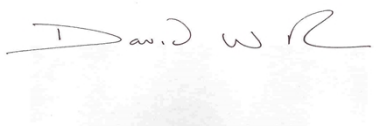
Public Document Pack

Health and Wellbeing Board

Wednesday, 2 October 2019 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, 15 January 2020

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, 10 July 2019 at The Halton Suite - Select Security Stadium, Widnes

Present: Councillors Councillors Polhill (Chair) and T. McInerney, Woolfall and Wright and S. Bartsch, S. Burrows, L. Carter, J. English, G. Ferguson, T. Hemming, T. Hill, N. Kershaw, M. Lynch, R. Macdonald, Z. McEvoy, A. McHale, E. O'Meara, K. Parker, D. Parr, J. Rosser, S. Semoff, L. Thompson, S. Wallace Bonner, T. Woods and S. Yeoman.

Apologies for Absence: M. Larking, M. Pickup, C. Scales, M. Vasic and A. Williamson.

Absence declared on Council business: None

ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD

Action

HWB27 MINUTES OF LAST MEETING

The Minutes of the meeting held on 27th March 2019 having been circulated were signed as a correct record.

HWB28 HALTON FAMILY NURSE PARTNERSHIP- 2018 ANNUAL REVIEW

The Board received a report from Theresa Woods, a representative of Halton Family Nurse Partnership, who outlined the 1001 Critical Days programme which provided support to first time young parents aged under 19. Support was provided to Clients from early pregnancy until the child was 2 years old. The programme aimed to:

- Improve pregnancy outcomes;
- Improve child's health and development;
- Develop parents' knowledge & skills;
- Help parents' achieve their aspirations, such as getting a job or returning to education.

The Board were advised on the profile of those women on the programme and were provided with examples of improvements achieved in the lives of those Clients supported by the Team.

RESOLVED: That the presentation be noted.

HWB29 CHIEF SOCIAL WORKER FOR ADULTS ANNUAL REPORT: 2018 TO 2019 - SOCIAL WORK LEADERSHIP IN CHANGING TIMES

The Board considered an overview of the Chief Social Worker (CSW) for Adults Annual Report 2018-19. The CSW worked from Government Office and her Annual Report which was themed around 'social work leadership in changing time' set out:

- How social workers were taking a practice leadership role in delivering safe and best outcomes for people with health and care needs; and
- Priorities over the coming year to further raise the quality and profile of adult social work across an integrated system.

The Annual Report also offered examples of social workers demonstrating leadership, professional oversight and co-operation with individuals, families and wider health and care sector. It also looked at the way organisations collaborate across health, community and voluntary sectors to maintain people's quality of life and independence and the CSW priorities for 2019/20.

The Board was also advised on the role of the Principal Social Worker (PSW). The Care Act 2014 stated that local authorities should arrange to have a PSW in place who was a qualified and registered social work professional practice lead who would oversee excellent social work practice. It was the Principal Social Workers role to take a professional leadership role across the organisation and act as a bridge for better communication and understanding between Senior Management and Social Workers. The report highlighted areas of progress achieved by the PSW during the past year.

RESOLVED: That the Board

1. note the Chief Social Worker's annual report; and

2. recognise the role of the Principal Social Worker Adults and the progress to date.

HWB30 FALLS STRATEGY

The Board considered a copy of the Fall Strategy

2018-2023. The Strategy was first developed in 2013 and was now due for review. The Board was advised that the primary aims of this strategy were to:

- Reduce the numbers of serious injuries that result from a fall;
- Reduce the number of Emergency hospital admissions for injuries due to a fall (65+);
- Reduce the number of Emergency hospital admissions due to fracture of neck of femur (65+);
- Reduce the numbers of falls that affect older people and those at higher risk of falling;
- Commission an integrated, evidenced based, falls prevention pathway across Halton; and
- Reduce the fear of falling among older people.

The Board discussed the collaboration of all partners on the development of the Falls Strategy. It was reported that there had been a mapping event, workshop and a steering group, which involved a wide range of organisations to develop the Strategy. It was recognised that it was important that the Falls Strategy would be joined up with other similar Strategy documents and the good work that was ongoing in this area would be scrutinised with a future report brought back to the Board.

Arising from the discussion, Rachel Macdonald requested that she would like to attend future Falls Strategy development activities on behalf of community pharmacists.

RESOLVED: That the Board approved the updated version of the Falls Strategy 2018-2023.

HWB31 ADULT SOCIAL CARE FUNDING - IMPROVED BETTER CARE FUND (IBCF) ALLOCATION 2019/20

The Board received a report of the Director Adult Social Services, which advised on the Improved Better Care Fund (iBCF) allocation for Adult Social Care in 2019/20. This was the final year of iBCF and the Board was reminded that a small number of grant conditions continued to be applied; specifically the funding was to be spent on schemes in the following three areas:

- 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 outlined the proposed schemes which would be funded by the allocated iBCF for 2019/20.

RESOLVED: That the Board note the contents of the report and support the allocations outlined.

HWB32 ACCESS TO HEALTHY AND AFFORDABLE FOOD IN HALTON

The Board considered a report of the Director of Public Health, which outlined the key findings and associated recommendations of a comprehensive study to examine access to healthy and affordable food in Halton. An action plan to address these recommendations and a final study report had also been circulated to the Board.

Overall the study identified the following 3 local centre areas where retail provision could be improved to increase access to healthy food and a number of recommendations to assist this:

- West Bank, Widnes
- Bechers, Widnes
- Halton Brook, Runcorn

These areas were identified using the following criteria.

- High deprivation and low car ownership
- Low availability of fresh fruit and vegetables
- No alternative shops within walking distance

RESOLVED: That

1) the report “Access to Healthy and Affordable Food in Halton” be noted;

2) the implementation of the associated action plan be supported; and

3) Board members promote the report and its findings within their own organisations and use the findings to inform future interventions to improve food access.

HWB33 ONE HALTON UPDATE REPORT

The Board received an update report on the development of One Halton including the work of the One Halton Forum, the Integrated Joint Commissioning Group and the Provider Alliance. It was noted that One Halton had a dedicated budget of £966,570 available for 2019-20. The majority of the funding was already committed for the year and details of the expenditure was outlined in the report.

The Health and Wellbeing Board was the decision making body for One Halton, therefore oversight of the budget would sit with the Board. The report recommended that the Board delegate authority and management of the budget to the Chief Executive/One Halton Senior Responsibility Officer, in consultation with the Chair of the Health and Wellbeing Board and the Health and Wellbeing Portfolio Holder. This would allow decisions regarding spending to be made in a timely manner and projects initiated quicker.

In addition, the Board noted that a One Halton Forum Terms of Reference had now been produced and a copy was circulated to the Board for information.

It was noted that an update report would be brought back to the Board on the expenditure of the One Halton budget.

RESOLVED: That

1. the contents of the report be noted; and

2. Authority to spend the One Halton budget be delegated to the Chief Executive/One Halton Senior Responsible Officer in consultation with the Chair of the Health and Wellbeing Board and the Portfolio Holder Health and Wellbeing.

HWB34 INTEGRATED COMMISSIONING GROUP UPDATE

The Board considered an update report from the Integrated Commissioning Group. The purpose of the Group was to provide an oversight of commissioned services on behalf of One Halton. The report outlined the Group Membership, Governance and meetings held to date.

The Board also noted that there was a requirement from Cheshire & Merseyside Health Care Partnership to write a five year Strategic Plan that considered the NHS

Long Term Plan as well as the Health Care Partnership Programmes. The Plan would be produced collaboratively with providers and a specific workshop would be held to undertake this. In addition, the Plan would also need to be signed off by the Board prior to 29th November 2019.

RESOLVED: That

1. the report be noted; and

2. the Terms of Reference for the Integrated Commissioning Group be approved.

HWB35 PROVIDER ALLIANCE UPDATE

The Board considered a report which provided an update from the One Halton Alliance. The purpose of the Alliance was to bring about effective collaboration across the whole of the health and social care system in Halton and for the system to support an end to competitive behaviour between providers. The report highlighted the Alliance membership, meetings to date, terms of reference, six priority areas (workstreams) identified and key decisions made.

It was noted that a request for a community pharmacy representative on the One Halton Alliance would be reported back to the Chair.

RESOLVED: That

1. the report be noted;

2. the six priority areas (workstreams) identified by the Provider Alliance be noted; and

3. the terms of reference for the Provider Alliance be approved.

Meeting ended at 4.12 p.m.

REPORT TO:	Health and Wellbeing Board
MEETING DATE:	2 October 2019
REPORTING OFFICER:	Leigh Thompson Chair of One Halton Integrated Commissioning Group and Chief Commissioner NHS Halton CCG
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Integrated Commissioning Group Update Report October 2019.
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is for the One Halton Integrated Commissioning Group to provide an update to the Health and Wellbeing Board.

2.0 RECOMMENDATION: that the report be noted.

3.0 SUPPORTING INFORMATION

3.1 Summary of Recent Meetings

Since the last report there has been one formal meeting of the Integrated Commissioning Group which took place on 19th August 2019.
The July meeting was cancelled and was used as a planning session for the Integrated Commissioning Workshop, which took place on 15th August. The next Integrated Commissioning Group is due to take place on 15th October 2019.

3.2 Integrated Commissioning Workshop – 15th August 2019

The workshop provided an opportunity for the borough commissioners to explore options of how to progress localised plans and align workforce. Attendees explored;

- What commissioning actually means to individuals
- The challenges commissioners have,
- The principles of joined up working which some specific examples
- Integrated commissioning
- The current landscape of commissioning
- By working together what could be achieved in one years' time
- How commissioning in Halton should look in five years' time.

The actions from the workshop were:

- The Integrated Commissioning Group needs to ensure they are providing collaborative leadership and take responsibility for directing the work.
- The Halton priorities need to be clearly defined with clear processes for implementing projects across organisations.
- Need to explore how the commissioners can work more effectively across the system to ensure a more joined up way of working.

3.3 **Integrated Commissioning Group – 19th August 2019**

This meeting gave senior leaders the opportunity to review the outcomes of the workshop and agree a way forward. The Integrated Commissioning Group concluded:

- A further commissioning workshop to be scheduled for October 2019.
- In accordance with the One Halton Plan, Commissioners and Providers will have the biggest impact by working together. There is a need for a Commissioner/Provider workshop.

3.4 **Place Five Year Strategic Plan – One Halton Plan**

Commissioners have supported the development of the One Halton Plan. Cheshire & Merseyside Healthcare Partnership have set a number of audacious goals, Commissioners agreed that “No more suicides” was a goal that Halton should consider prioritising as it cross cuts amongst most of the Health and Wellbeing Priorities and is a goal that can bring the system together to achieve.

3.5 **Place Based Matrix**

Cheshire & Merseyside Health Care Partnership shared a Place Based Matrix which was recommended to be completed by each place (One Halton) to self-assess against excellence. The matrix has now been completed by Commissioner and Provider and co-ordinated by the One Halton PMO. There was no requirement to return the matrix back to the Health Care Partnership, therefore it will be used as a reference tool by Commissioners when agreeing outcomes.

3.6 **Terms of Reference**

At the last Health and Wellbeing Board there was an action to include a section on conflicts of interest. This has been actioned and updated Terms of Reference are included as Appendix 1 for information.

4.0 POLICY IMPLICATIONS

n/a

5.0 FINANCIAL IMPLICATIONS

The Integrated Commissioning Group has £4,000 allocated from the NW Leadership Academy which was given to One Halton to specifically

invest in the development, leadership and collaboration. £600 has been spent so far.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**
Commissioning plans will include Children and Young People.

6.2 **Employment, Learning and Skills in Halton**
None

6.3 **A Healthy Halton**
None

6.4 **A Safer Halton**
None

6.5 **Halton's Urban Renewal**
None

7.0 RISK ANALYSIS

n/a

8.0 EQUALITY AND DIVERSITY ISSUES

None

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

None under the meaning of the Act.

Appendix 1:

Terms of Reference

One Halton Integrated Commissioning Group

Operative Date: July 2019

PURPOSE

The One Halton Integrated Commissioning Group will:

- be responsible for providing oversight of commissioned services on behalf of One Halton, through review, planning, co-ordination and collation of Halton Borough Council plans and Halton CCG commissioning intentions and operational plans;
- provide advice and guidance on priorities and their alignment with the JSNAs;
- to ensure commissioned services address Health Inequalities and that no service increases disparity;
- determine the parameters, framework and outcomes to support the work of the provider alliance;
- support commissioning organisations in the development of their budget allocations for jointly commissioned services;
- inform commissioning intentions for One Halton;
- support the appropriate commissioning body in the development of service modules, service specification and new models of care developments.

The Integrated Commissioning Group will not:

- act as a commissioner;
- make decisions that impact on or make liable separate commissioning authorities for services, unless instructed to so do;
- commit resources that are not within the One Halton budget allocation.

ACTIVITIES

a) Will develop the systems and processes for safe and effective integrated commissioning across One Halton;

b) Will ensure the JSNAs inform commissioning intentions and commissioning plans;

c) All possibilities for integrated commissioning would support the overall objective of the triple aim; *Better Health, Better Care, Better Value*;

d) Will ensure co-production plays a central part in the commissioning, design and evaluation of services with the providers;

e) Commissioners will ensure there is a sufficient assurance framework in place;

f) Will ensure commissioned services have due regard to safeguarding, prevention and promote equality of access for all regardless of their religion, ethnicity, age, gender, ability, or sexuality;

g) Will ensure financial integrity and adherence to contractual and financial rules and procedures of integrated commissioned services;

h) Will ensure the adherence to legislation and statutory guidance, which requires local health organisations and local authorities to collaborate in the provision of education, health and social care services for people across Halton;

i) Will ensure that mechanisms are in place to provide accurate and timely information between commissioners and providers and;

j) Will ensure the patient and resident voice is listened to.

LINKED GROUPS

One Halton Provider Alliance
Health and Wellbeing Board
One Halton Forum
Operational Commissioning Committee
Executive Partnership Board
Population Health Board
Children's Health Trust
Health Policy and Performance Board

LINKED STRATEGIES

The Integrated Commissioning group will link to all relevant strategies, which include, but not limited to:
Health and Well Being Strategy
Halton JSNA
Halton CCG Operational Plan & Commissioning Intentions
Halton Council Corporate Plan
Adults Social Care Commissioning Plan
Early Help Strategy
The NHS Long Term Plan
Cheshire & Merseyside Health Care Partnership Business Plan and Strategic Plan
Halton's Long Term Plan (yet to be published).

ACCOUNTABLE TO

Health and Wellbeing Board and Respective Organisations

MEMBERSHIP

The Integrated Commissioning Group shall consist of; Commissioners, Commissioning Portfolio Leads and Commissioning Support Officers from both Halton Borough Council and Halton Clinical Commissioning Group

Finance colleagues will be invited as required.

There should be a minimum of 6 representatives at each meeting to include:

- Clinical Commissioning Group x2
- Public Health x1
- Adult Social Care x1
- Children's Services x1
- One Halton x1

Each member is responsible and accountable for the dissemination of information and decisions from meeting, to their staff as appropriate.

The Chair will rotate over a 6 month period.

Minute taker is appointed and minutes and agenda to be distributed within 1 week of meeting

CONFLICTS OF INTEREST

To ensure that the meeting is managed effectively for conflicts of interest, the following principles will be adopted:

- Chairs must consider any known interests of members in advance, and begin each meeting by asking for declaration of interests.
- Members must take personal responsibility for declaring interests at the beginning of each meeting and as they arise.
- The Vice Chair (or other non-conflicted member) must chair all or part of the meeting if the Chair has an interest that may prejudice their judgement.

If a member has an actual or potential interest the chair must consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. Good judgement is required to ensure proportionate management of risk.

REPORTING

Reports to Health & Wellbeing Board

FREQUENCY OF MEETINGS

Every six weeks

Revision Date:

December 2019

REPORT TO: Health and Wellbeing Board

MEETING DATE: 2 October 2019

REPORTING OFFICER: David Parr
Senior Responsible Officer, One Halton
Chief Executive, Halton Borough Council

PORTFOLIO: Health and Wellbeing

SUBJECT: One Halton - Update Report (October 2019)

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide the Health and Wellbeing Board with an update on matters relating to the development of One Halton, including the work of the One Halton Forum, the Integrated Commissioning Group and the Provider Alliance.

2.0 RECOMMENDATION: That

1) **The contents of the report be noted**
2) **One Halton Plan is approved as the final version.**
3) **Communications & Engagement Strategy is approved.**
4) **Process for funding requests is noted.**
5) **Funding requests made in this reporting period are noted.**
6) **One Halton Budget Statement is noted.**

3.0 SUPPORTING INFORMATION

One Halton Forum

3.1 Since the last meeting of the Health and Wellbeing Board, the One Halton Forum has met twice.

There was an extraordinary meeting held on 8th August 2019 to discuss the One Halton Plan and Urgent Treatment Centres.

The scheduled meeting took place on 5th September 2019.

A summary of the key points/actions from these meeting are as follows:

- At the August meeting Providers and Commissioners were all invited to comment and contribute towards the development of the One Halton Plan.

- The opportunity to develop a local collaborative model in relation to Urgent Treatment Centres was discussed in August 2019

- At the September meeting Halton CCG confirmed they would be undertaking another procurement of the Urgent Treatment Centres.

- The Provider Alliance updated on their progress to date and confirmed their intention to submit a collaborate bid.

- Contracts with existing providers have been extended until 31/03/2020, the new contract expected to commence 01/04/2020.

- The CCG will arrange one session for the system to review and agree the model.

- At the September meeting there was further discussions relating to the One Halton Plan and the possible inclusion of an audacious goal for Halton around reduction in suicides dependent upon the finalised audacious goals for Cheshire & Merseyside. Additionally to include some more detail regarding the work undertaken in Halton for people with learning disabilities.

- The Communication and Engagement Strategy was supported. A template will be created in order to share good news stories consistently across Halton and a One Halton Website will be created.

One Halton Plan

3.2 Cheshire & Merseyside Health Care Partnership (C&M HCP) is required by NHS England/NHS Improvement to create a five year strategy by 15th November 2019.
In order to inform their strategy, they have asked each of the 9 places that form part of C&M HCP to produce their own five year "Place" Strategy, updated to cover 2019-2024, taking into account impacts from the NHS Long Term Plan and the refreshed system-wide programmes.

3.3 A draft plan has been produced with input from Commissioners and Providers across Halton. This draft was shared with C&M HCP on the 30th August 2019.

3.4 Stakeholders were asked to review the document for any final amendments.

3.5 The final draft of the One Halton Plan was shared with stakeholders on 13th September 2019 and is included as Appendix 1.

3.6 **The Health and Wellbeing Board are asked to approve the One Halton Plan.**

3.7 The next steps are to engage with the public with regards to the One Halton Plan; to describe the achievements to date, reaffirm the priorities for One Halton and give the people of Halton the opportunity to review the One Halton Plan and understand what it means for them.

Communication and Engagement

3.8 At the last Health and Wellbeing Board in July, it was noted that £25,000 had been allocated specifically to be used for Communications and Engagement for One Halton.

3.9 A breakdown of how these funds are intended to be spent is shown below:

Funding Type	Estimated Costs
One Halton Communications and Engagement Manager (1 day per week)	£10,000
Commissioning engagement activity from external organisations	£15,000
Engagement Events	
Advertisement costs such as radio.	

3.10 The One Halton Communications and Engagement Manager is now in post and regularly attends the Halton Engagement and Involvement Group as well as other network meetings.

3.11 The One Halton Communications and Engagement Manager has produced a Communications and Engagement Strategy for One Halton which is available as Appendix 2. This has been shared with the Engagement and Involvement Group as well as other stakeholders.

3.12 **The Halton Health and Wellbeing Board are asked to review and approve the One Halton Communications and Engagement Strategy.**

One Halton Finance

3.13 At the last Health and Wellbeing Board in July, the Board agreed to delegate authority and management of the budget to the Chief Executive/One Halton Senior Responsible Officer in consultation with the Chair of the Health and Wellbeing Board and the Health and Wellbeing Portfolio Holder.

3.14 Flowcharts have been created to demonstrate the steps required to make a funding request. This is to ensure that all funding requests are noted and all decisions are informed to this board. The flowcharts are available as Appendix 3.

3.15 **The Halton Health and Wellbeing Board are asked to note the process for funding requests.**

3.16 Since the last meeting there has been one request for funding. A breakdown is shown below:

Name of Requestor	Title/Project	Brief Summary	Decision Made	Date of Decision
Rob Foster/ Sue Wallace Bonner	Project Manager for Place Based Integration	Dedicated full time project management capacity to support and accelerate the pace of change in relation to the Place Based Integration Programme.	Approved	12.09.19

3.17 **The Halton Health and Wellbeing Board are asked to note the funding requests made in this reporting period.**

3.18 A One Halton Budget Statement is available as Appendix 4. **The Halton Health and Wellbeing Board are asked to note the contents.**

Future Governance Arrangements of the CCG

3.19 Following an NHS England directive to CCGs to reduce running costs by 20% by 2020/2021, and the publication of the NHS Long Term Plan in January 2019, both NHS Halton CCG and NHS Warrington CCG have been exploring options to address the financial challenges.

3.20 An initial options appraisal was undertaken to consider what can be done to reduce costs, streamline commissioning and make best use of resources and expertise. The outcome was the identification of the following top three options:

- **Option 1 – Formal merger of the two CCGs**
- **Option 2 – Do Nothing / Status Quo**
- **Option 3 – CCGs integrate with their respective Local Authorities**

3.21 The CCG is currently seeking the views of its stakeholders. In response to this, the Local Authority has provided a formal response to the options. See attached

3.22 The case for change will be discussed at both CCG Governing Bodies and the Governing Bodies will then make a recommendation, but the final decision will be made by the GP members.

Cheshire & Merseyside Healthcare Partnership

3.23 Cheshire & Merseyside Healthcare Partnership are currently recruiting to the position of Chair, once appointed they will seek to recruit a replacement for Mel Pickup and C&M HCP Lead. As an interim arrangement Diane Whittingham will be assisting the Partnership.

3.24 Cheshire & Merseyside Healthcare Partnership are currently preparing their Five Year Strategy; the draft is due to be submitted to NHS England/NHS Improvement by 27 September 2019 with the final document due to be submitted 15 November 2019.

3.25 Cheshire & Merseyside Healthcare Partnership will be focusing on their journey to becoming an Integrated Care System by April 2021.

3.26 The partnership have launched a radio campaign through Bauer to promote health and wellbeing, focussing on starting well, living well and aging well. They are running a competition encouraging people to get active with the ability to win a “fit package” which includes a FitBit, JD vouchers, Graze subscription plus many others.

4.0 POLICY IMPLICATIONS

n/a

5.0 FINANCIAL IMPLICATIONS

5.1 One Halton funding is used to provide resource and capacity as well as investing into new schemes. Funding from the Cheshire & Merseyside Health Care Partnership is received with guidance/caveats for how it should be spent. One Halton will ensure any funding received is used for its intended purpose and reported back through the appropriate channels.

5.2 The Health and Wellbeing Board has oversight over all One Halton spend.

6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES

One Halton supports the Council priorities for a Healthy Halton and the Health and Wellbeing Board Priorities.

6.1 **Children and Young People in Halton**

One Halton supports the Council priorities for Children and Young People.

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

One Halton supports the Council priorities for Employment, Learning and Skills in Halton.

6.3 **A Healthy Halton**

One Halton supports the Council priorities for a Healthy Halton.

6.4 **A Safer Halton**

One Halton supports the Council priorities for a Safer Halton.

6.5 **Halton’s Urban Renewal**

None in this report.

7.0 RISK ANALYSIS

No risk analysis is required for the recommendations in this report.

8.0 EQUALITY AND DIVERSITY ISSUES

One Halton supports the Council priorities to deliver equality and diversity in Halton.

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

None under the meaning of the Act.

Appendix 1 – One Halton Plan

Please see separate document.

Appendix 2 – Communications and Engagement Strategy

Introduction:
This document outlines the role communications and engagement will have in supporting the delivery of the One Halton Place Based Plan (One Halton Plan) over the next five years.

It describes the importance of effective, honest and two-way communications in helping One Halton to realise its priorities and gain recognition for the contribution it is making to the improving health and quality of life of people living in Halton.

It sets out the guiding principles, aims and objectives for our communications and engagement and looks at our key audiences, together with the methods we should be using to talk with and listen to them.

It emphasises the responsibility we all have in communicating our One Halton messages and the necessity for us to bring our limited resources together and work collectively to achieve our goals.

Good communications and engagement is vital for building trust and for developing relationships with our different audiences – without this we cannot hope to achieve the significant change that we aspire to, at the pace we need. This document puts in place the foundations we need to make this happen.

Context: One Halton priorities and outcomes
In 2013 our first Health and Wellbeing Strategy laid out the principles of our One Halton approach and aspirations for the future.

During 2016, we sought the views of our local population, partners, GPs, patients and professionals as part of an extensive research and evidence gathering exercise that informed an updated five year strategy. This 2017-2022 One Halton Health and Wellbeing Strategy set out what we needed to do differently in Halton so that fewer of our community suffer from poor health. It was endorsed and adopted by the partners that make up the One Halton Health and Wellbeing Board.

The priorities identified in this plan were:

- Children and Young People: improved levels of early child development
- Generally Well: increased levels of physical activity and healthy eating and reduction in harm from alcohol
- Long-term Conditions: reduction in levels of heart disease and stroke
- Mental Health: improved prevention, early detection and treatment

- Cancer: reduced level of premature death
- Older People: improved quality of life

In the intervening years, work to deliver against these priorities has been ongoing with some notable progress.

The One Halton Place Plan builds on our One Halton Health and Wellbeing Strategy and demonstrates the must-do's as part of the NHS Long Term Plan.

Communications and engagement aims and objectives:
This document is designed to support the One Halton Plan. As an outcome of this document our community will have a clear understanding of what One Halton is trying to achieve in the short and long term. They will know how they can influence decisions being made and shape how services are delivered. Most importantly they will have the information they need, in the right format, to make informed choices about their own health and wellbeing.

Because of our approach, we will establish One Halton as the driver of good health and wellbeing across the borough.

We will achieve all of this through robust engagement and involvement, and by regular, targeted communication of consistent messages, using a variety of channels.

Specifically we will

- Cascade our One Halton Plan internally and externally explaining in clear terms the rationale for our priorities and providing opportunities for our staff/public to influence our approach
- Develop a clear, concise and common understanding of One Halton across the organisations that form the One Halton Health and Wellbeing Board
- Celebrate the achievements of One Halton
- Establish an agreed framework for joint working around communications and engagement that will allow for the successful delivery of campaigns, promotion of services, celebration of One Halton successes and cascading of key messages
- Develop a clear visual identity across One Halton projects
- Embed communications and engagement in all areas of our project work
- Establish systems in place to monitor, evaluate and report on progress

Our audiences:
We have identified the following stakeholder groups, with whom we will communicate, engage and involve across the lifetime of the project:

Audience	Description	Influence	Interest	Action
One Halton Health & Wellbeing Board	As well as the decision making body, members of the Board are influential ambassadors of One Halton, with their individual organisations and across networks. Their voice and leadership is essential in setting the tone moving forward. Ensuring we are talking with one voice	High	High	Manage closely
Staff – all One Halton partners	We will look at two levels of engagement with staff: • All staff should be informed of One Halton, its purpose, priorities and opportunities to have their say • Those staff who have a direct role in the commissioning or delivery of our priorities should understand how the plans may change working practices. They should also have the opportunity to de directly involved in influencing plans for delivery	Low Medium	Low High	Keep informed Keep informed + two-way communications
MPs and Elected members	MPs and Elected members have an important role to play, as decision makers, but also as advocates for One Halton in their ward areas. As such they require detailed information to make informed decisions and to support their constituents.	High	High	Manage closely
Public (General)	The public will have varying levels of interest in our work. This means providing top level messages, through to detailed briefings – in a range of formats and through different channels.	Low	Low	Keep informed
Hard to reach groups	It is essential that all members of our community have their voice heard. Those who are least engaged, are often those who need our support the most. We must actively seek out these groups.	Low	High	Keep informed + two-way communications

Voluntary organisations/ businesses	Voluntary organisations and their volunteers, work with some of the most vulnerable in our community and can provide a trusted route to this important group of people. As employers of local people, businesses can help us to share our messages within our community.	Medium	High	Keep informed + two-way communications
Service users; patient groups	Ultimately, One Halton is in place to improve outcomes for service users, patients and the wider public of Halton. Without listening to their experiences, we will not be able to move forward successfully. It is essential that they understand what we are working to achieve and how they can become involved in shaping the approach, in the short and long term.	High	High	Manage closely
Media	The media have a role in helping cascade information to the public. They also provide a level of challenge and scrutiny and through their reporting, can also influence the public perception of One Halton.	High	Low	Keep Satisfied

Key messages:

The overarching messages for One Halton are as follows:

- One Halton is about achieving one goal - that is, a community that is living healthier, happier and longer lives.

- One Halton needs us all to think and do things differently than we have before. We need to make these changes now, because we cannot afford to continue doing what we've always done.

- One Halton is about getting the whole system to work better for people. It's about pulling together ideas, experience, skills and resources to get the job done.

- By getting it right, we will prevent people becoming unwell; keep people living for longer in their own homes; and make sure that the right services are in place for those that really need them.

- The experience of local people, service users and of our staff will be at the centre of any changes proposed. That is why it is so important that we take time to talk with and learn from our community.

- We have already made some good progress in achieving our priorities, but there is still a long way to go. *www.onehalton.uk** is where you can read more about what we have been doing to improve health and wellbeing in Halton. *(*URL to be confirmed)*

In addition, as part of communications planning, specific key messages will be developed as part of each workstream/project.

Outline of approach:
We will develop a timetable of activities that support each stage and priority outlined in the One Halton Place Plan.

Each workstream/project area will set out its own clear approach to communications and engagement.

These plans will complement each other and together deliver and/or reinforce our overarching key messages, as well as specific messages and actions relative to the project.

We will utilise the following methods to deliver our activities:

Internal communications:
Our aim: To ensure all our staff have the information they need to contribute effectively to the delivery of One Halton priorities. To encourage them to become advocates of the One Halton approach, buying into the values and principles it represents. To provide opportunities for effective multi-lateral communications across organisations where all members of staff feel informed and included.
To achieve this we will:

- Ensure that all members of staff feel informed about the aims and priorities of One Halton and how their role contributes
- Encourage staff to share their successes so that these can be celebrated and learned from
- Listen as well as talk, ensuring all members of staff feel that their views, contributions and suggestions are valued, listened to and acted upon.
- Provide open, honest, timely and relevant information which is accessible to all members of staff.

How will we measure? We will carry out an annual internal communications survey to measure levels of awareness and effectiveness of channels.

Digital communications:
Our aim: To continually seek out and exploit the opportunities presented by digital communications to promote One Halton, internally and externally. To achieve this we will:

- Establish an appropriate One Halton digital presence
- Share accurate, engaging, timely and relevant information
- Target specific groups with precise messages

- Develop appropriate digital channels of communications to ensure the public can speak to us as well as us speaking to them
- Keep the One Halton website up to date and promote as a source of information and communication

How will we measure? We will use analytical tools to monitor the effectiveness of our social media accounts, websites and the performance of any paid for activity.

Media Relations:
Our aim: To work closely with the media to promote the work of One Halton; celebrate achievements; seek views; educate; inform and change behaviour. To achieve this we will

- Recognise the value of the media as an effective means of communicating information to the public
- Work to maintain effective working relationships with reporters from our local and regional media
- Be open, honest and proactive in our dealings with them
- Provide timely and accurate information, according to deadlines
- Identify opportunities for creative and engaging media features
- Develop a full and robust set of case studies that document the difference One Halton is making for local people
- Respond quickly to correct any inaccuracies
- Identify appropriate spokespeople and provide training and advice to support presenting our messages to the media in a compelling and professional way

How will we measure? Capturing of media enquiries; monthly evaluation of the type of media coverage received.

Involvement, consultation and engagement:
Our aim: To involve our communities in our decision-making, policy development and service improvement. To achieve this we will:

- Ensure the public is kept informed about issues before we consult
- Advise on, and develop, appropriate channels for consultation and involvement
- Identify and engage with groups and individuals who can support us in reaching all areas of our community
- Promote the ways in which the public can get involved
- Develop the right environment for effective involvement e.g. build trust, so that people feel that their views are valued
- Feedback results and highlight actions/changes that result from involvement/consultation
- Go out to our community, rather than expecting them to come to us

Roles, resources and responsibilities:
While the One Halton Project Management Office will take the overall lead on communications and engagement, this does not mean it will be responsible for the delivery of all related activities.

All One Halton partners have committed to support the delivery of priorities. Each workstream/project will outline its approach to communications and engagement and as part of this, identify an individual (likely to be in the communications team) to lead on the delivery of related activity.

This person will liaise with other communications teams across partner organisations to coordinate and deliver activities. Progress will be reported to the Project Management Office.

The Communications Lead within the Project Management Office will have an overview of all plans to identify areas for joint working and to avoid duplication of efforts.

To support One Halton top level and project level activity the Project Management Office will develop a toolkit including the following:

- Key message briefing
- Social media posts/images
- Intranet/web content
- Poster/leaflet (including easy read version)
- Digital screen content
- Case study template

Principles underpinning this plan
To ensure the success of this strategy we will adhere to the following principles:

1. **A badgeless organisation**

To work in true partnership we must break down any ‘silo’ mentality which may exist, we must have a willingness to use our collective resources in a different way to achieve our aims and objectives

2. **Our people first**

Our staff and the volunteers that work with us are our greatest asset, without their commitment we cannot hope to achieve all or our goals.

They are our eyes and ears in the community, are acutely aware of the challenges we face and are often best placed to offer solutions.

Being well-informed and involved means they can participate fully in our drive for change.

In all our communications activity we will endeavour to provide our staff with access to information in advance of other audiences. By doing this we demonstrate that our staff are valued as employees and ambassadors for One Halton.

3. A consistent standard of communication

We will ensure that all communications activities associated with One Halton achieve a high standard of quality; that we include everyone in our community; and that we demonstrate our commitment to protecting our environment. To achieve this we will:

- Always write in Plain English, using an appropriate tone and style of language
- Develop new channels of communications that reflect customer needs
- Ensure, wherever possible, that printed and other materials are produced from sustainable sources
- Make information and materials accessible offering alternative formats an.

Risks and mitigation:

1. Lack of awareness/interest in One Halton, its aims and purpose, resulting in low levels of engagement.

We develop and share a clear statement of purpose for One Halton, explaining how its work will impact on the lives of everyone living in Halton. We will increase awareness and understanding of what the priorities mean in reality and practice. .

2. Activity does not reach all areas of the community and therefore future plans are not reflective of community needs/views.

This plan sets out how we intend to reach groups of stakeholders to ensure an all-inclusive approach to engagement. We will work with established and trusted groups to include all members of our community to ensure this happens.

3. Differing priorities may emerge through the process/Priorities identified may be challenged.

The priorities we have chosen to focus on have been agreed because they have the potential to deliver the greatest impact. We will outline our decision making process, with supporting evidence to back our choices.

4. Criticism of the perceived progress being made by One Halton may be voiced.

As part of this process and the wider communications activity, we will highlight the many successes achieved to date by One Halton in a series of case studies. We will encourage partners within One Halton to share their achievements.

Monitoring and reporting

In addition to those methods outlined above, we will use the following methods to monitor the delivery of this plan:

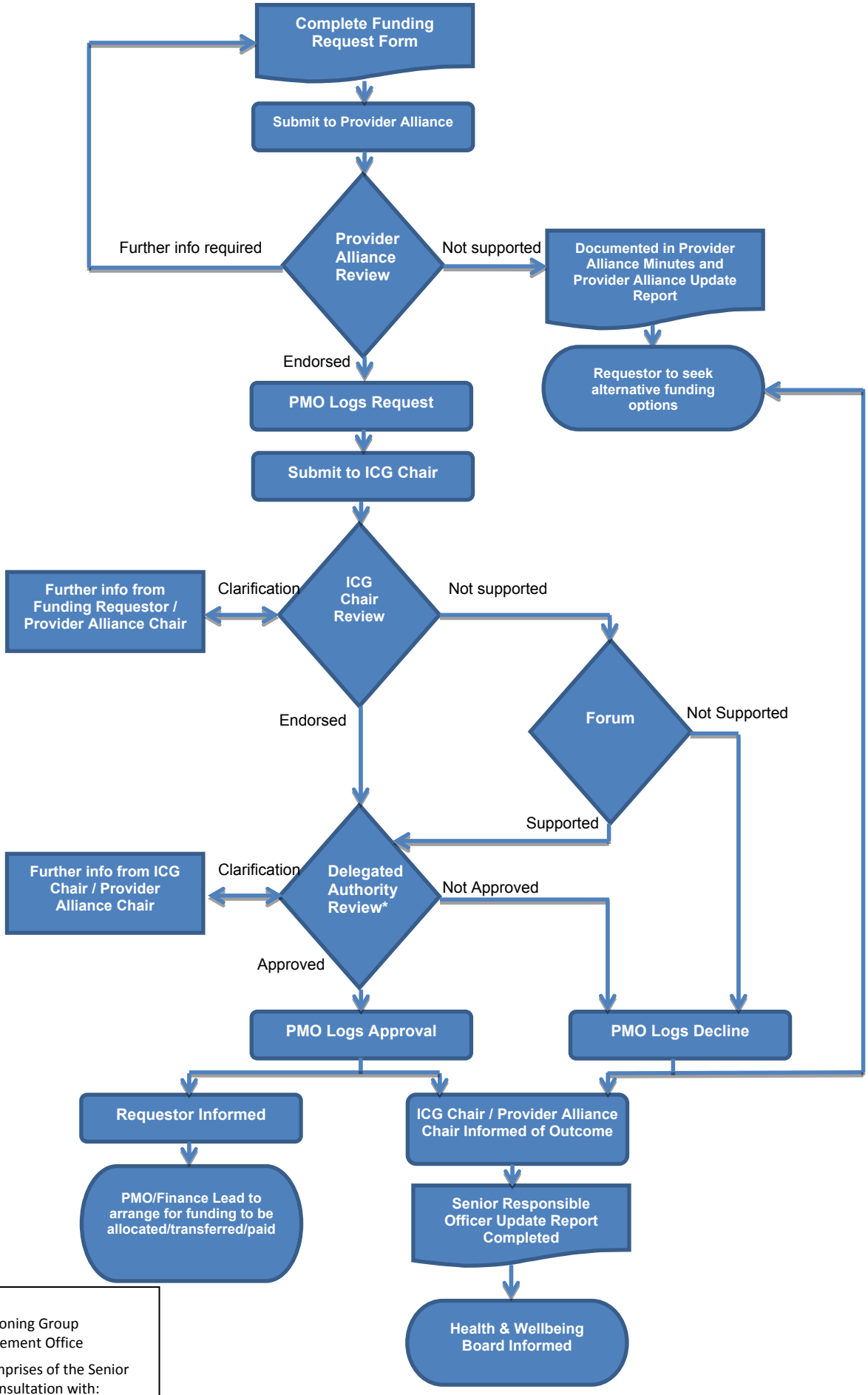
- Social media engagement (likes, shares, comments)
- Web analytics (unique visitors, areas of site visited)

- Media monitoring (enquiries; coverage and sentiment)
- Attendance at engagement events
- Feedback received (quality; source)

As part of the project reporting processes, a quarterly report on progress will be reported to Halton Health & Wellbeing Board.

Appendix 3 – Process for Funding Requests

Provider

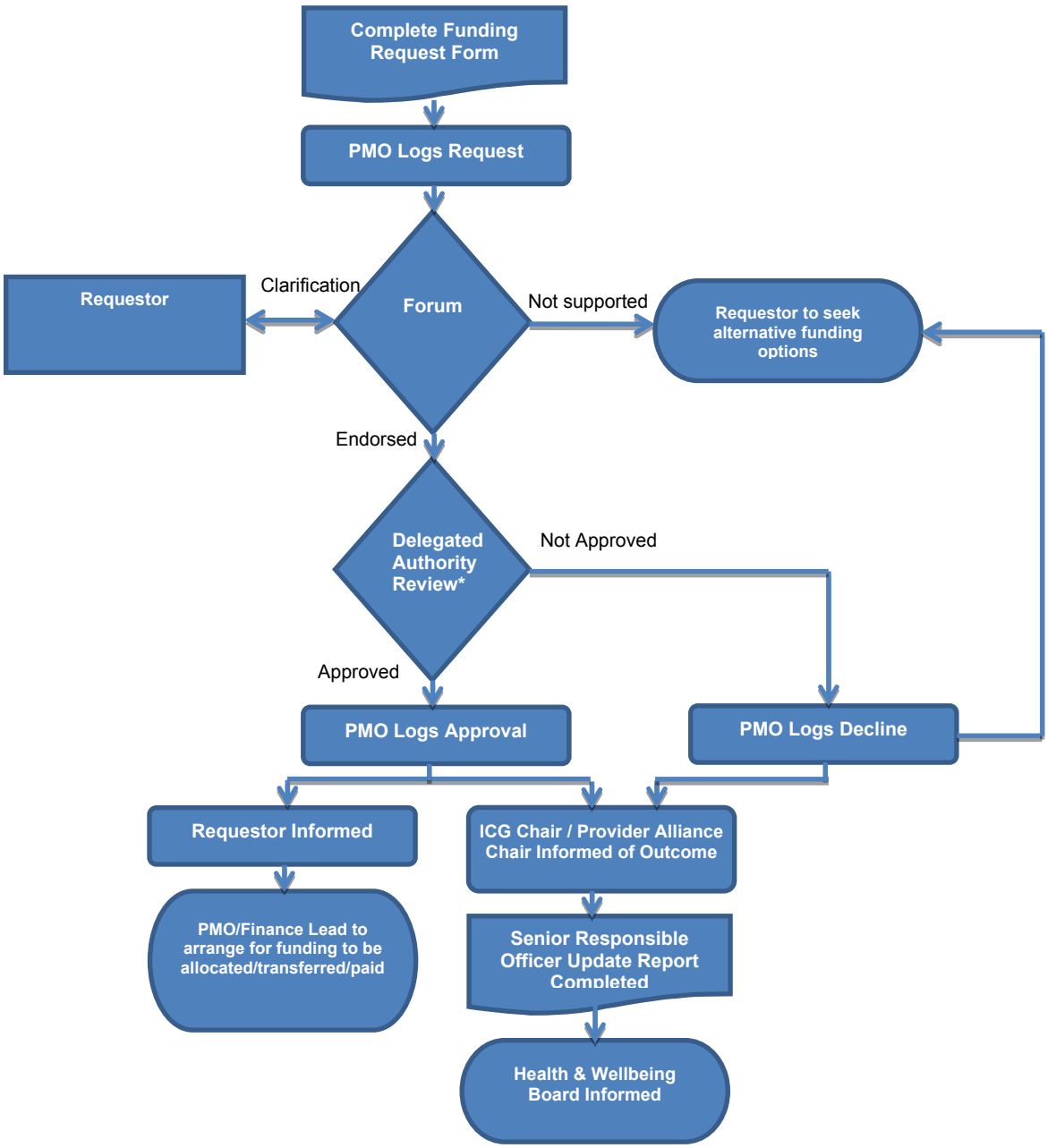


KEY
ICG: Integrated Commissioning Group
PMO: Programme Management Office

*Delegated Authority comprises of the Senior Responsible Officer, in consultation with:

- Chair of Health and Wellbeing Board and
- Portfolio Holder for Health and Wellbeing

Commissioner/Other



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- Portfolio Holder for Health and Wellbeing

Appendix 4 – One Halton Budget Statement

One Halton Budget Statement - Month 5 - to 31 August 2019

19/20 Budget	
HICAT	490,570
Infrastructure 18/19 balance	39,000
0.2% Place Based Allocation	425,000
Leadership Funding	12,000
Total Budget	**966,570**

Committed Expenditure	
Project Manager	56,337
Project Admin	29,294
HICAT	490,570
Named Social Worker Project	92,000
Comms & Engagement	25,000
Leadership Funding	12,000
Total Committed Spend	**705,201**

Balance Remaining	261,369

Funding Source	Title	Host	Annual Budget	Prior Year Invoices	Month 1	Month 2	Month 3	Month 4	Month 5	YTD Actuals	YTD Forecast
HCCG	Project Manager - PMO	NHS England	**56,337**	12,562						12,562	23,474
HCCG	Project Admin - PMO	Halton Borough Council	**29,294**							0	12,206
HCCG	HICAT Project	Bridgewater	**490,570**							0	204,404
HCCG	Named Social Worker	Halton Borough Council	**92,000**							0	38,333
HCCG	Comms Manager - PMO	Halton Borough Council	**10,000**							0	4,167
HCCG	Comms & Engagement	Halton CCG	**15,000**							0	6,250
WHH	Leadership Funding-PA	Warrington Hospital	**4,000**				570		2,291	2,861	1,667
WHH	Leadership Funding-ICG	Warrington Hospital	**4,000**						539	539	1,667
WHH	Leadership Funding-1H	Warrington Hospital	**4,000**							0	1,667
HCCG	Unallocated	Halton CCG	**261,369**							0	108,904
			966,570	**12,562**	**0**	**0**	**570**	**0**	**2,830**	**15,962**	**402,738**

One Halton

Place Based Plan

2019 - 2024

OneHalton
Working better together

PURPOSE

This One Halton Plan is building on our One Halton Health and Wellbeing Strategy 2017 – 2022, it will show our achievements to date as well as demonstrating the MUST DO's as part of the NHS Long Term Plan.

It is a direction setting document that outlines local need, health inequalities, current spend, trends, current and future targets and how we will monitor progress for the people of Halton for the next five years and beyond.

It highlights our ambition to work together in a new more integrated way to reduce the barriers between providers and commissioners allowing more flexible and innovative services that emphasise collaboration rather than competition. This will in turn improve health and wellbeing outcomes, manage demand and deliver efficiencies.

It will also set the strategic direction for how we can collectively achieve these ambitions.

POLICY CONTEXT

As well as working towards the priorities in the One Halton Joint Health and Wellbeing Strategy, our plans to support the better health and welfare of the people of Halton also falls within the context of a wider set of national and regional policies and plans.

At a national level the NHS Long Term Plan, published in January 2019, focuses on building an NHS fit for the future by:

- enabling everyone to get the best start in life;
- helping communities to live well and;
- helping people to age well

This is also supported by the Green Paper, Prevention is Better Than Cure, that outlines the importance of enabling people to stay healthy, happy and independent for as long as possible. This means reducing the chances of problems from arising in the first place and, when they do, supporting people to manage them as effectively as possible.

The Children and Families Act (2014) aims to ensure that all children, young people and their families are able to access the right support and provision to meet their needs. The Act outlines a new Code of Practice for children and young people with special educational needs and disabilities (SEND).

The **Care Act 2014** introduced a number of reforms to the way that care and support for adults with care needs are met. It aims to achieve clearer, fairer care and support, promote the physical, mental and emotional wellbeing of both the person needing care and their carer, help prevent and delay the need for care and support and put people in control of their care.

The anticipated publication of the **Adult Social Care Green Paper** is expected to provide a comprehensive and thorough assessment of how recipients will pay for their social care in the future and also consider in detail other important factors relevant to a new, sustainable, funding model for Adult Social Care.

VISION

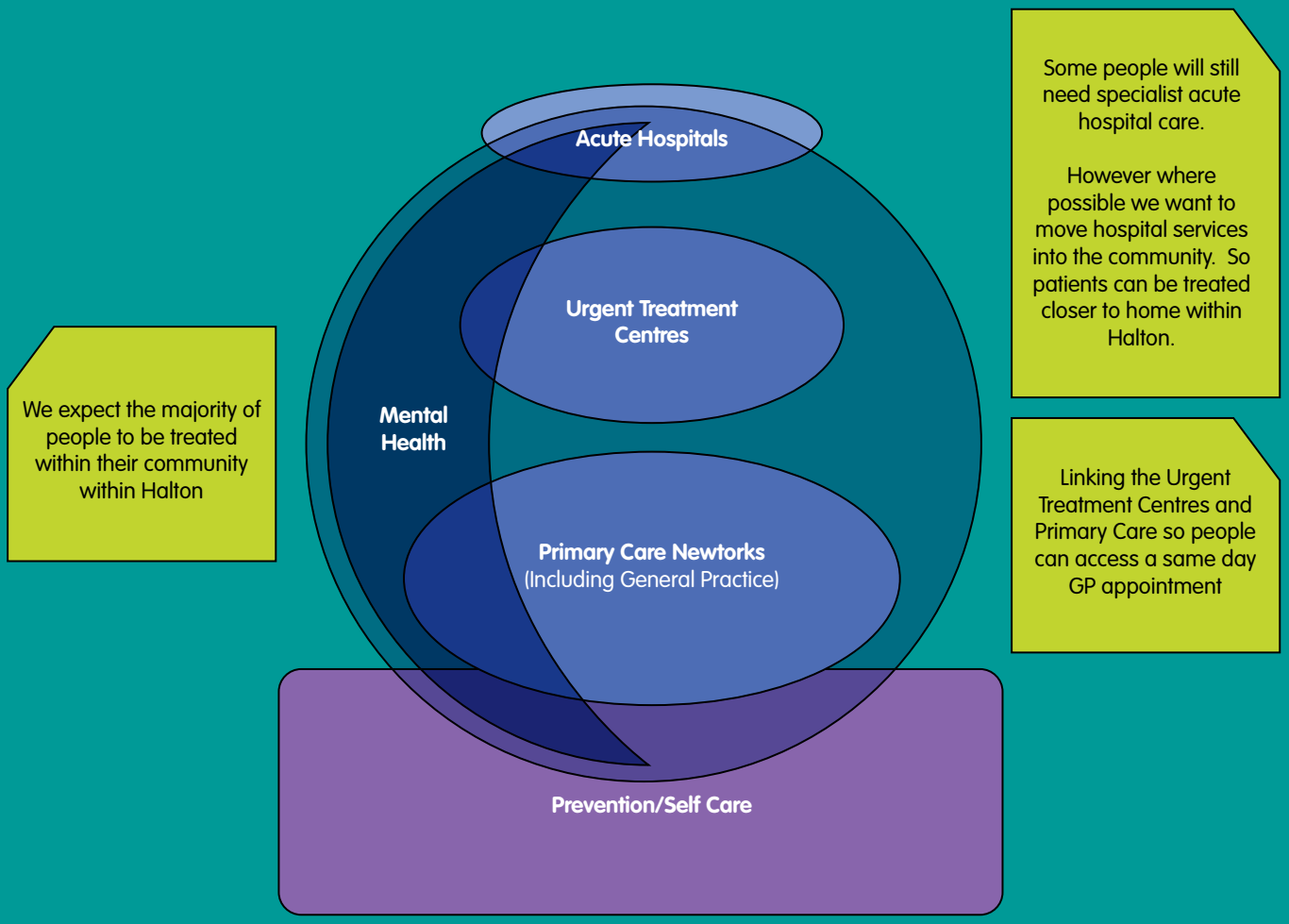
Working better together to improve the health and wellbeing of the people of Halton so they live longer, healthier and happier lives

CONTENTS

FOREWORD

Putting your health and wellbeing first
Halton faces many challenges in common with the rest of the country, an increasingly challenging financial situation and a growing elderly population with increasing health and social care needs. However it also has distinct local issues, specifically inequality among local residents leading to significant health inequalities

To tackle the growing challenges faced by Halton's population, it requires a fundamental shift from hospital centred care to providing collaborative, integrated community focussed care meaning people can be treated closer to home within Halton.



Integration is key to our strategic approach with all partners working together to deliver the vision of One Halton. It will demand strong relationships and collaboration amongst clinicians and communities and community leaders.

Improving the health of local people requires changes in behaviours and living conditions across Halton.

The challenge for the future of Halton's health and care economy is to reduce the costs of care with a particular focus on preventing unnecessary hospital admissions, reducing

duplication and joining up health and social care.

There are numerous factors that impact on people's wellbeing, including employment, housing, education, environment and community safety.

The NHS Long Term Plan identities many priorities and through this One Halton Plan we will draw upon the priorities that matter locally, those areas that our patients and residents have said is important to them and where the data tells us we need to do further work to improve our outcomes for patients.

For the last 70 years we have concentrated on helping people to live longer. Now we must start to focus on healthy life span, increasing the number of years people can live a healthy, independent life free from illness or disability.

We want to support people to live well and healthily and we will do this by all working together.

Rob Polhill
Chair of Halton Health and Wellbeing Board
Leader of Halton Borough Council

David Parr
One Halton Senior Responsible Officer
Chief Executive Halton Borough Council

ONE HALTON *Place*

The term place based is becoming more frequently used. It describes the population served and the geographical boundaries that define a place, usually a Local Authority footprint.

We refer to our place as One Halton.

Place-based systems should be focused on the whole of the population that they serve – in other words, they should take responsibility for all the people living within a given area as is the case for Halton.

When we talk about Place Based Commissioning or Place Based Delivery, we are referring to services that are being delivered across Halton in a collaborative way.

One Halton is not a single entity. It is made up of a number of organisations, who work together to deliver the best outcomes for our community and patients.

Those Partners include:

- Halton Borough Council
- NHS Halton CCG
- NHS England
- NHS Bridgewater Community Healthcare NHS Foundation Trust
- NHS Warrington and Halton Hospitals NHS Foundation Trust
- NHS St Helens and Knowsley Teaching Hospitals NHS Trust
- NHS Northwest Boroughs Healthcare NHS Foundation Trust
- Healthwatch Halton
- Halton Housing
- Halton & St Helens Voluntary and Community Action
- Cheshire Fire & Rescue Service
- Cheshire Constabulary
- Halton Children's Trust
- Halton Children and Young People Safeguarding Partnership
- Halton Safeguarding Adults Board
- GP Health Connect Ltd
- Widnes Highfield Health Ltd

Working more effectively as one place, brings together the leadership, planning and delivery of health and local authority care services, working together without barriers and bureaucracy getting in way.

Additionally taking a place-based approach means working effectively with all the other areas that impact on wellbeing like education, housing, culture and leisure, employment and safety, with other public sector organisations, like the Police, Fire and Rescue, Department for Work and Pensions; and with the many community, voluntary and faith organisations.

Most importantly, it is means putting our community at the centre everything that we do.

Your priorities are our priorities

As One Halton we have made a commitment to work as one to deliver on the areas that you told us were most important to you*[1] .

In 2017, the Health and Wellbeing Board published a "One Halton Health and Wellbeing Strategy". The Strategy was jointly developed after extensive consultation with a wide range of partners and stakeholders across the Borough, including; GPs, partners, providers, patients and public. It was supported by a strong evidence base.

The purpose of the strategy 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.

The Strategy sets the framework for the commissioning of health and wellbeing services in Halton with a particular emphasis on prevention and early intervention. It does not replace existing strategies, commissioning plans and programmes, but influences them.

The strategy identifies six priorities for Halton, they are:

- **Children and Young People: improved levels of early child development**
- **Generally Well: increased levels of physical activity and healthy eating and reduction in harm from alcohol**
- **Long-term Conditions: reduction in levels of heart disease and stroke**
- **Mental Health: improved prevention, early detection and treatment**
- **Cancer: reduced level of premature death**
- **Older People: improved quality of life**

These remain our priority areas today and form part of this One Halton Five Year Plan 2019-2024.

These priorities take a life course approach and have a strategic fit with the NHS Long Term Plan and the ambitions sought as a result of the Care Act 2014.

In Halton, we are also tackling many other issues, which may not be included in this document, that will contribute to the improvement of health and wellbeing of our community.

1 See Appendix XX Healthwatch consultation

Halton, our community and the challenges we face

Our location:
The Borough of Halton is a unitary authority in the county of Cheshire.

Since 2014, Halton has been one of the six local authorites that make up the Liverpool City Region Combined Authority.

Straddling the River Mersey, Halton includes the two towns of Runcorn and Widnes as well as surrounding parishes of Hale, Moore, Daresbury and Preston Brook.

Halton is located in the middle of the economic triangle formed by Liverpool, Manchester and Chester. The borough is well connected by road, rail and air.

Our economy:
As the birthplace of the chemical industry, many of Halton's most challenging problems are rooted in the area's industrial past with manufacturing and chemical sectors declining, considerable energy has been successfully put into broadening the range of employment opportunities available.

Major efforts have also been made to bring the industry's legacy of derelict and contaminated land back into productive use, to help create the right physical and social environment to attract new investment.

Our health challenges

LIFE EXPECTANCY & MORTALITY

Healthy life expectancy

4 6

years less than the England average

285 preventable deaths per year

MATERNITY & INFANT HEALTH

Low rates of breastfeeding

High rates of smoking at time of delivery

DEPRIVATION & INEQUALITIES

of Halton's residents live in areas among the 20% most deprived in England

The life expectancy gap between the most deprived and least deprived ward is:

13.7 years 9.3 years

Halton Lea vs Birchfield

HEALTHY LIFESTYLE

High rates of alcohol admissions for both adults and under 18s

MENTAL HEALTH

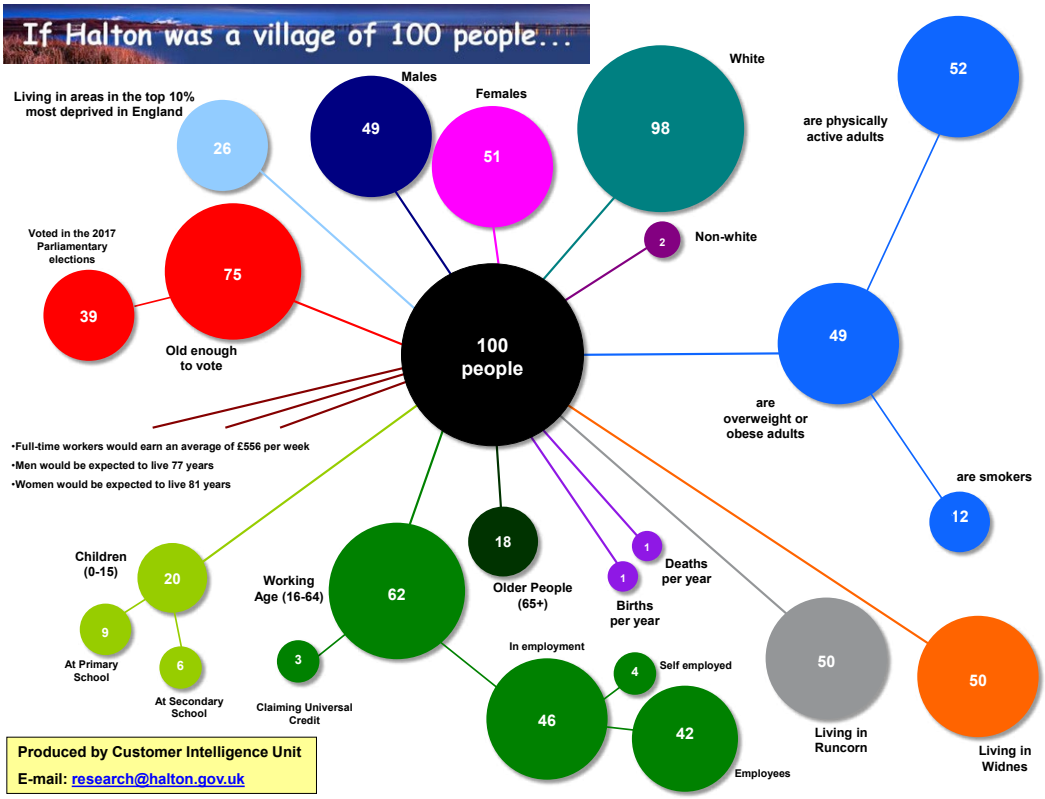
Mental & behavioural disorders account for more years of disability than any other cause

OLDER PEOPLE

Low flu vaccination coverage

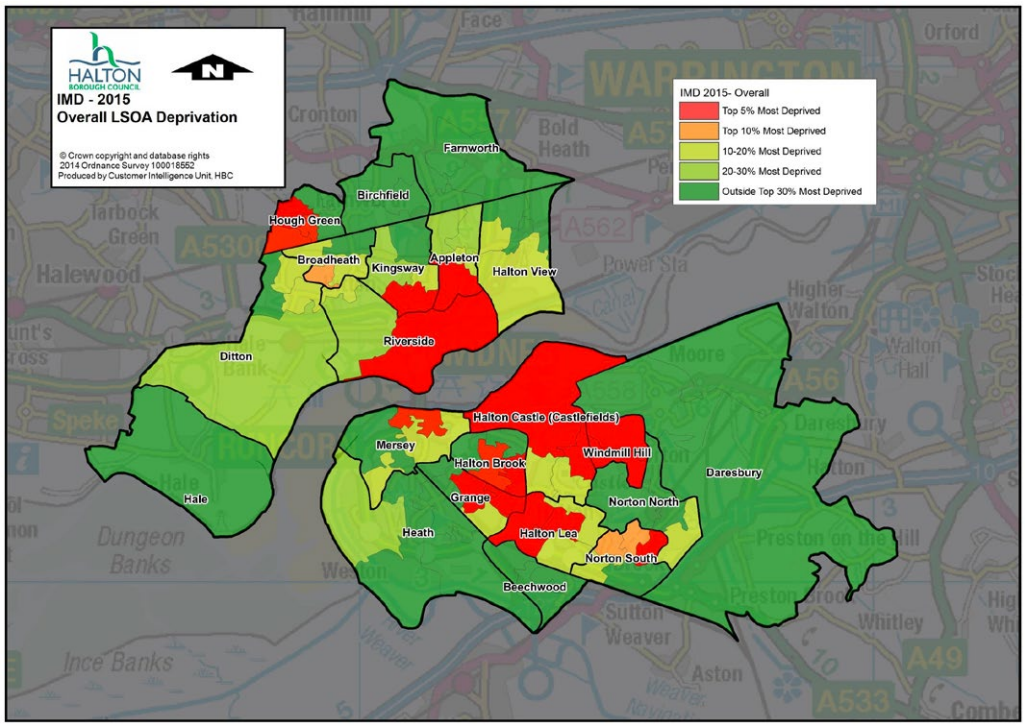
High numbers of falls

Our current population:



Halton is ranked as the 27th most deprived area in England out of 326 Local Authorities[2].

Halton Borough Council works closely with Liverpool City Region, the picture below shows how Halton compares with its neighbours in Liverpool City Region, North West and Nationally.

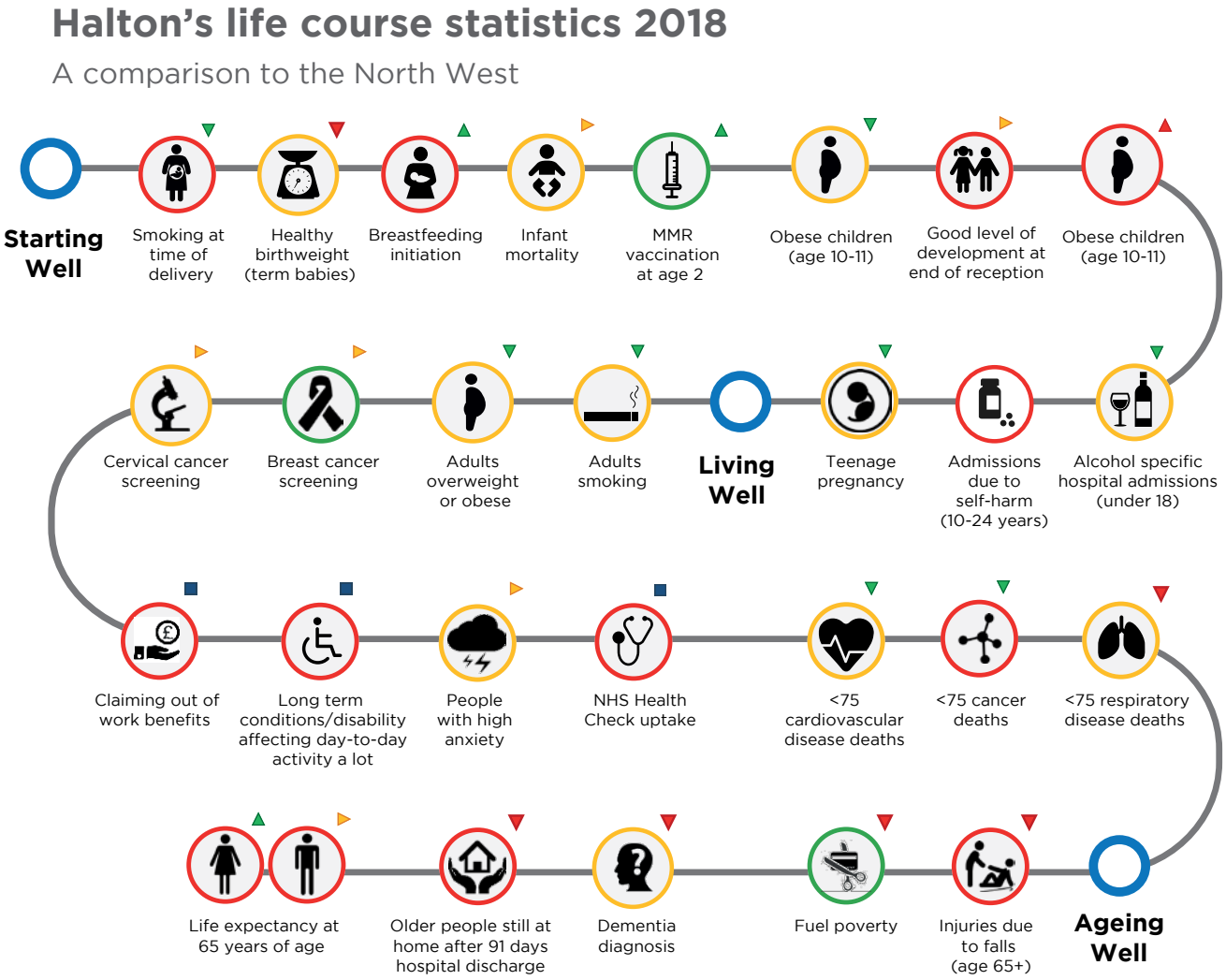


Produced by Customer Intelligence Unit

2 Based on The Index of Multiple Deprivation 2015

Halton's Life Course Statistics

The following infographic shows how Halton is performing against key health and wellbeing indicators and the current trend, which is denoted by the triangle above each indicator.



HALTON FACTS

Population

About **127,600** people live in Halton.
By 2030, this is projected to change:

age 0 - 14 ↓ 7.1%
age 15 - 64 ↓ 3.7%
age 65+ ↑ 30.3%

Deprivation

48.5% of Halton's population live in the top **20%** most deprived areas in England.

Child Poverty

21.7% of children aged 0 - 15 live in poverty in Halton

KEY

Direction of travel

- ▲ Improved since last period
- ▶ Similar to last period
- ▼ Worse than last period
- ■ No Comparator

Statistical significance to North West

- Better
- No different
- Worse

For more information & data sources

Please contact Halton Borough Council's Public Health Intelligence Team:
health.intelligence@halton.gcsx.gov.uk

Icons made by Flaticon and available here:
www.flaticon.com
Concept developed from Gateshead PHAR 2013/14 and Leicestershire PHAR 2015

Our future population:
The population of Halton will gradually increase over the next five years and beyond, latest figures show Halton has a population of 127,595[3]. However projections indicate a change in our demographics and by 2036 the population of 0-15 year olds will decrease by 7%, 16-64 will also decrease, but the number of people over 65s will increase by 44%.

Having an aging population will increase the use of health and social care resources in the borough.

The borough is fairly evenly split by gender, however the female population is growing, due to the fact that women are living longer than men.

In the 2011 census, the Black, Asian, and Minority Ethnic (BAME) population showed a percentage of less than three percent.

However Halton's population is changing and over the next five years it will continue to become more diverse with people moving into the borough who come from different cultures, practice different faiths and who don't have English as their first language.

We recognise the importance of ensuring all our population has their health and social care needs met and we do this by working closely with third sector organisations that work specifically with the BAME Communities.

Halton Providers offer a range of services and support to alyssum seekers and refugees living in Halton.

Life Expectancy
Halton's life expectancy at birth has improved since 2001, however, healthy life expectancy for men hasn't changed since 2010 and has worsened for females. Recent evidence indicates that increasing levels of deprivation, exacerbated by austerity, is causing it to stall.

Added to this, Halton has an unhealthy ageing population with an increasing number of people living with long term conditions, meaning those that are living longer are living out those years in poor health.

3 (ONS, 2017)

Why people are dying before 75

Our evidence shows us that the main causes of people dying before 75 in Halton are:

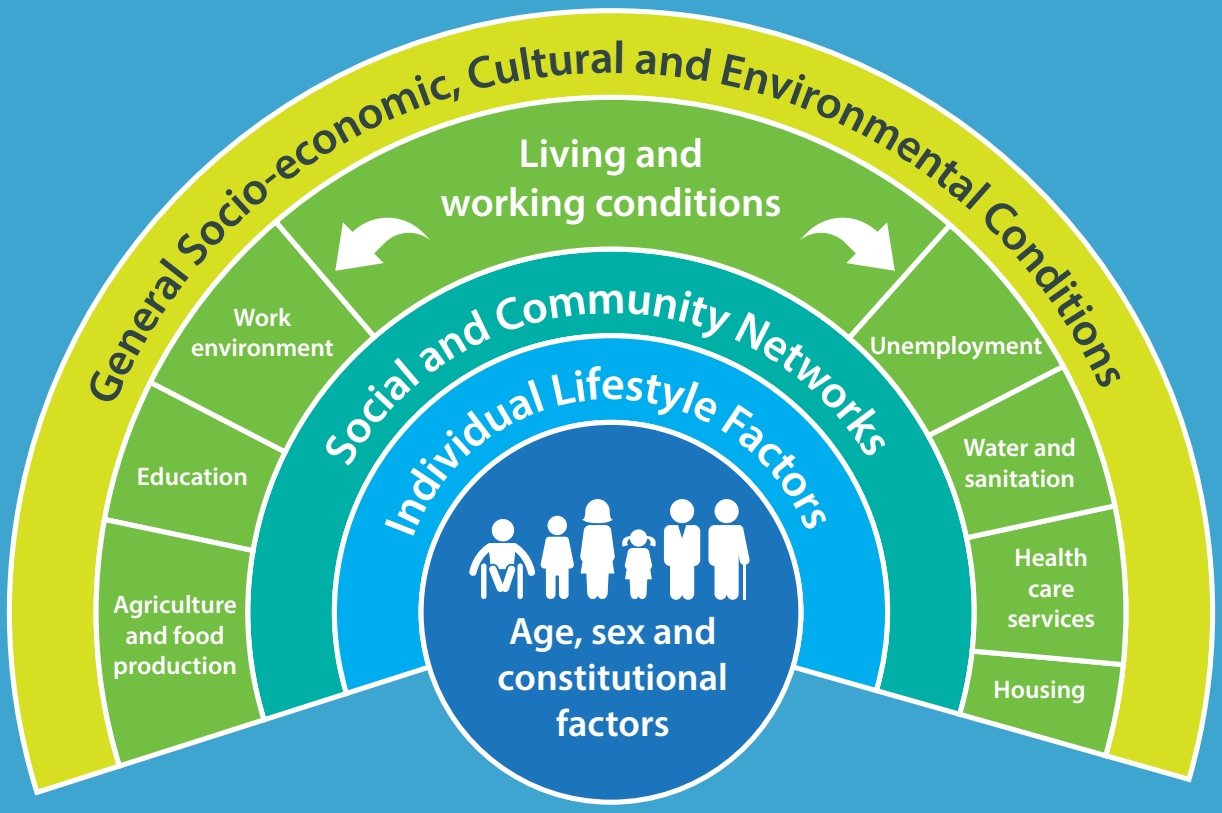
Long Term Conditions	**Heart disease** is the second most common cause of death in the Borough leading to conditions such as heart attacks, strokes, heart failure, hardening of the arteries and vascular dementia. Similar to cancer, it is most often related to lifestyle.
	Respiratory Disease; Chronic Obstructive Pulmonary Disease (COPD), usually bronchitis and emphysema, is a major cause of premature death. Smoking is a leading contributory factor for COPD and although smoking rates have seen a decline over the last decade, the burden of disease caused by smoking is still of concern.
	Hypertension (High Blood Pressure) Despite improvements in the number of people with long term conditions diagnosed, there is still under diagnosis of hypertension, where only about 61% of Halton people thought to have the condition are diagnosed.
Mental Health	**Mental Health;** Increases in dementia related deaths are linked to an increasing ageing population, however, vascular dementia, related to poor lifestyle has also added to the local burden of disease. Mental illness is a major contributor to ill health in Halton, often related to anxiety and depression. 1 in 4 people attend their GP in Halton to seek advice on mental health problems with levels of hospital admissions due to self-harm are significantly higher than England, 307.4 per 100,000 compared to 191.4 per 100,000 for England
Cancer	**Cancer** is the leading cause of death in Halton, particularly cancers of the stomach, digestive system and lungs. This increased burden of disease is predominantly linked to lifestyle factors such as smoking, poor diet and increased alcohol consumption. People in Halton also fail to spot the early signs of cancer or are afraid to go to the GP when they suspect something is wrong.
Older People	**Unintentional injuries / Falls** Falls represent the most significant number of unintentional injuries. This is largely associated with older people and is linked to a range of factors including; medication (leading to dizziness and fainting), bone density (that decreases with age, particularly in women), cold homes and other environmental hazards. As well as the human costs of injuries associated with a fall, the cost to the NHS and Social Care can often be significant.

Wider determinants of health

There is an increased gap in health inequalities in Halton between the most deprived and most affluent areas of the borough but also between population groups.
The difference in health outcomes in different areas of the borough is often related to the wider determinants of health that can influence individual's choices and ability to remain healthy.

The Social Determinants of Health

Source: Dahlgren and Whitehead (1993)



This diagram shows:

- At the core, are your personal characteristics, age, gender, hereditary factors which cannot be changed.
- Individual lifestyle factors such as smoking, alcohol, physical activities
- Social and community influence from family and friends
- Living and working conditions cause variants in health.
- General socio-economic factors include taxation, stability of country, environment.

Average life expectancy in Halton is lower than the North West and England averages, although there are massive variances in the borough.

The reduced life expectancy in the Riverside ward of Widnes means that residents living here can expect to live 5 years less than the general Halton population.

The inequalities are emphasised by the fact that Females living in Beechwood can expect to live for 9.8 years longer than the general female population of Halton; males in Beechwood have a 4.4 year greater life expectancy.

We are committed to supporting the range of interventions that are needed at different levels to address the root causes and the impact of inequalities as highlighted in our Health and Wellbeing Strategy.
For example

- GP Practices conducting quality improvement work in disease conditions known to be the drivers in the gap in life expectancy
- Social Prescribing to ensure referrals are made to social welfare services such as Citizens Advice, Housing etc. This will ensure that those living in the poorest households are facilitated to maximise their income, maximise welfare benefits, minimise debts, access support such as foodbank, money advice.
- Well Halton Programme working directly with in the four areas of greatest deprivation within Halton: Windmill Hill, Halton Brook, Halton Lea and Ditton.
- Social Care in Practice (SCIP) – placing social care assessment staff in GP Surgeries has supported effective person-centred and integrated health and social care working. As a result of the relationships built the service has exceeded expectations and requests for referrals, along with the high level of complex case work.

Without behavioural change supported by targeted interventions and prevention these factors will continue to lead to poor health outcomes.

Progress we are making

For each of the six priorities identified in the One Halton Health and Wellbeing Strategy there were three specific actions that the partners and public felt were important to undertake. We have made good progress against these:

Priority Area	What is the Issue?	3 Key Actions our partners and public feel are important	
Children & Young People	• Inequalities in school readiness • Significantly lower levels of good child development at aged 5 compared to the rest of England • Higher accidental injury levels	• Enhancing school readiness programmes. • Additional action to prevent child accidents. • Expanding parenting programmes and local Home Start schemes	✓ ✓ ✓
Generally Well	• Obesity levels in early childhood and adults are above the national average. • Not eating at least 5 portions of fruit and vegetables a day • Not undertaking enough exercise	• Mapping the public's access to fresh food. • Enhancing the infant feeding programme. • Promoting women's exercise programmes	✓
Long Term Conditions	• Undiagnosed hypertension is a concern. • Heart disease is the second biggest killer in Halton. • Although the number of people smoking is decreasing, Halton is still much higher than the national average.	• Screening in the community for atrial fibrillation (irregular heartbeat). • Enhancing early diagnosis of heart disease and self-care programmes. • Increasing screening for hypertension (high blood pressure) in community pharmacies, general practice and other community settings.	
Mental Health	• High levels of hospital admissions due to self harm • Higher rates of depression than national average • 30% of people with dementia are not diagnosed.	• Review the current Child and Adolescent Mental Health Services • Enhancing services for adults with personality disorders • Redesigning adult mental health services	
Cancer	• The biggest cause of death locally, in particular lung, bowel and breast • Low cancer screening uptake, particularly for bowel screening.	• Enhancing the public awareness of early detection programmes. • Developing a new Tobacco Control Strategy and Action Plan. • Enhancing support for bowel screening to improve uptake.	
Older People	• Higher than average aging population • Life expectancy is lower than national average • Rise in dementia	• Marketing campaign on how to prevent loneliness. • Develop an older people's transport group. • Develop a directory of services for older people.	

We will continue to work on the remaining actions and they will be reported through our Halton Health and Wellbeing Board.

We have also been making good progress in other areas:

Well Halton
Well Halton is an initiative that focuses on the wider determinates of health such as poverty, isolation, unemployment, green spaces etc. Well Halton aims to support local areas, to inject some positivity, resilience and creativity to transform local neighbourhoods into dynamic communities where local people can live, learn, play, work, thrive and be happy.

Shopping City Roof Top Garden: The aim is to create a community garden on one of the disused carparks at Shopping City.	Green spaces, good for your physical and mental health
Community Shop: Well Halton has invested £50,000 in the development of the Northwest's first Community Shop. This model utilises surplus food as a platform to engage with people facing hardship. We expect the shop to be open before the end of 2019.	This will provide the opportunity for residents to eat healthily for less.
Veterans Garden Clearances: As part of our work in Ditton, Runcorn Veterans Association have been working with Halton Helps. The veterans are clearing gardens of local families who can't do it themselves. This is paid work and has helped the sustainability of the veterans.	Supporting people through work and families in need of help

Halton Healthy New Towns - Healthy Place to live and work
The Halton Healthy New Town is one of ten demonstrator sites across the UK chosen to represent cross-section of new housing developments in England as part of the Healthy New Towns Programme. These sites were chosen to rethink how health and care services can be delivered. The programme is an opportunity to re-link planning and health to create healthier places through good quality placemaking, uniting public health, NHS providers, commissioners, planning and housing development. It demonstrates collaborative working across a number of providers in Halton.

Halton Healthy New Town Vision: A thriving vibrant town centre that provides for the needs of the community and supports a wider area where all people can enjoy a good quality of life in a healthy, sustainable, modern urban environment.

It will offer opportunities for the local community to learn and develop their skills in order to help them fulfil their potential. It will create opportunities for the community to increase local wealth and equality, supported by a thriving business community within a safer, stronger and more attractive neighbourhood.

Scheme	Expected Outcomes	Expected Timetable	One Halton Priority Areas
Youth Zone	Physical space for community usage. Improved wellbeing and educational attainment for 12-17 year olds	Complete – delivering sessions twice weekly	Young Children and Young People
Riverside "Quick Wins"	Local improvements for residents of Hallwood Park, Uplands, and Palacefields Estates. Projects TBC Q3 2019/20 following consultation.	Q3 – Q4 2019/20	Generally Well, Long-term Conditions, Mental Health, Older People
Rooftop Garden	Physical space for community usage. Improved wellbeing. Opportunities for growing and education.	Q1 2020/21	Generally Well, Long-Term Conditions, Mental Health, Older People

Voluntary sector

The voluntary sector is supporting the One Halton Priorities providing services that reduce the demand for more costly clinical interventions.

People experiencing debt problems are three times more likely to have considered suicide[4]. **Citizens Advice Halton (CAH)** helps over 1,500 local people struggling with problem debt by offering a wide range of support	They have trained their staff in suicide awareness so that they can have supportive conversations with service users who are at risk of self-harm and help them to access specialist help.
	They employ an accredited team of money advisors who can help patients to address their debt problems and many of the other social welfare issues (e.g. debt, relationship breakdown, unemployment, poor housing, poverty) that are impacting on their mental health and wellbeing
	They offer ongoing support to help people get their lives back on track e.g. confidence building courses, employability support, money management courses, help with applications for grants for respite holidays.
Halton Disability Partnership provides an advice and brokerage service and help local people with a disability to access support and care that fully reflects their choice and wishes	HDP has a small store of independent living aids which are available for short term or an emergency loan which can make all the difference between being able to be discharged from hospital on a Friday and return home safely rather than be held back for several days while waiting for an available assessment to unlock equipment through conventional channels

Air Quality

Air pollution particularly affects the most vulnerable in society – children and older people, and those with heart and lung conditions. In the last 20 years Halton has vastly improved its air quality and will continue to reduce air pollution.

Housing

Having a decent home is fundamental to physical and mental health. Housing is particularly important for our vulnerable groups. Poor housing can result in poor health and wellbeing. Halton Borough Council is currently updating their affordable housing plan policy which set out the ambition to provide more affordable homes in Halton, in order to positively impact on homelessness and improve quality of life for those most in need.

- 1,335 – Estimated Number of Houses that will be built in Halton in the next 5 years.
- 335 – Approx number of affordable homes that will be built. [5]

We also need to ensure that local housing meets the specific needs of people with learning disabilities, including those people who have their own home but require additional support.We aim to secure funding from NHS England to refurbish a property into two ground floor apartments for those people who require additional support in the community.Voluntary Sector organisations are committed to ensuring that everyone in Halton has a decent home to live in.

4 According to the Money and Mental Health Policy Institute
5 Based on 25% of new homes being affordable homes. Percentage can vary depending on the site used.

Why we need to change

Health needs and society are constantly changing which means that organisations have to respond to meet the demands of the population they serve.

It's not just Halton that needs to change, nationally things must change too because:

- many of us are now living longer, with more long term conditions,
- people are more digitally enabled, services need to adapt and make the best use of technology available,
- we live and work very differently and this continues to evolve, and
- the current model is financially unsustainable.

The NHS Long Term Plan was published in January 2019 and set out its ambition to transform the NHS to make it fit for the 21st century.

The NHS Long Term Plan sets out five major, practical changes it expects to bring about over the next five years, they include:

1. Boosting out of hospital care
2. Redesigning and reducing pressure on emergency hospital services
3. More personalised care
4. Digitally enabled primary and outpatient care
5. Focus on population health: this means focusing on you, rather than managing each disease you may have, separately.

The NHS Long Term Plan is about changing the balance between acute hospital care and care in the community so more people are treated closer to home. With more focus on prevention we need to increase the range and choices of care in the community.

This will then reduce pressure on our hospitals, keeping people well enough so they do not need to go to hospital and can be treated in the community instead when appropriate.

Getting this right will reduce the call on our overstretched NHS and social care services. By taking services into the community and redirecting resources towards the wider determinants of wellbeing, we will not only have a healthier, happier workforce, but we will be able to provide better care and create a sustainable Halton.

In local authorities, there has been an increase in demand for adults and childrens social care. There have been delays with the government publishing the Adult Social Care Green paper which is expected to have national changes that will need to be implemented locally. In addition to the anticipated Adult Social Care Green paper we have the statutory requirements outlined in the Care Act 2014 which have to be delivered. The current provision is unsustainable, there is insufficient funding to keep up with the demands of an aging population. Through Health and Social Care working closer together they can focus on building a sustainable model for the future.

By doing things differently we will be able to protect and stabilise those organisations in Halton. By working together we can:

- Improve early prevention of avoidable illness.
- Get the right service in the right place
- Ensure health and care services are shaped around the person. (Population Health)
- Access more and better paid jobs
- Have healthier environments
- Have safer streets
- Ensure children gain a better education
- Offer more choice in eating healthy

Cheshire & Merseyside Healthcare Partnership

One Halton is one of nine places that forms part of Cheshire and Merseyside Healthcare Partnership who are working towards becoming an Integrated Care System (ICS).

In addition to the mandated priorities in the NHS Long Term plan the Cheshire & Merseyside Healthcare Partnership have agreed a number of audacious goals, these are:

- Starting well – 100% vaccination and immunisation rates for children.
- Living Well – no more suicide, reduce violent crime and alcohol harm.
- Aging Well- zero stroke and reducing falls in the elderly.

One Halton supports the delivery of these audacious goals and will work closely with Cheshire & Merseyside colleagues through the partnership programme to introduce changes and new services as developed and agreed.

How the audacious goals link to One Halton Priorities	How we will implement
In Halton if we achieve 100% vaccination and immunisations rates for children, they are less likely to miss school due to ill health, thus supporting them to reach a good level of development	We will work closely with Primary Care Networks to explore alternative delivery mechanisms to improve uptake.
No more suicides and reduction in violent crime are closely linked to the work we undertake in Mental Health	Support through our Halton Suicide Prevention Partnership, including the Mental Health Outreach Team which provides support to adults with severe and enduring mental health problems to live independently and inclusively within the local community. Implement through our Halton Suicide Prevention Partnership
Reduction in alcohol harm is a One Halton priority outcome, particularly in those under aged under 18	Because of high levels of preventable alcohol-related harm in the region, all Health and Wellbeing Boards across C&M have identified reducing alcohol-related harm as a core prevention priority.
Reduction in stroke is a One Halton Priority and we are working to ensure that there are no preventable strokes in Halton	Improving High Blood pressure checks, deliver education sessions, increase the number of the NHS health checks, working with local pharmacies and improve information technologies between them and General Practice so the blood pressure data can be transferred seamlessly between the two. Utilise BP/ Health kiosks in community & workplace settings to increase access to BP testing.
Reducing falls in the elderly is a Priority for One Halton and work is well on the way in this area.	Implementation of the Halton Falls Strategy

Cheshire & Merseyside Healthcare Partnership help to deliver improvements at a greater pace and scale. They have a number of programmes that exist to implement a single approach across Cheshire & Merseyside and they work with each of the nine "places" to help deliver those programmes in a cohesive way. Those Programmes are included as Appendix 1

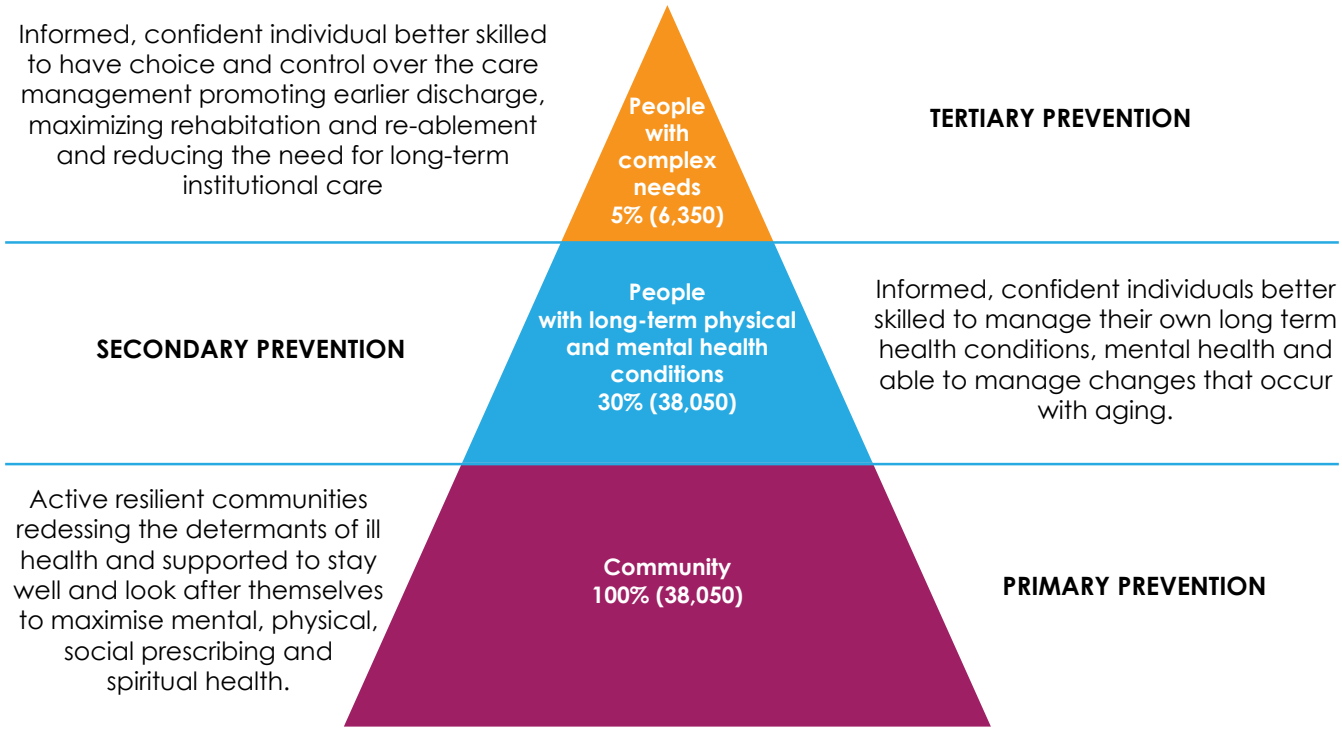
Empower people to take better control of their own health.

What is Population Health?
A population health management approach moves away from managing disease in silos to an approach based on defined populations of people, who may have multiple conditions.

Whilst primary care will play a crucial role in supporting population health management, a wider group of providers other than the GP will be necessary for accountability of the defined population.

Prevention is inherent with consideration of the person's holistic health and care needs with a particular focus on improvements to wellbeing and on keeping people healthy. One Halton Population Health Framework promotes the integration of health, mental health and social care services.

THE ONE HALTON PREVENTION & POPULATION HEALTH MODEL TARGET POPULATIONS AND OUTCOMES



The 2020s will be the decade of proactive, predictive and personalised prevention. This means:

- Targeted support
- Tailored lifestyle advice
- Personalised care
- Greater protection against future threats

This will enable us to shift from a system that just treats illness, towards preventing problems in the first place.

What do we want to achieve

For each of our 6 priorities we have identified a number of measurable outcomes that are monitored by the Health and Wellbeing Board.
These outcomes are:

Children and Young People: Improved Levels of early child development

- Improvement in the percentage of children achieving a good level of development at age 5.
- Reduction in Child poverty levels.
- Reduction in percentage of women smoking at time of delivery.
- Increased percentage of women breast feeding (initiation and at 6-8 weeks).
- Reduction in the rate of A&E attendances and hospital admissions amongst those age under 5 (generally and due to accidents).
- Reduction in under 18 conception rates.
- Increased reading skills in primary school aged children
- Increased influenza vaccination uptake amongst pregnant women and young people aged under 5.
- Increased reading skills in primary school aged children.

What are we going to do?	How are we going to do it?	Who will do it?	When?
Ensuring children get a good start in life.	Halton Healthy Schools	We all must take a responsibility.	2023/24
Improve our Immunisations and Vaccination rates	Support general practice to target at risk population groups to improve update of flu vaccine, routine childhood vaccinations	Primary Care Networks	2023/24
Enhance Parent and Child Bonding	Baby and Infant Bonding Service (BIBS)	Providers in Halton	2023/24

Generally Well – Increased Levels of Physical Activity and Health Eating and Reduction in harm from alcohol.

- Increased percentage of children and adults achieving recommended levels of physical activity
- Increased percentage of children and adults meeting the recommended '5-a-day' of fruit and vegetables on a 'usual day'
- Reduced levels of children and adults who are overweight and obese
- Reduced rates of hospital admissions due to alcohol for those aged under 18
- Reduced overall rates of alcohol-related hospital admissions

What are we going to do?	How are we going to do it?	Who will do it?	When?
Tackle Obesity	Access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+	BMI> 30 can self-refer to Halton Tier 3 Weight Management Service	2022/23
	Healthy NHS premises	North Mersey Food Pledge with providers	2023/24
	Physical Activity Programmes		ongoing
Prevent Diabetes	NHS Diabetes Prevention Programme	NHS England, Public Health England (PHE) and Diabetes UK	2019/20
	Testing an NHS programme supporting very low calorie diets for obese people with type 2 diabetes		2019/20
	Glucose monitoring for pregnant women with type 1 diabetes		2020/21
Tackle Alcohol Admissions – Alcohol has a big impact on A&E figures: 70% at peak times.	Hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish Alcohol Care Teams (ACTs)	St Helens & Knowlsey NHS Trust and Warrington and Halton Hospitals NHS Foundation Trust	2023/24
	C&M Alcohol Prevention Plan which provides a focus on actions across the health and social care system which will support both the reduction and prevention of alcohol-related harm.		
	Fibroscan Project Offering 'liver scans' in Primary Care, the community & hospitals as a new route into alcohol treatment		
Increase the number of people receiving physical health checks	Halton Health Improvement team work in partnership with Primary Care to deliver NHS Health Checks.	Halton Health Improvement Team and Primary Care Networks	2023/24
	Ensuring patients register on a Learning Disabilities register and improve uptake of the annual health check.(Above 75% for aged 14+)	Primary Care Networks	2023/24
Homeless: Meeting the needs of rough sleepers and ensure people have better access to services	Having a named GP practice champion In Halton there are very low rough sleeper numbers locally but a hidden homeless sofa surfing population	Identification of a PCN lead practice to act as a dedicated access to enable improved access	
	Offering bespoke flu programmes for homeless people who use drug and alcohol services.		

Long Term Conditions: Reduction in levels of Heart Disease and Stroke

- Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups
- Increase the percentage of adults who undertake recommended levels of physical activity and eat at least five portions of fruit and vegetables per day.
- Improve early detection and increase the proportion of people treated in line with best practice and reduce the variation at a GP practice level.
- Reduce the level of hospital admissions due to heart disease, stroke and hypertension.
- Reduce the premature (under 75) death rate due to cardiovascular disease and stroke

What are we going to do?	How are we going to do it?	Who will do it?	When?
Reduce Smoking in Halton	All people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services	C Conversation: Have the right conversation every time U Understand: Understand the level of addiction R Replace: Replace nicotine to prevent withdrawal E Experts and evidence based treatments The CURE model will include all vulnerable groups with high levels of smoking prevalence Halton Stop Smoking Services also offer training and advice to professionals who need support to deliver cessation Smoking cessation champions to be identified	2023/24
	Smoke Free Pregnancy for Mum and Partner	Halton Community Midwives offer CO monitoring to all pregnant women and refer smokers into the Halton Stop Smoking Service. On receipt of referrals the Stop Smoking Service offer all pregnant smokers' home visits, financial incentives, stress management techniques and intensive behaviour support alongside NRT if required. Halton Stop Smoking Services also offer training and advice to professionals who need support to deliver cessation	2023/24
	A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services.	Halton Stop Smoking Service has a Stop Smoking Specialist in Mental Health who works with Booker Centre Staff and residents to support those wishing to stop smoking.	2023/24

What are we going to do?	How are we going to do it?	Who will do it?	When?
	Implement schemes relating to Atrial Fibrillation Blood Pressure – Hypertension Cholesterol (Lipids)	Cheshire and Merseyside CVD Prevention Board	2028
Respiratory disease	To follow		
More People will be independent after a stroke.	Increase the number of people who have a thrombectomy after a stroke.		2022
Reduce air pollution	-Organisations in One Halton supporting and encouraging their staff to think about sustainable travel, making use of public transport, cycling, walking or car sharing. -Maximising the use of technology to reduce the need to travel to have face to face meetings. -Providing electric car charging points at all NHS, public sector and voluntary sector premises	Everyone will be involved	2023/24.

Mental Health: Improved Prevention, early detection and treatment

- Improved diagnosis rate for common mental health problems and dementia
- Reduced level of hospital admissions due to self-harm
- Improved access to talking therapy services and increased percentage completing treatment and percentage recovery
- Improved overall wellbeing scores and carers' wellbeing scores
- Reduced excess under 75 mortality in adults with serious mental illness (compared to the overall population)
- Increased percentage of care leavers with good mental health

What are we going to do?	How are we going to do it?	Who will do it?	When?
Develop a system approach to support Children and Young Peoples Mental Health	Utilising the THRIVE model	Everyone	2020/21

What are we going to do?	How are we going to do it?	Who will do it?	When?
10% reduction in suicides	You're never too young to talk" mental health campaign 5 Ways to Wellbeing Award		2020/21
	Improve the mental health and wellbeing of Halton people through prevention and early detection via the work of our adult social care mental health teams		
	Basic Mental Health Awareness		2024
	Self Harm Awareness training		
	Suicide prevention training	Halton Suicide Prevention Partnership	
	Named school link workers in community service settings and in primary and secondary schools across Halton.		
	IAPT services and co-location of therapists in primary care		
	Enhancing the psychological therapies to support adults with a personality disorder		
	Crisis Resolution Home Treatment Teams in place	Ddelivering a 24/7 community-based crisis response and intensive home treatment as an alternative to acute in-patient admissions.	2020/21
	Implement Mental Health and Resilience in Schools (MHARS) framework	Mental Health Champions	
Access to Perinatal Mental Health	C&M Wide Perinatal mental health service		2020/21
All ages mental health liaison teams in place	Implement in all acute hospitals		2020/21

Cancer: Reduced level of premature death

- Reduced smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.
- Increased uptake of breast, cervical and bowel screening.
- Improved percentage of cancers detected at an early stage
- Improved cancer survival rates (1 year and 5 year).
- Reduction in premature death due to cancer in the under 75s.

What are we going to do?	How are we going to do it?	Who will do it?	When?
Early Diagnosis	Implement Rapid Diagnostic Centres	Work with C&M Cancer Alliance to roll out Rapid Diagnostic Centres	2020
	Targeted Lung Health Checks		2023
Improve uptake of screening	Faecal Immunochemical Test Bowel Screening Programme	Public Health England	2019
	Implement HPV primary screening for cervical cancer	Public Health England	2020
Improve Cancer treatments	Radiotherapy service		2021/22
Access to Personalised Care Plans	Personalised care interventions including needs assessment, a care plan and health and wellbeing information and support.	C&M Cancer Alliance	2021

Older People: Improved quality of life

- Increased life expectancy at age 65
- Increased disability free life expectancy at 65
- Improved access to transport
- Reduced levels of loneliness
- Reduction in level of hospital admissions due to falls and hip fractures
- Increased uptake rates for Influenza, pneumococcal and shingles vaccination
- Reduction in permanent admissions to residential and nursing homes

What are we going to do?	How are we going to do it?	Who will do it?	When?
Prevent Falls	Falls Prevention Strategy		2019
Provide more services in the community for frail elderly patients	Halton Integrated Frailty Service		2019
Reduce Loneliness	Implement the Loneliness Strategy		2019-2024
Provide care and support to enable older people to live an independent life	Commission high quality care services, including domiciliary care and care home provision, from the independent and voluntary sector. Ensure that there are robust contract monitoring processes in place to ensure high quality services are in place to ensure that service users receive the outcomes that they want.		

What are we going to do?	How are we going to do it?	Who will do it?	When?
Riverside "Quick Wins"	Local improvements for residents of Hallwood Park, Uplands, and Palacefields Estates. Projects TBC Q3 2019/20 following consultation.	Q3 – Q4 2019/20	Generally Well, Long-term Conditions, Mental Health, Older People
Rooftop Garden	Physical space for community usage. Improved wellbeing. Opportunities for growing and education.	Q1 2020/21	Generally Well, Long-Term Conditions, Mental Health, Older People
Halton Hospital and Wellbeing Campus	Physical space for community usage. Redeveloped health infrastructure, including provision of expanded step up and step down care facilities, alongside housing, leisure and health opportunities. Increased job opportunities.	Redeveloped hospital facilities: 2025; remaining campus facilities 2028	All
East Lane House Redevelopment	Improved physical infrastructure. Demolition of East Lane house and construction of hotel and care home facilities. Increased job opportunities.	TBC	Older People

One approach

One Halton describes how all organisations across Health and Care will work together at a Place level to deliver the best outcomes for the people of Halton.

It is recognised that there are increasing demands on all services. The difference that One Halton will make is to place people at the centre of care and wellbeing so the emphasis is based on them rather than targets and outcomes.

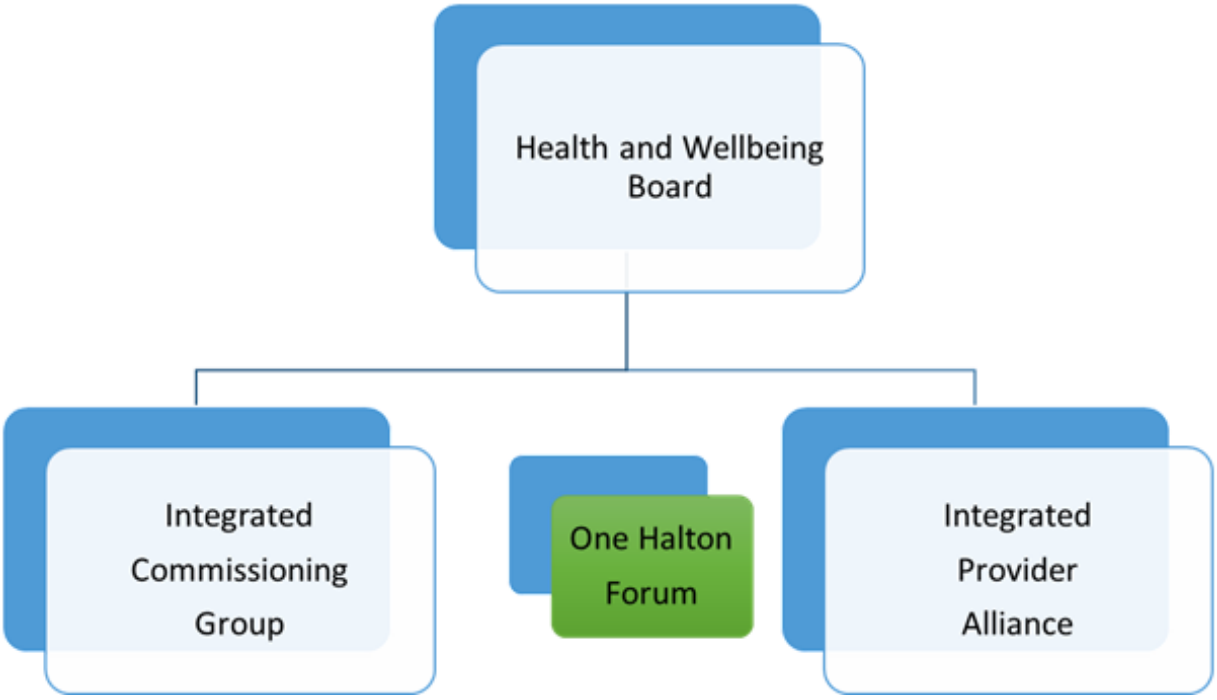
Through the One Halton model, we propose to radically change the way we do things so that by 2024 fewer people will be suffering from poor health.

We know that people who have jobs, good housing, undertake meaningful activities and are connected to families and community feel, and stay, healthier. We will work at scale to implement evidence based interventions and mobilise local communities to engage in their own health. We recognise the need to shift services into the community and make use of and build upon community assets.

Governance

Ultimate responsibility for the implementation of the One Halton Health and Wellbeing Strategy and the One Halton Plan lies with the Halton Health and Wellbeing Board. However we need everyone who works and lives in Halton to take an active role in improving their Health and Wellbeing.

The governance structure for One Halton is demonstrated below:



Roles and Responsibilities:
Health and Wellbeing Board: Responsible for guiding and overseeing the implementation of the ambitions outlined in the One Halton Health and Wellbeing Strategy, The NHS Long Term Plan, health strategies for England, national operational plans and local health strategies and action plans.

It also provides a voice for Halton residents on all matters relating to the commissioning, provision and scrutiny of health and social care in Halton.
It is the decision making body for One Halton.

Integrated Commissioning Group: To create joint commissioning intentions for Halton.
To provide oversight of commissioned services. Where it is appropriate to do so, pool funding and jointly commission services across Health and Social Care.

Provider Alliance: To bring about real and effective collaboration across the whole of the health and social care system in Halton and to support an end to competitive behaviour between providers.

One Halton Forum: An informal meeting which allows Commissioners and Providers to come together to discuss, challenge and clarify prior to the Health and Wellbeing Board. The Forum is not a formal decision making group.

Collaborative Approach
Collaboration and Integration are key to our approach. All organisations will work together to redesign care and improve population health, creating shared leadership and action.

Currently we have a Provider Group and a Commissioner Group reporting into the Health and Wellbeing Board. However Commissioners and Providers will have the biggest impact by working together to make shared decisions about population health, service redesign and implementation of the NHS Long Term Plan.

There are some areas, like Procurement and contract award whereby only the Commissioner can undertake this duty and Service Delivery will be provided by the Providers. However all other stages within the Commissioning Cycle should be undertaken jointly to achieve the best outcomes.

Provider Collaborations
NHS Foundation Trusts will be able to create joint committees with others, they will be able to create integrated care trusts to be able to deliver primary and community care for the first time under one single contract. It will be easier for organisational mergers to progress without diluting the current safeguards on frontline services.
There are other options available for Providers to work collaboratively together, through Alliance Contracts or through Integrated Care Provider (ICP) contracts which will be developed over the coming years.

Currently the Providers in Halton have come together and identified four specific workstreams that will contribute to the One Halton priorities:

1. Place Based Integration
2. Prevention / Population Health
3. Workforce
4. Information/Digital

They will work collaboratively with Commissioners to develop these workstreams further supporting the overall aim and outcomes for One Halton.

Primary Care Networks (PCNs)
Primary Care Networks will be delivered in the local area by the GP Practices and multidisciplinary teams employed by the network. PCNs need strong relationships, trust, collaboration and innovation.
PCNs are central to the provision of integrated, at scale primary care, encompassing services beyond core general practice and working closely with acute, community and mental health trusts, as well as with pharmacy, voluntary and local authority services.

PCNs will interact at different levels;
- **Neighbourhood;** will be based on Runcorn and Widnes, working with voluntary, social care and community sectors to deliver services at scale.
- **Place;** refers to Halton, will interact with hospitals, mental health trusts, local authorities and community providers.
- **System;** Cheshire & Merseyside, the PCNs will be involved in at scale decisions involving strategy decisions and resource allocation.

The aim of the PCN is to deliver integrated primary and community health care services supported by an integrated workforce team.

Networks will have a host of new roles available; initially there will be a pharmacist and a social prescriber. In the next five years they will have first contact physiotherapists, physician associates and community paramedics.

Appendix 2 shares the local of vision of the Halton PCNs.

The development of PCNs will mean that you will be able to access:
resilient high quality care from local clinicians and health and care practitioners, with more services provided out of hospital and closer to home.
- A more comprehensive and integrated set of services, that anticipate rising demand and support higher levels of self care
- Appropriate referrals and more 'one stop shop' services where all health and care needs can be met at the same time
- Different care models for different populations group – meaning that they are person centred rather than disease-centred.

Halton PCN vision
Our PCN vision has three elements:

1. Keep local people healthy.
2. Deliver high quality, responsive care by working together in an integrated, multi-disciplinary way across our community.
3. Create a great place to work

A key aspect of our vision is to maintain care continuity for those people who need it the most. We want to provide more support for these people and their families. We believe the best way to achieve this is by working in a more integrated and team-based way across partners, working together in the community to better support these people and their on-going needs. By doing this, the 'system' can respond quicker in the community, providing care closer to home, meaning people only need to go to hospital when specialist intervention is required. We can reduce duplication. We can better coordinate how, when and where care and support is provided.

To achieve this, we need to create the capacity in the community and our plan to deliver this to change the way we provide 'acute on the day' services. Our vision is to fully integrate and align General Practice with the Urgent Care/Treatment Centres (UTCs). They will become one entity.

Our vision is to create seamless services between the practices, teams in our communities and the UTCs, with standardised and common pathways and fully integrated, electronic health records.

When we achieve this, people seeking an 'on the day' acute appointment in General Practice will be offered, where appropriate, pre-bookable appointments in the UTC where they will see a clinician appropriate for their need. The UTCs will provide multi-disciplinary services that go beyond the traditional clinical offer. People and staff will have direct access Well Being, Social Care and Third Sector services, all co-located in the same place, offering one-stop services and support.

By approaching acute on the day demand in this way and working together, it will free up capacity in the community to deliver the level of high-quality, responsive care continuity we strive to for our most vulnerable people. Those with on-going and complex health and social needs, those who are in the palliative care stage of life and their loved ones, those with learning disabilities, those with mental health challenges and those who are frail.

To provide the very best care continuity, we will adopt a fully integrated multi-agency approach that includes community teams, social care, mental health, well-being, hospital services, public health, third sector and housing (list not exhaustive).

Where rapid intervention and support in the community will prevent individuals from needing to be admitted into one of our local hospitals.

Where on-going support and education will help to keep people and families healthier.

We also recognise that the resource does not exist in the system to provide this fully integrated model in every practice. Therefore, our vision is to deliver this model across our four community hubs. By working together in a more coordinated, more responsive and more integrated way, we are confident we can change the way care is accessed and delivered in our community.
We have already started this work. We are integrating General Practice and Community Services teams into our Community Hub model. Clinically led work is underway to develop and implement this new model that focuses on multi-disciplinary working, communication, risk

stratification and escalation and complex case management.

We are adopting a phased approach, bringing in teams and services one by one. This will be coordinated and overseen by the newly formed Provider Alliance. The teams and services we see being essential to this community based multi-agency model include social workers, mental health, third sector, well-being, health improvement, pharmacy and housing.

This change is about putting the patient at the centre of everything we do. To learn from each other and evidence-based best practice. We need to remove the organisational boundaries and not be constrained by bureaucracy. We need to work with our partners and the public to re-design and implement the very best services and support our resources can deliver.

If we do this, we are also confident that we can create a work place and career path that will be very attractive to both recruit and retain a workforce who share this passion and vision. Working together, empowering our front-line teams, utilising the collective skills of our workforce, rotating staff through different services, offering portfolio careers, our view is that a stable and highly motivated workforce will deliver the high-quality services that people in our local communities deserve.

Phase 1	Phase 2
General Practice	3rd sector rep.
Social Care	Housing
Bridgewater	Faith
NWB	Schools/education
W&H/StHK	Employers
WellBeing Enterprises	Youth services
Health Improvement Team	Dental
Pharmacy	Optometry
NWAS	Leisure/libraries

PCN Strategic goals

Building on previous engagement work through the One Halton Programme, ten Strategic Goals were developed by system partners to ensure Halton residents benefit from a sustainable, safe and effective out of hospital delivery system:

1. Manage demand for services by promoting self-care independence and prevention;
2. Enable health and social care service integration wherever possible and appropriate;
3. Design services around users and not organisations;
4. Treat people in the home and community for as long as it is appropriate and possible;
5. Reduce dependence on oversubscribed specialist resources such as emergency services, non-elective admissions and care homes;
6. Manage length of stay in hospitals, avoid delays to discharge and prevent readmissions where possible;
7. Allow system efficiencies to be realised – duplication and over supply is eliminated while "cost shift" from one service line or organisation to another is avoided;
8. Create the climate for staff from different professional backgrounds to work together in a positive, open and trusting multi-disciplinary climate;
9. Allow every member of staff to be trained in having new conversations with residents that focus on assets rather than need; and
10. Make full use of digital technology, including development of a joined-up electronic record.

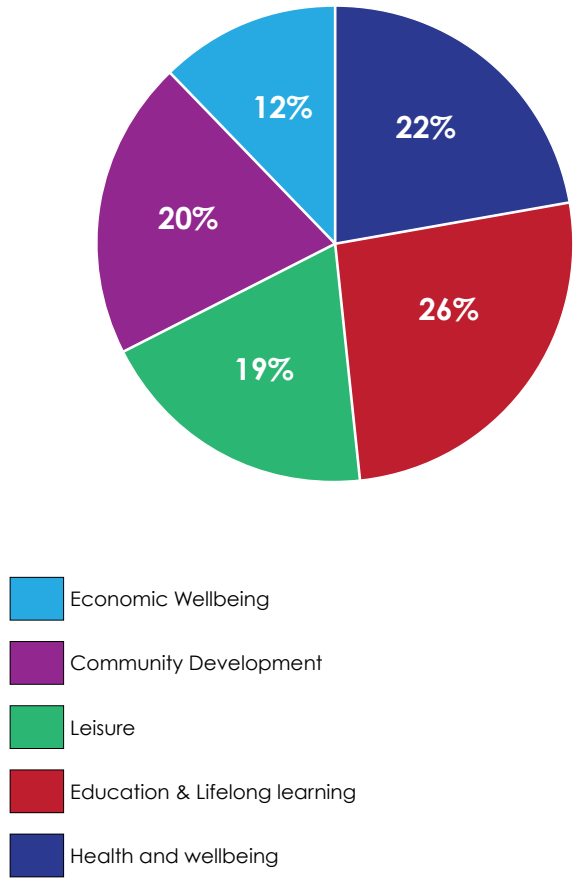
Voluntary Sector

In Halton there are over 700 organisations and groups that make up the voluntary sector. 487 of these are registered with Halton & St Helens Community and Voluntary Action.

Across Halton there are over 15,000 volunteers providing over 45,000 hours of capacity each week.

It is estimated that the voluntary sector contribute £57m worth of gross added value to the Halton economy. The contribution of the voluntary sector can be increased through collaboration.

The main areas of work the voluntary sector provides are:



Driving improvements by working smarter

Digital:

Technology is now a fundamental part of every aspect of our lives. The way we access and share information, interact with each other and use services all rely on technology working well and in a way that suits our lives. Organisations need to be able talk to each other more easily so that people can use technology to find out more about health and social care.

The aim is to deliver barrier free health and social care experiences through new ways of data capture, recording and apps integration, secure citizen access and ultimately ownership of one's own record. This will mean that you only need to tell your story once and that data is consistent across organisations.

In order to achieve the digital ambitions of 'The NHS Long Term Plan' organisations will continue to embrace and build upon the emerging national, regional and locality initiatives and workstreams.

Delivering Digital within Halton will be built upon our continued engagement with the Cheshire & Merseyside Health Care Partnership Digit@LL Strategy. This will be a key enabler to allow us to deliver digital change locally whilst delivering efficiencies by collaborating at scale.

Empowering People

Technology can be a key asset for communities, helping to support local business opportunities, improving educational experiences across all age groups, providing everyone with better ways of communicating with the outside world and offering the opportunity to learn from others. We want to work with partners and the wider community to make sure we are making the best use of the technology that is available to individuals and communities.

By making better use of data and

digital technology we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

Prevention and early intervention will require effective use of new technology. We will explore how we can use telemedicine and continue to develop our approach to assistive technology to keep people safe and give them rapid access to support. We will use connected home technologies to allow patients with long-term conditions access their health records, care plans and where they choose share information with the NHS via digital monitoring devices.

Supporting health and care professionals

We will support our health and care professionals by providing them with timely access to the information they require in the location they require it. This will include a continued roll out of mobile devices for our staff working in the community, visiting people in their own home including care and residential homes.

We will implement and develop a local shared care record to ensure professionals directly involved in health and social care have access to the most up-to date information. We also want people to have access to, and control over, their personal health and social care records which will be enabled through our Care Record programme. We want to help people take responsibility for self-managing their care, and technology has a role to play in offering easy ways to access advice and information.

We will ensure that our local shared care record programme is fully aligned and takes advantage of the collaborative Share2Care programme. Share2Care is a collaborative programme between Cheshire and Merseyside Health Care Partnership and Healthier Lancashire and South Cumbria to deliver electronic shared health and care records.

Digital transformation will require all staff to make adjustments in how they work. Our aligned workforce plans will address the need for an increase in the technical skills of both specialist and non-specialist staff. Through the NHS Digital Academy we will support an increase in capability among senior technology and digital leadership enabling further cohorts of NHS staff to become digital change leaders and we will ensure that by 2021/22, all local NHS organisations will have a CCIO or CIO on the Board.

Supporting clinical care
Our ambition to achieve a paperless health and social care system will focus upon optimisation and interoperability of electronic patient records used and to support our staff, patients and carers in embracing digital solutions for seamless but complex health and care services.

It is our intent to develop ever more impactful and accessible decision tools and insights for clinicians and patients in pursuit of the right advice, decision and support every time. We will increase the digital options available to people of their care. These will include, where appropriate, online consultations and digital advice across all services in health and social care. We will continue to develop the digital capability available to our GP practices through the GP IT Futures Framework whilst ensuring these systems support our ambitions when redesigning clinical pathways.

We will ensure that our digital programmes make a direct contribution to the delivery of wider system transformation objectives and specific priorities such as improved cancer care and mental health services.

Improving population health
New ways of assessing health risks, early diagnosis and providing preventative care are being created by new digital technology and information analysis. We want to make those benefits available to people in our communities. Our aim is to use technology to support population health management. This is the identification of people at risk of illness and those who would benefit from early intervention to help reduce illness and premature death.

Improving clinical efficiency and safety
Security & confidentiality, accessibility & availability, accuracy & comprehensiveness are all key facets of outstanding digitised care. We will ensure that any locally developed or procured services comply with the published open standards, ensuring full interoperability with the national infrastructure and other local services. In addition We will ensure local systems and data are secure through the implementation of security and monitoring systems across the whole estate, the education of all staff, and the design of systems and services to be resilient and recoverable.

Our ambition is to drive forward digitisation focussed on the user need whilst engaging with our staff and our patients in its development. Digital skills are no longer exclusive to our information technology service providers. We are committed to mobilising the skills of our entire workforce and inclusiveness of all our citizens to aid our ambition for 'digital first'.

We are currently developing a digital strategy for Halton, specifics will include:

- *Create a Health and Care shared record that is accessible by the patient and health care professionals.*
- *Interoperable IT, to allow ease of data sharing across providers.*
- *Consistency of data sets to allow a system/Halton response to statistics.*
- *Improved data/information flows*
- *Engage with the public to establish how they want this to look and explain how it will achieve better outcomes.*

Using our resources more effectively

Workforce:
Our joint health and care workforce is one of our biggest assets. However, across Halton, and indeed the whole country, workforce shortages are currently the biggest challenge facing health and care services.

This poses a threat to the delivery and quality of care. Current workforce shortages are taking a significant toll on the health and wellbeing of staff.

People's rapidly changing health and care needs, alongside medical and technological advances, requires all frontline staff to acquire new skills and adopt new ways of working over the next decade.

We want to make sure our health and care workforce supports a strong, safe and sustainable health and care system that is fit for the future.

A workforce strategy for Halton is currently in development, not only to ensure we have the workforce capacity we need for the next five years but to ensure the current staff are well looked after. It will include:

- Developing a workforce with new roles and new ways of working that are focussed on One
- Implementation of the Healthy Workforce Programme.
- Career promotion in schools.
- Ensure Halton has sufficient workforce capacity to meet demand
- One Halton rotational roles. Ability for some roles to work across multiple providers in health and social care, taking away any contractual barriers, optimising pay and conditions to promote Halton as the preferred place to work.

Action: Create a workforce strategy for Halton

Estate:
We need to ensure that our collective estate is utilised in the most effective way both in the short and long term.

This means making sure that we make best use of our land and property assets now; facilitating joint working or alternative uses where appropriate.

We will improve the way we use our land, buildings and equipment. This will mean we improve quality and productivity, energy efficiency and dispose of unnecessary land to enable reinvestment.

We will work with all providers to reduce the amount of non-clinical space, as well as reducing our carbon footprint by improving energy efficiency through widespread implementation smart energy management.

We can help improve the use of our community facilities, such as libraries and GP Practices, by ensuring they are multi-purpose and can support health and wellbeing.

It also means we need to ensure that our estates support the health and social care transformation and integration agenda and can respond to developing service models.

Looking forward, we also need to inform long-term regeneration plans for the borough with regard to changing need and demographics to ensure that future estate is planned appropriately.

This includes working with all partners to help secure commitment for a new purpose-built modern hospital which will be flexible and able to support the delivery of new models of care as they evolve.

We will maximise utilisation of existing estate to reduce void space and increase utilisation of bookable spaces through the reconfiguration and relocation of services.

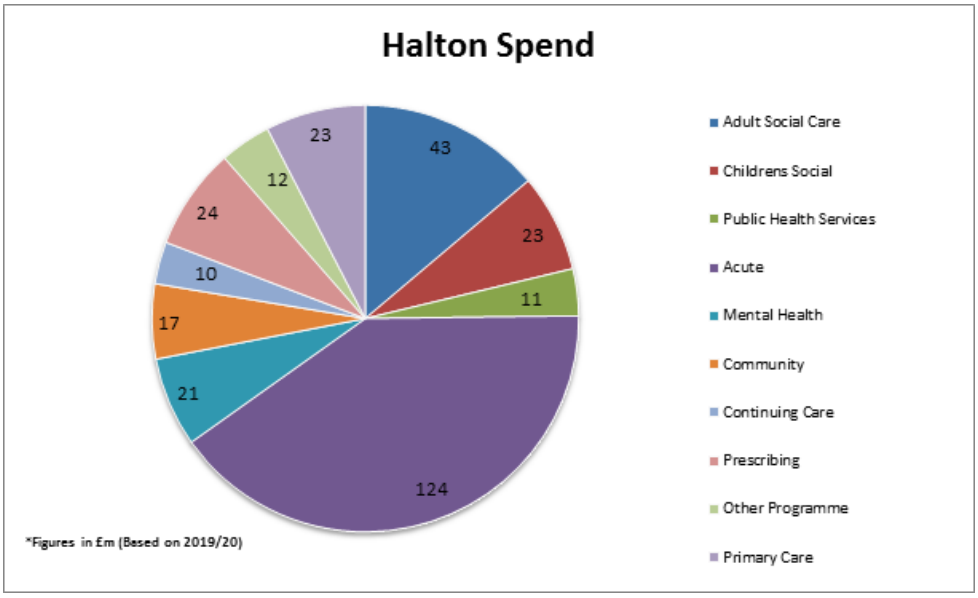
We will dispose of old or surplus property wherever possible and end leases for properties that are no longer required. We review our office space and where possible reduce and rationalise this to improve efficiencies.

Action:

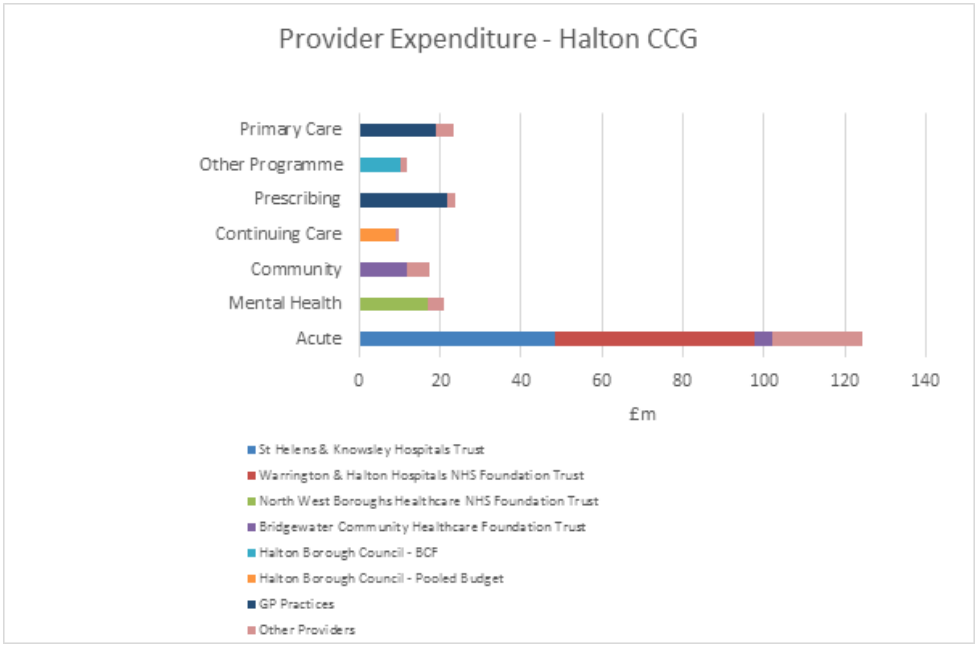
- **Develop an overarching estates strategy for Halton to ensure that the current estate in Halton is being utilised to its maximum potential and that when new services are proposed there is local availability of land/buildings to provide these.**
- **A heat map will be developed to show existing estate, what condition it is in, what clauses are in the lease, vacant space etc**

Making tax-payers money work harder

Across Halton over £300 million a year is spent on Health and Social Care. NHS Halton CCG spends £231m on services such as Acute Care, Primary Care, Community Services, Mental Health and Prescribing[6]. Halton Borough Council £76m on Adult Social Care, Children's Social care and Public Health . This includes many services such as community services, complex care, mental health and family services.



All commissioners in Halton (NHS Halton CCG and Halton Borough Council) are experiencing financial difficulties as demand has grown faster than nationally allocated budgets.



The Local Authority already has to demonstrate a balanced budget annually; there is now a national mandate for all NHS organisations to be in financial balance by 2023/24.

Funding reforms will lead to changes for providers with more of an emphasis on incentives for improving quality and patient experience. By reducing duplication and commissioning services in a more integrated joined up way we can save money.

To get the most out of taxpayer's investment we will work as a partnership to reduce duplication and work at scale to combine buying power to ensure cheaper costs,
We will make sure the Halton pound is invested efficiently and effectively to achieve the best outcomes.

6 2019/20 Budget

What does it mean for me?

One Halton has already made a commitment to deliver on the outcome described above.
The organisations in Halton that provide your services have made a commitment to work collaboratively together so you only have to tell your story once and the care you receive is more joined up and focussed on your needs.

The commissioners in Halton have agreed to streamline and integrate their services where possible; as well as work with Providers to ensure those services are designed around your needs.

As a patient, resident or someone who works in Halton you also need to make a commitment to do things differently and take an active role in prevention.
Eating healthy, getting more active and most importantly asking for help when you need it.

Health is a shared responsibility and only by working together can we achieve our vision of healthier, happier lives for everyone.

For prevention to succeed we need individuals and communities to play their part too. This involves making healthier choices for ourselves and our families, eating well, staying active, being smoke free and taking care of our mental health. Health is a shared responsibility and only by working together can we achieve our vision of healthier, happier lives for everyone.

Together, we will:

- Focus on people and places not organisations.
- Take a life course approach
- Work in partnership to co-produce
- Be financially sustainable
- Align budgets
- Be fair
- Be innovative
- Strive for best quality services.
- Safeguarding commissioning landscape as it changes
- Be accountable and hold to account to offer assurance (system oversight)

Our Priorities are:
Children and Young People: improved levels of early child development
Generally Well: increased levels of physical activity and healthy eating and reduction in harm from alcohol
Long-term Conditions: reduction in levels of heart disease and stroke
Mental Health: improved prevention, early detection and treatment
Cancer: reduced level of premature death
Older People: improved quality of life

How will we measure success?

Ultimate responsibility for the implementation of the One Halton Health and Wellbeing Strategy and the One Halton Plan lies with the Halton Health and Wellbeing Board.

The outcomes are monitored and reported quarterly through the Health and Wellbeing Dashboard (see appendix 2).

The Health and Wellbeing Board is a public meeting and residents are encouraged to attend to find out more about what is going on across Health and Social Care in Halton.

APPENDIX 1

Cheshire & Merseyside Healthcare Partnership

APPENDIX 2

How we will measure:

MENTAL HEALTH	15	Emergency self-harm admissions *Directly Standardised Rate per 100,000 population*	All	345.8	2010/11	340.0	185.5	2017/18	337.7	2018/19		
	16	Self reported wellbeing: low happiness *% of adults reporting low happiness*	18+	11.1%	2011/12	9.7%	8.8%	2017/18	9.4%	2018/19		
	17	Social isolation *% of adult social care users who have as much social contact as they would like*	18+	45.8%	2010/11	54.4%	46.1%	2017/18	-	-		
CANCER	18	Premature mortality from cancer *Directly Standardised Rate per 100,000 population*	<75	215.4	2001-03	169.1	148.5	2015-17	170.9	2016-18		
	19	Cancer screening coverage: bowel *% eligible people invited for screening with a FOBt screening result in last 30 months*	60-74	52.2%	2015	57.0%	58.9%	2018	60%	National standard		
	20	Cancer screening coverage: breast *% women eligible for screening with a test with a recorded result once in previous 36 months*	53-70	74.5%	2010	75.4%	75.4%	2018	70%	National standard		
	21	Cancer screening coverage: cervical *% eligible women screened adequately in previous 3.5 years*	25-64	70.2%	2010	71.8%	71.8%	2018	80%	National standard		
QUALITY OF LIFE FOR OLDER PEOPLE	22	Flu vaccination uptake *% of eligible adults aged 65+ who received the flu vaccine, GP registered population*	65+	74.8%	2010/11	75.7%	75.5%	2017/18	75.0%	2018/19		
	23	Emergency admissions to hospital due to injuries from falls *Directly Standardised Rate per 100,000 population*	65+	3564.9	2010/11	2957.1	2398.5	2017/18	2900.0	2018/19		
	24	Emergency admissions to hospital due to hip fractures *Directly Standardised Rate per 100,000 population*	65+	657.2	2010/11	674.5	617.2	2017/18	665.0	2018/19		
	25	Health-related quality of life for older people *Average health status score for adults*	65+	0.862	2011/12	0.859	0.716	2016/17	-	-		
	26	Permanent admissions to residential/nursing care homes *Crude rate per 100,000 population*	65+	575.9	2010/11	582.0	756.0	2017/18	-	-		
	27	Male life expectancy at 65 *Avg. no. of years males would expect to live based on contemporary mortality rates*	65+	14.8	2001-03	17.5	18.0	2015-17	17.6	2016-18		
	28	Female life expectancy at 65 *Avg. no. of years females would expect to live based on contemporary mortality rates*	65+	17.5	2001-03	19.5	20.2	2015-17	19.4	2016-18		
A&E		**CQC PRIORITIES**										
	29	A&E attendances *Directly Standardised Rate per 1,000 population*	All	559.0	2011/12	746.2	-	2017/18	-	-		
	30	A&E attendances *Directly Standardised Rate per 1,000 population*	0-19	420.8	2010/11	942.1	499.2	2016/17	-	-		
	31	A&E attendances *Directly Standardised Rate per 1,000 population*	65+	422.8	2011/12	754.5	-	2017/18	-	-		
HOSPITAL ADMISSIONS / READMISSIONS	32	Emergency admissions to hospital *Directly Standardised Rate per 1,000 population*	0-19	104.5	2010/11	110.4	97.5	2016/17	-	-		
	33	Emergency admissions to hospital *Directly Standardised Rate per 1,000 population*	65+	590.0	2011/12	574.4	-	2017/18	-	-		
	34	Length of hospital stay *Percentage of emergency admissions among those aged 65+ lasting longer than 7 days*	All	32%	Q3 17/18	32%	-	Q4 17/18	-	-		
	35	Emergency readmissions to hospital from care homes *% of emergency readmissions from care home within 30 days of discharge*		29%	Q3 17/18	17%	-	Q4 17/18	-	-		
	36	Emergency readmissions to hospital (30 days) *% of patients readmitted to hospital within 30 days of discharge for all causes*	All	15.5	2013/14	14.1%	15.8%	2017/18	-	-		

Health and Wellbeing Board Dashboard

*Targets only available for QNHI indicators, those without targets are not currently benchmarked locally

Data correct as of: 08/05/2019

			Ages	Baseline	Period	Current	NW	Period	Target	Year	Trendline
		HEALTH & WELLBEING BOARD PRIORITIES									
CHILD DEVELOPMENT	1	Child development at age 5 *% of eligible children achieving a good level of development at the end of reception*	5	37.0%	2012/13	64.5%	68.9%	2017/18	66.5%	2018/19	
	2	A&E attendances *Crude rate per 1,000*	0-4	535	2010/11	1627.2	766.6	2017/18	-	-	
	3	Children in care *Crude rate per 10,000 children*	0-17	47.0	2011	92.2	91.2	2018	-	-	
	4	Obese children - Reception *% of children who are obese*	4-5	11.6%	2006/07	11.4%	10.2%	2017/18		*Awaiting*	
	5	Obese children - Year 6 *% of children who are obese*	10-11	21.7%	2006/07	23.4%	21.0%	2017/18		*Awaiting*	
	6	Hospital admissions for mental health conditions *Crude rate per 100,000*	0-17	179.5	2010/11	137.3	105.6	2017/18	-	-	
GENERALLY WELL	7	Adults achieving recommended levels of physical activity *% of adults achieving 150+ minutes of moderate intensity equivalent per week*	19+	59.0%	2015/16	65.2%	53.7%	2016/17	67.0%	2017/18	
	8	Adults with excess weight *% of adults classified as overweight or obese*	18+	70.5%	2015/16	61.1%	64.3%	2016/17	58.0%	2017/18	
	9	Under-18 alcohol-specific admission episodes *Crude rate per 100,000 population*	<18	201.8	06/07-08/09	57.6	47.6	15/16-17/18	55.6	16/17-18/19	
	10	Alcohol-related admissions episodes (narrow definition) *Directly Standardised Rate per 100,000 population*	All	754.4	2008/09	830.2	699.9	2017/18	827.7	2018/19	
	11	Premature mortality from liver disease *Directly Standardised Rate per 100,000 population*	<75	23.4	2001-03	31.4	26.3	2015/17	-	-	
LONG TERM CONDITIONS	12	Smoking prevalence *% of adults who currently smoke*	18+	22.9%	2011	15.0%	16.1%	2017	14.8%	2018	
	13	Premature mortality from cardiovascular disease *Directly Standardised Rate per 100,000 population*	<75	177.4	2001-03	91.3	87	2015-17	88.9	2016-18	
	14	Premature mortality from respiratory disease *Directly Standardised Rate per 100,000 population*	<75	50.7	2001-03	50.3	45.8	2015-17	50.5	2016-18	

Contacts

If you have any queries relating to One Halton, in first instance please contact:

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Email xxxx

Alternatively you can contact;

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Chair of Halton Health and Wellbeing Board
Leader of Halton Borough Council
xxx

David Parr
Senior Responsible Officer – One Halton
Chief Executive – Halton Borough Council
Xxxx

REPORT TO: Health and Wellbeing Board

MEETING DATE: 2nd October 2019

REPORTING OFFICER: Simon Barber, Chair of the One Halton Provider Alliance and CEO at North West Boroughs NHS Foundation Trust

PORTFOLIO: Health and Wellbeing

SUBJECT: Provider Alliance Update Report October 19

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is for the One Halton Provider Alliance to provide an update to the Health and Wellbeing Board. To provide assurances, document decisions made and where applicable seek approval.

2.0 RECOMMENDATION: That the report be noted;

3.0 SUPPORTING INFORMATION

3.1 **Meetings:**

Since the last report, the Provider Alliance has met twice on 3rd July and 4th September 2019. The August meeting was converted into a One Halton Forum to discuss the Urgent Treatment Centres.

3.2 **Key Decisions Made:**

Urgent Treatment Centres

- The Provider Alliance agreed that if there was another procurement in relation to the Urgent Treatment Centres, a collaborative, local bid would be submitted.

- The Provider Alliance has written to Halton CCG to express its desire to avoid a further procurement exercise and has stated its ability to provide a single delivery model for both Urgent Treatment Centres.

- A working group has been established specifically relating to the Urgent Treatment Centres and has representation from each member of the Provider Alliance, including Voluntary Sector and Housing. This group agreed a single delivery model for both Urgent Treatment Centres (one in Runcorn and one in Widnes).
  Good progress is being made; an experienced independent bid writer was approved by the Provider Alliance to form part of the working group.

- Since the last meeting of the Provider Alliance, Halton CCG have confirmed they will be undertaking a full procurement exercise in relation to the Urgent

Treatment Centres. The Provider Alliance is responding to this with a collaborative approach single delivery model.

Workstreams

- The workstreams previously identified have been reviewed and it was agreed that Urgent Treatment Centres would be added as a priority for the Provider Alliance, as this will be a testbed for integration.

- The workstreams are confirmed as:
    - Place Based Integration (Including Primary Care Networks)
        - Halton Integrated Frailty Service (Test Bed)
        - Urgent Treatment Centres (Test Bed)
    - Prevention/Population Health, specifically Making Every Contact Count
    - Information (Focus on interoperability and data)
    - Workforce

Place Based Integration

- The Provider Alliance has reviewed and approved a Project Initiation Document (PID) for Place Based Integration.

- The project will implement integrated, multi-disciplinary health, social care and wellbeing services in Halton based on the community hubs. The aim is to improve access to services, improve quality, reduce demand on secondary care and reduce unwarranted variation.

- The project comprises of two phases with the initial PID focused on Phase 1; which includes General Practice, Community and Social Workers. It will identify and align all existing and relevant work programmes such as MDTs in care homes, aligning social workers and intermediate care review.

- Phase 2 will be developed at a later stage and will include many other services such as Mental Health, Childrens and Voluntary Sector.
  The Provider Alliance requested further information and timelines regarding Phase 2.

- A funding request for £25,000 for a Project Manager to support Place Based Integration was reviewed and supported by the Provider Alliance. It is proposed this funding will come from the One Halton place based funding subject to approval by the Senior Responsible Officer.

Place Based Matrix

- Providers reviewed the Cheshire & Merseyside Health Care Partnership Place Based Matrix and concluded that any actions will be picked up by the relevant senior responsible officer for that workstream/project.

3.3 **Halton Integrated Frailty Service**

- The Halton Integrated Frailty Service is an urgent crisis intervention and support service, provided by a multidisciplinary team, aiming to prevent

admissions into secondary care, collaboratively managing frailty as a long term condition to optimise independence, health and wellbeing.

- A progress report was reviewed relating to the Halton Integrated Frailty Service.
    - Noting there had been some delays with recruitment due to lack of suitably qualified applicants, however a number of posts are now appointed, some are back out to advert and interim agency staff will fill the gaps.
    - A partial service will commence in September 2019, leading to full implementation by the end of October 2019.
    - The £490,570 investment is expected to be spent in full.
    - Provider Alliance will monitor with regular update reports to include planned spend, planned return on investment, monitoring against the outcomes.

3.4 **Place Five Year Strategic Plan – One Halton Plan**

- The One Halton Plan is a direction setting document that outlines local need, health inequalities, trends and future targets. It is a requirement from Cheshire & Merseyside Healthcare Partnership who will amalgamate local plans in order to produce a Cheshire & Merseyside Five Year Strategy.

- Providers have supported the development of the One Halton Plan, specifically in relation to how Provider collaborations and Primary Care Networks will help support the implementation of the NHS Long Term Plan. The voluntary sector has contributed in how they can support the audacious goals set by Cheshire & Merseyside Healthcare Partnership.

4. POLICY IMPLICATIONS

n/a

5. FINANCIAL IMPLICATIONS

5.1 The Provider Alliance will need financial investment into some of the workstreams/projects. This will be formalised through Project Initiation Documents to identify specifically what is required, when and potentially where from. It is expected that this funding will come from the Place-based funding that has been approved by the Cheshire & Merseyside Health Care Partnership.

6. IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

The Provider Alliance will strive to improve outcomes for Children and Young People in Halton. It will move away from individual organisations focussing on specific conditions, to a population health focus, delivered in a collaborative approach.

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

The Provider Alliance has identified Workplace as a key priority area. To make Halton a preferred place to work, Providers have agreed to adopt shared workforce roles which could see employees working across multiple different employers in Halton, whilst maintaining the one contract.

6.3 **A Healthy Halton**

The Provider Alliance priorities identify workstreams specifically to achieve a Healthy Halton. Population Health and Prevention projects will be delivered collaboratively across Halton.

6.4 **A Safer Halton**

None

6.5 **Halton's Urban Renewal**

None

7. RISK ANALYSIS

n/a

8. EQUALITY AND DIVERSITY ISSUES

n/a

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

None under the meaning of the Act.

REPORT TO: Health and Wellbeing Board

DATE: 2nd October 2019

REPORTING OFFICER: Director of Public Health, Policy and Resource

PORTFOLIO: Health and Wellbeing

SUBJECT: Seasonal Flu Plan 2019/20

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 2019 – 2020 flu season and implications of this for the Local Authority and health and social care partner agencies.

2.0 RECOMMENDATION: That

i) The Health and Wellbeing Board note the content of the Annual Flu Plan and note the changes to the national flu vaccination programme for 2019-2020; and

ii) Each individual agency note their requirements in relation to the programme and promote flu prevention as widely as possible.

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 now include all primary school aged 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:

Eligible Group	Uptake ambition for 2017/18
Aged 65 and over	75%
Aged under 65 'at risk', including pregnant women	**At least** 55% (ultimately increasing to 75%)
Children ages 2 and 3 years	**At least 50%** with practices aiming to achieve higher
Primary School cohort	Average of **at least** 65% across all years
Health and care workers	75%

There has been a general decline in flu uptake, locally and nationally in the last few years, though Halton has seen an increase in uptake in the previous year.

Uptake of Flu Vaccines across Halton CCG

Flu vaccine uptake in the last three years (%) was as follows:	2018/19		2017/18		2016/17		2015/16	
	Eng	**Halton**	**Eng**	**Halton**	**Eng**	**Halton**	**Eng**	**Halton**
Patients aged 65 years or older (CCG)	**72.0**	71.1 ⇩	**72.4**	73.7	**70.5**	71.5	**71.0**	72.2
Patients under 65 years in risk groups (CCG)	**48.0**	45.6 ⇩	**48.9**	50.4	**48.6**	51.0	**45.1**	47.6
Pregnant women (CCG)	**45.2**	41.3 ⇩	**47.1**	50.4	**44.9**	50.5	**42.3**	49.1
Health care workers St Helens and Knowsley NHS Trust	**70.3**	95.4 ⇧	**68.7**	87.2	**63.0**	82.0	**54.6**	76.6
Warrington and Halton Hospital NHS Trust		89.6 ⇧		85.5		81.8		81.6
Two years old (including those in risk groups) (CCG)	**43.8**	34.3 ⇩	**42.6**	40.2	**38.9**	36.9	**35.4**	36.0
Three years old (including those in risk groups) (CCG)	**45.9**	38.4 ⇩	**44.0**	45.8	**41.5**	41.9	**37.7**	38.6
Reception Year	**64.3**	66.7 ⇧	**62.6**	57.4	**X**	X	X	X
School year 1	**63.6**	61.9 ⇧	**61.0**	58.3	**57.6**	52.4	**54.4**	53.1
School Year 2	**61.5**	62.2 ⇧	**60.4**	53.6	**55.4**	54.2	**52.9**	54.2
School Year 3	**60.4**	57.4 ⇧	**57.6**	54.2	**53.3**	52.9	X	X
School Year 4	**58.3**	56.4 ⇧	**55.8**	50.3	**X**	X	**X**	X
School Year 5	**56.5**	55.7	**X**	X	**X**	X	**X**	X

*Cell colour indicates if indicative targets have been achieved, red indicates target some distance from target, amber indicates close to achieving, green indicates target achieved. Arrow indicates direction of travel from previous year.

3.3 Uptake amongst front line health care workers continues to increase, with St Helens and Knowsley and Warrington and Halton Hospital Trust achieving significantly higher than target and national average 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.

Flu programme 2019-20

Key changes to this year's plan

- Healthy Child programme has been extended to include all primary school age children
- Social Care workers, including those in hospice provision, will continue to be eligible for vaccination under the national programme
- There is anew vaccine available for those aged netween 18 and 64 which provides an egg free option for those who are allergic to eggs. The cell-QIVc) will be available alongside the egg-grown quadrivalent influenza vaccine (QIVe)
- There are not 3 vaccines available to those over 65s, Adjuvant Tri Valant inactivated vaccine (aTIV) is still recommended, with the additional of the QIVc vaccine and the newly licensed high dose trivalent influenza vaccine (TIV-HD). While individuals will not be given a choice of vaccine, a choice is available for health care professionals to order for their population as required.

3.4 Other than the extension of the school programmes, there has been no additionalchange to the people eligible for the flu vaccination in the 2019/20 community provide flu programme, these are:

- 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
- Primary school age children
- those in long-stay residential care homes
- carers
- Front line social care staff

3.5 Flu programme delivery

The vaccinations will be delivered through primary care (GP practices) and community Pharmacies for the majority of the eligible persons (over 65, those in a clinical risk group between 18-65 years of age, pregnant women (although midwifery services also vaccinate pregnant women as part of an NHSE contract) and carers. The vaccine for children in a clinical risk group will be undertaken in general practice only. Vaccination of eligible 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.

Staff employed by social care services, care homes, hospices and domiciliary care agencies can receive vaccination at either their GP or community pharmacy on production of a relevant form of ID (employer ID badge, payslip or letter from employer)

3.6 Publicity and marketing

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’ and ‘Help us Help You’ campaign.

Other local campaign approaches for this year include:

- Using Catch App to engage with parents of children under 5 about flu vaccination and flu messages
- General awareness and publicity in children’s settings
- Working with Warrington and Halton Hospital Foundation Trust to message patients about flu
- High volume social media messaging
- Working with Primary Care Networks to explore alternative vaccination approaches
- Engaging local media in positive stories and infomration

Potential challenges

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

Change of vaccines used
NHS England has confirmed that there is a potential vaccine supply issue from one manufacturer, this may impact upon delivery for practices who have ordered this vaccine.

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. An opportunity to engage staff to a greater extent exists this year due to the expansion of the national programme to this group of people.

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**

There are none within the meaning of the Act.

Halton Flu Plan 2019-2020

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.

Key changes to this year's plan

- Healthy Child programme has been extended to include **all primary school aged children**
- Confirmation that the **Health and Social Care workforce**, including those in hospice provision, will continue to be eligible for vaccination under the national programme
- A new vaccine is available for 2019-20: cell-based quadrivalent influenza vaccine (**QIVc**) and is equally suitable for those under 65 in risk groups and those over 65 alongside **aTIV** (adjuvanted trivalent influenza vaccine) available for those over 65 and the original Quadrivalent Inactivated vaccine (now called **QIVe** as this vaccine is egg-grown) available for those under 65 in a risk group.
- High dose trivalent influenza vaccine (**TIV-HD**) is suitable for those aged 65 and over though because if increased costs will not be eligible for reimbursement under the NHS flu vaccine programme.

Flu vaccination

<u>Responsibilities for Halton Borough Council and CCG</u>

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

Timing

Vaccination should be given in sufficient time to ensure patients are protected before flu starts circulating. The decision to vaccinate should take into account the fact that the immune response to vaccination takes about two weeks to fully develop. If an eligible patient presents late for vaccination it is generally appropriate to still offer it. This is particularly important if it is a late flu season or when newly at risk patients present, such as pregnant women who may not have been pregnant at the beginning of the vaccination period.

Uptake Ambitions

GPs and School-based providers must actively invite 100% of eligible individuals.
The national target for vaccination uptake is set as identified in the table below:

Eligible Group	Uptake ambition for 2017/18
Aged 65 and over	**75%**
Aged under 65 'at risk', including pregnant women	**At least 55%** in all clinical risk groups (ultimately increasing to 75%)
Children ages 2 and 3 years	**At least 50%** with practices aiming to achieve higher
Primary school aged children	**Average of at least 65%** across all years
Health and care workers	**75%**

Flu vaccination uptake rates (national & local)

Flu vaccine uptake in the last three years (%)was as follows:	2018/19		2017/18		2016/17		2015/16		2014/15	
	Eng	**Halton**	**Eng**	**Halton**	**Eng**	**Halton**	**Eng**	**Halton**	**Eng**	**Halton**
Patients aged 65 years or older (CCG)	**72.0**	71.1 ⇩	**72.4**	73.7	**70.5**	71.5	**71.0**	72.2	**72.8**	73.8
Patients under 65 years in risk groups (CCG)	**48.0**	45.6 ⇩	**48.9**	50.4	**48.6**	51.0	**45.1**	47.6	**50.3**	50.3
Pregnant women (CCG)	**45.2**	41.3 ⇩	**47.1**	50.4	**44.9**	50.5	**42.3**	49.1	**44.1**	46.7
St Helens and Knowsley NHS Trust workforce	**70.3**	95.4 ⇧	**68.7**	87.2	**63.0**	82.0	**49.5**	76.6	**54.6**	83.5
Warrington and Halton Hospital NHS Trust workforce		89.6 ⇧		85.5		81.8		81.6		78.5
Aged 2 (including those in risk groups) (CCG)	**43.8**	34.3 ⇩	**42.6**	40.2	**38.9**	36.9	**35.4**	36.0	**38.5**	35.6
Aged 3 (including those in risk groups) (CCG)	**45.9**	38.4 ⇩	**44.0**	45.8	**41.5**	41.9	**37.7**	38.6	**41.3**	37.2
Reception Year	**64.3**	66.7 ⇧	**62.6**	57.4	X	X	X	X	X	X
School year 1 (LA)	**63.6**	61.9 ⇧	**61.0**	58.3	**57.6**	52.4	**54.4**	53.1	X	X
School Year 2 (LA)	**61.5**	62.2 ⇧	**60.4**	53.6	**55.4**	54.2	**52.9**	54.2	X	X
School Year 3 (LA)	**60.4**	57.4 ⇧	**57.6**	54.2	**53.3**	52.9	X	X	X	X
School Year 4 (LA)	**58.3**	56.4 ⇧	**55.8**	50.3	X	X	X	X	X	X
School Year 5 (LA)	**56.5**	55.7	X	X	X	X	X	X	X	X

Cell colour indicates if indicative targets have been achieved, red indicates target >5% from target, amber indicates within <5% from target, 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). 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.

Late in 2017 NHSE announced that those working in residential and domiciliary Social Care settings would be included in the national programme. It was announced 2017/18 that social care staff, including those working in hospice settings will be eligible to receive flu vaccination from their GP or pharmacist on the productions of an appropriate form of identification, under the national programme. This is to be continued in 2019/20 and is likely to remain annually.

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 2019/20 will include the immunisation of all children in primary school from reception to year 6 being immunised in school based campaign.

Merseyside NHS England area Team has commissioned Bridgewater NHS Foundation Trust School Nursing Service as an extension to 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 were given opportunity to provide flu vaccination, if they satisfied the requirements of the Advanced Service, to eligible adult patients (over the age of 18). This service continues and is commissioned by NHS England as an Advanced Service. 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/ . In Halton, all community pharmacies currently offer the programme.

Vaccine Supply

NHS England has confirmed that the most effective flu vaccines for the population should be ordered, for the 2019/20 flu season. There are a variety of vaccines advised by the of the Joint Committee on Vaccination and Immunisation (JCVI), which provide some choice for prividers in determining which vaccines may best suit their needs, including:

Eligible group	Type of flu vaccine
At risk children aged from 6 months to less than 2 years	Offer **standard egg-grown quadrivalent influenza vaccine (QIVe)** QIVe is offered to these children as the live attenuated influenza vaccine (LAIV) is not licenced for children under 2 years of age.
At risk children aged 2 to under 18 years	Offer **live attenuated influenza vaccine (LAIV)** If child is contraindicated to LAIV (or it is otherwise unsuitable) offer **standard egg-grown quadrivalent vaccine (QIVe)***
Universal children's programme: **Those aged 2 and 3 years on 31 August 2019** **All primary school aged children (aged 4 to 10 on 31 August 2019)**	Offer **live attenuated influenza vaccine (LAIV)** If child is in at risk group and is contraindicated to LAIV (or it is otherwise unsuitable) offer standard egg-grown quadrivalent vaccine (QIVe)
At risk adults (aged 18 to 64), including pregnant women	Offer EITHER **standard egg-grown quadrivalent influenza vaccine (QIVe)** OR **cell-grown quadrivalent influenza vaccine (QIVc)** These two vaccines are considered equally suitable for use in adults under 65 years of age.
Those aged 65 years and over	Offer EITHER **adjuvanted trivalent influenza vaccine (aTIV)** OR **cell-grown quadrivalent influenza vaccine (QIVc)** These vaccines are considered equally suitable for use in adults aged 65 and over.

It is recommended that quadrivalent vaccines for use in the 2019/20 northern hemisphere influenza season contain the following:

- an A/Brisbane/02/2018 (H1N1)pdm09-like virus;
- an A/Kansas/14/2017 (H3N2)-like virus;
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and

- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

It is recommended that the influenza B virus component of trivalent vaccines for use in the 2019/20 northern hemisphere influenza season be a B/Colorado/06/2017-like virus of the B/Victoria/2/87-lineage.

All flu vaccines for children are purchased centrally by PHE. This includes vaccine for the national offer to all children aged 2 and 3 and in school settings 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, egg grown quadrivalent vaccine can also be ordered through the ImmForm website: www.immform.dh.gov.uk.

Providers remain responsible for ordering vaccines directly from manufacturers for all eligible adult populations. They should ensure they are able to offer the most effective vaccine for each eligible group consistent with national guidance. Provided a patient is offered a recommended vaccine for their age, providers are not expected to have to offer a choice between vaccines.

Flu vaccine uptake data

Monthly data collections will take place over four months during the 2019/20 flu immunisation programme. Subject to the Burden Advice and Assessment (BAAS) approval, the first data collection will be for vaccines administered by the end of October 2019 (data collected in November 2019), with the subsequent collections monthly thereafter, and with the final data collection for all vaccines administered by the end of January 2020 (final data collected in February 2020). Uptake data for healthcare workers will collect information on immunisations given up to the end of February 2020 (final data collected in March 2020).

PHE will be responsible for monthly collections of flu vaccine uptake for primary school aged children over four months during the 2019/20 flu season. Collection will be undertaken through the ImmForm data entry tool. NHS England teams will agree responsibility for completion of this monthly data entry to ImmForm with their providers.

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.

For 2019/20 Halton and Warrington Borough Councils Flu Groups will merge, as will the two authorities Health Protection Forums. Both authorities will continue to report directly to their own Heath and Wellbeing Board.

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. 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

Antiviral Medication

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 works with Merseyside NHS England Area Team regarding locations 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 between Halton CCG and PC24.

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 for any given episode of care. PHE distribute an annual Care Home pack which contains information required of care homes regarding flu season and managing potential outbreaks.

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:

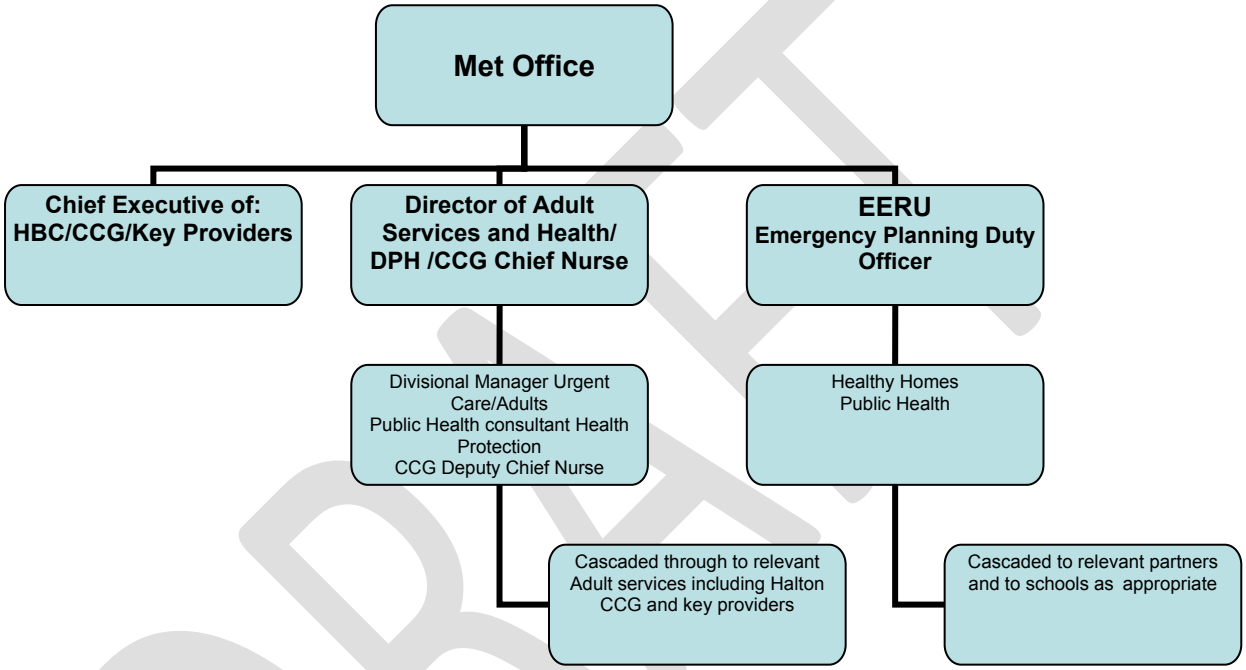
- the impact of adverse weather, including cold temperatures which increase emergency hospital admissions for diseases such as cardiovascular and respiratory disease, and snow and ice which result in increased numbers of accidents and can significantly disrupt services flu, which has a variable impact, 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 / Help us Help You** 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/ Help Us Help You campaign materials.

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.

For the last few years, Halton Public health Team have lead a variety of novel campaigns and approaches funded through a small award via Cheshire and Merseyside NHSE team. For 2019/20 however, this funding will not be available. No specific additional campaigns are identified at the moment, although some joint approaches between Halton and Warrington Borough Councils Flu Groups will be explored.

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
    - Morbidly obese
- 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
- Employed as a health and social care worker (including hospice staff)

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 (Green Book of Immunisation: chapter 19 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796886/GreenBook_Chapter_19_Influenza_April_2019.pdf)

	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 only around half of patients in clinical risk groups have been vaccinated. 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. The early announcement for 2019/20 that health and care staff will be included in the national programme from the outset can only help increase engagement and uptake.

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. Importance of flu vaccination in children and the extended child programme
3. Infection prevention and control messages to reduce the spread of flu
4. Reporting on flu levels and public reassurance/ action
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
- Health Improvement Face book
- 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
- Sure Start to Later Life
- 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
- Halton Council Schools Circulars

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)
- North West Boroughs Partnership Mental Health NHS Trust
- Healthwatch Halton
- Housing associations – Riverside, LHT, Halton Housing, Plus Dane
- Cheshire Fire and Rescue
- Cheshire Police
- Halton CAB
- Wellbeing Enterprises
- Halton Community Transprot

Community Groups

- Halton and St Helenes VCA
- Halton Tennis Table Club (500 members)

- CGL - Halton Integrated Recovery Service
- Support the Deaf Community in Halton
- Four Estates Ltd

Other Employers

- Chamber of Commerce
- Riverside College
- Halton Taxis
- Groundwork Cheshire
- HIT workplace health partners

Venues to target for marketing materials

- Leisure Centers
- GP practices
- Pharmacies
- Dental practices
- Community centers
- Shopping Centers
- Halton Haven

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 2019/20

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, especially 2 and 3 year olds.	
	Leaflets and posters and outdoor media	Media and other materials sent to local venues and meeting places (national campaign materials).	
	Halton Borough Council	Contact 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	Letter of encouragement to staff employed by care homes, domiciliary care providers, hospice etc to take part in nation programme extension to social care staff cohort. 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	
	Warrington and Halton Hospital	Flu message prompt in association with Friends and	

	Trust	Family Text message to all patient attendees at WHHFT	
	CATCH APP	Promote wider the use for Catch App Attend children's center workshops and carry out flu roadshows at children's venues including flu message and push for catch app Send age specific reminders via catch app through seasons Use geographical facility son catch app to target areas throughout the season	
	Local Press	Engage with press to relay positive messages and case studies	
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: 2 October 2019

REPORTING OFFICER: Director of Public Health, Halton Borough Council

PORTFOLIO: Health and Wellbeing

SUBJECT: How inequalities impact on health in Halton

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

To inform the Board of the national and local context on inequalities, which are impacting on health outcomes for Halton's population.

2.0 RECOMMENDED:

The report be noted and the key health inequalities identified within the presentation incorporated into Halton's Place Based Plan.

3.0 SUPPORTING INFORMATION

3.1 A presentation will be delivered to the Board.

4.0 POLICY IMPLICATIONS

4.1 The 2019 NHS Long Term Plan states that this year all local health systems must set out how they will reduce health inequalities by 2023/24.

4.2 It is recommended that health inequalities are addressed across all policies: a Health in All Policies approach.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Reducing health inequalities can have significant cost saving implications, in terms of benefits payments and healthcare costs, as well as reducing overall levels of poverty and increasing opportunities for economic growth.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
The best start in life is essential for children and young people to have the opportunity to lead a healthy life. Reducing the numbers of children who

experience poverty should improve these adult health outcomes and increase healthy life expectancy[1].

6.2 **Employment, Learning & Skills in Halton**
One of the key Marmot recommendations in tackling health inequalities was to "create fair employment and good work for all"[1].

6.3 **A Healthy Halton**
Reducing inequalities can improve the life expectancy and number of years lived in good health for all of Halton's population. In more equal societies, people are less likely to be obese and experience mental illness[1] [2].

6.4 **A Safer Halton**
There is evidence that reducing health inequalities can lower rates of property and violent crime[2].

6.5 **Halton's Urban Renewal**
One of the key Marmot recommendations in tackling health inequalities was to "Create and develop healthy and sustainable places and communities"[1]. Access to green space and sporting facilities, active travel and the healthy food environment are all key areas.

7.0 RISK ANALYSIS

7.1 N/A

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Under the Equality Act 2010, public sector bodies should understand the effect of policies and service commissioning on the health outcomes of those with protected characteristics

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

9.1 None

Report Prepared by: Katherine Woodcock
Contact: Katherine.woodcock@halton.gov.uk

[1] Marmot M, Allen J, Goldblatt P et al (2010) Fair society, healthy lives: strategic review of health inequalities in England post 2010 https://www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf
[2] Just Fair (2018) Tackling socio-economic inequalities locally https://justfair.org.uk/wp-content/uploads/2018/06/Just-Fair-June2018-Tackling-socio-economic-inequalities-locally.pdf

REPORT TO:	**Health & Wellbeing Board**
DATE:	**2nd October 2019**
REPORTING OFFICER:	**Chief Executive and Director of Public Health**
PORTFOLIO:	**Health and Wellbeing**
SUBJECT:	**Tackling Cheap Alcohol and Alcohol Harm in our Communities**
WARDS:	**Borough wide**

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide an update on the work to tackle the harm caused by alcohol in our communities and to seek Board support to participate with other similarly minded authorities across the North to build support amongst the public and politicians for the introduction of Minimum Unit Pricing (MUP).

2.0 RECOMMENDATION: That

1) **That the repot be noted; and**

2) **That the Board supports the decision for Halton to participate with other similarly minded authorities across the North to build support amongst the public and politicians for the introduction of Minimum Unit Pricing (MUP).**

3.0 SUPPORTING INFORMATION

3.1 Alcohol is one of our biggest public health challenges faced by Halton, with rising levels of harm linked to increases in consumption over the past few decades. Nationally, one person is killed every single hour by alcohol, 1.2 million people are admitted to hospital due to alcohol related causes every year and countless others see their health damaged. It is not just dependent drinkers who experience alcohol harm and there is a sizeable cohort of people who drink at risky levels but who do not necessarily understand the potential health, personal and social consequences of their behaviour.

3.2 We also know that alcohol does not just harm the individual drinker; it plays a significant role in child abuse and neglect, domestic violence, family breakdown and crime and disorder - it is a factor in around half of all violent crime. Alcohol misuse tears apart families and damages entire communities - its impact is felt across the board and there is not a neighbourhood in the UK that remains untouched. The Government has estimated that alcohol costs our country more than £21bn each year due to its impact on health, crime and

society. Halton suffers disproportionate harm when compared to the rest of the country, with estimated costs to the NHS alone of over £10million each year. 27% of the adult population in Halton are estimated to be drinking at increasing and higher risk levels. There are 2,152 hospital admissions caused by alcohol each year, with 32 adults dying as a result of alcohol consumption. Estimates suggest that in Halton 6,839 crimes, including thefts, criminal damage and violence are caused by alcohol each year.

3.3 Bodies such as the World Health Organization (WHO), the Organisation for Economic Cooperation and Development (OECD), the National Institute for Health and Clinical Excellent (NICE) and Public Health England have all stated that the most effective way to reduce alcohol harm is to reduce the affordability of alcohol. Currently, alcohol is 64% more affordable than it was in 1987. Beer sold in supermarkets has become 188% more affordable over the same period.

3.4 To address similar issues to those faced in Halton, Scotland introduced a minimum unit price for alcohol (MUP) in May 2018, after a long legal battle against sections of the alcohol industry. The Welsh Government has also legislated for MUP, which is expected to be introduced in 2020. MUP is linked to the strength of the product and works by setting a floor price below which a product cannot be sold. In that way, it increases the price of the cheapest drinks which are most typically consumed by increasing and higher risk drinkers.

3.5 Research from Sheffield University indicates that Halton would see significant benefits from the introduction of a 50p MUP in England:

- The NHS locally would save £256,200 per year,
- Alcohol related hospital admissions would fall by 130 per year
- 65 deaths would be avoided over the ensuing 20-year period.
- 196 fewer associated crimes would be committed per year

3.6 That same research clearly shows that MUP impacts on those people drinking at high risk levels, while leaving the average moderate drinker virtually untouched. It is also worth noting that most of the harm prevented would be found in more deprived groups. Despite not drinking more than high income groups, they suffer the greatest harm. It is also worth noting that previous research has shown that less than 1% of products sold in pubs would be affected by a 50P MUP.

4.0 POLICY IMPLICATIONS

4.1 Given the disproportionate levels of harm experienced across the North of England, the view expressed at Stakeholder meetings showcasing the research, held in Warrington and Durham late in 2018, was that the NW and NE should work together to influence national MUP discussions. As a working group, the aim is to facilitate and encourage willing participant local authorities to work together to influence the national debate on MUP.

4.2 In light of the harms caused in Halton by the widespread availability of cheap alcohol and the improvements in alcohol related health and crime promised by the above research, work is now underway to start the process of building public and political support for MUP and to seek to engage with politicians and Parliament. The Health & Wellbeing Board is asked to support the call to urge the Government in Westminster to introduce MUP in England without delay.

4.3 The original research project into MUP was founded in legal advice which identified the Sustainable Communities Act (SCA) as a possible locally driven route for implementation of a national MUP should there be no appetite from Central Government at this point. The Board is asked to support, should the Government be unwilling to introduce MUP, joining a group of North West and North East Councils to take local action on this issue. Such an approach would enable consultation with local people on making a bid to introduce MUP at a regional/sub-regional/local level by making a bid using the Sustainable Communities Act.

5.0 FINANCIAL IMPLICATIONS

There are no financial implications for the Board at this time.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**
Reducing the harm caused by alcohol will support an improvement in the life chances of children and families living in Halton by reducing avoidable ill health, through a programme of prevention and early intervention activity.

6.2 **Employment, Learning and Skills in Halton**
NA

6.3 **A Healthy Halton**
Nationally, one person is killed every single hour by alcohol, 1.2 million people are admitted to hospital due to alcohol related causes every year and countless others see their health damaged. This work will support the Borough in tackling the significant harm to health caused by alcohol and contribute to a healthier Halton.

6.4 **A Safer Halton**
We know that alcohol does not just harm the individual drinker; it plays a significant role in child abuse and neglect, domestic violence, family breakdown and crime and disorder and is a factor in around half of all violent crime. Alcohol misuse tears apart families and damages entire communities and this work will support the Borough in delivering its priority to create a safer Halton for all residents.

6.5 **Halton's Urban Renewal**

NA

7.0 RISK ANALYSIS

The proposals are not so significant at this time as to require a full risk assessment.

8.0 EQUALITY AND DIVERSITY ISSUES

There are no known equality and diversity implications arising as a result of the proposed action at this time.

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

Document	Place of Inspection	Contact Officer
MUP Halton	**Enclosed**	**Eileen O'Meara**
MUP FAQ	**Enclosed**	**Eileen O'Meara**

MUP Local Q&A

'MUP will unfairly hit moderate drinkers'

- Moderate drinkers will barely notice the difference under MUP. The average moderate drinker will consume the equivalent of half a bottle of wine less a year.

- Moderate drinkers, including those on low incomes, buy fewer than 2 units per week under the 50p unit mark.[1]

- Under a 50p MUP, the average moderate drinker would spend just £2.55 extra *per year* on alcohol. Of course, some would spend more, but many more would spend nothing extra at all because they buy all of their alcohol at more than 50p per unit.[2]

'MUP will unfairly hit the poor'

- Those from the poorest groups stand to gain the most from MUP. They are more likely to be abstainers and, if they do drink at risky levels, they are more likely to suffer harm than more affluent groups

- Previous studies have shown that 8 out of 10 lives saved under MUP would come from the poorest groups.[3] This research shows a similar pattern.

- Previous studies have shown that, under a 50p MUP, moderate drinkers from the lowest socioeconomic group are estimated to spend just £1.32 more *per year* on alcohol.[4]

- This research shows that anyone drinking moderately will hardly be affected by MUP at 50p because the vast majority of cheap alcohol is consumed by risky drinkers

'We should 'wait and see' what happens in Scotland'

- We don't need to wait. The evidence is clear and recent figures show sales in Scotland in 2018 – when MUP was introduced - have fallen to a 24 year low. At the same time sales are increasing in England and Wales[5]
- There are some things we already know from Scotland. The implementation appears to have been relatively smooth and there are reports that sales of strong white cider typically consumed by heavy drinkers has fallen dramatically.

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[1] University of Sheffield. FAQ – minimum unit pricing. Available at https://www.sheffield.ac.uk/scharr/sections/ph/research/alpol/faq

[2] *Ibid.*

[3] Holmes, J. et. al. (2014). *Effects of minimum unit pricing for alcohol on different income and socioeconomic groups: a modelling study*. The Lancet. Available at http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62417-4/abstract

[4] University of Sheffield. FAQ – minimum unit pricing.

[5] Giles L, Robinson M. Monitoring and Evaluating Scotland's Alcohol Strategy: Monitoring Report 2019. Edinburgh: NHS Health Scotland; 2019.

- The implications of delay are clear – lives would be lost and people would be hospitalised or the victims of crime when that could easily have been avoided

- The evidence is already clear and compelling. MUP would save lives, reduce illness and cut crime with this study showing that the North has the most to gain. The Westminster government should implement now and, like Scotland, review its impact after 5 years.

'The government could raise tax instead of introducing MUP'

- MUP is much better targeted at the cheapest, strongest drinks consumed by those who experience the worst harms.

- To replicate the benefits of MUP, tax levels would have to rise between 30% and 700%. Such increases are politically unlikely and would hit moderate drinkers harder than MUP.

- MUP and tax increases are complementary measures – we need both. Tax rises would address the fall in the real price of alcohol across all products, whilst MUP deals with the specific problem of the cheapest alcohol.

'The modelling work done by Sheffield University is unreliable and untested'

- Sheffield's model is internationally renowned: MUP has been endorsed by the WHO, OECD, NICE and the World Bank, and Sheffield has been commissioned by governments across the UK and in Canada to model the impacts of MUP.

- The Sheffield research has been published in well-respected journals such as *The Lancet* and *The BMJ*. These journals are peer-reviewed, meaning that work appearing in them has been examined by other academics. The same cannot be said for the criticisms levelled at the research.

- The Sheffield research is based on over 1,300 estimates from around 150-200 studies of the relationship between alcohol price changes, consumption and harm.

- It is of course impossible to predict the future with complete accuracy. Nevertheless, modelling is used extensively by the Treasury, and is a legitimate way to evaluate the potential benefits of policies.

'MUP will damage the pub trade'

- Pub prices would be left virtually untouched by MUP – only about 1% of prices in the on-trade would be affected.[6]

- If pubs are affected at all, they are likely to see tiny reductions in income, the equivalent of something like the price of one pint per week

[6] University of Sheffield (2013). Modelled income group-specific impacts of alcohol minimum unit pricing in England 2014/15

- This is perhaps why a survey of pub managers done by the Institute of Alcohol Studies found that they support MUP by a margin of 2 to 1.[7]

- MUP is aimed at the cheapest, strongest alcohol sold in supermarkets and corner shops, like super-strength cider and own-brand vodka.

- The pub trade could actually receive a boost under MUP. Pubs have been in decline partly due to falling alcohol prices in the off-trade, with two-thirds of alcohol currently being bought in shops and supermarkets.[8] Reversing this fall in off-trade prices could bring people back into pubs.

'MUP won't work, because heavy drinkers won't respond to price changes'

- This is a myth. Most heavy drinkers are not dependent drinkers, and they do respond to price changes on the whole.

- Under a 50p MUP, high risk drinkers in the North are expected to reduce their consumption by an average of 370 units per year, the equivalent of 37 bottles of wine or 14 bottles of vodka.

- Of course MUP isn't a magic bullet. We still need access to treatment for those dependent on alcohol who need it and we need restrictions on the availability and marketing of alcohol products.

'Under MUP, people dependent on alcohol might turn to drugs, illicit alcohol and crime'

- Research suggests there are a range of things dependent drinkers may do, both good and bad. They may reduce their consumption or seek help from a treatment service, for example.[9]

- This group of people is complex and so generalisations can't be made. In addition, much of the harm caused by alcohol is not done by dependent drinkers, and MUP will be a key measure in preventing future lives being ruined by addiction to alcohol.

- This should be compared with the problems alcohol is already causing. 4 in 10 violent crimes are alcohol-related.[10]

- If people turned to drugs and crime in Canada where a version of minimum pricing has been implemented, it must have been on a small scale, otherwise the health gains that occurred there would not have been possible.

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[7] Institute of Alcohol Studies (2017). *Pubs Quizzed: what publicans think about policy, public health and the changing trade*. Available at http://www.ias.org.uk/uploads/pdf/IAS%20reports/rp26092017.pdf

[8] British Beer and Pub Association (2012). *Statistical Handbook 2012*. London: Brewing Publications Limited

[9] For an overview of potential consequences see: Stockwell, T. and Thomas, G. (2013). *Is alcohol too cheap in the UK? The case for setting a Minimum Unit Price for alcohol.* Institute of Alcohol Studies. Available at http://www.ias.org.uk/uploads/pdf/News%20stories/iasreport-thomas-stockwell-april2013.pdf

[10] Office for National Statistics (2017). *Overview of violent crime and sexual offences*. Available at https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2016/overviewofviolentcrimeandsexualoffences/pdf

'The government has already taken action on cheap alcohol, with the ban on below-cost sales, and the increase in duty on high-strength cider'

- Neither of these measures will make a real difference.

- The ban on below cost sales is estimated to reduce alcohol sales by just 0.04% overall, and 0.08% among harmful drinkers. This is equal to about 3 units per drinker per year (and harmful drinkers each consume an average of 3,700 units per year).[11]

- On cider duty, whereas a 3-litre bottle of 7.5% cider contains 22.5 units of alcohol, under the new regime a 3-litre bottle of 6.8% cider would avoid the higher rate of duty, yet still contain more than 20 units (the low-risk weekly guideline is 14 units).

'Alcohol consumption in the UK is falling'

- Actually, it looks as though consumption levels in England have stopped falling and are on the rise again. While the latest figures show sales per adult in Scotland fell by 3 per cent in 2018 – the year MUP was introduced North of the border - they increased by 2 per cent in England and Wales over the same period[12]

- And consumption levels remain at historically high levels. We are drinking twice as much alcohol as we did in the 1950s.[13]

- Whilst there have been welcome falls in drinking levels amongst some groups, those who do drink are doing so more dangerously and health inequalities linked to alcohol are rising, with harm more concentrated amongst poor and vulnerable groups.

'MUP will lead to a windfall for retailers'

- Potentially, but the intent of MUP is not anti-business, and retailer profits increasing is not a concern.

- News from Scotland seems to suggest that small retailers are seeing some benefit because they are now more able to compete with prices found in supermarkets

- In any case, as MUP is designed to reduce consumption of cheap alcohol, retailers may not stand to make much additional profit.

- Importantly, MUP will save the taxpayer money, as the costs linked with alcohol harm go down.

'Countries like France have cheaper prices yet don't have a problem with alcohol'

- The UK's culture and drinking patterns are not the same as in France.

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[11] Sheffield Alcohol Research Group (2013). *New research on impacts of minimum unit pricing and banning below cost selling*. Available at https://www.sheffield.ac.uk/scharr/sections/ph/research/alpol/research/newresearch
[12] NHS Health Scotland (2019). *Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS): Monitoring Report 2019*. Available at *http://www.healthscotland.scot/media/2587/mesas-monitoring-report-2019.pdf*
[13] British Beer and Pub Association (2007). *Statistical Handbook 2007*.

- Alcohol has always been cheap in France. In the UK we have seen alcohol become very affordable over a relatively short time period, but our drinking culture has not responded by slowing down consumption.

- We tried to encourage a more continental style of drinking in the UK with the relaxation of licensing rules in the 2000s. This relaxation has not reduced harm.

- Almost 7 in 10 adults believe that the UK's relationship with alcohol is 'unhealthy'.[14] We need to address our high levels of alcohol harm, and MUP is one of the best ways of doing this.

'We already have some of the highest alcohol duty rates in Europe'

- Over successive budgets, the government has given the alcohol industry tax breaks worth £9.1 billion up to the year 2024.[15]

- Alcohol is 64% more affordable than it was in 1987.[16] The affordability of supermarket beer has increased 188% since 1987; the figure for wine and spirits is 131%.[17] In England alone there are over 23,000 alcohol deaths and over a million alcohol-related hospital admissions each year[18] (PHE stats on alcohol). We need to do something and reducing the affordability is the most effective and cost-effective thing we can do.

'MUP will reduce the tax take for government'

- The impact on revenue to the Treasury is estimated to be broadly neutral as falls in alcohol duty due to lower sales are estimated to be largely matched by increased VAT receipts due to the higher value of the remaining sales.[19]

- MUP will also save the government and the taxpayer money, due to the healthcare and policing savings which will follow from MUP.

- In addition, MUP is very cheap to implement and therefore will be very cheap for the taxpayer.

'MUP will affect jobs in the alcohol industry'

- If people spend less money on alcohol, they will spend it elsewhere. Any loss to the alcohol sector will be compensated for with a boost to other sectors.

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[14] Alcohol Health Alliance public opinion polling 2018.
[15] Institute of Alcohol Studies (2017). Budget 2018 analysis. Available at http://www.ias.org.uk/uploads/pdf/IAS%20reports/sb24112018.pdf
[16] NHS Digital. *Statistics on Alcohol (2019)*. Available https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2019/part-7
[17] Institute of Alcohol Studies (2018). *Briefing: The rising affordability of alcohol*. Available at http://www.ias.org.uk/uploads/pdf/IAS%20reports/sb20022018.pdf
[18] Public Health England. Local Alcohol Profiles for England. Available at https://www.gov.uk/government/statistics/local-alcohol-profiles-for-england-february-2018-update
[19] University of Sheffield (2013). *Modelled income group-specific impacts of alcohol minimum unit pricing in England 2014/15*. Available at https://www.sheffield.ac.uk/polopoly_fs/1.291621%21/file/julyreport.pdf

- The overall impact of MUP on the economy is likely to be positive. This is because reducing alcohol harm will reduce the number of days off work due to alcohol.

'MUP will place pressure on enforcement agencies'

- The implementation of MUP in Scotland has proceeded smoothly with no signs of significantly increased costs to enforcement agencies

- The police and local authorities are already seeing significant costs picking up the pieces from alcohol harm.

- Frontline police officers are already paying the price of cheap alcohol. In a recent survey of frontline officers, they reported spending more than half of their time dealing with alcohol-related incidents and more than 75% said they had been assaulted by someone who was drunk.[20]

'Products at the bottom of the market will be lost'

- Cheap, pocket money-priced products which are only consumed by dependent drinkers and children will be lost, and this is a good thing.

- Wide-ranging evidence suggests that MUP will save lives, reduce hospital admissions, cut crime and benefit the economy. These issues should be of primary concern.

'Implementing MUP will be challenging for retailers'

- With the right support from government, retailers will not struggle to implement minimum pricing in their stores. The implementation seems to have proceeded smoothly in Scotland with few reported issues of non-compliance.

- Any pricing policy, including annual tax changes, imposes similar burdens. MUP should not be considered especially unusual.

- The Home Office estimated in 2012 that the cost of implementation for a 45p MUP would be minimal, and that retailers with Head Office support would have almost no costs.[21]

'Other countries could put up retaliatory trade barriers if we introduce MUP'

- We are entitled to protect the health of our most vulnerable people through preventing the sale of high-strength alcohol at pocket-money prices.

- Alcohol is no ordinary commodity. It kills, and it wrecks lives, sometimes the lives of those who don't consume the alcohol themselves. It is therefore right to seek to intervene to protect people from the negative impacts of alcohol.

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[20] Institute of Alcohol Studies (2015). *Alcohol's impact on the emergency services*. Available at http://www.ias.org.uk/uploads/Alcohols_impact_on_emergency_services_full_report.pdf

[21] Home Office (2012). A minimum unit price for alcohol: impact assessment. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/157763/ia-minimum-unit-pricing.pdf

‘Minimum pricing in Canada cannot be compared to MUP as proposed in the UK’

- For all practical purposes they are comparable.

- The way minimum prices in Canada are calculated is slightly different, but in both countries we’re talking about raising the price of the cheapest alcohol products through the setting of floor prices for alcohol.

- After the minimum price of products was increased in parts of Canada, alcohol-related deaths and crimes went down. The evidence suggests the same would happen in the UK.

‘There is no clear relationship between the price of alcohol and consumption’

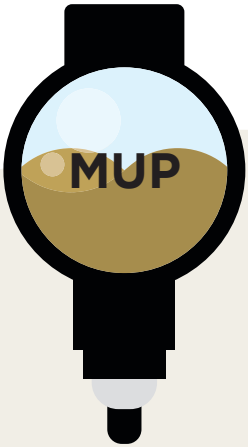
- Every time we walk into a supermarket we recognise that a product’s price influences whether and how much we buy – and the same applies to alcohol.

- The relationship between the affordability of alcohol and levels of consumption is absolutely clear and has been accepted by the government. The alcohol industry recognises this – otherwise they would not discount their products.

- What is also clear is that the more we drink, the greater the risk of medical conditions such as liver disease and a number of cancers, including breast cancer.

HALTON

Minimum Unit Pricing (MUP) in Halton



What is MUP?
MUP sets a floor price for a unit of alcohol. It targets the cheapest alcohol most commonly consumed by the heaviest drinkers.

MUP was introduced in Scotland at 50p per unit in 2018, meaning 3 litres of strong cider (ABV 7.5%) now costs no less than £11.25. Currently in England, this same bottle of cider can cost as little as £3.50.

Alcohol harm is a driver of health inequalities, with more deprived communities suffering higher levels of harm despite consuming less alcohol; so when it comes to alcohol harm in England, there is a also a North/South divide.

For this reason, **evidence about the impact of MUP is now available at a local authority level for most parts of the north of England** following a University of Sheffield research study. Key findings for our local area can be found below.

The University Of Sheffield.

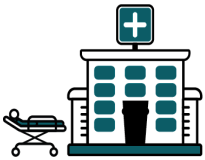
NHS National Institute for Health Research

Alcohol Harm in Halton

Current estimates of harm caused by alcohol in our area.

In our area, **88% of the alcohol sold for less than 50p per unit** is consumed by increasing and higher risk drinkers who make up 27% of the local population.

6,839
CRIMES CAUSED BY ALCOHOL EACH YEAR



2,152
HOSPITAL ADMISSIONS CAUSED BY ALCOHOL EACH YEAR

1,321
THEFTS OR ROBBERIES

3,852
INCIDENTS OF CRIMINAL DAMAGE

£10m
ALCOHOL COSTS THE NHS A YEAR

1,665
VIOLENT INCIDENTS

32
ADULTS DIE EVERY YEAR DUE TO ALCOHOL CONSUMPTION

Impact of Minimum Unit Pricing on Alcohol Harm in Halton

Estimated impact of a 50p MUP on harms caused by alcohol in our area.

A minimum unit price would **save lives**, prevent crime, **protect the most vulnerable** and save NHS money.

196

FEWER CRIMES CAUSED BY ALCOHOL EACH YEAR

36

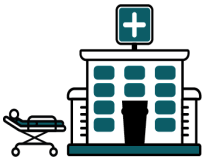
FEWER THEFTS OR ROBBERIES

111

FEWER INCIDENTS OF CRIMINAL DAMAGE

49

FEWER VIOLENT INCIDENTS



130

FEWER HOSPITAL ADMISSIONS EACH YEAR

SAVE THE NHS

£256,200

A YEAR

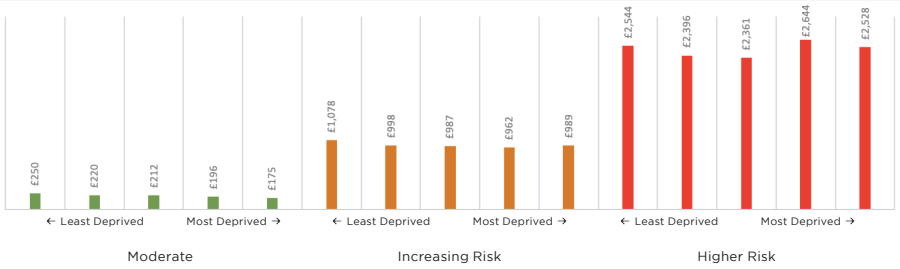
65

DEATHS PREVENTED IN THE NEXT 20 YEARS WITH A 50P MUP

Who Would Be Most Affected?

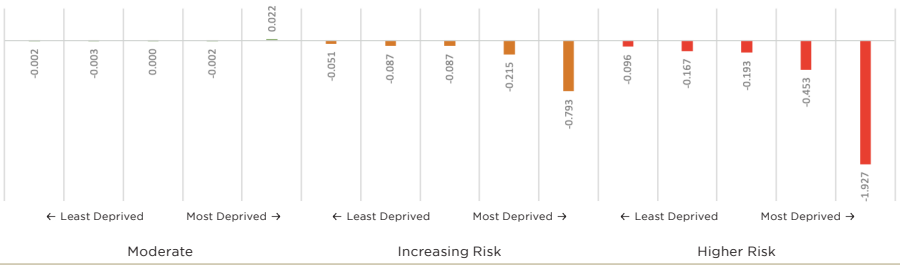
MUP is targeted at the heaviest drinkers who consume the cheapest, strongest alcohol, especially in the most deprived areas, and would help to reduce health inequalities. It achieves this with little impact on moderate drinkers, including those on low incomes.

Current annual spending by drinking group



Impact of a 50p MUP on ANNUAL ALCOHOL CONSUMPTION in units

Impact of a 50p MUP on Annual ALCOHOL Attributable DEATHS



For the full research, including methodology and references visit, http://sheffield.ac.uk/scharr

REPORT TO:	Health and Wellbeing Board
DATE:	2nd October 2019
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	2018-19 Public Health Annual Report- Workplace Health
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

To provide the Health and Wellbeing Board with some background information for the 2018-19 Public Health Annual Report. (PHAR) – Workplace Health.

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

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 2018-2019 the Public Health Annual Report will be a short film that focusses on Workplace Health. This topic has been chosen to highlight key areas pertinent to the Health and Wellbeing of the working population within the borough. The report will emphasise the measures being taken to both prevent poor health and improve the health of workers and their families.

3.6 The film will cover the following areas:

- What has been happening with workplace health in Halton.
- What impact the work undertaken has had on local businesses and their employees.
- Outcomes associated with this work.
- Recommendations for the future.

3.7 The final version of the film will be presented to the Health and Wellbeing Board in January.

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 improving the health of families in Halton

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. Improving and maintaining a health, skilled working population has important effects on the local economy and the future of Halton.

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 and local workplaces 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. This includes the development of industrial and business infrastructure.

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 Prepared by: Ian Baddiley
Contact: Ian.baddiley@halton.gov.uk

REPORT TO: Health & Wellbeing Board

DATE: 2nd October 2019

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Healthy Weight in Halton - A Whole Systems Approach 2019- 2025

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to brief the Board on the development of Halton's Healthy Weight Strategy.

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

3.0 SUPPORTING INFORMATION

3.1 This is Halton's first whole systems approach to addressing healthy weight. Obesity is a complex problem that is linked to poorer health because it increases the risk of developing conditions such as type 2 diabetes, cancer and heart disease.

3.2 While we know that obesity is an imbalance between the amount of energy consumed and the energy expended, experience has shown us that the solutions aren't as simple as just informing people to improve their diets and increase their activity levels.
The whole systems approach enables us to identify the network of broad and interlinking factors that influence our lifestyle, and to work with new partners to create a health enhancing environment and find solutions.

3.3 According to the World Health Organisation worldwide obesity has nearly tripled since 1975. In 2016, more than 1.9 billion adults were overweight, over 650 million of which were obese. Childhood obesity is also a key challenge with 41 million children under the age of 5 being either overweight or obese.[1]

3.4 In England, in 2016/17, over 61% of adults were overweight or obese.[2] Rates are also high in children; nationally over a fifth start primary school overweight or obese, rising to over a third by the time children reach Year 6[3]. Being obese in childhood increases the likelihood of being obese as an adult and doubles the risk of dying prematurely.

3.5 Overweight and Obesity in Halton

[1] Obesity and overweight, WHO (2016)
[2] PHE Fingertips (2018)
[3] PHE (2018) NCMP and Child Obesity Profile

Rates of overweight and obesity in Halton remain a significant challenge. Data from the annual National Child Measurement Programme for Halton shows that by the time children start school at age 4-5, more than 25% of them are either overweight or obese, rising to almost 40% by the time they reach Year 6.

3.6 Rates of adult excess weight, according to the Halton Health Profile 2018, are similar to the England average with Halton at 61.1% and 61.3% being the national average. This high rate across the country and locally indicates a national challenge.

3.7 Over the past ten years there has been a huge amount of work to help the people of Halton maintain a healthy weight. A summary of these services is provided within the strategy but includes; the Healthy Child Programme, the Healthy Schools programme, workplace health initiatives, Sure Start to Late Life and Health Checks. The strategy aims to build on the success of these programmes but will also look at new ways of working to reflect the many influences on obesity and the need to continue to work in partnership across agencies to improve outcomes.

3.8 **Whole-Systems Approach**

In order to address the challenge locally, Halton entered into a partnership with Leeds Beckett University with a view to designing local whole systems approaches to assist in preventing and tackling obesity. Halton was one of only 6 local authority areas across England chosen as a pioneer site.

The programme recognises the crucial role of local authorities (LAs) in tackling and working to prevent obesity. As well as having responsibility for many of the contributing factors (leisure services, parks and green spaces, planning, economic regeneration) local authorities can play a key co-ordinating role for engaging wider partners (health, education, housing providers, and the community and voluntary sector).

Working with researchers from Leeds Beckett university two initial workshops were held to utilise the whole-systems approach to identify priorities and form the basis for the strategy and action plan.

3.9 **Priorities for action**

Following the workshops a Whole Systems Obesity network was set up to refine the priorities and develop a range of actions for each one. The strategy itself sets out some the key actions, however, a more comprehensive action plan has been developed, to be overseen by the network and will be regularly updated and monitored to ensure it is delivering against the priorities for the lifetime of the strategy. The overarching priorities are outlined below:

- **Early Years –** Support breastfeeding, enable families to provide a healthy varied diet and encourage lots of active play.

- **Socio-economic-** Work with local businesses to promote a healthy workforce and remove the barriers to employment.

- **Food Knowledge and Environment-** Improve the food environment to enable people to make healthier choices and improve food knowledge and understanding.

- **Transport-** Reduce sedentary behaviour and improve the uptake of active transport and travel options to increase physical activity.

- **Physical Activity-** Improve uptake of physical activity by promoting availability, increasing the range of activities on offer and creating the right environment for people to be able to take part.

- **Built Environment-** Improve the built environment and infrastructure to enable people to access opportunities to improve their health and wellbeing

3.10 **How will we measure success?**

As previously referred to, a comprehensive action plan sits behind the strategy with timescales and responsibilities. However, in order to understand how our actions are impacting on health and wellbeing locally, we will need to monitor progress against indicators in the Public Health Outcomes Framework:

2.02i: Breastfeeding initiation: An increase in the percentage of all mothers who breastfeed their babies in the first 48 hours after delivery

2.06i: Child excess weight in 4-5 and 10-11 year olds- 4-5 year olds: A reduction in the prevalence of overweight (including obese) among children in Reception

2.06i: Child excess weight in 4-5 and 10-11 years olds- 10-11 year olds: A reduction in the prevalence of overweight (including obese) among children in Year 6

2.11i: An increase in the proportion of population meeting the recommended "5-a-day" on a "usual day" (adults)

2.11iv: An increase in the proportion of the population meeting the recommended "5-a-day" at age 15

2.12: A decrease in the percentage of adults (aged 18+) classified as overweight or obese

2.13i: Percentage of physically active adults: An increase in the percentage of adults (age 19+) that meet CMO recommendations for physical activity (150+ moderate intensity equivalent minutes per week)

2.13ii: Percentage of physically inactive adults: A decrease in the percentage of adults (aged 19+) that are physically inactive (<30 moderate intensity equivalent minutes per week)

2.17: Estimated diabetes diagnosis rate: A reduction in the estimated diagnosis rate for people with diabetes aged 17 and over

2.19: Cancer diagnosed at early stage (experimental statistics): A decrease in the proportion of invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus, non-Hodgkin lymphomas and melanomas of the skin, diagnosed at stage 1 or 2

4.0 POLICY IMPLICATIONS

4.1 It is estimated that obesity is responsible for more than 30,000 deaths each year. On average, obesity deprives an individual of an extra 9 years of life, preventing many individuals from reaching retirement age. In the future, obesity could overtake tobacco smoking as the biggest cause of preventable death[4].

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Failing to address the challenge posed by the obesity epidemic will place an even greater burden on NHS resources. It is estimated that the NHS spent £6.1 billion on overweight and obesity-related ill-health in 2014 to 2015.
Annual spend on the treatment of obesity and diabetes is greater than the amount spent on the police, the fire service and the judicial system combined[5].

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
Childhood obesity is associated with a higher chance of premature death and disability in adulthood. Overweight and obese children are more likely to stay obese into adulthood and to develop non-communicable diseases (NCDs) like diabetes and cardiovascular diseases at a younger age. Obese children and adolescents suffer from both short-term and long-term health consequences[6].

6.2 **Employment, Learning & Skills in Halton**
The human cost of obesity is well documented, however, obesity also has a wider impact on our economy due to reduced productivity and obesity related illness making people unable to work[7].

6.3 **A Healthy Halton**
Obesity increases the risk of developing a whole host of diseases. Obese people are:

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[4] Health matters: obesity and the food environment - GOV.UK
[5] Health matters: obesity and the food environment - GOV.UK
[6] WHO | Why does childhood overweight and obesity matter?
[7] http://obesityhealthalliance.org.uk/wp-content/uploads/2017/10/OHA-briefing-paper-Costs-of-Obesity-.pdf

- at increased risk of certain cancers, including being 3 times more likely to develop colon cancer
- more than 2.5 times more likely to develop high blood pressure - a risk factor for heart disease
- 5 times more likely to develop type 2 diabetes[8]

6.4 **A Safer Halton**

As the Foresight "Tackling Obesity Future Choices report" demonstrated, obesity is affected by a range of inter-related factors. This includes community safety and perceptions of crime which can impact on an individual's ability to access open spaces or other sports and leisure opportunities. Therefore, this can have an impact on their ability to lead an active and healthier lifestyle. Local policies to improve community safety and reduce the fear of crime play an important part in reducing obesity.

6.5 **Halton's Urban Renewal**

The physical environment can play an important part in improving health and wellbeing by enabling people to access opportunities for physical activity as well as social and leisure opportunities. It can therefore, play an important role in both reducing overweight and obesity.

7.0 **RISK ANALYSIS**

7.1 N/A

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The implementation of the healthy weight strategy should contribute towards reducing health inequalities in Halton.

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

[8] Health matters: obesity and the food environment - GOV.UK

REPORT TO: Health & Wellbeing Board

DATE: 2nd October 2019

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Healthy Weight in Halton- A Whole Systems Approach 2019- 2025

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to brief the Board on the development of Halton's Healthy Weight Strategy.

2.0 RECOMMENDATION: That the Board:

i) Note the contents of the report

3.0 SUPPORTING INFORMATION

3.1 This is Halton's first whole systems approach to addressing healthy weight. Obesity is a complex problem that is linked to poorer health because it increases the risk of developing conditions such as type 2 diabetes, cancer and heart disease.

3.2 While we know that obesity is an imbalance between the amount of energy consumed and the energy expended, experience has shown us that the solutions aren't as simple as just informing people to improve their diets and increase their activity levels.
The whole systems approach enables us to identify the network of broad and interlinking factors that influence our lifestyle, and to work with new partners to create a health enhancing environment and find solutions.

3.3 According to the World Health Organisation worldwide obesity has nearly tripled since 1975. In 2016, more than 1.9 billion adults were overweight, over 650 million of which were obese. Childhood obesity is also a key challenge with 41 million children under the age of 5 being either overweight or obese.[1]

3.4 In England, in 2016/17, over 61% of adults were overweight or obese.[2] Rates are also high in children; nationally over a fifth start primary school overweight or obese, rising

[1] Obesity and overweight, WHO (2016)
[2] PHE Fingertips (2018)

to over a third by the time children reach Year 6[3]. Being obese in childhood increases the likelihood of being obese as an adult and doubles the risk of dying prematurely.

3.5 **Overweight and Obesity in Halton**

Rates of overweight and obesity in Halton remain a significant challenge. Data from the annual National Child Measurement Programme for Halton shows that by the time children start school at age 4-5, more than 25% of them are either overweight or obese, rising to almost 40% by the time they reach Year 6.

3.6 Rates of adult excess weight, according to the Halton Health Profile 2018, are similar to the England average with Halton at 61.1% and 61.3% being the national average. This high rate across the country and locally indicates a national challenge.

3.7 Over the past ten years there has been a huge amount of work to help the people of Halton maintain a healthy weight. A summary of these services is provided within the strategy but includes; the Healthy Child Programme, the Healthy Schools programme, workplace health initiatives, Sure Start to Late Life and Health Checks. The strategy aims to build on the success of these programmes but will also look at new ways of working to reflect the many influences on obesity and the need to continue to work in partnership across agencies to improve outcomes.

3.8 **Whole-Systems Approach**

In order to address the challenge locally, Halton entered into a partnership with Leeds Beckett University with a view to designing local whole systems approaches to assist in preventing and tackling obesity. Halton was one of only 6 local authority areas across England chosen as a pioneer site.

The programme recognises the crucial role of local authorities (LAs) in tackling and working to prevent obesity. As well as having responsibility for many of the contributing factors (leisure services, parks and green spaces, planning, economic regeneration) local authorities can play a key co-ordinating role for engaging wider partners (health, education, housing providers, and the community and voluntary sector).

Working with researchers from Leeds Beckett university two initial workshops were held to utilise the whole-systems approach to identify priorities and form the basis for the strategy and action plan.

3.9 **Priorities for action**

Following the workshops a Whole Systems Obesity network was set up to refine the priorities and develop a range of actions for each one. The strategy itself sets out some of the key actions, however, a more comprehensive action plan has been developed, to be overseen by the network and will be regularly updated and monitored

[3] PHE (2018) NCMP and Child Obesity Profile

to ensure it is delivering against the priorities for the lifetime of the strategy. The overarching priorities are outlined below:

- **Early Years –** Support breastfeeding, enable families to provide a healthy varied diet and encourage lots of active play.

- **Socio-economic-** Work with local businesses to promote a healthy workforce and remove the barriers to employment.

- **Food Knowledge and Environment-** Improve the food environment to enable people to make healthier choices and improve food knowledge and understanding.

- **Transport-** Reduce sedentary behaviour and improve the uptake of active transport and travel options to increase physical activity.

- **Physical Activity-** Improve uptake of physical activity by promoting availability, increasing the range of activities on offer and creating the right environment for people to be able to take part.

- **Built Environment-** Improve the built environment and infrastructure to enable people to access opportunities to improve their health and wellbeing

3.10 **How will we measure success?**

As previously referred to, a comprehensive action plan sits behind the strategy with timescales and responsibilities. However, in order to understand how our actions are impacting on health and wellbeing locally, we will need to monitor progress against indicators in the Public Health Outcomes Framework:

2.02i: Breastfeeding initiation: An increase in the percentage of all mothers who breastfeed their babies in the first 48 hours after delivery

2.06i: Child excess weight in 4-5 and 10-11 year olds- 4-5 year olds: A reduction in the prevalence of overweight (including obese) among children in Reception

2.06i: Child excess weight in 4-5 and 10-11 years olds- 10-11 year olds: A reduction in the prevalence of overweight (including obese) among children in Year 6

2.11i: An increase in the proportion of population meeting the recommended "5-a-day" on a "usual day" (adults)

2.11iv: An increase in the proportion of the population meeting the recommended "5-a-day" at age 15

2.12: A decrease in the percentage of adults (aged 18+) classified as overweight or obese

2.13i: Percentage of physically active adults: An increase in the percentage of adults (age 19+) that meet CMO recommendations for physical activity (150+ moderate intensity equivalent minutes per week)

2.13ii: Percentage of physically inactive adults: A decrease in the percentage of adults (aged 19+) that are physically inactive (<30 moderate intensity equivalent minutes per week)

2.17: Estimated diabetes diagnosis rate: A reduction in the estimated diagnosis rate for people with diabetes aged 17 and over

2.19: Cancer diagnosed at early stage (experimental statistics): A decrease in the proportion of invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus, non-Hodgkin lymphomas and melanomas of the skin, diagnosed at stage 1 or 2

4.0 POLICY IMPLICATIONS

4.1 It is estimated that obesity is responsible for more than 30,000 deaths each year. On average, obesity deprives an individual of an extra 9 years of life, preventing many individuals from reaching retirement age. In the future, obesity could overtake tobacco smoking as the biggest cause of preventable death[4].

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Failing to address the challenge posed by the obesity epidemic will place an even greater burden on NHS resources. It is estimated that the NHS spent £6.1 billion on overweight and obesity-related ill-health in 2014 to 2015.
Annual spend on the treatment of obesity and diabetes is greater than the amount spent on the police, the fire service and the judicial system combined[5].

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
Childhood obesity is associated with a higher chance of premature death and disability in adulthood. Overweight and obese children are more likely to stay obese into adulthood and to develop non-communicable diseases (NCDs) like diabetes and cardiovascular diseases at a younger age. Obese children and adolescents suffer from both short-term and long-term health consequences[6].

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

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[4] Health matters: obesity and the food environment - GOV.UK
[5] Health matters: obesity and the food environment - GOV.UK
[6] WHO | Why does childhood overweight and obesity matter?

The human cost of obesity is well documented, however, obesity also has a wider impact on our economy due to reduced productivity and obesity related illness making people unable to work[7].

6.3 **A Healthy Halton**

Obesity increases the risk of developing a whole host of diseases. Obese people are:

- at increased risk of certain cancers, including being 3 times more likely to develop colon cancer
- more than 2.5 times more likely to develop high blood pressure - a risk factor for heart disease
- 5 times more likely to develop type 2 diabetes[8]

6.4 **A Safer Halton**

As the Foresight "Tackling Obesity Future Choices report" demonstrated, obesity is affected by a range of inter-related factors. This includes community safety and perceptions of crime which can impact on an individual's ability to access open spaces or other sports and leisure opportunities. Therefore, this can have an impact on their ability to lead an active and healthier lifestyle. Local policies to improve community safety and reduce the fear of crime play an important part in reducing obesity.

6.5 **Halton's Urban Renewal**

The physical environment can play an important part in improving health and wellbeing by enabling people to access opportunities for physical activity as well as social and leisure opportunities. It can therefore, play an important role in both reducing overweight and obesity.

7.0 **RISK ANALYSIS**

7.1 N/A

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The implementation of the healthy weight strategy should contribute towards reducing health inequalities in Halton.

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

[7] http://obesityhealthalliance.org.uk/wp-content/uploads/2017/10/OHA-briefing-paper-Costs-of-Obesity-.pdf

[8] Health matters: obesity and the food environment - GOV.UK

REPORT TO: Health & Wellbeing Board

DATE: 2nd October 2019

REPORTING OFFICER: Damian Nolan, Divisional Manager – Halton Borough Council

John Regan, Director - Premier Care

PORTFOLIO: Children, Education and Social Care

SUBJECT: Transforming Domiciliary Care (TDC) Programme

WARD(S): Borough-wide

1.0 PURPOSE OF REPORT

1.1 Provide the Health & Wellbeing Board with an update on the progress of the Transforming Domiciliary Care programme and information on Premier Care – lead provider for commissioned domiciliary care in the borough

2.0 **RECOMMENDATION: That the report and associated presentation be noted.**

3.0 SUPPORTING INFORMATION

3.1 Background

As people are now living longer, expect to live in their own homes for longer and have different family and informal support the way care and support is provided needs to change to reflect this.

Halton Borough Council has been working with a range of partners to develop how domiciliary care is delivered in the borough – this is the Transforming Domiciliary Care Programme.

Domiciliary care is the term used to describe the help some adults need to live as well as possible with any illness or disability they may have.

It can include help with things like:

- getting in and out of bed
- washing, dressing
- getting to work
- cooking meals

- eating
- caring for families
- being part of the community

3.2 **Transforming Domiciliary Care (TDC) project**

The aims of this project are to: progressively refine and implement an outcomes model into a workable, effective solution, delivering clear outcomes for service users; work on managing demand and improving capacity.

The main work streams are:

- Capacity and demand management
- Service user assessment and management
- Workforce development

3.3 **Capacity and Demand Management**

3.3.1 Reablement First

In 2018 Halton moved to a 'reablement first' model for all people being discharged from hospital (where unknown to care services) and is planning to extend this to all referrals of people assessed as being eligible for care. This approach ensures a short period of assessment, care and support to ensure all opportunities are explored to maximise independence and ensure long term care needs are fully understood. This combines HBC reablement staff with Occupational Therapy and Social Work support in a multi-disciplinary team approach.

3.3.2 Multidisciplinary Approach to Capacity and Demand

During winter 2018/19 additional occupational therapy and social work support was used to support flow into and through care. This enabled improvement's in information, ensuring people get to the right service and issues and associated reviews of people in domiciliary care could occur more timely. This will continue in 19/20.

3.3.3 Moving with Dignity (Single Handler Care)

Halton Borough Council usually commissions two staff for moving and handling of individuals with limited mobility, particularly if they require certain pieces of equipment to assist them in their transfers from bed to chair, chair to stand.

Singled handled care equipment is now available to reduce the need for two people and help maintain dignity of individuals by only needing one person, which could be family members, to support people/loved ones

Work to roll out the equipment and practice of singled care is ongoing. Training for staff from all areas is ongoing

In addition Halton is working with STHK trust to roll out the use of singled handled care. This work involves a number of trusts and local authorities across Cheshire and Merseyside. The project aims to ensure that pole in hospital will receive singled handled equipment, regardless of their postcode and be discharged home with the equipment.

3.3.4 Medication Management

Work is ongoing between Premier Care and NHS Halton CCG Medication Management Team. This has included the production of standard operating procedures, review of training requirements and revision of policy. Reablement services are also involved with review of paperwork regarding medication to ensure that the two services paperwork is harmonised.

In July 2019 Halton became the lead council in a national project looking to develop IT support / solution to issues connected with the prescribing, dispensing and administration of medication in people's own homes. Working with 4 other councils and match funding from the LGA, an independent sector IT provider has commenced working up a potential platform that connects to pharmacy systems so care providers can get an up to date medication list and administration chart. The product is due to be in test phase in the new year with project completion by summer 2020

3.3.5 Quality Assurance

Work is ongoing between Premier care and Halton Borough Councils Quality Assurance team to improve the quality assurance framework that can be audited against the agreed contractual standards and is meaningful for people to maintain high standards of service delivery.

3.4

Service User Assessment and Management

3.4.1 Review of Care Process

A Review of Current pathways and processes has been undertaken to determine how things are currently done, at what point, who is involved and what documents are involved – This process has shaped the work to date and associated work stream

- Reablement First. This will ensure that no person receives long term care support at home without receiving a full assessment from Reablement service first.

- Outcome Framework Tool. An outcome focused tool has been agreed and implemented across Premier care. This tool helps staff

to work with individuals to identify goals whilst on the service and map the person and service progress in achieving those goals.

- Documentation a task and finish group has been working to review all current documentation across care and support services. This will ensure that people will receive a seamless service and

3.5 transition between In house and agency provision of care

Workforce Development

Premier care have produced a recruitment strategy. This work is ongoing with Skills for Care supporting moving to a 'values based' recruitment process. When finalised Premier are aiming to ensure that they have processes in place to meet the demand and recruit people who's values align with providing direct care.

Work is advanced in identifying the key roles and responsibilities involved in the assessment and provision of care and support. As this work progresses the group wilL identify how best to effectively use the skills and expertise available to ensure the best quality of service provision for residents of Halton.

Preliminary work has been undertaken looking at options in relation to Apprenticeships as a route into the care sector.

4.0 POLICY IMPLICATIONS

The Care Act 2014 came into effect in April 2015 and replaced most previous law regarding carers and people being cared for. It outlines the way in which local authorities should carry out carer's assessments and needs assessments; how local authorities should determine who is eligible for support. The Care Act is mainly for adults in need of care and support, and their adult carers. This programme aligns to the Care Act.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Implementation of the model will ensure Halton can meet the demand of the increasing population within the budget allocation, ensuring quality of care for people within their own homes

5.2 Model should ensure that people's needs are met appropriately reducing the risks of safeguarding incidents.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
N/A

6.2 **Employment, Learning & Skills in Halton**
N/A

6.3 **A Healthy Halton**
The presentation provided to the Board will directly link to this priority.

6.4 **A Safer Halton**
N/A

6.5 **Halton's Urban Renewal**
N/A

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

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

9.1 None under the meaning of the Act.

Making it real

Performance meeting case studies - July 2019

PremierCare

Making it real

Performance meeting case studies - July 2019

Case Study 1

Brief summary of the case *indicating for example: what the care and support needs of the individual are; key outcome*	64 year old lady who previously suffered from a stroke and has slight learning difficulties, registered blind, no family support due to dad being poorly and safeguarding concerns about the family. Care package of 4 calls a day including social visits to access the community if desired for shopping or social activities. Declines care most of the time. Fully supported by the agency and her social worker. Looking for more help to enable her to have someone to sit and chat with. Increase in falls and has issues with her health deteriorating and declined help with hospital appointments.
Case study narrative *How was the conversation about outcomes approached?* *What outcomes did the person or their advocate want to achieve?* *How, and at what point, were the outcomes reviewed/ will the outcomes be reviewed?* *What progress has been made in achieving the outcomes?* *What worked well?* *What challenges did you face?*	**Summary :** What was discussed / key issues / what was the desired outcomes for individual / how did she express this etc? Joint visits with agency and social worker to discuss issues with not accepting help with health issues. SU states no one carers about her. After many joint visits SU started to trust advice from both parties and agreed to go to hospital appointments to get help. Since then SU has been given an appointment for an operation to hopefully fully investigate causes of her health issues. SU has attended all pre-op appointments and is glad of the help. More reviews take place every week to reassure SU that there is help if needed. Thus easing any anxieties that she has. **Challenge :** *What were the key issues / barriers involved and did you overcome this or not and if there is lessons learnt to move forward and would you change anything for future etc.?* MDT visit was arranged but was cancelled on the day due to the SU not wanting to engage with services. Challenges overcome by continuing to call weekly with the same social worker and field manager from Premier Care.
Does this case particularly illustrate any issue or area of best practice? *Such as – person centred care / individual choice and decision making / joint working MDT approach etc.*	Best practice was illustrated through continuous SU involvement in all decision making and this gave the SU trust in the support network. SU continues to move forward and is looking ahead to eventually getting out with her care worker once her health issues have been resolved.

Case Study 2

Brief summary of the case *indicating for example: what the care and support needs of the individual are; key outcome*	61 year old male, lives with his wife in their 2 bedroom bungalow. Previous stroke and Parkinson's, requires support with personal care including shaving. Carers are to speak clearly in order to understand and to give him time to be able to answer any questions. Carers may have to repeat the question. Carers normally attend 5 days out of the 7 and his wife generally does the rest. Unfortunately, his wife has suffered a stroke and had to be sent to hospital.
Case study narrative *How was the conversation about outcomes approached?* *What outcomes did the person or their advocate want to achieve?* *How, and at what point, were the outcomes reviewed/ will the outcomes be reviewed?* *What progress has been made in achieving the outcomes?* *What worked well?* *What challenges did you face?*	**Summary :** Family had to be called as the gentleman had everyday living tasks completed by his wife. Therefore, he would not be able to manage things by himself. Extra care calls had to be put in place and this was confirmed by EDT. **Worked well:** Family had to be called as the gentleman had everyday living tasks completed by his wife. Therefore, he would not be able to manage things by himself. Extra care calls had to be put in place and this was confirmed by EDT. **Challenge :** The challenge was getting the male to agree as he was not used to having the carers calling more than the original agreed time. His family told him he really needed more help and that his wife would be in hospital for a short period of time before returning home. They explained to him that they did not want their father being seen undressed and unkempt. He was fine with this.
Does this case particularly illustrate any issue or area of best practice? *Such as – person centred care / individual choice and decision making / joint working MDT approach etc.*	All the decisions that were made included the client even though sometimes he finds it hard. We made the decision making with the clients approval and had his best interests in mind. We made this very person centered and made sure his family was involved with all conversations.

Premier Care Ltd

Domiciliary Care
Update

Overview – The last 18 months

- Premier Care lead provider & one sub contractor within Runcorn
- Development of new links with other companies
  - Age UK – befriending service
  - Unison – invited to be part of new care staff's induction
  - Halton Open – informing staff of services within Halton
  - Halton Winter Pressure Team - meeting twice a week
  - Halton into jobs
  - Halton CCG – changing the way medication is delivered in Halton
- Key member of transforming domiciliary care within Halton

Transforming the service

- Outcome based care plans, including:
  - Defined outcomes
  - Maximising peoples independence
- Demand management
- Delivery of new technique with moving & handling resulting in the “right level of support” at the “right time”
- Medication review – supported by Halton CCG

Supporting our service users

- 6 monthly phone review of our service
- Complaints – reduction within the last 12 months
- Pro active approach from our local management team

Our Staff

- 92% of our staff are Halton residents
- All staff receive a 4 day induction and regular update training
  - Medication Training – Halton CCG
  - Safeguarding Team
  - Moving & Handling
- Based on the approved rate increase from Halton Council, we have been able to achieve the following
  - Phase 1 – This year we have been able to increase the rates to £8.70 weekday £9.00 weekend
  - Phase 2 – Next year we plan to increase the rate s to £9.00 weekdays; £9.50 weekend and a mileage payment of 20p per mile

Increasing Capacity

- Focused recruitment strategy which includes:
  - Flexible advertising in the local area
  - Providing bikes to care staff that walk
  - Fortnightly training within the branch
  - Refer a friend scheme paying £300
  - Using local support
    - Halton into jobs
    - Colleges
    - Local community centre within Runcorn
  - Investment in new systems
    - Recruitment, Screening & HR

Other actions include

- Value based recruitment
- Working with a Runcorn PHD student investing carers emotions and how it affects them

An open door approach

REPORT TO: Health and Wellbeing Board

DATE: 9th September 2019

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Communities

SUBJECT: Physical Activity – Key Priority for Health

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 This report is to update members of the work of Halton's "Active Me" (adult) project (formally Get Active). "Active Me" is a community wide project and sits with-in the wider Active Halton brand; operated by Sports and Physical Activity Development Officer.

2.0 RECOMMENDATION: That

2.1 Members note and support Physical Activity as a priority for health, as physical activity is related to many of our major health problems.

3.0 Physical Activity as a Priority

3.1 Physical activity is a preventative activity whether it be done for health or other reasons including enjoyment, social or sporting competition. Effective prevention can deliver triple dividend by helping people stay well and healthy, thus reducing the demand on costly services and creating the conditions for a prosperous economy.
Physical activity not only has an impact on physical health, but also contributes significantly to the mental health and loneliness agenda.

3.2 The World Health Organisation rates physical inactivity as the fourth largest cause of global mortality. In the UK 60-70% of our population take insufficient exercise. Physical inactivity is linked to many chronic health problems including cardiovascular disease, type 2 diabetes, obesity, cancer, dementia, depression, osteoporosis, and falls, lack of physical activity can be linked to over 20 diseases/disabilities, not to mention the impact on general wellbeing/quality of life.
The present cost of physical inactivity in the UK and NHS when indirect costs to the economy are added, has been estimated at £8.2 billion annually.
Exercise as a prevention or treatment now features in 39 UK National Guidelines.

3.3 It is well documented that physical activity can reduce the risk of developing major chronic diseases.
The UK guidelines were drawn up to promote physical activity due the overwhelming evidence of the health benefits. The UK consensus view is that there is an approximate 30% risk reduction across all studies.

4.0 The Picture in Halton

4.1 Halton's death rates from coronary heart disease, strokes, cancers and major chronic diseases are considerably higher than the national average, as with other health related data, but do correlate with deprivation indices. For example 20.1% of adults in Halton smoke compared to 16.9% national average.

4.2 Adult physical activity levels in Halton have made leaps and bounds spanning back over 10-years. In 2010 Halton was named as having one of the highest increases in physical activity in the UK following a three-year Active Peoples project which was subject to external evaluation. Whilst Halton's physical activity levels fair well against national figures (very similar to national figures), considering Halton's levels of deprivation; there is still an urgent requirement to increase physical activity levels locally and nationally.
Only 6 in every 10 adults nationally do enough physical activity.

15-16 National figures			16-17 National figures			17-18 National figures		
Inactive (≤30 min per wk	Fairly active (30-149 min wk)	Active (150 min wk)	Inactive (≤30 min per wk	Fairly active (30-149 min wk)	Active (150 min wk)	Inactive (≤30 min per wk	Fairly active (30-149 min wk)	Active (150 min wk)
25.6%	12.4%	62.1%	25.7%	12.5%	61.8%	25.2%	12.5%	62.3%
Sum of fairly active and active:							74.8% active	
15-16 Halton figures			16-17 Halton figures			17-18 Halton figures		
28.2%	14%	57.8%	27.6%	11.1%	61.3%	25.7%	16.7%	57.7%
Sum of	71.8% active			72.4% active			74.4% active	

5.0 Challenges for Halton increasing Physical Activity

5.1 Deprivation will always challenge health, as will cuts to council budgets.

5.2 Halton has a higher than average ageing population and this trend is set to continue. There is an age related correlation with physical activity levels nationwide, older people are less physically active. 48% of 75-85 year olds are inactive whilst 71% of people over 85 are inactive (inactive is less than 30-minutes per week)
Halton's higher than average ageing population will present a natural further challenge for increasing physical activity levels across all ages.

5.3 Getting an inactive person to fairly active, i.e. those achieving less than 30 mins to achieving 30-149 minutes per week has the greatest cost effective benefits for health and economy. Halton has seen a decrease in inactivity (<30 mins) over recent years. National figures of inactivity have been pretty stagnant for the last few years where-as Halton's inactivity levels have decreased slightly each year over the last three

years. 25.7% of adults were classed as inactive 2018, almost mirroring national figures at 25.2%

6.0 Halton's "Active Me" project (formally Get Active project)

6.1 The project is operated by a Sport and Physical Activity Officer within the Sports Development Team.
The project works with a wide range of partners and community groups/organisations to ensure joined up working. The project utilises short-term funding to set-up new physical activity sessions in the community where need has been identified. The need may have been identified with local people or partners including the Health Improvement Team and GP Practices. Pump priming and Officer support systems are utilised to set up activity sessions, including exercise classes and health walks with a view to sustaining activity long-term at low cost to participants or free for health walks and parkruns. A number of activities set-up by this project in its infancy 15 years ago are still up and running today.
The number of activity sessions on offer has increased over the years and currently over 100 activity sessions are available every week.

7.0 Public Health Drive to Prioritise Physical Activity

7.1 There is a continued national public health strategic focus on increasing physical activity at a population level, and primary care is being called upon to play a central role in this drive. The Royal College of General Practitioners (RCGP) have appointed **clinical champions** to educate practice staff to understand the benefits of physical activity.
Nationally Public Health England (PHE) and globally the World Health Organisation (WHO) have highlighted the importance of physical activity/reducing sedentary time.

7.2 Guidelines and recommendations from the Department of Health and the National Institute for Health and Care Excellence also emphasise the importance of physical activity promotion within primary care.
Guidelines have been **updated September 2019** recognising more recent compelling evidence and making the message more clear.

7.3 Currently (**September 2019**) The British Association of Sport and Exercise Science are disseminating **Motivate to Move** factsheets to all GP Practices. Created by GPs for GPs the factsheets are designed to provide health professionals with the tools and information required to encourage and motivate patients about the health benefits of physical activity supported by scientific evidence.

7.4 A major new health campaign "**We are Undefeatable**" is due to launch **September 2019**. The aim is to support the 15 million people who live with long-term health conditions in England to become more physically active and to understand the benefits. The campaign is led by 15 health care charities and headed up by Sports England. We can expect to see a TV advert and social media campaign.

8.0 EQUALITY AND DIVERSITY

8.1 Physical Activity is open to all, sessions include very gentle chair-based activity through to more energetic activity. People with health conditions are encouraged to join. Carers are welcome to attend where care is required.

9.0 BACKGROUND PAPERS

Physical Activity statistics taken from Sports England Active People data.

Motivate to Move: British association of Sport and Exercise Medicine.

Active Me Activity Timetables, physical activity guidelines and project information:

http://activehalton.co.uk/getactive/

The "Miracle Cure" and best buy in Public Health

"What if there was one prescription that could prevent and treat dozens of diseases, such as diabetes, hypertension and obesity?

Would we prescribe it to patients?

Prescribe: Physical Activity