

Appendix 1 Directorate Overview Report – Adult Social Care & Health

Directorate: People Directorate

Reporting Period: Quarter 4 - 1st January 2022 to 31st March 2022

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:

Halton Intermediate Care & Frailty Service (HICaFS)

As previously reported the new HICaFS commenced on Monday 6th December 2021 with plans made to extend hours of operation to 8am – 8pm, 7 days a week from 1st April 2022, however this has not fully been possible, due to difficulties in recruiting sufficient therapy staff to ensure the service can operate at weekends.

However, work has been able to take place within the Service to change rotas to allow the HICaFS Single Point of Access (SPA) to extend its hours of operation during the week.

From 11th April 2022, HICaFS SPA are operating:

- 8am – 8pm: Monday – Thursday, accepting referrals up to 6pm.
- 8am – 8pm: Friday, accepting referrals up to 4pm.

From 25th April 2022, the nursing element of HICaFS Community Rapid Response, will also extend hours of operation to 8am – 8pm, Saturday & Sunday to manage its ongoing caseload.

COVID-19: Adult Social Care (ASC) Grants

A number of Department of Health & Social Care funding streams are ending on the 31st March 2022 and work is underway to confirm expenditure etc. These Grants include:-

- ASC Omicron Support Fund
- ASC Workforce Recruitment & Retention Fund
- Infection Control and Testing Fund

Dementia – Working on the development of Dementia Friendly Halton Borough Council approach, in line with HBC's commitment to the Liverpool City Region Dementia Pledge and recommended practice form Alzheimer's Society.

Dementia – Initiated the Halton Dementia Delivery Plan Group – Under One Halton, developing a local, multiagency delivery plan for dementia in line with national guidance and good practice.

Social Work

There is early development of a “Social Work Accountability and Assurance Framework” to support Social Work across Adult Social Care. This framework has been developed as part of our work in assessing our performance against “[The Standards for Employers of Social Workers](#)” (published by the Local Government Association). There are eight standards to be met in total. This Framework has a particular focus on Standard 1, which is a ‘strong and clear social work framework’ is a requirement. Employers should implement a whole systems approach to supporting the social work profession and the Standards set out the key components of whole systems approaches and help to develop a working environment where social work practice and social workers can flourish.

Continuing Health Care

Continuing health Care (CHC) locally has been transitioning from an integrated arrangement (which ended in March 2020). The pandemic response has necessitated a collaborative approach between Halton CCG and Halton Borough Council to ensure D2A funding apportioned appropriately and reviewed in a timely manner. This has been successfully managed throughout the pandemic and is a testament to the strong working relationships that exist between the 2 organisations.

An advanced social worker was recently appointed to lead on CHC. This post has been successful in supporting CHC assessments and ensuring that the local authority are not commissioning/providing care beyond the legal limit of social care provision. To build on this success and to enable more effective dissemination of best practice across teams and targeting of key areas of practice for improvement across adults services, an experienced social worker has been recruited to a social work post specifically focused on CHC. This small team of staff will develop clear local processes, develop training and work with social work staff in each team to ensure the best outcomes are achieved for local residents and that the Local authority continues to practice in a lawful manner.

Vision Rehab service

The Visual Impairment team based within care management have managed to maintain a range of social groups that they facilitate throughout the pandemic using teams and then progressing to outdoors meetings. They have supported the groups to meet socially where and when possible and this has enabled people with visually impairments who would otherwise have been isolated to maintain relationships and social contact. This includes, the braille group, a social group and a men’s group.

The Vision Rehabilitation workers, have now achieved professional accreditation. One of our Vision rehabilitation workers has recently been elected as a member of the Registration and Professional Standards Committee for Rehabilitation Workers for the Visually Impaired who were instrumental in achieving this accreditation. As part of this role, we will be looking at the standards of education of student Rehabilitation Workers, and also overseeing the Vocational Work based Apprenticeship Standards for Rehabilitation Workers. This committee also hears and responds to any complaints to ensure these standards are being upheld in the workplace, ensuring VI people receive the professional standards they deserve. The same member of staff has also been successful

in becoming a member of the Hearing and Ophthalmology Clinical Reference Group for Commissioning Services for NHS England/Improvement, as the Public and Patient Representative.

Public Health

During Quarter 4 there have been significant changes to the national Covid restrictions that have been in place to date. These changes were made against continued high rates of Covid as a result of the Omicron variant. On 24th February 2022 the legal requirement to self-isolate following a positive Covid test was removed and on the 29th March the Government's next steps for Living with COVID were released and included the end of free COVID-19 tests for the general public on 31st March 22. A small number of eligible groups will continue to have access to tests.

UK Health Security Agency (UKHSA) have now published new guidance on health protection in education and childcare settings and for social care settings. There is also new guidance from the Dept. of Education covering 'Emergency planning and response for education, childcare and children's social care settings.

Vaccination is the first line of defence against Covid and obtaining high population uptake is a priority nationally and locally. The vaccination programme has been extended this quarter to include people over 70 or with a severely weakened immune system being eligible for a forth dose and all children aged 5- 11 are now also being able to receive a vaccine.

Covid rates peaked in January at a much higher level than we have experienced previously, and have increased again since March. There are early indications that rates may be starting to plateau. The changes in the testing strategy and no more testing means that Covid prevalence data will also impact on data.

In spite of higher Covid-19 case rates, hospital admissions remain lower than last winter/ early spring with less individuals are requiring intensive care. Nevertheless throughout this quarter hospitals have remained under pressure with high bed occupancy rates.

The public health team have maintained a local Covid response, monitoring outbreaks, supporting schools and settings and working with those who self-isolate by providing vouchers for food, transport to school and prescriptions. Since self-isolation has ended the team have supported people to make any outstanding claims for the self-isolation grant and encouraged vaccination uptake.

The team have continued to deliver community testing including a mobile offer and supporting vulnerable people and settings throughout this period. It has been a period of transition and uncertainty and the team have worked to support the wider system to understand and implement the new guidelines and transition both function and form to deliver against a still emerging health protection model.

The team continues to progress on non-Covid activity with a return to many face to face Health Improvement activity and a number of public health intelligence reports being produced.

A snapshot of such activity includes:

Healthy weight: The 12-week Fit 4 Life app programme launched in January 2022, for families with concerns about weight gain or those who want to make healthier lifestyle choices.

Substance Misuse services: The procurement of a new specialist substance misuse service for Halton concluded with the contract awarded to CGL, the current provider for a further minimum of three years

Older people: We have successfully secured funding for six activity tables for care homes across the Borough. Now all older peoples care homes in the Borough will have access to this great resource which helps to enrich the lives of people living with dementia reduce isolation.

Work on the integration agenda of the NHS is continuing under the One Halton approach and the public health team is working with partners to support this work. One Halton workshops were successfully held to develop the strategic direction in the three main areas of: Starting well, Living well and Aging well. There has also been a workshop on the wider determinants of health as part of the Cheshire and Merseyside Marmot work.

3.0 Emerging Issues

Adult Social Care **Charging Reforms**

In September 2021, the Government announced plans to reform how people pay for adult social care in England, which will be funded through a new 1.25% Health and Social Care Levy to be paid via National Insurance contributions from April 2022.

From October 2023 there will be an £86,000 cap on the amount anyone eligible for care will need to pay for personal care in their lifetime and there will be changes to the capital limits/means test. The upper capital limit will increase from £23,250 to £100,000 (this is the threshold at which a person is not eligible for local authority support with care costs). The lower capital limit will increase from £14,250 to £20,000 (this is the threshold below which a person does not have to contribute towards care costs from their assets). People with assets between £20,000 and £100,000 will receive means-tested support from the local authority.

Also as part of the reforms, self-funders will be able to ask local authorities to arrange care on their behalf in order to access the LA rates (this is an existing part of the Care Act and is already in place in Halton) and use of top-ups is to be expanded to allow anyone receiving LA financial support to fund top-ups where they can afford it. There are requirements on LAs to move towards paying a fair rate of care and by September 2022, LAs must submit a cost of care exercise, market sustainability plan and spend report to DHSC.

There is a dedicated local working group looking at the preparation required in advance of the reforms taking effect. There are a number of areas of concern and a considerable amount of work to be done in terms of ensuring there are sufficient resources and adequate systems to manage the additional workload arising out of the reforms.

Public Health

The details of the changes to Covid testing and next steps to live with Covid were published very recently and the details are still being clarified and are subject to change. More details on the national and regional model of delivery of health protection and the national contingency plans to respond to outbreaks of Covid in the future are awaited.

Additional funding for tier 2 healthy weight services was allocated as a response to the Covid pandemic, this work was delivered by the Health Improvement Team. It was indicated in the comprehensive spending review that funding would be continued in 2022-23. The DHSC have since revoked the funding offer and it will not be available. An announcement on additional funds for tier 3 healthy weight treatment services is also awaited.

The environmental health team are actively supporting the homes for Ukraine scheme and assessing the suitability of accommodation of the volunteer hosts.

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	Monitor the Care Act implementation	
1D	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	
1E	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	
1F	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.	
1G	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.	
3B	Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services.	

Supporting Commentary

1A. Complete- pooled budget has come out on target, with a small underspend.

1B. Halton Intermediate Care and Frailty model agreed and commenced implementation – plan to complete by September 2021. Further work being led through PCN's on hub development with primary care

1C. Fully implemented.

1D. During the pandemic some work has progressed with the Strengths based programme of work with Professor Sam Baron, including review of Assessment approaches and aligned paperwork. Due to Sam Baron leaving her role this programme of work will draw to a close and be subject to review of how it is moved forward.

1E. Initiated the One Halton Dementia Delivery Plan Group to develop a new programme of actions in line with national guidance and good practice.

Extended the Community Dementia Advisor service, delivered by Alzheimer's Society, until March 2023.

Working with council directorates to develop an organisational plan for HBC to become more dementia friendly, in line with LCT Dementia Pledge Commitments.

1F. Work with 5 Boroughs is completed.

Monthly relationship meetings have been established with Divisional Manager Mental

Health and key managers from within Mersey care NHS Trust that will ensure that service developments/changes are discussed, understood and coordinated with partners.

1G. The homelessness strategy remains current and reflects the key priorities and agreed action plan for a five year period. The strategy action plan continues to be reviewed annually, to ensure it is current and reflects economic and legislative changes, with many actions successfully achieved.




The pandemic placed immense pressure upon the team and housing partners, resulting in the cancellation of the forum meeting. However, the forum is planned for October 2022. to review the key priorities and agree actions for the following 12 month period.


Covid-19 changed working practices and resulted in additional measures implemented to meet the crisis led demand. The pandemic will continue to influence future activity and communication between partner agencies, which will further influence how services are commissioned and delivered in the future.









3A. This work forms part of the One Halton development (ICP)

3B. A training programme of strengths based training has drawn to an earlier close than anticipated due to the provider being unable to continue, alternate options are being explored.

Key Performance Indicators

Older People:		Actual 20/21	Target 21/22	Q4	Progress	Direction of Travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <i>Better Care Fund performance metric</i>	TBC	635	TBC	TBC	TBC
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. <i>Better Care Fund performance metric</i>	N/A	TBC	TBC		N/A
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <i>Better Care Fund performance metric</i>	3341	5107	4071		
ASC	Proportion of Older	TBC	84%	N/A	N/A	N/A

04	People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) Better Care Fund performance metric					
Adults with Learning and/or Physical Disabilities:						
ASC 05	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	72%	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	74%	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	21%	45%	TBC	TBC	TBC
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	92.4%	88%	TBC	TBC	TBC
ASC 09	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5%	5.5%	TBC	TBC	TBC
Homelessness:						
ASC 10	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless	N/A	TBC	642 276 312 54	<input checked="" type="checkbox"/>	

ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	N/A	TBC	54		
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	N/A	TBC	N/A	N/A	N/A
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	N/A	TBC	144 139 5		
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)	N/A	TBC	2.76		
Safeguarding:						
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).	62%	85%	69%		
ASC 17	The Proportion of People who use services who say that those services have made them feel safe	N/A	N/A	N/A	N/A	N/A

	and secure – Adult Social Care Survey (ASCOF 4B)					
Carers:						
ASC 18	Proportion of Carers in receipt of Self Directed Support.	99.4%	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>	N/A	N/A	N/A	N/A	N/A
ASC 20	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	N/A	N/A	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)	N/A	N/A	N/A	N/A	N/A
ASC 22	Do care and support services help to have a better quality of life? (ASC survey Q 2b) Better Care Fund performance metric	N/A	93%	N/A	N/A	N/A

Supporting Commentary

Older People:

ASC 01 Due to year end process data is not currently available.

ASC 02 The collection of this dataset continues to be paused. No date has been provided for its recommencement

ASC 03 (Data 3 months to Jan 22) Halton CCG continues to see low number of zero day length of stay admissions at Warrington Hospital, this is due to the use of assessment space as temporary bedded down units, increasing numbers of covid admissions means that this is likely to continue through Q4 and into 22/23

ASC Annual collection only to be reported in Q4. Due to year end process data is not

04 currently available.

Adults with Learning and/or Physical Disabilities:

ASC Due to year end process data is not currently available
05

ASC Due to year end process data is not currently available
06

ASC Due to year end process data is not currently available
07

ASC Due to year end process data is not currently available
08

ASC Due to year end process data is not currently available
09

Homelessness:

ASC The Homelessness Reduction Act has influenced the homelessness
10 administration and service delivery, which changed homelessness administration and further increased homelessness presentations, with the emphasis placed upon prevention and relief measures to reduce homelessness. Covid 19 and the government announcement of the `all in` approach ceased October 2021, whereby HBC made a commitment that further assistance would be available to all clients placed, to secure alternative accommodation.

There continues to be a gradual increase in homelessness presentations, due to the changes in benefit entitlement and increased living costs, whereby affordability is a contributable factor.

Additional review of services has been completed, to ensure that prevention measures are in place to assist those vulnerable homelessness clients to remain within tenancies or secure alternative accommodation

ASC The figure shown is for statutory homelessness acceptances, which is generally
11 low.

The Homelessness Reduction Act 2017 changed the homelessness administration process, whereby, statutory homelessness acceptance is now the final stage of the decision making process.

The legislations places further emphasis upon prevention and relief.

ASC Duplicate – relates to statutory homeless acceptance, detailed in ASC 11
12

ASC The Covid 19 pandemic and government guidance to place all homelessness
13 clients into accommodation ceased October 2021. Although, hotel placements have decreased, there remains demand for temporary accommodation, with hostels at full capacity and little move on options for clients, thus placing additional pressure upon the Housing Solutions Team.

ASC 14 During the past two years there have been a number of factors that have influenced the homelessness service administration. This includes the Homelessness Reduction Act and Covid 19, thus placing additional pressure upon the Housing Solutions Team with the emphasis placed upon prevention and relief measures to reduce homelessness and rough sleeping within the Borough.

Safeguarding:

ASC 15 Due to year end process data is not currently available.

ASC 16 Although the target was not achieved the figures did exceed last year's performance.

ASC 17 Due to year end process data is not currently available.

Carers:

ASC 18 Due to year end process data is not currently available.

ASC 19 Annual collection only to be reported in Q4, (figure is an estimate). Due to year end process data is not currently available.

ASC 20 Annual collection only to be reported in Q4, (figure is an estimate). Due to year end process data is not currently available.









ASC 21 Annual collection only to be reported in Q4, (figure is an estimate). Due to year end process data is not currently available.













ASC 22 Annual collection only to be reported in Q4, (figure is an estimate). Due to year end process data is not currently available.










Public Health

Key Objectives / milestones

Ref	Objective
PH 01	Improved Child Development: Working with partner organisations to improve the development, health and wellbeing of children in Halton and to tackle the health inequalities affecting that population.

Ref	Milestones	Q4 Progress
PH 01a	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, stop smoking interventions and parenting advice and support.	
PH 01b	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 01c	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.	
Ref	Objective	
PH 02	Improved levels of healthy eating and physical activity through whole systems working.	
Ref	Milestone	Q4 Progress
PH 02a	Implementation of the Healthy Weight Action Plan	
PH 02b	Increase the percentage of children and adults achieving recommended levels of physical activity.	
4PH 02c	Reduce the levels of children and adults who are obese.	
Ref	Objective	
PH 03	Reduction in the harm from alcohol: Working with key partners, frontline professionals, and local community to address the health and social impact of alcohol misuse.	
Ref	Milestone	Q4 Progress
PH 03a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	
PH 03b	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 03c	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.	
Ref	Objective	
PH 04	Cardiovascular Disease	
Ref	Milestone	Q4 Progress
PH 04a	Ensure local delivery of the National Health Checks programme in line with the nationally set achievement targets	
PH 04b	Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.	
PH 04c	Increase the percentage of adults who undertake recommended levels of physical activity and healthy eating.	
PH 04d	Improve early detection and increase the proportion of people treated in line with best practice and reduce the variation at a GP practice level.	
PH 04e	Reduce the premature (under 75) death rate due to cardiovascular disease and stroke.	
Ref 05	Objective	
PH 05	Mental Health	
Ref	Milestone	Q4 Progress
PH 05a	Reduced level of hospital admissions due to self-harm.	
PH 05b	Improved overall wellbeing scores and carers' wellbeing scores.	
PH 05c	Reduced excess under 75 mortality in adults with serious mental illness (compared to the overall population).	
PH 05d	Reduce suicide rate.	
Ref	Objective	
PH 06	Cancer	
Ref	Milestone	Q4 Progress
PH 06a	Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.	
PH 06b	Increase uptake of cancer screening (breast, cervical and bowel).	

PH 06c	Improved percentage of cancers detected at an early stage.	
PH 06d	Improved cancer survival rates (1 year and 5 year).	
PH 06e	Reduction in premature mortality due to cancer.	
Ref	Objective	
PH 07	Older People	
Ref	Milestone	Q4 Progress
PH 07a	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 07b	Review and evaluate the performance of the integrated falls pathway.	
PH 07c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropriate age groups in older age.	
Ref	Objective	
PH 08	COVID-19	
Ref	Milestone	Q4 Progress
PH 08a	Ensure local systems are in place to identify, support and minimise the impact of any COVID cases, clusters and outbreaks.	
PH 08b	Work with key partners to achieve the target rate of vaccination coverage rate across all of the JVC Priority groups.	
PH 08c	Work with local partners to minimise COVID infections and utilise early warning systems to monitor local infection rates with a goal of 25 or less per 100,000 population.	

PH 01a

Supporting commentary

The 0-19 Service has continued to maintain support for children and families in Halton. During Quarter 3 the service managed to deliver 69% of the face to face New Birth Visits within 30 days, with 75% of families receiving the 6-8 week check. The service recorded an increase to nearly 30% of babies recorded as being “breastfed” at 6 weeks – the highest rate for some time (but still significantly below the national average). Areas for improvement continue to include the 12 month and 2 ½ year check, which were both affected by the pandemic and the service has implemented a catch up plan to improve access to this part of the Healthy Child Programme.

Triple P is commissioned by the Early Help commissioners to run 8 sessions of Triple P each year: this includes 0-12, Stepping Stones and Teen. This is now ran as a hybrid programme with the offer of both online and face to face courses. There has continued to be a high number of referrals for Triple P this quarter. There has been an issue with capacity at venues for face to face delivery due to Covid restrictions, however, we completed 3 courses this quarter; 1x 0-12, 1x Teen and 1x Stepping Stones.

Plans are at an advanced stage to recommence face to face multiagency antenatal programme 'Your Baby and You' during the next quarter, in partnership between Health Improvement, Health Visiting 0-19 Team, Children's Centres and Midwifery. Health Improvement's Infant Feeding Team have continued to provide their session virtually during this quarter.

PH 01b Supporting commentary

The 0-19 Service has continued to maintain support for children and families in Halton through the provision of the universal Healthy Child Programme series of visits and interventions and through additional activity such as the NCMP weighing and measuring programme, support for school age vaccinations, and drop in advice sessions at high schools and through the Chat Health Text programme.

The Family Nurse Partnership programme continues to work with first time teenage parents in Halton, and provides intensive support for some of our most complex families.

The Pause programme started in Halton in April 21, and works with women who have had children removed and are at risk of having future children being taken into care. Pathways have been developed to ensure that women on the programme have rapid access to family planning and sexual health services, with programmes in place to reduce their safeguarding risk and support their parenting capacity, should they choose to have a family in the future.

PH 01c Supporting commentary

The Fit 4 Life app programme was officially launched in January 2022. This programme is for families with concerns about weight gain or those who want to make healthier lifestyle choices. A promotional video has been produced for marketing purposes and a web landing page has been created to support the social media marketing campaign.

Early signs are that the new quick and easy self-referral process via social media and NCMP follow-up letter is proving popular. 40 app downloads this quarter, 34 of whom provided sign-up information (5 professional referral, 35 self-referral). Professional referral route is still available, with telephone sign up appointments on offer for clients within 1 week of referral. Clients having to provide personal details via the app prior to programme commencement appears to be a barrier; we will

monitor this over the next quarter.

The NCMP programme is underway after a pause because of Covid. The parents/carers of children above 98th BMI centile being contacted by Health Improvement Team for dietetics and/or app support.

Parent/carer bite-size workshops are being delivered virtually, with good uptake and most bookings coming from self-referrals. Sessions include Fussy Eating & Healthy Snacking, and Sleep & Screens.

Infant feeding team have continued to offer infant feeding support to all Halton mums upon hospital discharge, with home visits and telephone support.

Introducing Solid Foods workshops have continued to be delivered virtually, and we have had a return to face to face Terrific Twos sessions.

The Nutrition and Exercise in Pregnancy session will be part of the “Your Baby and You” program once face to face sessions resume.

HHEYS support and training was offered to all EY settings and childminders around Healthy Eating, Oral Health, Menu Planning, Brief Advice, Staff Wellbeing, HHEYS Award, 5 Ways to Wellbeing.

PH 02a

Supporting commentary

Implementation of the Healthy Weight Action Plan continues to be impacted by the Covid pandemic: for example work with transport has not been possible. However there has been some significant gains made, particularly in relation to food poverty and working with businesses.

The Public Health team and HIT have worked extensively with businesses throughout the pandemic, and developed relationships that will support our work moving forward. The HIT workplace offer has continued throughout the pandemic and adapted to the needs of local businesses. The service has been providing advice and information on Covid safety, returning to the workplace and staff health and wellbeing. In Q4, work with the Halton Chamber of Commerce and local business has continued, with a return of in person health checks in several local workplaces.

During Q4, HIT have also started to support workplaces with a remote weight management service. With returning to the workplace varying from setting to setting the focus for workplaces has continued to be upon the remote offer. HIT have implemented the Workplace Health Needs Assessment (WHNA) which identifies key areas of priority for workplaces to focus on to improve the health and wellbeing of their employees. This is to improve the referral pathway on to the workplace weight management. The Weight Management Service is a key part of the work with local businesses and the Fresh Start app is available to workplaces along with support from the HIT to tailor the app for use in each business.

There has continued to be a range of parenting programmes available to families to support them to develop healthy habits for their children, and

a parenting coordinator post is in development. The healthy schools programme has been hampered by Covid, but continues to be available to schools to access, and we have worked very closely with schools over the pandemic, supporting them to remain open as far as possible. The Holidays activity fund has supported children through the pandemic, during the holidays, to access healthy and nutritious meals, and activities. The community shop also enables low income families to access affordable food, and a wider food poverty network has been established, which will support low income families to access nutritious food through a range of interventions. Free school meal vouchers were made available to families.

PH 02b

Supporting commentary

In Q4 HIT staff have been providing support to clients with long term conditions wishing to get more active. In Q4 76 local residents looking to become more physically active were referred into the service. This exercise on referral service works predominantly with clients with a history of cardiac, respiratory, neurological or chronic pain diagnoses.

The active Halton group met in March 2022. Key points from this meeting are:

- Physical activity sessions across the borough are continuing to increase as we move to a 'living with COVID' phase.
- As a group we will be completing the Health Equalities Assessment Tool (HEAT) on physical activity provision to assess what groups within the population are disproportionately impacted and underrepresented in physical activity.

Joint campaign planning is underway to have a collaborative approach across all physical activity provision.

PH 02c

Supporting commentary

The National child measurement programme was paused during the Covid pandemic, and only a small proportion of Halton's primary schools were measured in the academic year 2020/21. This means the data will be based on a sample and may not reflect the full picture.

Development work has continued on the side of the Halton Fresh Start Weight Management app aimed at the whole family, with children as the focus of the programme, this will be a combination of interactive remote sessions, coaching and telephone calls. This has now been launched and marketed to families. For adults, the focus of targeting for the app will be at workplaces and younger adults who traditionally have lower access in face to face weight management groups.

Dieticians continue to carry out face to face clinics with children above 98th centile with their parents.

The Health Improvement Team have continued to provide a healthy weight offer in Q4 and Halton's Adult Weight Management Service continued its transition into a digital hybrid model. The 'Fresh Start' service now offers a full digital app service with online coaching as well as

in person workshops for those that get more from a face to face service. The Adult weight Management 'Fresh Start' app has continued to see good uptake in Q4. 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. In person weight management workshops have continued alongside 'Weigh in' clinics to make it easier for people to monitor their weight and access the service. In total 129 referrals for Tier 2 weight management were received in Q4. Dietician led tier 3 weight management service operated a combination of remote telephone and in person appointments, 73 adult referrals were received over Q4. The service has seen an increase in referrals since Covid restrictions eased and the service is looking at ways to manage this through Q4 and into 2022/23. The service supports local people with high BMI's and those considering bariatric surgery.

PH 03a

Supporting commentary

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. Outreach youth provision continues to support young people and provide access to information and advice around alcohol and other risk taking behaviours and the Councils Early Help Team has commenced providing direct support for young people affected by substance misuse.

PH 03b

Supporting commentary

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. Champs Public Health Collaborative have launched a new campaign funded by Cheshire & Merseyside Health & Care Partnership to promote the Lower My Drinking platform, which is now available for use in Halton.

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. The service delivers Brief Advice and Signposting to GP or referral to CGL, when appropriate.

To date the Stop Smoking Service have delivered 705 Audit C screenings to clients

PH 03c

Supporting commentary

The procurement of a new specialist substance misuse service for Halton concluded with the contract awarded to CGL, the current provider for a further minimum of three years.

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 the quarter

there has been a consistent number of individuals engaging with the service for support with individuals seeking support with alcohol related problems being the highest number of new treatment journeys commenced.

PH 04a

Supporting commentary

The NHS Health Check service has continued to increase the number of Halton residents completing a health check in Q4. Halton practices have been supported by HIT Health Check Officers in 95% of local surgeries. Q4 data shows 341 Health Checks were completed by HIT staff, this number has continued to rise each quarter through 2021/22. Practice data for the same period is not yet available. Interest has increased from Halton workplaces in resuming NHS Health Checks on site and Health Checks will be delivered in Q4 in local businesses and as a result 52 Workplace Health Checks have been completed. Workplaces Health Checks have also been fully booked up until June.

HIT are undertaking a pilot project around health inequalities within the National NHS Health Check Service. The focus of this project will be aimed at improving access to the NHS Health Checks for ethnic minorities and those from low socioeconomic deprivation which data shows has lower uptake in the service. This will be a collaboration between HIT, PH, SERCO and Healthcare colleagues where insight work will be collected by public engagement and then targeted work based on recommendations from insights

PH 04b

Supporting commentary

Halton Stop Smoking Service has continued to deliver the service remotely throughout Covid-19 to support local people to stop smoking. Face to face delivery of the service has now resumed in GP settings and Widnes market. Plans are afoot to steadily increase this offer. Remote working/telephone consultations for those clients who have difficulty attending stop smoking sessions due to ill health/childcare difficulties/work commitments or accessibility will continue. Extra emphasis is placed on pregnant smokers, routine and manual smokers, never worked or unemployed smokers, smokers with respiratory disease, smokers addicted to substance misuse as well as smokers with mental health conditions, where extra support is required. To date the service has supported 1,026 clients of which 522 clients have successfully stopped smoking so far (51% quit rate) and 140 clients where outcomes are unknown as yet as they are midway through the programme. 323 clients accessing the service have never worked or are unemployed or are routine and manual smokers - so far 174 of these clients have stopped smoking (54% quit rate).

To date the service has supported 53 pregnant smokers of which 21 pregnant smokers have stopped smoking (40% quit rate) and 8 smokers where outcomes are unknown as they are midway through the programme.

The service has been working closely with Liverpool Heart and Chest Hospital and Halton CCG on the Targeted Lung Health Check

programme. To date the service has received an extra 181 referrals from the Targeted Lung Health Check programme.

The service has now set up a Facebook page where advice and tips on stopping smoking are available to smokers – 94 people currently access the Facebook page

PH 04c

Supporting commentary

Healthy eating and physical activity advice forms part the weight management service, NHS Health Check and all Lifestyle Advisor consultations that the HIT carries out. Work is underway to target those most in need throughout the borough by targetting groups who may be affected by health inequalities.

PH 04d

Supporting commentary

No further work has been carried out in Q4 with practices to review condition management due to limited access as a result of Covid

PH 04e

Supporting commentary

The NHS Health Check program has seen a steady increase over Q4 improving on Q3. Halton have ranked top 3 in the NorthWest for uptake of the NHS Health Check Program. This service forms the cornerstone of early detection of heart disease risk factors. Prevention work has continued but it is thought that the start of the pandemic had an impact on heart disease and stroke due to people not accessing healthcare.

PH 05a

Supporting commentary

There has been a generalised reduction in the number of people admitted to hospital for self harm. We have continued to engage and promote positive mental health and wellbeing messages although some direct face to face services have been unable to run as a result of the pandemic. It is unclear presently if the data reflects a real term reduction or if this is an artefact of the changes in secondary care provision as a result of the pandemic. Future data will help to indicate this.

Halton continues to deliver self harm awareness training to front line staff who work with children and young people as part of the wider preventative mental health agenda. Champs continue to lead a variety of projects across Cheshire and Merseyside working towards reducing self harm in both children and young people and adults. The self harm dashboard developed by NWAS and PHE is complete and a monthly report is being shared with Champs, Halton has requested a report to help inform local suicide prevention activity. Self-Harm kits developed by the Cheshire and Merseyside Self Harm pathway development group overseen by The NHS England North West Coast clinical network are still being evaluated to assess effectiveness. Cheshire and Merseyside emotional health and wellbeing logic model has been developed with actions around Self-Harm.

PHE's Mental health Prevention and Promotion funded projects are up and running:

- Bereavement support for children, young people and adults
- 5 ways to wellbeing activities for children and young people
- Pilot programme aimed at engaging young males via Youth out reach
- Parenting programme co ordinator
- Additional support for adults experiencing financial insecurity

All of the above programmes will contribute to improved mental health and wellbeing of the local population and subsequently the indirect reduction in self harm.

PH 05b

Supporting commentary

The latest wellbeing survey data for 2020/21 indicates that 12.1% of people in Halton reported a low happiness score compared to 10.3% reported as an England average. This is a worsening from 9.3% of people in Halton who had a low happiness score in 2019/20. This is unsurprising given the difficulties that the Covid-19 pandemic has created for many people and we continue to ensure that, even through virtual routes, we are creating positive opportunities for people to increase their mental health and wellbeing.

There is no data available in the Public Health Outcomes Framework to support measurements of carer wellbeing score.

Activity is continuing to engage individuals and communities in positive wellbeing messages and activities, through opportunities for face to face engagement and support has reduced during the pandemic. We are continuing to undertake and further develop all opportunities to expand on wellbeing activities which should ultimately improve wellbeing related measures.

PH 05c

Supporting commentary

Latest available data for 2018-20 indicates that the excess under 75 mortality for adults with severe mental illness in Halton is 313.1%, this is significantly better than the England Average of 419.6%. Continuing to ensure local primary care undertake annual reviews and engage with health services is key to ensuring that people with SMI experience no poorer health outcomes and services than any other individual.

PH 05d

Supporting commentary

The latest published suicide rate is 10.8 suicides per 100,000 persons for the years 2018-20, which is not considerably different to the England average of 10.7. We continue to work closely with partners and Champs on the Zero Suicide Agenda and consistently review the action plan for reduction of suicides in the community, even undertaking assessments for every individual suicide we are notified of.

The suicide prevention partnership board has continued to meet during the pandemic.

Champs have continued to work to address:

Self harm
Middle aged mens mental health
Quality improvement within mental health trusts
Primary care staff pilot
Workforce development training
Development of a lived experience network

Local Activity

The Mental Health Info Point continues to be promoted via social media and training. In Q4 it has received 1,288 page views with 496 unique users and 159 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. Schools and early year's settings continue to be supported to implement a whole setting approach to improve mental health and wellbeing. Mental health awareness and suicide awareness training continues to be available to HBC staff and partners. Anti-stigma steering group aimed at tackling mental health stigma in males is under development.

Halton has been awarded £267,206 to deliver 5 prevention projects focussing on the following: bereavement support for children and young people, bereavement support for adults, support to address financial insecurity and debt, support to improve children and young people's mental health and wellbeing and support to improve Halton's parenting programme offer. All of these projects will potentially contribute to the reduction in suicides in Halton.

PH 06a **Supporting commentary**
Please see PH04b

PH 06b **Supporting commentary**
Breast cancer screening coverage (% of those with an up to date screen) fell in Halton in 2020 and significantly in 2021 to just 55.8%, as mirrored across England; it is likely COVID-19 has an effect on this with reduced capacity in clinics reducing the ability of services to see higher volumes of women.

Cervical cancer screening coverage was higher in 2021 than the England average for those aged 25-49 (71.9% compared to an England average of 69.7%), the trend is increasing in this age group; however Halton performed worse than the England average for those aged 50-64 (72.5% compared to 74.1%).

Bowel cancer screening coverage (age 60-74) has remained fairly static in 2021; Halton coverage (55.5%) is lower than the England average (60.9%).

Halton is participating in a number of activities to promote and encourage

uptake of screening programmes as part of the Cheshire and Merseyside Cancer Alliance Prevention Board. Champs are undertaking a number of campaigns including Bowel screening uptake programme which is seeing the recruitment of system champions and navigators to encourage and assist people through the Bowel screening programme, early text message reminder prompts for cervical screening and currently developing a series of community engagement campaigns across a breadth of cancer prevention programmes, including screening

PH 06c

Supporting commentary

Staging data is only available up to 2019. The percentages of cancers diagnosed at stage 1 or stage 2 has remained fairly static in the last 5 years. In 2019, 55.5% of cancers were diagnosed at stage 1 or 2, which was similar to the England average of 55.1%.

PH 06d

Supporting commentary

Cancer survival data is only available up to 2018; however the 1 year net survival % has increased year on year and the gap between Halton and the England average has narrowed considerably.

PH 06e

Supporting commentary

The rate of premature mortality from cancer had seen a steady decline, but has begun to plateau according to the most recent available data for 2017-19 with a rate of 166.1 per 100,000 which is significantly worse than the England average early mortality rate of 129.2 per 100,000. Reducing mortality due to cancer has a number of key influences including cancer prevention, early diagnosis and effective early treatments.

PH 07a

Supporting commentary

Sure Start to Later Life continues to support older people to engage in community activities to reduce the risk of loneliness and social isolation. We have received 47 referrals this quarter which is a drop from last quarter.

We held a Partners in Prevention meeting during this quarter. This is an opportunity for organisations from Health, Social Care and the Voluntary Sector to come together to provide service updates. We had 37 Partners who joined the meeting. The feedback from members has been really positive, the professionals find this meeting very useful to be able to signpost older people to activities in their local areas to reduce loneliness and social isolation.

We have launched the Easter Acts of Kindness projects inviting children from local early years settings to make Easter cards/ posters to send out to older adults in the community affected by loneliness and social isolation. We will be able to report on impact in the next quarterly report.

We have successfully secured £30K to purchase six activity tables for a number of care homes across the Borough. This means that all older people's care homes in the Borough have access to this great resource which helps to enrich the lives of people living with dementia to ensure that they have a happy, fulfilled life without being isolated. They are due

to be delivered in the next few weeks

PH 07b

Supporting commentary

The new Intermediate Care and Frailty Service was launched in December. We have now set up a new referral pathway.

A decision was made to put the falls steering group on hold until further information is gathered about the future plan of the falls service. This is currently being reviewed.

Despite the above, the Age Well service continues to deliver falls prevention exercise classes, 4 per week. During this quarter we have triaged 73 New referrals into the Single point of access service which is aimed at getting people active. Out of that figure 15 proceeded onto the Age well Falls prevention class, 30 went onto the gym based session and 8 went onto a mindful movement class.

156 falls incident forms, received from the community warden, have been screened. Through this screening we ensure that the individual gets the appropriate advice and support to manage their falls. 50 Active at Home Booklets have been sent out during this quarter. The Active at Home Booklet is a resource which is aimed at helping people to stay active at home to help prevent physical deterioration that increases the risk of falls, and loss of independence.

PH 07c

Supporting commentary

Uptake of flu vaccination increased in 2020/21 to 81.6% in the over 65s, which the national target of 75%. The uptake has been facilitated by the joint approach with local partners, including Warrington Council to maximise opportunities for engagement and emphasise the benefits of flu vaccination with the Covid pandemic. Final data for the 21-22 season is not yet finalised but indications are that uptake in the at risk 65+ cohort remains high.

Further work is needed to maximise uptake in the pregnant women and young children eligible cohorts

PH 08a

Supporting commentary

Halton Public health team has continued to maintain and update outbreak plans and undertake regular surveillance for community outbreaks. We have responded well in reacting quickly, limiting spread and mitigating impact of outbreaks in a number of workplace settings and high risk settings such as accommodation for asylum seekers and refugees.

During Quarter 4 many COVID restrictions were lifted and testing for the general population ceased. The details of the changes to Covid testing and next steps to live with Covid were published very recently and the details are still being clarified and are subject to change. More details on the national and regional model of delivery of health protection and the national contingency plans to respond to outbreaks of Covid in the future

are awaited. Following their publication local plans can be updated accordingly.

PH 08b Supporting commentary









Halton has a vaccination lead that works with local NHS partners to agree the best ways to encourage vaccine uptake. We have a range of options including pharmacies, buses, hospitals, GPs and mass vaccination sites. Halton has good uptake in the over 40s and moderate uptake in the younger age range as elsewhere. We are constantly looking for new ways of reaching people






PH 08c Supporting commentary

Changes to the national strategic approach to COVID means that aiming to reduce the rate to 25 per 100 000 is no longer an appropriate target. The end of testing and a move to 'living with COVID' makes measurement of local rates difficult, and the end of restrictions means that COVID infections are now being responded to in the same way as any other health protection risk.







Key Performance Indicators



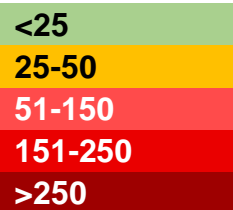


Ref	Measure	20/21 Actual	21/22 Target	Q4	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	66.1% (2018/19)	N/A	N/A		N/A
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)	57.6% (2019/20)	58.2% (2020/21)	N/A		N/A
PH	Alcohol-	896	877.7	660		

LI 02b	related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	(2019/20 provisional)	(2021/22)	(Q2 20/21 – Q1 21/22 provisional)		
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	58.3 (2017/18 – 2019/20)	57.1 (2019/20 – 2021/22)	53.6 (Q2 18/19 – Q1 21/22 provisional)		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	14.9% (2019)	14.9% (2020)	N/A		N/A
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	78.3% (2019/20)	77.5% (2020/21)	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>	87.1 (2018-20)	87.1 (2019-21)	96.7 (2019-21 provisional)		
PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per	162.4 (2018-20)	160.8 (2019-21)	151.0 (2019-21 provisional)		

	100,000 population) <i>Published data based on calendar year, please note 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>	52.1 (2018-20)	51.6 (2019-21)	46.6 (2019-21 provisional)		
PH LI 03f	Breast cancer screening coverage (aged 53-70) <i>Proportion of eligible women who were screened in the last 3 years</i>	71.1% (2020)	70% (national target)	58.8% (2021)		
PH LI 03g	Cervical cancer screening coverage (aged 25 – 49) <i>Proportion of eligible women who were screened in the last 3.5 years</i>	73.8% (2020)	80% (national target)	71.9% (2021)		
	Cervical cancer screening	73.8% (2020)	80% (national target)	72.5% (2021)		

	coverage (aged 50 – 64) <i>Proportion of eligible women who were screened in the last 5.5 years</i>					
PH LI 03h	Bowel cancer screening coverage (aged 60 to 74) <i>Proportion of eligible men and women who were screened in the last 30 months</i>	60.7% (2020)	No national target as yet	55.5% (2021)		N/A
PH LI 03i	Percentage of cancers diagnosed at early stage (1 and 2)	52.5% (2018)	53.1% (2019)	55.5% (2019)		
PH LI 03j	1 year breast cancer survival (%)	97% (2018)	97.25% (2019)	N/A		N/A
PH LI 03k	1 year bowel cancer survival (%)	79% (2018)	79.25% (2019)	N/A		N/A
PH LI 03l	1 year lung cancer survival (%)	41% (2018)	41.5% (2019)	N/A		N/A
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	388.3 (2019/20)	380.6 (2021/22)	293.6 (Q2 2020 – Q1 2021 provisional)		
PH	Self-reported	9.3%	9.1%	12.1%		

LI 04b	wellbeing: % of people with a low happiness score	(2019/20)	(2020/21)			
PH LI 05ai	Male Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	17.2 (2018-20 provisional)	17.2 (2019-21)	17.2 (2019-21 provisional)		
PH LI 05aii	Female Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	19.8 (2018-20 provisional)	19.8 (2019-21)	19.5 (Q3 2018 - Q2 2021 provisional)		
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per	2834 (2019/20)	2806 (2021/22)	2710 (Q2 2020 – Q1 2021 provisional)		

	100,000 population; PHOF definition)					
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)	81.6% (2021/22 provisional)		
PH LI 06a	COVID-19 case rate (positive cases per 100,000 population in previous 7 day period)	8.5 (30/06/21)	PHE THRESHOLDS  (Latest 7 day rate per 100,00)	860 (27/03/22)	N/A	
PH LI 06b	COVID-19 vaccination uptake (% population in all JVC I Groups covered by 2 Doses)	6.4% (31/03/21)	85% (national target)	50.7% (31/03/22)	N/A	

Supporting Commentary

PH LI 01 - Department of Education are not publishing 2019/20 or 2020/21 data due to COVID priorities.

PH LI 02a - Levels of adult activity reduced in 2019/20; we do not yet know how COVID-19 will have affected this in 2020/21. Data is published annually; 2020/21 data has not yet been published by OHID.

PH LI 02b - Provisional data for 2020/21 and Q1 2021/22 indicates the rate of alcohol related admissions has reduced since 2019/20 and is on track to meet the target. (Data is provisional; published data will be released later in the year.)

PH LI 02c - Provisional data for 2020/21 and Q1 2021/22 indicates the rate of under 18 alcohol admissions has reduced since 2019/20 and is on track to meet the target.

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

PH LI 03a - Smoking levels improved during 2019. 2020 data has not yet been published by OHID (data is published annually).

PH LI 03b – Adult excess weight increased during 2019/20; we do not yet know how COVID-19 will have affected this in 2020/21. Data is published annually; 2020/21 data has not yet been published by OHID.

PH LI 03c - The rate of CVD deaths (in under 75s) has increased in 2020 and 2021; it is likely that COVID-19 has had an effect.
(Data is provisional; published data will be released later in the year.)

PH LI 03d – The rate of cancer deaths (in under 75s) has reduced slightly over 2020 and 2021. It is yet unclear how COVID-19 has affected death rates from other major causes.
(Data is provisional; published data will be released later in the year.)

PH LI 03e - The rate of respiratory disease deaths (in under 75s) has reduced slightly over 2020 and 2021. It is yet unclear how COVID-19 has affected death rates from other major causes.
(Data is provisional; published data will be released later in the year.)

PH LI 03f - Breast cancer screening coverage dropped in 2020 and again in 2021; COVID-19 has most likely affected this. Data is released annually.

PH LI 03g - Cervical cancer screening coverage improved during 2020 in those aged 25-49. Halton performed better than the England average both in 2020 and 2021 but is still working towards the national standard of 80% coverage. Data is released annually. Cervical cancer screening coverage remained static between 2018 and 2020 in those aged 50-64, but fell slightly during 2021. Halton did not perform as well as the England average and is still working towards the national standard of 80% coverage. Data is released annually.

PH LI 03h – Bowel cancer screening coverage improved during 2020, but has fallen significantly in 2021. Halton did not perform as well as the England average in 2020 or 2021. Data is released annually

PH LI 03i - The % of cancers diagnosed at early stage has fluctuated between 50% and 56% since 2013. The current % is similar to the England average (55.1%). Data is released annually.

PH LI 03j -1 year breast cancer survival has improved steadily over the last 10 years. It was 97% in 2018, which was the same as the England average. Data is released annually.

PH LI 03k – 1 year bowel cancer survival has improved steadily over the last 10 years. It was 79% in 2018, which was slightly lower than the England average (80%). Data is released annually.

PH LI 03k - 1 year lung cancer survival has improved steadily over the last 10 years. It was 41% in 2018, which was lower than the England average (44.5%). Data is released annually.

PH LI 04a - Provisional 2020/21 and Q1 2021/22 data indicates the rate of self-harm admissions has reduced since 2019/20 and is on track to meet the target.
(Data is provisional; published data will be released later in the year.)

PH LI 04b - Happiness levels worsened during 2019/20 and again in 2020/21. COVID-19 is likely to have had an impact. Data is published annually.

PH LI 05ai - Life expectancy has been impacted severely by excess deaths from COVID-19, both nationally and in Halton. Male life expectancy at age 65 reduced slightly during 2020 and 2021.
(Data is provisional; published data will be released later in the year.)

PH LI 05aii - Life expectancy has been impacted severely by excess deaths from COVID-19, both nationally and in Halton. Female life expectancy at age 65 reduced during 2020 and has continued to decline in 2021.
(Data is provisional; published data will be released later in the year.)

PH LI 05b - Provisional annual data up to Q1 2021/22 indicates the rate of falls injury admissions has reduced slightly and is currently on track to meet the target.
(Data is provisional; published data will be released later in the year.)




PH LI 05c - Flu uptake for winters 2020/21 and 2021/22 exceeded the national target of 75%. This was an increase on 2019/20 uptake of 71.6%.

PH LI 06a - The number of COVID-19 has increased during March, both nationally and locally. Rates are starting to reduce, but with the end of free testing and isolation rules, reported rates are unlikely to be complete. Infection rates are high in all age groups but highest in 40 to 44 year olds.

PH LI 06b - Vaccinations are continuing, with over half of Halton's eligible population now having had 2 doses plus a booster.




APPENDIX: Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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