

## Directorate Overview Report – People (Adult Social Care and Health)

**Directorate:** People Directorate

**Reporting Period:** Quarter 4 - 1<sup>st</sup> January 2021 to 31<sup>st</sup> March 2021

### 1.0 Introduction

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

### 2.0 Key Developments

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

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

**Discharge Process** – With effect from Tuesday 9<sup>th</sup> February 2021, there was a change in Halton's Hospital Discharge processes from Whiston Hospital. Halton's Hospital Workers who were previously part of the Whiston's Integrated Discharge Team along with St Helen's staff, now form part of HBC's Care Management Division rather than IDT.

**Contracts** – Work has progressed on the development of a number of new contracts during Q4. These include the new contract with Age UK – Mid Mersey to deliver Wellbeing & Engagement Services in Halton and the contract to provide the Halton Domestic Abuse Services.

The Autism strategy is entering its final year. Focus for this year will be to take stock of progress made and initiate a review of the current strategy and development of the next 3 year plan. Positive regard in organisations and across the Halton community for autism as part of the different variations of the brain that form the spectrum of human experience is critical to the development of an effective, forward looking strategy. Emphasis on the upcoming plan will be on better involvement in of autistic people in the development of the strategy as well as in the subsequent work to move this forward. Engagement of autistic adults who have no other diagnosis in the process is critical to the success of this process. Following the completion of the a post graduate certificate in Autism 2 practice managers from adult services will be involved in this process focusing on how language and the use of language is critical to how autistic people in Halton are viewed and view themselves.

#### **Care Management**

From March 2020 in response to the Covid-19 Pandemic, the care management service temporarily drew together its teams to form a new Single Point of Access (SPA) service, which was introduced to deal with **all** Adult Social Care enquiries/referrals. This involved Care Management Teams (IAT, CCR, CCW & SCIP) being reconfigured into a single team covering 7 days a week (8am – 6pm), with input from/working alongside staff in the

Capacity & Demand Team/RARS/Community Therapy. The teams are still required to have flexible arrangements around hospital discharges and covid-19 pandemic requirements. The teams continue to have capacity issues and increased demand for services throughout the lockdown.

We had started with a launch of a programme of work and training in March 2020 just before the pandemic, on Strengths Based Approaches. This approach focuses on an individuals' 'strengths' and connecting people to community based 'assets' or services, which fits well into place-based working. This work has been on hold during the pandemic, an attempt to re-initiate was found unworkable at this time. But it is hoped to restart this as lockdown is lifted over the coming summer months.

**Dementia Connect** – the current Dementia Community Advisor service will now operate under the Alzheimer's Society's new community model, Dementia Connect. Halton is the first area in the North West to introduce Dementia Connect. A briefing note has been sent to members to outline the new model and Alzheimer's Society have a communication plan in place to promote to Halton stakeholders. The service access and administration will benefit from Dementia Connect's central hub, whilst the service objectives and outcomes remain as outlined in our original contract with Alzheimer's Society.

### **Communities Division**

An overhaul and refresh of the Learning Disabilities Strategy for Halton is to begin shortly. In partnership with all stakeholders the strategy will pull together the levels and variety of current provision, identify gaps and set a new more coherent and ambitious plan for the future.

The LFT/PCR testing centre based at Moorfield rd. continues to test staff from Day Services and Supported Living on a weekly basis. Staff are completing 2 LFT and 1 PCR tests per week. The Supported Living Services provided by the Independent Sector have joined with the Communities Division and are providing detailed information on numbers of tests and vaccines for staff and service users in their services. Across the sector there is at least 80% of staff and service users vaccinated meaning that come the removal of lockdown measures service users will be able to return to their work, education or day service much more safely and rapidly.

### **Mental Health Services:**

**The Halton Women's Centre:** the award to the Centre of a considerable sum of money to support women who have had contact with the criminal justice system has been described in previous monitoring reports. It is therefore very pleasing to report that there has been a further award of funding to develop this further. The funding is intended to promote probation support in a more relaxed setting, whilst also providing them with services which will help them to engage with their local communities more effectively. Many of these women have long-term mental health needs, complex lives (including experience of domestic violence), poor self-esteem and emotional issues. The initial funding has already been used to employ a support worker, and the additional funding is to be used to employ a further part-time worker, as well as upgrading the IT facilities in the Centre so that there is an IT suite available to the women who use the centre. The employment of additional support staff will allow the development of the Centre into the Widnes area.

The Centre continues to support a wide range of other women, and the services and groups provided within the Centre continue to expand, particularly as the Covid regulations relax. The Centre has been reopened to a number of groups, following the strict guidance from the Council's Property Services about the appropriate safety measures that had to be put in place. Throughout the lockdown period, the Centre also maintained contact with a considerable number of women by telephone, providing them with regular support and advice.

North-West Boroughs (NWB) Mental Health Trust: the work to deliver the take-over of most of the NWB's mental health services by MerseyCare is now nearly complete. Some elements of the NWB's activity changed on 1<sup>st</sup> April 2021: some services in the Wigan are now transferred to the Greater Manchester Mental Health Trust. There were some concerns in Halton that this might disadvantage local residents who used those services, but transfer arrangements have been put in place to avoid this risk, and no problems have been reported. The remaining transfer of the NWB's mental health services to MerseyCare will take place at the beginning of July 2021. At that point, the NWB services will effectively

### **Public Health**

Plans for the implementation of the Targeted Lung Health Check Programme are now in final stages and it is hoped that the programme will go live from June 2021. Further details to be available soon.

Covid infection rates are now low and we starting to reopen health services. There is a substantial waiting list and the CCG has put a Restoration Programme in place.

Plans for the implementation of the Targeted Lung Health Check Programme are now in final stages and it is hoped that the programme will go live from June 2021. Further details to be available soon.

Halton has become part of the government programme for adult obesity. It will align with our new Weight Management Strategy.

Halton is part of the new Cheshire and Merseyside Mental Health in schools programme.

Halton is also part of a new initiative to address substance misuse.

## **3.0 Emerging Issues**

### **Adult Social Care**

**Intermediate Care Review** - Work has continued over the past few months on the development of a new Intermediate Care (IC) Model. It was anticipated that the introduction of the new model and associated Single Point of Access would take place on 1st April 2021, however this has not been possible, as work still needs to be finalised on the associated staffing model. It is anticipated that the new model will be introduced within the next 3 months.

**Lilycross** - Lilycross has continued to operate as a designated setting for Cheshire and Merseyside under the Winter Discharge Designation Settings scheme, however during Q4 the number of Covid +ve beds was reduced from 24 to 16. With effect from 1<sup>st</sup> April

2021, NHS Halton Clinical Commissioning Group will take over the contract from HBC with the Provider, under a one-year NHS contract.

Halton Community Dementia Advisor Service contract (incorporating Dementia Connect, as above) is due to expire at the end of September 2021.

### **Communities Division**

Staff refusing vaccinations is a concern. While numbers are low people who refuse pose a moral and operational dilemma. There are solutions and services can make reasonable adjustments in the short term but there needs to be some clear overall guidance that will support managers to overcome obstacles easily.

### **Mental Health Services:**

**White Paper: Reforming the Mental Health Act:** after some considerable delays, the White Paper on reforms to the Mental Health Act was finally published in January 2021. Although the White Paper is primarily about law reform, it also focuses on issues such as organisational culture, workforce and the systems which impact upon practice. There are a number of overarching themes:

- Increased choice and control
- Decreased use of compulsory powers
- A renewed focus on supporting people in the community
- Providing better mental health care overall

The White Paper sets out four key principles, in much the same way as happened with the Mental Capacity Act:

- Choice and autonomy: ensuring patients' views and opinions are respected
- Least restriction: ensuring Mental Health Act powers are used in the least restrictive way
- Therapeutic benefit: ensuring patients are supported to get better and discharged as soon as possible
- The person as an individual – ensuring patients are seen and treated as individuals

A consultation process was set out in the White Paper, with 36 questions addressing the potential changes and developments to the Act. Halton Borough Council has submitted a detailed response to this consultation.

It is likely that it will take until the end of 2021 until the various responses from around the country have been collated and considered. A new Mental Health Bill will be drawn up and is expected to be considered by parliament in 2022, depending on the parliamentary programme. Implementation of the act is likely therefore to be in late 2022 or early 2023.

**Mental Health Crisis Breathing Space (MHCBS):** this national programme, set up by HM Treasury, is due to be implemented in early May 2021. It is designed to ensure that people who are in debt can receive advice and support during a "breathing space" period, during which creditors are not permitted to pursue debts or enforcement action, or add interest to any outstanding debts. During the breathing space period, debt advisers will work with the person concerned to ensure that their debts are properly managed.

There are two elements to the scheme: a standard breathing space which is open to anyone who qualifies for the support, and a Mental Health Crisis Breathing Space. This latter element was put in place because it was recognised that mental health problems and debt are often very closely linked, but that people with complex mental health needs may not have the emotional resources to effectively address their debts.

For people in a mental health crisis this can be even worse, which is why this element exists. A person who qualifies for this support will revive debt advice for the duration of their mental health crisis, plus an additional 30 days.

The MHCBS will have considerable implications for the Council's Approved Mental Health Professional (AMHP) workforce. AMHPs have been defined as the only professional group to decide whether a person is in mental health crisis, and will then be expected to refer the person to a dedicated national online service, which will then allocate the work to a local debt advice service. The AMHP will have to identify someone from a small group of professionals who can then act as the

contact point for the debt adviser, or undertake this role themselves. This will potentially add a considerable amount to their already complex caseloads.

Work will therefore be taking place to analyse and set up the process required to implement the MHCBS, and this will be further reported on in the next Quarterly Monitoring Report.

**Section 140 Mental Health Act:** this section of the Act lays duties on CCGs to ensure that there are adequate numbers of mental health beds available in their locality to admit people detained under the Mental Health Act in situations of special urgency. Locally and nationally, there have been continuing concerns about suitable bed availability for people being detained under the Act, with many accounts of people having to be placed in hospitals far from their home areas. This can pose real problems for AMHPs who undertake Mental Health Act assessments, as delays in finding beds can make already complex situations even more difficult.

Recently the Chief Social Worker has written to all Directors of Adults Social Services to urge that local agreements are set up with CCGs, to ensure that beds are available when needed. This will be taken up with the local CCG and reported on in the next Quarterly Monitoring Report.

### **Public Health**

Health inequalities have widened as a result of the pandemic and system wide plans are being developed to address this.

Cancer screening programme boards have not yet recommenced. Local activity is continuing with engagement with all services to encourage uptake and maximise participation in the screening programmes. The Cancer Prevention Board will soon be recommencing with cancer screening a key priority.

Access to Vision and Hearing Screening has been impacted by the pandemic and the service has been working to implement a programme of catch up as part of the recovery plans for work with local schools.

## 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	Q4 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.	✓
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. Pooled budget is on target to balance at the end of the year.

1B. Work continues under the One Halton programme to develop integrated teams, across health and social care.

1C Implementation of the strategy is on target.

1D. The revision of the One Halton Dementia Strategy delivery plan has not yet been restarted due to COVID priorities, but during the last quarter recommendation papers have been published from Alzheimer's Society ( Carers, Housing), which will form part of future discussions about the direction of the delivery plan and ASC priorities. HBC has reinstated Dementia Friends Awareness sessions for staff as part of the corporate training calendar and in support of HBCs commitment to become more a dementia friendly organisation.

1E. Completed

1F. Continues to be monitored on an annual basis.

3A. Continues to be developed across One Halton framework.

### **Key Performance Indicators**

<b>Older People:</b>		Actual 19/20	Target 20/21	Q4	Progress	Direction of Travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <b>Better Care Fund performance metric</b>	TBC	635	TBC	TBC	TBC
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. <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. <b>Better Care Fund performance metric</b>	4893	5182	3793	<input checked="" type="checkbox"/>	
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) <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 working days (VI/DRC/HMS)	39%	97%	TBC	TBC	TBC
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	72%	80%	TBC	TBC	TBC
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	35%	45%	TBC	TBC	TBC
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	88.73%	87%	TBC	TBC	TBC
ASC 09	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.04%	5.5%	TBC	TBC	TBC
<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 1000 500 250	N/A	N/A	N/A
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness	114	150	N/A	N/A	N/A

	Act 2002					
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	TBC	150	N/A	N/A	N/A
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	105 15	150 80	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 the Borough)	6.62%	7.0%	N/A	N/A	N/A
<b>Safeguarding:</b>						
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	TBC	TBC	TBC	TBC	TBC
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%	85%	62%		
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%	TBC	TBC	TBC
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	Overall satisfaction of carers with social services (ASCOF 3B)	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 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) <b>Better Care Fund performance metric</b>	89.1%	93%	N/A	N/A	N/A

### Supporting Commentary

#### Older People:

ASC 01 Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

ASC 02 National reporting has been suspended due to the Pandemic, data is not available, there is no date provided for this to resume.

ASC 03 The very low numbers reported in Q4 are the direct result of fewer people attending A&E and being admitted due to changes in people's behaviour during coronavirus pandemic. People have been avoiding healthcare settings including A&E. In addition, significant bed pressures at the acute hospital sites due to Covid-19 admissions have meant that the usual process of admit to assess (0 LOS) has not been happening to the same degree, resulting in a more pronounced reduction in the 0 LOS admissions compared to 1+ LOS admissions.

ASC 04 Annual collection only to be reported in Q4.

Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

ASC 05 Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

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

ASC 06 Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

ASC 07 Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

ASC 08 Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

ASC 09 Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

**Homelessness:**

ASC 10 No data received for Q4

ASC 11 No data received for Q4

ASC 12 No data received for Q4

ASC 13 No data received for Q4

ASC 14 No data received for Q4

**Safeguarding:**

ASC 15 Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

ASC 16 Despite the pandemic the number of people undertaking safeguarding training has surpassed the previous year figures, however, they remain less than the target set.

ASC 17 Annual collection only to be reported in Q4, (figure is an estimate).  
Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

**Carers:**

ASC 18 Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

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	Q4 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 Supporting commentary**

**01a** 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 105 pregnant smoker referrals, only 58 referrals from Midwives and the remaining 29 referrals from GP's. Out of 105 referrals, 87 clients engaged with the service and 27 pregnant smokers successfully quit - achieving a quit rate of 31%. Although only 18 clients did not engage with the service, albeit remotely, the quit rate is lower than previous years. This reflects the need to resume house visits and the pregnancy incentive voucher scheme for pregnant smokers when face 2 face consultations resume in June 2021.

Among the Routine and Manual group, there have been 163 smokers accessing the service and 86 smokers quitting – achieving a current quit rate of 53%. To date the service has seen a total of 770 clients that have been referred into the service, either by professional partners or self-referred. The service has a quit rate of 57% currently. However, data for Q4 is still not complete as there are 59 clients awaiting 4 week review outcomes some of which will be quits. The service has now set up a FB page where advice and tips on stopping smoking are available to smokers – 85 people currently access the FB page. The service has also supported Contact Track and Tracing and supported the Health Trainer Assessment programme this year.

**PH Supporting commentary**

**01b** Cancer screening programme boards have not yet recommenced. Local activity is continuing with engagement with all services to encourage uptake and maximise participation in the screening programmes. The Cancer Prevention Board will soon be recommencing with cancer screening a key priority.

**PH Supporting commentary**

**01c** 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. Resumption of face 2 face consultations is planned for June 2021.

Partnership working across Liverpool and Knowsley Stop Smoking Services, Liverpool Heart and Chest Hosp. and Halton CCG is ongoing for the recently revived TLHC (Targeted Lung Health Check Programme). This programme is in the early stages of development but it is envisaged Halton area will be targeted in Autumn 2021. An increase in throughput into the service of potentially 1,600 current and ex smokers in Halton aged between 55 yrs and 75 yrs is anticipated.

**PH Supporting commentary**

**01d** Haltons Adult Weight Management Service received 85 new referrals in Q4. The service worked remotely throughout, providing both an individual telephone based service and a new digital weight management coaching app. Fresh Start clients continued to receive healthy lifestyle and physical activity advice via phone calls or the app. The new Halton Fresh start app provides a unique opportunity in Halton to engage with a wider group of local people who would not attend traditional face to face services. The app has 174 users since its launch in February 2021. The Dietician led tier 3 weight management service operated remote phone based appointments during Q4 up until 8<sup>th</sup> March 2021, when face to face appointments were resumed. The service supports local people with high BMI's and those considering bariatric surgery. 201 appointments were booked in Q4. A Facebook group with over 400 active Fresh Start clients has been maintained throughout Q4.

In person weight check clinics for clients to be weighed and have their blood pressure also resumed the week of 22<sup>nd</sup> March in both Widnes and Runcorn.

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.

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 Q4.

**CYP**

Professionals training aimed at increasing healthy lifestyles intervention when working with children and families continues. In Qtr 4, 18 practitioners have trained in Children and Young people's Brief Lifestyle Intervention for Practitioners (CYPBLIP), and 10 participants in Alcohol and Tobacco sessions allowing those staff to lead their own sessions. This training is also offered to school staff and supports the new health curriculum with additional resources. In Qtr 4 112 pupils in

schools have participated in face to face Alcohol Awareness sessions and 186 pupils have participated in Fit 4 Life sessions.

Children and families healthy lifestyle (Fit 4 Life) continue to engage families directly through remote parent Bitesize sessions, 22 parents attended in qtr. 4. Development work has now started on the Adult weight Management app to allow work with the whole family, with children as the focus of the programme, this will be a combination of interactive remote sessions, coaching and telephone calls. Dieticians continue to carry out face to face clinics with children above 98th centile with their parents.

**PH Supporting commentary**

**02a** Despite the impact of the pandemic, the 0-19 Service has continued to maintain support for children and families in Halton. The most recent quarter (Q4) has seen the introduction of the new “Chat Health “ communications system – utilising online and text support for children and families which will increase access and availability of support as the service introduces its recovery plan for the next stage of its pandemic response.

During Qtr 3, the service managed to deliver 79% of the face to face New Birth Visits within 30 days and 26% of babies were recorded as being “breastfed” at 6 weeks. Areas for improvement include the 12 month and 2 ½ year check, and the service has implemented a catch up plan to improve access to this part of the Healthy Child Programme.

Access to Vision and Hearing Screening has been impacted by the pandemic and the service has been working to implement a programme of catch up as part of the recovery plans for work with local schools.

**PH Supporting commentary**

**02b**

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.

The service provided support to schools and early years settings and focused particularly on the flu vaccination programme and school age immunisations, as well as continuing to support the increasing workload caused by safeguarding concerns and the response to the pandemic.

The 0-19 Team has been integral in providing support to schools with regards to COVID Outbreak management and support and has been an integral part of the Councils outbreak management team.

The team has responded to an increasing workload with regards to safeguarding and “early help” requests during the pandemic.

**PH Supporting commentary**

**02c**

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.

Encouraging physical activity continues to be difficult to support directly, other than through social media.

The NCMP programme was paused during lockdown, and now schools have returned local areas have been asked to measure 10% of the eligible population to collect a representative sample for 20/21.

**PH Supporting commentary**

**03a** The Sure Start Telephone befriending service has grown from strength to strength during this period we have provided 167 hours of volunteer support.

The team have received a 25 new referrals and have 500 reviews to complete for people who are deemed as socially isolated and lonely. We are hoping that in the next few months community groups will reconvene and we will be able to start signposting people to the relevant support group.

We are now in the planning phase of restarting the Upton Get Together event in October for Older Peoples week subject to Government guidelines.

The Loneliness training has been revamped during this period and the up to date training offer will be launched in the next Quarter.

The Partners in Prevention network meeting was relaunched this Quarter. This is an opportunity for organisations from all sectors to share what their service has to offer. It is also a great networking event to share ideas of how to tackle loneliness across the Borough.

We are working in collaboration with Cheshire Fire Service, as part of the ongoing Loneliness campaign, to produce a video to raise awareness about loneliness , the impact it has and how we can tackle it within our communities.

**PH Supporting commentary**

**03b** No Change . During the pandemic there have been significant changes made to the falls pathway. The Falls Intervention services 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.

**PH Supporting commentary**

**03c** Uptake of flu vaccination for the 2020 season has increase for most cohorts (with the exception of pregnant women, though there have been known data denominator issues, which make this difficult to interpret). The 75% target was chieved in the over 65 age group.

The uptake has been facilitated bythe joint approach with local partners, including Warrington Council to maximise opportunities for engagement and emphasise the benefits of flu vaccination with the Covid Pandemic.

**PH Supporting commentary**

**04a** Work has continued to focus on reducing the rate of young people admitted to hospital due to alcohol, although this has been impacted due to COVID-19, lock down, and reductions in social interaction.

**PH Supporting commentary**

**04b** 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. The Stop Smoking Service has continued to deliver Audit C screening remotely and offers Brief Advice and signposting or referral to CGL, when appropriate, during consultations with clients who are stopping smoking and who also wish to reduce their alcohol intake

To date the Stop Smoking Service have delivered Audit C screening remotely to 532 clients.

Health Trainers have had limited opportunities to deliver Audit C screening as part of Health Checks due to COVID.

**PH Supporting commentary**

**04c** 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.3, 150 assessments were completed as per the breakdown below.

Substance of choice	Total Q1	Total Q2	Total Q3	Target YTD	Actual YTD
Alcohol	52	80	59	180	191
Opiates	23	41	35	105	99
Non-Opiates	33	32	35	90	100
Alcohol/Non-Opiates	12	32	21	60	65

Those requiring support for alcohol represented 53% of overall assessments, which is an increase on the previous quarter. At the end of Qtr.3 there were 149 people engaged in structured treatment for alcohol, with 63 in 'Recovery Support'.

**PH Supporting commentary**

**05a** 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 with prevention work.

- 6 schools are currently engaged
- 12 early years setting or child minders are engaged
- 14 Parents and carers engaged in parent workshop on childrens mental health and wellbeing
- 55 Parents / Carers accessing information, resources and support available on the local Mental Health info point
- 49 Professionals accessing information and resources to help them support CYP mental health and wellbeing

The Health Improvement team work closely with partners to improve the mental health and wellbeing of children and young people. We have been part of the local nurture strategy and plan since it began in 2018. We actively encourage all schools we support to adopt a nurturing approach. In Q4 work has begun to support early years settings to adopt a nurturing approach too and the health improvement team have been actively involved in this.

## PH Supporting commentary

**05b** 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 and the development of a lived experience network throughout the pandemic

### Local Activity

A follow on anti stigma campaign aimed at middle aged men started on the 24<sup>th</sup> of February with 30 second lived experience videos automatically playing when middle age aged men log on to websites locally. From the 24<sup>th</sup> of February to the 31<sup>st</sup> of March there has been **21263** views equating to **171** hours watched and **148** clicks through to the full length videos. Both the full length vidoes and the short video clips include local men talking about their lived experience and a 24 hour text help line if they want to talk about what is worrying them. The Mental Health Info Point continues to be promoted via social media and training. From January to March it has recevied **1297** page views with **435** users and **93** visiting the need help now section for details of mental health crisis support. The local 24hr mental health crisis telephone number is continuously promoted by the Local Authority, NWBP and partners. Due to concerns with money worries and mental health a local webinar was delivered in partnership with Citizens Advice and Warrington Borough Council and had **117** attendees. The aim was to raise awareness of the vicious cycle between money worries, debt and mental health enabling the local community and workforce to identify concerns in those they are supporting connecting them to appropriate support. The suicide prevention partnership board is working with Wirral Mind to increase representation from Halton on the Lived Expearence Network with the overall aim to have lived experience representation on the local suicide prevention partnership board.

## PH Supporting commentary

**05c**

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 avialable in its place (although schools have still been able to access face to face training when safe to do so). 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. 26 workplaces have accessed the workplace section during Q4.

Training	Numbers trained
Mental health awareness training for adults	71
Mental health awareness for managers	5
Stress Awareness training for adults	0
Stress Awareness training for managers	5
Suicide Awareness training	33
Mental health awareness for early years settings	17

Mental Health awareness training for staff who work with CYP	17
Self Harm awareness training for staff who work with CYP	0
Resilience Workshop for staff working with CYP	17
Staff wellbeing workshop for staff working with early years and CYP	45
<b>Total trained</b>	<b>210</b>

### Key Performance Indicators

Ref	Measure	19/20 Actual	20/21 Target	Q4	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% (2018/19)	68% (2019/20)	N/A	u	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)	68.6% (2018/19)	N/A targets not set due to COVID pressures	N/A	u	N/A
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	896 (2019/20 provisional)	N/A 2020/21 targets not set due to COVID pressures	678 (Q4 2019/20 – Q3 2020/21)	u	

PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	58.3 (2017/18 – 2019/20)	N/A 2020/21 targets not set due to COVID pressures	57.1 (Q4 2017/18 – Q3 2020/21)		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	14.9% (2019)	N/A 2020/21 targets not set due to COVID pressures	N/A		N/A
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	70.6% (2018/19)	N/A 2020/21 targets not set due to COVID pressures	N/A		N/A
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>	85.3 (2017-19)	N/A 2018-20 target not set due to COVID pressures	87.1 (2018-20 provisional)		
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</i>	166.1 (2017-19)	N/A (2018-20 target not set due to COVID pressures)	162.4 (2018-20 provisional)		

	<i>year for targets</i>					
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>	52.5 (2017-19)	N/A (2018-20 target not set due to COVID pressures)	52.1 (2018-20 provisional)		
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	388.3 (2019/20)	N/A (2020/21 target not set due to COVID pressures)	337.8 (Q4 2019/20 – Q3 2020/21)		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	7.2% (2018/19)	N/A (2019/20 target not set due to COVID pressures)	N/A		N/A
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) <i>Published data based on 3 calendar years, please note year for targets</i>	17.7 (2017-19)	N/A (2018-20 target not set due to COVID pressures)	17.2 (2018-20 provisional)		

PH LI 05aii	<b>Female</b> 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>	20.3 (2017-19)	N/A (2018-20 target not set due to COVID pressures)	19.8 (2018-20 provisional)		
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2834 (2019/20)	N/A (2020/21 target not set due to COVID pressures)	2816 (Q4 2019/20 – Q3 2020/21)		
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	71.6% (2019/20)	75% (national target)	79.9% (Sept – Feb 2021)		

### Supporting Commentary

**PH LI 01** - The latest data is not available as Department of Education are not publishing 2019/20 data due to COVID priorities.

**PH LI 02a -**

The latest data has not yet been published by Public Health England.

**PH LI 02b -**

Provisional data to Dec 2020 indicates the rate has improved since 2019/20. However, we do not yet know the full effects of COVID-19 on hospital admissions.

Data is provisional; published data will be released later in the year

**PH LI 02c -**

Provisional data to Dec 2020 indicates the rate has improved since 2019/20. However, we do not yet know the full effects of COVID-19 on hospital admissions.

Data is provisional; published data will be released later in the year

**PH LI 03a -**

The latest data has not yet been published by Public Health England

**PH LI 03b –**

The latest data has not yet been published by Public Health England

**PH LI 03c -**

Provisional data for 2018-20 indicates the rate has increased (worsened) very slightly since 2017-19. However, we do not yet know the effects of COVID-19 on the categorising of other deaths.

Data is provisional; published data will be released later in the year

**PH LI 03d –**

Provisional data for 2018-20 indicates the rate has improved slightly since 2017-19. However, we do not yet know the effects of COVID-19 on the categorising of other deaths.

Data is provisional; published data will be released later in the year

**PH LI 03e -**

Provisional data for 2018-20 indicates the rate has remained similar to 2017-19. However, we do not yet know the effects of COVID-19 on the categorising of other deaths.

Data is provisional; published data will be released later in the year

**PH LI 04a -**

Provisional data to Dec 2020 indicates the rate has improved since 2019/20. However, we do not yet know the full effects of COVID-19 on hospital admissions.

Data is provisional; published data will be released later in the year

**PH LI 04b -**

The latest data has not yet been published by Public Health England.

**PH LI 05ai -**

Provisional data for 2018-20 shows life expectancy at age 65 has reduced by 6 months for males in Halton since 2017-19. This is due to the excess deaths seen in the over 65s in 2020 from COVID-19.

Data is provisional; published data will be released later in the year

**PH LI 05aii –**

Provisional data for 2018-20 shows life expectancy at age 65 has reduced by 6 months

for females in Halton since 2017-19. This is due to the excess deaths seen in the over 65s in 2020 from COVID-19.

Data is provisional; published data will be released later in the year

**PH LI 05b –**

Provisional data to Dec 2020 indicates the rate has remained similar to 2019/20. However, we do not yet know the full effects of COVID-19 on hospital admissions.

Data is provisional; published data will be released later in the year

**PH LI 05c –**

Data to Feb 2021 shows Halton has met the 75% national target.

## APPENDIX: Explanation of Symbols

Symbols are used in the following manner:

Progress		<b>Objective</b>	<b>Performance Indicator</b>
<b>Green</b>		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>
<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</u> whether the annual target is on course to be achieved.</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 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

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