

## Health Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 3 – Period 1<sup>st</sup> October – 31<sup>st</sup> December

### 1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the Third quarter of 2020/21 for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Adult Social Care (including housing operational areas)
- Public Health

### 2.0 Key Developments

There have been a number of developments within the Third quarter which include:

#### **Adult Social Care:**

The Halton Women's Centre: this service has continued to remain active during the coronavirus pandemic. As reported in the previous Quarterly Monitoring Report, the Centre was awarded a substantial sum to support women who have had contact with the criminal justice system, with the intention of providing probation support in a more relaxed setting and providing services and supports designed to help them engage with their communities. Many of these women have long-term mental health needs, poor self-esteem, emotional issues and complex lives, which may include experience of domestic violence. This funding has been used to employ an additional support worker, part of whose role will be to develop the service more widely and particularly to provide active support in the Widnes area.

Throughout the pandemic, the service has been able to keep in touch with a considerable number of women by telephone, providing them with regular support and advice. In addition, it has been possible to reopen the centre to a number of groups, following strict guidance from the Council's Property Services about the safety measures that have had to be put in place.

#### **Mental Health Services:**

North West Boroughs (NWB) Mental Health Trust: extensive work has been taking place within the NWB and MerseyCare to move forward the takeover of MerseyCare of the NWB's mental health services. This is scheduled to be completed by 1<sup>st</sup> April 2021. Although a Steering Group was intended to be in place, involving very senior officers and Members from all partner organisations, this has not taken place. Once the formal takeover is in place, further work will need to take place with MerseyCare to ensure that the currently good working front line relationships between the Borough Council social work staff and the NWB teams continue effectively.

Review of the Mental Health Act: this has been in development for some time, but progress was delayed for a number of reasons: the coronavirus pandemic, the Brexit negotiations and the general election. It was announced in the latest Queen's Speech, however, that this would be taken forward during the current parliamentary session, and it now seems likely that a White Paper will be published in the New Year. The national AMHP network, of which Halton is a part, is contributing to and influencing these developments.

Breathing Space (mental health support for people in debt): this is an extension of an existing scheme for other service areas, and will allow support for people in financial debt who are experiencing a mental health crisis. The scheme is to be implemented by the Treasury in May 2021. This is likely to lead to additional work pressures for AMHPs, who will be expected to take the lead in taking people through the process, at a time when they are already stretched, and the impact of this will need to be closely monitored.

## **Public Health**

Public health programmes have continued to deliver during the COVID 19 pandemic despite a reduction in staff capacity due to it being required to work on the pandemic and increased sickness levels. In particular we have recently seen extra emphasis placed on pregnant smokers, routine and manual smokers, smokers with respiratory disease, and smokers with mental health.

We have also noted a particular requirement for mental and physical health support. This has been across all age ranges but especially amongst younger and older people. A new service called “ChatHealth” has now been developed and implemented by the 0-19 Child Health Programme and will support that age range with emotional and general health issues. Sure Start to Later Life continue to support older people with regular calls and welfare requirements as well as supporting their physical and mental health.

All screening programmes are now open again and we are working with local groups to increase awareness of this and encourage re-engagement, including targeting material and engagement at local COVID vaccination centres.

### **3.0 Emerging Issues**

3.1 A number of emerging issues have been identified during the third quarter that will impact upon the work of the Directorate including:

#### **Adult Social Care**

No update for Q3

#### **Public Health**

Services that have been paused during the pandemic are starting to reopen but there is a backlog of appointments. This is particularly true of screening and may impact on cancer rates. It is also the case with the 0-19 services regarding new birth visits. These visits have taken place virtually but there is an issue around digital poverty and physical examinations. As the COVID vaccination programme rolls out we will see a reduction in infected cases and a return to usual practice.

### **4.0 Risk Control Measures**

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 2018/19 Directorate Business Plans.

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.

## 5.0 Progress against high priority equality actions

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

The Council needs to consider an increase in health inequalities due to COVID and build that into our Health & Wellbeing Strategy

## 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

#### Adult Social Care

#### Key Objectives / milestones

| Ref | Milestones  | Q3 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. |  |

|    |  |   |
|----|--|---|
| 1F | The Homelessness strategy be kept under annual review to determine if any changes or updates are required.   | u |
| 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. | u |

### **Supporting Commentary**

1A.

1B. No update for Q3

1C.

1D. During Q 3 there was little movement from the Q2 update – RAG'd as amber due to not progressing the Dementia Strategy against projected timescale.

The Alzheimer's Society Dementia Care Advisor Service continues to deliver information, advice and signposting via telephone/email whilst COVID restrictions limit face to face support. The +12 month contract extension option has been put in place to ensure continuity of service during the COVID pandemic, with the contract in place until end of September 2021. Progress on the development of a refreshed local dementia strategy delivery plan has been halted due to COVID. It has been categorised as a priority 2 piece of work, with a time scale of 2-3 months (October) to be resumed. An adult social care dementia position statement was completed prior to COVID restrictions, which will help direct the development of the delivery plan when ONE Halton representatives reconvene, with support from Alzheimer's Society Policy representatives.

1E. Completed.

1F. No update for Q3

3A. No update for Q3

### **Key Performance Indicators**

| <b>Older People:</b> |  |                     |                     |           |                         |                            |
|----------------------|--|---------------------|---------------------|-----------|-------------------------|----------------------------|
| <b>Ref</b>           | <b>Measure</b>                                       | <b>19/20 Actual</b> | <b>20/21 Target</b> | <b>Q3</b> | <b>Current Progress</b> | <b>Direction of travel</b> |
| ASC 01               | Permanent Admissions to residential and nursing care | TBC                 | 635                 | TBC       | TBC                     | TBC                        |

|   |  |      |      |     |   |   |
|---|--|------|------|-----|---|---|
|   | homes per 100,000 population 65+<br><b>Better Care Fund performance metric</b>   |      |      |     |   |   |
| ASC 02  | Delayed transfers of care (delayed days) from hospital per 100,000 population.<br><b>Better Care Fund performance metric</b>   | N/A  | TBC  | TBC | TBC   | TBC   |
| ASC 03  | Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population.<br><b>Better Care Fund performance metric</b>   | 4893 | 5182 | TBC | TBC   | TBC   |
| 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)<br><b>Better Care Fund performance metric</b> | 78%  | 85%  | N/A | N/A   | N/A   |
| <b>Adults with Learning and/or Physical Disabilities:</b> |  |      |      |     |   |   |
| ASC 05  | Percentage of items of equipment and adaptations delivered within 7  | 39%  | 97%  | 76% |  |  |

|                      |  |         |                            |         |   |   |
|----------------------|--|---------|----------------------------|---------|---|---|
|                      | working days<br>(VI/DRC/HMS)   |         |                            |         |   |   |
| ASC 06               | Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS                                | 72%     | 80%                        | 73%     |    |    |
| ASC 07               | Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP                                 | 35%     | 45%                        | 34%     |    |    |
| ASC 08               | Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)                             | 88.73 % | 87%                        | 88.47 % |    |    |
| ASC 9                | Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)   | 5.04 %  | 5.5%                       | 5.18%   |  |  |
| <b>Homelessness:</b> |  |         |                            |         |   |   |
| ASC 10               | Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless | 1822    | 2000<br>1000<br>500<br>250 | TBC     | TBC   | TBC   |
| ASC 11               | LA Accepted a statutory duty to  | 114     | 150                        | TBC     | TBC   | TBC   |

|                      |   |           |           |     |   |   |
|----------------------|---|-----------|-----------|-----|---|---|
|                      | homeless households in accordance with homelessness Act 2002  |           |           |     |   |   |
| ASC 12               | Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.   | TBC       | 150       | TBC | TBC   | TBC   |
| ASC 13               | Number of households living in Temporary Accommodation Hostel Bed & Breakfast   | 105<br>15 | 150<br>80 | TBC | TBC   | TBC   |
| 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) | 6.62<br>% | 7.0%      | TBC | TBC   | TBC   |
| <b>Safeguarding:</b> |   |           |           |     |   |   |
| ASC 15               | Percentage of individuals involved in Section 42 Safeguarding Enquiries   | TBC       | TBC       | 32% |  |  |
| ASC 16               | Percentage of existing HBC Adult Social Care  | 61%       | 85%       | 61% |  |  |

|                |  |        |     |       |     |     |
|----------------|--|--------|-----|-------|-----|-----|
|                | staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).   |        |     |       |     |     |
| 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%    | 90% | N/A   | N/A | N/A |
| <b>Carers:</b> |  |        |     |       |     |     |
| ASC 18         | Proportion of Carers in receipt of Self Directed Support.  | 100%   | 99% | 95.4% |     |     |
| 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%   | 8%  | N/A   | N/A | N/A |
| ASC 20         | <i>Overall satisfaction of carers with social services (ASCOF 3B)</i>  | 52.1 % | 52% | N/A   | N/A | N/A |
| ASC 21         | The proportion of carers who report that they have been included or consulted in   | 77.6 % | 80% | N/A   | N/A | N/A |

|        |   |        |     |     |     |     |
|--------|---|--------|-----|-----|-----|-----|
|        | discussions about the person they care for (ASCOF 3C)   |        |     |     |     |     |
| ASC 22 | Do care and support services help to have a better quality of life? (ASC survey Q 2b)<br><b>Better Care Fund performance metric</b> | 89.1 % | 93% | N/A | N/A | N/A |

Supporting Commentary:

**Older People:**

ASC 01 The performance team are unable to complete this indicator at this time.

ASC 02 No data received from CCG

ASC 03 No data received from CCG

ASC 04 Annual collection only to be reported in Q4.

**Adults with Learning and/or Physical Disabilities:**

ASC 05 The reduced figures are due to the impact of covid and the reduced accessibility to properties with non-urgent requests placed on hold

ASC 06 We are aware that this is an ongoing issue with reporting on service agreements, however due to COVID, we are not in a position to fully investigate this

ASC 07 We are monitoring this measure and are still above the NW averages when benchmarking.

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 22 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 update received for Q3
- ASC 11 No update received for Q3
- ASC 12 No update received for Q3
- ASC 13 No update received for Q3
- ASC 14 No update received for Q3

**Safeguarding:**

- ASC 15 Work being done looking at the Actual/ target.
- ASC 16 We have exceeded this target and staff continue to access the appropriate training.
- ASC 17 Annual collection only to be reported in Q4, (figure is an estimate).

**Carers:**

- ASC 18 The reduced figures are due to the impact of covid

- ASC 19 This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter
- ASC 20 This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter
- ASC 21 This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter
- ASC 22 This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter

**Public Health**

**Key Objectives / milestones**

| Ref | Milestones | Q3 |
|-----|------------|----|
|-----|------------|----|

|        |  | 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.  |  |

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| PH 05b | Implementation of the Suicide Action Plan.  |  |
| PH 05c | Provide training to front line settings and work to implement workplace mental health programmes. |  |

### **Supporting Commentary**

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| <b>PH 01a</b> | <p><b>Supporting commentary</b></p> <p>Halton Stop Smoking Service has continued to deliver the service remotely throughout COVID 19 to support local people to stop smoking. The voucher scheme previously used by the service to request products from Pharmacies has now been replaced by requesting products for clients directly through the pharmacists database – PharmOutcomes. The intention is to continue using PharmOutcomes when services resume post COVID. CO monitoring and Lung Age checks had to be stopped as well as the pregnancy incentive voucher scheme due to COVID 19. Through the use of digital platforms and contact with all referring agencies we have continued to promote the service to encourage referrals into the service. However, there has been a decrease in all referrals during COVID. Extra emphasis is placed on pregnant smokers, routine and manual smokers, smokers with respiratory disease, and smokers with mental health, where extra support is required. To date Halton Stop Smoking Service has received 74 pregnant smoker referrals compared to 113 received in the same period last year. Out of 74 referrals, 61 clients engaged with the service and 21 pregnant smokers successfully quit - achieving a quit rate of 34%. In comparison out of 113 pregnant smokers referred last year, only 59 engaged with the service and 28 pregnant smokers successfully quit-achieving a quit rate of 47%. Among the Routine and Manual group, there have been 113 smokers accessing the service and 64 smokers quitting – achieving a quit rate of 57%. Again the service has seen a reduction in referrals into the service compared to the same period last year 157 accessing the service and 94 quitting –achieving a quit rate of 60%. The service has now set up a FB page where advice and tips on stopping smoking are available to smokers – 82 people currently access the FB page. To date the service has seen a total of 575 clients that have been referred into the service, either by professional partners or self-referred, only 35 out of 575 clients have not engaged with the service. The service has a quit rate of 62% currently. The service has also supported Contact Track and Tracing and supported the Health Trainer Assessment programme. Assessing the practicalities of resuming the delivery of the Stop Smoking Service in GP and Community settings as well as resuming CO Monitoring and COPD6 will remain on hold due to the current COVID climate.</p> |
| <b>PH 01b</b> | <p><b>Supporting commentary</b></p> <p>There has been a decline in the uptake of screening programmes across nationally and locally as a result of the Covid situation, with services slowing down for a period of time. All screening programmes are now open again and we are working with local groups to increase awareness of this and encourage re-engagement, including targetting material and engagement at local covid vaccination centres and re-stablishing connections across Cheshire and Merseyside.</p>  |

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| <b>PH 01c</b> | <p><b>Supporting commentary</b></p> <p>The Stop Smoking Service have had to cease delivering COPD6 Lung Age Checks to clients aged 35yrs and over as per NICE guidelines during consultations due to COVID and working remotely.</p> <p>The service has started working on the recently revived TLHC Targeted Lung Health Check Programme with Halton CCG and LHCH. This programme is in the early stages of development but it is envisaged the Stop Smoking Service will see an increase in throughput into the service of potentially 1,600 current and ex smokers in Halton aged between 55 yrs and 75 yrs.</p>   |
| <b>PH 01d</b> | <p><b>Supporting commentary</b></p> <p>Haltons Adult Weight Management Service received 80 new referrals in Q3. The service worked remotely throughout, providing an individual telephone based service. Fresh Start clients continued to receive healthy lifestyle and physical activity advice on a weekly basis. The Dietician led tier 3 weight management service operated face to face appointments throughout Q3, supporting local people with high BMI's and those considering bariatric surgery service for those requiring dietetic input, 282 appointments were completed in Q3. A Facebook group with over 400 active Fresh Start clients has been maintained throughout Q3. Work continued and was completed to develop a Fresh Start app for the delivery of the weight management service through smart phones, this will launch in Q4 2020/21.</p> <p>Telephone physical activity advice and online video sessions were provided for those clients referred to the HIT exercise referral service. Working predominantly with clients with a history of cardiac, respiratory, neurological or chronic pain diagnoses.</p> <p>The Active Halton steering group meetings have continued monthly, the group has focused on updating colleagues from across Halton on how services are being managed during the Covid-19 pandemic and changes to the availability of facilities during Q3.</p> <p>Face to face sessions on healthy lifestyles continued during Q3. The number of sessions was reduced due to Covid-19. Parent Bitesize sessions delivered remotely on healthy eating, physical activity and screen time, offered to parents monthly with good engagement. Healthy lifestyles for the staff is promoted as part of the healthy schools ethos.</p> <p>Resources available to all schools on health curriculum.</p> |
| <b>PH 02a</b> | <p><b>Supporting commentary</b></p> <p>At the end of Qtr.2 86% of families were receiving a new birth visit within 14 days, 71% received the 12 month check within 15mths, and 56% received the 2-21/2 year check. Restoration plans are in place to catch up any outstanding visits or checks and the 0-19 Service has continued to support local families through drop ins, visits and telephone support.</p>   |
| <b>PH 02b</b> | <p><b>Supporting commentary</b></p> <p>During the quarter, the 0-19 Service (comprising the Family Nurse Partnership, Health Visiting and School Nursing) continued to deliver support to children, young people and families.</p> <p>The service provided support to schools and early years settings and focused particularly on the flu vaccination programme and school age immunisations,</p>  |

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|               | as well as continuing to support the increasing workload caused by safeguarding concerns.  |
| <b>PH 02c</b> | <p><b>Supporting commentary</b></p> <p>The Halton Early Years partnership has continued to meet remotely to consider how to support families and develop the local offer and is looking to re-establish the antenatal 'Your baby and you offer' remotely. Infant feeding support continues to be available to families from the HIT infant feeding team. The NCMP programme has been paused due to the pandemic.</p>   |
| <b>PH 03a</b> | <p><b>Supporting commentary</b></p> <p>During Lockdown like many other teams, Sure Start to Later Life (SS2LL) were pivotal to the COVID19 response to support the shielded and most vulnerable individuals. The team worked tirelessly to offer a telephone befriender service to those people who were on their own, isolated from their families, friends and communities and who may be feeling lonely. During Lockdown and continuing we have managed to contact over 800 people to offer this service too. At the peak response time we have supported 230 people on a regular basis via the telephone befriending service which has been either on a fortnightly basis or in some cases weekly.</p> <p>As a means to build capacity to continue to deliver this service we have recruited an additional 23 telephone befrienders who are providing approx. 66 hours per week of support. We still have 30 applications to process.</p> <p>The Telephone befriending service has been a lifeline to the outside world for a lot of people and a means to tackle loneliness. These are some of the quotes from people who have accessed the service</p> <p><b>"Im very grateful for all the support he has had from SSTLL staff during C19 shielding lockdown"</b></p> <p><b>Your calls are a blessing and your loveliness is shining bright (this lady is totally isolated with no family)</b></p> <p><b>"Thank you for your calls it's nice to know someone cares about you (this gentleman's family live abroad)"</b></p> <p>We work in collaboration with our partners in particular Age UK and more recently MIND as they too provide a similar service and we have referred people onto these services where appropriate.</p> <p>Towards the end of September we launched the Pen Pal Scheme where we asked people to write letters/ cards to people who reside in care homes as a means to tackle loneliness. We had a lot of interest from over 30 people. So far we have managed to match up 10 people. The feedback has been very positive.</p> |

|                |  |
|----------------|--|
|                | <p>In the run up to Christmas we were involved in a number of projects supporting older people over the festive period.</p> <p>We matched up a number of early year settings with a number of local care homes. Some of the children did a virtual nativity where others sent Christmas cards and gifts. This was well received by our residents of Halton.</p> <p>We supported 85 people to receive a Christmas Hamper or a Christmas Meal which was donated by the community.</p>  |
| <b>PPH 03b</b> | <p><b>Supporting commentary</b></p> <p>During the pandemic there have been significant changes made to the falls pathway. The Falls Intervention ceases to exist as does the Rapid Access Rehabilitation Service. This has left a gap in the service provision. The intermediate care service is currently under review and the outcome of this review will not be known until April 2021. A decision has been made to put the falls steering group on hold until further information is gathered about the future plan of the falls service.</p> <p>From an Age Well Falls prevention service perspective we have continued to offer a telephone consultation , where we have been contacting our existing clients pre covid to offer them either 1:1 falls prevention advise or to consult them as a group.</p> <p>This is some of the feedback from the people who receive calls:</p> <p>I'm always excitedly waiting for your call; I so look forward to it each week'. (Santosh)</p> <p>'Thank you for bringing us all together, I've enjoyed chatting with the group. It makes you feel that you're not alone' (Harold)</p> <p>I hope the calls to will continue after Christmas, it's lovely hearing from you and the others in the group. Thank you for including me'. (Margaret)</p> <p>'Thank you for all your efforts in doing these calls, I enjoy them and look forward to them each week. It makes me feel connected'. (Ian)</p> <p>'When we've all had the vaccine and the weather gets warmer, let's all meet on a big field and do our exercises together' (Joan 91yrs old)</p> <p>At present we have over 100 people who are on our waiting list to start the Age Well Exercise class when we are allowed to restart. In the meantime they are being offered telephone advice about what they can do to stay active and promoting the Active at Home Booklet. The aim of the booklet is to help you to stay active at home to help prevent physical deterioration that increases your risk of falls, loss of independence and increased need for care during Covid-19. . In total we have sent out over 6000 copies of the Active at Home Booklet.</p> |
| <b>PH 03c</b>  | <p><b>Supporting commentary</b></p> <p>Work on increasing the uptake of flu vaccination has continued throughout the flu season. Capacity and community engagement oportunities have been limited but we have been supporting practices to target eligible groups. The uptake of vaccine in the over 65 age group has increased this year compared to previous years although some of the other targetted cohorts has not achieved target uptakes.</p>   |
| <b>PH 04a</b>  | <p><b>Supporting commentary</b></p> <p>Work has continued to focus on reducing the rate of young people admitted to</p>  |

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|               | <p>hospital due to alcohol, although this has been impacted due to COVID-19, lock down, and reductions in social interaction.</p>   |
| <b>PH 04b</b> | <p><b>Supporting commentary</b><br/> Awareness is raised within the local community of safe drinking recommendations and local alcohol support services through social media campaign messages and the promotion of national campaigns via digital platforms.<br/> The Stop Smoking Service has continued to deliver Audit C screening remotely and offers Brief Advice and signposting, when appropriate, during consultations with clients who are stopping smoking and who also wish to reduce their alcohol intake</p> <p>To date over 345 clients have received Audit C screening from the Stop Smoking Service.</p> <p>Health Trainers have had limited opportunities to deliver Audit C screening as part of Health Checks due to COVID.</p> |
| <b>PH 04c</b> | <p><b>Supporting commentary</b><br/> The Substance Misuse Service has continued to find innovative ways in which to support clients affected by substance misuse, including digital consultations and socially distanced appointments. During Qtr.2, 185 assessments were completed, with 120 entering structured treatment and 65 requiring brief intervention.<br/> Those requiring support for alcohol represented 43% of overall assessments, with 18% non-opiate and opiate support 22% and 17% of assessments being for alcohol and non-opiate support.<br/> At the end of Qtr.2 there were 651 people engaged in structured treatment.</p>   |
| <b>PH 05a</b> | <p><b>Supporting commentary</b><br/> The Health Improvement Team provide a whole setting approach to schools and early years settings to support them to improve the mental health and wellbeing of their setting. Due to the pandemic the number of educational settings able to engage with preventative work has reduced due to additional demands on them. However despite this educational settings have still engaged</p> <p>3 schools are currently engaged<br/> 13 early years setting or child minders are engaged<br/> 22 Parents and carers engaged in parent workshop on childrens mental health and wellbeing</p>  |
| <b>PH 05b</b> | <p><b>Supporting commentary</b><br/> The suicide prevention partnership board has continued to meet during the pandemic. There has been delays with the real time surveillance information which has been flagged as a concern with Champs. Champs have continued to work to address: self harm, middle aged men, quality improvement within mental health trusts, primary care staff, workforce development training throughout the pandemic. However the development of a lived experience network has been placed on hold due to the pandemic.</p>   |

A Halton Time to Change campaign using local male time to change champions was launched in September and continued through to December. The campaign aimed at middle aged men shared lived experience to tackle mental health stigma and sign post to text support

**Table 1-Results of targeted social media posts on facebook**

| People Reached | Views of the videos | engagements |
|----------------|---------------------|-------------|
| 84868          | 23,920              | 8638        |

**Table 2- results of social media posts on twitter**

| Impressions | views | Engagement |
|-------------|-------|------------|
| 9787        | 2421  | 573        |

**Table 3-Targeted radio Campaign results**

| Impressions                | Listen through rate |
|----------------------------|---------------------|
| 50,000 to 6116 individuals | 96.6%               |

**Champs Stay Alive App campaign**

Champs developed and delivered a campaign to raise awareness of the free Stay Alive App across Cheshire and Merseyside from October to December 2020. The aim of the campaign was to encourage people to download the App that signposts to local Crisis helplines. A full evaluation will be available at the beginning of February demonstrating how many downloaded the app in Halton. The initial figures very encouraging, with **2000** new users and over **14,000** clicks to services in the first 3 weeks.

**Local Activity**

The Mental Health Info Point continues to be promoted via social media and training. From october to December it has received **848** page views with **389** users, **59** visiting the need help now section for details of mental health crisis support. A new local mental health crisis telephone number has been continuously promoted aswell.

**PH 05c**

**Supporting commentary**

A variety of training is provided to early years settings, schools, workplaces and the community. Since the pandemic began face to face training has been cancelled and virtual training has been available in its place. To ensure quality is maintained numbers attending virtual training has been capped and is significantly lower than numbers attending face to face sessions. Also workplaces havent engaged with any of the training offer due to the pandemic however information has been provided to them and a workplace section established on the MH info point to help support with staff wellbeing.

| Training                                    | Numbers trained |
|---|-----------------|
| Mental health awareness training for adults | 53              |
| Mental health awareness for managers        | 40              |
| Stress Awareness training for adults        | 2               |

|  |            |
|--|------------|
| Stress Awareness training for managers                       | 0          |
| Suicide Awareness training                                   | 46         |
| Mental health awareness for early years settings             | 39         |
| Mental Health awareness training for staff who work with CYP | 26         |
| Self Harm awareness training for staff who work with CYP     | 17         |
| Resilience Workshop for staff working with CYP               | 19         |
| <b>Total trained</b>   | <b>186</b> |

### Key Performance Indicators

| Ref       | Measure   | 19/20 Actual       | 20/21 Target     | Q3   | 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)                            | 66.1%<br>(2018/19) | 68%              | N/A<br><br>(Department of Education are not publishing 2019/20 data due to COVID priorities) |    | N/A   |
| 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%<br>(2017/18) | 66%<br>(2018/19) | 68.6%<br>(2018/19)   |  |  |
| PH LI 02b | Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per  | 863<br>(2018/19)   | 848<br>(2019/20) | 895<br>(2019/20)   |  |  |

|           |  |                             |  |  |   |   |
|-----------|--|-----------------------------|--|--|---|---|
|           | 100,000 population)  |                             |  |  |   |   |
| PH LI 02c | Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)   | 58.6<br>(2016/17 - 2018/19) | 55.6<br>(2017/18-2019/20)                              | 59.4<br>(2017/18 – 2019/20) provisional  |    |    |
| PH LI 03a | Smoking prevalence (% of adults who currently smoke)   | 17.9%<br>(2018)             | 16%<br>(2019)  | 14.9%<br>(2019)  |    |    |
| PH LI 03b | Prevalence of adult obesity (% of adults estimated to be obese)  | 74.4%<br>(2017/18)          | 72%<br>(2018/19)                                       | 70.6%<br>(2018/19)   |    |    |
| PH LI 03c | Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population)<br><i>Published data based on calendar year, please note year for targets</i> | 85.3<br>(2017-19)           | N/A<br>(2018-20 target not set due to COVID pressures) | 87.1<br>(Q4 2017- Q3 2020 provisional)<br>(Public Health have not published latest data due to COVID)          |    |    |
| PH LI 03d | Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population)<br><i>Published data based on calendar year, please note year for targets</i>                 | 166.1<br>(2017-19)          | N/A<br>(2018-20 target not set due to COVID pressures) | 161.6<br>(Q4 2017- Q3 2020 provisional)<br>(Public Health England have not published latest data due to COVID) |  |  |
| PH LI 03e | Mortality from respiratory disease at ages   | 52.5                        | N/A  | 53.2   |  |  |

|             |  |                        |  |   |  |     |
|-------------|--|------------------------|--|---|--|-----|
|             | under 75 (Directly Standardised Rate per 100,000 population)<br><i>Published data based on calendar year, please note year for targets</i>   | (2017-19)              | (2018-20 target not set due to COVID pressures)            | (Q4 2017- Q3 2020 provisional)<br><br>(Public Health England have not published latest data due to COVID) |  |     |
| PH LI 04a   | Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)  | 349.7<br><br>(2018/19) | N/A<br><br>(2019/20 target not set due to COVID pressures) | 388.3<br><br>(2019/20) provisional  |  |     |
| PH LI 04b   | Self-reported wellbeing: % of people with a low happiness score  | 9.7%<br><br>(2017/18)  | 8.0%<br><br>(2018/19)                                      | 7.2%<br><br>(2018/19)   |  |     |
| PH LI 05ai  | <b>Male</b> Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates)<br><i>Published data based on 3 calendar years, please note year for targets</i> | 17.7<br><br>(2017-19)  | N/A<br><br>(2018-20 target not set due to COVID pressures) | N/A<br><br>(2018-20 data not yet available nationally or locally)   |  | N/A |
| PH LI 05aii | <b>Female</b> Life expectancy at age 65 (Average number of years a person would expect to live based on  | 20.3<br><br>(2017-19)  | N/A<br><br>(2018-20 target not set due to COVID pressures) | N/A<br><br>(2018-20 data not yet available nationally or locally)   |  | N/A |

|           |   |                    |                          |                               |   |   |
|-----------|---|--------------------|--------------------------|-------------------------------|---|---|
|           | contemporary mortality rates)<br><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) | 2970<br>(2018/19)  | 2,900                    | 2834<br>(2019/20) provisional |  |  |
| PH LI 05c | Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)                               | 71.6%<br>(2019/20) | 75%<br>(national target) | 79.5%<br>(Sept – Dec 2020)    |  |  |

### Supporting Commentary

**PH LI 01** - Department of Education are not producing 2019/20 data due to COVID priorities.

**PH LI 02a** – The target has been met for 2018/19 and the percentage of adults meeting recommended levels of physical activity has increased.

**PH LI 02b** – Hospital admissions for alcohol have increased in 2019/20 and the target has not been met. Rates have also increased nationally and regionally.

**PH LI 02c** – Hospital admissions for alcohol in under 18 year olds have increased slightly in 2019/20 and the target has not been met.

**PH LI 03a** – The latest smoking prevalence estimate has reduced for Halton, meeting the target for 2019.

**PH LI 03b** – Adult obesity has reduced in 2018/19, meeting the target.

**PH LI 03c** – Provisional 3 year data to September 2020 indicates the under 75 CVD mortality rate has increased slightly on 2017-19. We have yet to understand the impact on COVID deaths compared to other leading causes of death in 2020.

**PH LI 03d** – Provisional 3 year data to September 2020 indicates the under 75 cancer mortality rate has decreased slightly on 2017-19. We have yet to understand the impact on COVID deaths compared to other leading causes of death in 2020.

**PH LI 03e** - Provisional 3 year data to September 2020 indicates the under 75 respiratory disease mortality rate has increased very slightly on 2017-19. We have yet to understand the impact on COVID deaths compared to other leading causes of death in 2020.

**PH LI 04a** – Provisional data shows self harm hospital admissions have increased in 2019/20.

**PH LI 04b** – The percentage of people reporting a low happiness score had reduced in 2018/19, meeting the target.

**PH LI 05ai** – 2018-20 data is not yet available nationally or locally. The 2017-19 life expectancy at age 65 saw an improvement on the previous 3 year period.

**PH LI 05aii** – 2018-20 data is not yet available nationally or locally. The 2017-19 life expectancy at age 65 saw an improvement on the previous 3 year period.

**PH LI 05b** – Falls injuries hospital admissions in those aged 65 and over have reduced, based on provisional 219/20 data, meaning the target has been met.

**PH LI 05c** – The flu vaccination target has been exceeded, based on data for September to December 2020.**PH LI 01** -

APPENDIX 1 – Financial Statements

### **ADULT SOCIAL CARE DEPARTMENT**

No Finance statements for Q3.

## **APPENDIX 2 – Explanation of Symbols**

Symbols are used in the following manner:

**Progress**

**Objective**

**Performance Indicator**

|              |   |  |   |
|--------------|---|--|---|
| <b>Green</b> |  | Indicates that the <u>objective</u> is on course to be achieved within the appropriate timeframe.  | <i>Indicates that the <u>annual target is on course to be achieved.</u></i>   |
| <b>Amber</b> |  | 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 whether the annual target is on course to be achieved.</u></i> |
| <b>Red</b>   |  | 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 <u>target will not be achieved unless there is an intervention or remedial action taken.</u></i>                |

### Direction of Travel Indicator

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

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