Halton Health and Wellbeing Strategy 2012- 2015

Foreword- Cllr Rob Polhill

Welcome to Halton's new Health and Wellbeing Strategy.

Here in Halton we already have a good track record of partnership working on health and wellbeing issues. Since 2001, the Halton Health Partnership has successfully driven improvements for local people. This new strategy shows how we intend to build on this success and make further improvements.

As a result of the Health and Social Care Act 2012, each local area is obliged to set up a new Health and Wellbeing Board from April 2013. The Board is accountable to local people. Halton's Health and Wellbeing Board has been operating in Shadow form since December 2011 and includes a wide range of members. It has been meeting on a monthly basis to discuss shared priorities and action to improve health and wellbeing in the borough. The Board engages with local people outside of Board meetings.

One of the key responsibilities of the Health and Wellbeing Board is to develop a Health and Wellbeing Strategy to meet the needs of the local population. Our Strategy sets out the vision for Health and Wellbeing in Halton. It is the overarching document for the Health and Wellbeing Board and outlines the current key priorities the Board would like to focus on.

We believe that success in delivering against the strategy can only be achieved by working in partnership with local people. Therefore, in developing the strategy we have consulted with a wide range of Halton residents to ensure that the principles and priorities are reflective of the experience and needs of our local communities. We are also committed to ensuring that this consultation is on-going and we will continue to listen to the views of local people in developing and shaping our action plans.

We also aim to deliver the strategy in partnership with the local community by developing seven Health and Wellbeing Areas, based on the existing Area Forum boundaries. This is in recognition of the different needs that exist across our communities and wherever possible we will be looking to tailor services to meet that need.

As this Strategy demonstrates, improving health and wellbeing will require a collaborative approach and will need to harness the efforts, talents and resources of local people, partners and organisations across the borough.

This Health and Wellbeing Strategy marks a new era for Health and Wellbeing in Halton and sets out the steps we will need to take to bring about real improvements that will change lives for the better.

I look forward to working alongside you all in making it a reality.

Cllr Rob Polhill, Chair, Halton Shadow Health and Wellbeing Board

Executive Summary

The Joint Health and Wellbeing Strategy has been developed by Halton's Shadow Health and Wellbeing Board. It is an overarching Strategy that all other strategies and plans relating to health and wellbeing sit under. It explains what health and wellbeing priorities Halton's Shadow Health and Wellbeing Board has set to tackle the needs identified in the Joint Strategic Needs Assessment.

Informed by our Joint Strategic Needs Assessment (JSNA) and in consultation with local residents, strategic partners and other stakeholders, we have identified five key priorities to help us to achieve our vision. The five priorities for action are as follows:

- **Prevention and early detection of cancer**
- **Improved child development**
- **Reduction in the number of falls in adults**
- **Reduction in the harm from alcohol**
- **Prevention and early detection of mental health conditions**

The Joint Health and Wellbeing Strategy sets the framework for the commissioning of health and wellbeing services in Halton with a particular emphasis on prevention and early intervention. It does not replace existing strategies, commissioning plans and programmes, but influences them. For example, NHS Halton Clinical Commissioning Group (CCG) will adopt the Strategy as a key document that will shape their commissioning plans In order to make progress against identified priorities.

Integration is key to our strategic approach with all partners working together to deliver: joint commissioning, culture change through community development, training for all staff in how to deliver health messages so every contact counts, development of multi-disciplinary teams and joint advocacy and policy work.

A set of Action Plans will be developed to meet the key priorities. Ultimate responsibility for the monitoring of the implementation of the Strategy and Action Plans against set outcomes and key performance indicators lies with the Health and Wellbeing Board who are accountable to the public.

The Health and Wellbeing Board will also utilise the Health and Wellbeing Areas, based on the existing Area Forum boundaries, to deliver its vision at a community level. The aim of Health and Wellbeing Areas is to work alongside local communities to identify issues specific to that particular area and wherever possible, tailor services to meet the needs of that community. This approach is complemented by the development of the Well Being Practice model by NHS Halton Clinical Commissioning Group and their commissioning intentions to focus provision around local communities.

Vision for Health and Wellbeing in Halton

To improve the health and wellbeing of Halton people so they live longer, healthier and happier lives.

Introduction

Why do we need this strategy?

This new Health and Wellbeing Strategy prioritises the key health and wellbeing needs across Halton, builds on existing best practice and provides a co-ordinated approach to addressing shared priorities.

Why is it important?

- Local Authorities and Clinical Commissioning Groups have an equal and joint duty to prepare a Joint Health and Wellbeing Strategy, through the Health and Wellbeing Board.
- This Joint Health and Wellbeing Strategy is based on evidence of need in Halton as shown by the Joint Strategic Needs Assessment (JSNA)
- It has included extensive consultation with local people including children and young people.
- It is a public commitment to health and wellbeing
- It builds on and consolidates all work already in progress.

2. Principles

The Strategy brings together an analysis of health and wellbeing needs in Halton and identifies key priorities that the Health and Wellbeing Board and other partners will need to focus upon collectively in order to have the greatest impact. The priorities identified are particularly focussed around prevention and early intervention

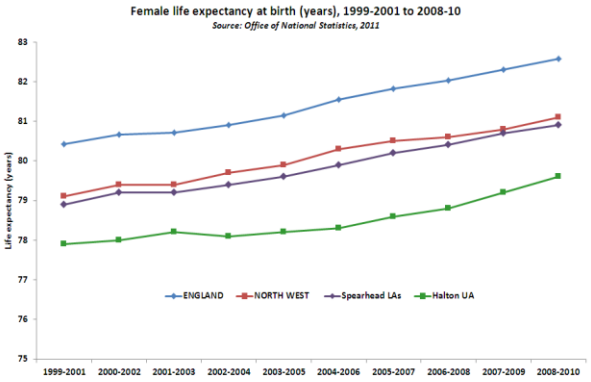
It sets out the framework for the commissioning of health and wellbeing services in Halton. It does not replace existing commissioning plans, but instead will ensure that these are influenced by the principles and priorities set out in the strategy.

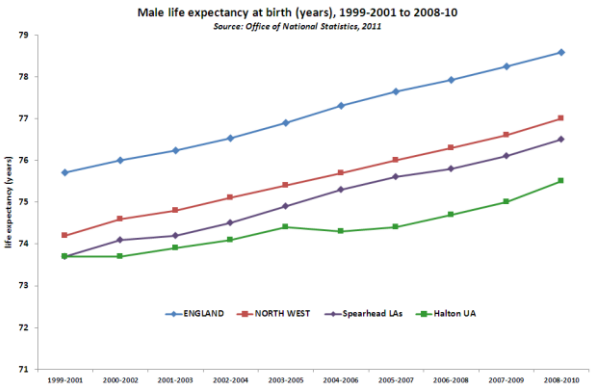
Integration is key to our strategic approach with all partners working together to deliver: joint commissioning, culture change through community development, training for all staff in how to deliver health messages so every contact counts, development of multi-disciplinary teams and joint advocacy and policy work

3. A picture of health and wellbeing in Halton

Halton's population has increased over the last 10 years. The 2001 Census estimated the population to be 118,200. The2011 Census estimated it at 125,800, an increase of 7,600 residents. This increase has not occurred evenly across all age groups. The most significant increases have been in the 0-4, 45-64 and 75+ age groups whilst the 5-14 age group has decreased.

Health has been improving in Halton over the last decade. Overall death rates have fallen, mostly because of falling death rates from heart disease and cancers. This means that people in Halton are living an average of around two years longer than they were a decade ago. However, they are still not living as long as the national average.





A number of factors have contributed to this. In particular the fall in the number of adults who smoke, as well as how quickly people are diagnosed with health problems, together with improvements in the treatments available. Some of the main improvements and challenges are summarised below.

Improvements:

- Life expectancy has consistently risen for both males and females over time.
- Deaths from heart disease and cancers have fallen.
- The number of adults who smoke has fallen.
- There has been an improvement in the diagnosis and management of common health conditions such as heart disease and diabetes.
- Detection and treatment of cancers has improved.
- The percentage of children and older people having their vaccinations and immunisations has improved.
- The number of adults and children killed and seriously injured in road traffic accidents has reduced.

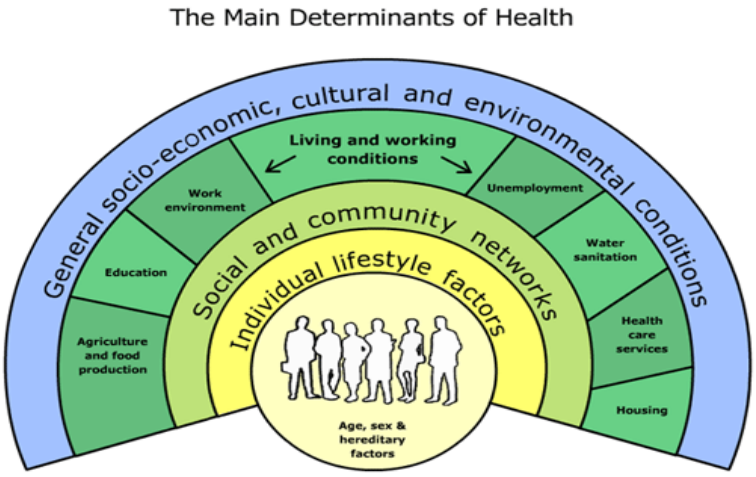
- The percentage of children participating in at least three hours of sport/ physical activity is above the national average.

Despite these improvements, the borough still faces a range of tough challenges.

Challenges:

- There are significant differences (inequalities) in how long people live (life expectancy) across the borough.
- People in Halton are living a greater proportion of their lives with an illness or health problem that limits their daily activities than in the country as a whole.
- The proportion of women who die from cancer is higher in Halton than anywhere else in the country. A lot of this is due to lung cancer caused by smoking.
- Significant numbers of people suffer mental health problems such as depression. 1 in 4 people will develop depression during their life. Mental health problems account for the single largest cause of ill health and disability in the borough.
- As Halton's population ages it is predicted that there will be more people with diabetes. This is also linked to being obese.
- The ageing population will mean more people living with dementia.
- The rates of hospital admissions due to falls are higher in Halton than for England and the North West. Rates are especially high for those over the age of 65. For falls in this age group that result in a recorded injury Halton's rates were the highest in England for 2010-11.
- Due to previous high levels of smoking, it is also predicted that more people will develop bronchitis & emphysema.
- Alcohol and substance misuse continue to create challenges for both the health service and wider society, in particular crime / community safety. Admissions to hospital due to alcohol related conditions continue to rise each year.
- Hospital admissions due to alcohol for those under the age of 18 are amongst the highest in the country (2007-2010 figures). Admissions due to substance misuse (age 15-24 years) were the highest in England (2008-2011 figures).
- Teenage pregnancy rates remain high and have been resistant to change, despite the effort local partnerships have put in. Having a child before the age of 18 can negatively affect the life chances and health of both the parent and the child.
- A range of child health indicators remain poor. Child obesity levels at both reception and year 5 remain above the national average. A greater percentage of women continue to smoke during pregnancy and fewer women start breast feeding than the national rates.

- Halton has high levels of people admitted to hospital as an emergency case compared to the country as a whole and many other boroughs. The poorer parts of the borough have higher emergency admission rates than those that are not as poor.



Good access to high quality health services and leading healthy lifestyles (like not smoking, eating sensibly and not drinking too much alcohol) are important. In addition to these, there are a wide range of other issues that affect our health. Known as wider or social determinants of health, they include the conditions of daily life such as housing and the environment, levels of unemployment, educational attainment and the strengths of our social networks.

In Halton

- Nearly three-quarters of respondents in the recent Residents' Survey were satisfied with their local area and most were also happy with how Halton Borough Council runs things.

- Ratings for both Children's and Adult Social Care Services are high. The 2011 Ofsted and Care Quality Commission Inspection of Safeguarding and Looked After Children Services in Halton graded Halton as 'Outstanding' or 'Good' against all 22 criteria, one of the best Inspection reports received anywhere nationally. In 2010, the Care Quality Commission rated Halton's Adult Services as 'Excellent' – one of only three areas nationally to receive this rating.

- There has been improved access to good quality green spaces. All Halton's parks have green flags, a national mark of excellence. All park play areas are smoke-free. This has had high level support from the council, the NHS and local people.

- The percentage of children achieving a good level of development at age 5 was the lowest in England for 2010.
- Unemployment levels are high, especially youth unemployment.
- The proportion of young people obtaining 5 or more grade A*-C GSCEs was 86.6% in 2011. This continues the upward trend that has seen rates rise by 34% since 2005/06 and is well above national and regional averages. Including English and Maths, the figure was 56.3%, a rise of 23% since 2005/06.
- Households experiencing fuel poverty, i.e. having to spend over 10% of their income on heating their homes, have nearly doubled since 2006.

Some members of society are particularly vulnerable to experiencing poor health. Some examples include:

- In Halton, as the number of older people rises, the numbers developing dementia is forecast to rise.
- Those with physical, sensory, or learning disabilities often have poor overall health experience and life opportunities.
- The number of children and adults with learning disabilities is projected to increase over time. This is partly due to better healthcare leading to patients living longer with more complex health needs. The type of care needed is also likely to change over time with more flexible care being required.
- Children who have been in Care tend to have worse states of mental wellbeing and lower educational attainment than children who have not been in Care
- For children and older people alike, accidental injuries are a major cause of emergency admissions to hospital.

4. Priorities and Targets for delivery

What are our priorities for action?

The priorities identified for action by the Health and Wellbeing Board are as follows:

- Prevention and early detection of cancer
- Improved Child Development
- Reduction in the number of fall in adults.
- Reduction in the harm from alcohol
- Prevention and early detection of mental health conditions.

How did we decide on these priorities?

The key themes and priorities to improving health and wellbeing in Halton have been identified using evidence from the Joint Strategic Needs Assessment (JSNA - a detailed assessment of all health and wellbeing needs in Halton). This assessment provided us with a long list of potential priorities to choose from.

Whilst the JSNA provides us with evidence to help us to determine priorities we also know that the skills and experience of local communities are a crucial part of painting a fuller picture of local need. Therefore, in developing our strategy and deciding on our priorities we have consulted with key partners, local people, including children and young people and community groups, to gain their views on the key health and wellbeing priorities for Halton.

We have also taken into account the recent Outcomes Frameworks for Public Health, the NHS, Adult Social Care and the emerging Children and Families. This ensures that it is in line with national as well as local priorities.

All of this information has played an important role in determining our local priorities. Following collation of this information the Board used a Prioritisation Tool to enable them to score the emerging priorities and make evidence based decisions about the priorities they would need to focus upon. A copy of the Prioritisation Tool is available in the Appendices section of the Strategy. It scores the priority against a range of factors including strategic fit, health inequalities, strength of evidence, value for money, clinical benefit and number of people benefitting.

Progress against priorities will be reviewed on an annual basis and further on-going analysis via the JSNA will be used to determine whether these initial priorities are still relevant and continue to reflect need.

5. Turning our priorities into action

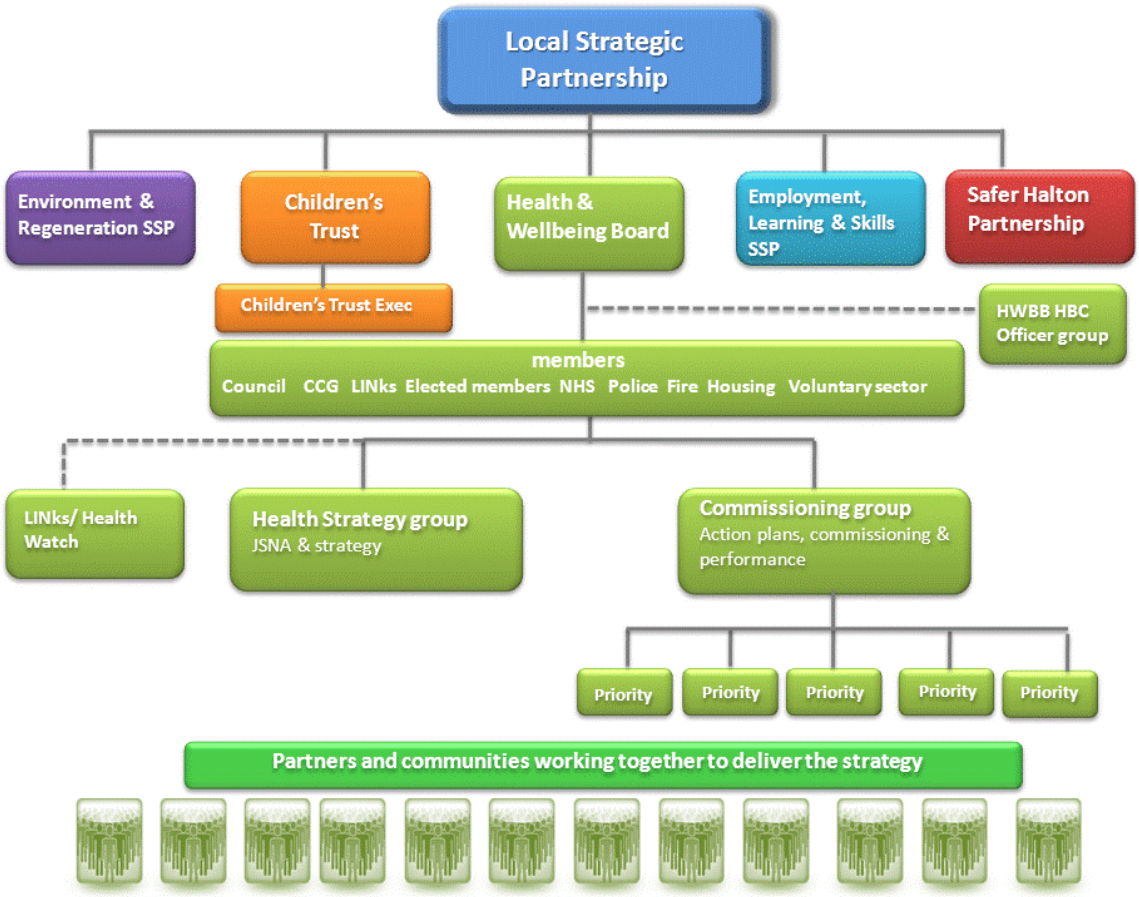
In order to tackle our priorities a series of interventions will be needed. These may be services for individuals or communities to use, they may be structural such as improving access to green spaces and local facilities, they may be educational and informative, or they may be about lobbying for change. An example of this was when local people got involved in letting the Government know how they felt about the plans for a ban on smoking in public places.

A set of co-ordinated interventions will be needed for each priority. These will be outlined in a multi-agency Action Plan. All plans will be underpinned by a set of core principles:

1. Have an **emphasis on prevention and early detection/intervention**
2. Maintain quality, cost and resource effectiveness
3. Ensure equity of access, providing appropriate levels of support to meet needs.
4. Be evidence based, e.g. NICE guidance, Marmot Review, and meet quality standards
5. Promote community engagement, using and building local assets and listening to local people
6. Take account of national policy as well as joining up co-dependent local strategies and commissioning plans to avoid duplication. Many behaviours and wider determinants are co-dependent, complement and overlap other strategies.
7. Use the JSNA and other local intelligence (data, surveys, impact assessments and performance) and customer feedback
8. Balance between borough level action and targeting within key settings and the Health & Wellbeing Areas
9. Consider action at all stages of life as appropriate
10. Be innovative where evidence of effective interventions is limited, making sure evaluation is built in from the beginning and outcomes are monitored.

Who will be responsible for making sure it happens?

Ultimate responsibility for the implementation of the Strategy will lie with the Health and Wellbeing Board. However, it will need to employ the expertise of the Health and Wellbeing Board Sub Groups and the wider partnership to ensure this happens.



The Board will establish Task and Finish Groups that will be responsible for developing action plans for each one of the priority areas. These groups will feed into the Commissioning Sub Group who will, in turn, co-ordinate commissioning activity to address identified needs.

The Action Plans will detail what will be delivered, by whom, by when and what outcomes can be expected. Where there are already strategies and commissioning plans in place, these will be reviewed and updated as necessary. Once they are agreed by the Health and Wellbeing Board, the Commissioning Sub Group will be responsible for ensuring the plan is delivered and provide progress reports to the Board.

The successful implementation of the Strategy may mean staff working in new ways. All partners will need to ensure the local workforce is trained and enabled to do this. Action plans will need to reflect staff training and development requirements. The Health and

Wellbeing Board will need to form links to the staff development and training functions in both commissioning and provider member agencies to support this.

The Board also recognises that the success of the Strategy will depend upon partnership working in its broadest sense, if we are to achieve the best possible outcomes for everyone who lives or works in Halton. Local residents, statutory, voluntary, community and commercial organisations all have an important role to play in the delivery of the health and wellbeing agenda. This is even more imperative given the challenges brought about by the current economic climate.

Health and Wellbeing Areas

The Health and Wellbeing Board in partnership with Halton Borough Council has developed the concept of Health and Wellbeing Areas based on the existing seven Area Forum boundaries. This is in recognition of the fact that, whilst there are common issues across the borough, there are different needs across communities and one approach does not necessarily meet the needs of all.

The aim of the Health and Wellbeing areas therefore is to work alongside local communities to address specific issues and wherever possible, tailor services to meet the needs of that particular community. This approach will move away from the traditional approach of delivering health and wellbeing services and instead will focus upon a grass roots Community Development approach.

Wellbeing Practices

This approach is complemented by the development of the Well Being Practice model by NHS Halton CCG and their commissioning intentions to focus provision around local communities. GP Practices working as part of the Health and Wellbeing Practice approach will seek to deliver a culture change by enabling their patients to improve their health by accessing local services and facilities, using self-help tools, accessing training and participating in the local community.

6. How will we know if we have been successful?

The Overarching Outcome for the Strategy is ***to improve the health and wellbeing of Halton people so they live longer, healthier and happier lives.***

It is important to make sure that real health and wellbeing improvements are delivered through the implementation of this strategy. The best way to achieve this is to use recognised measures to monitor the benefits arising from agreed priority actions.

An 'Outcomes Framework' provides a template of how measures can be used to monitor different priority areas. There are currently a number of recognised outcomes frameworks covering the NHS, Adult Social Care and Public Health. We will use these to inform our overall outcome measures and our performance indicators. As we achieve our desired outcomes we will review our priorities and change them if appropriate.

It is also important that the quality of what we are delivering is monitored to make sure people have a positive experience. Ongoing customer feedback as well as activities such as local surveys and focus groups will be used to monitor current services and see where any improvements need to be made. The discussions that have taken place during the development of this framework should continue throughout the lifetime of the Strategy and to help in the development of the next JSNA and Strategy.

7. Documents used in the production of the strategy

Halton Joint Strategic Needs Assessment (JSNA):

http://www.haltonandsthelenspct.nhs.uk/pages/YourHealth.aspx?iPageId=12569

Health and Wellbeing Consultation report

NHS Outcomes Framework:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131700

Public Health Outcomes Framework: Healthy lives, healthy people: Improving outcomes and supporting transparency:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

Adult Social Care Outcomes Framework:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133334

JSNAs and joint health and wellbeing strategies – draft guidance

http://healthandcare.dh.gov.uk/files/2012/01/JSNAs-and-joint-health-and-wellbeing-strategies-draft-strats.pdf

8. Supporting Plans and Strategies

Tobacco Control Strategy and Action Plan 2012/13

Alcohol 12 Point Plan

Healthy Weight Strategy 2012

Sports Strategy 2012-2015

Cancer Action Plan

Halton and St. Helens Dental Commissioning Strategy 2011

Delivery of Diabetes Services within Halton and St. Helens PCT 2008-2013

Child & Family Poverty Strategy and Development Plan

CCG Plan on a Page

Halton's Sustainable Community Strategy 2011-2026

Children & Young People's Plan

Local Development Framework

Halton Borough Council's Major Emergency Plan

Halton and St Helens PCT Major Incident Plan

Cheshire & Merseyside Joint Outbreak Control Plan 2011-12

Appendix 1

HALTON HEALTH AND WELLBEING PRIORITISATION TOOL

FACTOR	RANKING OF FACTORS	VERY LOW 1	LOW 2	MID SCALE 3	HIGH 4	TOP 5	SCORE SCALE X RANKING
Strategic Fit: **National requirement or NHS Target** as defined in the current Outcomes Framework, CQC Indicators or meeting local needs as defined by the JSNA	**High**	Not a national requirement or NHS target and not in JSNA	Addresses one target or national requirement but low or no priority in JSNA	Addresses two targets or national requirements or priority in JSNA	Addresses three targets or national requirements or high JSNA priority	Addresses four or more targets or national requirements or very high priority in JSNA	
Health Inequalities: Addressing health inequality or health inequity – i.e. where patients have not had service in the past or have had unequal access or quality of service	**High**	Does not address an inequality or inequity	Partially addresses an inequality for a very small number of people	Partially addresses an inequality on inequity	Has the potential to make a significant impact on inequalities	Completely addresses an inequality or inequity for a specific group	
Strength of Evidence: How strong is the evidence available for this service in terms of demonstrating a better outcome?	**High**	No evidence of benefit	There is a limited amount of emerging evidence/small scale or observational study	There is some evidence that the intervention works from at least one controlled study	There is evidence of effectiveness from at least one randomised control trial	There is strong evidence of effectiveness from meta-analysis or randomised control trials	
Value for money	**High**	No VFM calculations available	More expensive than current service but innovative or new way of working	About the same as current service but will be investing to save	Better than current and clear evidence for making medium and longer term but supported by programme budgeting intelligence	Clear cost benefit ratio and/or good programme budgeting intelligence to support investment	
Magnitude of clinical Benefit: What is the scale of the benefit	**High**	Negligible improvement in	A small improvement in	Moderate improvements in	Significant improvements in	Large and proven improvements in	

in terms of Quality of Life improvements, cure, etc		health or life expectancy	health or life expectancy	health or life expectancy	health or life expectancy	health or life expectancy	
Number of people benefiting: How many people are likely to benefit/how many people are affected?	**High**	One person in the borough would benefit	2-99 people would benefit	100-999 people would benefit	1000-4999 people could benefit	Over 5000 people could benefit	
Public acceptability	**Medium**	There is demonstrable evidence that public are likely to find it highly unacceptable	There is evidence that public would find it somewhat unacceptable	There is evidence that public would have no preference on acceptability	There is demonstrable evidence public find it acceptable	There is demonstrable evidence that public would find it highly acceptable and desirable	
Risk of not investing	**Medium**	No risk	Some risk	Risk is fairly high	Risk is high and will affect viability or reputation	Risk is very high as organisation has binding commitment	

Appendix 2

The Story Behind the Priorities

This section details the reasons why our priorities were chosen and how they link to the national outcomes frameworks:

KEY:
PHOF: Public Health Outcomes Framework
ASCOF: Adult Social Care Outcomes Framework
NHSOF: NHS Outcomes Framework
Local: local indicator identified in the JSNA
Some indicators in the national outcomes frameworks are not currently collected. Technical specifications for the indicator and ways of collecting the information locally are currently under review. These are known as Placeholder indicators and are included in this section in *italics*.

The national indicators may be built on, taking account of locally agreed commissioning plans and levels of need.

Health & Wellbeing Priority – Mental Health

What is the issue?

- One in four people attending GP surgeries seek advice on mental health.
- Deaths from suicides & undetermined injuries were ***31*** (2008-10) ***Rate 8.2*** (England 7.2, NW 9.07 per 100,000 population)
- The number of people suffering from depression is ***11,924*** (11.94% GP pop aged 18+). Prevalence compared to regional and national
- Dementia: there is an estimated ***1082*** *people aged 65+ compared to* ***634*** *people on GP* register (2010-11) with a diagnosis of dementia
- The rate of hospital admissions due to self- harm for under 18s is high
- The mental wellbeing of Children who have been in Care tends to be worse than children who have not been in Care

Why did we choose it as a priority?

- Highest single cause of ill health in the borough
- Impact it has on a person's ability to lead a full and rewarding life
- High priority identified during public consultation
- Amenable to change through a range of evidence-based interventions to promote mental and emotional wellbeing

- Current economic climate and welfare reforms likely to increase levels of people suffering from mental distress
- Strategic fit with all three national outcomes frameworks

What are we currently doing?

The Primary Care Mental Health Strategy 2009-2012 will require reviewing and refreshing during 2012 but actions from this strategy have already achieved the implementation of a Single Point of Access to adult mental health services and the development of Improving Access to Psychological Therapies (IAPT) services.

A draft strategy for Managing Common Mental Health Problems was presented to the Partnership Boards in July 2011, with actions to ensure people with common mental health problems are diagnosed as early as possible and provided with treatments within primary care whenever appropriate. This means increasing the knowledge and skills within primary care to diagnose depression and having local services that offer people a choice in their treatment.

The national mental health strategy 2011 "No Health without Mental Health" takes a life course approach and prioritises action to increase early detection and treatment of mental health problems at all ages, as well as robust and comprehensive services for people with severe and enduring mental health problems. The strategy promotes independence and choice for people and recognises that good mental wellbeing brings much wider social and economic benefit for the population. All service delivery should be of high quality with a focus on supporting people to self-manage their condition, optimise recovery for the service user and support for carers.

The redesign of services within 5 Boroughs of the Acute Care Pathway and the Later Life & Memory services aims to facilitate faster access to assessment/treatment and to provide care to people as close to home as possible via home treatment and robust community services.

Outcomes: what would success look like?

1. **Improved social and emotional health of the population**
2. **Increased early detection of depression, leading to Improvement in mental wellbeing for people with depression and their families.**

There would be a high level of self-reported wellbeing, with people having happy and fulfilling lives, being able to contribute economically and socially to their own networks and the community as a whole. Those who do experience mental ill health would not feel any stigma attached to the condition and be able to easily and quickly access appropriate levels of professional support to help them recover. Those who do and have experienced mental illness would be able to contribute fully to the community, have good levels of employment in fulfilling jobs. Hospital admissions and deaths due to mental ill health and emotional

distress would be much rarer than they are now. People would live in healthy homes and communities that do not result in them experiencing mental ill health. People with dementia would have good levels of support.

Indicators of success

- Support for women experiencing post natal depression (local)
- Reduced hospital admissions due to self-harm under 18 (PHOF)
- Early detection of depression (local)
- Support people with Dementia, improving quality of local service provision (local)
- Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness (PHOF & NHSOF)
- Improve access to services, training and employment opportunities for those with disabilities and mental illness (PHOF)
- People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation (ASCOF)
    - Proportion of adults with learning disabilities in paid employment
    - Proportion of adults in contact with secondary mental health services in paid employment
    - Proportion of adults with learning disabilities who live in their own home or with their family
    - Proportion of adults in contact with secondary mental health services living independently with or without support
- *Excess under 75 mortality rate in people with serious mental illness (NHSOF & PHOF placeholder indicator)*
- Fuel poverty (PHOF)
- *Emotional wellbeing of looked-after children (PHOF Placeholder indicator)*
- Self-reported wellbeing (based on current measure of seven-item Warwick-Edinburgh Mental Wellbeing Scale) (PHOF)
- Suicide (PHOF)
- *Dementia and its impacts (PHOF Placeholder indicator)*
- Utilisation of green space for exercise/health reasons (PHOF)
- *Social contentedness (PHOF Placeholder)*

Health & Wellbeing Priority – Cancers
What is the issue?

- Death rates for females from all cancers were higher in Halton than anywhere else in England for 2008-10
- Death rates under the age of 75 (often referred to as premature mortality) has been falling. However, rates have fallen at a quicker pace elsewhere so the gap between Halton and England has increased.
- Death rates for males are higher than for females. Also they have begun to rise since 2006-08 after many years of a downward trend
- Smoking rates continue to fall, although they remain higher for routine and manual workers than for the population as a whole.
- Survival rates have been rising
- The incidence (new cases per year) has been rising for both men and women.

Why did we choose it as a priority?

- Highest single cause of death in the borough
- Female death rate highest in England
- High priority identified during public consultation
- Amenable to change through a range of evidence-based interventions to prevent cancers through lifestyle interventions and early detection e.g. through screening
- Strategic fit with the public health and NHS outcomes frameworks

What are we currently doing?

The Cancer action plan is a working document produced by the cancer action group at Halton and St Helens. It lists key strategies to decrease morbidity and mortality from cancer locally. The action plan needs refining but due to the NHS reconfiguration this has remained on hold. A comprehensive action plan is planned with input from HBC/primary care/key stakeholders and members of the public.

Link to existing action plan:

http://www.haltonandsthelenspct.nhs.uk/library/documents/HTSHcanceractionplanapril2011.pdf

Outcomes: what would success look like?

1. **Reduced incidence (new cases) of cancer in the population**
2. **Improved early detection of the signs and symptoms of cancer**

Smoking would be rare and people would eat a healthy diet, take the recommended levels of physical activity, be a healthy weight and protect themselves from the harmful effects of ultraviolet radiation. There would be fewer new cases of cancer developing and when they do they would be picked up in the early stages of development through proactive screening and people coming forward to have symptoms checked out due to a high level of awareness of how important this is. People would no longer feel being diagnosed with cancer is a death sentence.

Indicators of success

- Support healthy lifestyle choices: healthy weight & smoking (PHOF)
- Smoking prevalence – 15 year olds (PHOF)
- Smoking prevalence – adults (over 18s) (PHOF)
- Excess weight in 4-5 and 10-11 year olds (PHOF)
- *Diet (PHOF Placeholder)*
- Excess weight in adults (PHOF)
- Proportion of physically active and inactive adults (PHOF)
- Reduce deaths under 75 due to cancers (PHOF & NHSOF)
- Cancer survival (NHSOF)
    - One and five year survival from colorectal cancer
    - One and five year survival from breast cancer
    - One and five year survival from lung cancer
- *Cancer diagnosed at stage 1 and 2 (PHOF Placeholder)*
- Cancer screening coverage (PHOF)
- Population vaccination coverage (HPV relates to cervical cancer) (PHOF)

Health & Wellbeing Priority – Child Development

What is the issue?

- Data from the national Millennium Cohort study shows that by 3 yrs children in families with incomes below the poverty line are 8 months behind in language and 9 months behind in school readiness compared to those with incomes above.
- The Millennium Cohort data also provides evidence that there are potential modifiable factors, daily reading, regular bedtimes and library visits, which parents can implement and health and social care professionals can recommend to parents in order to improve cognitive development.
- For 2010-11 Halton had the lowest percentage of children achieving a good level of development at age 5 in England.

Why did we choose it as a priority?

- Has a significant impact on child health and wellbeing which remains in to adult life. A poor start in life is associated with poor health outcomes into adulthood.
- Halton has the highest percentage of children who do not reach a good level of development by age 5.
- Amenable to change through a range of evidence-based interventions
- Staff and services in place to bring about change, although may require a different way of working.
- Strategic fit with the public health outcomes framework and Marmot health inequalities indicators for local authorities

What are we currently doing?

There is now compelling evidence to show that what a child experiences during the early years (starting in the womb) lays down a foundation for the whole of their life. This is being reflected more and more in national policy (such as the Allen Report into Early Intervention) and locally in Halton. Halton Children's Trust has a strong focus on ensuring Early Help & Support for all children, young people and families in Halton. The Trust has close links to the Halton Health & Wellbeing Board and its work within Early Help & Support will tie in closely with the Board's focus on Child Development.

The core programme for Child Development in Halton is the Healthy Child Programme. The Programme spans the antenatal period to 19 years of age. All children, young people and their families have a universal set of provision that is provided by multiple agencies in partnership from across Halton. Delivering all Child Development services in partnership ensure the best possible, high quality services for our children, young people and their families at every stage by the most suitable provider to ensure the best start in life.

For the early life stages the focus is on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews supplemented by advice around health, wellbeing and parenting. The older age range, from 5 to 19, is supported through the Healthy Child Programme. This sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing.

Outcomes: what would success look like?

1. **All children would have access to and take up the full Healthy Child Programme**

2. **Improved percentage of children with a good level of development at age 5.**

All parents would feel confident in supporting their child's emotional, physical and social development. This would result in more children ready for school with good levels of development. They would have fewer difficulties talking with and playing with friends or learning in a group or social setting. Fewer children would require support with language, have behavioural problems and are unable to interact with others. More children would behave well and be happy, confident and safe.

Indicators of success

- *School readiness (PHOF Placeholder)*
- *Child development at 2-2.5 years (PHOF Placeholder)*
- Children in poverty (PHOF)
- Support for post natal depression (local)
- Domestic abuse (PHOF)
- Fuel poverty (PHOF)
- *Children achieving a good level of development at age 5 (Marmot indicator)*

Health & Wellbeing Priority – Falls

What is the issue?

- Hospital admissions due to falls in those aged 65+ were one of the highest in the country for 2010-11
- For falls admissions where an injury is recorded they were the highest in England for 2010-11
- The population aged 65+ has risen in Halton in the last decade. The 2001 Census estimated the population aged 65+ to be 47,308. By the 2011 census it was estimated at 53,100.
- Falls can result in a hip fracture. For 2010-11 rates in Halton were slightly higher than the England and North West regional averages but the difference was not statistically significant.
- A&E admissions due to unintentional and deliberate injuries (all ages) were statistically significantly higher in Halton than England and the North West.

Why did we choose it as a priority?

- Hospital admissions due to falls amongst people aged 65+ one of highest in country. Highest in country for admissions due to falls where an injury is recorded (2010-11)
- Impact it has on an older person's ability to remain independent
- Amenable to change through a range of evidence-based interventions to promote mental and emotional wellbeing
- Local service review underway which should facilitate quick improvement in level of falls. This will include assessment of primary prevention activity.

What are we currently doing?

There is an evidence-based Falls Pathway in operation. The Falls Working Group is reviewing current service provision against the pathway. The Royal Society for the Prevention of Accidents (ROSPA) has recently been engaged to assist with the development of a Falls Strategy. These two exercises will determine where any gaps in provision exist, including where service capacity does not meet the levels of need. An initial scoping exercise identified training for professionals was still needed.

The current falls service covers:

1. Prevention – raising awareness for the public and professionals as well as on-going training and support.

    - Training for professionals to raise awareness of the issue of falls and what support is available
    - Support to the APEX postural stability courses (currently a 15 week course delivered by the Health Improvement Team, with a 25 week follow up period).

2. Assessment and service delivery – this covers community, hospital, residential care and domiciliary care.

    - Falls assessments
    - Integrated working to ensure the patient receives the most appropriate care package to meet their needs.

The Falls Working Group has identified that there needs to be greater emphasis of prevention activities to reduce the number of older people having a fall. It has also recognised that there are assessment and service waiting lists in some areas. The pathway review will look at duplication, capacity and multiple referral crossovers as ways of addressing this. The Strategy will support this, enabling the group to look at examples from other areas to elicit learning.

Outcomes: what would success look like?

1. Reduction in the risk of falls at home amongst older people

2. Reduction in hospital admissions due to falls

Older people would not be at risk of falling. They would live in healthy homes, have regular medication reviews and have any aids and adaptations needed to keep their homes healthy should their health deteriorate e.g. visual impairments. Should people fall, they will receive speedy support by integrated teams what meet their needs fully. This will result in people who have fallen being able to remain independent and not suffer a subsequent fall. Older people would not find themselves having to enter care due to disability caused by falling.

Indicators of success

- Falls and injuries in the over 65s (PHOF)
- Hip fractures in over 65s (PHOF)
- Intermediate care and rehabilitation (NHSOF & ASCOF)
- Improve provision of supported housing (NHSOF)
- Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services (ASCOF)

- Fuel Poverty (PHOF)
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF & NHSOF)
    - *Effectiveness of early diagnosis, intervention and reablement: avoiding hospital admissions (placeholder indicator)*
- *Improving recovery from fragility fractures: The proportion of patients recovering to their previous levels of mobility/ walking ability at i) 30 days and ii) 120 days (ASCOF & NHSOF placeholder indicator)*

Health & Wellbeing Priority – Alcohol

What is the issue?

- Death rates from chronic liver disease, including cirrhosis, were higher in Halton than for England (2008-10) but lower than other comparators.
- Hospital admissions due to alcohol-related conditions continue to rise each year. Local rates are higher than the North West and England average rates.
- Alcohol-specific hospital admissions amongst those under age 18 are much higher than the national and regional averages.
- Alcohol related crimes and alcohol related violent crimes are also worse than for both the North West and England as a whole.
- A significant proportion of cases of domestic violence are alcohol related.

Why did we choose it as a priority?

- Impact it has on a person's ability to lead a full and rewarding life
- Amendable to change through a range of evidence-based interventions to promote mental and emotional wellbeing
- Strategic fit with the national outcomes frameworks

What are we currently doing?

In March 2012, the new National Alcohol Strategy was published. The central themes of the strategy are 'challenge and responsibility', with responsibility shared across Government, industry, the community, parents and individuals. Required outcomes from the National Strategy are:

- A change in behaviour so that people think that it is not acceptable to drink in ways that could cause harm to themselves or others;
- A reduction in the amount of alcohol-fuelled violent crime;
- A reduction in the number of adults drinking above the NHS guidelines
- A reduction in the number of people "binge drinking"
- A reduction in the number of alcohol-related deaths
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

The National Alcohol Strategy also includes a range of actions across minimum pricing (consultation required), licensing and off trade including dealing with under 18 sales, public awareness campaigns, a focus on young people and a range of treatment interventions

Despite good progress in this area locally, Halton experiences an unacceptable level of alcohol related harm with significant impact on individuals, families and communities. In 2010/11, the cost to the Local Authority of alcohol related harm per head of population was estimated to be £450 per Head of Population.

A great deal of work has been undertaken to ensure that Halton has a robust, recovery focused adult treatment service (alcohol and drugs) in place to meet the needs of people who are drinking too much or using drugs. This means that locally we are well placed to meet many of the treatment and recovery aspirations of the national strategy. However admissions to hospital are still rising and there is a need to focus on prevention, behaviour change and tackling root causes, working with key partners to reduce repetition and maximise use of resources.

A revised Halton Alcohol Harm Reduction Plan is under development and consultation with key stakeholders is underway to agree priority work streams for 2012-13. This plan also contains the key projects required to realise the objectives. A full set or targets, timeframes and key performance indicators will be developed post consultation/final approval.

A focused local approach is proposed, utilizing a framework of four key thematic areas:

- Facilitate behaviour and culture change.

- Enlist the support of the local communities (including the business community) to tackle our key priorities

- Combine the efforts of the Key partners and Stakeholders to targeted help for those with greatest need

- Support key frontline professionals to identify alcohol problems early, offer an intervention and be supported by a robust care pathway

Outcomes: what would success look like?
1. Reduction in the number of people drinking to harmful levels
2. Reduction in the rate of alcohol-related hospital admissions
3. Reduction in the level of social disruption and harm due to alcohol consumption

Individuals and the local community would not experience the health and wider social impacts of alcohol misuse. People who choose to consume alcohol due to only to recommended levels and not in unsafe environments or circumstances. Children other family members would not become vulnerable/unsafe due to inappropriate alcohol use. Crimes and anti-social behaviour due to alcohol would be eliminated. Alcohol related

hospital admissions and deaths would be rare. People who do experience alcohol related problems through their own or others actions will be able to receive quick and appropriate levels of support to enable a resolution to these problems.

Indicators of success

- Alcohol-related admissions to hospital (PHOF)
- Reduce levels of alcohol misuse (local)
- Admissions due to accidental injuries under 18 (PHOF)
- Under 18 conceptions (PHOF)
- Domestic abuse (PHOF)
- Take-up of Health Checks + (PHOF)
- Anti-social behaviour (local)
- *Violent crime (including sexual violence) (PHOF Placeholder)*
- Mortality from liver disease (PHOF)