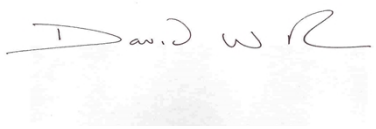
Public Document Pack

Health and Wellbeing Board

Wednesday, 3 October 2018 2.00 p.m.
Halton Suite - Halton Stadium, Widnes



Chief Executive

COMMITTEE MEMBERSHIP

Please contact Gill Ferguson on 0151 511 8059 or e-mail gill.ferguson@halton.gov.uk for further information.
The next meeting of the Committee is on Wednesday, 16 January 2019

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

Part I

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HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 4 July 2018 at Halton Suite, Halton Security Stadium

Present: Councillors Polhill (Chair) and Wright and N. Atkin, P. Cooke, R. Cooper, G. Ferguson, L Gardner, E. O'Meara, L. Maloney, A. McIntyre, D. Nolan, B. Page, K. Parker, D. Parr, S. Semoff, R. Strachan, L. Thompson, C. Williams and S. Yeoman.

Apologies for Absence: Councillors McInerney and Woolfall and Dr D. Lyons, M. Pickup, S. Ellis, A. Fairclough, M. Larking, A. Williamson and T. Hemming.

Absence declared on Council business: None

Also in attendance: Councillor Wall and one member of the public.

ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD

Action

HWB1 MINUTES OF LAST MEETING

The Minutes of the meeting held on 28th March 2018 having been circulated were signed as a correct record.

HWB2 ONE HALTON PREVENTION FRAMEWORK AND MODEL

The Board considered a report of the Director of Public Health, which provided Members with a final version of the One Halton Population Health Framework and Model. The Framework had been developed in conjunction with Cheshire and Merseyside Health & Care Partnership Prevention Board, Public Health England (PHE), Halton Borough Council, NHS Halton CCG, NHS providers, the voluntary sector and third sector and sought to support the delivery of the prevention challenge.

Arising from the discussion, it was suggested that application and grant processes for all public funded community programmes should include a requirement for the organisation to adhere to basic safeguarding requirements for Children and Young People and vulnerable Adults. This should include consideration of the inclusion of

the cost of safeguarding training in the funding requirement.

It was noted that Safeguarding Boards could provide basic self-audit tools and signpost organisations to appropriate Safeguarding Procedure and Policy guidance templates; as well as access to e-learning resources and local Safeguarding Boards training provision.

RESOLVED: That the One Halton Framework and Model be endorsed.

HWB3 ONE HALTON TRANSFORMATIONAL POPULATION HEALTH PROGRAMMES 2018

The Board considered a report which provided details of the six transformational population health programmes. The six programmes would support delivery of the One Halton Health and Wellbeing Strategy 2017-2022 and inform collaborative action for the Council, NHS, Social Care, Public Health and other key partners as appropriate.

It was noted that action plans for the six programmes would be developed and brought back to the Board. — Director of Public Health

RESOLVED: That the proposed transformational population health programmes be noted.

HWB4 EVERYONE EARLY HELP STRATEGY 2018-2021

The Board received a report from the Strategic Director – People, which presented the new *Everyone Early Help Strategy* that combined children, adults and public health. The draft document was appended to the report.

It was reported that services to support children, families and vulnerable adults were facing unprecedented challenges. It was clear that early help and prevention services should make up the cornerstone of any delivery model. If low-level needs could be prevented from developing into more serious or acute needs, then this was advantageous to both the provider and service user. It was noted that effective early help and prevention could not only increase independence, improve outcomes and the quality of life for individuals, but also provide a financial return to the Local Authority in the form of cost avoidance and a reduction in the use of more expensive, acute resources.

Members were advised that this transformation in thinking was about undertaking a whole system review of the approach to early help and prevention, with a focus on

increasing the resilience of communities and their potential to help themselves, supported by a planned prioritisation of resources, integration, collaboration and understanding the benefits that early help could have on a wide range of longer term outcomes for everyone involved.

The report advised of Halton's approach to early help and prevention where there had been a long standing commitment across all agencies and strategic partners. It was noted that the Council had restructured in 2016-17 to combine the adult and children directorates to create the People Directorate. Following this it was agreed to create a new joint early help strategy that would sit across the new People Directorate. The report continued discussing the five key aims of the Strategy, and then the three priorities within the Strategy that all agencies would work towards to help further embed early help principles.

Arising from the discussion it was agreed that the details of a clinician representative for the Early Intervention Partnership Board would be forwarded to the Council. L. Thompson

RESOLVED: That the Board support the implementation of the Strategy.

HWB5 PERSONS/PEOPLE IN A POSITION OF TRUST (PIPOT)

The Board considered a report of the Director of Adult Social Services, which advised that The Care Act 2014 required that partner agencies and their commissioners of services should have clear recordings and information sharing guidance, set explicit time timescales for action and were aware of the need to preserve evidence. The North West Policy for managing concerns around people in positions of trust with adults who have care and support needs, had been previously circulated to Members of the Board and built upon existing relevant statutory provision. The document provided an overarching policy for the North West region and was ratified by the North West ADASS Regional Safeguarding Group.

RESOLVED: That the policy be noted and adopted.

HWB6 WORK PLACE HEALTH & TIME TO CHANGE EMPLOYER PLEDGE

The Board considered a report of the Director of Public Health, which provided an update on work undertaken across the Borough to improve workplace health, and to encourage the Council to sign up to the "Time

to Change" Employer Pledge.

The Board was advised that over the past eighteen months, the Health Improvement Team had rolled out a comprehensive Workplace Health Programme (the Programme) to local businesses across Halton. Depending on the needs of individuals and businesses, a tailored package of support for businesses, including a review of health policies, health checks, smoking cessation and health awareness events, was established. It was reported that the next phase of the Programme would be to work with local businesses to further improve their mental health offer and support them to undertake the "Time to Change" Employer's Pledge.

Time to Change was the leading national social movement aimed at improving public attitudes and behaviour towards people with mental health problems. Time to Change provided support to employers to develop an action plan to get employees to talk about mental health. An action plan for Halton Borough Council would provide support in a number of key areas, as detailed in the report. It was proposed that a small working group be established to develop and drive the Time to Change Employer Pledge action plan. It was noted that an example of some key actions were set out in Appendix 1, attached to the report.

RESOLVED: That

1) the report be noted; and

2) the Board approve participation in the Time to Change Employer Pledge.

HWB7 ADULT SOCIAL CARE FUNDING – IMPROVED BETTER CARE FUND (IBCF) ALLOCATION 2018/19

The Board considered a report of the Director of Adult Social Services regarding Adult Social Care Funding allocation 2018/19.

In the Spring 2017 budget, the Chancellor announced an additional £2 billion of new funding for Councils in England, over a three year period to spend on adult social care services. This was recognised as an important step towards closing the gap in Government funding for adult social care ahead of the expected publication of the Green paper on future sustainability of the sector.

The report set out details of the proposed allocations for Board approval, many of which commenced in 2017/18 and were expected to continue into 2018/19. It was reported that due to the short term nature of this additional funding, the schemes would be kept under review in respect of the outcomes and financial impact achieved.

RESOLVED: That the Board notes the contents of the report and supports the allocations as outlined in the report.

HWB8 CARE QUALITY COMMISSION (CQC) - LOCAL SYSTEM REVIEW (LSR) OF HEALTH & SOCIAL CARE IN HALTON: ACTION PLAN FINAL UPDATE

The Board was advised that following the Care Quality Commission (CQC) – Local System Review (LSR) of Health and Social Care in Halton, an Action Plan had been developed. Members received an update on the Action Plan and noted that any ongoing actions were being managed through existing governance structures.

RESOLVED: That the contents of the report and associated appendix be noted.

Meeting ended at 2.45 pm

REPORT TO:	**Health and Wellbeing Board**
DATE:	**3 October 2018**
REPORTING OFFICER:	**Director of Public Health and Head of Programme for LCR at PHE**
PORTFOLIO:	**Health and Wellbeing**
SUBJECT:	**Liverpool City Region Wealth and Wellbeing Programme.**
WARDS:	**Borough wide**

1.0 PURPOSE OF THE REPORT

1.1 Liverpool City Region is developing a Wealth and Wellbeing Programme through the Combined Authority and with the support of Public Health England.

1.2 The focus of the work is on addressing the health reasons behind worklessness, rapid movement into and out of work and how the health and care sector can link with inclusive economic growth.

1.3 The Wealth and Wellbeing programme is in a unique position to bridge the gap between the health and economic agendas. It will focus on building bridges across the health and employment/skills agendas, linking portfolios in boroughs, translating relevant policy across the portfolios and developing a compelling narrative to drive change.

1.4 It is essential for the success of the programme that the LCR work fits closely with work in each of the boroughs on work and health. The purpose of the presentation is to set out the scope of the LCR programme, align it with work in Halton and to ask the Health and Wellbeing Board to identify further opportunities to work together on this agenda with the Combined Authority.

2.0 RECOMMENDATION: That

1) **the report be noted; and**
2) **the Board identifies further opportunities to work together on this Wealth and Wellbeing Programme with the Combined Authority.**

3.0 SUPPORTING INFORMATION

3.1 A joint presentation between the Halton Director of Public Health and the PHE Head of Programme will take the Board through the scope and approach that the Wealth and Wellbeing programme is taking to coordinate activity across the Liverpool City region.

3.2 The rationale for the programme is driven by the recognition that meaningful work or other activity is one of the most important determinants of health. Equally, a healthy workforce is essential to productivity and hence to growing the economy and attracting more and better jobs to the region.

3.3 Ensuring more individuals are able to work or engage in meaningful voluntary activity benefits both them as an individual, employers and the economy and society as a whole. Good work is known to be a factor in maintaining health and wellbeing. A healthy workforce is beneficial to employers too. By creating a positive, safe and healthy environment for employees, companies can increase morale, improve employees' work-life balance and, in turn, positively impact the business. Healthy workers are more motivated to stay in work, recover from sickness quicker and are at lower risk of long-term illness. Organisations stand to make substantial cost savings by promoting health in the workplace and reducing sickness absence.

3.4 There is a spectrum of need from intervening early in sickness absence to prevent people from moving into longer term absence through to supporting those most distant from the labour market to enter or return to work. The Wealth and Wellbeing programme will connect different programmes that are seeking similar goals in this area, build on existing and develop new interventions across this spectrum that can be put in place in the LCR area and will support the LCR Local Industrial Strategy. It will also complement the developing NHS Population Health Plan as it deals with risks to health and related services.

3.5 Themes - The work is focussed on:

- Workless population; how to bring this population closer to the employment market by addressing health issues.
- People in work but at risk of losing work through ill health; early intervention services particularly mental health support.
- Health At Work; the provision of programmes such as health checks in the workplace and also aspects of what is good, health enhancing, work.
- Economic footprint of the health and social care sector and how this can be developed to better support local inclusive economic growth.
- Developing a compelling narrative to drive large scale change.

4.0 POLICY IMPLICATIONS

4.1 The Wealth and Wellbeing Programme will inform collaborative action for the Council, NHS, Social Care, Public Health and other key partners as appropriate.

5.0 FINANCIAL IMPLICATIONS

No additional funding required.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The best start in life is essential if children and young people are to have good physical, social and emotional health. The LCR Wealth and Wellbeing Programme will support the best start in life for children and young people in Halton.

6.2 Employment, Learning and Skills in Halton

The LCR Wealth and Wellbeing Programme will align with and support activity in Halton on employment and skills.

6.3 A Healthy Halton

Work and particularly health enhancing work is a key determinant of health. Therefore improving outcomes through this programme will have an impact on improving the health of Halton residents.

6.4 A Safer Halton

Promoting employment opportunities for people in Halton will have an impact on reducing the incidence of crime, improving Community Safety and reducing the fear of crime.

6.5 Halton's Urban Renewal

The LCR Wealth and Wellbeing Programme will support the environment in Halton and the physical infrastructure of the communities.

7.0 RISK ANALYSIS

Not Applicable

8.0 EQUALITY AND DIVERSITY ISSUES

Not applicable

9.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

Not applicable

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

None under the meaning of the Act.

REPORT TO: Health & Wellbeing Board

DATE: 3rd October 2018

REPORTING OFFICER: Director of Adult Social Services

PORTFOLIO: Children, Education and Social Care

SUBJECT: Transitions in Care – Transition Team

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide The Health and Wellbeing Board, with an update on the work The Transition Team have completed since February 2017, when the team was created.

2.0 RECOMMENDATION: That the Board agree recommendations designed to continually improve the Transition process and its outcomes for young people and their families.

3.0 SUPPORTING INFORMATION

3.1 The background to the creation of the Transition Team, was a small project group that was developed in 2016, with Adult Social Care, Operational Director support, working with a cross section of families. A questionnaire was sent out to 136 families and staff across Children and Adult services seeking their views on the Transition process and their experiences. The outcome of the questionnaire, identified that the transition arrangements where not fit for purpose , due to :-

- A lack of identified leads in both Adults and children's services
- Inconsistent engagement with children by professionals and that same engagement occurring at different times (at 14yrs, 16 yrs & 18 yrs)
- A perception (in adult services) that notification of those children in Transition was very 'last minute' and working within SEND policies.

3.2 In February 2017 the Transition Team was established, with Principal Manager support from Adult Social Care, 1 Social worker from Children services and 2 Social Workers from Adult Social Care. Working alongside Positive Behaviour Support Service and Continuing Health Care, complex needs, children's Nurse. The aim of the team is to have a joined up approach to transition from education, health and social care with increased and targeted co-ordination and communication from all agencies from a younger age. The age range, is to work with young people aged 14-25 years, depending on complexity and how much support they will require to go through the transition process. A transition Action plan was developed, based on the experiences of a young man and his family, which identified all the key areas that required improvement, before changes could be seen.

3.3 Initially all Operational managers across agencies met on a weekly basis to develop a Transition Protocol, (See Appendix 1), Assessment and Care planning documentation, including 'My Transition Plan', (See Appendix 2) and develop a referral and allocation process, which is through the normal, Halton Borough Council, contact centre, from families/professionals direct to the transition team or through the school reviews, which a member of the team will attend all reviews. A database of all young people who meet the criteria of having an Education and Health Care Plan has identified 294 young people, who will be eligible for support from the team and to date we have 125 young people, who have an allocated social worker, supporting their present and planning towards their future. As well as completing Carers assessments, with all families. The transition team are supported within the performance management system across children and Adult services.

3.4 The Transition Team, is a leading member of Halton's multi agency and carer led, 'Preparing for Adulthood ', group, which supports and identifies, new and potential services that young people can access, across Halton, Including Education, employment, training and housing options.
In November 2017, a 'Transition' Event took place in Halton Stadium, with 'Halton Only', services present and a presentation by the one of the young people supported by the Transition Team.

3.5 In September 2017, The Transition Team, was awarded £92,827 from the DOH, following a bid to be involved with the 'Named Social Worker', national project, which ran until April 2018. The named Social Worker programme supported sites to make changes to social work practice and wider system conditions that will improve outcomes and experiences for individuals with learning disabilities, and for the people around them. In practice, the model has varied from one place to another but the ambition for all the sites was to :

-provide excellent person-centred support for individuals with learning disabilities and the people around them;
-Equip and support social workers to be enablers of high quality, responsive, person centred and asset based care;
-Build more effective and integrated systems that bring together health, care and community support and deliver efficiency savings.

The Transition Team employed 1 Social Worker and 1 Advanced social worker, and across the team we worked intensely with 17 young people aged 17/18 years, with complex needs. The NSW's took a proactive approach to working with young people, working alongside the children's health nurse and schools to identify the young people who needed support the most and prioritising them for intense intervention. They also worked closely with 'Halton Speak Out' and 'Bright Sparks', to understand what 'good transition' looked like from the young people's perspective and produce a video to support engagement. (see Appendix 3 for full evaluation of the pilot).

4.0 POLICY IMPLICATIONS

An accessible review document has been developed by the Transition Team, which

has proved successful, when coming to the review stage on how the young person feels about the support they have received from their social worker. (See appendix4)

4.1 The Transition Team to link into future Strategic and Commissioning plans across children's and Adult social care, to ensure all future gaps in service and service planning is identified.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The Evaluation of the NSW pilot identified a cost-benefit analysis which was completed by York Consultancy for the wider community, not just ASC, Revealed a Financial Return on Investment of 5.14 which means a £5.14 saving for every £1 spent on NSW support.

5.2 A continuation of the Transition team to work within the existing staff structure and continue with the approach of the NSW pilot, will require additional funding of £92,000 a year.

5.3 Identifying and developing local services to support families to stay local and preventing young people with complex needs going 'Out of area', to expensive specialist Provision

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

To Transition Team is supporting young people and their families, to have opportunities within their own community and working with housing and Occupational Therapy services, to ensure the right access and equipment is available .

6.2 Employment, Learning & Skills in Halton

The Transition Team is jointly providing and developing bespoke training and creative support plans, to find ways of supporting young people to access further Education in a meaningful way, whilst ensuring they stay local and not going to expensive , 'out of area', education and residential provision.

6.3 A Healthy Halton

The Transition Team and the Children and Adult specialist health teams are working in partnership, to ensure that all young people are accessing the health services they require and preventing hospital admissions, to acute medical wards and secure mental health provision.

6.4 A Safer Halton

The Transition Team have worked on several cases, to support young people with Complex needs and behaviours that will challenge with the PBSS and the police, to support individuals, with person centred support plans from entering the criminal justice system/secure services.

6.5 Halton's Urban Renewal

The Transition Team, is working as a key member of the 'Preparing for Adulthood', Group, which is stimulating the local market to provide job and work place training opportunities.

7.0 RISK ANALYSIS

7.1 There is a risk of not being able to manage the intensity and demand of the on-going work with individuals and the rightly high expectations of the young person, families and other professionals have from the Transition Social Workers, after the funding ends.

7.2 Negative financial impact on the pooled budget

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Equal access for young people with complex needs to access their community, Education and training opportunities with support.

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

None within the meaning of the Act.

REPORT TO:	Health and Wellbeing Board
DATE:	3 October 2018
REPORTING OFFICER:	Leigh Thompson, Chief Commissioner – NHS Halton CCG
PORTFOLIO:	Health and Wellbeing
SUBJECT:	NHS Halton CCG 2018-19 Operational Plan update
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the Board of the updates to the NHS Halton CCG 2018-19 operational plan

2.0 **RECOMMENDATION: The Health & Wellbeing Board is asked to ratify and accept the changes to the NHS Halton CCG Operational plan refresh 2018/19.**

3.0 **SUPPORTING INFORMATION**

3.1 NHS Halton CCG operational plan 2018/19 – Updated 12/07/18

4.0 **POLICY IMPLICATIONS**

4.1 The July 2018 refresh contains no additional policy implications - This additional narrative ensures that NHS England are aware of the existing work being carried out in the CCG

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The July 2018 refresh contains no additional other or financial implications

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

The July 2018 refresh contains no additional implications

7.0 **RISK ANALYSIS**

7.1 The July 2018 refresh contains no additional risks

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Throughout the development of the original operational plan and these amendments and the policies and processes cited NHS Halton CCG has:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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

Document	Place of Inspection	Contact Officer
NHS Halton CCG operational plan 2018/19 – Updated 12/07/18	G:\HaltonCCG\3 - Operational Plan 18 - 19	Michael Shaw
CCG 18-19 operational plan refresh July 2018	G:\HaltonCCG\3 - Operational Plan 18 - 19	Michael Shaw

NHS Halton CCG's 2018/19 Operational Plan Refresh

NHS Halton CCG submitted to NHS England a refresh of its two year (2017-2019) operational plan narrative in April 2018.

This was reviewed by NHSE and a small number of areas were highlighted where it was felt that the CCG could provide more evidence.

As such the following updates have been included into a refreshed 2018/19 operational plan narrative. (Page numbers relate to the location on the original operational plan)

1. **Primary care**
   - 1.1. An update on the 10 high impact 'time to care' actions. (pages 9-10 on the amended operational plan)
   - 1.2. An update on the Estates and Technology Transformation schemes. (page 12)
   - 1.3. An update on Halton's community hubs and neighbourhoods (page 15)
2. **Cancer**
   - 2.1. A new section reporting on Trust's progress on the 10 high impact actions for meeting the 62-day cancer treatment standard. (page 20)
   - 2.2. A new section reporting on the CCG's work to support the implementation of the new radiotherapy service specification (page 21)
   - 2.3. A new section reporting on the implementation of the rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers. (page 21)
   - 2.4. A new section updating on the move to early cancer diagnosis (page 21)
   - 2.5. A new section updating on the low dose CT pilots for lung cancer (page 21)
3. **Mental Health**
   - 3.1. A new section reporting on the work the CCG is doing to deliver annual physical health checks and interventions, in line with guidance to people with a severe mental illness (SMI). (page 25)
4. **Maternity**
   - 4.1. A new section updating on the CCG progress on providing continuity of care in maternity services. (Page 25)
5. **QIPP**
   - 5.1. A refreshed Quality, Innovation, Productivity and Prevention (QIPP) plan including quarterly milestones for 2018/19 QIPP schemes. (Page 60)

The full amended narrative *(in italic)* is shown in Appendix 1 below.

Appendix 1. Amended narrative for 2018/19 operational plan

1.1 An update on the 10 high impact 'time to care' actions. (pages 9-10)

In 2018/19 work will continue *on implementing the 'Ten High Impact Actions' to ensure all practices implement as a minimum two of these actions, and that all providers development initiative's where the CCG has received funding is implemented across all practices:*

- Expansion of online consultations into remaining six practices.*(New consultation types)*
- Participation in the Releasing Time to Care Programme *(Improve productivity)*
- Implementation of the West Wakefield Care Navigation programme to complement our Wellbeing Service. *(Active Signposting, Social Prescribing and Support Self-Care)*
- *Roll out of local clinical correspondence management protocol across all practices (Productive Workflow)*
- Roll out of the Edenbridge Apex Insights workforce and workload tool *(Develop the team)*
- Implementation of Emis into the Community Nursing Service and Urgent Care Centres in order to develop an out of hospital shared record. *(Partnership Working)*

Practices are also commencing work with NHS England National team to implement 'Productive General Practice Quick Start' programme which supports a number of the ten high impact actions, as well as enrolling on the action learning sets programme with NHS England sustainable development team in order to develop quality improvement experience.

As a delegated commissioner of general medical services NHS Halton CCG will continue to ensure that commissioning decisions support the development of sustainable general practice. For example during 2017/18 one contract merger was approved and one practice was closed, reducing the number of practices with less than 4,000 patients.

We will also ensure commissioning and contract management decisions follow the NHS England primary medical care policy guidance manual, with decisions taken by our established primary care commissioning committee which has representation from NHS England, Local Medical Committee (LMC) and Healthwatch to support oversight of effective discharge of our duties.

1.2 An update on the Estates and Technology Transformation schemes. (page 12)

Investing and upgrading primary care facilities, ensuring completion of the pipeline of Estates Technology and Transformation Fund (ETTF) schemes, and that the schemes are delivered within the timescales set out for each project.

2018/19 update

Various schemes have been implemented to support Out Of Hospital transformation, this implementation began in 2017/18 but continues into 2018/19 and onward into 2019/20 the tables below illustrate when and how this funding is being allocated.

ETTF Capital

Scheme	*Total*	*17/18*	*18/19*	*19/20*
e-consult	*£219,346*	*£73,115*	*£73,115*	*£73,115*
App	*£71,400*	*Work began 2017/18 – continued development through to 2019/20*		
EMIS Urgent Care Centre module implementation on both sites	*£150,610*		*Live from May 2018, continued implementation through to 2019/20*	
EMIS community module implementation	*£147,700*		*Live from May 2018, continued implementation through to 2019/20*	
Point of Care testing programme	*£50,000*		*Equipment distributed during 2018/19*	

ETTF Revenue

Scheme	*Total*	*17/18*	*18/19*	*19/20*
EMS project deployment	*£127,000*		*£127,000*	
HIS project resources	*£173,809*	*Posts funded to April / May 2020*		
Warrington & Halton Hospital Foundation Trust project resources	*£302,602*	*Posts funded to early 2020*		
Bridgewater project resources	*£312,073*	*Posts funded through to 2019/20*		
CCG Project resource	*£34,000*	*Post funded through to October 2018*		

This funding creates a system which will allow for a comprehensive out-of-hospital patient record system to be in place which will allow all parts of primary and community care to access and recording against a patients care record and allow for appointments to be booked across the out of hospital care system.

1.3 An update on Halton's community hubs and neighbourhoods (page 15)

Runcorn 1:

Grove House Partnership

Tower House Practice

Runcorn 2:

Brookvale Practice

Weavervale Practice

Castlefields Health Centre

Murdishaw Health Centre

2.1 A new section reporting on Trusts progress on the 10 high impact actions for meeting the 62-day standard. (page 20)

10 high impact actions for meeting the 62 day standard.

The CCG works with the Cancer Alliance and lead commissioners to work with the Trusts to achieve the 10 high impact actions. Action plans are in place with the Cancer Alliance with timescales to achieve all 10 high impact actions.

	Warrington & Halton Hospitals NHS Foundation Trust	***St Helens & Knowsley Hospitals NHS Trust***
1. Does the Trust Board have a named Executive Director responsible for delivering the national cancer waiting time standards?	*GREEN: Complete*	*GREEN*
2. Does the Board receive 62 day cancer wait performance reports for each individual cancer tumour pathway, not an all pathway average?	*GREEN: Complete*	*GREEN*
3. Does the Trust have a cancer operational policy in place and approved by the Trust Board?	*GREEN: Complete*	*AMBER*
4. Does the Trust maintain and publish a timed pathway, agreed with the local commissioners and any other Providers involved in the pathway, taking advice from the Cancer Alliance for the following cancer sites: lung, colorectal, prostate and breast?	*AMBER: In Process*	*GREEN*
5. Does the Trust maintain a valid cancer specific Patient Tracking List (PTL) and carry out a weekly review for all cancer tumour pathways to track patients and review data for accuracy and performance?	*GREEN: Complete*	*GREEN*
6. Is root cause breach analysis carried out for each pathway not meeting current standards, reviewing the last ten patient breaches and near misses (defined as patients who came within 48hours of breaching)?	*AMBER: In Process*	*AMBER*
7. Is capacity and demand analysis for key elements of the pathway not meeting the standard (1st outpatient appointment; treatment by modality) carried out?	*GREEN: Complete*	*AMBER*
8. Is an Improvement Plan prepared for each pathway not meeting the standard, based on breach analysis, and capacity and demand modelling, describing a timetabled recovery trajectory for the relevant pathway to achieve the national standard	*AMBER: In Process*	*GREEN*
9. Is the national guidance on reporting methodology being consistently applied?	*GREEN: Complete*	*GREEN*
10. Has a clinical review of excessive waits been undertaken? (to support the elimination of >104 day breaches)	*GREEN: Complete*	*GREEN*

2.2 A new section reporting on the CCG's work to support the implementation of the new radiotherapy service specification (page 21)

Supporting the implementation of the new radiotherapy service specification, ensuring that the latest technologies, including the new and upgraded machines being funded through the £130 million Radiotherapy Modernisation Fund, are available for all patients across the country

2018/19 update
The CCG is working with the Cancer Alliance and NHS Specialised Commissioning to support local service transformation.

2.3 A new section reporting on the implementation of the rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers. (page 21)

Implementation of the rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers.

2018/19 update
The National Cancer Transformation Fund supports early diagnosis in three specific pathways; lung, colorectal and vague symptoms with the aim of embedding best practice pathways, moving the dial on stage 1 and 2 diagnosis and delivering concrete improvements in 62 day compliance. Lung, colorectal and vague symptoms optimised pathway progress is moving forward. Stakeholder meetings were held in February 2018 ensuring that all parties are linked in and implementation plans drafted for delivery. Facilitating "straight to test" from GP's requires additional support in terms of facilitating patient contact, as a consequence four care navigator roles have been created for the lung & colorectal pathway which includes triage and bowel prep assessments of patients from 1st April 2018. Key elements of this Optimised pathway work focus on; • *Facilitating "straight to test" from GP for lung and colorectal, direct access endoscopy in place, direct chest X-ray in place, work moving forward on direct CT scanning.* • *Standardising investigation criteria / exclusions criteria for colorectal* • *Creating additional capacity through a new Care Navigator roles to support Clinical Nurse Specialist* • *Delivering first appointment /test by day 7 of the pathway.* • *Delivering first diagnostic test by day 14 for non-STRT (Straight To Right Test) patients* • *Virtual follow-up has been implemented in breast and partially in colorectal i.e. for when patients are excluded from cancer/have normal results* • *Creating surgical capacity and theatre space*

2.4 A new section updating on the move to early cancer diagnosis (page 21)

Progressing towards the 2020/21 ambition for 62% of cancer patients to be diagnosed at stage 1 or 2, and reduce the proportion of cancers diagnosed through an emergency admission.

2018/19 update
Additional local programme of work to be agreed between partners in year.

2.5 A new section updating on the low dose CT pilots for lung cancer (page 21)

Participation in pilot programmes offering low dose CT scanning based on an assessment of lung cancer risk in CCG's with the lowest lung cancer survival rates.

2018/19 update
Low dose CT – Further NHS England guidance expected by end of 2018. Small number of pilots nationally from Cancer Transformation Fund.

3.1 A new section reporting on the work the CCG is doing to deliver annual physical health checks and interventions, in line with guidance to people with a severe mental illness (SMI). (page 25)

Physical Health Checks: The CCG will deliver annual physical health checks and interventions, in line with guidance to people with a severe mental illness (SMI).

2018/19 update
In line with the guidance set out in "Improving physical healthcare for people living with severe mental illness (SMI) in primary care" The CCG is committed to support the national target for 280,000 people with an SMI to receive a physical health check and for at least 60% of people with an SMI to be recorded and supported by Primary Care on the Quality & Outcome Framework (QOF) register. To this end the CCG has commissioned the Wellbeing Nurse Service with North West Boroughs to provide two nurses to provide these health checks either in the community through a home visit or in clinic. 12 of the CCG's 14 practices are included in this scheme and these account for 900 of the CCG's 1131 patients on the SMI QOF register, the remaining two practices complete their own physical health checks. *The target for this service is for 75% (675) of these people to have received a physical health check during 2018/19 this is in excess of the 551 which would be expected based on a fair share proportion of the national 280,000 ask.* *In addition the CCG also separately monitors the percentage of people with SMI who have a comprehensive care plan (80.5%) which is higher than the national average of 79%*

4.1 A new section updating on the CCG progress on providing continuity of care in maternity services. (Page 25)

***Continuity of Care**: The 2018/19 planning guidance included an ask for CCG's to increase the number of women receiving continuity of the person caring for them during pregnancy, birth and postnatally, so that by March 2019, 20% of women booking receive continuity.*

2018/19 update
The CCG commission Bridgewater Community Foundation Trust to deliver part of the midwifery community pathway and acute midwifery services are commissioned and delivered through local maternity units. This current position will not deliver seamless continuity of care so we are working with providers to look for a longer term end to end solution. Work is progressing in this area with midwives rotating through both Warrington & Halton Hospitals NHS Foundation Trust and St Helens and Knowsley NHS Hospitals Trust and pathways and commissioning models are being explored.

5.1 A refreshed QIPP plan including quarterly milestones for 2018/19 QIPP schemes. (Page 60)

Medicines Optimisation	***Brief description***	***Impact***	***Milestones***				
			Q1	***Q2***	***Q3***	***Q4***	***Total***
Medicines Optimisation	*Multiple schemes*	*£1.2M*	*£300k*	*£300k*	*£300k*	*£300k*	*£1.2M*
			Quarter 4 (17/18) – *• Evidence and data review* *• Develop work plan for 18/19* *Quarter 1* *• Implementation of Q1 projects* *Quarter 2* *• Implementation of Q2 projects* *Quarter 3* *• Implementation of Q3 projects* *Quarter 4* *• Implementation of Q4 Projects* *Medicines Management savings are profiled on equal 12ths and there are a number of projects in the plan*				
Medicines optimisation	*Stretch target*	*£800k*	*£200k*	*£200k*	*£200k*	*£200k*	*£800k*
			As above				
QIPP schemes							
OPAT	*Implementation of community IV service*	*Reduction of 154 non-elective admissions of 1 day or more, £204k target*	*£17k*	*£76k*	*£54k*	*£58k*	*£204k*
			Quarter 4 – 17/18 *• Evidence and data gathering* *• Develop the case for change* *• Develop service specification* *• Quality Impact Assessment (QIA)/Equality Impact Assessment (EAI)* *• Clinical Advisory Group (CAG), Commissioning Oversight Group (COG) and Performance and Finance Committee (P&F) for approval*				

<table>
<tr><td></td><td></td><td></td><td>Quarter 1
• Develop relationships with Primary Care
• Full service Go-live
• Benefits realisation
Quarter 2
• Benefits realisation
Quarter 3
• Benefits realisation
Quarter 4
• Benefits realisation
• Post implementation review</td></tr>
<tr><td>RightCare - Respiratory</td><td>Development of an integrated respiratory service (links to ICS)</td><td>Reduction of 40 A&E attendances and 174 non-elective admissions. £219k target</td><td><table><tr><td>£0</td><td>£35k</td><td>£91k</td><td>£93k</td><td>£219k</td></tr></table>Quarter 1
• Desk top data review
Quarter 2
• Community respiratory team improved integration into Primary Care
• Rapid Response Respiratory Team (RRRT) prescribing
• Monitor impact and benefits realisation – Q2 projects
Quarter 3
• Health Improvement Team (HIT) within Pulmonary Rehabilitation (PR)
• Recruitment of B7 Specialist Respiratory Nurse (SRN) shared with St Helens CCG to in-reach into Whiston
• Alternative or an addition to the SRN will be the trail of a Community Matron (CM) to in-reach into Whiston
• Recruitment of a full capacity RRRT, currently 3 members (4,000 appts per year) but 3 staff from full capacity (8,000 appts per year)
• GP Federations COPD test bed
• Monitor impact and benefits realisation – Q3 projects
Quarter 4
• Benefits realisation and post implementation reviews</td></tr>
<tr><td>Dermatology</td><td>Implementation of community lesion service</td><td>Reduction of 713 first outpatient attendances and 1890 follow up appointments in secondary care. £157k target</td><td><table><tr><td>£0</td><td>£52k</td><td>£52k</td><td>£52k</td><td>£157k</td></tr></table>Quarter 1
• Desk top data review
• Develop case for change
• Develop service specification
• CAG, COG and P&F approval
Quarter 2
• Service Go-live
Quarter 3
• Benefits realisation
Quarter 4
• Go-live dermatology – Advice and guidance
• Post implementation review</td></tr>
<tr><td>Musculoskeletal MSK</td><td>Clinical Assessment service</td><td>Reduction of 237 first outpatient attendances, 747 follow up appointments, 79 Daycase admissions and 36 ordinary elective admissions</td><td><table><tr><td>£105K</td><td>£105K</td><td>£105K</td><td>£101K</td><td>£415k</td></tr></table>Quarter 1-4
• Benefits realisation
Activity and finance monitored and report via Project lead to Commissioning Oversight Group</td></tr>
</table>

		£415k target						
Neurology (Headache pathway)	*Implementation of the Walton Neuro headache pathway*	*Reduction of 361 first outpatient attendances and 655 follow up appointments. £98k target*	*£20k*	*£25k*	*£26k*	*£26k*	*£98k*	*Quarter 1 – Quarter 4* • *Benefits realisation from 17/18 implementation* *Pathways developed in previous financial year. Activity, savings and impact to be monitored and reported to Commissioning Oversight Group*
Pain Management (Vanguard – spinal)	*Reducing injections - Change in pathway and service provision - activity moving from WHHFT to Walton Neuro*	*Reduction of 131 first outpatient attendances, 512 follow up appointments, 30 day-case admissions and 13 ordinary admissions. £153k target*	*£38k*	*£38k*	*£38k*	*£38k*	*£153k*	*Quarter 1 – Quarter 4* • *Benefits realisation from 17/18 pathways*
Parkinson's Nurse	*Engagement of nurse to prevent admissions associated with Parkinson's disease*	*Potential reduction of 60 A&E attendances and 120 non-elective admissions. £100k potential target*	*£0k*	*£0k*	*£0k*	*£0k*	*£0k*	*Service not yet implemented and efficiency opportunity not yet confirmed. Assume no efficiency until further progress is made*
RightCare Gastro	*Scheme to develop new clinical pathway, introduction of direct access at WHHFT, reducing the long term prescribing of Proton Pump Inhibitors (PPI's) and ensuring all Primary care testing/ diagnostics are available for GP's to access*	*Reduction of 53 non-elective admissions, 167 first outpatient attendances, 167 follow up appointments and 406 Daycase admissions. Target £162k*	*£0k*	*£54k*	*£54k*	*£54k*	*£162k*	*Quarter 1* • *Evidence gathering* *Quarter 2* • *Direct access to scopes at WHHFT* • *Vary direct access to scope in to contract* • *Trial gastro pathways on map of medicine replacement* *Quarter 3* • *Benefits realisation* *Quarter 4* • *Benefits realisation* • *Post implementation review*
High Intensity Users	*Implementation of model described in the NHSE Menu of Opportunities (Blackpool Model)*	*Reduction of 100 A&E attendances, 174 non-elective admissions. Potential target £284k*	*£0k*	*£0k*	*£0k*	*£0k*	*£0k*	*Scheme is yet to be approved and will require investment. Assume no efficiency until further progress is made.*
Any Qualified Provider (AQP) MSK	*Consolidate AQP MSK activity in to the core MSK service. Contract expires October 2018, and will not be extended. Activity to be absorbed by commissioned*	*£30k full year estimate, £15k part year savings*	*£0k*	*£0k*	*£6k*	*£9k*	*£15k*	*Quarter 1* • *Review service needs for Halton Population* • *Serve notice to provider* *Quarter 2*

	MSK service.		• *Consider Equality and Diversity impact* • *Liaise with affected providers* *Quarter 3* • *Contract terminates* • *Financial benefits realisation* *Quarter 4* • *Financial benefits realisation*					
Advice and guidance	*Nationally mandated services to support implementation of e-referral service (ERS) and replaces Referral Management System (RMS)*	*Reduction of 677 first outpatient attendances. £44k Target*	*£7k*	*£11k*	*£13k*	*£15k*	*£44k*	
			Quarter 1 • *Adoption of Advice and Guidance function in ERS* • *Practice training and awareness raising* • *Go live of phase 1 specialities* *Quarter 2* • *Go-live of phase 2 specialities* • *Continue to promote service and provide training to GP practices* • *Monitor utilisation* *Quarter 3* • *Continue to promote service and provide training to GP practices* • *Monitor utilisation* *Quarter 4* • *Go-live dermatology* • *Go-live gynaecology* • *Continue to promote service and provide training to GP practices* • *Monitor utilisation*					
Urgent care	*Review of urgent care utilisation with a view to identifying and implementing efficiency opportunities. Potential changes to tariff and funding for GP provision*	*Potential target of £414k*	*£0*	*£138k*	*£138k*	*£138k*	*£414k*	
			Assume 0% delivery until further progress					
Ambulatory pathway review	*Changes to tariff for short stay non-elective admissions*	*Potential Target £500k*	*£125k*	*£125k*	*£125k*	*£125k*	*£500k*	
			If tariff is agreed, then further analysis of likely efficiency opportunity to be determined. Assume no efficiency until tariff agreed and analysis completed					
Continuing Health care (CHC) & Funded Nursing Care (FNC) Review including Mersey Internal Audit Agency (MIAA) action plan		*Potential target £1.843M*	*£282k*	*£519k*	*£519k*	*£523k*	*£1.8M*	
			Quarter 1 • *Review high cost placements* • *Implementation of MIAA review recommendations* *Quarter 2* • *Increase rates of FNC*					
Joint funded packages of care		*Potential target £59k*	*£0k*	*£20k*	*£20k*	*£20k*	*£59k*	
			Ongoing review of joint funded packages of care					
Section 117 (S117)	*Review of S177 agreements for onward funding of care post Mental Health admission*	*Potential target £112k*	*£0k*	*£37k*	*£37k*	*£37k*	*£112k*	
			Ongoing review of S117agreements					

Estates Rationalisation		*Potential target £250k*	*£61k*	*£63k*	*£63k*	*£63k*	*£250k*
			Quarter 1 • *Review estates*				
Commissioning Support Unit (CSU)	*CSU recharge*	*Potential target £29k*	*£0k*	*£0k*	*£13k*	*£16k*	*£29k*
			Quarter 1 • *Review all shared functions – Contracts and Finance* *Quarter 2* • *Benefits realisation of reduction in shared functions*				

The full and final NHS Halton CCG Operational Plan 18/19 is embedded below.

NHS Halton CCG Operational Plan 2018

REPORT TO: Health and Wellbeing Board

DATE: 3 October 2018

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Children, Education and Social Care

SUBJECT: Integrated Wellness Service Annual Report

WARD(S) Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 To present to the Health and Wellbeing Board the Annual Report for Halton's Integrated Wellness Service for the period April 2017 – March 2018.

2.0 **RECOMMENDATION: That the report be noted.**

3.0 **SUPPORTING INFORMATION**

3.1 Halton's Integrated Wellness service comprises Halton's Health Improvement team and Sure Start to Later Life Service. The integrated team via Divisional Manager is jointly accountable to the Director of Public Health and Health Protection and the Director for Adult Services.

3.2 Halton's Integrated Wellness Service plays a critical part in delivering improved health and wellbeing for all ages across the borough through a range of statutory services.

The current functions of the Integrated Wellness Service can be summarised into three areas, as follows: -

- Start Well – Working within the community and schools to give every child in Halton the best possible start in life.
- Live Well – Helping adults and families lead healthier and more active lifestyles
- Age Well – Supporting healthy and active ageing for all people in the Borough.

Traditionally, efficiencies have been delivered through improved delivery of care but meeting the current goals of saving lives, reducing morbidity, improving quality, being more cost effective and reducing inequalities requires innovative solutions and a focus on stemming demand through delaying or preventing the onset of need.

The Integrated Wellness Service therefore uses evidence based approaches with value for money to deliver a range of preventative services aimed at improving outcomes in the key priority areas of the Halton Health and Wellbeing Strategy:

• **Children and Young People**: improved levels of early child development
• **Generally Well**: increased levels of physical activity and healthy eating and reduction in harm from alcohol
• **Long-term Conditions**: reduction in levels of heart disease and stroke
• **Mental Health**: improved prevention, early detection and treatment
• **Cancer**: reduced level of premature death
• **Older People**: improved quality of life

The Integrated Wellness Service supports the One Halton systems leadership approach by working closely in partnership to innovate and improve health and wellbeing.

3.3 The Annual Report (Halton Integrated Wellness Service Annual report April 2017 – March 2018) demonstrates the positive health and wellbeing outcomes delivered by the integrated service - please refer to full report included as Appendix 1 and supporting case studies Appendix 2 & 3.

4.0 POLICY IMPLICATIONS

The Integrated Wellness Service contributes to the outcomes outlined in Halton's Health and Wellbeing Strategy. The service also contributes to the outcomes required by Public Health, NHS Better Care Fund and Adult Social Care Outcome Frameworks.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The service will continue to look to generate income via training and the delivery of external contracts.

6.0 RISK ANALYSIS

6.1 N/A

7.0 EQUALITY & DIVERSITY ISSUES

7.1 It has not been appropriate, at this stage, to complete a Equality Impact Assessment (EIA)

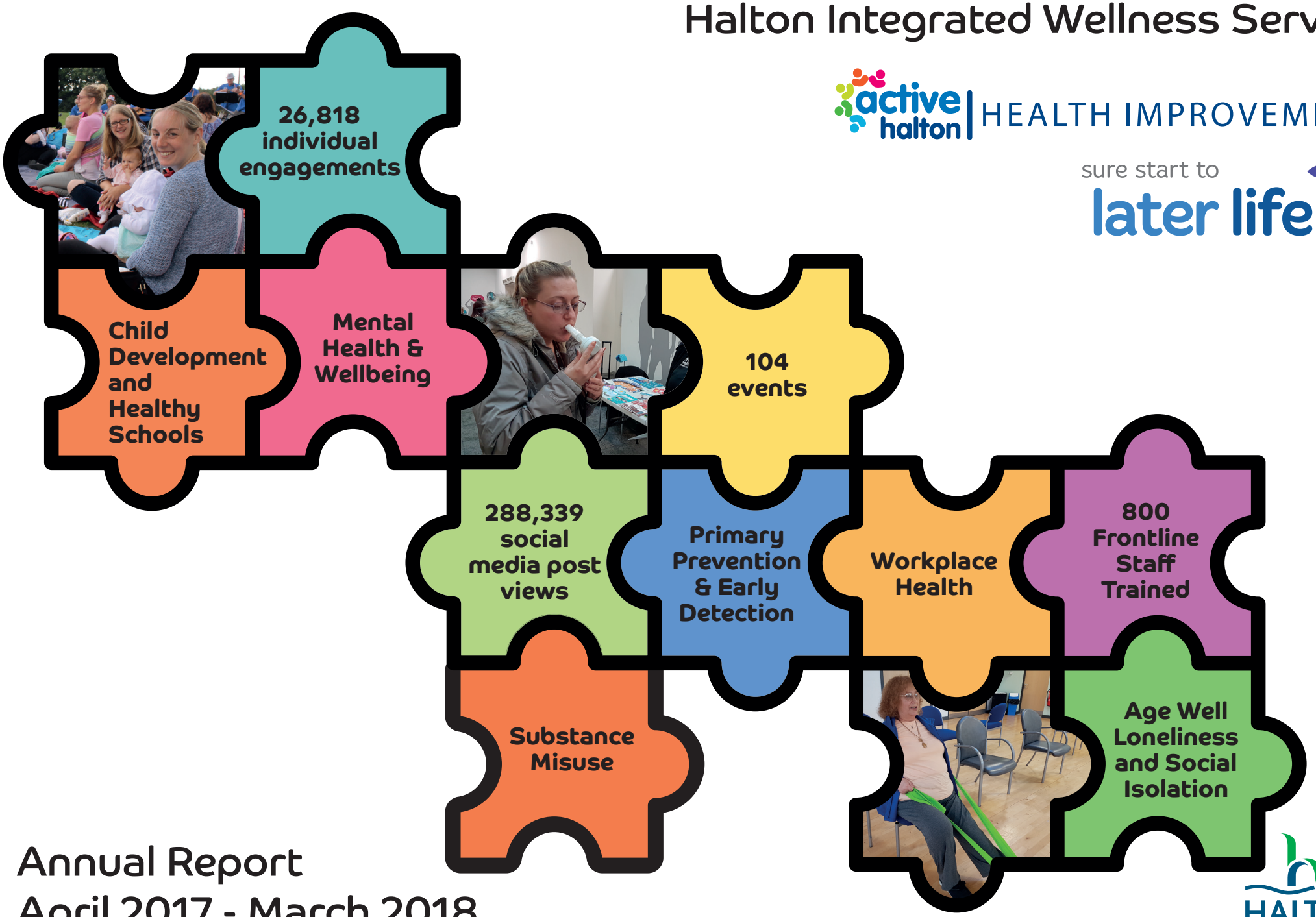
8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None.

Halton Integrated Wellness Service

active halton | HEALTH IMPROVEMENT

sure start to later life



Annual Report
April 2017 - March 2018

HALTON BOROUGH COUNCIL

Foreword

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The Integrated Wellness Service suppors the One Halton systems leadership approach by working closely in partnership to innovate and improve health and wellbeing.





Early Years & Family Support

Breastfeeding

Breastfeeding in Halton has increased by 2% over the last 3 years.

792 people have been supported through ante-natal classes and post discharge 1-1 visits, telephone and group sessions.

Breastfeeding support begins antenatally in the community with Your Baby and You sessions. Health Improvement delivers a class on infant feeding as part of this integrated programme with health visiting and midwifery.

Following the birth of baby, Health Improvement continue support by contacting all mums on discharge from hospital / home births to give much needed support in the first early days. Mums are also followed up at 6 weeks to check if further help might be needed.

"I was considering giving up but now I feel I have turned a corner and can continue with skills learnt. Feel very supported and able to contact with any questions. Responded and visited quickly."

We also work extensively in the community to reduce the stigma and promote the benefits through events including International Breastfeeding Week and 'The Big Latch On' in August 2017 and through our Breastfeeding Friendly venue scheme.

1482 babies were born in 2017

Introducing Solid Foods

The Infant Feeding Team offers support in the community to help parents confidently introduce solid foods from 6 months. The classes include guidance on portion size, foods to try, and how to tell when baby is ready for solids.

The team now books a place on one of these sessions during the 6 week call back. Parents are encouraged to attend when baby is around 4 months old so they have time to prepare and look for the signs baby is ready for solids. This has increased attendance by **100%.**

In 2017-18, the team supported **210** families to introduce solid foods to their babies at the appropriate stage of more than 6 months.

Promoting Flu Immunisation

This campaign was designed to increase awareness of the health risks of flu in young children and promote the flu vaccination (nasal spray) to parents of children aged 2-5 years.

Over **30** entries were received from **6** settings. The **5** winning designs were turned into collateral for 2017-18 and 2018-19 campaigns.

Uptake of the flu vaccine increased by **6%** in 2017/2018 from 37.3% in 16/17.

Triple P - Positive Parenting Programme

From the **260** families referred to Triple P, **50** families have taken part in the programme. **84%** of these families have since reported increased parenting capacity and confidence, contributing to a reduction in escalating need for the family. The service has also been more closely integrated with children and young people's and adult weight management services to identify more potential families who require additional assistance.

The team was also awarded a contract to deliver the Triple P programme in Cheshire West and Chester.

CATCH App for parents

HIT collaborated with Damibu and the Innovation Agency to create a free app for parents of children aged 0 to 5 years. The app delivers health content, tailored according to the child's age, such as reminders for key development stages, vaccinations and advice about common ailments. It also signposts to local support services, to help parents recognise when it is appropriate to take their child to a health professional or where self care is more appropriate.

The app has been downloaded **1028** times so far in Cheshire and Merseyside.

Healthy Schools

Healthy Schools Offer

This year our Healthy Schools programme has been updated in preparation to support schools with new compulsory health education. From September 2020, all schools will be required to teach children about good physical and mental health, how to stay safe on and offline, and the importance of healthy relationships.

Our offer supports schools on an individual basis based on a whole school approach. It also offers a wealth of programs and projects that are coordinated by HIT and delivered by HIT and multi-agency partners.

In line with school feedback we have now increased the offer to include a mental health framework, school council sessions, healthy relationships, parental engagement, parent education, staff wellbeing and staff training.

Strong links have been made with school games coordinators, Sports Development and HIT to support schools to increase pupils physical activity through Daily Mile, daily 'wake up shake up' and promoting community activities such as Junior Park Run.

Under-18 Hospital Admissions

- **admissions due to alcohol have reduced by 44%**
- **admissions due to substance misuse saw a reduction of 17% in the past year.**

Healthitude

The updated Healthitude programme was launched for years 3, 6 and 8 covering 8 key PSHE areas:

Fit4Life (yr 3), Fit4Life (yr 6), Healthy Eating (yr 8), Mental Health & resilience (yrs 6 & 8), Healthy Relationships (yr 8 & up), Drugs (yrs 6 & 8), Tobacco Education (yrs 6 & 8), Alcohol (yrs 6 & 8), e-Safety (yrs 6 & 8), First Aid (yrs 6 & 8).

The successful Fit4Life programme is now integrated within the Healthitude offer.

208 sessions delivered
50 schools involved
2279 pupils took part

Mental Health in Schools

Children and Young People (CYP) mental health agenda launched Feb 2018 for CYP mental health awareness week.

- Support to embed Mental Health and Resilience in Schools framework (MHARS) into school culture
- New 5 Ways to Wellbeing Award launched for schools that embed the 5 Ways to Wellbeing into everyday school life, encouraging children and parents to take part in activities to boost wellbeing.
- Anna Freuds '**You're never too young to talk mental health**' campaign aimed at year 6
- Time to Change's '**In your corner**' campaign aimed at secondary schools and Colleges
- Support to embed Samaritans' '**Help when we need it most**' guidance on how to respond to suicide in schools and colleges

The following training has been developed for staff working with CYP and piloted:

- Basic Mental Health Awareness
- Self Harm awareness training

Primary Prevention & Early Detection

NHS Health Check

National 5 Year programme to target adults aged 40 - 74

IGR

Impaired Glucose Regulation or Borderline Diabetes

Health Trainers are based in most Halton GP practices, where they deliver NHS health checks and IGR (Impaired Glucose Regulation) appointments for clients identified as pre-diabetic. They also signpost to services that can benefit the client's health and wellbeing.

IGR appointments provide clients with detailed advice on lifestyle, diet and exercise.

Over **20%** of clients having an IGR appointment sign up for the Fresh Start weight management programme.

Results demonstrate our success in preventing at risk clients from developing diabetes.

The Health Trainers continue to play a vital role in improving the accessibility of health services to the local community.

1187	NHS Health Checks carried out by Health Trainers (**28%** of all Halton Health Checks)
1944	Blood Pressure Checks
122	Lung age checks
1264	Cholesterol Tests
600	IGR Appointments
3.2	Average reduction in Blood Sugar score following IGR appointment
4.6	Average reduction in Blood Sugar score following HIT intervention

Cancer Awareness

Latest data from NHS England shows significant improvement in the one year cancer survival rate, bringing Halton in line with the England average. This is due to early detection and swift treatment.

Community Events

960 people engaged in community events that raise awareness of signs, symptoms and screening. The team organised a series of events to raise awareness of the signs and symptoms of various cancers (including bowel, breast, lung and bladder).

Over the last 12 months, HIT has focused on breast screening working closely with the breast screening unit and general practice to improve uptake rates. In general, Halton exceeds the national target of 70% uptake, however there are a small number of practices with lower rates. We take a targeted approach with these practices, to improve how they engage with women about breast screening, which in turn should increase screening rates.

Cheshire Fire Service

Cheshire Fire Service trained to offer brief advice about bowel cancer and request bowel cancer screening kits as part of their Safe and Well visits to older and vulnerable residents in Halton.

2048 kits requested

Cancer Early Detection - Bowel Screening Project

A project to contact non-responders to bowel screening invitations commenced in 2016 with Health Trainers placed in GP surgeries with low take-up rates for bowel screening. Non-responders were contacted by telephone and asked if they would like another kit and the health trainer was able to respond to questions, fears and misconceptions about the test immediately. The health trainer could then order a testing kit from the regional hub on behalf of the patient. Expanding the pilot is dependent on future funding bids.

3	GP surgeries took part	**15.3%**	highest increase in uptake
240	non-responders targeted	**9.7%**	overall increase in uptake
3	Potential number of cancers identified (based on borough wide 9.7% increase)		
£17,155	Potential cost saving to NHS		

Substance Misuse

Tobacco Control & Stop Smoking Service

16.6%*	Smoking Prevalence in Halton (down from 20% in '16-'17)
876	People attended the service and set a quit date
523	People quit smoking
59%	Quit Rate (75% of these were CO_2 validated)
94	Pregnant women referred to service
27	Pregnant women set quit date; 12 quit smoking (44% Quit Rate)
16.1%	Smoking prevalence at time of delivery (down from 18.6%)
15	Training sessions for professionals in various settings
726	Lung Age Checks
28	Community and Workplace Events

New 5 year Tobacco Control Plan developed for 2017 - 2022

*** Latest statistics released in June 2018 show prevalence fallen to 15%**

Smoking in Pregnancy Campaign

Funding of £75k from Halton CCG was allocated to reduce the number of pregnant women smoking at the time of delivery of their baby. This enabled the launch of a new pathway and training for Halton midwives. All women identified as smokers (through a CO_2 test) are referred automatically to the Stop Smoking Service.

New promotional materials were developed and an incentive scheme provides expectant women with vouchers if they succeed in quitting before birth and stay quit for up to 8 weeks following the birth.

Alcohol

525 people completed a questionnaire (Audit C) - a series of questions designed to assess if an individual's alcohol consumption is likely to affect their health.

56% (293 people) were deemed medium risk and advised that they should cut down to reduce their risk of alcohol related illnesses in the future.

Of these 293, 150 - **51%** - were asked more in depth questions and as a result, deemed high risk - their drinking is likely to be affecting their health in some way already. These individuals were then given brief advice on cutting down and if necessary, signposted to local alcohol support services.

Drink Less Enjoy More Campaign

The campaign ran from October to December 2017, targeting drinkers in the pre-Christmas period. Originally developed by Liverpool City Council, the campaign is designed to promote safe drinking and reduce anti-social behaviour.

Having run successfully for 2 years in Liverpool, it was rolled out across Merseyside in 2017.

Halton's night time economy is very different to Liverpool, concentrated in a smaller geographical area and with fewer licensed premises. However, it was expected that Halton residents who may travel to neighbouring areas on a night out would be exposed to more of these messages, leading to an increase in awareness of the campaign.

Halton Pubwatch and the Safer Halton Partnership circulated campaign messages, training and promotional materials to all local night time venues and pubs.

Evaluation

An interim Merseyside-wide evaluation collated by Liverpool John Moores University in Spring 2018 showed an increase in awareness of the legislation in Halton but also suggested that more work may need to be done locally around alcohol related violence.

Healthy Eating & Physical Activity

Whole Systems Obesity - Partnership with Leeds Beckett University

Halton is one of 6 local authority areas in England chosen to be part of a National whole systems obesity pilot programme . Tackling obesity is a complex and multifaceted problem with over a hundred contributing factors. Therefore we need to look across all the different factors and explore what can be done over the short, medium and long term. Leeds Beckett University have been commissioned by Public Health England to explore with the 6 chosen local authorities how to make greater in roads by adopting a whole systems approach towards a local strategy.

In Halton this work has begun with a series of workshops, facilitated by Leeds Beckett, to map out key priorities, problems and bring together partners from across all sectors to work together - such as transport, planning, service providers, local businesses. The result of the three workshops has been the creation of a system wide action plan and a system network that will deliver the key actions identified in the short, medium and longer term. The action plan will inform a whole systems obesity strategy for Halton 2018 onwards.

9% reduction in excess weight in adults bringing Halton in line with the England average of 61.3%.

Weight Management

The Adult Weight Management Program - Fresh Start - continues to provide local community support across the borough to a broad range of clients. Fresh Start combines nutritional advice, education, meal planning with regular physical activity. Delivered in partnership with North West Boroughs NHS Trust (2017-18).

934 people signed up to Fresh Start

52% of completers saw 3% weight loss in 6 months

35% of completers saw 5-10% weight loss in 6 months

12 Fresh Start classes every week

56% of completers show improvement in Healthy Lifestyle Choices

59% of completers show improved health related quality of life

16% improvement in physical activity, similar to the England average.

Physical Activity

The Health Improvement Team works closely with Active Halton and community organisations to offer alternative physical and social activities for people who generally shun traditional exercise classes. In 2017-18, the partnership delivered:

36 weekly classes

2 Parkrun events, attracting over 200 runners per week

New Couch25K and Mile a Day programmes.

Exercise on Referral - Adults

The scheme provides access to exercise for clients with long term conditions and has close links with Halton GP practices and local hospitals. All classes are designed to improve the client's level of physical activity and encourage long term lifestyle changes. The classes are delivered in local communities, reducing the barriers to physical activity. Volunteers who have themselves benefited from the programme help to deliver the stroke rehab class.

Conditions currently supported are pulmonary and cardiac conditions, stroke and cancer.

11 Exercise on Referral classes every week, supported **157** new high dependence clients.

Mental Health

Halton has seen a 17% reduction in hospital admissions for mental health conditions over the last 5 years.

Mental Health Hubs

Launched September 2017 at 2 locations:

- Widnes Indoor Market
- Shopping City Runcorn

- Run in partnership with local mental health organisations.
- **383** people engaged with during first 6 months (Sept '17 to Mar '18).
- Bereavement and suicidal thoughts the most common issues raised.
- Concerns regarding lack of bereavement support for adults fed back to Adult Mental Health Delivery Group.

Campaigns

Mental Health Awareness Week - May 2017

- **1400** people engaged with World Mental Health Day (October 2017)
- Launch of workplace mental health offer
- Time to Talk Day - February 2018
- Launch of Children & Young People mental health offer

CHAMPS

- Actively involved in Youth Connect 5 steering group to shape pilot.
- **7** pilot programmes were delivered to **45** parents.
- Actively involved in suicide prevention and support after suicide group.
- Suicide prevention plan for Halton being developed.
- Supported implementation of suicide community response plan.

Champs Public Health Collaborative

Training

Package of training courses developed for community, schools and workplaces covering:

- Mental Health Awareness
- Stress Awareness
- Resilience
- Self Harm Awareness
- Suicide Prevention
- Time to Change

355 people trained in mental health awareness

272 people trained in suicide awareness

Time to Change

time to change champion
helping to end mental health discrimination

- Launched Time to Change campaign locally.
- Supported Time to Change to recruit 30 local champions from members of the public and local workforce.
- Supported Halton Housing to achieve TTC Employer Pledge.
- Began promotion of Time to Change employer pledge to local workplaces.
- Started process for Halton Borough Council to begin time to change employer pledge.

Social Media

Social media plan established.

Increased use of social media from Q3 to promote anti-stigma messages, events, campaigns and helplines, both local and national.

Facebook Results (Oct '17 to March '18)

55 individual posts

46000 people reached

715 engagements (people who clicked a link, shared a post or replied to a post)

Workplace Health

Over the last 12 months the Health Improvement Team has been rolling out a comprehensive workplace health programme to local businesses across Halton. During this time the team has worked with 52 local businesses to improve their workplace health offer.

Marketing and promotion of work place health solutions to local business has included email marketing, social media and partnerships with Halton Chamber of commerce and Enterprise Division of Halton Borough Council.

The Workplace Health package includes an initial site visit to undertake a health needs assessment of the workforce and workplace and from that a tailored package of support is developed for the business. This can include a review of health policies, training for staff and managers, NHS Health Checks/ Lung Age checks for staff, smoking cessation clinics, back pain classes and general health awareness events.

Workplace Health is a method of engaging with those who do not regularly engage with primary care. Through the workplace health programme the team has identified people that have gone on to be diagnosed with health conditions such as diabetes, hypertension and atrial fibrillation.

Key Outcomes

52 Halton Employers engaged with
5250 Total employees targeted
2900 Individuals received at least one health intervention

Health Interventions Delivered

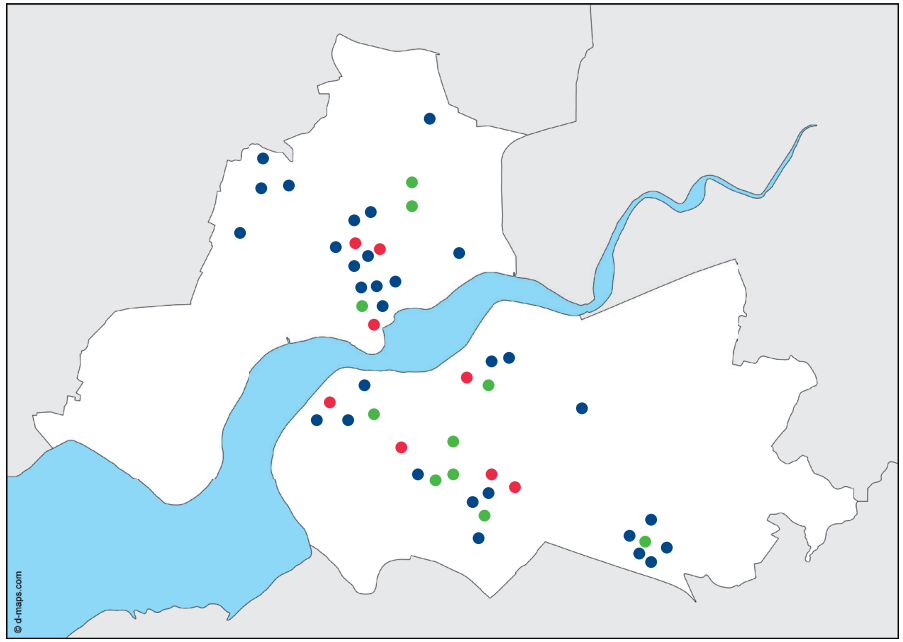
350 NHS Health Checks delivered, resulting in **45** referrals to HIT services
400 Lung age checks resulting in **16** referrals to stop smoking service
10 Mental health training sessions delivered
15 Cancer awareness health events attended by **500** people

Manufacturing and service industry employers

Hattons Model Trains
Mexichem
Kerry's Ingredients
Kawneer
Howdens

Home Retail Group
Halton Housing
Capita
The Heath
Specsavers
Job Centre Plus

Type of intervention by location



Key:

- **Health Checks**
- **Mental Health Training**
- **Stop Smoking Interventions**

educo health
expertise | dynamic | universal | creative | original

Age Well

Age Well Exercise - Falls Prevention

Our Age Well Exercise programme is designed for people over 55 who are at risk of falling or who already have had a fall. The classes offer gentle, easy exercises to improve stability, balance, co-ordination and strength which ultimately enables people to stay independent and in their own homes for longer.

158 Referrals received.

63% Of people who completed the class saw an increase in confidence and decrease in anxiety about falling and injuring themselves.

81% Of people who completed the class saw an improvement in the 30 second stand test.

68% Of people who completed the class saw an improvement in the timed 'up and go' test.

6 Age Well Training sessions delivered.

55 Attendees.

Sure Start to Later Life

Sure Start to Later Life is an information service to help Halton residents over the age of 55 to live a happy and independent life. It offers information, advice and a wide range of activities that enable older people to take an active part in the community.

421 Older people supported through the service.

33 Day tripper events organised.

11 Grangeway Get Together events - a monthly event bringing together some of the most vulnerable older people from the community for a meal, entertainment and company.

80 Average number of people at each event - **120** at Christmas Event.

1218 Hours of volunteer support.

123 Carers and volunteers supporting delivery of services.

Care Home Project

Following on from the Halton Care Collaboration event in May 2017, a Care Home Development Project was formed. This was to enable stakeholders representing key sectors to work collaboratively in exploring and implementing identified work streams.

Health Improvement Team lead on a project in care homes called the "Wellbeing Model". The purpose of this group is to look at improving and maintaining the physical and mental wellbeing of the people who reside in care homes. Up to now a number of meetings have already taken place with the Activity Co-ordinators of the care homes. Ideas and resources have been shared in this forum. Some staff members have taken part in workshops to increase their skills In working with their residents to promote their wellbeing. We are also looking at devising day trips for care home residents as an extension of Sure Start Day trippers.

Comments received about the Get Together Events:

"We all just love this day, thank you for everything, I really love my time here, it makes my day"

"Had a positive effect on my life – meeting people, getting fresh air, keeps everything working"

"I lost my husband in 2015 and it took me a long time to pull myself together - thanks to you this helps"

Campaigns

Early Years Conference

In June 2017 we brought together **82** professionals from organisations across Halton to showcase early years services, local successes, share knowledge and improve inter-agency working.

Toilet Training

Anecdotal evidence of children starting school not toilet trained was supported by further insight. Leaflets and posters were designed offering top tips for parents and have been distributed to all Halton early years settings as well as key community venues.

Cancer Awareness Campaigns

Throughout the year, the team promotes a series of campaigns to raise awareness of the signs and symptoms of some of the most prevalent cancers in Halton and to promote national cancer screening programmes.

National Be Clear on Cancer campaigns are implemented locally. In 2017-18, this included a breast cancer awareness campaign targeted at women over 70, bowel screening and bladder cancer campaigns.

Social media campaigns supported several cancer awareness months (bowel in April, breast in October and Lung in November).

The annual Sun Safe campaign ran through the summer of 2017 to raise awareness of sun safety and skin cancer. This campaign is targeted at all ages - particularly parents of young children.

No Smoking Day

In March 2018, the team held a drop-in event at Halton Housing's HQ in Widnes offering advice about quitting smoking to staff and visitors.

Lung age checks are a great way to start a conversation about healthy lungs and the dangers of smoking. To date **120** Housing staff have received a lung age check with **10%** referred to the stop smoking service.

Affordable Warmth

The campaign in it's second year promotes affordable warmth schemes and advice to vulnerable Halton residents such as older people, families with young children and low income households.

A targeted mailshot to **4000** of the most deprived households in January 2018 to promote the Warm Homes Discount saw **£38,000** of total savings by qualifying households.

354 affordable warmth referrals were made to Energy Projects Plus by Cheshire Fire and Rescue as part of Safe and Well visits.

Flu

A local flu campaign aligned with the national Stay Well this Winter campaign to take advantage of national media coverage and materials. It was also promoted via local media channels and social media.

It included promotion of the flu vaccination to key audiences - over 65s, those with long terms conditions, young children, carers and frontline health professionals.

Social Media Engagements

Across all campaigns, Nov 2017 - March 2018:

308 Health Improvement Posts
288,339 views
5523 people engaged

Building Capacity

We continue to build capacity within the local community through training for local community organisations with the necessary skills to deliver brief advice and health interventions.

Cheshire Fire Service

Officers have received training from the Health Improvement Team on blood pressure, cancer awareness and bowel cancer screening. This advice is included in the 'Safe and Well' home visit scheme.

52 fire officers have received blood pressure training in 2017-18 with further training taking place during 2018-19.

Officers also provide information on affordable warmth, referring eligible households to Energy Projects Plus if more detailed advice is needed.

As part of the same contract, which runs until March 2019, we have delivered **9** BP training sessions to **216** employees of Healthy Living Pharmacies in Cheshire and Merseyside, with more scheduled for 2018-19.

Halton Housing

A member of HIT has been seconded to Halton Housing on a one year trial basis (recently extended due to the success) to extend prevention services to social housing residents and staff.

Over **400** residents engaged in events and **246** members of staff have attended training sessions on cancer awareness and screening, mental health, ageing well and dementia awareness.

Other achievements include:

- Weekly Health Trainer clinics in Widnes and Runcorn
- Bespoke Fresh Start class for over 55s launched at Barkla Fields Extra Care Scheme.

Looking Ahead

New developments in the pipeline for 2018-19

Early Years

New active play scheme for early years settings where children and parents learn about sugar and fats through interactive play.

Volunteers to provide peer support will join the Infant Feeding Team.

Weight Management

Weight Management will become an in-house managed service from May 2018 with the transfer of the dietetics service to Halton Borough Council.

Launch of the National Diabetes Prevention Programme (NDPP) and integration with existing successful weight management and IGR clinics.

Whole Systems Obesity agenda will continue to be developed across Halton with support from Leeds Beckett University.

Exercise on Referral

Back Pain pilot to take place at Halton Housing in June 2018 before the full launch of service in Q3 2018-19.

Mental Health

Workplaces in Halton will be supported to sign up for the Time to Change Employer Pledge. A Mental Health Festival is planned for the week of World Mental Health Day 10 October 2018.

Workplaces

Training packages to continue to be developed and deployed in Halton and the team is exploring further opportunities to generate income inside and outside Halton.

Training

New training programmes will be introduced including MECC (Making Every Contact Count) and additional RSPH (Royal Society for Public Health) qualifications.

Our Clients

Here is a selection of comments from clients and partner organisations who have worked with us over the last 12 months.

"RR was a self referral into the AMPARO service, after speaking to staff at the mental health hub in Runcorn. RR had lost his son due to suicide the month before and had not been receiving any support for their death" Support offered as a result of the Mental Health Hub

"Tony has helped us support so many patients during their in-patient stay. His calm and reassuring nature has influenced lots of patients to make positive steps to becoming smokefree and has ultimately helped improve their health and quality of life" The Brooker Centre, Stop Smoking Service

"Every person who had the checks has provided feedback to say they are very glad they did it and the team who provided them were really polite, friendly and gave clear and helpful information." Runcorn & Widnes Cancer Support Centre, NHS Health Checks

"The importance of helping our staff to be comfortable & healthy in the workplace is a crucial part of our ethos." Hatton's Model Railways, Health Advice

"Coming to the class has given me so much more confidence and I cannot thank Sandra, Janet and Kerry enough for all the help they have given me, they are wonderful!" Client of Age Well Exercise - Falls Prevention class

"To find out I had this potentially serious condition was a bit of a shock but also a wake-up call. I cannot thank Colin and the team enough - without the NHS Health Check I may never have found out I had Atrial Fibrillation." Kath from Mexichem, diagnosed with AF following a workplace NHS Health Check

"The support of the breastfeeding team was invaluable." Heather, a client of the Infant Feeding Team, now a Breastfeeding Ambassador




Workplace Case Study

active halton | HEALTH IMPROVEMENT

Mexichem - Runcorn

"It was purely by chance that I even had my NHS Health Check, but it saved my life!" - Kath Fleming

The Halton Health Improvement Team approached me in the summer of 2017 about offering on-site NHS Health Checks to our staff in Halton. The scheme is free and can flag up early warning signs of many potentially serious diseases. As part of my role as Interim HR Manager, I had been asked to consider what we could do differently at Mexichem and this fitted perfectly. I believe that improving and protecting the health and wellbeing of all employees has benefits not just for the individual, but for the organisation too. A healthier workforce means less absenteeism and cost savings in the long term.

During the first session, Health Trainer Colin had a couple of free appointments so asked if I'd like to have a check myself.

I knew I had high blood pressure and was on medication for it but frankly, I was feeling fit and well. However, during my appointment, Colin suggested I should make an appointment as soon as possible with my doctor because my blood pressure and heart rate were much higher than they should be!

Feeling rather worried, I did just that and managed to get an appointment with my GP that same day.

It took a while but after seeing a couple of different doctors and a referral to my local hospital I was diagnosed with Atrial Fibrillation or AF - an abnormal heart rhythm. It can be very serious if left untreated and increases your risk of having a stroke.

Symptoms can include palpitations (being aware of your heart beat), tiredness, shortness of breath and dizziness or feeling faint. But I had none of these! Surprisingly though, that's not that unusual, some people never have any symptoms, while others may only have quite mild ones. I'm now taking medication to prevent a stroke and control my heart rate.

To find out I had this potentially serious condition was a bit of a shock but also a wake-up call. I cannot thank Colin and the team enough - without the NHS Health Check I may never have found out I had AF.

Mexichem and Halton Health Improvement Team are continuing their work to develop health and wellbeing services for staff not only at Mexichem itself, but also for other organisations who are based at the Heath in Runcorn.

For details of our Workplace Health Solutions call 0300 029 0029 or email HIT@halton.gov.uk

HALTON BOROUGH COUNCIL

Case Study - Peter Roberts (68).

Peter spent a period of time in the hospital due to heart failure. When he was discharged he says he was practically housebound. Sure Start to later life went out to see him to see if there was anything we could do to help. Peter said that he is very passionate about swimming but is unable to get to public transport to get to the pool. He was unable to afford a taxi fare. Peter agreed to go on our volunteer matching list for someone to help him get to the pool every week. We matched him with Colin. Colin takes Peter swimming once a week to both indoor pools and fresh water lakes to swim. In this time Peter's fitness has increased so much that he can now swim a mile nonstop. When he first met Colin he could only manage 2 lengths.

This also has an impact on other areas of his life. He can now walk to the pharmacy to pick up his prescription instead of getting it delivered.

Peter feels that since Colin's involvement his quality of life and independence has increased hugely. Not only does Colin accompany Peter swimming but he also volunteered to drive Peter to a very important medical appointment to reset his heart device. This appointment had to be previously cancelled as Peter was unable to get to the appointment as it would have meant walking quite a long distance and trying to get public transport. He was not fit to do this at the time.

Sure Start to later life has supported Peter to apply for benefits he is entitled to. Peter states that without the help of Sure Start to later life and Colin he would be "stuffed".

On the flip side Colin also benefits from this arrangement as he has always wanted to get back into swimming and now he has.

REPORT TO:	Health and Wellbeing Board
DATE:	3 October 2018
REPORTING OFFICER:	Leigh Thompson, Chief Commissioner – NHS Halton CCG
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Urgent Care Centres
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide the Board with an update on the Review of the 2 Urgent Care Centres and subsequent actions taken by NHS Halton CCG to transform these centres into Urgent Treatment Centres (UTCs) as part of the One Halton transformation of health provision in Halton.

2.0 RECOMMENDATION: That the Board

1. **notes the initial findings of the review;**
2. **notes the progress and timeline associated with the procurement process towards UTC's; and**
3. **notes the proposal to improve the consistency of GP cover at both sites rationalising the medical cover to a specified number of hours during the times where we see peak demand.**

3.0 SUPPORTING INFORMATION

3.1 The *"Next Steps on the NHS Five Year Forward View (5YFV)"* published on 31 March 2017 describes how the 5YFV's goals will be implemented over the next two years. Urgent and Emergency Care (UEC) is one of the national service improvement priorities. One element of the UEC section of the FYFV is the *"Roll-out of standardised new 'Urgent Treatment Centre specification'.* NHS Halton CCG commissioned the provision of two Urgent Care Centres (UCC) in 2015. Currently the services are provided by Bridgewater Community Foundation Trust (Widnes UCC) and Warrington & Halton Foundation Trust (Runcorn UCC). Both providers have been delivering services based on a draft service specification and it was agreed by the CCG to re specify the services required to meet the national requirements of the proposed Urgent Care Treatment Centre Guidance and undertake a number of actions.

3.2 The “Next Steps on the NHS Five Year Forward View (5YFV)” published on 31 March 2017 describes how the 5YFV’s goals will be implemented over the next two years. Urgent and Emergency Care (UEC) is one of the national service improvement priorities. One element of the UEC section of the FYFV is the “Roll-out of standardised new ‘Urgent Treatment Centre specification’. NHS Halton CCG commissioned the provision of two Urgent Care Centres (UCC) in 2015. Currently the services are provided by Bridgewater Community Foundation Trust (Widnes UCC) and Warrington & Halton Foundation Trust (Runcorn UCC). Both providers have been delivering services based on a draft service specification and it was agreed by the CCG to re specify the services required to meet the national requirements of the proposed Urgent Care Treatment Centre Guidance and undertake a number of actions.

The actions agreed by the CCG are as follows;

1. Undertake an immediate desk top review of the two Urgent Care Centres (UCC’s);

2. To commission an independent review of the services provided;

3. To serve notice on the current draft specification and providers and re procure both centres;

4. To work as part of One Halton with local GP’s and clinical colleagues from Bridgewater, St Helens and Knowsley Trust & Warrington and Halton Foundation Trust to ensure the future model is fit for the population of Halton and is consistent with the aspirations of the One Halton health and wellbeing transformation model.

5. To review and implement an interim safe and consistent medical provision (GP’s) within a reduced set of hours (yet to be determined).

3.2 **National UTC Standards**

A set of core standards for urgent treatment centres (UTC) was published in July 2017 to establish as much commonality as possible. The requirements are that Halton residents will:

a. Be able to access urgent treatment centres that are open at least 12 hours a day, 7 days a week, clinically led staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. bloods urinalysis, ECG and in some cases X-ray.
b. Have a consistent route to access urgent appointments offered within 4hrs and booked through NHS 111,

ambulance services and general practice. A walk-in, on the day access option will also be retained.

c. Increasingly be able to access routine and same-day appointments, and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate.
d. Know that the urgent treatment centre is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E services and other local providers.

3.3 **Case for change**

The marked difference between the current UCC specification and the proposed UTC specification is the pre bookable appointments and the opportunity to have an integrated primary and secondary care model which enables patients to access same day urgent health care. The Urgent Treatment Centres will be the cornerstone of integrated urgent care delivery and ensure 24/7 community urgent care. The development of the UTC model will deliver a standardisation approach to urgent unplanned care and simplify access, as well as improved patient care and increasing the level of convenience as patients will no longer feel the need to travel and queue at A&E and or travel out of Borough.

3.4 **Interim arrangements from 1.10.2018 – 1.03.2019**

Interim arrangements are to standardise GP medical cover for a set period of time (yet to be determined) 7 days a week. This will ensure a high level of consistency and service level provision.

Patients attending during the hours when a GP is not on site will be seen by an Advanced Nurse Practioner (ANP) who can prescribe medication, request diagnostics and treat as appropriate. The GP medical cover will support decision making and to allow interpretation of the diagnostic results and to confirm on going treatment requirements. The GP provides additional clinical support to the ANP as and when required. The GP will also see and treat appropriate patients and if the ANP is unable to conclude the patient's treatment there is the facility for the ANP to book an appointment later on that day with the GP.

The GP standardised hours still allows for patient demand to be met and offers the equivalent of an additional 50 GP appointments per day for Halton patients.

3.5 **Findings from the initial desk top review**

The initial desk top review of both the Widnes and Runcorn UCC's, was to provide a deeper, richer, data-driven understanding of the challenges and opportunities for the management and delivery of urgent care within Halton. The outcomes from this work enabled the CCG to make an informed decision to expand the review and

commission an independent review of the current service provision and provide evidence and recommendations to take forward as part of its commissioning priorities.

3.6 The two UCC's provide high-quality assets to both the Widnes and Runcorn communities, and appear to be highly valued by the local population, as demonstrated by the Friends and Family test (FFT) scores

3.7 The UCC's have high quality estate and facilities, including advanced diagnostics, ambulance bays and clinical observation areas.

3.8 However, the review found the purpose of the centres was unclear and lacked clarity on the specification and service delivery. Patients, professionals and commissioners described their purpose differently.

- Are they a Walk In Centre?
- A drop in centre or a UCC?
- Are they "an extension to primary care" to alleviate pressure in this area?
- Do they just contribute to "AED attendance and admission avoidance"?

3.9 The draft specification does not contain the necessary level of detail to ensure the purpose was delivered or monitored effectively and performance data is varied due to the lack of consistent key performance indicators and requirements within the specification.

3.10 Whilst there are challenges with some of the data, the available data and anecdotal evidence suggests that a significant proportion of patients attending UCC's, attend with "low-level" health challenges that could potentially be dealt with through self-care, or elsewhere in the out of hospital system

3.11 There appears to be very limited numbers of conveyances by ambulance to the UCC's (available data suggest numbers vary between 0.1% - 0.5% of attendances)

3.12 The balance of nursing staffing due to the acuity of pf patient conditions appears to be towards the more senior end of the professional scale and excessive for what patients require.

In short, the UCCs have not lived up to the expectations of the public, commissioners and providers, resulting in concerns raised, due to the inconsistency of provision and ineffective service delivery.

3.13 **The Independent Review**

NHS Halton CCG commissioned Midlands and Lancashire Commissioning Support Unit (M&LCSU) to undertake a full and proper review of the 2 UCC's. It was to use the initial evidence to support the ground work and to liaise direct with the service providers and health watch. As Health Watch had been observing and interviewing patients for a number of months and the evidence gained was supportive of the re-specification proposal.

This review was to provide an independent view and evidence with recommendations and actions to develop the current specification and to advise the CCG if it is appropriate and right for our population to update the specification and move from a UCC to UTC.

3.14 **UTC Procurement**

Considering all of the above and the requirement to develop a new specification, a six month contractual notice has been served on the current specification to both providers from July 2018; this was to inform a new specification and procurement process commenced.

This is to give time to inform a new specification and put in place an effective procurement process.

There is a detailed project plan in relation to the procurement and the process commenced on 27th July 2017. The key dates are as follows:

Activity	**Date**
Market engagement event	18th September 2018
Procurement Process commences	25th September 2018
Procurement process concludes	End of March 2019
Appointment and mobilisation	April 2019
Mobilisation period	July 2019
Contract start date	August 2019

3.15 Following the initial review of the UCC's it was considered that there could be a potential risk due to the inconsistent cover of locum GPs provided in both UCC's. The provider had been unable to provide GP cover consistently to the required level. The impact of this was that the service had not been delivered according to the originally agreed model and the contractual obligations have not been met. Through the CCG governance process a decision has been made to standardise the GP hours at the centre. The GP hours will be focussed on those times where the medical cover is most needed based on patient demand.

Provision for the interim period of 8 months commencing 1st October 2018 will see standardised GP cover 6 hours a day 7 days a week (times to be confirmed) from within both Widnes and Runcorn sites.

The purpose of the GP will ensure patients with primary medical conditions can be seen, diagnosed and treated for "on the day" urgent care needs. For example high fevers, respiratory conditions and infections

3.16 A robust communication and engagement plan is being developed to support the work around the redesign of the new model of care for UTC's, which will include a number of engagement events to facilitate the co-design process. This will be informed by the outcome of the Equality Impact Assessment and Quality Impact Assessment.

3.17 **Integrated Urgent Care**
The CCG as part of the wider One Halton work is fully committed to redesigning the out of hospital model and urgent care pathways to meet the new National Integrated Urgent Care Specification which Urgent Treatment Centres are a cornerstone of delivery. The above decisions are a positive step to implement part of this future model of care. The provision of an integrated 24/7 urgent care access, clinical advice and treatment service which incorporate NHS 111 call-handling and former GP out-of-hours services. The new national specification is just the starting point to revolutionise the way in which urgent care services are provided and accessed to ensure a consistent service. The future vision integrates urgent care services to allow direct booking, creating capacity during periods of demand, taking steps to integrate and promote partnership working to enhance and increase competencies in our workforce by enhancing the quality of our service provision.

4.0 POLICY IMPLICATIONS

4.1 The commissioning of quality, safe and effective health and care services is critical to ensuring improved care and outcomes for residents and supports NHS Halton CCGs Sustainability and Recovery Plan and Better Care Fund.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The review of Urgent Care Centres is in line with the most effective use of resource principles for the care and treatment of patients.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
Paediatric urgent care will still be provided at the Urgent Care Centres by highly trained and skilled paediatric nurses.

6.2 **Employment, Learning & Skills in Halton**
None, two Urgent Treatment Centres will still be provided in the

borough which will support local employment.

6.3 **A Healthy Halton**

The borough will benefit from two Urgent Care Centres which by August 2019 will be Urgent Treatment Centres. The Urgent Treatment Centres are a cornerstone in delivering integrated urgent care across health and social care to manage urgent care needs of patients as well as promoting self-care and public health advice.

6.4 **A Safer Halton**

None

6.5 **Halton's Urban Renewal**

None

7.0 **RISK ANALYSIS**

7.1 There is low risk associated with the proposal and an action plan will be in place to mitigate.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 A full Equality Impact Assessment will be conducted as part of the procurement process for Urgent Treatment Centre.

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

None within the meaning of the Act.

REPORT TO:	Health and Wellbeing Board
DATE:	3 October 2018
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Children, Education and Social Care
SUBJECT:	Health and Wellbeing Board Audit of Self-harm Practice
WARD(S)	Borough-wide

1. PURPOSE OF THE REPORT

1.1 An audit was carried out in response to a serious incident review involving a young person who self-harmed. Following this the Halton Children's Safeguarding Board requested ' A report on the outcome of assurance work undertaken on behalf of the Health and Wellbeing Board regarding health and wellbeing pathway where young people make self-disclosure' (of self-harm).

This report is a compilation of the responses received from the Health and Wellbeing Board members following a self-harm audit, conducted to establish if the children's workforce know what to do and the appropriate response when a young person discloses self-harm. Additionally primary and secondary schools were asked to participate in the audit. The audit also aims to determine if partners have practices in place to help to prevent self-harm, through encouraging positive emotional health and wellbeing.

The audit will also contribute to work taking place across Cheshire and Merseyside through CHAMPs (the Cheshire and Merseyside Public Health Network) to establish the support available to individuals who self-harm.

2.0 RECOMMENDATION: That:

The Board scrutinise the contents of the report and note the suggestions for future work, that include:

- **Prevention of self-harm is critical. Encourage all partners to support emotional health and wellbeing and resilience in their services, and to promote good practice in staff and the public. This should also include recognition of the role of Adverse Childhood Experience on long term health and wellbeing.**
- **For the appropriate agencies to consistently have a clear self-harm pathway for staff to follow that can be evidenced, and to internally audit compliance against the pathway.**
- **Joint consideration of which agencies support individuals who**

self-harm, and if the current provision is adequate. Self-harm is a behaviour and not a mental illness, and therefore not all individuals who self-harm will receive an intervention. Currently universal services, such as GPs/teachers are the main support available. Further consideration is needed of how we support children and young people who self-harm, and how to support young people in emotional crisis but who do not have a mental health diagnosis.

- **Support partners to provide consistent, high quality information and resources to children, young people and their families about self-harm.**
- **To receive evidence of NHS organisations compliance against the NICE guidelines for self-harm.**
- **For agencies to (continue to) utilise available self-harm training, and to monitor ongoing access to self-harm training.**

3.0 SUPPORTING INFORMATION

3.1 What is self-harm?

NICE defines self-harm as "..any act of self-poisoning or self-injury carried out by a person, irrespective of their motivation. This commonly involves self-poisoning with medication or self-injury by cutting. Self-harm is not used to refer to harm arising from overeating, body piercing, body tattooing, and excessive consumption of alcohol or recreational drugs, starvation arising from anorexia nervosa or accidental harm to oneself." (NICE, 2013). They also emphasise that "self-harm is an expression of personal distress, not an illness, and there are many varied reasons for a person to harm him or herself" (NICE, 2004).

Self-harm can encompass a range of behaviours such as cutting, biting, scratching and overdoses. Most self-harm happens in the community without presentation to any health services such as Accident and Emergency departments. Cutting is the most common form of self-harm in the community, whilst overdosing or self-poisoning is the most common form of self-harm to lead to hospital admissions (Hawton et al, 2012).

Self-harm is a topic that many find difficult to discuss and understand and can be associated with guilt and shame. While it has historically been misunderstood, there is now a greater understanding that self-harm is a way for some people to deal with difficult or negative emotions and psychological distress and should not be regarded as 'attention seeking'.

3.2 NICE Guidelines

There are currently two NICE guidelines which address self-harm:

- *Self-harm in over 8s: short-term management and prevention of recurrence. Clinical guideline [CG16] Published date: July 2004*

- *Self-harm in over 8s: long-term management. Clinical guideline [CG133] Published date: November 2011*

The NICE quality standard for self-harm (NICE, 2013) consists of 8 statements that outline the key components of high-quality care for people who have self-harmed. These statements would form a framework to assess the quality of care experienced by an individual who has self-harmed.

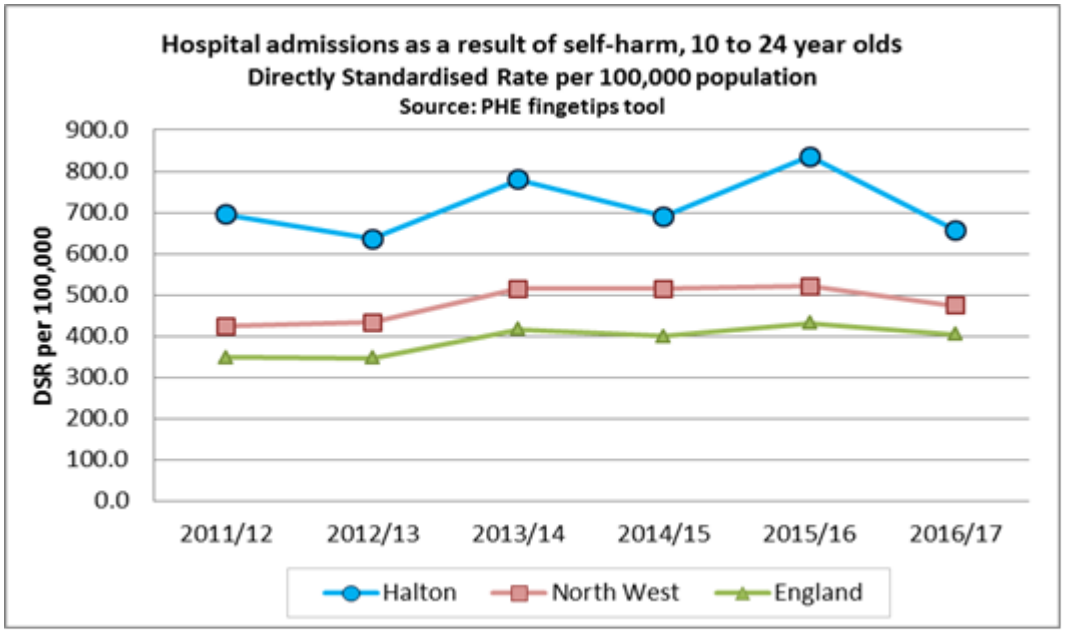
The 8 Key Statements

1. People who have self-harmed are cared for with compassion and the same respect and dignity as any service user.
2. People who have self-harmed have their physical health, mental state, social circumstances and risks of repetition or suicide assessed after an episode of self-harm.
3. People who have self-harmed are offered a comprehensive psychosocial assessment that considers their needs, social situation, psychological state, reasons for harming themselves, feelings of hopelessness, depression or other mental health problems and any thoughts of suicide.
4. People who have self-harmed are checked regularly by healthcare staff, and are accompanied when required, when they are in hospital or another part of the health service, to make sure they are safe
5. People who have self-harmed are cared for in a safe physical environment that reduces the risk of harming themselves further while in hospital or another part of the healthcare service.
6. People who are having long-term support after self-harming have a risk management plan developed with their healthcare professional that helps them reduce their risk of harming themselves again.
7. People who are having long-term support after self-harming discuss the possible benefits of psychological treatments for self-harm with their healthcare professional.
8. People who are having long-term support after self-harming and are moving between mental health services agree a plan with their healthcare professionals that describes how they will be supported while they move from one service to another.

3.3 How big a problem is self-harm in Halton?

In Halton the rates of hospital admission for self-harm are higher than both the national and North West regional average.

Figure 1: Trend in hospital admissions for self-harm (10-24 year olds) per 100,000 population.



Whilst the rate of admissions in 2016/17 appears to have dropped compared to 2015/2016, there are annual fluctuations. The overall trend at present is showing a slight increase, and the gap between the rate in Halton and the North West and England is not closing. A more detailed analysis of the Halton self-harm data can be found in Appendix 1.

3.4 The Audit Process

In order to complete the review the members of the Health and Wellbeing board and primary and secondary schools were asked to complete a series of questions on their current practice in response to self-harm. The details of the questions asked are outlined in the main findings.

We received responses from the following organisations:

- Warrington and Halton NHS Foundation Trust
- St Helens and Knowsley NHS Trust
- North West Boroughs NHS Foundation trust
- Bridgewater Community Healthcare NHS Foundation trust
- Halton Housing
- Cheshire Police
- The Citizens Advice Bureau
- Halton Borough council Adult and Children's Social Services
- Halton Borough Council Health Improvement Team
- A response on behalf of community pharmacies
- 8 schools in the borough, including 6 primary schools, 1 primary and secondary school and 1 high school

At the time of the request there was also work taking place across Cheshire and Merseyside aiming to gain a better understanding on self-harm practice, which Halton public health team had been supporting. It was therefore decided to ask a broader series of questions from providers, to gain greater insight into local practice. The results from this will feed into the audit on self-harm in Cheshire and Merseyside for CHAMPS.

3.5 Main Findings

The following questions were asked of responders. The quality and detail of responses provided varied and a summary of the responses recieved have been provided below:

1) ***Is a Self-Harm Pathway in place and implemented by staff in your organisation. Does the pathway include working across NHS, community, and local authority services, with involvement of young people?***

Warrington and Halton NHS Foundation Trust, St Helens and Knowsley NHS Trust and North West Boroughs all have a self-harm pathway in place. Bridgewater commented that the 0-19 service has contributed to Halton's multi-agency response to developing the Self-Harm Pathway.

Adult social care also described a pathway.

Halton Housing said they had no formal pathway but that they would advise them to see their GP to be referred to mental health services.

Cheshire police also described a pathway relevant to police officers.

Citizens Advice Bureau states that advisers are familiar with the self-harm pathway and where to refer if they come across self-harm.

The Health Improvement Team have formulated a guide to supporting children and young people who self-harm which is part of a training package currently being delivered to staff who work with children and young people.

Community pharmacies said they would sign post as appropriate in accordance with a local pathway developed by service providers. Community pharmacies are not aware of any information currently available to pharmacies.

Of the 8 schools that replied, only 1 said they had a pathway.

In summary: most respondents appeared to have a pathway or a response to self-harm in place, the quality and consistency of these was not able to be ascertained and would require individual organisation level audits.

2) ***Is there provision of self-harm prevention training for***

professionals working with children and young, providing for early recognition of self-harm behaviours and interventions to mitigate ACEs (Adverse Childhood Experiences)?

Warrington and Halton NHS Foundation Trust, St Helens and Knowsley NHS Trust and North West Boroughs currently have training in place. Bridgewater Staff access training provided by CAMHS which includes working across NHS community and local authority services. They have stated that further Health Improvement training will be accessed by the 0-19 service in 2018/19. The 0-19 service itself does not provide self-harm prevention training but engages with and attends multi-agency training and events such as CHAMPs events. Some information with regard to adverse childhood experiences has been shared across the service.

Halton housing is currently working towards getting some training from the council in place.

Adult social care has received training from CAMHs and also receives basic self-harm awareness and managing self-harm training.

Citizens Advice Bureau informed us that advisers have completed suicide awareness and safe talk training which both cover self-harm. The e-learning course provided by HSCB / MindEd called Self-harm and Risky Behaviour that Sure Start advisers will be asked to complete this in future.

The Health Improvement Team provides self-harm awareness training to staff working with children and young people and includes signs and behaviour of which to be aware, however it doesn't include information on adverse childhood experiences (ACEs) or interventions to mitigate against ACEs.

Community pharmacies would sign post as appropriately. They need to be provided with information from the services to enable them to do this. Community pharmacies are not aware of any information currently available to pharmacies.

Of the schools, 50% had received training. This included 3 primary schools and one secondary. In the secondary school all staff had received training.

In summary: Training on self-harm is available in Halton and is being accessed by many agencies. There is more limited awareness of ACEs.

3) What provision is there of self-harm awareness, advice and guidance for young people, families and carers? How can it be accessed? Is this provided in online, digital and printed formats?

There is a great amount of variability in the advice and guidance provided by our acute trusts both in what is provided and in the format in which it is provided, as evident below:

Warrington and Halton NHS Foundation Trust said that *"Each patient is assessed on an individual basis and where appropriate resources have been sourced from the internet and provided to patients and their families. There are little visible resources within Emergency Department or the children's ward. Some posters are displayed for drop in sessions for Warrington. Emergency Department nurses are currently in the process of developing a mental health and wellbeing board which will include support contacts and information."*

St Helens and Knowsley NHS Trust reported *"This information is provided to families and young people by North West Boroughs CAMHS team."*

Bridgewater Community NHS trust responded *"0-19 healthy child service provides self-harm awareness, advice and guidance for young people in a number of settings confidential drop-in service at school / college and at every contact at which a holistic health assessment is undertaken. The 0-19 service will signpost young people , families and carers to Kooth, Papyrus, CAMH ,and other evidenced based services/ guidance (e.g. 5 ways to health and wellbeing model) this includes on-line resources. There is universal access to the 0-19 service. The service is notified via A&E Notifications of self-harm incidents. The 0-19 webpage is currently being refreshed, there is a new 0-19 Facebook page and a Twitter and Instagram account where regular posts and tweets are shared relating to emotional health and well-being. Appropriate evidence based written information is sourced and shared according to need."*

Halton Housing *"Provide information and advice on Mental Health through the medium of social media, on our website and within our customer app. We provide regular updates on local mental health hubs, information on local services and useful contact numbers. Our front line teams also work closely with families to ensure they have appropriate information (leaflets) on how to access further support."*

North West Boroughs say "T*here is CAMHS (children and young people's mental health service) "Who Am I" website which covers self-harm awareness etc available to all. There are printed leaflets for cares, parents and young people so even if signposted externally Halton CAMHS have appropriate literature available. There is also an online counselling service available called Kooth, although not specifically for self-harm this is covered within their remit. This is part of the Halton CAMHS offering. Halton CAMHS have school link workers which have recently been increased to a local college who can provide support and education and advice where needed/ Gaps: Possibly a self-harm pathway across organisations."*

Adult social care have "*leaflets and z cards available for all in a variety of formats and through various links on websites. There is also a monthly MH hub in both Runcorn and Widnes where this information is available as well as people to talk to get advice."*

Citizens Advice Bureau promotes "Hopeline UK" a telephone support

service run by Papyrus, for young people but they don't have access to local literature.

The Health Improvement Team have a communication strategy which includes promoting positive mental health and wellbeing through social media and the press throughout the year. They are also investigating developing an online resource for Halton which would include information regarding local mental health and support services, which would include links to information and advice on self-harm and other relevant topics.

Of the 8 schools, 2 said they provided leaflets and 2 mentioned holding parental meetings. One of the secondary schools mentioned they didn't have any information on their website, however did have displays around the school. Importantly it was mentioned that the students have a 1:1 keyworker who will signpost parents/students to services if required, a dedicated CAMHS link worker, an on-site counsellor 2 times per week and weekly school nurse drop in, as well as Personal Social Health Education (PSHE) sessions which cover self-harm.

In summary: Information provided on self-harm varies between agencies, resources are available, particularly online resources.

4) What steps do you take to improve mental health literacy in parents and Children and young people?

All of the NHS trusts told us that they deferred the role of providing mental health information to CAMHS and North West Boroughs told us anyone can contact CAMHS and that they provided psychotherapy.

Bridgewater emphasised that "*the 0-19 service practitioners provide Universal and Targeted care to children and young people and use the opportunity for face to face contact at drop ins, assessments, immunisation sessions, listening ear visits to provide emotional health and well-being information, advice, guidance and support to provide them with the appropriate information to make an informed choice. Young people are signposted or referred into partner services as required. At home visits parents and carers are also provided with information, advice, guidance and support and either referred or signposted into services. Parents/carers are supported by listening visits according to need".*

Citizens Advice Bureau Advisers are trained in RSPH level 2 award Understanding Health Improvement.

The Health Improvement Team offers all schools a "healthitude" programme for years 6 pupils. The programme consists of education sessions on a variety of topics such as mental health and resilience. The health improvement team provide a Children and young person's mental health agenda aimed at supporting educational settings to improve mental health and wellbeing of their community. However they note that a recent pilot programme (Youth Connect 5) didn't meet local needs and only engaged with low number of parents. In order to improve mental health

literacy of parent's consideration is being given to engaging parents via social media.

7 out of the 8 schools who responded described a range of activities to improve mental health literacy including assemblies PSHE and circle time. 2 schools mentioned that parents are difficult to engage whereas 2 schools mentioned they had parental meetings.

One school mentioned they had daily mindfulness activities and one school mentioned stress management support for staff.

Children's Social Care responded that *"Barnardo's Go4ward offers an emotional health and wellbeing service for children and young people in the care of Halton Borough Council. We work with ages 5-18 (and up to 25 with additional needs) as well as post adoption (again 5-18 yrs and up to 25yrs with additional needs) and care leavers (up to 25yrs). Go4ward also works alongside carers and other professionals as part of a supportive team response, tailored to the individual needs and circumstances of each child and young person. We predominantly offer counselling to children and young people in the form of play, creative arts and expressive, solution focussed and CBT techniques; person centred counselling and integrative counselling. Referrals are usually accepted via the EHWB Panel although referrals can be discussed and submitted directly to the service".*

In summary: The question regarding mental health literacy was interpreted differently by different respondents. It was clear that schools and health improvement teams are working to support children, young people and their families to develop their ability and awareness of the importance of discussing emotional health, and that service are available to support children in care to support their emotional health.

5) In designing local services, what steps do you take locally to seek the views of those young people who have disengaged from services?

Warrington and Halton NHS Foundation Trust said that, "Children and young people who have self-harmed are referred to appropriate services and discharged from WHHFT. The views of young people are captured throughout the admission process. WHHFT would liaise with specialist services when children who self-harm are admitted. Where there are concerns that the young person is not engaging support and guidance is obtained via the hospital safeguarding teams. WHHFT are currently in the process of developing a Children's and Young Persons Strategy which will incorporate the views of the children and young people."

St. Helen's and Knowsley have *a "Paediatric Patient Participation Group who look at ways of engaging and seeking the views of young people, although this subject has not been included as yet, it is likely to be considered in the future."*

CAMHS have a "*SHOUT group fortnightly open to anyone who is open or has previously been open to CAMHS. Manager of team sits on Children's Trust and Child in care board which has representation from young people".*

Bridgewater informed that the *"redesign of the 0-19 service will enable us to reach disengaged young people such as NEET, Educated at Home etc. The 0-19 service has been innovative in developing our Voice of the Child programme which has resulted in ensuring all 0-19 staff are competent in reflecting views and the voice of young people".*

One primary school described the 'Pupil Voice' that is collected from vulnerable pupils who have accessed services. We didn't receive any other responses from school on this question.

The police said that "*informal feedback is taken from members of the 'vulnerable youth' cohort to influence services on an ad-hoc basis."*

Citizens Advice Bureau said that they don't provide direct "self-harm" provision. *"… but we do consult the public on service design issues albeit in a generic way. We have recently been engaging with the Youth Parliament about producing an "employment rights" handbook and their feedback suggests that there is massive demand from young people who want to know their rights to tackle the problems they face (e.g. bullying, exclusion, etc.)"*

In summary: agencies had processes in place to seek the views of service users, with some agencies looking to engage with those who are not directly involved in services. The responses didn't clearly demonstrate that the views of individuals who self-harm who disengage would be captured in all areas, but it appears that some services are working towards achieving broader feedback from users.

6) Do acute hospital/ crisis care services adopt and foster a culture of empathy to those that self-harm and have the appropriate policies and procedures in place?

Warrington and Halton NHS Trust staff have received training from CAMHS which emphasises a culture of empathy.

St Helens and Knowsley's self-harm pathway "ensures young people are managed sensitively, seen in the relevant department and that their safety is maintained. If possible, they are fast tracked to the paediatric unit to avoid unnecessary waits and also to try and limit the number of professionals they need to see and tell about their circumstances."

In summary: There is some evidence of this, but it wasn't evident across all providers.

7) Is 24/7 Psychiatric Liaison Service available for CYP & young adults?

There is not 24/7 on site psych liaison at the two acute trusts; with different arrangements for on call services at the two acute trusts. CAMHS sees referrals up to midnight in Warrington hospital and up to 10pm in Whiston. Outside these hours there is an on call service provided by North West Boroughs.

In summary: No there is not currently a 24/7 psychiatric liason service, but there is some cover in place.

8) Does assessment of a young person's digital life form part of clinical assessments?

Warrington does not currently ask these specific questions and Whiston does only when Child Sexual Exploitation is a concern. It does form part of a CAMHS assessment however. Warrington would welcome feedback on how to incorporate this into assessments.

In summary: The assessment of an individual's digital life could be improved.

9) Is the use of psychological therapies specifically structured for people who self-harm to reduce repetition of self-harm?

North West Boroughs provide Dialectical Behavioural therapy, individualised care plans based on need and individual psychological therapies based on need. The other two trusts refer to this service.

In summary: Yes this is provided by North West Boroughs

10) What data do you collect on primary care/ community services attendances for self-harm?

All three of the NHS trusts collect data on A&E admissions for self-harm and Warrington hospital stated that the source of admission could be captured in this data. Whiston hospital collects data on all attendances for Children and young people with mental health issues. NWBH has information regarding referrals to CART after a young person presents on the self-harm pathway to acute trusts.

11) What percentage of young people under the age of 16 seen in A&E are admitted following acute self-harm?

North West Boroughs does not collect this data, Warrington could provide this data given some time and Whiston hospital is currently unable to provide this data.

12) ***What data do you collect on hospital attendances for self-harm? Please give a contact name to access the data***

The schools were asked some additional questions:

13) Do you promote a whole school/college approach to emotional wellbeing and services with a single-point of access?

There was a wide range of responses to this question with one schools saying they refer to CAMHS to others describing trained counsellors and family support workers. One School is in the process of completing the 5 Ways to Well-Being and actively gets involved with health improvement teams training sessions.

14) How do you encourage parents to engage in their children's digital lives as early as possible and what is in place to keep children safe in the digital world?

All of the schools do some work around this.

One school responded:

"We speak to new parents regarding digital safety at our new parents meetings before they start in September. We provide a wealth of information on our school website and have policies in place. A flier is to be sent out to parents at the end of terms to remind them about digital safety during the summer holidays. Children are regularly taught about internet safety in class along with visits from outside agencies and taking part in Crucial Crew event."

15) Do all your schools and colleges have regular access to on-site support/ electronic communication from a CYP Mental Health Service professional?

Seven out of the eight schools who responded said they had access to either on site or electronic communication from a Mental Health Service professional. In some cases this included promoting KOOTH, in others this meant having the contact details for CAMHS.

3.6 Recommendations and conclusion

The audit identified that the majority of agencies were aware of self-harm, had a pathway in place or common practices for staff when self-harm is disclosed and staff were accessing self-harm training.

Suggestions for future work would include:

- Prevention of self-harm is critical. Encourage all partners to support emotional health and wellbeing and resilience in their services, and to promote good practice in staff and the public. This should also include recognition of the role of Adverse Childhood Experience on long term health and wellbeing.
- For the appropriate agencies to consistently have a clear self-harm pathway for staff to follow that can be evidenced, and to internally audit compliance against the pathway.

- Joint consideration of which agencies supports individuals who self-harm, and if the current provision is adequate. Self-harm is a behaviour and not a mental illness, and therefore not all individuals who self-harm will receive an intervention. Currently universal services, such as GPs/teachers are the main support available. Further consideration is needed of how we support children and young people who self-harm, and how to support young people in emotional crisis but who do not have a mental health diagnosis.
- Support partners to provide consistent, high quality information and resources to children, young people and their families about self-harm.
- To receive evidence of NHS organisations compliance against the NICE guidelines for self-harm.
- For agencies to (continue to) utilise available self-harm training, and to monitor ongoing access to self-harm training

4.0 POLICY IMPLICATIONS

The early identification, support and services available to children and young people that self-harm should be considered across policies and for services that work with children and young people and families. The promotion of positive emotional health and wellbeing should also be prioritised for families and the general population, as a means of preventing self-harm behaviour.

5.0 OTHER/FINANCIAL IMPLICATIONS

No additional funding is requested in this report, however there are financial implications to partners of ensuring the workforce is trained, services are available and positive emotional health and wellbeing is promoted.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton Borough Council

Halton Council want all children and young people to have the opportunity to achieve and develop the skills and character to make a successful transition to adult life. Keeping safe and having good mental health is a vital part of achieving these aspirations.

6.2 Employment, Learning & Skills in Halton

In order to help their pupils succeed, schools and community partners have a role to play in supporting them to be resilient, mentally healthy and to keep them safe. It is important that the children's workforce know what to do and where to go for support for young people who are self-harming.

6.3 A Healthy Halton

An understanding of self-harm and how to support children and young people who self-harm is important across the children's workforce, to provide early intervention and support.

6.4 A Safer Halton

Children who are at risk of harm are identified quickly and services work together to minimise the risk of harm and take action to formally protect

children in a timely way.

6.5 Halton's Urban Renewal
None identified.

7.0 RISK ANALYSIS

7.1 Ensuring that services have an appropriate, compassionate and effective response to children, young people and their families affected by self-harm is important to keep children safe, but also to ensure they can fully participate in their education, society and the opportunities available to them.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Evidence suggests that the risk of self-harm is higher in some marginalised communities. Supporting the children's workforce to understand the risk factors associated with self-harm will equip them to be better prepared to identify where support is needed and provide a more equitable services, based on need.

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

None.

Appendix 1: Self-harm in Halton Data Report

Summary of findings

- The data presented is for self-harm admissions, data is not available on the rate of self-harm in the community of Halton, or rates of attendance at hospital for self-harm.
- Rates of self-harm in Halton are higher than England and the North West averages for both children and young people and all ages. They appear to be increasing in children and young people.
- The highest number of admissions for self-harm are in the 15-19 age group, closely followed by the 20-24 age group.
- Young people aged 10-24 accounted for a third of the total admissions (34%) whilst making up just 17% of the population.
- There were 143 admissions for self-harm amongst young people aged 10-24 and a total of 421 hospital admissions for people of all ages in Halton
- More females than males are admitted to hospital for self-harm, particularly in children and young people.
- The main method resulting in hospital admissions for self-harm are over the counter non-opioid medications (e.g. paracetamol, ibuprofen, aspirin, co-codamol).

Background

What is self-harm?

NICE defines self-harm as "..any act of self-poisoning or self-injury carried out by a person, irrespective of their motivation. This commonly involves self-poisoning with medication or self-injury by cutting. Self-harm is not used to refer to harm arising from overeating, body piercing, body tattooing, and excessive consumption of alcohol or recreational drugs, starvation arising from anorexia nervosa or accidental harm to oneself." (NICE, 2013). NICE explicitly state that 'self-harm is an expression of personal distress, not an illness, and there are many varied reasons for a person to harm him or herself" (NICE, 2004).

Most self-harm happens in the community without presentation to any health services such as Accident and Emergency departments. Research suggests that cutting is the most common form of self-harm in the community, whilst overdosing or self-poisoning is the most common form of self-harm that leads to hospital admissions (Hawton et al, 2012).

Why do some people self-harm?

Self-harm is a way for some people to deal with difficult or negative emotions and psychological distress (Young Minds 2018). Historically people who self-harm have been dismissed as 'attention seeking'; but there is now a greater understanding that this is not the case and self-harm is a behaviour employed that indicates an individual may need additional support to cope.

Risk factors for self-harming

NICE lists the following as risk factors for self-harm (NICE, 2014):

- Socio-economic disadvantage.
- Being socially isolated, single, divorced, living alone, a single parent, from a sexual minority, or an asylum seeker.
- Stressful life events, for example caused by relationship difficulties, or experienced by veterans from the armed forces.
- Mental health problems, such as depression, psychosis or schizophrenia, bipolar disorder, post-traumatic stress disorder, or a personality disorder.
- Chronic physical health problems.
- Alcohol and/or drug misuse.
- Involvement with the criminal justice system, particularly people currently in custody.
- Child maltreatment or domestic violence.

The impact of self-harm

Whilst self-harm is not a mental illness in and of itself, there is agreement that an act of self-harm should flag up that a young person may be having difficulties that require further help and identifies a young person in need (RCPsych, 2010).

The evidence shows that people who self-harm; including previous suicide attempts, are at the highest risk for suicide. One study showed 50% of people who take their own lives have a history of previous self-harm (Foster et al, 1997). In addition to the increased risk of suicide, there is also a risk of further repeated episodes of self-harm, with an estimated 18% of young people going on to self-harm again (Hawton et al, 2012), with adverse outcomes including liver damage, scarring and nerve and tendon damage (NICE, 2014).

There is increasing governmental recognition of the impact that self-harm is having on young people. The Government's National Suicide Prevention Strategy is 'strengthening its focus' on self-harm and identifies self-harm as a 'new key area' in the strategy and the Health Secretary called for expanding the scope of the National Strategy to include self-harm prevention in its own right. (Department of Health, 2017).

Self-harm data

The prevalence of self-harm

The number of individuals who are or have self-harmed in Halton is very difficult to determine accurately. This is because individuals do not always seek help or advice from medical professions, and the only routine data collected is for those individuals who are admitted to hospital as a result of their injuries.

Research indicates that women are more likely to self-harm than men, and this is more pronounced in adolescence (Hawton et al 2002, as quoted in NICE 2004). NICE reported a survey of 15-16 year olds that found more than 10% of girls and 3% of boys had self-harmed in the previous year and a lifetime prevalence of 0.5% across all age groups. Research suggests that self-harm prevalence is between 1 in10 to 1 in 15 in young people (Hawton et al 2002, NICE 2004).

Hospital admissions data

Figure 1: Trend in hospital admissions for self-harm (10-24 year olds) per 100,000 population

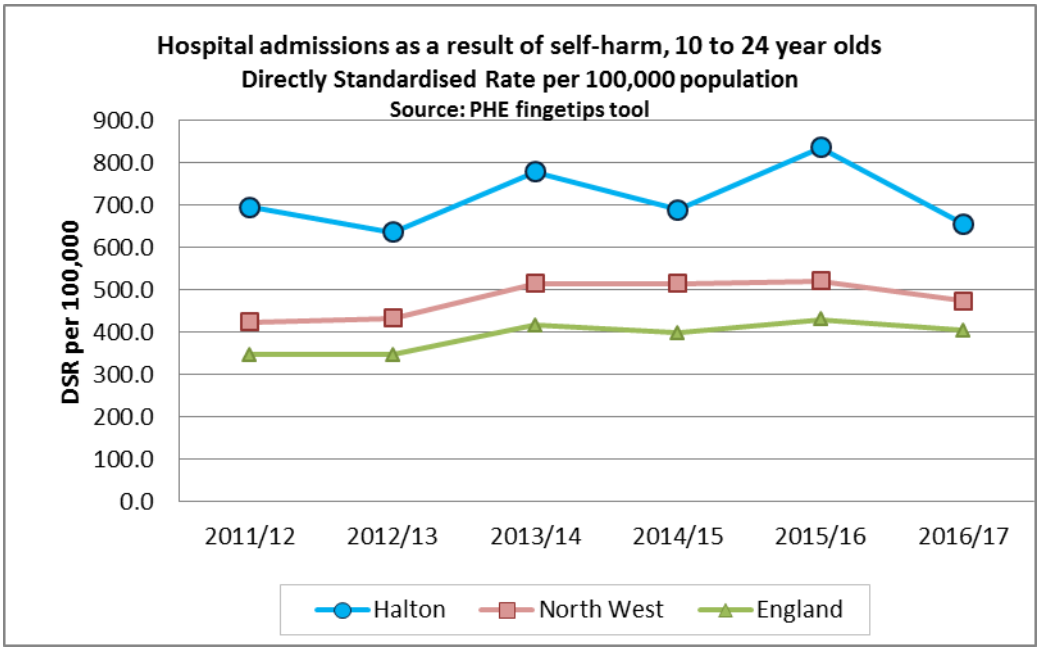
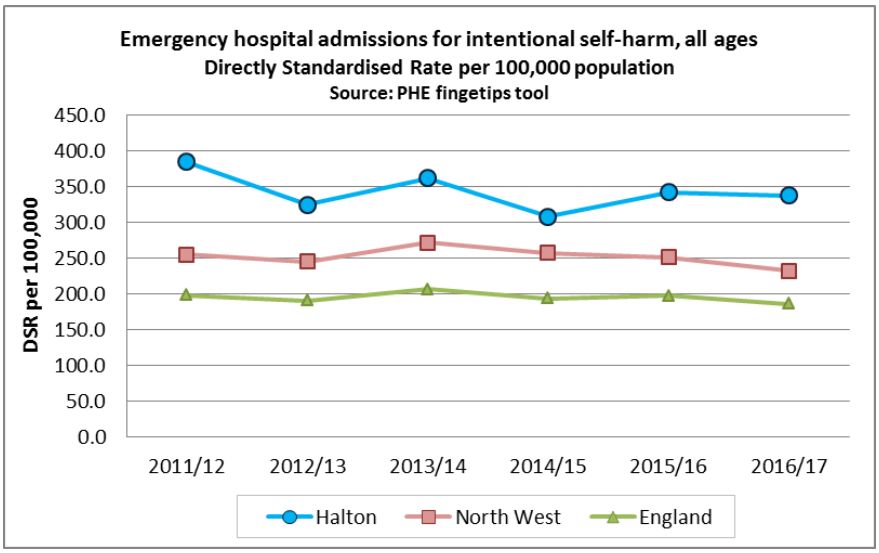


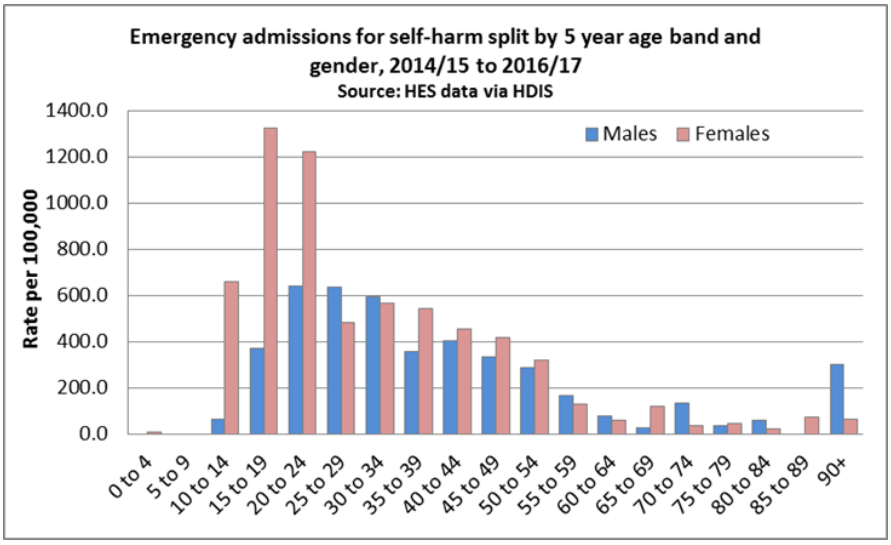
Figure 1 shows that over the period of 2011-2017, hospital admissions for self-harm in Halton have consistently been higher than in both the North West and nationally and the gap has not closed over time. There is annual fluctuation, but overall the trend appears to be increasing.

Figure 2: Trend in hospital admissions for self-harm (all ages) per 100,000 population



The trend for self-harm admissions for all ages has an overall trend of remaining at a similar level since 2011/12.

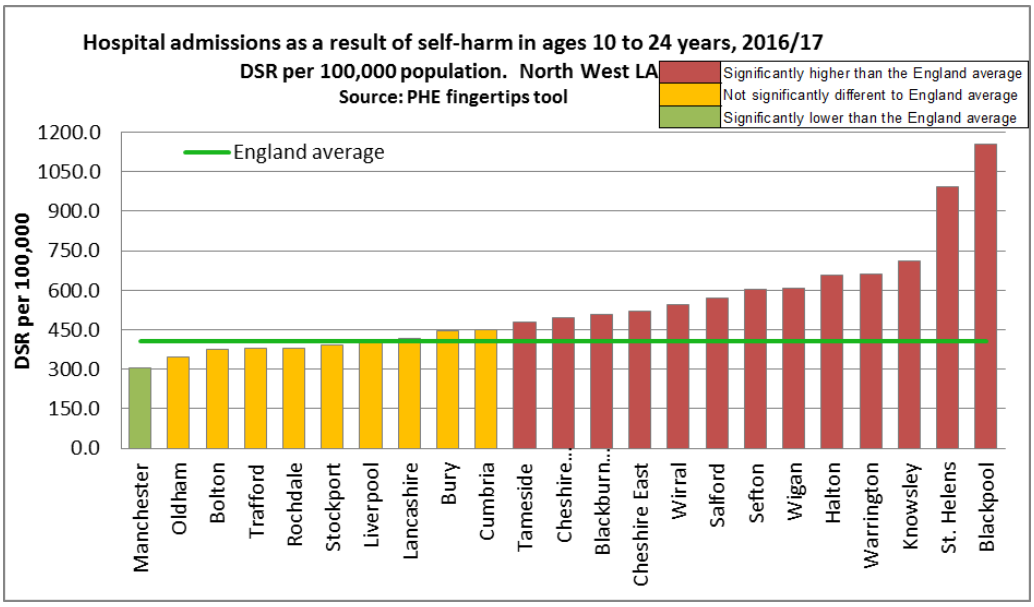
Figure 3: Emergency admissions for self-harm split by 5 year age band and gender, 2014/15 to 2016/17



This bar chart illustrates that the highest proportion of admissions are seen in young people aged 15-19, with the rate of admissions in girls approximately three times higher in this age group. The higher rates of self-harm in girls in this age group were also found nationally (Brooks et al, 2017). The second highest rates are found in the 20-24 age group, suggesting the transition from adolescence to adulthood is also a high risk time for self-harm.

The differences between the rates in boys and girls in Halton reflects the national picture whereby girls are more likely to be admitted for self-harm however boys are more likely to die as a result of suicide.

Figure 4: Rate of hospital admissions for self-harm (10-24 year olds) per 100,000 population in North West local authorities, 2016/17



This bar chart shows how Halton compares to other local authorities in the North West for self-harm admissions. The chart highlights that the rate of self-harm admissions are significantly higher than the England average and that it is the 5th highest in the North West. Figure 5 shows how Halton compares for self-harm admission in all ages, where Halton has the 4th highest rate of admissions. For 2016/17, the Halton self-harm admission rate (10-24 years) was the 11th worst in England (out of 148).

Figure 5: Rate of hospital admissions for self-harm (all ages) per 100,000 population in North West local authorities, 2016/17

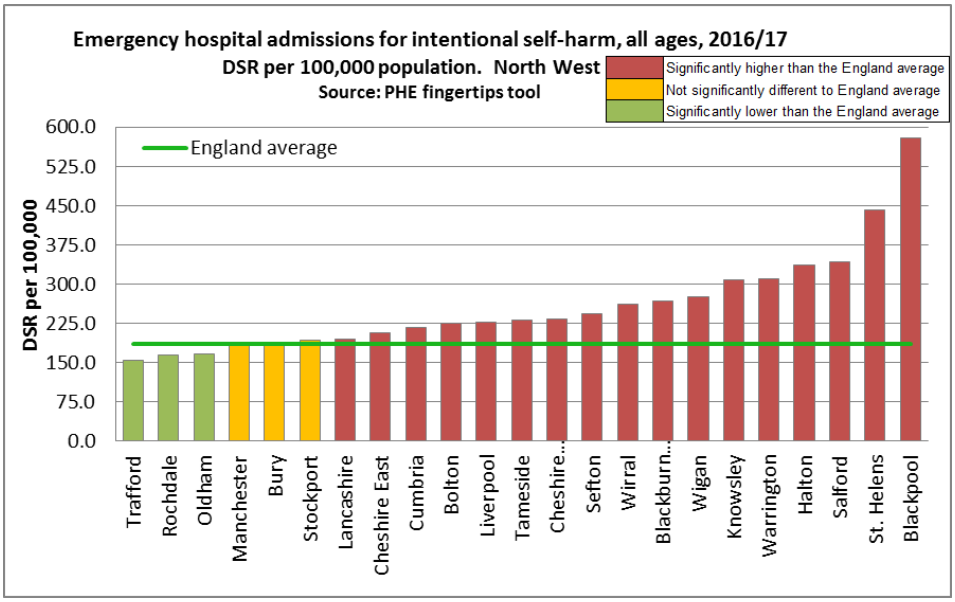


Figure 5 shows how the rate of hospital admissions for residents in Halton of all ages compares to other areas in the North West. Halton has the 4th highest rate. Both figure 4 and Figure 5 show there is large variation between

the different areas of the North West, with Oldham having rates less than the England average and Blackpool significantly higher than the England average. This may be due to variability in practice and policy around whether someone is admitted to hospital following an episode of self-harm or discharged and will also depend on local arrangements for follow up. For 2016/17, the Halton self-harm admission rate (all ages) was the 7th highest in England (out of 148).

Figure 6: Rate of hospital admissions for self-harm (10-24 year olds) per 100,000 population in North West local authorities, 2016/17, split by age bands

LA	10 to 14	15 to 19	20 to 24
Blackburn with Darwen	405.9	761.8	368.3
Blackpool	590.4	1,624.00	1,247.80
Bolton	168	611.8	347.6
Bury	237.3	581.2	509.8
Cheshire East	256.9	827.5	479.5
Cheshire West & Chester	341.2	687.6	465.3
Cumbria	254	674.6	429.2
Halton	317.8	770.6	862.2
Knowsley	490.5	1,190.60	474.8
Lancashire	327.1	586.8	349.3
Liverpool	397.3	489.2	323.6
Manchester	246.5	458.2	212.9
Oldham	120.7	510.3	404.2
Rochdale	219	504.8	415
Salford	263.8	947.7	508
Sefton	323.2	814.2	663
St. Helens	526	1,486.00	964
Stockport	354.8	472.6	349.9
Tameside	277.3	670	490.2
Trafford	145.4	505	474.3
Warrington	284.7	879.1	802.9
Wigan	252.4	866.4	692.8
Wirral	264.7	739.8	624.1
North West	**294.5**	**688.6**	**441.9**
England	**211.6**	**619.9**	**393.2**

significantly higher than the England average

significantly lower than the England average

Figure 6 above shows the rate of hospital admissions for self-harm, split by age group for the North West local authorities. It shows that in particular the rate of hospital admissions in the 20-24 year old age group was the third highest in the North West and is much higher than the England average. The rate of admission amongst 20-24 year olds in Halton was higher than in 15-19 year olds and 10-14 year olds. Halton is the only local authority where the rate in 20-24 year olds is higher than the rate in 15-19 year olds.

Figure 7: Admission rate for self-harm per 100,000 population aged 10 to 24 years, 2014/15 to 2016/17 by Halton wards

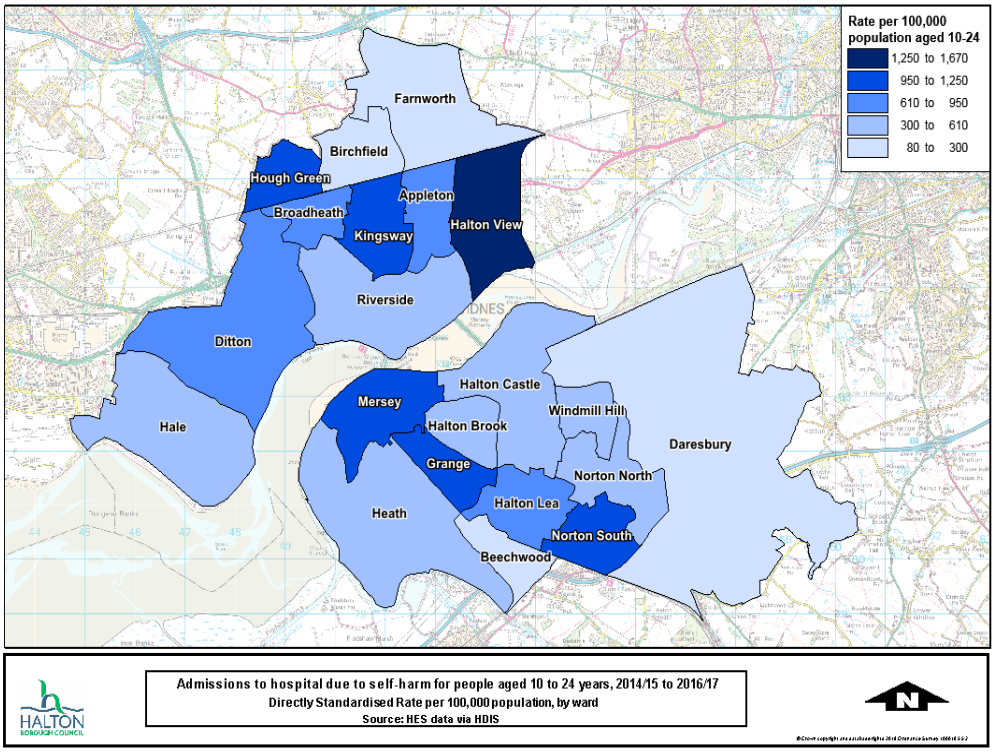


Figure 8: Distribution of deprivation in Halton by LSOA – National Quintiles – Indices of Multiple Deprivation 2015

Figure 7 shows the wards in Halton with a high rate of emergency admissions due to self-harm for 10 to 24 year olds; shown by the dark blue areas. Figure 8 shows which areas in Halton are the most deprived. When comparing these wards with the most deprived areas in Halton (dark red in the figure below), it shows that generally the highest admission rates are seen in the most deprived wards and lower admission rates are seen in the least deprived areas.

Statistically there was a moderate correlation (0.45) between deprivation and levels of self-harm for young people, but this increase to 0.75 for all ages, showing a stronger relationship between admissions due to self-harm and deprivation. This findings is what would be expected as socioeconomic disadvantage is a known risk factor for self- harm (NICE, 2014) and may partially explain this trend, but it is not clear why the relationship is less in young people.

Figure 9: Hospital admissions due to self-harm in 10 to 24 year olds, Directly Standardised Rate per 100,000 population

Ward Name	12/13 to 14/15	13/14 to 15/16	14/15 to 16/17
Appleton	949.6	933.2	830.4
Beechwood	206.4	209.3	138.2
Birchfield	248.6	125.5	88.0
Broadheath	542.0	984.0	710.4
Halton Castle	475.0	691.1	609.6
Daresbury	238.8	237.2	271.0
Ditton	1032.2	1100.9	850.1
Farnworth	149.8	186.5	222.8
Grange	1254.9	1127.4	1233.3
Hale	139.2	290.5	424.4
Halton Brook	638.8	686.2	547.3
Halton Lea	708.8	709.3	710.1
Halton View	791.0	1569.7	1661.1
Heath	616.9	716.0	589.7
Hough Green	864.7	856.6	953.1
Kingsway	981.8	1086.1	1041.8
Mersey	762.4	954.9	1023.1
Norton North	477.4	502.8	522.9
Norton South	1076.3	917.0	1025.9
Riverside	737.5	569.4	338.0
Windmill Hill	557.2	466.5	395.7

Red = significantly higher than the England average

Orange = not significantly different to the England average

Green = significantly lower than the England average

Figure 10: Admission rate for self-harm per 100,000 population, all ages, 2014/15 to 2016/17 by Halton wards

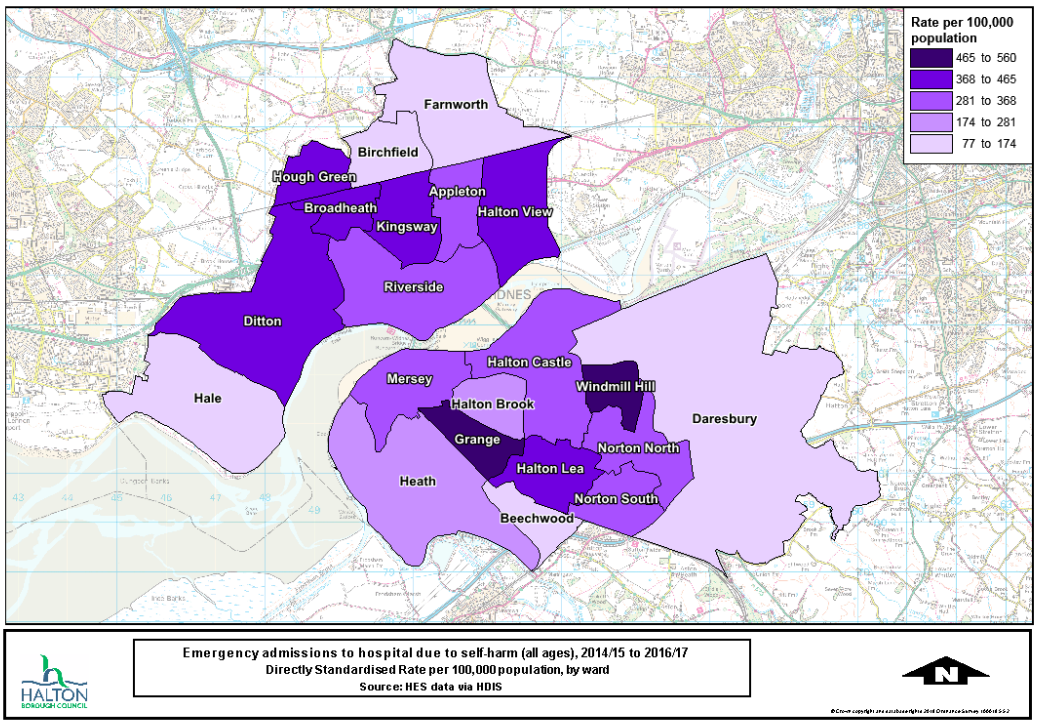


Figure 11: Distribution of deprivation in Halton by LSOA – National Quintiles – Indices of Multiple Deprivation 201

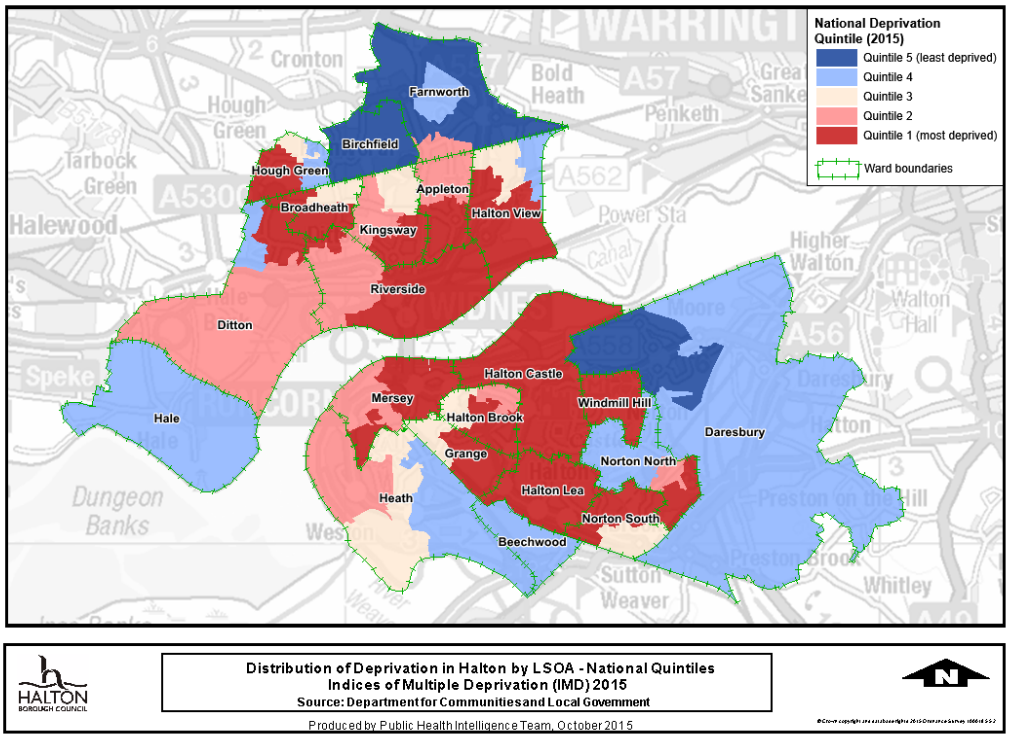


Figure 12: The number of hospital admissions for self-harm (10-24 year

olds) per 100,000 population in 2016/17, split by gender

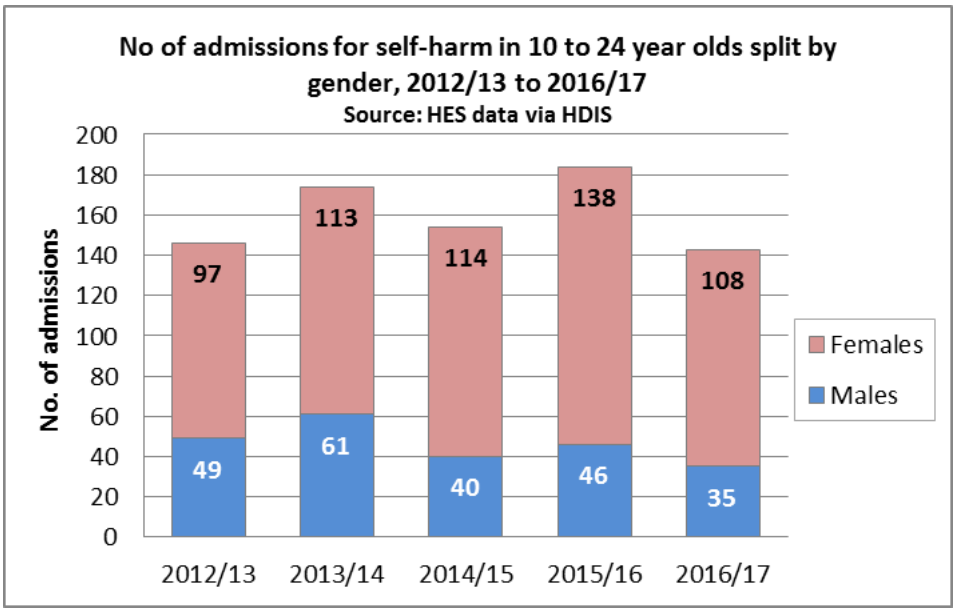


Figure 13: The number of hospital admissions for self-harm (all ages) per 100,000 population in 2016/17, split by gender

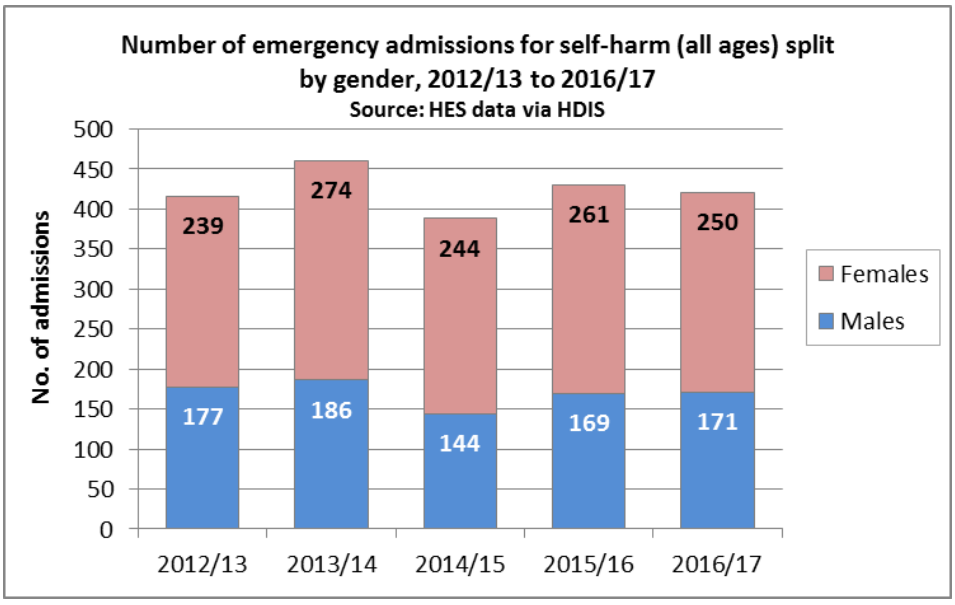


Figure 12 and 13 demonstrate the continuing trend of significantly more admissions amongst females than males in Halton. In 2016/17 females made up over three quarters of admissions for self-harm. This reflects the research conducted nationally (Brooks et al, 2017).

Figure 14: The number of 10 to 24 year olds admitted multiple times:

three year trend

No. of admissions	12/13 to 14/15	13/14 to 15/16	14/15 to 16/17
1 admission	267	296	274
2 admissions	45	40	50
3 admissions	11	13	5
4 admissions	6	8	8
5 admissions	-	-	-
6 admissions	0	-	-
7 admissions	-	-	-
8 admissions	0	-	0
9 admissions	-	0	0
10+ admissions	-	-	-

'-' denotes figures less than 5

Figure 14 shows there are a number of individuals who are admitted to hospital multiple times which warrants further investigation to determine whether these admissions can be avoided with appropriate care.

Figure 15: The number admitted multiple times, all ages: three year trend

No. of admissions	12/13 to 14/15	13/14 to 15/16	14/15 to 16/17
1 admission	734	739	696
2 admissions	118	112	116
3 admissions	41	34	28
4 admissions	17	17	19
5 admissions	5	8	8
6 admissions	-	-	-
7 admissions	-	5	-
8 admissions	-	-	-
9 admissions	-	0	0
10+ admissions	-	-	-

Figure 15 shows that there are a number of individuals who have been admitted to hospital multiple times with self-harm. This raises the issue of whether their self-harm is being managed appropriately and how we can prevent any further admissions.

Figure 16: The number of 10 to 24 year olds admitted split by age: three

year trend

Age	12/13 to 14/15	13/14 to 15/16	14/15 to 16/17
11 to 12	3.0% (14)	1.4% (7)	2.5% (12)
13 to 14	16.0% (76)	16.2% (83)	14.1% (68)
15 to 16	15.8% (75)	16.8% (86)	20.8% (100)
17 to 18	16.2% (77)	13.1% (67)	11.9% (57)
19 to 20	17.5% (83)	18.4% (94)	17.9% (86)
21 to 22	16.5% (78)	19.9% (102)	19.1% (92)
23 to 24	15.0% (71)	14.3% (73)	13.7% (66)
10 to 24	**100% (474)**	**100% (512)**	**100% (481)**

Figure 16 shows the age groups which make up the highest proportion of admission with the number of admission shown in brackets. It shows that from 2014 -2017 the age group with the highest number of admissions and the highest proportion of admissions are in the age 15-16 age group, who make up one fifth of admissions, closely followed by the age 21-22 group. The proportion of admissions made up by 21 and 22 year olds has been increasing since 2012.

Figure 17: Method of self-harm for hospital admissions for 10-24 year olds 2014/15 to 2016/17

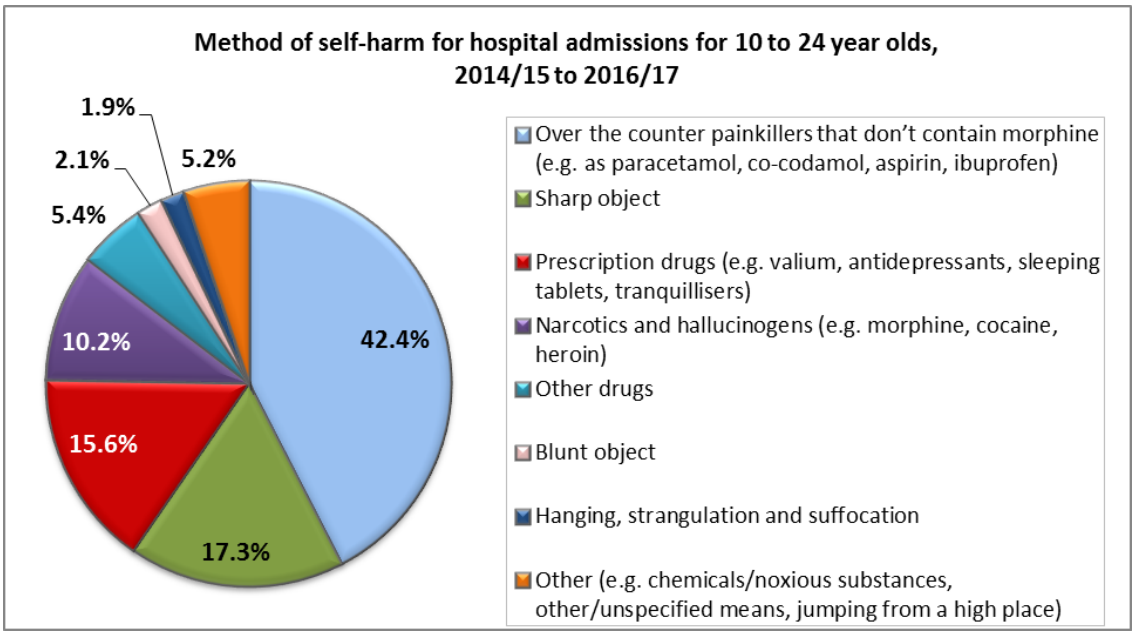
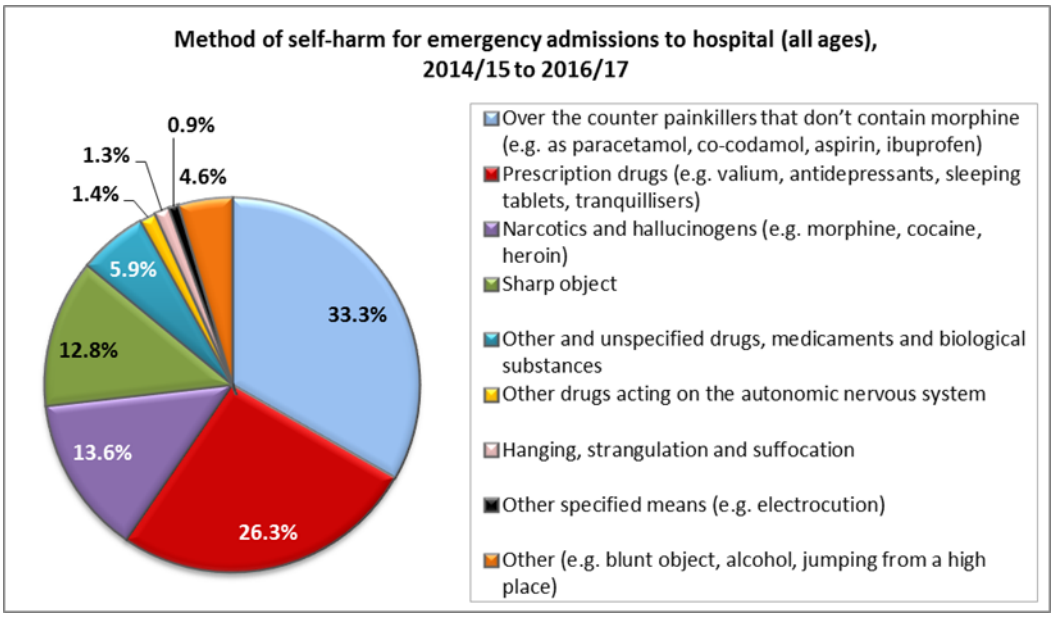


Figure 17 shows the primary method of self-harm in young people and indicates that the choice of methods and proportion choosing those methods of self-harm have stayed broadly similar since 2012. The majority of admissions are as result of overdosing on over the counter painkillers; followed by prescription drugs. Figure 18 shows the methods of self-harm for all ages, which are broadly similar to those of young people.

This data shows that self-poisoning is the most common method of self-harm that results in an admission to hospital, it doesn't indicate that it is the most

common method of self-harm. As mentioned earlier, most self-harm occurs in the community where cutting has found to be the most common method, (Hawton et al, 2012) and it may be the case that some cutting does not warrant an admission to hospital.

Figure 18: Method of self-harm for hospital admissions for all ages 2014/15 to 2016/17



CONCLUSION

This report outlines the prevalence, demographics and methods used for children, young people and people of all ages who are admitted to hospital following self-harm in Halton. The data presented in this report is likely to be a significant underestimate of the problem of self-harm in Halton; as it is only the data for the people who are admitted following self-harm and not the people who attend either A&E or primary care and are not subsequently admitted. There may also be differences between treatment practices and between organisations that contribute to the differences in the number of admissions between Halton and other areas in the North West region.

Rates of self-harm in Halton are high; in young people and for all ages. There are higher rates of admission for females than males, and interestingly significantly higher rates in the 20+ age group compared to the regional and national rates although the proportion of all admissions in Halton is highest in 15-16 year olds.

As in previous years the main method of self-harm continues to be the use of over the counter non-opioid medications (e.g. paracetamol, ibuprofen, aspirin, co-codamol) and the proportion of admissions due to this method has remained static.

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REPORT TO: Health and Wellbeing Board

DATE: 3 October 2018

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Public Health

SUBJECT: Seasonal Flu Plan 2018/19

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 The report presents an the annual Flu plan with an overview of changes to and requirements of the annual seasonal influenza vaccination campaign for the 2018 – 2019 flu season and implications of this for the Local Authority and health and social care partner agencies.

2.0 RECOMMENDATION: That

1) **The Health and Wellbeing Board note the content of the Annual Flu Plan and note the changes to the national flu vaccination programme for 2018-2019; and**
2) **Each individual agency note their requirements in relation to the programme and promote flu prevention as widely as possible.**

3.0 SUPPORTING INFORMATION

3.1 Background

Influenza represents a significant cause of morbidity and mortality, and is a particular concern in those with existing health problems. Flu is ultimately preventable and flu vaccination remains an important tool in protecting the health of our population and reducing the burden on local health systems.

Influenza vaccination is a nationally developed programme for local implementation. The details of which are produced by Public Health England and published in the Winter Flu Plan for local adoption and delivery. This year sees some significant changes, predominantly to the extension of the offer of flu vaccine to a wider age range of children.

3.2 Previous campaigns

The ambition is to offer the flu vaccination to 100% of all those who are eligible to have it and while the objective is to obtain the maximum uptake possible, national targets are in place which differ by risk group as detailed below:

Eligible Group	Uptake ambition for 2017/18
Aged 65 and over	75%
Aged under 65 'at risk', including pregnant women	**At least** 55% (ultimately increasing to 75%)
Children ages 2 and 3 years	**At least** 48%
School aged cohort: Reception, Years 1-5)	Average of **at least** 65% across all years
Health and care workers	75%

There has been a general decline in flu uptake, locally and nationally in the last few years, though Halton has seen an increase in uptake in the previous year.

Uptake of Flu Vaccines across Halton CCG

Flu vaccine uptake in the last three years (%)was as follows:	2017/18		2016/17		2015/16		2014/15	
	Eng	**Halton**	**Eng**	**Halton**	**Eng**	**local**	**Eng**	**local**
Patients aged 65 years or older (CCG)	**72.4**	73.7 ↑	**70.5**	71.5	**72.8**	73.8	**73.2**	73.5
Patients under 65 years in risk groups (CCG)	**48.9**	50.4 ↑	**48.6**	51.0	**50.3**	50.3	**52.3**	51.9
Pregnant women (CCG)	**47.1**	50.4 =	**44.9**	50.5	**44.1**	46.7	**39.8**	38.8
Health care workers St Helens and Knowsley NHS Trust	**68.7**	87.2 ↑	**63.0**	82.0	**54.6**	83.5	**54.8**	76.9
Warrington and Halton Hospital NHS Trust		85.5 ↑		81.8	**54.6**	78.5		
Two years old (including those in risk groups) (CCG)	**42.6**	40.2 ↑	**38.9**	36.9	**38.5**	35.6	**42.6**	N/A
Three years old (including those in risk groups) (CCG)	**44.0**	45.8 ↑	**41.5**	41.9	**41.3**	37.2	**39.5**	N/A
Four years old (including those in risk groups) (CCG)	**/**	/	**33.9**	33.1	**32.9**	32.6	**N/A**	N/A
Reception Year	**62.6**	57.4	**/**	/	**/**	/	**/**	/
School year 1 (LA)	**61.0**	58.3 ↑	**57.6**	52.4	**/**	/	**/**	/
School Year 2 (LA)	**60.4**	53.6 ↓	**55.4**	54.2				

Cell colour indicates if indicative targets have been achieved, red indicates target some distance from target, amber indicates close to achieving, green indicates target achieved. Arrow indicates direction of travel from previous year.

Uptake amongst front line health care workers continues to increase, with Warrington and Halton Hospital Trust achieving an overall achieving target uptake amongst front line health staff.

Data for uptake amongst social care workers is not currently available but nationally the uptake amongst this cohort is low.

3.3 **Flu programme 2018-19**

Key changes to this year's plan

- Healthy Child programme has been extended to include children in school year 5
- Social Care workers, including those in hospice provision, will be eligible for vaccination under the national programme
- The vaccination provided to over 65s has changed based on JCVI recommendations for improved effectiveness to an Adjuvant Tri Valant inactivated vaccine (aTIV)
- The vaccine provided to those under 65 and in a clinical risk group has changed based on JCVI recommendations for improved effectiveness to an Inactivated Quadrivalent vaccine (QIV).

The people eligible for the flu vaccination in the 2018/19 are:

- those aged 65 years and over
- those aged six months to under 65 in clinical risk groups which include:
    - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
    - chronic heart disease, kidney disease, liver disease, neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability
    - diabetes
    - Non-functioning or absent spleen
    - a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
    - Morbidly obese individuals
- pregnant women
- all two and three year olds
- children in school years Reception, 1,2,3, 4 and 5
- those in long-stay residential care homes
- carers
- Front line health and social care staff

3.4 Flu programme delivery

The vaccinations will be delivered through primary care (GP practices) and community Pharmacies for the majority of the eligible persons (over 65, those in a clinical risk group between 18-65 years of age, pregnant women (although midwifery services also vaccinate pregnant women as part of an NHSE

contract) and carers. The vaccine for children in a clinical risk group will be undertaken in general practice only. Vaccination of eligible children in school settings Reception to year 5 will be delivered by School Nurses.

Halton has also contracted with CGL for the flu vaccination to be offered to individuals in risk groups attending substance treatment services.

There is a requirement for all frontline health and social care workers to be offered flu vaccination by their employer. This includes general practice staff. General practice and hospital staff vaccinations are undertaken by their own staff and occupational health units.

Staff employed by social care services, care homes, hospices and domiciliary care agencies can receive vaccination at either their GP or community pharmacy on production of a relevant form of ID (employer ID badge, payslip or letter from employer)

3.5 Publicity and marketing

Public Health England have announced that there will be a national public facing Winter Pressures publicity campaign, which will include flu vaccination promotion local services are participating in this 'Stay Well this Winter' campaign.

Other campaign approached for this year include:

- Using Catch App to engage with parents of children under 5 about flu vaccination and flu messages
- General awareness in children's settings
- Woking with Warrington and Halton Hospital Foundation Trust to message patients about flu
- Taking part in the #Widnesrocks and #Runcornrocks with ' flu rocks' located in the community for children to find and share on relevant social media pages
- Social media messing

3.6 Potential challenges

A number of challenges have been identified for which consideration needs to be given.

Change of vaccines used
NHS England has confirmed that there are more effective vaccines available than have been used in previous years for some risk groups. There are 2 different vaccines recommended for over 65s and those under 65 and in a clinical risk group:

- the **adjuvanted trivalent vaccine (aTIV)** for all 65s and over. The aTIV (Fluad®: Seqirus) was licensed late in 2017 and is available for use in the 2018/19 season.
- the **quadrivalent vaccine (QIV)** for 18 – under 65s at risk.

There is currently only one manufacturer for the aTIV vaccine, and stocks have been pre-ordered based on population need. Due to identified limitation in supply, vaccines supply will be staggered through the flu season with GPs and community pharmacies receiving 40% of their orders in September, 2-% in October and 40% in November. Based on this it is recommended that invitations for vaccination should be prioritised in the following order (though it is recognised that no individual should be turned away wherever possible):

- Those aged 75 and over
- Those aged 65 – 74 in a clinical risk group
- Those aged 65 – 74 with no additional risk factors

A risk is that the supply of vaccine may not meet the demand at a particular time. Practices and pharmacies will need to manage the invitation of patients and delivery of vaccinations carefully to ensure that vaccines are available throughout the season to all who need them.

Social Care staff
Front line health and social care staff should receive the vaccination in order to protect themselves, their family and as importantly, the people that provide care for. Ensuring high uptake amongst the wider health and social care workforce is has always proved a challenge. An opportunity to engage staff to a greater extent exists this year due to the expansion of the national programme to this group of people.

4.0 POLICY IMPLICATIONS

4.1 The flu vaccination programme is a national requirement, monitored through monthly returns to NHS England.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There will be financial implications in the implementation of the national programme – vaccinations within primary care and to risk groups is covered through national arrangements. Individual employer organisations of health and social care staff are required to resource arrangements for the provision of vaccination. Resource is required to promote vaccination uptake amongst all eligible groups and maximise the programmes impact.

5.2 Flu presents an annual health challenge on the health and social care system and is responsible for a large proportion of excess winter deaths. Cases of flu pose a significant burden on primary and secondary health care systems. Outbreaks amongst vulnerable groups are common in unprotected communities and can be difficult to manage and control. Flu is preventable and inequities in uptake across the Borough, within higher risk populations and staffing groups can put the most vulnerable people at greater risk.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Children represent one of the key sources of carriage of flu virus in the community, ensuring high uptake amongst children is one of the best ways to ensure limit the spread of flu in our communities and protect our most vulnerable children and members of the community from a preventable illness.

6.2 Employment, Learning & Skills in Halton

Maximising vaccine uptake amongst eligible groups will protect members of our communities, facilitating people to maintain good health through the winter period will maximise employment and learning opportunities and limit absence from school and workplaces.

6.3 A Healthy Halton

Flu is a preventable illness. Ensuring good uptake of flu vaccination for risk groups and health and social care staff, will prevent illness and death within Halton.

6.4 A Safer Halton

None specified

6.5 Halton's Urban Renewal

None specified

7.0 RISK ANALYSIS

7.1 Failing to adequately implement the national flu plan and protect our community puts the population at significant risk of outbreaks and increased incidence of a serious, preventable infection. Failure to provide flu vaccination for eligible front line health and social care staff is a corporate risk and can put employees and service users at increased risk of influenza.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The strategy is developed in line with all equality and diversity issues within Halton.

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

None.

Halton Flu Plan 2017-2018

Overview of this plan

Flu is a key factor in NHS winter pressures. It impacts on both those who become ill, the NHS services that provide direct care, and on the wider health and social care system that supports people in at-risk groups. Flu occurs every winter in the UK. The Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. These measures help to reduce illness in the community and unplanned hospital admissions, and therefore pressure on health services generally and A&E in particular.

The national flu immunisation programme is a key part of the plan. Halton's Flu immunisation plan reflects the national plan.

Key changes to this years plan

- Healthy Child programme has been extended to include children in school year 5
- Social Care workers, including those in hospice provision, will be eligible for vaccination under the national programme
- The vaccination provided to over 65s has changed based on JCVI recommendations for improved effectiveness to an Adjuvant Tri Valant inactivated vaccine (aTIV)
- The vaccine provided to those under 65 and in a clinical risk group has changed based on JCVI recommendations for improved effectiveness to an Inactivated Quadrivalent vaccine (QIV)

Flu vaccination

Responsibilities for Halton Borough Council and CCG

NHS England and Public Health England produce an annual Winter plan, responsibilities of local authorities and partners as identified within this plan include:

Local authorities, through their director of public health, have responsibility for:

- providing appropriate advocacy with key stakeholders and challenge to local arrangements to ensure access to flu vaccination and to improve its uptake by eligible populations
- providing independent scrutiny and challenge to the arrangements of NHS England, PHE and local authority employers of frontline social care staff and other providers of health and social care
- providing leadership, together with local resilience partners to respond appropriately to local incidents and outbreaks of flu infection

Local authorities can also assist by:

- promoting uptake of flu vaccination among eligible groups, for example older people in residential or nursing care, either directly or through local providers
- promoting uptake of flu vaccination among those staff providing care for people in residential or nursing care, either directly or through local providers

Clinical commissioning groups (CCGs) are responsible for:

- quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines

GP practices and community pharmacists are responsible for:

- educating patients, particularly those in at-risk groups, about the appropriate response to the occurrence of flu-like illness and other illness that might be precipitated by flu
- ordering the correct amount and type of vaccine for their eligible patients, taking into account new groups identified for vaccination and the ambition for uptake
- storing vaccines in accordance with national guidance
- ensuring vaccination is delivered by suitably trained, competent healthcare professionals who participate in recognised on-going training and development in line with national standards
- maintaining regular and accurate data collection using appropriate returns
- encouraging and facilitating flu vaccination of their own staff

In addition, GP practices are responsible for:

- ordering vaccine for children from PHE central supplies through the ImmForm website and ensuring that vaccine wastage is minimised
- ensuring that all those eligible for the flu vaccine are invited personally to receive their vaccine
- ensuring that antiviral medicines are prescribed for appropriate patients, once the CMO/CPhO letter has been distributed alerting them that antiviral medicines can be prescribed

All employers of individuals working as providers of NHS and social care services are responsible for:

- management and oversight of the flu vaccination campaign or alternative infection control measures for their frontline staff
- support to providers to ensure access to flu vaccination and to maximise uptake among those eligible to receive it

Uptake Ambitions

The local ambition is to ensure a 100% offer of vaccination to all eligible groups.
The national target for vaccination uptake is set as identified in the table below:

Eligible Group	Uptake ambition for 2017/18
Aged 65 and over	75%
Aged under 65 'at risk', including pregnant women	**At least** 55% (ultimately increasing to 75%)
Children ages 2 and 3 years	**At least** 48%
School aged cohort: Reception, Years 1-5)	Average of **at least** 65% across all years
Health and care workers	75%

Flu vaccination uptake rates (national & local)

Flu vaccine uptake in the last three years (%)was as follows:	2017/18		2016/17		2015/16		2014/15		2013/14	
	Eng	**Halton**	**Eng**	**Halton**	**Eng**	**Halton**	**Eng**	**Halton**	**Eng**	**Halton**
Patients aged 65 years or older (CCG)	**72.4**	73.7 ⇧	**70.5**	71.5	**71.0**	72.2	**72.8**	73.8	**73.2**	73.5
Patients under 65 years in risk groups (CCG)	**48.9**	50.4 ⇧	**48.6**	51.0	**45.1**	47.6	**50.3**	50.3	**52.3**	51.9
Pregnant women (CCG)	**47.1**	50.4 =	**44.9**	50.5	**42.3**	49.1	**44.1**	46.7	**39.8**	38.8
Health care workers St Helens and Knowsley NHS Trust	**68.7**	87.2 ⇧	**63.0**	82.0	**49.5**	76.6	**54.6**	83.5	**54.8**	76.9
Warrington and Halton Hospital NHS Trust		85.5 ⇧		81.8		81.6		78.5		
Two years old (including those in risk groups) (CCG)	**42.6**	40.2 ⇧	**38.9**	36.9	**35.4**	36.0	**38.5**	35.6	**42.6**	/
Three years old (including those in risk groups) (CCG)	**44.0**	45.8 ⇧	**41.5**	41.9	**37.7**	38.6	**41.3**	37.2	**39.5**	/
Four years old (including those in risk groups) (CCG)	**/**	/	**33.9**	33.1	**30.0**	30.3	**32.9**	32.6	**/**	/
Reception Year	**62.6**	57.4	**/**	/	**/**	/	**/**	/	**/**	/
School year 1 (LA)	**61.0**	58.3 ⇧	**57.6**	52.4	**54.4**	53.1	**/**	/	**/**	/
School Year 2 (LA)	**60.4**	53.6 ⇩	**55.4**	54.2	**52.9**	54.2	**/**	/	**/**	/
School Year 3 (LA)	**57.6**	54.2 ⇧	**53.3**	52.9	**/**	/	**/**	/	**/**	/
School Year 4 (LA)	**55.8**	50.3	**/**	/	**/**	/	**/**	/	**/**	/

Cell colour indicates if indicative targets have been achieved, red indicates target some distance from target, amber indicates close to achieving, green indicates target achieved. Arrow indicates direction of travel from previous year.

Key elements of the plan

National Flu programme

To deliver the vaccination programme to all groups identified within the national programme. Those aged 65 and over, pregnant women and those in a clinical risk group have been offered vaccination annually for a number of years. Those living in long-stay residential care homes, people who are the main carer of someone whose welfare may be at risk if the carer falls ill, and all frontline health and social care workers should also be offered flu vaccination

Front line health and social care workers

Frontline health and social care workers have a duty of care to protect their patients and service users from infection. Doctors are reminded of the General Medical Council's (GMC) guidance on Good Medical Practice (2013), which advises immunisation 'against common serious communicable diseases (unless otherwise contraindicated)' in order to protect both patients and colleagues (see

paragraph 29)6. Chapter 12 of the Green Book provides information about the staff groups that can be considered as providing frontline care.

Flu immunisation should be offered by NHS organisations to all employees directly involved in delivering care. This is not an NHS service, but part of the wider infection control responsibilities of the organisation delivered through occupational health services. Social care providers and independent primary care providers such as GP, dental and optometry practices, and community pharmacists, should offer vaccination to staff.

NHS England has published a two year CQUIN covering 2017/18 and 2018/19 which includes an indicator to improve the uptake of flu vaccinations for frontline healthcare staff within providers.

Late in 2017 NHSE announced that those working in residential and domiciliary Social Care settings would be included in the national programme. It has been announced for 2018/19 that social care staff, including those working in hospice settings will be eligible to receive flu vaccination from their GP or pharmacist on the productions of an appropriate form of identification, under the national programme.

Extension of the children's programme

In July 2012, JCVI recommended that the flu vaccination programme should be extended to healthy children aged two to their seventeenth birthday. JCVI recognised that implementation of this programme would be challenging and due to the scale of the programme it is being phased in. Vaccinating children each year means that not only are the children protected, but the expectation is that transmission across the population will be cut, reducing levels of flu overall and reducing the burden of flu across the population. Implementing this programme is therefore an important contribution to increasing resilience across the system through the winter period.

The children's programme began in 2013/14 with all two- and three-year-olds being offered vaccination through general practice and geographic pilots in primary school-aged children. The phased roll out now includes all 2 and 3 year olds in general practice and as of 2018/19 will include the immunisation of all children in school in reception and years 1 to 5 being immunized in school based campaign.

Merseyside NHS England area Team has commissioned Bridgewater NHS Foundation Trust School Nursing Service as the currently commissioned 0-19 provider service for Halton to provide this extension through a school based delivery model.

The children's extended programme will vaccinate using the live attenuated influenza vaccine (LAIV), Fluenz Tetra®, administered as a nasal spray as recommended by the JCVI.

Community Pharmacy Seasonal Influenza Vaccination Advanced Service

Since 2015 all community pharmacies may provide flu vaccination, if they satisfy the requirements of the Advanced Service, to eligible adult patients (over the age of 18). As this service is commissioned by NHS England as an Advanced Service, contractors have the choice as to whether they provide it. The service can be provided by any community pharmacist in any community pharmacy in England that satisfies the requirements of the Advanced Service within the Community Pharmacy Contractual Framework. This includes having a consultation room, being able to procure the vaccine and meet the data recording requirements, and have appropriately trained staff. Further details are available from the Pharmaceutical Services Negotiating Committee website: http://psnc.org.uk/

Vaccine Supply

NHS England has confirmed that the most effective flu vaccines for the population should be ordered, for the 2018/19 flu season. Based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI), providers should offer:

- the **adjuvanted trivalent vaccine (aTIV)** for all 65s and over. The aTIV (Fluad®: Seqirus) was licensed late in 2017 and is available for use in the 2018/19 season. JCVI concluded at its October 2017 meeting that adjuvanted trivalent flu vaccine is more effective and highly cost effective in those aged over 65 years and above compared with the non-adjuvanted or 'normal' influenza vaccines currently used in the UK for this age-group. JCVI agreed that aTIV would be considered the optimal clinical choice for all patients aged 65 years and over. The JCVI specifically considered that the use of the adjuvanted trivalent flu vaccine should be a priority for those aged 75 years and over**,** given that the non-adjuvanted inactivated vaccine has showed no significant effectiveness in this group over recent seasons.
- the **quadrivalent vaccine (QIV)** for 18 – under 65s at risk. NHS England has recommended that adults aged 18 to under 65 in clinical at-risk groups are offered the quadrivalent influenza vaccine (QIV) which protects against four strains of flu, including 2 strains of influenza B rather than one. This reflects current JCVI advice and Green Book guidance that was updated in October 2017 on the basis of cost-effectiveness data produced by PHE.

For all eligible populations apart from children, providers remain responsible for ordering vaccines directly from manufacturers. It is recommended that immunisers ensure they:

- order vaccine from more than one supplier where possible
- order sufficient vaccine before the start of the season at least to cover the uptake aspirations for all their registered eligible patients
- note that they now order vaccine for children from central supplies through ImmForm
- pay attention to ordering the most appropriate type of vaccine such as enough egg-free or low ovalbumin content vaccine for those patients who may require it

Flu viruses change continuously and the WHO monitors the epidemiology of flu viruses throughout the world making recommendations about the strains to be included in vaccines for the forthcoming winter. It is recommended that quadrivalent vaccines for use in the 2018/19 northern hemisphere influenza season contain the following:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus;
- an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus;
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

It is recommended that the influenza B virus component of trivalent vaccines for use in the 2018/19 northern hemisphere influenza season be a B/Colorado/06/2017-like virus of the B/Victoria/2/87-lineage.

All flu vaccines for children are purchased centrally by PHE. This includes vaccine for the national offer to all children aged 2 and 3 and in school settings and for children in risk groups aged six months to under 18 years.

For children in risk groups under 18 years of age where LAIV is contraindicated, suitable inactivated influenza vaccines will be provided centrally and should be offered. LAIV and inactivated injectable vaccines can be ordered through the ImmForm website: www.immform.dh.gov.uk.

There is currently only one manufacturer for the aTIV vaccine, and stocks have been pre-ordered based on population need. Due to identified limitation in supply, vaccines supply will be staggered through the flu season with GPs and community pharmacies receiving 40% of their orders in September, 2-% in October and 40% in November. Based on this it is recommended that invitations for vaccination should be prioritised in the following order (though it is recognised that no individual should be turned away wherever possible):

- Those aged 75 and over
- Those aged 65 – 74 in a clinical risk group
- Those aged 65 – 74 with no additional risk factors

Flu vaccine uptake data

Flu vaccine uptake will be collected via the web-based ImmForm system for vaccinations given from the 1 September 2018 until the 31 January 2019 for all eligible groups. The GP patient weekly and monthly vaccine uptake data will be extracted automatically onto ImmForm from the majority of GP practices, other practices will be aware of manual submission requirements.

The weekly GP patient vaccine uptake collection will start the first week of September and will continue until early February.

Local authority scrutiny

Local authorities have a responsibility to provide information and advice to relevant bodies within their areas to protect the population's health. Local authorities will provide independent challenge of the arrangements of NHS England, PHE and providers. This function will be carried out through the Halton Flu Group feeding through to the Halton Health Protection Forum and overseen via the Halton Health and Wellbeing Board.

People's services directorate staff will be required to actively promote and engage front line health and social care workers to promote uptake of flu vaccination. This will be organised via Halton Borough Council utilising an external provider, most likely community Pharmacies.

The director of public health in the local authority is expected to provide appropriate challenge to arrangements and also to advocate within the local authority and with key stakeholders to improve access and uptake of flu vaccination. The director of public health also needs to work with local NHS England teams to ensure strategic commissioning.

Flu outbreaks

The impact of the influenza virus on the population each year is variable – it is influenced by changes that may have taken place in the virus, the number of people susceptible to infection and the severity of the illness caused by a particular strain. These factors in turn affect the pressures the NHS experiences and where they are felt most.

Planning for the flu season therefore needs to prepare for a range of possibilities including the need to respond quickly to modify the plans. For this reason, the *Flu plan* operates according to a series of

levels, which enable individual elements of the DH, NHS England, and PHE's response to be escalated as appropriate:

Level	Level of flu-like illness	Description of flu season
1	Community, primary and/or secondary care indicators starting to show that flu and flu-like illness are being detected	Beginning of the flu season – flu has now started to circulate in the community
2	Flu indicators starting to show that activity is rising	Normal levels of flu and/or normal to high severity of illness associated with the virus
3	Flu indicators exceeding historical peak norms	Epidemic levels of flu – rare for a flu season

Antiviral Medication

Influenza antivirals form part of the programme for protection of people who are at increased risk of severe illness due to flu. NICE has reviewed its guidance on the use of flu antivirals in seasonal influenza and it remains unchanged. Influenza antivirals may only be prescribed in primary care when influenza is circulating in the community and the CMO letter has been sent out. Prescribing in secondary care and in the event of outbreaks of flu is described separately.

Prescribing of antiviral medicines on the NHS is restricted through statutory prescribing restrictions set out in Schedule 2 to the National Health Service (General Medical Services Contracts) (Prescription of drugs etc.) Regulations 2004), commonly known as the Grey List or Selected List Scheme (SLS). Schedule 2 is replicated and published monthly in Part XVIIIB of the Drug Tariff.

Details of eligible and at risk patients and the circumstances when antiviral medicines can be prescribed are contained in the Drug Tariff. Antiviral medicines can only be prescribed in primary care at NHS expense when DH sends out an annual letter from CMO/CPhO notifying prescribers and community pharmacies that the surveillance indicators are at a level that indicate that influenza is circulating in the community and that prescribers may now prescribe and community pharmacies may supply antiviral medicines for eligible patients.

The exceptions to this are outbreaks of suspected influenza in care/nursing homes which may occur out of season. Arrangements are being put in place to enable the supply of antiviral medicine for care home outbreaks out of the flu season.

Once the CMO/CPhO letter has been sent to primary care, antiviral medicines can be prescribed for patients in the at-risk groups and for patients who are not in one of the identified clinical risk groups but who are at risk of developing medical complications from flu, if not treated. The early use of antiviral medicines to treat and help prevent serious cases of flu in vulnerable patients is particularly important if the flu vaccine effectiveness is low, and remains so every flu season.

Prescribing in outbreaks (care homes)

Halton CCG is negotiating with Merseyside NHS England Area Team for the location of sufficient antiviral doses to supply the largest local care home (50 bed) in the event of an outbreak within a local community pharmacy. In the event of outbreaks within local care homes, the individual residents' registered GP will provide clinical assessment and prescription as appropriate. In the

event of assessment required out of ours, this will be undertaken via current Out of Ours contractual arrangements.

Care homes are required to record recent Kidney function test results to facilitate prescribing of antivirals where there is a query regarding potential kidney disease. The prescriber will retain duty of care and decision making on the benefits and risks of antiviral prescribing n any given episode of care.

Joint winter planning

Flu is one of the factors that the health and social care system considers as part of winter preparedness. Each year the system plans for and responds to surges in demand, called winter pressures. Pressures associated with winter include:

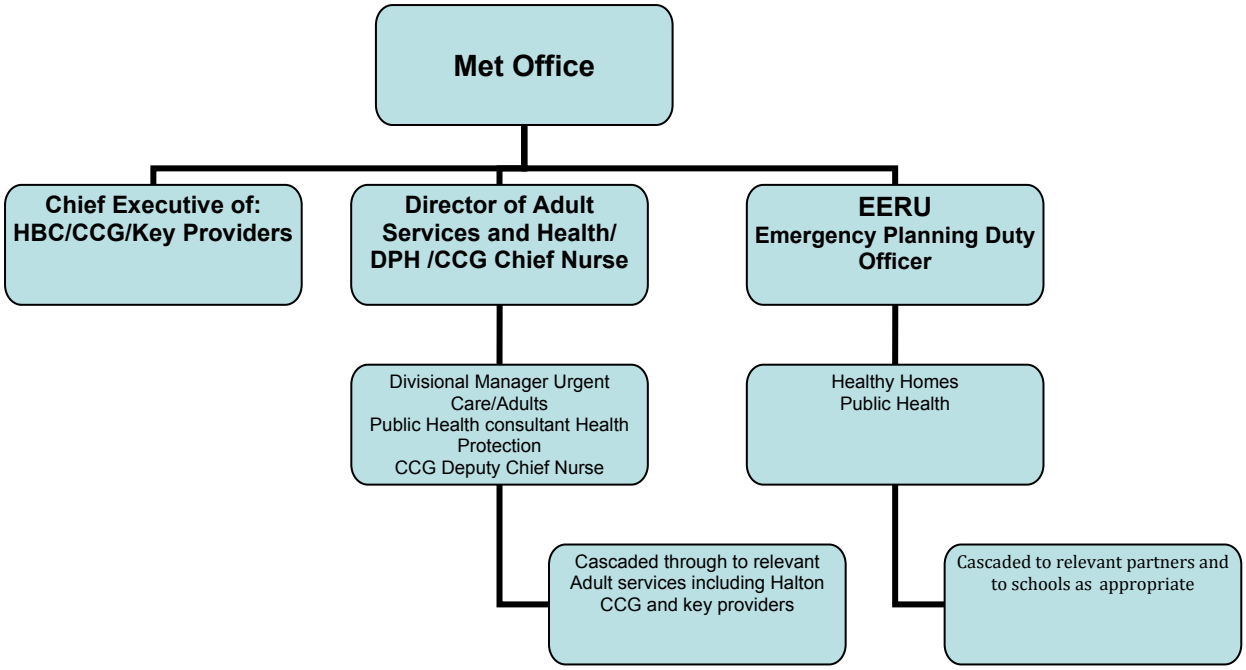
- the impact of adverse weather, including cold temperatures which increase emergency hospital admissions for diseases such as cardiovascular and respiratory disease, and snow and ice which result in increased numbers of accidents and can significantly disrupt services flu, which has a variable impact, depending on the severity of the season
- the impact of norovirus on the acute sector, including the closure of beds in accordance with infection control processes

Local planning allows the NHS to manage winter pressures effectively by implementing local escalation plans where necessary, in response to local circumstances and needs. Halton Borough Council Cold has an Integrated Cold Weather Plan which links with severe weather plans within Halton CCG and key provider organisations. It aims to capture the work that is undertaken by Halton Borough Council with regard to prevention and awareness activity for Cold Weather. It details the cascade arrangements for the cold weather alerts that are received from the met office as part of the Cold Weather Plan for England and details the actions that will be carried out by the council as each of these levels are triggered.

Through its Cold Weather work Halton Borough Council aims to help reduce the significant increase in winter deaths and illness that is observed each year owing to cold weather, which in turn, could help to reduce pressures on the health and social care system in the busiest months of the year. The Highways Winter Service Plan also supplements this work.

Cold Weather Alerts are issued by the Met Office on the basis of either of two measures: low temperatures; or widespread ice and/or heavy snow. Cold weather alert service comprises five levels (levels 0-4), from long-term planning for cold weather, through winter and severe cold weather action, to a major national emergency. Each alert level aims to trigger a series of appropriate actions for different organisations such as flu vaccination, public health communications, and health and social care demand management.

Halton Borough Council's Cascade alert system (devised by Emergency Planning team) is highlighted below:



Communications and Key messages

Clear and timely communication is vital to ensure that all parties involved in managing flu understand their roles and are equipped with the necessary information.

National flu vaccination literature will be promoted and available as part of the strategic integrated Winter Planning Campaign and will address winter pressures, using the **Stay Well This Winter** branded messaging including:

- the impact of adverse weather, including cold temperatures which increase emergency hospital admissions for diseases such as cardiovascular and respiratory disease, and snow and ice which result in increased numbers of accidents and can significantly disrupt services
- flu, which has a variable impact, depending on the severity of the season
- the impact of norovirus on the acute sector, including the closure of beds in accordance with infection control processes.

Whilst maintaining an overarching communication strategy, which will be flexible and ultimately dictated by the severity of the flu season and subsequent impacts, communications will focus predominantly on the new elements of the flu programme, including the extension to new child cohorts.

Halton Borough Council and CCG are adopting national branding using the Stay Well This Winter campaign materials. Specific plans for this coming year to promote the uptake of flu vaccination and winter health messaging include:

- Promotion of vaccination in early years settings
- School based flu vaccination poster competition
- Promotion of pharmacy campaigns including the commissioning of pharmacies to provide flu vaccination to community based front line health and social care workers

- Local community engagement and insight activities to better understand local barriers and drivers for vaccination uptake
- Supporting GP practices in a 'named practice' approach to care home provision of flu vaccination

Campaign materials will be distributed to local GP Practices and clinics, Children Centres, Schools, early years settings, pharmacies and other appropriate venues. Other promotional materials will be produced as resources allow.

Social media, Newspapers and radio will be utilised to cascade promotional messages throughout the season and in response to local issues and requirements.

Invitations and information for patients

Proactive and personalised invitations from GPs and other health professionals to patients have a key role to play. GP practices therefore need to plan carefully to ensure that they are making every effort to identify and contact eligible patients before the flu season starts, and use any available 'free' communications channels to promote the vaccination message (such as the electronic booking system or patient newsletters). Template letters will be available for GP practices to use to invite at risk patients and those aged two to four years for flu vaccination. Local GP Practices have been encouraged to utilise personal invitations and encouraged to be creative in the invitation and follow methods to maximise uptake.

Ahead of the flu season, NHS branded patient information materials will be reviewed and developed, tailored for different eligible groups. These materials, along with the template letters, will be available at: www.gov.uk/government/collections/annual-flu-programme and free copies of the leaflets will be available to order through the Prolog Publications Orderline: www.orderline.dh.gov.uk/ecom_dh/public/home.jsf

The annual cycle of the flu programme

The national cycle for preparing for and responding to flu is set out below.

Preparations

- **November to March:** Vaccine orders placed with suppliers for eligible patients aged 18 and over
- **December:** Section 7A service specifications for delivery of the flu immunisation programme published
- **February to September**: Manufacture of vaccine
- **February:** Enhanced service specifications for flu immunisation programme published
- **February:** WHO announces the virus strains selected for the next season's flu vaccine for the northern hemisphere
- **February/March:** Annual flu letter is sent to the NHS and local government setting out key information for the autumn's immunisation programme
- **March to June:** Publication of the revised influenza chapter of the Green Book (although this can be revised at any time, sometimes during a flu season)
- **April to June:** Liaison with manufacturers to assure the availability of vaccine
- **April to June:** Assurance that primary care providers have the ability to identify all eligible patients

- **June:** Revised flu information leaflets and GP template letters made available
- **August/September:** Communications and guidance about vaccine uptake data collections issued
- **August/September:** Local NHS England teams, NHS Employers, local government health and wellbeing teams, trusts, GP practices, pharmacies and local authorities begin communications activities to promote early uptake of the vaccine among eligible groups including health and social care staff

Flu Vaccination Campaign

- **August to March:** DH in regular contact with manufacturers of antiviral medicines and wholesalers to ensure enough antiviral medicines in the supply chain Flu vaccination campaign
- **September/October**: Flu vaccine for children available to order through ImmForm
- **October**: PHE flu marketing campaign launched (if applicable)
- **September to February:** Suppliers deliver vaccines to GP practices, community pharmacies, and PHE central stock. GPs, community pharmacists and other providers begin vaccinating eligible patients and staff against flu as soon as vaccine is available
- **September to February:** Weekly GP patients and monthly vaccination uptake data collections from primary care, and monthly data collections from secondary care begin
- **October:** From week 40 (early October) PHE publishes weekly reports on flu incidence, vaccine uptake, morbidity and mortality
- **October to February:** The CMO may issue advice on the use of antiviral medicines, based on advice from PHE in light of flu surveillance data. Antiviral medicines from the national pandemic flu stockpile may be made available
- **October to February:** The NHS implements winter pressures co-ordination arrangements
- **October to February:** A respiratory and hand hygiene campaign may be considered
- **November to February:** Monthly GP patient flu uptake and the healthcare worker flu uptake collection commence for data submissions and closes early February.
- **January/February:** date by which all supplies of Fluenz Tetra will have expired.
- **March to May:** The CMO may issue letter asking GPs and other prescribers to stop prescribing antiviral medicines, once PHE informs DH that surveillance data are indicating very little flu circulating in the community and other indicators such as the number of flu-related hospital admissions

Targeted groups

- Pregnant (the vaccine protects both you and your baby)
- Aged 65 years or over
- Children aged 2 and 3, and those in reception and years 1, 2 ,3 and 4 of school
- Anyone of any age, even if they feel healthy, who has any of the underlying health conditions:
    - Heart problems
    - A chest complaint or breathing difficulties, including bronchitis or emphysema
    - Kidney disease

  - Lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)
  - Liver disease
  - Had a stroke or a transient ischemic attack (TIA)
  - Diabetes
  - A neurological condition, for example multiple sclerosis (MS) or cerebral palsy
  - A problem with your spleen, for example sickle cell disease, or you have had your spleen removed
- People who are
  - Living in a residential or nursing home
  - The main carer for an older or disabled person
  - A frontline health or social care worker

People in clinical risk groups are at particular risk of becoming very unwell from flu and flu related illness. The table below shows flu mortality by clinical risk group and demonstrates the increased risk of death. Influenza related mortality ratios and population rates among those aged six months to 64 years of age by risk group in England, September 2010-May 2011

	Number of fatal flu cases (%)	**Mortality rate per 100,000 population**	**Age-adjusted relative**	**Lower RR 95% CI**	**Upper RR**
In a risk group	213 (59.8)	4.0	11.3	9.1	14.0
Not in any risk group	143 (40.2)	0.4	Baseline	Baseline	Baseline
Chronic renal disease	19 (5.3)	4.8	18.5	11.5	29.7
Chronic heart disease	32 (9.0)	3.7	10.7	7.3	15.7
Chronic respiratory disease	59 (16.6)	2.4	7.4	5.5	10.0
Chronic liver disease	32 (9.0)	15.8	48.2	32.8	70.6
Diabetes	26 (7.3)	2.2	5.8	3.8	8.9
Immunosuppression	71 (19.9)	20.0	47.3	35.5	63.1
Chronic neurological disease (exc. stroke/TIA)	42 (11.8)	14.7	40.4	28.7	56.8
Total*	378	0.8			

* Including 22 cases with no information on risk factors.

Despite continued efforts, for a number of years around only half of patients in clinical risk groups have been vaccinated. For 2018/19, the ambition for this cohort is to achieve at least a 55% uptake

overall in these groups recognising that this figure is already exceeded in some of the groups, such as those with diabetes. Ultimately the aim is to achieve at least a 75% uptake in these groups.

While Secondary Care and Community Trusts have increased front line health care worker uptake considerably over recent years, supported by a 2 year CQUIN, community based health and social care workers, including those in private residential settings and domiciliary care agencies, have failed to engage to the same extent. In Halton we have engaged with providers through contractual routes in previous years but have so far failed to generate sufficient engagement. In 2016/17 and 2017/18 a direct offer of flu vaccination provision through the commissioning of local pharmacies was made to care home and domiciliary care staff to promote the uptake of flu vaccination, but again take up was low from these groups. The low uptake amongst the social care workforce has been recognised nationally and this group have now been included in the offer for the national programme.

Key Messages
The following communications key messages will be used as a basis for the localised campaign:

1. Eligibility for flu vaccines and where to go to receive one
2. Importance of flu vaccination in children and the extended child programme
3. Infection prevention and control messages to reduce the spread of flu
4. Reporting on flu levels and public reassurance
5. Advice and guidance for people who suspect they may have flu
6. The effect of flu and other winter related demands on NHS services

Media Publications to target

Local / Regional media

- Liverpool Echo
- Widnes & Runcorn World
- Widnes & Runcorn Weekly

Social Media

- HBC Face Book page
- Health Improvement Face book
- Children centers face book
- Partner face book
- HBC Twitter feed
- CCG twitter feed

Radio / Broadcast

- Halton Community Radio
- Wire Fm
- BBC North West

Targeting for over 65+

- Age Concern UK - newsletter
- Care homes
- Domiciliary providers
- Vision Support

- Housing Associations

Publications for Mums /Mums to be

- Antenatal classes
- Children's centres
- Mums blogs

Publications for those with long-term conditions

- All Together Now – North West based
- Halton Talking Newspaper
- Widnes and Runcorn Cancer Support Group

Carers

- Halton Carers Centre
- GP practices

Educational press

- Local college press

Key Stakeholders / Partners / Providers

- Halton Council
- NHS Trusts & Providers
- Hospital Trusts – St Helens and Whiston Hospital, Warrington and Halton Hospitals Foundation Trust
- Bridgewater Community NHS Foundation Trust (especially School Nursing, Community Midwifery services)
- 5 Boroughs Partnership Mental Health NHS Trust
- Healthwatch Halton
- Housing associations – Riverside, LHT, Halton Housing,
- Cheshire Fire and Rescue
- Cheshire Police
- Halton CAB
- Wellbeing Enterprises

Community Groups

- Halton Tennis Table Club (500 members)
- CRI - Halton Integrated Recovery Service
- Support the Deaf Community in Halton

Other Employers

- Chamber of Commerce
- Riverside College
- Halton Taxis
- Groundwork Cheshire

Venues to target for marketing materials

- Leisure Centres
- GP practices
- Pharmacies
- Dental practices

- Community centres
- Shopping Centres
- St Luke's
- Halton Haven
- Halton and St Helens CVA
- Halton Community Buses

Tactics

- Develop a script for community based staff and those with face-to-face contact with those at-risk
- Cascade national messages via networks
- Support the national campaign by distributing messages via digital communication channels and social media channels
- Build flu into the Halton CCG Community Radio Show each month to push flu messages
- Source local case studies (where possible) which could support the national message
- Survey the local data to identify which target groups are vulnerable because uptake is low and address/target accordingly

Recommendations for improving uptake

Recommendations for action for each risk group included:

Over 65 group

1. GP practices should have a named individual responsible for the flu vaccination programme.
2. Flu clinics should be started as soon as is feasible once the vaccines have been received to ensure maximum coverage before flu starts to circulate.
3. GPs should keep a register of those aged over 65 years and should arrange for personalised letters and reminders to be sent out to patients, inviting them to attend a flu clinic.
4. GP practices should follow up patients who fail to attend for a flu jab.
5. Flu vaccines should be offered opportunistically where appropriate.
6. GPs should liaise with district nurses regarding the provision of vaccinations to those who are house-bound.

Under 65 clinical risk group

1. GPs should keep a register of patients with long term conditions who require annual flu vaccination.
2. GPs should send out personalised reminder letters to those eligible for the flu jab.
3. Guidance and promotional material should be distributed to pharmacies to encourage pharmacy staff to alert at-risk patients and signpost them to their GP.
4. The possibility of providing flu vaccinations in local pharmacies should be further explored.
5. Specialist doctors, nurses, school nurses and health visitors should receive guidance about raising awareness of the flu vaccine in at-risk clinical groups.
6. Acute trusts should be encouraged to provide flu vaccinations during outpatient appointments for people with long term conditions under their care.
7. Consideration needs to be given to the possibility of providing a flu vaccination clinic within local special schools.

8. Appropriate communication pathways need to be in place to ensure GPs are informed if their patients are vaccinated by a different healthcare provider.

Residential home settings

1. Single Practice approach to residents of care homes for vaccination and management of flu outbreaks
2. All local long-stay care facilities need to be identified, including residential homes for people with disabilities and residential special schools (if applicable).
3. Guidance on the importance of flu vaccination should be circulated to all care home managers.
4. GP practice managers should liaise with local care homes to arrange provision for flu jabs within care homes settings.
5. To enable future planning and improve uptake further, local data should be collected from care home managers on the uptake of the vaccination among their residents.

Carers

1. Promotional material should be distributed to GP practices, pharmacies, supermarkets, hospitals and outpatient clinics etc. to raise awareness of the flu vaccine among unpaid carers.
2. Patients who attend for the flu vaccine should be reminded that their carer, if applicable, should also be vaccinated.
3. Awareness should be increased amongst district nurses who may have contact with carers whilst visiting house-bound patients.

Pregnant women

1. GPs should keep a register of women who are pregnant and update it regularly as women become pregnant during the flu season.
2. Promotional material should be displayed within local midwifery services and included within the early pregnancy pack to encourage women to have the vaccine.
3. Midwives should ensure they signpost patients to their GP for vaccination.
4. Consideration should be given to the feasibility of providing flu vaccinations at antenatal appointments, either by direct administration by the midwife, or by running a flu clinic alongside antenatal clinics.
5. Appropriate communication pathways need to be in place between midwives and GPs to allow timely recording of vaccination data.

Children

1. Ensure promotional materials are displayed in community settings e.g. nurseries, pre-schools, supermarkets, libraries etc.
2. Circulate guidance and support materials to local GP practice managers.
3. Engage children and parents from school settings in activities that highlight consequence of flu and promote vaccination

Health and Social Care staff

1. Ensure local health care providers have flu plans in place to address uptake rates amongst frontline staff.

2. Ensure local managers of NHS organisations receive a briefing on which staff members require vaccination.
3. Provide vaccination to health and social care staff within the council who come into direct contact with vulnerable patients.
4. Develop guidance on flu vaccine suppliers and associated costs, and distribute to managers of local NHS organisations.
5. Distribute promotional material to health and social care staff to encourage uptake.

Dynamic Flu Action Plan 2018/19

To be developed and amended throughout the period

Date	Channel	Brief	Status
October/November/December	Halton Community Radio Show	General flu messages about vaccine and eligibility. Push on childhood programme, especially 2 and 3 year olds.	
	Leaflets and posters and outdoor media	Outdoor media and other materials sent to local venues and meeting places (national campaign materials).	
	Halton Borough Council	Contact service to provide access to flu vaccination for front line council staff and CCG staff and extend offer to care home and domiciliary care providers. Push messages to front line health and social care staff.	
	Care homes staff	Letter of encouragement to staff employed by care homes, domiciliary care providers, hospice etc to take part in nation programme extension to social care staff cohort. Briefings for staff.	
	Data collection	GP practices to commence ImmForm Data collection	
	Midwifery	Assurance from and reminder to midwifery services of the push to encourage vaccination and undertake vaccinations to pregnant women (and inform GP/report numbers) at every possible opportunity.	
	Gp Practices	Follow up mechanisms for recall and offer support to improve uptake Encourage practice staff uptake	
	Warrington and Halton Hospital	Flu message prompt in association with Friends and	

	Trust	Family Text message to all patient attendees at WHHFT	
	CATCH APP	Promote wider the use for Catch App Attend children's center workshops and carry out flu roadshows at children's venues including flu message and push for catch app Send age specific reminders via catch app through seasons Use geographical facility son catch app to target areas throughout the season	
	Community	Painted stones with flu bugs and flu message to be located around local parks and linked to #Widnesrocks and #Runcornrocks face books group. Incentives for sharing on social media	
	Local Press	Half page add in local media with Pre Christmas invote for 2 and 3 year olds to get their flu vaccination	
Weekly	Twitter alerts	Draft and issue weekly or regular Twitter alerts promoting flu messages	
	Script/toolkit	Develop script/toolkit promoting flu messages which can be shared with community groups and cascaded via their channels	
	Business to business	Push messages to businesses about encouraging their at-risk workers and all workers to go and get the vaccine to ensure resilience during the winter & give them one less thing to worry about	