

# **Health Policy & Performance Board**

## **Scrutiny Review of The Health Improvement Team (HIT)**

**Report  
December 2017**

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## 1.0 PURPOSE OF THE REPORT

1.1 The purpose of the report, as outlined in the initial topic brief (Appendix One) is to:

- To understand the range and scope of interventions, activities and campaigns delivered through the Health Improvement Team service (HITs), including pathways into service.
- To appreciate how service priorities are identified and analyse any gaps in service against the health and wellbeing concern across the borough.
- To examine current performance data and explore the impact measures the service utilises to measure success.
- To consider how services are promoted and celebrated, including how public engagement is achieved.
- To reflect on the contribution the service makes to the Council's Public Health remit.
- To observe how well the HITs interacts and compliments with other health and social care services across the borough, including partnership work with other agencies and the third sector.
- To consider the impact of changes in legislation (including the Care Act 2014) in shaping the service offer.
- To compare and benchmark the service offer with other best practice delivery models.
- To offer constructive input into the future direction of the service.

## 2.0 POLICY AND PERFORMANCE BOARD (PPB)

2.1 This review was commissioned by the Health PPB and the topic formally adopted at the June 2017 meeting.

2.2 This report will be presented to Health PPB in February 2018. The report will also be presented to People Directorate Senior Management Team, Executive Board and boards or committees of stakeholders, as appropriate.

## 3.0 MEMBERSHIP OF THE TOPIC GROUP

3.1 An open invitation to participate in the scrutiny group was made to all members of the Health PPB. The table below details which PPB members and officers participated in the review:

3.2

Councillor Joan Lowe (Chair)	Councillor Margaret Horabin
Councillor Martha Lloyd-Jones	Councillor Mark Dennett
Councillor Pauline Sinnott	Mr Tom Baker (HealthWatch)
Councillor Stan Parker	Lisa Taylor, Divisional Manager, Integrated Wellbeing Service
Councillor Ellen Cargill	Nicola Hallmark, Principal Policy Officer, Adult Social Care, People Directorate

3.3 The Schedule of Activity (Appendix Two) shows the visiting presenters who contributed to the topic review.

3.4 **The Chair would like to extend thanks to all of those who took the time to participate in this review.**

## 4.0 METHODOLOGY

4.1 This scrutiny review was conducted through the following means:

- Information pack provided to Topic Group Members outlining the local delivery model of Health Improvement Services and examining progress against national performance indicators;
- Monthly meetings of the scrutiny review topic group;
- Reports and presentations made by key members of staff and project/campaign partners;
- Site visits to scheduled classes, at which there was opportunity to capture service-user contribution;
- Attendance at a partnership meeting;
- The final draft of this report was circulated to participating staff to check for accuracy.

## 5.0 BACKGROUND

5.1 The Health Improvement Team (HIT) together with the Sure Start to Later Life (SLL) team provide an Integrated Wellness Service on a cradle to grave basis intended to deliver against health and social care agendas at a community level. Their range of activities span focused campaigns through to tailored services.

5.2 HIT has been in operation for almost 15 years and has advanced through turbulent times during a vast array of transformation and restructure across health and social care.

5.3 The original service began as a Big Lottery funded 'Healthy Living Programme' and a small Halton Primary Care Trust 'health promotion' function that was eventually merged to form a health improvement team within Halton and St Helen's PCT. Following the removal of the PCT the service transferred to Bridgewater Community Healthcare NHS Foundation Trust with whom Halton Borough Council (HBC) contracted to deliver local health and wellbeing services.

5.4 The Health and Social Care Act 2012 gave each unitary and upper tier local authority the duty to improve the health of the people in its area as part of new Public Health functions. Ring-fenced grants support delivery of services and local authorities work within a defined structure to achieve a broad remit of aims and objectives. While most other authorities looked to continue commissioning services HBC wanted to further focus resource on a local level.

5.5 In 2014 an innovative and unique proposal, approved by HBC Executive Board, brought HITs in its entirety over to HBC, as a service jointly managed under Public Health and Adult Social Care. The staffing teams were TUPE

transferred over to the Council however some staff retained NHS terms and conditions due in part to the potential negative impact on long-standing pensions.

- 5.6 The introduction of the Care Act 2014 placed emphasis on the concept of 'Wellbeing' and on preventing and delaying the need for more complex care interventions. This cements the health promotion role that HITs undertakes as a key function of the Council's delivery of services to keep its community fit and well.
- 5.7 The work of HIT compliments other services, contracts and partnerships designed to impact on achievement against the Public Health Outcomes Framework (PHOF). The service remit is further governed by National Institute for Health and Care Excellence (NICE) guidance and standards, NHS National Service Frameworks (NSF), Adult Social Care Outcome Framework (ASCOF), and the measures set against a variety of funded project work taken on.
- 5.8 The HIT workforce comprises of a highly skilled staffing body of 54 people, working various patterns of full-time and part-time hours (the hours worked equate to 49.53 full-time equivalent posts). The range of disciplines covered by the activities undertaken is backed by training, and where appropriate registration with professional or accredited bodies.
- 5.9 The team structure allows for specialist and universal roles in order that the wide spectrum of delivery approaches are sustainable. Individual consultations, appointment-based sessions and classes run across the borough in community venues, schools and in people's homes. With Health Trainers based in each of Halton GP surgeries HIT are able to operate as an extension to primary care teams to achieve an effective interface with the public.
- 5.10 HITs operate a 'single point of access' approach to services. This means that whatever referral route is taken the individual's coming into services have access to the full remit of activities and interventions. This enables involvement to achieve number of outcomes, for example, someone starting out on a smoking cessation programme may also wish to access a 'Fresh Start' healthy eating programme. This would not require a second formal referral in order to gain admission to the offer.

## 6.0 EVIDENCE, ANALYSIS AND CONCLUSIONS

### 6.1 Opportunity and access

6.1.1 The Board were provided with a comprehensive overview of the scope and span of programmes offered through the HIT. They were informed that these sat within three main function areas which span the target age ranges of the services:

- **Start Well** – covers infant, early years and children's programmes.
- **Live Well** – under which the majority of work with adults is undertaken.
- **Age Well** – focusses more specifically at older people's needs.

- 6.1.2 Background information was given to provide context and understanding around the evolution of the service. Prior to its integration into the Council workforce the HIT only undertook a small remit of older people's provision. The assimilation completed the life cycle approach under which the service is now represented as an 'Integrated Wellbeing Service'.
- 6.1.3 The HIT is managed by Lisa Taylor, as Divisional Manager, who is in turn managed jointly by Eileen O'Meara, Director of Public Health and Sue Wallace-Bonner, Director of Adult Social Services. This ensures that joint working is embedded into the HIT structure. The Board learnt that HIT also has a strong and supportive relationship with NHS Halton Clinical Commissioning Group (HCCG) and has wide ranging collaborations and contact with statutory, private and voluntary groups across the community.
- 6.1.4 The majority of the work programmes and campaign activity delivered is governed by National Institute for Clinical Excellence (NICE) guidelines, the Adult Social Care Outcomes Framework (ASCOF), the Public Health Outcomes Framework, the five key priority areas set within the Council's 'Health and Wellbeing Strategy', and other Council-led priorities. It was heard that the services' work is intended to be robust, innovative and based on the delivery of evidence-based practice.
- 6.1.5 **Start Well** works under the sub-heading of 'Giving every child in Halton the best start in life'. Activity includes support of infant feeding and breastfeeding; work with families, including a Positive Parenting Programme; support in early years settings and with childminders; and a schedule of work within schools and with school-age children, including the 'Healthy Schools Programme' and a family-focussed 'Fit 4 Life' agenda.
- 6.1.6 **Live Well** centres on 'Helping adults' lead healthier, more active lives'. Here, awareness raising, health checks, screenings, lifestyle changes and direct interventions are delivered upon. Examples of work areas included the establishment of health trainers being based in GP practices; the 'Fresh Start' weight management service; smoking cessation activity; specialist exercise and lifestyle programmes for those with additional health needs such as cancer, respiratory problems or muscular skeletal difficulties; cancer awareness and screening campaigns; mental health awareness and promotion; and education work around the effects and recommended consumption levels of alcohol.
- 6.1.7 **Age Well** is aimed at 'Supporting healthy and active ageing for all Halton residents'. Concerns tackled across this area include loneliness and social isolation through befriending activity and community-based interventions, such as the Monday Lunch Club and the Community Garden; preventative, treatment and rehabilitation programmes for those at risk of falls, who have suffered from a stroke or other physically debilitating illness or condition; training and awareness campaigns, including dementia awareness and screening tools to look at memory loss, risk of falls and loneliness.
- 6.1.8 Key outcome measures for 2016 were presented to the Board from the 'Halton Integrated Wellbeing Service Performance Review – Jan-Dec 2016'. These

indicated an effective throughput of service users and showed that key target outcomes had been met (Some of the notable outcomes presented to the Board can be found in Appendix Three).

- 6.1.9 In addition to the ongoing activity, programmes of work, interventions and targeted campaigns the HIT deliver against a training remit. The Board heard that they operate as an accredited training centre for the Royal Society of Public Health and City and Guilds for provision of a Level 2 qualification in Understanding Health Improvement and a Level 3 Health Trainer Award, respectively. They undertake brief intervention training with local businesses (including health and social care providers), primary care teams and other front-line professionals.
- 6.1.10 The HIT operate a single front-door access point through their dedicated phone line and webpages. Interest and uptake also comes through from other referral points such as Community Nursing, the Midwifery Service, Social Services and GP surgeries. HIT has a team of Health Trainers who regularly based themselves in GP surgeries and who also undertake health checks and screenings within community venues.
- 6.1.11 From attendance at a 'Breathe Better' class it was learned that the HIT have specialist responsibility for dedicated services. The class, involving recovering heart failure patients and those with pulmonary disease forms part of the rehabilitation pathway from hospital care (for more information see site visit report - Appendix Four – Breathe Better).
- 6.1.12 Access to services is determined by individual requirements. Health and social care professionals identify need but also residents themselves. With the 'Fresh Start' programme, people can self-refer and this is often based on the experiences of family or friends (for more information see site visit report – Appendix Five – Fresh Start). Open access programme were seen to form a large part of the dissemination of Public Health messages.
- 6.1.13 Community-based venues are utilised for the majority of programmes and a split between Runcorn and Widnes was identified. The HIT acknowledged a reliance on people coming to them, with the exception of activities like home-based breastfeeding support and schools programmes. This suggests that those with mobility or transport needs could be in danger of finding services inaccessible. Planned work to overcome barriers to access is already underway, and includes:
- Collaborative work within residential care homes;
  - A closer relationship with Care Management teams for signposting and early intervention;
  - A recently appointed post – Health and Wellbeing Officer (Housing) - which is co-funded via Halton Housing, Adult Social Care, and Halton CCG, and aimed at permeating hard-to-reach and home-bound audiences.
- 6.1.14 Monitoring takes place to ensure that services are full utilised. Some activity was cited as seasonally fluctuating. Where downturns in attendance are identified the HIT will look to review the provision.

## Conclusions

6.1.15 The range and depth of activity and scheduled work undertaken by the HIT was well received by the Board. The life span approach to health and wellbeing, combined with targeted interventions, were applauded and felt to be an asset to the residents of Halton.

6.1.16 Service gaps and changes in priorities were recognised and accounted for and while some service access deficits were identified work is already planned to meet needs.

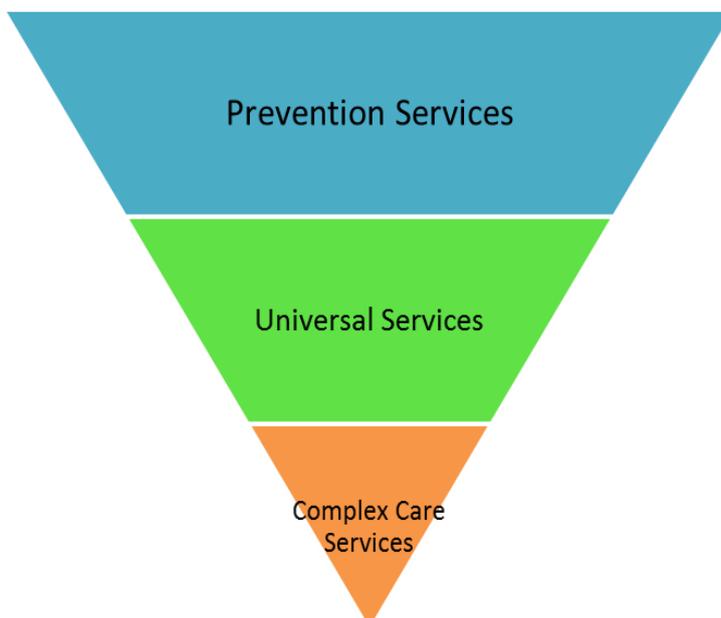
## 6.2 Working to a prevention model

6.2.1 The Care Act 2014 represented the most significant change to social care legislation in the past 60 years. A renewed and duty-driven focus on prevention and delay of needs was welcomed by the HIT as a large proportion of their work revolves around early intervention, health and wellbeing education and lifestyle changes.

6.2.3 The Board learnt how the services offered through HIT have the potential to impact positively on the 'prevention agenda'. It was stated that the service transferred to the Council to coincide with the legislative changes under the Care Act. In addition it coincided with the transition of Public Health services into local government.

6.2.4 Since transferring to the Council the HIT service offer has evolved and expanded. This was cited as a planned approach aimed at steering the flow of health and social care services towards a more proactive regime which emphasizes prevention and early intervention. A demand management model (see figure 1.1 below) was submitted to represent a repositioning of focus to ensure that not only are people living healthy lives but also that health and social care resource is effectively allocated:

Figure 1.1



- 6.2.5 While the main focus of the HIT sits within the concerns of Prevention Services it was conveyed that ongoing effort is being made to assure links with Universal (including Primary Care, signposting and low level social care support) and Complex Care Services (where more intense packages of care might be commissioned or hospital admission might be required). Partnership working was seen to be a key feature of the achievements of the HIT. This is aided by the community presence evident in their offer but also through active and ongoing relationship building.
- 6.2.6 A pilot programme was highlighted to evidence the service impact on prevention. This involved follow-up calls to routine issue of cancer screening kits. The pilot was based on the premise that early detection of cancer is pivotal to effective treatment. For this particular piece of work the HIT looked at bowel cancer screening kits, posted to people following their 60<sup>th</sup> birthday. Personal contact was made with those who failed to return their kit and a 10% increase in involvement was achieved.
- 6.2.7 Another programme – the Impaired Glucose Regulation Programme – was showcased. This involved work with GPs to identify and work with those who have raised glucose levels in blood tests and who may be considered ‘pre-diabetic’. Intervention involved looking at healthier lifestyle choices.
- 6.2.8 In respect of older people’s need a newly appointed Practice Manager to the HIT presented to the Board on a future vision for the Age Well service. This centres on prevention and delay of need with plans to work more closely with the Council’s Reablement, Social Care in Practice and Hospital Discharge teams on issues of frailty, falls prevention, social isolation and dementia screening. The aim would be to make a cultural shift away from ‘crisis management’ to concentrate on enabling independence and rehabilitation.

## *Conclusions*

- 6.2.9 It is acknowledged that preventing and delaying the need for more complex care and support is a priority that involves continued intervention. The Board were in agreement that long-term sustainability of the HIT is needed to ensure that the prevention agenda is effective.
- 6.2.10 It was widely recognised that Halton, as a borough, has some inherent health and wellbeing issues. The coverage of HIT services across a life-span approach is supported by the Board as an effective mechanism for embedding long-term cultural changes.

## **6.3 Service funding**

- 6.3.1 A reoccurring theme throughout the topic groups involved recognition that funding for Health Improvement, from the Public Health budget, will see its ring-fence removed on 31<sup>st</sup> March 2019. This is a national concern with the potential that investment in health improvement services is diminished in the light of continued financial pressures across local government.

- 6.3.2 Within Halton the primary source of funding for the HIT comes from the ring-fenced Public Health budget. Other funding is received through adult social care, on an incremental and informal basis from NHS HCCG and grant-based project and activity is undertaken to fit with community priorities and available resource.
- 6.3.2 The HIT currently make nominal charges for some services, such as exercise classes within their lifestyle programmes. These are made directly to the service user and it has been found that charging can, in some instances, assure commitment to a programme of activity.
- 6.3.4 Charges made are used as revenue to sustain and develop HIT services. While the HIT try to use free-of-charge venues for the community-based activities they do on occasion have to use chargeable ones in order to ensure a spread of access points across the borough. Some of the fees are therefore used to boost the spread of location covered.
- 6.3.5 Income generation is actively sought through funding bids and contract work. A more recent award of £75,000 was referred to in respect of work to be undertaken to tackle the prevalence of smoking during pregnancy. It was stated that contract work and grant funding has generated over £125,000 for the HIT service during 2016/17.
- 6.3.6 The Healthy Schools Programme was highlighted as a particular success within Halton with 100% of schools being signed up. This revolves around a core programme of activity with a menu of additional support (covered Personal, Social and Health Education [PSHE], Weight Management programmes and school meals intervention) to meet localised needs. It was noted that schools programmes are currently not charged for, including work with Academies.
- 6.3.7 As part of their training arm of their activity the HIT charge local businesses, pharmacies (through the CCG) and the Fire Service for development sessions. It was not indicated that the charges made were based on a formally constituted pricing structure.
- 6.3.8 The role the HIT play in delivering against NHS HCCG objectives was widely recognised and celebrated within the topic group review. It was acknowledged by Public Health and the NHS HCCG that the HIT have a role to play in proposed 'Accountable Care Systems', set to see a greater alignment of "responsibility for resources and population health"<sup>1</sup> through delivery against Sustainability and Transformation Plans. Working arrangements between HIT and the NHS HCCG and are not currently formalised.

## *Conclusions*

- 6.3.9 Concerns were raised over the future of funding for the HIT services. A number of routes and options were indicated for consideration in respect of partnership arrangements and service charges.

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<sup>1</sup> <http://healthcareleadernews.com/article/what's-difference-between-ac-s-and-aco>

## 6.4 Promoting Services and engaging with appropriate networks

- 6.4.1 The Board heard that the HIT work with care management, trading standards, primary care, voluntary and third-sector groups, schools, private sector organisations and have representation on relevant committees, networks and boards (including the Transport Reference Group, Partners in Prevention, the NHS HCCG Service Development Committee, the Older People's Pathway Group, the Transforming Domiciliary Care Board and many others). Collaborative working was revealed to be paramount to achieving the reach of the service.
- 6.4.2 The integral need for the HIT to work in partnership with others was further expanded upon by Eileen O'Meara, Director of Public Health. She confirmed that Health Improvement forms one strand of the delivery requirements placed on Public Health. Within that strand the HIT are a focal point for achievement of designated Health Improvement outcomes but these are also impacted on through a range of other services and providers.
- 6.4.3 During the period of topic group attendance was made to the Active Halton Steering Group. This group is chaired by Lisa Taylor with the aim of raising levels of physical activity across the borough through the utilisation of existing resource, provision mapping and combined working. It brings together officers from across Council services and more widely from providers commissioned against a specific health and wellbeing remit. Representation on the group includes health improvement specialists, leisure services, sports development, early years and play co-ordinators, schools improvement, the youth parliament and Young Addaction. It was noted that the partners worked well together, sharing and re-directing resources towards needs.
- 6.4.5 Campaign activity forms a large part of the HIT remit, together with rolling programmes aimed at lifestyle changes and the management of long-term conditions as well as project work. Campaigns cover a wide range of health messages as defined by Public Health priorities including smoking cessation, alcohol awareness, cancer awareness and screening, general and targeted health checks, and mental health awareness. The HIT also undertake seasonal and focussed campaign activity such as the promotion winter flu jabs through to a full schedule of events for 'Older People's Week'. While many of these campaigns also require planning and delivery in conjunction with other services (for example Primary Care) the foremost need is to achieve public engagement. To this end the Board were familiarised with the marketing function of the HIT service. While the Council operate a consolidated marketing 'Centre of Excellence' the HIT has been afforded the opportunity to retain a dedicated marketing function to fulfil the demand to achieve a prominent public presence.
- 6.4.6 Targeted marketing and promotional materials were presented to the Board. These were represented by a range of posters, leaflets and other print materials and promotional items. The Board also heard about the use of the print media and the increasing value of social media. Interactive methods of conveying health messages, such as physical quantities of sugar to show the

content in certain drinks, are regularly employed and personal contact is made to reinforce messages and stimulate action.

- 6.4.7 The Board asked about Elected Member involvement in events and determined a gap in connections made.
- 6.4.8 Marketing within the HIT forms a strategic part of the success of the service. An example was presented in respect of planned campaigns to raise awareness around both flu and sepsis. Planned messages have been staggered over a time span to ensure that similar symptoms but different courses of action are not confused.
- 6.4.9 The reputation of the HIT service was cited as an essential factor in the success of their work, from people acting on awareness raising messages to referrals being made into services to their partnerships and collaboration. Halton OPEN, as Halton's older people's advocate group, referred to that fact that "information is one of the key concerns which older people worry about" and credited the HIT in facilitating their participation and 'voice' in relevant forums. Praise from other service areas presenting to the Board was directed at the HIT.
- 6.4.10 The audiences reached by campaigns, intervention and activities were applauded as extensive. The segmented approach of the three components of work area (Start Well, Live Well, Age Well) were challenged in respect of crossover. Intergenerational work was revealed as a potential area for further exploration. Confirmation was given that opportunities have been explored, particularly between early year's age children interacting with older people and would be taken forward as part of future plans. It was suggested that such activity had previously been held up by risk assessment requirements.

## *Conclusions*

- 6.4.11 The HIT impact on a broad range of outcomes but they do not do this in isolation and effective relationships, public engagement, networking and strategic planning are vital to their success. This need continued effort and exploration of opportunities.

## 6.5 Service impact and influence

- 6.5.1 The majority of services the HIT undertake are based on a mandatory programme of delivery which is held to national measures. Primarily this involves monitoring against the PHOF with reports being submitted to the Department of Health, who in term audit the service performance. The service also impacts on the ASCOF and other Council-led priorities. Key outcomes for 2016 are further highlighted in Appendix Three.
- 6.5.2 The services delivered are benchmarked against various standards and performance criteria according to Public Health and local concerns. It was explained to The Board that this includes standards issued by the NICE as well as more specific requirements such as the Healthy Early Years Standards, work towards the Tobacco Control Agenda and the Suicide Safe Agenda, and the Gold Standards Model for the Age Well Exercise Programmes.

- 6.5.3 Figures captured towards monitoring services were explained to include referrals to different areas of service, advice and information given, uptake of activity and attendance at events. While performance measures are a requirement of the funding stream the Board learned that a more holistic philosophy underpins services delivered. This revolves around 'making every contact count', where any intervention, no matter how brief, is seen as invaluable to longer-term engagement.
- 6.5.4 An example of the effect of the 'making every contact count' approach was given around a HIT stall at the Vintage Rally in 2016. A lady who stopped to speak to the team was encouraged to have a mark on her hand looked at by the mobile cancer screening service, a Bridgewater Community Healthcare service also in attendance at the event. She declined and was signposted to her GP; her contact details were taken. The lady came back later in the day and asked if she could be accompanied to the screening. The mark on her hand turned out to be cancerous for which she required further treatment.
- 6.5.5 Feedback from the attendance at scheduled activity (Appendix Four and Five) illustrated the value and regard placed on services by individuals who use them. The encouragement and support given by team members was greeted with enthusiasm and commitment from participants. Comment was made by Cllr Horabin, of her attendance to the 'Fresh Start' sessions that the candidness of discussions was heart-warming. She felt that people were able to not only break down habit but overcome social barriers to achieve their goals. She cited the peer support element of the sessions as a key motivator.
- 6.5.6 The HIT explained their approach as a flexible one where activity is often widened to ensure uptake of core programmes. Details were given of a volunteer recruitment event held by the Sure Start to Later Life service. This resulted in a number of volunteers coming forward who are to be utilised to support transportation to older people's medical appointments. This activity aims to impact on the wellbeing of frail and house-bound older people. The event also resulted in a number of referrals to other areas of service.
- 6.5.7 As explored in Section 6.4 the inter-service and cross organisational contact made by the HIT reflects good opportunity for influence. This supports the work of the HIT and additionally impacts on wider agendas. The associations and connections made furthermore provide opportunity for additional work and associated funding.

## *Conclusions*

- 6.5.8 Being held to defined measures the HIT are inherently results driven. Their status and standing with both the public and partners is further testament to their impact and influence.

## 7.0 OVERALL CONCLUSION AND RECOMMENDATIONS TO HEALTH PPB

The Board found the review interesting and informative. They established that the HIT was a well-run, effectively structured and widely respected service. Recommendations made by the Board revolve around minimal service improvement opportunities but identify a clear need for wider strategic focus on maintaining services into the future.

Recommendations to the Health PPB:

1. There is a clear requirement to open up discussion around maintaining the funding of HIT to ensure services are sustainable following the removal of ring-fenced budgets.
2. An audit of certain health improvement services should be considered in relation to looking at charges made and the ability to sustain the broad range of activity.
3. Endorsement is given to current and planned collaborations, cross-agency and multi-disciplinary working (including HIT work with Care Management and the housing sector).
4. Reciprocal information sharing need to be further established between HIT and relevant Ward Councillors to enable communication and engagement across their wards.
5. The booking of venues for HIT activity should include consideration being made to costs (where possible free-of-charge venues should be utilised), disability access and transport links.
6. Continued effort should be made to explore opportunities for intergenerational activity which impacts on the health and wellbeing of residents of Halton.

## Appendix 1: Scrutiny Topic Brief

<b>Topic Title:</b>	Health Improvement Team
<b>Officer Lead:</b>	Lisa Taylor – Divisional Manager – Health Improvement
<b>Planned Start Date:</b>	June 2017
<b>Target PPB Meeting:</b>	March 2018

### Topic Description and Scope:

The Health Improvement Team service will be examined as the topic for this scrutiny. The study will look at the work of the division, its contribution to health and wellbeing outcomes, how priorities are determined, what performance measures are made and how success is celebrated. The Board will look to propose service improvements recommendations and evaluate the impact of the team's activities and interventions against the needs of the local population.

### Why this topic was chosen:

The Health Policy and Performance Board wish to better understand the Health Improvement Team (HITs) and its role in improving health outcomes for the borough.

The division transferred (TUPE) from Bridgewater NHS Trust into Halton Borough Council in October 2014 as part of the Council's devolved Public Health remit. The work areas delivered upon by the division come under a ring-fenced budget as part of the Public Health grant.

The relocation of the division coincided with the implementation of the Care Act 2014 which put the concept of 'Wellbeing' into statute and entrusted local authorities with further responsibilities for the prevention and delay or care and support needs.

In 2015 Halton was 13<sup>th</sup> (out of 326 local authorities nationally) for Health Deprivation and Disability. The measure looks at risk of premature death and the impairment of quality of life through poor physical or mental health. (HBC Customer Intelligence Unit)

The Health Improvement Team deliver educational interventions, campaigns and tailored programmes designed to enable Halton residents to 'Start Well', 'Live Well' and 'Age Well'. The life-span approach adopted by the division sees workers deliver community-based provision aimed at improving outcomes related nutrition, exercise, lifestyle and wellbeing choices.

The division works in partnership with health and social care services across Halton to provide integrated health and wellbeing services. They have built collaborative relationships with key third sector partners enabling a cooperative approach to community engagement. Their work contributes to a multi-faceted approach to public health and is governed by national indicators.

The Board will examine areas of the adults' services provided by HITs focussing in on a number of areas of provision.

**Key outputs and outcomes sought:**

- To understand the range and scope of interventions, activities and campaigns delivered through the Health Improvement Team service (HITs), including pathways into service.
- To appreciate how service priorities are identified and analyse any gaps in service against the health and wellbeing concern across the borough.
- To examine current performance data and explore the impact measures the service utilises to measure success.
- To consider how services are promoted and celebrated, including how public engagement is achieved.
- To reflect on the contribution the service makes to the Council's Public Health remit.
- To observe how well the HITs interacts and compliments with other health and social care services across the borough, including partnership work with other agencies and the third sector.
- To consider the impact of changes in legislation (including the Care Act 2014) in shaping the service offer.
- To compare and benchmark the service offer with other best practice delivery models.
- To offer constructive input into the future direction of the service.

**Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will be help to achieve:**

**A Healthy Halton – To improve the health and wellbeing of Halton people so they live longer, healthier and happier lives**

- To understand fully the causes of ill health in Halton and act together to improve the overall health and well-being of local people.
- To respond to the needs of an ageing population improving their quality of life and thus enabling them to lead longer, active and more fulfilled lives.
- To remove barriers that disabled people face and contribute to poor health by working across partnerships to address the wider determinants of health such as unemployment, education and skills, housing, crime and environment.
- To improve access to health services, including primary care.

**Nature of expected/ desired PPB input:**

Member-led scrutiny review of the Health Improvement Team service and the difference it makes to the health and wellbeing of local residents.

**Preferred mode of operation:**

- Meetings with/presentations from relevant officers from within the Council and partner agencies to examine current services.
- Visit to community-based intervention sessions.
- Interviews with those who have accessed services.
- Desk top research in relation to outcome measures and best practice delivery methods.

## Appendix 2: Schedule of Activity

Topic: Health Improvement Team Services

Meeting	Action	Objective/Outcome	Responsible Persons
Wednesday 14 <sup>th</sup> June – 5.30-7.30pm – Committee Room 1	Overview of Services / Annual Report	<ul style="list-style-type: none"> <li>To understand the range and scope of interventions, activities and campaigns delivered through the Health Improvement Team service (HITs), including pathways into service.</li> <li>To compare and benchmark with other best practice delivery models.</li> <li>To appreciate how service priorities are identified and analyse any gaps in service against the health and wellbeing concern across the borough.</li> <li>To consider the impact of changes in legislation (including the Care Act 2014) in shaping the service offer.</li> </ul>	Lisa Taylor
Tuesday 20 <sup>th</sup> June – Board Meeting	Board formally agree of Topic Brief		Chair
Tuesday 4 <sup>th</sup> July – 5.30- 7.30pm – Committee Room 1	Public Health	<ul style="list-style-type: none"> <li>To examine current performance data and explore the impact measures the service utilises to measure success.</li> <li>To reflect on the contribution the service makes to the Council's Public Health remit.</li> </ul>	Eileen O'Meara
18 July	Active Halton Steering Group Meeting	<ul style="list-style-type: none"> <li>To observe how well the HITs interacts and compliments with other health and social care services across the borough, including partnership work with other agencies and the third sector.</li> <li>To compare and benchmark with other best practice delivery models.</li> </ul>	Cllr Pauline Sinnott
Wednesday 2 <sup>nd</sup> August –	HIT impact on the business of Adult Social Care Services	<ul style="list-style-type: none"> <li>To observe how well the HITs interacts and compliments with other health and social care services across the borough,</li> </ul>	Marie Lynch – Divisional Manager –

5.30-7.30 – Committee Room 1		<p>including partnership work with other agencies and the third sector.</p> <ul style="list-style-type: none"> <li>• To compare and benchmark with other best practice delivery models.</li> <li>• To consider how services are promoted and celebrated, including how public engagement is achieved.</li> </ul>	Care Management
13 September – Brookvale Community Centre	Site visit – ‘Breathe Better’	<ul style="list-style-type: none"> <li>• To understand the range and scope of interventions, activities and campaigns delivered through the Health Improvement Team service (HITs), including pathways into service.</li> </ul>	Cllr Martha Lloyd-Jones
Wednesday 13 <sup>th</sup> September – 5.30-7.30pm – Committee Room 1	Community Engagement	<ul style="list-style-type: none"> <li>• To consider how services are promoted and celebrated, including how public engagement is achieved.</li> </ul>	Val Anderton, Health Improvement Team Marketing and Communications Officer
20 <sup>th</sup> and 27 <sup>th</sup> September - Runcorn Fire Station	Site visit – ‘Fresh Start’	<ul style="list-style-type: none"> <li>• To understand the range and scope of interventions, activities and campaigns delivered through the Health Improvement Team service (HITs), including pathways into service.</li> </ul>	Cllr Margaret Horabin
Tuesday 3 <sup>rd</sup> October – 5.30-7.30pm – Committee Room 1	<ol style="list-style-type: none"> <li>1. HIT impact on the business of Halton CCG</li> <li>2. Focus on Age Well</li> </ol>	<ul style="list-style-type: none"> <li>• To observe how well the HITs interacts and compliments with other health and social care services across the borough, including partnership work with other agencies and the third sector.</li> <li>• To compare and benchmark with other best practice delivery models.</li> <li>• To consider how services are promoted and celebrated, including how public engagement is achieved.</li> </ul>	<ol style="list-style-type: none"> <li>1. Dave Sweeney – Interim Chief Officer – Halton CCG</li> <li>2. Zoe McEvoy, Practice Manager, Age Well</li> </ol>
Wednesday 8 <sup>th</sup>	1. Partnership Working	<ul style="list-style-type: none"> <li>• To observe how well the HITs interacts and compliments with</li> </ul>	1. Richard

<p>November – 5.30-7.30pm – Committee Room 1</p>	<p>2. Review and recommendations</p>	<p>other health and social care services across the borough, including partnership work with other agencies and the third sector.</p> <ul style="list-style-type: none"> <li>• To offer constructive input into the future direction of the service.</li> </ul>	<p>Ashworth, Halton Older People’s Empowerment Network (OPEN)</p> <p>2. Chair</p>
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## Appendix Three - Health Improvement Team - Key Outcomes 2016



Pupils engaged in Healthitude programme



School children aged 7-16 engaged in Fit4Life schools programme



Schools engaged in Healthy Schools Initiative



Reduction in under 18 alcohol admissions since 2007 (to 2014)



1605 women supported to breastfeed their babies



Families engaged in Introducing Solid Foods with 90% introducing solids to their baby after 5 months



144 vulnerable families supported



1173

NHS Health Checks carried out in GP practices, workplaces and the community

A pink circle containing a white icon of a scale.

1021

New Weight Management clients with 75% losing weight at 6 months (combined service with 5BP)

A light blue circle containing a white icon of a person running.

277

People with long term conditions engaged in specialist exercise classes

637

IGR (Impaired Glucose Regulation) referrals received

A green circle containing a white icon of a cigarette with a red prohibition sign over it.

919

Clients set a quit date with our Stop Smoking Service

A lime green circle containing a white icon of an upward-pointing arrow.

60.8%

Stop Smoking Quit Rate - up from 55%

596

Residents and Front Line Professionals received alcohol awareness training or IBA

1691

People engaged with around early detection of cancer and screening



750

Residents engaged in Halton Falls Service with 200 attending Age Well Exercise



2515 People attended trips & day trips organised through Sure Start to Later Life service

192

IT Support sessions delivered to people in their own homes

575

Older, lonely & vulnerable adults attended 8 Grangeway Get Together events

84

2515 People attended trips & day trips organised through Sure Start to Later Life service

936 hours

Front Line Professionals received Age Well Awareness training

## Appendix Four – site visit – ‘Breathe Better’

### Health Policy and Performance Board – Scrutiny Group

**Topic:** Health Improvement Team

**Site Visit:** ‘Breathe Better’

**Date/Times:** Wednesday 13<sup>th</sup> September -2.30 to 3.30pm

**Venue:** Brookvale Community Centre

The service takes referrals from the hospitals for heart failure and pulmonary disease patients, following initial treatment. The class provides gentle exercise with a view of participants being signposted on to community provision at the end of their rehabilitation period.

Cllr Martha Lloyd-Jones attended the session on Wednesday 13<sup>th</sup> September 2017 to gain insight into the provision and speak with attendees.

The session was facilitated by HIT employee Paul Johnson. Paul gave an overview of the session, explaining that the ultimate aim is to refer people on to community provision: “We get community timetables from Paula Parle (Sports Development). These programmes are used as an exit route for our classes. This session is like a stop-gap between clinical and community support and forms part of their rehabilitation.” Paul explained that the sessions form part of movement away from clinical intervention and give people the confidence to overcome the mental barriers to doing exercise following on from heart failure or other conditions.

Classes run weekly and are charged at £2.50 per session. Participants are reviewed at a 10-week and six-month period and routing will be made at these points dependant on suitable progression. Paul said that there used to be a questionnaire but now progress is measured more actively with ‘shuttle run’ tests and ‘sit-to-stand’ tests.

Paul clarified that the charge for the sessions supports attendance. “We used to charge after an initial 10-week period but people tended to drop-off. By charging from the start they tend to commit.”

The class attended had six participants. Paul said that currently he has 23 people on the register and attendance is commonly 12-14 people. He explained that where people don’t attend for a few sessions follow-up will be done to find out the reason for this and how they might be better supported. He indicated that referrals can be sporadic but the rolling nature of the programme ensures some attendance at any one time. Referrals all relate to Halton residents but may come from Halton, Warrington or Whiston Hospital. GP referrals are also made to the classes however Paul spoke of the majority of GP referrals going to Weight Management Programmes upon which HIT might re-refer internally to the class dependant on need.

He explained that the intensity of the session is individualised to the attendees who work with weights and resistance bands, amongst other equipment, as appropriate. Music is used to slow and fasten the pace of exercise and Paul established that session content varies to keep interest. The low-impact exercise being undertaken included walking, stretches and gentle endurance activity. Paul described that some of the exercises he was including in the session were also used in Falls Prevention classes to build stamina and balance.

The session was informal and relaxed and Paul indicated that when the HIT took on the service (from the hospitals) it was thought that heart monitors might be used. A decision was taken against this as it was felt too clinical and Paul suggested: “participants would be too fixated on numbers.”

Participants were complimentary of the classes. K, who has been coming for a number of years, said that he has tried to access a 'walking football' group but is unable to get onto a group at present. Paul confirmed that the walking football comes under Sports Development rather than HIT and that K is accommodated within the class over the long-term as capacity is available for him to do that.

L said she was originally referred four years ago. She attended that class for a while and then stopped. Around six months ago she asked her GP to re-refer her into the sessions believing she would benefit at that time. She lives just two bus stops away from the Community Centre and she stressed that, as a person who lives on her own, the class provide her with social contact as well as the exercise. She has angina, arthritis and is waiting to hear if she is to be referred for a hip replacement. On being asked she stated that she did not practice any of the exercises at home, outside of the class. She confirmed however: "It definitely helps me. I do what I can but my hip is aggravated at the moment. Paul is fantastic; he always asks me about my health."

J, from Beechwood, was referred from Halton Hospital around three years ago. He suffered Atrial Fibrillation (AF) and was fitted with a pacemaker/defibrillator, upon which he is dependant. He explained that he completed six months of rehabilitation with the hospital before being transferred to this service. Outside of the group he walks his dogs but said that he did no additional exercise. He said that he has previously had a hip replacement and needs a knee replacement but a full anaesthetic creates risk with the pacemaker. He expressed that the class was accessible to him and suited his needs.

Cllr Lloyd-Jones asked Paul if there was similar provision in Widnes. Paul said there is but said that this group was less sociable at first. He said that a lot of encouraged was made for participants to engage with each other after the class. Some of the shared experiences have helped, for example, where certain medications have been tried by someone else and another person might then be able to take this information back to their GP.

She questioned Paul about exit routes, noting that some of the participants in today's session had been coming a long time. Difficulties with local provision were cited as one of the reasons people continued to attend. Paul said that the gym at Brookvale Leisure Centre is not staffed and this can create a real barrier to people with heart conditions as there's no on-hand advice or emergency first aid.

Paul said that there are plans to move this class to the Fire Station. He said that the facilities there are more like a gym and this allows attendees to get used to this equipment, with a view to moving on to a community gym. The Fire Station is also offer to HIT for free while the Community Centre is paid for. With classes at the Fire Station, Paul explained, there is a more natural exit route to the gym at the Heath which is staffed. Paul had floated the idea with participants of this session and they had responded well. "They were positive about the proposed change but a little fearful that there might be an expectation of them to use the equipment," he said, reinforcing that they would be support with the transition.

## Appendix Five – site visit – ‘Fresh Start’

### Health Policy and Performance Board – Scrutiny Group

**Topic:** Health Improvement Team

**Site Visit:** ‘Fresh Start’

**Date/Times:** Wednesdays -10.30am to 12pm

**Venue:** Runcorn Fire Station

This programme is one of a number run across the borough, held throughout the week, aimed at healthy lifestyles and weight management. The service area predominantly takes its participants through from GPs, Practice Nurses or self-generated referrals but will accommodate anyone who lives or works in Halton. The ‘Fresh Start’ programme is free and lasts for 10 weeks, after this time attendees can continue to take part for a further 6 months, in the form of ‘Next Steps’, at a cost of £2.50 per session.

The ‘Fresh Start’ sessions involve educational input followed by a period of exercise. Sessions last an hour and a half and participants have a ‘weigh-in’ at the start of each class so that their progress is logged. Those continuing onto the ‘Next Steps’ join the session after the learning takes place; to avoid duplication. Numbers in attendance are dependent on the venue capacity but the health trainers running this session stated that they have had up to 16 people involve at any one time. The HIT support sessions with online information and advice, including healthy option recipes.

Cllr Margaret Horabin attended two consecutive weekly sessions. The programme runs on a rolling basis and sees people step onto and out of the sessions to cover their allocated 10 week period.

The first session attended, on Wednesday 20<sup>th</sup> September, had just three participants and was facilitated by two HIT members, Kerry and Andy. The educational section of the sessions revolved around ‘Eating Out’. Consideration and exploration was made around the behavioural influences of people’s choices. The group were asked why they made certain decisions about what to eat and why. In reflection of take away meals the group suggested they opt for these because they are ‘tasty’, ‘easy’, ‘convenient’ and made use of ‘when you get home and you don’t want to be bothered.’

The group also reflected on ‘ready meals’. Participant T said that he used them to control his portion size and always looks for the traffic light signals on the packaging. The two trainers warned of high salt content in ready meals which are used to prolong shelf life. Another attendee, D, corroborated this with her opinion that: “you wouldn’t make a Sunday dinner and expect to keep in the fridge for two weeks.” The trainers went on to further explain the traffic light systems can be misleading and that people should instead be looking for the content per 100g. “Sometimes it will be all green but that might be per quarter pack,” Kerry reinforced.

The group shared the triumphs and tribulations of their week. T said, “I was walking past Greggs the other day and I fancied something sweet but I walked past. I used to be in Weight Watchers and I remember then saying ‘nothing tastes as sweet as weight loss. It felt good to walk away.” He was praised for his achievement. The trainers were encouraging and supportive advocating little steps and incremental

lifestyle changes to rather than deprivation approaches. They looked at a visual representation of different foods and how they fill you up as well as the cycles of peaks and slumps created by quick sugar fixes and how this leads to cravings and feelings of hunger more quickly.

D expressed her concern that she was to be on holiday next week, "I'm panicking because I know what I'm like." She was advised to set small goals such as going for an extra walk or having dessert with her meal only every other night.

Group members D and A have only attended for a fortnight but have both seen a drop in their blood pressure already. They put this down to the increased activity rate as well as the changes to their diets. They, along with T, enthusiastically joined in the exercise element of the session, warming up with 10 minutes on either an exercise bike or treadmill before commencing circuit training, as set up by Kerry.

On Wednesday 27<sup>th</sup> September just two attendees were present at the session. Andy, one of the two facilitators explained that there are peaks and troughs in attendance, particularly seasonal, so they do tend to average out at a decent number. He said that were sessions really aren't working or started to drop-off the HIT would look to relocate or change times.

Jason, the other facilitator, led the learning session. He gave out 'Food Shopping Cards' which explained the traffic light system seen on many convenience foods. This sets out the content per 100g which denotes which colour level the food is at for fats, saturated fats, sugar and salt. The group discussed 'good' fats and 'bad' fats, the effects of salt on blood pressure and the dangers of fast release energy sources. Attendee T told the group that one of his motivators for joining the session was a 'borderline diabetic' prognosis from his GP. T explained that he's currently also under a nutritionist and has signed up for some cookery classes.

In order to test out the participants' understanding of the system Jason gave out food labels highlighting alternative choices. These looked at Cheddar cheese versus cottage cheese, baked crisps versus ordinary fried crisps and a sugar-coated breakfast cereal versus a wheat-based one. This generated discussion and reiterated the need to look at the 'per 100g' content.

Following the educational input the group did their exercise session. Today this involved a variation on the gameshow 'Play Your Cards Right'. Jason sent out a series of playing cards which group members had to guess whether the next was 'higher' or 'lower'. Where they got it right the number on the card indicated the number of repetitions of a particular exercise; where they got it wrong they would do a minute of a particular exercise. The activity kept their interest and built a sense of teamwork.