

One Halton

Health and Wellbeing Strategy
2017-2022 – amended in 2021



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2021 introduction

In Halton, we have been delivering on the 2017-2022 One Halton Health and Wellbeing Strategy, which set out the case for change and outlined the key priorities for our system. However, the health and care landscape has changed dramatically as COVID-19 has impacted every aspect of our lives. This rapid update to the Strategy highlights some of these impacts on our priority areas as we begin preparations for our new strategy for the next phase of the One Halton programme.

In addition to discussing the impacts of COVID-19, we have taken this opportunity to update the figures and statistics presented with data from Public Health England and the Office for National Statistics. However, most of the document is unchanged from 2017.

Leader of the Council Councillor Mike Wharton:

The One Halton Health and Wellbeing Strategy 2017 – 2022 is an overarching strategy to improve health in Halton. It was jointly developed after consultation with Halton Borough Council, NHS Halton Clinical Commissioning Group, the voluntary sector, Community Health Services, Health Watch, the blue light services, housing and local community groups.

Our first Health and Wellbeing Strategy 2013 - 2016 provided us with an excellent platform to take forward our good track record of partnership working. It enabled us to focus extra effort on a few key health challenges for local people. The new strategy seeks to build on this work so improving health is embedded in all our systems and within the local community

Through the One Halton model, that engages local people and all partners, we proposed a radical change to the way we do things, so that by 2022 fewer people will be suffering from poor health. Effective prevention and early action can deliver a 'triple dividend' by helping people to stay well and live healthy lives, thus reducing the demand for costly services and creating the conditions for a prosperous economy. This is a whole systems approach with a focus on people and places. We know that people who have jobs, good housing, meaningful activities and are connected to families and community feel, and stay, healthier. We are working at scale to implement evidence based interventions and mobilise local communities to engage in their own health. We recognise the need to shift services into the community and make use of and build upon community assets.

We are working across the life course with identified and agreed priorities in each age group. As we achieve our ambitions in those priorities we will then review our strategy and replace that priority with a new one.

COVID-19

COVID-19 has impacted on Halton's residents and every facet of our work to improve their health. Our frontline health and social care staff and public health professionals have worked tirelessly to fight COVID-19. But beyond this, every service and organisation has had to rethink how they deliver their work in a COVID-secure manner, whilst managing cases and outbreaks. We thank all our partners, from education settings, to businesses, to key service and infrastructure providers and to volunteers, for their continuing efforts to keep Halton safe.

The pandemic began in early 2020, at a time where England was already seeing a widening of health inequalities¹. More deprived local areas saw higher death rates during the pandemic. Other factors, such as poorer living conditions, certain occupations and being from a Black, Asian or Minority Ethnic group increased the risk of severe disease, as did having a pre-existing health condition. Many residents will experience persistent symptoms following an episode of COVID-19.

We have seen higher rates of COVID-19 in the North West than England overall and have experienced restrictions over and above national measures as a result. People in more deprived groups were also most affected by control measures and restrictions and will bear the brunt of the economic impact of COVID-19 unless measures are in place to protect them. We have already seen falls in income for younger workers and lower earners, with a rise in applications for Universal Credit and Jobseeker's Allowance benefits. Any economic downturn will lead to poorer health outcomes across our priority areas.

Detrimental and beneficial impacts of the pandemic on Halton's six priorities:

Children and Young People: improved levels of early child development:

- Reduced social contact leading to under development of communication and social skills.
- Increased anxiety and depression in parents leading to change of behaviour in the child.
- Missed school or nursery leading to under development of educational and social skills.
- Increased food insecurity.

Generally Well: increased levels of physical activity and healthy eating and reduction in harm from alcohol:

- Reduced organised sport and exercise.
- Increased walking and cycling for some.
- More home cooking with fresh ingredients increasing nutrition.
- Increased reliance on ready meals and takeaways leading to weight gain and unhealthy eating.
- Shift from night-time economy to home drinking resulting in increased intake to harmful levels.
- People with excess weight are at greater risk from COVID-19.

¹ <https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review>

Long-term Conditions: reduction in levels of heart disease and stroke:

- People with pre-existing heart conditions are more at risk due to COVID-19.
- Impact of changes in physical activity, healthy eating and alcohol use is increasing heart disease.
- Impact of COVID-19 on capacity of primary care, secondary care and NHS Health Checks resulting in later diagnosis and treatment.
- Delayed presentations of heart and stroke conditions resulting in exacerbated conditions.
- Improved air quality due to reduced traffic.
- Increased inequalities in smoking with more people quitting but not in the most deprived groups.

Mental Health: improved prevention, early detection and treatment

- Direct impact of COVID-19, restrictions and lockdowns on people's social and emotional health.
- Financial stress and increased levels of precarious employment leading to anxiety and depression.
- Increased risk of exposure to domestic violence and abuse during lockdowns.
- Frontline staff reporting increased stress and post-traumatic stress disorder.
- Deferment of face-to-face counselling and related services resulting in worsening conditions.
- Increase in the requirement for bereavement services.

Cancer: reduced level of premature death

- Disruption to cancer screening and treatment resulting in late diagnosis and poorer outcomes.
- People presenting later with symptoms resulting in poorer outcomes.
- Increase in risky lifestyle resulting increased incidence of cancer.

Older People: improved quality of life

- Older people more at risk from COVID-19 resulting in higher rate of illness and deaths.
- Older people more vulnerable to social isolation, reduction in community services and groups and limits to visiting in care homes as a result of lockdown.
- Older people prioritised for COVID-19 vaccinations high uptake has resulted in a reduction in illness and death since December 2020.

Our key priorities contribute to our shared outcomes:

- More Halton children do well at school by reaching a good level of development educationally, socially and emotionally.
- Healthy fit workforce to drive economic prosperity with fewer people suffering long term conditions from the age of 50.
- More people will be supported to stay well and live independently for as long as possible.
- People lead full, active lives using a wide range of facilities within local communities, including, good quality housing, parks, arts and cultural facilities, leisure services and safe cycling routes.
- Reduced demand on services, improved quality and access.
- More efficient use of financial resources.

Delivering this Strategy

Ultimate responsibility for the implementation of the Strategy lies with the One Halton Health and Wellbeing Board. However, in order to deliver our vision and priorities we need everyone who lives and works in Halton to take an active role. We are passionate about improving the health and wellbeing of people living in Halton. Local residents, statutory, voluntary, community and commercial organisations all have an important role to play in achieving this goal.

The One Halton Health and Wellbeing Strategy sets the framework for the commissioning of health and wellbeing services in Halton with a particular emphasis on prevention and early intervention. It does not replace existing strategies, commissioning plans and programmes, but influences them.

Integration is key to our strategic approach with all partners working together to deliver:

- joint commissioning,
- culture change through community development,
- training for all staff in how to deliver health messages so every contact counts,
- development of multi-disciplinary teams and
- joint advocacy and policy work.

Ultimate responsibility for the monitoring of the implementation of the Strategy lies with the Health and Wellbeing Board who are accountable to the public.

A governance structure and One Halton priority groups will oversee the development and delivery of these priorities. Each group will be responsible for the development of an action plan setting out what all stakeholders will do to deliver the outcomes we want. They will use a life course approach and ensure each action plan includes action to maximise prevention and early intervention, provide high quality treatment based on need and supports people in both the short and long term.

One Halton

The One Halton Health and Wellbeing Strategy is our borough based plan to improve the health and wellbeing of local people, their families and communities. This includes all people who live and work in Halton regardless of their age, gender, ethnicity, sexuality or occupation.

Our collective principles are that Halton people live healthy lives in vibrant communities; there is a fundamental change towards people managing their own health through the development of local care organisations that are mostly in the community with hospitals only used for specialist care. Hospitals will work together so everyone can benefit from high standards of specialist care and we will share clinical and non-clinical functions across lots of organisations.

Our purpose is to improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill-health, promoting self-care and independence, arranging local, community-based support whenever possible and ensuring high-quality hospital services for those who need them. We want to support people to stay well in their homes, in particular to avoid crises of care that can result in hospital admission. General practices will support and empower individuals and communities by promoting prevention, self-care, independence and resilience. We will work with local people and with partner organisations including healthcare providers and the voluntary sector. This will ensure that the people of Halton experience smooth, co-ordinated, integrated and high-quality services to improve their health and wellbeing.

Through signing up to deliver this One Halton Strategy we are jointly:

- Taking ownership of where we are now. We all recognise progress has been made but that there is more work to do.
- Being responsible for delivering on the agreed priorities and actions set out within this strategy.
- Making a commitment to make things better. For us to be successful all partners in Halton need to play their part including our local people.
- Being accountable for developing systems that deliver more joined up approaches to delivering services.

Halton has a vibrant and an active, participative, General Practice community. We have 16 practices, all of whom are involved and engaged in the development of the Halton Vision and General Practice Forward View. We are extremely proud of the progress we have made and the commitment from our partners to continuously improve the health and wellbeing of the population of Halton.

With our members we commit to delivering better care, better health and better value; investing in a sustainable provider landscape within a system that holds everyone to account.

Our vision as set out within our GP strategy is about “Involving everybody in improving the health and wellbeing of the people of Halton” with key values focused on People, Partnership, Openness, Caring, Honesty, Leadership, Quality and Transformation. Our commitment is to stabilize general practice, develop teams and partnerships, transform services and invest primary care.

Principles of working together

As outlined we will only be successful in delivering this strategy if all partners (including local people) play their part. We have therefore agreed principles of working together. In order to deliver the One Halton Health and Wellbeing Strategy all partners will work in the following ways:

- Engage with and understand the needs of our local communities
- Early intervention to prevent ill health
- Early identification and support for clinical conditions
- Skills developments to ensure people have the confidence to manage their own health and wellbeing
- Ensure people are at the centre of planning and delivery of services
- Work with local primary care, community and hospital providers to deliver accountable care
- Engage with and include the voluntary and third sector in all programmes

In order to do this we need to:

- Engage with people to better understand their motivation and offer options
- Work as integrated teams
- Ensure consistent communications across health and care providers
- Find or identify those people who do not access care
- Provide the very best in care, now and in the future
- Act as advocates for policies that reduce health inequalities
- Consider the impact of poverty and how this can be tackled
- Use innovative solutions, such as digital applications, to provide care and information

This will help us to:

- Build a social movement
- Reduce variation in care across the borough and compared to England
- Develop a wide range of on-going community conversations
- Reduce unnecessary demand and help focus services on those most in need
- Identify and further develop community advocates and champions
- Make the most of 'back office' services to increase efficiency

One Halton Place Based Plan 2019 – 2024

The Plan was developed to deliver this strategy through improved, joined-up services and an ask to the public to take opportunities to improve their health.

The full plan can be found at <https://onehalton.uk/one-halton/>

Cheshire and Merseyside approach

We are actively engaged with and providing leadership to Cheshire and Merseyside's ambitions to become a Marmot Community, improve health equity and build back fairer following COVID-19. Many issues are best tackled at a regional level and we collaborate with colleagues across Cheshire and Merseyside and the Liverpool City Region to ensure the plans meet the needs of Halton's residents.

Building on the success of our first Health and Wellbeing Strategy

In Halton we have a good track record of partnership working to improve health and wellbeing.

The Halton Health and Wellbeing Board was established in 2013 and one of its first actions was to develop a Health and Wellbeing Strategy to improve the health of the local population.

Halton's first Health and Wellbeing Strategy covered the period 2013 to 2016 and set out the vision for Health and Wellbeing in Halton. The Strategy was the overarching document for the Health and Wellbeing Board outlining the key priorities the Board has focussed on over the past three years.

We are pleased to report that good progress has been made against the original priorities, including:

- An increase in the number of children achieving a good level of development by the end of reception
- A reduction in the number of young people admitted to hospital due to drinking alcohol
- An increase in early diagnosis of cancer and cancer deaths reducing
- Extra investment in falls prevention services
- A major review of child and adult mental health services in Halton

Halton facts

Deprivation

More than 30% of Halton's small areas are in the 10% most deprived areas in England (the 13th most deprived local authority in England by this measure).

Child Poverty

20% of Halton's children live in low income households.

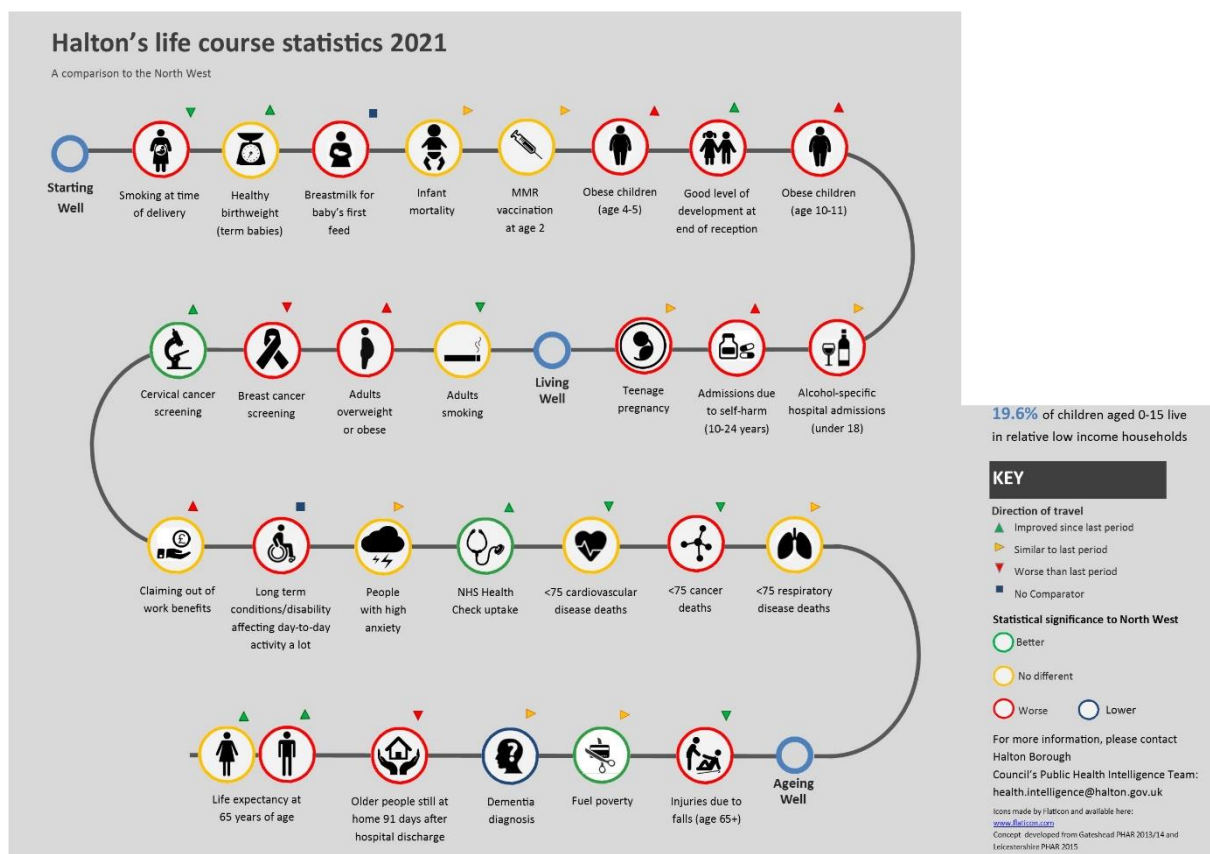
Population

Approximately **129,000** people live in Halton.

By 2041, this is projected to increase to 130,500, but with an increasing population over the age of 65:

- age 0-14 decreasing by 10.7%
- age 15-64 decreasing by 5.2%
- age 65+ increasing by 38%

Halton's health



How did we decide on our priorities?

The new One Halton Health and Wellbeing Strategy needs to reflect current priorities from elsewhere in the system whilst maintaining a local focus that is evidence based and reflects local people's views. Since 2013 when the first strategy was published there have been significant developments within the policy landscape. The new strategy is aligned with developing system level plans across local authorities and the NHS.

The priorities are backed by a strong evidence base considering the local Joint Strategic Needs Assessment, NHS benchmarking and performance data against the range of national as well as local targets. They cover the two biggest killers locally as well as issues that reduce the quality of people's lives. We have listened to our local communities in deciding both the priorities themselves and some of the key actions needed. We have also chosen the priorities based on where we believe we need to enhance current activity.

One Halton priorities have been developed using the following approach:

- Engagement – with GPs, partners and providers as well as patients and public – this is the research phase to ascertain what needs to change and how it can change. This stage lays the foundations for the programme and determines effective buy-in
- Consultation – once firm plans are in place, the CCG will consult with all stakeholders on plans before they are approved and implemented
- Informing – targeted communication will run through the entire programme to ensure all stakeholders are kept informed at every stage of the programme

For this strategy further consultation has been undertaken by One Halton portfolio directors using pre-existing networks and forums for engagement e.g. Halton Peoples Health Forum. For each priority a set of key actions were identified. There was wide spread community support for all the key actions we had identified as being needed to tackle each priority.

A fuller 'Story behind each of the priorities' is covered over the next few pages

The Story Behind the Priorities

Improved levels of early child development

What is the issue?

By 3 years of age children in families living below the poverty line are 8 months behind in language and 9 months behind in school readiness compared to those with incomes above the poverty line.

Activities such as daily reading, regular bedtimes and library visits can improve cognitive development

Despite improvements, 2019 data shows Halton still has one of the lowest percentage of children achieving a good level of development at age 5 in England: 66.1% of Halton children compared to 71.8% for England

Injury levels in children aged 0-4 are higher than the England average (139 per 10,000 compared to 117); this is also the case in children aged under 15.

3 Key actions partners and the public feel are important

1. Enhancing school readiness programmes.
2. Additional action to prevent child accidents.
3. Expanding parenting programmes and local Home Start schemes.

Outcomes: what would success look like?

Improvement in the percentage of children achieving a good level of development at age 5.

Reduction in child poverty levels.

Reduction in percentage of women smoking at time of delivery.

Increased percentage of women breast feeding (initiation and at 6-8 weeks).

Reduction in the rate of A&E attendances and hospital admissions amongst those age under 5 (generally and due to accidents).

Reduction in under 18 conception rates.

Increased reading skills in primary school aged children.

Increased influenza vaccination uptake amongst pregnant women and young people aged under 5.

Increased reading skills in primary school-aged children.

COVID-19 impact

Financial instability rose during the pandemic and will particularly impact on the high percentage of children living in poverty.

School closures have led to reduced social contact, inequalities in access to online learning and tutoring and have exacerbated food insecurity². Children spending more time at home has put parents under increased stress. Our schools and children's teams have worked hard to minimise the impacts on our most vulnerable children.

Worries about the pandemic and the effects of restrictions has impacted on mental health and wellbeing. Children might be concerned about missed schooling and exams and the impact on their futures. Some will have been exposed to abuse in the home³.

² <https://www.childrensociety.org.uk/sites/default/files/2021-01/the-impact-of-covid-19-on-children-and-young-people-briefing.pdf>

³ <https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review>

Generally Well: increased levels of physical activity & healthy eating and reduction in harm from alcohol

What is the issue?

Obesity levels in early childhood and in adults are above the national level with 14.3% of 4 and 5 year olds found to obese, and 78.3% adults either overweight or obese (compared to 62.8% in England).

There are clear links with heart disease, stroke, cancers, respiratory disease and dementia

Only 45% adults eat at least 5 portions of fruit & vegetables per day and only 58% take enough exercise. Levels of exercise are lower than England (66%) and are especially low amongst women

There are been significant improvements in the level of hospital admissions due to alcohol, especially for those aged under 18. However, levels remain higher than nationally for both under 18s and amongst the whole population: under 18s 58.3 per 100,000 in Halton compared to 30.7 per 100,000 for England with 863 per 100,000 all age in Halton compared to 664 per 100,000 for England as a whole

3 Key actions partners and the public feel are important

1. Mapping the public's access to fresh food.
2. Enhancing the infant feeding programme.
3. Promoting women's exercise programmes.

Outcomes: what would success look like?

Increased percentage of children and adults achieving recommended levels of physical activity

Increased percentage of children and adults meeting the recommended '5-a-day' of fruit and vegetables on a 'usual day'

Reduced levels of children and adults who are overweight and obese

Reduced rates of hospital admissions due to alcohol for those aged under 18

Reduced overall rates of alcohol-related hospital admissions

Reduced death rates due to alcohol-related liver disease

COVID-19 impact

COVID-19 has increased inequalities in health behaviours. Those who already had access to a healthy diet and opportunities to exercise were more likely to keep these up or increase them during lockdown restrictions. Some people in more deprived groups may have missed out on active transport to get to school or work and had a poorer diet when eating shifted to home and takeaway food. We have also seen an increased reliance on food banks.

Inequalities in diet and exercise are particularly concerning, given that those who are overweight and obese are particularly vulnerable to severe disease and death from COVID-19. With pubs and licensed premises closed, people have been drinking more at home. Those who drink above the recommended levels have tended to drink more. Those who have been able to enjoy walking and cycling should be supported to continue but we must ensure these exercise opportunities are available to all.

Long term conditions: heart disease and stroke

What is the issue?

Despite improvements in the number of people with long term conditions diagnosed, there is still under diagnosis of hypertension (high blood pressure) where only about 61% of Halton people thought to have the condition are diagnosed.

Death rates from heart disease continue to fall but remain the second single biggest killer in Halton. The borough still ranks one of the lowest in England: ranks 115 out of 146 local authorities for heart disease deaths and 124 out of 146 local authorities for premature deaths from stroke (where 1 is the best and 146 the worst).

Smoking prevalence has significantly reduced to 14.9% and is now similar to the England average of 13.9%.

3 Key actions partners and the public feel are important

1. Screening in the community for atrial fibrillation (irregular heartbeat).
2. Enhancing early diagnosis of heart disease and self-care programmes.
3. Increasing screening for hypertension (high blood pressure) in community pharmacies, general practice and other community settings.

Outcomes: what would success look like?

Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups

Increase the percentage of adults who undertake recommended levels of physical activity and eat at least five portions of fruit and vegetables per day.

Improve early detection and increase the proportion of people treated in line with best practice and reduce the variation at a GP practice level.

Reduce the level of hospital admissions due to heart disease, stroke and hypertension.

Reduce the premature (under 75) death rate due to cardiovascular disease and stroke.

COVID-19 impact

As outlined earlier in this strategy health behaviours have changed. With less exercise, poorer diet and increased alcohol intake comes a higher risk of cardiovascular disease and stroke. Some routine preventative programmes and follow-up appointments were paused or delayed so that some opportunities for early diagnosis were not available. Urgent care remained available, but people may have been reluctant to seek care and there was a fall in hospital admissions for heart attacks⁴.

⁴ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31356-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31356-8/fulltext)

Improved mental health

What is the issue?

1 in 4 people attending their GP seek advice on mental health problems

16.1% of patients aged 18+ are diagnosed with depression, a higher rate than the England average and increased from 9.5% four years previously.

30% of people with dementia are not diagnosed.

Many social factors make children more at risk of development mental health problems.

Levels of hospital admissions due to self-harm in those aged 10-24 are significantly higher than England, 852 per 100,000 compared to 439 per 100,000 for England.

Halton has poorer outcomes than England for many of these and an estimated 10.2% of 5-16 year olds with mental health problems

3 Key actions partners and the public feel are important

1. Review the current Child and Adolescent Mental Health Services
2. Enhancing services for adults with personality disorders
3. Redesigning adult mental health services

Outcomes: what would success look like?

Improved diagnosis rate for common mental health problems and dementia

Reduced level of hospital admissions due to self-harm

Improved access to talking therapy services and increased percentage completing treatment and percentage recovery

Improved overall wellbeing scores and carers' wellbeing scores

Reduced excess under 75 mortality in adults with serious mental illness (compared to the overall population)

Increased percentage of care leavers with good mental health

COVID-19 impact

Many people were anxious throughout the pandemic, especially those with other health issues that meant they had to shield and made them or their loved ones more vulnerable. Many became ill themselves or suffered bereavement and loss.

Everyone has been affected by social restrictions and national lockdown measures, and many have found periods of social isolation or loss of usual activities particularly difficult. Others have been impacted by financial worries and the pressure on their livelihoods. Some harm could be hidden, such as exposure to domestic violence and abuse during lockdown periods.

Some face-to-face mental health and counselling services faced disruption. We must also acknowledge the tremendous pressure our health and care staff and keyworkers have been working under.

Reduction in early deaths from cancer

What is the issue?

Our death rates from cancer remain some of the highest in the country, and cancers combined are our leading cause of death.

The rate of new cancers per year (incidence) is highest for lung (124.8 per 100,000 in Halton compared to 75.8 for England), bowel (72.0 per 100,000 compared to 69.0 for England) and breast (176.2 per 100,000 compared to 170.8 for England).

Smoking rates have been falling and are similar to the national average, 14.9% of Halton adults smoke compared to 13.9% for England.

The proportion of cancers caught early has been rising and is similar to the England average at 52.6%.

Cancer screening rates have improved but are still lower than nationally, with rates for breast cancer screening, bowel cancer screening and cervical cancer screening (in those aged 50 to 64) all worse than the England average in 2020.

3 Key actions partners and the public feel are important

1. Enhancing the public awareness of early detection programmes.
2. Developing a new Tobacco Control Strategy and Action Plan.
3. Enhancing support for bowel screening to improve uptake.

Outcomes: what would success look like?

Reduced smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.

Increased uptake of breast, cervical and bowel screening.

Improved percentage of cancers detected at an early stage

Improved cancer survival rates (1 year and 5 year).

Reduction in premature death due to cancer in the under 75s.

COVID-19 impact

An increase in unhealthy lifestyle behaviours has put more people at risk of developing cancer. The disruption to cancer screening services will mean later diagnosis of cancers and later treatment leading to poorer outcomes for the patient. The impact of this will be felt for a number of years. We will aim to address the resulting issues with expediency.

Improved quality of life for older people

What is the issue?

The 65+ population has been increasing at a faster rate in Halton than in England overall so that both now have 18.4% of the population in these age groups. Halton's 65+ population increased by 31 % between 2010 and 2019.

Compared to the national average, Halton's men aged 65+ live 1.3 years less than men across England as a whole with Halton's women living 1 year less.

Halton's women spend 56.6 years of their lives disability free. The figure for men is 59.4 years.

This compares to the England averages of 61.2 years for women and 62.7 years for men

The numbers with dementia increased from 634 in 2010/11 to 982 in 2018/19. It is predicted this rise will continue

Older people are concerned about remaining healthy, independent and connected to others

The service older people most frequently cite as being of concern to them is transport

3 Key actions partners and the public feel are important

1. Marketing campaign on how to prevent loneliness.
2. Develop an older people's transport group.
3. Develop a directory of services for older people.

Outcomes: what would success look like?

Increased life expectancy at age 65

Increased disability free life expectancy at 65

Improved access to transport

Reduced levels of loneliness

Reduction in level of hospital admissions due to falls and hip fractures

Increased uptake rates for Influenza, pneumococcal and shingles vaccination

Reduction in permanent admissions to residential and nursing homes

COVID-19 impact

Older people were particularly vulnerable to COVID-19. Those who contracted the disease were more likely to suffer severe disease or to die. We saw outbreaks in several care homes. Fortunately, these age groups were prioritised for the COVID-19 vaccine and uptake in both care homes and the community has been excellent.

However, many have had less social contact or seen fewer visits from friends, family or professionals. Community groups have paused at times, as have businesses such as pubs and hairdressers. Some will have been able to maintain connections through technology, but we know that there are inequalities in access and use.

2021 Conclusion

Whilst COVID-19 has affected our whole population, it has highlighted some of the inequalities in our society. Those in lower paid work are often more likely to be exposed, as are those in more crowded housing. Self-isolation can be more difficult for those without social support or those in poorer housing.

Once infected, older people and those with underlying health conditions are more likely to become seriously unwell. More deprived groups are less likely to access the health care they need and we must ensure that preventative measures, testing and vaccination are available and taken up by all who will benefit from them.

We must now recognise the impact COVID-19 has had on the delivery of our Health and Wellbeing priorities. Whilst many of these impacts are negative, we must also capture the many excellent examples of rapid service redesign, innovation and partnership working, which will offer long-lasting improvements to how we do things.

We are still managing the pandemic response whilst working on recovery. In doing so we must build back fairer, not just better⁵. In managing COVID-19, we have seen how Halton can come together to overcome incredible challenges. When assessing our priority areas, we do it with the knowledge that none of our challenges are insurmountable.

We'd love to hear from you

Do you have stories about a local group you are involved with? Do you have any comments about this strategy or any of the ideas in it?

Please contact us at:
Halton Borough Council
Runcorn Town Hall
Heath Road
Runcorn
WA7 5TD
Telephone: 0303 333 4300

⁵ <https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review>

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