

**REPORT TO:** Healthy Halton  
Policy and Performance Board

**DATE:** 11<sup>th</sup> January 2011

**REPORTING OFFICER:** Strategic Director (Resources)

**SUBJECT:** Sustainable Community Strategy  
2010 – 11 Mid-year progress report.

**WARDS:** Borough-wide

## **1.0 PURPOSE OF REPORT**

1.1 To provide information on the progress in achieving targets contained within the Sustainable Community Strategy for Halton.

## **2.0 RECOMMENDED THAT:**

- i. The report is noted
- ii. The Board considers whether it requires any further information concerning the actions being taken to achieve the performance targets contained within Halton's Sustainable Community Strategy.

## **3.0 SUPPORTING INFORMATION**

3.1 The Sustainable Community Strategy is the central document for the Council and its partners, providing an evidenced based framework through which actions and shared performance targets can be developed and communicated. An updated Sustainable Community Strategy for Halton is presently at an advanced stage of preparation and will become live from April 2011.

3.2 The coalition government has set out its intention to create greater transparency. This is intended to include the publication of performance as well as financial transactions. It is the government's expectation that Whitehall departments, local authorities and other public bodies will be performance managed by the communities and citizens which they serve. To this end, the coalition has set out its performance measures in government departmental business plans. Many of these performance measures are already included in the Sustainable Community Strategy.

3.3 The current Sustainable Community Strategy included targets which were also in the Local Area Agreement (LAA). In October this year, the coalition government announced the ending of government performance management of local authorities through LAA's.

3.4 Nevertheless, we need to maintain some framework of performance management to:

- measure progress towards our own objectives for the improvement of the quality of life in Halton.
- meet the government's expectation that we will publish performance information.

3.5 Attached as Appendix 1 is a report on progress to the 2010 – 11 mid-year which includes information for those specific indicators and targets that fall within the remit of this Policy and Performance Board.

3.6 In considering this report Members should be aware that:-

- a) All of the measures within the National Indicator Set (NIS) are monitored through Quarterly Departmental Service Plan Monitoring Reports. The purpose of this report is to consolidate information on all measures and targets relevant to this PPB in order to provide a clear picture of progress.
- b) In some cases outturn data cannot be made available at the mid-year point. Additionally, all measures captured through the National Place Survey, which was due to be undertaken this year, have been deleted from the NIS by central government and therefore no further data will be made available in 2010/11. The future requirement for localised perception survey under the transparency agenda is presently subject to consideration.

#### **4.0 CONCLUSION**

4.1 The Sustainable Community Strategy for Halton, and the performance measures and targets contained within it will remain central to the delivery of community outcomes. It is therefore important that we monitor progress and that Members are satisfied that adequate plans are in place to ensure that the Council and its partners achieve the improvement targets that have been agreed.

#### **5.0 POLICY IMPLICATIONS**

5.1 The Sustainable Community Strategy for Halton is central to our policy framework. It provides the primary vehicle through which the Council and its partners develop and communicate collaborative actions that will positively impact upon the communities of Halton.

## **6.0 OTHER IMPLICATIONS**

- 6.1 The publication by Local Authorities of performance information is central to the coalition government's transparency agenda. This is accompanied by a commitment to reduce top down performance management, with the existing National Indicator Data Set (NIS), replaced from April 2011 with a single comprehensive list of all data that Local Authorities are required to provide to Central Government.
- 6.2 Central Government target setting will be replaced by minimum standards in some areas.
- 6.3 Thus, it still remains to be seen whether the burdens placed on local government will be reduced or simply redefined.

## **7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

- 7.1 This report deals directly with the delivery of the relevant strategic priority of the Council.

## **8.0 RISK ANALYSIS**

- 8.1 The key risk is a failure to improve the quality of life for Halton's residents in accordance with the objectives of the Sustainable Community Strategy. This risk can be mitigated thorough the regular reporting and review of progress and the development of appropriate actions where under-performance may occur.

## **9.0 EQUALITY AND DIVERSITY ISSUES**

- 9.1 One of the guiding principles of the Sustainable Community Strategy is to reduce inequalities in Halton.

## **10.0 LIST OF BACKGROUND PAPAERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

Document	Sustainable Community Strategy 2006 – 11
Place of Inspection	2 <sup>nd</sup> Floor, Municipal Building, Kingsway, Widnes
Contact Officer	Rob MacKenzie (0151 471 7416)



# **The Sustainable Community**

## **Strategy for Halton**

**2006 - 2011**

### **Mid - Year Progress Report**

**01<sup>st</sup> April – 30<sup>th</sup> September 2010**

### **Healthy Halton**







### **Policy & Performance Board**

<b>Document Contact (Halton Borough Council)</b>	Hazel Coen Divisional Manager (Performance & Improvement) Municipal Buildings, Kingsway Widnes, Cheshire WA8 7QF <a href="mailto:hazel.coen@halton.gov.uk">hazel.coen@halton.gov.uk</a>
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This report provides a summary of progress in relation to the achievement of targets within Halton's Sustainable Community Strategy 2006 - 2011.

It provides both a snapshot of performance for the period 1<sup>st</sup> April 2010 to 30<sup>th</sup> September 2010 and a projection of expected levels of performance to the year-end.








The following symbols have been used to illustrate current performance as against the annual targets and as against performance for the same period last year.

	Target is likely to be achieved or exceeded.		Current performance is better than this time last year
	The achievement of the target is uncertain at this stage		Current performance is the same as this time last year
	Target is highly unlikely to be / will not be achieved.		Current performance is worse than this time last year



## HEALTHY HALTON

Page	NI	Descriptor	2009/10 Target	2010/11 Target	Direction of travel
7	8	Adult participation in sport			
8	53	Prevalence of breastfeeding at 6 – 8 weeks from birth			
10	120	All-age all-cause mortality			 (Male)  (Female)
13	123	16+ Smoking rate prevalence			
14	139	People > 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently	N/A	N/A (See comment)	N/A
15	142	Number of vulnerable people supported to maintain independent living			
16	150	Adults in contact with secondary mental health services in employment			

**Non Local Area Agreement Measures / Targets**

17	121	Mortality rate from all circulatory diseases at ages under 75 (proxy for local indicator H1)			
18	122	Mortality from all cancers at ages under 75 (proxy for local indicator H2)			
19	124	Increase the number of people with a long term condition supported to be independent and in control of their condition		N/A	N/A

**NI 8** | **Increase adult participation in sport**

Baseline (2006)	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
20.13%	21.4%	24.13%	24.2	N / A	-	-		

**Data Commentary**

Although this report covers 1<sup>st</sup> April – 30<sup>th</sup> September 2010, the Q1 return (24.2) covered the period April 09 – March 10. Further interim data will be published for NI 8 in December 2010, and June 2011. The interim data available by the Community Services Department so far shows that the target has been exceeded at this mid-year point and the indicator is performing better than the same period last year.

**General Performance Commentary**

Each year the council works with DC Leisure to increase participation rates in the Councils leisure facilities by 1%. Despite the current climate gym membership levels within the facilities continue to be maintained. Kingsway Leisure Centre has had its Gym facility recently refurbished and numbers are already increasing.



In addition to physical activity sessions Voluntary Sports clubs continue to promote taster session and support schools and community groups.

**Summary of key activities undertaken / planned during the year**

Halton Borough Councils Sport and Recreation Team continue to coordinate a comprehensive programme of activity, working with partners to increase participation levels and support the local delivery infrastructure.

The Sports Participation Project continues to assist groups and organisations to provide activity targeted at those not currently taking part in any sport, over the age of 16, particularly women, and those over 50 years old who are sedentary or people at risk of disease due to lifestyle and generally people with low self esteem. These projects received WNF funding in 2010/11.

**NI 53      Increase the prevalence of breastfeeding at 6-8 weeks from birth**

Baseline (Year)	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
12.1% (Q.2 2008)	19.3%	23%	13.54%	16.48%	-	-		

**Data Commentary**

A Quarter 2 update was available on 26<sup>th</sup> October from the PCT.

**General Performance Commentary**

Breastfeeding has been improving from a historically low baseline. Performance in quarter one has been disappointing and lower than performance in 2009/10. Quarter 2 has improved but is still well below target compared to last year (18.58%) and below performance in St Helens which is 23%.

Information from local services suggests that fewer women started breastfeeding in these quarters. In addition some women may be stopping at about 2 weeks at the transition from midwife to health visitor.

**Summary of key activities undertaken / planned during the year**

NHS Halton and St Helens and the Children's Trust have signed up to working towards baby friendly status. An action plan has been approved by NHS Halton & St Helens and is being implemented with additional training for professionals, support for women and coordinated volunteer support.

There has been a halt in breastfeeding the coordination function in Halton due to short term contracts. Midwifery and health visiting services are looking at how this coordination function can be mainstreamed within services.

Recent progress in Halton includes:





1. A 16 hour breastfeeding support worker is providing support to breastfeeding and working closely with midwives, health visitors and volunteers.
2. Another 7 peer volunteers trained. We now have 14 trained breastfeeding buddies to offer support to mum. Last week had 3 referrals and the week before 1 referral. The King Cross Breastfeeding Buddy Service have re-designed their service leaflet and plan to circulate the leaflet across GP's, Pharmacy's, Health Visitor and Midwifery teams. Happy to run groups and



planning to start a group up in King Cross with the Community Café that runs from their.

3. King Cross Parent Project Volunteers are revamping their service and looking at ways to increase performance and very keen to use the volunteers in the right way.
4. The Get Closer resource was relaunched in Summer 2010 There is a plan to evaluate how it is being used.
5. Meetings to be arranged with Health Visiting and Community Midwifery to discuss breastfeeding groups, breastfeeding 1 to 1 support, staff training and information sharing with our volunteers across Halton.
6. Training - 5 different courses available (depending on needs) and discussions needed about how to provide these training.
7. A stakeholder workshop will be held on 22 October to look at LEAN techniques to release capacity within midwifery and health visiting services and improve performance on breastfeeding.

**NI 120 Reduce all age all cause mortality rate for males and females**

Baseline (Year)	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
Male 906 per 100,000 pop (2007/8)	<b>Male 803.8</b>	Male 755 per 100,000 pop	<b>Male 831.9</b>	<b>Male 856.0</b>	-	-		
Female 673 per 100,000 pop (2007/8)	<b>Female 597.3</b>	Female 574 per 100,000 pop	<b>Female 576.4</b>	<b>Female 598.7</b>	-	-		

**Data Commentary**

The data for quarter 2 shows an annual figure for mortality up until the August 2010. There has been a slight increase in mortality for both males and females from Q1. Female mortality has reduced since 2008 though this has slowed in the past year and has risen in quarter 2. Also there have been significant reductions in male mortality since 2008 but there needs to be significant improvement in this area to get back on track to hit the target for the end of the year.

**General Performance Commentary**

These are very challenging targets for spearhead authorities have been actively progressed by the PCT with engagement from the NST. The PCT placed greater emphasis on schemes to further impact on this target focusing on secondary prevention as well as early detection. Since NHS Halton & St Helens PCT came into existence in 2006 there has been a real emphasis on reducing health inequalities and by 2009 the male and female all age all cause mortality differences between Halton and St Helens has narrowed.

**Summary of key activities undertaken / planned during the year**

The two major contributors to all age all cause mortality are Circulatory diseases and Cancer and other areas that have an impact on all age all cause mortality are smoking, obesity and alcohol. A summary of key activities by the PCT to reduce all age all cause mortality rate is described below.

**Identifying people without established Cardiovascular Disease (CVD)**

This initiative significantly contributes to detecting CVD and other major illnesses earlier so that patients can be empowered to take control and also actively manage the disease onset. Throughout the last quarter all GP practices have been provided with electronic clinical templates to support the delivery of scheme and this has seen a rise in the numbers of individuals being offered and receiving a HC+ assessment. In Q2 over 9000 HC+ were offered to individuals resulting in 3343 HC+ being completed. This contributes

to a current total of 5670 being undertaken within 2010/2011. The PCT have recently started a tendering exercise to secure new and alternative providers of HC+ assessments. These may include providers that can offer home-based assessments, mobile sites at local gatherings and events and community pharmacies. The PCT have also commissioned a community pharmacy pilot in Halton where by individuals can have a HC+ assessment at the pharmacy – this pilot will start in November 2010.

#### **Optimisation of evidenced based therapy**

We know that actively managing blood pressure and cholesterol levels significantly contributes to CVD mortality. The PCT have incentivised and supported GP practices to increase the numbers of CVD patients who have a managed BP and cholesterol. We have recently undertaken clinical audits in Halton practices to understand the variation in treatment strategies and address any training needs in the management of Hypertension. To support this we held a specialist Hypertension Management training session for GP's and Practice Nurses in September.

#### **Heart Failure**

We have recently commissioned a new Heart Failure diagnostic service for Halton residents. This new diagnostic test avoids unnecessary visits to the hospital and speeds up the diagnostic pathway in the hope that patients are quickly diagnosed and receive optimal treatment options.

We have recruited two new specialist Heart Failure nurses for the Halton patch. These nurses will work closely with GP practices and run additional community based clinics and attend patients' homes if necessary.

#### **Diabetic Care**

In 2010/11 Retinal Screening for Diabetic patients is up by 20% compared to 2009/10. We are also in the process of commissioning a Structured Education Service for diabetic patients. This is currently out for tender with the service start date scheduled from 1<sup>st</sup> April 2011. We are also currently reviewing the Enhanced Diabetes Care scheme within primary care, to ensure that the outcomes of this scheme are directly linked to individual patient outcomes.

#### **Smoking**

Smoking has a major impact on levels of heart disease. Smoking cessation services continue to be successful in meeting projected targets. Smoking cessation is seasonal with most smokers quitting in the last quarter of January to March. Halton is now concentrating on improving smoking quitting rates in pregnancy.

#### **Obesity**

Obesity is another major contributor to high levels of heart disease. Halton has a comprehensive range of government approved weight management programmes in place for adults, families and young people.

#### **COPD**

Early detection of COPD is part of the Service review for respiratory services and is a Transforming Community Services pathway. There are local Practice Based Consortia pilots to validate current diagnosis and to provide point of care diagnostics for those who are in the at risk group. Additional investment has also been obtained for the Get Checked campaign, which has won additional one off funding of £100k from the government's announced Early Detection programme monies. This will allow a focused campaign of work in Halton (and St Helens) to promote earlier presentation with persistent cough, atypical chest pain, or other "red flag" symptoms for lung



cancer. Rapid chest x-ray will result in earlier diagnosis and an earlier stage of disease, improving survival.

The Bowel cancer screening programme, with an uptake of circa 50% on average across Halton, has been extended to include people up to age 75. The programme will save up to five lives per year compared with figures prior to the programmes inception in 2007.

**Quality and Outcomes Framework Plus**

This is an enhanced scheme for GP's to identify patients that are being underreported for certain health related conditions. A key achievement across NHS Halton and St Helens in 2009-2010 is that following the implementation of QOF plus, an additional 179 people were diagnosed with stroke or TIA. Also the number of patients being treated and managing their condition effectively by primary care has increased which will reduce the risk of mortality.

<b>NI 123</b>	<b>Increase the number of people aged 16+ who have stopped smoking</b>
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Baseline (Year)	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
914 per 100,000 pop (2007/8)	<b>888</b>	1128 per 100,000 pop	<b>259</b>	<b>376</b>	-	-		

### Data Commentary

Data for Quarter 2 is a snapshot as of 6th October. Q1 data has been updated due to the nature of the 6 week quitter programme.

### General Performance Commentary

Smoking has a major impact on levels of heart disease, Chronic Obstructive Pulmonary Disease and cancer. Smoking cessation services continue to be successful in meeting projected targets. Smoking cessation is seasonal with most smokers quitting in the last quarter of January to March.

### Summary of key activities undertaken / planned during the year

Key tobacco control initiatives to run throughout the year are:

- Delivery of smoking prevention programmes for schools and young people via joint working between the Canal Boat project and the PCT.
- Training for teachers on illicit tobacco and its dangers.
- Tobacco Control training provided for 60 PSHE primary teachers across Halton & St Helens per annum, including support and evaluation of cascade of training to pupils.
- Social marketing driven, comprehensive, and highly visible coverage of targeted interventions delivered across Halton and St Helens.
- Deliver 12 Brief Intervention training sessions-1 each month.
- Implement new intervention to encourage pregnant smokers to quit for the term of the pregnancy.
- Raise profile of SUPPORT stop smoking services by targeted brief Intervention training to Halton General and HCRC staff Pre-Op, Cardio respiratory, minor Injury 100% outpatient services in Halton General and 5 Borough Mental Health settings in Halton, trained in referral pathway to stop smoking services.
- Increase the number of Pharmacies offering support to smokers from 15 to 25.
- Increase in cessation data collected from GP practices
- 10% Increase in annual numbers of under 18 attending support to stop smoking.
- Increase awareness of the Support service to areas of High deprivation and deliver targeted campaigns to pregnant and manual smokers.

<b>NI 139</b>	<b>Improve the number of people over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently</b>
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Baseline (Year)	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
30.4% (2008)	N / A Place Survey	32.8%	N / A	N/A	-	-	N / A	N / A

### Data Commentary

This is collected through the Place Survey carried out every two years. The scheduled survey for Autumn 2010 has been cancelled by the Coalition Government.



### General Performance Commentary

Not applicable.

### Summary of key activities undertaken / planned during the year

Due to this Ministerial announcement we will not be reporting these measures for the rest of the year. Consideration will be given to whether there is need for a slimmer local survey in 2011 following clarification of the government's reporting requirements (April 2011) and our own performance management needs.

**NI 142** | **Improve the number of vulnerable people supported to maintain independent living**

Baseline (Year)	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
98.17% (2007/8)	<b>98.95%</b>	99.04%	<b>99.39%</b>	<b>98.7%</b>	-	-		

**Data Commentary**

This data is sourced from Supporting People Provider Workbooks on a quarterly basis.

**General Performance Commentary**

During this quarter a slight decrease in performance has been noted for older peoples and generic services. Older people’s services have reported 10 departures during the last quarter to residential or nursing care and long stay hospital or hospice.

Performance will continue to be monitored and visits arranged if performance continues to fail to meet targets set.



There is however improvement in the performance of the teenage parents service.

**Summary of key activities undertaken / planned during the year**

Good performance has been experienced in the Teenage Parent Service, with a joint approach between Supporting People and Children’s Services. By using this joint approach it is expected appropriate referrals will be made, service users will also be accessing other services and so will engage with the support provider and that positive outcomes will be achieved.

All services continue to be monitored on a quarterly basis and any issues identified will be addressed by the Quality Assurance Team. No additional resources have been required as this service is performing on target.

<b>NI 150</b>	<b>Number of adults in contact with secondary mental health services in employment</b>
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Baseline (January 2010)	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
11.1%	11.1%	12.1%	11.7%	12.4%	-	-		

### Data Commentary

This data is obtained from the 5Boroughs Mental Health Trust.

### General Performance Commentary



This figure stands in October 2010 at 12.4% and is higher than any of the other areas within the 5Boroughs. Direction of travel for Q2 cannot be determined as there was no comparable information available for the same period in 2009/10.

### Summary of key activities undertaken / planned during the year

A single review process has been taking place, led by the 5Boroughs (with externally commissioned support), but with the active support of the PCTs and Local Authorities covering Halton, St Helens, Warrington and Knowsley. A new model for the delivery of community mental health services has been developed; this is intended to provide overarching consistency across the 5Boroughs footprint, but with scope for local variation according to local need.



<b>H 121</b>	<b>Reduce the death rate in under 75s from circulatory disease by 57% from 1995-97 baseline by 2011 (NI 121 – amended)</b>
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Baseline (Year) 1995/97 Halton specific	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
182.95	<b>88.8</b>	78.3	97.2	97.9	-	-		

### Data Commentary

Q1 figure has been updated. August figure used as a proxy for Q2 as September data has not yet been released from ONS.

### General Performance Commentary

There has been a slight rise in CVD mortality under the age of 75. This may be due to natural variation but needs to be monitored closely. Although the reduction in this rate has been very good in past years this has slowed significantly in the past year. In Halton there was a rise in the number of deaths for these causes. This rise could be due to natural variation but needs to be tracked to ensure that the right initiatives are in place to have an impact on mortality for CVD.



### Summary of key activities undertaken / planned during the year

The current programmes in place are listed below.

- Identifying people without established Cardiovascular Disease (CVD)
- Optimisation of evidence based therapy
- Improved heart failure diagnostic pathway
- Improved diabetic care through enhanced diabetic care scheme
- Improved cardiac diagnostics
- Building on evidence through CVD equity audit

Further detail is provided under NI 120.

**H 122 | Reduce the death rate from cancer (in under 75s) by 25% in 2011 from 1995-97 baseline (NI 122 –amended)**

Baseline (Year) 1995/97 Halton specific	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
185.98	<b>166.8</b>	139.5	151.5	157.6	-	-		

**Data Commentary**

The quarterly figures are Directly Age Standardised Rates per 100,000. The standardisation allows comparison between different geographical areas, but hides the number of events, which are about 200 deaths.

August figure used as a proxy for Q2 as September data has not yet been released.

**General Performance Commentary**

Halton's cancer statistics for under 75s remain disappointing, despite a fall in cancer death rates from 185.98/ 100,000 in 1995/1997.

On present trends we are unlikely to meet the cancer mortality target. The recent PCT figures hide some dramatic improvements and some positive outlooks for the future. The Clinical Commissioning Committee (CCC) recently reviewed the burden of cancer deaths in the PCT, and noted that in the under 75s, cancer deaths are more than Coronary heart Disease and Stroke deaths combined.

**Summary of key activities undertaken / planned during the year**

The Clinical Commissioning Committee asked for a stakeholders' workshop to be held early in 2011, where an action plan could be agreed and partners invited to support a cancer strategy for the PCT/ Boroughs. Current financial pressures may reduce the effect that the PCT "Get checked" campaign and "Health Checks" are able to deliver in terms of early detection and prevention of cancer in Halton and St Helens.

Age extension to the breast cancer screening programme, to 47-73 years, was due to commence in December 2010 and be fully in place after 3 years. Due to the difficulty in replacing out dated equipment at our local screening unit, this will not be commenced until at least mid 2011.

**NI 124 % of people with a long term condition supported to be independent and in control of their condition**

Baseline (Year)	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
43% (2008)	<b>25.18%</b>	49%	-	-	-	-	<b>N/A</b>	<b>N/A</b>

**Data Commentary**

The outturn figure has been extracted from the GP Patient Survey 2009-10 for Q4 2009/10. Annual reporting is in June/July each year. Data for 2010/11 is unavailable to date.

**General Performance Commentary**

As above.

**Summary of key activities undertaken / planned during the year**

Information not currently available.