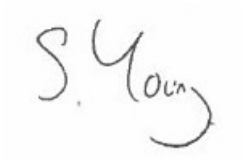
Public Document Pack

Health and Wellbeing Board

Wednesday, 9 October 2024 2.00 p.m.
Halton Stadium, Widnes



Chief Executive

COMMITTEE MEMBERSHIP

Please contact Kim Butler on 0151 5117496 or e-mail kim.butler@halton.gov.uk for further information.
The next meeting of the Committee is on Wednesday, 15 January 2025

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

Part I

Agenda Item 2

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 10 July 2024 at the Bridge Suite, Halton Security Stadium

Present:	Councillor Wright (Chair) Councillor Ball Councillor Woolfall S. Burrows, Public Protection, Halton Borough Council M. Hancock, Public Health L. Hughes, Healthwatch Halton A. Leo, Integrated Commissioning Board W. Longshaw, Mersey & West Lancashire NHS Trust D. Moore, Warrington & Halton Hospitals L. Naidu, Public Protection, Halton Borough Council T. McPhee, Mersey Care NHS Trust L. Olsen, Halton Housing Trust I. Onyia, Public HealthPublic Health, Halton Borough Council H. Patel, Halton Citizens Advice Bureau S. Patel, Local Pharmacy Committee S. Scott, Halton Housing Trust F. Watson, Halton Borough Council S. Yeoman, Halton & St. Helens VCA
Apologies:	Councillor T. McInerney, D. Bowman (Cheshire Fire) and C. Jones (Cheshire Constabulary)
Also in attendance:	None

Action

HWB1 MINUTES OF LAST MEETING

The Minutes of the meeting held on 20 March 2024 having been circulated were signed as a correct record.

HWB2 PUBLIC HEALTH ANNUAL REPORT 2024

The Board received a report and presentation from the Director of Public Health, on the Public Health Annual Report (PHAR) for 2023-24, Healthy Start, Healthy Future.

The 2023-24 Public Health Annual Report focussed on the impact of empowered young people who had embraced key messages from the Personal, Social and Health Education (PSHE) curriculum and who had been inspired to promote change within their school community. The young people were supported to make these changes through the work of the Healthy Schools Team in collaboration with schools and other partners.

The report highlighted some of the key health challenges as well as some of the ways that the Healthy Schools Programme tackled these. The report also highlighted several school and educational setting approaches to vaping on school grounds; peer-led health messages; role modelling to parents around health food and physical activity; five ways to wellbeing and an intergenerational approach to reducing loneliness.

The Director of Public Health circulated a copy of the Annual Plan to each Board Member present.

RESOLVED: That the Board:

1) note the report; and

2) support the recommendations.

HWB3 HOUSING ASSOCIATIONS AND HEALTH IN HALTON

The Board received a report and presentation which was delivered by the Chief Executive of Halton Housing Trust. The presentation provided an overview of the scale and context of social housing activity across Halton, with a particular focus on links with health outcomes for residents.

The presentation provided a focus on:

- Health and Safety;
- Key housing and health issues in Halton;
- Poor housing – the cost to the NHS; and
- Improving living conditions and opportunities to collaborate.

Case studies were also included, which outlined how the work of housing associations in Halton had improved the health and wellbeing of its tenants.

The Board discussed the information presented to them and agreed that organisations needed to jointly identify an integrated approach to prevent duplication of work. It was agreed that this should be discussed further and progressed via the One Halton Group.

RESOLVED: That the Board note the contents of the presentation.

HWB4 WARRINGTON AND HALTON INTEGRATION PROGRAMME

The Board received a presentation from the Director of Strategy and Partnerships, Warrington and Halton Hospitals on the Warrington and Halton Integration Programme.

In order to make improvements for both patients and staff working at the front line, opportunities had been identified via a programme of work. This would deliver integrated and collaborative models of care between Warrington and Halton Hospital NHS Foundation Trust and Bridgewater Community NHS Foundation Trust.

The presentation provided information on the following:

- Work undertaken to date;
- Local Governance;
- Proposed Programme Workstreams;
- Financial opportunities; and
- Communications and engagement to date and immediate next steps.

It was noted that the first meeting of the Joint Committee would take place in September 2024 and it was proposed that milestone targets and delivery expectations for the eight programmes and overarching objectives would be identified and agreed.

RESOLVED: That the Board note the contents of the presentation.

HWB5 TRADING STANDARDS SERVICE UPDATE

The Board received a report from the Director of Public Health, which provided an update on some of the work of the Trading Standards Service and the contribution this work had made in protecting public health, children and vulnerable adults from harm.

It was noted that the Trading Standards team provided a wide range of statutory services to protect consumers and legitimate businesses from unfair, misleading or unsafe trading practices. Amongst others, these services included weights and measures, product safety, restricted sales, explosives, scams awareness, fair trading, doorstep crime, counterfeit and illicit goods – including tobacco and vapes. The team also provided an enhanced consumer advice service to help consumers enforce their own civil consumer rights.

The report focussed on the following services which contributed to protecting public health and safeguarding children and adults:

- scams awareness;
- doorstep crime;
- illegal money laundering;
- tobacco and vapes;
- age restricted sales;
- consumer advice and the Citizens Advice Consumer Helpline; and
- iCAN consumer alert network.

The report also provided case studies for each of the services, which the Board noted.

Following discussions, some additional information was noted and agreed:

- Stop Loan Sharks was operated by Birmingham City Council on behalf of Local Authorities throughout the country;
- It was acknowledged that more promotional work needed to be undertaken on the referral process; and
- It was suggested that there were opportunities for joint working and this would be discussed at a future housing partnership meeting.

RESOLVED: That the Board:

1) note the report;

2) endorse the approach to doorstep crime and illegal money lending;

3) endorse the multi-faceted approach to both prosecute and disrupt illegal activity by seizing illegal an illicit products to remove them from the market; and

4) encourage partners to sign up to and share the iCan alert system.

HWB6 PHARMACEUTICAL NEEDS ASSESSMENT

The Director of Public Health, presented a report which provided members of the Board with a briefing on the Pharmaceutical Needs Assessment (PNA) which included risks associated with it and proposed local governance arrangements.

Every Health and Wellbeing Board in England had a statutory responsibility to publish and keep an up-to-date statement of needs for pharmaceutical services of its local population. This was referred to as a Pharmaceutical Needs Assessment (PNA) and included dispensing services as well as public health and other services that pharmacies may be commissioned to provide.

The report set out the commissioning arrangements; proposed arrangements for producing Halton's next PNA; and the resources required.

The report also outlined the next steps which would be undertaken by a steering group. It was noted that once a final draft document had been completed, a 60 day statutory consultation would be undertaken and the results would be reported to the Board before its publication on 1 October 2025.

RESOLVED: That the Board:

1) note the contents of the report;

2) agreed that the Director of Public Health be the lead; and

3) agreed that the PNA be managed by a local steering group, led by Public Health.

HWB7 WIDER DETERMINANTS OF HEALTH: RESPONDING TO POVERTY & TACKLING THE DRIVERS OF HEALTH INEQUALITIES

The Board received a report from the Director of Public Health, which outlined the effects of the cost of living crisis on those living in poverty in Halton.

The report outlined the Halton and multi-agency approach and the support offered during the cost of living crisis. Local Councils received Government funding to help programs supporting residents and some of the main food and fuel services funded were as follows:

- food support for families;
- fresh food at social supermarkets;
- foodbanks; and
- energy payments.

The Board was advised that some research had also been undertaken which looked into housing conditions and

how the effects of damp and mould have on the health of residents. Some of this work was done in collaboration with Bridgewater and Halton Housing Trust who were able to provide additional data on health and home conditions.

There were different reasons why residents required support e.g. financial, behavioural and structural. For those struggling to heat their homes, fuel vouchers had been offered. Energy Project Plus offered home visits, as part of their Warmth for Health Scheme, which advised residents on causes of mould and how to ventilate their homes properly. For homes that needed structural improvements, the Eco Flex Scheme offered grants for improvements such as wall and loft insultation and over the Winter period, 40 successful applications had been granted.

RESOLVED: That the Board:

1) endorse the work taking place in Halton;

2) note the importance of multi-agency approaches to tackling inequalities and collective work;

3) note the requirement for a long-term focus on prevention to combat the drivers of poverty and health inequalities; and

4) discuss how to sustain support for interventions to ensure they remain open and available to all.

HWB8 BETTER CARE FUND 2023/24 - END OF YEAR RETURN

The Board received a report from the Executive Director of Adult Social Services, which provided an update on the Better Care Fund 2023-24 Year-End return, following its submission on 21 May 2024. The update provided the Board with information on the four national conditions which had been met, progress on the four national metrics, income and expenditure actual, year-end feedback and adult social care fee rates.

RESOLVED: The Better Care Fund Year-End return for 2023-24 be noted for information.

HWB9 BETTER CARE FUND PLAN 2024/25

The Board received a report from the Executive Director of Adult Social Services, which provided an update on the Better Care Fund (BCF) Plan 2024-25, following its submission on 4 June 2024.

The aim of the BCF Plans was to support people to live healthy, independent and dignified lives through joining up health, social care and housing services.

The Board noted that in order to support the BCF Plan 2024-25, the current Joint Working Agreement was reviewed and updated to reflect recent changes in governance arrangements and to include 2024-25 pooled budget financial details.

Following discussions, the Board noted the request from Mersey Care NHS Trust to join the Better Care Commissioning Advisory Group.

RESOLVED: That the Better Care Fund Plan 2024-25 be noted for information.

Meeting ended at 3.25 p.m.

REPORT TO:	Health & Wellbeing Board
DATE:	9 October 2024
REPORTING OFFICER:	Assistant Divisional Director of Nursing: Sexual Health & HIV
PORTFOLIO:	Health and Wellbeing – Sexual Health
SUBJECT:	Halton Integrated Sexual Health Service – Annual Report
WARD(S)	Borough Wide

1.0 PURPOSE OF THE REPORT

To provide members of the Board with an overview and present key highlights from Axess Sexual Health Service Halton Annual Report 2023/24 with an emphasis on older people.

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

3.0 SUPPORTING INFORMATION

3.1 Axess are commissioned by the Local Authority to provide Halton's integrated Sexual Health Service for the local population including STI & HIV testing and treatment, contraception, support, advice as well as specialist services including young persons, outreach and sexual health education.

3.2 Halton's Axess Annual Report 2023/24 looks back on the service's work and achievements over the past 12 months, key data and benchmarking across all areas of the service as well as emerging challenges and areas for development.

4.0 POLICY IMPLICATIONS

4.1 Sexual health services are imperative to supporting delivery of the health and wellbeing strategy.

5.0 FINANCIAL IMPLICATIONS

5.1 None identified at this time.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

The sexual health service provides valuable services to support and improve the health of Halton residents. The contents of the annual report focus directly on improving health and promoting wellbeing.

6.2 **Building a Strong, Sustainable Local Economy**

None identified.

6.3 **Supporting Children, Young People and Families**

The sexual health service provides support, education and advice including to young people and families as well as close partnership working with local organisations who work with these cohorts, which is detailed in the annual report.

6.4 **Tackling Inequality and Helping Those Who Are Most In Need**

The service directly supports these priorities, which is detailed in the annual report. Examples include through the outreach programme.

6.5 **Working Towards a Greener Future**

Sustainability is a priority within the service's social value commitments, which is detailed in the annual report.

6.6 **Valuing and Appreciating Halton and Our Community**

Having local, accessible and tailored sexual health services is key to demonstrating commitment to valuing and appreciating the community and its residents. The service supports these priorities.

7.0 **RISK ANALYSIS**

7.1 The annual report in itself does not present any obvious risks. However there may be risks associated with the service that are assessed and mitigations in place as appropriate.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Equality and diversity are key considerations in all areas of the service and this is demonstrated through the annual report. The annual report provides data on which to base decisions to tackle health inequalities.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 The service has a commitment to delivering social value as part of the contract and worked to expand this in 23/24, which is detailed in the annual report. A sustainability working group has been established to support efforts to minimise the impact of the service on the environment, which aligns with the Council's response to the environment and climate emergency. Examples include initiatives to manage waste and excess consumption.

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

Axess Annual Report 23/24 - Halton

axess

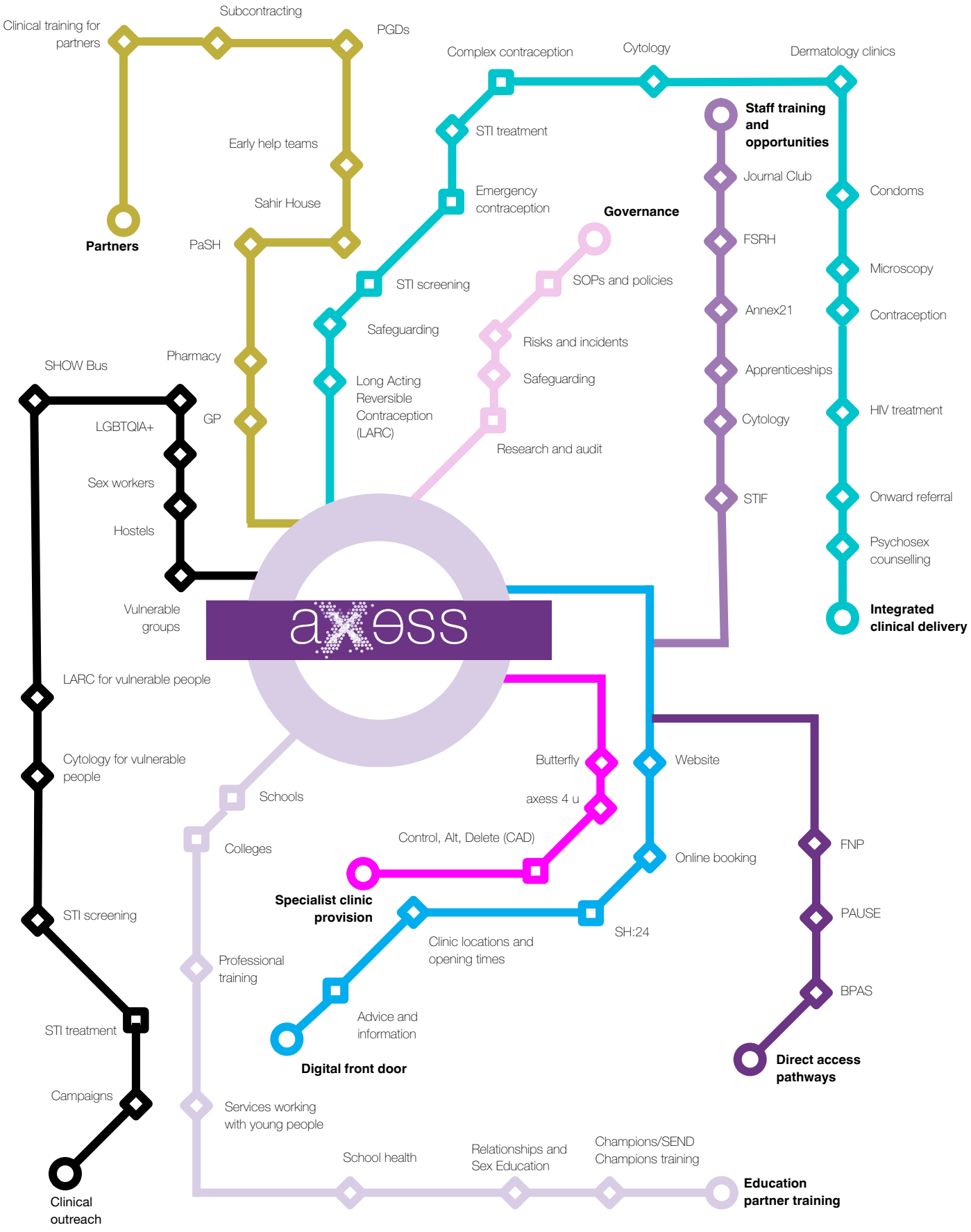
NHS
Liverpool University Hospitals
NHS Foundation Trust

Annual report 23/24

Halton

Axess sexual health, Widnes Health Care Resource Centre

Axess sexual health, Halton General Hospital, Runcorn


Clinical training for partners
Subcontracting
PGDs
Partners
Early help teams
Sahir House
PaSH
Pharmacy
GP
SHOW Bus
LGBTQIA+
Sex workers
Hostels
Vulnerable groups
LARC for vulnerable people
Cytology for vulnerable people
STI screening
STI treatment
Campaigns
Clinical outreach
Complex contraception
Cytology
Dermatology clinics
STI treatment
Emergency contraception
STI screening
Safeguarding
Long Acting Reversible Contraception (LARC)
Governance
SOPs and policies
Risks and incidents
Safeguarding
Research and audit
Staff training and opportunities
Journal Club
FSRH
Annex21
Apprenticeships
Cytology
STIF
Condoms
Microscopy
Contraception
HIV treatment
Onward referral
Psychosex counselling
Integrated clinical delivery
axess
Schools
Colleges
Professional training
Services working with young people
School health
Relationships and Sex Education
Champions/SEND Champions training
Education partner training
Butterfly
axess 4 u
Control, Alt, Delete (CAD)
Specialist clinic provision
Website
Online booking
SH:24
Clinic locations and opening times
Advice and information
Digital front door
FNP
PAUSE
BPAS
Direct access pathways

Contents

Executive summary

The 23/24 annual report for axess underscores a year marked by significant achievements, unwavering commitment, and exceptional resilience amidst the challenges faced by the NHS. We, the leads of the service, are immensely proud of our dedicated staff across Halton, Warrington, Cheshire East, Liverpool, Knowsley and Wirral who have worked tirelessly to provide exemplary sexual health and HIV services, adapting to evolving needs and ensuring access for all communities.

This year, axess Halton facilitated 11,455 patient interactions, demonstrating our extensive reach and commitment to the community. Notably, 6,169 face-to-face attendances and 625 outreach interactions were recorded, highlighting the proactive efforts of our staff to engage and support individuals beyond traditional clinical settings. The introduction of the SHOW (Sexual Health On Wheels) Bus has been a ground-breaking initiative, enabling us to bring vital sexual health services directly to underserved and hard-to-reach areas. This mobile clinic helps the service to overcome barriers to access and ensure that comprehensive care is available to all.

In addition, the provision of 1,695 online STI kits through SH:24, 823 pharmacy attendances and 412 GP attendances further demonstrate our commitment to accessible and convenient sexual health services for all. These options have empowered individuals to take control of their sexual health in a manner that suits their needs and lifestyles.

Our outreach team has been recognised for their outstanding contributions, receiving accolades at the LCR Pride Awards. Initiatives like the Butterfly Clinic, which supports the LGBTQIA+ community, exemplify our dedication to inclusivity and specialised care.

In February 2024, the sexual health nurse consultant was runner-up for the Apprenticeship Workplace Support of the Year at the LJMU Faculty of Health Degree Apprenticeship Award. She was nominated for the clinical, academic and personal support she provided to apprentice ACPs.

The publication of a blog by the Faculty of Sexual and Reproductive Healthcare (FSRH) written by our nurse consultant has spotlighted the structured training program we developed for clinical staff. The blog also included a testimonial from an axess trainee advanced clinical practitioner, who discussed how the training program benefited her skills and knowledge. This focus on workforce development ensures that our team remains at the forefront of sexual health care, equipped with the latest knowledge and skills to provide exceptional service.

Additionally, significant efforts have been directed towards providing comprehensive contraception services for women, by working with a variety of primary care networks (PCNs) and pharmacies, across the city. Our dedicated team has ensured that women have access to a wide range of contraceptive options, in multiple locations, with the necessary support to make informed decisions about their reproductive health. This work is vital in promoting overall well-being and preventing unintended pregnancies, and our team's dedication in this area has been exemplary.

Our successes in HIV care this year have also been notable. Through early diagnosis, effective treatment protocols, and continuous patient support, we have achieved significant milestones in managing and reducing the impact of HIV within our communities. Our comprehensive care approach, including education, medication adherence support, and routine monitoring, has ensured that those living with HIV receive the best possible care. These efforts have contributed to improved health outcomes and quality of life for our patients, highlighting the crucial role our service plays in combating HIV.

Research has been another area where we have seen considerable success. Our participation in various clinical trials and studies has not only contributed to the advancement of sexual health knowledge but has also directly benefited our patients through access to cutting-edge treatments and therapies. The collaborative efforts with academic institutions and research organisations have strengthened our service’s reputation as a leader in sexual health research, further enhancing the quality of care we provide.

The achievements of this year are a testament to the hard work and resilience of our staff. In a

period of significant change and difficulty for the NHS, our team has remained steadfast in their dedication to delivering high-quality care. Their ability to adapt, innovate, and persevere has been the cornerstone of our success.

In December 2023, the Regional ACP Team at axess were given a commendation for ACP Team of the Year at the inaugural Cheshire and Merseyside Advanced Practice Awards. The team were commended on their collaborative work to produce a structured training programme which enables development of staff at all levels and provides opportunities for career progression.

Looking ahead, axess is committed to further expanding our services and enhancing accessibility. Our focus will remain on sustainability and social value, ensuring that we continue to meet the needs of our communities in a responsible and impactful manner. We extend our deepest gratitude to all our staff for their unwavering dedication and to the communities we serve for their trust and support. Together, we will continue to advance sexual health services, overcoming challenges and making a lasting positive impact.

Dr Martyn Wood

Dr Sunidhi Vitharana

Martina Sheelan

Luke Byrne

Total overall patient interactions in 23/24

11,455

Axess remote attendances

1,731

Axess f2f attendances

6,169

Axess outreach interactions

625

SH:24 online kits

1,695

Total pharmacy attendances

823

Total GP attendances

412

Service overview

Members of the axess Halton Team

Axess sexual health is one of the largest sexual health services in the UK. It is comprised of sexually transmitted infections (STI) and sexual reproductive health (SRH) in Halton, Warrington, Liverpool, Knowsley, and Cheshire East making it the most extensive sexual health service based on geographical area. Axess also provide HIV care in Halton, Warrington, Liverpool, Cheshire East and Wirral. The service works from 11 clinical sites and a mobile clinical unit, with additional service level agreements to provide resources and care to Wirral Sexual Health, and HIV services in Chester.

Axess is committed to providing an integrated approach to sexual health care, offering a seamless, all-inclusive service to patients. This involves a focus on innovative provision, encouraging access to regular testing, and facilitating early intervention for reduced ill health and onward transmission, in addition to ready access to contraception to meet the outcomes of the Public Health Framework.

This holistic approach combines the respective strengths of axess expertise in contraception and reproductive health, STIs and HIV, system leadership, digital health and postal testing, and health promotion.

The following outlines the key highlights and successes within the service in the financial year 23/24:

National Chlamydia Screening Programme

The service worked closely with Liverpool Clinical Laboratories (LCL) developing an ordering protocol and process for the receipt and communication of chlamydia screening results for general practitioners (GPs) providing testing for patients who fit the required criteria under the National Chlamydia Screening Programme (NCSP).

Utilising the Labreach IT system, GPs will soon be able to order chlamydia and gonorrhoea tests direct to LCL. Results will be automatically texted to the patient, with all results sent to the axess Appointments and Results Admin Team for management and communication to patients. Patients can access chlamydia treatment from pharmacies.

Any results which do not fit the criteria for the national program will be directed back to the GP for management. A pilot involving three Liverpool GPs began in the winter of 2023, with roll-out planned for mid-2024. In addition to this, axess are planning to implement this innovative process throughout their other regional areas before Autumn 2024. Work is currently underway to have this in place.

axess 4 u

In April 2023, the service delivered a campaign to increase recognition and awareness of sexual health services for young people provided by axess sexual health under axess 4 u branding. This included communication across the region with GPs, pharmacies, ICBs, local authorities, sexual health services in adjoining areas, and partner agencies of our education and outreach services.

Coupled with this, the service delivered an intensive social media campaign including text, graphic and video content. The campaign included links to maps to enable location of individual clinic sites in each area by service users.

Further to this work, the service has created a working group to look at ongoing steps the service can take to improve uptake of services by young people.

GP services

There are 11 GP practices now sub-contracted by axess in the Halton region for the provision of LARCs and chlamydia testing, with an additional three waiting to sign up to the SLA.

The aim of this service is to improve access and availability of sexual health services for residents of Halton. By enhancing the availability of services in this way we hope to achieve our objectives of reducing the number of unwanted pregnancies, controlling the transmission of chlamydia. We are currently working with commissioners and GP practices for the development of women's health hubs in 24/25.

Pharmacy services

Axess sub-contract over 163 pharmacies to provide emergency contraception, condoms, and chlamydia screening across our footprint. We have taken 'Quick Start' contraception out of our contracts as this is included in the national pharmacy contraception scheme as of 23/24 year. We provide patient group directions (PGDs) for all pharmacy provision and training across axess areas, as well as PGDs for St Helen's, Sefton and Cheshire West and Chester. In addition, Liverpool sub-contract 12 pharmacies with an SLA to provide tier 2 treatment for chlamydia and Depo.

We continue to work closely with local pharmaceutical committees (LPCs) across the region to ensure pharmacies are fully supported.

SHOW Bus

This year, the service launched the SHOW (Sexual Health On Wheels) Bus. This is a mobile clinic unit that can be adapted for use in health promotion and community events. The SHOW Bus facilitates clinical outreach targeting underserved communities, providing sexual health and contraception services in locations that best suit their needs.

Social value

As planned in the previous year, the service has further developed workstreams to support the provision of social value with a particular focus on sustainability and health and well-being. More information on these work streams can be found in section 19 of this document.

Centralised results management

To support patient flow, we expanded centralised results management across all service areas, including Halton, where management of negative and non-complex positive results are managed by our specialist Appointments and Results Centre Administrative Team.

Sue Dillon, Clinical Coordinator

This has released clinical staff to spend more time in clinic support patients attending appointments and walk-in clinics and focusing on management of patients with more complex needs or diagnoses.

Psychosexual services

Following retirement of a previous consultant in psychosexual medicine, the service recruited a psychosexual therapist to work in the Halton and Warrington services to maintain this essential clinical delivery.

Members of the Halton Senior Practitioner Team

The service was lucky to recruit a candidate who is both a COSRT (College of Sexual & Relationship Therapy) accredited therapist but also is a member of the Institute of Psychosexual Medicine. Consequently, they are able to provide both therapeutic and clinical support to psychosexual clinical service patients continuing the high quality of service provision that was previously provided in those areas.

Clinic coordinator

In 23/24 the services in Halton, Warrington, Knowsley and Macclesfield recruited a clinic coordinator to support management of patient flow and capacity day-to-day. With services providing a mixture of walk-in, appointments, and remote care, all with varying demand, this role ensures each service remains responsive and accessible, with appropriate skill mix and staffing levels in place, and with safe, high-quality provision maintained.

Clinical activity

Accessibility

Axess Halton have seen an increase in the number of women under 18 years of age, who have requested and received IUD, IUS Implant, Depo and Sayana within two weeks of their contraception assessment, exceeding the KPI of >90%.

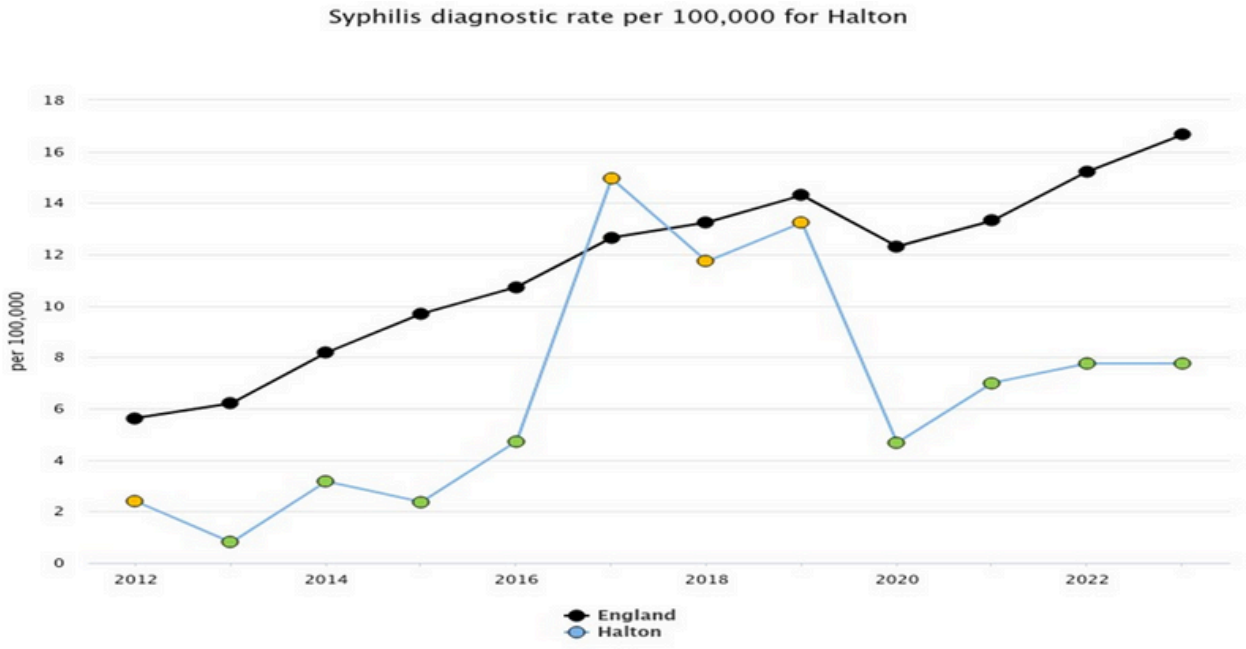
		22/23	23/24
Proportion of under 18 women who have their long acting reversible contraception (LARC) method (IUD, IUS or implant) fitted within two weeks of contraception assessment	Numerator: the number of under 18-year-olds with IUC or implants fitted within two weeks of contraceptive assessment	31	72
	Denominator: total number of IUC or implants fitted for under 18-year-old women	31	72
	% of LARC fitted within two weeks of assessment for under 18-year-olds	100.00%	100.00%
Proportion of under 18 women who have Depo/Sayana issued within two weeks of contraception assessment	Numerator: the number of under 18-year-olds with Depo/Sayana issued within two weeks of contraceptive assessment	17	37
	Denominator: total number of Depo/Sayana injection issued for under 18-year-old women	17	37
	% of Depo/Sayana issued within two weeks of assessment for under 18-year-olds	100.00%	100.00%

Diagnostics

The number of reports issued by the lab within five working days of the specimen being received has seen a significant increase. In total, axess issued 8119 more reports than the previous year whilst still meeting the KPIs. This is an impressive 158% increase on the previous year and is a result of the improved laboratory processes implemented.

	22/23	23/24
Numerator: number of reports issued by the lab within 5 working days of receiving sample	5107	13226
Denominator: number of reports issued by the lab	5281	13503
% lab results within five working days	96.71%	97.95%

England is seeing the highest rates of Syphilis recorded since the 1940s, with rates at 15.4 per 100,000 as of 2022, with upward trend since 2020.



Our positivity rate in Halton has risen steadily through 23/24. We have seen a 15% increase in both syphilis and HIV testing.

	22/23	23/24
Numerator: number of Syphilis tests done	1664	1921
Denominator: number of HIV tests done	1692	1950
Syphilis positivity rate	0.48%	0.78%

Axess Halton have again ensured 100% of patients with needs relating to STIs, were offered an HIV test at first attendance of new episode of care.

In addition, during 23/24, we saw an increase in the number of MSM patients who accepted HIV test at first attendance increase, enabling the service to further exceed the KPI of 85%.

	22/23	23/24
Numerator: number of men who have sex with men (MSM) accepting a HIV test at first attendance of new episode of care	274	315
Denominator: total number of eligible new men who have sex with men (MSM) attendees seen at clinic who are suitable for a HIV test	308	337
% MSM accepting a HIV test	88.96%	93.47%

Axess Halton have also seen an increase in the number of ethnic minority patients who were offered an HIV test at first attendance of new episode of care, while they have also seen a 5% rise in the number of those patients accepting an HIV test.

	22/23	23/24
Numerator: number of ethnic minority attendees offered a HIV test at first attendance of new episode of care	28	198
Denominator: total number of eligible ethnic minority attendees seen at clinic who are suitable for a HIV test	28	198
% Ethnic minority community attendees offered a HIV test	100%	100%
Denominator: number of ethnic minority attendees accepting a HIV test at first attendance of new episode of care	22	166
% Ethnic minority attendees accepting a HIV test	78.57%	83.84%

Contraception

During 23/24 axess Halton saw a 125% rise in the number of patients under 18 who had an IUC, implant, Depo or Sayana Press fitted by the service for contraception purposes. This is in part due to the progression of training within the service, and the subsequent improved competence in offering long-acting reversible contraception (LARC) methods at every opportunity. All of these patients have the opportunity for a fully informed discussion around the benefits of LARC as their method of contraception. Prior to fitting, all patients have a fully informed discussion around the benefits of LARC as their method of contraception.

	22/23	23/24
Numerator: number of IUC, implants & Depo/Sayana injections by the service for contraception purposes for under 18s	48	108
Denominator: total number of under 18 women provided with methods of contraception by the service	150	376
% service users under 18 issued with LARC (including DEPO)	32.00%	28.72%

The number of patients who started treatment in axess Halton within three weeks of a positive STI diagnosis has increased by 13.65% in 23/24. In addition, 100% of in-clinic index cases, and subsequent cases, had the outcome of an agreed action, or the decision not to communicate with all contacts following a partner notification discussion, which continues to exceed the KPI. This follows internal improvements within the electronic partner notification templates during 23/24 and highlights the progressed training and core skills within the service related to partner notification.

	22/23	23/24
Numerator: number of service users seen in a clinic who started treatment within three weeks of positive STI diagnosis	315	358
Denominator: the total number of service users who received a positive STI diagnosis who came back for treatment	336	372
% service users treated	93.75%	96.24%

Pre-exposure prophylaxis

100% of axess Halton patients, whose were at risk of HIV (and therefore eligible for PrEP) were appropriately assessed during consultation for eligibility to access PrEP, and despite a 7.5% rise in attendees during 23/24, all those eligible for PrEP accepted the offer.

	22/23	23/24
Numerator: total number of attendees at L3 service who were assessed for eligibility to access PrEP	2468	2654
Denominator: total number of attendees at L3 service	2468	2654
% patients assessed for PrEP eligibility	100%	100%
Numerator: total number of eligible attendees accepting the offer of PrEP	67	72
Denominator: total number of eligible attendees offered PrEP following an assessment	67	72
% patients offered PrEP accepting	100%	100%

Clinical activity

During 22/23, 38.13% of our patients waited over 30 minutes for their booked appointment. In 12 months, there was a marked reduction to 9.78%. We continue to review and monitor waiting times daily, while ensuring vulnerable patients and urgent cases have their needs met using the robust triage model. Furthermore, the well-versed skill mix allows us to accommodate unexpected and unscheduled urgent patients, whilst continuing to maintain the booked appointments. During 22/23, 11.35% of patients attending our Halton clinics waited longer

Admin Coordinator Helen Deegan with some of the Administrative Team

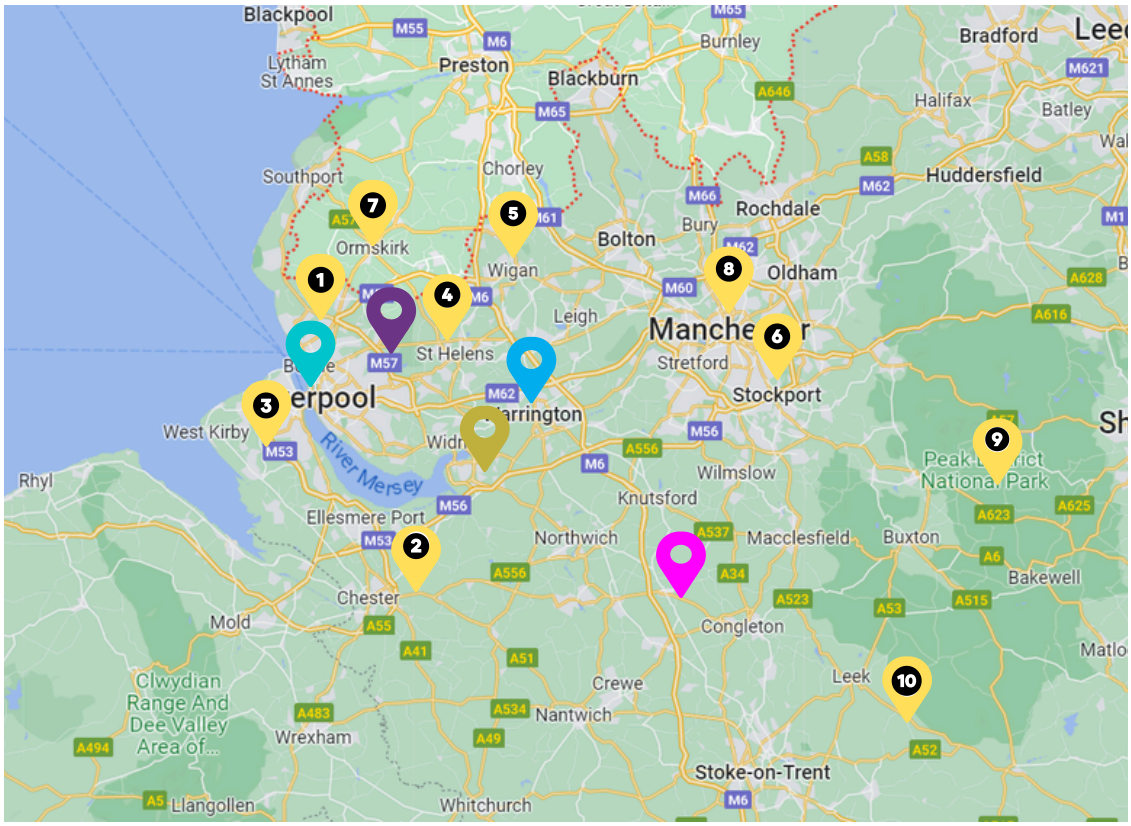
than two hours at walk-in sessions, but with improved triage processes, and returning clinical staff from absences, there were zero waits over two hours. The clinical staff strive to minimise waiting times during walk-in clinics with vital support from the front facing reception team, who manage queries and challenging patients wanting to be seen in these busy sessions.

Band 4 Assistant Practitioner Rasa Argent

Band 4 Assistant Practitioner Lucy Conley

Service reach

Map of out-of-area (OOA) locations with the highest number of patient visits to axess



Main axess boroughs

- Liverpool
- Halton
- Knowsley
- Cheshire East
- Warrington

OOA service boroughs

1. Sefton
2. Cheshire West & Chester
3. Wirral
4. St. Helens
5. Wigan
6. Stockport
7. West Lancashire
8. Manchester
9. High Peak
10. Staffordshire Moorlands

Out of area (OOA)

13.71% of axess Halton patients were from outside the commissioned area in 23/24, which is a slight increase from 11.48% in 22/23. The top three OOA boroughs for Halton in 23/24 were Liverpool, Cheshire West & Chester and Knowsley.

Workforce

Regional staffing

Regional Service Lead - Sexual Health and HIV Band 8b	**ADD of Nursing - Sexual Health and HIV Band 8c**	**Regional Clinical Director**	**Admin (Central Finance Support) Band 5/Band 3**	**Appointment and Results Team Band 3**
Biomedical Scientist Associate Practitioner Band 4	**Communications Team Band 5/Band 4**	**Deputy Regional Lead Nurse (Matron) Band 8a**	**Education Team Band 6/Band 5**	**Informatics Data Analysts Band 5**
Informatics Manager Band 7	**Nurse Consultant - HIV Band 8b**	**Nurse Consultant - Sexual Health Band 8b**	**Outreach Practitioners Band 7**	**Outreach Team Band 6/Band 5/Band 4**
Regional Operational Managers Band 7	**Regional Service Manager - SH Band 8a**	**Research Assistant Practitioner Band 4**	**Research Nurse Band 6**	**Specialist Biomedical Scientist Band 6**
Safeguarding Practitioner Band 6	**Senior Biomedical Scientist Band 7**			

Halton staffing

Advanced Clinical Practitioner Band 8a	Assistant Practitioners Band 4	Clerks Band 2	Clinical Coordinator Band 7	Clinical Manager Band 7
Clinical Support and Results Clerks Band 3	Consultants	Healthcare Assistants Band 3	Locum Consultant	Psychosexual Therapist
Reception Team Leader Band 3	Salaried GP	Senior Clinical Practitioners Band 7	Service Coordinator (part) Band 5	Sexual Health Clinical Practitioners Band 6
Speciality Doctor				

Outreach service

The axess sexual health Outreach Team provides free and confidential sexual health services to a range of groups that for multiple, and often complex reasons, do not access in-house clinical services. These groups include:

- Commercial sex workers
- Men who have sex with men (MSM)
- Street homeless and hostel residents
- Ethnic minority groups including asylum seekers and refugees
- Drug and alcohol users who are at higher risk of STI/HIV infection and unwanted/unplanned pregnancy
- Trans and non-binary folk
- College and university students.

While this list is not exhaustive, it gives the main focus of our target outreach groups.

The team works across the whole axess footprint, covering: Halton, Warrington, Liverpool, Knowsley and Cheshire East. The team adapt their sessional content offer dependent on the local demographic and need. At the beginning of 2024, a working week framework was introduced to the Outreach Team which ensures that clinical outreach sessions are being delivered across the whole axess footprint on a weekly basis.

This has seen a significant increase in the number of clinical session hours offered which in-turn has increased the number of tests and treatments delivered in the community to previously underserved groups.

We offer sessions in a variety of settings and in areas where we are most likely to find members of the target groups. The following are examples of sessions from across the region are:

- Hostels
- Student halls of residence
- Sex worker drop-in centres
- Sex on premises venues
- Refugee hotels
- Barber shops
- Youth groups
- Drug and alcohol services
- Probation service offices
- Domestic abuse services

Offering a range of health promotion interventions including one-to-one support, informal counselling, signposting and referral to relevant support agencies, group workshops, and training to staff and other professionals, all members of our Outreach Team are given training to offer full asymptomatic sexual health screening.

Since the team are now able to offer screening out in the community, we record each intervention and consultation on our electronic patient records system, Lillie, which means we have direct management over results, treatments, and further ongoing support should it be required. This has been invaluable in enabling us to provide treatment to more transient patients, as we have been able to deliver medication, in person, to hostels, day centres, and drop-ins.

The team continues to offer various health promotion workshops, covering topics related to trans and nonbinary awareness, HIV updates, contraception and women's sexual health needs, an introduction to sexual health care for young people and some LGBTQ+ focused sessions.

Throughout the year there are numerous events and campaigns that are prominent in the Outreach calendar: World AIDS Day, National HIV Testing Week, Black History Month, LGBT

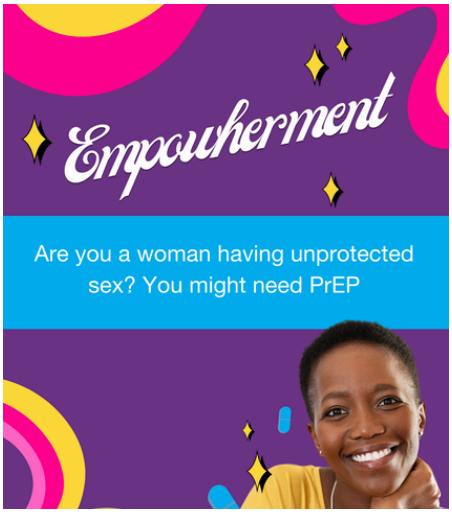
History Month, Pride events and freshers' fairs, to name a few.

May 2023 saw Liverpool as the host of the Eurovision Song Contest. The Outreach Team were at the very heart of the celebrations for the two weeks preceding the event as well as being the only health provider promoting condom use and STI screening at a Grand Final viewing held at Liverpool's Saint George's Hall, with nearly 2000 attendees. Staff from across axess' service areas came to celebrate the event and offer outreach support.

We were able to attend more PRIDE events than ever this year and held stalls at Warrington, Macclesfield, Crewe, Liverpool and Chester Pride; additionally, we have already booked to have a presence at future PRIDE events including Halton and Huyton.

Since March 2024, the Outreach Team has been running the Empowherment campaign, which highlights the eligibility of women to access to PrEP. The campaign has been run in conjunction with a pilot PrEP for women clinic, which is weekly and is based at the Linda McCartney Centre.

The Outreach Team runs three specialist, in-house clinics. Butterfly offers support to trans and nonbinary people. Control, Alt, Delete (CAD) offers support to patients that disclose problematic issues with drug or alcohol use (most especially if these issues increase risk of STI or HIV transmission.



PrEP Express provides quick and easy access to repeat PrEP medication for registered PrEP users.

Outreach work is always evolving, and our aim is to be a team that evolves with it. Whilst we continue to try new and innovative ways to engage with our target groups, we also retain those elements of our work that are evidence based and give qualitative results, based on collective years of experience that has the needs of our patients at heart.

Members of the axess sexual health Outreach Team

HIV testing week event/campaign report

Event/campaign name	National HIV Testing Week 2024
Event/campaign date	5-11 February 2024
Lead	Outreach Team
Venue(s) attended	The Salvation Army, James Lee House, Room at The Inn, Y Project Warrington, Halton Lodge, Yates Court, SHAP, CCSW Crewe, University of Buckingham, YMCA Crewe, University of Liverpool, Liverpool John Moores University, Reaseheath College, GYRO, Speke House Veterans
Target group	Anyone within the Outreach Team's footprint who wants to test
Type of campaign	In-person INSTI point-of-care tests (POCT), online promotion on social media of campaign, to encourage testing
Supporting resources	THT National Testing Week leaflets, INSTI tests, improved POCT forms, THT posters, It Starts With Me condom packs
Resources distributed to	Partner organisations, patients, clinic managers
Evaluation	• Increased patient participation in POCT testing • New sessions booked to change demographic of those we test • People developed a better understanding of HIV testing • Had many patients test for the first time ever • Breaking down stigma and barriers for future testing • Updated the POCT form from World AIDS Day so that all necessary demographic questions were asked

World AIDS Day communications campaign

Know your status: it's not complicated

Ahead of World AIDS Day, we encouraged our followers to find out their status by emphasising the simplicity and easiness of testing. We invited staff members to feature on our social platforms explaining why it's important to get tested, how quick and simple testing is, and why World AIDS Day is important.

Collaborative work with BHA for Equality

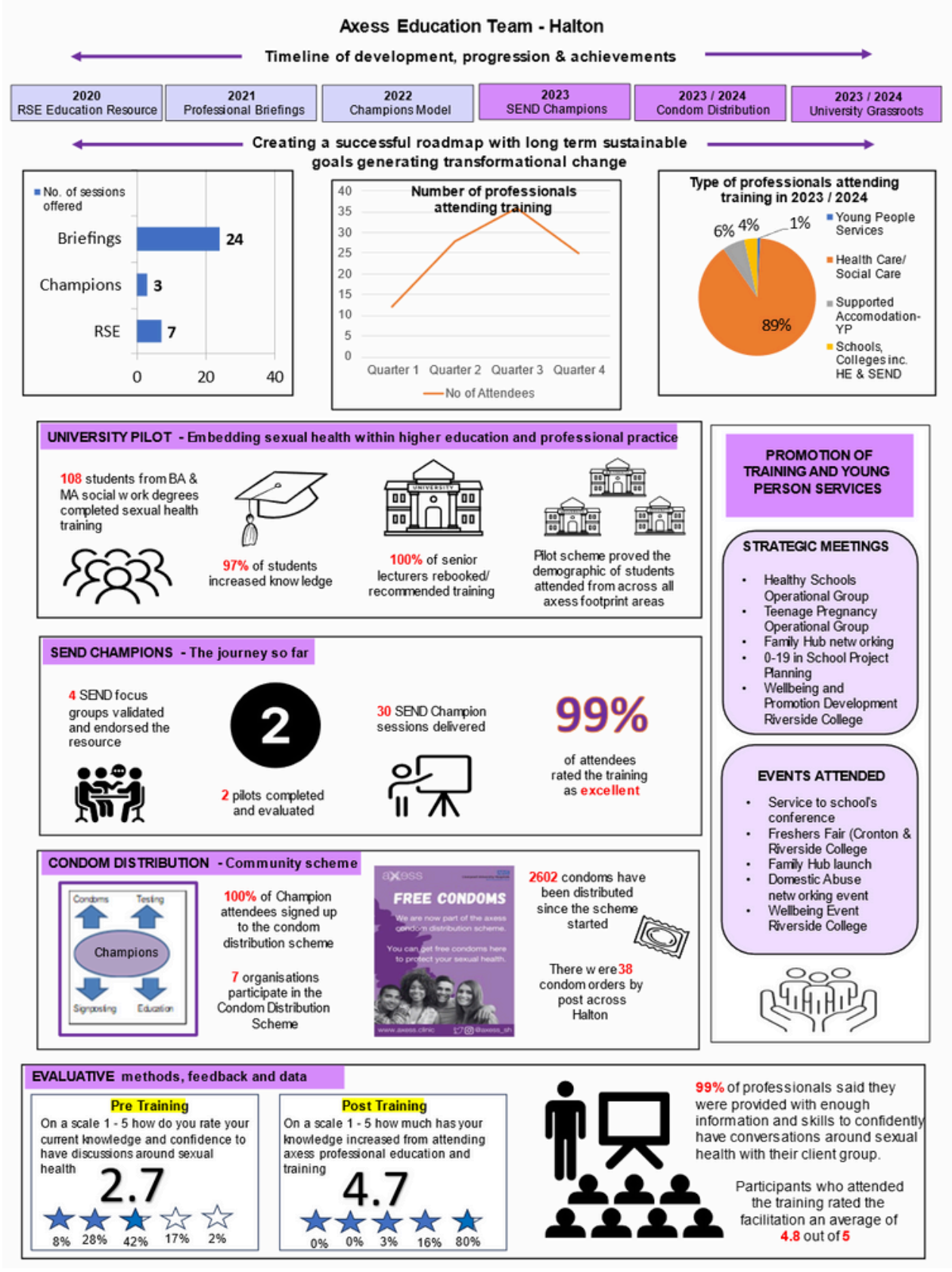
Though the campaign largely involved informing people how simple and easy HIV testing is, we wanted to acknowledge the barriers that exist to testing for some communities.

We collaborated with BHA for Equality on a post titled 'Barriers to HIV testing for Black and ethnic minority communities.' The post included thoughts from BHA on the barriers which currently exist, with a reminder to healthcare staff to reflect on how they can be tackling obstacles to healthcare for minoritised communities.

Staff photos on social media

A key aspect of axess' social media strategy is featuring staff faces and personalities on social media where possible. This played a role in our World AIDS Day campaign. We shared photos of axess staff wearing red ribbons to raise awareness of World AIDS Day and support those currently living with HIV. Additionally, we posted photos of our Outreach Team attending testing events wearing their World AIDS Day red uniform.

Education services



The axess Education Team describe their working method as “building expertise in the workforce through education and training.” Below are some important aspects of the Education Team’s service offer.

Kathy White, Education Practitioner and Karen Hampson, Specialist Education Practitioner

Professional briefings

Professional briefings focusing on a variety of sexual health topics are frequently delivered and are well attended across all axess areas. Professional briefings play a role in creating long-term transformational change for issues including: reduction of teenage pregnancy, reduction in STI transmissions, early diagnosis, screening and treatment of STIs, and promoting healthy consensual relationships. Promoting positive sexual health, upskilling, and building expertise in the professional workforce is an important part of a whole system approach to sexual wellbeing in Halton.

Hayley Tooley and Kelly Cartwright, Specialist Education Practitioners

University pilot - embedding sexual health within higher education and professional practice

Through liaison with the University of Chester (Warrington campus), a significant gap in training was identified in relation to sexual health and wellbeing. Subsequently, we developed and delivered a pilot programme of training covering all aspects of sexual health.

Findings gathered through evaluations and feedback from BA and MA Social Work programme leads, senior lecturers, students and the Warrington commissioner were positive. This innovative project has the potential of becoming an influential programme which builds sustainable change.

Next year we aim to further progress this aspect of development across universities and campuses within the axess footprint concentrating on social work, nursing and teacher training degrees. We very much look forward to continuing to develop the links with local universities.

SEND Champions - the journey so far

A revised sexual health champions training offer was created for young people with special education needs and disabilities (SEND). This was implemented due to requests from professionals who supported SEND young people; they were seeking suitable sexual health resources and training to meet the needs of their client group.

The SEND Champions training was developed in collaboration with Active CES SEND College Knowsley, Liverpool Disability Team and SEND young people. Further analysis came from two pilot training sessions delivered with professionals, leading to an axess Advanced Clinical Practitioner endorsing the information and data.

Feedback from education events has been consistently positive with comments from participants expressing:

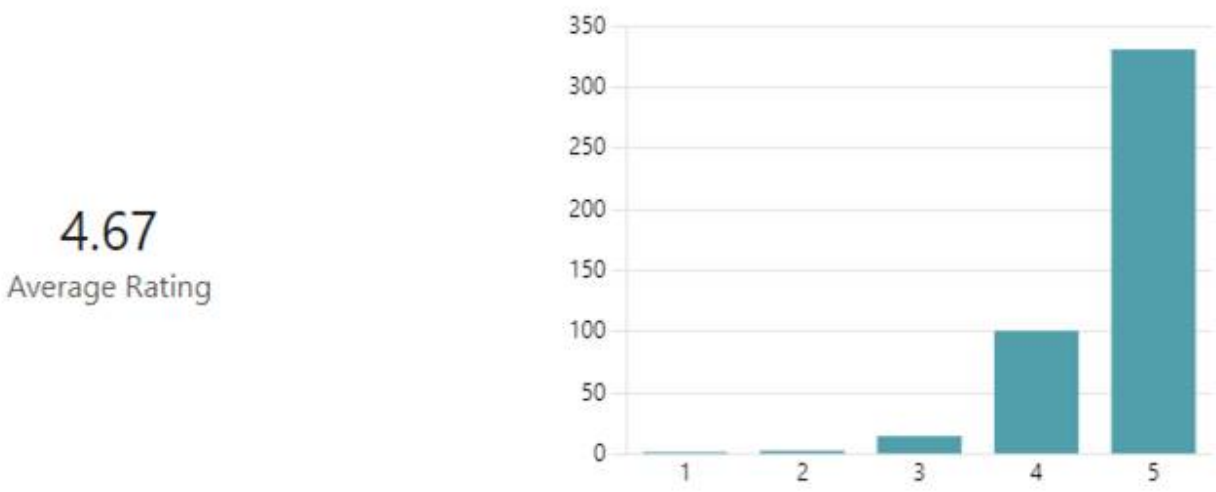
> "I work in programme management and have had extensive training on sexual health and thought this training would not benefit me. However, the team member delivering the session was excellent in her delivery, she was able to provide training packs and went through how to deliver to learners. This will be extremely beneficial to me and my learners, who are entry level learners. Really enjoyed the training. Thank you."

"Thank you for a very good, informative training session which was delivered in a relaxed way and encouraged questions and discussion. This training has helped my confidence to have open conversations with the young people I see in my role as a child in care nurse."

"Well facilitated… very knowledgeable speakers, informative and valuable session. Ongoing training would be beneficial."

Feedback data

The graph below displays responses to the question: On a scale of 1-5 do you feel we have provided you with enough information, skills and/or resources to confidently have conversations around sexual health with the client group you work with?



In addition there have been multiple comments regarding the excellent delivery from the trainers. This feedback emphasises the knowledge and commitment from the education team, to continue instilling behavioural and cultural skills and learning to our partners, and other healthcare professionals.

Condom distribution - community scheme

The axess condom distribution scheme provides easy access to free condoms and sexual health advice for young people. We have enhanced our process to ensure regular contact with young persons' services across axess regional areas, to further develop and maintain the condom scheme.

The Education Team also ensure frequent contact with participants to inform and update them on axess training opportunities, promotional materials, and up-to-date information on axess services.

Evaluative methods, feedback, and data

A new evaluation tool has been implemented in the professional training and education model of delivery. Previously, in online training the return rate of evaluation forms by participants was low, and time consuming to follow up. As a result, feedback and qualitative analysis opportunities were missed.

The introduction of QR codes in course material now provides each participant with a digital pre- and post-course evaluation form to capture intelligence-based data insights about participants' views on knowledge, skills, confidence, resources, and facilitation. This tool provides both qualitative and quantitative data that can be analysed to ensure future training meets current needs and supports professionals in delivering impactful sexual health education and interventions.

Communications and social media

The past year has seen a renewed and focused approach to sexual health communications from the axess team. Across our varied channels of communications output (social media, website, print materials, press releases) our driving impetus has been to create personable, informative content that encourages sexual health and wellbeing without shame. Our delivery of this has involved a simplified redesign of aspects of our website and our social media graphics, an increased number of staff appearances on social media, collaboration with other sexual health organisations across our service areas, and a focus on content which addresses issues that service users may find embarrassing or difficult to talk about.

Examples of 23/24 social media content

The achievement of this approach has been buoyed by the creation of a website and social media content plan, which ensures deadlines are met, the Outreach and Communications Governance SOP is adhered to, and a steady flow of information is prepared and disseminated on our channels regularly.

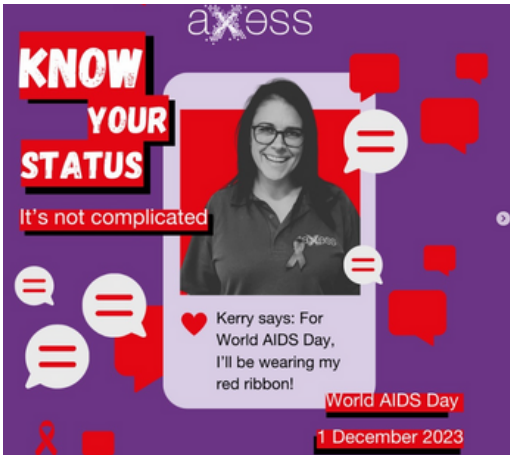
Also, monthly multi-disciplinary team meetings allow the Communications Team to share upcoming content and receive and implement any feedback ahead of publication. Having a well-organised, multifaceted approach to content creation allows us the capacity and time to be more reactive to new and urgent sexual health issues. For instance, we published a statement

in support of our trans and nonbinary service users in October 2023, as a reaction to a rising "climate of misinformation about trans healthcare."

The Communications Team have also frequently worked in tandem with the Outreach Team to create impactful sexual health campaigns, attempting to reach unrepresented groups and key demographics. For instance, our collaboration on the Freshers' Week "I ♥ SAFE SEX" Campaign ensured our comms materials were delivered in-person to students when the Outreach team attended Freshers' events.

Photos of 2023 Freshers' events

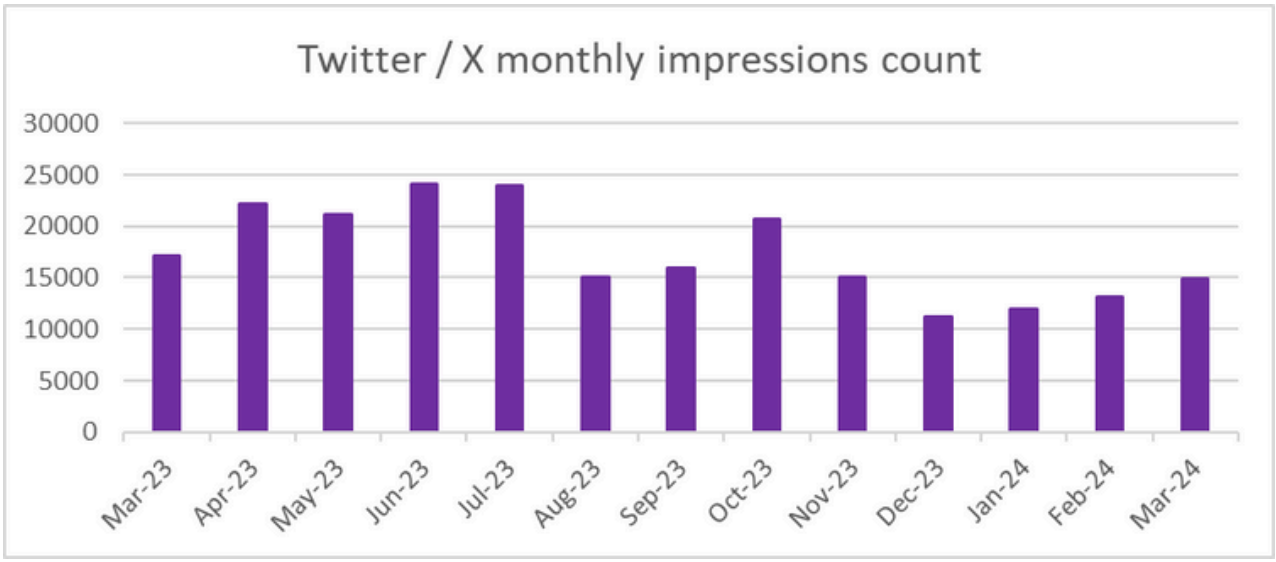
Examples of collaborative work between Communications and Outreach Teams



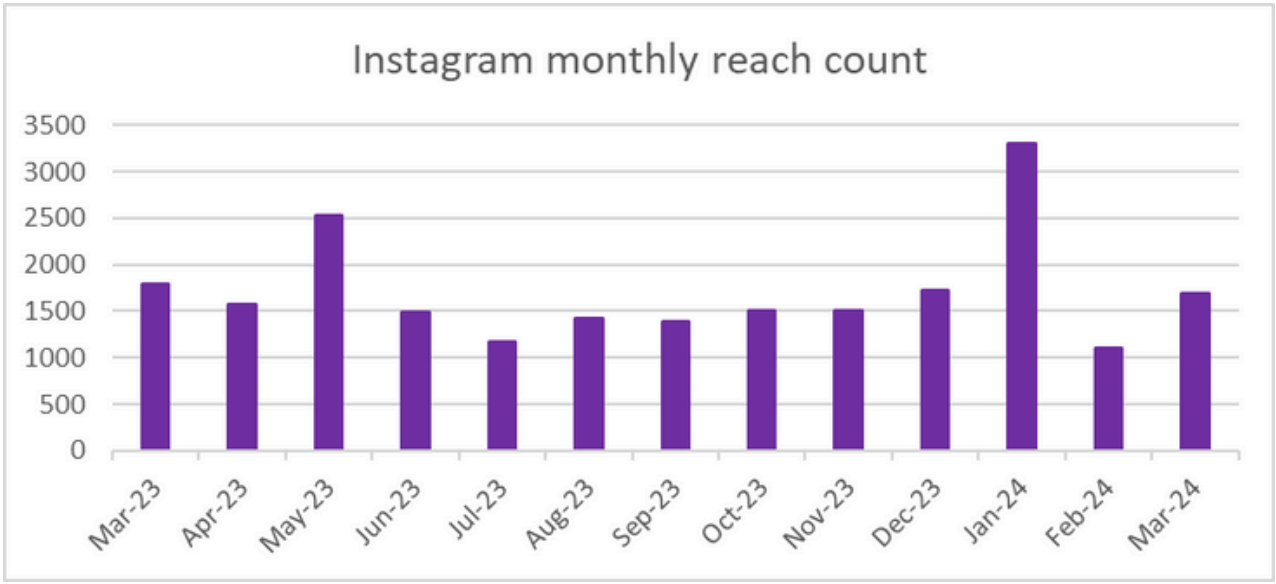
A social media post promoting the Outreach Team's World AIDS Day "Know Your Status" campaign

A social media reel video showing the Outreach Team collecting donations for vulnerable service users at Christmas

Social media statistics



Twitter/X impressions denote the number of times a post has been seen by users on the platform. Axess has steadily received over 10,000 impressions on Twitter / X each month over the past year, with this figure varying usually in accordance with our major campaigns, or significant, relevant events occurring in our service areas. For instance, June 2023 saw us receive 24,000 impressions, our highest recorded figure to date, largely thanks to our Pride Icons campaign, which saw us celebrating artists and celebrities who have made history in sexual health and for LGBT+ communities. One of these posts received 4,752 impressions, our highest impressions count that month.

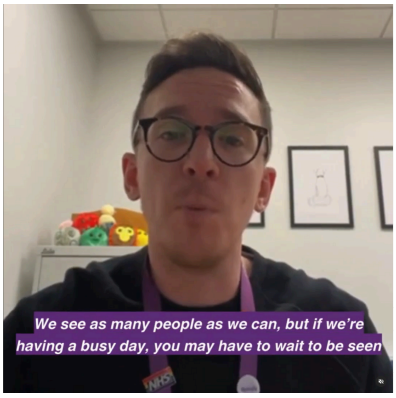


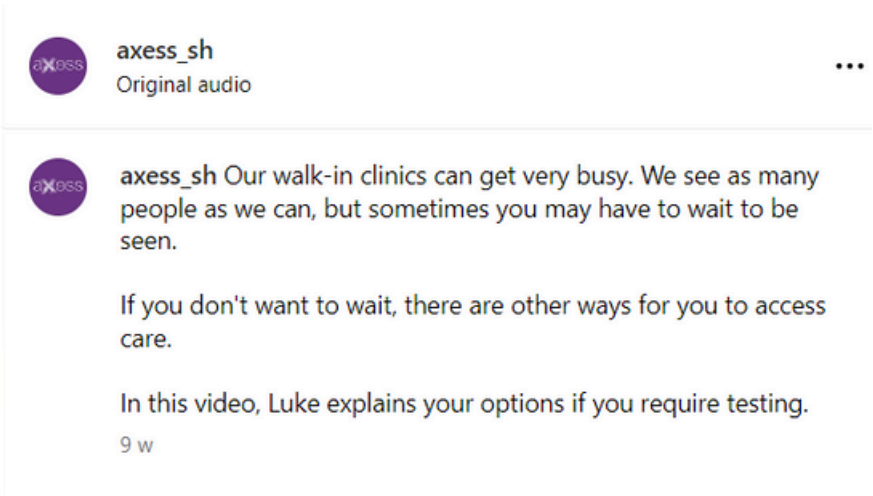
Instagram reach denotes the number of people who have seen our content in the Discover tab, feed, tagged posts, location, or hashtag search. Axess' Instagram content has comfortably reached over 1,000 users each month. Our most successful month of the past year has been January 2024. Instagram users responded very positively to our Cervical Cancer Prevention Week posts, wherein we recorded videos of axess team members explaining different aspects of cervical screenings and how they can be accessed. Three of these videos received our highest reach count of the month, with 1,500 users, 1,200 users and 669 users reached respectively. These videos are emblematic of our new, staff-focused approach to social media output over the previous year, and the positive reaction towards them highlights the success of this approach.

Challenges and lessons learned

One major challenge of 23/24 has been reaching service users with information on our clinic opening times, changes, and ways to access care. With 11 total clinic locations, it can be difficult to accurately disseminate the specific and complex information of each clinic in a way that satisfies our service users.

We've recently launched a campaign which intends to build on the success of our staff-focused video content, that explains in simple and digestible ways the different options our service users can access care if they don't want to wait at our walk-in on busy days. These videos have been shared on our social media channels and have so far received a positive response.





For example, a video posted in March explaining how to access sexual health testing received 724 plays, 30 likes and reached 378 total accounts (as of May 2024). In the near future, it will be important to monitor the impact that these videos are having on genuine patient experience of our services. The Communications Team will speak with clinical staff and monitor patient feedback on Google and social media to assess whether people feel they are clearly aware of all the ways they can access sexual health care, and whether they feel these are suitable alternatives to waiting at our walk-in on busy days.

Sexual problems service

Axess sexual problems clinic is based in Warrington axess service in Bath Street and Halton axess sexual health at Halton hospital. It consists of a part time two days per week band 7 psychosexual therapist who is dual trained College of Sex and Relationship Therapists, COSRT and a Member of the Institute of psychosexual medicine (IPM).

The service was previously run by an SRH consultant and psychosexual doctor who retired from practice in May 2024. The current psychosexual therapist took her post in September 2024.

The service is supported by an administrator who manages the psychosexual clinics and patients' referrals. The administrator was invaluable during the period of absent clinical capacity, by ensuring the new post holder was supported through her induction and meeting the demands of the gap in the service.

Activity

There were 76 referrals into the service between 23/24. Most referrals come from GPs, and secondary care specialities including urology and obstetrics and gynaecology. There is a small number of referrals from within the axess service.

There was a hiatus in the service between the previous consultant retiring and the new post holder coming into post in September 2024, but during this time, patients were offered alternative appointments to be seen in axess Knowsley, although few patients were willing to travel.

The waiting list has been significantly reduced over the period since the new post holder started

and the waiting time is now 4-6 weeks depending on patient's availability.

Approximately 41 patients are active to the caseload at any one time. Patients will often be seen more regularly to start with and then have less regular review as things progress.

Demographics and diagnosis

Slightly more referrals are received for cis female patients than cis male. Broken down by diagnosis, of those diagnoses recorded, most male patients present with erectile dysfunction. Most female patients present with vaginismus or dyspareunia.

Patients are seen from all backgrounds with the help of interpreters for non-English speaking patients and patients who are deaf and use English sign language.

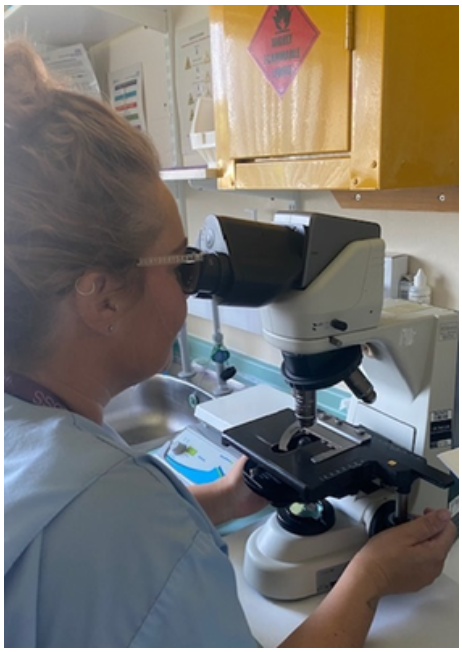
Service development and education

A monthly team meeting takes place across the wider axess area with the whole Psychosexual Team which enables sharing of learning as well as support with case discussion. Service developments related to patient information and education are facilitated by the team through this forum.

Axess Halton's psychosexual therapist is actively involved in education and asked to speak at local and national events as well as within axess service.

Progress has been made locally to network with the local referrers to ensure referrals are appropriate and patients expectations are managed. Through this networking education sessions are offered to teams to support their awareness of sexual problems.

Staff training



Training and development of staff is key to growing and maintaining a specialist workforce. Providing opportunities for career development for our staff and for colleagues based in other areas of the health service is fundamental to equipping the workforce to deliver integrated services.

We provide all our staff with regular informal education sessions delivered remotely known as Journal Club. These are weekly one hour presentations delivered on key issues related to sexual and reproductive health, via a combination of internal and external speakers.

Nursing staff Banded 8a and above and all medical staff are required to deliver at least one Journal club presentation every six months, while staff from other roles are strongly encouraged to volunteer to present in these sessions as well. 50 Journal Club sessions were delivered in 23/24. Additionally, there are longer education and governance sessions provided quarterly in addition to Journal Club.

In addition to their core training competencies, the matron and clinical managers in axess require enhanced operational and management skills, to oversee and maintain essential governance standards and mandatory requirements of their staff and local services. All are adept in managing challenging policies, including wellbeing & sickness, and recruitment, all essential for the safe and efficient care of patients and staff. In 2023, the matron commenced the Chartered Leader degree which includes the accreditation of Mary Seacole course. The forward plan is to commence all clinical managers in axess on a Mary Seacole course in late 2024 to further develop their leadership and management skills.

Caroline Cody, Clinical Manager Warrington and Halton

Nursing/midwifery training

Training pathway

Axess has developed a robust regional training pathway for all nurses and midwives at everylevel working within the service. There are three key roles in the team: trainee clinical practitioner, clinical practitioner and senior/advanced clinical practitioner. Trainee clinical practitioners are appointed using the 'Annex 21' section of the NHS Terms and Conditions of Service. Annex 21 outlines a percentage pay structure for those recruited to training posts between one and four years. A structured one to two year training programme is provided and, on successful completion, the trainee becomes a clinical practitioner. This approach enables the recruitment of newly qualified nurses or midwives, or those seeking a change in career who may have no experience in sexual and reproductive healthcare (SRH).It also supports recruitment based on the values and behaviours essential for SRH. Clinical practitioners who undertake further development such as non-medical prescribing may become senior or advanced clinical practitioners (ACPs).

Jane Spencer, Advanced Clinical Practitioner

The structured training programme includes 'core training' which ensures each practitioner has the necessary skills and competencies to provide high-quality integrated SRH. Our approach to training and development offers structured and achievable career progression and supports succession planning within an ageing workforce. Core training incorporates nationally recognised training programmes from the Faculty of Sexual and Reproductive Healthcare (FSRH) and the Sexually Transmitted Infection Foundation (STIF). This supports the development of standardised competencies within each role to ensure consistent service delivery.

Core training for each role can be seen in Table 1 on the following page. We also offer additional training opportunities to those team members interested in more specialised care such as menopause and psychosexual medicine (Table 2).

Table 1: Core training

Core training		
Trainee clinical practitioner	Clinical practitioner	Senior/advanced clinical practitioner
FSRH essentials contraception	STIF intermediate	STIF advanced
Vaccination and immunisation	FSRH diploma	In-house bimanual and proctoscopy training
STIF foundation	FSRH letter of competence in subdermal implant insertion and removal (SDI)	FSRH letter of competence in intrauterine techniques (IUT)
Smear-taker training		Non-medical prescribing

Table 2

Additional training opportunities (all clinical practitioners)		
FSRH essentials menopause	Introduction to psychosexual medicine	Cytology mentorship
FSRH registered trainer		

Progress

The table below shows the workforce establishment and progress with training Warrington and Halton as this is a shared workforce.

Staff group	Current job title	WTE	Training completed	Training progressing
Medical	Consultant Lead	1.0	CCST, LARC fitter both coil and implants, HIV speciality clinics	Updates and CPD
	Consultant	60		
	Locum Consultant x1 fixed term contract	(0.85)	CCST smear training	Implant/IUC training
	Speciality Doctor	(0.20)	LARC fitter both coil & implants	GUM specialism

Nursing	Advanced Nurse Practitioner Band 8A WTE 1.0	(1.0)	Cytology & mentor, venepuncture, cryotherapy, microscopy, DFSRH, STIF intermediate, STIF advanced, LoC SDI, LoC IUDs, faculty registered trainer, Bashh/STIF trainer, GCP research module, imms and vaccinations, bimanual examinations, NMP (non-medical prescriber)	As required ongoing updates, core training 100% complete
	Clinic Manager Band 7 WTE 1.0	(1.0)	Cytology, venepuncture, cryotherapy, DFSRH, LoC SDI, GCP research module, imms and vaccinations, PGDs, core management programme	Progressing: NMP
	Senior Clinical Practitioner Band 7 WTE 3.65	(1.0)	Cytology and mentor, venepuncture, cryotherapy microscopy, DFSRH, STIF intermediate, LoC SDI, LoC IUDs, GCP research module, imms and vaccinations, bimanual examinations, NMP	STIF advanced, BASHH/STIF trainer, FSRH trainer

Nursing		(1.0)	Cytology. venepuncture, cryotherapy, microscopy, DFSRH, STIF intermediate, LoC SDI, LoC IUDs, GCP research module. imms and vaccinations, bimanual examinations	NMP, STIF advanced, BASHH/STIF trainer, FSRH trainer
		(1.0)	Cytology, venepuncture, cryotherapy, microscopy, DFSRH, LoC SDI, LoC IUDs, GCP research module, imms and vaccinations, bimanual examinations	STIF advanced, BASHH/STIF trainer
		(0.65)	Cytology and mentor, venepuncture, cryotherapy, DFSRH, STIF intermediate, LoC SDI, LoC IUDs, GCP research module, imms and vaccinations, bimanual examinations	

Nursing	Specialist Practitioner Band 6 WTE 3.21	(0.29)	Cytology and mentor, venepuncture, cryotherapy, DFSRH, STIF intermediate, LoC SDI, GCSP research module, imms and vaccinations	Core training 100% complete
		(0.53)	Cytology, venepuncture, Cryotherapy, DFSRH, STIF intermediate, LoC SDI, GCP research module, imms and vaccinations	Microscopy Core training 100% complete
		(0.59)	Cytology & mentor, venepuncture, cryotherapy, DFSRH, STIF intermediate, LoC SDI, GCP research module, imms and vaccinations, NMP	Microscopy Core training 100% complete
		(1.0)	Cytology, venepuncture, cryotherapy, microscopy, DFSRH, STIF intermediate, LoC SDI, GCP research module, imms and vaccinations, NMP	Core training 100% complete

Nursing		(0.8)	(Annexe 21) Venepuncture, cryotherapy, GCP research module, imms and vaccinations	Progressing: Cytology, In-house workbooks including male and female examinations
	Assistant Practitioner Band 4 WTE 3.0	(1.0)	SRH essentials course, STIF foundation, PSD training, imms and vaccinations foundation course, cryotherapy, Assistant Practitioner in Healthcare level 5	Commencing Nurse training Pathway June 2024 – and will return as registered practitioner in 2026 Core training 100% complete
		(1.0)	SRH essentials course, STIF foundation, PSD training, imms and vaccinations foundation course, cryotherapy, Assistant Practitioner in Healthcare level 5	Progressing: Assistant Practitioner in Healthcare Maintain competencies and updates
		(1.0)	SRH essentials course, STIF foundation, PSD training, imms and vaccinations foundation course, cryotherapy, Assistant Practitioner in Healthcare level 5	Core training 100% complete

Nursing		(0.8)	(Annexe 21) Venepuncture, cryotherapy, GCP research module, imms and vaccinations	Progressing: Cytology, In-house workbooks including male and female examinations
	Assistant Practitioner Band 4 WTE 3.0	(1.0)	SRH essentials course, STIF foundation, PSD training, imms and vaccinations foundation course, cryotherapy, Assistant Practitioner in Healthcare level 5	Commencing Nurse training Pathway June 2024 – and will return as registered practitioner in 2026 Core training 100% complete
		(1.0)	SRH essentials course, STIF foundation, PSD training, imms and vaccinations foundation course, cryotherapy, Assistant Practitioner in Healthcare level 5	Progressing: Assistant Practitioner in Healthcare Maintain competencies and updates
		(1.0)	SRH essentials course, STIF foundation, PSD training, imms and vaccinations foundation course, cryotherapy, Assistant Practitioner in Healthcare level 5	Core training 100% complete

Nursing	Healthcare Assistant Band 3 WTE 2.39	(0.8)	Venepuncture, microscopy, care certificate, HCA workbook competencies	Maintaining competencies and MT updates Core training 100% complete
		(1.0)	Venepuncture	Microscopy training
		(0.59) Vacant post		

Outreach staff

The service is also committed to ensuring our teams with a mix of clinical and non-clinical staff are well trained and highly skilled. This means we have a team of outreach staff equipped to deliver quality clinical services and interventions in the community to individuals from the most underserved cohorts of patients. Over the past 12 months the outreach team members have all undergone intensive retraining, and training in new skills which has included:

- All staff have now undertaken STIF foundation course, with the exception of one member who is on maternity leave
- All Staff are to complete, or have completed, ELFH sexual and reproductive health modules
- All Staff venepuncture trained
- All Staff trained in INSTI HIV testing
- All Staff trained to provide asymptomatic screening
- Staff supported to attend/booked to attend LUFHT in house training workshops i.e., coaching masterclass, assertive training
- PSD training for assistant practitioners to administer medication
- Microscopy training for assistant practitioners
- Staff attended education morning with CMAGIC nurses around trans GIC services
- Assistant practitioners undertaking Foundation degree in health
- Assistant practitioners attended vaccination training
- Staff undertaking/experienced clinic exposure
- Staff attended fundamentals of contraception education training

- Safeguarding supervision
- Staff attended Staff Network HIV awareness/education Forum
- Staff attended HIT workshop (drug/alcohol awareness training)
- Staff attended disabled mothers charter training
- Cytology training for nurse associate
- STIF advanced started for lead outreach nurse
- SDI training for band 6 outreach nurse
- Two members of the team undertaking Inspiring Managers Course
- PSD training pending for band 6 sexual health outreach practitioner.

Axess biannual STI Foundation theory course

Education and training are paramount to the axess mission, with dedication to equipping healthcare professionals with the necessary skills and knowledge to effectively manage and prevent sexually transmitted infections (STIs). In line with this commitment, axess delivers a biannual two-day nationally accredited STI Foundation theory course, which has garnered exceptional feedback from participants.

EThis theory course, accredited by BASHH Sexually Transmitted Infections Foundation (STIF), caters for 40 participants per session, which includes nurse and midwifery practitioners, general practitioners (GPs), and doctors in training. The course is delivered over two days, supplemented by e-learning modules, and ensures a multidisciplinary approach to training, emphasizing the attitudes, skills, and knowledge required for the effective prevention and management of STIs. Participants also learn the critical decision-making skills necessary to determine when and how to refer patients for specialist care.

Our faculty is composed of esteemed specialists in various fields, including dermatology, syphilis, and HIV, who bring a wealth of knowledge and practical expertise, ensuring a high quality of course content and relevance to current clinical practice. This expertise is a

cornerstone of the course's success, providing participants with invaluable insights and guidance.

The STIF events held so far, have generated groups of delegates from within the UK and internationally. Apart from our own clinical teams, participants have travelled from major cities and regions to attend, such as London, Birmingham, Nottingham, and Winchester. Additionally, we have welcomed candidates from various parts of Wales, including Llandridod Wells and Bodelwyddan, as well as international locations like Ireland, Gibraltar, Kowloon, and Hong Kong. This diversity enriches the learning experience, fostering a broad exchange of perspectives and practices.

Feedback from course participants has been consistently excellent, with delegates expressing high levels of satisfaction with the course content, the expertise of the faculty, and the overall organisation of the program. The positive feedback underscores the course's effectiveness in enhancing participants' competencies in STI management and prevention, and reinforces our dedication to ongoing professional development in this critical field, particularly at a time of record levels of STIs.

Axess's biannual STI Foundation theory course stands as a testament to our commitment to education and training in sexual healthcare. By providing high-quality, accredited training to a diverse group of healthcare professionals, we contribute to the broader effort of improving STI management and prevention.

Nursing in Practice Conference

Three axess staff members (a nurse consultant, a senior clinical outreach practitioner and senior sexual health outreach practitioner) delivered training at the 2023 Nursing in Practice Conference on "Testing for an managing sexually transmitted infections" and "Encouraging good sexual health in those who are vulnerable." An article was subsequently published by the

nurse consultant involved titled "Mycoplasma genitalium – an emerging global health threat."

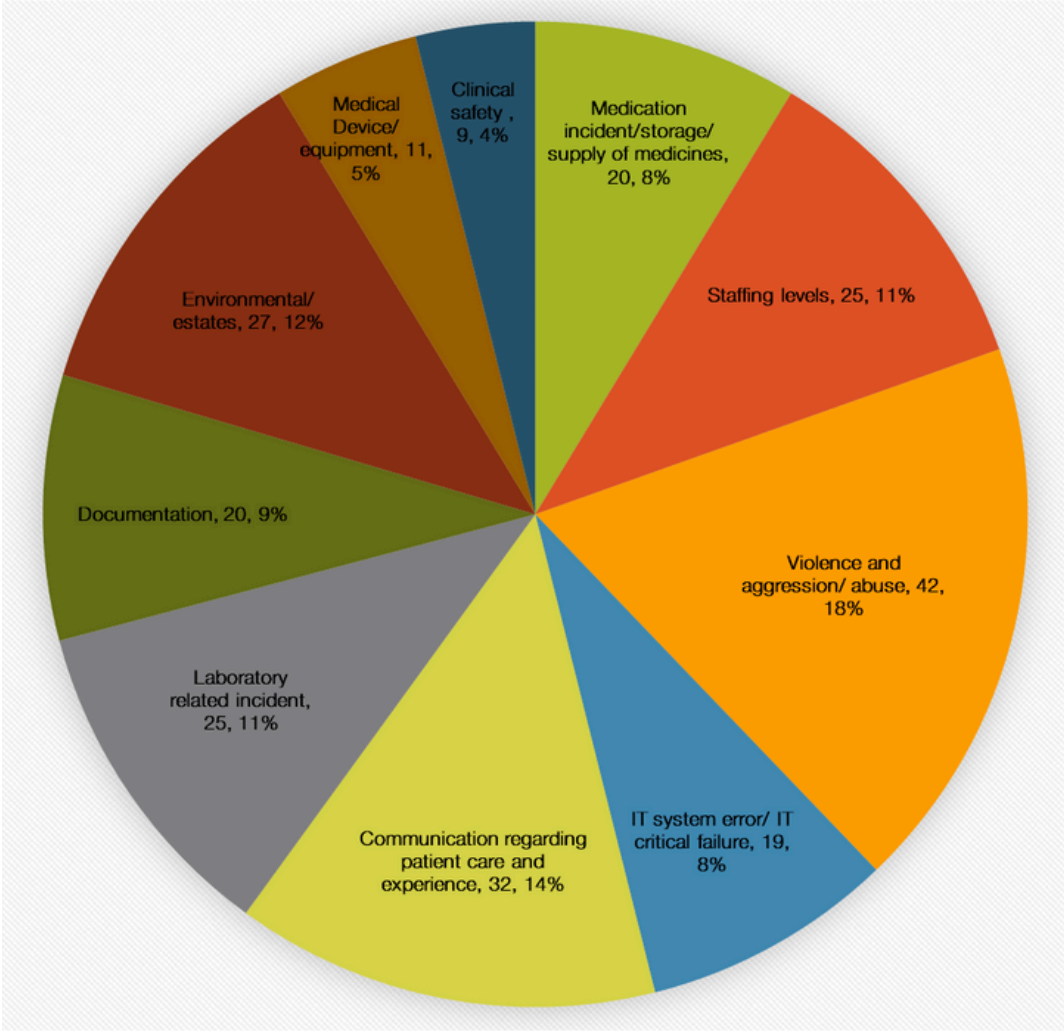
The training was delivered at the Nursing in Practice Conference on 14 September 2023 in Liverpool Arena and Conference Centre. This is an annual conference which is free to attend for all primary care and community nurses. Nursing in Practice has over 17 years precedence in providing high-quality continuing professional development to nursing staff.

FSRH Essentials Menopause Training

In 2023, the sexual health nurse consultant and an ACP began delivering the Essentials of Menopause Care Course on behalf of the FSRH. This is a course aimed specifically at those providing menopause care in primary care settings. It provides an interactive half-day with scenario-based learning and is relevant for menopause care providers who need an introduction and provides a useful update for more experienced staff. To date, over 40 axess clinicians regionally have attended this training which has enhanced the care and support that we provide to our patients.

Governance

Risks and incidents in axess



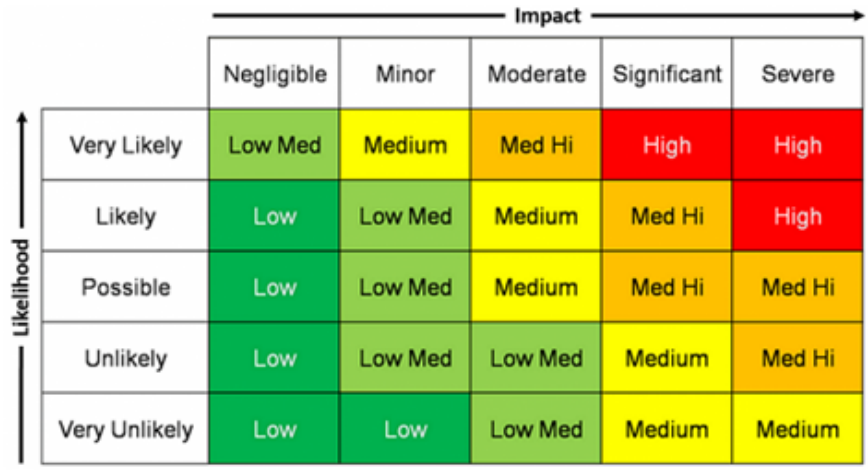
During April 23-March 24, axess staff reported a total of 267 incidents on the Trust Datix system, showing their continuous awareness of safety and risk in the service. Towards the end of this period the Trust Safety and Risk Group recognised axess service as one of the highest performing services in regard to incident reporting.

Incidents spanned across 22 categories with the top ten shown above. Violence and aggression reports scored highest. Most of these events related to patients being verbally abusive to staff during walk-in clinics or over the telephone.

The service has implemented a process to initiate a first warning via text message to these patients, and a caution is added to their EPR profile to alert staff for future attendances. Trust security teams are responsive and supportive in these situations and all clinics have zero tolerance posters displayed in all patient areas.

Second highest reports related to patient care and experience. The service is reactive to patient feedback and staff work consistently to provide a positive experience for everyone. Most of these incidents related to lost laboratory samples and errors in text messaging, which impacted on patients due to delayed results and the need to return for repeat testing. Staff are open and honest to ensure explanations and apologies are given. Robust training on the EPR system is given to admin staff on induction, but this is repeated where errors occur, to support ongoing and effective operations.

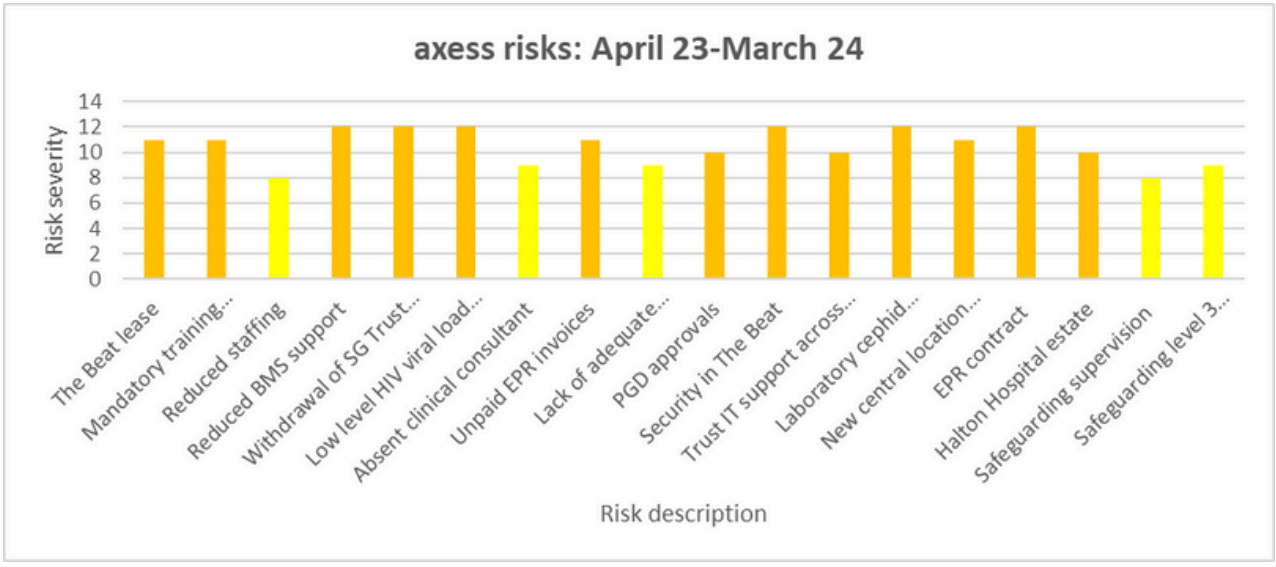
LUHFT produced an annual Datix incident report in April showing trends across the whole Trust. axess trends aligned with most of the Trust data.

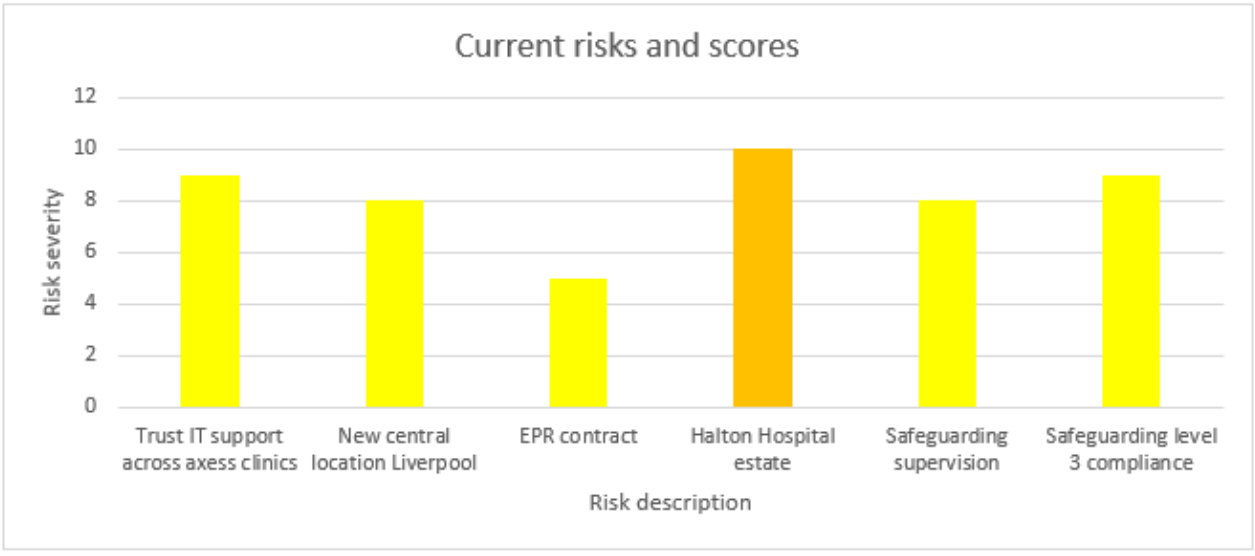


Risk matrix 5x5

The total number of risks held on the Trust risk register during the reporting year numbered 18. The chart on the following page gives their initial risk scores according to severity and likelihood on a 5x5 Matrix (above) and all were medium to high risk.

The axess Safety Quality Governance Group, made up of service leads and managers, meets monthly to review incidents and risks. Risks of 10 or more held on the Trust register are escalated and presented at the monthly divisional quality, safety and effectiveness meeting. Due to this robust process, and ongoing communications with other Trust services and departmental leads, the number of risks was reduced to 7 by the end of March 2024.



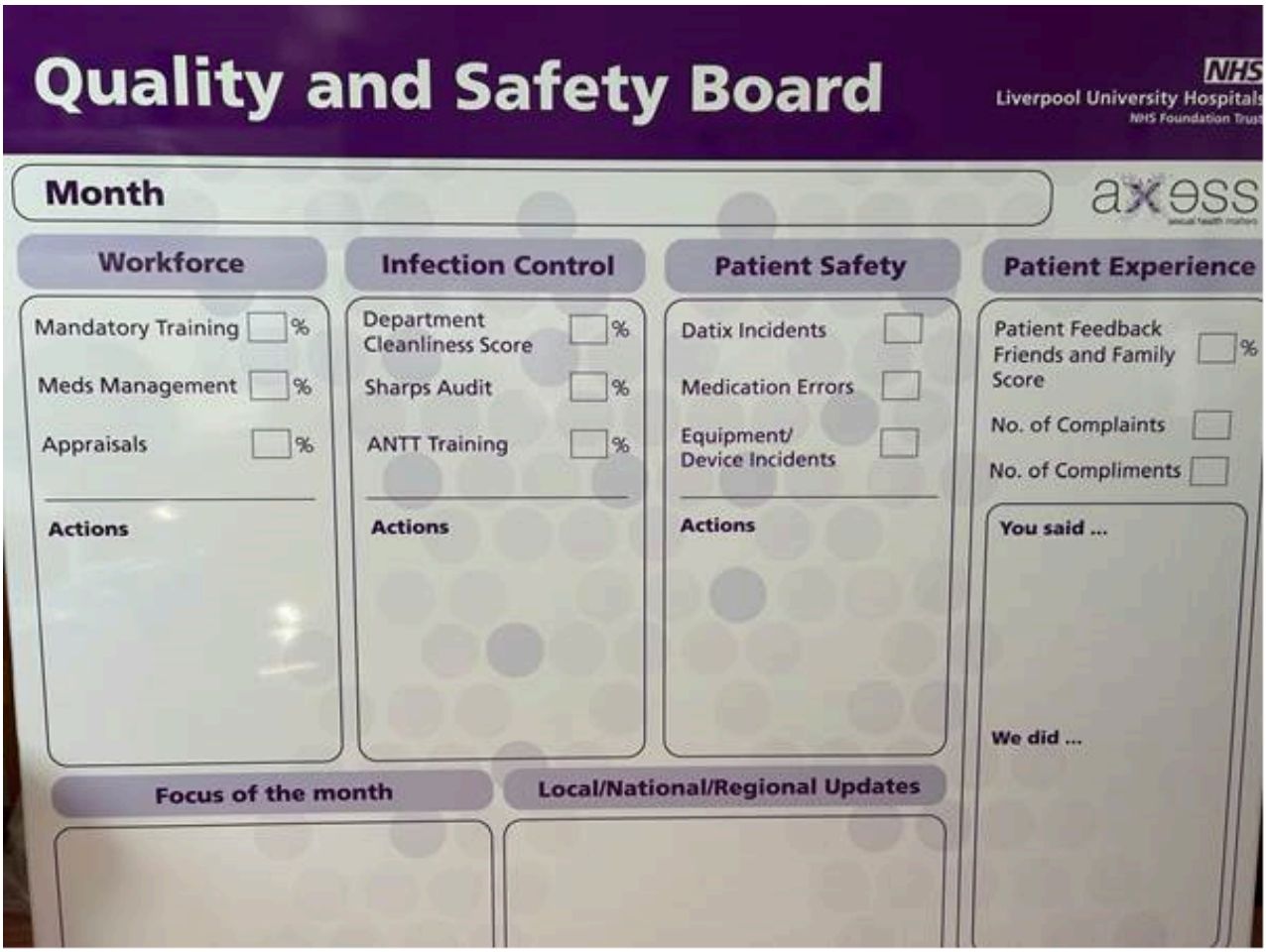


Of the 6 remaining risks, 5 have lowered to medium risk from high, and the safeguarding risk has now been separated to enable workstreams to take place for implementing supervision and level 3 compliance.

To improve the reporting and transparency of governance within axess services, the matron designed and erected quality and safety boards, which are now displayed in each of the axess departments across the region.

The boards provide real-time feedback and information about patient experience, safety, and clinical effectiveness, all within CQC domains.

The boards also serve to highlight events, health awareness, and facts or good news about the local teams or services, so are a great innovative addition to axess.



Safeguarding

Ensuring patients who access our services are safe and free from harm is paramount in axess service delivery and the service acknowledges the duty of care to safeguarding and protecting patients.

Axess Safeguarding Team

As everyone continues to adjust, especially younger patients, to life following a pandemic, a cost-of-living crisis, along with ongoing concerns around internet safety, it is essential thorough consultations are undertaken. Often, this will involve asking difficult and sensitive questions to ensure patients' health and wellbeing is protected and they are able to live free from harm and abuse. Asking sensitive questions can lead to concerns being identified and axess have a robust safeguarding process in place.

As part of the Liverpool University NHS Foundation Trust (LUHFT), we have safeguarding children and young people and safeguarding adults policies for guidance and to support decision making. All staff who are required to assess and undertake consultations received safeguarding training to level 3, with admin teams to attend safeguarding awareness sessions.

These sessions discuss the valuable part a receptionist can have in spotting possible signs of concern while patients are waiting to be seen. We acknowledge how important it is that staff feel confident and able to raise concerns.

We also acknowledge how important is it to capture complete and concise information to enable onward referral, made by the Safeguarding team, meet the required level and support for the patient can be implemented. Therefore, we have introduced a Safeguarding Induction which is a step-by-step guide for new staff joining the service. The induction introduces new staff to axess processes for raising and completing a safeguarding referral.

We have safeguarding champions in each service, these champions meet bimonthly with axess safeguarding practitioners. Local information is shared by the Safeguarding Team for champions to cascade to staff in their service. The champions also support staff in service on a day-to-day basis.

At axess, we appreciate at times it can be difficult for our staff to hear a distressing disclosure. In these circumstances staff are aware they can reach out to the Safeguarding Team who will offer one-to-one support. On receiving a referral, often the Safeguarding Team will check with the staff member to offer support. Also, staff receive quarterly safeguarding supervision, delivered in a group session, with local cases to the service being discussed. There is an opportunity to raise concerns or ask questions as part of the group or in private following the session.

When the Safeguarding Team receive a referral, they are triaged and actioned within 24 hours. Actions and plans are clearly documented on the safeguarding referral and when all actions are completed, the proforma is closed. Staff raising the concern can review the actions and outcomes of all referrals. In addition to this, in the case a safeguarding concern requires immediate disclosure, either mandatory reporting, or if a patient is not safe to leave clinic, a referral would be made by axess staff member with the support of the Safeguarding team.

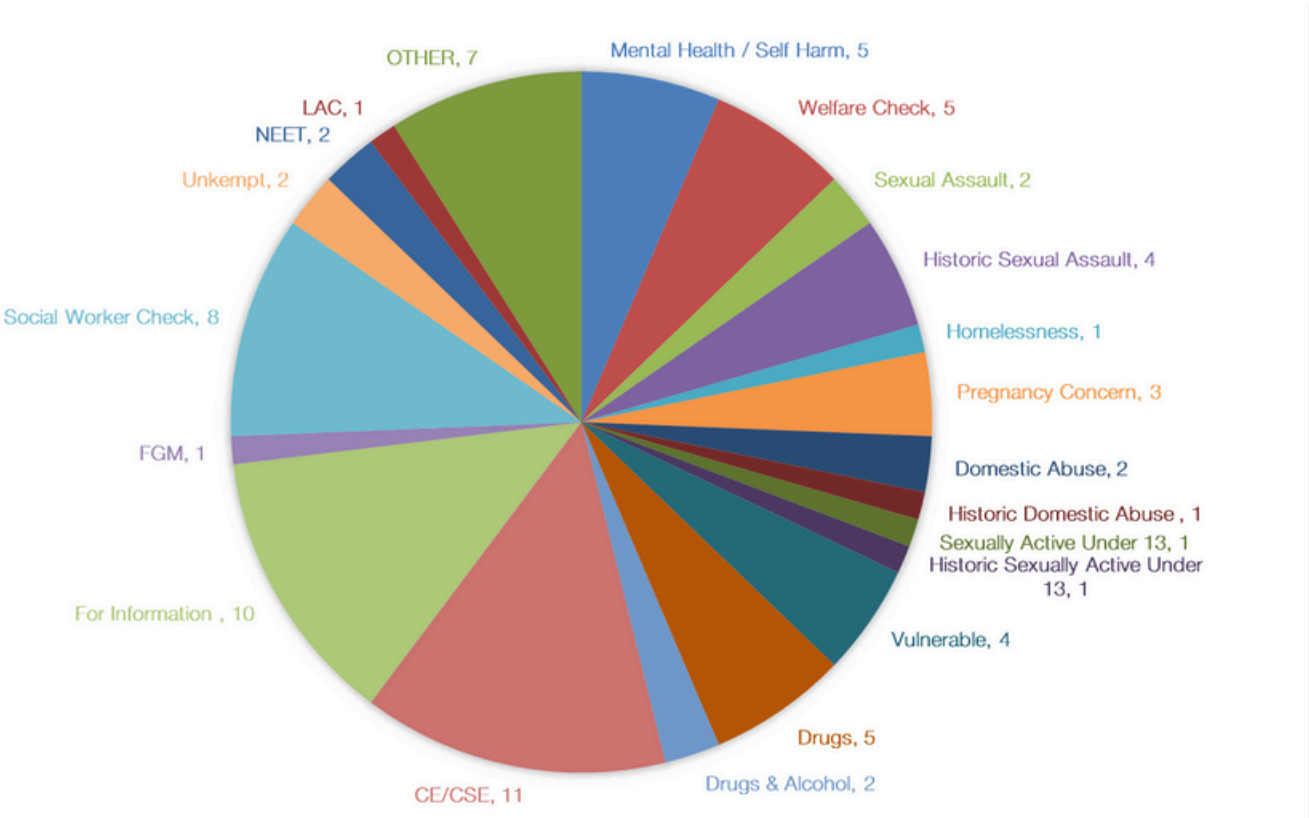
The below is a detailed break down of the referrals and cause for concerns identified in Knowsley.

From April 2023 to the 31st of March 2024 the safeguarding team received a total of 68 safeguarding proformas:

- 32 were from Runcorn services
- 36 were from Widnes services
- 43 of these proformas were in relation to children under 18
- 25 of these proformas were in relation to adults

Number of patients who had more than 1 referral in this period: 5. Please note that some patients fall into one or more category.

April 2023	1
May 2023	7
June 2023	3
July 2023	6
August 2023	8
September 2023	7
October 2023	5
November 2023	7
December 2023	9
January 2024	5
February 2024	3
March 2024	7

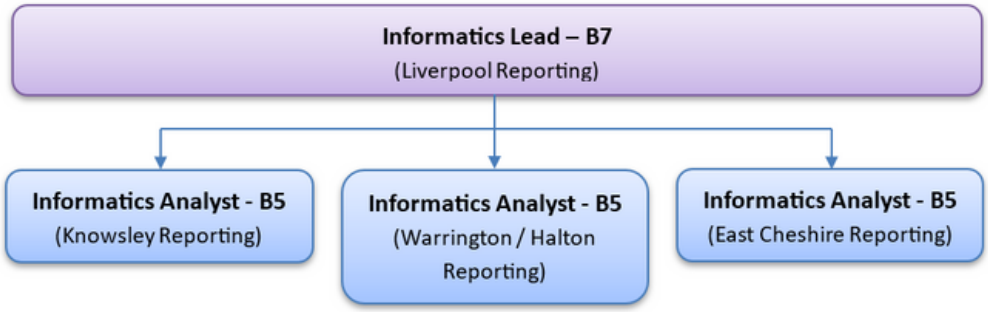


From the proformas received in 23/24, the safeguarding team:

- 2 referrals were made into social care
- 42 were shared information or discussed concerns with social care/social worker
- Contacted the police to discuss 2 of the proformas
- Contacted school/education for 1 of the proformas
- Completed 1 L.A.D.O.
- Contacted The Rainbow Centre for 1 of the proformas

Informatics

Team structure



The axess Informatics Team are a dedicated regional team of data analysts/system support officers. The team work independently to the Trust's IT department and are physically located within various axess clinics. The team work closely with the clinic managers and leads. Although the whole team is regional, KPI reports are assigned to a specific team member who is local to that service.

The informatics lead has worked with all our commissioners over the past two years, to bring the various KPI report templates together into a single workbook. This enables easy comparisons and monitoring across the regional services, providing stability with the report schedule and allowing the lead to develop standardised processes now in use across all services. It also provides contingency during leave/absence to ensure deadlines are met.

Glyn McCarthy, Informatics Lead

The main tasks of the Informatics Team are:

- Management and user support of the axess electronic patient record system EPR (Lilie)

and the bespoke Microsoft Access database used for HIV services across axess (HIV database)

- Data auditing of Lilie/HIV database to ensure that our GUMCAD, SRHAD and HARS coding is accurate. The team will also identify issues with coding and arrange training sessions with target staff groups. This also includes external audits requested of the system
- Performance (KPI) reports for our commissioners
- Internal reports for the axess senior management team including:
    - Monthly capacity reports around patient activity in all services
    - Monthly finance report around out of area costs
    - Monthly overview dashboard for the senior management team meeting.
    - Any ad hoc reports needs for audits/research projects
- Submission of GUMCAD/SRHAD/HARS national reports
- Submissions of monthly cytology and HPV reports to NHS England
- Training of staff on Lilie and the HIV Database
- Picking up subject access request/freedom of information requests from the Trust Subject Access Request team and processing them to provide the data according to Trust guidelines
- Working with colleagues across axess to develop any local databases needed for teams to record their activity. We have around five databases at the moment which are all used to fill in sections of our KPI reports.

Cervical cytology

Throughout 2023 the axess matron has worked closely with the North West (NW) Screening and Immunisation Team from NHS England, to help address the reduced uptake of cervical screening across the region.

Insight work was commissioned by NHS England for the North West population between July and October. The findings were collated in early 2024.

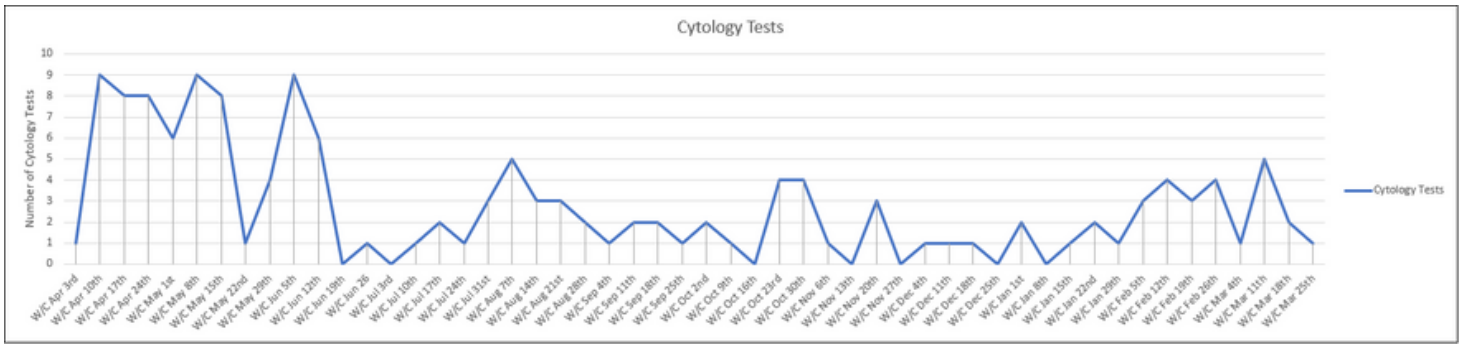
Common themes presented as reasons why women were not attending for smears included: evening appointments, online booking and having a female clinician or nurse to perform the procedure. Although axess were able to confirm online and evening appointments were already in place across all their clinics, we will continue to address other concerns highlighted in the findings of the report, which will include an axess-led campaign in the Trust for all eligible staff to attend any of our sites for their smear, in and around working hours. It is hoped that by providing easier access for Trust staff, we can increase uptake. The plans will include some mobile unit drop-in sessions in the summer.

The NHS England NW commissioning team are planning four Task and Finish Groups in 2024 following the insight work, to develop pilots to improve cervical screening. The axess matron has been asked to join the Oversight Group with commissioners, to assess pilot proposals put forward by the T&F groups, and to decide which ones can progress to development and be implemented.

Additional work has also been taking place to prepare for switchover to the new cervical screening management system (CSMS) across the axess services. This will replace the current Open Exeter system. Work has involved whole-team setup for access via smart-cards and updating training requirements to ensure access is available for our large teams of sample takers.

To coincide with Cervical Cancer Prevention Week, axess ran a campaign on social media from 22-28 January. Staff in at the service were involved in filming videos and talking about what testing involves, with the aim of destigmatising testing. Alongside, this the service produced a FAQs for further information and guidance.

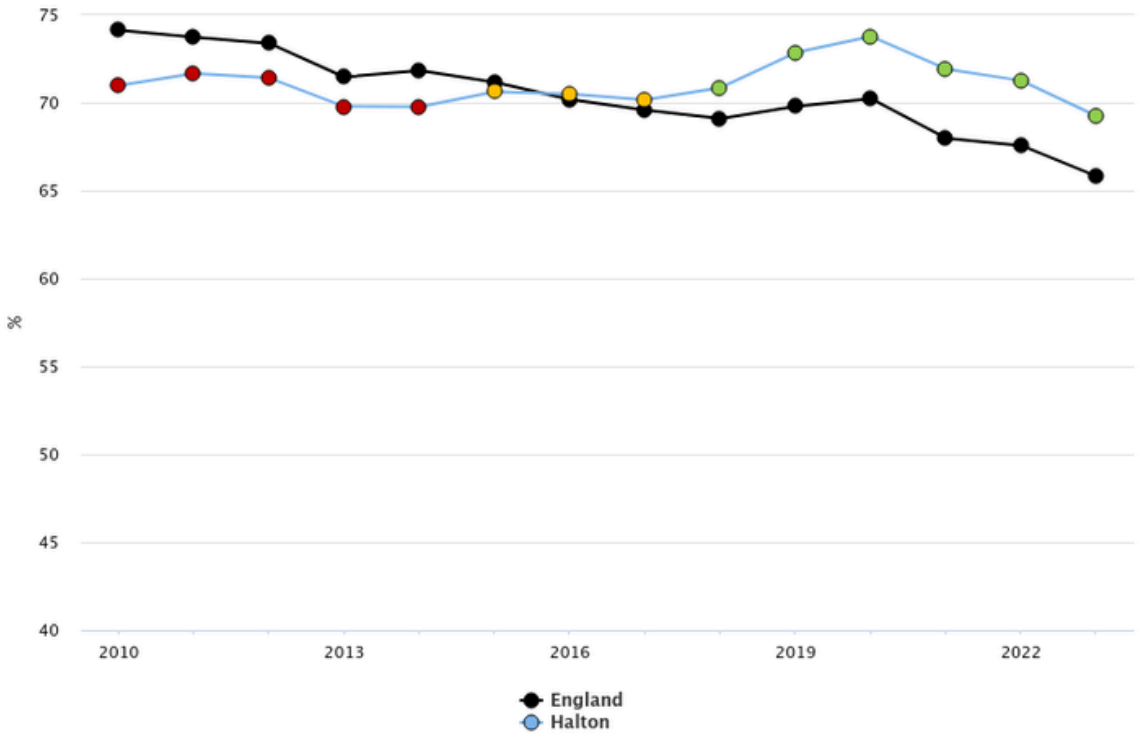
Following this campaign, the service evidenced an increase in the number of tests undertaken by the service.



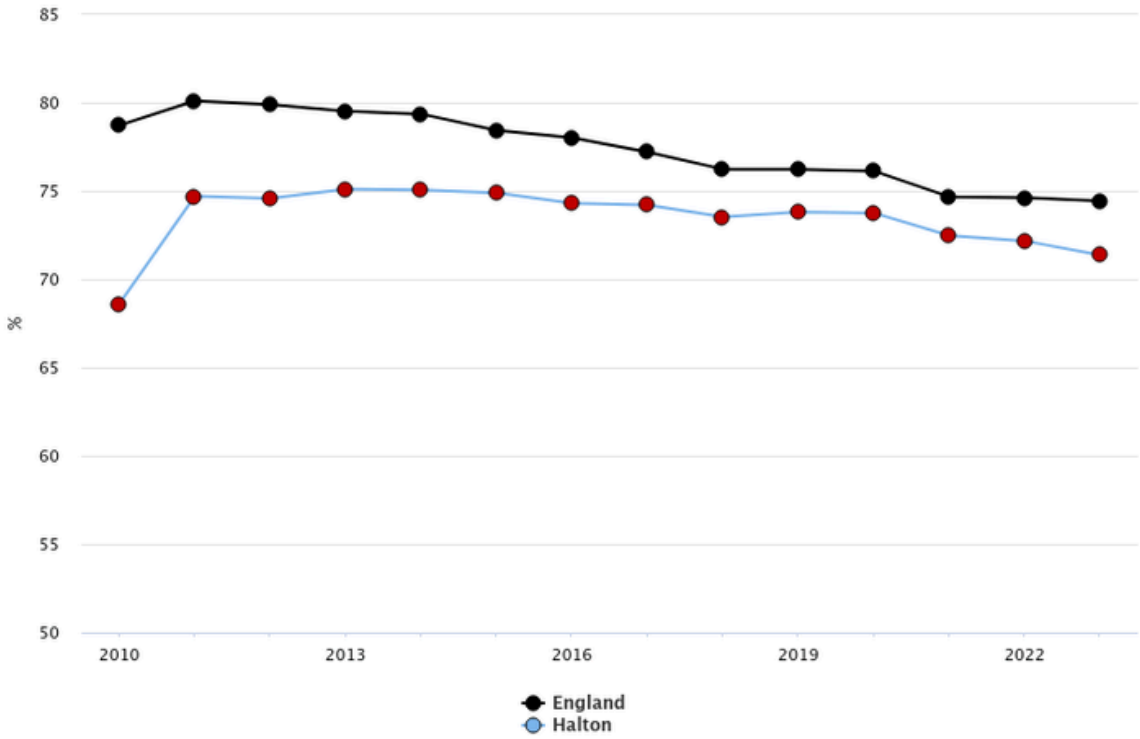
It is planned during Cervical Cancer Awareness Week, 17-23 June, we will again raise awareness via our social media. We also plan to distribute posters to GP services which will signpost patients to the axess website for further information.

On the following page are the details of national screening figures across England and Halton for 2010-2024.

Cancer screening coverage: cervical cancer (aged 25 to 49 years old) for Halton



Cancer screening coverage: cervical cancer (aged 50 to 64 years old) for Halton



Patient experience

Feedback from service users is important for any service. In axess, all patients who attend the service receive a text message with a link to an online questionnaire enabling them to rate the service they receive and provide more general feedback on their experience of the service.

The service is working with the Trust to produce a means of feedback tailored to patients aged 13-17 to support the Voice of the Child following a joint OFSTED and CQC inspection this year.

The table below presents the data provided by our patients via our online survey in 23/24.

Location	How would you rate the service? (Good & very good)	Would you recommend the service? (Yes)	Were you treated with dignity and respect? (Yes)	Total responses to survey
Halton	96.3%	95.6%	96.9%	930
Liverpool	95.4%	94.7%	95.8%	3897
Cheshire East	95.9%	95.4%	97.1%	961
Knowsley	98.0%	97.7%	97.7%	1073
Warrington	96.1%	95.4%	95.9%	1258
Whole service	96.3%	95.8%	96.7%	8119

Halton patient feedback

"Nurse was very friendly understood my anxiety explained everything to me as we went along that put me at ease, she respected my choices and made no assumptions the appointment was on time, and I felt listened to. Also, there was no long wait time when i booked the appointment which was helpful due to anxiety."

"The two ladies who saw me in Runcorn cgl were absolutely fantastic.... they treated me with care, furthermore I felt my well-being and dignity were the epicentre of the entire procedure, I was very impressed with the care taken and the respect shown throughout the entire test."

·I went to get the IUD. The nurse was VERY informative and helpful. I ended up getting the IUS because she had gave me better advice than I had seen from the NHS website. The nurse made me feel SO comfortable and spoke to me the whole time. There was another nurse with her who was AMAZING. They are both perfect examples of nurses."

"I would like to thank the Runcorn clinic. I have always been really shy and felt embarrassed to access this service on the feeling I may be judge. The nurses make you feel so comfortable and have you at ease. They always promote safe sex and explain in great detail with their fantastic knowledge. I would recommend this service and it has changed the way I think about being tested. Being tested isn't something to be ashamed about and it should be promoted more because it keeps you safe. Thank you, ladies you do a wonderful Job!"

"Attended the evening walk in service on Tuesday 10/10/23. I was expecting a long wait but was seen very quickly. Front of house reception was very polite and welcoming. The nurse was lovely and informative. I only needed the mini pill which I used to use Bridgwater during the pandemic. Unfortunately, they advised me to go to GPs. My GP needed me to make an appointment to access the progesterone only pill and I was finding it very hard to get an appointment. This service is a godsend - thank you."

Complaints

The service receives compliments and complaints via Trust PACT team. The tables below show the themes of the complaints received in that time. Each complaint is addressed and resolved individually.

Where themes are apparent, they most frequently reflect the challenges of delivering services that have fixed capacity and high demand. The service has monthly patient flow and capacity meetings to review patient data and identify where issues exist or may arise, and management is both responsive and proactive with contributions from clinical and operational teams.

Complaints type	Whole service 23/24	Knowsley 23/24
Overall service	19	N/A
Phones	8	2
Staff conduct	4	N/A
Procedure	3	3
Total	34	5

Patient case studies

Case study: polycystic ovary syndrome
Summary description of need/reason for involvement in service
A patient attended requesting replacement Subdermal Implant (SDI) but had been advised that she may have Polycystic Ovary Syndrome (PCOS) after recently having an ultrasound scan at a private gynaecology clinic in Poland. The patient was worried about the potential impact on her fertility, health, and risks for Endometrial cancer. The patient was currently living with her parents and was concerned that she did not want to conceive whilst there. not currently planning to conceive The patient had a BMI of 31 and was struggling to lose or maintain her weight despite reporting good healthy diet and regular exercise. The patient had mild acne which she was unhappy with. The patient was hoping to begin trying to conceive in 12 months' time and did not wish to try any other method of contraception.
Actions taken/support offered
The practitioner reviewed the Clinical Knowledge Summary Guidance on the NIHCE website including causes and aetiology, implications and investigations needed to diagnose PCOS. Following there was further discussion about the available for contraception including risks, benefits, and the impact on PCOS and PCOS symptoms with information for the FSRH website. The patient was advised that Combined Oral contraception in particular may help symptoms of PCOS and that this may be a viable alternative for her given her short-term plans for conception.
What you did that worked well?
The patient was provided with a comprehensive range of information to enable her to make a well-informed decision to benefit her health, and enable to control her present and future fertility
Impact on patient - issues with access to service/GP/health inequalities/vulnerability
The patient had been finding it difficult to get a GP appointment and to find relevant information about PCOS. The patient left with detailed information about her condition and how to manage her mst immediate needs. She was aware that she would need a referral from GP to Gynaecology/endocrinology to investigate further.

Results and outcome

The patient was advised that SDI would alter blood hormone levels so it may be difficult to have realistic investigations on whilst on that method. She was made aware that with PCOS infertility can be an issue but was aware how to access information and resources to gain support to investigate this and how to access treatment. She was further advised about the importance weigh control with PCOS symptoms and metabolic disorders, discussed dietary information and resources. The patient made the decision to renew SDI, as she was happiest with that method to control fertility for now.

Links to related pathways/SOPs/protocols/national guidance

NICE CKS Management | Polycystic ovary syndrome | CKS | NICE
FSRH Clinical Guideline: Progestogen-only Implant (February 2021, Amended July 2023) - Faculty of Sexual and Reproductive Healthcare
FSRH Clinical Guideline: Overweight, Obesity and Contraception (April 2019) - Faculty of Sexual and Reproductive Healthcare
Verity - The UK PCOS Charity - Verity PCOS UK (verity-pcos.org.uk)

What can we learn from this piece of work or how can we build on this to inform future practice?

Important to be aware of helpful resources, national guidance, support groups, re. common conditions, especially those related to contraceptive and fertility decisions

Case study: young person and erectile dysfunction

Summary description of need/reason for involvement with service

16yr old male LAC looked after child attended an axess4U clinic, worried because he could not get an erection, and noticing 9 out of 10 of them were not as strong/stiff as usual.
This first occurred when he was aged 14, and although still a virgin, his anxiety had increased as he thought it may continue when he decided to start having sex.
Through an effective safeguarding assessment and subsequent sexual health assessment, the young male was able to disclose he was abused from the age of 14. He stated his mother, and her partner would grab and squeeze his genitals, even punching and kicking him in that area. He related the start of his erectile dysfunction with this period in his life.
He had a regular girlfriend of 6 years – but they had not engaged in any form of sex because he was worried about not being able to get/maintain a proper erection.

What did you do that worked well?

The practitioner took the time to engage in a long discussion regarding the erectile dysfunction and previous abuse. He was offered and then accepted an internal referral to psychosexual services within axess, and to the safeguarding team due to his social worker still being out of area.
In addition, he was seen by an axess education practitioner on the day to have a condom demonstration and discussion around all aspects of sexual health.

Impact on patient - issues with access to service/GP/health inequalities/vulnerability

The young inexperienced male was provided with a large amount of information at his visit, but he stated he felt much more supported when he left the clinic. He was previously unaware of psychosexual services, safeguarding referrals and all the inclusive support given from axess before his visit,

Results and outcome

He was seen in Psychosex a month after his initial visit and for one second appointment. The case was also reviewed and closed by our safeguarding department.

Links to related pathways/SOPs/protocols/national guidance

STI and Related Conditions in Children and Young People (BASHH 2021)
STI and Related Conditions in Children and Young People 2021 | BASHH
https://www.axess.clinic/sexual-problems-service-patient-contract/
NICE – erectile dysfunction 2024

What can we learn from this piece of work or how can we build on this to inform future practice?

The case demonstrates the benefit of a Young Person's clinic and psychosexual services within the same service – to build trust with young people and facilitate quick and effective referrals where necessary and appropriate.

Case study: dignity and respect

Summary description of need/reason for involvement in service

A male patient attended reception during a busy afternoon with appointment clinics wearing a face mask, hat and scarf. He was distraught and pleaded with staff to let him have an appointment as he was a contact of gonorrhoea.
He was triaged by the clerk verbally in private and an HCA then attended to ask further questions to ascertain if he could be seen by the band 4 assistant practitioner instead of a clinician.
On asking his full name the HCA realised he was her best friend's older brother who had just divorced.
The HCA immediately introduced herself to ensure he recognised her; and then proceeded to ask if he wanted someone else to finish the questionnaire with him.
He declined the offer, removed his face mask and stated he trusted the HCA and was just glad to be seen at that time.

Actions taken/support offered

The HCA had taken him into a private room as he began to cry whilst still in the waiting room, and she wanted to protect his dignity rather than have him sit among other patients still crying.
He stated he felt ashamed, but the HCA reassured him that the service was there to help him and, though he may have found it challenging knowing her through family, knowledge of his attendance would remain confidential.

What did you do that worked well?

The HCA listened without judgement and showed him deep empathy. This encouraged the patient to place his trust in her which led him to disclose that he had had contact with men he had met on a dating app involving unsafe sex.
The HCA's sensitive and professional manner mitigated barriers the patient may have perceived to accessing support in the service

Impact on patient - issues with access to service/GP/health inequalities/vulnerability

The patient had attempted to make appointments and calls to his GP since symptoms had appeared, but this had been really difficult with no answers or call-backs in the previous month. As a last resort, he had finally looked online to find the axess website and that was how his journey began.
He had been married for 30 years with no previous partners before his wife, so this was an overwhelming period of time for him as he had met 3-4 men in the last few weeks and had unprotected sex. He was not aware of the associated risks, and this made him vulnerable.

Results and outcome

The patient was examined and had painful discharge with swollen lymph nodes, so it was clear he had an infection. He tested positive for gonorrhoea and was successfully treated.
The patient has overcome his embarrassment and is now a regular patient at axess services which has reduced his vulnerabilities and is now considering using PrEP.

Links to related pathways/SOPs/protocols/national guidance

NICE guideline Published: 15 June 2022 www.nice.org.uk/guidance/ng221
2018 UK national guideline for the management of infection with Neisseria gonorrhoeae

What can we learn from this piece of work or how can we build on this to inform future practice?

HCAs are staff who make the first or early face to face contact with patients before any clinicians. This is an important time to establish rapport and to reassure patients so they are able to continue their care in the clinic despite severe anxieties.

A consistent warm and non-judgemental manner of those staff is paramount to promote engagement with the service for those patients with ongoing needs.

Biomedical science

Overview

Medical research has reported that 70% of all diagnoses are attributed to the work of biomedical scientists, commonly described as the 70% claim.

The axess sexual health service wide clinic is supported robustly by a team of committed, enthusiastic and well-trained biomedical scientists (BMS) who perform the day-to-day running of the axess laboratory based in Halton, Warrington, Liverpool (Linda McCartney Centre), Knowsley (The Arch) and Cheshire East. These scientists oversee the operations of the axess local laboratory regionally, as well as ensure that good laboratory practices are upheld across the axess service wide region.

At the time of writing this report, three biomedical scientists (three full-time BMS) currently provide axess' laboratory service/clinical support service. Two full-time BMS resumed their roles in December 2022 and January 2023, respectively, and the team has seen a further recruitment of a BMS associate practitioner, who joined the team in January 2024.

The Biomedical Science Team

Ekemini Etim Essen, Senior Biomedical Scientist

Elaine Pennell, Specialist Biomedical Scientist

Marvellous Chisom Okoro, Biomedical Scientist Associate Practitioner

Summary of the roles of BMS staff		
S/N	Basis	Details
1	Quality assessment	BMS set up and ensure service-wide compliance with pre-set quality control and quality assurance processes, set up standardised and user-friendly SOPs and training guides, conduct laboratory audits and quality inspections, evaluate new methodologies and working practices, oversee laboratory health and safety, update senior management team and clinical governance committee.
2	Laboratory set-up	Organise and supervise existing laboratories providing on-site clinical support to local axess service sites along with taking on planning, feasibility studies, design, and implementation of new laboratories.
3	Diagnostic role	Provide a comprehensive range of scientific services as an aid/basis for clinical diagnosis, including but not limited to microscopic isolation and identification of endemic and pandemic virulent sexually transmitted infection (STI) pathogens and point of care testing for HIV1/HIV2 and P24 antigens. In addition to designing, developing, and implementing an excellent quality management system (QMS) that addresses personnel training and competency, risk assessment, quality assessment (IQC and EQA) and incidence reports (DATIX) in compliance with current clinical laboratory standards.

4	Clinical governance	Others including participating in research and development initiatives where possible, stock checking and laboratory procurement audit, and using the incidence report data from Governance meeting to identify areas for improvement and implementation of improvement measures.
5	Staff training	In addition to the aforementioned, the axess Biomedical Science Team organise and facilitate staff microscopy training across the axess regional service and support sessions for medical staff undergoing trainings, rotational posting and undertaking any examination. This training helps clinical staff acquire new skills and knowledge relevant to outstanding healthcare delivery, thus, improving staff capacity and skill mix as well as demonstrate that axess values the growth and development of staff members.

Synopsis of remarkable progress

Quality control (IQC) and quality assurance (EQA)

An evaluative analysis of overall service-wide compliance and performance with laboratory quality assessment (IQC, EQA) between Q2, 2023 (April- June 2023) and Q1, 2024 (January-March 2024) has shown a 4.08% increase in whole service average, with an all-time high of 80.85%. Halton, Warrington and Cheshire East recorded the highest performance in Q1 and Q2, respectively. As seen in Q1 and Q2 axess Regional QA Assessment summary below.

Datix and laboratory risk

Frequent, preventable diagnostic errors have been cited to adversely affect patient safety and quality as well as leading to wasted resources. Within the past 12 months, owing to the robust quality management system designed and implemented by the axess central BMS team, over 85% reduction in Laboratory associated reported incidence on the regional incidence database

has been observed and corresponding significant decrease of laboratory risk on the regional risk register.

Health and safety

Health and safety, which refers to the practices, policies, procedures, and laws designed to protect workers from potential hazards in their workplaces considers the physical, mental, emotional, social, environmental and financial factors that may impact employee health or cause injury or illness. It also includes both short-term risks such as slips or falls during a shift as well as long-term risks associated with repetitive tasks or hazardous substances. Until recently, there has not been an active health and safety documentation governing the scope of the service provided by axess. However, within the last 12 months, 90 risk assessments have been published on SEVRON database and safety data sheets for every potentially hazardous substance (consumables and medications) have been made available at all axess sites.

Laboratory audit

There has been a 98% completion of regional laboratory audit and quality inspection across axess service-wide clinics in Halton, Warrington, Crewe, Macclesfield and Knowsley. This internal audit is measured against pre-defined quality performance measures, ensuring that effective immediate and follow up actions are taken. To facilitate this, internal audit reports are presented at capacity flow and governance meetings, providing a useful guide for innovation and consistent improvement of the quality of patient-centred diagnostic service to all users.

BMS team expansion/team structure

To further support the provision of outstanding healthcare through precise and accurate diagnosis across the axess regional clinics, within the last 12 months, the biomedical science team have recruited a BMS associate practitioner to join the team. This recent addition to the team has supported the overall clinical support available from the team and enhanced staff training.

Microscopy training and support

There has been adequate microscopy training support across the region. A recent evaluative report by BMS shows that 52 staff are currently receiving microscopy support from central BMS team, with 19 (36.5%) currently enrolled for training. 9 (47.37%) out of those enrolled are undergoing training and 10 (52.63%) have successfully been trained at the time of writing this report. This reflects that a great percentage of staff requiring training have been enrolled and signed off.

SOP design and implementation

To further promote quality service delivery, ensure accuracy, consistency, and reproducibility of laboratory processes, and prioritize health and safety across axess service wide sites, BMS team have designed 8 New Standard Operating Procedures (SOPs) and continued to improve existing SOPs. SOPs harmonises laboratory practices, reduces user errors and/or risk of harm and ensure compliance to good laboratory practices.

The table below outline the SOPs that have been developed.

Approved by clinical governance team	Awaiting approval	Design completed, but in development
SOP for Alere Determine HIV-1/2 Ag/Ab (Abbott)		SOP for gram staining technique
SOP for Insti HIV-1/HIV-2 Ab		SOP for use of centrifuge in axess sexual health
SOP for siemens Multistix 8 sg urinalysis		SOP for use and care of microscopes in axess sexual health
SOP for axess sexual health laboratory		Health and safety SOP
SOP for one step hCG pregnancy test		Axess Laboratory New Starter SOP
SOP for Clinitek status + using Siemen's Multistix 8 sg		

Laboratory results turnaround time

Laboratory results turnaround time (TAT) acts as a quality indicator to evaluate the effectiveness and efficiency of a test process and the satisfaction of clinicians. It reflects the time from when samples are received at the laboratory to the time when reports are finalised, verified, and released. In recent times, the central BMS Team working in conjunction with the Liverpool Clinical Laboratory (LCL) Team have actively reviewed laboratory processes, including laboratory test request pathway, sample booking, storage, and transport culminating in improved turnaround time (TAT). The impact of this can be seen in the table on the following page.

Table: Laboratory result TAT showing approximately 92.86% improvement in the last nine months

Chronological time frame	Laboratory result turnaround time for test request referred to LCL
November 2022	Approximately two weeks
March 2023	Less than two weeks
June 2023	Less than 72 hours
July 2023	Within 48 hours for CT/GC NAATS test
April 2024	Within 24 hours for CT/GC NAATS test

From the table above, we see a cutdown of over 12 days from the time a service user is expected to wait for their CT/GC results, signifying an approximated 85.71% improvement in Laboratory result TAT.

Table: Microscopy result TAT showing an approximated average of 91.7% improvement in the last seven months

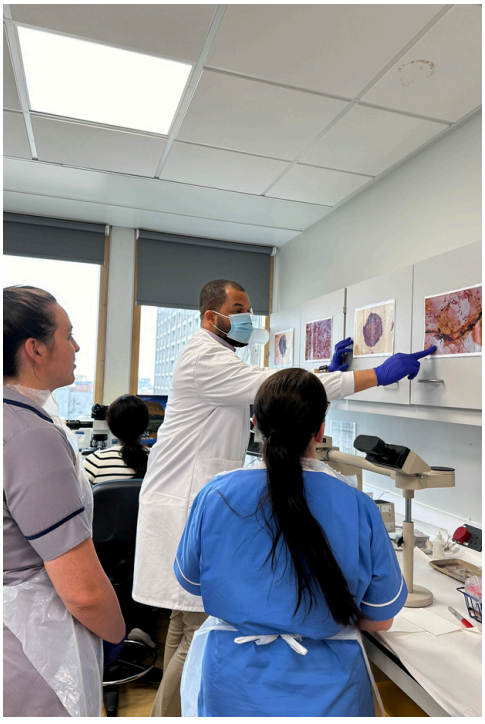
Service site	Before December 2022	By July 2023	By April 2024
Liverpool	Within 24 hours	Within 30 minutes, while the patient is in clinic	Less than (<) 30 minutes, while the patient is in clinic

Innovation and change

Laboratory medicine has witnessed a remarkable wave of innovation that has transformed the field from a peripheral to central player in healthcare delivery. These advances have enabled the introduction and performance of new tests on a large scale, some in decentralised setting, in an accurate and precise manner, thus leading to better diagnosis, more accurate prediction of disease prognosis, and improved patient management. One area that constantly reflects this paradigm shift is point-of-care testing (POCT). In 2023, central BMS facilitated a regional wide switch over from the ALERE DETERMINE (ABBOTT) HIV-1/2 AG/AB TEST to INSTI HIV-1/HIV-2 AB TEST. The latter serves the same purpose as the former with an advantage of faster TAT. Insti results are obtained after 60 seconds compared to Alere that take up to 20 minutes (1200 seconds), signifying a 95% improvement in TAT and quicker diagnosis in both clinical and primary care (outreach) setting. Worthy of mention is that central BMS team in partnership with Pasante Healthcare have completed 98% of staff training on the use of INSTI across the axess service wide region.

Training and education

BMS staff are a major part of day-to-day running of axess clinics, and this means continuous professional development must be followed through tenaciously. BMS have been involved in axess quarterly education meeting, clinical governance meetings, weekly journal clubs, external conferences, and events. BMS presence at these forums creates the much-needed opportunity to update clinicians on any recent changes to laboratory process and further implement key ideas from research and innovation.



Conclusion

Overall, axess clinical support/laboratory service has recorded more positives than negatives in the past 12 months with new BMS taking up the responsibility of standardising regional

laboratory processes, implementing and sustaining quality assurance and quality control across axess regional service sites. As BMS team expands, there will be room for monthly meetings and CPD forum that will enable BMS staff consolidate on progress made while recognizing potential areas for improvement building up to innovative diagnostic service.

Research

23/24 has been another productive year for research at axess. We regard research as a critical part of our clinical offer and part of the day-to-day care we provide to patients.

Long-acting injectable antiretroviral therapy (LA-ART) for people living with HIV

Following the success of the SOLAR trial which enabled us to offer access to long-acting injectable antiretroviral therapy to patients one year before NHS rollout, we delivered the ILANA trial: Implementing Long-Acting Novel Antiretrovirals (target 18, recruited 25). This implementation trial supported us to set up our NHS injectable service, including leading the regional MDT and providing support on complex cases to colleagues working within and outside of Cheshire and Merseyside. Our community HIV nursing team have worked collaboratively with us on this trial for the first time, increasing the research experience of our staff team.

In 23/24, the axess research lead delivered national presentations at British HIV Association meetings and regional presentations on LA-ART and in 24/25, we are continuing to develop our research programme by undertaking the CORAL implementation trial (Cabotegravir and Rilpivirine Real World Experience).

Early phase trials

In 23/24, axess offered early phase trials for the first time, expanding our research offer into medications at an earlier stage of development. We delivered CINNAMON (novel capsid inhibitor for treatment naïve people living with HIV) for which the axess research lead is UK CI with axess Liverpool as the lead UK site. This is the first time that axess have been UK lead for a commercial study.

We were also one of only three UK sites (and the only site in the North) to deliver HSV REC-003 (herpes vaccine for people with recurrent HSV-2). We were the top UK recruiter for this study, with patients travelling from across the North of England to access the trial.

Trials across a broad range of disease areas

In order to be able to offer research opportunities to as many patients as possible, we have offered a broad range of research trials including in the field of HIV, EYEWITNESS (treatment switch study in people over 50 years of age living with HIV), MSD MK-8591A (switch study to a novel combination of Doravirine/Islatravir, and the first time we have worked with MSD) and Positive Voices (HIV quality of life survey). Within genitourinary medicine, we offered EAGLE-1 (novel gonorrhoea treatment study), DEVA (novel bacterial vaginosis treatment study), HSV EPI-006 (herpes epidemiology study), and HIS-UK (study of an educational programme to promote condom use). In the field of sexual and reproductive health we have offered the VERSO BIOSENSE trial (monitoring of intrauterine temperature and oxygenation).

Mycoplasma genitalium grant

The axess research lead was awarded a grant (Wellcome and University of Liverpool) in collaboration with colleagues at the University of Liverpool to undertake the design and development of a pragmatic clinical trial protocol exploring treatment options for macrolide resistant mycoplasma genitalium. A PPI event attended by 10 patients and members of the public was held on 21/09/2023, and a systematic review is underway (registered on PROSPERO).

Development of skills within the axess research team

Our consultant and research lead has continued in her roles as co-Deputy Clinical Director of Research for LUHFT and NIHR Northwest Coast (NWC) Clinical Research Network (CRN) STI Research Champion and Associate Clinical Director of the Research Scholars Programme. In her research role with LUHFT she has focused on using her experience with the axess research team who have delivered high levels of recruitment of groups who are traditionally under-represented in research, to review the diversity of recruitment across LUHFT.

Our senior research nurse has undertaken Masters level training in clinical examination through Liverpool John Moores University. A research and clinical fellow was appointed in January 2024 on a one-year contract to support the ongoing research programme. All axess research champions joined the new LUHFT research champion programme which provides enhanced training and support. We have research champions active at all our clinic sites and at all staff grades. We have offer research supervision for an Academic Clinical Fellow in collaboration with the Liverpool School of Tropical Medicine (LSTM), PhD students at the University of Liverpool (UoL) and LSTM, and final year medical students from the UoL on six-week student selected placements across axess clinics.

Research dissemination

Our academic clinical fellow was awarded a grant to hold a patient and public engagement event introducing the axess research programme on 31/07/2023. This was attended by 17 patients and members of the public and 11 stakeholders and presented the research work of axess and our upcoming plans. This is the engagement event which the axess research team has held.

The HEPMARC trial which axess undertook was published in the peer reviewed literature (Bradshaw D, Abramowicz I, Bremner S, Verma S, Gilleece Y, Kirk S, Nelson M, Housman R, Miras H, Orkin C, Fox A, Curnock M, Jennings L, Gompels M, Clarke E, Robinson R, Lambert P, Chadwick D, Perry N. Hepmarc: A 96 week randomised controlled feasibility trial of add-on maraviroc in people with HIV and non-alcoholic fatty liver disease. PLoS One. 2023 Jul 14;18(7):e0288598. PMID: 37450478). axess staff presented multiple posters at national conferences, including 5 at the British Association for Sexual Health and HIV (BASHH) annual conference in Llandudno, 26-28/10/2023.

24/25 plan

The main challenge of 23/24 was that the amount of research we were offering became a capacity challenge for our very small research team. In order to address this, a research fellow was appointed, and we plan to increase her skills by delivering Associate PI training to her through the upcoming PEARLS trial.

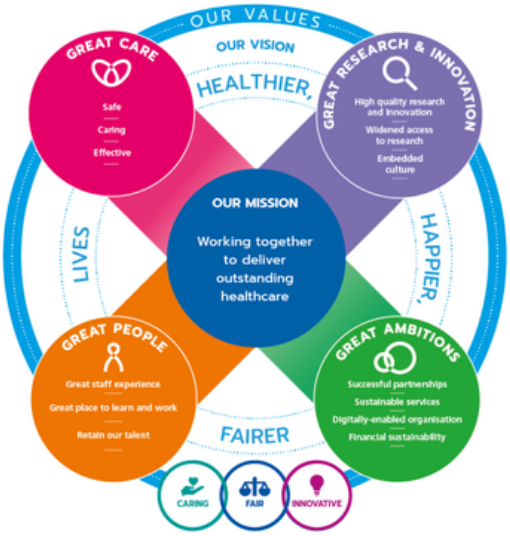
Axess has a number of trials in set up which will commence in this coming year including continuing to build our research experience in long-acting injectable ART with the CORAL implementation trial (Cabotegravir and Rilpivirine Real World Experience). We are also undertaking our first trial in genital dermatology with the PEARLS trial (lichen sclerosus). Other upcoming trials include INITIAL (vaccination uptake in men-who-have-sex-with-men), PURPOSE-5 (long-acting injectable PrEP, and our first trial with Gilead), and Sequence Digital (online management of chlamydia).

We will be contributing to a city-wide research collaborative in sexual health (currently being set up) to continue to build on our wider engagement work.

Key stats for 23/24

- Research opportunities offered to patients across a wide spectrum of healthcare issues (including HIV, STIs, contraception, and women's health with upcoming trials expanding into genital dermatology), at all our axess sites and for our community HIV cohort
- First early-phase trials at axess offering access to patients to novel treatments for HIV and to vaccination for disease management for people with genital herpes
- First major patient and public engagement work for axess research with two Wellcome-University of Liverpool grant funded events
- New research collaborations with MSD, Gilead and the University of Liverpool.

Social value



The service has committed to delivering social value as part of its contracts and in 23/24 worked to expand the range of activities it undertakes to support this under two key themes: sustainability and health and wellbeing.

Sustainability

This year, the service formed a sustainability working group to support efforts to minimise the impact of the service on the environment. Led by the operational support manager and a consultant in genitourinary medicine and HIV, as well as sustainability champions who were recruited from across the service.

The group met regularly to identify priorities and what actions were to be taken. With open invites to the meetings attendance grew with representation from all geographical areas with both senior and more junior staff participating.

Since the group formed, the Trust instituted a "Gloves Off" campaign, started in the Trust to reduce unnecessary use of disposable gloves and aprons. Evidence shows that where staff are provided with guidance of when gloves are necessary and encouraged to move away from universal use of gloves infection control incidents decrease as this influences staff to increase the frequency and quality of hand washing.


NHS
Liverpool University Hospitals
NHS Foundation Trust

Gloves off at LUHFT

Before you reach for gloves, stop and ask 'Am I at Risk?'

The risks requiring you to wear gloves are:
- If direct contact with blood, bodily fluids, mucous membranes, or non-intact skin is likely.
- If contact with chemical hazards or harmful drugs is likely.
- If caring for a patient requiring specific IPC transmission-based precautions.

For most other tasks, gloves are not necessary and can result in more harm. Scan the QR code to find out more.

Look after yourself and your patients:
- The most effective way to prevent infection is to observe the WHO five moments of hand hygiene.
- Wearing gloves when not necessary can result in higher rates of transmission of infection.

SCAN ME!

Aprons are worn to protect your uniform from similar hazards - stop and think. 'Am I at risk?'

Participation by sexual health was limited due to frequent exposure to bodily fluids and lack of specific guidance appropriate to the context.

However, the campaign prompted discussion about the habitual disposal of unused gloves and aprons provided in packs for use in coil appointments. Clinicians identified that only part of the contents of the packs were used and unused contents discarded into clinical waste bins.

Consequently, the service stopped use of Coil Packs and moved to supply all components separately to allow better stock management and prevent unnecessary waste. The service has continued to explore how the principles of the “Gloves Off” campaign can be adopted in the service with a sexual health-specific SOP in development.

Further to managing waste and excess consumption, the sexual health matron and clinical managers identified and supported the redistribution, reuse and recycling of equipment and resources across the different regions of the service including:

- Office and DSE equipment
- Excess supply of uniforms
- Clinic room equipment including phlebotomy chairs, drug cupboards, examination lamps
- Laboratory equipment including a centrifuge and furniture.

The matron also reviewed stock control processes including communication between sites to enable sharing of stock, medicines and consumables and prevent over-ordering.

There has been a review of the use of plastic speculums, with the aim of replacing these with sustainable alternatives. Speculums made from plant-based materials proved too costly. Autoclaved reusable metal speculums were identified as the next most environmentally alternative and use of these is encouraged where possible. Where plastic remains in use the service is looking to standardise the types stocked to reduce cost.

The service BMS has been undertaking work to move to a ‘green lab’ model in service. Initial steps have been taken in management of test samples, reducing paper waste associated with

sample checking, and a move from use of plastic bags to transport samples to laboratory services to direct racking of samples.

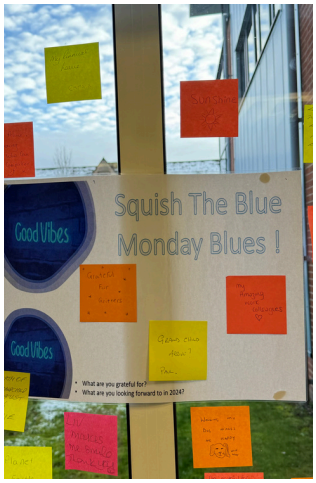
Health and wellbeing

Led by an operational support manager and the associate project manager from axess Communications Team, a Health and Wellbeing Group was formed, consisting of eight champions representing each of the axess services. Being a region-wide and community service, many Trust health and wellbeing initiatives are inaccessible to axess staff. The group was formed to address the gap and ensure staff health and wellbeing is actively promoted in house.

Trust initiatives are accessible the group aims to promote these and encourage local engagement from staff. This included:

Activity	Participating staff no.	Participating areas
NHS park run	7	Liverpool, Knowsley
Promoting Trust "Kindness: Values into Action" Workshops	All staff	Halton, Warrington, Liverpool, Knowsley, Cheshire East
Promoting uptake of sesonal flu and COVID vaccines	All staff	Halton, Warrington, Knowsley, Liverpool, Cheshire East
Northwest NHS Games: Mersey to Paris step challenge	8	Liverpool

In-service promotions centred around improving relationships and staff cohesion. These promotions included a tea talk team build themed day, where staff were asked to choose an object from a tray of assorted items that sparked an interest, memory or a feeling for them, they were then encouraged to share with the group and supporting positive mental health and wellbeing with a Blue Monday gratitude & positivity promotion. The initiatives were taken up by sites across all the regions with staff responding really positively.



Another was a Blue Monday event, in which staff were asked to think of something positive to share with the team, written on a post-it note. These were popped up in communal areas, for staff to contribute to and read at their leisure, aiming to bring a smile to staff faces.

A group of staff members also completed a step challenge as part of the NHS North West Games.

Members of the team at axess were challenged to cover the distance between the River Mersey and Paris (507 miles, which is just over one million steps) by adding up a daily step count and entering it on an online log. Eight colleagues took part in the activity. The team managed a total of 1,945,156 steps, completing the walk to Paris, and walking enough distance to return to Stoke.

Health and wellbeing staff feedback

I thought the session was a good idea, just to get away from your desk for a bit and it was interesting to hear people's stories, even though I didn't share my own!

When I went back to work, I definitely felt like I'd had a proper break, unlike when you're on your lunch and get interrupted or asked work-related things 😊 Thanks for doing this.

It was really lovely to have an unexpected moment of time out in the day and relax a bit! Things are very intense in the team at the moment due to loads of deadlines in November so I really needed it!

Service partners

With thanks to all those colleagues and partners who have collaborated with and supported the work of the service:

Brennan Lodge Homeless Hostel
CGL
Daresbury Asylum Hotel
Glow Group LGBT
Halton Borough Council Public Health Team
Halton Community Pharmacies
Halton FNP
Halton Lodge Homeless Hostel
HMP Liverpool
ICB – Women's Health Hubs & GPs across the regions
iCPC Primary Care Network
Idox
Knowsley Metropolitan Borough Council Public Health team
Lancaster Medical School
LGBT Foundation
Liverpool City Council Public Health team
Liverpool Clinical Laboratories
Liverpool Community Pharmacies
Liverpool Family Nurse Partnership
Liverpool Women's NHS Trust
Mersey Care NHS Foundation Trust
National Museums Liverpool
NHS England
North Liverpool Network
Northwest breast cancer specialist nurses
Organon
PaSH
Pause Team Halton
Pause Team Liverpool
Picton Primary Care Network
Regional staff
Riverside College Widnes
Sahir House
SARC
Sexual Health Cheshire West and Chester
Sexual Health Wirral
SHAP DV Refuge
Shield Knowsley
SWAGGA Primary Care Network
SXT
UKHSA
Warrington Borough Council Public Health team
Warrington Family Nurse Partnership
Wirral Metropolitan Borough Council Public Health team
Wirral University Hospital Trust
Women's Centre Halton

Looking forward

GPs

In 24/25, axess will continue to work with commissioners and providers to improve local care pathways and increase women's access to LARC through the introduction of Women's Health Hubs. Work will also continue with axess Communications Team to update the website to clearly show which GP practices/PCNs have LARC fitting services available. A dedicated training offer will be developed to enable GPs and practice staff to understand and fulfil their roles and responsibilities.

Pharmacy

Axess will continue to work closely with local pharmaceutical committees (LPCs) to ensure a seamless service is provided between the locally subcontracted emergency hormonal contraception (EHC) scheme and the nationally commissioned contraception service.

Dedicated training will be provided to include all contraception methods and on-ward referral to sexual health services.

Mechanisms to better align pharmacy and GP provision will also be developed. We will continue to update the website with pharmacy information alongside that of GPs to empower patients in understanding the plethora of provision available and thus take control of their sexual health and wellbeing.

Website development

Work is ongoing to make the axess website more user-friendly and interactive. A new, revamped site map is being developed which will clearly layout sexual health services (axess clinics, pharmacies, GPs) available in each of our service areas with use of a postcode locator. In addition to this, we will also be adding additional features identified as part of our UX

commissioned review of the website, such as more engaging imagery, enhanced navigation and language features and, an interactive element to the contraception information on our allowing people to select filters for their personal health needs or desires, after which appropriate contraception will be highlighted to the user.

Furthermore, it is envisioned that the News page on our website will be revamped into a regularly updated blog site with engaging, helpful information on sexual health and wellbeing, contraception and axess updates.

The work has been split into two phases, with phase 1 launched on the website by July 2024 and phase 2 later in the 2024 year.

Cervical screening

During 2023 our regional Matron worked with public health colleagues from NHS England to support their insight work into cervical cytology screening.

Early in 2024, the findings from that insight work were collated and presented to partners from across the North West. The axess matron has been invited to be part of a time limited North West Cervical Oversight Board. There have been four theme-based cervical Task and Finish groups implemented, with the first meeting planned June 24.

This meeting will discuss ideas for pilots based on the findings from insight work, which will improve the uptake of cervical screening. These ideas will be put forward for consideration by the Oversight Board and it will be the Board's role to review and approve which pilot proposals can progress to development/implementation based on appropriateness and likelihood of successful outcomes.

Accessibility

In response to feedback from our patients, the service will be reviewing and developing accessibility standards to meet the needs of patients with disabilities more effectively, with a

particular focus on those with non-visible disabilities. Additionally, we will consider how the service provides an environment and adapts to meet the needs of neurodivergent patients. Part of this work and change will be fed into phase two of the website update.

Social value

We hope to further expand access to health and wellbeing initiatives for in the coming year. To this end we are advocating for the Trust to develop partnerships with local NHS providers in the regions to allow our staff to access local initiatives with a view to providing a reciprocal arrangement for their staff. This should increase access to and support health and wellbeing for a greater number of NHS staff across Cheshire Merseyside. The service will explore working towards the Social Value Quality Mark to embed social value service wide.

Psychosex

The database will be developed so that we can capture more information about the patient group which will give us more insight into how we can better tailor our services. We are looking at working with the Psychosex Team across the axess footprint to share patient information in the form of leaflets and videos for patients to access.

The waiting list will continue to be monitored as with the significant rise in referrals taking place, there is clearly a risk that this could become unmanageable with the current staffing levels.

Future prospects for axess regional laboratory services

Laboratory team expansion

To meet the dynamic demand of providing efficient and effective diagnostic service across the main axess service sites, there is need for expanding the axess Laboratory Team. With the possibility of more BMS staff employed and upskilled, resulting in continuous laboratory and BMS support and presence across axess service wide sites.

Procurement of laboratory equipment/complex analysers

Laboratory analysers are specified to deliver high quality diagnostic services across a

comprehensive and often predetermined range of analytes.

The greatest advantage of the use of auto-analysers has been a significant improvement of result turnaround time. It is hoped that with the use of axess owned analysers (Cepheid GeneXpert), chlamydia and gonorrhoea nucleic acid amplification test (NAATs) results can be verified and released in 90 minutes (99.5% improvement from previous two weeks waiting time and 94.08% improvement when compared to 48 hours waiting time).

Possible UKAS IS0 15189 accreditations

ISO 15189 accreditation underpins confidence in the quality of medical laboratories through a process that verifies their integrity, impartiality, and competence. As axess continues to uphold good laboratory practices, chances are excellent that UKAS accreditation can be achieved (should the opportunity arise).

Ideas for future communications output

In 2024/25, the Communications Team would like to continue creating content tailored to communities which are often underserved by health services. One project the team hopes to complete in the upcoming year will be to create easy-read leaflets in print and digital format for disabled people, explaining subjects such as contraception, sexually transmitted infections, and accessing testing and treatment.

The Communications Team are also working with an axess registered practitioner to develop a survey titled ‘Listen Up.’ The survey aims to capture the thoughts and experiences of ethnic minority communities attending sexual health services. Social media promotional content been created prior to the launch, including a video in which axess clinical and laboratory staff playfully spread the word of the survey launching through whispering. It is expected the survey will launch in July 2024.

Safeguarding

As the level of concern and number of safeguarding proformas continue to rise across all services, safeguarding will be recruiting an additional practitioner who will support all sites offering guidance and supervision and will continue to update the teams on local and national changes. Axess current safeguarding practitioner will undertake level 4 and safeguarding supervision training. We also plan to introduce a specific safeguarding induction, which will ensure all new starters are aware of important site specific and service wide requirements. This along with mandatory safeguarding training will help equip them with the knowledge and confidence to complete a safeguarding referral. The team will also introduce a safeguarding audit which will audit our processes and ensure we keep our patients safe and free from harm.

Wirral

Axess is supporting Wirral Community NHS FT (WCT) with their re-commissioned sexual health services in Wirral from 1st April 2024, under SLA contract. The Wirral service is a new contract between WCT and Wirral Metropolitan Council Public Health team. The SLA and enhanced support from axess comprise of, the provision of biomedical science team support, consultant staffing, quality management/assurance systems and supervision of training, and full use of Lilie (axess EPR system). Full and detailed provision is in the sub-contract agreed by WCT & LUHFT. This ensures that the sexual health clinics in the Wirral can receive the necessary support to meet clinic capacity and meet the expectation of the integrated sexual health contract with significant impact on young and vulnerable people within Wirral, Merseyside.

Consequently, two on-site laboratories have been set-up at both clinic sites in the Wirral.

Appendix

List of useful abbreviations and acronyms

Term	What it means
ACP	Advanced clinical practitioner
Appt.	Appointment
BASHH	British Association for Sexual Health and HIV
BBV	Blood borne viruses
BHA	BHA for Equality (formerly Black Health Agency)
BPAS	British Pregnancy Advisory Service
CPD	Continued professional development
DFSRH	Diploma of Faculty of Sexual and Reproductive Health
Dr	Doctor
EC	Emergency contraception
EPR	Electronic patient record
FSRH	Faculty of Sexual and Reproductive Health
GP	General practitioner
GUMCAD	Genitourinary Medicine Clinic Activity Dataset
HARS	HIV and AIDS Reporting System
HCA	Healthcare assistant
HCP	Healthcare professional
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
ICB	Integrated care board
INSTI	Integrase strand transfer inhibitor
IUC	Intrauterine contraception
IUD	Intrauterine device

Term	What it means
KPI	Key performance indicator
LARC	Long acting reversible contraception
MSM	Men who have sex with men
PGD	Patient group direction
Out of area	Referring to service users who live beyond our service areas of Liverpool, Knowsley, Warrington, Halton and East Cheshire
NCSP	National Chlamydia Screening Programme
NHS	National Health Service
PCN	Primary Care Network
PrEP	Pre-exposure prophylaxis
SARC	Sexual Assault Referral Centre
SLA	Service level agreement
SEND	Special education needs and disability
SOP	Standard operating procedure
SRHAD	Sexual and Reproductive Health Activity Data Set
STI	Sexually transmitted infection
UKAS	United Kingdom Accreditation Service

REPORT TO: Health and Wellbeing Board

DATE: 9 October 2024

REPORTING OFFICER: Director of Strategy and Partnerships (WHH) on behalf of WHH and Bridgewater

PORTFOLIO: Health and Wellbeing

SUBJECT: Warrington and Halton Integration Programme

WARD(S) Borough wide

1.0 **PURPOSE OF THE REPORT**

The purpose of this report is to provide some background information for the presentation on the Warrington and Halton Integration Programme.

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

3.0 **SUPPORTING INFORMATION**

3.1 Our System is not clinically and financially sustainable and we must significantly improve our use of resources. All parties have recognised the sub-optimal working that exists, caused by silo working, fragmentation, and lack of co-ordination. Evidence demonstrates that alignment of management of the system is necessary to effectively address and optimise the use of resources and outcomes for patients and staff.

3.2 We have identified significant opportunities to improve things for both our patients and staff working at the front line and are launching a programme of work to deliver integrated and collaborative models of care between Warrington and Halton Hospital NHS Foundation Trust and Bridgewater Community NHS Foundation Trust.

4.0 **POLICY IMPLICATIONS**

4.1 The integration programme will support delivery of the health and wellbeing strategy.

5.0 **FINANCIAL IMPLICATIONS**

5.1 A £5m savings target associated with the integration programme has been set by the Integrated Care Board.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

Integration aims to improve the health of Halton residents.

6.2 Building a Strong, Sustainable Local Economy

None identified.

6.3 Supporting Children, Young People and Families

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton. Integration should support achievement of this priority.

6.4 Tackling Inequality and Helping Those Who Are Most In Need

Integration supports these priorities

6.5 Working Towards a Greener Future

None identified.

6.6 Valuing and Appreciating Halton and Our Community

Integration supports these priorities

7.0 RISK ANALYSIS

7.1 We recognise the potential risks associated with these plans, in terms of staff anxiety and the potential for cumbersome governance. The overriding aim of delivery of a sustainable system for patients and staff will require focus and leadership to mitigate risks and take people with us.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Equality and diversity will be a key consideration in any service changes that arise through the integration programme.

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 None

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

10.1 None under the meaning of the Act.

REPORT TO: Halton Health and Wellbeing Board

DATE: 09 October 2024

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Joint Strategic Needs Assessment Summary

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide members of the Board with an update on the Joint Strategic Needs Assessment.

2.0 **RECOMMENDATION: That**

1) **the report be noted; and**
2) **the Board approves the draft summary for publication.**

3.0 **SUPPORTING INFORMATION**

3.1 **Background to the JSNA summary document**

Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA underpins the health and well-being strategy and commissioning plans. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities.

In 2012 the first executive summary of the JSNA mapped across the life course (the approach advocated by the Marmot Review on tackle health inequalities) was presented.

This approach has continued to receive good feedback from various partnerships and stakeholders. As a consequence the revised annual summary has used broadly the same approach, updating data and information since the previous version.

The 2022-2027 Health and Wellbeing Strategy also uses these broad life course stages with the addition of the wider determinants of health as the basis of its priority setting.

3.2 **Local development of the JSNA**

The JSNA continues to be hosted on the Halton Borough Council website.

The JSNA is developed as a series of chapters, on a rolling programme with an annual summary and a selection of health profiles.

Since resuming the JSNA work post Covid-19 pandemic suspension the work has focussed on a number of general topics and updating the core JSNA products as well as statutory requirements. These include:

- Inequalities in life expectancy
- Cheshire & Merseyside cancer health needs assessment
- Pharmaceutical Needs Assessment
- Drugs JSNA
- GP JSNA profiles
- Poverty and Cost of Living JSNA
- Ward profiles
- Understanding the drivers for healthy life expectancy.

The JSNA annual summary document is split into sections on:

- Population
- Health Inequalities: life expectancy and healthy life expectancy
- Wider determinants of health
- Starting Well: focus of children and young people
- Living Well: focus on adults of working age and those with long-term health conditions
- Ageing Well: focus on older People (65 and over)

This summary document is attached as Appendix 1.

3.3 **Key changes since the previous summary**

Despite the continuing challenges the borough faces many of the health indicators show year on year improvements. So whilst the borough's health continues to be, generally, worse than the England average, these improvements show that we are moving in the right direction in some areas, despite the backdrop of a national cost of living crisis.

Some highlights include:

- Under 18 conceptions have fallen (despite fluctuations) since 2010.
- Child immunisations continue to perform well compared to the national and regional averages. For example, uptake of

MMR is similar to the North West and England However neither Halton, the North West or England as a whole met national targets for MMR uptake.

- Halton is above the national target (75%) for uptake of flu vaccinations amongst those aged 65 and over (77.3%). However Halton does not meet national target (55%) of flu vaccinations in those at risk groups (40.1%). Halton's performance is similar to both regional and national uptake.
- Uptake of NHS Health Checks is better than the North West and England averages.
- Smoking prevalence amongst adults has fallen in recent years and is now similar to the England average (both 13%). Inequalities continue e.g. between those in routine & manual occupations and amongst those with mental illness compared to the overall prevalence.
- Breast cancer screening coverage has improved.
- Hospital admissions due to falls injuries in people aged 65 and over have fallen in recent years, closing the gap between Halton and England.

However, some areas do remain difficult to improve and others have worsened since the previous reporting period:

- Both male and female life expectancy, at birth and at age 65, have reduced (as they have across England as a whole over the latest 3 year period 2020-22) and remain statistically worse than England.
- Internal differences in life expectancy remain substantial There is now a 13 year gap between life expectancy at birth amongst men and women living in the most deprived ward in Halton (Halton Lea), compared to the least deprived (Daresbury, Moore & Sandymoor vs Halton Lea).
- There has been an increase in the levels of children living in poverty. The levels of both child poverty and older people living in poverty are statistically higher than the England averages. Almost 1 in 4 children under 16 in Halton live in relative low income families (24%); almost 1 in 5 older people aged 60 and over live in poverty in Halton (18%).
- The levels of children achieving a good level of development by age 5 fell during the pandemic levels (as they did across the North West and England on average). Halton's level remains statistically lower than the North West and England average.
- The percentage of working age people with no formal qualifications has increased. The proportion of 16-17 year olds not in education, employment or training has also increased.
- Smoking at time of delivery and breastfeeding rates are consistently worse than the North West England rate.

- Levels of child and adult obesity are statistically worse than the North West and England averages. Over 7 in 10 adults in Halton are overweight or obese (72.7%).
- Hospital admissions amongst young people due to self-harm, injuries, self harm and substance misuse are all worse than the North West and England averages.

3.4 **Developments for the JSNA during 2024 and 2025**

It is important to recognise that the JSNA is an on-going, continuous process, refreshing data to ensure its timeliness, and producing 'deep dive' needs assessments to assist commissioning decisions.

The process for agreeing and developing a work plan for the remainder of 2024/25 and into 2025/26 will be managed in collaboration with key stakeholders and members of the Health and Wellbeing Board.

One Halton
The JSNA work will need to support the development of One Halton. The team will work closely with the One Halton ICP Board and One Halton Priority Sub-Groups on this to identify priority areas requiring support.

Cheshire & Merseyside Population Health Dashboard
The team have led on the development of the dashboard, using the Combined Intelligence for Population Health Action (CIPHA) platform, on behalf of the Cheshire & Merseyside ICS and Directors of Public Health. The dashboard focusses on health outcomes across a wide range of priority topics. It is built from a wide range of local and national sources.

Whilst not developed for One Halton Local Place specifically, it will nevertheless provide a useful source of outcome based metrics. It includes metrics across all of our One Halton Health and Wellbeing Strategy priorities – wider determinants, starting well, living well and ageing well. It also includes the All Together Fairer (formerly known as Marmot) Beacon Indicators.

Both CIPHA, other ICS data tools and other sources such as Midland & Lancashire Commissioning Support Unit (CSU) Aristotle data portal mean the JSNA now sits within a much richer and more timely data landscape. This likely requires a new data-to-decision journey/model locally, more integrated than before.

4.0 **POLICY IMPLICATIONS**

4.1 The health needs identified in the JSNA have been used to develop the Health & Wellbeing Strategy.

The JSNA provides a robust and detailed assessment of need and priorities across Halton borough. As such is should continue to be used in the development of other policies, strategies and commissioning plans and reviews such as those of Halton ICB.

5.0 **FINANCIAL IMPLICATIONS**

5.1 None identified at this time.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES** ***(click here for list of priorities)***

6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

All issues outlined in this report focus directly on improving health, promoting wellbeing.

6.2 **Building a Strong, Sustainable Local Economy**

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 and is reflected in the JSNA.

6.3 **Supporting Children, Young People and Families**

Improving the Health of Children and Young People is a key priority in Halton and this is reflected in the JSNA, taking into account existing strategies and action plans so as to ensure a joined-up approach and avoid duplication.

6.4 **Tackling Inequality and Helping Those Who Are Most In Need**

All issues outlined in this report focus directly on this priority; tackling inequalities and identifying health need is central to the work of Public Health.

6.5 **Working Towards a Greener Future**

The JSNA is key to informing steps to improve health and wellbeing and ultimately reduce the carbon footprint associated with healthcare appointments.

6.6 **Valuing and Appreciating Halton and Our Community**

Community safety is part of the JSNA. Having a thriving community with access to good quality affordable housing is crucial to the health and wellbeing of Halton residents.

7.0 **RISK ANALYSIS**

7.1 Developing the JSNA does not in itself present any obvious risk. However, there may be risks associated with the resultant commissioning/action plans developed based upon it and these will be assessed as appropriate.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The JSNA seeks to provide intelligence on which to base decisions on action to tackle health inequalities. This includes analysis of a range of vulnerable groups and the need for targeted as well as universal services to meet the range of needs identified.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 The JSNA is key to informing steps to improve health and wellbeing and ultimately reduce the carbon footprint associated with healthcare appointments.

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

10.1 None under the meaning of the Act.

Appendix 1

JSNA summary document

HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

SUMMARY DOCUMENT 2024

Introduction

Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within Health & Wellbeing Board areas. The JSNA underpins the health and wellbeing strategy and commissioning plans. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities.

This document contains information, analysis and infographics which show the overall state of the borough - the population, economy, employment - and the health of people living in Halton. COVID-19 has undoubtedly had an impact on the health of the population of Halton. Not all of these impacts can be assessed right away, as they may be medium or long term.

In line with the 2022-2027 Health and Wellbeing Strategy, this report divides analysis into the strategy priority themes—wider determinants of health, starting well, living well, ageing well.

The JSNA is a key statutory document for Integrated Care Systems (ICS) Partnerships:

> "We expect the ICS Partnership will have a specific responsibility to develop an 'integrated care strategy' for its whole population using best available evidence and data, covering health and social care (both children's and adult's social care), and addressing the wider determinants of health and wellbeing. This should be built bottom-up from local assessments of needs and assets identified at place level, based on Joint Strategic Needs Assessments. We expect these plans to be focused on improving health and care outcomes, reducing inequalities and addressing the consequences of the pandemic for communities "
>
> *Integrated Care Systems: Design framework* (NHS England & NHS Improvement) 2021

Further information and access to specific, topic-based JSNA chapters can be found via this link: https://www4.halton.gov.uk/Pages/health/JSNA.aspx.

If you have any queries or require further information, please contact the Public Health team via the email health.intelligence@halton.gov.uk.

HALTON BOROUGH COUNCIL

OneHalton Working better together

Health in summary

The health of people in Halton is generally worse than the England average. Halton is the 19th most deprived local authority in England (out of 151) and almost 1 in 4 children live in relative low income families (24%). Life expectancy for both men and women is lower than the England average, both at birth and at age 65. Healthy life expectancy is also lower than the England average, with men in Halton spending on average 16 years living in ill health; for women this is 23 years and has increased since 2013.

Health inequalities

There are varying levels of deprivation and life expectancy within Halton meaning that there are internal inequalities. For males and females there is a 13 year gap between life expectancy at birth for those in the most deprived ward in Halton, compared to the least deprived ward (Halton Lea vs Daresbury, Moore & Sandymoor).

Child health

Levels of excess weight (overweight or obese) are higher in Halton than the national average for children at age 4-5 and 10-11. In the first year of primary school (age 4-5), 1 in 4 children are overweight or obese in Halton (25.8%); this rises to 42% in the last year of primary (age 10-11). Smoking at delivery, breastfeeding, rates of injury related and self harm hospital admissions, teenage pregnancy and school readiness are all worse than the England average. Coverage of routine vaccinations are similar or slightly better than the national average, but there are improvements to make to meet national targets.

Adult health

Estimated levels of excess weight are higher in Halton than the national average for adults aged 18 and over: over 7 in 10 are overweight or obese (72.7% compared to 64% in England as a whole). There are also lower levels of physical activity and eating '5 a day' in Halton than the national average. Rates of self harm hospital admissions have reduced but remain significantly higher than England, with 340 admissions during 2022/23. Premature death rates for cardiovascular diseases are significantly higher than England; premature death rates from cancer have improved in recent years and are now similar to the England average. Violent crime offences, hip fractures in those aged 65 and over are higher than the national average.

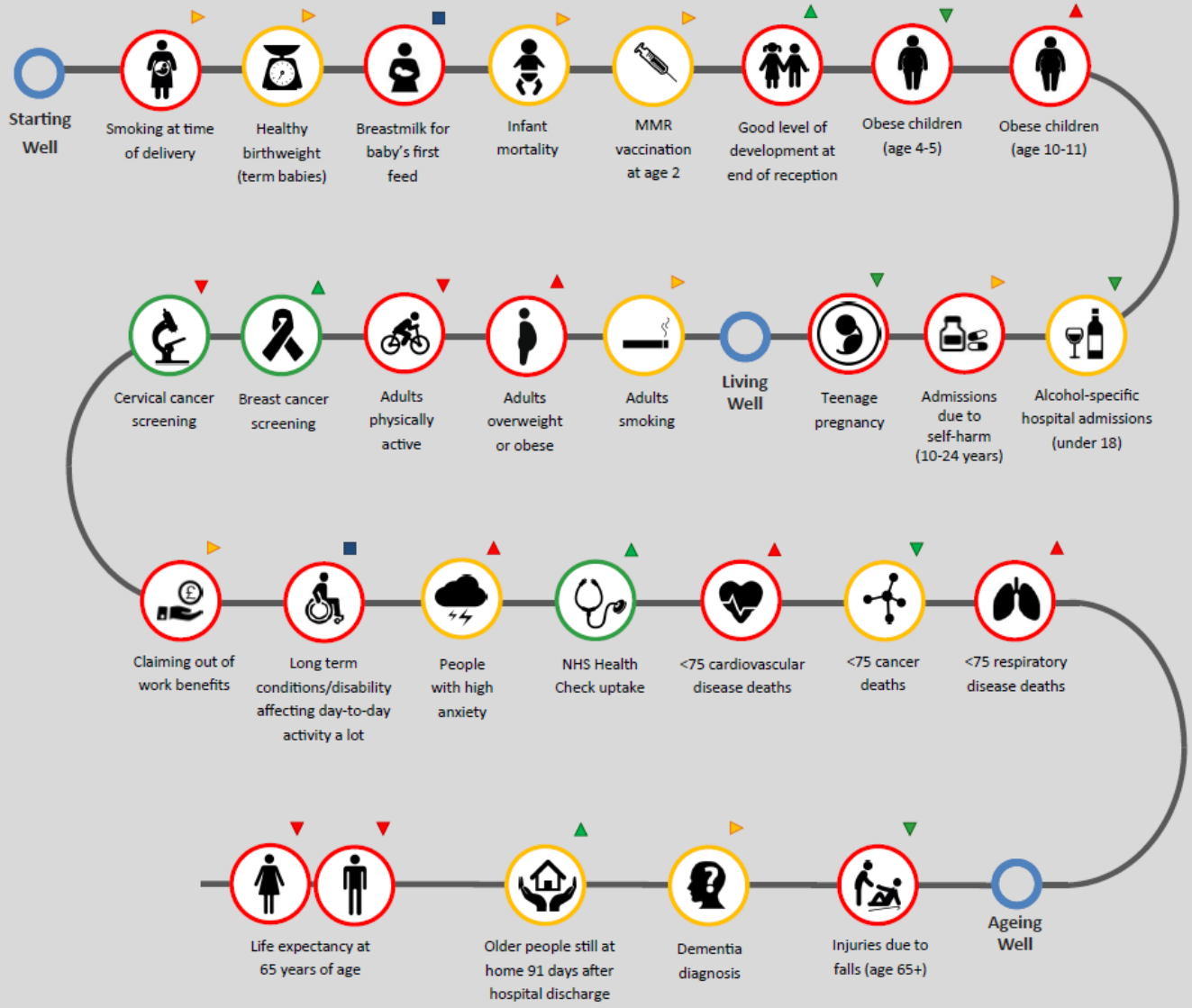
Halton performs better for casualties on roads (killed or seriously injured), new diagnoses of sexually transmitted infections and new cases of tuberculosis. The target for flu vaccinations in those aged 65 and over has been consistently surpassed since 2020. Smoking prevalence has improved to be similar to the England average, for adults overall and for those in routine and manual occupations (Halton's overall prevalence was 13.3% in 2022). Smoking quit rates at 4 weeks have been consistently significantly better than England since 2016.

Further data and trends can be found on the Halton fingertips **Public Health Outcomes Framework.**

HALTON'S LIFE COURSE STATISTICS

Halton's life course statistics 2024

A comparison to England



HALTON FACTS

Population

About **129,500** people live in Halton.

By 2043, this is projected to change:

age 0-14 ↓ 1.5%
age 15-64 ↓ 3.7%
age 65+ ↑ 5.3%

Deprivation

49% of Halton's population live in the top **20%** most deprived areas in England.

Child Poverty

24% of children aged 0-15 live in relative low income households

KEY

Direction of travel

- Improved since last period
- Similar to last period
- Worse than last period
- No comparator

Statistical significance to England

- Better
- No different
- Worse

For more information, please contact Halton Borough Council's Public Health Intelligence Team:

Icons made by Flaticon and available here: www.flaticon.com

Concept developed from Gateshead PHAR 2013/14 and Leicestershire PHAR 2015

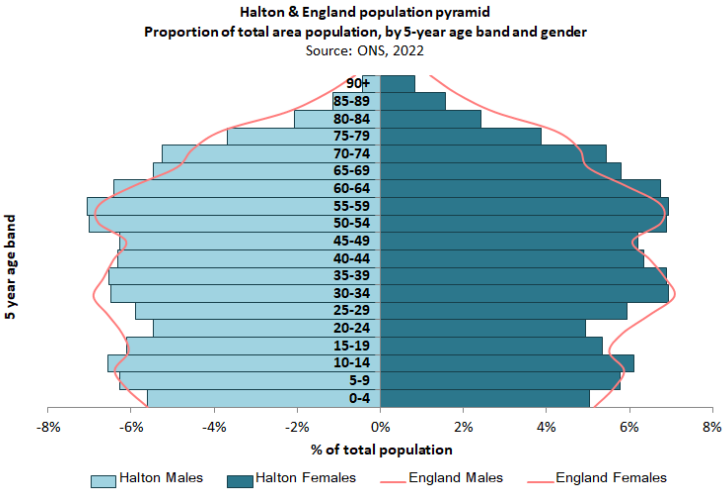
POPULATION

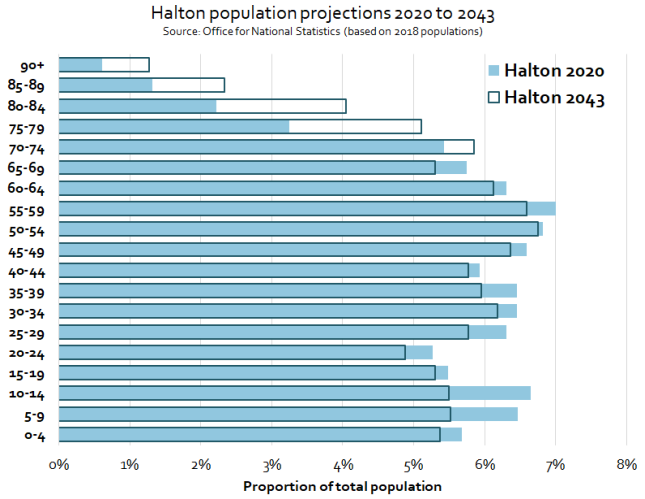
Population structure

There has been a shift towards a greater proportion of Halton's population now being in the 50-74 age bands when compared to the England average, rather than the 50-69 age band, as was previously the case. Halton has a lower proportion of the population aged between 15 and 29. This emphasises the potential for an ageing population to impact upon the borough's working age population.

This shifting population pattern is expected to continue over the next two decades. The proportion of people over the age of 70 is expected to increase and the proportion of children and people of working age is expected to decrease. This is also forecast to be the case nationally.

In 2020 7.4% of Halton's population were aged 75 and above, whereas, in 2043 Halton's projected population aged over 75 will be nearly double at 12.8% of the entire population of the area.





Ethnicity

The 2021 Census provides the most accurate picture of our local population broken down by ethnic groups. The data below shows Halton has a much smaller percentage of its population from non-white British ethnic backgrounds than the North West or England. Almost 94% of Halton's population is white British, compared to 74% in England as a whole.

Ethnic group (8 categories)	Halton		North West	England
	Numbers	%	%	%
Asian, Asian British or Asian Welsh	1435	1.1%	8.4%	9.6%
Black, Black British, Black Welsh, Caribbean or African	511	0.4%	2.3%	4.2%
Mixed or Multiple ethnic groups	1792	1.4%	2.2%	3.0%
White: English, Welsh, Scottish, Northern Irish or British	120301	93.6%	81.2%	73.5%
White: Irish	685	0.5%	0.8%	0.9%
White: Gypsy or Irish Traveller, Roma or Other White	2990	2.3%	3.6%	6.6%
Other ethnic group	764	0.6%	1.5%	2.2%
Total population	128,478		7,417,397	56,490,044

Source: ONS, Census 2021

Employment

Halton has a smaller proportion of it's population who are economically active compared to England and the North West. Like comparators, a lower proportion of women are economically active than men. The borough also has a higher unemployment rate; this has increased over 2023. A greater proportion of those aged 16-64 are economically inactive due to long-term sickness.

Economic activity rates January 2023 - December 2023

People aged 16-64	Halton		North West	England
	Numbers	%	%	%
Economically active	57,200	74.1%	76.7%	79.0%
In employment	53,700	69.5%	73.8%	76.0%
Employees	48,100	62.3%	66.3%	66.3%
Self-employed	5,200	6.7%	7.2%	9.5%
Unemployed (16-64)	3,500	6.2%	3.9%	3.8%
Economically inactive due to long-term sickness	9,400	12.2%	7.0%	5.5%

Source: Nomis, Annual Population Survey

CENSUS POPULATION DATA BY PROTECTED CHARACTERISTICS

Age and gender: Halton's population increased by approximately 2,700 residents between 2011 and 2021, from 125,700 to 128,500. This represents a 2.2% rise which was smaller than the North West (5.2%), and England (up 6.6%). In terms of gender 51% were female and 49% male. 21.4% of Halton residents were under age 18, 59.9% aged 18-64 and 18.6% aged 65 and over.

The census results also demonstrated an ageing population with the median age in Halton in 2021 being 41 years old, an increase of 2 years when compared with 2011.

Disability: The number of people in Halton who reported being "disabled and limited a lot" decreased, from 13.3% to 11.0%. This was a general pattern seen across the country. Despite this, levels were higher than the North West 9.1% and England 7.5%. By contrast the percentage of people reporting being "disabled and limited a little" increased from 10.8% to 11.5%.

6.5% of Halton residents did report having a long-term health condition (physical and/or mental) which did not limit their day-to-day activities. Overall, 29.9% of Halton households contain one person who is disabled according to the equality act, and a further 9% contain two or more.

Marital status: The 2021 Census includes data on same-sex marriages and opposite-sex civil partnerships. These were not legally recognized in 2011 in England and Wales. Of Halton residents aged 16 years and over, 39.3% said they had never been married or in a civil partnership in 2021, up from 35.4% in 2011. This increase was similar to the North West and England averages. 42.2% said they were married or in a registered civil partnership.In 2021, just over 4 in 10 people (42.2%) said they were married or in a registered civil partnership, compared with 45.1% in 2011. The percentage of adults in Halton that had divorced or dissolved a civil partnership decreased from 9.8% to 9.6%.

Religion: over 1 in 3 Halton residents (35.2%) identified themselves as having no religion, an increase from 18.7% in the 2011 Census. This was higher than the North West average (32.6%) but lower than England as a whole (36.7%). This coincides with the percentage decrease for people classing themselves as Christian, which declined from 75% to 58.6%. The proportion of people identifying as Muslim increased from 0.2% to 0.6%.

Ethnicity: The 2021 Census provides the most accurate picture of our local population broken down by ethnic groups. There are many different levels of this analysis which can be split in to 6,8 or 20 ethnic group categories.

Looking at broad categories, 96.5% of people in Halton identified their ethnic group within the "White" category (compared with 97.8% in 2011), while 1.4% identified their ethnic group within the "Mixed or Multiple" category (compared with 1.1% the previous decade).

The percentage of people who identified their ethnic group within the "Asian, Asian British or Asian Welsh" category increased from 0.7% in 2011 to 1.1% in 2021.

Sexual orientation: 91.9% of Halton residents aged 16+ identified themselves as straight/heterosexual. This is a higher percentage than the North West (90.1%) and England (89.4%). 1.5% identified as gay or lesbian, 0.94% as bisexual, 0.2% as other sexual orientation. 5.46% preferred not to say what their sexual orientation was.

Gender identity: Halton had a slightly lower proportion of people aged 16 and over with a gender identity different from sex registered at birth compared to the North West and England: 0.19% compared to 0.23% and 0.25% respectively.

Pregnancy: Pregnancy is not included in the Census but is a protected characteristic under the Equality Act. The latest annual data is for 2021 (ONS) and shows there were 1,888 conceptions. This equates to a conception rate of 79.1 per 1,000 women, higher than the North West (76.7) and England rates (71.5). All areas saw a reduction in conceptions. The Halton number fell by 113 compared to 2020 (conception rate 84.4).

HEALTH INEQUALITIES

"Health inequalities are avoidable, unfair and systematic differences in health between different groups of people."

The King's Fund (2020)

Health inequalities across populations can exist due to a variety of "social, geographical, biological or other factors"[1]. The social, economic and environmental factors are often referred to as the **wider determinants of heath**, which are explored on the next page.

Health inequalities are generally measured by looking at **deprivation** levels, resulting in different **life expectancies**, as a measure of general health in a population.

Halton is a deprived borough relative to England as a whole (23rd most deprived of 317) and almost one third of its population live in areas classified in the 10% most deprived in England.

Residents of more deprived areas are more likely to be in worse health, spend more of their lives in poor health, require greater access to healthcare and other services; however they often do not have their greater needs met[2,3].

Life expectancy and healthy life expectancy

Life expectancy across Halton has been improving but remains below the regional and national averages. It means that on average people in Halton can expect to live 2 years less than across England as a whole. Despite general improvements to life expectancy, Halton residents spend less of their lives in good health compared to England and the years spent in ill health have actually increased for females.

Life expectancy

at birth	**77.2**	**80.5**	years (2020-22)
healthy life expectancy	**61.4**	**58.0**	years (2018-20)

Years spent in ill health

2011-13	**18.7**	**20.3**	years
2018-20	↓ **15.9**	↑ **23.4**	years

There are varying levels of deprivation and life expectancy within Halton meaning that there are internal inequalities. For males and females there is a **13** year gap between life expectancy at birth for those in the most deprived ward in Halton, compared to the least deprived ward (Halton Lea vs Daresbury, Moore & Sandymoor)[4].

In an effort to address this Cheshire & Merseyside (and all its constituent Health & Wellbeing Boards) has become a **Marmot Community**. The **All Together Fairer** Board was established in 2022, working with Sir Michael Marmot's team at the Institute for Health Equity and local teams to address these significant challenges. A set of Beacon Indicators have been agreed to monitor progress towards this at both a Cheshire & Merseyside and local level.

1. National Institute for Health and Clinical Excellence (2012) Health inequalities and population health
2. PHE: https://www.gov.uk/government/publications/health-profile-for-england/chapter-5-inequality-in-health
3. Cookson et al. (2016) Socio-Economic Inequalities in Health Care in England
4. Based on 2018-2022 data.

See JSNA chapter on inequalities in life expectancy on our webpage www.halton.gov.uk/jsna.
All Together Fairer report can be found at https://champspublichealth.com/all-together-fairer/

WIDER DETERMINANTS OF HEALTH

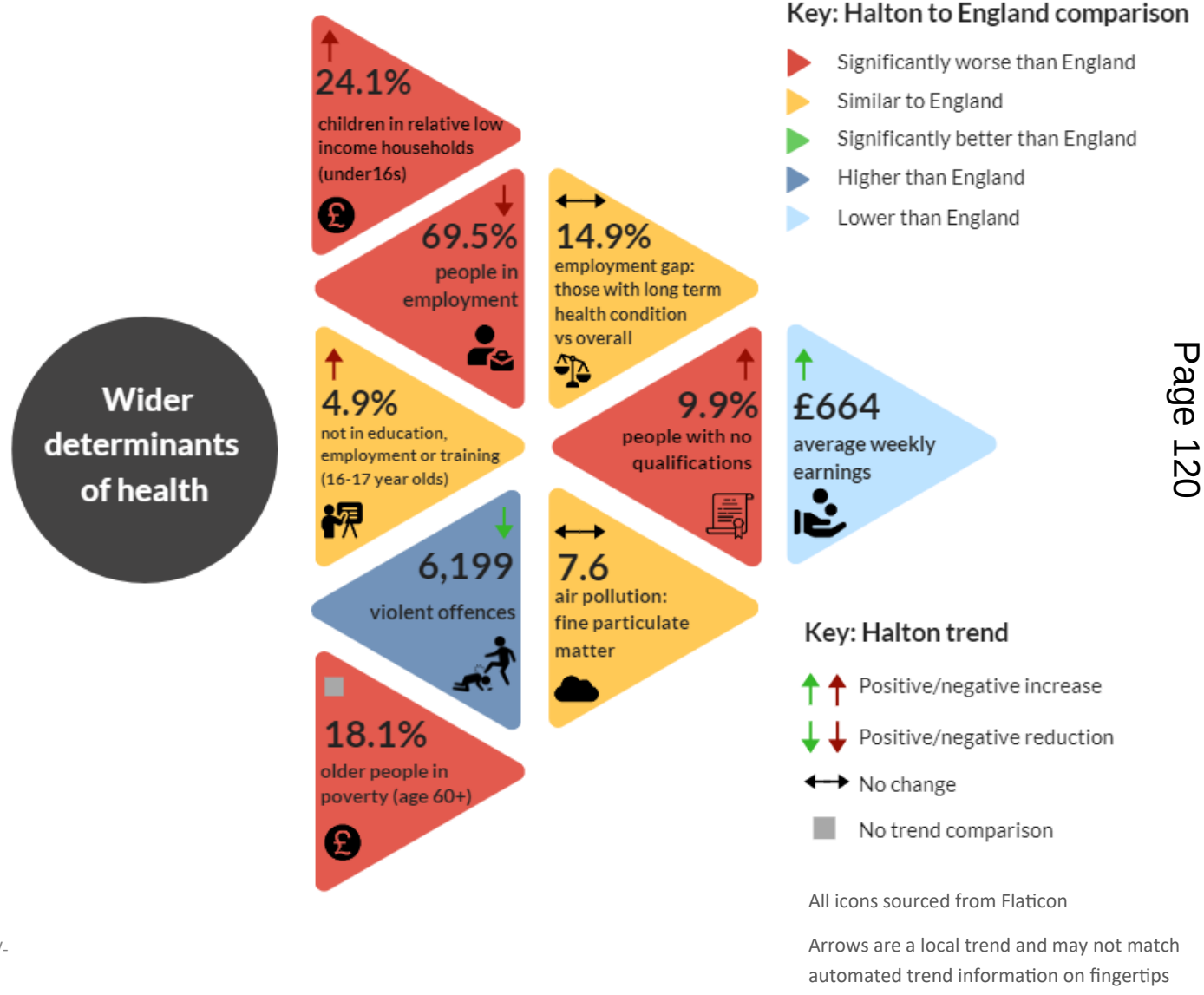
The wider determinants of health

"The wider determinants of health are the social, economic and environmental conditions in which people live that have an impact on health. They include income, education, access to green space and healthy food, the work people do and the homes they live in".

King's Fund (2020)

The social, economic and environmental factors, often referred to as the wider determinants of heath, are alterable, to varying degrees[1]. Examples include social networks, secure fair paid employment, good quality housing and access to green space.

Poorer education, lower quality housing, lack of available transport and transport links, higher unemployment rates and lower income are all linked to worse health and lower life expectancy. People from more socioeconomically deprived areas are often the most disadvantaged in relation to wider determinants[2], which can impact on health and create health inequalities.



All icons sourced from Flaticon

Arrows are a local trend and may not match automated trend information on fingertips

1. https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health
2. https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1/gid/1938133043/pat/15/ati/502/are/E06000006/iid/93754/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

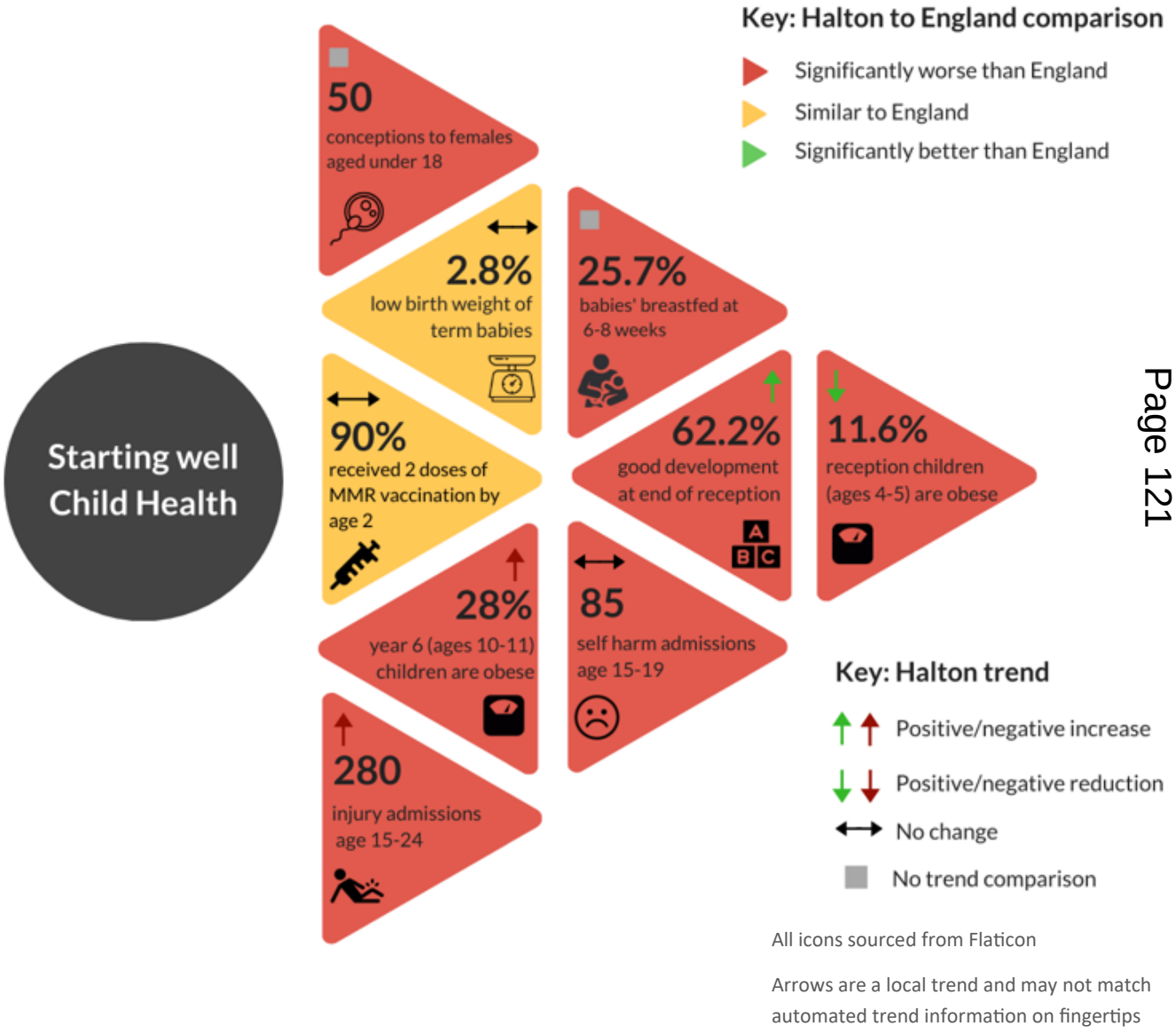
Child health

Early years experience is crucial to children's physical, cognitive and social development. During this development period it is critical that the child has the best conditions and environment in which to achieve the 'best start in life'. Improving the social context within which children live is essential to improving their development and short & long-term life chances.

There are numerous individually and societally modifiable factors that can play a role in early childhood development many which are linked to levels of deprivation and poverty. Breastfeeding is incredibly important in child and maternal health. Greater levels of breastfeeding initiation and prevalence of breastfeeding have been linked to both reduced levels of childhood obesity and reduced levels of hospital admissions in early life.

The Healthy Child Programme aims to promote health and wellbeing from pre-birth into adulthood. This 0-5 years programme aims to help bonding between children and parents encourage care that keeps children healthy and safe, protect children from illness and disease via immunisations, reduce childhood obesity through healthy eating and physical activity, identify potential health issues early to enable a positive response and make sure all childcare supports children so that they can be ready to learn once they move onto primary school.

For further information please see Halton's Children's JSNA Chapter
Published data is available from the PHE Fingertips Child and Maternal Health Profiles



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LIVING WELL: WORKING AGE

Working age people's health

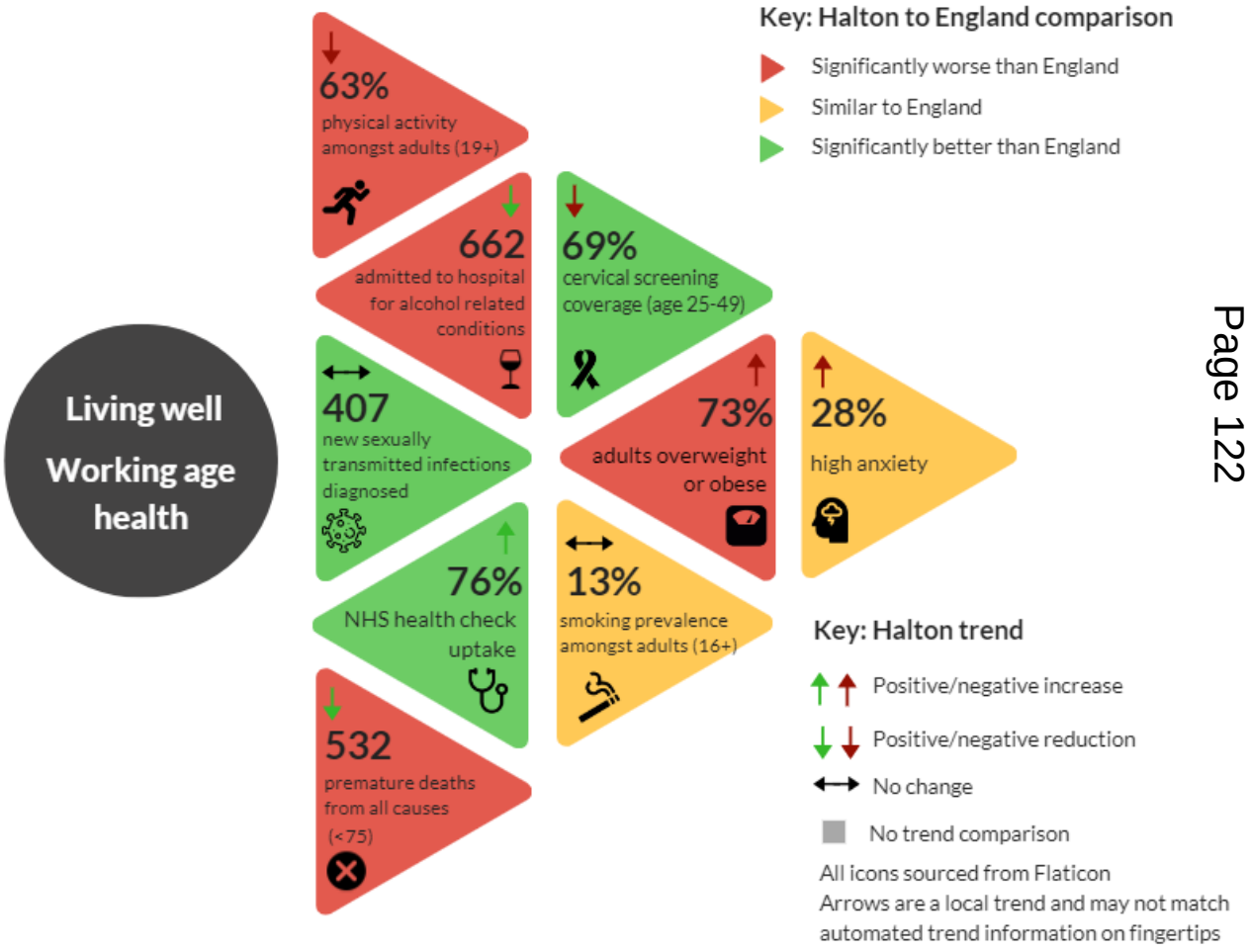
In the coming decades the proportion of the population who will be of working age is projected to reduce. With more people retired and not in work there will be a greater emphasis on social and financial support for those older people who have left employment. As such it is incredibly important that people who *are* of working age are physically healthy and mentally well.

'Lifestyle' factors are extremely important in helping to promote and maintain good health. Improving the prevalence of these lifestyle factors can go a long way to reducing the risk of premature mortality from all causes, specifically from cancer, respiratory conditions, cardiovascular disease and liver disease.

Smoking, low levels of physical activity, being overweight, drinking alcohol to excess and substance misuse are all factors that can influence health, but can be altered given the correct help and support to do so.

In turn, these lifestyle factors are influenced by the environment in which we live and work, often referred to the 'wider determinants of health'. These include secure employment, having enough money to eat well, good standards of housing and education, adequate transport links and access to green space.

For published data on general health indicators and wider determinants of health, see the Public Health Outcomes Framework or the information on page 6.



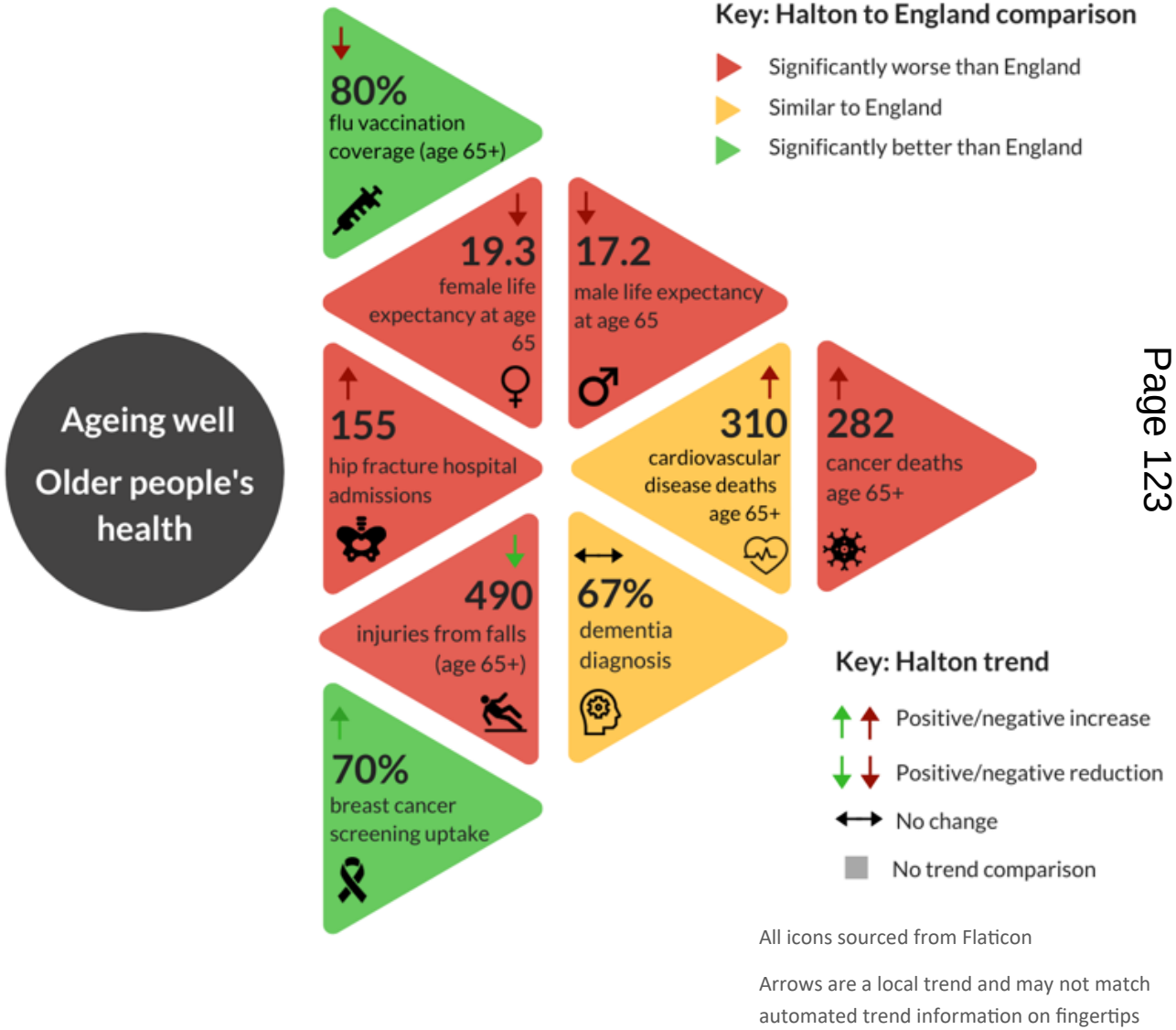
Older people's health

Life expectancy has generally increased over time. It is important that good health is maintained for as long as possible to ensure people enjoy a happy and fulfilling retirement. However, even though people are generally living longer, they can still live a substantial proportion of their life with a disability, in poor health or feeling lonely.

Life expectancy at birth in Halton remains lower than the national average, as does life expectancy at 65 years old. For the years 2020-22 it was estimated that at age 65 males could be expected to live on average a further 17.2 years and females a further 19.3 years. However less than half of this would be spent in good health (45%) for females; for males, just over half would be spent in good health (56%). For males this proportion is similar to England, but is lower for females (the England average being 54%).

It is incredibly important to provide not just health and social care services, but also things like transport. This creates better mobility and access, promoting greater social inclusion, particularly for those who find it more difficult to make the most of the provision of such services.

For further information please see Halton's Older People's JSNA Chapter
For further data see OHID Fingertips Older People Health & Wellbeing profile.



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FURTHER INFORMATION

JSNA chapters and further information

There are numerous topic areas covered by previous JSNA chapters. Each chapter investigates a certain topic—looking at risk factors, health needs, service provision and health impacts. This information supports commissioners and others to make decisions to best meet these needs. Therefore maintaining and using the most up-to-date information, data and intelligence available is crucial to delivering an effective JSNA.

Completed JSNA chapters—as well as other public health evidence and intelligence - can be found through clicking this link:
https://www4.halton.gov.uk/Pages/health/JSNA.aspx

Public Health Evidence & Intelligence Reports and data

People & Groups

Men's and Boy's Health	Children & young people	Maternity
Homeless	Older people	Women & Girls' Health
Inequalities in life expectancy		

Behaviours & Lifestyles

Alcohol	Tobacco	Gambling & fixed odds betting
Healthy weight	Sexual health	Diet & physical activity
Substance misuse		

Conditions

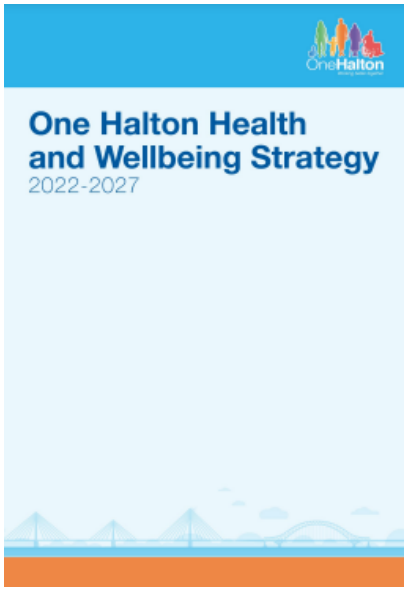
Cancer	Respiratory disease	Diabetes
Mental health	Long term conditions	Musculoskeletal conditions
Circulatory diseases	Excel 2016 ong term neurological	Dental

If you have any queries or require further information, please contact the Public Health team via **health.intelligence@halton.gov.uk**

One Halton Health & Wellbeing Strategy

The 2022-2027 One Halton Health and Wellbeing Strategy sets out the vision of the Halton Health and Wellbeing Board and states four broad lifecourse priorities for the borough for the time period the document is active:

- Tackling the wider determinants of health
- Starting Well
- Living Well
- Ageing Well



https://onehalton.uk/wp-content/uploads/2022/12/One-Halton-strategy.pdf

REPORT TO: Health & Wellbeing Board

DATE: 9 October 2024

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Loneliness and Social Isolation in Halton

WARD(S) Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 To provide the Board with an overview of results of the recent One Halton loneliness Survey, and subsequent insight from a Pinpoint focus group session, with people who live in Halton.

1.2 To set out next steps and recommendations to the Board based on that insight.

2.0 RECOMMENDATIONS:

1) **That the Board note the report; and**

2) **The Board recognises the need for a systemic partnership approach to Loneliness in Halton.**

3.0 SUPPORTING INFORMATION

3.1 There is a growing body of evidence showing that loneliness is a significant public health concern, with there being a 26% increase in the risk of mortality in individuals who suffer from loneliness. Loneliness is also a significant risk factor for poorer mental and physical health outcomes. It has been found to have strong associations with depression, cognitive decline and dementia, in addition to hypertension and cardiovascular disease risk.

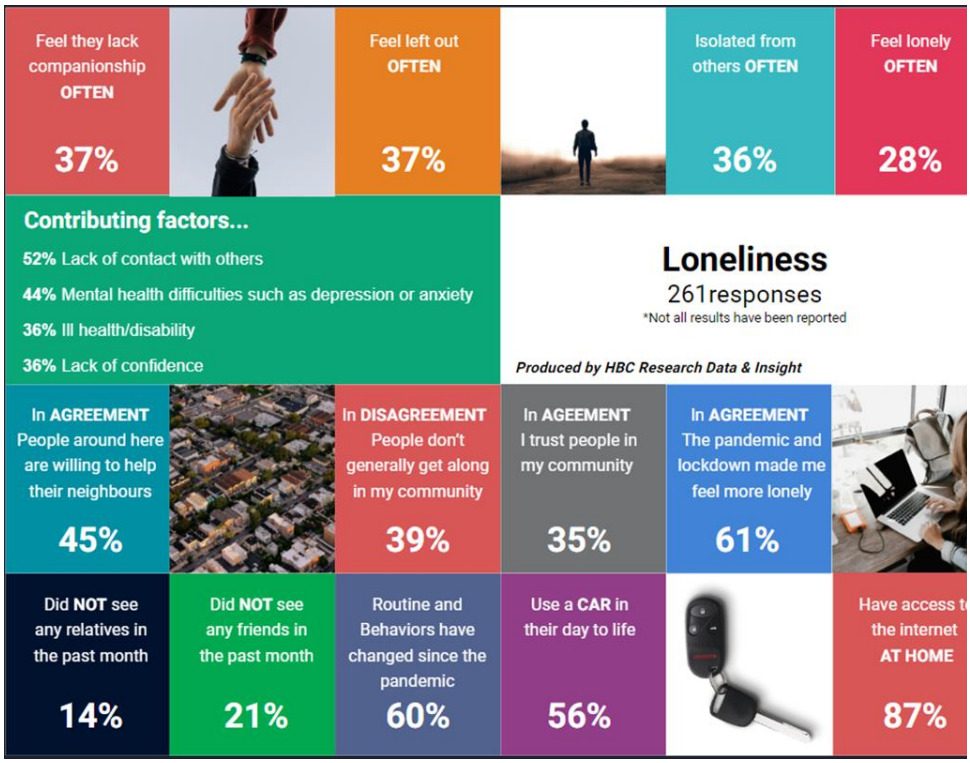
3.2 Loneliness levels in the UK have increased since spring 2020. Between 3 April and 3 May 2020, 5.0% of the adult population (2.6 million) said that they felt lonely "often" or "always." From October 2020 to February 2021, results from the Opinions and Lifestyle Survey (OPN) show that this proportion increased to 7.2% of the adult population (3.7 million), with the equivalent in Halton being 7.4%.

3.3 Further information on the burden of loneliness in Halton has been scarce. Halton Borough Council, working as part of the One Halton

Ageing Well workstream, recently commissioned a survey asking local people about their experience with loneliness. The survey explores the reasons and risk factors for loneliness in Halton, and a more detailed focus group asked a selection of people who responded to the survey about their experience and what they considered were risks and protective factors. This report sets out the results of both the survey and the focus group with specific recommendations for future joint work to help people who may be lonely.

3.4 **Key Findings**

3.5 **The Survey:**



The survey received 261 responses; however, some respondents abstained from answering some questions. This study included 165 (64%) females and 89 (34%) males. 99 respondents (38%) were aged above 64, 85 (33%) were below 50, and 74 (29%) were between 50 and 64. 243 respondents (95%) identified as white, and 222 (86%) identified as heterosexual.

- Most respondents reported feeling lonely to some degree, with 73 (28%) reporting feeling lonely 'often' and 89 (34%) feeling lonely 'some of the time'.
- Majority of respondents reported experiencing some degree of isolation (197 (76%)), feeling left out (197 (76%)), and lacking companionship (205 (79%)).

- 55 (21%) reporting seeing no friends and 36 (14%) reporting seeing no family in the past month.
- The most reported contributing factors to loneliness were lack of contact with others (122 (52%)), mental health difficulties (104 (44%)), lack of confidence (86 (36%)) and ill health or disability (84 (36%)).
- 155 respondents (60%) reported feeling lonely since the pandemic
- Only half (56%) had access to private transport.
- 10% of respondents had no internet access at home or elsewhere.

3.6 **Focus Group:**

The group explored reasons for loneliness and ranked them based on what they felt was the most important

- 'The people around us': the people in their lives becoming reliant on them for help and assistance could make them feel lonely because they do not have someone to reciprocate or have time for themselves.
- Practical issues: The group mainly focused on local travel issues to attend local events, sessions, or groups. Travel issues raised included irregular bus schedules, poor bus routes, meaning multiple buses are required for short journeys, and the cost of local taxi companies.
- Technology: Technology could lead to social isolation in older adults who may lack knowledge of computers and/or phones and may not have access to the latest technology.
- The group felt it could be challenging to know where to go as there was too much information, and the information available could be challenging to understand due to Halton's low reading age.

The group suggested areas for advertising events, sessions, or groups, including GP surgeries, TV, radio, or letter drops. There was also discussion around organisations and how they could help, including organisations signposting to other services.

3.7 **Recommended next steps**

1. **Awareness of the issue.** Information, training and materials to raise awareness of the issue among professionals and public.
2. **Information and Communications.** Providing a consistent information source and proactive communications on risk factors, populations at risk and signposting to existing services.

3. **Partnership working.** Exploring and exploiting opportunities to embed the above in partnership with other agencies, identifying opportunities to engage with people experiencing loneliness who are already in contact with our services.
4. **Transport and Travel.** Work with a specific focus on the transport options available to people, how they affect their experience of loneliness and what options are available to alleviate some of the difficulties within all of our services. Advocate at senior levels for older persons needs to factor into wider transport planning.

3.8 It is recognised that the themes and trends identified in the survey are not new; they have been actively addressed in Halton for some time. The evidence from the survey highlights the persistence of social and economic factors that require continued collaboration. The underlying causes of loneliness identified in the survey have long been on our radar, and Halton has been committed to tackling these issues through initiatives like our Loneliness Steering Group. Our efforts, including the Halton Loneliness Conference in 2019, have been focused on addressing these challenges over the years.

3.9 The Halton Loneliness Steering Group continues to meet bi-monthly with representation from NHS, HBC, and third sector organisations. The group reports into the One Halton Ageing Well Board.
The next four meetings will focus on the priority themes from the survey results and continue to build on the Loneliness Action Plan held by HBC and the Health Improvement Team.

4.0 POLICY IMPLICATIONS

Loneliness and Social Isolation is a cross cutting issue that is effected by multiple policy areas including: Housing, Employment, Transport Health and Wellbeing

5.0 FINANCIAL IMPLICATIONS

5.1 The costs to the wider Halton system of Loneliness and social isolation are wide ranging. Prevention of Loneliness would have positive financial impact on Adult Social Care and NHS mental health services

5.2 Addressing Loneliness and Social Isolation as a system would require investment in services across the borough for example transport infrastructure.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

As stated within the paper Loneliness and Social isolation have significant impacts on the health and wellbeing of local people and addressing this issue has effects that would impact prevention of ill health

6.2 **Building a Strong, Sustainable Local Economy**

Employment and well-paying jobs can be significant protective factors in preventing loneliness and social isolation.

6.3 **Supporting Children, Young People and Families**

Loneliness and social isolation are all age issues. This paper has a focus on people over 55 in Halton, however the survey was an all age survey indicates the impact on all ages. Addressing issues of loneliness throughout the life course, including new parents should be seen as an important part of this work moving forward.

6.4 **Tackling Inequality and Helping Those Who Are Most In Need**

Improving the lives of those Halton's residents where loneliness and social isolation is a factor should be a focus. The borough as a whole will benefit from this, but it is likely that positive effects will be felt most clearly in areas of higher social deprivation,

6.5 **Working Towards a Greener Future**

Improvements in active travel initiatives and green space accessibility will support the loneliness and social isolation issues whilst also being in line with the councils sustainability and climate change reduction agendas.

6.6 **Valuing and Appreciating Halton and Our Community**

As stated in the paper this is a borough wide issue effecting people of all ages. Developing solutions and working together as a community to combat this would be a great example of Halton valuing its residents and involving local people in improving the local area.

6.7 **Resilient and Reliable Organisation**

Loneliness and Social Isolation are important areas for partnership working. This is a systemic issue and as such requires multiple organisations to work together.

7.0 RISK ANALYSIS

7.1 There is an ongoing risk to the health and wellbeing of the people of Halton in not addressing the issues related to Loneliness and Social isolation highlighted in this paper.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The Loneliness action plan that is in development will take account of equality and diversity issues. Principally the accessibility of initiatives to all members of the community.

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 Improvements in active travel initiatives and green space accessibility will support the loneliness and social isolation issues whilst also being in line with the councils sustainability and climate change reduction agendas.

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

None under the meaning of the Act.

REPORT TO: Health & Wellbeing Board

DATE: 9th October 2024

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health & Wellbeing

SUBJECT: Wider Determinants of Health: Review of the main national policy changes since Winter 2023 affecting the cost of living heading into Winter 2024

WARD(S) Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 This report provides an update on the state of the cost of living crisis compared to last Winter and some of the recent policy changes that will impact residents in the coming months.

2.0 RECOMMENDATION: That the Board

1) **Endorse the work taking place in Halton.**
2) **Note the expected impact of recent policy changes and possible changes as a result of the Autumn statement.**

3.0 SUPPORTING INFORMATION

3.1 Changes compared to last Winter

Over the course of the past 12 months the shock of rising prices has begun to stabilise. Last month inflation was 2.2% compared to 6.8% this time last year. Although this is a much smaller rise this still means prices are rising month on month for all households. Furthermore, these rises do not reverse the sharp rises in household expenditure residents have experienced over the past few years since the pandemic. Below are the 3 main policy decisions we expect to impact residents the most this Winter and our continued work to provide support to those in need.

3.2 Fuel Price Cap Changes

Over the course of the last year the price cap which limits the amount you pay per unit of electric and gas has fluctuated on a quarterly basis. At the start of last Winter the cap was £1834 for a standard bill rising to £1928 in January this year. The cap then fell for two consecutive quarters dropping to £1690 in April and again to £1568

in July, the lowest bills have been since October 2021. However, for the start of this Winter the cap will rise again with the average household bill at £1717 annually for October to December however there is no upper limit on what you actually pay. The cap is reviewed quarterly with an adjusted figure for January to March to be announced towards the end of the year and expected to be a rise on the current figure. Although any rise heading into a period of high use is a concern these figures are down on the high of £2500 over the Winter of 2022 into the Spring of 2023 when we saw a great rise in demand for emergency support (Appendix 1). Furthermore, as we enter a third year of high energy prices there is less of a shock to residents of these figures. These figures should be used as context for the policy changes detailed below affecting certain demographics.

3.3 **Fuel Allowance Changes**

At the start of this month it was announced that starting this winter only pensioner households who claimed Pension Credit or other means tested benefits would be eligible for the Winter Fuel Allowance. This replaces the previous universal offer to all pensioner households. This will reduce the estimated number of households receiving a Winter fuel allowance from 10.8 million individuals to 1.5 million individuals. The payment was first introduced in 1997 and is an annual tax-free lump sum payment to support older people to keep their house warm during winter with payments of £200 for households under the age of 80 and £300 for those over 80.

For the past two winters on top of the standard payment there has been an additional Pensioner Cost of Living payment of £300. Therefore, households that are no longer eligible are losing between £400-£500 compared to previous years. Although universal payments will have covered those who don't require support there is a risk, as with all means tested benefits, that those who fall just outside the criteria may not have enough to ensure they remain warm over winter. Furthermore, as pension credit and any other means tested benefits need to be applied for there is additional risk those who would be eligible due to their financial position are not currently claiming either due to a lack of awareness or a lack of experience of navigating a welfare system.

3.4 **Autumn Statement**

On the 30th October the Chancellor of the Exchequer will deliver the Autumn budget, the first under the new government. Decisions are expected on a range of policies covering economic growth, employment rights and public spending. We will endeavour to advertise our available support to those most affected by policy changes while maximising the opportunities from any schemes announced that will be available locally.

3.5 **Winter Programme**

3.6 **Pension Credit**

Public Health will once again be proactively helping residents sign up to Pension Credit after success last winter. Working with our internal benefits team last year we identified 900 pensioner households that should be eligible for pension credit with each contacted and offered 1-2-1 support from the team to help with a long and complicated application form. Last year successful applications resulted in increased household income of £137,608. With the changes to the Winter Fuel Allowance stated above we hope the additional publicity for Pension Credit this has provided will lead to increased take up of our service.

DWP estimates 880,000 households eligible for Pension Credit are currently not claiming it with either a lack of awareness or issues with completing a complicated application form. This means households are missing out on both the regular financial support from Pension Credit and passported benefits such as the Winter Fuel Allowance that are automatically paid to households receiving Pension Credit. Households have until the 21st December to sign up to Pension Credit to receive their household Winter Fuel Payment which will be backdated.

3.7 **Winter Outreach**

As part of advertising the range of available national, local and voluntary sector support we will again be using our online Cost of Living webpage to promote services to residents and front line staff alongside some public events.

The Cost of Living webpage has been used as our main point of contact for the last two years. The page summarises all available support split into the main categories such as food support from foodbanks, community food outlets and vouchers and emergency fuel payments for those on pre-pay meters and direct debit. As well as crisis support the page also covers community sessions on offer such as charity groups offering warm spaces over winter and holiday activity sessions for children over Christmas. Last year the page was viewed on average 4200 times a quarter by residents and professionals and we will once again be making use of QR codes and weblinks for groups to add to their own webpages, newsletters and emails to help spread details of how to access support.

Furthermore, we continue to run our quarterly public Partners in Prevention event to bring together and promote local services to the public. The next event is on the 23rd September in the shopping centre at Halton Lea with partners in the health improvement team and 25 voluntary groups coming together to sign people up to their

services ahead of Winter. Further events will be held before Christmas and in the New Year to make services visible to the public and remind everyone what support is available.

3.8 **Government Support**

The main national support available will again come in the form of the household support fund that the government recently announced will be given a 6 month extension to cover the period October-March. At the time of writing we are still awaiting details of the contents of the scheme and any changes to how we are allowed to use it. In previous periods the scheme has provided support for emergency essentials alongside wider proactive support for vulnerable groups. This has included amongst other support emergency energy payments for those struggling to heat their homes and making sure quality food is always available at foodbanks and pantries. A large chunk of the fund is used to provide vouchers to children on free school meals during the school holiday periods and payments to pensioners on council tax reduction, particularly important when considering changes detailed above. Provided the scheme is renewed in a similar way to previous periods we hope to continue to offer this essential support over winter.

4.0 POLICY IMPLICATIONS

4.1 The Autumn statement is the first major set of economic policies produced by the new government. Any changes implemented may require local authorities to change their own approach to tackling health inequalities.

5.0 FINANCIAL IMPLICATIONS

5.1 Many residents in Halton are missing out on eligible national support to improve their income which means we have to provide interventions that use up our capacity. Targeting support to help people access these schemes will reduce the need and cost of intervention.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

Support offered for both food and fuel over winter will ensure residents live in warm homes and have access to healthy affordable food.

6.2 Building a Strong, Sustainable Local Economy

Core emergency support that we are offering is open to all and not means tested to support working families to remain healthy and continue in work this winter.

6.3 **Supporting Children, Young People and Families**

Free school meal funding will continue over the next 6 months providing families with support for food bills in holiday periods, continuing support that has been available for the past 3 years.

6.4 **Tackling Inequality and Helping Those Who Are Most In Need**

Halton has a significantly worse rates of inequality than the rest of the country. Tackling inequalities by supporting the sustainability of local initiatives will help embed these services within our communities.

6.5 **Working Towards a Greener Future**

Alongside emergency fuel support we will signpost residents on to home improvement schemes to retrofit properties with insulation measures that will improve the quality and efficiency of their property.

6.6 **Valuing and Appreciating Halton and Our Community**

The 5 Social Supermarkets have provided new community hubs in Halton as a base for residents to access wider services with the initiatives ran by local community organisations.

6.7 **Resilient and Reliable Organisation**

Work on pension credit and maximising fuel support is ensuring we are responsive to the current needs of the community we serve and ensure residents have access to resources they need.

7.0 **RISK ANALYSIS**

7.1 There are ongoing risks to the health and wellbeing of local people due to the effects of the wider determinists of health and poverty.

7.2 The breadth of support that can be offered is currently dependent in many cases on non-recurrent funding as highlighted above. Continuing work in these areas will be at risk depending on future funding settlements

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Health inequalities are a significant factor across Halton. Those suffering from poorer health are more likely to live in the more

deprived areas of the borough and more likely to be living in poverty. For males and females there is a 13 year gap between life expectancy at birth for those in the most deprived ward in Halton, compared to the least deprived ward (Halton Lea vs Daresbury, Moore & Sandymoor). The schemes we are supporting this winter will help support those living with the effects of health inequalities.

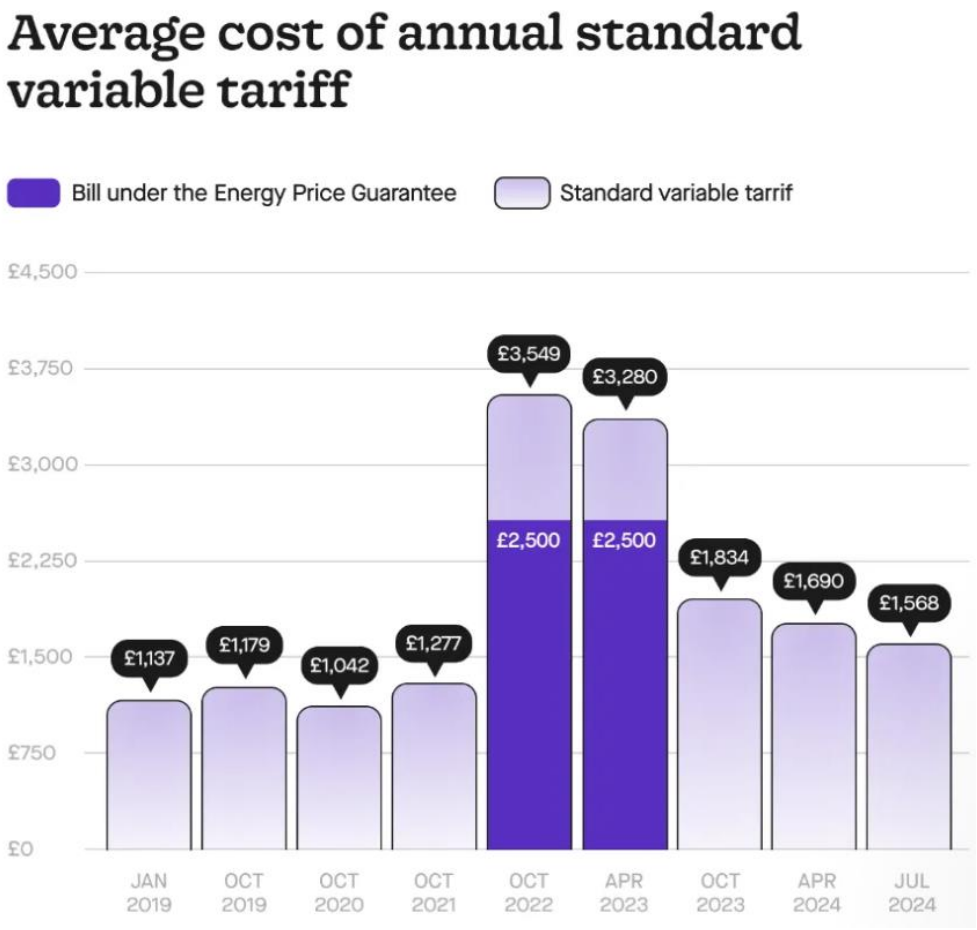
9.0 CLIMATE CHANGE IMPLICATIONS

9.1 The social supermarkets are supported via the household support fund to keep providing good quality fresh food. This will be offered alongside redistributed surplus retail food to reduce food waste in Halton while helping those in need.

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

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

Appendix 1: Price cap changes over time



REPORT TO: Health & Wellbeing Board

DATE: 9th October 2024

REPORTING OFFICER: Director Adult Social Services

PORTFOLIO: Adult Social Care

SUBJECT: Better Care Fund (BCF) Plan 2024/25 – Quarter 1 Update

WARD(S): Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 To update the Health and Wellbeing Board on the Quarter 1 (Q1) BCF Plan 2024/25 following its submission to the National BCF Team.

2.0 **RECOMMENDATION: That the Health and Wellbeing Board note the report and associated appendix.**

3.0 **SUPPORTING INFORMATION**

3.1 Following submission of the BCF Updated Plan for 2024/25 in June 2024[1], quarterly monitoring has been mandated from Q1 2024/25 onwards. Attached is a copy of the Q1 report which was submitted in line with the national requirements.

3.2 In line with national requirements, the Q1 report has purely focused on reporting on the spend and activity funded via the Discharge Funding allocated to the Local Authority and NHS Cheshire & Merseyside (Halton Place).

3.3 Schemes funded via the Discharge Funding are as follows: -

- Oakmeadow Intermediate Care Beds
- Reablement Service
- Halton Intermediate Care & Frailty Service (HICaFS)
- Halton Integrated Community Equipment Service (HICES)

It should be noted that the Discharge Funding allocated to Oakmeadow, Reablement and HICaFS form part of wider funding arrangements for these Services/Schemes, whilst HICES is fully funded from the Discharge Funding.

3.4 No issues in relation to spend or activity at the end of Q1 are currently being reported. Spend and activity will continue to be monitored via the Better Care Commissioning Advisory Group, as part of the joint working arrangements between the Local Authority

[1] Letter received from NHS England on 23rd August 2024, confirming approval of the Plan following the regional assurance process.

and NHS Cheshire & Merseyside (Halton Place).

4.0 POLICY IMPLICATIONS

4.1 None identified at this stage.

5.0 FINANCIAL IMPLICATIONS

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

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**
Developing integration further between Halton Borough Council and the NHS Cheshire & Merseyside will have a direct impact on improving the health of people living in Halton. The BCF Plan 2024/25 that has been developed is linked to the priorities identified for the borough by the Health and Wellbeing Board.

6.2 **Building a Strong, Sustainable Local Economy**
None identified.

6.3 **Supporting Children, Young People and Families**
None identified.

6.4 **Tackling Inequality and Helping Those Who Are Most In Need**
None identified.

6.5 **Working Towards a Greener Future**
None identified.

6.6 **Valuing and Appreciating Halton and Our Community**
None identified.

6.7 **Resilient and Reliable Organisation**
None identified.

7.0 RISK ANALYSIS

7.1 Management of risks associated with the BCF Plan and associated funding is through the governance structures outlined within the Joint Working Agreement.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified at this stage.

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 None identified at this stage.

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

10.1 None under the meaning of the Act.

Better Care Fund 2024-25 Quarter 1 Reporting Template

1. Guidance for Q1

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Ministry of Housing, Communities and Local Government (MHCLG), NHS England (NHSE), working with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). The addendum to the Policy Framework and Planning Requirements published in March
The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) To confirm actual income and expenditure against BCF plans, actual outputs against planned, and progress against
3) To identify areas of challenge and good practice to inform national conversations around support requirements
4) To enable the use of this information for national partners to inform future planning frameworks and for local areas to inform improvements

The information submitted within reports should be used by ICBs, local authorities, HWBs and service providers to understand and improve both planning processes and the integration of health, social care and housing.
Q1 reporting will only focus on the Discharge Fund.

Requirement
BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell
Pre-populated cells
Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in
The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require

Please **DO NOT** directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values'

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Templa

5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your
Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and spend from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. Spend and activity

The spend and activity worksheet will collect cumulative spend and outputs for Q1 for schemes against planned values and scheme types.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the 24-25 BCF plans.

You should complete the remaining fields ***(highlighted yellow)*** with incurred expenditure and actual numbers of outputs delivered in Q1.
- Actual expenditure to date in column J. Enter the amount of spend to date on the scheme.
- Outputs delivered to date in column L. If a unit is shown in colmn L for a scheme, enter the number of outputs delivered to date. For example, for a reablement and/or rehabilitation service, the number of packages commenced. If no unit is attached, enter NA.

For reporting of outputs, the collection only relates to scheme types that include outputs. These are shown below:

Scheme Type	**Units**
Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

3. Spend and activity (new schemes)

At the top of tab 3, in cell I3, there is a hyperlink leading you to the "add new schemes" section.

For any additional Discharge Fund schemes that have been introduced in Q1, please fill in the details of these schemes in the "add new schemes" section.

If no new schemes have been introduced since the 24-25 plan then this can be left blank.