

# One Halton Health and Wellbeing Strategy

2017-2022



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# Foreword

**Councillor Rob Polhill**

**Leader of the Council and Chair of the Health and Wellbeing Board**

Welcome to our *One Halton Health and Wellbeing Strategy*.



The new One Halton Health and Wellbeing Strategy 2017 – 2022 is an overarching strategy to improve health in Halton. It has been jointly developed after consultation with Halton Borough Council, NHS Halton Clinical Commissioning Group, the voluntary sector, Community Health Services, Health Watch, the blue light services, housing and local community groups.

Our first Health and Wellbeing Strategy 2013 - 2016 provided us with an excellent platform to take forward our good track record of partnership working. It enabled us to focus extra effort on a few key health challenges for local people. The new strategy seeks to build on this work so improving health is embedded in all our systems and within the local community.

Through the One Halton model, that engages local people and all partners, we propose that we start now to radically change the way we do things so that by 2022 fewer people will be suffering from poor health. Effective prevention and early action can deliver a ‘triple dividend’ by helping people to stay well and live healthy lives, thus reducing the demand for costly services and creating the conditions for a prosperous economy. We will take a whole systems approach and focus on people and places. We know that people who have jobs, good housing, meaningful activities and are connected to families and community feel, and stay, healthier. We will work at scale to implement evidence based interventions and

mobilise local communities to engage in their own health. We recognise the need to shift services into the community and make use of and build upon community assets.

We will work across the life course with identified and agreed priorities in each age group. As we go through the next five years and achieve our ambitions in those priorities we will then review our strategy and replace that priority with a new one.

With Halton's strong commitment to good health for all, integrated partnership, joint budgets, collaborative design, good quality and innovative services I am sure we can achieve our ambition.

***Insert Signature***

***Cllr Rob Polhill***

DRAFT

## Executive Summary

**Our vision: One Halton working together to improve the health and wellbeing of the people of Halton so they live longer, healthier and happier lives**

### Our priorities for 2017-2022:



**Children and Young People: improved levels of early child development**



**Generally Well: increased levels of physical activity and healthy eating and reduction in harm from alcohol**



**Long-term Conditions: reduction in levels of heart disease and stroke**



**Mental Health: improved prevention, early detection and treatment**



**Cancer: reduced level of premature death**



**Older People: improved quality of life**

Our priorities contribute to our shared outcomes:

- More Halton children do well at school by reaching a good level of development educationally, socially and emotionally.
- Healthy fit workforce to drive economic prosperity with fewer people suffering long term conditions from the age of 50.
- More people will be supported to stay well and live independently for as long as possible.
- People lead full, active lives using a wide range of facilities within local communities including good quality housing, parks, arts and cultural facilities, leisure services and safe cycling routes.
- Reduced demand on services, improved quality and access.
- More efficient use of financial resources.

## Delivering this Strategy

Ultimate responsibility for the implementation of the Strategy lies with the One Halton Health and Wellbeing Board. However, in order to deliver our vision and priorities we need everyone who lives and works in Halton to take an active role. We are passionate about improving the health and wellbeing of people living in Halton. Local residents, statutory, voluntary, community and commercial organisations all have an important role to play in achieving this goal.

The One Halton 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.

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.

Ultimate responsibility for the monitoring of the implementation of the Strategy lies with the Health and Wellbeing Board who are accountable to the public.

A governance structure and One Halton priority groups will oversee the development and delivery of these priorities. Each group will be responsible for the development of an action plan setting out what all stakeholders will do to deliver the outcomes we want. They will use a life course approach and ensure each action plan includes action to maximise prevention and early intervention, provide high quality treatment based on need and supports people in both the short and long term.



## Vision and Priorities

**Our vision: Working as one to improve the health and wellbeing of the people of Halton so they live longer, healthier and happier lives**

**Our priorities for 2017-2022:**



**Children and Young People: improved levels of early child development**



**Generally Well: increased levels of physical activity and healthy eating and reduction in harm from alcohol**



**Long-term Conditions: reduction in levels of heart disease and stroke**



**Mental Health: improved prevention, early detection and treatment**



**Cancer: reduced level of premature death**



**Older People: improved quality of life**



# One Halton

The One Halton Health and Wellbeing Strategy is our borough based plan to improve the health and wellbeing local people, their families and communities. This includes all people who live and work in Halton regardless of their age, gender, ethnicity, sexuality or occupation.

Our collective principles are that Halton people live healthy lives in vibrant communities; there is a fundamental change towards people managing their own health through the development of local care organisations that are mostly in the community with hospitals only used for specialist care. Hospitals will work together so everyone can benefit from high standards of specialist care and we will share clinical and non-clinical functions across lots of organisations.

Our purpose is to improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill-health, promoting self-care and independence, arranging local, community-based support whenever possible and ensuring high-quality hospital services for those who need them. We want to support people to stay well in their homes, in particular to avoid crises of care that can result in hospital admission. General practices will support and empower individuals and communities by promoting prevention, self-care, independence and resilience. We will work with local people and with partner organisations including healthcare providers and the voluntary sector. This will ensure that the people of Halton experience smooth, co-ordinated, integrated and high-quality services to improve their health and wellbeing.

Through signing up to deliver this One Halton Strategy we are jointly:

- Taking **ownership** of where we are now. We all recognise progress has been made but that there is more work to do.
- Being **responsible** for delivering on the agreed priorities and actions set out within this strategy.
- Making a **commitment** to make things better. For us to be successful all partners in Halton need to play their part including our local people.
- Being **accountable** for developing systems that deliver more joined up approaches to delivering services.





# Principles of working together

As outlined we will only be successful in delivering this strategy if all partners (including local people) play their part. We have therefore agreed principles of working together. In order to deliver the One Halton Health and Wellbeing Strategy all partners will work in the following ways:

- Engage with and understand the needs of our local communities.
- Early intervention to prevent ill health.
- Early identification and support for clinical conditions.
- Skills developments to ensure people have the confidence to manage their own health and wellbeing.
- Ensure people are at the centre of planning and delivery of services.

In order to do this we need to:

- Engage with people to better understand their motivation and offer options.
- Work as integrated teams.
- Ensure consistent communications across health and care providers.
- Find or identify those people who do not access care.
- Provide the very best in care, now and in the future.
- Act as advocates for policies that reduce health inequalities.
- Consider the impact of poverty and how this can be tackled.
- Use innovative solutions, such as digital applications, to provide care and information.



## These will help us to

- **Build a social movement**
- **Develop a wide range of ongoing community conversations**
- **Identify and further develop community advocates and champions**
- **Reduce variation in care across the borough and compared to England**
- **Reduce unnecessary demand and help focus services on those most in need**
- **Make the most of 'back office' services to increase efficiency**

## Building on the success of our first Health and Wellbeing Strategy

In Halton we have a good track record of partnership working to improve health and wellbeing. The Halton Health and Wellbeing Board was established in 2013 and one of its first actions was to develop a Health and Wellbeing Strategy to improve the health of the local population. Halton's first Health and Wellbeing Strategy covered the period 2013 to 2016 and set out the vision for Health and Wellbeing in Halton. The Strategy was the overarching document for the Health and Wellbeing Board outlining the key priorities the Board has focussed on over the past three years.

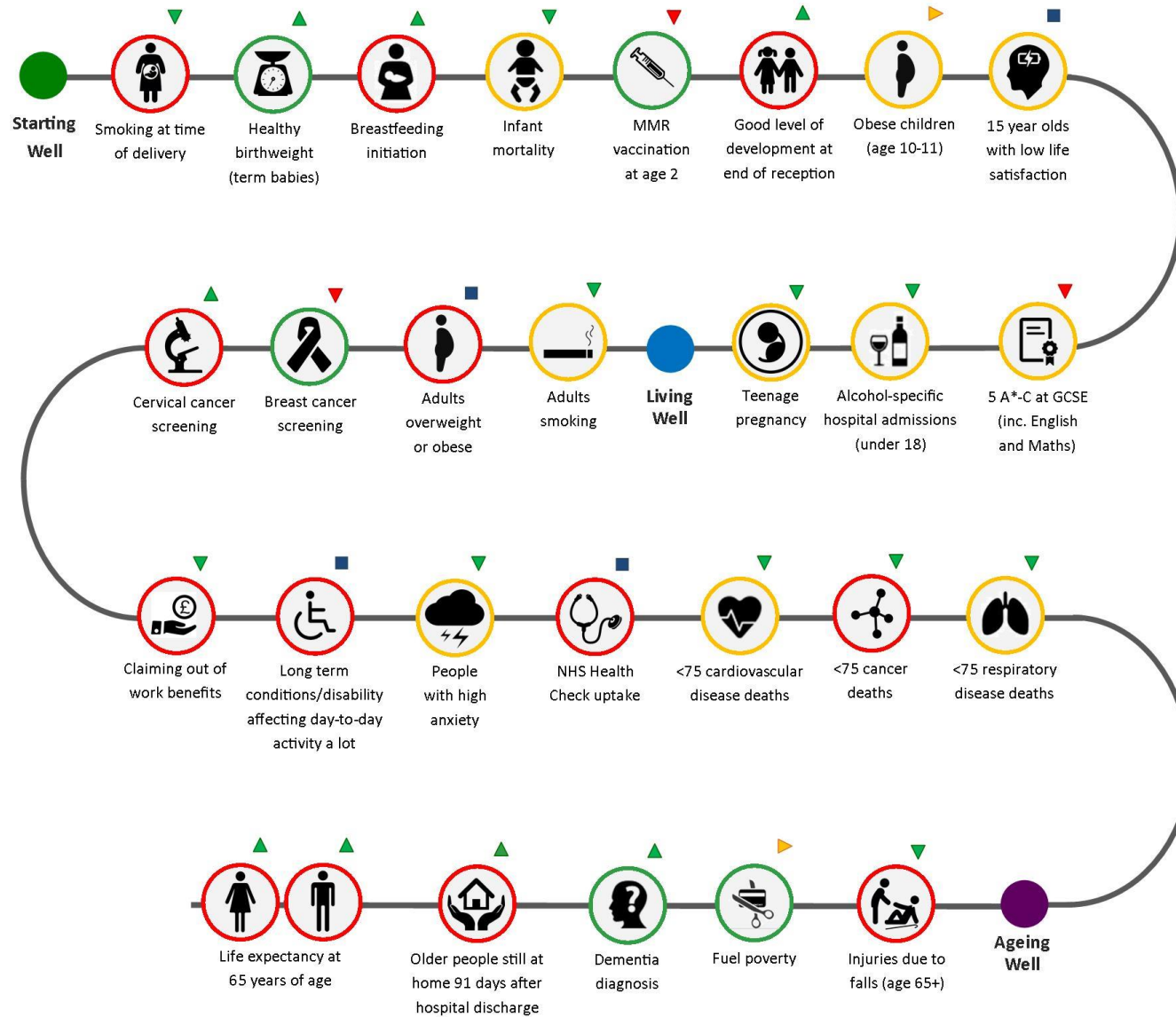
We are pleased to report that good progress has been made against the original priorities, including:

- An increase in the number of children achieving a good level of development by the end of reception
- A reduction in the number of young people admitted to hospital due to drinking alcohol
- An increase in early diagnosis of cancer and cancer deaths reducing
- Extra investment in falls prevention services
- A major review of child and adult mental health services in Halton

Full details of the progress made against the original priorities are outlined in [Appendix 1](#).

# Halton's Lifecourse Statistics 2015-16

A comparison to the North West



## HALTON FACTS

### Population

About **126,350** people live in Halton.

By 2030, this is projected to change:

age 0-18 ↓ 3.7%

age 19-64 ↓ 7.6%

age 65+ ↑ 46.4%

### Deprivation

**48%** of Halton's population

live in the top **20%** most deprived areas in England.

### Child Poverty

**24.5%** of children aged 0-15

live in poverty in Halton

## KEY

### Direction of travel

▲ Improved since last period

▶ Similar to last period

▼ Worse than last period

■ No Comparator

### Statistical significance to North West

○ Better

○ No different

○ Worse

For more information & data sources

please contact Halton Borough

Council's Public Health Intelligence Team:

health.intelligence@halton.gcsx.gov.uk

Icons made by FlatIcon and available here:

[www.flaticon.com](http://www.flaticon.com)

Concept developed from Gateshead PHAR 2013/14 and

Leicester shire PHAR 2015

## How did we decide on our priorities?

The new One Halton Health and Wellbeing Strategy needs to reflect current priorities from elsewhere in the system whilst maintaining a local focus that is evidence based and reflects local people's views. Since 2013 when first strategy was published there have been significant developments within the policy landscape. The new strategy is aligned with developing system level plans across Local Authorities and the NHS.

The priorities are backed by a strong evidence base considering the local Joint Strategic Needs Assessment, NHS benchmarking and performance data against the range of national as well as local targets. They cover the two biggest killers locally as well as issues that reduce the quality of people's lives. We have listened to our local communities in deciding both the priorities themselves and some of the key actions needed. We have also chosen the priorities based on where we believe we need to enhance current activity.

One Halton priorities have been developed using the following approach:

- Engagement – with GPs, partners and providers as well as patients and public – this is the research phase to ascertain what needs to change and how it can change. This stage lays the foundations for the programme and determines effective buy-in
- Consultation – once firm plans are in place, the CCG will consult with all stakeholders on plans before they are approved and implemented
- Informing – targeted communication will run through the entire programme to ensure all stakeholders are kept informed at every stage of the programme.

For this strategy further consultation has been undertaken by One Halton portfolio directors using pre-existing networks and forums for engagement e.g. Halton Peoples Health Forum. For each priority a set of key actions were identified. There was wide spread community support for all the key actions we had identified as being needed to tackle each priority.

A fuller 'Story behind each of the priorities' is covered over the next few pages.



# The Story behind the priorities

## Improved levels of early child development

### What is the issue?

- By 3 years of age children in families living below the poverty line are 8 months behind in language and 9 months behind in school readiness compared to those with incomes above.
- Activities such as daily reading, regular bedtimes and library visits can improve cognitive development.
- Despite improvements, 2016 data shows Halton still has one of the lowest percentage of children achieving a good level of development at age 5 in England.
- Accidental injury levels are higher than nationally.

### 3 Key actions partners and the public feel are important

1. Enhancing school readiness programme.
2. Additional action to prevent child accidents.
3. Expanding parenting programmes and local Home Start schemes.

### Outcomes: what would success look like?

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



## Generally Well: increased levels of physical activity & healthy eating and reduction in harm from alcohol

### What is the issue?

- Obesity levels in both early childhood and in adults are above the national level.
- There are clear links with heart disease, stroke, cancers, respiratory and dementia.
- Only 44.7% adults eat at least 5 portions of fruit & vegetables per day and less than half (48%) take enough exercise. Levels of exercise are lower than England (57%) and are especially low amongst women.
- There have been significant improvements in the level of hospital admissions due to alcohol, especially for those aged under 18. However, levels remain higher than nationally for both under 18s and amongst the whole population.

### 3 Key actions partners and the public feel are important

1. Having a conversation with the public about their access to food.
2. Enhancing the infant feeding programme.
3. Introducing a women's exercise programme.

### Outcomes: what would success look like?

- Increase the percentage of children and adults achieving recommended levels of physical activity.
- Increase the Percentage of children and adults meeting the recommended '5-a-day' on a 'usual day'.
- Reduce the levels of children and adults who are overweight and obese.
- Reduce the rate of hospital admissions due to alcohol for those aged under 18.
- Reduce the overall rate of alcohol-related hospital admissions.
- Reduce the death rate due to alcohol-related liver disease.



## Long term conditions: heart disease and stroke

### What is the issue?

- Although there have been improvements in the number of people with long term conditions being diagnosed, there is still a gap. This is especially so for hypertension (high blood pressure).
- Death rates from heart disease continue to fall but remain the second single biggest killer in Halton. The borough still ranks one of the lowest in England.
- Smoking prevalence has reduced (but may have increased most recently). Levels of adult obesity are some of the highest in the country – explain risk factors more clearly!

### 3 Key actions partners and the public feel are important

1. Screening in the community for atrial fibrillation (irregular heartbeat).
2. Enhancing early diagnosis of heart disease and self-care programmes.
3. Increasing screening for hypertension (high blood pressure) in the community.

### Outcomes: what would success look like?

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



## Improved Mental Health

### What is the issue?

- 1 in 4 people attending their GP seek advice on mental health problems.
- Suicide rates in Halton are similar to England across all ages.
- Levels of hospital admissions due to self-harm are significantly higher than England.
- 8,365 (8.4% of patients aged 18+) are diagnosed with depression, a higher rate than England.
- 893 people in Halton have a diagnosis of dementia. This gives a diagnosis rate of 70%, based on the difference between the estimated number and number diagnosed and diagnosis rate. The number is increasing and the diagnosis rate improving.
- Many social factors make children more at risk of development mental health problems. Halton has poorer outcomes than England for many of these and an estimated 10.2% of 5-16 year olds with mental health problems.

### 3 Key actions partners and the public feel are important

1. Review the current Child and Adolescent Mental Health Services (CAMHS).
2. Enhancing services for adults with personality disorders.
3. Redesigning adult mental health services.

### Outcomes: what would success look like?

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





## Reduction in early deaths from cancer

### What is the issue?

- Death rates remain some of the highest in the country and are the biggest single killer locally.
- Our highest rates for cancer are for lung, bowel and breast.
- Smoking rates have been falling.
- Alcohol-related hospital admissions for adults remain high.
- Obesity rates for adults remain high.
- The proportion of cancers caught early is similar to England and survival rates have been rising.
- Cancer screening rates have improved but are still lower than nationally. This is especially so for bowel screening uptake.

### 3 Key actions partners and the public feel are important

1. Enhancing the public awareness of early detection programmes.
2. Developing a new Tobacco Control Strategy and Action Plan.
3. Enhancing support for bowel screening to improve uptake.

### Outcomes: what would success look like?

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



## Improved quality of life for older people

### What is the issue?

- Halton has a higher than average aging population and this trend will continue.
- Compared to the national average Halton older people live shorter lives and a greater proportion of their lives in ill health .
- The numbers with dementia are rising.
- Older people are concerned about remaining healthy, independent and connected to others.
- The service older people most frequently cite as being of concern to them is transport.

### 3 Key actions partners and the public feel are important

1. Marketing campaign on preventing loneliness.
2. Develop an older people's transport group.
3. Develop a directory of services for older people.

### Outcomes: what would success look like?

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



## Example of how we are already working as “One Halton”

### Case study 1: Well North: Well Halton

A Department of Health response to the Due North Report published in 2014 which highlighted the disparity in health outcomes between the north and the south of England. Well North's goals are to :-

- address inequality by improving the health of the poorest, fastest
- increase resilience at individual, household and community levels
- and reduce levels of worklessness, a cause and effect of poor health

The programme must be delivered the most deprived 10% of areas in the country. Well North seeks to make visible previously invisible at-risk people and attempt to solve, rather than manage, their illnesses and anxieties. Underpinning Well North is the recognition that for health inequalities to be addressed effectively, interventions must be built on developing community based programmes, which enable empowerment, control, self-determination and the freedom to lead lives that people have reason to value. Halton's approach is centred on three hubs:

1. Windmill Hill – building on community assets to support a bottom up approach for an Intergenerational Family Centre with Multidisciplinary teams, including a long term solution of access to medical services.
2. Halton Brook – building on a well-established community sector and multiple physical assets which lacks the expertise to capitalise on these in a way that will make them sustainable.
3. Well Widnes (Virtual Community Health Hub) – Building opportunities to create “start up and support” business models in the wards of Kingsway and Ditton between the public, private and voluntary, community and social enterprise (VCSE) sector to design, implement and govern a potential community Hub to stimulate entrepreneurship to improve the health and wellbeing of our local population.

### Case Study 2: Healthy New Towns

Halton's Healthy New Town (Halton Lea) is all about people and community. People's needs and desires for a better environment, better housing and healthy community living. Our aim is to achieve this by designing-out elements which contribute to local poor health and designing-in better information, technology and services that promote health and wellbeing. To achieve all of this our immediate priorities and aims are:

1. *To develop a Masterplan for the Healthy New Town project:* This will involve a regeneration of the current hospital site and the derelict buildings adjacent to Runcorn Shopping Centre
2. *Focus on Runcorn Shopping Centre (RSC):* Halton Lea will not just be a place to shop, but a meeting place for health and social care knowledge exchange, local presentations, information about training and local employment as well as social interaction. We will link the RSC with the hospital site, multidisciplinary teams and the Halton Lea community via ‘Community Navigators’
3. *Halton Hospital site:* We aim to reduce health inequalities and create a better community where people can access health and social care services more easily. This will improve their quality of life and wellbeing
4. *Digital Technology as a cross-cutting theme:* This will be a cross-cutting theme. Our aim is to link the Hospital site, Runcorn Shopping Centre and the Halton Lea community digitally. This will allow people to have access to services and information wherever they happen to be. We will continue to explore digital solutions to help support self-management, particularly among those with long-term conditions living at home.

## Appendix 1: Progress since 2013 (linked to Page 4 building upon success)

| Priority          | Some key actions delivered during the 2013-16 strategy lifetime  | What impact has this had   | Why it remains a priority or not  |
|-------------------|--|--|---|
| Alcohol           | <ul style="list-style-type: none"> <li>Alcohol Strategy developed.</li> <li>Public Health Annual Report on Alcohol showcased local action.</li> <li>Halton chosen by the Home Office to be a Local Alcohol Action Area.</li> </ul> | <ul style="list-style-type: none"> <li>Hospital admission rates for under 18s have been falling. Halton levels are now similar to England and lower than the North West rate.</li> <li>Alcohol related admissions amongst adults have also been falling, closing the gap. However, Halton rates remain higher than England.</li> </ul>   | The partnerships we have developed and the actions plans they have been implementing are now well established. These will continue. This means we no longer need to keep Alcohol as a local priority.   |
| Cancers           | <ul style="list-style-type: none"> <li>New cancer strategy developed.</li> <li>Halton Action on Cancer partnership established.</li> </ul>   | <ul style="list-style-type: none"> <li>Cancer incidence increasing and now higher than England level.</li> <li>Screening uptake remains lower than England.</li> <li>increase in percentage of cancers diagnosed at an early stage with levels similar to England.</li> <li>Cancer death rates under 75 years continue to fall. However, some increases recently, including cancer deaths considered preventable.</li> <li>HPV vaccination rate higher than England and North West.</li> <li>Smoking prevalence decreased amongst adults as a whole and for routine and manual workers. However, the gap remains. Figures for 2015 also show an increase from the downward trend.</li> </ul> | We continue to strive towards improving preventative action, early detection and treatment. There have been some significant gains such as reduced smoking prevalence and increased survival rates. However, as Halton still ranks as amongst one of the poorest areas for cancer outcomes (primarily death rates under age 75) we need to keep a focus on cancers. |
| Child Development | <ul style="list-style-type: none"> <li>Early years strategy developed.</li> <li>New partnership group established to oversee its implementation.</li> </ul>  | <ul style="list-style-type: none"> <li>Infant death rates as well as healthy weight at birth and obesity of Year 6 children have all been improving and are now similar or better than the England average.</li> <li>Both smoking at time of delivery and breast feeding initiation rates are worse than the England average. However, there have been improvements in both indicators.</li> <li>Obesity levels at Reception age remains higher than England</li> </ul>  | As the data shows we have made improvements in many outcomes for young children. The main indicator being used to judge the success locally, 'the proportion of children achieving a good level of development at the   |

| Priority                          | Some key actions delivered during the 2013-16 strategy lifetime  | What impact has this had  | Why it remains a priority or not   |
|-----------------------------------|--|---|--|
|                                   |  | <ul style="list-style-type: none"> <li>Improved proportion of children achieving a good level of development at end of reception ('school readiness'): 37% in 2013 to 61.9% in 2016. However, there remains a substantial gap between Halton and England.</li> <li>Child poverty was 25.9% in 2011 and fell to 23.6% in 2013.</li> </ul>  | <p>end of reception' has improved. However, we recognise our progress has been slow compared to some similar boroughs. As such we need to maintain a focus on this work.</p>   |
| <b>Falls amongst older people</b> | <ul style="list-style-type: none"> <li>Falls Strategy developed.</li> <li>Extra investment in falls prevention services.</li> <li>Links with care homes.</li> <li>Fire Service home safety checks include consideration of falls hazards and referrals where appropriate.</li> </ul> | <ul style="list-style-type: none"> <li>Following a slight reduction between 2012/13, the rates have seen small year on year increases.</li> <li>Admissions due to hip fractures decreased in 2012/13 but have since increased again.</li> </ul>   | <p>We have seen significant reduction in the number of people admitted for hip fractures but not a reduction in falls.</p> <p>We will continue this work and continue to monitor outcomes through the Healthy Ageing priority work programme.</p>                        |
| <b>Mental Health</b>              | <ul style="list-style-type: none"> <li>Mental Health Strategy across all ages developed, with an action plan.</li> <li>Major review and adult mental health services.</li> <li>Improved access to 'talking therapies' known as IAPT.</li> </ul>                                      | <ul style="list-style-type: none"> <li>Self reported wellbeing scores have been falling.</li> <li>It is estimated nearly 20% of adults 16-74 years have common mental health problems. 8.4% have a diagnosis of depression. These are higher levels than England.</li> <li>Referrals, percentage entering and completing IAPT have all increased. Levels entering IAPT treatment higher than England with levels completing similar.</li> <li>Admissions due to self harm statistically higher than England and North West.</li> <li>Suicide rates similar to England.</li> </ul> | <p>Despite some improvements, mental health remains the single biggest cause of ill health and disability in Halton. Services have been reviewed but not all new models of care have been fully implemented yet. We therefore need to maintain a focus on this area.</p> |

**Insert logos of all  
organisations**

**Members of the One Halton Health and  
Wellbeing Board**

Warrington and Halton Hospitals NHS Foundation Trust

St. Helens and Knowsley Hospitals

Halton Children's Trust

Halton Safeguarding Children Board

NHS Halton Clinical Commissioning Group

NHS England

Halton Borough Council

Healthwatch

Bridgewater Community Healthcare NHS Trust

Halton and St. Helen's Voluntary and Community Action

5 Boroughs Partnership NHS Foundation Trust

Halton Housing Trust

Cheshire Police

Cheshire Fire Service

## We'd love to hear from you

Do you have stories about a local group you are involved with? Do you have any comments about this strategy or any of the ideas in it?

Please contact us at:

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