

Directorate Performance Overview Report

Directorate: People Directorate (ASC – Public Health)

Reporting Period: Quarter 1 - 1st April 2019 to 30th June 2019

1.0 Introduction

1.1 This report provides an overview of issues and progress within the Directorate that have occurred during the first quarter.

2.0 Key Developments

2.1 There have been a number of developments within the Directorate during the first quarter which include:

Adult Social Care:

Mental Health Services:

Developing the use of the Mental Health Resource Centre in Vine Street, Widnes: following the successful redevelopment of the Mental Health Resource Centre in Vine Street, services continue to be developed as part of the process of delivering a more comprehensive mental health service for local residents. The intention remains to develop a 24-hour crisis service from the building in partnership with the CCG, which would help to provide faster support for people and would ensure that they receive timely and appropriate support.

Debt Management:

In February 2017 Halton Borough Council was owed a substantial amount of money in payments relating to assessed charges for care for a number of service users. A report was submitted at this time outlining a proposal to use invest to save money to fund a community care worker post to address the issues relating. The debt recovery project has been running for some time now.

A community care worker is in post, and was appointed a year ago currently funded for 2 years out of invest to save monies. The role has cemented the processes established as part of the debt recovery project and has been able to support adults identified through this process to have access to safeguarding processes, assessments, review and ensure that they have the support that they need to manage their own financial affairs and reduce the stress and anxiety related to challenges that they have had in managing their financial affairs.

As anticipated one of the main side benefits of the role is in relation to ensuring debt is recovered and there has been a marked impact on total debt seeing a sustained reduction in the total debt over the past 6 months as outlined above. In May 2019, HBC internal audit completed and audit of the debt recovery process. While a number of

recommendations from this audit, the point of most relevance to this report is the acknowledgement of the critical role that the community care worker role has had in supporting the debt recovery process, particularly in preventing inappropriate referrals through to the legal debt recovery team as well as the obvious successes in managing the overall size of debt owed to the council.

The community care worker has identified that a significant proportion of accrued debt could be prevented at an early stage by ensuring that conversations are held with people who have been admitted to 24 hour care (or their families) at an early stage in the their admission.

The role of the community care worker in this process was as part of a wider range of preventative measures aimed at slowing or reducing the amount of new debt accrued and dealing with this in the most effective manner once it was identified that debt had begun to build up. The community care workers focus is on using debt as an indicator of possible underlying social problems and following an initial fact funding process engaging in Care Act assessment and review if required. However the post has proved successful and a proposal is being taken forward to create a permanent post.

Public Health

Halton have contributed to a successful bid through the Cheshire and Mersey Cancer Prevention Group, a subgroup of the Cancer Alliance, and been awarded over £1.2million to implement activities to improve uptake of cancer screening programmes, these will include a cervical screening text message reminder service as well as a programme to target those who do not respond to screening invites, and those who following attendance at screening, fail to follow up when referred for further investigations.

3.0 Emerging Issues

Adult Social Care

Mental Health Services - national developments:

Work continues nationally to develop and publish a new Mental Health Act, although this has been taken over by more recent political priorities. The work on developing the Act has been supported by a range of social care organisations, including the Association of Directors of Adult Social Services, the British Association of Social Workers and the national AMHP leads group.

The role of social work within mental health services has recently been scrutinised by the All-Party Parliamentary Group on Social Work; this group has made a number of recommendations designed to promote the role of the social model of mental health in the new legislation, and the central role of social work within this as experts in working within this model.

At the same time, a new national workforce plan for the Approved Mental Health Practitioner role has been issued in draft, and is due to be finalised shortly. This aims to improve the working conditions for AMHPs, improve recruitment and retention, develop consistent training across the country and promote the role within multidisciplinary mental health working.

Launch date announced for specialist social work regulator

At a national Association of Directors of Children's Services conference, the Minister for Children and Families, Nadhim Zahawi has announced Monday 2 December 2019 as the date when Social Work England will take over from the [Health and Care Professions Council](#) (HCPC) as the new social work regulator.

In preparation for the announcement, significant progress has been made to ensure a smooth and safe transition for social workers. Social Work England will become the new regulator later this year subject to this successful development continuing.

Speaking about the announcement, Colum Conway, Chief Executive of Social Work England, said: "We are delighted to be able to announce that we will soon become the new specialist regulator for social workers. As a social worker, I understand the positive impact that professionals have on millions of people. I also understand the complexity of the work and the competing priorities in the role. That is why we are putting collaborative working at the heart of all we do and our recent consultation on rules and standards was just one example of this. "Over the course of the year we will continue to work with the HCPC to ensure an efficient and smooth transition. We are also committed to exploring new approaches that offer responsive and proportionate regulation – empowering professionals to be the very best they can be."

Marc Seale, Chief Executive of HCPC, said: "We will continue to work closely with Social Work England to ensure there will be a smooth transition. Good progress has been made so far, and this will continue until the regulatory functions are effectively transferred. Until that time, we are committed to regulating the profession and delivering our core purpose of public protection. We will also ensure that our work on the regulation of the 15 other professions remains unaffected by our focus on the transfer of social workers."

Public Health

Nationally reported smoking rates have increased in Halton for the first time in 2 years, taking Halton above the national average. While this is concerning, the data is obtained from self-reported national survey results which can vary significantly year on year based on the number and type of individuals able to be contacted to take part in the survey. Despite this, Halton will continue to support smoking cessation and lifestyle services to ensure we can continue to encourage people to make healthy lifestyle choices.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of the 2017/18 Business Plan, the service was required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Register.

As a result, monitoring of all relevant 'high' risks will be undertaken and progress reported against the application of the risk treatment measures in Quarters 2 and 4.

Progress against high priority equality actions

There have been no high priority equality actions identified in the quarter.

6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Directorate. It should be noted that given the significant and unrelenting downward financial pressures faced by the Council there is a requirement for Departments to make continuous in-year adjustments to the allocation of resources in order to ensure that the Council maintains a balanced budget. Whilst every effort continues to be made to minimise any negative impact of such arrangements upon service delivery they may inevitably result in a delay in the delivery of some of the objectives and targets contained within this report. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q1 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	
1B	Integrate social services with community health services	
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	
1E	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems.	No data available
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	No data available
3A	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.	

Supporting Commentary

1A. Work is ongoing to review our overall approach to managing the financial risks in the pool.

1B. Multi-disciplinary Team work is ongoing across primary care, community health care and social care, work continues to look at developing models of hub based working across localities.

1C. Multi-disciplinary Team work is ongoing across primary care, community health care and social care, work continues to look at developing models of hub based working across localities.

1D. During the last quarter work has continued to plan for provision of post diagnosis community dementia support from October 2019 (when the current contract finishes). It is anticipated that the Dementia Care Advisor service will remain, to ensure continuity of care for people living with dementia and their carers in line with where the current and projected demand for services lies, whilst complimenting the wider dementia care and support offer available in the borough. The Admiral Nurse Service continues to deliver support to families with the most complex needs relating to caring for someone living with dementia.

1E. No data available

1F. No data available

3A.

Key Performance Indicators

Older People:		Actual 18/19	Target 19/20	Q1	Progress	Direction of Travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <i>Better Care Fund performance metric</i>	TBC	TBC	141.9	TBC	N/A
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. <i>Better Care Fund performance metric</i>	479 May 19	TBC	403 May 19	N/A	
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <i>Better Care Fund performance metric</i>	4952	TBC	4952		
ASC 04	Proportion of Older People (65 and over) who were still at	85%	TBC	N/A	N/A	N/A

	home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) Better Care Fund performance metric					
Adults with Learning and/or Physical Disabilities:						
ASC 05a	Percentage of items of equipment and adaptations delivered within 5 working days (HICES)	N/A Merged data in 18/19	97%	98%		N/A
ASC 05b	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	N/A Merged data in 18/19	97%	68%		N/A
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	78%	78%	71%		
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	36%	45%	32%		
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	86%	89%	86%		
ASC 9	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.0%	5%	5.1%		
Homelessness:						
ASC 10	Homeless presentations made to the Local Authority for assistance in accordance with Homelessness Act 2017. Relief Prevention Homeless	117	500			No data available
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	10	100			No data available

ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	6	17			No data available
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast					No data available
ASC 14	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)	1.64%	6.00%			No data available
Safeguarding:						
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	N/A	TBC	52%	N/A	New measure, targets to be confirmed
ASC 16	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	61%	56%	61%		
ASC 17 (A)	DoLS – Urgent applications received, completed within 7 days.	N/A	80%	N/A	N/A	N/A
ASC 17 (B)	DoLS – Standard applications received completed within 21 days.	N/A	80%	N/A	N/A	N/A
ASC 18	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	95.57%	82%	N/A	N/A	N/A
Carers:						

ASC 19	Proportion of Carers in receipt of Self Directed Support.	100%	99%	95.4		
ASC 20	<i>Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)</i>	7.1% 2018/19	9	N/A	N/A	N/A
ASC 21	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	52.1% 2018/19	50	N/A	N/A	N/A
ASC 22	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	77.6% 2018/19	80	N/A	N/A	N/A
ASC 23	Do care and support services help to have a better quality of life? (ASC survey Q 2b) Better Care Fund performance metric	92.1% 2018/19	93%	N/A	N/A	N/A

Supporting Commentary

Older People:

ASC 01 There is currently an issue with the panel spreadsheets which is being investigated to ensure that permanent admissions are being recorded correctly, an update will be provided before PPB

ASC 02 No targets have yet been set for 2019/20

ASC 03 The CCG did not witness the reductions planned for in 2018/19. A significant part of this was the increase in the number of admissions being recorded at Whiston hospital (+1332, +14%) on 17/18, these admissions were generated by an increase in the number of A&E attendances (+1690, +10%) and a corresponding reduction in the number of attendances at the Widnes UCC (-3827, -10%) A recent deep dive by the CCG has identified that the most likely cause for this movement of patients is a reducing level of patient satisfaction of the Widnes UCC. Further patient insight work is being carried out to determine the reasons behind this reduction in satisfaction however an increase in waiting times appears to be a significant factor.
In addition to the number of people attending A&E at Whiston the CCG, alongside Knowsley and St Helens CCG's, has queried the number of people admitted for very short lengths of time (on occasion less than 15 minutes) this has been the subject of an MIAA audit and the CCG are in discussions with the Trust about how best to progress this issue in 2019/20.

ASC 04 Annual collection only to be reported in Q4. Data published October 2019, the latest data for 19/20 will be available in October 2020

ASC 05a Target exceeded in Q1

ASC 05b Waiting for commentary

Adults with Learning and/or Physical Disabilities:

ASC 06 Work being done looking at the measure.

ASC 07 The Q1 figure is lower than the same period last year. Targets for 19/20 are in the process of being set following completion of year-end processes.

ASC 08 We are aware of issues with data quality with Primary support reasons, this may change the numerator meaning the percentage of clients will be lower.

ASC 09 There are 21 people with a learning disability in paid employment. The percentage is based on the number of people with a learning disability "known to" the Council. The known to figure can fluctuate each month as people have been added to Care First or their assessments have been completed; this will have an overall effect on the percentage.

Homelessness:

ASC 10 No data available

ASC 11 No data available

ASC 12 No data available

ASC 13 No data available

ASC 14 No data available

Safeguarding:

ASC 15 New measure, targets to be confirmed

ASC 16 We have exceeded this target and staff continue to access the appropriate training.

ASC 18/19 Data not available due to reporting issues which are being investigated.

17 (A)

ASC 18/19 Data not available due to reporting issues which are being investigated.
17 (B)

ASC 18 Annual collection only to be reported in Q4, (figure is an estimate).

Carers:

ASC 19 On target to meet this measure

ASC 20 This is the Biennial Carers Survey which will commence in December 2020

ASC 21 This is the Biennial Carers Survey which will commence in December 2020

ASC 22 This is the Biennial Carers Survey which will commence in December 2020

ASC 23 This is the Biennial Carers Survey which will commence in December 2020

Public Health

Key Objectives / milestones

Ref	Milestones	Q1 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women.	
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel).	
PH 01c	Work with partners to continue to expand early diagnosis and treatment of respiratory disease including Lung Age Checks, and improving respiratory pathways.	
PH 01d	Increase the number of people achieving a healthy lifestyle in terms of physical activity, healthy eating and drinking within recommended levels.	
PH 02a	Facilitate the Healthy child programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years.	

PH 02b	Maintain and develop an enhanced offer through the 0-19 programme for families requiring additional support, For example: teenage parents (through Family Nurse Partnership), Care leavers and support (when needed) following the 2 year integrated assessment.	
PH 02c	Maintain and develop an offer for families to help their child to have a healthy weight, including encouraging breastfeeding, infant feeding support, healthy family diets, physical activity and support to families with children who are overweight.	
PH 03a	Continue to develop opportunities for older people to engage in community and social activities to reduce isolation and loneliness and promote social inclusion and activity.	
PH 03b	Review and evaluate the performance of the integrated falls pathway.	
PH 03c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropriate age groups in older age.	
PH 04a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	
PH 04b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA).	
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support in the community and within secondary care.	
PH 05a	Work with schools, parents, carers and children's centres to improve the social and emotional health of children.	
PH 05b	Implementation of the Suicide Action Plan.	
PH 05c	Provide training to front line settings and work to implement workplace mental health programmes.	

PH 01a Supporting commentary

Halton Stop Smoking Service works continually to help support local people quit smoking, with extra emphasis placed on routine and manual workers and pregnant women where extra support is required. To date this quarter (QTR) Halton Stop Smoking Service has seen 33 maternal referrals compared to a total of 40 maternal referrals in QTR 1 last year. Complete Quarterly data for the Stop Smoking Service is not measured until August 2019. Therefore, current data is suggesting that there could be more referrals to be recorded for Quarter 1 than the same period last year.

NB. The same criteria applies to successful quits for pregnant clients. So far successful quits for pregnant women are on a par with the same period last

year.

Among the Routine and Manual group, there have been 41 accessing the service and 13 quitting (data set is incomplete; covers to August 2019). Data for the same period last year (18/19) is 47 accessing and 33 quitting.

Brief Intervention training has been delivered to Midwives this quarter taking total number of Midwives trained to 25. This reflects the successful partnership working between Halton Midwives and the Stop Smoking Service.

Intermediate training has been delivered to Pharmacies during Quarter 1.

PH 01b Halton Health Improvement Team continued to actively engage in promoting the PHE Cervical Screening uptake campaign and engaged with an estimated 10,000 local people. The workplace health program ran a series of Cancer Awareness workshops with employers throughout Halton. These workshops focused on making staff aware of the signs and symptoms of breast, bowel, lung and testicular cancer, signposting to local support services and highlighting the importance of screening.

In addition, as part of the Cheshire and Merseyside Cancer Prevention Group, we have been successful in bidding for funding through the Cancer transformation fund available to Cancer Alliances. The bids will enable us to work across Cheshire and Merseyside to develop targeted approaches to improve uptake of screening, including a cervical screening text message reminder service, an initiative to identify and target individuals who have not responded to a screening offer of who have attended screening but fail to progress through the pathway.

PH 01c Supporting commentary

The use of the lung age check within the workplace health program has increased this quarter. This continues to drive referrals into the stop smoking service. The Stop Smoking Service also continue to deliver Lung Age checks to clients aged 35yrs and over as per NICE guidelines for COPD and refer appropriately those clients that may need further investigation to GP's.

Health improvement Services are engaged with multiple partners on a newly formed Respiratory Steering group co-ordinated by Halton CCG, aimed at improving respiratory pathways. The Stop Smoking Service has increased venues to deliver from as a result of partnership working with the Respiratory Health Team.

Halton is continuing to progress - at speed - the development of the Targetted Lung Health Checks with Knowsley, in addition to identifying and scanning those at highest risk of lung cancer, it will identify other respiratory conditions such as COPD, ensuring rapid access to the right pathways and treatments, as well as directing people to the Halton Smoking Cessation Service.

PH 01d Supporting commentary

Halton Weight Management Service has had over 200 new referrals this quarter. The service continues to provide healthy lifestyle advice and physical activity on a weekly basis to overweight Halton residents. The tier 2 group based approach is supplemented by an integrated tier 3 service for those

requiring dietetic input.

Physical activity sessions continue to be provided for clients with a history of cardiac, respiratory, neurological or chronic pain diagnoses. Specialist gym based sessions have recently been added to assist with re-introducing clients to exercise that have had physical or mental barriers to engaging previously.

PH 02a Supporting commentary

The Bridgewater 0-19 service, including health visitors, school nurses and Family Nurse Partnership (FNP) continues to deliver all the elements of the Healthy Child programme to families in Halton. All NCMP measurements have been completed for this year and school health profiles are being agreed to be ready for September.

PH 02b Supporting commentary

The Family Nurse Partnership service continues to be fully operational with a full caseload and works intensively with first time, teenage mothers and their families.

PH 02c Supporting commentary

Infant feeding support, introduction to solid food sessions and the healthy school offer are available to families, to support achieving and maintaining a healthy weight. A draft healthy weight strategy has been produced using a whole system approach to obesity which will support healthy weight in children.

Progress continues to be made in many of the areas on the Infant feeding strategy action plan, and the operational group is continuing work on refreshing the action plan for 2020. The action plan will focus on ensuring all new mothers will be supported on discharge to feed their baby, whether breast or bottle feeding and then offered continued support through the child's early years on all aspects of infant feeding. The action plan also includes continued work towards maintaining BFI status for Halton i.e. refreshing breastfeeding policies, social marketing campaigns and parent education sessions to encourage healthy early years.

The Healthy schools programme continues to support all schools in Halton around the PSHE curriculum utilising a whole school approach.

Health Improvement continue to deliver Fit 4 Life camps, parent bitesize workshops, community outreach sessions and half-day practitioner brief intervention training across the borough, to support frontline staff, parents and families.

PH 03a Supporting commentary

The Campaign to End Loneliness across Halton is underway following the Halton Loneliness conference earlier in the year. The Loneliness steering group meets regularly to drive the campaign forward ensuring that materials are being distributed far and wide to various organisations and businesses across the borough to help raise awareness and promote a single point of access for people who have been affected by loneliness to get help and support.

The Health Improvement Team also delivers Age Well training which is aimed at giving people who work and live in the community the opportunity to improve their knowledge and understanding of loneliness and how it affects older people living in the borough. This also helps to build practical skills using tools that identify people who may be at risk of loneliness and help build their confidence in giving out advice on how to overcome loneliness. At the end of the session delegates will sign a pledge to end loneliness as part of our Campaign to End Loneliness in Halton.

Sure Start to Later Life continue to work across Halton, supporting older people to engage with activities in the local community, the team hold regular events for older people and are now running an additional Get Together in Widnes (in addition to the Grangeway get together in Runcorn) which is an opportunity for older people to come together, socialise and make connections with health and wellbeing services. The additional get together has been well attended, with 80 people attending the first 3 events this year.

PH 03b Supporting commentary

The falls steering group continues to meet regularly to monitor progress made against the falls strategy action plan. This quarter, two falls workshops including a wide variety of stakeholders, have been held to map the current falls pathway and identify gaps/areas for improvement. A Primary Care audit has also be initiated to reduce variation, improve patient flow/pathway management for those who have had a fall or are at risk of falling. The findings from both workshops and the audit are to be presented at the next falls steering group in September.

PH 03c Supporting commentary

Uptake of flu vaccination for the year 2018/19 was poorer than the previous year in all groups, except the school based programme. In Halton we have failed to significantly increase the uptake of vaccination amongst people with long term health conditions that make them more susceptible to flu. We have begun work already in anticipation of the 2019/20 flu season starting in Setember 2019. We have undertaken a joint comunicatons meeting between Halton and Warrington to understand how we can best work together, pool resources and help improve the messaging and approaches we take to encourage people to attend for Flu vaccinations, we will be working jointly throughout the season.

We have also begun discussions with Primary Care Networks to explore options for delivering the vaccination differently to certain cohort groups to help improve access and uptake.

We have worked with the CCG to develop a respiratory improvement strategy exploring how we can incorporate Flu and Pneumonia vaccination into improvement programmes and ensure practices can maximise all oppportunities to protect older people.

PH 04a Supporting commentary

Data for 2015/16-2017/18 shows the Halton rate for alcohol admissions in the under 18s has decreased slightly from the previous period. Halton has seen a greater reduction than England, the North West and St

Helens since 2006/07-2008/09. Despite this decrease, the Halton rate remains significantly higher than the England average, though the rate is similar to the North West and significantly lower than St Helens' rate

PH 04b Supporting commentary

Good progress is being made towards implementing the Halton alcohol strategy action plan.

We are working with partner organisations to influence government policy and initiatives around alcohol: 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective.

The Stop Smoking Service continues to deliver Audit C screening and offers Brief Advice when appropriate to clients wishing to reduce their alcohol intake. 151 clients received Audit C screening from the Stop Smoking Service in Q1.

PH 04c Supporting commentary

We continue to monitor activity of the commissioned Drug and Alcohol misuse service through CGL and see good numbers of people referred for treatment and support. The completion of treatment rate for Halton continues to be above the PHE and CGL national average.

PH 05a Supporting commentary

12 educational settings have been engaged and supported using the whole settings approach. Riverside College is currently being supported via the One Halton Population work stream. A multi-agency steering group has been established and an action plan in the process of being implemented to help improve the mental health and wellbeing of young people. A training package for staff who work with early years is in development along with suicide awareness for staff working with children and young people. The Time to Change young people steering group has been established and plans are being developed to deliver anti-stigma and discrimination activities to young people in Secondary Schools and Riverside College.

PH 05b

We are in the process of analysing the first year's data from the Real Time Surveillance system, which we will assess against the 2018 Suicide Audit when completed (currently underway). The suicide prevention action plan is continuously driven forward by the suicide prevention partnership board. The plan links closely with the Cheshire and Merseyside No More Suicides strategy. A real time surveillance intelligence flow is in place which will enable faster identification of potential trends and clusters. The suicide prevention pathway for children and young people has been developed and is currently in the process of being signed off by relevant partners and boards. Champs have been successful in their C&M NHSE funded self-harm and suicide prevention application, with work due to focus on those who have died by suicide who previously self-harmed; the recently completed self-harm audit across the Champs foot print will be used to inform this new piece of work. Champs have also undertaken a bereavement service audit to identify any gaps in provision across the Champs footprint.

PH 05c Supporting commentary

The following training is available to improve early detection of mental health conditions and improve mental health and wellbeing

Training for staff who work with adults:

- Mental Health Awareness
- Mental Health Awareness for Managers
- Stress Awareness
- Stress Awareness for Managers
- Suicide Awareness

Training for staff who work with children and young people:

- Mental Health Awareness
- Self-Harm Awareness
- Staff wellbeing (school Staff)

A training package for staff who work with early years is under development along with suicide awareness for staff who work with children and young people.

Key Performance Indicators

Ref	Measure	18/19 Actual	19/20 Target	Q1	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	64.5% (2017/18)	66.5% (2018/19)	Annual Data		
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)	62.8% (2017/18)	64.2% (2018/19)	Annual Data		
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly	830.2 (2017/18)	827.7 (2018/19)	832.1 (Q4 17/18 – Q3 18/19)		

	Standardised Rate per 100,000 population)					
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	57.6 (2015/16-17/18)	55.6 (2016/17-2018/19)	62.5 (Q4 15/16 – Q3 18/19)		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	15.0% (2017)	14.8% (2018)	17.9% (2018)		
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	33.7% (2017/18)	33.2% (2018/19)	Annual Data		
PH LI 03c	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	90.4 (2016-18)*	88.9 (2017-19)	92.7 (Q2 2016 – Q1 2019)		
PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	175.8 (2016-18)*	170.9 (2017-19)	184.2 (Q2 2016 – Q1 2019)		

PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	55.6 (2016-18)*	50.5 (2017-19)	54.9 (Q2 2016 – Q1 2019)		
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	340.0 (2017/18)	337.7 (2018/19)	328.4 (Q2 17/18 – Q1 18/19)		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	9.7% (2017/18)	9.4% (2018/19)	Annual Data		
PH LI 05ai	Male Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	17.5 (2015-17)	17.6 (2016-18)	Annual Data		
PH LI 05aii	Female Life expectancy at age 65 (Average number of years a person would	19.3 (2015-17)	19.4 (2016-18)	Annual Data		

	expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>					
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2937.1 (2017/18)	2900.0 (2018/19)	2896.4 (Q3 17/18 – Q2 18/19)		
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	73.7% (2017/18)	75.0% (2018/19)	Annual Data		

Supporting Commentary

PH LI 01 - Data is released annually.

PH LI 02a - Data is released annually.

PH LI 02b - The rate of alcohol-related admissions episodes for the year to Q3 2018/19 is marginally above both the rate for 2017/18 and the target set for 2018/19. With one quarter left in 2018/19 and the current value so close to the target, it is not possible to say whether the target will or will not be met at the year's end.

Provisional figures are based on unverified data and as such caution is advised in their use

PH LI 02c - Under 18 alcohol-specific admissions have increased to the 3-year period ending Q3 2018/19. The value is above both the actual value for 2015/16 to 2017/18. With the current value so far above the target for 2016/17 to 2018/19, it is likely that the target will not be met.

Provisional figures are based on unverified data and as such caution is advised in their use.

PH LI 03a - Figures for 2018 indicate that smoking prevalence has increased from 15% in 2017 to 17.9% in 2018. This increase has led to a prevalence significantly higher than that of England. Although figures are based on annual survey data, and self-reported smoking status, the figure does indicate that prevalence may be higher than seen for the previous two years (2016 and 2017).

PH LI 03b – Data is released annually.

PH LI 03c - As of Q1 2019, we are marginally above the target for premature mortality from CVD. However, it is too early in the year to define whether or not we are on track to meet the target.

Mortality indicators are now based on 3-year periods

PH LI 03d – Data for the 3-year period to the end of Q1 2019 shows that the rate of premature mortality from cancer is both above the (provisional) figure for 2016-18 and also even further above the target set for 2017-19. However, with a further 9 months remaining in the current period, we cannot yet say whether the target will or will not be met. *Mortality indicators now based on 3-year periods.*

PH LI 03e - For the three year period to the end of Q1 2019, the rate of premature mortality from respiratory disease was below that of 2016-18. However, it is above the target set for 2017-19 and with 9 months remaining in the current target period, we cannot define whether or not target will be achieved. *Mortality indicators now based on 3-year periods.*

PH LI 04a - The year period to the end of Q1 2018/19, the rate of self-harm hospital admissions was below the value for 2017/18 and the target value for 2018/19. However, with 9 months remaining during 2018/19, it is not yet possible to say whether we will or will not meet the target for the year.

PH LI 04b - Data is released annually.

PH LI 05ai - Data is released annually.

PH LI 05aⁱⁱ – Data is released annually.

PH LI 05b – Too early in the year, and too close to target value to specify whether we will or will not meet the target for 2018/19. However, as of Q2 2018/19, we are marginally below the target for the year.

Provisional figures are based on unverified data and as such caution is advised in their use

PH LI 05c - Data is released annually.

APPENDIX: Explanation of Symbols

Symbols are used in the following manner:

Progress		<u>Objective</u>	<u>Performance Indicator</u>
Green		Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.	<i>Indicates that the annual target <u>is on course to be achieved</u>.</i>
Amber		Indicates that it is <u>uncertain or too early to say at this stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	<i>Indicates that it is <u>uncertain or too early to say at this stage</u> whether the annual target is on course to be achieved.</i>
Red		Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	<i>Indicates that the target <u>will not be achieved</u> unless there is an intervention or remedial action taken.</i>

Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green		Indicates that performance is better as compared to the same period last year.
Amber		Indicates that performance is the same as compared to the same period last year.
Red		Indicates that performance is worse as compared to the same period last year.
N/A		Indicates that the measure cannot be compared to the same period last year.