

Directorate Performance Overview Report

Directorate: People Directorate (Adult Social Care)

Reporting Period: Quarter 2 – Period 1st July 2019 to 30th September 2019

1.0 Introduction

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

2.0 Key Developments

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

Adult Social Care:

Care Homes

Work is ongoing to ensure the continual improvements across the two care homes.

- Millbrow is to start planning on a major refurbishment within the whole building. This work will involve the redecoration throughout the building, inclusive of redesign of the first floor to support people living with Dementia.
- Work is underway with Riverside College and Chester University to support a recruitment and retention strategy across the care division.
- The Management team of care homes division has been recruited to, recruitment of staff team across all domains within the care homes will take place during the month of October 2019.
- The purchase of two further care homes, St Luke's, a 56 bed establishment in Runcorn and St Patricks a 40 bed establishment in Widnes. Both Homes provide specialist nursing care to people living with Dementia. Halton Borough Council purchased the homes on October 1st 2019.

Redesign of the Mental Health Resource Centre, Vine Street, Widnes: considerable work took place last year and earlier this year to redesign the services that were provided from the Mental Health Resource Centre. Capital funding was provided by the Borough Council, NHS Halton Clinical Commissioning Group and the North West Boroughs NHS Trust to adapt and refurbish the building so that it could be more effectively used to support people in the area with complex mental health problems. The building had already been occupied by the Mental Health Outreach Team and the Community Bridge Building Team, but they have now been joined by social workers, and by the North West Boroughs crisis resolution and home treatment team. This means that there is a greater multidisciplinary presence in the building and that services and supports work together more effectively to deliver care. There are continuing plans to develop a 24-hour service and a crisis facility has been developed in the building, in anticipation of this development.

Halton Day Services

... and in other news:

The goats are coming of age. After a successful acclimatisation to their new surroundings the Anglo-Nubians are approaching milking maturity. All the necessary Environmental Health documentation is ready together with the pasteurisation and milking tasks. It won't be long until

the artisan goats' cheese and milk will be available for purchase. The goats have been a huge success with service users and students alike and have contributed financially to the running of the service.

Public Health

We are starting to see a significant reduction in pregnant women smoking. It has reduced from 17.1% last year to 15.9% so far this year. We are also starting to take forward the lung health check programme which will pick up local residents at risk of lung cancer from smoking.

The #HaltOnLoneliness campaign has been successfully launched with all partners. We have also launched the new Healthy Weight Strategy which is a whole system approach developed with Leeds University.

3.0 Emerging Issues

Adult Social Care:

Intermediate Care: Halton Borough Council and NHS Halton CCG jointly commission Halton Intermediate Care services. The system does not feel that the intermediate care services are being used to the potential they could be and as such, with the support of the Local Government Association and North West Association of Directors of Adult Social Services, a review of Intermediate Care Services is currently being undertaken.

The purpose of the review is to develop a clear understanding of the current intermediate care offer for adults in Halton. This includes reviewing the pathways into and out of Intermediate Care and Reablement support services, in order to assess how effectively they meet and support the needs of our adult population.

Aspects of the review so far have included a visit to Rochdale Intermediate Care Services, a Diagnostic Review and Options Appraisal and a 3 day Peer Challenge Review. An Implementation Workshop is planned for 4th November where all the information gathered will be reviewed and an action plan for improvements developed.

Review of the Mental Health Act: for some time there has been detailed work going on at a national level to review and revise the current legislation relating to the treatment of people with complex and high risk mental health problems. There have been concerns that, around the country, compulsory admissions to hospital may have been happening too frequently and that certain disadvantaged groups have been disproportionately targeted for compulsory admission. Although other political priorities have delayed the publication of a new Mental Health Bill, this has now been specifically named in the Queen's Speech as being a priority for implementation in the next parliament. This will require substantial revision of policies and processes, both locally and nationally.

Public Health

We are now starting to enter the flu season and need to be vigilant concerning vaccine stocks which may be affected by the EU exit. We also need to encourage staff and all at risk groups to be immunised. This will improve health, reduce flu admissions to hospital and reduce A&E waiting times.

4.0 Risk Control Measures

- 4.1 Risk control forms an integral part of the Council's Business Planning and Performance Monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2019 – 20 Directorate Business Plans.
- 4.2 Progress concerning the implementation of all Directorate high-risk mitigation measures are included as appendices to this report.

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	Q2 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. No data available

Key Performance Indicators

Older People:		Actual 18/19	Target 19/20	Q2	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>	623.31	TBC	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 May19	TBC	403 May 19		
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <i>Better Care Fund performance metric</i>	3290	TBC	4952		
ASC 04	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) <i>Better Care Fund performance metric</i>	85%	TBC	N/A	N/A	N/A
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%		
ASC 05b	Percentage of items of equipment and adaptations delivered within 7 working days	N/A Merged data in 18/19	97%	44%		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 1) SDS	78%	78%	72%		
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 2) DP	36%	45%	34%		
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	86%	89%	88.94%		
ASC 09	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5%	5%	5.05%		
Homelessness:						
ASC 10	Homeless presentations made to the Local Authority for assistance in accordance with Homelessness Reduction Act 2017. Relief Prevention Homeless	117	500	N/A	N/A	N/A
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	10	100	N/A	N/A	N/A
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	6	17	N/A	N/A	N/A
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	N/A	N/A	N/A	N/A	N/A
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	1.64%	6%	N/A	N/A	N/A

	the Borough)					
Safeguarding:						
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	N/A	88%	52%	N/A	N/A
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	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)	89%	82%	N/A	N/A	N/A
Carers:						
ASC 18	Proportion of Carers in receipt of Self Directed Support.	100%	99%	72%		
ASC 19	<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>	7.6%	9%	N/A	N/A	N/A
ASC 20	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	52.1%	50%	N/A	N/A	N/A
ASC 21	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%	80%	N/A	N/A	N/A
ASC 22	Do care and support services help to have a better quality of life? (ASC survey Q 2b) Better Care Fund performance metric	89.1%	93%	N/A	N/A	N/A

Supporting Commentary

Older People:

ASC 01 We cannot complete due to the fact that panel is still incorrect from the teams

ASC 02 No data available

ASC 03 No data available

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

Adults with Learning and/or Physical Disabilities:

ASC 05a Target exceeded in Q2

ASC 05b No commentary provided.

ASC 06 We are on track to meet this target.

ASC 07 We are on track to meet this target.

ASC 08 We are on track to meet this target.

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 No data available

ASC 17 Annual collection only to be reported in Q4, (figure is an estimate).

Carers:

ASC 18 On target to meet this measure

ASC 19 This is the Biennial Carers Survey which will commence in December 2020

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

Public Health

Key Objectives / milestones

Ref	Objective
PH 01a-d	Prevention and early detection of cancer, CVD and respiratory disease.

	Working with partner organisations to prevent disease onset and improve early detection of the signs and symptoms.
PH 02a-c	Improved Child Development: Working with partner organisations to improve the development, health and wellbeing of children in Halton and to tackle the health inequalities affecting that population.
PH 03a-c	Reduce the number of falls in Adults.
PH 04a-c	Reduction in the harm from alcohol: Working with key partners, frontline professionals, and local community to address the health and social impact of alcohol misuse.
PH 05a-c	Continue to provide a wide range of services that promote positive mental health, encourage positive attitudes to mental health conditions and reduce the stigma attached to those experiencing them.

Ref	Milestones	Q2 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 additional support is required. To date this quarter (Q2), Halton Stop Smoking Service has seen 38 maternal referrals compared to a total of 40 maternal referrals in Q2 last year. Complete quarterly data for the Stop Smoking Service is not measured until November 2019. Therefore, current data is suggesting that there could be more referrals to be recorded for Quarter 2 than the same period last year. 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 43 accessing the service and 21 quitting (data set is incomplete until November 2019). Complete data for the same period last year (18/19) is 47 accessing and 33 quitting.

Intermediate training has been delivered to Pharmacies during Quarter 2.

PH 01b

Supporting commentary

The Health Improvement Team continue to engage local communities and workplaces in promoting cancer screening programmes. Halton is working closely with Champs and the C&M Cancer Prevention Board to deliver a series of programmes to increase participation of non responders in bowel and breast screening programmes, develop electronic messaging service specifically for cervical screening and develop community navigators to help people along the screening pathway.

We have also been working closely with Runcorn Health Primary Care Network to make improvements to the primary care cervical screening pathway, which will hopefully improve access and awareness for local patients.

PH 01c Supporting commentary

Lung Age Checks continue to be part of the workplace health program and 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 appropriately refer those clients that may need further investigation to GPs.

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. We are also currently working with R Health Primary Care Network to improve systems around respiratory health in primary care.

Halton is continuing to rapidly progress the development of the Targeted 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 160 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.

Active Halton meetings continue and the action plan is continuously being worked on.

All schools are offered health checks and training around healthy lifestyles. Healthy lifestyles for the staff is promoted as part of the healthy schools ethos.

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. Work is underway for the new school year, to agree the school health plans and deliver the NCMP, vision and hearing screening and seasonal flu. The programme currently has a health visitor working on the Talk Halton project, to improve language and communication in preschool children.

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

The Healthy weight strategy is in the process of being ratified; it has been developed using a whole systems obesity approach

There have been many changes in policies on health in schools (Ofsted framework, RSE and healthy curriculum and healthy ratings): Halton's Healthy Schools, Early Years Settings Award and offer have been developed to meet the criteria and support schools. New policies have been used as an opportunity to further improve the work of healthy schools. Since September, 14 schools have already signed up and have an action plan in place, with other schools booked in for healthy school visits over the next 2 months.

Two Fit 4 Life camps ran over summer in Widnes and Runcorn with 34 children and parents in attendance. Fit 4 Life outreach sessions, which is a lifestyle session delivered to existing groups in the community 5 sessions were ran in quarter 2 reaching 58 children, young people and parents.

CYP Brief lifestyle intervention for practitioners has been developed and is CPD accredited. This training upskills the workforce who are working with children and young people and covers healthy eating, sleep and physical activity. 31 Practitioners have been trained in quarter 2. Practitioners from the organisations below completed the accredited course.

Lytham Care Children's Home
School Health
Riverside College
Health Improvement Team
Behaviour Support Team
Citizen's Advice
Independent Travel training
Career Connect
Neurodevelopmental Nursing Team
14-19 Team
Education Welfare

A breastfeeding campaign that focused on the community supporting breastfeeding in the area was carried out during international breastfeeding week and ended with a celebration event in Runcorn Shopping Centre, with over 50 people attending. The normal daily support for parents on infant feeding continues: 615 women have been supported after discharge from hospital during quarter 2. 70 Parents have attended Introducing Solids workshops in quarter 2.

PH 03a Supporting commentary

The Campaign to End Loneliness #HaltOnLoneliness continues to be rolled out across the borough with partner agencies. The Loneliness Steering Group continues to meet 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.

Cheshire Police are now behind the Campaign.

A Loneliness Resource Tool has been devised which is aimed at raising awareness of the issues of loneliness to professionals and community to enable them to take action to tackle the issues in Halton. This is to be launched in the next quarter.

There is now a finalised draft version of the Loneliness Strategy which is due to be presented to senior management in the next quarter.

The number of age well training sessions, which is aimed at giving people the opportunity to improve their knowledge and understanding of loneliness, have now been increased from 6 sessions per year to a minimum of 11 sessions per year.

Sure Start to Later Life continue to work across Halton, supporting older people to engage with activities in the local community. We now have over 80 people attending the new Get Together held at Upton Community Centre.

There is specific task group that has been established around tackling loneliness in care homes. The specific aim of the group is to ensure that residents who reside in 24 hour care have the same opportunities to engage in activities in the community. We have a number of care home residents that are regular visitors at the Get Together. Halton Community Transport have also devised a shuttle proposal for care homes to make accessibility to the community easier.

PH 03b Supporting commentary

The falls steering group continues to meet bi-monthly to monitor progress made against the falls strategy action plan and to review the pathways.

A falls triage pilot has been devised, as an action from the group. Staff have been trained and the pilot is to go live last week in September. This is a 3 month pilot that is to be rolled out on a specific cohort of people which are those people who have lifeline service and who have had a recent intervention as a potential result of a fall. The purpose of the triage is ensure that the service user receives the right support in a timely manner to prevent further falls and potential injury.

PH 03c Supporting commentary

As we are just entering flu season, the flu vaccination is being promoted as widely as possible, including the Health Improvement Team promoting this through various communication channels and in face to face delivery, attending community events such as Halton People's Health Forum, various media and local radio channels.

There has been collaborative work with Primary Care networks to explore novel approaches to vaccination.

The national Help Us Help You campaign is being shared and endorsed with local residents and partners.

PH 04a Supporting commentary

Halton continues to work through the objectives of the alcohol strategy and engage partners in approaches to reduce the impact of harmful drinking. We have been successful in a bid across C&M for the delivery of Fibroscan machines which are able to identify early effects of alcohol harm on the liver. Two of these machines will initially be available in the Halton area and hope to identify liver problems early and further enable discussions about alcohol harms.

PH 04b Supporting commentary

Good progress is being made towards implementing the Halton alcohol strategy action plan. Key activity includes:

- Delivery of alcohol education within local school settings (Healthitude, 0-19 Service, Young Addaction, Amy Winehouse Foundation, Cheshire Police).
- Ensuring the early identification and support of those drinking above recommended levels through The Stop Smoking Service and Health Trainers delivering Audit C screening (alcohol identification and brief advice IBA) when appropriate to clients quitting smoking and workplace staff wishing to reduce their alcohol intake.
- Reviewing alcohol treatment pathways.
- Working closely with colleagues from licensing, the community safety team, trading standards and Cheshire Police to ensure that the local licensing policy supports the alcohol harm reduction agenda, promoting more responsible approaches to the sale of alcohol and promoting a diverse night-time economy.

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

13 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 mental health offer for early years settings has been developed in collaboration with settings and is now ready to be piloted from October

onwards. The Time to Change young people steering group has been working to engage all secondary schools and Riverside College and has training planned for both staff and young people to enable anti-stigma and discrimination activities to be delivered during key times throughout the year.

PH 05b

Supporting commentary

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 begin on evaluating interventions available for men and the creation of a lived experience network. A suicide prevention campaign tool kit has been developed by the suicide prevention partnership board and is due to be distributed.

In September we hosted a memorial event for people bereaved by suicide, which engaged over 60 local people and helped to raise awareness and reduce stigma.

PH 05c

Supporting commentary

The following training is continuously 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)

Key Performance Indicators

Ref	Measure	18/19 Actual	19/20 Target	Q2	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	u	
PH LI 02a	Adults achieving recommended levels of physical activity (% adults achieving 150+)	62.8% (2017/18)	64.2% (2018/19)	Annual Data	u	

	minutes of physical activity)					
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	830.2 (2017/18)	827.7 (2018/19)	862.7 (2018/19) Provisional		
PH LI 02c	Under-18 alcohol-specific admissions (crude rate per 100,000 population)	57.6 (2015/16-17/18)	55.6 (2016/17-2018/19)	60.9 (2016/17-2018/19)		
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)	85.1 (Q3 2016 – Q2 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)	168.9 (Q3 2016 – Q2 2019)		
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000)	55.6 (2016-18)*	50.5 (2017-19)	52.8 (Q3 2016 – Q2 2019)		

	population) <i>Published data based on calendar year, please note year for targets</i>					
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)	349.7 (2018/19) Provisional		
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 expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	19.3 (2015-17)	19.4 (2016-18)	Annual Data		
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF	2937.1 (2017/18)	2900.0 (2018/19)	2998.7 (2018/19) Provisional		

	definition)					
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)	72.0% (2018/19)	u	

Supporting Commentary

PH LI 01 - Data is released annually.

PH LI 02a - Data is released annually.

PH LI 02b - Provisional data for 2018/19 indicates that the target was not met for alcohol-related admissions episodes. The rate of admissions exceeded the target and was higher than the rate seen in 2017/18. Data is provisional; published data will be released later in the year

PH LI 02c - Provisional data for 2016/17-2018/19 indicates that the target was not met for alcohol-specific admissions among those aged under 18. The rate of admissions exceeded the target and was higher than the rate seen in 2017/18.
Data is provisional; published data will be released later in the year

PH LI 03a - Data was fed back in the Q1 2019/20 QMR document and is published annually. The next smoking prevalence data (for 2019) should be available after April 2020.

PH LI 03b – Data is released annually.

PH LI 03c - Provisional data for the three year period to the end of Q2 2019 indicates that there has been a reduction in the rate of premature deaths from CVD. The provisional figure is below that of 2016-18, and below that of the target for 2017-19. However it is too early to accurately state whether the target will be met for the period.

PH LI 03d – Provisional data for the three year period to the end of Q2 2019 indicates that there has been a reduction in the rate of premature deaths from cancer. The provisional figure is below that of 2016-18, and marginally below that of the target for 2017-19. However it is too early to accurately state whether the target will be met for the period.

PH LI 03e- Provisional data for the three year period to the end of Q2 2019 indicates that there has been a reduction in the rate of premature deaths from cancer. The provisional figure is below that of 2016-18, but still above that of the target for 2017-19. However it is too early to accurately state whether the target will be met for the period.

PH LI 04a - Provisional data indicates the target for self-harm admissions (all ages) was not achieved for 2018/19. The rate for the year was higher than the target for the year and the equivalent rate for 2017/18. Data is provisional; published data will be released later in 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 – Provisional data indicates the target for falls admissions (ages 65+) was not achieved for 2018/19. The rate for the year was higher than the target and the equivalent rate for 2017/18. Data is provisional; published data will be released later in the year

PH LI 05c - Data published in September 2019 indicates that coverage for over 65s, although being the same as England for the 2018/19 season, has reduced from 73.7% in 2017/18 and remains below the national 75% target.

APPENDIX: Explanation of Symbols

Symbols are used in the following manner:

Progress		Objective	Performance Indicator
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.