work within the two acute trusts demonstrates that the key reasons for DToC's continue to be in relation to patient choice in respect of placement into long term care and timely access to Intermediate Care bed bases. Both hospital trusts use a discharge to assess (D2A) model. Increases in capacity in the discharge teams, continuing healthcare team and Intermediate Care will go some way to the management of DToC's. A large amount of delays are due to either patient choice or delays in arranging home care, residential care and domiciliary care packages. Many of these people have complex needs. Pressures within the domiciliary care sector within Halton are less problematic than reported nationally, but remain present. The council is undertaking a Transforming Domiciliary Care programme including a re-procurement of fewer providers and increased resources.

The reduction of delayed in DToC is a key priority for the NHS; an area of focus from NHS England is to improve the NHS Continuing Healthcare assessment process. It is estimated that delays in completing NHS CHC assessment is a contributing factor for DToC. NHS England will be monitoring CCGs to ensure the CCG has plans in place to improve the NHS CHC pathways and processes relating to NHS Assessment within the acute sector. NHS Halton CCG and HBC have established systems in place to ensure individual's rehabilitation needs are maximised before considering long-term care needs.

The two key standards required are:

1. CCGs must ensure that less than 15% of all full NHS CHC assessments take place in an acute hospital setting; and

2. CCGs must ensure that in more than 80% of cases with a positive NHS CHC Checklist, the NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility).

Within the Borough of Halton we operate a joint approach to assessment for complex care having designated CHC Complex care nurses working within the Complex care service; this integrated service has led to a removal of duplication and timely authorisation of transfers of care from the acute sector. The team currently do not undertake Decision Support Tool (DST) assessments within the acute sector as there is a transitional funding system in place. An area for improvement is completing the DST within the 28 day time scale; NHS Halton CCG has a CHC implementation plan in place and will work jointly with HBC to ensure compliance; activity will be reported through to the Operational Commissioning Committee.

5.4.3 Discharge to Assess

The focus of discharge to assess is where people who are clinically optimised and do not require an acute hospital bed, but may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care (this could include continuing healthcare) and support needs is then undertaken in the most appropriate setting and at the right time for the person. Commonly used terms for this are: 'discharge to assess', 'home first', 'safely home', 'step down'. This does not detract in any way from the need for agreed multi professional assessment or from the requirement to ensure safe discharge and it may work alongside time for recuperation and recovery, on-going rehabilitation or reablement.

Putting people and their families at the centre of decisions, respecting their knowledge and opinions and working alongside them to get the best possible outcome are essential. We need to ensure we have taken steps to understand the perspectives of the patient and their carers and the communities they live in, their needs, aspirations, values and their definition of quality of life. Where the patient may not have capacity for a decision about discharge placement/assessment, apply the Mental Capacity Act 2005 (MCA), informed by the MCA Code of Practice and relevant case law.

Supporting people to go home should be the default pathway , with alternative pathways for people who cannot go straight home, for example if a person's needs are more complex or they require continuing healthcare funding to move to another residential setting. Halton residents are offered transitional placements to enable patients and their families to have the time to coproduce a comprehensive assessment. The success of this initiative has ensured that less than 15% of patients have a continuing healthcare assessment in an acute setting (national target).

5.4.4 Trusted Assessors

See Section 4.2

5.4.5 Multi-disciplinary Discharge Support

The work within the MDT approach is using a range of tools to identify people that would benefit from a case / care management approach to the management of their health and social care needs. This will further integrate the existing arrangements in place for the allocation of named professionals for people in receipt of health or social care funded services and incorporates a proactive approach to promoting self-care and management. The development of Halton's Frailty pathway incorporates and builds on this approach for older people. The work on Care and Treatment Reviews and the review of adult mental health pathways also support a pro-active and planned approach to the assessment and collaborative management of adults with complex needs. Resources allocated through the BCF support these programmes of work.


Joint care plan June 2016.pptx


Named Care Coordinator June 201

Summary of 201718 GMS contract negotia

5.4.6 7-Day Services

Confirmation of agreement on how plans will support progress on meeting 2020 standards for 7 day services, to prevent unnecessary non-elective admissions and support timely discharge.

In the spring budget the chancellor announced an additional £2 billion of new funding for councils in England over the next three years to spend on adult social care services. This will be broken down as £1 billion to be provided in 2017-18 with £674m in 2018-19 and £337m in 2019-20. This has been recognised by the Directors of Adult Social Services as an important step towards closing the gap in Government funding for Adult Social Care, whilst we are waiting for the Green paper on future sustainability of the sector.

This additional funding is to be spent on adult social care and used for the purposes of meeting adult social care needs, reducing the pressures on the NHS- including supporting more people to be discharged from hospital when they are ready- and stabilising the social care provider market. A small number of grant conditions have been applied, to ensure that the money is spent on adult social care services and supports improved performance at the health and social care interface.

The grant will be pooled into the Better Care Fund pooled budget, once agreement has been reached at the HWBB we will be in a position to allocate and spend funding immediately.

There is an expectation that allocation of this funding will result in a reduction in Delayed Transfers of Care, a series of metrics will be developed by the DH and DCLG to assess improvements in patient flow across the NHS and social care interface.

Additional capacity in the two Hospital Discharge teams continues to support 7 day access to assessment and care provision. This was supplemented by an increase in the capacity of Intermediate Care to ensure that receiving services can meet identified need. Contractual arrangements already exist with domiciliary care and care home providers to accept weekend discharges and these will be strengthened through the integrated approach to the commissioning and contracting of complex care services.

The Urgent Care Centres provide 7 day access to medical care in the community and supplement both the existing GP out-of-hours contract and the extended access arrangements for Primary Care through the Prime Minister's Challenge allocation.

Work is ongoing with the acute sector and neighbouring CCG's and Local Authorities on the scope of 7 day service provision within hospitals. This is supported by the sustainability allocation to the acute trusts.

5.4.7 Focus on Choice (early engagement with patients and their families/carers)

Within Halton the focus on choice is paramount. Early engagement with patients, families and carers ensures that people have time to consider their options appropriately. We have processes in place at both Trusts that ensures patients and relatives are fully aware that they need to make arrangements for discharge promptly.

Voluntary sector provision by the Red Cross and Age UK is integrated into the two discharge teams to support people home from hospital. This gives patients and their families/carers really meaningful support in considering their options about their future care.

We also use a Choice Protocol in both Trusts to proactively challenge people.

5.4.8 Enhanced Care in Care Homes

A primary goal of health and social care services is to support people in their own home for as long as possible. If this is no longer possible, we must ensure that the best possible care is provided to those in residential settings. In many parts of the country, the care for people who are living in care homes or who are at risk of losing their independence is being held back by a series of care barriers, financial barriers, and organisational barriers:

Care barriers - A narrow focus on medical rather than holistic needs - Lack of integrated care planning that focuses on prevention and pro-active care - Variable access for care home residents to NHS services - Lack of continuity of care and the difficulties faced by the current workforce crisis

Financial barriers - Few system-wide incentives around preventative care across health and social care providers - A financially distressed care provider market which will impact on quality in some care homes - The financial challenges that the national living wage and other centrally imposed cost increases put on the finances of the providers and local authority/clinical commissioning group commissioners - Recruitment and retention (including training) within the care sector - Contractual mechanisms for provision of preventative health care for those in care homes and those at risk of losing their independence

Organisational barriers - Barriers between organisations in different parts of the health service and between the NHS and other sectors, in particular social care - A lack of financial and clinical accountability for the health of the defined population - Variations in policy, process and supporting systems (such as information technology (IT)) across organisations.

This new care model seeks to overcome as many of these challenges as possible by ensuring that:

- people have access to enhanced primary care and to specialist services;
- budgets and incentives are aligned so that all parts of the system are unequivocally focussed on improving people's health and wellbeing;
- the working environment is optimised for staff employed by social care providers so that they feel at the heart of an integrated team that spans primary, community, mental health, and specialist care, as well as social care services and the voluntary sector;
- people maintain their independence as far as possible by reducing, delaying or preventing the need for formal social care services; and

- health and social care services are commissioned in a coordinated manner, and the role of the social care provider market is properly understood by commissioners and providers across health and social care.

Halton have a Care Home Development Group in place focussing on developing a new commissioning model, implementation of enhanced care in care homes, using technology, GP care home alignment, developing the workforce and enhancing quality.

5.5 Better data sharing between Health and Social Care, based on the NHS number

System wide work is underway in relation to the joining up of IT systems to support the delivery of health and social care provision. This includes work with i-Mersey on ALP. Locally 79.4% of social care records now have the NHS number as the unique identifier with further work underway with the HSCIC to move to 100%. Plans are in place for the Urgent Care Centres to transition to EMIS Web to allow interoperability with primary and community services whilst new schemes such as the Rapid Clinical Assessment Team in the community also have EMIS Web as their IT platform.

The Council and NHS Halton CCG are working together to develop a digital roadmap that integrates the Social Care and Health Records so that the patient is put at the heart of Social Care. The new iCart service for Children's Multi-Disciplinary Teams in surgeries as well as the Front Door service for Adults are all examples of partner based services in place or being planned that bring together key practitioners from key organisations to deliver a joined up approach.

In terms of using the NHS Number and enhancing Data Sharing, the Council already has 79% of live cases where the NHS Number is recorded, and the remaining 21% and new clients will need to be addressed. This is an essential requirement for integration of Local Authority and Health records, as it will provide a common patient reference.

Firstly, the CCG and Council are working together to align Information Sharing Protocols and Operational Support processes to ensure a high level of Change Control and Information Governance exists across the two organisations. It is important that these agreements and standards are in place to ensure ongoing compliance with IGSoC and the Councils Code of Connection for PSN. This work is ongoing.

From a technical perspective, a prototype proof of concept has proved that connectivity between Health organisations and the Local Authority is achievable. Now the concept has been proven, before any further progress can be made, the Information Governance and change control outlined above must be in place. This connection will be used to pass secure information between the Health Community of Interest Network and the Councils secure Corporate Network. It is expected that this connection will be used to provide access to the

Council and Health economy to local systems that are not hosted on N3 to facilitate closer integration.

The Council currently uses the PSN/N3 Interconnect to access N3 resources. Over time, this has proved to be a challenge for the Council to be able to gain access to the N3 resources that are necessary, so the Council is in the process of securing a dedicated N3 connection, using the St Helens and Knowsley Health Informatics service as the Registration Authority and the CCG as sponsor. It is expected that this will be live by June 2016. The dedicated link will allow the Council to gain access to EMIS (used by the CCG) as well as CP-IS and NHS number matching.

The CCG and the Council are also looking into a shared approach to provide access to Health Professionals as well as Social Care staff to a single view of the Patient record. Some solutions have been explored, and the Council and CCG are working with the St Helens and Knowsley Health Informatics Service to develop a strategic, sustainable solution that can work now across the Halton footprint, whilst also being capable of integrating with other health footprints across the sub-region.

By proving access to the relevant information for Health and Social Care professionals, delayed discharge and extended working will be facilitated due to a reduction in the reliance on 9-5 working for administrative staff as well as paper based communication methods.

5.6 Agreement on the consequential impact of changes on the providers that are predicted to be substantially affected by the plans

Please refer to C&M's ***Sustainability and Transformation Plan*** – section on consequential impact of changes on the providers. These have been agreed with the 2 acute trusts Halton patients access through the contractual route. This includes agreement on the non-elective admissions target.

6.0 An agreed approach to Financial Risk Sharing and Contingency

HBC and the NHS Halton CCG have in place a Section 75 Joint Working Agreement and as part of that undertake to share the risks jointly in Complex Care. One of the main roles of the Executive Partnership Board is to ensure that any on-going risks associated with the process which might impact on the success of the agreement are identified and appropriate risk control measures established to mitigate against them.

Risk Assessment & Mitigation

The Governing body has considered the potential risk that NHS Halton CCG may be unable to deliver the duties and/or financial requirements set by NHS England. The main reasons this might occur include:

- Unanticipated activity growth;
- Activity growth for services subject to cost and volume payment systems, e.g. payment by results (PbR) and continuing health care (CHC);
- Changes in the specialised commissioning allocation;
- The delay or failure of QIPP schemes to deliver planned savings;
- Unexpected cost pressures or allocation reductions; and
- Capacity and capability within provider organisations.

Controls to mitigate against these risks fall into three categories:

1) Financial systems

Sound financial systems and procedures, including a robust ledger and budgetary control system. Expertise in forecasting and budget-setting are key skills which NHS Halton CCG has acquired through its shared finance team arrangements.

2) Internal governance

These arrangements are intended to ensure that decisions are properly considered and approved and that all involved are assured that risks are being properly managed. These include the performance management arrangements described earlier. Other elements are the Audit Committee, Finance and Performance Committee and meetings of the Governing Body and membership; internal and external auditors will test the robustness of NHS Halton CCG's internal controls and systems. The Board Assurance Framework and Risk Register are well developed and highlight the controls and assurance in place for the identified risks.

3) Commissioner and Acute Provider Risk Sharing

NHS Halton CCG is an associate commissioner to the NHS contracts held with the NHS Trusts which provide services to the Halton registered population. All providers have a Contract Review process in place which review and assess the risk of contract over performance. Halton CCG engages in this process and works with the relevant coordinating commissioner to mitigate the financial risks associated with contract variation and the overall financial viability of the Trusts.

Should the level of emergency admissions not reduce as planned this will impact on the total amount of funds available in the CCG budget, this may result in the prioritisation of commissioning intentions with those with the greatest impact taking priority and the possibility of some intentions being delayed or carried forward. The CCG may need to reduce the amount of money planned to be carried forward as a surplus or use the contingency to fund essential services. In addition the failure to reduce emergency admissions may have an impact on the acute providers directly as this may impact on the capacity to provide timely planned admissions and increase waiting times. Reducing avoidable emergency admissions also improves the quality of life for people with long term conditions and their families. By investing resources into improving access to GP and community services, closer integration between Health and social care in the provision of care as well as ensuring that acute services are only used by those with acute needs by developing the urgent care centres and encouraging their use as an alternative to A&E this will prevent avoidable emergency admissions with the negative implications that arise.

Planning Template for BCF: due on 11/09/2017

Better Care Fund 2017-19 Planning Template

Sheet: 1. Cover Sheet

<< Link to the Guidance tab

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Health and Well Being Board	**Halton**

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***Only those identified will be addressed in official correspondence**

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Incomplete Template

	No. of questions answered
1. Cover	6
2. HWB Funding Sources	29
3. HWB Expenditure Plan	16
4. HWB Metrics	30
5. National Conditions	12

Please go to the Checklist for further details on incomplete questions - Link here

REPORT TO: Health and Wellbeing Board

DATE: 4 October 2017

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: A Smokefree Future: A Tobacco Control Plan for Halton

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to present the final draft of the Halton Tobacco Control Plan – A Smokefree Future.

2.0 RECOMMENDATION: That

1) the Board note the contents of the report; and

2) the Board supports the strategy outcomes, objectives, and actions

3.0 SUPPORTING INFORMATION

3.1 In Halton we have made good progress in reducing the harm smoking causes with fewer young people starting to smoke and a smaller number of adults now smoking. The number of people in Halton who smoke has reduced significantly from around 30% in 2001, to just 16.6% in 2016, the lowest level since records began. However, there is more work to be done and considerable challenges still remain:

- Smoking rates in Halton remain higher than for England as a whole.
- Smoking remains the leading cause of preventable death and disease in Halton and is one of the most significant causes of ill health, particularly due to cancer, coronary heart disease and respiratory disease.
- Smoking is the primary reason for the gap in life expectancy between rich and poor in our communities.
- Smoking rates remain high among some social groups for example routine and manual workers, those with a mental health condition, pregnant women, those with long term health conditions and those with drug and alcohol addictions
- Smoking costs the local Halton economy £37.9 million each year. This is considerably more than is generated through tobacco duty (£17.2 million) per year.

A Smokefree Future: A Tobacco Control Plan for Halton

3.2 The Halton Tobacco Control Plan (APPENDIX A) recognises the scale of Halton's tobacco challenge and offers systematic plans to tackle it in response

to both national and local requirements. It moves us forward towards a Smokefree Halton where people can live and work without the fear of developing smoking related diseases.

3.3 The Tobacco Control Plan builds upon the effective work that has been undertaken by partners locally. No one organisation is able to address all the factors to reduce tobacco-related harm in Halton. Therefore this Tobacco Control Plan has been written in collaboration with all partners agreeing the vision, outcomes, and actions. The Tobacco Control Plan is supported by a detailed action plan outlining actions, responsible leads, timescales and outcomes to be achieved (Appendix B). The plan will be monitored by the Halton Tobacco Alliance, and outcomes reported to the Healthy Lifestyles Board, Health and Well Being Board and all other relevant bodies.

Halton Tobacco Control Plan – Vision and Objectives

3.4 The Vision of the Halton Tobacco Control Plan is *"To make smoking history for children in Halton and ensure all Halton residents live Smokefree lives".* In order to achieve the Tobacco Control Plan identifies three overarching objectives:

1. Stopping the inflow of young people recruited as smokers
2. Motivating and assisting every smoker to quit
3. Protecting families and communities

In addition the Plan also identifies three underpinning themes or values to achieve these outcomes:

- Working in partnership
- Reducing health inequalities and protecting the vulnerable
- Promoting evidence based practice and cost effectiveness (value for money)

3.5 The number of young people smoking in Halton has halved in the past 10 years. However smoking remains an addiction which is largely taken up in childhood, with the majority of smokers starting as teenagers. As a result many young people become addicted before they fully understand the health risks associated with smoking. The Plan therefore sets out actions within school and community settings to reduce the number of young people smoking and support those who start to quit.

3.6 Providing support to help smokers quit is highly cost-effective and continues to offer smokers the best chance of quitting. Some 2/3rds of smokers say they want to quit smoking. In Halton we have made good progress supporting people to quit smoking, however smoking rates remain high among certain social groups e.g. routine and manual workers, those with a mental health condition, pregnant women, those with long term health conditions and those with drug and alcohol addictions. The Tobacco Control Plan outlines how the Halton Stop Smoking Service will work in partnership to reduce smoking rates among these identified high risk groups.

3.7 The Tobacco Control Plan also sets out the key steps we will take to protect our local communities from tobacco-related harm through reducing exposure to Secondhand smoke through promoting Smokefree settings and spaces, ensuring tobacco retailers in Halton comply with legislation and reducing the availability of illicit and counterfeit tobacco products

3.8 Electronic cigarettes have also increased in popularity in recent years. Although e-cigarettes are much safer than normal cigarettes their long-term effects are as yet unknown. The main concerns surrounding e-cigarettes focus on their uptake by young people and potential as a gateway to smoking, their potential to re-normalise smoking, the safety for users and bystanders, and their effectiveness as quitting aids. E-cigarettes are included within the tobacco control plan with actions proposed to ensure their appropriate and safe use.

4.0 POLICY IMPLICATIONS

The Tobacco Control Plan will set the context for partnership working to prevent and tackle the impact of harm caused by alcohol for individuals, families and the communities of Halton. There are no significant policy implications with regard to this report.

5.0 FINANCIAL IMPLICATIONS

The actions identified within the strategy will be delivered through existing resources identified within each partner's budget. Some service redesign or an innovative approach to service delivery will be required to better meet the needs of local people.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The Tobacco Control Plan supports the work of the Children's Trust in reducing the harm caused by tobacco to children, young people and their families.

6.2 Employment, Learning and Skills in Halton

Many of the disease caused by smoking are chronic illnesses which can be debilitating for the sufferer, reduce their quality of life and make it difficult to carry out day to day activities. Because of this smokers are less likely to be in employment than those who do not smoke. Smoking also costs local employers due to losses in productivity (sick days due to smoking related illnesses and smoking breaks). Reducing tobacco-related harm will have a positive impact upon local employers and employees.

6.3 A Healthy Halton

Smoking remains the leading cause of preventable death and disease in Halton and is one of the most significant causes of ill health, particularly due to cancer, coronary heart disease and respiratory disease.

6.4 **A Safer Halton**

Illicit tobacco damages legitimate businesses and makes tobacco more accessible to children. Tobacco smuggling is serious organised crime and the proceeds made from it are used to fund further criminality, perpetuating the cycle of harm. Reducing the availability of illicit and counterfeit tobacco products therefore contributes to a safer Halton.

6.5 **Halton's Urban Renewal**

There are no significant implications for this priority.

7.0 RISK ANALYSIS

There are no direct risks as a result of this report, however, individual risk assessments are carried out as required for relevant priorities contained within the report.

8.0 EQUALITY AND DIVERSITY ISSUES

There are no equality or diversity issues resulting from this report.

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

Document	Place of Inspection	Contact Officer
A) Draft - A Smokefree Future: A Tobacco Control Plan for Halton 2017-22	HBC website	Dr Elspeth Anwar
B) Draft Tobacco Control Action Plan, 2014-15	HBC website	Dr Elspeth Anwar

A Smokefree Future: A Tobacco Control Plan for Halton 2017-2022

HALTON
BOROUGH COUNCIL

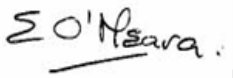
Contents

Foreword

Welcome to the refreshed Halton Tobacco Plan for Halton. We have made great strides in reducing the harms caused by tobacco in Halton. The number of people in Halton who smoke has reduced significantly from around 30% of adults smoking in 2001 to just 16.6% in 2016, the lowest level since records began.

But whilst we have made great strides in the right direction, there remains more to do. Tobacco use remains one of our most significant public health challenges. Smoking remains the leading cause of preventable death and disease in Halton. Smoking rates are much higher in some social groups, including those with the lowest incomes. These groups suffer the highest burden of smoking-related illness and death. Smoking also remains the single biggest cause of the difference in life expectancy between the richest and poorest in our communities.

We want change this. Our vision is to make smoking history for children in Halton and ensure all Halton residents live Smokefree lives. This vision is ambitious but achievable. Evidence from both the UK and abroad clearly shows that by working together we can reduce smoking rates further. Reducing the number of people smoking will lead to Halton residents living longer and healthier lives. Helping people to stop smoking is as good use of scarce resources and can save money for individuals and their families, the local authority, NHS and local economy as a whole.



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

I fully endorse the Tobacco Control Plan and its actions. Although we have made progress in reducing the number of people smoking in Halton the job is not yet done. Smoking rates in Halton remain higher than for England as a whole and being a smoker remains common in some social groups, for example shockingly nearly half of people with a serious mental illness in Halton smoke.

This Tobacco Control Plan sets out how, through working in partnership, we will drive down the number of people smoking at an even faster rate. The harm smoking causes is entirely preventable. Many smokers start smoking during their teenage years so stopping young people from starting to smoke will be vital.

The case studies in this Plan show the positive impact stopping smoking has on local people's lives. Helping people to stop smoking is not just good for their health, but for the wellbeing of their families and friends. It will also reduce costs to NHS and social care in the years to come, freeing much needed public money that could be used for other purposes.

Cllr Marie Wright, Halton Borough Council's portfolio holder for Health and Wellbeing

Introduction

In Halton we have made good progress in reducing the harm smoking causes with less young people starting to smoke and fewer numbers of adults now smoking. The number of people in Halton who smoke has reduced significantly from around 30% in 2001, to just 16.6% in 2016, the lowest level since records began.

However, there is more work to be done and considerable challenges still remain:

- ***Smoking rates in Halton remain higher than for England as a whole***.
- ***Smoking remains the leading cause of preventable death and disease in Halton*** and is one of the most significant causes of ill health, particularly due to cancer, coronary heart disease and respiratory disease.
- ***Smoking is the primary reason for the gap in life expectancy between rich and poor*** in our communities.
- ***Smoking rates remain high among some social groups*** for example routine and manual workers, those with a mental health condition, pregnant women, those with long term health conditions and those with drug and alcohol addictions
- ***Smoking costs the local Halton economy £37.9 million each year.*** This is considerably more than is generated through tobacco duty (£17.2 million) per year. ***Each year in Halton we spend £4.4 million treating diseases caused by smoking and £4million on smoking related social care costs. Helping people to stop smoking will reduce these costs.***

Put simply smoking still kills

No one can say that the job of tobacco control is done when smokers in Halton still face the risks of smoking-related illness and premature death, young people continue to start smoking, and smoking remains the primary cause of differences in life expectancy between the richest and poorest in our communities.

We have a duty to our children to protect them from smoking - an addiction that takes hold of most smokers when they are young. To meet this duty, we must sustain and renew our collective effort to tackle smoking and drive down the number of people smoking at an even faster rate. Without such an approach, the number of people smoking in Halton could easily start to rise again.

This Tobacco Control Plan recognises the scale of Halton's tobacco challenge and offers systematic plans to tackle it in response to both national and local requirements. It moves us forward towards a Smokefree Halton where people can live and work without the fear of developing smoking related diseases.

Our Vision, Objectives and Outcomes

Our Vision

> ***To make smoking history for children in Halton and ensure all Halton residents live Smokefree lives.***

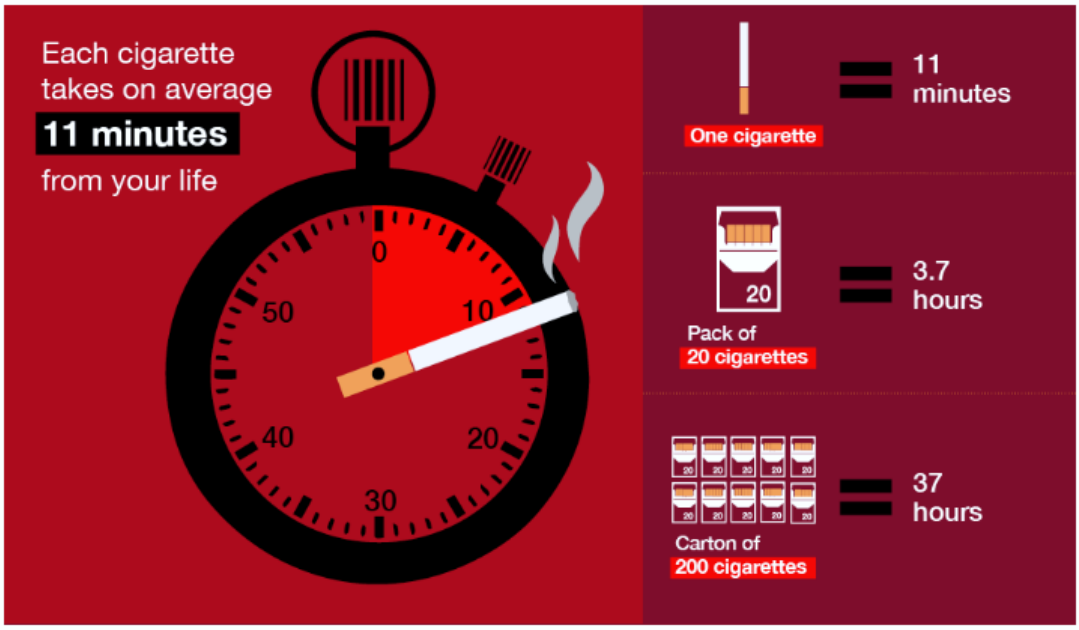
Objectives

The new tobacco control plan for Halton, A Smokefree Future aims to eradicate the harms from tobacco via three overarching objectives:

1. Stopping the inflow of young people recruited as smokers
2. Motivating and assisting every smoker to quit
3. Protecting families and communities from tobacco related harm

We have also identified three underpinning themes or values to achieve these outcomes:

- Working in partnership
- Reducing health inequalities and protecting the vulnerable
- Promoting evidence based practice and cost effectiveness (value for money)

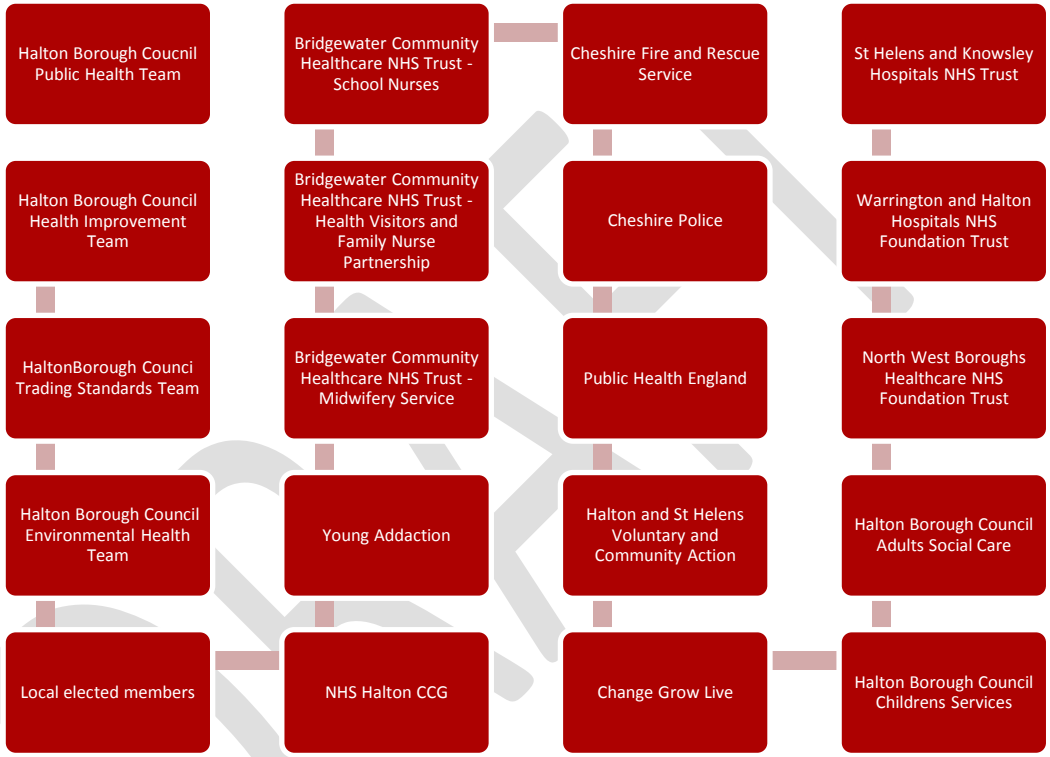


How we Developed this Tobacco Control Plan

Our vision is ambitious and can only be achieved by adopting a comprehensive approach to Tobacco Control. This requires engagement and commitment from all stakeholders. The Halton Tobacco Control Plan has been written in collaboration with all partners agreeing the vision, outcomes, objectives and actions.

In addition public consultation on the Tobacco Control Plan and proposed actions has been undertaken using existing local groups and forums.

Partners involved in producing this Plan include:



Policy Context

The UK Government has tackled the harms of smoking through a strategic and comprehensive tobacco control programme. As a result of the ambitious tobacco Control policies the number of people in England who smoke has halved in the past 35 years. *Smoking Kills*, the first comprehensive government strategy to tackle smoking, was published in 1998.

In 2017, the Government published *Towards a Smokefree Generation - A Tobacco Control Plan for England*. Outlining plans to reduce smoking in England, with the aim of creating a smoke-free generation. The Strategy built upon achievements in tobacco control policy made over many decades and set out a comprehensive package of evidence based action to reduce smoking prevalence.

Smoking still kills (2015) was published by Action on Smoking and Health (ASH). This report proposes new national targets and recommendations to be included in the renewed national strategy to accelerate the decline in smoking prevalence over the next decade. A key recommendation of Smoking Still Kills is for the Government to impose an annual levy on tobacco companies and for the money raised to be used to pay for measures such as mass media campaigns and stop smoking services.

National Institute for Health and Care Excellence (NICE) Guidance

Smoking: harm reduction (PH45): Evidence-based recommendations on reducing harm from smoking for people who want to stop smoking or reduce the amount they smoke

Smoking prevention in schools (PH23): Evidence-based recommendations on preventing smoking in schools among children and young people aged under 19

Smoking: acute, maternity and mental health services (PH48): Evidence-based recommendations on stopping smoking for people using maternity, mental health and acute services

Smoking: stopping in pregnancy and after childbirth (PH26): Evidence-based recommendations on stopping smoking in pregnancy and after childbirth

Cardiovascular disease: identifying and supporting people most at risk of dying early (PH15): Evidence-based recommendations on identifying and supporting people most at risk of dying early of cardiovascular disease (CVD)

Key Achievements in Tobacco Control in the UK

Stopping the promotion of tobacco ✓ Banning most tobacco advertising and sponsorship ✓ Removal of cigarettes from vending machines ✓ Removal of cigarettes at point of sale ✓ In May 2016 England became the second country in the world and the first in Europe to require cigarettes to be sold in plain, standardised packaging, following the lead of Australia which implemented the measure in December 2012. ✓ Changes to packaging and labelling including health warnings on cigarette packs to cover 65 per cent of both sides of the pack including a picture warning on the front.
Making tobacco less affordable ✓ Raising taxes on tobacco. The price of a packet of premium cigarettes in the UK is now the second highest in Europe after Norway. ✓ Tackling illicit tobacco ✓ Minimum packet size of 20 for manufactured cigarettes and 40g for hand-rolled tobacco
Effective regulation of tobacco products ✓ Since November 2011 all cigarettes sold in the UK have had to conform to a Reduced Ignition Propensity standard. This EU-wide standard is designed to reduce cigarette-related fires and related deaths by preventing cigarettes continuing to burn when they are not being actively smoked. ✓ The revision of the EU Tobacco Products Directive in 2014 established a framework for the regulation of electronic cigarettes, including the prohibition of products that are presented as having curative or preventive properties or containing more than 20 mg/ml of nicotine, unless they are licensed as medicines. The Directive also prohibited additives and flavourings that make tobacco products more attractive, with a phase out period of four years for products with a market share of more than 3 per cent, such as menthol cigarettes. ✓ In England, legislation prohibiting the sale of electronic cigarettes to under 18s will come into force on October 1st 2015.
Helping tobacco users to quit ✓ Supporting and funding local stop smoking services
Reducing exposure to Secondhand smoke ✓ Smoke free environments. Legislation prohibiting smoking in workplaces and enclosed public places was introduced in England in July 2007. ✓ Smokefree cars - legislation prohibiting smoking in cars carrying children under 18 years old came into force on October 1st 2015.
Effective communications for tobacco control ✓ High profile marketing campaigns for tobacco control including Smokefree and Stoptober campaigns.

E-Cigarettes

In recent years there has been an increase in the sale, promotion and use of e-cigarettes in the UK (also known as vaporisers). Around 2.8 million people in Great Britain use e-cigarettes. Almost all are smokers or ex-smokers.

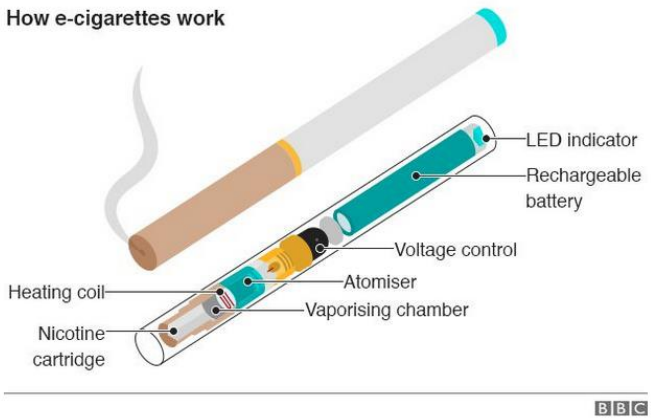
The main concerns surrounding e-cigarettes focus on their uptake by young people and potential as a gateway to smoking, their potential to re-normalise smoking, the safety for users and bystanders, and their effectiveness as quitting aids.

Not smoking and/or not using an e-cigarette (known as vaping) remains the healthiest option. E-cigarettes are not risk free, and the long-term effects are currently unknown. However, e-cigarettes carry a fraction of the risk of conventional cigarettes. Current evidence concluded that using an e-cigarette is around 95% safer than smoking. Smokers who switch to vaping therefore dramatically reduce the risks to their health.

E-cigarettes have become a popular stop smoking aid in England and a developing body of evidence shows that they can be effective. It is concerning that increased e-cigarette use has resulted in fewer people accessing stop smoking services. Stop Smoking Services remains the best way to support people to quit smoking long-term.

A further concern is that e-cigarettes may re-normalise smoking and may particularly appeal to young people acting as a gateway to normal cigarettes. Evidence from UK studies indicates that while young people's awareness of, and experimentation with, e-cigarettes has increased, regular use remains rare and almost entirely confined to those who are current smokers or have smoked in the past. We will continue to monitor this in Halton.

E-cigarettes are included within this Tobacco Control Plan with actions proposed to ensure their appropriate and safe use.



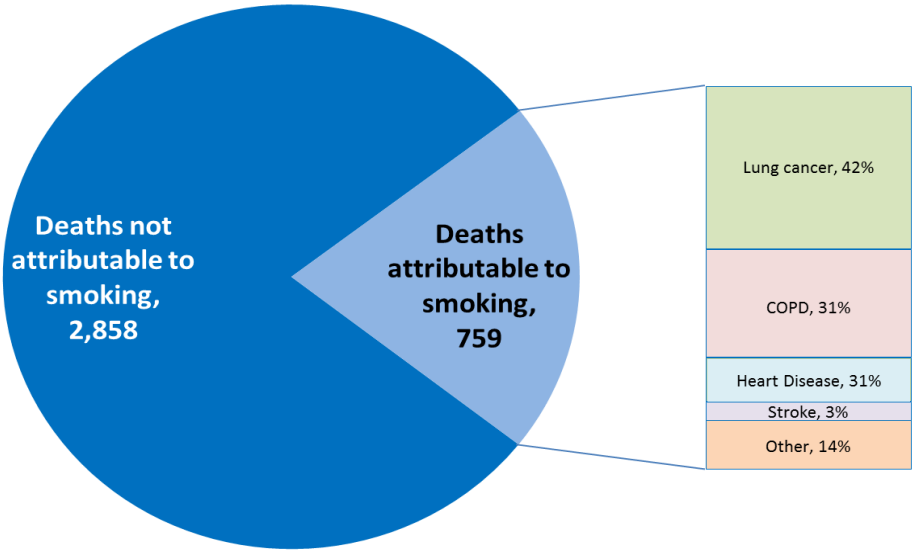
Picture of different e-cigarettes and their component parts

The Cost of Smoking

The Human Cost of Smoking

- Around ***half of all regular smokers*** are eventually ***killed by a smoking-related illness***.
- On average, ***smokers who die from a smoking-related illness lose around 16 years of life***
- ***759 people in Halton died due to smoking (2013-2015).*** The majority of these deaths were due to lung cancer, followed by COPD then heart disease. **[See Pie chart below].**
- ***Deaths due to smoking account for 27% of all deaths in Halton.***

Source: Tobacco Control Profile and ONS death registrations

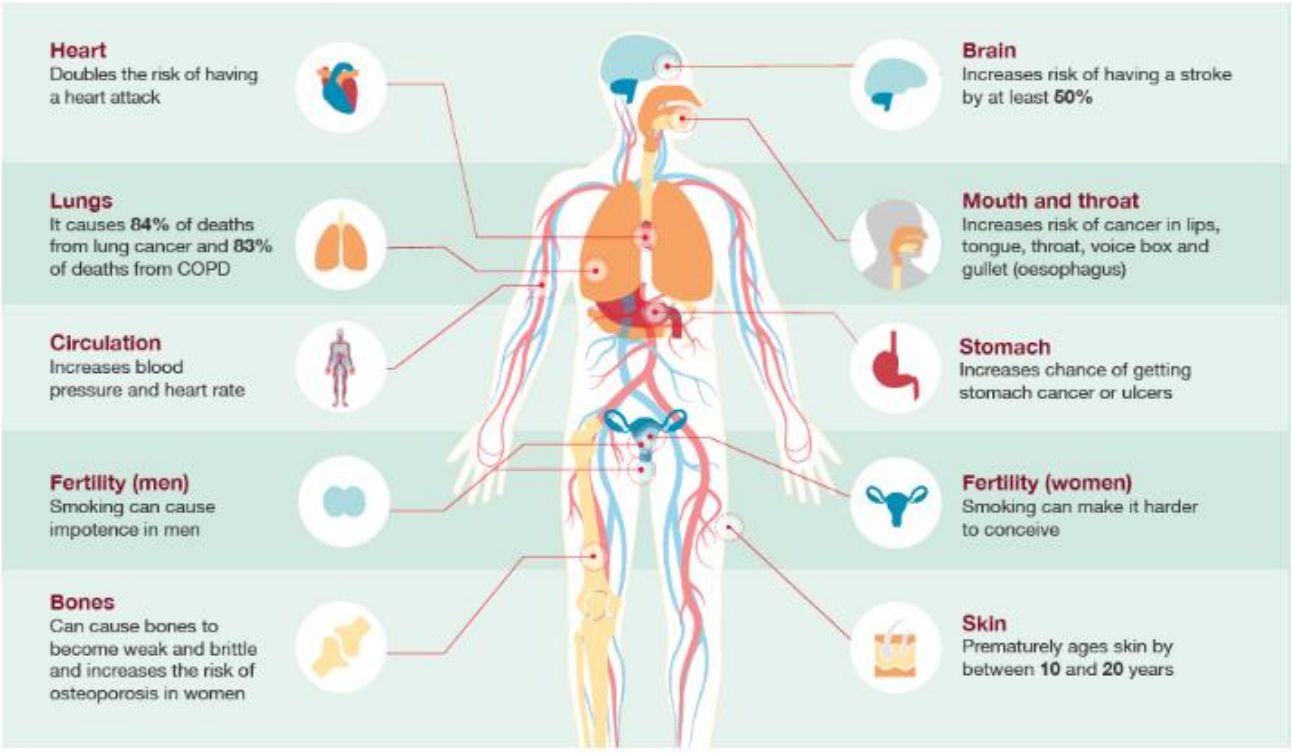


- As well as dying prematurely, ***smokers also suffer many years in poor health***. For every death caused by smoking, approximately 20 smokers are living with a smoking-related disease.
- In 2015/16 in Halton there were ***1,178 smoking attributable hospital admissions***
- ***Many of the disease caused by smoking are chronic illnesses*** which can be debilitating for the sufferer, reduce their quality of life and make it difficult to carry out day to day activities. Because of this ***smokers are less likely to be in employment than those who do not smoke and more likely to need domiciliary care.***
- Smoking and the harm it causes aren't evenly distributed. ***People in more deprived areas are more likely to smoke and are less likely to quit***. This means that ***those earning the least suffer more ill health and are more likely to die prematurely due to smoking.***

By successfully stopping smoking people can avoid smoking related diseases and live longer, this is true regardless of old they are and however long they have smoked for.

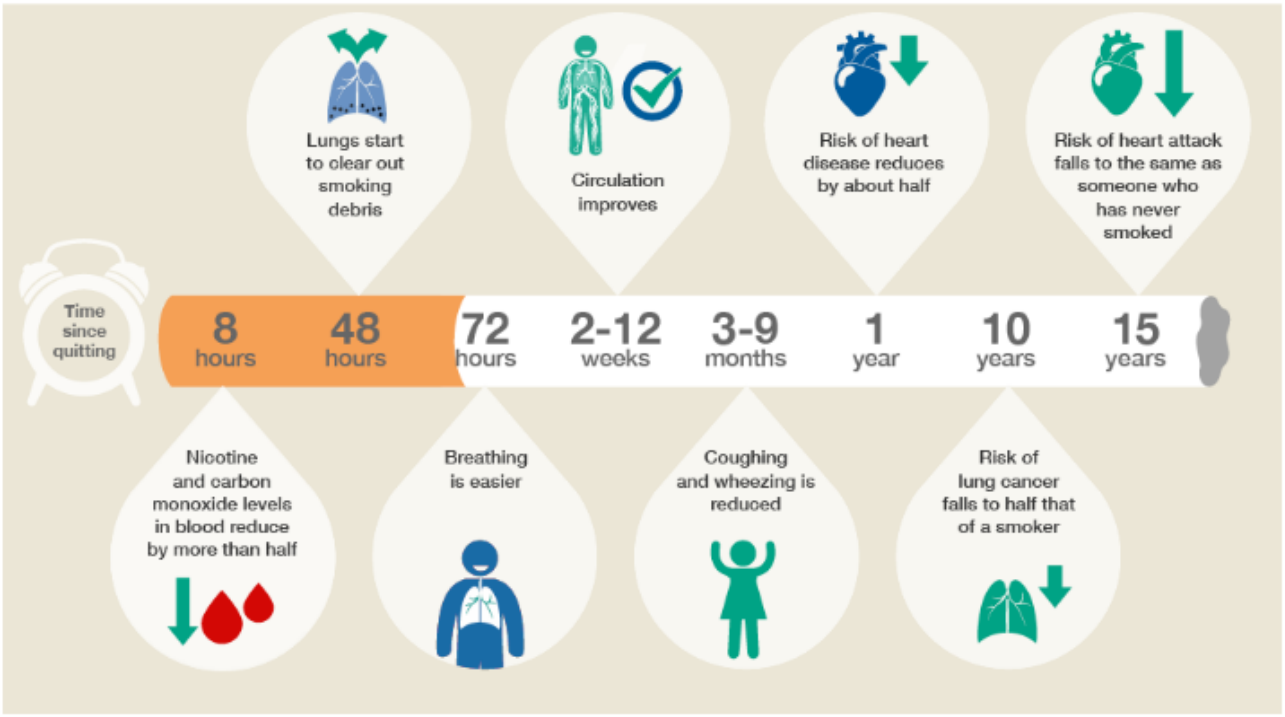
[Source: ASH - Smoking and poverty calculator]

How smoking harms the body



The health benefits of quitting

It's never too late to quit

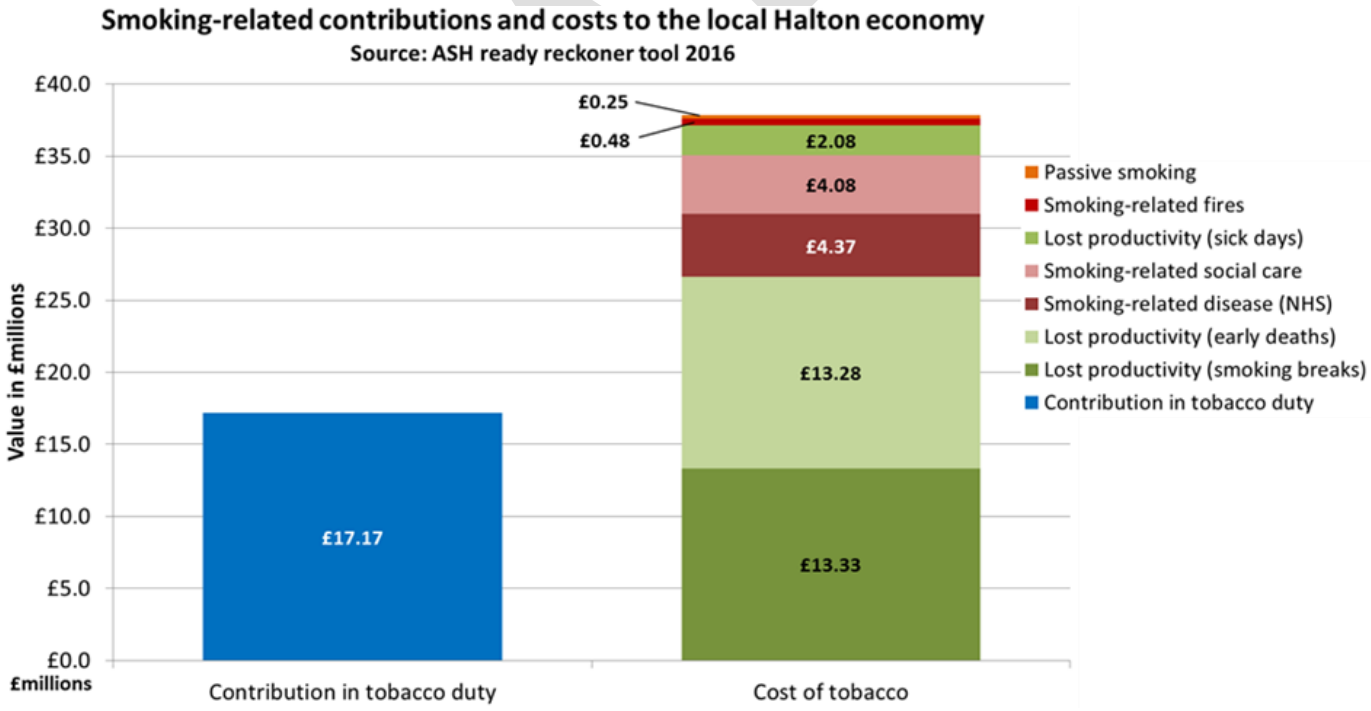


[Source: Public Health England]

The Economic Costs of Smoking

Helping people to stop smoking is a good use of scarce resources and can save money for individuals and their families, the Local Authority, NHS and for society as a whole.

- ***Smoking costs the local Halton economy £37.9 million each year.*** This is considerably more than is generated through tobacco duty (£17.2) per year.
- ***Smoking costs the National Health Service (NHS) in Halton approximately £4.4million a year*** for treating diseases caused by smoking. This includes the costs of hospital admissions, GP consultations and prescriptions.
- ***Smoking is contributing to the current social care crisis. Smoking costs social services in Halton £4million a year.*** Smokers are more likely than people who have never smoked to need domiciliary care as they age, which in many cases will have to be paid for from local authority funds.
- Smoking impacts negatively on local businesses through lost productivity (smoking breaks and sick days due to smoking related illnesses).



Helping People to Quit Smoking Can Lift Them Out of Poverty

- Smoking costs the individual smoker and their families. ***A 20-a-day smoker of a premium brand will spend about £3600 a year on cigarettes***.
- **Smoking increases the number of children living in poverty.** Every penny spent on tobacco is no longer available for improving a child's quality of life, including quality food, family holidays, sport, education and recreational activities. The impact is greatest for those already on low income – a low-income family earning £18,400 a year, where both parents smoke 20 cigarettes a day, will spend a quarter of their entire income on tobacco.

There are around 11,699 households in Halton with at least one smoker.

When net income and smoking expenditure is taken into account, 3,650 or 31% of households with a smoker fall below the poverty line.

If these smokers were to quit, 1,419 households in Halton would be elevated out of poverty.

The residents in these households include:

- **Around 1,541 adults below pensionable age**
- **Around 382 pension age adults**
- **And around 1,051 dependent children**

This means that roughly 2,974 people would not be below the poverty line if the cost of smoking were returned to the household.

[Source: ASH - Smoking and poverty calculator]

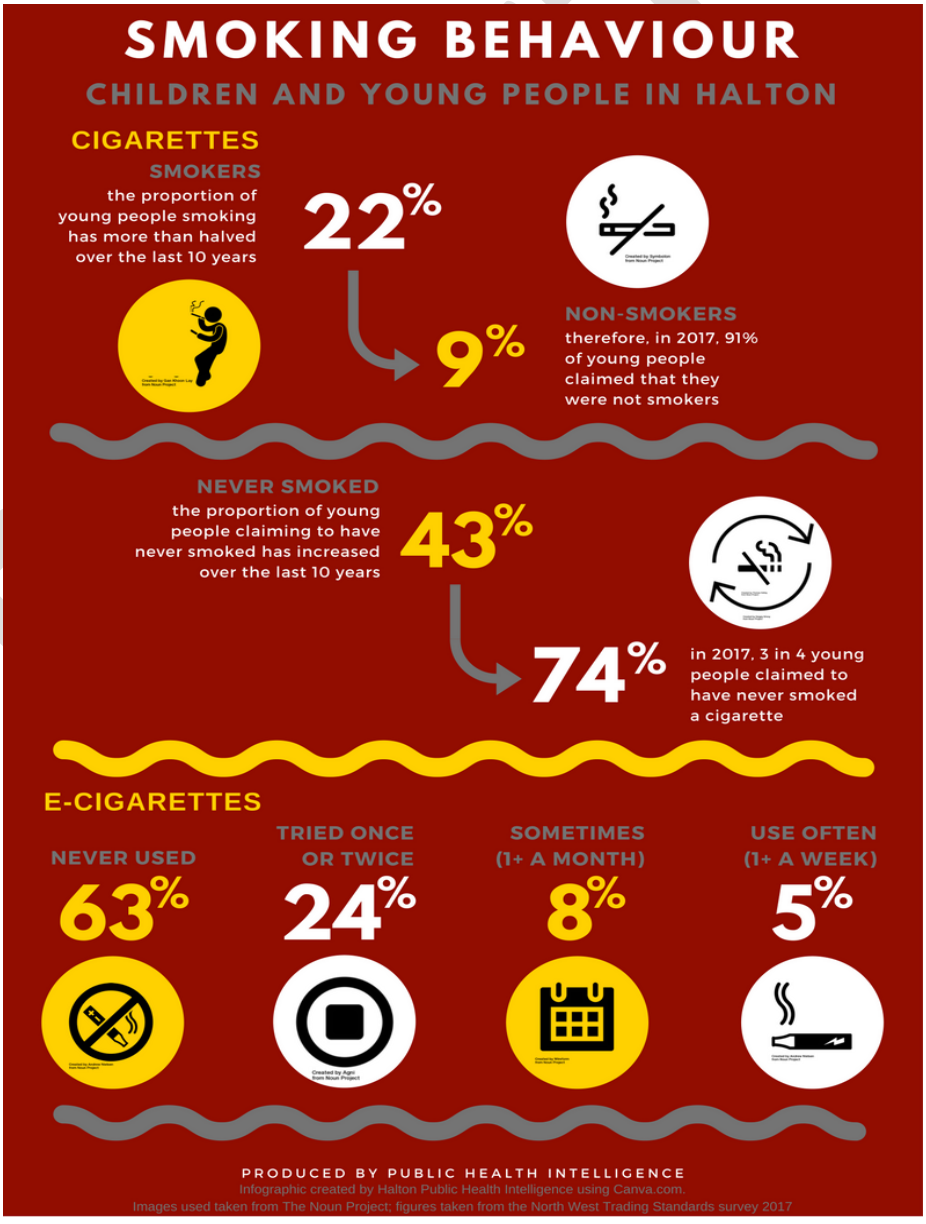
Chapter 1: Stopping the Inflow of Young People Recruited as Smokers

Why is this important?

Smoking remains an addiction which is largely taken up in childhood, with the majority of smokers starting as teenagers. As a result many young people become addicted before they fully understand the health risks associated with smoking. Smoking passes down the generations - children who have parents who smoke are 2-3 times more likely to be smokers themselves.

In recent years, there has been an increase in the sale, promotion and use of e-cigarettes in the UK. There are concerns about the potential for use of e-cigarettes by children and young people. This concern focuses on two main issues: first, that e-cigarette use could act as a gateway to tobacco use for young people; and second, that their use and promotion could undermine the success of initiatives and legislation in de-normalising cigarette smoking over the last decade.

Where we are now



What are we currently doing?

We know that children are heavily influenced by adult role models who smoke. Therefore one of the most effective ways to reduce the number of young people smoking is to reduce the number of adults who smoke. Continuing to encourage adult smokers to quit must therefore remain an important part of reducing prevalence amongst young people, and achieving a Smokefree generation (*see Chapter 2 for more details*).

Promoting Smokefree spaces de-normalises smoking and protects future generations of children and young people from taking up smoking *(see Chapter 3 for more details).*

Reducing access to tobacco products by strictly enforcing laws prohibiting tobacco sales to minors is vitally important to reduce youth smoking rates *(see Chapter 3 for more details).*

School and College Based Activity

- The "Healthitude" programme delivered by the *Halton Health Improvement Team* offers to deliver comprehensive Tobacco Control education to all primary and secondary schools across Halton. The Tobacco Control education under "Healthitude" consists of:
    - Education around the harms from tobacco
    - The dangers of Secondhand smoke
    - Awareness of the harms of Smoking in pregnancy
    - The financial cost of tobacco to individuals and families
    - Tobacco industry tactics to recruit smokers
    - The harms of using E-Cigarettes
- *Young Addaction Halton* attends Personal, social, health and economic (PSHE) education and Health Days in local secondary schools to educate young people around the harms of tobacco use (and wider substance misuse).
- The *Halton School Nursing Service* provides a comprehensive programme of support for young people including drop in sessions, health promotion and support for schools in terms of planning and policies. This includes working on a 1-2-1 basis with young people who require support around smoking and working in partnership with other agencies where appropriate.

Community Based Activity

- *Young Addaction Halton* delivers health education on the harms of smoking and tobacco use within community youth clubs (in Widnes and Runcorn). This is done in an interactive and fun way using the visual tar jar and other resources. They also provide a mobile outreach through the VRMZ Bus and Streetwise teams where the dangers of smoking are also discussed.

Supporting Young People who Smoke to Stop

- Young people aged over 12 in Halton who smoke can be referred into *Halton Stop smoking service*.
- The *Halton Stop Smoking Service* undertakes outreach work with local colleges (Riverside and Cronton 6th Form College) to deliver tobacco education awareness sessions and offer smoking cessation support.
- *Young Addaction Halton* discuss risks of smoking to young people within their specialist young people treatment service and refer onto the local smoking cessation service as appropriate.

Focus for action

In order to reduce the number of young people smoking in Halton we will:

School and College Based Activity

- Increase the number of young people in Halton receiving Tobacco Control Education through the "Healthitude" programme
- Identify and induct Youth Health Champions in schools to cascade information on Health Issues, including Tobacco Control, to peers.
- Promote the Wellbeing Tobacco online magazine to all schools requesting Tobacco Control Education
- Deliver brief intervention training for all staff in schools (including teachers, teaching assistants, and school nurses) to encourage stop smoking referrals into the Stop Smoking Service for young people and their families.
- Offer cessation support to all staff working within schools to provide children with non-smoking role models within the school environment.

Community Based Activity

- Work in partnership with community groups e.g. youth groups, LGBT young people groups, young carers groups, groups for young people with special educational needs (SEN). Raise awareness and increase referrals into the stop smoking service and explore opportunities to deliver cessation within the Services and train staff to deliver smoking cessation advice
- Work in partnership with the Youth Offending Services in Halton to raise awareness and increase referrals into the stop smoking service and explore opportunities to deliver cessation within the Services and train staff to deliver smoking cessation advice.
- Work in partnership with the Children and young people mental health service in Halton to raise awareness and increase referrals into the stop smoking service and explore opportunities to deliver cessation within the Services and train staff to deliver smoking cessation advice

Young People and E-Cigarettes

- Educate young people around the harms of e-cigarette through school based "Healthitude" programme and within community youth club settings.
- Educate parents on the health harms of e-cigarette use by young people
- Identify suppliers of e-cigarettes, check compliance with the labelling requirements and take appropriate action where non-compliance is identified. Also provide advice and information on due diligence systems to prevent the sale of e-cigarettes to under 18's
- Develop a communications plan for the public to raise awareness that it is an offence to buy e-cigarettes for under 18 year olds

Reducing Underage Sales *(See Chapter 3 for More Info)*

- Work with traders within the Borough to reduce the availability of tobacco products to persons under the age of 18 and promote due diligence by visiting every identified tobacco seller to inform them of current legal requirements, check compliance and offer advice or take enforcement action as appropriate
- Check compliance with cigarette traders relating to point of sale signage and package labelling
- Undertake undercover test purchasing at traders of e-cigarettes and /or tobacco within the borough when and where intelligence is received using an underage volunteer
- Improve awareness of the offence of proxy purchasing with traders and the public and develop and agree an enforcement approach where there is more persistent non compliance
- Where young people are found to be asking for tobacco from traders, to develop an approach, in consultation with the Health Improvement team which will enable the officer to offer support to the young person in stopping smoking
- Ensure information on Illegal and Counterfeit Tobacco is included in Tobacco Control Education delivered to schools

Smokefree Places *(See Chapter 3 for more info)*

- Work with schools to develop and promote Smokefree policies, including playgrounds, for school environments. This will include e-cigarettes.
- Develop and promote Smokefree homes and cars with a focus on families with young children.

Case Study: School Based Education on the Harms of Smoking

The “Healthitude” programme delivered by the *Halton Health Improvement Team* offers to deliver comprehensive Tobacco Control education to all primary and secondary schools across Halton. The Tobacco Control education under “Healthitude” consists of education around the harms from tobacco, the dangers of secondhand smoke, awareness of the harms of Smoking in pregnancy, the financial cost of tobacco to individuals and families, tobacco industry tactics to recruit smokers, the harms of using E-Cigarettes.

> “They really, really enjoyed and were really engaged in the sessions. One child has even asked his dad to pack in the fags and told him all of the bad effects. He is working abroad at the moment, so I'm not sure he expected that in his phone call home!” (Teacher, Hale Primary)

Halton Health Improvement Team with pupils at Halebank Primary School

Chapter 2: Motivating and Assisting Every Smoker to Quit

Why is this important?

Tobacco dependence is one of the hardest addictions to break. A smoker will typically have many failed quit attempts before they manage to successfully quit smoking. Some two-thirds of current smokers in England say that they want to quit smoking, with three-quarters reporting that they have attempted to quit smoking at some point in the past.

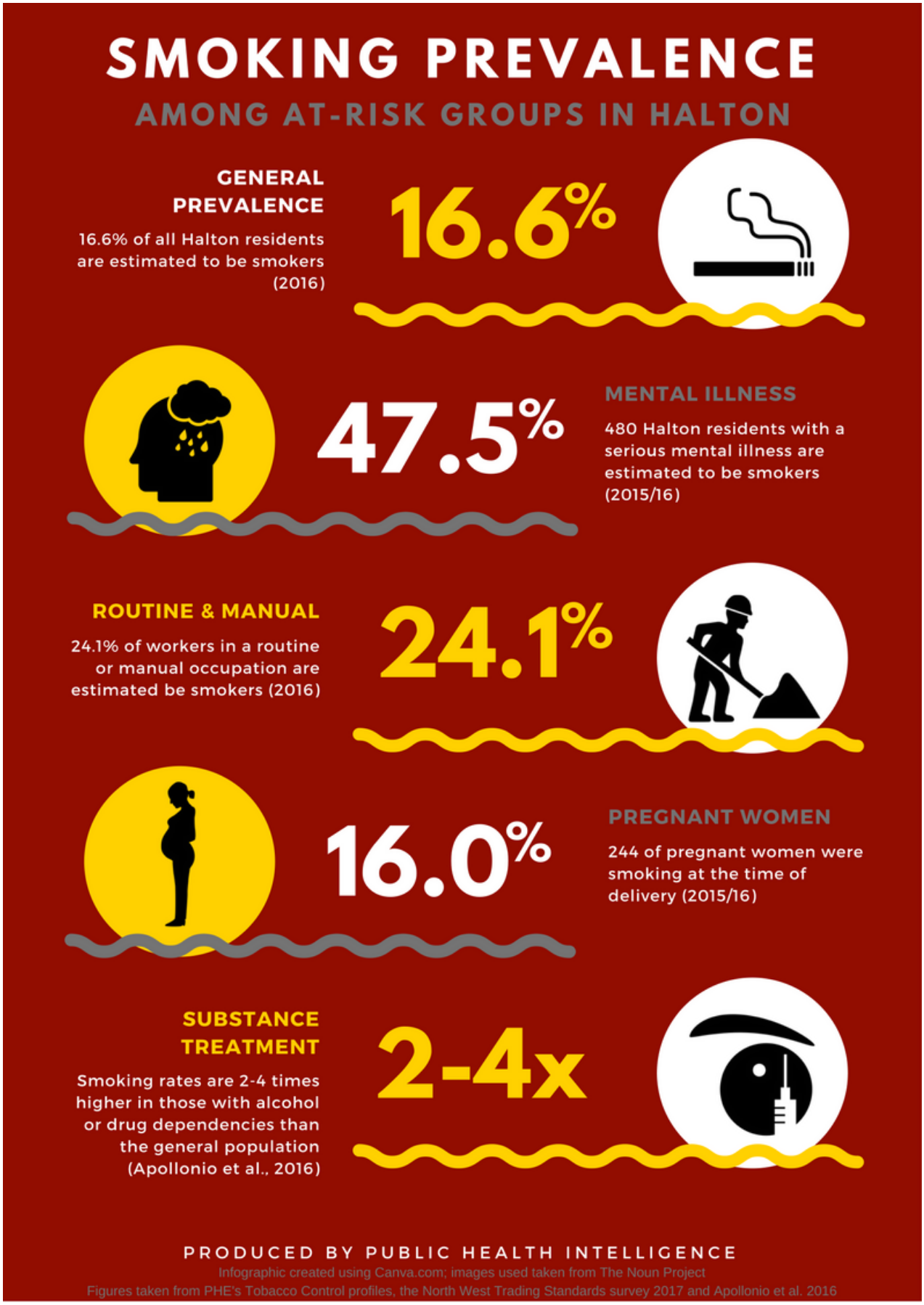
Providing support to help smokers quit is highly cost-effective and continues to offer smokers the best chance of quitting. Smokers who use stop smoking service support are up to four times as likely to quit successfully as those who choose to quit without help or with over the counter nicotine replacement therapy products.

Where we are now

We have made great progress in reducing the harms caused by tobacco in Halton. The number of people in Halton who smoke has reduced significantly from around 30% in 2001 to just 16.6% in 2016, the lowest level since records began.

However in our journey towards a Smokefree generation, we risk leaving some people behind. Smoking rates are much higher among some social groups and this is where we now need to focus our efforts. In Halton:

- 24.1% of workers in a routine and manual occupation are smokers
- 16% of pregnant women were smokers at the time of delivery (higher than the England rate of 10.6%)
- 47.5% of residents with a serious mental illness smoke
- Smoking rates are 2-4 times higher in those with alcohol and drug dependencies than the general population
- Smokers are more likely to live with a long-term health condition. People with a long-term condition who smoke face increased health risks and complications and are more likely to be hospitalised or need domiciliary care.


SMOKING PREVALENCE
AMONG AT-RISK GROUPS IN HALTON
GENERAL PREVALENCE
16.6% of all Halton residents are estimated to be smokers (2016)
16.6%
47.5%
MENTAL ILLNESS
480 Halton residents with a serious mental illness are estimated to be smokers (2015/16)
ROUTINE & MANUAL
24.1% of workers in a routine or manual occupation are estimated be smokers (2016)
24.1%
16.0%
PREGNANT WOMEN
244 of pregnant women were smoking at the time of delivery (2015/16)
SUBSTANCE TREATMENT
Smoking rates are 2-4 times higher in those with alcohol or drug dependencies than the general population (Apollonio et al., 2016)
2-4x
PRODUCED BY PUBLIC HEALTH INTELLIGENCE
Infographic created using Canva.com; images used taken from The Noun Project
Figures taken from PHE's Tobacco Control profiles, the North West Trading Standards survey 2017 and Apollonio et al. 2016

Local Stop Smoking Service in Halton

The *Halton Stop Smoking Service* provides all smokers who live or work in Halton (aged 12+) an easily accessible service which includes motivational and behavioural support alongside pharmacotherapy products and follows national evidence based guidelines to aid successful quitting. The service runs community based drop in clinics across Widnes and Runcorn (24 sessions per week in 19 venues). The team of trained advisors support people to stop smoking through:

- Free advice and support, tailored to the individual needs of the smoker
- One-to-one or group support and advice from trained staff, for people motivated to stop smoking
- Pharmacotherapy support - Access to free or reduced cost Nicotine Replacement Therapy (NRT) via a voucher scheme

In addition the *Halton Stop Smoking Service* also:

- Delivers Brief intervention Stop Smoking training on request. This includes staff beyond the health sector. For example Cheshire Fire and rescue have been trained to undertake a brief intervention around smoking and refer smokers into the local stop smoking service as appropriate.
- Works in partnership to encourage referrals into service
- Attends community venues and to educate people on the harms of smoking and identify people who need support to quit smoking.
- Promotes national Stop Smoking campaigns such as Stoptober.

Local Pharmacies have been trained to deliver a stop smoking service. This means local people can access stop smoking support via their local pharmacy. Currently 27 pharmacies in Halton offer this service (14 in Widnes and 13 in Runcorn).

Launched in 2012, Stoptober is the 28-day stop smoking challenge from Public Health England that encourages and supports smokers across England towards quitting for good. Stoptober is based on the insight that if you can stop smoking for 28-days, you are five times more likely to be able to stay quit for good.

Focus for action

In order to support people to stop smoking the *Halton Stop Smoking Service* will:

- Provide 1-1 and "Drop In "cessation sessions for clients in a variety of venues across Halton for all smokers to easily access. Out of hours sessions will be made available for those clients unable to access the service during working hours.
- Undertake home visits for clients unable to access venues due to ill health and text messaging and telephone support for clients when unable to attend appointments to aid prevention of relapse
- All clients who access the 12 week programme and quit at 4 weeks are to be followed up at 26 weeks, and 52 weeks after original quit date to measure long term abstinence and support those who have relapsed.
- Promote the service to other Health Professionals in primary care and acute services e.g. GP's, Halton and Warrington Hospitals to increase referrals into service
- Deliver Brief Intervention (level 1) Stop Smoking training to Health Professionals and local community & voluntary sectors incorporating Making Every Contact Count (MECC) to increase throughput into the service
- Deliver Intermediate (level 2) training and support to Health Professionals e.g. pharmacies and local community & voluntary sectors when requested to increase capacity and access for clients wishing to stop smoking ensuring data collection and inputting from those services delivering cessation are included in Stop Smoking Service data
- Maximise opportunities to increase referrals into the service by promotion locally of national campaigns e.g. Stoptober, No Smoking Day through social media networks, partnership working and attending awareness events e.g. Vintage Rally
- Offer support to people who want to use electronic cigarettes (e-cigarettes) to help them quit smoking (In line with NCSCT Guidance).

active halton | HEALTH IMPROVEMENT

Do you want to quit smoking?

Be a Quit Hero!

We've helped thousands of local people to quit smoking for good. We can offer you:

- Access to free or reduced cost products
- Friendly advice and practical support to cope with cravings and stay stopped.

Contact us for free friendly advice and more information on local sessions in Runcorn & Widnes:

0300 029 0029

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Helping Pregnant Women to Stop Smoking

Why is this important?

Smoking, and maternal exposure to tobacco smoke, during pregnancy increases the risk of: ectopic pregnancy; miscarriage; placental abnormalities and premature rupture of the foetal membranes; still-birth; preterm delivery; low birth weight (under 2,500 grams); perinatal mortality; sudden infant death syndrome. More than a quarter of cases of sudden infant death syndrome (SIDS) are attributable to maternal smoking during pregnancy.

What are we currently doing?

Halton has been part of the Liverpool City Region Child Poverty and Life Chances Commission Pilot to reduce smoking in pregnancy. Key components of the scheme are:

- Providing stress management support sessions to help clients cope with the stresses associated with quitting smoking during pregnancy.
- Requesting all pregnant women to identify a "Quit Buddy" to support them through the quitting process
- Offering all pregnant women referred to the Stop Smoking Services financial incentives to encourage them to stop smoking

NHS Halton CCG has been offered some targeted financial support from NHS England to help go further with efforts to reduce smoking in pregnant women. This funding will help …. System wide approach…

Focus for action

In order to reduce the number of pregnant women smoking we will:

- Appoint a dedicated Smoking in Pregnancy lead within the Halton Borough Council Stop Smoking Service.
- Work closely with Halton Midwives to re-establish the Babyclear programme – A Systematic approach to CO monitoring and referral by midwives at first booking appointment.
- Review and develop robust smoking in pregnancy pathways for local women, Community Midwives, and Stop Smoking Service to include seamless referral and follow up mechanisms including fast track referrals, 24 hour response rates, text messaging, telephone support, helplines, and home visits (where appropriate)
- Work alongside Family Nurse Partnership to deliver cessation for young pregnant mums and their families at home visits
- Continue to deliver the Liverpool Poverty and Life Chances Commission Pilot - Providing stress management support sessions to help clients cope with the stresses associated with quitting smoking during pregnant and supporting all pregnant women to identify a "Quit Buddy" to support them through the quitting process

- Expand funding for established voucher scheme (financial incentive for pregnant women to quit smoking and to stay quit) to include added incentive for attendance and ensure further promotion of this programme via Midwives, Family Nurse Partnership (FNP) ,CGL, Breastfeeding Team and Health Visitors
- Develop marketing and communication plan to promote stop smoking service for pregnant women to partners (to include GP, Pharmacies, Family Planning and Contraception Services)
- Work with Halton and Warrington Hospital Sonographers to promote referrals into Stop Smoking Service at scan appointments for pregnant smokers.
- Ensure Healthy Community Pharmacies provide cessation intervention or referral through to Stop Smoking Services upon purchase of pregnancy test kit.
- Review and enhance maternity service performance contract indicators related to SIP (to include use of CO monitor at booking appointment and onward referral)
- Undertake an audit with of accuracy recording of smoking status at time of delivery

Case Study: My Journey to Quit Smoking when Pregnant

I was referred to the Stop Smoking Service through my midwife. I wanted to stop smoking to reduce the harm to my new unborn baby and also to be a good role model for my other daughter. I also wanted to save money!

The felt the benefits of stopping smoking immediately, I could breathe better, I certainly smelt better, my skin and hair felt more nourished and money definitely stayed in my purse longer.

I was so happy to find out I was pregnant and thinking of the harm smoking was doing to my baby gave me the motivation and the will to stop. When I went to the stop smoking service I never ever felt patronised, I knew it was wrong to smoke but I was never told I had to stop. I think I would have struggled if I had been told I had to stop.

Smoking is an addiction and before I attended the Stop Smoking Service I never believed that I could quit. I wanted too but never thought I could.

It helped that as I was quitting my partner also decided to quit and we supported each other. Another good motivator that helped was that the longer I stayed off the cigs I was given 'Love to Shop' vouchers which was great as I could go and treat my daughter or buy things for the new baby.

I knew I had to keep going and never gave in. Whenever I needed help and support the Stop Smoking Service advisor was always there for me. I could always speak to her over the phone as she also gave me her mobile number and she told me to ring her any time if I needed her or I was having a wobble. I have thanked her and she just keeps telling me, "I've done nothing…you've done all the hard work, your amazing!"

I would definitely recommend the stop smoking service to everyone.

Now, at the end of my journey I have the most beautiful, healthy little baby daughter and I know I will not smoke again and my children will not be around smokers and fingers crossed they won't smoke either!

Parity of Esteem: Supporting People with Mental Health Conditions

Why is this important?

Smoking is a key cause of premature death, disability and poverty among people with a mental illness. In Halton nearly half (47.5%) of adults with a serious mental illness currently smoke. People with mental health conditions want to quit smoking as much as other smokers do. They have an equal right to be asked whether they smoke and provided with advice and access to effective support to quit or reduce harm.

What are we currently doing?

Halton stop smoking service has trained North West Boroughs Healthcare Mental health teams to support patients to stop smoking. To date 68 members of staff have been trained.

The Halton stop smoking service delivers smoking cessation sessions at the Brooker centre each week. Within 30 minutes of admission clients who smoke are offered NRT products by Mental Health Care staff to replace their tobacco. The Stop Smoking Service then attends twice weekly on Tuesdays and Fridays in order to deliver a full 30 minute consultation where behaviour changes are discussed and NRT product is reordered or changed if relevant. This is known as 72 hour intervention.

The Halton Stop Smoking Service is supporting the Brooker Centre to go Smokefree and staff attend monthly meetings with mental health care staff to discuss any problems.

Focus for action

In order to reduce smoking among people with a mental illness we will:

- Halton Stop Smoking Service will provide 1-1 cessation sessions for patients and staff residing and based in the Brooker Centre at Halton Hospital ensuring easy access.
- Provide text messaging and telephone support for clients and staff when unable to attend appointments to aid prevention of relapse.
- Support and work closely with North West Borough Healthcare mental health teams by attending monthly task and finish meetings to help promote and initiate smoke free environments and grounds within the hospital setting
- Work in close partnership and promote the service to other Health Professionals working in mental health services within community settings to increase referrals into the service
- Deliver Brief Intervention (level 1) training to those Health Professionals and local community & voluntary sectors in contact with mental health service users incorporating Making Every Contact Count (MECC) to increase throughput into the service
- Deliver Intermediate (level 2) training and support to Mental Health Professionals when requested to increase capacity and access for clients wishing to stop smoking ensuring data collection and inputting from those services delivering cessation are included in Stop Smoking Service data

Reducing Smoking among People with a Long-term condition

Why is this important?

Smoking both causes and exacerbates long-term conditions. Smoking causes around 90% of COPD cases. Smoking significantly increases the risk of heart disease and stroke. Smokers are 2-4 times more likely to have a stroke. In addition people with a long-term condition who smoke face increased health risks and complications and are more likely to be hospitalised or need domiciliary care. Smoking also doubles the risk of developing social care needs. Non-smokers have, on average, shorter hospital stays, lower drug doses and fewer complications.

What are we currently doing?

The Halton Stop Smoking Service is working alongside the Halton respiratory team to support patients to stop smoking. The Service also attends local Pulmonary and cardiac rehab education sessions and the local breathe easy group to raise awareness to the harms of smoking and promote the Stop Smoking Service.

Home Visits are arranged for patients unable to attend the drop in sessions due to poor health.

Work has been undertaken with primary care to encourage referral into the Halton Stop Smoking Service using Map of Medicine. Halton Stop Smoking Service also deliver cessation clinics within primary care settings e.g. Weaver Vale and BrookVale Medical Centres.

Focus for action

In order to reduce the number of people with a long-term condition in Halton smoking we will:

- Provide weekly 1-1 cessation sessions in Halton Hospital for patients, staff, and Halton residents, also those smokers referred to the Respiratory Team with long term health conditions, ensuring easy access.
- Deliver Health Days and promote national campaigns i.e. Stoptober, No Smoking Day and delivering COPD6 screening (Lung Age) at Halton Hospital to initiate referrals and raise awareness to Respiratory Health conditions resulting from smoking addictions.
- Work with Warrington Stop Smoking Service to develop a robust pathway for pre-operative patients (incorporating 'Stop before the op' programme) to enable fast tracking into the service of acute patients
- Deliver Brief Intervention (level 1) training to those Health Professionals within the Hospital and community settings incorporating Making Every Contact Count (MECC) to increase throughput into the service
- Attend Pulmonary Rehab, Cardiac Rehab and local Breathe Easy Group sessions to raise awareness to the harms of smoking and promote the Stop Smoking Service
- Work with stop smoking leads from NHS community and acute trusts to implement and monitor performance related to the NHS Prevention CQUIN (This CQUIN focuses on identifying and, where required, providing advice and offering referral to specialist services for inpatients in community and mental health trusts (2017-19) and all acute trusts (2018-19).
- Promote the Halton Stop Smoking Service at Primary Care protected learning time sessions and increase stop smoking delivery support within primary care settings.

Reducing smoking among Routine and Manual workers

Why is this important?

Smoking is often part of the daily routine for many workers, which can make it difficult to break the habit and quit. Like other health behaviours, there are inequalities in smoking. In Halton, approximately 1 in 4 of those in routine and manual occupations smoke, double that of managerial and professional roles. People who smoke also take an average of two or three days more sick leave per year. In combination with lost productivity from regular cigarette breaks, employees who smoke are estimated to cost Halton businesses over £15 million a year.

What are we currently doing?

In order to support routine and manual workers to stop smoking the Halton Health Improvement Team have been working in partnership with local businesses to deliver workplace interventions (drop in sessions, lung age readings) and awareness sessions. Workplaces have been supported to promote national campaigns e.g. Stoptober, National No Smoking Day.

Local workplaces have been supported to develop smoking policies. Occupational health staff have been trained in smoking cessation training so that they can deliver brief intervention, advice and referral to the Halton Stop Smoking Service as appropriate.

Focus for action

In order to reduce smoking among routine and manual workers we will:

- Halton Stop Smoking Service to provide 1-1 or group cessation sessions for smokers in workplace settings across Halton ensuring easy access.
- Deliver Brief Intervention (level 1) training to Occupational Health staff and/ or HR staff in workplaces
- Support workplaces by attending Health Days and promoting national campaigns i.e. Stoptober, No Smoking Day and delivering COPD6 screening (Lung Age) to initiate referrals and raise awareness to Respiratory Health conditions resulting from smoking addictions.
- Support HR staff in workplaces through advising on No Smoking policies and E-cigarettes in the workplace
- Work in partnership with the Halton Housing Trust to raise awareness and increase referrals into the stop smoking service and explore opportunities to deliver cessation within the Services and train staff to deliver smoking cessation advice.
- Work in partnership with the Halton Citizens Advice Service to raise awareness and increase referrals into the stop smoking service and explore opportunities to deliver cessation within the Services and train staff to deliver smoking cessation advice.

Reducing Smoking Among People who Misuse Substances

Why is this important?

Rates of smoking amongst people who misuse drugs and alcohol are 2-4 times higher than in the general population. Cigarette smoking amongst people who misuse substances is an important health risk within a population subgroup whose general health may already be compromised. People who misuse substances tend to start smoking at a younger age and are also more likely to be heavy smokers and experience greater difficulty with quitting. However it is wrong to assume that individuals with substance misuse problems do not want to quit smoking.

What are we currently doing?

The Halton Stop Smoking Service has been working in partnership with the local substance misuse treatment provider Change Grow Live (CGL) to support clients to stop smoking. This has included delivery of stop smoking drop in sessions at CGL premises in Runcorn and Widnes, home visits to housebound CGL service users and training of CGL staff in Smoking Cessation.

In addition a lung awareness event has been organised alongside Halton Respiratory Team to raise awareness of the dangers of smoking, support clients to stop smoking and identify undiagnosed cases of COPD.

Focus for action

In order to reduce smoking among people who misuse substances we will:

- Halton Stop Smoking Service to provide weekly 1-1 cessation sessions for patients and staff attending CGL drug and alcohol recovery service in Runcorn base and Widnes base ensuring easy access.
- Deliver Brief Intervention (level 1) training to Key Workers/Peer Mentors at CGL
- Support CGL service by attending Healthy Lifestyle events for service users and deliver COPD6 screening (Lung Age) to initiative referrals into the Stop Smoking Service and raise awareness to Respiratory Health conditions resulting from drug, alcohol and smoking addictions

Case Study: I could have been a millionaire – now I feel a million dollars

I am 61 years old of age and have smoked since I was 16. Yes, that's correct-45 years as a smoker. If I average £50 per week spent on cigarettes it would be approximately £163,800, scary! Not to mention the cost to my health - always getting colds and coughs.

However, the past is the past, I can't change that. I can control my future by not smoking. I do feel better. Skin glowing, better night's sleep, hands and nails in fantastic condition, walking without the wheezing. I do wish I had done it years ago. However, I'm living in the now and enjoying the benefits.

I only decided to stop smoking over 6 weeks ago. I joined the stop-smoking clinic and when I first blew in the carbon monoxide monitor my reading was off the scale - that of a heavy smoker. Since then my readings have been nil or 1 - that of a non-smoker. I can't express the "buzz" I feel when I see those readings. I actually like going to appointments and seeing my progress. I feel so so proud could not have done it without the support of the clinic and my fantastic Smoking Practitioner.

It's not been easy. My life has changed a lot in 7 months - resulting in anxiety and depression so it's hard not to look for comfort in a cigarette. Boundaries also have been put in place to avoid smokers, to ask my friends who smoke not to and not offer me any temptations. I have a "reward" jar- all the money I have saved from not smoking is going towards treats for me. My aim is a Spa Day.

Another big bonus is because I feel so proud of my achievements it's given me confidence to reach out and do other things – Yoga being one.

If I can do it anyone can and yes I feel like a "million dollars". Thank you, Jean (a non-smoker)

Chapter 3: Protecting Families and Communities from Tobacco-Related Harm

Smokefree Places

Why is this important?

Exposure to Secondhand smoke is hazardous to health, especially for children. Secondhand smoke contains more than 4,000 chemicals, many of which are irritants and toxins. The smoke also contains more than 50 known carcinogens. People who breathe in secondhand smoke are therefore at risk of the same diseases as smokers, including cancer and heart disease. Children exposed to a smoky atmosphere are more likely to suffer from breathing problems, allergies and chest infections.

Research shows that reducing children's exposure to smoking decreases the uptake of smoking amongst young people in the long term. Children learn their behaviour from adults and so it's essential that tobacco use in our communities is not seen as part of everyday life. Promoting Smokefree spaces therefore de-normalises smoking and protects future generations of children and young people from taking up smoking.

Where we are now

2017 marks the tenth anniversary of the implementation of Smokefree legislation in England. This ground-breaking legislation made it illegal to smoke in almost all enclosed work places and public places. This legislation means that more people benefit from clean air at work, while travelling on public transport and in enclosed public places. To further protect children, the government extended legislation to cover private vehicles from October 2015. Smokefree laws are proving to be effective, popular and compliance is virtually universal.

However, despite Smokefree legislation, recent evidence shows that a quarter of young people are exposed to secondhand smoke, with over half of 16-24 year olds reporting exposure. It is therefore still important to raise the issue of secondhand smoke, especially for those who maybe smoking around children.

E-cigarette use is not covered by Smokefree legislation. E-cigarettes do not burn tobacco and do not create smoke. This means that unlike cigarette smoke, there is no evidence so far that exposure to secondhand vapour is harmful. However there are concerns that the presence of e-cigarettes might act to re-normalise smoking, undermining decades of work to tackle the harm from tobacco. Organisations and employers will need to be supported to update their policies to cover these new products, and PHE has published guidance to support this.

What are we currently doing?

Halton has made good progress in promoting Smokefree areas for children and young people. Halton Borough Council was the first local authority in Cheshire and Meresyside to introduce smokefree play areas in parks across Halton. 71 play areas across Halton have signed up to a voluntary code that discourages people from smoking. The scheme was supported by training for park wardens to discourage people who persist in smoking in play areas and by special signage designed by pupils of Oakfield School requesting that children be allowed to 'Play Smokefree'.

This initiative has been extended to a number of schools in Halton where parents were discouraged from smoking at playground entrances by the children themselves through designing artwork and posters on playground exterior walls and school entrances where parents congregate.

A school smokefree policy template has been distributed to primary and secondary schools across Halton as a guide for schools to refer to when updating their policies

News › Liverpool News › Halton Council

Halton leads way in smokefree playgrounds

HALTON is leading the way in smoke-free playgrounds. A total of 71 play areas will be covered by the voluntary Play Smokefree code developed by local heart health charity Heart of Cheshire.

SHARE

BY LIVERPOOL ECHO
00:00, 24 OCT 2011 | UPDATED 06:07, 8 MAY 2013

NEWS

Work has been undertaken with local workplace to encourage them to develop Smokefree policies. Halton has been awarded the Smokefree Workplace Charter from Heart of Mersey.

Smoke free home and car schemes have also been promoted previously in Halton where residents are asked to:

- Take the pledge to not smoke in the house.
- Keep children's playing area, eating area and sleeping areas completely smoke-free.
- Always try to smoke outdoors, away from children as smoke can seep through closed doors.
- Tell family and friends about your new smoke-free house and ask them to help by not smoking in your house.
- Avoid smoking in cars – on long trips, stop, have a break and smoke outside the car.
- Remember, that 85% of Tobacco smoke is invisible.

Focus for action

In order to reduce exposure to secondhand smoke and de-normalise smoking we will:

- Work with NHS colleagues to support the implementation of Smokefree polices across all local hospitals and community clinics (to include e-cigarettes).
- Work with schools to develop and promote Smokefree policies for school environments (to include e-cigarettes).
- Work with employers to develop and promote Smokefree policies for work environments (to include e-cigarettes).
- Develop and promote Smokefree homes and vehicles with a focus on families with young children.
- Ensure compliance with Smokefree public places e.g. playgrounds and vehicles (including public transport)

Case Study: Smokefree NHS

Tackling the devastating harm of tobacco is a national priority and the NHS must be front and centre for us to secure a Smokefree generation in England.

The burden of smoking on the NHS is large: each year, around 1,178 hospital admissions in Halton are attributable to smoking and the total annual cost is estimated at £4.4 million, with a further £4 million in social care costs.

Public Health England has recently written to all NHS Trust chief executives in England, calling for their personal commitment to work towards a truly Smokefree NHS.

We can reach many smokers through health services; they are in waiting rooms, consulting rooms and beds, and many are NHS staff. It is estimated that as many as 25% of patients in our acute hospital beds are smokers.

A Smokfree NHS means:

- No smoking anywhere in NHS buildings or grounds
- Stop smoking support offered on site or referrals to local services
- Every frontline professional discussing smoking with their patients

By helping people stop smoking we are increasing their chance of living longer, healthier lives and also reducing their need to use health and social care services in the future.

We need to ensure that local NHS services are places that provide a supportive tobacco-free environment for patients, staff and visitors, and in which the treatment of tobacco dependence is fully integrated into clinical pathways.

Reduce the Availability of Tobacco Products and E-Cigarettes to Persons Under the Age of 18

Why is this important?

As outlined in *Chapter 1* smoking remains an addiction which is largely taken up in childhood, with the majority of smokers starting as teenagers. Reducing the availability of cigarettes through preventing illegal underage sales restricts young people's access to tobacco products and helps prevent them from developing this addiction.

Where we are now

The Trading Standards North West survey 2017 found that:

- 81% of young people are aware it is illegal to sell cigarettes to under 18's
- Only 69% of young people are aware it is illegal to sell e-cigarettes to under 18's
- Young people mostly get their cigarettes from friends (51%).
- There has been a reduction in the number of young people who claim to buy cigarettes themselves from shops/ off licenses (currently 17%, down 9% since 2 years ago).
- 11% of young people get adults outside shops to buy cigarettes for them (proxy purchasing).

What are we currently doing?

As part of the Healthitude Programme delivered by the Halton Health Improvement Team we are educating young people in school that it is illegal for those aged under 18 to buy cigarettes and e-cigarettes.

Halton Trading Standards Team advise businesses selling tobacco products and e cigarettes on their due diligence systems and the law. They are also being given info and advice on identifying and avoiding proxy purchasing. They also conduct "mystery shopping" exercises using an 18 year old volunteer to check compliance with the law to not sell to under 18's. Advice and training are provided where failures to comply occur.

In addition the Halton Trading Standards Team are undertaking a project to ensure that our tobacco and e cigarette suppliers comply with the new labelling rules (105 local premises have been advised in writing and 19 premises visited so far).

Focus for action

In order to reduce the availability of tobacco products and E Cigarettes to persons under the age of 18 we will:

- Work with traders within the Borough to reduce the availability of tobacco products to persons under the age of 18 and promote due diligence by visiting every identified tobacco seller to inform them of current legal requirements, check compliance and offer advice or take enforcement action as appropriate
- Check compliance with cigarette traders relating to point of sale signage and package labelling
- Undertake undercover test purchasing at traders of e-cigarettes and /or tobacco within the borough when and where intelligence is received using an underage volunteer

- Improve awareness of the offence of proxy purchasing with traders and the public and develop and agree an enforcement approach where there is more persistent non compliance
- Where young people are found to be asking for tobacco from traders, to develop an approach, in consultation with the Health Improvement team which will enable the officer to offer support to the young person in stopping smoking
- Identify suppliers of e-cigarettes, check compliance with the labelling requirements and take appropriate action where non-compliance is identified. Also provide advice and information on due diligence systems to prevent the sale of e-cigarettes to under 18's
- Develop a communications plan for the public to raise awareness that it is an offence to buy e-cigarettes for under 18 year olds

Reduce the Availability of Illicit and Counterfeit Tobacco Products

Why is this important?

Illegal tobacco products are cigarettes or hand-rolling tobacco that have been smuggled, bootlegged or are counterfeit. The sale of illicit tobacco undermines public health policy by offering a cheaper option for those who might otherwise see price as a reason to stop smoking.

Illicit tobacco damages legitimate businesses and makes tobacco more accessible to children. Tobacco smuggling is serious organised crime and the proceeds made from it are used to fund further criminality, perpetuating the cycle of harm. As illicit cigarettes often do not comply with UK rules and regulations they may be more harmful to health. Counterfeit tobacco has also been found to contain arsenic, rat droppings and far more tar and carbon monoxide than legal products.

Where we are now

As this activity is illegal and undercover estimating the scale of the problem locally is difficult.

At a national level, following co-ordinated enforcement action in the UK and at European level, the level of illicit trade in the UK has subsequently fallen. HM Revenue & Customs estimates for 2015/16 were that 13% of cigarettes in the UK market were illicit (down from 21% in 2000), and 32% of hand-rolled tobacco in the UK market were illicit (down from 63% in 2000).

What are we currently doing?

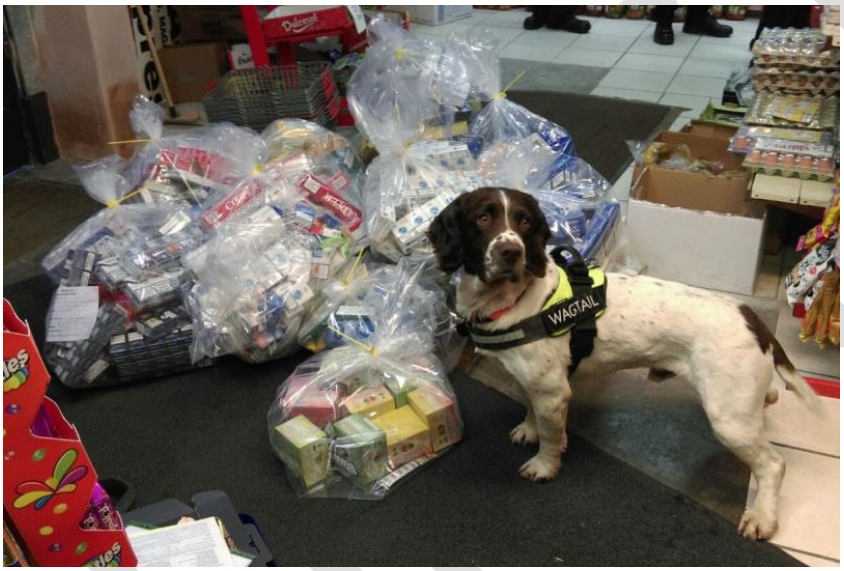
Where complaints/intelligence is received the potential breaches are being investigated. The Wagtail sniffer dog is used to search premises to identify illicit tobacco which is often concealed and well hidden.

Other sources of intelligence are also being looked into because of the lack of information which comes through from the general public.

Focus for action

In order to reduce the availability of illicit and counterfeit tobacco products we will:

- Investigate all intelligence and complaints received in relation to illicit and counterfeit tobacco, using Wagtail sniffer dogs as appropriate.
- Improve the opportunity for residents to report intelligence relating to traders/sellers of illicit and counterfeit tobacco products by developing a communication/PR strategy
- Ensure information on Illegal and Counterfeit Tobacco is included in Tobacco Control Education delivered to schools



Wagtail dog (Bradley) with identified illicit tobacco

Reducing the Availability of Illicit and Counterfeit Tobacco Products

Case Study 1: Stopping Traders Selling Tobacco to Halton Residents on Facebook

Intelligence indicated the traders were involved in the sale of cigarettes via the social media platform Facebook. The traders had previously given warnings for possession of counterfeit tobacco/cigarettes and other goods over a three year period. Online investigations confirmed the traders were brazenly selling illicit tobacco/cigarettes via their Facebook accounts:

As a result of the investigation by Halton Trading Standards in joint partnership with Cheshire Police, the traders were stopped in their vehicle and found to be in possession of over 12,000 cigarettes with an estimated value of £5,000. As a result of the seizure the trader's car, iPhone, £600 and the cigarettes were all seized. In addition the traders were prosecuted and given 12 month prison sentences (suspended for 18 months), 200 community hours and probation orders.

Case Study 2: Stopping the Selling of Cigarettes to Children from Residential Premises

Intelligence suggested this trader was selling cigarettes to children as young as 9 years of age from his residential address. Halton Trading Standards Officers visited the trader with support from Cheshire Police. Upon entering the trader's home it became apparent the trader was in possession of a variety of different brands of illicit and counterfeit cigarettes/tobacco.

The trader was arrested and later prosecuted for offences contrary to the Trade Marks Act and safety legislation. The trader pleaded guilty to five offences and was given a £775 fine and a forfeiture order was issued for the seized cigarettes (10,500) and tobacco (3kgs), valued at £4,366. In addition a proceeds of crime order was processed for £4,366, the perceived benefit to the defendant.

Delivering the Tobacco Control Plan

This Tobacco Control Plan sets out evidence-based actions, based upon national policy, research and local insight, to reduce smoking rates and tobacco-related harm in Halton. The Plan is supported by an action plan which outlines exactly how, by whom and when the agreed actions will be undertaken and the outcomes we hope to achieve.

The *Halton Tobacco Alliance* will monitor the implementation of the action plan and refresh the action plan on an annual basis. Progress reports will be presented to the Halton Healthy Lifestyle Board and the Health and Wellbeing Board.

How we will measure success

The *Halton Tobacco Alliance* will monitor progress related to high level indicators included within the Public Health and NHS Outcomes Framework this includes:

- Smoking prevalence young people
- Smoking prevalence in adults
- Smoking prevalence in adults routine and manual occupations
- Smoking status at time of delivery
- Smoking prevalence in adults with a severe mental illness
- Smoking attributable hospital admissions

Stopping the inflow of young people recruited as smokers

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
To offer all primary and secondary schools across Halton consistent and comprehensive Tobacco Education to enable all staff and pupils to be made aware of latest effective Tobacco Control measures to reduce smoking prevalence.	To reduce the prevalence and uptake of smoking amongst young people.	1	Increase the number of young people in Halton receiving Tobacco Control Education through the "Healthitude" programme.	Health Improvement Team Healthitude Coordinator	Number of primary schools Number of secondary schools Number of pupils	September 2017 – September 2018
		2	Identify and induct Youth Health Champions in schools to cascade information on Health Issues, including Tobacco Control, to peers.	Health Improvement Team Healthitude Coordinator	Number of Youth Health Champions	September 2017 – September 2018
		3	Promote Wellbeing Tobacco online magazine to all schools requesting Tobacco Control Education ensuring consistency in delivery of Tobacco Control messages.	Health Improvement Team Healthitude Coordinator	Number of primary schools Number of secondary schools Number of "hits" Accessing online mag.	September 2017 – September 2018

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
		4	Deliver brief intervention training for all staff in schools (including teachers, teaching assistants, and school nurses) to encourage stop smoking referrals into the Stop Smoking Service for young people and their families.	Healthitude Coordinator Stop Smoking Service	Numbers trained Number of schools	September 2017 – September 2018
		5	Offer cessation support to all staff working within schools to provide children with non-smoking role models within the school environment.	Stop Smoking Service		September 2017 – September 2018
		6	Work in partnership with community groups e.g. youth groups, LGBT young people groups, young carers groups, groups for young people with special educational needs (SEN). Raise awareness and increase referrals into the stop smoking service and explore opportunities to deliver cessation within the Services and train staff to deliver smoking cessation advice.	Stop Smoking Service	Numbers trained Number of Referrals	September 2017 – September 2018

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
		7	Work in partnership with the Youth Offending Services in Halton to raise awareness and increase referrals into the stop smoking service and explore opportunities to deliver cessation within the Services and train staff to deliver smoking cessation advice.	Stop Smoking Service	Number of Referrals Numbers trained	September 2017 – September 2018
		8	Work in partnership with the Children and young people mental health service in Halton to raise awareness and increase referrals into the stop smoking service and explore opportunities to deliver cessation within the Services and train staff to deliver smoking cessation advice.	Stop Smoking Service	Number of Referrals Numbers trained	September 2017 – September 2018
		9	Educate young people around the harms of e-cigarette through school based “Healthitude” programme and within community youth club settings.	Healthitude Coordinator	Number of primary schools Number of secondary schools Number of pupils	September 2017 – September 2018

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
		10	Educate parents on the health harms of e-cigarette use by young people.	Healthitude Coordinator		September 2017 – September 2018
		11	Identify suppliers of e-cigarettes, check compliance with the labelling requirements and take appropriate action where non-compliance is identified. Also provide advice and information on due diligence systems to prevent the sale of e-cigarettes to under 18's.	Trading Standards		September 2017 – September 2018
		12	Develop a communications plan for the public to raise awareness that it is an offence to buy e-cigarettes for under 18 year olds.	Social Marketing and Communications	Plan Developed	September 2017 – September 2018

Halton Stop Smoking Service

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
To provide all smokers who live or work in Halton from the age of 12+ upwards an easily accessible service which includes motivational and behavioural support alongside pharmacotherapy products and follows national evidence based guidelines to aid successful quitting.	To reduce rates of smoking across Halton.	1	Provide 1-1 and "Drop In "cessation sessions for clients in a variety of venues across Halton for all smokers to easily access. Out of hours sessions will be made available for those clients unable to access the service during working hours.	Stop Smoking Service	Number accessing Number quit	March 2017 –April 2018
		2	Undertake home visits for clients unable to access venues due to ill health and text messaging and telephone support for clients when unable to attend appointments to aid prevention of relapse.	Stop Smoking Service	Number Home Visits	March 2017 –April 2018
		3	All clients who access the 12 week programme and are quit at 4 weeks are to be followed up at 26 weeks, and 52 weeks after original quit date to measure long term abstinence and support those who have relapsed.	Stop Smoking Service		March 2017 –April 2018

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
		4	Promote the service to other Health Professionals in primary care and acute services e.g. GP's, Halton and Warrington Hospitals to increase referrals into service.	Stop Smoking Service	Number of Referrals	March 2017 –April 2018
		5	Deliver Brief Intervention (level 1) Stop Smoking Service training to Health Professionals and local community & voluntary sectors incorporating Making Every Contact Count (MECC) to increase throughput into the service.	Stop Smoking Service	Number trained Number of Referrals	March 2017 –April 2018
		6	Deliver Intermediate (level 2) training and support to Health Professionals e.g. pharmacies and local community & voluntary sectors when requested to increase capacity and access for clients wishing to stop smoking ensuring data collection and inputting from those services delivering cessation are included in Stop Smoking Service data.	Stop Smoking Service	Number trained	March 2017 –April 2018

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
		7	Maximise opportunities to increase referrals into the service by promotion locally of national campaigns e.g. Stoptober, No Smoking Day through social media networks, partnership working and attending awareness events e.g. Vintage Rally.	Stop Smoking Service	Number of Referrals	March 2017 –April 2018
		8	Offer support to people who want to use electronic cigarettes (e-cigarettes) to help them quit smoking (In line with NCSCT Guidance).	Stop Smoking Service		March 2017 –April 2018

Helping pregnant women to stop smoking

Objective	Outcomes		Actions	Lead	Targets/Outputs	Timescales
To ensure every pregnant woman who smokes in Halton is identified as early as possible before , during and after pregnancy and offered effective support to stop smoking and stay stopped	To reduce rates of smoking during pregnancy (measured at time of giving birth).	1	Appoint a dedicated Smoking in Pregnancy lead within the Halton Borough Council Stop Smoking Service.	Tobacco Control Coordinator supported by Public Health Consultant	Smoking in Pregnancy Lead established	April 2017
		2	Work closely with Halton Midwives to re-establish the Babyclear programme – A Systematic approach to CO monitoring and referral by midwives at first booking appointment.	Tobacco Control Coordinator Smoking in Pregnancy Lead	Monitor referrals/throughput	Ongoing
		3	Review and develop robust smoking in pregnancy pathways for local women, Community Midwives, and Stop Smoking Service to include seamless referral and follow up mechanisms including fast track referrals, 24 hour response rates, text messaging, telephone support, helplines, and home visits (where appropriate).	Tobacco Control Coordinator Smoking in Pregnancy Lead Administration	Pathways developed Resources developed	Nov 2017

Objective	Outcomes		Actions	Lead	Targets/Outputs	Timescales
		4	Work alongside Family Nurse Partnership to deliver cessation for young pregnant mums and their families at home visits.	Smoking in Pregnancy Lead	Monitor referrals/throughput	Ongoing
		5	Continue to deliver the Liverpool Poverty and Life Chances Commission Pilot - Providing stress management support sessions to help clients cope with the stresses associated with quitting smoking during pregnant and supporting all pregnant women to identify a "Quit Buddy" to support them through the quitting process.	Stop Smoking Service	Number of Quit Buddies Number of Pregnant Quitters	Ongoing
		6	Expand funding for established voucher scheme (financial incentive for pregnant women to quit smoking and to stay quit) to include added incentive for attendance and ensure further promotion of this programme via Midwives, Family Nurse Partnership (FNP) ,CGL, Breastfeeding Team and Health Visitors.	Smoking in Pregnancy Lead	Increase in referrals/throughput	Nov 2017

Objective	Outcomes		Actions	Lead	Targets/Outputs	Timescales
		7	Develop marketing and communication plan to promote stop smoking service for pregnant women to partners (to include GP, Pharmacies, Family Planning and Contraception Services).	Smoking in Pregnancy Lead Marketing Support	Increase in referrals	Nov 2017
		8	Work with Halton and Warrington Hospital Sonographers to promote referrals into Stop Smoking Service at scan appointments for pregnant smokers.	Smoking in Pregnancy Lead	Increase in referrals	Nov 2017
		9	Ensure Healthy Community Pharmacies provide cessation intervention or referral through to Stop Smoking Services upon purchase of pregnancy test kit.	Commissioning Manager Smoking in Pregnancy Lead Marketing Support	Increase in throughput to Pharmacy cessation /Stop Smoking Services Resources dev.	October 2017
		10	Review and enhance maternity service performance contract indicators related to SIP (to include use of CO monitor at booking appointment and referral).	Tobacco Control Coordinator CCG Commissioner	Performance indicators enhanced	Dec 2017
		11	Undertake an audit of accuracy recording of smoking status at time of delivery.	Tobacco Control Coordinator	Audit undertaken Accuracy of recording enhanced if appropriate	Dec 2017

Supporting people with mental health conditions

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
To target those smokers with mental health conditions and with high smoking prevalence who may require more support to stop smoking by providing easier access to the service which includes motivational and behavioural support alongside pharmacotherapy products and follows national evidence based guidelines to aid successful quitting	To reduce rates of smoking for people with mental health conditions.	1	Halton Stop Smoking Service to provide 1-1 cessation sessions for patients and staff residing and based in the Brooker Centre at Halton Hospital ensuring easy access.	Stop Smoking Service	Number accessing Number of quitters	April 2017 - March 2018
		2	Provide text messaging and telephone support for clients and staff when unable to attend appointments to aid prevention of relapse.	Stop Smoking Service		April 2017 - March 2018
		3	Support and work closely with North West Borough by attending monthly task and finish meetings to help promote and initiate smoke free environments and grounds within the hospital setting.	Stop Smoking Service	Meetings attended	April 2017 - March 2018

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
			Work in close partnership and promote the service to other Health Professionals working in mental health services within community settings to increase referrals into the service.	Stop Smoking Service	Number of Referrals	April 2017 - March 2018
		5	Deliver Brief Intervention (level 1) training to those Health Professionals and local community & voluntary sectors in contact with mental health service users incorporating Making Every Contact Count (MECC) to increase throughput into the service.	Stop Smoking Service	Number trained	April 2017 - March 2018
		6	Deliver Intermediate (level 2) training and support to Mental Health Professionals when requested to increase capacity and access for clients wishing to stop smoking ensuring data collection and inputting from those services delivering cessation are included in Stop Smoking Service data.	Stop Smoking Service	Number trained	April 2017 - March 2018

Reducing smoking among people with Long term conditions

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
To target those smokers with long term health conditions e.g. COPD and with high smoking prevalence who may require more support to stop smoking by providing easier access to the service which includes motivational and behavioural support alongside pharmacotherapy products and follows national evidence based guidelines to aid successful quitting.	To reduce rates of smoking for people with long term conditions.	1	Provide weekly 1-1 cessation sessions in Halton Hospital for patients, staff, and Halton residents, also those smokers referred to the Respiratory Team with long term health conditions, ensuring easy access.	Stop Smoking Service	Number accessing Number of quitters	April 2017 - March 2018
		2	Deliver Health Days and promote national campaigns i.e. Stoptober, No Smoking Day and delivering COPD6 screening (Lung Age) at Halton Hospital to initiate referrals and raise awareness to Respiratory Health conditions resulting from smoking addictions.	Stop Smoking Service	Number of Referrals	April 2017 - March 2018
		3	Work with Warrington Stop Smoking Service to develop a robust pathway for pre-operative patients (incorporating 'Stop before the op' programme) to enable fast tracking into the service of acute patients.	Stop Smoking Service	Pathway Developed	April 2017 - March 2018

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
		4	Deliver Brief Intervention (level 1) training to those Health Professionals within the Hospital setting incorporating Making Every Contact Count (MECC) to increase throughput into the service.	Stop Smoking Service	Numbers trained Number of Referrals	April 2017 - March 2018
		5	Attend Pulmonary Rehab, Cardiac Rehab and local Breathe Easy Group sessions to raise awareness to the harms of smoking and promote the Stop Smoking Service.	Stop Smoking Service	Number attended	April 2017 - March 2018
		6	Work with stop smoking leads from NHS community and acute trusts to implement and monitor performance related to the NHS Prevention CQUIN (This CQUIN focuses on identifying and, where required, providing advice and offering referral to specialist services for inpatients in community and mental health trusts (2017-19) and all acute trusts (2018-19).	Stop Smoking Service	Number of Referrals	April 2017 - March 2018

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
		7	Promote the Halton Stop Smoking Service at Primary Care protected learning time sessions and increase stop smoking delivery support within primary care settings.	Stop Smoking Service	Number of Referrals Number of sessions	April 2017 - March 2018

Reducing smoking among routine and manual workers

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
To target routine and manual socio economic group smokers with high smoking prevalence via workplace settings, providing easier access to the service which includes motivational and behavioural support alongside pharmacotherapy products and follows national evidence based guidelines to aid successful quitting.	To reduce rates of smoking amongst routine and manual workers.	1	Halton Stop Smoking Service to provide 1-1 or group cessation sessions for smokers in workplace settings across Halton ensuring easy access.	Stop Smoking Service	Number accessing Number of quitters	April 2017 - March 2018
		2	Deliver Brief Intervention (level 1) training to Occupational Health staff and/ or HR staff in workplaces.	Stop Smoking Service	Numbers trained	April 2017 - March 2018
		3	Support workplaces by attending Health Days and promoting national campaigns i.e. Stoptober, No Smoking Day and delivering COPD6 screening (Lung Age) to initiate referrals and raise awareness to Respiratory Health conditions resulting from smoking addictions.	Stop Smoking Service	Number of referrals	April 2017 - March 2018

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
		4	Support HR staff in workplaces through advising on No Smoking policy's and E-cigarettes in the workplace.	Stop Smoking Service	Number of workplaces	April 2017 - March 2018
		5	Work in partnership with the Halton Housing Trust to raise awareness and increase referrals into the stop smoking service and explore opportunities to deliver cessation within the Services and train staff to deliver smoking cessation advice.	Stop Smoking Service	Number of referrals Numbers trained	April 2017 - March 2018
		6	Work in partnership with the Halton Citizens Advice Service to raise awareness and increase referrals into the stop smoking service and explore opportunities to deliver cessation within the Services and train staff to deliver smoking cessation advice.	Stop Smoking Service	Number of referrals Numbers trained	April 2017 - March 2018

Reducing smoking among people who misuse substances

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
To target those smokers recovering from drug and alcohol addictions and with high smoking prevalence who may require more support to stop smoking by providing easier access to the service which includes motivational and behavioural support alongside pharmacotherapy products and follows national evidence based guidelines to aid successful quitting.	To reduce rates of smoking for those smokers in high risk groups.	1	Halton Stop Smoking Service to provide weekly 1-1 cessation sessions for patients and staff attending CGL drug and alcohol recovery service in Runcorn base and Widnes base ensuring easy access.	Stop Smoking Service	Number accessing Number of quitters	April 2017 - March 2018
		2	Deliver Brief Intervention (level 1) training to Key Workers/Peer Mentors at CGL.	Stop Smoking Service	Number trained	April 2017 - March 2018
		3	Support CGL service by attending Healthy Lifestyle events for service users and deliver COPD6 screening (Lung Age) to initiative referrals into the Stop Smoking Service and raise awareness to Respiratory Health conditions resulting from drug, alcohol and smoking addictions Stop.	Stop Smoking Service	Number of Referrals	April 2017 - March 2018

Smokefree places

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
To work in partnership with key stakeholders to support and promote established and new Tobacco Control measures introduced to reduce smoking prevalence and denormalise tobacco in Halton.	To reduce rates smoking prevalence in Halton.	1	Work with NHS colleagues to support the implementation of Smokefree polices across all local hospitals and community clinics (to include e-cigarettes).	Tobacco Control Stop Smoking Service	Number of policies	April 2017 - March 2018
		2	Work with schools to develop and promote Smokefree policies for school environments (to include e-cigarettes).	Tobacco Control Stop Smoking Service	Number of policies	April 2017 - March 2018
		3	Work with employers to develop and promote Smokefree policies for work environments (to include e-cigarettes).	Tobacco Control Stop Smoking Service	Number of policies	April 2017 - March 2018

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
		4	Develop and promote Smokefree homes and vehicles with a focus on families with young children.	Tobacco Control Stop Smoking Service Marketing support	Smokefree homes/vehicle scheme developed	April 2017 - March 2018
		5	Ensure compliance with Smokefree public places e.g. playgrounds and vehicles (including public transport)	Environmental Health		April 2017 - March 2018

Reduce availability of tobacco products and e-cigarettes to person's under the age of 18

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
Work with tobacco traders and suppliers in Halton to reduce the availability of tobacco products and E Cigarettes to persons under the age of 18.	Reduce uptake of smoking in under 18 year olds.	1	Work with traders within the Borough to reduce the availability of tobacco products to persons under the age of 18 and promote due diligence by visiting every identified tobacco seller to inform them of current legal requirements, check compliance and offer advice or take enforcement action as appropriate.	Trading Standards	In first year 50% of traders will be visited and checked for compliance. Number of enforcement actions taken	April 2017 - March 2018
		2	Check compliance with cigarette traders relating to point of sale signage and package labelling.	Trading Standards	Number of non-compliant premises	April 2017 - March 2018
		3	Undertake undercover test purchasing at traders of e-cigarettes and /or tobacco within the borough when and where intelligence is received using an underage volunteer.	Trading Standards	Number of attempted test purchases Number of traders non-compliance recorded	April 2017 - March 2018

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
		4	Improve awareness of the offence of proxy purchasing with traders and the public and develop and agree an enforcement approach where there is more persistent non-compliance.	Trading Standards	In the first year 50% of traders will be visited and advised. Resources developed. Number of non – compliance recorded	April 2017 - March 2018
		5	Where young people are found to be asking for tobacco from traders, to develop an approach, in consultation with the Health Improvement team which will enable the officer to offer support to the young person in stopping smoking.	Trading Standards Stop Smoking Service	Monitor referrals/throughput	April 2017 - March 2018
		6	Identify suppliers of e-cigarettes, check compliance with the labelling requirements and take appropriate action where non-compliance is identified. Also provide advice and information on due diligence systems to prevent the sale of e-cigarettes to under 18's.	Trading Standards	Number of suppliers visited Number of suppliers non compliance recorded	April 2017 - March 2018

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
		7	Develop a communications plan for the public to raise awareness that it is an offence to buy e-cigarettes for under 18 year olds.	Trading Standards	Number of press releases, tweets, distribution of resources developed	April 2017 - March 2018

Reduce availability of illicit and counterfeit tobacco

Objective	Outcomes		Actions	Lead	Target/Outputs	Timescales
Work with tobacco traders and suppliers in Halton to reduce the availability of illicit tobacco products to all smokers.	To reduce the rates of non-compliance amongst traders and suppliers in Halton in the sales of illegal and illicit tobacco.	1	Investigate all intelligence and complaints received in relation to illicit and counterfeit tobacco, using Wagtail sniffer dogs as appropriate.	Trading Standards	50% of traders visited in 1st year. Number of traders non-compliance recorded	April 2017 - March 2018
		2	Improve the opportunity for residents to report intelligence relating to traders/sellers of illicit and counterfeit tobacco products by developing a communication/PR strategy.	Trading Standards	Communication and PR strategy Developed	April 2017 - March 2018
		3	Ensure information on Illegal and Counterfeit Tobacco is included in Tobacco Control Education delivered to schools.	Trading Standards	Number of schools	April 2017 - March 2018

REPORT TO: Health and Wellbeing Board

DATE: 4 October 2017

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Seasonal Flu Plan 2017/18

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 The report presents an the annual Flu plan with an overview of changes to and requirements of the annual seasonal influenza vaccination campaign for the 2017 – 2018 flu season and implications of this for the Local Authority and health and social care partner agencies.

2.0 RECOMMENDATION: That the Health and Wellbeing Board note the content of the Annual Flu Plan and note the changes to the national flu vaccination programme for 2017-2018 and for each individual agency to note their requirements in relation to the programme.

3.0 SUPPORTING INFORMATION

3.1 Background

Influenza represents a significant cause of morbidity and mortality, and is a particular concern in those with existing health problems. Flu is ultimately preventable and flu vaccination remains an important tool in protecting the health of our population and reducing the burden on local health systems.

Influenza vaccination is a nationally developed programme for local implementation. The details of which are produced by Public Health England and published in the Winter Flu Plan for local adoption and delivery. This year sees some significant changes, predominantly to the extension of the offer of flu vaccine to a wider age range of children.

3.2 Previous campaigns

The ambition is to offer the flu vaccination to 100% of all those who are eligible to have it and while the objective is to obtain the maximum uptake possible, national targets are in place which differ by risk group as detailed below:

Target Group	Uptake ambition for 2017/18
Aged 65 and over	75%
Aged under 65 'at risk'	55-75%
Pregnant women	55-75%
Eligible children 2 years – school year 4	40-65%
Health care workers	75%

Uptake of flu vaccination has generally decreased in the last few years in Halton (and nationwide) and the uptake varies considerably by Practice. Variation in uptake across Halton puts some areas at increasing and inequitably higher risk.

Uptake of Flu Vaccines across Halton CCG

Flu vaccine uptake in the last three years (%) was as follows: **(National target)**	2016/17		2015/16		2014/15		2013/14	
	Eng	**local**	**Eng**	**local**	**Eng**	**local**	**Eng**	**local**
Patients aged 65 years or older (CCG) **(75%)**	**70.5**	71.5 ⇩	**71.0**	72.2	**72.8**	73.8	**73.2**	73.5
Patients under 65 years in risk groups (CCG) **(55-75%)**	**48.6**	51.0 ⇧	**45.1**	47.6	**50.3**	50.3	**52.3**	51.9
Pregnant women (CCG) **(55-75%)**	**44.9**	50.5 ⇧	**42.3**	49.1	**44.1**	46.7	**39.8**	38.8
Health care workers St Helens and Knowsley NHS Trust **(75%)**	**63.0**	82.0 ⇧	**49.5**	76.6	**54.6**	83.5	**54.8**	76.9
Warrington and Halton Hospital NHS Trust **(75%)**	**63.0**	⇧ 81.8	**49.5**	81.6	**54.6**	78.5		
Two years old (including those in risk groups) (CCG) **(40-65%)**	**38.9**	36.9 ⇧	**35.4**	36.0	**38.5**	35.6	**42.6**	N/A
Three years old (including those in risk groups) (CCG) **(40-65%)**	**41.5**	41.9 ⇧	**37.7**	38.6	**41.3**	37.2	**39.5**	N/A
Four years old (including those in risk groups) (CCG) **(40-65%)**	**33.9**	33.1 ⇩	**30.0**	30.3	**32.9**	32.6	**N/A**	N/A
School year 1 (LA) **(40-65%)**	**57.6**	52.4 ⇧	**54.4**	53.1	**/**	/	**/**	/
School Year 2 (LA) **(40-65%)**	**55.4**	54.2 =	**52.9**	54.2	**/**	/	**/**	/
School Year 3 (LA) **(40-65%)**	**53.3**	52.9	**/**	/				

Uptake amongst front line health care workers continues to increase, with Warrington and Halton Hospital Trust achieving an overall achieving target uptake amongst front line health staff.

Data for uptake amongst social care workers is not currently available but

nationally the uptake amongst this cohort is low.

3.3 **Flu programme 2017-18**

The main change to the programme this year is the extend the offer of flu vaccination to children of school years 4. The transfer of responsibility for vaccinating 4 year olds also changes from GP practices to school health provision to an offer of vaccination for children in reception year. Therefore, in 2017/18, the following people are eligible for flu vaccination:

- those aged 65 years and over
- those aged six months to under 65 in clinical risk groups which include:
    - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
    - chronic heart disease, kidney disease, liver disease, neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability
    - diabetes
    - Non-functioning or absent spleen
    - a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
    - Morbidly obese individuals
- pregnant women
- all two and three year olds, and children in school years Reception, 1,2,3 and 4
- those in long-stay residential care homes
- carers

3.4 **Flu programme delivery**

The vaccinations will be delivered through primary care (GP practices) for the majority of the eligible persons (over 65, under 65 in a clinical risk group, children aged 2 and 3, pregnant women (although midwifery services also vaccinate pregnant women as part of an NHSE contract) and carers. The vaccine for children in school settings will be delivered by School Nurses.

Halton has also contracted with CGL for the flu vaccination to be offered to individuals in risk groups attending substance treatment services.

There is a requirement for all frontline health and social care workers to be offered flu vaccination by their employer. This includes general practice staff. General practice and hospital staff vaccinations are undertaken by their own staff and occupational health units.

It is the responsibility of the Local Authority as an employer of front line Health and social care staff to ensure that provision for vaccination is made for all relevant staff. This year the Halton Borough Council programme for vaccination of council employed front line health and social; care staff will be extended to include an offer of vaccination to provate care hom and domiciliary care agency

staff.

3.5 **Publicity and marketing**

Public Health England have announced that there will be a national public facing Winter Pressures publicity campaign, which will include flu vaccination promotion local services are participating in this 'Stay Well this Winter' campaign.

Other campaign approached for this year include:

- Drawing competition linked to flu for children in school and early years
- General awareness in children's settings
- Insight and engagement work to better understand flu vaccination barriers and drivers
- Engagement and promotion of pharmacy campaigns
- Engagement of wider health and social care workforce

3.6 **Potential challenges**

A number of challenges have been identified for which consideration needs to be given.

Vaccine effectiveness
Recent reports have suggested that the most recent Southern Hemisphere flu season has been particularly bad and there may not be a strong match between the vaccination protection and the circulating strain. This may pose a challenge if this is replicated across the Northern Hemisphere flu season and the challenge is to ensure that people eligible for vaccination receive it as early as possible to maximise effectiveness.

Social Care staff
Front line health and social care staff should receive the vaccination in order to protect themselves, their family and as importantly, the people that provide care for. Ensuring high uptake amongst the wider health and social care workforce is has always proved a challenge.

4.0 **POLICY IMPLICATIONS**

4.1 The flu vaccination programme is a national requirement, monitored through monthly returns to NHS England.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There will be financial implications in the implementation of the national programme – vaccinations within primary care and to risk groups is covered through national arrangements. Individual employer organisations of health and

social care staff are required to resource arrangements for the provision of vaccination. Resource is required to promote vaccination uptake amongst all eligible groups and maximise the programmes impact.

5.2 Flu presents an annual health challenge on the health and social care system and is responsible for a large proportion of excess winter deaths. Cases of flu pose a significant burden on primary and secondary health care systems. Outbreaks amongst vulnerable groups are common in unprotected communities and can be difficult to manage and control. Flu is preventable and inequities in uptake across the Borough, within higher risk populations and staffing groups can put the most vulnerable people at greater risk.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Children represent one of the key sources of carriage of flu virus in the community, ensuring high uptake amongst children is one of the best ways to ensure limit the spread of flu in our communities and protect our most vulnerable children and members of the community from a preventable illness.

6.2 Employment, Learning & Skills in Halton

Maximising vaccine uptake amongst eligible groups will protect members of our communities, facilitating people to maintain good health through the winter period will maximise employment and learning opportunities and limit absence from school and workplaces.

6.3 A Healthy Halton

Flu is a preventable illness. Ensuring good uptake of flu vaccination for risk groups and health and social care staff, will prevent illness and death within Halton.

6.4 A Safer Halton

None specified

6.5 Halton's Urban Renewal

None specified

7.0 RISK ANALYSIS

7.1 *Failing to adequately implement the national flu plan and protect our community puts the population at significant risk of outbreaks and increased incidence of a serious, preventable infection. Failure to provide flu vaccination for eligible front line health and social care staff is a corporate risk and can put employees and service users at increased risk of influenza.*

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 *The strategy is developed in line with all equality and diversity issues within*

Halton.

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

None within the meaning of the Act.

Halton Flu Plan 2017-2018

Overview of this plan

Flu is a key factor in NHS winter pressures. It impacts on both those who become ill, the NHS services that provide direct care, and on the wider health and social care system that supports people in at-risk groups. Flu occurs every winter in the UK. The Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. These measures help to reduce illness in the community and unplanned hospital admissions, and therefore pressure on health services generally and A&E in particular.

The national flu immunisation programme is a key part of the plan. Halton's Flu immunisation plan reflects the national plan.

The national flu immunisation programme is being extended to all children in a phased roll-out with 2017-18 seeing an extension of the existing provision to include school year 4 and the transfer of responsibility for the vaccination of 4 years olds from GP practice to school providers. The 2017-18 programme will include Pre-school children aged 2 and 3 years vaccinated at GP practices and children in school reception and school years 1, 2, 3 and 4 are being vaccinated in a school based programme (commissioned from local area 0-19 providers via NHS England). Vaccinating children each year means that not only are the children protected, but also that transmission across the population is expected to be reduced, lessening the overall burden of flu.

Flu vaccination

Responsibilities for Halton Borough Council and CCG

NHS England and Public Health England produce an annual Winter plan, responsibilities of local authorities and partners as identified within this plan include:

Local authorities, through their director of public health, have responsibility for:

- providing appropriate advocacy with key stakeholders and challenge to local arrangements to ensure access to flu vaccination and to improve its uptake by eligible populations
- providing independent scrutiny and challenge to the arrangements of NHS England, PHE and local authority employers of frontline social care staff and other providers of health and social care
- providing leadership, together with local resilience partners to respond appropriately to local incidents and outbreaks of flu infection

Local authorities can also assist by:

- promoting uptake of flu vaccination among eligible groups, for example older people in residential or nursing care, either directly or through local providers
- promoting uptake of flu vaccination among those staff providing care for people in residential or nursing care, either directly or through local providers

Clinical commissioning groups (CCGs) are responsible for:

- quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines

GP practices and community pharmacists are responsible for:

- educating patients, particularly those in at-risk groups, about the appropriate response to the occurrence of flu-like illness and other illness that might be precipitated by flu
- ordering the correct amount and type of vaccine for their eligible patients, taking into account new groups identified for vaccination and the ambition for uptake
- storing vaccines in accordance with national guidance
- ensuring vaccination is delivered by suitably trained, competent healthcare professionals who participate in recognised on-going training and development in line with national standards
- maintaining regular and accurate data collection using appropriate returns
- encouraging and facilitating flu vaccination of their own staff

In addition, GP practices are responsible for:

- ordering vaccine for children from PHE central supplies through the ImmForm website and ensuring that vaccine wastage is minimised
- ensuring that all those eligible for the flu vaccine are invited personally to receive their vaccine
- ensuring that antiviral medicines are prescribed for appropriate patients, once the CMO/CPhO letter has been distributed alerting them that antiviral medicines can be prescribed

All employers of individuals working as providers of NHS and social care services are responsible for:

- management and oversight of the flu vaccination campaign or alternative infection control measures for their frontline staff
- support to providers to ensure access to flu vaccination and to maximise uptake among those eligible to receive it

Uptake Ambitions

The local ambition is to ensure a 100% offer of vaccination to all eligible groups

Target Group	**Uptake ambition for 2017/18**
Aged 65 and over	75%
Aged under 65 ‘at risk’	55-75%
Pregnant women	55-75%
Eligible children 2 years – school year 4	40-65%
Health care workers	75%

Flu vaccination uptake rates (national & local)

Flu vaccine uptake in the last three years (%)was as follows:	2016/17		2015/16		2014/15		2013/14		2012/13	
	Eng	**local**	**Eng**	**local**	**Eng**	**local**	**Eng**	**local**	**Eng**	**local**
Patients aged 65 years or older (CCG)	**70.5**	71.5 ⇩	**71.0**	72.2	**72.8**	73.8	**73.2**	73.5	**73.4**	76.7
Patients under 65 years in risk groups (CCG)	**48.6**	51.0 ⇧	**45.1**	47.6	**50.3**	50.3	**52.3**	51.9	**51.3**	55.2
Pregnant women (CCG)	**44.9**	50.5 ⇧	**42.3**	49.1	**44.1**	46.7	**39.8**	38.8	**40.3**	42.2
Health care workers St Helens and Knowsley NHS Trust	**63.0**	82.0 ⇧	**49.5**	76.6	**54.6**	83.5	**54.8**	76.9	**45.6**	75.1
Warrington and Halton Hospital NHS Trust	**63.0**	81.8 ⇧	**49.5**	81.6	**54.6**	78.5				
Two years old (including those in risk groups) (CCG)	**38.9**	36.9 ⇧	**35.4**	36.0	**38.5**	35.6	**42.6**	N/A	**N/A**	N/A
Three years old (including those in risk groups) (CCG)	**41.5**	41.9 ⇧	**37.7**	38.6	**41.3**	37.2	**39.5**	N/A	**N/A**	N/A
Four years old (including those in risk groups) (CCG)	**33.9**	33.1 ⇧	**30.0**	30.3	**32.9**	32.6	**N/A**	N/A	**N/A**	N/A
School year 1 (LA)	**57.6**	52.4 ⇩	**54.4**	53.1	**/**	/	**/**	/	**/**	/
School Year 2 (LA)	**55.4**	54.2 =	**52.9**	54.2	**/**	/	**/**	/	**/**	/
School Year 3 (LA)	**53.3**	52.9	**/**	/						

Cell colour indicates if indicative targets have been achieved, red indicates target not achieved, green indicates target achieved. Arrow indicates direction of travel from previous year.

Key elements of the plan

National Flu programme

To deliver the vaccination programme to all groups identified within the national programme. Those aged 65 and over, pregnant women and those in a clinical risk group have been offered vaccination annually for a number of years. Those living in long-stay residential care homes, people who are the main carer of someone whose welfare may be at risk if the carer falls ill, and all frontline health and social care workers should also be offered flu vaccination

Front line health and social care workers

Frontline health and social care workers have a duty of care to protect their patients and service users from infection. Doctors are reminded of the General Medical Council's (GMC) guidance on Good Medical Practice (2013), which advises immunisation 'against common serious communicable diseases (unless otherwise contraindicated)' in order to protect both patients and colleagues (see paragraph 29)6. Chapter 12 of the Green Book provides information about the staff groups that can be considered as providing frontline care.

Flu immunisation should be offered by NHS organisations to all employees directly involved in delivering care. This is not an NHS service, but part of the wider infection control responsibilities of

the organisation delivered through occupational health services. Social care providers and independent primary care providers such as GP, dental and optometry practices, and community pharmacists, should offer vaccination to staff.

NHS England has published a two year CQUIN covering 2017/18 and 2018/19 which includes an indicator to improve the uptake of flu vaccinations for frontline healthcare staff within providers.

Extension of the children's programme

In July 2012, JCVI recommended that the flu vaccination programme should be extended to healthy children aged two to their seventeenth birthday. JCVI recognised that implementation of this programme would be challenging and due to the scale of the programme it is being phased in. Vaccinating children each year means that not only are the children protected, but the expectation is that transmission across the population will be cut, reducing levels of flu overall and reducing the burden of flu across the population. Implementing this programme is therefore an important contribution to increasing resilience across the system through the winter period.

The children's programme began in 2013/14 with all two- and three-year-olds being offered vaccination through general practice and geographic pilots in primary school-aged children. The phased roll out now includes all 2 and 3 year olds in general practice and as of 2017/18 will include the immunisation of all children in school in reception and years 1,2, 3 and 4 being immunized in school based campaign.

Merseyside NHS England area Team has commissioned Bridgewater NHS Foundation Trust School Nursing Service as the currently commissioned 0-19 provider service for Halton to provide this extension through a school based delivery model.

The children's extended programme will vaccinate using the live attenuated influenza vaccine (LAIV), Fluenz Tetra®, administered as a nasal spray as recommended by the JCVI.

Community Pharmacy Seasonal Influenza Vaccination Advanced Service

Since 2015 all community pharmacies may provide flu vaccination, if they satisfy the requirements of the Advanced Service, to eligible adult patients (that is those aged 18 years and over and within the identified risk groups). As this service is commissioned by NHS England as an Advanced Service, contractors have the choice as to whether they provide it. The service can be provided by any community pharmacist in any community pharmacy in England that satisfies the requirements of the Advanced Service within the Community Pharmacy Contractual Framework. This includes having a consultation room, being able to procure the vaccine and meet the data recording requirements, and have appropriately trained staff. Further details are available from the Pharmaceutical Services Negotiating Committee website: http://psnc.org.uk/

Vaccine Supply

For all eligible populations apart from children, providers remain responsible for ordering vaccines directly from manufacturers. It is recommended that immunisers ensure they:

- order vaccine from more than one supplier
- order sufficient vaccine before the start of the season at least to cover the uptake aspirations for all their registered eligible patients
- note that they now order vaccine for children from central supplies through ImmForm
- pay attention to ordering the most appropriate type of vaccine such as enough egg-free or low ovalbumin content vaccine for those patients who may require it

It is recommended that trivalent vaccines for use in the 2017/18 influenza season (northern hemisphere winter) contain the following:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus;
- an A/Hong Kong/4801/2014 (H3N2)-like virus; and
- a B/Brisbane/60/2008-like virus.

It is recommended that quadrivalent vaccines containing two influenza B viruses contain the above three viruses and a B/Phuket/3073/2013-like virus.

All flu vaccines for children are purchased centrally by PHE. This includes vaccine for the national offer to all children aged 2 to 8 years old and for children in risk groups aged six months to under 18 years.

For children in risk groups under 18 years of age where LAIV is contraindicated, suitable inactivated influenza vaccines will be provided centrally and should be offered. LAIV and inactivated injectable vaccines can be ordered through the ImmForm website: www.immform.dh.gov.uk.

Central strategic reserve

PHE will hold a central strategic reserve of inactivated flu vaccine for all cohorts other than children to use if necessary to mitigate the impact of shortages

Flu vaccine uptake data

Flu vaccine uptake will be collected via the web-based ImmForm system for vaccinations given from the 1 September 2017 until the 31 January 2018 for all eligible groups. The GP patient weekly and monthly vaccine uptake data will be extracted automatically onto ImmForm from the majority of GP practices, other practices will be aware of manual submission requirements.

The weekly GP patient vaccine uptake collection will start the first week of September and will continue until early February.

Local authority scrutiny

Local authorities have a responsibility to provide information and advice to relevant bodies within their areas to protect the population's health. Local authorities will provide independent challenge of the arrangements of NHS England, PHE and providers. This function will be carried out through the Halton Flu Group feeding through to the Halton Health Protection Forum and overseen via the Halton Health and Wellbeing Board.

People's services directorate staff will be required to actively promote and engage front line health and social care workers to promote uptake of flu vaccination. This will be organised via Halton Borough Council utilising an external provider, most likely community Pharmacies.

The director of public health in the local authority is expected to provide appropriate challenge to arrangements and also to advocate within the local authority and with key stakeholders to improve access and uptake of flu vaccination. The director of public health also needs to work with local NHS England teams to ensure strategic commissioning.

Flu outbreaks

The impact of the influenza virus on the population each year is variable – it is influenced by changes that may have taken place in the virus, the number of people susceptible to infection and the severity of the illness caused by a particular strain. These factors in turn affect the pressures the NHS experiences and where they are felt most.

Planning for the flu season therefore needs to prepare for a range of possibilities including the need to respond quickly to modify the plans (Appendix H identifies some potential scenarios). For this reason, the *Flu plan* operates according to a series of levels, which enable individual elements of the DH, NHS England, and PHE's response to be escalated as appropriate:

Level	Level of flu-like illness	Description of flu season
1	Community, primary and/or secondary care indicators starting to show that flu and flu-like illness are being detected	Beginning of the flu season – flu has now started to circulate in the community
2	Flu indicators starting to show that activity is rising	Normal levels of flu and/or normal to high severity of illness associated with the virus
3	Flu indicators exceeding historical peak norms	Epidemic levels of flu – rare for a flu season

<u>Antiviral Medication</u>

Influenza antivirals form part of the programme for protection of people who are at increased risk of severe illness due to flu. NICE has reviewed its guidance on the use of flu antivirals in seasonal influenza and it remains unchanged. Influenza antivirals may only be prescribed in primary care when influenza is circulating in the community and the CMO letter has been sent out. Prescribing in secondary care and in the event of outbreaks of flu is described separately.

Prescribing of antiviral medicines on the NHS is restricted through statutory prescribing restrictions set out in Schedule 2 to the National Health Service (General Medical Services Contracts) (Prescription of drugs etc.) Regulations 2004), commonly known as the Grey List or Selected List Scheme (SLS). Schedule 2 is replicated and published monthly in Part XVIIIB of the Drug Tariff.

Details of eligible and at risk patients and the circumstances when antiviral medicines can be prescribed are contained in the Drug Tariff. Antiviral medicines can only be prescribed in primary care at NHS expense when DH sends out an annual letter from CMO/CPhO notifying prescribers and community pharmacies that the surveillance indicators are at a level that indicate that influenza is circulating in the community and that prescribers may now prescribe and community pharmacies may supply antiviral medicines for eligible patients.

The exceptions to this are outbreaks of suspected influenza in care/nursing homes which may occur out of season. Arrangements are being put in place to enable the supply of antiviral medicine for care home outbreaks out of the flu season.

Once the CMO/CPhO letter has been sent to primary care, antiviral medicines can be prescribed for patients in the at-risk groups and for patients who are not in one of the identified clinical risk groups but who are at risk of developing medical complications from flu, if not treated. The early use of antiviral medicines to treat and help prevent serious cases of flu in vulnerable patients is particularly important if the flu vaccine effectiveness is low, and remains so every flu season.

Prescribing in outbreaks (care homes)

Halton CCG is negotiating with Merseyside NHS England Area Team for the location of sufficient antiviral doses to supply the largest local care home (50 bed) in the event of an outbreak within a local community pharmacy. In the event of outbreaks within local care homes, the individual residents' registered GP will provide clinical assessment and prescription as appropriate. In the event of assessment required out of ours, this will be undertaken via current Out of Ours contractual arrangements.

Care homes are required to record recent Kidney function test results to facilitate prescribing of antivirals where there is a query regarding potential kidney disease. The prescriber will retain duty of care and decision making on the benefits and risks of antiviral prescribing n any given episode of care.

Joint winter planning

Flu is one of the factors that the health and social care system considers as part of winter preparedness. Each year the system plans for and responds to surges in demand, called winter pressures. Pressures associated with winter include:

- the impact of adverse weather, including cold temperatures which increase emergency hospital admissions for diseases such as cardiovascular and respiratory disease, and snow and ice which result in increased numbers of accidents and can significantly disrupt services flu, which has a variable impact, depending on the severity of the season
- the impact of norovirus on the acute sector, including the closure of beds in accordance with infection control processes

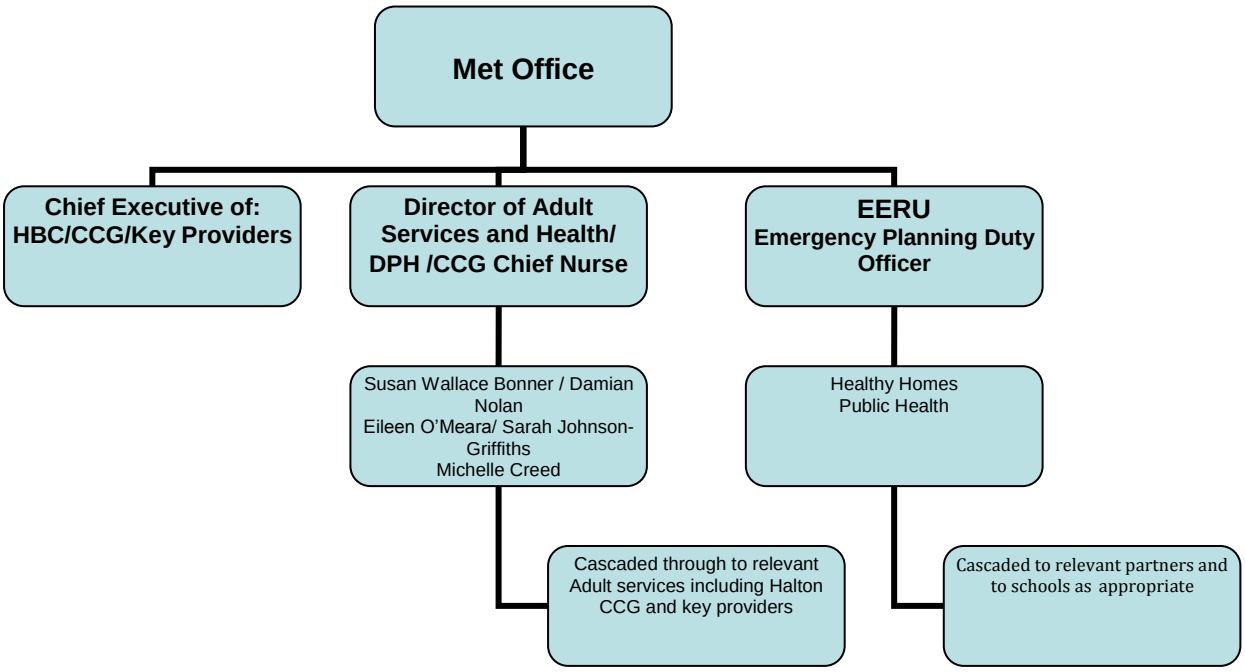
Local planning allows the NHS to manage winter pressures effectively by implementing local escalation plans where necessary, in response to local circumstances and needs. Halton Borough Council Cold has an Integrated Cold Weather Plan which links with severe weather plans within Halton CCG and key provider organisations. It aims to capture the work that is undertaken by Halton Borough Council with regard to prevention and awareness activity for Cold Weather. It details the cascade arrangements for the cold weather alerts that are received from the met office as part of the Cold Weather Plan for England and details the actions that will be carried out by the council as each of these levels are triggered.

Through its Cold Weather work Halton Borough Council aims to help reduce the significant increase in winter deaths and illness that is observed each year owing to cold weather, which in turn, could help to reduce pressures on the health and social care system in the busiest months of the year. The Highways Winter Service Plan also supplements this work.

Cold Weather Alerts are issued by the Met Office on the basis of either of two measures: low temperatures; or widespread ice and/or heavy snow. Cold weather alert service comprises five

levels (levels 0-4), from long-term planning for cold weather, through winter and severe cold weather action, to a major national emergency. Each alert level aims to trigger a series of appropriate actions for different organisations such as flu vaccination, public health communications, and health and social care demand management.

Halton Borough Council's Cascade alert system (devised by Emergency Planning team) is highlighted below:



Communications and Key messages

Clear and timely communication is vital to ensure that all parties involved in managing flu understand their roles and are equipped with the necessary information.

National flu vaccination literature will be promoted and available as part of the strategic integrated Winter Planning Campaign and will address winter pressures, using the **Stay Well This Winter** branded messaging including:

- the impact of adverse weather, including cold temperatures which increase emergency hospital admissions for diseases such as cardiovascular and respiratory disease, and snow and ice which result in increased numbers of accidents and can significantly disrupt services
- flu, which has a variable impact, depending on the severity of the season
- the impact of norovirus on the acute sector, including the closure of beds in accordance with infection control processes.

Whilst maintaining an overarching communication strategy, which will be flexible and ultimately dictated by the severity of the flu season and subsequent impacts, communications will focus predominantly on the new elements of the flu programme, including the extension to new child cohorts.

Halton Borough Council and CCG are adopting national branding using the Stay Well This Winter campaign materials. Specific plans for this coming year to promote the uptake of flu vaccination and winter health messaging include:

- Promotion of vaccination in early years settings
- School based flu vaccination poster competition
- Promotion of pharmacy campaigns including the commissioning of pharmacies to provide flu vaccination to community based front line health and social care workers
- Local community engagement and insight activities to better understand local barriers and drivers for vaccination uptake
- Supporting GP practices in a 'named practice' approach to care home provision of flu vaccination

Campaign materials will be distributed to local GP Practices and clinics, Children Centres, Schools, early years settings, pharmacies and other appropriate venues. Other promotional materials will be produced as resources allow.

Social media, Newspapers and radio will be utilised to cascade promotional messages throughout the season and in response to local issues and requirements.

Invitations and information for patients

Proactive and personalised invitations from GPs and other health professionals to patients have a key role to play. GP practices therefore need to plan carefully to ensure that they are making every effort to identify and contact eligible patients before the flu season starts, and use any available 'free' communications channels to promote the vaccination message (such as the electronic booking system or patient newsletters). Template letters will be available for GP practices to use to invite at risk patients and those aged two to four years for flu vaccination. Local GP Practices have been encouraged to utilise personal invitations and encouraged to be creative in the invitation and follow methods to maximise uptake.

Ahead of the flu season, NHS branded patient information materials will be reviewed and developed, tailored for different eligible groups. These materials, along with the template letters, will be available at: www.gov.uk/government/collections/annual-flu-programme and free copies of the leaflets will be available to order through the Prolog Publications Orderline: www.orderline.dh.gov.uk/ecom_dh/public/home.jsf

The annual cycle of the flu programme

The national cycle for preparing for and responding to flu is set out below.

Preparations

- **November to March:** Vaccine orders placed with suppliers for eligible patients aged 18 and over
- **December:** Section 7A service specifications for delivery of the flu immunisation programme published
- **February to September**: Manufacture of vaccine
- **February:** Enhanced service specifications for flu immunisation programme published
- **February:** WHO announces the virus strains selected for the next season's flu vaccine for the northern hemisphere

- **February/March:** Annual flu letter is sent to the NHS and local government setting out key information for the autumn's immunisation programme
- **March to June:** Publication of the revised influenza chapter of the Green Book (although this can be revised at any time, sometimes during a flu season)
- **April to June:** Liaison with manufacturers to assure the availability of vaccine
- **April to June:** Assurance that primary care providers have the ability to identify all eligible patients
- **June:** Revised flu information leaflets and GP template letters made available
- **August/September:** Communications and guidance about vaccine uptake data collections issued
- **August/September:** Local NHS England teams, NHS Employers, local government health and wellbeing teams, trusts, GP practices, pharmacies and local authorities begin communications activities to promote early uptake of the vaccine among eligible groups including health and social care staff

Flu Vaccination Campaign

- **August to March:** DH in regular contact with manufacturers of antiviral medicines and wholesalers to ensure enough antiviral medicines in the supply chain Flu vaccination campaign
- **September/October**: Flu vaccine for children available to order through ImmForm
- **October**: PHE flu marketing campaign launched (if applicable)
- **September to February:** Suppliers deliver vaccines to GP practices, community pharmacies, and PHE central stock. GPs, community pharmacists and other providers begin vaccinating eligible patients and staff against flu as soon as vaccine is available
- **September to February:** Weekly GP patients and monthly vaccination uptake data collections from primary care, and monthly data collections from secondary care begin
- **October:** From week 40 (early October) PHE publishes weekly reports on flu incidence, vaccine uptake, morbidity and mortality
- **October to February:** The CMO may issue advice on the use of antiviral medicines, based on advice from PHE in light of flu surveillance data. Antiviral medicines from the national pandemic flu stockpile may be made available
- **October to February:** The NHS implements winter pressures co-ordination arrangements
- **October to February:** A respiratory and hand hygiene campaign may be considered
- **November to February:** Monthly GP patient flu uptake and the healthcare worker flu uptake collection commence for data submissions and closes early February.
- **January/February:** date by which all supplies of Fluenz Tetra will have expired.
- **March to May:** The CMO may issue letter asking GPs and other prescribers to stop prescribing antiviral medicines, once PHE informs DH that surveillance data are indicating very little flu circulating in the community and other indicators such as the number of flu-related hospital admissions

Targeted groups

- Pregnant (the vaccine protects both you and your baby)

- Aged 65 years or over
- Children aged 2 and 3, and those in reception and years 1, 2 ,3 and 4 of school
- Anyone of any age, even if they feel healthy, who has any of the underlying health conditions:
    - Heart problems
    - A chest complaint or breathing difficulties, including bronchitis or emphysema
    - Kidney disease
    - Lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)
    - Liver disease
    - Had a stroke or a transient ischemic attack (TIA)
    - Diabetes
    - A neurological condition, for example multiple sclerosis (MS) or cerebral palsy
    - A problem with your spleen, for example sickle cell disease, or you have had your spleen removed
    - People who are
        - Living in a residential or nursing home
        - The main carer for an older or disabled person
        - A frontline health or social care worker

People in clinical risk groups are at particular risk of becoming very unwell from flu and flu related illness. The table below shows flu mortality by clinical risk group and demonstrates the increased risk of death. Influenza related mortality ratios and population rates among those aged six months to 64 years of age by risk group in England, September 2010-May 2011

	Number of fatal flu cases (%)	**Mortality rate per 100,000 population**	**Age-adjusted relative**	**Lower RR 95% CI**	**Upper RR**
In a risk group	213 (59.8)	4.0	11.3	9.1	14.0
Not in any risk group	143 (40.2)	0.4	Baseline	Baseline	Baseline
Chronic renal disease	19 (5.3)	4.8	18.5	11.5	29.7
Chronic heart disease	32 (9.0)	3.7	10.7	7.3	15.7
Chronic respiratory disease	59 (16.6)	2.4	7.4	5.5	10.0
Chronic liver disease	32 (9.0)	15.8	48.2	32.8	70.6
Diabetes	26 (7.3)	2.2	5.8	3.8	8.9
Immunosuppression	71 (19.9)	20.0	47.3	35.5	63.1

Chronic neurological disease (exc. stroke/TIA)	42 (11.8)	14.7	40.4	28.7	56.8
Total*	378	0.8			

* Including 22 cases with no information on risk factors.

Despite continued efforts, for a number of years around only half of patients in clinical risk groups have been vaccinated. For 2017/18, the ambition for this cohort is to achieve at least a 55% uptake overall in these groups recognising that this figure is already exceeded in some of the groups, such as those with diabetes. Ultimately the aim is to achieve at least a 75% uptake in these groups.

While Secondary Care and Community Trusts have increased front line health care worker uptake considerably over recent years, supported by a 2 year CQUIN, community based health and social care workers, including those in private residential settings and domiciliary care agencies, have failed to engage to the same extent. In Halton we have engaged with providers through contractual routes in previous years but have so far failed to generate sufficient engagement. For 2017/18, a direct offer of flu vaccination provision will be made to care home providers and domiciliary care agencies to promote the uptake of flu vaccination. This will be undertaken through the commissioning of local pharmacies for the specific provision of vaccination to these groups.

Key Messages
The following communications key messages will be used as a basis for the localised campaign:

1. Eligibility for flu vaccines and where to go to receive one
2. Emphasis on extended children programme
3. Infection prevention and control messages to reduce the spread of flu
4. Reporting on flu levels and public reassurance
5. Advice and guidance for people who suspect they may have flu
6. The effect of flu and other winter related demands on NHS services

Media Publications to target

Local / Regional media

- Liverpool Echo
- Widnes & Runcorn World
- Widnes & Runcorn Weekly

Social Media

- HBC Face book page
- Children centers face book
- Partner face book
- HBC Twitter feed
- CCG twitter feed

Radio / Broadcast

- Halton Community Radio
- Wire Fm
- BBC North West

Targeting for over 65+

- Age Concern UK - newsletter
- Care homes
- Domiciliary providers
- Vision Support
- Housing Associations

Publications for Mums /Mums to be

- Antenatal classes
- Children's centres
- Mums blogs

Publications for those with long-term conditions

- All Together Now – North West based
- Halton Talking Newspaper
- Widnes and Runcorn Cancer Support Group

Carers

- Halton Carers Centre
- GP practices

Educational press

- Local college press

Key Stakeholders / Partners / Providers

- Halton Council
- NHS Trusts & Providers
- Hospital Trusts – St Helens and Whiston Hospital, Warrington and Halton Hospitals Foundation Trust
- Bridgewater Community NHS Foundation Trust (especially School Nursing, Community Midwifery services)
- 5 Boroughs Partnership Mental Health NHS Trust
- Healthwatch Halton
- Housing associations – Riverside, LHT, Halton Housing,
- Cheshire Fire and Rescue
- Cheshire Police
- Halton CAB
- Wellbeing Enterprises

Community Groups

- Halton Tennis Table Club (500 members)
- CRI - Halton Integrated Recovery Service
- Support the Deaf Community in Halton

Other Employers

- Chamber of Commerce
- Riverside College
- Halton Taxis
- Groundwork Cheshire

Venues to target for marketing materials

- Leisure Centres
- GP practices
- Pharmacies
- Dental practices
- Community centres
- Shopping Centres
- St Luke's
- Halton Haven
- Halton and St Helens CVA
- Halton Community Buses

Tactics

- Develop a script for community based staff and those with face-to-face contact with those at-risk
- Cascade national messages via networks
- Support the national campaign by distributing messages via digital communication channels and social media channels
- Build flu into the Halton CCG Community Radio Show each month to push flu messages
- Source local case studies (where possible) which could support the national message
- Survey the local data to identify which target groups are vulnerable because uptake is low and address/target accordingly

Recommendations for improving uptake

Recommendations for action for each risk group included:

Over 65 group

1. GP practices should have a named individual responsible for the flu vaccination programme.
2. Flu clinics should be started as soon as is feasible once the vaccines have been received to ensure maximum coverage before flu starts to circulate.
3. GPs should keep a register of those aged over 65 years and should arrange for personalised letters and reminders to be sent out to patients, inviting them to attend a flu clinic.
4. GP practices should follow up patients who fail to attend for a flu jab.
5. Flu vaccines should be offered opportunistically where appropriate.
6. GPs should liaise with district nurses regarding the provision of vaccinations to those who are house-bound.

Under 65 clinical risk group

1. GPs should keep a register of patients with long term conditions who require annual flu vaccination.
2. GPs should send out personalised reminder letters to those eligible for the flu jab.
3. Guidance and promotional material should be distributed to pharmacies to encourage pharmacy staff to alert at-risk patients and signpost them to their GP.
4. The possibility of providing flu vaccinations in local pharmacies should be further explored.

5. Specialist doctors, nurses, school nurses and health visitors should receive guidance about raising awareness of the flu vaccine in at-risk clinical groups.
6. Acute trusts should be encouraged to provide flu vaccinations during outpatient appointments for people with long term conditions under their care.
7. Consideration needs to be given to the possibility of providing a flu vaccination clinic within local special schools.
8. Appropriate communication pathways need to be in place to ensure GPs are informed if their patients are vaccinated by a different healthcare provider.

Residential home settings

1. Single Practice approach to residents of care homes for vaccination and management of flu outbreaks
2. All local long-stay care facilities need to be identified, including residential homes for people with disabilities and residential special schools (if applicable).
3. Guidance on the importance of flu vaccination should be circulated to all care home managers.
4. GP practice managers should liaise with local care homes to arrange provision for flu jabs within care homes settings.
5. To enable future planning and improve uptake further, local data should be collected from care home managers on the uptake of the vaccination among their residents.

Carers

1. Promotional material should be distributed to GP practices, pharmacies, supermarkets, hospitals and outpatient clinics etc. to raise awareness of the flu vaccine among unpaid carers.
2. Patients who attend for the flu vaccine should be reminded that their carer, if applicable, should also be vaccinated.
3. Awareness should be increased amongst district nurses who may have contact with carers whilst visiting house-bound patients.

Pregnant women

1. GPs should keep a register of women who are pregnant and update it regularly as women become pregnant during the flu season.
2. Promotional material should be displayed within local midwifery services and included within the early pregnancy pack to encourage women to have the vaccine.
3. Midwives should ensure they signpost patients to their GP for vaccination.
4. Consideration should be given to the feasibility of providing flu vaccinations at antenatal appointments, either by direct administration by the midwife, or by running a flu clinic alongside antenatal clinics.
5. Appropriate communication pathways need to be in place between midwives and GPs to allow timely recording of vaccination data.

Children

1. Ensure promotional materials are displayed in community settings e.g. nurseries, pre-schools, supermarkets, libraries etc.
2. Circulate guidance and support materials to local GP practice managers.

3. Engage children and parents from school settings in activities that highlight consequence of flu and promote vaccination

Health and Social Care staff

1. Ensure local health care providers have flu plans in place to address uptake rates amongst frontline staff.
2. Ensure local managers of NHS organisations receive a briefing on which staff members require vaccination.
3. Provide vaccination to health and social care staff within the council who come into direct contact with vulnerable patients.
4. Develop guidance on flu vaccine suppliers and associated costs, and distribute to managers of local NHS organisations.
5. Distribute promotional material to health and social care staff to encourage uptake.

Dynamic Flu Action Plan 2017/18

To be developed and amended throughout the period

Date	Channel	Brief	Status
October/November/December	Halton Community Radio Show	General flu messages about vaccine and eligibility Push on childhood programme	
	Leaflets and posters and outdoor media	Outdoor media and other materials sent to local venues and meeting places	
	Halton Borough Council	Contract service to provide access to flu vaccination for front line council staff and CCG staff and extend offer to care home and domiciliary care providers Push messages to front line health and social care staff.	
	Care homes staff	Push contractual arrangements for the provision of vaccines to staff employed by care homes Attend care home Network Meeting Briefings for staff	
	Data collection	GP practices to commence ImmForm Data collection	
	Midwifery	Assurance from and reminder to midwifery services of the push to encourage vaccination and undertake vaccinations to pregnant women (and inform GP/report numbers) at every possible opportunity.	
	Gp Practices	Follow up mechanisms for recall and offer support to improve uptake Encourage practice staff uptake	
Weekly	Twitter alerts	Draft and issue weekly or regular Twitter alerts promoting flu messages	
	Script/toolkit	Develop script/toolkit promoting flu messages which can	

		be shared with community groups and cascaded via their channels	
	Business to business	Push messages to businesses about encouraging their at-risk workers and all workers to go and get the vaccine to ensure resilience during the winter & give them one less thing to worry about	

REPORT TO: Health and Wellbeing Board

DATE: 4 October 2017

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Public Health

SUBJECT: Integrated Cold Weather Plan 2017/18

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 The report presents an the Halton Integrated Cold Weather Plan which highlights the local public health plan to prepare for, alert people and prevent major avoidable effects during severe cold weather episodes.

2.0 **RECOMMENDATION: That the Health and Wellbeing Board note the content of the Integrated Cold Weather Plan.**

3.0 **SUPPORTING INFORMATION**

3.1 Background

Winter weather and snow also associated with an increase in illnesses and injuries. Cold weather increases the risk of heart attacks, strokes, lung illnesses, flu and other diseases. People slip and fall in the snow or ice, suffering serious injuries. Some groups, such as older people, very young children and people with pre-existing medical conditions, are particularly susceptible to the effects of very cold weather.

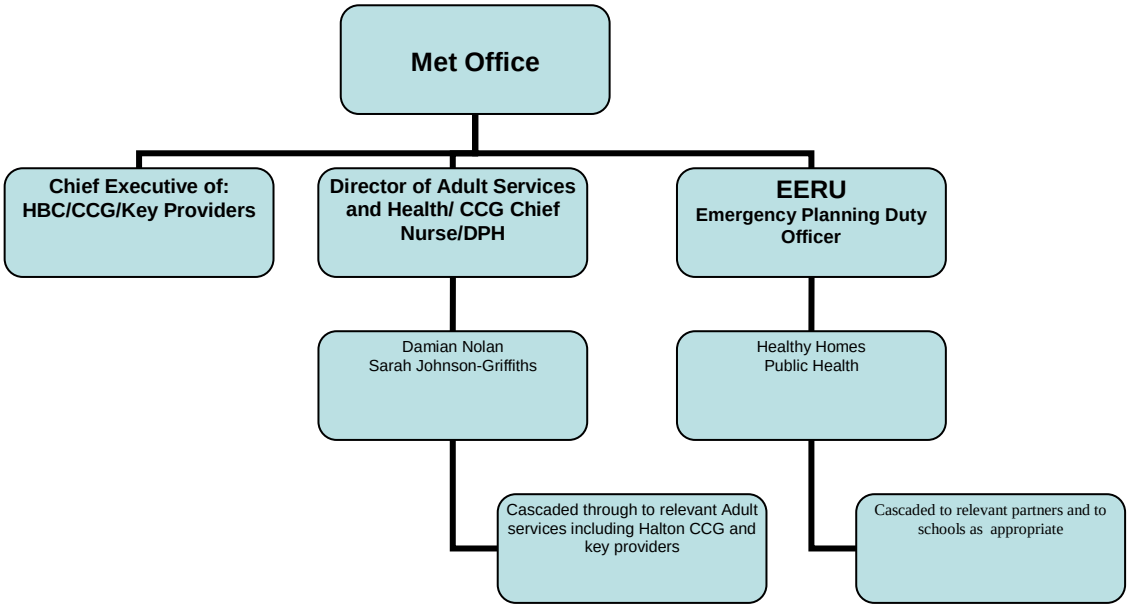
The Halton Borough Council Cold Weather Plan 2017/18 links with severe weather plans within Halton CCG and key provider organisations. It aims to capture the work that is undertaken by Halton Borough Council with regard to prevention and awareness activity for Cold Weather. It details the cascade arrangements for the cold weather alerts that are received from the met office as part of the Cold Weather Plan for England and details the actions that will be carried out by the council as each of these levels are triggered.

3.2 Cold Weather Alerts

Cold weather alerts are issued by the Met office and trigger changes in planning level and activities that need to take place in response to the threat of cold weather. The alert levels and activities required at each level are details within the plan.

3.3 Alerts will be cascaded across the relevant departments. It is important that Cold Weather alerts from the Met Office circulated to managers of relevant services and frontline officers, who can take action to ensure that cold weather

health impacts are minimised in a timely manner. The cascade mechanism for Halton Borough Council and to Halton Borough Council service providers is highlighted below.



3.4 Action Cards

The plan lays out the actions required at each Alert level by the Council and by specific departments as required, e.g. Adult services and health, Children and Young Peoples services, and by the broader partners e.g., hospitals and care homes.

4.0 POLICY IMPLICATIONS

4.1 Flu preparedness is assessed by NHS England and evidence of preparedness is requested by CQC. Failing to prepare for cold weather incidents can have a significant impact on service continuity, and increase demand on resource during winter pressures.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There will be financial implications in failing to plan for, and respond in a timely manner to anticipated cold weather episodes as this can place significant pressure of services during higher demand periods.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Children can suffer significant adverse consequences as a result of cold weather, and children's services must be prepared to alert and respond as appropriate.

6.2 **Employment, Learning & Skills in Halton**
Cold weather episodes can result in difficulties in access to travel and transport and can result in capacity and staffing issues.

6.3 **A Healthy Halton**
Cold weather has a significant health effect, particularly on the most vulnerable members of our community. Sold weather results in significant increased demand on health and care services.

6.4 **A Safer Halton**

Cold weather results in significant increases in slips and falls and traffic collisions.

6.5 **Halton's Urban Renewal**

None specified

7.0 **RISK ANALYSIS**

7.1 *Failing to adequately implement the plan and protect our community and services puts the population and service providers at significant risk of the consequences of cold weather.*

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The strategy is developed in line with all equality and diversity issues within Halton.

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

None.

HALTON BOROUGH COUNCIL INTEGRATED COLD WEATHER PLAN

2017/2018

Halton Borough Council Integrated Cold Weather Plan

Introduction

Although winter weather and snow can be fun, they are also associated with an increase in illnesses and injuries. Cold weather increases the risk of heart attacks, strokes, lung illnesses, flu and other diseases. People slip and fall in the snow or ice, suffering serious injuries. Some groups, such as older people, very young children and people with pre-existing medical conditions, are particularly susceptible to the effects of very cold weather.

The *Cold Weather Plan for England 2015*[1] is a public health plan that aims to prepare for, alert people to, and prevent the major avoidable effects on health during periods of severe cold in England.

The Cold Weather Plan for England remains largely the same as recent editions. The following changes have been made to the content:

- confirmation that the majority of the burden of cold-related ill-health occurs at moderate outdoor winter temperatures (from 4-8ºC depending on region). These findings require an increased emphasis on year-round (level 0) and winter preparedness and action (level 1) to protect 'at-risk' population groups.
- the inclusion of pregnant women as a 'vulnerable' group.
- reference to the Department for Energy and Climate Change's new strategy - Cutting the cost of keeping warm: A fuel poverty strategy for England which emphasises the role the health and social care sector can play in tackling fuel poverty
- updated advice on flu vaccination
- publication of a new leaflet entitled 'Top Tips for Keeping Warm and Well', in collaboration with Age UK. The leaflet is targeted at pensioners in receipt of pension credit in England, Scotland and Wales. It will sit alongside an updated Keep Warm Keep Well booklet.

The Halton Borough Council Cold Weather Plan 2017/18 links with severe weather plans within Halton CCG and key provider organisations. It aims to capture the work that is undertaken by Halton Borough Council with regard to prevention and awareness activity for Cold Weather. It details the cascade arrangements for the cold weather alerts that are received from the met office as part of the Cold Weather Plan for England and details the actions that will be carried out by the council as each of these levels are triggered.

[1] The national Cold Weather Plan can be found at:
www.gov.uk/government/publications/cold-weather-plan-for-england

Through its Cold Weather work Halton Borough Council aims to help reduce the significant increase in winter deaths and illness that is observed each year owing to cold weather, which in turn, could help to reduce pressures on the health and social care system in the busiest months of the year. The Highways Winter Service Plan also supplements this work.

Cold Weather Alerts

Underpinning the Cold Weather Plan is the Cold Weather Alert service run by the Met Office. The Cold Weather Alert service includes five alert levels.

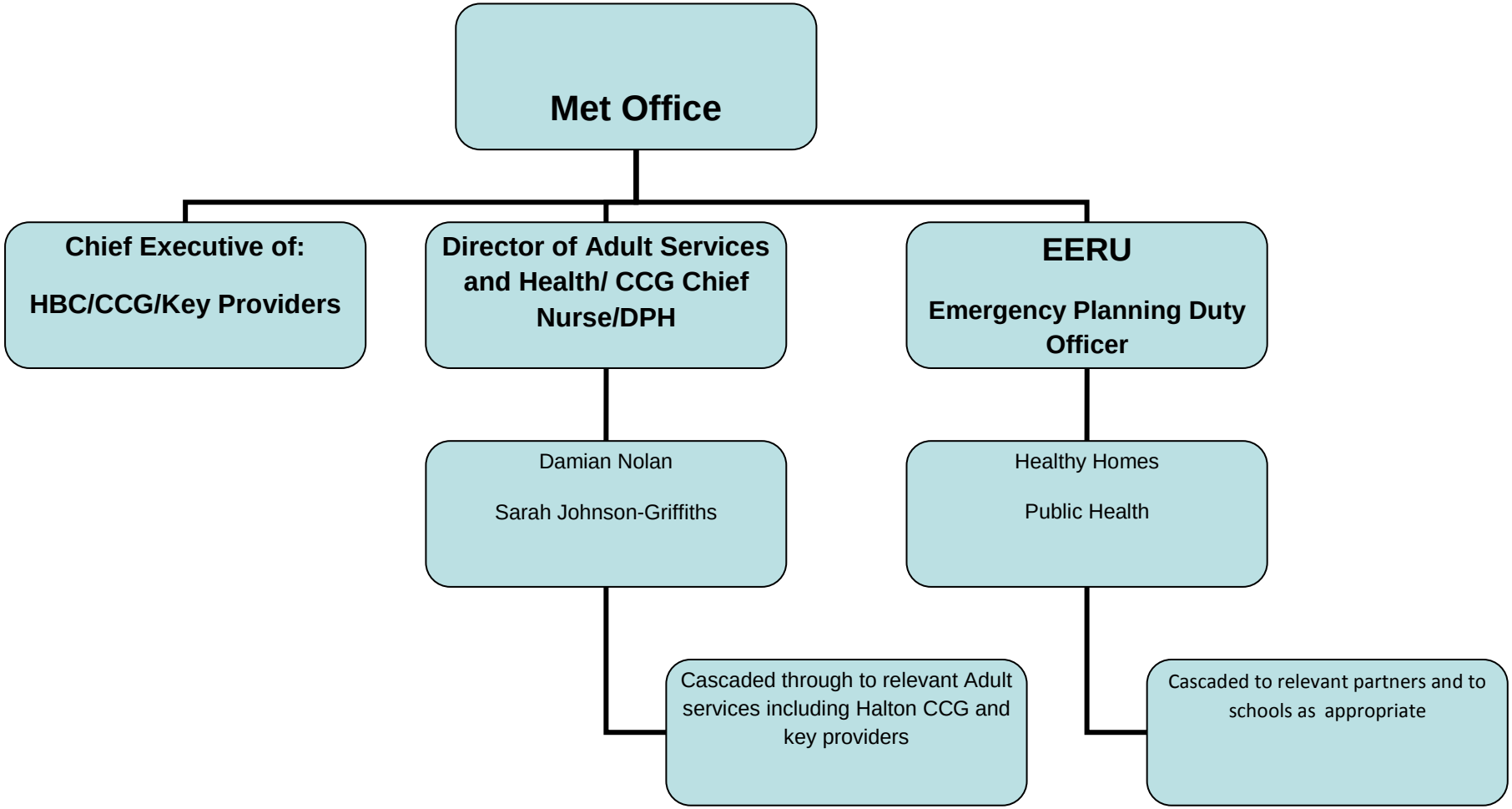
Cold Weather Alerts are issued by the Met Office on the basis of either of two measures: low temperatures; or widespread ice and/or heavy snow. Often low temperature criteria are met at the same time as the ice and snow. However, sometimes one may occur without the other.

Level	Detailed Description	Summary
Level 0	This emphasises that to build resilience for the coming winter requires long lead-in planning times. This level of alert is aiming to emphasise the need to prepare for, adapt to and mitigate climate change and develop long-term sustainable approaches which seek to ensure behaviour change across the general population, community and health care professionals. Level 0 denotes that these are actions that should be taken throughout the year, and certainly before Level 1 starts for winter preparedness at the start of winter.	**All Year**
Level 1	This is in force throughout the winter from 1 November to 31 March and indicates that preparations should be in place to protect health and ensure service continuity in the event of severe cold and winter weather.	**Winter Preparedness and Action** 1 November – 31st March
Level 2	This is declared when the Met Office forecasts a 60% risk of severe winter weather in one or more defined geographical areas in the days that follow. This usually occurs two to three days ahead of the event. A Level 2 alert would be issued when a mean temperature of 2°C is predicted for at least 48 hours, with 60% confidence, and/or widespread ice and heavy snow are forecast, with the same confidence.	**Severe Winter Weather is forecast – Alert and Readiness** Mean Temperatures of 2ºC and/or widespread ice and heavy snow are predicted within 48hrs, with

		60% confidence
Level 3	This is issued when the weather described in Level 2 actually happens. It indicates that severe winter weather is now occurring, and is expected to impact on people's health and on health services.	**Response to severe winter weather –Severe weather action** Severe winter weather is now occurring: mean temperature of 2ºC or less and/or widespread ice and heavy snow
Level 4	This is reached when a period of cold weather is so severe and/or prolonged that its effects extend outside health and social care, and may include, for example, transport or power or water shortages; and/or where the integrity of health and social care systems is threatened. At this level, illness and death may occur among the fit and healthy, not just in high-risk groups, and will require a multi-sector response at national and regional levels. The decision to go to a Level 4 is made at national level and will be taken in light of a cross-Government assessment of the weather conditions, coordinated by the Civil Contingencies Secretariat (Cabinet Office). A Level 4 alert is a judgement made in light of this cross-Government assessment and, depending on the severity of the conditions and impact, could be declared over any time period.	**Major Incident – Emergency Response** Central Government will declare a level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health

It is important than on receipt of the Cold Weather alerts from the Met Office that these are circulated to managers of relevant services and frontline officers, who can take action to ensure that cold weather health impacts are minimised. Figure 1 overleaf shows how the Cold Weather Alerts from the Met Office are cascaded within Halton Borough Council and to Halton Borough Council service providers.

Figure 1 : Halton Borough Council Cascade



Halton Borough Council Actions

On receipt of the Cold Weather alerts Halton Borough Council will undertake the following actions (please also refer to Appendix A – National Action Card)

Level 0 – Long Term Planning all year

- Participate in NHS exercises related to cold weather and the Local Health Resilience Partnership.
- Ensure HBC cold weather plan arrangements are fit for purpose and fit with wider winter resilience planning.
- Fuel Poverty surgeries held in various locations across the borough including health centres, GP Surgeries and luncheon clubs. Relevant face to face Information and advice provided
- Ensure HBC can identify those most vulnerable to cold weather and draw up plans for joined- up support with partner agencies.
- Through the Benefits Maximisation Service assist residents in ensuring they are claiming benefits to which they are entitled.
- Review gritting routes and publish on internet
- Internally Business Continuity with regard to Cold weather is considered by plan holders and relevant areas have relevant resources such as grit in place.
- Winter Preparedness Seminar held for internal departments and partner agencies to raise awareness of cold weather actions and capabilities.
- Winter Survival Campaign planning – Stakeholder/officer group.
- Housing Strategy Energy Efficiency Officer works with a wide range of partners to take referrals and offers energy/fuel poverty advice
- Work on-going to reduce in-house emissions and contractual arrangements promote reduction in emissions.
- Ensure adaptation and mitigation measures for the impact of climate change are in place.
- Resilient Halton Business Network promotes cold weather planning to wider businesses.
- Review Highways Winter Service Plan
- Communicate public health media messages.

Level 1 – Winter Preparedness programme 1st November – 31st March

- Cold Weather Plan Alert cascaded as appropriate with information on alert levels and cold weather plan information.
- Ensure Cold Weather Alert Cascade and ensure the correct individuals are receiving the alerts.
- Flu vaccinations programme in place for relevant frontline staff, with a communications campaign to encourage staff to be vaccinated.
- Ensure influenza and pneumococcal vaccination plans are in place for over 65's and all at risk groups in tandem with PHE and the CCG.
- All service areas to review Business Continuity Plans to ensure fit for purpose for severe weather.
- Winter Survival Campaign launched.
- Promotion of community resilience messages particularly for vulnerable groups – *Look After Your Elderly Neighbour* etc.

Adults Services specific actions:

- Relevant areas of 'Adults Services and Health' and 'Children and Young People's Services' to ensure plans are in place to deal with winter surge in demand for services.
- Relevant areas of 'Adults Services and Health' and 'Children and Young People's Services' to identify all those individuals vulnerable to cold weather and ensure arrangements are in place to support and protect them appropriately.
- Adult Services and Health to review and update surge capacity / escalation planning arrangements.
- Ensure key partners, including all managers of care, residential and nursing homes are aware of the alert system and can access advice.
- Names of individuals at risk identified.
- Key workers to put together a plan stating the prevention and management arrangements that include all agencies involved.
- Co-ordinated plans, paying particular attention to frail elderly living alone.
- Ensure staff are aware of the cold weather plan guidance on minimising and coping with cold weather related health risks.
- Ensure all community staff who identify clients that are too cold know how to get assistance for their clients and are aware of the Halton projects being delivered through the Warm Homes Healthy People funding and how to access these where appropriate.

Level 2 – Severe Winter Weather is Forecast – Alert and readiness

Mean temperature of 2ºC and/or widespread ice and heavy snow are predicted within 48hrs, with 60% confidence.

- Ensure alerts are cascaded to relevant council staff and provider services.
- Ensure vulnerable clients are identified and being supported.
- Ensure all key staff are aware of HBC winter plans and have access to relevant advice.
- Ensure management of capacity issues and reablement and step-down care.
- Implement emergency/business continuity plans where required.
- Communicate public media weather messages.
- Grit network and use MNS messaging where appropriate.
- Communicate public health messages.

Adults Services and Health:

- Ensure alerts are cascaded to relevant council staff and provider services.
- Ensure staff are undertaking appropriate home checks when visiting clients (e.g. room temperature, medications, food supplies etc.)
- Arrange for BMS team checks with clients where appropriate.
- Ensure alerts are cascaded to relevant council staff and provider services.
- Ensure vulnerable clients are identified and being supported.
- Activate plans to deal with a surge in demand for services. Discuss with managers available capacity of beds. Liaise with relevant agencies who may require use of beds.
- Ensure staff are aware of cold weather health risks and how service users can protect themselves. .

- Consider carers' need and the support they can continue to give. Advise carers to contact GP's if concerned about an individuals health. Carers to record concerns and action taken.
- Ensure all care home managers and domiciliary providers have access to Department of health advice. Advice to be forwarded to all managers and hard copies kept in office. All mangers to be informed where can access advice.

Level 3 – Response to severe winter weather – Severe Weather Action

Severe winter weather is now occurring: mean temperature 2ºCor less and/or widespread ice and heavy snow.

- Continue all level 2 actions.
- School closures reported to media and staff via usual procedures.

Adult Services and Health

- Ensure strategic co-ordination of the likely surge in demand for primary and secondary care, and enquiries to social services.
- Ensure that staff are aware of cold weather health risks and are able to advise clients how to protect against them.
- Consider daily visits/phone calls for high-risk individuals living on their own who have no regular daily contacts.
- Advise carers to contact the patients GP if there are concerns about an individual's health.
- Ensure that all care home managers and domiciliary care providers have access to Department of Health advice.
- Ensure carers are receiving appropriate advice and support.
- Ensure Continuity arrangements are working with provider organisations.

Hospitals and care, residential and nursing homes

- Ensure that rooms, particularly living rooms and bedrooms, are kept warm.
- Ensure that patients and residents wear warm clothing that is appropriate to the temperature and weather conditions, indoors and outdoors.
- Identify particularly high-risk individuals.
- Ensure that patients and residents take warm drinks and food regularly.
- Ensure that staffing levels will be sufficient to cover the anticipated period of extreme weather.
- Repeat messages on risk and protective measures to staff.

Level 4 – Major Incident – Emergency Response

Central Government will declare at level 4 Alert in the event of severe or prolonged cold weather affecting sectors other than health

- All level 3 responsibilities must be maintained during Level 4 response.
- Link into national emergency response arrangements by central government as appropriate.

Appendix A. National PH England Action Card for Commissioners (health and social care) and local authorities 2015/16

Level 0 – All Year Round Planning

• work with partner agencies to ensure that cold weather planning features within wider winter resilience planning
• work with partners to ensure that a strategic approach to the reduction of excess winter deaths (EWDs) and fuel poverty is taken across the local health and social care economy
• work with partner agencies to:
– develop a shared understanding of EWDs and what partners can do to reduce them
– identify those most at risk from seasonal variations
– improve winter resilience of those at risk
– ensure a local, joined-up programme is in place to support improved housing, heating and insulation, including uptake of energy-efficient, low-carbon solutions
– achieve a reduction in carbon emissions and assess the implications of climate change
• consider how your winter plans can help to reduce health inequalities, how they might target high-risk groups and address the wider determinants of health
• ensure that organisations and staff are prompted to signpost vulnerable clients onwards (eg for energy efficiency measures, benefits or related advice)
• work with partners and staff on risk reduction awareness (eg flu vaccination for staff in September/October), information and education
• engage with local VCS organisations for planning and implementation of all stages of the plan

Level 1: Winter preparedness and action programme – 1 November to 31 March

• communicate public health media messages
• work with partner agencies to coordinate locally appropriate cold weather plans
• ensure key partners, including all managers of care, residential and nursing homes are aware of the alert system and can access advice
• review the distribution of the cold weather alerts across the system and ensure staff are aware of winter plans and advice
• ensure that local organisations and professionals are taking appropriate actions in light of the cold weather alerts in accordance with the local and national Cold Weather Plan
• ensure that organisations and staff are prompted to signpost vulnerable clients onwards (eg for energy efficiency measures, benefits or related advice)
• liaise with providers of emergency shelter for homeless people to agree plans for severe weather and ensure capacity to scale up provision
• support communities to help those at risk. Support the development of community emergency plans
• identify which local health, social care and voluntary and community sector organisations are most vulnerable to the effects of winter weather. Agree plans for winter surge in demand for services. Make sure emergency contacts are up to date

Level 2: Severe winter weather is forecast - Alert and readiness

Mean temperature of 2°C and/or widespread ice and heavy snow are predicted within 48 hours, with 60% confidence

• continue to communicate public health media messages
• communicate alerts to staff and make sure that they can take appropriate actions
• ensure key partners, including all managers of care, residential and nursing homes, are aware of the alerts and can access Department of Health and other advice
• ensure that organisations and staff are prompted to signpost vulnerable clients onwards (eg for energy efficiency measures, benefits or related advice)
• support local community organisations to activate community emergency plans
• activate business continuity arrangements and emergency plans as required
• consider how to make best use of available capacity, for example by using community beds for at-risk patients who do not need an acute bed and enabling access to step-down care and reablement
• work with partner agencies (eg transport) to ensure road/ pavement gritting preparations are in place to allow access to critical services and pedestrian hotspots

Level 3: Response to severe winter weather – Severe weather action

Severe winter weather is now occurring: mean temperature of 2°C or less and/or widespread ice and heavy snow

• continue to communicate public health media messages
• communicate alerts to staff and make sure that winter plans are in operation
• ensure key partners are undertaking action in response to alerts
• support local community organisations to mobilise community emergency plans
• ensure continuity arrangements are working with provider organisations
• work with partner agencies (eg transport) to ensure road and pavement gritting arrangements are in effect to allow access to critical services and pedestrian hotspots

Level 4: Major incident - Emergency response

Central government will declare a level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health

• continue actions as per level 3 unless advised to the contrary
• implementation of national emergency response arrangements by central government

REPORT TO: Health and Wellbeing Board

DATE: 4 October 2017

REPORTING OFFICER: Healthwatch

PORTFOLIO: Health & Adults; Children, Young People & Families

SUBJECT: Healthwatch Annual Report 2016-2017

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 The Board will receive a presentation on the Healthwatch Annual Report 2016-17.

2.0 RECOMMENDATION: That the Board note the contents of the report.

healthwatch Halton

Healthwatch Halton

Annual Report 2016/17

Contents

Message from our Chair

Welcome to the 4th Healthwatch Halton Annual Report.

This has been a really positive year for our organisation. I feel very optimistic that we've made strides which are taking Healthwatch Halton in the right direction.

Our work has been ably supported by our staff and volunteers, many of whom have been involved with the project for several years. Their experience and hard work has been invaluable to us. We have also welcomed new staff & new volunteers and benefited from their enthusiasm and fresh approaches to tackling challenges.

If you have a quick look at the adjoining page, you'll see some of our accomplishments listed under "Highlights from our year". For me this was a year where we focussed on our most basic and important functions. We asked the questions: Are we collecting enough feedback from Healthwatch members and local residents? If we aren't, what can we do to collect more? And are we (through the Healthwatch Reps who attend strategic meetings) making sure that the feedback reaches and informs local decision makers so that they can use it to shape local services?

We also developed a new process for supporting our Healthwatch Reps, supplying them with relevant briefing on their meetings which meant they felt empowered to speak on behalf of Healthwatch members. We have also improved the process for how they feed back to make it easier for them.

Our Enter & View team worked admirably in visiting twelve care homes across the borough and reporting on the care provided to residents. Other highlights included our projects on Domiciliary Care, Access to GPs and an innovative engagement project with local primary school children. All these would not have been possible without the hard work and efforts of volunteers. We are extremely grateful to them.

We could not have managed all this without our superb staff team. Dave, Irene and Julie were in place at the beginning of the year and we benefited once again from their skills,

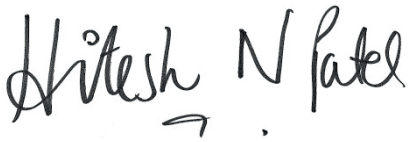
knowledge and dedication. In July Matthew joined the team as Manager. He has brought a wealth of knowledge and experience of the local voluntary sector. In February, Jude arrived (replacing Irene who has been seconded for 12 months) and brought a passion and enthusiasm for outreach work and recruiting new volunteers.

As a Director of Healthwatch Halton, I am grateful to my fellow Directors (Paul, Jim and Mike) for the leadership and stability they have brought to the organisation. Mike decided to stand down at the end of the Financial Year and I speak for all of us when I thank him for his efforts. We are thrilled he's going to remain an active member of the Enter & View team.

It would be remiss of me not to mention our volunteer Doreen Shotton, who passed away last September. Doreen was a larger than life character who volunteered for many years through a number of organisations in Halton. Her expertise and passion will be sorely missed and we remember her often.

Lastly, I would like to say that if you're reading this, there's a very good chance that you care about and value the NHS. There has never been a more relevant time to make sure that our voices are heard. Please sign up to be a Healthwatch member. If you really feel inspired to get involved, why not consider volunteering. Perhaps you could join the Enter & View team or be a Healthwatch Champion for your street, estate or place of work?

Our work is driven by the views of local people so do not miss the opportunity to have your say.



Hitesh Patel - Chair

Highlights from our year

This year we have reached over 65,000 people on social media.

We've seen a 41% increase in visitors to our website

Our volunteers help us with everything from outreach events to Enter & View visits

We've visited 14 local services

Our reports have tackled issues ranging from Home Care services to GP services

We've gathered 284 responses to surveys we carried out this year

We've met hundreds of local people at our community events

Who we are

We are Healthwatch Halton

We are uniquely placed as part of a national network. There is a local Healthwatch in every local authority area in England. We are the independent champion for people using local health and social care services.

We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us – both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

In summary - Healthwatch Halton is here to:

+ help people find out about local health and social care services
+ listen to what people think of services
+ help improve the quality of services by letting those running services and the government know what people want from care

Our vision

We will strive to be the lead organisation which helps all local people influence and change the way their health and social care services are delivered.

Healthwatch Halton seeks to be an effective, powerful and independent local voice for health and social care within Halton and its membership reflects the diverse communities in Halton.

Our priorities

Healthwatch Halton's strategic objectives are :-

+ Gather the views and understanding the experiences of patients and the public
+ Make people's views known, including those from excluded and under-represented communities
+ Provide information to patients and public about access to health and care services and promote informed choice in health and social care services
+ Support individuals to get information and independent advocacy if they need help to complain about NHS services
+ Act as the local people's champion, representing the collective voice of patients, service users, carers and the public through its statutory seat on the Health and Wellbeing Board

+ Exercise real influence on commissioners, providers, regulators and Healthwatch England, using our knowledge of what matters most to local people
+ Fulfil statutory duties and functions, holding providers and commissioners of health and social care services to account
+ Raise the profile of Healthwatch Halton to ensure that we are known to the public and strategic partners in Halton
+ Report concerns about the quality of local health and social care services to Healthwatch England which can then recommend that the Care Quality Commission take action.

Our team

For 2016-17 we had the following members of staff :-

+ Matthew Roberts, Manager (July 2016 on)
+ Dave Wilson, Communications & Information Officer
+ Irene Bramwell, Outreach & Intelligence Officer (up to January 2017)
+ Jude Burrows, Outreach & Intelligence Officer (February 2017 onwards)
+ Julie Doyle, Administration Officer

Our board

Healthwatch Halton is a CIC (Community Interest Company). As well as a board of 4 directors it has a management board consisting of volunteers and representatives from local voluntary organisations.

- Hitesh Patel – Chair & Director
- Paul Cooke – Director
- Mike Hodgkinson – Director
- Jim Wilson – Director
- Brian Miller – Volunteer
- Carl Harris – Halton Carers' Centre
- Dawn Kenwright – Age UK Mid Mersey
- Doreen Shotton - Volunteer (Deceased)
- Pauline Ruth - Volunteer
- Roy Page – Volunteer
- Sue Ellison – Volunteer
- Sue Parkinson – SHAP
- Tom Baker – Halton Disability Partnership

Sadly, Doreen Shotton, one of our long standing volunteers and a member of the management board, passed away in September 2016. Doreen will be greatly missed by all of us at Healthwatch Halton.

Your views on health and care

Listening to local people's views

One of our main roles is to find out what local people think about health and social care services in Halton. In order to gain views from as wide a range of people as possible, we use a variety of different ways to gather people's experiences including:

Outreach

During the past year we have engaged with more than **900** people through our outreach visits, and by attending events and meetings, at local venues including the following:

- Runcorn Shopping Centre
- Halton Hospital
- Urgent Care Centres
- Local Care Homes
- Local Markets – Widnes & Runcorn
- Local Community Centres
- Widnes & Runcorn Libraries
- Phoenix Park, Runcorn
- Halton Stadium
- The Foundry

School Project work

We have been working with a number of local primary schools on a project to encourage young people to consider the health and social care services that they use. The activities in the project were designed to be simple and flexible to allow young people the best opportunities to feedback to us. Read more about this work on "'Your Voice Counts'" on page 16.

Website

Using the website's feedback centre people can easily share their experiences of using local health and care services.

During the past 12 months we've received people's experiences of 81 local services, from GP's through to Care Homes via the feedback centre.

This feedback is added to all the other information we gather, and is analysed and used to help set our priorities, ensuring that they reflect the needs of local people.

We've seen a 41% increase over the year in the number of people using our website compared to 2015/16.

Social Media

We have used social media widely during the past 12 months to raise awareness of our work and to encourage people to get involved and have their say on the services they use.

Group work

We work and attend meetings and events of a wide range of local groups each year including:

Halton Carers Centre

During the last quarter we have been attending outreach sessions at Halton Hospital with Haltion Carers' Centre to gather patients and visitors experiences of care at the hospital.

Breathe Easy

Breathe Easy is a support group for people with long term lung conditions. We were contacted by Breathe Easy to attended their meetings to listen to their experiences of local services and to explain the role of Healthwatch.

INVOLVE

INVOLVE is a group whose role is to act as a critical friend to Halton's Children's Involve Trust on participation. It has strong links with the Halton Safeguarding Children Board. We have attended meetings of INVOLVE to inform young people about the role of Healthwatch and to encourage more participation from young people in our work.

Umbrella Halton

We worked with Umbrella Halton (BME) Group on arranging the annual 'Hello Halton' event at Riverside College for ESOL students, and held discussions around support of Asylum Seekers, based in Widnes on arrival.

What we've learnt from visiting services

Our Enter & View team have carried out a total of **12** visits to local care homes during the past year:

- In July 2016 a letter was sent to all the local care homes explaining that we would be carrying out a series of visits to homes throughout the borough as part of an ongoing review of the quality of care provided to residents in local care homes.
- Draft reports were produced on each visit and these were sent to each home with a request for a response to any observations or recommendations that may have been made. Responses from the homes were then included in the final finished reports.
- Following our visits we also arranged to attend residents and family meetings at many of the care homes. We have currently attended meetings at 5 homes. These meetings have proved useful in letting families know more about our role and how to raise any issues with us.

Our authorised Enter & View representatives for 2016/17 were:

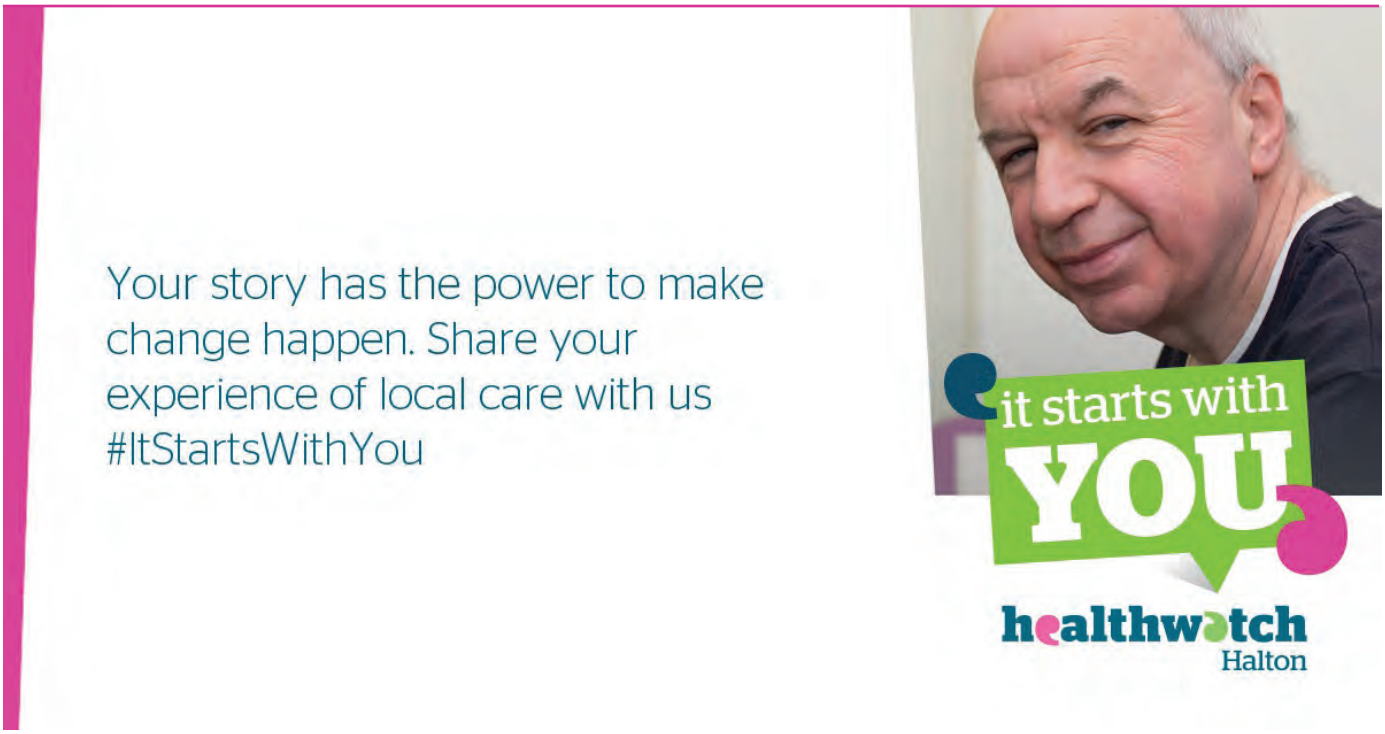
- David Wilson
- Doreen Whimperley
- Hubert Gabrysczewski
- Irene Bramwell
- Jill Marl
- Jude Burrows
- Kate Bacon
- Lorna Plumpton
- Lyndsey Bushell
- Matthew Roberts
- Michael Hodgkinson
- Susan Ellison
- Susan Parkinson

Our visits are not intended to specifically identify care concerns and safeguarding issues. However, if they are observed or disclosed by individuals during the visit Healthwatch Halton follow our own internal and external Halton Borough Council Safeguarding policy and procedure.

Safeguarding concerns were raised with the local authority following two of our visits and action was taken by the local authority.

Copies of all reports are routinely sent to the service providers and commissioners as well as the local authority Health & Wellbeing Board lead and the Care Quality Commission.

In addition all reports are published on our website and promoted through our e-bulletins, newsletters and social media.



Helping you find the answers

How we have helped the community access the care they need

We provide an office based information and signposting service with phone calls and emails being dealt with by members of the support team. We also provide information and signposting support when we are out and about in the community.

We have dealt with over 350 requests for information and support during the year via telephone, post, email, website, social media and face to face enquiries.

These included :

+ 21 people we have referred for advocacy support.
+ 173 people who requested information on local services.
+ 12 calls asking for details on registering with other local GP practices following the closure of Windmill Hill Medical Centre.

We met Eileen at an outreach event. She was concerned about her elderly mother living at home alone. We told her about the Halton Community Alarm and Telecare service. We followed this up by emailing a leaflet and contact details for the service. Eileen's mother now has the service installed in her home.

A lady rang regarding a concern over her son who she felt had an eating disorder. She was concerned that he wasn't getting the appropriate support for this. She had been trying to get help for almost a year but felt she was just being 'passed around the system'. We were able to give her information on and signpost her to a new service that was due to start in April 2017. She later contacted us to thank us for our help and to let us know that her son was due to attend his first appointment shortly.

We received an email asking for information on local mental health services that dealt with anxiety and depression. We emailed information on services provided by 5 Boroughs Partnership NHS and MIND. We also sent information on IAPT services locally. We received a response thanking us for our help with the query.

Making a difference together

How your experiences are helping influence change

Domiciliary Care

We carried this piece of work over from 2015-16. At the time, concerns over home care provision had been raised with us by members of the public. As an organisation tasked with gathering the views of people on the services they use, we were concerned that we didn't have the 'full picture' on the quality of home care provided in Halton.

With the support of the local authority a survey was sent to 800 people receiving care at home services to gain their views on the service they received. A report was produced based on the responses from almost 150 people and experiences given to us by members of the public.

A draft report was sent to Halton Borough Council and a response was received and included in the completed report.

'We very much welcome the report from Healthwatch Halton on Domiciliary Care within Halton... However we also acknowledge that there are areas for improvement, identified within the report, which Halton Borough Council, working with our partners and local providers, will be addressing over the coming months.'

Sue Wallace Bonner - Halton Borough Council Director of Adult Social Services

GP Services Review

Our Task and Finish Group, consisting of Roy Page, Sue Ellison and Paul Cooke, completed worked on two reports this year. We followed up on the NHS Halton CCG action plan responding to our report on Access to GP Services (2014). We also finalised our "Day in the Life" report, which looked at the role of the Practice Manager.

Following a number of discussion meetings, NHS Halton CCG have adopted many of the recommendations and are considering other options from both reports. We will continue to work with the CCG in this area.

The future operation of GP Practices in Halton is being considered following on from these two reports and preliminary discussions have taken place with the GP Federations.

Musculoskeletal Services (MSK)

Over the past two years we have carried out a lot of engagement work with NHS Halton CCG looking at the provision of MSK services in Halton. The CCG have listened to the experiences and views of local people we helped to gather and have redesigned their MSK pathway. From April 2017 local people will have the option to contact the CATS (Clinical Assessment Team) MSK practitioner directly to talk about their condition, rather than needing to see their GP first.

Poster designed by year 6 pupil from Widnes Academy

'Your Voice Counts'

Working with the Halton Healthy Schools Team we rolled out a project aimed at Key Stage 1-4 pupils. The project was originally developed by Healthwatch Hampshire and we have adapted it to use in Halton.

The project was promoted across the local primary school network and schools were invited to take part.

Using a resource pack supplied by Healthwatch Halton, staff worked through the pack with the pupils encouraged to talk about their experiences and share their thoughts about local health and care services. Schools that completed at least four of the activities can apply to receive Healthwatch Halton School accreditation, if they submit evidence of having carried out at least four of the tasks from the pack with pupils. Activities range from a simple quiz and asking what a healthy community would look like through to designing a poster about Healthwatch.

To date, two schools have completed the accreditation, Westfield Primary School and Widnes Academy. Another six schools are working through the activities.

In the first year, 869 children aged 5 - 11 have taken part in the project.

Working with other organisations

We use a collaborative approach with service providers, commissioners, regulators and other local partners to bring about change.

Care Quality Commission (CQC)

In July 2016 we held meetings with our local CQC inspectors to discuss the best way of sharing the intelligence we both gather on health and social care services. This has led to improvements in the ways we share information.

We receive regular updates from the CQC on the services they have been inspecting and we share all our reports, information and evidence with them which informs their work when monitoring and inspecting local services.

We have promoted details of CQC inspections of local NHS Trusts covering our area through our e-bulletin and social media.

One of our volunteers attends the CQC Local Healthwatch Advisory Group meetings to represent Healthwatch Halton. These meetings provide a good opportunity for local Healthwatch to give its views on the CQC, its plans and strategy.

NHS Halton CCG

We have continued to have a good working relationship with NHS Halton CCG. We currently have representatives attending of the CCG Governing Body, Quality Committee and the Primary Care Commissioning Committee.

In addition, we provide Halton CCG with a quarterly update to include in the reports presented at the Cheshire & Merseyside NHS Quality Surveillance Group meetings.

Working with other local Healthwatch

We have a close working relationship with other local Healthwatch across Cheshire & Merseyside. We have regular catch-up meetings to review our cross boundary work and issues such as the NHS Sustainability & Transformation Plans.

A joint project we undertook with local Healthwatch for Warrington, St Helens, Knowsley & Wigan was nominated for Healthwatch England Network Awards 2016 and was highly commended at the Awards Evening.

The project reviewed in-patient services across the 5 Boroughs NHS Partnership FT.

Healthwatch England

We share all our reports with Healthwatch England and continue to have strong links with them. We have shared information with Healthwatch England on issues such as social care assessments, domiciliary care and dental services.

We have hosted a CRM database training session organised by Healthwatch England which was attended by staff from 4 local Healthwatch.

We have also been actively involved in the Healthwatch England Intelligence and Informatics Reference Group.

How we've worked with our community

We actively support and encourage local people to get involved in our work in a range of ways.

We regularly promote surveys and consultations that are taking place and encourage people to get involved. During the past 12 months we have promoted 27 consultations or surveys through our website, social media and e-bulletins, including:

+ Aligning GP's with Older People's care homes in Halton
+ Accessible Information Standard - NHS England Survey
+ Halton later life and memory services consultation
+ Future of social care inspection
+ General Optical Council - Guidance on consent and the duty of candour
+ Review of women's and newborn babies' services
+ Consultation on standards for pharmacy professionals
+ Congenital heart disease consultation.

Volunteers

Our volunteers continue to play a vital role in helping us to carry out our statutory activities. They get involved in a number of ways:

+ Helping out at events and outreach sessions
+ Taking part in visits to local services as part of our Enter & View teams
+ PLACE (Patient Led Assessment of the Care Environment) Assessors.

Quality Account

Each year volunteers help in our annual review of Quality Accounts. This year we have reviewed and formally commented on Quality Accounts from:

+ Warrington & Halton Hospitals NHS FT
+ St Helens & Knowsley Teaching Hospitals NHS Trust
+ Halton Haven Hospice.

Patient-led assessments of the care environment (PLACE)

PLACE assessments are carried out annually by the NHS at all hospitals carrying out NHS funded care. Results from the visits are reported publicly to help drive improvements in the care environment. The results show how hospitals are performing nationally.

Patients representatives make up at least 50 per cent of the assessment team, which will give them the opportunity to drive developments in the health services they receive locally.

Healthwatch Halton volunteers and staff take part each year in the annual PLACE inspections of Halton & Warrington Hospitals and Whiston & St Helens Hospitals.

This year 6 volunteers took part in visits to the 4 hospitals.

Meetings & Committees

We are actively involved with our local NHS Trusts, CCG and local authority and have a seat on, or work with the:

+ Health and Wellbeing Board
+ Halton Adult Safeguarding Board
+ NHS Halton CCG Governing Body
+ Halton Dementia Action Alliance
+ NHS Quality Surveillance Group
+ Health Policy & Performance Board
+ Children & Young People's Emotional Health & Wellbeing Partnership Board
+ Children's Trust 'INVOLVE' group

All our representatives who attend these meetings are supported to be effective. The minutes and agendas of all meetings are reviewed in advance by our support team and briefing notes are given for each meeting if needed.

Our plans for next year

What next?

Our plans for the next year include looking at the following issues:

Sustainability & Transformation Plan

Health & Social Care services are often affected by new initiatives or changes in government policy. However, it is hard to remember any changes to services being potentially so drastic or extensive as the those which will be introduced as part of the Sustainability Transformation Plan (STP) or "Five Year Forward View". It is very important to us that local people have the opportunity to influence these changes and their opinions are taken into consideration before decisions are made.

As such, we've recruited a team of volunteers under the banner of the **'STP Squad'**. Their goal will be ***"To guarantee that the views of the people of Halton are taken into consideration by STP decision makers."*** Our intention will be to work alongside our neighbouring Healthwatch across the Cheshire & Merseyside STP area and engage with any health & social care services considering changes.

If you'd like to join in and help us with this project, please get in touch.

Long Term Conditions

Long Term Conditions (a health problem that can't be cured but can be controlled by medication or other therapies) account for 50% of all GP appointments, 70% of days spent in hospital beds and 70% of the money spent on health and social care in England.

We have been hearing locally that people with long-term, complex conditions are often seen by a series of specialists, who each look at and sometimes manage the complication in one part of the body, but rarely is all this information put and discussed together.

We will be carrying out some work to gain the views and experiences of local people living with Long Term Conditions. Our aim will be to determine what they would like to see improved about the management of their condition.

Increased Engagement

We are planning to increase the engagement we carry out across Halton with the aim of increasing the number of active members we have and the feedback we gather.

Regular outreach sessions will take place at venues throughout the borough including:

+ Widnes & Runcorn Urgent Care Centres
+ Widnes & Runcorn Libraries
+ Halton Hospital Pre-op clinic
+ Runcorn Shopping City
+ Widnes Market
+ Local Community Centres

During the year we will also carry out joint work with neighbouring local Healthwatch to review the pressures on Hospital A&E departments across Cheshire & Merseyside.

Social Isolation

Isolation and loneliness can have a negative impact on people's health. 12% or over a million people in England aged 65 and over are persistently or chronically lonely.*[1]

Working in partnership with other local organisations we will be looking at the impact of social isolation on health for people in Halton.

1 * Marmot, M., Oldfield, Z., Clemens, S., Blake, M., Phelps, A., Nazroo, J., Steptoe, A., Rogers, N., Banks, J., Oskala, A. (2016). English Longitudinal Study of Ageing: Waves 0-7, 1998-2015. [data collection]. 25th Edition. UK Data Service. SN: 5050, http://dx.doi.org/10.5255/UKDA-SN-5050-12. Figures extrapolated to national population using latest ONS Populations Estimates

Our people

Decision making

Healthwatch Halton is a CIC (Community Interest Company). As well as a board of 4 directors it has a management board consisting of volunteers and representatives from local voluntary organisations.

The management board meet on a bi-monthly basis. At these meetings our on-going work is discussed and reviewed. The Healthwatch Halton support team also give updates on any themes, trends and issues that have been highlighted from engagement with and feedback from the public.

The management board discuss and review these issues with the staff and consider how best to carry out our activities.

How we involve the public and volunteers

New volunteer role descriptions were developed during the year. These roles are now on offer to new and existing volunteers and are:

+ Outreach Volunteer
+ Enter and View Authorised Representative
+ Healthwatch Halton Champions
+ Healthwatch Representative

These roles were discussed and agreed by the directors, management board, Healthwatch Halton support team and current volunteers.

We promote volunteer roles in a number of ways through:

+ Halton Volunteer Centre
+ National volunteering website – Do It.
+ Our e-bulletin and social media.

We have also updated the Volunteer Application Form and Volunteer Agreement. These updates have made sure the documents follow volunteering best practice guidelines and are as easy as possible to read and complete.

We currently have 9 active Enter and View volunteers, plus the support team staff, authorised and ready to carry out visits.

All current Enter and View authorised representatives have had their DBS checks updated, if they were more than 3 years old. This will allow them to take part in future Enter and View visits under Healthwatch England's guidelines.

During the past year, Healthwatch representatives, have attended a wide range of meetings including the Halton Adult Safeguarding Board, Health & Wellbeing Board, NHS Halton CCG Governing Body, NHS Cheshire & Merseyside QSG Meeting and HBC Health Policy & Performance Board Meeting.

We are looking to recruit more volunteers during the next 12 months to help support our programme of outreach work.

Our finances

Our finances - Year ended 31st March 2017

Income	**£**
Funding received from local authority to deliver local Healthwatch statutory activities	134,715
Additional Income	4,720
Total income	**139,435**
Expenditure	**£**
Operational costs	18,185
Staffing costs	88,304
Office costs	27,048
Total expenditure	**133,537**
Balance brought forward	**£5,898**

What do you think of health and social care services in Halton?

We're Healthwatch Halton. We're here to help make care better. We listen to your experiences of services, and share them with those with the power to make change happen.

Join the hundreds of people in Halton who share their stories with us. No matter how big or small the issue, we want to hear about it. Together we can help make care better for everyone

#ItStartsWithYou

it starts with YOU

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We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

healthwatch Halton

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