Halton & St Helens NHS

Warrington NHS

Warrington & Halton Hospitals NHS
NHS Foundation Trust

5 Boroughs Partnership NHS
NHS Trust

HALTON BOROUGH COUNCIL

Halton Health Campus Development

The Case for Change

April 2009

FINNAMORE
MANAGEMENT
CONSULTANTS

Contents

Revisions: to be removed prior to final issue & contents page updated

Draft number	Revision	Requested by
Final 1.1	Insert reference to National context - Darzi, Healthier Horizons	David McNally
	Insert 4 themes for Halton hospital	Eugene Lavan
	Insert reference to halton having a role in conducting lifestyle interviews.	
	Remove reference to fracture unit and dementia	
	Insert specific reference for further develeopment of major diseases services	
	Refer ro Maternity services feasibility work.	
	Addition of Healthier Horizons information	Eugene Ian
	Editing of JSNA statistics to relevant ones	Simon Roberts
	Amalgamation of draft main body and appendices as final appendices	
	Draft executive summary revised as final main document	
	Insert increased rationale for services to be developed at Halton hospital	Halton Borough Council
	Insert reference to development of cancer centre versus early detection screening services	
	Improved reference to leisure/sports facilities development	
	Case for taking forward services strengthened.	
	Insert sports strategy information	
	Increased information about what the PCT wishes to be provided/continue to be provided at Halton.	James Johnson
	Insert Executive summary	
	Overall QA	

1 Executive Summary

Phase 4 was commissioned by the NHS Halton and St Helens in November 2008. This case for change refers to the site as Halton Health campus and is developed on the basis that Halton hospital should:

- Actively promote the health of the population.
- Further develop its position as a centre of excellence in planned care.
- Develop itself as an early detection and screening centre together with leisure and lifestyle services on site.
- Further expand its role to promote rehabilitation and re-ablement into the community.

DN 1: *Information to be included re Warrington and Halton hospitals NHS Foundation Trust's strategic plan for services within Halton hospital.*

The objective was to develop the case for change for additional services over and above those currently provided on the Halton hospital site.

Approach

The approach consisted of

- Considering available contextual information.
- Taking each Commissioning Strategic Plan (CSP) initiative as the 'Golden Thread' and identifying the local health need, current and planned services and local perceptions/priorities of services for development on the Halton campus.
- Taking account of the key messages for Halton Hospital.
- Holding a public engagement event in Halton on 26th January 2009 to share progress on service development to date and to determine Halton Health campus priorities from the previous long list.
- The Project Delivery Group appraising the findings and short listing services to go forward where it was assumed that Halton Health campus will be part or all of the service development solution.

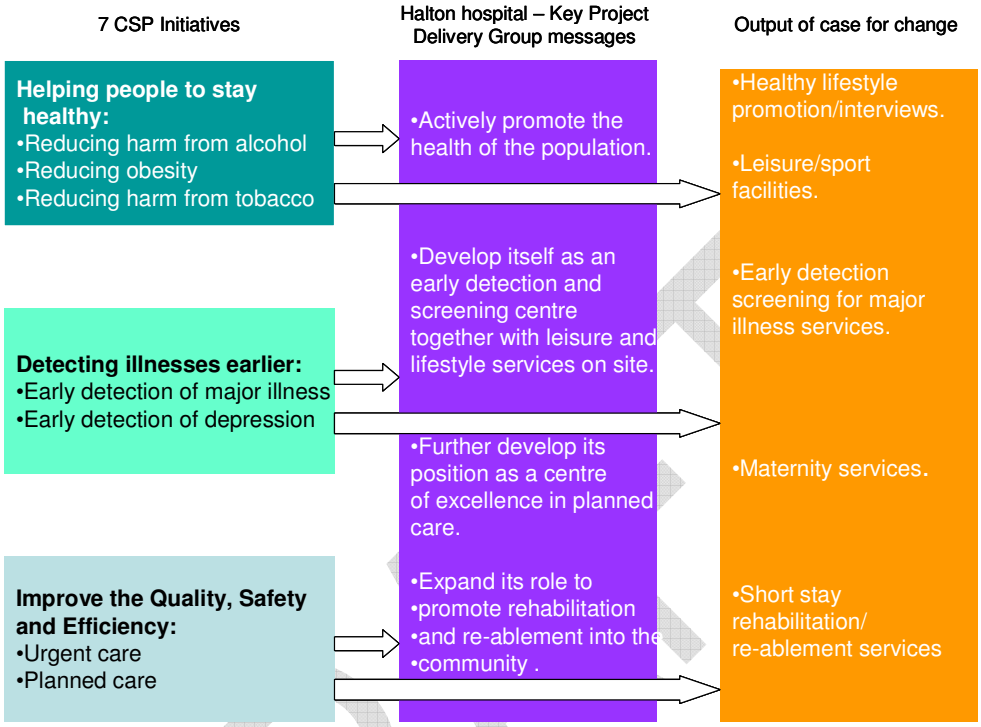
Results

A number of services will go forward to the next phase for feasibility studies, research and business case development. Any development will be in addition to current services on site. The services are:

- Healthy lifestyle promotion/interviews.
- Leisure/sport facilities.
- Early detection screening for major illness services.
- Short stay rehabilitation/re-ablement services

- Maternity services.

The relationship between the CSP, the key messages for Halton hospital and the output of the case for change is shown in the diagram below.



2 Introduction and key messages

2.1 Introduction

In November 2007, NHS Halton and St Helens (the PCT) launched the Halton Health campus project to commence work on the strategic leadership of future service developments at Halton hospital.

Phase four was commissioned by the PCT in November 2008 to develop the case for change for additional services to be provided over and above those currently provided and planned for in Halton hospital. This case for change refers to the site as the Halton Health campus, Phase four builds on the previous project phases. This report captures the case for change by

- Describing the strategic context and considering the close relationship between the health need of the local population and the strategic direction of the commissioning and provider organisations.
- Considering the Commissioning Strategic Plan (CSP) initiatives, with reference to local health need, current and planned services with associated activity levels, local perception of services, an appraisal of services and the next steps.

The report provides a summary for each of the seven initiative areas with further detail in the appendices.

The report is the result of the work of the Project Delivery Group, initiative leads, Warrington and Halton Hospitals NHS Foundation Trust, 5 Borough Partnership Trust, Local Authority, local elected councillors and Practice Based Commissioners.

2.2 Purpose

The purpose of phase four is:

- To ensure engagement and support of key stakeholder organisations and community representatives regarding the project objectives and approach.
- To determine how the further development of Halton Health campus may facilitate the implementation of Commissioning Strategic Plan (CSP) schemes.

The project objectives, governance arrangements, approach and plan are appended to this report (Appendices 1 – 6).

2.3 Key messages

DN 2: *Information to be included re Warrington and Halton hospitals NHS Foundation Trust's strategic plan for services within Halton hospital.*

This case for change is developed on the basis that Halton hospital should:

- Actively promote the health of the population.

- Further develop its position as a centre of excellence in planned care.
- Develop itself as an early detection and screening centre together with leisure and lifestyle services on site.
- Expand its role to promote rehabilitation and re-ablement into the community.

2.4 Strategic Principles for Halton Health campus

In Phase three of the project, seven principles were determined for the Halton Health campus:

- Halton Health campus strategy should be developed from a user perspective and not an organisational one. That means that new clinical models should be the driving force for the strategy and not physical infrastructure.
- Halton Health campus is a vital part of Warrington and Halton Hospitals NHS Foundation Trust.
- Halton Health campus as part of a clinical network should be providing additional services along pathways that reflect local health needs.
- Halton Health campus should be fully utilised and consideration provided to environmental partners-ISTC and 5BP.
- Halton Health campus strategy should promote the integration of health and social care provision.
- Halton Health campus strategy should reflect that Warrington and Halton hospitals NHS Foundation Trust and 5 Boroughs Partnership Trust are the preferred providers for secondary care services.
- Halton Health campus strategy should reflect that outside of secondary care “preferred provider” status, that system management and market development strategies are utilised where appropriate.

3 Strategic Context

This section highlights the strategic context for this project, including the profile and health needs of the Halton area, the commissioners' intentions and the key providers' strategic direction.

3.1 National context

3.1.1 NHS Next Stage Review – High Quality Care For All 'Darzi Review'

The NHS 'Next Stage Review (NSR) – High Quality Care For All' has defined an agenda for the NHS that puts improving quality at the heart of all the NHS does. The consequences of this can be summarised as:

- Help people to stay healthy: The NHS needs to work with its national and local partners more effectively, making a stronger contribution to promoting health, and ensuring easier access to prevention services.
- Empower patients: The NHS needs to give patients more rights and control over their own health and care, for more personal care.
- Provide the most effective treatments: Patients need improved access to the treatments they need supported by improved diagnostics to detect disease earlier.
- High quality treatment keeping patients as safe as possible: The NHS must strive to be the safest health system, keeping patients in environments that are clean, and reducing avoidable harm.

This direction also forms the core of the direction set by NW Healthier Horizons.

3.1.2 NW Healthier Horizons

NW Healthier Horizons is a new vision for health and healthcare in the North West, comprising:

- **Better care;** people in the North West should have access to excellent standards of care, irrespective of where they live
- **Better health;** the NHS needs to shift its attention to preventing ill health
- **Better life;** we want citizens of the North West to be our partners in improving their health and take an active role in shaping their local NHS services

The key recommendations from each Healthier Horizons clinical pathway group are reflected in the CSP and include:

- **Staying Healthy:** NHS organisations to commit to reducing the overall gap in life expectancy by 11% for men, and 16% for women by 2010. A commitment by the NHS and partner organisations to focus on achieving a healthy quality of life for all by 2020.
- **Birth:** Normality at the centre of responsive and equitable care. Women should have a range of informed choices during prenatal, antenatal, labour, birth and postnatal stages of their care.
- **Children:** A public pledge to reduce health inequalities for children and young people and to commission and provide high quality services. Clinical leadership drives the development and delivery of high quality healthcare for children and young people.
- **Urgent Care:** High quality, streamlined access to urgent care across health and social care so that fully a integrated service is delivered close to home. Improving and standardising outcomes from stroke across the whole North West.
- **Planned Care:** A set of key standards for all planned care, and a payment mechanism to underpin its delivery. Care should be provided by the provider be stable to meet the needs of the patient, irrespective of whether they are an NHS organisation, as long as the NHS values are maintained.
- **Long Term Conditions:** Focusing on personalising care, putting the patient at the 'centre' as the expert and enabling them to live well with their long term condition (LTC). The role of the advocate and care co-ordinator is seen as key, with the need to redefine roles within the family/care campus.
- **Mental Health**: 'There is no health without mental health' is recognised by commissioners, who ensure the mental wellbeing of the population is embedded in all services, and who commission high quality mental health services.
- **End of Life Care:** A high quality, integrated system of health and social care support regardless of disease, condition or where a patient lives. A robust, integrated commissioning framework based on the North West end of life care model with the strategic leadership identified in each primary care trust (PCT).

The PCT has embraced the direction set by the NSR and Healthier Horizons – reflected in its strategic direction. Ambition for Health and the CSP initiatives are closely aligned to these core themes.

3.2 Local Context

3.2.1 Halton's Profile

Halton is a largely urban area of 119,500 people. Its two biggest settlements are Widnes and Runcorn that face each other across the River Mersey, 10 miles upstream from Liverpool. The forecast population change for the whole PCT area between 2008 and 2013 is a predicted increase in population of 4,800 people (+1.6%). Halton has a younger population than the regional and national average. However, overall the 0-19 population is decreasing.

The population is predominantly white (98.8%) with relatively little variation between wards. However, in recent years, it has seen a small influx of Eastern European (Polish & Slovakian) migrants.

Halton has made significant progress in improving GCSE results of young people in the borough but narrowing the gap in education attainment will be a major factor in improving the health and well-being of the communities.

In Halton, almost 6,000 adults over 65 live alone. Isolation needs to be tackled by all partners to ensure that there are adequate activities and support networks available within local communities.

Runcorn and Widnes's chemical industry heritage has been in decline since the late 1980's posing a significant challenge on employment opportunities with resultant 21% population out of work. This has lead to ranking Halton as the 30th most deprived authority in England (compared to 21st in 2004). The 2007 IMD shows that deprivation in Halton is widespread with 57,958 people (48% of the population) in Halton living in 'Super Output Areas' (SOA's) that are ranked within the most deprived 20% of areas in England. This has a direct correlation to low life expectancy.

Over the past 13 years the life expectancy in Halton has been increasing to around 3 years longer for men and 1 year longer for women. This increase is at a slower rate than at national average and so the gap in health equalities in the local area is getting worse compared to the north west and national average.

3.2.2 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) Halton 2008 provides a comprehensive overview of the health needs and informs NHS Halton and St Helens in the commissioning of services which adequately address the needs of local residents. The JSNA identifies a significant increase in the numbers of older people between 2006 and 2015, at a higher rate than the national and regional trends and the population of people with learning disabilities will grow by 6% by 2011. Of further significance is that people are living longer, have poorer general health than the wider population and can struggle to access mainstream health services.

Key children's issues include rates of infant mortality, low birth weight and teenage pregnancy, which are higher than the England average.

The JSNA clearly shows the impact that the poor health and deprivation issues have within the local population and in comparison to the average health experience of the people of England. The JSNA underpins the PCT's Commissioning Strategic Plan by stating these particular findings, as captured below:

3.2.3 NHS Halton and St Helens

The PCT's mission is:

'Our contribution to the well being of the people we serve in Halton and St Helens is to enable them to have the best possible health and health care'

To achieve this mission, the PCT set themselves three ambitions:

- To improve and tackle inequalities in health.
- To deliver effective and efficient health and related services.
- To be the Best in Class.

This mission was developed into a vision to:

'Focus on helping people to stay healthy; engage and enable people to take greater responsibility and control of their own health and care'.

The PCT recognised the significant change in emphasis from 'treating sick people' to 'helping people to prevent ill health' and has developed a way forward for commissioning services during the next five years by way of a considerable listening exercise – Ambition for Health – have your say about health in Halton and St Helens. This has underpinned the development of a Commissioning Strategic Plan 2008-2013.

Ambition for Health

Between June and September 2008, the PCT used a number of tools and techniques to give the local community an opportunity to have their say about local priorities and to contribute ideas for practical solutions to improve the health and well-being of local people.

This was underpinned by a robust programme of stakeholder engagement to ensure that all key strategic partners were engaged in improving the health and well-being of the communities that they serve. To date over 600 people have been involved in focus groups and face to face interviews.

The Ambition for Health 'Health Summit' held on 3rd September 2008, included 150 delegates from within the PCT and partner organisations

Delegates included leaders from our two main local secondary care providers, executives from both local authority partners, primary care clinicians, community health services, the third sector and patient group representatives.

It delivered the endorsement and ownership of the PCT's strategic direction and priorities, resulting in six Ambition for Health goals:

- Supporting a healthy start in life.
- Reducing poor health resulting from preventable causes.
- Supporting people with long term conditions.
- Providing services to meet the needs of vulnerable people.
- Making sure the local population has excellent access to services and facilities.
- Playing a part in strengthening disadvantaged communities.

Key engagement findings have underpinned the development of a Commissioning Strategic Plan 2008-2013 and are captured within the following section of the report.

Commissioning Strategic Plan (CSP)

The draft CSP was submitted to the Strategic Health Authority on 10th October 2008. It sets out the case for action to improve health and tackle inequalities as well as the need to deliver effective services. It is directed by the Joint Strategic Needs Assessment in partnership with the local authorities. It identifies the key causes of poor health and the requirement for major changes across the whole health economy. Given the picture of poor health, NHS Halton and St Helens needs to focus on areas which will have the largest impact.

The PCT's Practice Based Consortia and Clinical Executive Committee have provided clinical leadership by providing direction on what needs to change and which health issues should be prioritised.

The strategy describes how the PCT will improve the health of the local population, by:

- Focusing on helping people to stay healthy, engaging and enabling people to take greater responsibility and control of their own health and care.
- Increasing the range and scale of programmes to detect illnesses earlier.
- Improving the quality and safety of health care services.

Seven priorities (initiatives) for the health and wellbeing of the population have been identified through this process.

The PCT has an action plan (of underpinning schemes) which the PCT have committed to deliver. The initiative summary may be referenced in Appendix 7.

3.2.4 Partner Organisational Goals 2008-11

The goals for the partner organisations are included here to demonstrate the shared values and objectives that underpin this project.

Warrington & Halton Hospitals NHS Foundation Trust

Warrington and Halton Hospitals NHS Foundation Trust provides specialist secondary care assessment and treatment to the local community. There are clear values and objectives that underpin the work.

The Trust values:

- Excellence in all we do
- Respect for the individual
- Honesty and integrity in all our actions.

The Trust objectives:

- Make quality and safety an equal priority with financial viability
- Improve the patient experience
- Engage and involve staff in the design and delivery of services
- Deliver an effective business strategy
- Grow strong partnerships with local communities.

NHS Warrington

NHS Warrington commissions services to improve the health of everyone living in Warrington. It has developed a vision for health and health care with its partners. This vision has been developed in line with:

- Wide ranging engagement with the public, service users, hard to reach groups, clinicians and partners
- The development of a Joint Strategic Needs Assessment with Warrington Borough Council, which sets out the demographics and the heath needs of the local population
- The World Class Commissioning agenda, which encourages a focus on health and well-being, rather than diagnosis and treatment
- Changes to the NHS landscape as part of the programme of NHS system reforms

This vision is underpinned by four strategic goals:

- Improve healthy life expectancy as well as life expectancy of all, and reduce inequalities in health
- Prioritise earlier interventions in care pathways to keep people well and maximise health for all
- Improve the quality and safety of all commissioned services and patient experience
- Optimise resource use and health outcomes whilst achieving sustained financial balance

5 Boroughs Partnership Trust

5 Boroughs Partnership Trust provides a range of services to enhance the lives of adult and older persons' mental health, child and adolescent mental health, specialist learning disability across the boroughs of Halton, Knowsley, St Helens, Warrington and Wigan. The following values are central to the development of the Trust:-

- The promotion and implementation of meaningful service user, carer and public involvement at all levels of the organisation;
- The delivery of high quality care provided by dedicated staff within a framework of Equality and Diversity/ Equality and Diversity and the Inclusion unit;
- A focus on local services and local solutions for the benefit of local people;
- Integrating services across health and social care organisations;
- Developing joint management and delivery of local services in partnership with local authorities, service users, carers and other stakeholders.

Halton Borough Council

Halton Borough Council has the following priorities[1] which remain relevant for today and the future:

- A Healthy Halton
- Halton's Urban Renewal
- Halton's Children and Young People
- Employment, Learning and Skills in Halton
- A safer Halton

Sport Strategy

Halton Sports Strategy 2006-9 was produced in consultation with Halton Sports Partnership members. The aim is to provide an update of current achievements, along with a framework for the development of sport and physical activity at a local level over the coming years, ways in which these priorities will be achieved, and how the success of the review will be measured. The key themes of the strategy are:

- Working in partnership to develop sports
- Increasing participation at all levels
- Providing support to talented athletes to help them reach their full potential
- Maximising the funding available
- Offering a network of support to voluntary sports clubs

[1] Halton Borough Council Annual Report 2005.

- Raising the profile of sport and improving access to information
- Encouraging individuals to develop their ability and remain active throughout their lives
- Implementing the findings of the Sports facilities Strategy.

The strategy sets out to diversify the range and improve the quality of sports facilities in Halton. It aims to address deficiency in provision and ensure access to facilities for all at local level. The table of proposals for sports facility developments may be referenced in Appendix 16. This indicates a need for multi use sports facilities/training areas where the locations are yet to be determined. The Halton Health campus project therefore may be an appropriate location to be collocated with other health promotion facilities.

The major areas of under provision of sports facilities[2] in Halton, includes:

- Disability Sports (particularly training facilities)
- Cycling
- Water-Sports and Out-door Pursuits
- Netball
- Dance
- Triathlon
- Skate/BMX
- Equestrian

3.2.5 Services currently provided at Halton General Hospital

The following services are currently provided at Halton Hospital:

- Planned inpatient activity (15,000 admissions). High levels of ENT, orthopaedics and general surgery undertaken. Less than 0.5% cancellations.
- Day case activity. Most surgical specialities use the facility. 54.25% increase in day case activity over the last two year period.
- Outpatients (280,000 attendances). Most routine appointments within four weeks of referral. 34% increase in new patients seen. The new to follow up ratio has reduced from 1:2.5 to 1:2.13.
- New developments during 2008/9
  - Renal unit – 12 stations. This is linked to the Royal Liverpool centre.
  - CANTREAT Cancer Unit – 10 chemotherapy stations. This is closely linked with the Delamere centre and is supported by the specialist centre at Clatterbridge.

[2] Halton Leisure and Sport Strategic Review February 2009v4. Halton Borough Council.

– Intermediate care unit – 22 bed unit.

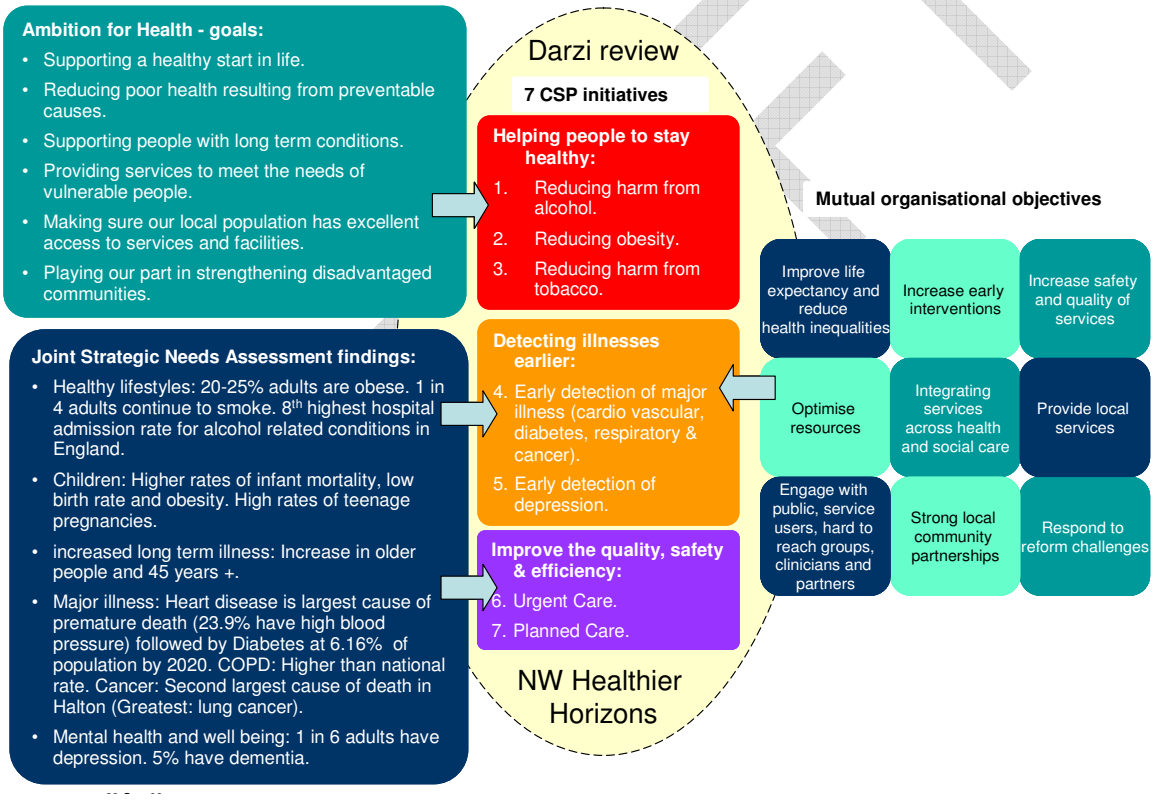
The Trust aims to continue providing a wide range of planned services from the Halton site.

DN 3: *The Trust has been asked to inform the case re a) what planned care services (and each by specialty, the Trust is signed up to providing on site in the future b) actual and future utilisation of current facilities.*

There is a possibility of providing urgent access, health screening, health promotion and rehabilitation services.

3.2.6 Summary of Strategic Context

The diagram below summarises the strategic context for this project and indicates the close relationships of need, commissioner initiatives and organisational objectives to achieve an improvement in health of the Halton population.



4 Ill health prevention

This element includes services concerned with ill health prevention associated with Alcohol, Tobacco and Obesity. Each section covers local health need, current and planned service provision, local perception of service need and opinions on future development. Underpinning detail may be referenced in Appendices 8, 9 and 10 respectively.

4.1 Reducing harm from alcohol

4.1.1 Local need

A Lifestyle survey (2006)[3] 17.5% of Halton residents indicated that they drank more units per week than considered safe and the Halton prevalence of binge drinking is 25% higher than national average.

The highest alcohol consumption rates are indicated within Broadheath, Riverside and Halton Lea. There is a close correlation of these rates with the incidence of cancer and heart disease. Halton has the eighth highest hospital admissions for alcohol-related conditions in England[4] for 2006/07.

4.1.2 Current service provision

Current services are inconsistent across the two Boroughs. Facilities in Widnes are generally not accessed by people living in Runcorn. Key areas for concern are that the current operational alcohol pathway has unclear entry and exit points, in turn causing inconsistencies in treatment and there are long waiting times for some treatment programmes. Current investment totals £1.2. These services are currently funded at too low a level to make a major impact on the alcohol harm in the community and are considered in the main to be no longer fit for purpose.

4.1.3 Planned service provision

A future pathway has been defined and commissioning requirements are currently being drafted. The pathway is to be implemented across Halton and St Helens, with appropriate linkages, ensuring a consistent user experience. The aim being to

- Halt the rise in acute admissions related to alcohol harm and deaths from liver disease.
- Contribute to the reduction in obesity prevalence and teenage pregnancy.

[3] JSNA Halton 2008.

[4] JSNA Halton 2008.

The new service requirements will not define Halton hospital as a fixed point as there is a need to consider innovative approaches to service delivery to meet local needs.

Future Funding

The PCT plans to increase the funding of alcohol related services by £5.3m in Halton and St Helens over five years. Off set benefits for the whole area reduce the required additional investment to £3.5m.

4.1.4 Local perception of services

18% of people in Widnes and Runcorn and 30% of people in St Helens consider alcohol to be the most important health issue affecting their community[5]. Two out of three people felt that local people drank too much.

However 73% of people who took part in the National Patient Survey stated that they did not want any advice or support about a sensible alcohol intake.

4.1.5 Local opinion regarding services to be accessed on hospital campus

At two Ambition for Health events in July 2008 and January 2009, services to support the reduction of alcohol consumption were given a high priority[6] (Ranked equal third out of fifty four). The comments were associated with:

- More information required regarding where to access services and effects of alcohol for user and whole family.
- Need for more services for young people.

Alcohol summary: Halton has a high incidence of hospital admissions for alcohol related conditions. The PCT has committed an increase in investment of £6.4m. Specifications for combined substance misuse and alcohol assessment, treatment and prevention services are currently under development and will be out to tender at the end of 2009. Development of services is a high priority for local people but Halton Health campus should not be a fixed point. **Services will be developed to meet the needs of Halton's population with this theme being taken forward in this project as part of the promoting healthier lifestyles work.**

[5] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

[6] Local Engagement Prioritised List - Appendix 15

4.2 Reducing harm from tobacco

4.2.1 Local need

In Halton and St Helens the smoking prevalence[7] is 12% higher than the national average. 25.6% of Halton residents[8] smoke. A Halton survey[9] of 15-16's year old highlighted that the smoking rates match the adults although there is a significant difference in smoking take up rates 18% male and 29% female. One in four women is still smoking at the birth of their child. This is twice the national average and 4th worst in the country.

Within the Halton and St Helens population there were 396 emergency admissions to hospital[10] in 2006/7 relating to tobacco. The rates have a close correlation with the incidence of respiratory disease and cancer. The mortality rate attributable to smoking is 28% higher than the annual national average, accounting for more than 129 deaths per year.

4.2.2 Current service provision

There are a variety of community based services available in the Halton area to support smoking cessation and tobacco control education. Services may be accessed in community venues, GP settings, Pharmacies, Hospital, Residential settings, mental health settings, and work places.

Service Funding

The PCT expenditure for smoking related problems in Halton is £400k for primary care services (67% of total PCT spend) compared to £930k for secondary care services (36% of total PCT spend).

4.2.3 Planned service provision

The PCT aims to have a comprehensive tobacco control programme in place with a view to reducing smoking prevalence from 27% to 24%, reducing incidence of heart disease by 1.5%, decreasing hospital admissions for COPD by 5% and reducing lung cancer rates for men by 1% year on year. All partners have agreed the vision and the actions to be taken within a number of schemes.

[7] Commissioning Strategic Plans. NHS Halton and St Helens. 2008-2013.

[8] JSNA. Halton 2008.

[9] Consumer Protection service

[10] Commissioning Strategic Plan. NHS Halton and St Helens 2008-13

Future Funding

There is a planned increase in investment for smoking prevention services to £0.6m in 2012/13[11] across Halton and St Helens.

4.2.4 Local perception of services

Smoking is considered the fourth most important health issue affecting the community[12]. However 38% of residents in Halton and St Helens, who participated in the National Patient survey, stated that they were not given support to quit smoking, but did not want any help or advice anyway. There is therefore a need to focus services at key segments of the population where outcomes would be maximised.

4.2.5 Local opinion regarding services to be accessed on hospital campus

At two Ambition for Health events in July 2008 and January 2009, services to support smoking cessation were given a low priority[13]. There were no supportive comments for the development of services on the Halton Health campus site.

The majority of comments were associated with:

- The need for outreach services, for example, a 'Health bus', hostels etc.
- Barriers to accessing services
- More support needed.
- Not enough intervention in schools

Tobacco summary: Halton a smoking prevalence 12% higher than the national average with 25.6% of residents smoking. The related mortality rate is 28% higher than the national average. The PCT has committed an increase in investment of £0.6m. The future service strategy is agreed with a number of schemes to be worked up. Development of services is a high priority for local people but there is no support for the development of services on the Halton Health campus site, but the need for outreach services.

Some elements of this service will be developed to meet the needs of Halton's population with this theme being taken forward in this project as part of the promoting healthier lifestyles work.

[11] Commissioning Strategic Plan. NHS Halton and St Helens. 2008-13

[12] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

[13] Local Engagement Prioritised List - Appendix 15

4.3 Reducing obesity

4.3.1 Local need

57% of Halton residents are overweight with a higher proportion of males being overweight, (63% compared with 50% of females). 20.2% of residents are obese. 17.8% of residents indicated that they had a poor diet.

Obesity has a significant link to Diabetes, Cardio vascular disease, Bowel Cancer, Hypertension and Stroke. Halton has the highest mortality rate for both males and females compared to England, north west and other local rates.

Obesity in children is 25% higher than the national average. 24% of reception age children are overweight and 13% are obese, and 36.3% of Year 6 children are overweight and 21.5% are obese.

4.3.2 Current service provision

A variety of community based programmes are available to the Halton population, although there are significant waiting lists. Programmes include a comprehensive exercise on referral programme for residents aged 18+ residing in Halton, a Community Food Programme, Go Men's Health Programme, Health at Work programmes, Health Trainer services, Training primary and community providers, Fresh Start service for adults with a BMI 25-29, Weight matters service for adults with a BMI 30-39.9, and Specialist services level 4 and 5: Support for adults with a BMI over 40.

There are pilot services for overweight children in place through MEND (Mind, Exercise, Nutrition Do It!). There is a very limited service for obese children in Halton, although there is a successful model used in St Helens.

Current programmes do not sufficiently meet the scale of the rising obesity epidemic.

Service Funding

The current PCT total investment in weight management services is circa £0.8m (<0.2% of total expenditure). Halton specific expenditure is unknown.

4.3.3 Planned service provision

Future models of care[14] (four levels) have been defined for adults and children to be implemented via a number of schemes across Halton and St Helens ensuring a consistent user experience. The aim is to reduce childhood obesity for reception age children in Halton and St Helens from 13% (07) TO 9% and for year 6 children in Halton and St Helens from 21.5% to 17.5%.

[14] Future models of care – Obesity services – Appendix 10

Future Funding

The PCT plans to invest a further £7.4m annually by 2013 across Halton and St Helens in the weight management services plan.

4.3.4 Local perception of services

The most important overall health issue affecting the community, according to Ambition for Health respondents, was obesity and diet[15]. In Widnes 47% of people believe that obesity is the most important health issue, with 40% of Runcorn residents in agreement.

When asked which services they would like information, advice or support on, the number one response was 'Diet and healthy eating'.

4.3.5 Local opinion regarding services to be accessed on hospital campus

At two Ambition for Health events in July 2008 and January 2009, services to support healthier lifestyles were given a high priority[16] (Ranked equal eighth out of fifty four). Comments identified a need for Education, Early intervention, Routine annual MOT for all and use being made of local gyms/slimming clubs.

Obesity summary: 57% of Halton residents are overweight. 20.2% of residents are obese. Obesity is a significant link to Diabetes, Cardio vascular disease, Bowel Cancer, Hypertension and Stroke. The related mortality rate is higher than the national average. The PCT has committed an increase in investment of £8.3m. A number of schemes are currently being worked up. Obesity and diet are seen as the most important health issue with a need for education and services to support healthier lifestyles.

Some elements of this service will be developed to meet the needs of Halton's population with this theme being taken forward in this project as part of the promoting healthier lifestyles work.

[15] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

[16] Local Engagement Prioritised List - Appendix 15

5 Early detection

This element includes services concerned with the early detection of major illness and depression. Both sections cover local health need, current and planned service provision, local perception of service need and opinions on future development. Underpinning detail may be referenced in Appendix 11.

5.1 Major illness

5.1.1 Local need

The mortality rate in Halton is greater than the north west and significantly greater than the England rate. Much of this is due to the population's lifestyle and underpins the drivers for change. Cancer and Cardio Vascular diseases account for over 60% of deaths[17]. 80% of all heart disease[18], 90% of type 2 diabetes and one third of cancers can be prevented by addressing the three lifestyle issues, smoking, diet and exercise.

Cardio Vascular Disease

Locally people have 12% higher rate of Cardio Vascular Disease than nationally[19]. The population's prevalence of Coronary Heart Disease is 37% higher[20] than the national average. CHD is the single biggest cause of premature death in Halton.

Cancer

Cancer[21] is the second biggest cause of premature death in Halton but its rate makes Halton the worst area in the country for premature cancer deaths[22]. The leading cause of cancer death in Halton for men and women is lung and bronchus cancer. There has been a steady increase in the number of Halton women developing breast cancer.

[17] NHS Halton and St Helens 2008-13.

[18] World Health Organisation research

[19] NHS Halton and St Helens 2008-13

[20] NHS Halton and St Helens 2008-13.

[21] JSNA Halton 2008.

[22] JSNA Halton 2008.

Stroke

Stroke is the third largest cause of death in the Halton area. Halton has lower rates of death from stroke than the North West but slightly higher rates than England. It is estimated that 23.9% people locally have high blood pressure (hypertension) which can lead to stroke and heart disease. The number of patients identified as having hypertension at GP practices is much lower than the estimated levels, suggesting many people are going unidentified and therefore untreated.

Halton has maintained consistently low mortality rates from Stroke compared to the North West and England for the past several years.

There were a total of 342 admissions for Stroke in 2006/07. From the 2004-6 data[23], approximately 96 people per year die from stroke in Halton. Of these 25.8% were in people under the age of 75 years.

Diabetes Mellitus

15% of Halton Care homes residents have diabetes compared to the 4.1% prevalence in the general population and the national average of 3.4% (QOF data 2007). The best case scenario of Halton in relation to Diabetes prevalence would be a rate of 4.40% by 2010 based on obesity levels returning to 1995 levels.

5.1.2 Current service provision

Screening services for Cervical and Breast cancer are already up and running as part of national programmes.

- Bowel Screening
- Cervical Cytology screening – GP surgery testing with cytology work at Warrington hospital.
- Breast screening - Circa 250 ladies per week for a 6 month period over a 3 year cycle.

An opportunistic cardiovascular screening programme is in operation in 35 of 55 GP practices. This is for patients who present with signs and symptoms of being at high risk of developing cardiovascular disease. Capacity is limited and patient groups are prioritised for risk assessment. The current approach is showing to be effective but there is great opportunity to extend the scope of the scheme.

There is direct access for GP referral to Whiston hospital for ECG, Echo and 24 hour blood pressure monitoring.

A diabetic retinopathy eye screening programme is in operation.

[23] Reference unknown. Taken from draft Vascular Screening programme paper

Service Funding

The current total investment in early detection services is ~£1.5m. Halton specific expenditure is unknown. More investment is required upstream to reduce the costs of expensive treatments.

5.1.3 Planned service provision

The PCT has set out a vision to prevent vascular, respiratory and cancer related illness. The existing cancer screening programmes will be extended by lowering the age ranges and widening out to include other tumour groups.

Plans will be formulated to provide Early detection services, Social Marketing and Personalised risk management programmes.

Pro-active systematic screening, underpinned by a number of schemes, will target a wider population profiled by age, risk and frequency to realise a 20% reduction in non-elective admissions for vascular, respiratory diseases and cancer, a10% reduction in the cancer mortality rate and reduce the CVD mortality rate by 20%.

The Halton Borough Council has a strategy to further develop leisure/sports facilities in the Halton area. These would provide facilities to help combat poor lifestyle issues resulting in poor health.

Future Funding

Additional annual investment by 2013 will be £10.5m. A benefit of £1m will be realised giving a total investment requirement of £9.5m.

5.1.4 Local perception of services

Early detection of ill health is a priority for Halton with nearly nine out of ten local people[24] suggesting that everyone should be offered an annual health MOT including Blood pressure, Diabetes, Cholesterol and cancers. Where people disagreed that 'enough was being done to detect diseases at an early stage' the key reasons were:

- It takes too long to see someone
- Reporting[25] is happening too late – illness has already moved on then referral to specialist takes longer than target

[24] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

[25] Ambition for Health engagement event report January 2009.

5.1.5 Local opinion regarding services to be accessed on hospital campus

At two Ambition for Health events in July 2008 and January 2009, services to support healthier lifestyles were clearly identified as top priority. Supportive comments for service development on the Halton Health campus site included:

- Halton Health campus was supported but facilities in the community were valued - Health centres, supermarkets, community buildings, mobile centres – Maybe a hub and spoke approach is indicated here.

The majority of comments were associated with:

- A need to shift emphasis to health wellness
- Do we need to catch young people earlier?
- Message of where detection is early, there is a likelihood of better survival rates
- Lack of awareness amongst other professionals.

Early detection of major illness summary: The mortality rate is higher than the national average. 80% of all heart disease (single biggest cause of deaths), one third of cancers (second biggest cause of deaths) and 90% of type 2 diabetes can be prevented by addressing the three lifestyle issues, smoking, diet and exercise.

A number of schemes are currently being worked up. Early detection of ill health is a priority for Halton. Development of leisure/sports facilities will be considered by the Borough Council which would help to combat poor lifestyles resulting in poor health. Service development on Halton Health campus was supported locally but a hub and spoke model is indicated. **These services will be taken forward for further consideration within this project.**

5.2 Early detection of Depression

This section includes services concerned with the early detection of depression. It will cover local health need, current and planned service provision, local perception of service need and opinions on future development. Underpinning detail may be referenced in Appendix 12.

5.2.1 Local need

About 1 in 6 adults (1 in 4 older people) in Halton[26] suffer from depression. It is estimated that 2000 children and young people in Halton have moderately severe problems and approximately 500 children and young people with severe and complex health problems requiring a multi-disciplinary approach.

There is a direct correlation between the incidence of depression and working age people claiming out of work benefits.

[26] JSNA. Halton 2008.

5.2.2 Current service provision

A variety of services are available to the Halton population to deliver Tier 1-4 assessment and treatment. These include a Primary care mental health team, Advice and access team, Crisis response and home treatment team, Acute inpatient wards, Enhanced Day Therapy services and Place of safety at the Brooker Centre which also provides tiers 4 and 5 of the psychological therapies pathway, Runcorn and Widnes community mental health teams, Halton early intervention team at St Johns unit, Widnes: Assertive outreach team at Vine Street Resource centre Vine Street Resource Centre, Widnes and CAMHS team based near to Runcorn Town Hall.

There is no CAMHS provision for children aged 16 to 18 and historically these young people have been picked up by adult services.

There are long waiting times for access to psychological therapies, with waits up to 7 months for Cognitive Behavioural Therapy and 5 months for Counselling.

Service Funding

The current expenditure on primary care mental health teams is £1.2m. Halton specific expenditure is unknown.

5.2.3 Planned service provision

Current focus is on access to primary care services for people with mild/moderate mental illness which includes depression and anxiety.

The national programme 'Improving Access to Psychological Therapies' requires significant increase in access to and range of these services within the community.

Early detection and treatment of depression requires an integrated multi-disciplinary care pathway[27], giving a single point of access to ensure people get the right treatment at the right time provided as locally as possible. This pathway will require an increase in the number of practitioners who can provide appropriate evidence based psychological therapies.

A series of schemes have been identified which will ensure the successful delivery of the future pathway. A key risk to delivering the initiative goals is the recruitment of staff due to nationwide high demand and limited training places.

Future Funding

The PCT investment is planned to increase by £2.1m by 2012/13[28]. A benefit of £0.4m will be realised giving a total investment requirement of £1.6m.

[27] Multidisciplinary care pathway for depression – Appendix 12

[28] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

5.2.4 Potential for partnership working

Partnership working is expected to be built upon within the procurement of mental health services to deliver the new care pathway. There is very little, if any, opportunity to re-patriate from outside Halton as people are not sent out of area.

5.2.5 Local perception of services

Local people think that they do not know much about depression and GPs have no understanding of wider social issues

5.2.6 Local opinion regarding services to be accessed on hospital campus

At two Ambition for Health events in July 2008 and January 2009, Mental health services for a) young people less than 18 years and b) additional mental health wellbeing services were given a high priority[29].

The majority of comments were associated with:

- The need for education regarding early symptoms
- The need for a 'one stop shop'
- Reduction of waiting times.

Early detection of depression Summary - About 1 in 6 adults (1 in 4 older people) in Halton suffer from depression, 2000 children and young people in Halton have moderately severe problems. The PCT has committed an increase in investment of £2.1m to deliver an agreed new model of care giving a single point of access to ensure right treatment at the right time. Development of services is a high priority for local people with a need for education, improved access and a 'one stop shop' **Services will be developed to meet the needs of Halton's population with this theme being taken forward both as part of the CSP implementation work and within the promoting healthier lifestyles work. of this project.**

[29] Local Engagement Prioritised List - Appendix 15

6 Improving safety, quality and efficiency of services

This element includes services concerned with improving the safety, quality and efficiency of services. Both sections will cover local health need, current and planned service provision, local perception of service need and opinions on future development. Underpinning detail for Urgent care may be referenced in Appendix 13 and Planned care in Appendix 14.

6.1 Urgent Care

6.1.1 Local need

20% more people are admitted to hospital in Halton and St Helens than the national average, with the non-elective admissions rate at 37% higher[30] than the national average (and 8% higher than north west average). HES data indicates a rate of 158 per 1000 population compared to rates of 130 in Cheshire and 120 Nationally The total number of non-elective admissions to hospital[31] was 19,067 the greatest causes, being injury/poisoning followed by diseases of the respiratory system and then circulatory system.

The public continues to access A&E departments for care and treatment of minor and moderate illness because the alternatives are not accessible when the public wants or needs to access them. A significant proportion of A&E attendees do not require admission. It would appear that the admission rate remains relatively steady whereas the percentage of patients who are discharged from A&E are significant between the hours of 8.00 and 22.00.

6.1.2 Current service provision

People across Halton and St Helens experiencing an urgent care need, access care through the Warrington and Whiston Hospitals A&E departments, their GP, the Millennium or Widnes Walk in Centres or a Community Access Centre. Out of hours the options are reduced to an Out of Hours service, an A&E department or a Walk in Centre.

In Halton Borough access to urgent care entails long journeys to hospital and the provision of on street urgent access is still below that provided in St Helens. Information shows that people are admitted to hospital to decide if they need to be there because there is insufficient capacity in the community to assess if people need to take the next step to hospital.

[30] Commissioning Strategic Plan. NHS Halton and St Helens. 2008-13

[31] JSNA. Halton 2008.

Service Funding

The current expenditure on urgent care for the population of Halton has not been made available.

6.1.3 Planned service provision

The PCT vision is, wherever clinically possible, to provide models of care across Halton and St Helens which result in the same health outcomes. The PCT are working in partnership with the acute Trust to have in place a full 24 hour urgent care service as close as possible to the patients home and if possible, in the patient's home.

By 2010 the public in Halton and St Helens will have a new range of options including community based A&E services, additional and expanded walk in centre facilities, Advanced Practitioners visiting and providing care in people's homes (with particular emphasis on the infirm) with direct access to re-ablement and community based intermediate care and support services.

The range of urgent care services will be increased in a variety of locations to reduce the number of admissions and provide care in an appropriate setting. It is anticipated that up to 10% of Warrington A&E unit activity would transfer to an urgent care centre at Halton hospital, closer to home, once operational.

Future Funding

The PCT investment of £5.7m in community services is planned to support the reduction of patients receiving treatment in an acute setting. Taking the benefits costs into account, the net effect on investment will be £-11.6m.

6.1.4 Local perception of services

For local people, it is important to have easy access to health facilities within 10 to 15 minutes walking distance from their homes.

6.1.5 Local opinion regarding services to be accessed on hospital campus

At two Ambition for Health events in July 2008 and January 2009, urgent care services on the campus were given a high priority[32]. (Ranked equal third out of fifty four). The local population would like to see a return to a Halton District General Hospital, with in particular, access to a Maternity unit and Accident and Emergency services.

The majority of comments were associated with:

- Increased resources in one point for urgent care services
- The promotion of a bus service between Halton and Whiston hospitals

[32] Local Engagement Prioritised List - Appendix 15

Urgent care Summary: There are 20% more hospital admissions in Halton and St Helens than the national average, with the non-elective admissions rate at 37% higher than the national average. The public access A&E departments for care and treatment of minor and moderate illness as there are no accessible alternatives. The PCT has committed an increase in investment of £5.7m to support the reduction of patients receiving treatment in an acute setting.. Development of urgent care services at Halton is a high priority for local people. **Service development is underway and will not be taken forward within this project**

6.2 Planned Care

Services within 'Planned care' that have been identified[33] by the local population as priorities for development in Halton are

- Cancer unit
- Midwifery led births

6.2.1 Local need

Cancer

Cancer[34] is the second biggest cause of premature death in Halton but its rate makes Halton the worst area in the country for premature cancer deaths[35]. The leading cause of cancer death in Halton for men and women is lung and bronchus cancer. There has been a steady increase in the number of Halton women developing breast cancer.

Maternity services

There were approximately 1620 births to Halton women in 2006. It is generally accepted that birth rates will increase in future years. There has been a substantial increase in low birth weights during the last eight year period.

6.2.2 Current service provision

The PCT currently commissions planned care delivered mainly from two local hospitals within an 18 week referral to treatment time. The following services are available to the Halton population:

[33] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008. and Engagement event 29th January 2009.

[34] JSNA Halton 2008.

[35] JSNA Halton 2008.

Cancer services

- Chemotherapy unit – There are ten chemotherapy stations at Halton hospital
- Screening services are listed in section 4.1.2.

Maternity services

Acute Maternity care is available at four hospitals where women have their 20 week scans, specialist services for medical disorders and care during delivery. There are no inpatient services in Halton.

There are three consultant led Community clinics per week.

Antenatal services, such as 'Earlybird sessions', breast feeding support, parent education, aquanatal take place in the community.

Midwives support home births.

Service Funding

The current budgeted cost of total elective care is circa £62m (excluding mental health and Specialist Commissioning).

Budgeted cost specifically for Cancer screening and Maternity has not been made available.

6.2.3 Planned service provision

There are currently no plans to develop a cancer centre in Halton, although other planned developments, for example, in respect to early detection, will reduce the incidence of and death rate from cancer.

The future pathway for maternity services is currently being considered in order to improve access to and range of services for expectant mothers in Halton.

Future Funding

Investment of £2.1m is planned for planned care services as a whole. Taking the benefits costs of -£4.8m into account, the net effect on investment will be -£2.7m .

6.2.4 Local perception of services

Features the local population are looking for in a health facility:

- Good car parking facilities
- Near to a bus stop
- Within 10 minute walking distance from home
- Near the town centre

6.2.5 Local opinion regarding services to be accessed on hospital campus

At two Ambition for Health events in July 2008 and January 2009, within planned care, Cancer services were given a high priority (Ranked second out of fifty four). Midwifery led services was given a high priority[36]. (Ranked equal eighth out of fifty four).

Notes taken of the table discussions at the January event include reference to[37]:

- Needing more joined up services and a wider choice.
- Transport required to make sure people can access services.
- Different thinking required.
- Work across services – GPs/Hospitals etc.

Planned care Summary - Cancer is the second biggest cause of premature death in Halton. Screening is in line with National programmes. There were approximately 1627 births to Halton women in 2006 in four acute hospitals, besides home. It is generally accepted that birth rates will increase in future years. The future PCT investment for Cancer and Maternity services is unknown at this point. Development of these services on the Halton Health campus is a high priority for local people.

Services will be developed to meet the needs of Halton's population with this theme being forward within this project.

[36] Local Engagement Prioritised List - Appendix 15

[37] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

7 Summary of prioritised services

In July 2008 a long list of services was compiled at an Ambition for Health Research HVA event. These services reflected the local population's opinions on requirements for service development in the Borough.

The long list was prioritised at an Ambition for Health feedback event held in January 2009, again by local residents. Clear priorities within CSP initiative headings, were indicated (a score of 5 and above) as shown below.

Services	Score
Helping people to stay healthy	
Alcohol reduction	12
Healthy eating classes	6
Education facilities for healthy lifestyle choices	5
Detecting illnesses earlier	
Screening suite – drop in for cholesterol, blood pressure, diabetes, blood	19
Diagnostic services	7
MRI scanning	5
Early detection –Depression	
Additional health and well being services	9
Improve quality, safety and efficiency – urgent care	
Minor injuries/Walk in centre (24 hour)	12
Short stay	9
Improve quality, safety and efficiency – planned care	
Cancer unit	13
Midwifery led births	6

The full list and associated scores may be referenced in Appendix 15.

These service priorities have informed the case for change and directed the Project Delivery Group members in their appraisal of services to be considered for development in Halton.

8 Appraisal of prioritised services

8.1 Key messages

The key messages in section one clearly identify the basis on which the case for change is developed: that Halton hospital should:

1. Actively promote the health of the population.
2. Further develop its position as a centre of excellence in planned care.
3. Develop itself as an early detection and screening centre together with leisure and lifestyle services on site.
4. Further expand its role to promote rehabilitation and re-ablement into the community.

8.2 Appraisal

At a meeting held on 11th March 2009, Project Delivery Group members considered the prioritised services. For each service, account was taken of the relevant local health need, current and planned services and associated investment, local perception of service need and opinions on future development.

Appendix four highlights the stages within the approach taken during this phase of the project.. These stages are reflected in the questions below.

For each service, the following questions were considered

- Is there a service development need for the Halton Borough? Yes/No
- Is there a service development need for Halton Health campus? Yes/Maybe/No
- If yes,
  - What work is already in progress?
  - What services remain to be taken forward to further research/business case within this project?

The outcome of the discussion is captured in the table below.

Service	In Halton Borough	On Halton Campus	Business Case Required	Supports key messages for Halton Health campus development			
				1	2	3	4
Alcohol	Yes	Maybe – Service to go out to tender	No*	√			
Tobacco	Yes	Maybe – Strategy in development. - promote healthy lifestyle	No*	√			
Obesity	Yes	Maybe – Business case in development	No**	√			
Early detection – Major Illness	Yes	Yes	Yes	√	√	√	
Early detection - Depression	Yes	No – model of care determined and being implemented	No				
Planned Care - Cancer	Yes	Yes – Short stay Palliative care rehab	Yes***	√	√	√	√
Planned care - Maternity	Yes	Yes	Yes	√	√		
Urgent care	Yes	Yes– Business case in development	No				

* This is linked to Healthier Lifestyle promotion/MOT services. The Project Delivery Group are supportive of Halton Health Campus playing a role in promoting good health, particularly in conducting lifestyle interviews with patients and relatives who come into the hospital.

** This is linked to the potential development of Leisure/Sport services in Halton and early detection services.

*** With the commissioning of Intermediate care beds at Halton hospital, there is potential to link this to the development of short stay rehabilitation/re-ablement beds, for example, for palliative care or stroke.

8.3 Outcome

Services at Halton hospital will continue to be available as currently provided.

The table above indicates additional development of services to go forward to feasibility studies, research and business case development in the next stage of the project will be:

- Healthy lifestyle promotion/interviews. Who would carry out this work and whether these are planned and/or opportunistic interviews is yet to be determined.
- Leisure/sport facilities. The Borough Council's sports strategy and recent service gap analysis indicates a need to develop services in Halton. The Trust has indicated that there is land available on the Halton hospital site which has potential to be considered for leisure/sports facilities. Feasibility work is required to determine whether Halton campus is a realistic option.
- Early detection screening for major illness services. There will inevitably be a requirement for further capacity in all the 'major disease' areas as more people go through the early detection programme. Capacity and demand modelling will be undertaken as part of the business case development and within the overall context of the CSP Early Detection of Major Illness. Leading edge clinical developments and best in class practice in respiratory, vascular and cancer services will be picked up at this stage.
- Short stay rehabilitation/re-ablement services The Intermediate care unit is commissioned and operational in Halton hospital. This represents the starting point for the hospital in developing intermediate care and rehabilitation. This gives potential to develop Palliative care and/or stroke rehabilitation in the future.
- Maternity services. The range of Maternity services will be subject to a feasibility study before being confirmed as going forward in phase 5.

9 Next steps

The case for change will promote a business case or business cases in Phase 5 where options for short listed service development on the Halton Health campus will be progressed, a set of preferred options identified and worked up in preparation for financial support.

This case for change will require:

- Sign off by the Project Delivery Group
- A mandate from the executive/senior management team of each stakeholder organisation
- Sign off by the Strategic Visioning Group.

10 Appendix 1 Project objectives

Phase four of this project had the following objectives:

- To understand the political significance of the Health campus for the local residents.
- To engage with key providers in primary, secondary and community care.
- To determine the scope and scale of service development required to a) deliver early detection screening and healthier lifestyles and wellbeing initiatives as identified in the PCT Commissioning Strategic Plan and b) develop clinical services in the Halton area.
- To identify and engage key segments of the local population
- To determine how the development of Halton Health campus may facilitate the implementation of work streams in our Commissioning Strategic Plan and capture the case for change.

Phase four was initiated by the sign off of the project plan by the Strategic Visioning Group on 21st October 2008.

11 Appendix 2 Project governance – strategic visioning group

Terms of Reference

To provide strategic leadership to the project

To agree the Project Plan for Phase 4 of the project

To receive and approve progress reports from the Project Delivery Group

To ensure that the project is progressing within plan and recommend remedial action if necessary

To ensure that the project is supported by each partner and good communication is maintained

To liaise with other stakeholders as required

To confirm and sign off cases for change a) for the development of early detection screening and healthier lifestyles and well being, and b) for the development of clinical services, in Halton.

Membership

Catherine Beardshaw Chief Executive Officer - Warrington & Halton Hospitals NHS Foundation Trust

Chris Knights Director of Business Development- Warrington & Halton Hospitals NHS Foundation Trust

David Parr Chief Executive Officer- Halton Borough Council

Dwayne Johnson Strategic Director of Community & Health– Halton Borough Council

Ann Gerrard Councillor - Halton Borough Council

Ellen Cargill Councillor - Halton Borough Council

Jim Wilson Chair – NHS Halton & St Helens

Ian Williamson Interim Chief Executive - NHS Halton & St Helens

Eugene Lavan Director of Strategic Planning & Development – NHS Halton & St Helens

Mike Kenny Head of service Adults & Older people – 5 Borough Partnership

In attendance

Judy Macdonald Senior Consultant – Finnamore Management Consultants

12 Appendix 3 Project governance – project delivery group

Terms of Reference

- To ensure that all key stakeholders are engaged.
- To inform work within phase 4
- To monitor progress of the project against the project plan
- To draft progress reports for Steering Group

Membership

Chris Knights Director of Business Development - Warrington & Halton Hospitals NHS Foundation Trust

James Johnson Consultant - Warrington & Halton Hospitals NHS Foundation Trust

John Williams Consultant - Warrington & Halton Hospitals NHS Foundation Trust

Dwayne Johnson Strategic Director of Community & Health – Halton Borough Council

Ian Williamson Interim Chief Executive - NHS Halton & St Helens

Eugene Lavan Director of Strategic Planning & Development – NHS Halton & St Helens

Mike Ore Head of community health services - NHS Halton & St Helens

John Jones Chief Operating Officer **-** NHS Halton & St Helens

Simon Bell Patient & Public Involvement Manager– NHS Halton & St Helens

Dan Seddon Consultant in Public Health and commissioning– NHS Halton & St Helens

Mike Kenny Head of service Adults & Older people – 5 Borough Partnership

John Kelly Director of operations – 5 Borough Partnership

Cliff Richards GP/Chair - Runcorn Practice Based Commissioning

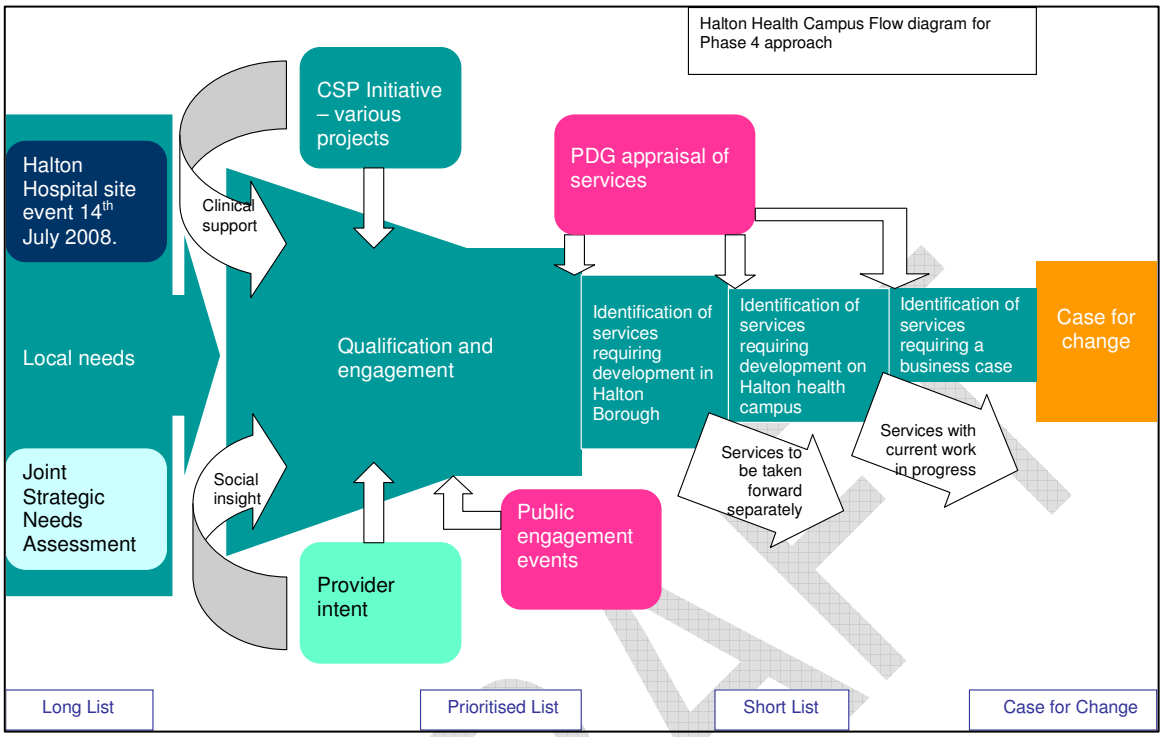
Bob Bryant - Patient representative

In attendance

Judy Macdonald Senior Consultant – Finnamore Management Consultants

13 Appendix 4 Project approach - overview

The diagram below illustrates the approach taken to the project.



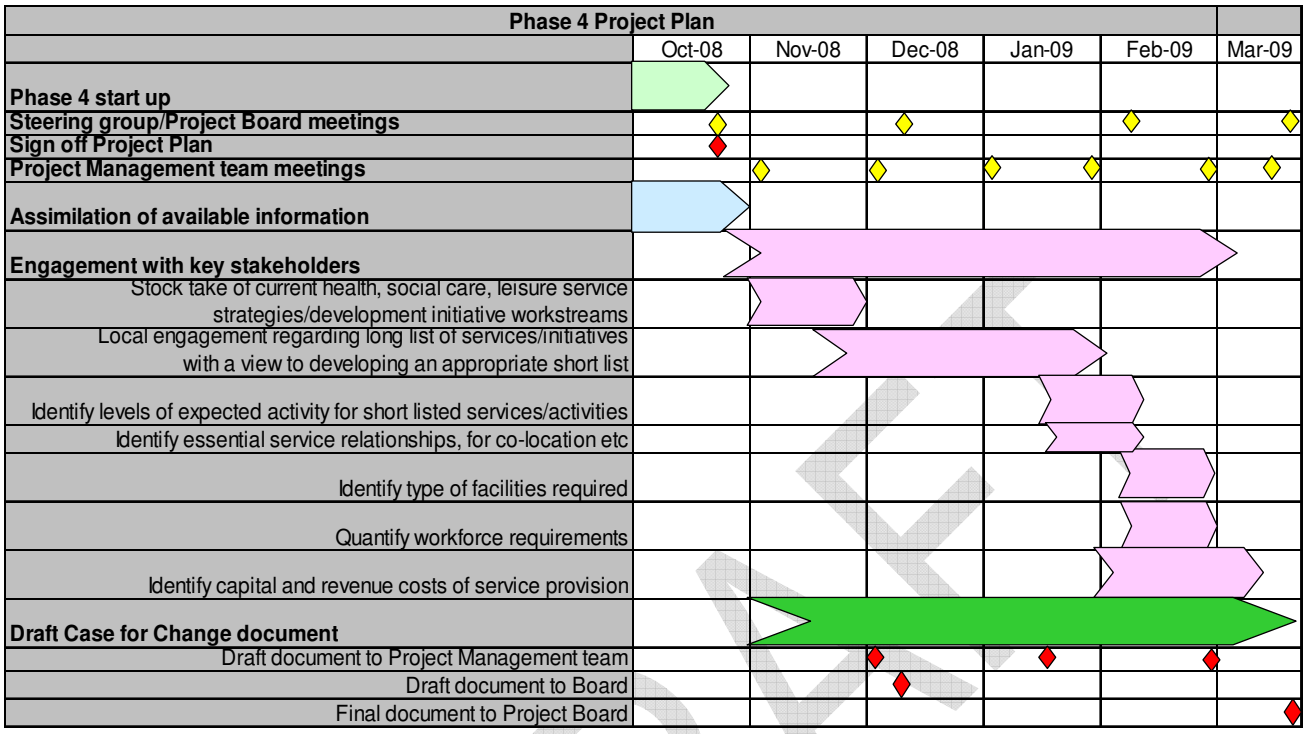
14 Appendix 5 Project approach – by task

Assimilation and understanding of available information	Liaison to ensure that all available information is identified and understood in order to develop a baseline of context, knowledge and status of work streams.
Continuing engagement with key stakeholders throughout the phase	A type of social marketing to ensure that future services meet the needs of key segments of the local population and will be accessed by those who will most benefit by them by way of meetings with Executive leads of partner organisations to agree and take ownership of the objectives and approach, accessing existing representative population groups and creating opportunities for engagement. Key stakeholders targeted to maximise project benefits.
Confirmation of health needs and actual service gaps in the Halton area	A reflection of progress to date and current status of need. Build on the work undertaken during phases one, two and three. Meet with key leads of the seven CSP initiatives' work streams to understand the future models of care, the current projects and the gaps in service provision in the Halton area.
Compilation and prioritisation of a long list of schemes that may be enabled by this project	Consider the health need and gaps in services in the Halton area and determine a long list of schemes may address these gaps. Findings will be shared with the Project Delivery group for consideration and support. Prioritisation of list at Engagement event 26.1.09.

Identification of facility and workforce requirements	Following identification of prioritised services for the Halton Health Campus, a high level set of facility (scope and scale) and workforce requirements as a 'starter for ten' will be drafted. These will require significant work during phase 5 to determine robust requirements but will, at this stage, enable high level costings to be evaluated
Identification of high level financial implications	Identify high level costs for the short listed services
	Creation of a short list of services (from the prioritised list) against criteria and weighting, to be taken forward to business case stage in Phase 5. The criteria and weighting determined by the Project Delivery Group. The Strategic Visioning Group will consider and sign off the short list.
Development of clear case for change	A case for change document will be produced which captures current service provision, local population health need, future models of care, service gaps perceived. This will be used in phase 5 within a full business case for the development of services at Halton Campus

15 Appendix 6 Project plan

The diagram below indicates the overall project plan.



16 Appendix 7 Strategic Context

The CSP initiative summary is shown below:

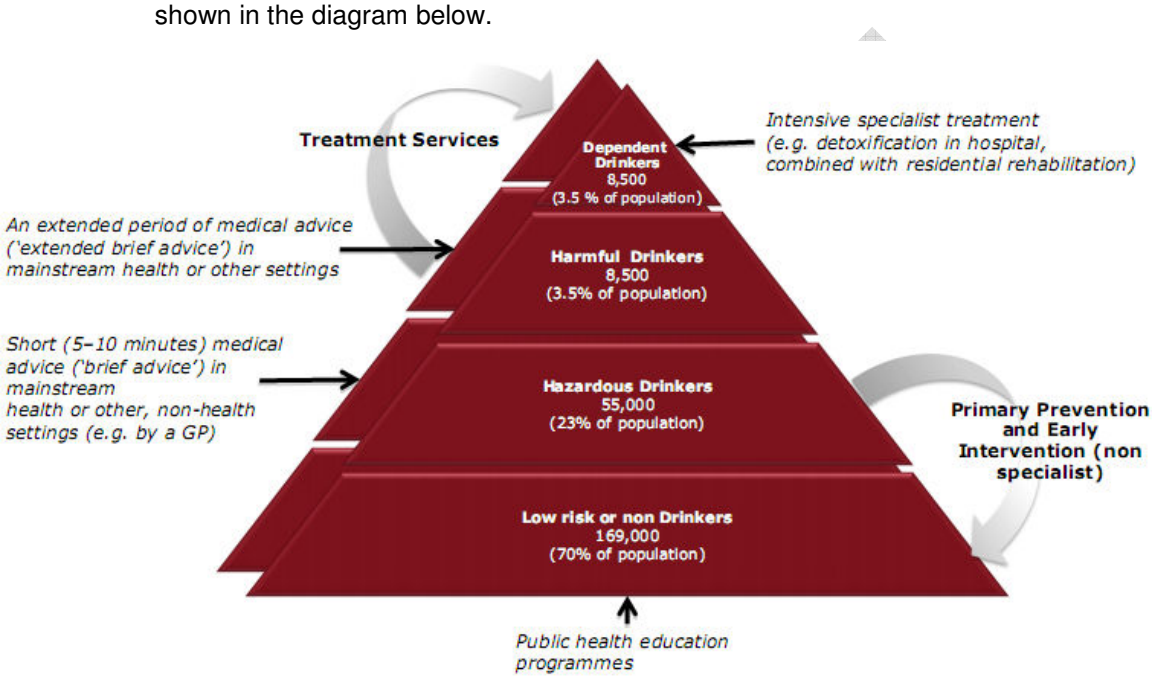
Initiative	Outcomes: by 2013...	Schemes	Investment
Reducing harm from alcohol	- To halt the rise in acute admissions relate to alcohol related harm (and then reduce beyond 2013). - To halt the rise in deaths from liver disease (and then reduce beyond 2013). *And, contribute to reducing (i) mortality rate for CVD and cancer, (ii) teenage pregnancy, (iii) prevalence of obese adults.* *Also, contribute to reducing (i) alcohol related crime, (ii) anti social behaviour, (iii) alcohol-related domestic violence.*	• Increase targeted primary prevention. • Targeted recognition & help for those in the early stages of their 'alcohol career'. • Earlier recognition of potential alcohol misuse. • Increase quality & quantity of alcohol interventions in acute care. • Increase quality & quantity of treatment services with emphasis on recovery. • Increase provision of 'wrap around' and 'whole family' approaches to alcohol services. • Improved services for dual diagnosis patients. • Establish partnerships with criminal justice & licensing enforcement agencies.	Additional annual investment by 2013: Investment: £5.3m Benefit: -£1.8m Total: £3.5m
Reducing obesity	- Reduction in childhood obesity for reception age children in Halton & St Helens from 13% (07) to 9%. - Reduction in childhood obesity for year 6 children in Halton & St Helens from 21.5% (07) to 17.5%.	• Primary prevention of overweight and obesity in adults and children. • Secondary prevention of overweight and obesity in children and adults. • Tertiary prevention of obesity in children and adults. • Early detection of obesity related diseases. • Training on weight management and healthy eating. • Healthy eating status.	Additional annual investment by 2013: Investment: £7.4m Benefit: £0.0m Total: £7.4m
Reducing harm from tobacco	- Reduced smoking prevalence from 27% to 24%. - Reduced incidence of heart disease by 1.5%. - Decrease hospital admissions for COPD by 5%. - Reduce lung cancer rates for men by 1% year on year.	• Prevention of people starting smoking. • Increase in the number of quitters. • Tackling illegal and underage availability of tobacco. • Normalising smoke free lifestyles.	Additional annual investment by 2013: Investment: £0.6m Benefit: £0.0m Total: £0.6m
Early detection of major illness (cardio vascular, diabetes, respiratory and cancer)	- 20% reduction in non-elective admissions for vascular, respiratory diseases and cancer. - Reduction of 10% in the Cancer mortality rate. - CVD mortality rate reduced by 20%	• Early alerts/awareness raising. • Pro-active cradle to grave systematic screening to reduce future risk. • Improved access to diagnostics. • Personalised risk management programmes.	Additional annual investment by 2013: Investment: £12.5m Benefit: -£1.0m Total: £11.5m
Early detection of depression	- 67% reduction in hospital admissions for depression. - Improvement in mental wellbeing for people with depression and their families. - Decrease in incapacity claimants (1,800 by 2013).	• Effective detection and recognition of depression across whole patient group. • Appropriate treatment responses in line with stepped care model. • Early detection of risk - positive mgt of risk. • Personalised health care plans re self management of recurrent depression. • Improve access to psychiatric liaison for adults and children.	Additional annual investment by 2013: Investment: £2.0m Benefit: -£0.5m Total: £1.5m
Improving Safety, Quality and Efficiency of Service in Urgent Care	- Reduction in non elective hospital admission by 20%.	• Fully integrated service close to home. • PCT based capacity to make high level clinical decision before hospitalisation. • Radical redevelopment of the PCTs intermediate services to provide full 18 hour per day access . • Personalised risk management programmes.	Additional annual investment by 2013: Investment: £5.8m Benefit: -£17.4m Total: -£11.6m
Improving Safety, Quality and Efficiency of Service in Planned Care	- Reduction of 10% in overall first outpatients attendances across all specialities. - Reduction in outpatient follow up appointments (65,000 by 2013). - Reduced wait time to 12 weeks.	• Planned Care Standards. • Direct access to diagnostics. • Integrated models of care across all commissioned planned healthcare services. • Increasing day case surgery rates. • Reducing length of stay. • Reducing healthcare-associated infections.	Additional annual investment by 2013: Investment: £2.1m Benefit: -£4.8m Total: -£2.7m

17 Appendix 8 Reducing harm from alcohol

Alcohol misuse is closely related to wide range of negative health outcomes such as liver disease, heart disease and some cancers. Halton has the eighth highest hospital admissions for alcohol-related conditions in England[38] for 2006/07.

17.1 Local need

The local picture for prevalence across the Halton and St Helens population[39] is shown in the diagram below.



In a Lifestyle survey (2006)[40] 17.5% of Halton residents indicated that they drank more units per week than considered safe. The highest rates are amongst males in the 18-39 age band and females in the 40-64 age band. 54% of males and 32% of females in the younger age group (aged 18-39) report the highest rates of binge drinking.

Binge drinking is more prevalent in Widnes, 36.5%, compared with 28.7% in Runcorn. The Halton population's prevalence of binge drinking is 25% higher than national average.

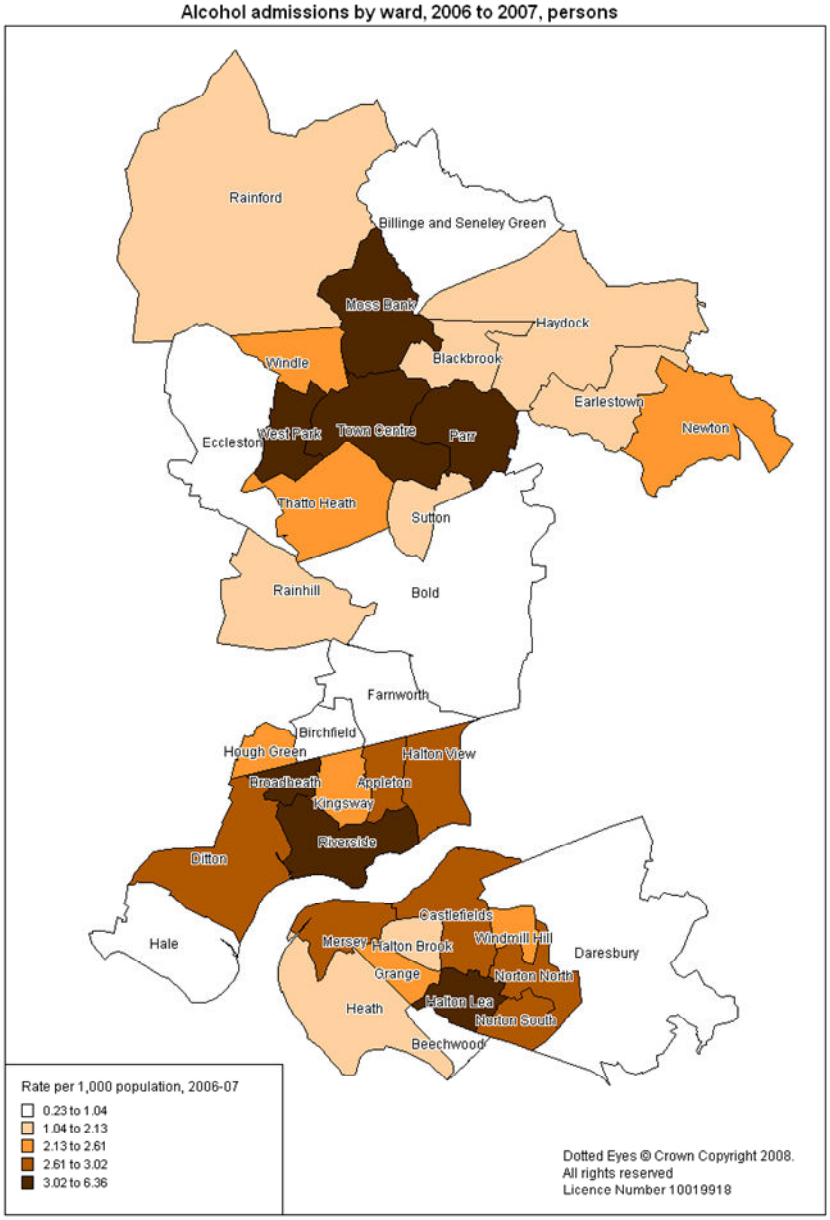
[38] JSNA Halton 2008.

[39] Health Related Alcohol Service Review. Final Report 2008.

[40] JSNA Halton 2008.

Halton and St Helens has a 36% higher than national average incidence of hospital admission for alcohol related harm. Within the Halton and St Helens population there were 6199 annual admissions to hospital[41] in 2006/7 relating to alcohol. The rates are shown on the map below.

Alcohol admissions by ward, 2006 to 2007, persons



The highest alcohol consumption rates are indicated within Broadheath, Riverside and Halton Lea. There is a close correlation of these rates with the incidence of cancer and heart disease, most especially with Broadheath which has indicates 315-612 DSR per 1000 for MIs in 2006-7 and 277-560 DSR per 1000 for all age, all cancers in 2004-6.

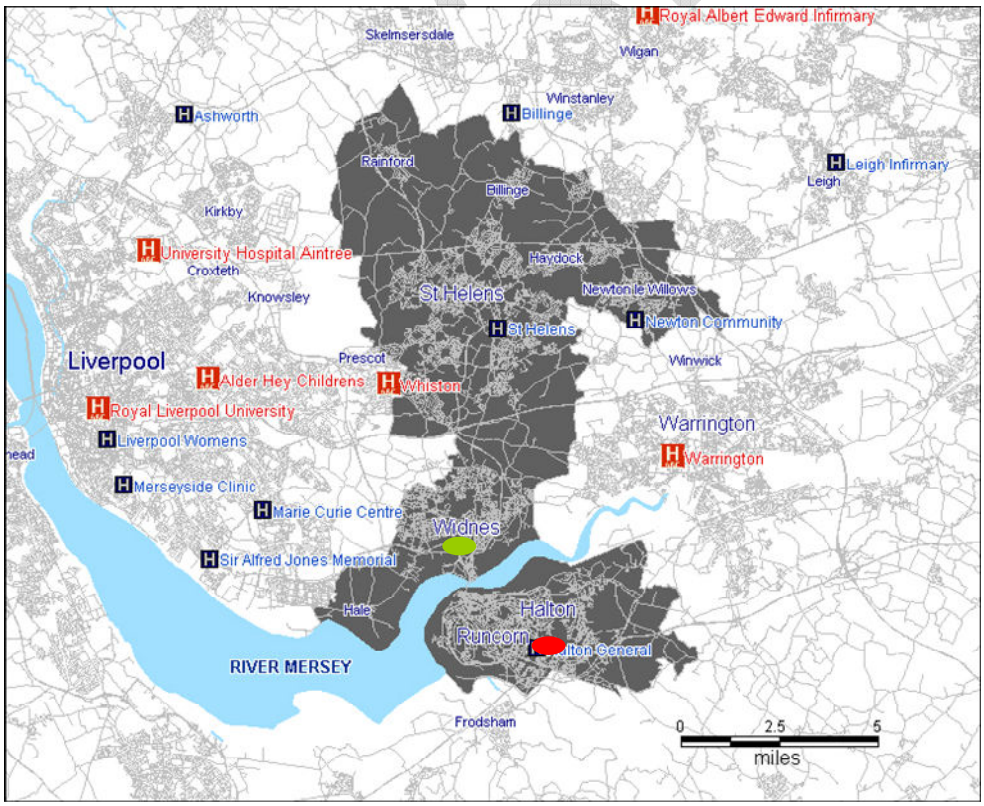
[41] Commissioning Strategic Plan. NHS Halton and St Helens 2008-13

The admission level is projected to rise to 7335 in 2012/13. The mortality rate attributable to alcohol is 33% higher than national average accounting for 42 more deaths per year. The annual number of deaths from chronic liver disease is 58 and is projected to rise to 67 in 2012/13.

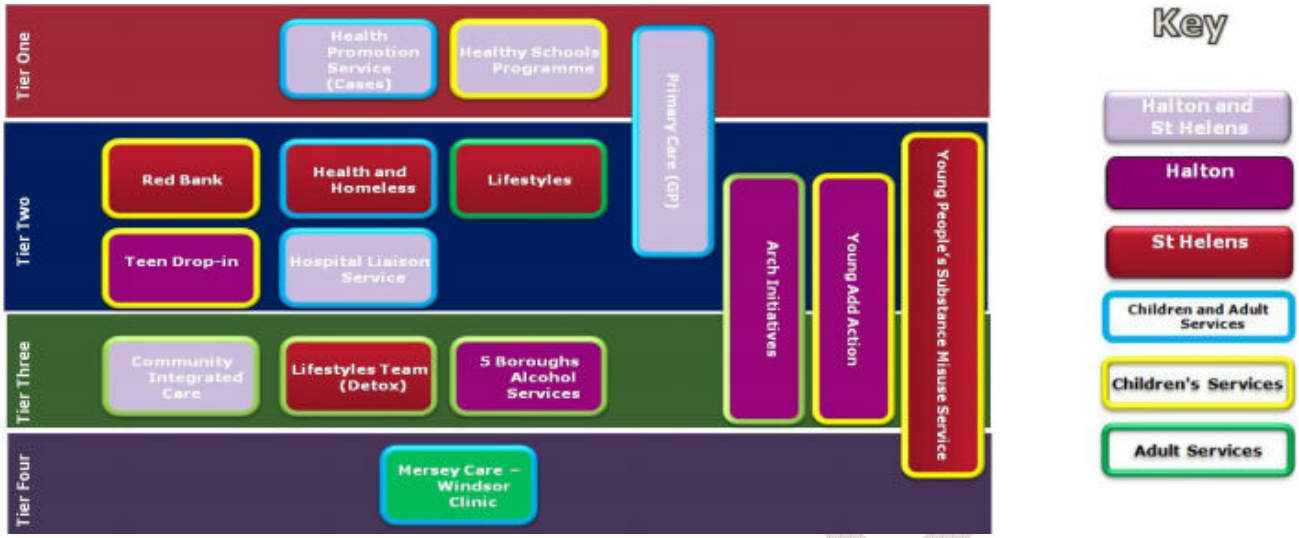
17.2 Current service provision

The following services are available to the Halton population:

- Tier one: Health promotion, social marketing and training activities to prevent alcohol misuse in the first place. These services are provided in a variety of settings by Community Health Services, including Ashley House marked in green on the map below.
- Tier two: Early detection of people who may be drinking too much and developing more complex problems. Provision of advice/support to help to reduce alcohol intake.
- Tier three: Specialist alcohol services for those with more serious problems and possibly requiring detoxification, including Brooker Centre marked in red on the map below.
- Tier four: Some limited residential and rehabilitation services for recovery and support. There is a perceived under provision of recovery support in Runcorn. [600 bed days at Windsor clinic]



Where services are provided, they are inconsistent across the two Boroughs. The range of services available to the Halton population is indicated in the diagram below, although facilities in Widnes are generally not accessed by the people living in Runcorn.



Service Funding

These services are currently funded at too low a level to make a major impact on the alcohol harm in the community and are considered in the main to be no longer fit for purpose.

St Helens alcohol services for adults currently accounts for 49% of total PCT alcohol spend, compared to only 19% of spend in Halton. The summary table below demonstrates the spend split by Tiers and by adult/children. Any services that cater for both boroughs have been split equally.

Tier	Spend	Rationale
Primary Prevention Tier 1	200,000	Any services that cater for both boroughs have been split equally between both boroughs.
Halton Adults Tier 2/3	181,500	
St Helens Adults Tier 2/3	430,000	
St Helens Adults Tier 4	116,000	Lifestyles as a cross tier service falls into Tier 2/3 costs
Halton CYP	137,500	
St Helens CYP	142,000	Any service that caters for adults and children has been split equally between the two.
Grand Total	1,207,000	

Key areas for concern

- There are long waiting times for some treatment programmes (For example, between 12 to 18 weeks for Tier 3 alcohol services in Halton with 115 currently on waiting list).
- Hours of service provision are not fully established in line with patient requirements;
- No consistent method of building and developing teams leading to possible inconsistency in service provision;
- Little systematic use of clinical data systems which could facilitate data and knowledge sharing and improve user experience;
- Lack of structured and marketed sign posting to ensure the range of services on offer are fully utilised.

The main drivers for alcohol service development are the local health need, with this being at the top of the NHS agenda during the last year, focusing on primary prevention and the recent local alcohol related crime rate causing significant police expenditure in managing associated problems.

The current operational alcohol pathway has unclear entry and exit points, in turn causing inconsistencies in treatment. These services are not clinically dominated.

17.3 Planned service provision

Outcomes by 2013[42]

Outcomes required by 2013 have been identified as:

- The halt of the rise in acute admissions related to alcohol harm
- The halt of the rise in deaths from liver disease
- And contribute to reducing:
  - Mortality rate for CVD and cancer
  - Teenage pregnancy
  - Prevalence of obese adults
  - Alcohol related crime, anti-social behaviour and domestic violence

Future pathway

A future pathway has been devised to be implemented across Halton and St Helens, with appropriate linkages to services at each stage, ensuring a consistent user experience. Underpinning this pathway is:

- A model that draws upon a Single Point of Access (SPA) to ensure ease and speed of entry into the system.

[42] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

- More of an emphasis on primary prevention and community support, reducing the number of people that should flow into the treatment part of the system.
- A multi-disciplinary and multi-skilled service that brings together a range of agencies to help combat the impact of alcohol misuse.

Future Funding

The PCT plan to increase the funding of alcohol related services by £5.3m in 2012/13. Additional investment and off set benefits for the whole area are shown below.

Investment (£m)	2008/09	2009/10	2010/11	2011/12	2012/13
Tier 1 &1.5	0.2	0.6	1.4	1.7	1.8
Tier 2 &3	0.7	1.1	1.8	2.1	2.3
Tier 4	0.2	0.3	0.5	0.6	0.7
Criminal Justice/licensing enforcement	0.0	0.1	0.3	0.3	0.5
Additional investment Sub total	**1.1**	**2.1**	**4.0**	**4.7**	**5.3**
Benefits: Reduction in admissions	0.0	0.0	-0.6	-1.2	-1.8
Additional investment total	**1.1**	**2.1**	**3.4**	**3.5**	**3.5**

Schemes

A series of agreed actions ensure the appropriate steps are to be taken for the successful future pathway delivery. This will improve the services on offer for the people of Halton and St Helens. The actions are organised into a number of schemes as outlined below:

- Increase targeted primary prevention – consistently provided across both Boroughs based on need. To include: use of appropriate social marketing techniques, increased support for schools and post 16 education, diversionary activities for young people especially in the most deprived areas, mobile outreach services for young people, using all face to face health interactions as an opportunity to promote health, educating all licensed premises.
- Targeted recognition and help for those in the early stages of their 'alcohol career' – by development of 'unbranded' Tier 1.5 level services within community facilities.

- Earlier recognition of potential alcohol misuse – by training the existing workforce in primary, social and secondary care to recognise problems and know how to intervene.
- Create a register of alcohol misuse in all practices.
- Increase quality and quantity of alcohol interventions in acute care (inc A&E). Including: expanded alcohol liaison service, universal alcohol screening (OPD, A&E and IP), improved discharge planning for patients with known alcohol problems, treating alcohol problems as 'chronic' requiring a case mgt. approach.
- Increase quality and quantity of treatment services with emphasis on recovery – consistently provided across both Boroughs. Including scaling services to meet expected surge in demand over the next few years, providing same day access for Tier 2 assessment and eliminate waiting for Tier 3 & 4 services, development of viable 'recovery communities'.
- Increase provision of 'wrap around' and 'whole family' approaches to alcohol services – by working with our partners to match individual patient, carers and child carer's needs.
- Improved services for dual diagnosis patients. Including: support to mental health providers, combined services for alcohol and drugs.
- Establish partnerships with criminal justice and licensing enforcement agencies. Including: establishing alcohol workers in custody suites, alcohol arrest referral schemes, health input into licensing control and enforcement processes.

These schemes are recommended as part of the national alcohol strategy and underpinned by NICE guidance. They have a growing evidence base to demonstrate their efficacy.

Facilities in Halton need to provide Tier two one-to-one work and groups sessions. Wrap around services/advice should possibly be available when accessing services. Detoxification patients will benefit from pharmaceutical support, consultant/GP shared care and community alcohol teams.

Specifications for combined substance misuse and alcohol assessment, treatment and prevention services are currently under development and will be tendered at the end of 2009. It is intended that future service providers will replicate best in class practice. In minimising the number of 'fixed points' (for example, the locations/models to be retained/givens) in the tender, the PCT are keen to promote innovative ideas to be operational in 2010.

Key potential risks to delivering initiative goals

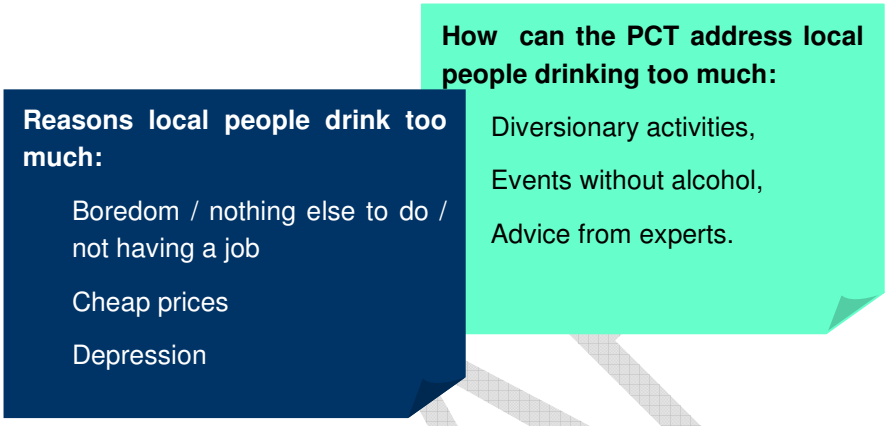
- Increased awareness and screening will increase the number of people coming into the system at all tiers. There is a risk that services are not developed quickly enough to deal with this increase in demand.
- Potential service users do not access programmes.

- Partners not participating effectively.
- Monitoring and evaluation insufficiently robust.

17.4 Potential for partnership working

Partnership working is expected to be built upon within the procurement of alcohol services to deliver the new care pathways.

17.5 Local perception of services



However 73% of people who took part in the National Patient Survey stated that they did not want any advice or support about a sensible alcohol intake.

17.6 Local opinion regarding services to be accessed on hospital campus

In July 2008, the PCT held an Ambition for Health event to listen to local residents to find out what they felt were the most important health priorities. They identified a list of priority services for development within Halton. A subsequent event was held on 26th January 2009, where local delegates were informed of service development progress to date and asked to consider the service list and indicate which services would be acceptable for provision on the Halton Health campus.

Services to support the reduction of alcohol consumption were given a high priority (Ranked equal third out of fifty four). The prioritised list is included in Appendix 15.

Table discussions at the January event included the following supportive comments for the development of services on the Halton Health campus:

- Co-locate alcohol service with walk in centres.
- Establish alcohol centre in one place (Halton Hospital).

The majority of comments were associated with:

- More information required regarding where to access services and effects of alcohol for user and whole family.

- Need for more services for young people.
- Lack of service promotion
- Proactive education in schools

17.7 Summary

Alcohol summary: Halton has a high incidence of hospital admissions for alcohol related conditions. The PCT has committed an increase in investment of £6.4m. Specifications for combined substance misuse and alcohol assessment, treatment and prevention services are currently under development and will be out to tender at the end of 2009. Development of services are high priority for local people but Halton Health campus should not be a fixed point. **Services will be developed to meet the needs of Halton's population with this theme being taken forward in this project as part of the promoting healthier lifestyles work.**

18 Appendix 9 Reducing harm from tobacco

Smoking is associated with major causes of disease and death (including Cardio Vascular Disease, Chronic Obstructive Pulmonary Disease and some cancers).

18.1 Local need

In Halton and St Helens the smoking prevalence[43] is 12% higher than the national average. 25.6% of Halton residents[44] smoke. This suggests that there are approx 24,500 adult smokers in the borough. Smoking prevalence is higher in Runcorn at 26.5% compared to 24.7% in Widnes. Prevalence varies considerably across age bands and by gender, Runcorn males aged 40-64 years reporting highest prevalence (32.1%).

Amongst the younger age groups, 27.7% females smoke compared with 24.4% males. The results of a Halton survey[45] of 15-16's year old highlighted that the smoking rates match the adults although there is a significant difference in smoking take up rates 18% male and 29% female.

One in four women is still smoking at the birth of their child, and just four in ten are breastfeeding on delivery (half the national average and 4th worst in the country).

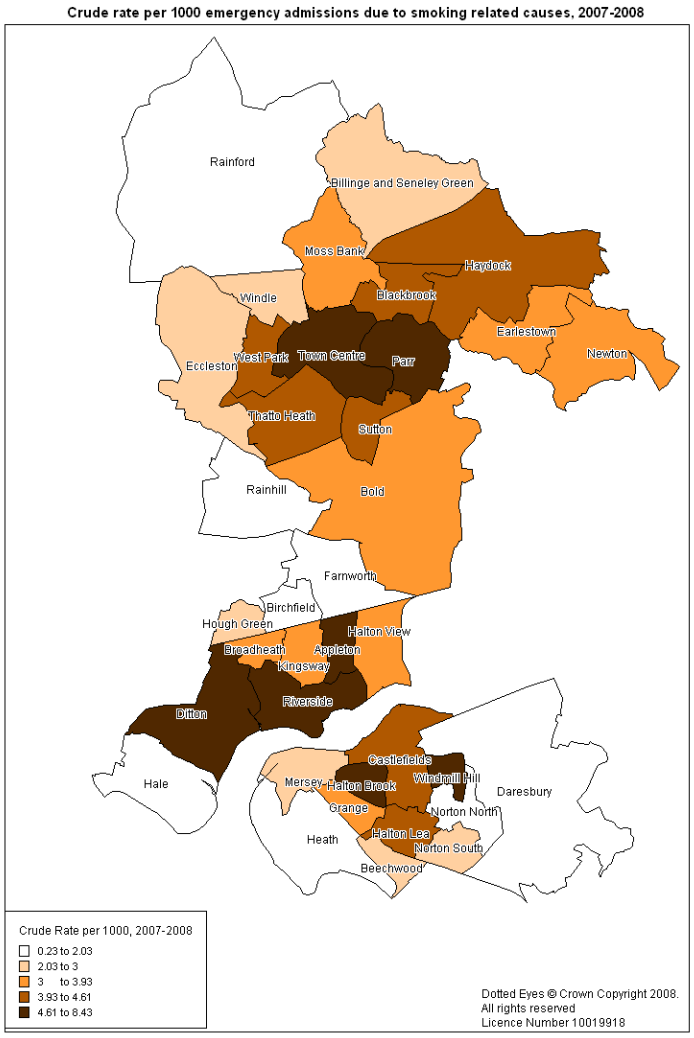
There are 1,176 hospital admissions accounting for 8,500 bed days. Within the Halton and St Helens population there were 396 emergency admissions to hospital[46] in 2006/7 relating to tobacco. The rates are shown on the map below.

[43] Commissioning Strategic Plans. NHS Halton and St Helens. 2008-2013.

[44] JSNA. Halton 2008.

[45] Consumer Protection service

[46] Commissioning Strategic Plan. NHS Halton and St Helens 2008-13



The highest rates shown above are indicated within Halton Brook, Windmill Hill, Riverside and Ditton. This is reflected in the high number of non elective hospital admissions[47] for diseases of the respiratory system and neoplasms (cancer) in these wards. Hale and Daresbury have the lowest crude rate of non-elective hospital admissions in all of the top ten categories.

The mortality rate attributable to smoking is 28% higher than the national average accounting for more than 129 deaths per year.

18.2 Current service provision

The variety of services available in the Halton area are:

- SUPPORT Stop Smoking Services.
- Delivery of training in smoking cessation intervention.

[47] JSNA. Halton 2008

- Building advocacy in the community consultation.
- Tobacco control education in schools.

SUPPORT Stop Smoking services

The Halton population has access to a SUPPORT service resourced by a team of specialist practitioners providing behavioural counselling and therapies to smokers to help them quit. The service offers:

- Free advice and support, tailored to the individual needs of the smoker
- One-to-one or group support and advice from trained staff, for people motivated to stop smoking
- Access to free or reduced cost Nicotine Replacement Therapy (NRT) via a voucher scheme
- SUPPORT within the workplace setting or in-patients within the hospital setting
- Smoking prevention, education and support within schools
- Specialist advice to pregnant and breast-feeding smokers via our trained midwives

There were 3,017 contacts between April and October 2008, with 1,640 quitters.

Delivery of training in smoking cessation intervention

A number of training events have taken place:

- 12 brief intervention training sessions.
- 2 intermediate 2-day training sessions.
- 1 GP update session
- 2 practice nurse updates
- All PCT staff inductions.

Building advocacy in the community consultation

The PCT took part in a Department of Health national consultation regarding the protection of children. Post cards were issued to the local population and responses of agreement to the following statements were requested:

- I support a long term plan which protects our children and future generations from the harm that tobacco causes.
- I support measures to remove tobacco out of sight of children.
- I support measures to protect our children from tobacco marketing

Over 3000 responses were collated.

Tobacco control education in schools

Health improvement practitioners have delivered tobacco control education to eight Secondary.

Although programmes are established within both boroughs, there are still gaps and inconsistencies in services. There is a need and opportunity to improve the targeting of programmes.

Service location

Services may be accessed in community venues, GP settings, Pharmacies, Hospital, Residential settings, mental health settings, and work places.

Service Funding

The PCT expenditure on primary care services in Halton equates to 67% of total PCT spend for smoking related problems compared to 36% for secondary care services as shown in the table below[48].

	Halton		St Helens		TOTAL
Tier	Spend	% of PCT spend	Spend	% of PCT spend	Total spend
Primary Care	400,000	67	190,000	33	590,000
Secondary Care	930,000	36	1,660,000	64	2,590,000
Grand Total	1,207,000		1,850,000		3,180,000

18.3 Planned service provision

Outcomes by 2013[49]

Outcomes required by 2013 have been identified as:

- The reduction of smoking prevalence from 27% to 24%
- The reduction of incidence of heart disease by 1.5%
- Decreased hospital admissions for COPD by 5%
- The reduction of lung cancer rates for men by 1% year on year.

[48] Commissioning Strategic Plan. NHS Halton and St Helens. 2008-2013.

[49] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

Future Pathway

The PCT aims to have a comprehensive tobacco control programme in place. All partners have agreed the vision and the actions to be taken based on consultation with key stakeholders. Actions are organised within a number of schemes as outlined below:

- Prevention of people starting smoking
- Create a smoking register for the whole PCT
- Increase in the number of quitters
- Tackling illegal and underage availability of tobacco
- Normalising smoke free lifestyles.

Promoting and supporting tobacco control requires a partnership approach. This is reflected in the multi agency, multi disciplinary Tobacco Harm reduction Group. This group ensures all work is closely performance monitored and feeds into the Respiratory Local Improvement Team (LIT), the Cancer Action Team, the CVD Action Team, LAA monitoring groups and the Health Partnerships.

Future Funding

There is a planned increase in investment for smoking prevention services by £0.6m in 2012/13[50] as shown below.

Investment (£m)	2008/09	2009/10	2010/11	2011/12	2012/13
Additional investment (staff, GP, Pharmacists)	0.0	0.2	0.5	0.6	0.6

Key potential risks to delivering initiative goals

- Potential service users do not access programmes.
- Services are not developed quickly enough to meet demand.
- Partners not participating effectively.
- Monitoring and evaluation may not be robust.

18.4 Local perception of services

Smoking is considered the fourth most important health issue affecting the community[51]. However 38% of residents in Halton and St Helens, who participated in the National Patient survey, stated that they were not given support to quit smoking, but did not want any help or advice anyway.

[50] Commissioning Strategic Plan. NHS Halton and St Helens. 2008-13

[51] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

Local people think that:

Parents may tell kids not to smoke, but the peer pressure is too much.

'You should focus on the conditions and illnesses rather than the message. We know you shouldn't smoke but if I saw the real effects I would think more about it'.

18.5 Local opinion regarding services to be accessed on hospital campus

In July 2008, the PCT held an Ambition for Health event to listen to local residents to find out what they felt were the most important health priorities. They identified a list of priority services for development within Halton. A subsequent event was held on 26th January 2009, where local delegates were informed of service development progress to date and asked to consider the service list and indicate which services would be acceptable for provision on the Halton Health campus. Services to support smoking cessation were given a low priority. The prioritised list is included in Appendix 15.

Notes taken of the table discussions at the January event included **no** supportive comments for the development of services on the Halton Health campus site:

The majority of comments were associated with:

- The need for outreach services, for example, a 'Health bus', hostels etc.
- Barriers to accessing services
- More support needed.

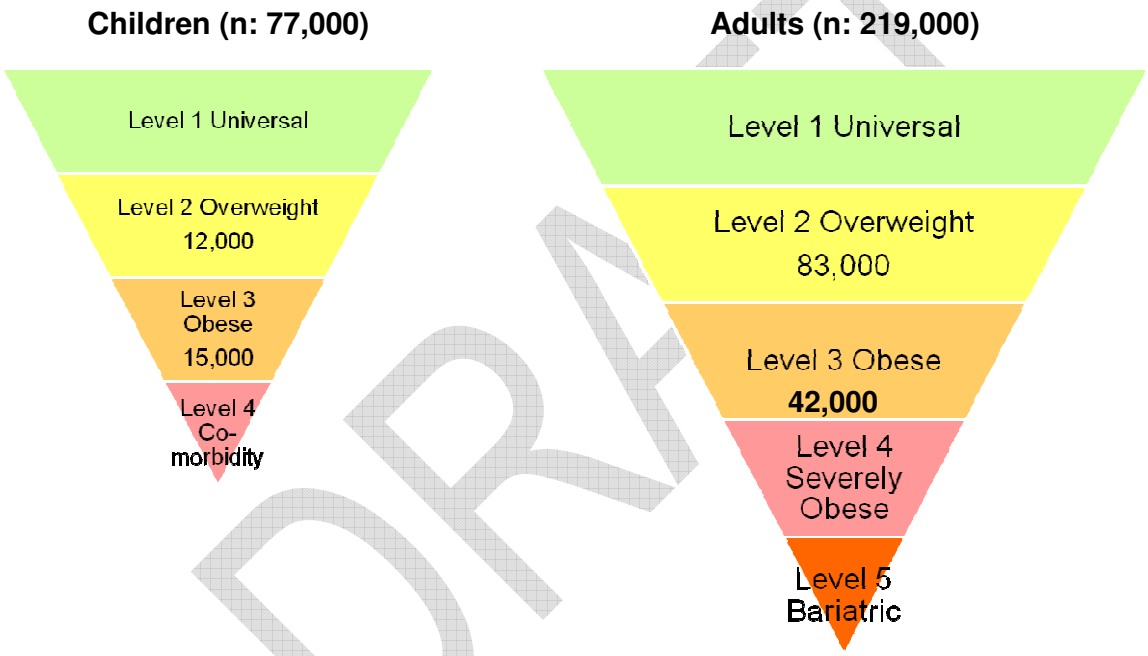
Tobacco summary: Halton a smoking prevalence 12% higher than the national average with 25.6% of residents smoking. The related mortality rate is 28% higher than the national average. The PCT has committed an increase in investment of £0.6m. The future service strategy is agreed with a number of schemes to be worked up. Development of services is a high priority for local people but there is no support for the development of services on the Halton Health campus site, but the need for outreach services. **Some elements of this service will be developed to meet the needs of Halton's population with this theme being taken forward in this project as part of the promoting healthier lifestyles work.**

19 Appendix 10 Reducing obesity

Obesity is associated with 35 co-morbidities and is linked to Diabetes, Cardio Vascular disease, Bowel Cancer, Hypertension and Stroke.

19.1 Local need

Halton and St Helens has a 10% higher than national average levels of obesity. Within children[52] the situation is far worse, 24% of reception age children are overweight and 11.6% are obese, and 36.3% of Year 6 children are overweight and 22.3% are obese. The local picture for prevalence across the Halton and St Helens population is shown in the diagram[53] below.



The percentage of overweight Halton residents has increased from 52% in 2001 to 56.6% in 2006[54]. This prevalence of almost 57% suggests that approximately 54,200 adults in Halton are overweight. A higher proportion of Widnes residents are overweight, 58.4% compared with 54.9% in Runcorn.

A higher proportion of males are overweight, (63% compared with 50% of females) with highest prevalence amongst males in the 40-64 age band (71%).

[52] JSNA Halton 2008.

[53] Reducing obesity - Overview of proposed weight management services. NHS Halton and St Helens. November 2008.

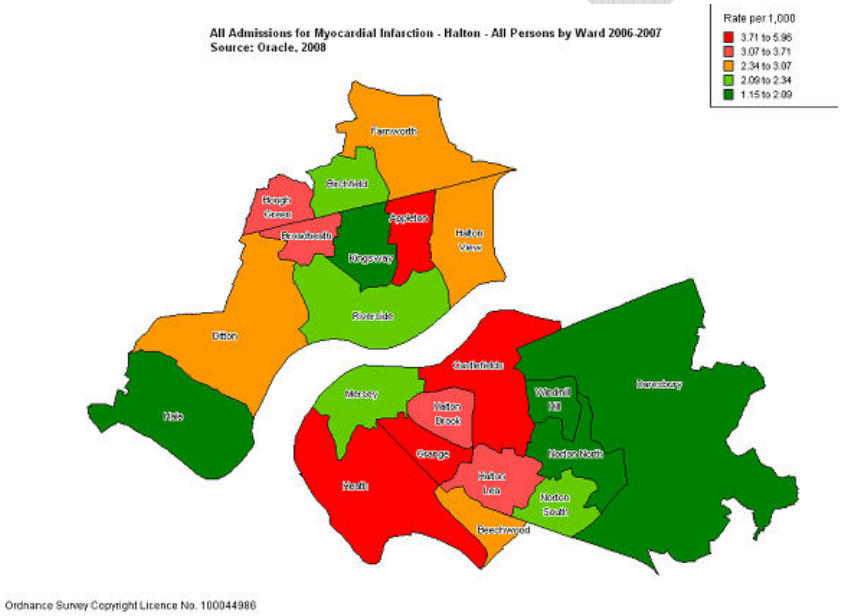
[54] The Lifestyle survey. JSNA. Halton 2008.

Obesity within Halton has also increased quite substantially since 2001; with 20.2% of residents currently measuring as obese, this compares with 15.1% at the time of the last survey.

The figures from Halton Health Survey are lower than the Modelled Estimates used nationally where it is predicted that 26.8% of Halton's population are obese. This is higher than the figure for the North West and England (24.5% and 23.6% respectively).

Almost 80% of Halton residents[55] indicated that they ate less than the recommended five portions of fruit and/or vegetables a day. This is consistent with data from the PCT Patient's Survey where only 21% definitely ate 5 portions of fruit and vegetables a day. Whilst this is a very large proportion of residents, there has been a marked improvement since the last survey, when 88% of residents reported eating less than the recommended 5 a day, and suggests that the health promotion message about the benefits of fruit and vegetables may be getting through. Overall, 17.8% of residents indicated that they had a poor diet.

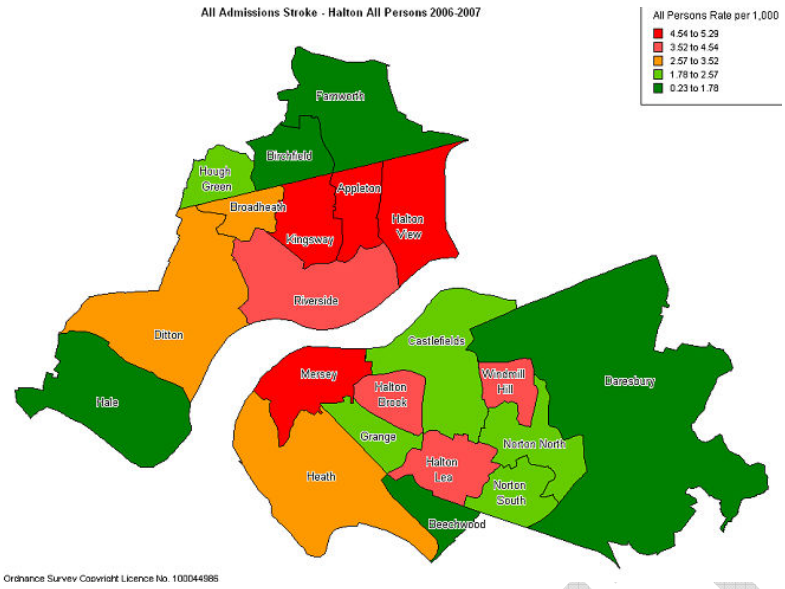
Obesity has been identified as being a significant link to Diabetes, Cardio vascular disease, Bowel Cancer, Hypertension and Stroke. The figure[56] below indicates the admission rates for Myocardial Infarction by Halton wards.



The figure below indicates the admission rate for stroke by Halton wards.

[55] JSNA. Halton 2008.

[56] JSNA. Halton 2008.



The above figures indicate significantly higher rates of heart disease in the Castlefields and Grange wards whereas Windmill Hill, Kingsway, Hale and Daresbury had significantly lower rates. Regarding Stroke, Halton View and Kingsway are areas with significantly higher rates of admissions due to stroke than the overall Halton rate.

The rate of mortality from all circulatory diseases for ages less than 75 years can be referenced in the early detection –major illness section, The chart shows Halton as having the greatest rate for both males and females compared to England, north west and other local rates.

19.2 Current service provision

The following programmes are available to the Halton population:

- Recipe for Health: A comprehensive exercise on referral programme for residents aged 18+ residing in Halton.
- Community Food Programme: Improved access to a range of healthy eating initiatives for residents living in the least advantaged areas of Halton.
- Go Men's Health Programme: Delivery of an engagement model that encourages men to undertake a basic health MOT, in non-clinical, convenient venues with lifestyle referrals to a range of health improvement services.
- Work places: A comprehensive evidence based Health at Work programme based on individual workplaces needs assessment following health checks for staff in association with management.
- Health Trainer services: A practical resource to link people into local opportunities to achieve their personal health goals.
- Training primary and community providers: The development and implementation of a training programme for staff across primary care and partner services.

- Fresh Start service: Six months of multidisciplinary team support for adults with a BMI 25-29 with an aim of reducing 3% of their body weight during that period.
- Weight matters service: One year of multidisciplinary team support for adults with a BMI 30-39.9 with up to six follow up appointments during the year with an aim of reducing three percent of their body weight during that period.
- Specialist services level 4 and 5: Support for adults with a BMI over 40 to lose weight during a two year period with up to eight follow up appointments during the period and an aim of reducing five to ten percent of their body weight during that period.

The referral levels for these services and associated activities are shown below.

Service	Referrals per year	Activities
Recipe for Health	600	32 consultations per week in a variety of venues across the locality. 21 exercise sessions offered per week across the locality with 33 follow on classes.
Community Food Programme	-	120 cook and taste sessions. 500 taster sessions within the community. 24 annual recharge sessions.
Go Men's Health Programme	500	Engagement via a series of initiatives including health checks, Two men's health groups/ follow ups.
Work Places	-	Target two SMEs. Links with Local Borough Council and Chamber of Commerce.
Health Trainer Services	350	700 seen 1:1. 400 given information in the community. Contacts: 1000.
Training primary and Secondary Care Providers	-	Two pilots being undertaken.20 staff trained in weight management and behaviour change.
Fresh start services	200	Two groups per week, one each in Runcorn and Widnes) in community venues. Individual appointments if required.
Weight matters service	-	Currently in pilot phase. Tied in with specialist service and mirrors approach below.
Specialist services level 4 and 5	450	Initial assessment sessions (Two per week in each Runcorn and Widnes) in community venues. Two clinics per week for 1:1 appointments.

	Two group sessions per week (Clients attend to ten weeks) in community venues.

There are pilot services for overweight children in place through MEND (Mind, Exercise, Nutrition Do It!). These need to be tweaked and expanded so all overweight children can be offered help. Award winning service for obese children on the St Helens side which needs expanding so all obese children can be offered help.

Service location

Alcohol services are provided in a variety of community venues across the locality.

Service Funding

The current PCT total investment in weight management services is circa £0.8m (<0.2% of total expenditure). No further current investment information is identified.

Key areas for concern

- Although there are services for very obese adults in Halton, there is a significant waiting list.
- There is a very limited service for obese children in Halton, although there is a successful model used in St Helens.
- Current programmes do not sufficiently meet the scale of the rising obesity epidemic (42,000 adults in the area are obese).

Across the two Boroughs, there are gaps and inconsistencies in services to meet the requirements of both children and adults. There is cross agency agreement about the scale of the challenge and a determination amongst partners to tackle it.

The main drivers for service development to address the high levels of obesity are the local health need and the fact that the population is 16% less active and 20% less likely to eat fruit and vegetables than the national average.

19.3 Planned service provision

Outcomes by 2013[57]

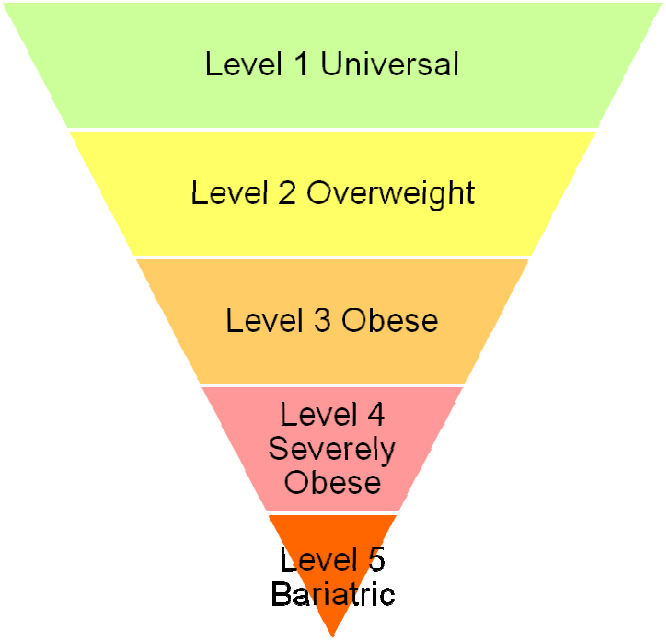
Outcomes required by 2013 have been identified as:

- The reduction of childhood obesity for reception age children in Halton and St Helens from 13% (07) TO 9%.
- The reduction of childhood obesity for year 6 children in Halton and St Helens from 21.5% to 17.5%.

[57] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

Future pathway

Future models of care, shown below, have been devised for adults and children to be implemented across Halton and St Helens, with appropriate linkages to services at each stage, ensuring a consistent user experience.



Overview of services for adults:

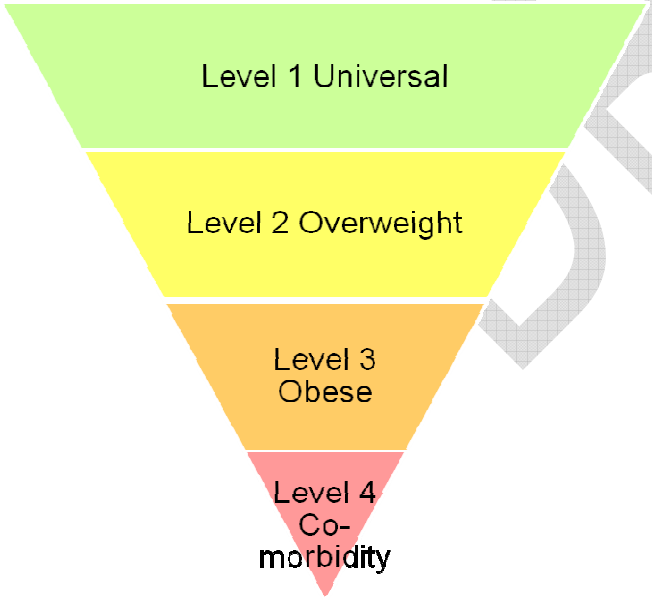
For everyone - community based fun & accessible programmes in partnership with LA & voluntary sector.
Healthy eating policies.

FRESH START - community based programme delivered in partnership.
Training on weight management for service providers.

WEIGHT MATTERS- community based, delivered in partnership; 1 year diet and exercise programme delivered as a specialist programme.

2 year diet and exercise programme delivered as a specialist programme.

For clients who have been through the specialist service for 2 years and meet NICE criteria.



Overview of services for children:

For everyone - services for families delivered in schools and the community. Wide range of fun healthy eating and physical activity programmes.

Community and school based diet and exercise programmes for families, children & teenagers.

Training on weight management for service providers.

1 year family based programme with specialist staff. Community based 1 year diet and exercise programme for teenagers.

2 year specialist programme for families providing shared care through clinical team including a consultant paediatrician.

Future Funding

The PCT plans to invest a further £7.4m annually by 2013 as shown below in the weight management services plan.

Investment (£m)	2008/09	2009/10	2010/11	2011/12	2012/13
Paediatric services (0-19 years)	0.5	1.2	2.3	2.8	3.0
Adult services	**0.5**	**1.7**	**3.1**	**3.6**	**4.4**
TOTAL	**1.0**	**2.9**	**5.4**	**6.4**	**7.4**

Schemes

In order to support the above model of care and achieve the appropriate health improvements, the CSP has identified the following schemes:

- Primary and secondary prevention of overweight and obesity in adults and children
- Tertiary prevention of obesity in children and adults.
- Early detection of obesity related diseases.
- Training on weight management and healthy eating.
- Healthy eating status.

The following services are currently in development[58]:

- Expansion of advice & support for parents on Breast Feeding support and Formula Feeding.
- 26 weeks to 1 year Finger Food Programme
- Healthy Early Years Programme: physical activity
- Healthy Food Awards
- Supervised Tooth Brushing
- Building of school playgrounds/Put services into schools for children.
- Expansion of services for overweight children.
- Development of services for very obese children in Halton.

Key potential risks to delivering initiative goals

- Potential service users do not access programmes – risk mitigated by Social marketing programme.
- Staff cannot be employed to meet capacity requirements – risk mitigated by role redesign/upskilling of junior staff.
- Partners not fully participating – risk mitigated by ensuring partners are part of provider or commissioning groups/backfill being arranged for teachers/nurses.

[58] Briefing paper for spokespeople and facilitators. Halton event. 26th January 2009.

- Monitoring and evaluation may not be robust – risk mitigated by implementing a consistent measurement framework. All providers to input patient data on both Tactician and Children and Families databases.

19.4 Local perception of services

The most important overall health issue affecting the community, according to Ambition for Health respondents, was obesity and diet[59]. In Widnes 47% of people believe that obesity is the most important health issue, with 40% of Runcorn residents and 29% of St Helens residents in agreement.

Reasons local people offered for high levels of obesity:

Too many fast food outlets,

The availability of convenience food,

Not enough exercise.

How can the PCT address high levels of obesity:

Education (teaching cooking skills

Encourage people to get more exercise

Cheaper admission to leisure centres

When asked which services they would like information, advice or support on, the number one response was 'Diet and healthy eating'.

19.5 Local opinion regarding services to be accessed on hospital campus

In July 2008, the PCT held an Ambition for Health event to listen to local residents to find out what they felt were the most important health priorities. They identified a list of priority services for development within Halton. A subsequent event was held on 26th January 2009, where local delegates were informed of service development progress to date and asked to consider the service list and indicate which services would be acceptable for provision on the Halton Health campus. Services to support healthier lifestyles were given a high priority (Ranked equal eighth out of fifty four). The prioritised list is included in Appendix 15.

Table discussions at the January event included the following supportive comments for the development of services on the Halton Health campus site:

[59] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

- NHS buildings 'out of hours'

The majority of comments were associated with a need for:

- Education
- Early intervention
- Routine annual MOT for all
- Use made of local gyms/slimming clubs.

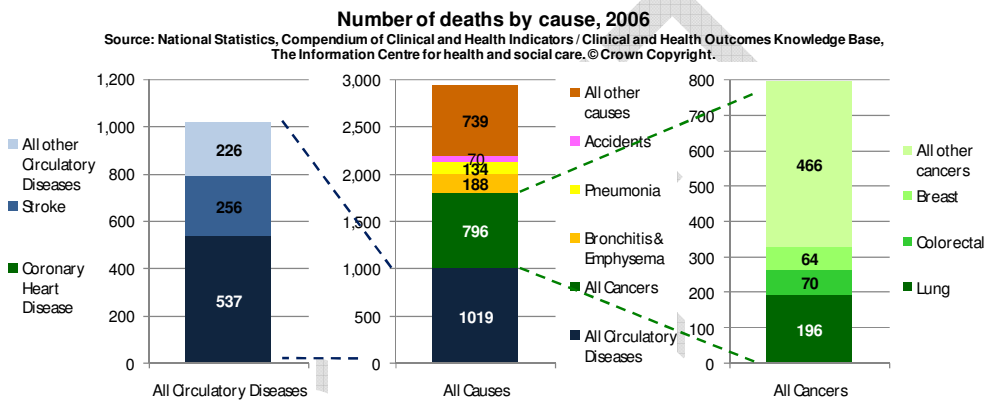
19.6 Summary

Obesity summary: 57% of Halton residents are overweight. 20.2% of residents are obese. Obesity is a significant link to Diabetes, Cardio vascular disease, Bowel Cancer, Hypertension and Stroke. The related mortality rate is higher than the national average. The PCT has committed an increase in investment of £8.3m. A number of schemes are currently being worked up. Obesity and diet are seen as the most important health issue with a need for education and services to support healthier lifestyles. **Some elements of this service will be developed to meet the needs of Halton's population with this theme being taken forward in this project as part of the promoting healthier lifestyles work.**

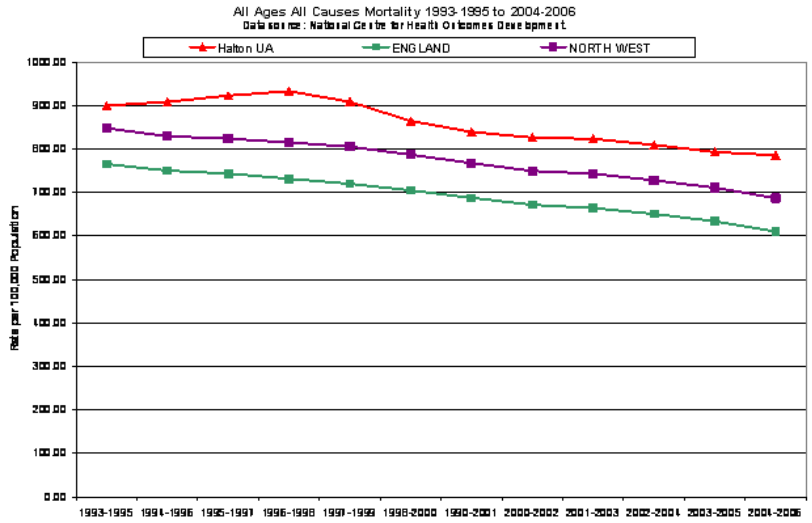
20 Appendix 11 Early detection of major illness

This section will cover local health need, current and planned service provision, local perception of service need and opinions on future development.

The mortality rate in the Halton and St Helens area is 19% worse than the national average equivalent to 560 extra deaths per year. Much of this arises due to the lifestyle the population leads, including heavy drinking, smoking and a poor diet as described in earlier sections of this document and underpins the drivers for change. Cancer and Cardio Vascular diseases account for over 60% of deaths[60] as shown in the diagram below.



The chart below indicates the all age, all causes mortality rate for Halton between 1993 and 2006. It is clear that the rate continues to be greater than the north west and significantly greater than the England rate.



[60] NHS Halton and St Helens 2008-13.

Death rates for females have remained high and not reduced as fast as males. In recent years the gap between the North West, England and Halton female deaths has widened.

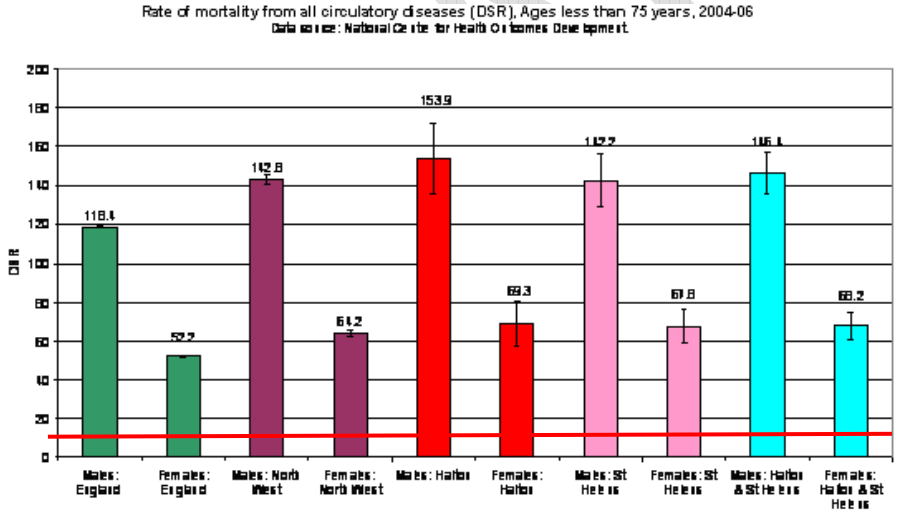
Heart disease is the single biggest cause of premature death in Halton. Cancer[61] is the second biggest cause of premature death in Halton but its rate makes Halton the worst area in the country for cancer deaths. Stroke and Diabetes are the next most common disease groups causing premature death.

Research by the World Health Organisation demonstrates that 80% of all heart disease, 90% of type 2 Diabetes and one third of cancers can be prevented by addressing the three lifestyle issues, smoking, diet and exercise.

20.1 Local need

20.1.1 Cardio Vascular Disease

Locally more people have 12% Cardio vascular disease than nationally[62] and, for those under 75, men are more likely to have it than women. However, there has been a reduction in the number of deaths from heart disease over recent years. The mortality rate is shown in the chart below, in comparison with England, north west and St Helens.



Coronary Heart Disease (CHD) is a significant circulatory disease and cause of 205 deaths (85 in under 75s) in Halton each year[63]. The population's prevalence of CHD is 37% higher[64] than the national average.

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[61] JSNA Halton 2008.

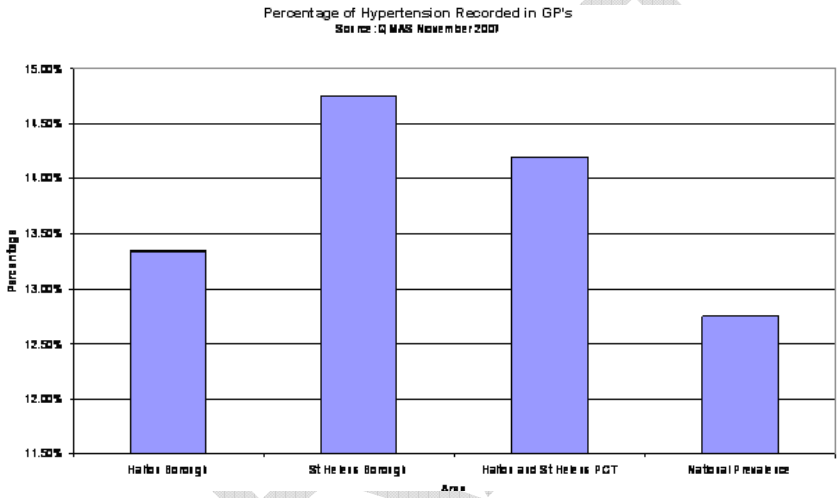
[62] NHS Halton and St Helens 2008-13

[63] Reference unknown. Taken from draft Vascular Screening programme paper

[64] NHS Halton and St Helens 2008-13.

The known prevalence of CHD[65] using Quality and Outcomes Framework data from general practice (QMAS – November '07) for Halton is 4.52%, 5731. This is lower than the expected rate by 0.4% but a lot higher than national rates which currently stand at 3.53%.

Chronic hypertension is often symptomless on its own. It is arguably the most important modifiable risk factor for coronary heart disease and stroke. It is therefore important to diagnose promptly and put lifestyle and/or treatments in place. It is estimated that around 1 in 4 (23.9%) people have high blood pressure (hypertension). Promoting people to adopt healthy personal behaviours, such as not smoking, being physically active and eating healthily can help to reduce high blood pressure, reduce the risk of stroke and prevent the development or worsening of heart disease. Using the November 2007 QMAS data[66] for GPs the actual rates of hypertension recorded are 13.3% for Halton.



The chart above shows that despite the low levels of recording of hypertension in Halton the prevalence is a lot higher than the national rate. Based on the information from national prevalence models this suggests that just over 11,500 people in Halton may be at risk of hypertension but have not been diagnosed.

20.1.2 Cancer

Halton has the worst rates of premature cancer deaths[67] in the country. Cancer deaths increased substantially in 2004 and remained high in 2005, although they have decreased slightly in 2006, the 3 year rolling average still shows high rates, in fact Halton has the worst cancer mortality rates in the country based on 2004-2006 data.

[65] JSNA Halton 2008.

[66] JSNA Halton 2008.

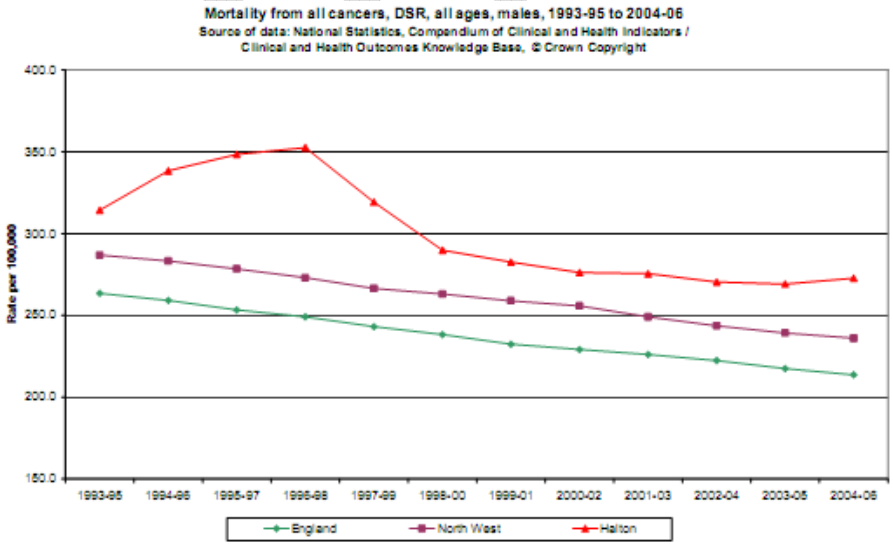
[67] JSNA Halton 2008.

Lung cancer is the leading cause of cancer death in Halton for both men and women. There has been a steady increase in the number of women developing breast cancer in Halton and death rates for the disease have increased recently. Nationally the rate has improved but this remains the second largest cause of cancer death in Halton.

Prostate cancer has the highest incidence rates of any cancer for men in Halton and is in the top 3 causes of cancer mortality. The Incidence of colorectal (bowel) cancer in Halton has slowed since 2002-2004. The incidence rates for the top three most common cancers for males and females are shown below.

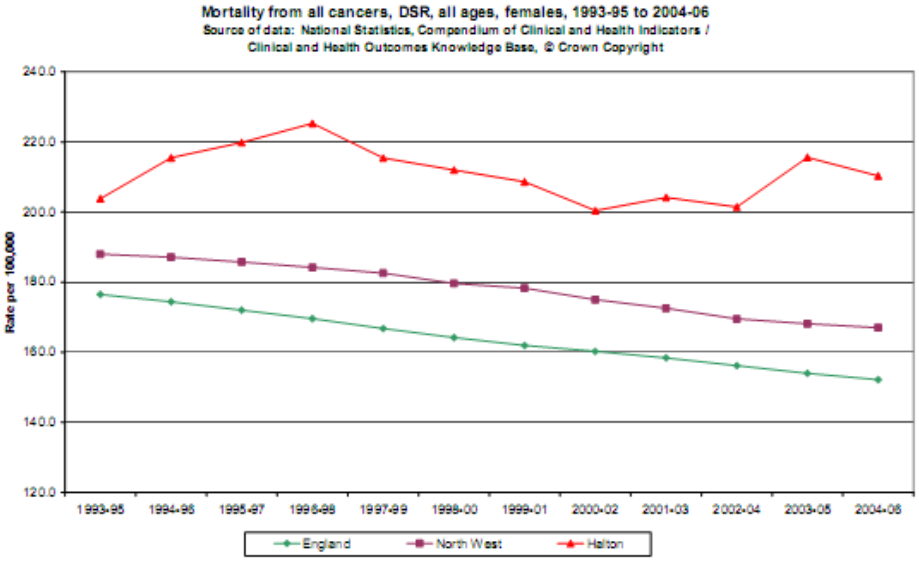
Type	Male	Female
Prostate	20.3%	N/A
Bronchus and lung	18.4%	14.3%
Colon	8.2%	7.8%
Breast	0	30.3%

The top three most common cancers (Mortality) for males throughout Halton for 2004-6 are Bronchus and lung (24.7% of total cancers), Prostate (9%) and Oesophagus (6.7%). The chart below shows the trend in mortality from all cancers in males[68]. Overall for England, the North West and Halton the rate has been reducing at a steady pace, although Halton's rate has increased between 2003-2005 and 2004-2006.



[68] JSNA Halton 2008

The top three most common cancers (Mortality) for females throughout Halton for 2004-6 are Bronchus and lung (21.6% of total cancers), Breast (16.2%) and Colon (6%). The chart below shows the rate of mortality from all cancers in females between the years 1993-95 to 2004-06. Overall, for England, the North West and Halton, the trend has seen a reduction in the rate of mortality, although Halton's rate increased significantly in the period 2003-2005 but another decline for 2004-2006.



Colon cancer is common in older people and so a new screening programme has been rolled out across Cheshire and Mersey. This screening programme is likely to identify more bowel cancers but effective treatment will mean that health outcomes will be improved.

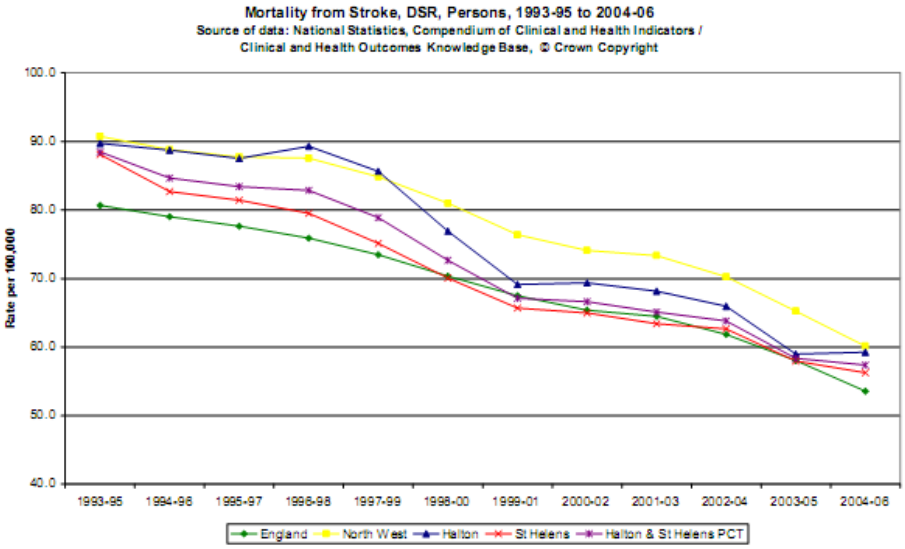
Cervical cancer is the second most common cancer in women under the age of 35.

20.1.3 Stroke

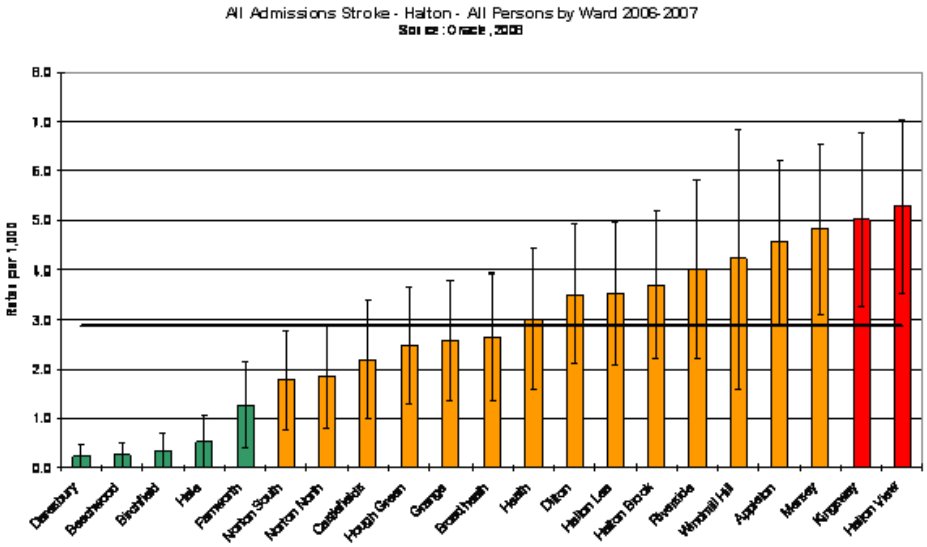
Stroke is the third largest cause of death in the Halton area. Halton has lower rates of death from stroke than the North West but slightly higher rates than England as a whole. It is estimated that 23.9% people locally have high blood pressure (hypertension) which can lead to stroke and heart disease and numbers are set to increase. However, the number of patients identified as having hypertension at GP practices is much lower than the estimated levels, suggesting many people are going unidentified and therefore untreated.

Halton has maintained consistently low rates for mortality from Stroke compared to the North West for the past several years almost matching the England average in 2003-2005 with Halton's average being 58.95 per 100,000 compared to the England average of 58.02. However levels have risen marginally to 59.25 for the period 2004-2006 reducing the gap between Halton and the North West as shown below.

From the 2004-6 data[69], approximately 96 people per year die from stroke in Halton. Of these 25.8% were in people under the age of 75 years.



There were a total of 342 admissions for Stroke in 2006/07.



The chart above shows the crude rate of admissions as varying from 0.2 per 1000 population in Daresbury to 5.3 per 1000 in Halton View. Halton View and Kingsway are areas with significantly higher rates of admissions from stroke than the overall Halton rate.

[69] Reference unknown. Taken from draft Vascular Screening programme paper

20.1.4 Diabetes Mellitus

Up to 750,000 people with type 2 diabetes remain undiagnosed in the UK with evidence that people have the condition for nine to twelve years before diagnosis. The UK PDS showed that up to 50% of people already have complications such as CVD, neuropathy, nephropathy and retinopathy at diagnosis.

There is clear evidence that the majority of type 2 Diabetes can be prevented by lifestyle and diet interventions.

15% of Halton Care homes residents have diabetes compared to the 4.1% prevalence in the general population and the national average of 3.4% (QOF data 2007).

The best case scenario of Halton in relation to Diabetes prevalence would be a rate of 4.40% by 2010 based on obesity levels returning to 1995 levels.

20.2 Current service provision

The current cancer screening services already up and running are:

- Breast (Ladies 50 – 70 years of age). This service is provided on the Halton Health campus in a mobile van. Breast screening activity of 6500 patients every 3 years is circa 250 per week with the van present on the Halton site for 6 months over 3 years (given the recall period is 3 years).
- Cervical (Ladies 25 years-70 years of age). All cervical cytology work (following testing at GP surgeries) takes place at Warrington
- Bowel (60 – 69 years of age). Halton hospital does not have accreditation for bowel screening but will be looking to receive this following out JAG accreditation visit in the summer.

These are aimed at those population ages that are most at risk.

An opportunistic cardiovascular screening programme is in operation in 35 of 55 GP practices for those patients who present with signs and symptoms of being at high risk of developing cardiovascular disease.

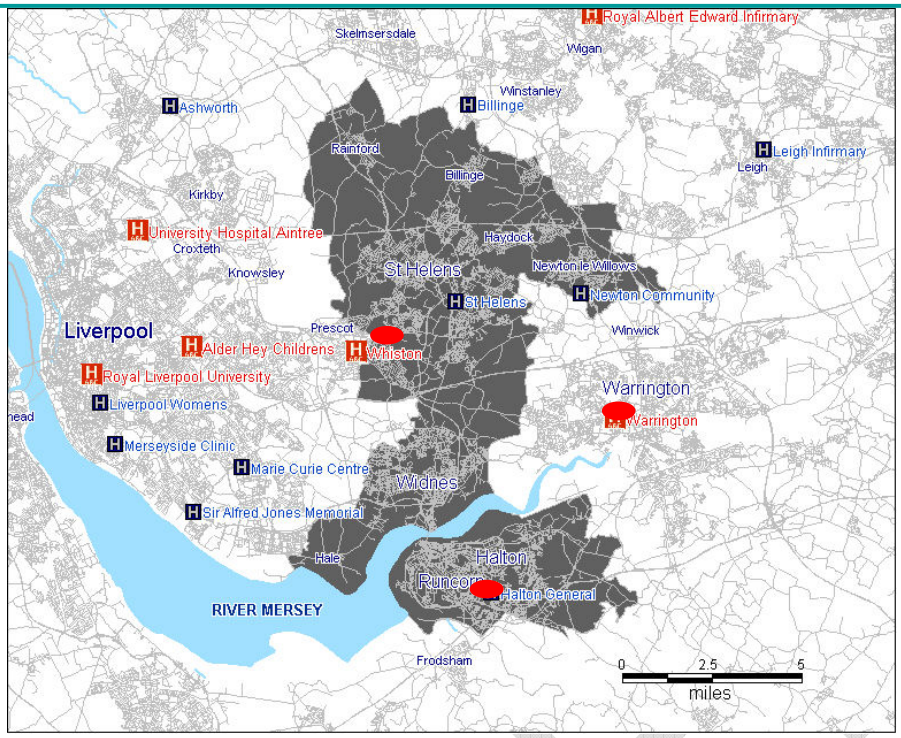
There is direct access for GP referral to Whiston hospital for ECG, Echo and 24 hour blood pressure monitoring.

A diabetic retinopathy eye screening programme is in operation for people with diabetes.

Improvement Foundation Initiatives – There are four geographical areas within Widnes, Runcorn and St Helens.

Service location

The map below indicates the current locations for provision of cancer screening services, besides GP surgeries.



Service Funding

The current total investment in early detection services is ~£1.5m (this is <0.3% of total expenditure). This is disproportionate to the total spent on planned and urgent care. More investment is required upstream to reduce the costs of expensive treatments.

Key areas for concern

- Capacity in primary care is limited and patient groups are prioritised for risk assessment under the remit of the existing local enhanced scheme for CVD practice based registers for patients at risk. The current approach is showing to be effective but there is great opportunity to extend the scope of the scheme.
- In order to reduce the cancer mortality rates there is a need to extend the existing cancer screening programmes by lowering the age ranges and widening out to include other tumour groups.
- There is currently no formal pathway for certain groups who may be at risk, that is, screening of family of patients who experience a sudden cardiac death.

20.3 Planned service provision

Outcomes by 2013[70]

Outcomes required by 2013 have been identified as:

[70] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

- 20% reduction in non-elective admissions for vascular, respiratory diseases and cancer.
- 10% reduction in the cancer mortality rate.
- CVD mortality rate reduced by 20%.

Future pathway

The PCT has set out a vision to prevent vascular, respiratory and cancer related illness through

- Access to early diagnosis
- Quality treatment
- Equitable services

Its service strategy includes:

- An increase in preventative services which support lifestyle change
- Creation of a culture whereby screening for wellness becomes second nature from an early age.
- New ways to encourage people to seek advice, get help/checked more quickly.
- Provision of more accessible places offering screening services at convenient appointment times, including evenings and weekends.

The existing cancer screening programmes will be extended by lowering the age ranges and widening out to include other tumour groups.

Plans will be formulated to provide pro-active cradle to grave systematic screening to target a wider population profiled by age, risk and frequency to reduce future risk of all vascular diseases.

The Halton Borough Council has a strategy to develop further leisure/sports facilities in the Halton area. These would provide facilities to help combat poor lifestyle issues resulting in poor health.

Future Funding

Additional annual investment by 2013 will be £12.5m. A benefit of £1m will be realised giving a total investment requirement of 11.5m.

Investment (£m)	2008/09	2009/10	2010/11	2011/12	2012/13
Social Marketing schemes	0.0	0.5	1.1	1.1	1.1
Screening (BP,FBT,Spiro, CVD risk)	0.0	0.8	2.3	3.2	3.7
Diagnostic test (Spiro, Echo, ECG)	0.0	0.1	0.4	0.7	0.9

Personalised risk mgt programme	0.0	1.0	1.6	2.6	3.2
Prescribing costs	0.0	0.3	0.8	1.1	1.6
Additional investment sub total	**0.0**	**2.7**	**6.2**	**8.7**	**10.5**
Benefits: Reduced acute admissions	0.0	0.0	-0.3	-0.8	-1.0
Benefits sub total	**0.0**	**-0.3**	**-0.3**	**-0.8**	**-1.0**
Total	0.0	**2.7**	**5.9**	**7.9**	**9.5**

Early detection services - The PCT plans to increase the funding from current levels of £1.5m to £3.7m in 2012/13. The whole adult population (25+) will be tested annually, appropriate for the individual.

Social Marketing - The development of a social marketing team at the PCT will be supported by significant investment reaching £1.1m by 2013. This intelligence will be used to inform robust strategies for improving the health of the local population across all priority areas.

Personalised risk management programmes – The biggest investment will be funding personal risk management programmes offered to patients as a result of their screening/diagnostic tests. This will include investment in leisure and lifestyle capacity, total investment will reach £9.5 million by 2013.

Schemes

A series of actions have been agreed which ensure the appropriate steps are taken to enable the successful delivery of the future pathway and in turn improving the services on offer for the people of Halton and St Helens. The actions are organised into a number of schemes as outlined below:

- Early alerts/awareness raising. Use of appropriate social marketing techniques to reach the target population; local health promotion; road shows to target hard to reach communities, multi-partnership approach, supporting people to take responsibility for their own health by improving the availability and quality of information, education and advice, working consistently in partnership with the local community to really understand what is needed to improve local health outcomes.
- Integrated registers for at risk patients identified locally by practices, based on known risk factors to help target interventions.

- Pro-active cradle to grave systematic screening to reduce future risk. Screening for diabetes (obese/high risk population), vascular disease, COPD (in over 35s), cancer (breast ,cytology, bowel); optimise call and recall systems to target the population profiled by: age, risk, frequency. It is important to develop programmes around a 'whole-family' approach and workplace screening. Opportunistic screening will be available to improve accessibility and engagement with the never screened population.
- Improved access to diagnostics. Direct access to diagnostics and imaging to primary care professionals will be extended using protocols and evidence based criteria. This will be supported by education and training for all referrers , increased capacity and accessibility to phlebotomy services, increased pathology capacity and increased availability of quality assured spirometry provision in primary/community care.
- Personalised risk management programmes. Access to Health trainers and Cognitive Behavioural Therapy (CBT) will be promoted ad progress monitored.

The development of systematic health checks will involve inviting people for the following diagnostic tests in order to assess risk for major illness such as respiratory disease (COPD) cardio vascular disease and diabetes, and identify patients with existing conditions at an earlier stage.

The tests provided will be; blood pressure test, full blood test (liver function. cholesterol), screening spirometry and CVD risk assessment.

Patients will be offered all/some of the above tests depending upon their age. The table below summarises the predicted numbers.

Age	B.P	FBT	Spiro Screening	CVD Risk assessment	Population	Estimated uptake	Associated costs (£m)
25-34	✓	✓	x	x	40,000	10,000	£0.15
35-44	✓	✓	✓	✓	49,000	34,300	£0.87
45yrs over	✓	✓	✓	✓	133,000	109,459	£2.76
Total					**242,000**	**169,400**	**£3.78**

Depending upon the results of these range of tests patients will be provided with a personal management plan which will include a treatment plan where necessary (i.e. preventative statin prescribing) and a diet and exercise plan.

Key potential risks to delivering initiative goals

Stakeholder Engagement

- Engagement of the targeted screening population may not be successful resulting in low uptake of local programmes and resulting health outcomes. The development of the social marketing infrastructure should help to mitigate this risk.
- Patients identified at risk may not wish to change their lifestyles and therefore local trajectories regarding anticipated reductions in mortality rates, and disease prevalence will not be achieved. To obtain maximum results requires multiple health promotion strategies on multiple levels.

- Potential delays in tendering, contract award and implementation processes. A timely decision making process and robust project plan is required for development.

Financial

- If the required investment is dependent upon efficiency gains that are not realised, this may impact upon the investment available for service development.
- In relation to screening programmes, there is a risk that providers will not actively engage with the screening programmes if not adequately incentivised to ensure capacity and processes are in place to support delivery. A robust financial risk strategy will underpin the delivery of the plan.

Implementation

- Any IT changes and developments within providers may affect the operational capacity to participate effectively in audit and delivery of services.
- The lack of suitable premises to host new or redesign of existing services will further add to any delay in implementing timely services.
- Availability of appropriately trained workforce may affect the timely delivery of services. Investment in training and external procurement of services will help to mitigate this.
- Capacity within diagnostics services to support the increased demand resulting from screening programmes.
- If supporting services, i.e. dietetics, educational programmes are not available to meet increasing demand for services, patients will not be able to receive appropriate specialised advice and support when required and desired outcomes will not be achieved.

20.4 Local perception of services

Early detection of ill health is a priority for the people of Halton. Nearly nine out of ten local people[71] suggested that everyone should be offered an annual health check including Blood pressure, Diabetes, Cholesterol and cancers.

Where people disagreed that 'enough was being done to detect diseases at an early stage' the key reasons were:

- It takes too long to see someone
- Reporting[72] is happening too late – illness has already moved on then referral to specialist takes longer than target

[71] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

- Diagnosis but nothing being done

Reasons local people do not access services:

Men do not go to the GP

Inaccessible

Fear

What could the NHS and its partners do to improve things:

Remove age limit to screening,

Take services to people

Message of early detection resulting in better survival

More services in the community e.g. ASDA

20.5 Local opinion regarding services to be accessed on hospital campus

In July 2008, the PCT held an Ambition for Health event to listen to local residents to find out what they felt were the most important health priorities. They identified a list of priority services for development within Halton. A subsequent event was held on 26th January 2009, where local delegates were informed of service development progress to date and asked to consider the service list and indicate which services would be acceptable for provision on the Halton Health campus. Services to support the early detection/screening for major illnesses were clearly identified as top priority. The prioritised list is included in Appendix 15.

Notes taken of the table discussions at the January 2009 event[73] included the following supportive comments for the development of services on the Halton Health campus site:

- Pro-active health screening – MOT approach. This could be mobile or static facility
- Involve youth parliament
- Halton Health campus was supported but facilities in the community were valued - Health centres, supermarkets, community buildings, mobile centres – Maybe a hub and spoke approach is indicated here.
- One stop shop required

The majority of comments were associated with:

- A need to shift emphasis to health wellness
- Do we need to catch young people earlier?
- At risk groups should be targeted

[72] Ambition for Health engagement event report January 2009.

[73] Ambition for Health engagement event report January 2009.

- Message of where detection is early, there is a likelihood of better survival rates
- Accessing services too late - Some cancers are found as a result of another treatment.
- Lack of awareness amongst other professionals.
- Transport is an issue

20.6 Summary

Early detection of major illness summary: The mortality rate is higher than the national average. 80% of all heart disease (single biggest cause of deaths), one third of cancers (second biggest cause of deaths) and 90% of type 2 diabetes can be prevented by addressing the three lifestyle issues, smoking, diet and exercise.

The PCT has committed an increase in investment of £18m. A number of schemes are currently being worked up. Early detection of ill health is a priority for Halton. Development of services on Halton Health campus was supported locally but a hub and spoke model is indicated. **These services will be taken forward within this project.**

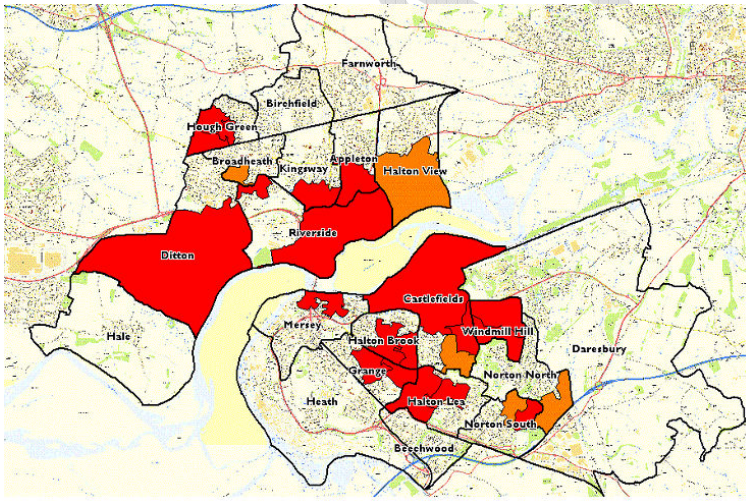
21 Appendix 12 Early detection of Depression

Current economic downturn may give rise to increased incidence of depression and future demand should be anticipated.

21.1 Local need

About 1 in 6 adults in Halton[74] suffer from depression (or chronic anxiety, which effects 1 in 3 families). This rises to 1 in 4 older people having symptoms of depression that are severe enough to warrant intervention. It is estimated that 2000 children and young people in Halton have moderately severe problems requiring attention from professionals trained in mental health, and approximately 500 children and young people with severe and complex health problems requiring a multi-disciplinary approach.

In Quarter 2 of 2007 Halton had the 7th highest percentage of working age people claiming out-of-work benefits (18%) in the North West[75]. This equates to over 13,000 people from Halton and has a significant effect on people's mental health. The national rate is 11%. The incidence of working age people claiming out of work benefits are indicated below, the red areas equating to the highest rate.



The map above indicates the greatest unemployment rates in the areas of Ditton, Hough Green, Riverside, Castlefields, Halton Brook, Grange, Windmill Hill and Halton Lea.

21.2 Current service provision

The following services are available to the Halton population:

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[74] JSNA. Halton 2008.

[75] JSNA. Halton 2008.

- Primary care mental health team: Provide psychological therapies and counselling to people with mild/moderate problems -200 referrals per month with 700 appointments offered in a variety of settings across the locality including most GP practices.
- Advice and access team: The Brooker Centre. Screening and assessment of referrals to secondary care services –approximately 84 referrals per month. 28 contacts per month
- Crisis response and home treatment team: The Brooker Centre. Gate keeping to inpatient services, home treatment as an alternative to admission – approximately 105 referrals per month. 277 contacts per month.
- Acute inpatient wards: The Brooker Centre is a single sex acute inpatient facility which provides the hub of specialist acute psychiatric in-patient care for adults and older people with organic conditions such as Alzheimer's disease. 26 admissions per month with an average length of stay 34 days.
- Place of safety: The Brooker Centre is the designated S.136 of the Mental Health Act place of safety for people with mental health problems picked up by the police. It has two secure isolation wards for people who display some challenging behaviour on admission and provides the statutory functions set down in the Mental Health Act 2007(that is, when people are detained against their will under the act). It also provides statutory Mental Health Tribunal services for people who wish to appeal against their detention.
- Tiers 4 and 5: It also provides tiers 4 and 5 of the psychological therapies pathway which is a requirement for people who are detained as an alternative to medical interventions etc.
- Enhanced Day Therapy services: The Brooker Centre. Psychological therapies for people with severe and enduring/complex mental health problems. Approximately 23 referrals per month. 145 contacts per month.
- Runcorn community mental health team: The Brooker Centre. Multidisciplinary community based services for people with severe and enduring mental health problems in Runcorn. 18 referrals per month with 432 contacts per month.
- Widnes community mental health team: St John's unit, Widnes. Multidisciplinary community based services for people with severe and enduring mental health problems in Widnes. 18 referrals per month with 432 contacts per month.
- Halton early intervention team: St John's unit, Widnes. Services for people experiencing their first episode of psychosis aged 14-35. Approximately six referrals per month with 358 contacts per month.
- Assertive outreach team: Vine Street Resource Centre, Widnes. Service for people with complex mental health needs who are difficult to engage. Approximately one referral per month with 572 contacts per month.
- CAMHS: The CAMHS team in Halton is based near to Runcorn Town Hall.

Service Funding

The current expenditure on primary care mental health teams is £1.2m compared to £31.6m on secondary care services (i.e. only 3.7% of the amount spent on secondary services).

Key areas for concern

- The national data highlights that at least 50% of people suffering with depression do not go to their GP with their problems and, therefore, can continue to suffer with mild / moderate mental health problems instead of accessing treatment. This requires more information to be made available to the public about the signs and symptoms of depression and the sort of help available. This can be in the form of public health campaigns, phone advice lines and easily accessible information about the services available in public areas such as the GP waiting rooms, local libraries, community centres and colleges.
- The national statistics, also, identify that of those people that do see their GP with depression, the GP does detect or diagnose depression in only 50% of cases, especially if people present with physical pain / symptoms. This requires increased training to primary care staff to recognise the symptoms of depression and to which services they can refer people.
- At least 40% of all claims for Incapacity Benefit are for mental health problems.
- There are long waiting times for access to psychological therapies, with people waiting up to 7 months for Cognitive Behavioural Therapy and 5 months for Counselling. People's symptoms may worsen during the time they are waiting to a point when they may require a referral to secondary care services which they would otherwise not have needed.

21.3 Planned service provision

Outcomes by 2013[76]

Outcomes required by 2013 have been identified as:

- A 67% reduction in hospital admissions for depression.
- Improvement in mental health for people with depression and their families.
- A decrease in incapacity claimants of 1,800 (-9.4%) by 2013.

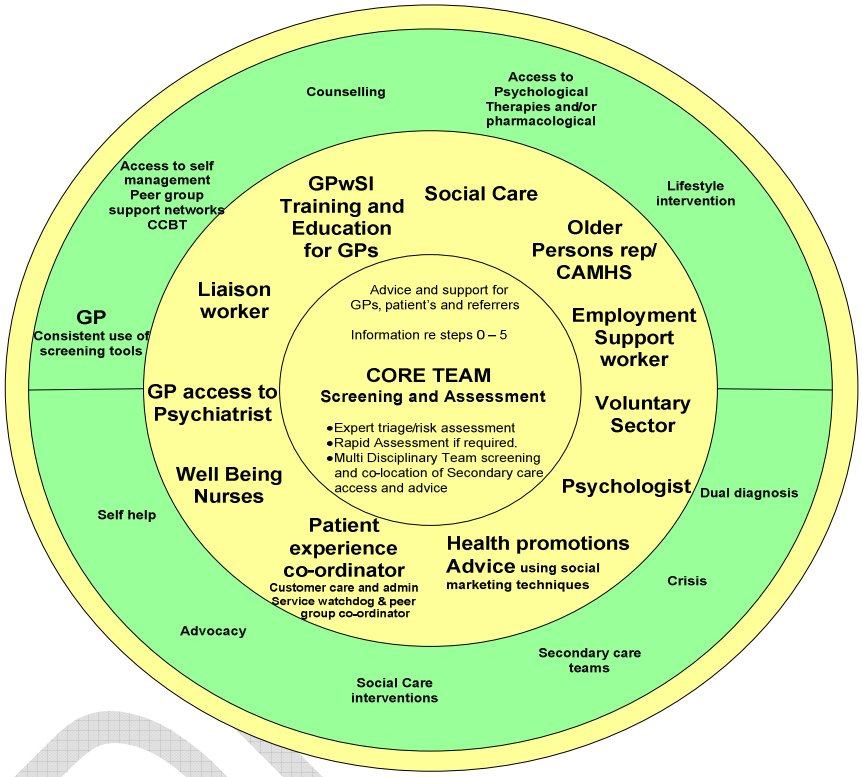
Future pathway

The focus of Mental Health service development previously has been for people with serious mental illness. Current focus is on access to primary care services for people with mild/moderate mental illness which includes depression and anxiety.

[76] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

The national programme 'Improving Access to Psychological Therapies' requires significant increase in access to and range of these services within the community.

Early detection and treatment of depression requires an integrated multi-disciplinary care pathway as shown below, giving a single point of access to ensure people get the right treatment at the right time provided as locally as possible. This pathway will require an increase in the number of practitioners who can provide appropriate evidence based psychological therapies.



"Step Up → Step Down → Step Out"

The PCT is also working with their stakeholders to make sure that mental health is a shared priority.

Future Funding

Substantial investment is ring-fenced for primary care mental health services and this will ensure earlier intervention, quicker access to talking therapies and reduce the number of people requiring a referral to secondary care services. This PCT investment is planned to increase by £2.1m by 2012/13[77] and is indicated below with net effects of benefits to be realised.

[77] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

Investment (£m)	2008/09	2009/10	2010/11	2011/12	2012/13
Primary care schemes	0.0	1.1	1.5	1.9	2.0
Sub total	**0.0**	**1.31**	**1.75**	**1.9**	**2.0**
Benefits	**0.0**	**0.0**	**-0.1**	**-0.3**	**-0.4**
Reduction in prescribing SSRI					
Sub total	**0.0**	**0.0**	**-0.1**	**-0.3**	**-0.4**
Total	**0.9**	**1.1**	**1.4**	**1.6**	**1.6**

Schemes

A series of schemes have been identified which will ensure the successful delivery of the future pathway:

- Effective detection and recognition of depression across the whole patient group. Social marketing and health promotion work to be done.
- Appropriate treatment responses in line with a stepped care model.
- Early detection and positive management of risk to diagnose before referral. This includes the signposting of patients and an accountability for patient's journey through the system.
- Personalised health care plans for self management of recurrent mental health problems. This is established in secondary care as CPA but there is a need to ensure the integrated record happens.
- Improved access to psychiatric liaison for adults and children. There is liaison available for older people in Whiston but non for adults. A joint commissioning approach is required here.

There is very little, if any, opportunity to re-patriate from outside Halton as people are not sent out of area for these services.

Key potential risks to delivering initiative goals

- Due to nationwide high demand and limited training places, recruitment of staff could be difficult. New workers will require access to specialist training courses
- Potential service users do not access programmes.
- Services are not developed quickly enough to meet demand.
- Monitoring and evaluation may not be robust.

21.4 Potential for partnership working

Partnership working is expected to be built upon within the procurement of mental health services to deliver the new care pathway. There is very little, if any, opportunity to re-patriate from outside Halton as people are not sent out of area.

21.5 Local perception of services

Local people think that:

- They do not know much about depression
- GPs have no understanding of wider social issues
- Allocated appointment times are too short

Reasons local people do not access services:

Not knowing who to contact

Social stigma

Low expectation/poor self esteem

What could the NHS and its partners do to improve things:

Train GPs and health professionals in signs and symptoms

Promotion campaign/awareness days

21.6 Local opinion regarding services to be accessed on hospital campus

In July 2008, the PCT held an Ambition for Health event to listen to local residents to find out what they felt were the most important health priorities. They identified a list of priority services for development within Halton.

A subsequent event was held on 26th January 2009, where local delegates were informed of service development progress to date and asked to consider the service list and indicate which services would be acceptable for provision on the Halton Health campus.

Mental health services for a) young people under 18 years and b) additional mental health wellbeing services were given a high priority. The prioritised list is included in Appendix 15.

Notes taken of the table discussions at the January event include reference to[78]: supportive comments for the development of services on the Halton Health campus site:

[78] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

- A hub and spoke approach
- Peer group network involved at the hospital (Brooker Centre or General hospital – unknown)
- Use of leisure facilities at the hospital

The majority of comments were associated with:

- The need for education regarding early symptoms
- The need for a 'one stop shop'
- Reduction of waiting times.

21.7 Summary

Early detection of depression Summary - About 1 in 6 adults (1 in 4 older people) in Halton suffer from depression, 2000 children and young people in Halton have moderately severe problems. The PCT has committed an increase in investment of £2.1m to deliver an agreed new model of care giving a single point of access to ensure right treatment at the right time. Development of services is a high priority for local people with a need for education, improved access and a 'one stop shop' **Services will be developed to meet the needs of Halton's population with this theme being taken forward both as part of the CSP implementation work and within the promoting healthier lifestyles work. of this project.**

22 Appendix 13 Urgent Care

22.1 Local need

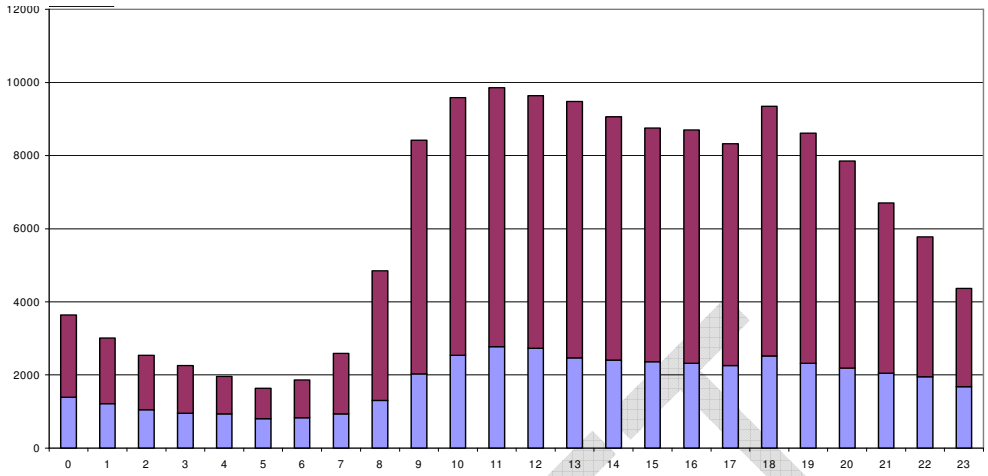
20% more people are admitted to hospital in Halton and St Helens than the national average, with the non-elective admissions rate at 37% higher[79] than the national average (and 8% higher than north west average). A large amount of resources are focused reactively on treating sickness. Although the admission rates are different by age group, non-electives remain a constant difference to the national average. HES data indicates a rate of 158 per 1000 population compared to rates of 130 in Cheshire and 120 Nationally. The total number of non-elective admissions to hospital[80] was 19,067. The table below indicates the causes of non-elective admissions for residents registered with a Halton GP practice.

Chapter	Number	Percent
Symptoms, signs and abnormal clinical & laboratory findings, not classified elsewhere	4,969	26.1
Injury, poisoning and certain other consequences of external causes	2,791	14.6
Diseases of the respiratory system	2,314	12.1
Diseases of the circulatory system	1,953	10.2
Diseases of the digestive system	1,571	8.2
Diseases of the genitourinary system	927	4.9
Diseases of the musculoskeletal system and connective tissue	873	4.6
Neoplasms	565	3.0
Certain infectious and parasitic diseases	487	2.6
Mental and behavioural disorders	475	2.5
Other categories	2,142	11.2
Total	**19,067**	**100.00**

[79] Commissioning Strategic Plan. NHS Halton and St Helens. 2008-13

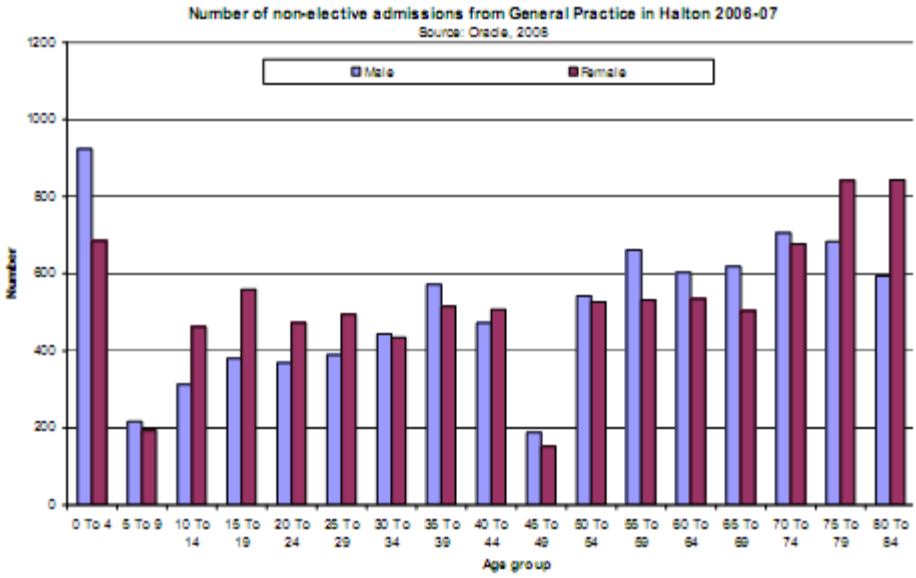
[80] JSNA. Halton 2008.

There is a significant proportion of attendees to A&E that do not require admission. The graph below indicates the Warrington A&E attendance[81] and admission rates by hour of the day.



It would appear that the admission rate remains relatively steady whereas the percentage of patients who are discharged from A&E are significant between the hours of 8.00 and 22.00.

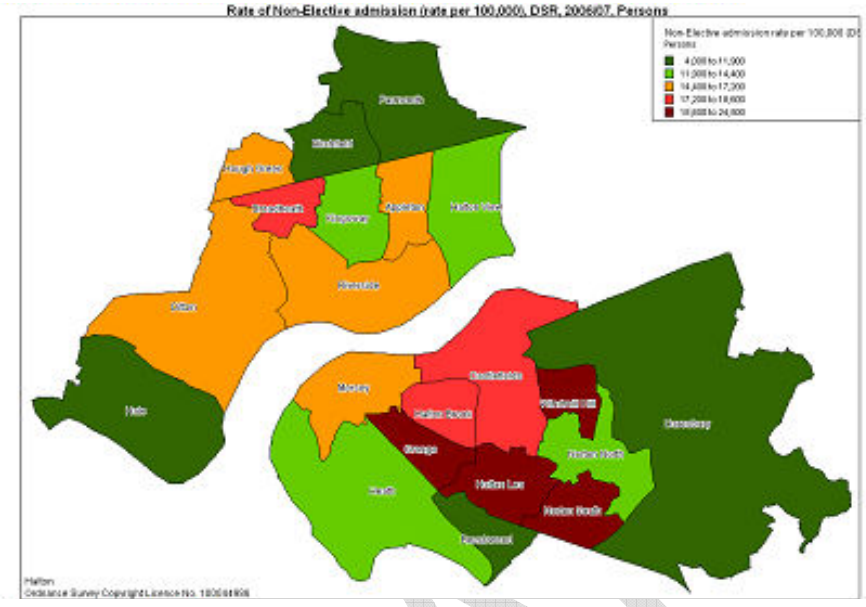
Castlefields ward has the highest crude rate of non-elective hospital admissions in 6 of the top ten categories. Riverside and Halton Lea has the highest crude rate of non-elective hospital admissions in 5 of the top ten categories. Hale and Daresbury have the lowest crude rate of non-elective hospital admissions in all of the top ten categories. The number of non-elective admissions to hospitals from Halton GP practices[82] is shown below.



[81] Warrington A&E attendance report 2007-8.

[82] JSNA. Halton 2008.

The non-elective admissions have been mapped as shown below[83]. These levels are closely associated with areas that have high levels of deprivation and therefore high levels of health and social care need. This also indicates that these populations with higher than the Halton rate of admissions may be seeking health care late and not accessing services to prevent ill-health.



22.2 Current service provision

Currently, people experiencing an urgent care need, access care through an A&E department, their GP, one of the PCT's Walk in Centres or a lower level through a Community Access Centre. Out of hours the options are reduced to an Out of Hours service, an A&E department or a Walk in Centre.

The public continues to access A&E departments for care and treatment of minor and moderate illness because the alternatives are not accessible when the public wants or needs to access them.

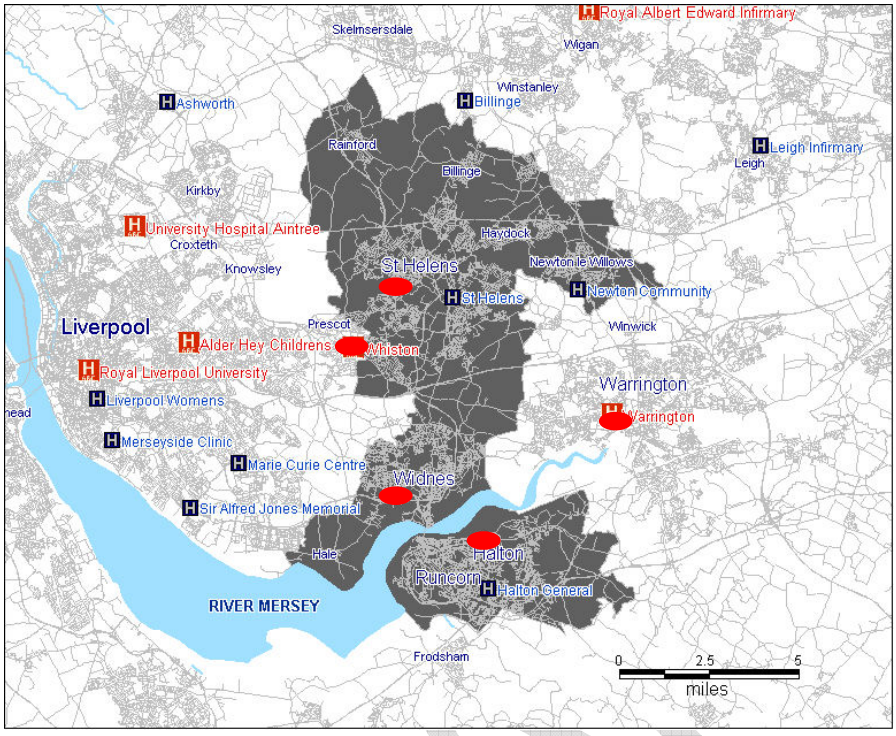
The following services are available to the Halton population:

- Type 1 - Warrington Hospital. The A&E unit is currently operating at full capacity. Whiston A&E unit. Prescott Merseyside
- Type 2 – Millennium centre. Middle of St Helens
- Type 3 - Widnes Walk-in centre. This facility has 120 attendances per day. 2-10% of activity would previously have taken place at Warrington.
- Type 4 - Halebank and Windmill Hill access centres. These facilities operate in a church hall and terraced house respectively. These are not fit for purpose and there is no opposition to closure, except that there would be no local urgent care service.

[83] JSNA. Halton 2008.

Service location

The map below indicates the current locations for provision of urgent care services.



Service Funding

The current PCT spend has not been available during this phase.

Key areas for concern

- The geography and relative deprivation within the PCT area means that for many people, access to urgent care services is not easy or convenient. In Halton Borough access to urgent care entails long journeys to hospital and the provision of on street urgent access is still below that provided in St Helens.
- Information shows that people are admitted to hospital to decide if they need to be there because there is insufficient capacity in the community to assess if people need to take the next step to hospital.

22.3 Planned service provision

Outcomes by 2013[84]

Outcomes required by 2013 have been identified as:

[84] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

- 20% reduction in non elective hospital admissions. This will bring the rate below the current average north west rate. Rather than the measure indicating a rationing of service the PCT intend to ensure that the reduced dependence on hospitalisation reflects a new availability of alternatives provided in primary care and ease of access to them.

Future pathway

The PCT vision is, wherever clinically possible, to provide a full 24 hour urgent care service as close as possible to the patients home and if possible, appropriate and desirable in the patients home. By 2010 the public in Halton and St Helens will have a new range of options including community based A&E services, additional and expanded walk in centre facilities, Advanced Practitioners visiting and providing care in people's homes (with particular emphasis on the infirm) with direct access to re-ablement and community based intermediate care and support services.

Future Funding

Investment of £5.7m in community services is planned to support the reduction of patients receiving treatment in an acute setting. Taking the benefits costs into account, the net effect on investment will be £-11.6m as shown below.

Investment (£m)	2009/10	2010/11	2011/12	2012/13
Rapid response team (inc single point of access)	0.5	0.9	0.9	0.9
Urgent care centre (Halton)	1.2	1.6	1.6	1.6
Additional DN community services (Virtual ward)	0.3	0.9	1.3	1.3
Advanced practitioner service	0.4	0.9	1.1	1.1
Primary care CDU service	0.2	0.7	0.9	0.9
Sub total	**2.6**	**5.0**	**5.8**	**5.8**
Benefits:				
Reduced A&E attendances from MIU provision	0.0	-1.5	-1.5	-1.5

Reduced acute beds (from intermediate care beds)	0.0	-0.9	-0.8	-0.9
Reduced delayed transfer of care patients	0.0	-0.5	-1.0	-1.0
Reduced excess bed days of NEL patients	0.0	-1.0	-2.0	-3.0
Advanced practitioner (admission avoidance)	0.0	-2.0	-4.0	-.4.0
Primary care CDU (admission avoidance\0	0.0	0.0	-3.5	-7.0
Sub total	**0.0**	**-5.9**	**-12.8**	**-17.4**
Total	**2.6**	**-0.9**	**-7.0**	**-11.6**

Schemes

This will be achieved within the following schemes:

- An increased range of urgent care services in a variety of locations by developing assessment services with both the local hospitals and primary care and community staff. This will enable high quality clinical decision making before people go to hospital. This will be achieved by creating Primary Care Clinical Decision Units (PCCDUs) that allow GPs and other clinical professionals to get urgent treatment for some moderately ill people closer to where they live and to provide assessment services closer to and within local communities.
- An Advanced Practitioner service as part of a "Community A&E service" that for many people will bring A&E type services into their own home. This will reduce the need for many of these people to go on to hospital and allow the A&Es to focus on those that cannot have their care delivered outside hospital. The PCT currently have no advanced practitioners but plan to have 12 in 2010 growing to 22 by 2013.
- Development of the Rapid Response services, within the Community A&E service concept so that in future a Rapid Response will mean rapid. This 'Immediate Care' service will reduce the workload of GPs as many people needs can be met by other health professionals with appropriate backup and support. This will require a radical redevelopment of the PCTs intermediate services to provide full 24 hour per day access 7 days per week by a full implementation of the intermediate care 'Gold Standard'.

- Extension of the district nursing services so ensure that community support capacity is appropriate. District Nursing services will develop a 'virtual ward' where up to 30 people at any one time can have hospital level care in their own home. This will require an additional 24 experienced nurses.
- Single Point of Access service review so that people accessing health care or health professionals accessing care for others through the SPA have a clinical decision made about their care at their first point of contact. All urgent care and Community A&E services will be controlled through one hub ensuring that all services are integrated and do not work in isolation.
- Assessment capacity at Newton Community Hospital will be extended to support community services, local hospitals and social care by providing seamless access to hospital and community based reablement, assessment and ongoing community care.
- Community IV services and Programmed District Nursing services will be integrated with Social Care Services to provide a fully integrated intermediate care service for those patients who do not have or no longer require acute hospital or A&E needs.

Other impacts on this initiative will include:

- Significant increases in screening
- Increases in preventative interventions
- Increased care provision in primary care

Key potential risks to delivering initiative goals

- Additional community based activity may not lead to a reduction in hospital admissions - Services will be developed with acute Trust partners
- Large reduction in hospital activity could lead to financial instability - Planned care programme will increase activity and offset financial implication.
- Lead in time for recruitment of staff and OD development is insufficient - OD plan activated at OBC stage.
- Insufficient staff available in foreseeable future and other organisations competing for the same staff - Phase up of schemes as staff become available, national and if necessary, international recruitment.
- Staff consultation takes too long or staff unwilling to adopt new ways of working - Additional resources sought from independent sector.

22.4 Potential for service redesign to address local provision

It is anticipated that up to 10% of Warrington A&E unit activity would transfer to an urgent care centre at Halton hospital, closer to home, once operational.

22.5 Local perception of services

For local people, it is important to have easy access to health facilities within ten to fifteen minutes walking distance from their homes. The geography and relative deprivation within the area means that for many people, access to services is not easy or convenient. Discussion[85] has previously focussed on poor transport links: "No transport from Windmill Hill after 6pm – no use (to us) having an 8am-8pm centre in Widnes"

Reasons local people do not access services:

- Transport can be a problem
- Public perception

What could the NHS and its partners do to improve things:

- Unblock appointments for GPs
- Make one point for urgent care services
- Promote inter hospital bus
- Press release to inform public

22.6 Local opinion regarding services to be accessed on hospital campus

In July 2008, the PCT held an Ambition for Health event to listen to local residents to find out what they felt were the most important health priorities. They identified a list of priority services for development within Halton. A subsequent event was held on 26th January 2009, where local delegates were informed of service development progress to date and asked to consider the service list and indicate which services would be acceptable for provision on the Halton Health campus. Urgent care services were given a high priority (Ranked equal third out of fifty four). The prioritised list is included in Appendix 15.

Notes taken of the table discussions at the January event include reference to[86]:

- General requests suggested that patients would like to see a return to a Halton District General Hospital, with in particular, access to a maternity unit and Accident and Emergency services.

The majority of comments were associated with:

- Increased resources in one point for urgent care services
- The promotion of a bus service between Halton and Whiston hospitals

[85] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

[86] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

- Need for local press information

22.7 Summary

Urgent care Summary: There are 20% more hospital admissions in Halton and St Helens than the national average, with the non-elective admissions rate at 37% higher than the national average. The public access A&E departments for care and treatment of minor and moderate illness as there are no accessible alternatives. The PCT has committed an increase in investment of £5.7m to support the reduction of patients receiving treatment in an acute setting.. Development of urgent care services at Halton is a high priority for local people. **Service development is underway and will not be taken forward within this project**

23 Appendix 14 Planned Care

The term 'planned care' is used in the NHS Halton and St Helens CSP to refer to elective care typically provided in an acute hospital setting (Outpatients, diagnostics and planned procedures). Schemes are identified to take forward the planned care initiative across the Halton and St Helen's areas.

This section of the case for change will focus on the services within 'Planned care' that have been identified[87] by the local population as priorities for development in Halton, namely

- Cancer unit
- Midwifery led births

23.1 Local need

Cancer

Cancer is the second biggest cause of premature death in Halton[88] but its rate makes Halton the worst area in the country for cancer deaths. Incidence (the number of new cancers per year) of 'all cancers' in men has decreased over the past decade but remains above the national rate. The top three most common types of cancer for males in Halton:

- Malignant neoplasm of prostate - 20.3% of total
- Malignant neoplasm of bronchus and lung – 18.4% of total. Lung cancer remains the leading cause of cancer death in Halton for both men and women.
- Malignant neoplasm of colon – 8.2% of total.

The incidence rate for women has risen over the same period both nationally and locally although in Halton the rates are now falling. The top three most common types of cancer for females in Halton:

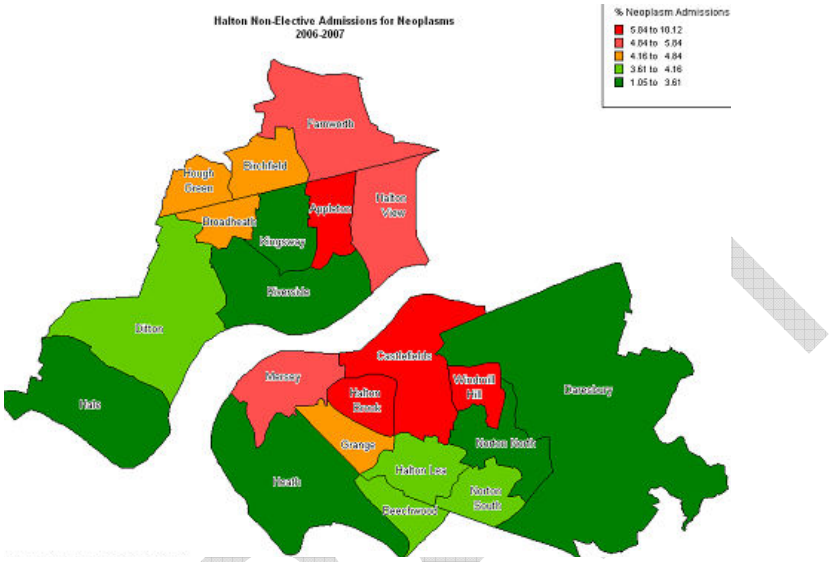
- Malignant neoplasm of breast - 30.3% of total. There has been a steady increase in the number of women developing breast cancer in Halton and death rates for the disease have increased recently. Nationally the rate has improved but this remains the second largest cause of cancer death in Halton.
- Malignant neoplasm of bronchus and lung – 14.3% of total

[87] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008. and Engagement event 29th January 2009.

[88] JSNA. Halton 2008

- Malignant neoplasm of colon – 7.8% of total. The rate remains significantly above the North West and the national average. Mortality rates, which had been falling since their peak in 1998-2000, have begun to rise in 2004-06, widening the gap between Halton and England.

The map below indicates the non-elective admission rates for people with neoplasms.



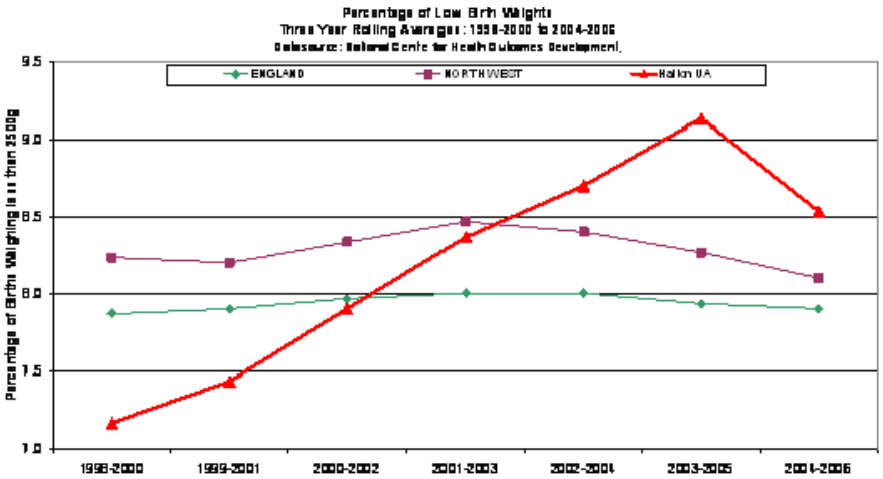
Levels of mortality vary across Halton, with the highest rates being in Norton South. Other areas with high rates are Farnworth, Castlefields and Grange.

An increase in preventative services which support lifestyle change will reduce incidence levels whilst increased emphasis on early detection and treatment will improve health outcomes and mortality rates.

Maternity services

There were approximately 1627 births to Halton women in 2006. The overall birth rate per 1000 population has increased from the year 2000 from 56.23 to 64.95 in 2006. It is generally accepted birth rates will increase in future years which is attributed to government policy and more especially related to migrant populations particularly for this area Polish migrants.

Low birth weight is predictive of increased risk of ill health and the incidence is linked to socio-economic and lifestyle (e.g. smoking) factors. The chart below illustrates the trend in percentage low birth weights. Within England as a whole the percentage has remained fairly constant. Within Halton, however, there has been a substantial increase over the time period.



23.2 Current service provision

The PCT currently commissions planned care delivered mainly from two local hospitals within an 18 week referral to treatment time. The following services are available to the Halton population:

Cancer services

- Chemotherapy unit – There are ten chemotherapy stations at Halton hospital
- Bowel Screening
- Cervical Cytology screening – GP surgery testing with cytology work at Warrington hospital.
- Breast screening - Circa 250 ladies per week for a 6 month period over a 3 year cycle. The van is only present on the Halton site for 6 months over 3 years (given the recall period is 3 years). Activity equal to 6500 patients every 3 years (activity which takes place over a 6 month period).

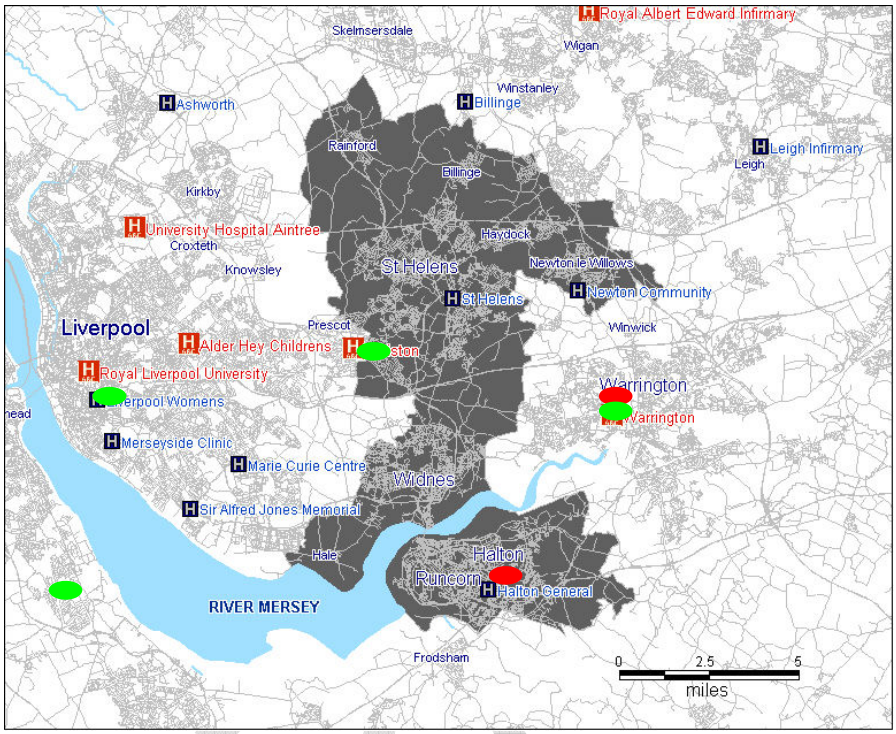
Maternity services

- Acute Maternity care is available at four hospitals – Warrington hospital, Countess of Chester hospital, Liverpool Women's hospital and Whiston hospital – where women have their 20 week scans, specialist services for medical disorders and care during delivery. There are no inpatient services in Halton.
- Community clinics – Three consultant led clinics per week. Two take place in Halton hospital and one in the Health Care Resource Centre, Widnes. Two teams in Widnes have a base to deliver services from but two in Runcorn do not.
- Antenatal services, such as 'Earlybird sessions', breast feeding support, parent education, aquanatal. There are midwives who specialise in 'Domestic abuse work; smoking cessation; breast feeding; drugs and alcohol abuse; teenage pregnancy. The work is carried out in the Health Care Resource Centre, Widnes, Halton hospital, GP surgeries and Children's centres across the borough.

- Home births–

Service location

The map below indicates the current locations for provision of the above planned care services. Cancer services are marked in red and maternity in Green.



Service Funding

The current budgeted cost of total elective care is circa £62m (excluding mental health and Specialist Commissioning). Current performance metrics suggest that there is an opportunity to improve the efficiency of these services.

The budgeted cost of Cancer screening and Maternity is not currently available.

Key areas for concern

- The low birth rate and the general birth rate in the Halton area are both higher than the national average rates.

23.3 Planned service provision

Outcomes by 2013[89]

Outcomes required for planned care by 2013 have been identified as:

- Reduction of 10% in overall first outpatient attendances across all specialties.

[89] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

- Reduction in outpatient follow-up appointments (65,000 by 2013). (This is currently 7.8% higher than the national average (attendances per 1000 population)
- Reduced waiting time to 12 weeks.

These have little relevance to the Cancer and Maternity services being considered here.

Future pathway

The vision for the PCT is to improve the health and well being of the local population through offering improved access and choice, commissioning high-quality personalised care that will be provided by a diverse range of responsive, modern services.

The shift of appropriate care from a hospital-based setting to a community-based setting has been growing in pace and it has become a well-established direction of travel for several years within the NHS.

There are currently no plans to develop a cancer centre in Halton.

The future pathway for maternity services is currently being considered in order to improve access to and range of services for expectant mothers in Halton.

Future Funding

Investment of £2.1m is planned for planned care services as a whole. Taking the benefits costs into account, the net effect on investment will be £-2.7m as shown below.

Investment (£m)	2009/10	2010/11	2011/12	2012/13
Implement map of medicine	0.0	0.1	0.1	0.1
Advancing quality+ (CQUIN)	1.8	1.9	2.0	2.0
Subtotal	**1.8**	**2.0**	**2.1**	**2.1**
Benefits: Day case rate improved (Cost neutral due to PbR)	0.0	0.0	0.0	0.0
Reduced outpatient new to follow ups to nat average	0.0	-2.0	-2.5	-3.5
Reduced hospital referrals by 10%	0.0	-0.2	-0.3	-0.5

Reduced elective excess bed days	0.0	-0.4	-0.8	-0.8
Subtotal of care patients	0.0	-2.5	-3.6	-4.8
Total	1.8	-0.5	-1.5	-2.7

Planned Care services investment and efficiency plan additional diagnostic capacity has already been identified to the sum of £1m within the existing financial baseline which is an enabler to deliver the initiatives below.

Schemes

This will be achieved within the following schemes[90]:

- Planned Care Standards: Booked for convenience, treated quickly, evidence based, informed choice and continuity of care for patients, simplified standardised pathways, quality outcomes pre-determined with an emphasis on improved communication and competent, courteous staff.
- Direct access to diagnostics: Expanding the provision of diagnostic capacity in the community, enhancing plurality of provision.
- Integrated models of care across all commissioned planned healthcare services. Developing pre-determined comprehensive protocols of care covering all planned care episodes (self care, pre, post and rehabilitation care) which are evidence based, quality led and stakeholder informed.
- Increasing day case surgery rates from 67% to 85% by embracing new technologies (telehealth/ telemedicine), rapid access diagnostic testing outside hospital, investment in new facilities, adherence to British Association of Day Surgery recommendations,
- Optimising length of stay by utilisation of Advancing Quality programme to reward improvements in quality outcomes, including patient experience of the health service, setting national and international comparisons to foster innovation.
- Reducing healthcare-associated (MRSA and C Diff) infections by 60% (by 2013 from 2007 baseline) by prioritising cleanliness and strengthening infection control procedures.

This work will be led by the Whole System Clinical Patient Journey Group which will draw on the support and expertise of clinical leaders which includes the PBC Consortia.

[90] Commissioning Strategic Plan. NHS Halton and St Helens 2008-13

Key potential risks to delivering initiative goals

- The reduction in new outpatient attendances is dependant on GPs referring patients whose symptoms dictate a specialist opinion (after having used the diagnostics available in the community).
- Patients may choose to use secondary care providers rather than alternative services in the community. The PCT will ensure that patient engagement is secured in the planning stages of all service redesign as this will be key to developing and sustaining locally alternative services as the preferred provider under choice.

23.4 Local perception of services

Despite acknowledged improvements to access, when asked how planned healthcare services could be improved[91], local population focus was placed upon:

What could the NHS and its partners do to improve things:

- Appointments systems (in all health facilities),
- Waiting times.
- The perceived lack of availability of NHS dentists,
- Seeing the same health professional for every appointment (specified by every other person!)
- Appointments outside of normal working hours (Before 9am, up to 7pm with weekend access on both days or Saturday only.)

When asked what services they would like to see in the community, the most popular suggestions were:

- blood tests,
- screening and diagnostic services.

Features the local population are looking for in a health facility:

- Good car parking facilities
- Near to a bus stop
- Within 10 minute walking distance from home
- Near the town centre

[91] Ambition for Health report. October 2008

23.5 Local opinion regarding services to be accessed on hospital campus

In July 2008, the PCT held an Ambition for Health event to listen to local residents to find out what they felt were the most important health priorities. They identified a list of priority services for development within Halton. A subsequent event was held on 26th January 2009, where local delegates were informed of progress to date. They were asked to consider the service list and indicate which services would be acceptable for provision on the Halton Health campus.

Within planned care, Cancer services were given a high priority (Ranked second out of fifty four).. Midwifery led services was given a high priority. (Ranked equal eighth out of fifty four). The prioritised list is included in Appendix 15.

Notes taken of the table discussions at the January event include reference to[92]:

- Needing more joined up services and a wider choice.
- Transport required to make sure people can access services.
- Different thinking required.
- Work across services – GPs/Hospitals etc.

23.6 Summary

Planned care Summary - Cancer is the second biggest cause of premature death in Halton. Screening is in line with National programmes. There were approximately 1627 births to Halton women in 2006 in four acute hospitals, besides home. It is generally accepted that birth rates will increase in future years. The future PCT investment for Cancer and Maternity services is unknown at this point. Development of these services on the Halton Health campus is a high priority for local people.

Services will be developed to meet the needs of Halton's population with this theme being forward within this project.

[92] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

24 Appendix 15 Summary of prioritised services

In July 2008 a long list of services was compiled at an Ambition for Health Research HVA event as shown below.

Long list of services	Number of stickers			
Helping people to stay healthy				
Alcohol - reduction	12	12	12	12
Healthy Eating Classes	6	6	6	
Education facilities for Healthy Lifestyles/Choices	5	5	5	
Cardiac Rehabilitation	4	4		
Counselling	4	4		
Integrated Council Services - 1 Stop Shop	4	4		
Dental Practice	3	3		
Obesity - Reduction/Weight Watchers	3	3		
Optician	3	3		
Support for Long Term Conditions	3	3		
Alternative Complementary Therapies	2	2		
Audiology & Hearing clinic	2	2		
Podiatry	2	2		
Family Support Services	1	1		
Health & Mobility Aids	1	1		
Continence Services	1	1		
Sexual Health Services	1	1		
Dietician				
Occupational Therapy				
Pharmacy				
Physiotherapy				
Tobacco - Reduction				
Detecting Illnesses Earlier - Major Illnesses				
Screening Suite - drop in for Cholestrerol, blood Pressure, diabetes, blood tests	19	19	19	19
Diagnostic Services	7	7	7	
MRI Scanning	5	5	5	
Mammography	2	2		
ECG	1	1		
Endoscopy Unit				
Detecting illnesses earlier - Depression				
Mental Health Service for under 18s	12	12	12	12
Additional Health & Wellbeing Services	9	9	9	
Improve quality, safety & efficiency - Urgent Care				
Minor Injuries/Walk In Centre (24 hr)	12	12	12	12
Short Stay Urgent Care	6	6	6	
Brain Injury Specialist Support	4	4		
Accident & Emergency				
Minor Surgery				
Improve quality, safety & efficiency - PlannedCare	**Number of stickers**			
Cancer Unit	13	13	13	13
Maternity -Midwifery-led Births	6	6	6	
Fracture Clinic	5	5	5	
Pain Clinic	4	4		
Young People's Hospice	4	4		

Carer Facility	3	3
Radiotherapy Unit	3	3
Day & Inpatient Planned Surgery Theatres & Wards	2	2
Outpatients - medical & Surgical	2	2
Travel Clinc	2	2
Children's Ward	1	1
Citizen's Advice Bureau	1	1
Ophthalmology/Eye services	1	1
Community Day Hospital		
Convalescence Support		
Programmed Investigations Unit		
Renal Dialysis		
Respite Care/Day Centre		
Step up services		

These services reflected the local population's opinions on requirements for service development in the Borough.

25 Appendix 16 Proposals for sports facilities in Halton

Proposed Development (In summary) prices	Location	Sources of Funding	Timescale	Estimated Cost at 2005
Football/Rugby Pitches drainage and Changing facilities at The Heath Park	Already completed - Arley Drive - The Heath Park 2006/07 - The Heath Park - Haddocks Wood - King George 5th - Leigh Recreation Ground (Upper) 2007/08 - Halton Sports (upper) - Wilmere Lane - F'ball - Prescot Road - Woodside	HBC	1-3 years	£1.5m
New changing facilities convert shale pitch to grass pitch.	Halton Sports	To be determined	2+ years	£400,000
Runcorn show pitch (Post and rail fence and dugouts)	The Heath Park	HBC	1 - 2 years	£20,000
Widnes show pitch (Post and rail and dugouts)	Wade Deacon/ Sts Peter & Paul Or ICI Recreation Club	HBC HBC subject to SLA	1 - 2 years	£20,000
Athletics Track & Floodlit grass pitch	Wade Deacon/ Sts Peter & Paul	HBC UK Athletics Sports England	Construction Summer 2006 Completion Dec 2006	£1.75m
Resurface, line mark and floodlight for multi use sports eg tennis, basketball courts and make available as a training venue for football and rugby etc	Runcorn Hill £55K Victoria Park £50K	HBC	1 - 2 years	£105,000
Floodlit multiuse sport facilities/training areas	6 sites to be determined Area Panels	Area Panels Government funds	1 - 3 years	£360,000
Indoor multi use training barn	Wade Deacon/ Sts Peter & Paul	To be determined	2+ years	£700k
Stand for Athletics facility	Wade Deacon/ Sts Peter & Paul	To be determined (possible Sport England BLF)	2+ years	£700k
Remediation work required at St Michaels Golf Course	St Michaels Course, Dundalk Road	DEFRA	4+ years	To be determined
Explore joint use sports facilities in partnership with Halton College	Runcorn	LSC Lottery FA	3+ years	To be determined