

Directorate Performance Overview Report

Directorate: People Directorate

Reporting Period: Quarter 2 1st July 2022 – 30th September 2022

1.0 Introduction

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

2.0 Key Developments

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

Adult Social Care

The Organisational Health Check for Social Work

A new look Organisational Health Check will be going live this October based on the Standards for Employers of Social Workers. The launch is planned for the 17th October, and we await communications for this shortly. We are aiming to encourage as many social workers in Halton to have their say as possible, as we promote the sharing of the survey. The Principal Social Worker for Adults will also be registering on behalf of adult social care to take part.

This year, organisations will be able to choose when they open and close their survey within the window between the 17 October and 20 January. Two days after closing their survey, they will have access to a web portal to view their results.

This year new questions for Occupational Therapists have been developed, making the survey more relevant to a wider group of staff. Questions will be targeted to those different staff groups, depending on their professional background and qualifications.

Public Health

Covid and flu vaccination campaigns have started. The aim is to encourage individuals who are eligible for the NHS led vaccination to get them. Covid rates have continued to remain low with no community outbreaks have been reported. The health protection team continues to work with partners to set out the actions they will take to reduce the risk of a challenging winter. Linked to this, all staff have been offered access to the flu jab. Those not eligible for the jab through their GP or pharmacy are able to get a 'flu jab' at any pharmacy and have the costs refunded.

The health improvement team have conducted a range of activities linked to reducing smoking, including continuing to offer the Targeted Lung Health Check programme. They attended Halton hospital on 4th October to promote Stoptober, achieving a number of direct referrals and many conversations. Signposting advice was provided to key practitioners from Cardiac, Mental health and Sexual health

Team, who are now delivering a 12 week cessation programme for staff and residents in a mental health residential unit in Widnes – this is against a backdrop of there being nationally low supplies of NRT, this is a risk to the service.

A lot of local work is ongoing to support the suicide prevention campaign, where a resource tool kit was downloaded by partners 104 times for world suicide prevention day. Local support is available via Amparo, which the team links in with.

The team have also supported a local school after the death of their head teacher- Educational Psychology was able to support pupils and staff.

World Mental Health day this year has a focus on raising awareness of the impact money worries has on mental health. Information has been cascaded via schools, workplaces, VCSE, HBC staff, social care, feeding Halton network, suicide prevention partnerships and partners in prevention.

Nationally, the move by the chancellor to scrap the planned increase in duty of alcohol will have a negative impact on health, as evidence clearly shows that cutting duty increases alcohol harm.

The community health bus and Public Health response team continue to offer support to community sessions around the cost of living crisis and engage in vaccination encouragement approaches.

3.0 Emerging Issues

Adult Social Care

National Safeguarding Week

National Safeguarding Week will take place during **21st-27th November** this year. The theme for this year's campaign is "Responding to Contemporary Safeguarding Challenges"

The Mersey Gateway Bridge will be lit up in the colours of Halton Safeguarding Adults Board on Monday 21st November to mark the start of National Safeguarding Week.

There will be a daily messages regarding the themes of National Safeguarding Week which will be promoted on all of our social media platforms. There will be a series of Lunch and Learn events which will take place via MS Teams.

Public Health

Capacity delays within the HR department continue to impact on the recruitment processes facing a number of areas within the Public Health directorate: specifically within the Trading Standards division, which has been undertaking restructure for over 12 months and is significant stretched in terms of capacity and managerial support.

Roles within the commissioning, performance and health improvement teams have been successfully recruited.

The public health team has worked with other teams and organisations to identify and support vulnerable individuals through the cost of living crisis.

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	Q2 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	
1B	Integrate social services with community health services	
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	
1E	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems.	
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	

3A	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.	
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Supporting Commentary

Work continues on refreshing the local dementia strategy, under the umbrella of One Halton. A strategic group was established with representation from all One Halton organisations. A self-assessment was undertaken against recommendations made by Alzheimer’s Society for what local areas should be considering in their dementia strategies. The self-assessment process, cross referenced with NICE best practice and dementia ‘I Statements’, has formed the basis of identifying priorities and associated actions. The group met in September 2022 to finalise the actions and progress the ratification process. The Dementia Friendly Communities approach has been adopted by Executive Board and is now underway across council service areas, with focus on raising awareness and improving practice to make HBC a more dementia friendly organisation for employees and the people we serve. New dementia friendly activities are emerging from within the community, such as a dementia café at Grangeway Community Centre and one due to open in Autumn at Catalyst museum.

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.

Regular quarterly service reports will be submitted to outline the service delivery and detailed review of the homelessness strategy action plan.
The homelessness forum is planned for October 2022. to review the key priorities and agree actions for the following 12 month period.

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.

Governance of the Pooled fund now reflects the changes to NHS organisations with joint structure with the place based Integrated Care Board (ICB). The Pooled budget currently projecting an underspend at the end of the year. The central government submission for the Better Care Fund has been completed and awaiting approval












Work is ongoing to develop integrated working in the Borough. New structures with the ICB are bedded in.

Work continues with partners in health to develop integrated approaches to supporting adults

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 has drawn to a close and is now subject to review of how it is moved forward. Work is progressing with the paperwork to promote good practice.

Key Performance Indicators

Older People:		Actual 21/22	Target 22/23	Q2	Progress	Direction of Travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ Better Care Fund performance metric	369.2	600	331.9		We are unable to provide the direction of travel as we did not have data for this period in 2021/22,
ASC 02	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. Better Care Fund performance metric	4071	No plan set	4243		This collection was on hold in Q2 2021/22
ASC 03	Proportion of Older 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	79	85%	NA	NA	NA
Adults with Learning and/or Physical Disabilities:						
ASC 04	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	72	97%	45%		
ASC 05	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	81.5	80%	73.6%		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	31.6	45%	22.7%		
ASC 07	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	89.7	89%	88.6%		
ASC 08	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	7	5.5%	5.7%		
Homelessness:						

ASC 09	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless	1914	2000	610		
ASC 10	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	247	200	83		
ASC 11	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	520	N/A	78		
Safeguarding:						
ASC 12	Percentage of individuals involved in Section 42 Safeguarding Enquiries	30	30	83		NA
ASC 13	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%	64%		
ASC 14	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	83.9	89%	NA	NA	NA
Carers:						
ASC 15	Proportion of Carers in receipt of Self Directed Support.	98.8	99%	97%		
ASC 16	<i>Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)</i>	7.5	N/A	NA	NA	NA
ASC 17	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	39.3	N/A	NA	NA	NA

ASC 18	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	69.5	N/A	NA	NA	NA
ASC 19	Do care and support services help to have a better quality of life? (ASC survey Q 2b) Better Care Fund performance metric	17.9	20%	NA	NA	NA
ASC 20	The Proportion of people who use services who have control over their daily life (ASCOF 1B)	73.1	80%	NA	NA	NA
ASC 21	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	56.9	71%	NA	NA	NA

Supporting Commentary

Older People:

ASC 01 We are on track to stay below the target of 600 per 100K pop.

ASC 02 The number of emergency admissions is increasing, particularly those with a zero length of stay, which are now approaching the levels seen pre-pandemic. In part this is being driven by the increases in the number of people attending A&E, which are 10% above pre-pandemic levels, however an increase in zero day length of stay admissions is also expected as the plan is to increase triage in ED to Same Day Emergency Care (SDEC) pathways or for direct referral to SDEC by ambulance or primary care. The number recorded as a non-elective admission is potentially going to increase, certainly in comparison to the last 2 years as SDEC stopped during the pandemic.

ASC 03 Annual collection only to be reported in Q4.

Adults with Learning and/or Physical Disabilities:

ASC 04 This is a cumulative figure and at this point is on the way to achieving the target.

ASC 05 While this figure is slightly lower than it was in the same quarter 2021/22, we are still on track towards meeting the target. Work continues to supporting service users to have choice and control in their care planning.

ASC 06 We are at a lower level of those in receipt of Direct Payments that we were at the same quarter in 2021/22. We continue to promote the use of Direct Payments to support people to choose how to they manage their care package.

ASC 07 We are on track to meet this target, albeit the figures are slightly lower than they were in the same quarter 2021/22.

ASC 08 We have currently exceeded this target and figures are higher than they were in the same quarter 2021/22.

Homelessness:

- ASC 09** No commentary received for Q2
ASC 10 No commentary received for Q2
ASC 11 No commentary received for Q2

Safeguarding:

- ASC 12** This is a relatively new indicator; figures need to be cleansed and may differ to year-end data.
ASC 13 Current progress has exceeded last year's total actual percentage for the year
ASC 14 Annual collection only to be reported in Q4, (figure is an estimate).

Carers:



- ASC 15** We are on track to meet this target and figures are higher than they were in the same quarter 2021/22.
ASC 16 Survey measures are reported annually for service users and bi-annually for carers. The results of these are provided in Quarter 4, however are not published until later in the year.
ASC 17
ASC 18
ASC 19
ASC 20 The next Adult Social Care Survey is due to be administered in January 2023, for results to be reported in the 2022/23 period.
ASC 21
ASC 22 The Survey of Adult Carers will be administered later in 2023 for results to be captured in the 2023/24 period.









Further details on both surveys can be found [here](#)














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	Q2 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	Q2 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.	
PH 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	Q2 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	Q2 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	Q2 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	Q2 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	Q2 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.	

Supporting Commentary

- PH 01a** No programmes were delivered this quarter due to school summer holidays, however 4 programmes are scheduled to be delivered in Q3.
- PH 01b** The 0-19 Service has continued to maintain support for children and families in Halton through the provision of the universal Healthy Child Programme, the Family Nurse Partnership and the Pause programme
- PH 01c** Antenatal Infant Feeding workshops have been delivered online but will move to hybrid offer from Q3 to include some face to face.
- There has been increased engagement from early years setting this quarter, with some settings now signing up for their renewal to HHEYS, as well as some new childminders signing up.
- Fit 4 Life App download instructions have been added to all NCMP results letters for 2022-23, with unique invite IDs based on the weight category for the child to activate appropriate programme content for each weight category.
- PH 02a** There has continued to be a range of parenting programmes available to families to support them to develop healthy habits for their children. The Holiday Activity Fund (HAF) has supported children during the holidays, to access healthy and nutritious meals, physical activity sessions, nutrition education and enrichment activities. The whole system obesity strategy is currently in consultation phase with partners for review.
- PH 02b** The exercise rererral programme re-started in Q3 2021. The Active Halton strategy is currently in the data and evidence finding stage.
- PH 02c** No update this quarter.
- PH 03a** We are continuing to engage with the provider services to ensure that work continues to focus on the need groups and return to pre pandemic levels of provision. Year 6 pupils have been accessing the Alcohol Education session via Health Improvement Team's Healthy Schools programme.

- PH 03b** 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. Audit C screenings are delivered during Health Checks and stop smoking consultation to clients across Halton.
- PH 03c** The CGL service has launched a Café which offers an opportunity to support clients. The out of prison programme continues to support prison service leavers on their road to recovery and has received exceptionally positive case studies, also recently opening their safe house in Halton.
- PH 04a** A local action plan is in development around barriers to accessing the NHS Health Check.
- PH 04b** Halton Stop Smoking Service continues to deliver the service remotely and also face 2 face (hybrid model) to support local people to stop smoking including those people directly referred into the service via the TLHC programme.
- PH 04c** See previous comments on weight management and exercise referral programs.
- PH 04d** In addition to the NHS Health Check data above, blood pressure champions have been screening in the community, on the vaccination health bus and in workplaces.
- PH 05a** 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.
- PH 05b** Latest available data for 2018-20 indicates that the excess under 75 mortality for adults with severe mental illness in Halton is significantly better than the England average. 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 05c** Halton's suicide rate for 2019-2021 period is lower than the England average. 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.
- PH 06a** Work is continuing with CHAMPS and the Cancer alliance to focus on activities to increase the uptake of bowel and breast cancer. Regional meetings have not yet been recommenced from UKHSA, though we are continuing to encourage uptake of all screening programmes at all opportunities.
- PH 06b** The Targetted Lung Health check programme is beginning to report early results which shows a positive detection rate of stage 1 cancers

amongst people who have ever smoked in the targetted age cohorts

PH 06c Cancer survival is improving year on year though the improvement is slowing. We continue to work with the cancer alliance and local partners to ensure new and improved diagnostic and treatments are locally available.




PH 06d Cancer mortality is seeing a small improvement year on year, as a factor of the works being undertaken on screening, early diagnosis and presentation and improvements in diagnostic and treatment technology and access.

PH 07a Sure Start to Later Life continue to support older people to engage in community activities to reduce the risk of loneliness and social isolation. The team have received 87 new referrals in this quarter. We have held 6 Get Togethers during this period , with 260 people in attendance.






PH 07b The integrated fall pathway is still under review . A discussion is taking place to identify the most appropriate screening tool to be used. OHID are engaging with partners to discuss setting up a falls collaborative across Cheshire and Merseyside. It will bring together a number of agencies including NWS, Local Authorities, ICSs, NHSE, Voluntary sectors and providers.

PH 07c Uptake of flu vaccination for seasonal 2021/22 was higher than average for most cohorts with increased but under target performance especially for pregnant women and 2-3 year cohorts.

Key Performance Indicators




Ref	Measure	21/22 Actual	21/23 Target	Q2	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	66.1% (2018/19)	N/A	N/A		N/A
PH LI 02a	Adults achieving recommended levels of	57.6% (2019/20)	58.2% (2020/21)	65.5% (2020/21)		

	physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)					
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	493 (2020/21)	877.7 (2021/22)	N/A		N/A
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	45.2 (2019/20-2021/22 provisional)	57.1 (2019/20 – 2021/22)	37.9 (Q2 19/20-Q1 22/23 provisional)		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	14.9% (2019)	14.9% (2020)	13.1% (2020)		
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	76.9% (2019/20)	77.5% (2020/21)	65% (2020/21)		
PH LI 03c	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000)	96.7 (2019-21 provisional)	96.7 (2020-22)	98.7 (Q3 2019-Q2 2022 provisional)		

	population) <i>Published data based on calendar year, please note year for targets</i>					
PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	151.0 (2019-21 provisional)	150.2 (2020-22)	141.0 (Q3 2019-Q2 2022 provisional)		
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>	46.6 (2019-21 provisional)	46.4 (2020-22)	44.3 (Q3 2019-Q2 2022 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>	58.8% (2021)	70% (national target)	N/A (annual data only)		N/A

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>	71.9% (2021)	80% (national target)	N/A (annual data only)	u	N/A
	Cervical cancer screening coverage (aged 50 – 64) <i>Proportion of eligible women who were screened in the last 5.5 years</i>	72.5% (2021)	80% (national target)	N/A (annual data only)	u	N/A
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>	55.5% (2021)	No national target as yet	N/A (annual data only)	u	N/A
PH LI 03i	Percentage of cancers diagnosed at early stage (1 and 2)	55.5% (2019)	55.7% (2020)	N/A (annual data only)	u	N/A
PH LI 03j	1-year breast cancer survival (%)	97% (2018)	97.25% (2019)	N/A	u	N/A
PH	1-year bowel	79%	79.25%	N/A	u	N/A

LI 03k	cancer survival (%)	(2018)	(2019)			
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)	283.5 (2021/22 provisional)	380.6 (2021/22)	275.9 (Q2 21/22 – Q1 22/23 provisional)		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.1% (2020/21)	11.9% (2021/22)	N/A		N/A
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 (2019-21 provisional)	17.2 (2020-22)	17.3 (Q3 2019-Q2 2022 provisional)		
PH LI 05aii	Female Life expectancy at age 65 (Average number of years a person would	19.5 (2019-21 provisional)	19.5 (2020-22)	19.4 (Q3 2019-Q2 2022 provisional)		

	expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>					
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2707 (2021/22 provisional)	2806 (2021/22)	2453 (Q2 21/22 – Q1 22/23 provisional)		
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	81.6% (2021/22)	75% (national target)			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 increased in 2020/21. Data is published annually.
PH LI 02b Due to a national data change, quarterly data is currently unavailable.

PH LI 02c The rate of under 18 alcohol specific hospital admissions has reduced recently. COVID-19 is likely to have had an effect on this.
(2021/22 data is provisional; published data will be released later in the year.)




PH LI 03a Smoking levels improved during 2019 and 2020; 2020 data met the

- target.
- PH LI 03b Adult excess weight reduced during 2021 and met the target.
- PH LI 03c The rate of CVD deaths (in under 75s) has increased in 2020, 2021 and into 2022.; 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, 2021 and into 2022. 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 , 2021 and into 2022. 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 latest % 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 03l 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 2021/22 data indicates the rate of self harm admissions has reduced since 2019/20 and has met the target.
Provisional Q1 2022/23 data suggests the rate has continue to decrease
(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 during 2020 and 2021, but has improved slightly during 2022. (Data is provisional; published data will be released later in the year.)
- PH LI 05aia 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 2021, but has improved slightly during 2022. (Data is provisional; published data will be released later in the year.)
- PH LI 05b Provisional 2021/22 indicates the rate of falls injury admissions has reduced slightly and has met the target. Provisional Q1 2022/23 data suggest the rate has continue to decrease. (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%.
Too early to say if Halton will exceed the target for 2022/23 as the season has only recently started.




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 whether the annual target is on course to be achieved</u>.</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 unless there is an intervention or remedial action taken</u>.</i>

Direction of Travel Indicator

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

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.