



## **HEALTH AND WELLBEING SERVICE**

### **PARTNERSHIP AGREEMENT**

**1<sup>st</sup> July 2012 – 31<sup>st</sup> March 2013**

**DRAFT: 29.5.12**

THIS AGREEMENT is made on the 1<sup>st</sup> Day of April 2012 between the following partner organisations:

Halton Borough Council (HBC) whose principal office is at  
Municipal Building  
Kingsway  
Widnes  
Cheshire  
WA8 7QF

Bridgewater Community Healthcare NHS Trust whose principal office is at  
Headquarters  
Bevan House  
17 Beecham Court  
Smithy Brook Road  
Wigan  
WN3 6PR

Halton Clinical Commissioning Group  
Health Care Resource Centre  
Oaks Place  
Caldwell Road  
Widnes  
WA8 7GD

## **1. BACKGROUND**

- 1.1 The government has an ambitious program to improve public health through strengthening local action, supporting self-esteem and behavioural changes, promoting healthy choices and changing the environment to support healthier lives.
- 1.2 With effect from 1<sup>st</sup> July 2013, Local Authorities will have a new duty to promote the health of their population, supported by the local Health and Well-being Board to ensure a community-wide approach to promoting and protecting the public's health and well-being.
- 1.3 This Agreement is made by the above partners in order to review our current approach to the delivery of Health Improvement Services, with a view to developing an integrated Health and Wellbeing Service (HWBS), which will support the continued focus on Joint Working within Health and Wellbeing Services.

## **2. PURPOSE**

- 2.1 This agreement provides us with an opportunity to review our current approach to the delivery of Health Improvement Services delivered by both health and local authority providers and align systems and services to:-
  - Deliver a community-wide approach to health and well-being;
  - Develop holistic solutions to improve health and well-being outcomes and address health inequalities (across health, social care and public health) within Halton; and
  - Embrace the full range of local services e.g. health, housing, leisure, transport, employment and social care.
- 2.2 This agreement will help facilitate the development of an integrated HWBS, which will enable us to bring together a diverse range of experts and provide a focus for the development of new approaches and work on identified priorities.
- 2.3 The resulting HWBS will bring significant benefits in increasing efficiency, improving the patient experience, introducing a consistent approach and changing the culture to one of joint ownership and strong partnership working.
- 2.4 The above parties have agreed that the strategic/operational leadership for the HWBS will be exercised through this partnership agreement. Further details outlined in the attached Annexe.

## **3. COMMENCEMENT AND DURATION**

- 3.1 The provisions of this agreement will take effect from 1<sup>st</sup> July 2012 and will expire on the 31<sup>st</sup> March 2013.

## **4. REVIEW**

- 4.1 This Agreement shall be reviewed by the parties every 3 months and, subject to such review, shall continue until its end date.
- 4.2 Reviews will be undertaken by members of the HWBS Steering Board in close discussion with relevant staff. The Steering Board will make recommendations for change to the Health and Wellbeing (HWB) Board for consideration. Further details as to how the HWBS Steering Board operates can be found in the Annexe to this agreement.

## **5. TERMINATION**

- 5.1 This partnership agreement is closely aligned to the operational model of the HWBS and the withdrawal of any individual organisation from the agreement has the potential to de-stabilise the associated services so careful consideration is needed when considering potential termination.
- 5.2 Should the 3 month review indicate a strong case for the termination of the partnership agreement it will be necessary for the members of the HWBS Steering Board to provide the Chair of the HWBS Steering Board with details of the alternative arrangements and to provide assurances that the benefits expected from the alternative will exceed those expected from the HWBS. Details will then need to be considered by the HWB Board.

## **6. ARBITRATION**

- 6.1 Any disputes that that can not be resolved via the HWBS Steering Board will be escalated to the Dispute Resolution Board, which consists of:-
- Strategic Director – Communities – HBC;
  - Chief Executive – Bridgewater Community NHS Trust; and
  - Chair of Halton Clinical Commissioning Group.

## **7. FINANCE**

- 7.1 Funding of the HWBS is largely included in existing partner organisations' budgets. Should a necessity arise for an increase in funding or more staff resources to the HWBS, the HWBS Steering Board will need to look first at re-investment of efficiency savings already made and an open discussion across all partners of the potential to pool savings in order to meet additional HWBS costs or staffing requirements. Further details are included in the Annex to this agreement.

## **8. ROLE OF EACH EMPLOYING ORGANISATION**

- 8.1 The constituent provider partners will continue to employ the staff working within the HWBS and retain the responsibility for all decisions to amend or terminate the contracts of employees.
- 8.2 The lead officers in each organisation agree to act in accordance with the employee's terms and conditions of employment, including associated policies, procedures and practices.
- 8.3 Staff will remain on existing terms and conditions of employment and be unaffected by this agreement. Any changes to them will be subject to the agreement of each employing organisation in accordance with their normal consultation processes.
- 8.4 The recruitment to any vacancy will sit with the employing organisation. Once a vacancy arises, the respective partner organisation will manage the recruitment process and bear any associated costs unless mutually agreed otherwise.
- 8.5 The Lead Officers will act on behalf of the HWBS Steering Board throughout the recruitment and selection process.
- 8.6 The constituent provider partners will continue to co-ordinate team activity and service performance reports as necessary.
- 8.7 Each organisation will implement developments and operational changes as deemed necessary by the HWBS Steering Board.

**9. VARIATION**

- 9.1 The terms of this agreement may be varied by mutual agreement in writing and agreed by the HWBS Steering Board.
- 9.2 The Review process (see 4 above) might indicate a need to change the service capacity and/or skill mix; operational model; partnership governance arrangements; performance indicators and outcomes. Any potential change needs to be agreed by the HWBS Steering Board and depending on the nature of the change, agreement might require other approval procedures outside of this Agreement.

**10. SIGNED**

Signed ..... Date .....

Title .....

**Organisation: Halton Borough Council**

Signed ..... Date .....

Title .....

**Organisation: Bridgewater Community Healthcare NHS Trust**

Signed ..... Date .....

Title .....

**Organisation: Halton Clinical Commissioning Group**

**ANNEX TO PARTNERSHIP AGREEMENT****CONTENTS**

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## **Service Model**

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### **Introduction to Model and Implementation**

This section sets out the range of health improvement provision/services provided via the Health Improvement Team (HIT) based within Bridgewater Community Health Care Trust.

It also outlines early intervention and prevention services provided via the Local Authority (LA) and where there are opportunities to align/integrate services to develop a Health and Wellbeing Service which will :-

- Deliver a community wide approach to health and well being
- Develop holistic solutions to improve health and well-being outcomes and address health inequalities (across health, children and young people, social care and public health) within Halton
- Embrace the full range of local services e.g. health, housing, leisure, transport, employment, social care, education and children's services.

The alignment/integration will be undertaken on a two phased approach, as follows:-

*Phase 1* will focus on services specifically relating to:-

- Older People (with effect from July 2012)
- Community Wellbeing Model in General Practice (with effect from September 2012)
- Falls Prevention (with effect from September 2012)

*Phase 2* will focus on a review of Health and Wellbeing Services (inc. those provided via the HIT) and the development of such, for example around the early detection of cancer, weight management, smoking cessation etc. based on a 'Life Course' approach and the development of the Community Wellbeing Model. This will include a work stream specifically addressing the issues relating to children and young people.

**Note** – Work on Phase 2 will commence from September 2012 with a view to implementing a new model of working w.e.f. 1<sup>st</sup> April 2013

Other issues to be addressed within *Phase 2*, will include issues relating to:-

- Accommodation
- Marketing and Communication
- Training
- Information a& Clinical Governance/Risk Management
- Performance Management
- HR Implications

## **Phase 1 of Implementation**

### **1. Older People's Services**

#### **Services Provided by HIT**

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<b>Outcome</b>	<b>Reducing social isolation and prevention of accident from falls</b>
Description	<ul style="list-style-type: none"><li>• Client based service to improve health and self-management of long term conditions in the most disadvantaged areas in Halton.</li><li>• Recharge</li><li>• Men's Recharge</li><li>• Apex &amp; Apex follow</li><li>• Vulnerable adults activity (Community Based Activities)</li></ul>

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#### **Services Provided by LA**

A whole range of prevention and early intervention services are offered through the LA for older people. In terms of the alignment/integration with HIT, this will specifically focus on the services provided via Sure Start to Later Life (SS2LL) and Community Bridge Building.

*SS2LL* is an active information service offered by the council. While it provides information on a range of activities and services for older people it also provides home visits from Information Officers who support people to engage in community activities and look again at some of their interests and dreams. The philosophy of the service is that the earlier people engage in physical, mental and social activities the less likely and later that they will need acute services. This has financial benefits for acute services but, more importantly, it improves people's quality of life.

*Community Bridge Building* supports people with disabilities, older people and carers who are socially isolated. They also work with children with disabilities in transition to adulthood. They work in a person centred way to promote social inclusion; this enables people to participate and feel valued within their local community carrying out meaningful activities that promote self-esteem and well-being and therefore prevents social isolation.

#### **Model of Delivery (w.e.f 1.7.12)**

There has been a significant and growing emphasis, in recent national and local strategy reports, on the need to change the way adult social care services are delivered in response to the demographic challenge of an ageing population within an environment of reducing resources, and on the need for a whole system response built around personalised services with increased emphasis on prevention, early intervention and enablement.

There will be one single point of access into low level preventative/early intervention services and that will be through the LA's SS2LL Service.

Sure Start to Later Life supports Older People to review their options and make informed choices about their own futures, by helping them to find the right information, services and support, at the right time, in order for people to maintain or regain independence, good health and wellbeing within their own homes and local communities. Information Officers provide an assessment of people's lifestyle needs to enable older people to access community activities and engage with people in order to prevent social isolation. The service works closely and cohesively with mainstream services to identify barriers and opportunities that will ensure that all services are accessible for the people they support.

The service aims to respond flexibly and creatively, empowering individuals to achieve realistic goals to improve their quality of life. Information Officers do this by taking positive action through meaningful engagement and promoting social inclusion.



The team operates a flexible pattern of working. It is the aim of the service to be flexible to user needs and times of contact. The team operates on a span of duty that begins no earlier than 8.00am and ends no later than 9.00pm.

As part of the new model of delivery, HIT will begin the development of a process to support the early detection of Dementia and associated referral pathways (if appropriate), which will not only be utilised by staff across the HIT, but GP's and staff within the LA as well. The HIT will deliver the training, jointly with the voluntary sector, to ensure that staff/GPs have the appropriate skills to be able to use the associated process. This process will be available from September 2012.

The key change for service users will be the access route they take into service and therefore associated referral pathways into and out of the service are to be redesigned to ensure appropriate and effective access can be made into services such as falls prevention, community and voluntary based activities, recharge, shopping services, assessment and care management etc. The aim will be to support older people across the range of determinants that will impact on their health and wellbeing e.g. early detection of cancer, dementia, smoking, alcohol etc.

The lead officer for the development and delivery of this model is the Local Authority's Principal Manager for SS2LL.

## **2. Community Wellbeing Model in General Practice**

### **Model of Delivery (w.e.f 1.9.12)**

Work is currently taking place to recruit seven GP practices from the Halton Borough that would be interested in working as part of a multidisciplinary team to implement a range of health and wellbeing interventions that support individuals *and* communities to improve their health and wellbeing levels (known as Community Wellbeing Practices). These interventions will complement existing healthcare provision.

Areas of focus for the initiative will include:

- Integrating the GP Practice with the service provision of agencies that have a role to play in generating health and wellbeing - such as the voluntary and community sectors.
- Working collaboratively to ensure that holistic, integrated wellbeing interventions are available for the public and that clinicians are aware of what's on offer.
- Enhancing the practice environment to ensure that it communicates consistent, evidence based health and wellbeing messages to the public, and showcases the resources, skills and talents that exist in the community.
- Ensuring that every member of the practice team has the skills and knowledge to communicate simple wellbeing messages to the public, thereby ensuring that *every* interaction with the public counts.
- Creating opportunities to ensure that identified groups within the community have access to educational opportunities and resources that promote resilience and wellbeing.
- Working collaboratively with other agencies to better understand how we can deliver holistic wellbeing interventions that take into account the context of an individual's life. This will include working with other agencies to find ways to overcome the barriers that prevent individuals and communities from realising health and wellbeing.

As part of this initiative, Bridgewater's NHS Trust's Head of Marketing and Health Improvement will work to align services provided by the HIT in relation to emotional health and mental wellbeing (Adults) into the Community Wellbeing Model.

In addition to this as part of the model's development, services currently delivered via the Local Authority will also be aligned to the model e.g. the giving of advice, support and care for people whose mental health problems make it hard for them to cope in the community, or who have lost confidence in their day to day skills.

The lead officer for the development of the Community Wellbeing Practice model is the Operational Director of Integrated Commissioning, Halton and Warrington.

### **Falls Prevention**

The overall aim of the Falls Prevention Service is to prevent and reduce the number of falls along with associated injuries amongst older people in Halton.

The service offered at present is 'fragmented' and HIT, LA and other associated partners will review associated pathways to ensure that there is an effective and clear multi-agency approach to addressing the causes of falling and that the treatment and rehabilitation service in place is effective, thus ensuring that those who have fallen can continue to live healthy, safe lives with increased independence.

This review will commence in June 2012 with a view to implementation of the new model of delivery from September 2012.

The lead officer for the development of this model is the Local Authority's Operational Director (Prevention and Assessment) and Director of Public Health.

The development of the model will be undertaken in partnership with the HIT, Local Authority services such as Telecare, Warrington and Halton Hospitals NHS Foundation Trust, St Helens and Knowsley Teaching Hospitals NHS Trust (Whiston), CCG and Bridgewater Community Healthcare NHS Trust.

### **NOTE**

The implementation of Phase 1 will be overseen by the Health and Wellbeing Service Steering Board, who will provide guidance/advice to the appropriate Lead Officers regarding model development.

## **Phase 2 of Implementation**

Work will commence from September 2012 to review current Health and Wellbeing Services provided by the HIT, such as early detection of cancer, breastfeeding, weight management services etc. and services provided via other providers such as pharmacists, CAMHS, Midwives etc., with a view to providing universal services and also aligning these services with the development of locality health areas, multi-disciplinary teams and the Community Wellbeing Practices as well as concentrating on extending services for children and young people with further expansion of programmes in schools, children's centres and youth services.

*Note* - The development of locality health areas in Halton will be based on Area Forum footprints in which tailored activities, services and support will be developed to tackle health and wellbeing priorities specific to that area. The Health Areas will be one method used to deliver the Health & Wellbeing Strategy for Halton, adopting a Community Development led approach and working closely with Public Health/HIT.

The implementation of Health Areas will require input from a number of Council service areas and partners. This will require identifying where collaborative working can be further developed or reconfiguring existing services and/or resources where applicable.

Phase 2 of the review will consider Health & Wellbeing commissioning plans and how services can be reconfigured to meet identified need across the life course. This will include: extending training for service providers, rolling out successful pilots for children and young people, developing new programmes for children and young people, developing workplace health programmes, developing healthy communities

The model used will be:

- Tier 1: Prevention for the whole population to deter people from adopting unhealthy practices and becoming ill.
- Tier 2: Enabling people to improve their health by changing their behaviour from unhealthy to healthy. Training service providers so they are competent to work with people to help them change their behaviour.
- Tier 3: Detecting a health problem early and enabling people to have it treated and therefore prevent further deterioration in health.
- Tier 4: Working with people who have serious health conditions and treating it through specialist services to prevent further deterioration.

### **NOTE**

The implementation of Phase 2 will be overseen by the Health and Wellbeing Service Steering Board, who will provide guidance/advice to the appropriate Lead Officers regarding model development

## Governance and Management

Current operational management arrangements are provided separately across Bridgewater and HBC.

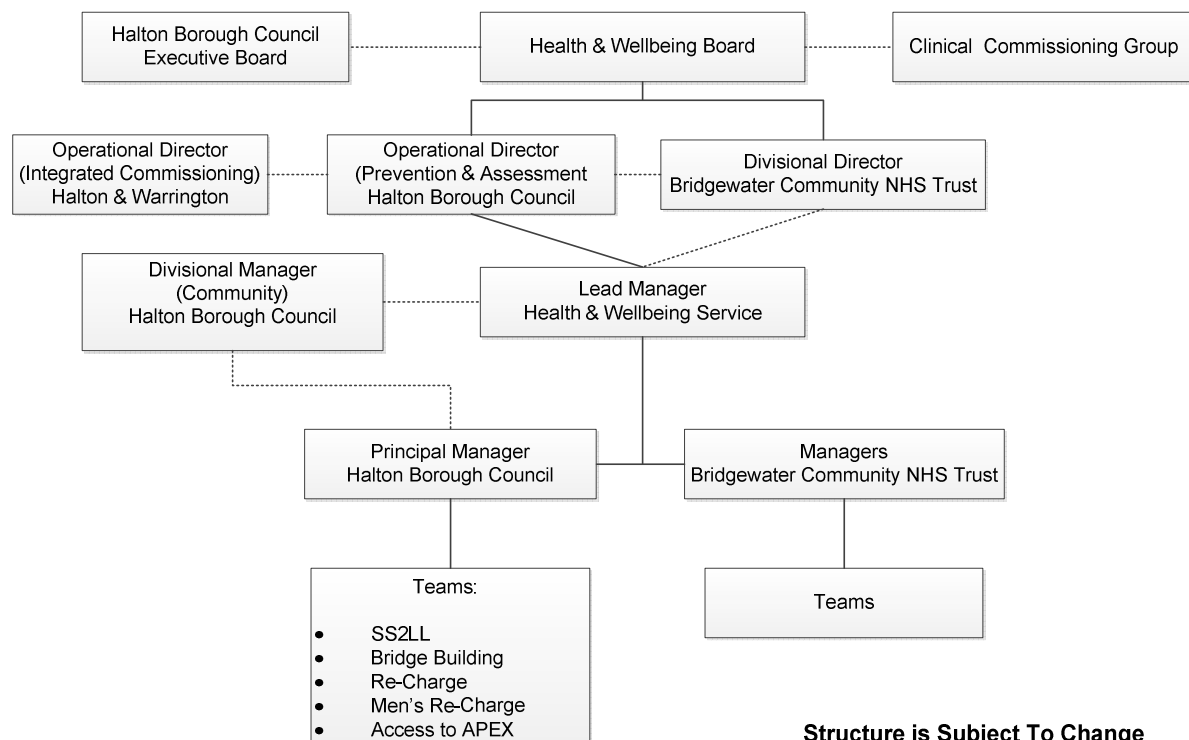
This agreement will provide a more integrated approach to service management by amalgamating these two roles for a 12 month period (1<sup>st</sup> April 2012 – 31<sup>st</sup> March 2013). During the 12 month period a full review of the overall management structures within the HWBS will be completed and recommendations made to the Executive Teams of HBC and Bridgewater.

All organisations are committed to developing effective partnership working in relation to the governance, management and delivery of the HWBS.

The management structure, outlined below, establishes a clear accountability with regards to the strategic/operational delivery of the HWB Service through the Partnership, whilst the day to day management of the Lead Manager (Health & Wellbeing Service) will be provided via Bridgewater. The structure also outlines the relationships that exist within the Partnership to other service areas such a Community Services within HBC.

As stated below the structure will be subject to change/further discussion due to the restructure currently taking place within Bridgewater Community Healthcare NHS Trust and the development of the Community Wellbeing Practice Model.

### Proposed Management Structure



## **Role of HWBS Steering Board**

### **Overall Aim**

To ensure that the HWBS provides an integrated whole system approach to health and wellbeing services which will support the delivery of improved health and wellbeing outcomes across health, social care and public health.

### **Key Responsibilities**

Act as a multi-agency partnership group of lead officers and key representatives, which takes strategic decisions aimed at:-

- Determining the strategic direction and policy of the Health and Well-being Service to improving quality, productivity and prevention.
- Promoting inter-agency cooperation, via appropriate partnership agreements/arrangements, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust
- Developing and sustaining a high level of commitment to the Health and Wellbeing Service.
- Exercising financial control over budgets associated with the running of the Service, ensuring financial probity.
- Driving forward the continued implementation of the HWBS by overseeing the work of the Service, monitoring performance, reviewing and evaluating the service and taking assertive action where performance is not satisfactory.
- Leading on the implementation of Halton's Early Intervention and Prevention Strategy.

### **Membership and Chair**

The Steering Board is chaired by the Operational Director (Prevention & Assessment) of Halton Borough Council and membership of the Board will consist of the following representatives:-

- Halton Borough Council
  - Operational Director (Prevention & Assessment)
  - Operational Director - Integrated Commissioning, Halton and Warrington
  - Director of Public Health
- Bridgewater Community Healthcare NHS Trust
  - Divisional Director
  - Head of Marketing and Health Improvement
- Halton Clinical Commissioning Group
  - Chief Operating Officer
- Voluntary Sector Representative
  - Chief Executive Officer - Halton & St Helens VCA
- (LINK/Healthwatch)
  - Manager – Halton LINK
- Councillor Representation
  - Executive Board Portfolio Holder for Health & Adults

## **Responsibilities of Members**

All members of the Steering Board are responsible for ensuring effective two-way communication between the Steering Board and the organisations which they represent.

Members of the Steering Board have collective responsibility and accountability for its decisions. Members should strive to make decisions that further the aims of the HWBS in improving the outcomes for local residents.

## **Meetings**

- **Frequency:**

The Steering Board will meet monthly and at other times as may be required.

- **Agendas and Minutes:**

Meeting dates will be agreed 12 months in advance.

An agenda and minutes of the previous meeting will be circulated 5 working days before each meeting, and papers relating to agenda items must be forwarded to the Chair at least 10 working days before the meeting for tabling.

All members to prepare for meetings by reading through agenda and papers and preparing written reports as appropriate.

### **Attendance/Substitutes:**

All members to endeavour to attend all meetings.

There will be a named alternate representative from each organisation, who will be kept informed about developments and will attend meetings in place of the main representative where necessary. Named alternates should be kept appropriately briefed and carry suitable authority to participate in the business of the meeting, including making decisions.

Where neither the member nor substitute member is able to attend, apologies to be sent to the Chair in advance of the meeting.

- **Administration responsibilities:**

Administrative support will be provided by HBC, including the minuting of meetings and the circulation of agendas and papers.

- **Decision making:**

3 members of the Steering Board will constitute a quorum. (1 from HBC; 1 from Bridgewater; 1 from Halton CCG) If less than 3 members attend, the meeting will be declared inquorate and abandoned.

Decisions will be reached by consensus. If this is not possible there will be a vote. The Chair will have the casting vote in the case of a tie.

The minutes of meetings will clearly record decisions made and responsibilities for undertaking agreed tasks.

## **Finance**

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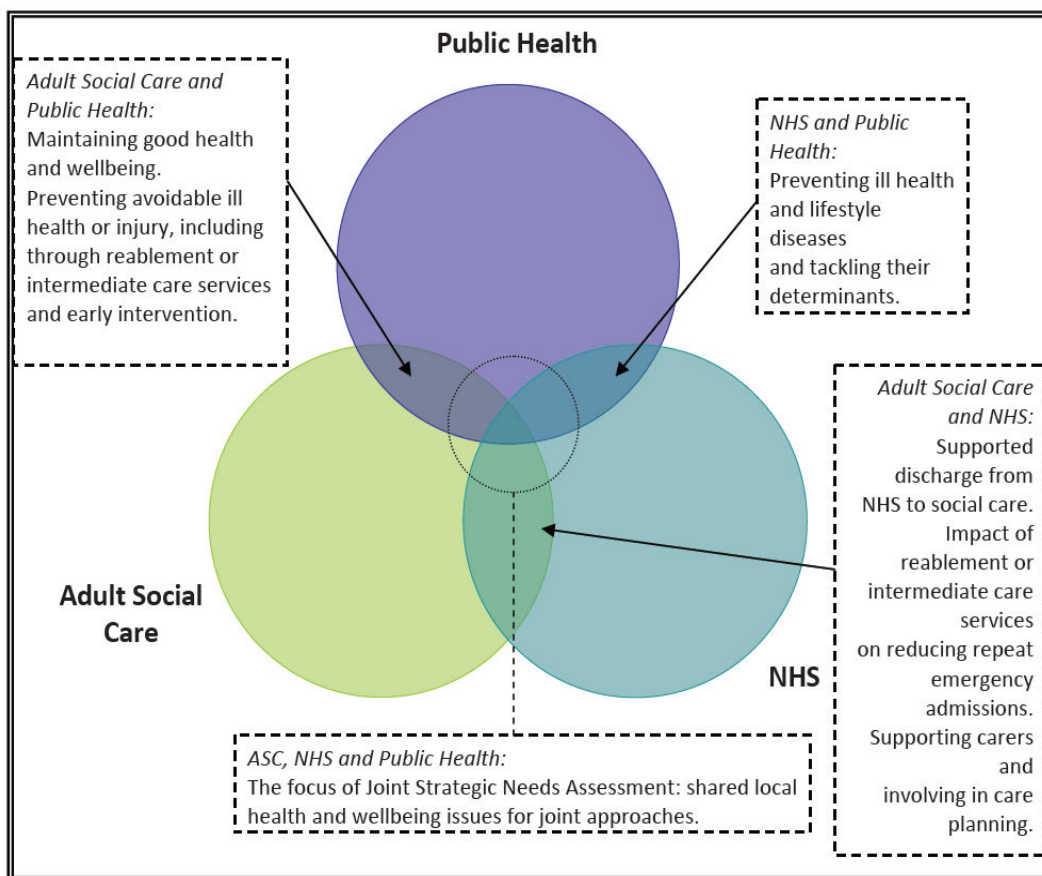
Work will take place during Phase 2 to review the finances available to support Health & Wellbeing Services with a view to developing a Pooled Budget to support the delivery of Health and Wellbeing Services across Halton.

## Performance Framework

### NHS, Public Health and Social Care Outcomes

A number of outcome framework domains have been developed by the NHS, Public Health and Adult Social Care.

The diagram below shows some key areas of overlap, where local services share an interest and where a whole-systems approach will be able to support better outcomes. By sharing the same or complementary measures between sectors, there is a strong incentive for local services to work together and measure their progress on the same basis. This approach assumes that the three Outcomes Frameworks will act as whole rather than three separate entities. The children and young people's framework is included in the Public Health Outcomes Framework and to a limited extent the NHS outcomes framework.



### Service Outcomes

The Performance Management Framework outlined below has been established to demonstrate the additional value of having an integrated/aligned service will be.

All current performance monitoring/measures will continue for HIT and the Local Authority; however work will commence during Phase 2 of implementation to review all associated performance indicators etc. to ensure it supports the service outcomes framework and provides improved outcomes for the population of Halton underpinned by the outcome framework domains outlined above.

In addition to the service outcomes, the partnership approach will offer additional outcomes. This integrated and fully engaged approach includes local communities and partners to ensure that the health promoting practitioner approach is endemic across the whole service e.g. creates a whole family approach from pre-conceptual care to older people. Service delivery will focus on the needs to the defined and strategic health priorities to reduce poor health that results from preventable causes.



Specific focus will involve providing integrated services to meet the needs of vulnerable people, people with long term conditions, high-risk groups such as the elderly, people who have had strokes or require chronic disease management e.g. diabetes, COPD, cancer – early detection programmes and rehabilitation programmes. Programmes will be required to target thus reducing prevalence in areas of high inequality and will include Stop Smoking, Alcohol, Tobacco, Weight Management, Mental Health, Children & Families but clearly this list is not exhaustive.

High level outcomes expected to be realised as a consequence of the integrated service are:

- Improved access to community services promoting prevention enablement, independence and well-being.
- Improved ability to deliver innovative services focussed on the communities we serve.
- Ability to reflect and deliver local requirements to meet service users needs with clarity in local accountability.
- Improved access to high quality training and development for staff.
- Improved efficiency and cost effectiveness.
- Increased functionality through integrated teams offering a wide range of flexible responses and skills.

### **Performance Management Framework**

<b>Outcome</b>	<b>Measure</b>	<b>Baseline 2011</b>
Improved access to community Health and Well-Being services promoting prevention enablement, independence and well-being.	Increased Number of people accessing services	HIT/SLL numbers of people accessing the service
Improved ability to deliver innovative Health and Well-Being services focussed on the communities we serve.	Case Study	Similar Case Study for 2011
Ability to reflect and deliver local requirements to meet service users needs with clarity in local accountability.	Increase in the use of community assets	Range of community assets used
Improved access to high quality training and development for staff.	Numbers of people accessing training Range of training available	Numbers of people accessing training Range of training available
Improved efficiency and cost effectiveness.	Unit Costs	Unit Costs
Increased functionality through integrated teams offering a wide range of flexible responses and skills.	Case Study	Case Study
Improving Population Health and tackling the wider determinants of Health.	Improved outcomes- current measures for Health and Well Being Service Users	Current measures for Health and Well Being Service Users
Healthy Life Expectancy and preventing mortality	Reduction in seasonal excess deaths	Seasonal Excess deaths
Enhancing the quality of life of the population who experience Health and Well-Being services	Case Study	Case Study
Prevention of ill health and supporting people to recover from episodes of ill health.	Service user outcomes (Individual)	Service user outcomes (Individual)
Ensuring people have a positive experience of services.	Questionnaire: Experiences of volunteers "Talk to us"	Questionnaire: Experiences of volunteers "Talk to us"
Safeguarding people from avoidable harm	Number of Safeguarding/SUI referrals from Health and Well-Being service	Number of Safeguarding SUI referrals from Health and Well-Being service

## **Local and National Policy Drivers**

### **Local Drivers include:**

- Early Intervention and Prevention Strategy for Halton 2010
- Joint Strategic Health and Well-being Strategy for Halton 2012 (in development)
- Halton's Sustainable Community Strategy 2011 - 2026
- Halton Children & Young People's Plan 2011-14
- Joint Strategic Needs Assessment (Health & Wellbeing)
- Telecare Strategy for Halton 2010 – 2015
- Local Commissioning Strategies

### **National Drivers include:**

- Public Health White Paper: Healthy Lives, Healthy People, 2011
- Transparency in Outcomes : A Framework for Quality in Adult Social Care, 2011
- NHS Outcomes Framework 2011/12, 2010
- Improving Outcomes and Supporting Transparency (Public Health), 2012
- Healthy Weight Programmes: Healthy Lives, Healthy People : National Action Plan on Obesity, (Dept. of Health, 2011)
- Physical Activity Programmes: Let's Get Moving: A New Physical Activity Care Pathway for the NHS: (Dept. of Health, 2009)
- Tobacco Control Programmes: A Smoke free Future: A Comprehensive Tobacco Control Strategy for England: (Dept. of Health, 2010)
- Healthy Lives, Healthy People: A Tobacco Control Plan for England 2011: (Dept. of Health, 2011)
- Healthy Schools Programme: National Healthy Schools Status: (Dept. of Health, 2005)
- Health Trainers: Improving Health, Changing Behaviour: Health Trainer Handbook: (Dept. of Health, 2008)
- Healthy Early Years: Healthy Child Programme: Pregnancy and the First 5 years of life: (Dept. of Health, 2009)
- Alcohol: Safe, Sensible, Social: The Next Steps in the National Alcohol Strategy: (Dept. of Health, 2007)
- CVD: The Coronary Heart Disease National Service Framework: Building on Excellence Maintaining Progress – 2008
- Cancer: Cancer Reform Strategy: Achieving Local Implementation: (Dept. of Health, 2009)
- Mental Health: Mental Health Policy Implementation Guide: (Dept. of Health, 2007)
- Learning Disabilities: Valuing People Now: A new three-year strategy for people with learning disabilities: (Dept. of Health, 2009)
- National Centre for Social Marketing: A powerful and adaptable approach for achieving and sustaining positive behaviour: (NSM, 2009)
- Working Together
- Every Child Matters, 2009
- National Support Team Reports: Sexual Health, Tobacco, Teenage Pregnancy & Sexual Health, Health Inequalities