REPORT TO: Health Policy and Performance Board

DATE: 07th June 2011

REPORTING OFFICER: Strategic Director - Communities

SUBJECT: Sustainable Community Strategy
2010 – 11 Year-end 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; and

ii. the Board considers whether it requires any further information concerning the actions taken to achieve the performance targets contained within Halton's 2006 – 11 Sustainable Community Strategy (SCS).

3.0 SUPPORTING INFORMATION

3.1 The Sustainable Community Strategy, a central document for the Council and its partners, which provides an evidenced-based framework through which actions and shared performance targets can be developed and communicated.

3.2 The current Sustainable Community Strategy included targets which were also part of the Local Area Agreement (LAA). In October 2010 the coalition government announced the ending of government performance management of local authorities through LAAs. Nevertheless, the Council and it's partners need to maintain some form of effective performance management framework 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.

3.3 Following extensive research and analysis and consultation with all stakeholder groups including Elected Members, partners and the local community and representative groups, a new SCS (2011 – 26) was approved by Council on 20th April 2011.

3.4 The new SCS will be accompanied by a separate 'living' 5 year delivery plan. This approach will provide sufficient flexibility to evolve as continuing changes within the public sector continue to emerge, for example the restructuring of the NHS and pubic health delivery, implementation of Local Economic Partnerships and the delivery of the 'localism' agenda.

3.5 Work is presently underway to determine a range of performance information that will allow the systematic monitoring of the progress being made in achieving desired community outcomes over time.

3.6 Attached as Appendix 1 is a report on progress of the SCS (2006-11) for the year ending 31st March 2011. This includes a summary of all indicators within the existing Sustainable Community Strategy and additional information for those specific indicators and targets that fall within the remit of this Policy and Performance Board.

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

a) 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) As the requirement to undertake a centrally prescribed Place Survey has now ceased the development of a localised perception based methodology is currently underway with a likely implementation date of autumn 2011.

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 has been accompanied by a commitment to reduce top down performance management, with the pre-existing National Indicator Data Set (NIS), being replaced from April 2011 with a single comprehensive list of all data that Local Authorities are required to provide to Central Government.

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

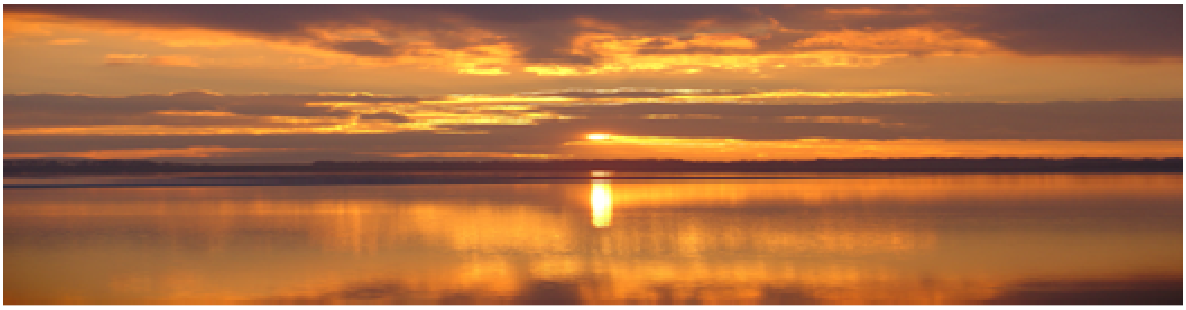
8.1 The key risk is a failure to improve the quality of life for Halton's residents in accordance with the objectives of the Sustainable Community Strategy. This risk can be mitigated thorough the regular reporting and review of progress and the development of appropriate actions where under-performance 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 PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Sustainable Community Strategy 2006 – 11
Place of Inspection	2nd Floor, Municipal Building, Kingsway, Widnes
Contact Officer	Hazel Coen



The Sustainable Community Strategy for Halton 2006 - 2011

Year -end Progress Report

01st April 2010 – 31st March 2011

Health Policy & Performance Board

Halton Strategic PARTNERSHIP

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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 01st April 2010 to 30th 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 2011 target 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	2010/11 Target	Direction of travel
	8	Adult participation in sport	✓	↑
	53	Prevalence of breastfeeding at 6 – 8 weeks from birth	✗	↑
	120	All-age all-cause mortality	✗	↓ Male ↑ Female
	123	16+ Smoking rate prevalence	✓	↑
	142	Number of vulnerable people supported to maintain independent living	✗	↓
	150	Adults in contact with secondary mental health services in employment	✓	↑

Non Local Area Agreement Measures / Targets

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

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	26.3%	N/A	✓	↑

Data Commentary

Halton remain in the top 25% of best performing authorities in England. Full data results are next due in June 2011 and it is expected that the 2010-11 target will have been achieved.

General Performance Commentary

Active People Survey 5, Q1 results were published on 17th March 2011 and showed a slight reduction in the participation rate. Removal of free swimming for over 60s could be a contributory factor to this reduction. However, Halton remain in the top 25% of best performing authorities in England.

Summary of key activities undertaken during the year

The Sports Participation Project has increased participation in physical activity by adults. It is supported by the Council, Halton Strategic Partnership, local community organisations, health professionals, Sport England, and private and voluntary sector sports clubs.

It provides increased accessibility to physical activities, especially for adults who have previously done little or no physical activity. For example, the Widnes and Runcorn Cancer group have now been introduced to activities such as archery, golf and badminton. Other new initiatives have included 'Walk to Work Week' and 'Walk for Life Day' and a new 'Walk Map' was created for the Town Park area following work with a Palacefields residents group.

A 'Full of Life' day was also organised to encourage older people to get and stay active in later life. Trewan House tried many of the 20 activities available and have now established their own chair-based exercise and New Age Bowling classes, with support from the Sports Participation Project.

A further range of Project examples include: Zumba, (the latest get fit craze involving dance moves to Latin rhythm inspired by Salsa, Samba and Merengue), Tai Chi and Yoga, and Halton Happy Hearts and Halton Happy Zipper Club, (for people with a heart condition to get light exercise).

NI 53	Prevalence of breastfeeding at 6-8 weeks from birth

Baseline (2008, Q2)	09 – 10 Actual	10-11 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
12.1%	19.26%	23%	13.54%	16.48%	18.38%	18.38%		

Data Commentary

Q3 data has been updated and used as a proxy for Q4. Q4 data is not available before this report deadline.

General Performance Commentary

The prevalence of breastfeeding at 6-8 weeks has increased over the previous quarters, but is yet to reach the target.

Summary of key activities undertaken during the year

Progress has been made towards improving breastfeeding rates in Halton

- The breastfeeding policy was agreed by the Clinical Commissioning Committee subject to amendments
- Breastfeeding is a Joint Commissioning Unit priority
- An update and plan was presented to the PCT Clinical Commissioning Committee in March.
- A paper will go to Finance and Approvals Committee highlighting the gap in resources, to be submitted in April.
- Achieving Baby Friendly accreditation is currently at risk due to lack of resources to deliver training and audit.
- CQUIN proposal submitted to Quality Board for inclusion in Acute Trust contract to promote improvement in rates, the outcome is awaited
- The preparation of the Warrington Road Pilot and the Peer support incentive scheme pilot are well underway, and the pilots will begin in June 2011.
- Benefits are already being seen from the pilots through improvements in joint working between Peers Support Workers, Midwives and Health Visitors.
- 10 new voluntary Peer Support workers will be trained in May 2011; this will ensure there is sufficient capacity to run the pilot schemes. Aiming to ensure representation from both Runcorn and Widnes
- The new Child Health System, Paris risks reducing data coverage at 6-8 weeks. Discussions underway to mitigate risk.

NI 120 All-age all cause mortality rate

Baseline (2006)	09- 10 Actual	10-11 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
Male 906 per 100,000 pop	803.8 per 100,000 pop	Male 755 per 100,000 pop	849.3	845.0	853.1	879.3		
Female 673 per 100,000 pop	597.3 per 100,000 pop	Female 574 per 100,000 pop	576.4	600	586.5	582.8		

Data Commentary

Q3 figures have been updated. February figure used as a proxy for Q4 as March data has not yet been released. Targets for mortality are based on calendar year data and not financial year. Therefore data is unverified mortality rate for calendar year 2010.

General Performance Commentary

Based on Q3 data both Male and Female Mortality is above the 2010 targets for all age all cause mortality. Male mortality appears to have increased from verified 2009 data where the rate was 838.09 (an increase in 3 deaths). Female mortality however has continued to decrease but not enough to hit the 2010 target. Year end 2009 verified data showed a rate of 595.12 by year end 2010 this had reduced to 586.5 (unverified data)

To hit year end 2011 rates male mortality would need to reduce to 731 per 100,000 (DSR) and females mortality to 558 per 100,000. There would need to be a substantial improvement in death rates to come near to meeting these targets by the end of 2011.

Summary of key activities undertaken during the year

The main focus of activities is specified under the performance for Mortality from Cancer and Circulatory Diseases as these areas have the biggest impact on All Age All Cause.

Additional activities to improve outcomes are:
Chronic Obstructive Pulmonary Disease (COPD): There is a health equity audit being undertaken to review the evidence and services currently delivering and identifying people early with COPD.

Effective management of COPD will help reduce mortality from the condition but more significantly reduce hospital admissions due to COPD exacerbations.
Infant Mortality:

Has a significant impact on early death and will have an impact on life expectancy. Having babies as a teenager, smoking in pregnancy and breastfeeding are two areas that have an impact on infant mortality. Although Halton has not got a high rate of infant mortality compared with England there is potential to improve further. High teenage conceptions, low breastfeeding rates and smoking in pregnancy continue to be challenging areas which are being proactively managed within the Children's Trust.

Suicide and Injury Undetermined:

This is another area that has a significant impact on early death and therefore impacts on life expectancy. Halton and St Helens are participating in an annual suicide audit to understand the background details of suicide victims in order to implement prevention strategies. Year 10/11 trained 89 front line primary care staff in the 'Positive Management of Psychiatric Risk' and 168 Partner Organisations including Fire & Rescue, DWP etc in the early identification of members of the public who posed a risk of self harm.

NI 123	16+ current smoking rate prevalence – rate of quitters per 100,000 population

Baseline (2007/8)	09- 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
914 per 100,000 pop	888	1128	257.49	548.55	762.39	879.12	✓	↑

Data Commentary

Data is a snapshot as of April 1st 2011 and is not the complete year end data. All previous data has been updated.

General Performance Commentary

Data is a snapshot as of 1st April 2011 and will need to be updated when full data is available; October to February data has been updated and are all above target where the preferred outcome is higher. The Stop Smoking service is very close to the March target and figures are still being collected from GP Practices for Q4. It is expected we will make the target. This will be a considerable achievement as we have a very high quit rate.

Summary of key activities undertaken 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 stay 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.

- Incentive scheme developed for pregnant smokers.
- Social marketing programme delivered for pregnant smokers.

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)	98.95 %	99.04 %	99.39%	98.7%	98.51%	98.33%		

Data Commentary

It should be noted that the reduction in the capacity of floating support services have resulted in services closing cases where service users are no longer engaging with the support service. This was necessary to achieve proposed contractual changes but has caused overall performance to be lower than it would normally be.

General Performance Commentary

Overall performance has failed to achieve the target set for 2010/11. There has been a reduction in services performance during quarter 4 which has lowered the overall out-turn for the year. One service has failed to submit the PI workbook for quarter 4.

Summary of key activities undertaken during the year

The floating support services will continue to be monitored and meetings held on a quarterly basis to ensure performance increases to meet the targets set.

NI 150	Number of adults in contact with secondary mental health services in employment

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%	13.4%	13.3%	✓	↑

Data Commentary

This is the most recent figure as at 28th February 2011. Data is provided by the 5 Boroughs Mental Health Trust.

General Performance Commentary

The figure in January 2011 stood at 13.4%, which is higher than any of the other areas within the 5Boroughs.

Summary of key activities undertaken during the year

A service has been commissioned from Richmond Fellowship (national mental health charity) to support people with severe mental health problems to access work opportunities or return to work after a period of illness, and to support both them and their employers to manage their support needs whilst in work.

NI 121	Mortality rate from all circulatory diseases at ages under 75

Baseline (Year) 1995/97	09-10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
182.95	88.8	78.31	**97.2**	**103.8**	**101.8**	**96.8**	✗	↑

Data Commentary

Q3 figure has been updated. February figure has been used as a proxy for Q4 as March data has not yet been released.

General Performance Commentary

There has been a marginal decrease in mortality due to circulatory diseases since April. We continue to examine the data to understand the causes of deaths, the age and where these deaths have occurred to enable better targeting of current

programmes in place.
This means the Circulatory Disease's in Halton are unlikely to hit the PCT calendar year end target of 78.31.

Summary of key activities undertaken during the year

Several key initiatives have been put into place or been accelerated within 2010/11:

Identifying people without established Cardiovascular Disease (CVD)
This initiative significantly contributes to detecting CVD and other major illnesses earlier so that we can empower patients to take control and also actively manage the disease onset. We have accelerated the uptake and model of our Health Checks Plus (HC+) Scheme. In 2010/11 over 9000 health checks have been completed, 45% of these in Halton Practices. We have secured new and alternative providers of HC+ assessments. We have also commissioned a community pharmacy pilot in Halton whereby individuals can have a HC+ assessment at the pharmacy.

Optimisation of evidenced based therapy
We know that actively managing blood pressure and cholesterol levels significantly contributes to CVD mortality. The PCT has been actively managing blood pressure and cholesterol levels identified in general practice which 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 practices to understand the variation in treatment strategies and address any training needs in the management of Hypertension.

Heart Failure
We have 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 have commissioned a new Structured Education Service for Type 2 diabetic patients. 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 rates

are on target and progressing well.
It is expected that we will make the target. Smoking cessation is seasonal with most smokers quitting in the last quarter of January to March. Halton has one of the highest quit rates in the Northwest. Halton is now concentrating on improving smoking in pregnancy figures and will be commencing a new evidence based initiative to encourage quitters to remain quit for the duration of the pregnancy. Patients with COPD are now identified and referred on via the Stop Smoking Service. These patients often have heart as well as respiratory disease. All patients receive information and education. Working with smokers and offering brief advice is now a key part of the critical learning pathway for all clinical staff.

Obesity
Obesity is another major contributor to high levels of heart disease. The weight management services commissioned support the high numbers of patients identified as obese through the Health Checks Plus Programme. A recent audit of outcomes and outputs indicates that overall services are meeting their targets and levels of customer satisfaction are high. Adult weight management services are now embedded. There has been a considerable reduction in the waiting time for level 3 & 4 specialist services. Training for staff in behaviour change has started and will be rolled out in 2011/12. Numbers for exercise on prescription have increased and will continue to expand. Men's Health will be further expanded.

Evidence
In order that we understand the real needs of the Halton population we have completed a CVD Health Equity Audit. This report highlights several areas of recommendation. The lead commissioner has established a task and finish group to collectively address the issues raised within the report. A copy is available upon request.

NI 122	Mortality from all cancers at ages under 75

Baseline (Year) 1995/97	09-10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
185.98	166.8	126.41	151.5	158	150.9	149.5		

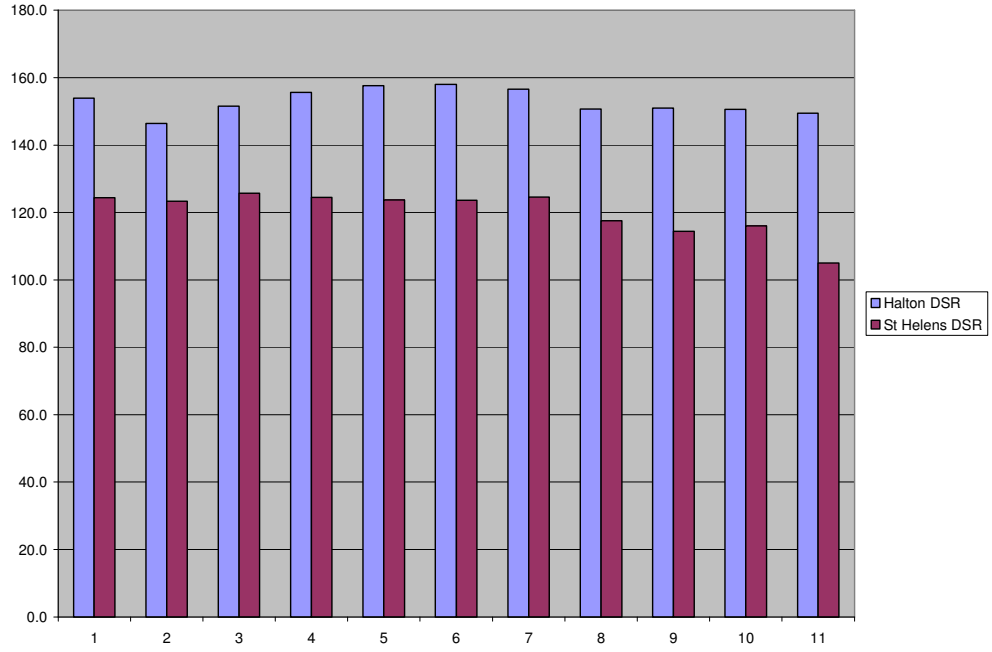
Data Commentary

Q3 figure has been updated. February figure has been used as a proxy for Q4 as March data has not yet been released. It is very important to note that these figures are provisional, and that Q4 is based on provisional monthly mortality data to February only. We do not yet hold confirmed figures for 2010. The performance data quoted above are not actually events: they are Directly Standardised Mortality Rates. They represent about 200 cancer deaths per year under age 75. About half of cancer deaths occur under 75.

General Performance Commentary

Cancer mortality in Halton is high, and not improving as much as the national average or as our neighbours in St Helens

Chart: Month by month rolling annual mortality rates in Halton and St Helens during 2010/11 (month 1 = April 2010)



Summary of key activities undertaken during the year

The Local Authority and NHS partners held a Cancer Summit in February to consider the cancer mortality challenge in Halton and St Helens. The new Cancer Action Plan is being prepared following the summit.

We estimate that new screening programmes for bowel cancer are saving about five lives per year. Other improvements in early detection, such as through the get checked campaign, result in earlier diagnosis of cancer. However, rates remain high. The single biggest factor remains smoking. Lung cancer is the biggest single contributor, including in women.

Investment in cancer prevention and earlier detection has been less than planned during 2010/11, because of the overall PCT financial environment.

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

Baseline	10-11 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
		Q1	Q2	Q3	Q4		
-	18.2%	80.3%	80.3%	80.3%	80.3%	✓	↑

Data Commentary

PCT data is shown as it is not available at LA level. All data has been updated to reflect updated data as of 26.01.2011. It has been recalculated as per the new definition published by the Information Centre, which is why there is such a huge difference against the target. An appropriate new target will be set for 2011-12.

General Performance Commentary

The English average is now 78%. As the method of calculating the results has changed recently it is currently impossible to identify any longer term trends. However, the current performance is encouraging and reflects the continued focus on improvement in the priority disease areas such as Diabetes, COPD, CVD and Cancer across all sectors (Primary Care, Community Services, Secondary Care and third sector). An excellent example of this is the Respiratory Care Group which is driving quality and service improvements for patients with respiratory disease and has active membership from all sectors.

Summary of key activities undertaken during the year

Local Commissioners, including GP Consortia and Local Authority partners have identified LTC as a top priority for 2011/12. It is therefore included in the commissioning intentions for the 2011/12 contract with our community service providers. The review and redesign of services will be led at a local level from within the GP Commissioning Consortia, with strategic oversight provided by the Local Community Services Commissioning Board (which includes senior representatives of GP Consortia and Local Authority partners). Implementation plans will be developed at a local level to reflect the differences between approach and priorities of the 4 GP consortia. A key outcome of the redesign will be to reduce preventable and emergency admissions for people with Long Term Conditions.

In addition the PCT is leading on a QIPP level 3 programme to improve care for Frail Elderly people across the whole spectrum of sectors and providers. This will include many people with multiple Long Term Conditions; and a QIPP level 3 programme to improve the COPD pathway in community and primary care.