

# *AMBITION FOR HEALTH Strategy*

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## Who are we?

Halton & St Helens Primary Care Trust is your local NHS organisation responsible for the planning and securing of health services and improving the health of a local population. Our boundaries match those of Halton Borough Council and St Helens Metropolitan Borough Council, giving us a resident population of over 295,500. We also provide services to people who live outside these boundaries, but who are registered with GPs in Halton and St Helens.

We are passionate about improving the health of our local population, and to ensure we can meet the needs of local people we work in partnership with other local health trusts, local authorities and other organisations. By working closely with our partners, patients and the public we aim to deliver a better, more responsive health service and improve the health of local people.

We spend a huge amount of money (over £500 million) every year buying care services for local people from service providers such as hospitals, general practitioners, pharmacists, dentists and opticians. It is important that we make our investments wisely in line with local health needs, and we are developing an investment plan which will link to the ambitions identified within this Strategic Plan.

Our workforce numbers nearly 2000 people. Many of these are frontline staff, such as district nurses and health visitors who provide services directly to local people. We also provide support to people to want to improve their overall health and wellbeing by providing services such as smoking cessation support and healthy eating advice.

Making sure that we help support people to improve their own health, and that we get the right services in place are the challenges that we have set ourselves – we want to get better at this every year. This is why we have set out our ambitions in this document. So that we can share the difference we are intending to make on health issues which are important to our local population. Each year we will also publish our operating plan and patient prospectus. This will detail the actions we are putting in place to achieve our ambitions.

We know we have a way to go in delivering this – it is not a short term agenda, but we also know that we have a good understanding of local needs, a committed workforce, and excellent local partnerships.

*We're planning on making a difference ...*

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Our ambitions have come from our understanding of the needs of our local population, and our desire to ensure that we are able to deliver two critical outcomes:

**Outcome 1:  
Improving health and  
tackling inequalities in  
health**

**“To work with partners and local people to promote a positive experience of good health and equal opportunities for health, not simply an absence of disease”.**

**Outcome 2:  
Delivering effective and  
efficient health and related  
services**

**“To provide effective and efficient health care services that place the needs of the patient at their core”**

***Our ambitions are:***

To support a healthy start in life  
To reduce poor health that results from preventable causes  
To ensure that when people do fall ill from some of the major diseases, they get the best care and support  
To provide services which meet the needs of vulnerable people  
To make sure people have excellent access to services and facilities  
To play our part in strengthening disadvantaged communities

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## What are the challenges?

A number of challenges face us in delivering our ambitions. We need to ensure good public, patient and clinical engagement to allow us to develop services which allow patient choice of a range of good quality care.

We also know that there are very real differences in health experience for people living in our areas. For some, the difference in health outcome compared to the national average, and the difference within our local areas is stark – our challenge is to narrow the gap between those with the best health and those with the worst. This means we have to design our services to target need.

We also want our local population to receive their services in good quality settings and so we need to make sure that we have buildings that are fit for purpose and locally accessible.

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## *Making a difference .....*

### **... by supporting a healthy start in life**

Improving the health and well-being of children and young people is very important to reducing long-term health inequalities. Giving children a good start in life, followed by a sound education, is perhaps the most effective way of breaking the cycle of deprivation in the long term. We also want to help prepare young people for adulthood. Because children and families don't exist in isolation, we need to work closely with other local partners to deliver this ambition. It is essential to recognise the need to work with other partnerships, in order to address cross-cutting issues such as, employment, education/ training and housing.

Our priorities for action are:

- Pregnancy and Early Years
- Reducing unintended teenage pregnancy
- Services for children and younger people

#### ***Ambition: to enable all pre-school children to have a healthy start in life***

“Building” healthy individuals starts during pregnancy when maternal health is particularly important in determining the future health of a child. Improving diet, stopping smoking and substance misuse can greatly improve health outcomes for mother and child. We know, for example, that breastfeeding is associated with better health, and that the first five years of life can set long term attitudes and patterns of behaviour.

Breastfeeding uptake is lower in Halton and St Helens than for England and Wales as a whole. 37.1% of mothers in Halton & St Helens started breastfeeding their babies compared with 77% nationally (Infant Feeding Survey). Smoking in pregnancy is also a local challenge – 24.1% of pregnant women smoked at time of delivery in Halton and St Helens compared with an average of 17% nationally.

More and more children are becoming obese. Measurements taken during the 2006/07 academic year for Reception class children (aged 4/5) and Year 6 children (aged 10/11) showed that in St Helens 14.2% of Reception class children were obese and 21.5% in Year 6. Whilst in Halton, 11.7% of reception class children were obese and 22.3% of Year 6 children were obese. Children who are either overweight or obese increase their risks of developing poor health such as diabetes or heart disease. Many overweight children have overweight parents – it's often a matter of family lifestyles.

**By 2013 infant mortality rates will have fallen, and more children will be benefiting from a healthy start to life through being breastfed. We will see an improvement in the levels of childhood obesity.**

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We will measure our achievements against this ambition by .....

- Proportion of infants breastfed at 6-8 weeks (target 60%)
- Proportion of children who complete immunisation by recommended ages
- Obesity among primary school-age children
- Percentage of women who have seen a midwife or maternity health professional by 12 completed weeks of pregnancy
- Infant mortality rate

We are putting in place care pathways for maternity services, improved training, support and public facilities for breastfeeding, and programmes to prevent and manage childhood obesity.

***Ambition: to reduce the number of unintended teenage pregnancies, by providing good access to contraceptive services and advice***

Teenage pregnancy can have substantial social and health impacts. The infant mortality rate for teenage mothers is 60% higher than for older mothers; a decision to terminate the pregnancy can have long term psychological effects for some people and whilst having the child can bring its own rewards, too often teenage parents (particularly mothers) find themselves isolated and missing out on life chances.

The rates of Teenage Pregnancy in Halton & St Helens are higher than in England as a whole. The rates of Teenage Pregnancy in Halton was 48.0 conceptions per 1,000 women aged 15-17 (2006), in St Helens the rate was 42.7 (2006), with a PCT rate of 44.9 (2006). The rate for the North West was 45.4 (2006), lower than the rate for Halton, but higher than the rates for St Helens borough and the PCT. However, the rate for England was lower than the rates stated above at 40.4 conceptions per 1,000 women aged 15-17 (2006).

**By 2013 Teenage Pregnancy rates will have fallen by 50 per cent in women aged 15-17.**

We will measure our achievements against this ambition by .....

- Under-18 conception rate per 1,000 females aged 15-17

***Ambition: to provide timely, good quality services to young people when they need them***

A healthy childhood, a stable upbringing and a sound education are all important factors in determining an individual's future health status as well as for greater social and economic benefit. Therefore the importance of investing in children and young people today is a crucial element of our local strategy. Children and Young People is one of the themes included in both Local Area Agreements and there are a range of linked targets aimed at improving education, health and life chances in general.

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Education is an important element of the overall strategy. Improving educational attainment can greatly improve an individual's economic status by improving access to better job/ training opportunities. This in turn can open up wider prospects and opportunities and ultimately better health outcomes. An educational environment that also promotes health is doubly beneficial. The Healthy Schools Standard is an important programme that promotes health within the educational setting.



For some children, a supportive and stable upbringing is not available to them within their birth family.

Such children are amongst the most vulnerable members of society: they are more likely to experience lower educational, health, social and economic outcomes than their peers. They therefore need extra support from health, education and social services to enable them to reach their full potential.

**By 2013 Children's Trusts will be in place in each Borough, providing integrated health services and support to children and their parents. We will have good Child and Adolescent Mental Health services in place for those children and young people who have need of support.**

We will measure our achievements against this ambition through three proxy measures:

- 24 hour cover available for urgent needs and specialist assessments undertaken within 24 hours or during the next working day
- Full range of CAMHS available or accessible for children and young people with learning disabilities
- Service available for all 16 and 17 year olds appropriate to their age and level of maturity

By March 2009 teams will be in place to ensure we deliver the preventative element of the work required. This team will concentrate on school-aged children offering consultation and speedy interventions.

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## *Making a difference .....*

### **... by reducing poor health resulting from preventable causes**

People's lifestyles can have a significant effect on their health and well-being. In particular smoking, alcohol consumption, poor diet, drug use and lack of physical activity are significant risk factors for a number of significant health problems, notably circulatory diseases and cancers. Such lifestyle factors appear to be brought about significantly by background and socio-economic circumstances, modified by personal knowledge and choice. Additionally, genetic and environmental factors are also important influences on health and this is where screening programmes, and working closely in partnership with local authorities and others is critical to supporting the prevention of poor health.

In today's society it is difficult to avoid health messages. Therefore the vast majority of people are aware of what contributes to a healthy lifestyle. There are however, a number of factors that influence an individual's decision to become "healthy". For example, it can be about of lack of access to services e.g. availability and cost of fresh fruit and vegetables, difficulty in accessing exercise and leisure facilities due to childcare, transport etc. and a lack of financial resources. Improving people's health therefore is not just about providing people with information, although this is still important, but is also about removing barriers to healthier lifestyles and facilitating change within the most health deprived communities.

Our priorities for action are:

- Smoking and Tobacco Control
- Physical activity
- Alcohol and Drugs
- Food and Health
- Infection Control
- Oral Health

#### ***Ambition: to help people to stop smoking and reduce tobacco-related harm***

Smoking is the biggest single preventable risk factor for cancer and is known to affect more people from disadvantaged groups. The NHS White Paper "Smoking Kills" shows that smoking not only causes most cases of lung cancer, but is also responsible for most cases of cancers of the mouth, nasal passages, larynx, bladder and pancreas and also plays a part in causing cancers of the oesophagus, stomach and kidney and leukaemia. It is also a major cause of heart disease. Smoking in pregnancy harms the baby- it is associated with increased risk of miscarriage, still birth and low birth weight.

The smoke free legislation is now in place and we have seen a significant increase in the numbers of people accessing our smoking cessation services. However, there are still many people smoking in our communities and this will continue to have an

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impact on health. There is also still much to do to reduce harm from second-hand smoking, illegal tobacco sales and smuggling.

Nationally it is estimated that 24% (UK smoking statistics, 2005) of the adult population smoke, compared to 24% in the North West region (UK smoking statistics, 2005), 25.1% in St Helens (2003-05 model based estimates, ONS) and 25.7% in Halton (2006 Lifestyle Survey).

24.1% of mothers in Halton and St Helens smoke during pregnancy (2006/07).



**By 2013 the numbers of people smoking in our communities will have fallen, and we will begin to see improvements in smoking-related conditions.**

We will measure our achievements against this ambition by

Smoking prevalence, 16 years and over

Smoking prevalence, 16 years and over in routine and manual occupations

We are putting in place good quality smoking cessation services, and working to reduce harm from second-hand smoking. We will continue to promote smoke-free environments.

***Ambition: to support people in managing their weight and to live an active life***

People who are physically active reduce their risk of developing major chronic diseases, such as coronary heart disease, stroke and type 2 diabetes by up to 50%, and the risk of premature death by about 20-30%. Regular physical activity can have a beneficial effect on up to 20 chronic diseases or disorders<sup>2</sup>.

The economic costs of physical inactivity in England place a massive burden on the health service and economy in general. The important role of physical activity for health has recently been elevated towards the top of the government's agenda. The Chief Medical Officer's report summarises that physical inactivity is undoubtedly one of the major contributory factors to the current epidemics of chronic disease.

Two thirds of men and three quarters of women in England report sedentary levels of physical activity.

Adult Physical Activity measured through the National Active People Survey which provides a detailed picture of participation across the country – by local authority area, age group, sex and ethnicity. Figures for Halton and St Helens showed the following:

- 20% of adults in Halton and 20% in St Helens undertook 30 minutes physical activity, three times per week, which is lower than the National figure of 21% (Merseyside 19.5%).

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- Halton also has a lower than national figure of 56.7% doing no sport or physical exercise in comparison to 54.5% in St Helens and 50.6% Nationally (Merseyside 54.3%).
- Halton is below National figure for 5 x 30 minutes per week- 9.9% achieve this, St Helens achieve 9.7% in comparison to 11.6% Nationally (Merseyside 10%).

**By 2013 more people of all ages will be taking part in physical activity**

We will measure our achievements against this ambition through physical activity surveys.

We are putting in place a range of physical activity opportunities for people with different needs in collaboration with local partners.

***Ambition: to reduce harm from alcohol and encourage sensible drinking***  
Alcohol misuse can be a source of considerable harm. The National Alcohol Harm Reduction Strategy identifies certain critical harms connected to alcohol misuse:

- Health- up to 22,000 premature deaths per year
- Crime and anti-social behaviour – 1.2 million associated violent incidents per year
- Loss of productivity and profitability – calculated at £6.4 bn per year.
- Harms to family and society- between 780,000 and 1.3 million children are affected by parental alcohol problems.

The North West Public Health Observatory published a number of key indicators for alcohol. These show that as at February 2007 Halton and St Helens suffer from more than their fair share of alcohol related issues:

- 234 people died in Halton and 300 in St Helens last year due to alcohol
- Death rates are particularly high in Halton men and St Helens women
- 23.8% of adults in Halton and 22.7% in St Helens binge drink (synthetic estimate) compared with 18.2% nationally
- The rates of admission to hospital are over twice as high Halton and St Helens than in England as a whole

**By 2013 people will be much more aware of the harm that can result from alcohol abuse, and we will promote the sensible drinking message. We will have high quality services in place with good access for those who need support.**

We will measure our achievements against this ambition by:  
Hospital admissions per 100,000 population for alcohol-related harm

We are putting in place a multi-disciplinary alcohol harm reduction strategy which aims:

- To increase people's awareness of the harms associated with alcohol misuse
- To increase knowledge and understanding of what works to reduce the harms associated with alcohol misuse.

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- To reduce the level of alcohol related health problems
- To reduce alcohol related crime, disorder and antisocial behaviour
- To prevent the harm caused to children and young people by alcohol misuse
- To reduce the economic impact of alcohol misuse
- To strengthen local communities to respond effectively to the problems caused by alcohol misuse
- To increase the positive contribution of alcohol consumption to regeneration developments in Halton and St Helens

***Ambition: to reduce harm from substance misuse and ensure effective treatment when needed***

The illegal use and misuse of drugs within society is damaging to health and well-being. Drug related crime and disorder impact on individual and public health and the effect on community cohesion all represent significant challenges for both boroughs. The Government's cross-cutting drugs strategy, Tackling Drugs to Build a Better Britain aims to:

- Prevent young people from developing drug problems
- Offer easily accessible and high quality treatment to those with drug problems
- Stifle the supply of drugs on our streets
- Strengthen community capacity against drug misuse.

**By 2013 we will see more emphasis on preventing drug misuse, while having good quality services in place to meet needs of substance misusers and their families.**

We will measure our achievements against this ambition by:  
The number of drug users in effective treatment

We are putting in place a range of programmes, in collaboration with our colleagues, that address the primary prevention of drug misuse, particularly among children and young people. These programmes are also designed to help those with drug misuse issues to tackle their addiction and to reduce the harm associated with drug use.

***Ambition: to improve the numbers of people benefiting from a healthy, balanced, diet***

Diet is central to health throughout life. A balanced, healthy diet is one based on a wide variety of foods, including at least five portions of fruit and vegetables a day and plenty of starchy foods (such as bread, potatoes and cereals), and a minimum amount of salt and foods containing fat and sugar.

This type of diet can help reduce the risk of coronary heart disease, type II diabetes, overweight and obesity, stroke and some cancers. A good diet is also important during pregnancy for the healthy development of the growing baby and impacts on the health of the person in later life (including the need for folic acid to reduce risk of neural tube defects). Breastfeeding provides vital nutrients for babies and there is

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also evidence to suggest that babies who are breastfed are less likely to become obese in later life.

**By 2013 greater numbers of people will be eating a healthier diet**

We will measure our achievements against this ambition by carrying out health surveys with our local population.

We are putting in place support and advice on healthy eating, and pathways for obesity that include infant feeding and dietary advice.

*Ambition: to prevent and control the spread of infectious diseases*

In England, though the major infectious diseases kill only a small number of people compared to the past, infection is still important. For example:

- 40% of people consult a health professional each year because of infection;
- as many as 5,000 patients may die as a result of hospital acquired infection each year in the United Kingdom and there are substantial costs of hospital acquired infection to the NHS;
- a number of major national crises over the last few years have been a direct consequence of infectious diseases (e. g. BSE and vCJD, foot and mouth disease, deaths of children and students from meningitis, NHS winter pressures from influenza and bronchitis, the Lanarkshire E. coli O157 outbreak);
- infections account for 70,000 deaths each year; - the number of people living with diagnosed Human Immunodeficiency Virus (HIV) is estimated to rise to 29,000 by the end of 2003, an increase of 40% over the end of 1999 prevalence.



The potential threats to health from infectious diseases in England today are diverse and include: the threat of new or previously unrecognised diseases, the threat of animal diseases that can transmit to humans, the threat from poor hygiene, slack disease control measures or poor standards of medical care.

An effective strategy for combating infectious diseases, chemicals and radiation will ensure that we have the capacity to deal with a wide range of health threats.

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However, certain areas require focused attention because of the seriousness of the illness, changing disease patterns, new interventions, or the need to keep a close watch on developments.

Action plans are being developed to combat tuberculosis, blood-borne viruses such as HIV/AIDS and Hepatitis B and C, antimicrobial resistance, and health care associated infection.

- Tuberculosis
- Health care associated infections
- Antimicrobial resistance
- HIV/AIDS
- Hepatitis B and C

**By 2013 we will see a significant reduction in the numbers of health care acquired infections.**

We will measure our achievements against this ambition by

- A reduction in MRSA number of infections (local target to be determined)
- A reduction in cases of clostridium difficile by 30% by 2011

We are putting in place programmes of improvement, including clean hospitals, infection surveillance and effective management.

***Ambition: to ensure that all children have good dental health***

Dental health is improving in England. However, despite the fact that tooth decay is a preventable disease, tooth decay levels amongst young children have remained unchanged for over 30 years. Additionally, dental health inequalities persist. Child dental decay levels in the Northwest of England are higher than the national average and dental health amongst Halton and St Helens children is worse than the regional average. In 2004 5-year-old in England had on average dental disease affecting 1.49 teeth. In Cheshire and Merseyside the figure was 1.85. Five year olds in Halton had 2.18 teeth affected by decay and St Helens children had 2.02 teeth affected in 2004.

**By 2013 average dental decay levels amongst 5-year-olds in halton and St Helens will have fallen to 2004 national average of 1.49.**

We will measure our achievements against this ambition by scientifically measuring the dental health of the 5-year-old child population every 2 years.

In order to improve child dental health we will

- Introduce effective dental prevention within the primary dental care services
- Continue to distribute fluoride toothpaste to high risk communities
- Consider whether or not to consult on water fluoridation

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## *Making a difference .....*

### **... by ensuring that when people do fall ill from some of the major diseases, they get the best care and support**

There are a number of disease groups which are particular causes for concern in both Halton and St Helens. The Local Area Agreements for each borough have attempted to bring together key targets to enable us to effectively focus our attention on these areas. This section of the plan brings together some of these specific disease groups and looks at them in further detail. The five areas are as follows:

- Cancer services
- Coronary Heart Disease Services
- Mental Health Services
- Sexual Health Services
- Respiratory Health

***Ambition: To reduce the burden of cancer and cancer related deaths by improving access & availability of prevention and early detection services for local people***

In terms of prevention there is still a lot that can be done to reduce cancer deaths in both boroughs. Whilst it is important to acknowledge that there are already a number of excellent community based projects in operation across both areas we need to enhance and support successful initiatives whilst also looking at other ways of getting the message across and more importantly enabling people to access appropriate services.

We also need to encourage more people to take part in approved screening programmes for the early detection of treatable cancers for example cervical screening (smear tests) and breast screening for women over 50. We also know that men are also less likely to take part in screening programmes and to approach a GP or other health professional with concerns about their health until it is often too late.

Early detection and treatment of cancers is essential to increasing life expectancy and improving quality of life.

Death from cancer remains an issue in both Halton and St Helens. The overall target, as set out below, is to reduce mortality rates from cancer in Spearhead PCTs by 25% by 2010. This is a challenging target, however, current rates indicate a 15.8% reduction on baseline for Halton and St Helens.

**By 2013 the numbers of people developing and dying from cancers will continue to reduce year on year.**

We will measure our achievements against this ambition by  
    <75 years cancer mortality rates  
    Breast cancers seen within 2 weeks of referral

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Screening rates for breast and bowel cancer  
Early detection and treatment of cancers

We are putting in place good early detection and prevention programmes for cancers linked to local neighbourhoods where rates of cancers are high. We are also running screening programmes for breast and cervical cancers, and we will be increasing bowel cancer screening coverage.

***Ambition: To reduce the burden of ill health and premature death caused by Cardiovascular Disease by improving information, access and provision of preventative and treatment services***

Coronary Heart Disease remains a major cause of premature death and ill health in this country. Approximately 1.5 million people suffer from angina and CHD. This has accounted for some 117,000 deaths in England in 2002 and 40,000 deaths under the age of 75 in 2002.

In 1999, CHD cost the UK healthcare system just under £1,750 million. But the full economic impact is far wider than that. In 1999, production losses and informal care associated with CHD cost the UK economy £5,300 million.

Coronary Heart Disease accounts for approximately 350 deaths per year in St Helens, and around 205 deaths per year amongst Halton residents. The latest available data which can be compared against national figures is for the three year period 2004-2006. Rates for persons all ages for this time period were 131.18 per 100,000 in St Helens; this is approximately 29% above the England average. In Halton, rates are higher; 133.04 per 100,000, this is approximately 31% higher than England. In keeping with national patterns, rates are higher amongst men. Coronary Heart Disease is a major cause of premature death, on average accounting for approximately 130 deaths per year in the under 75 population in St Helens, and around 85 per year in Halton. Local rates of premature CHD mortality exceed the national average: 33% higher in St Helens and 38% higher in Halton. Based on latest data (2004-2006) there were 64.18 deaths per 100,000 population amongst the under 75's in St Helens, and 67.05 per 100,000 in Halton, this compares with the rate for England of 48.43 per 100,000 for the same time period.

Stroke has a major impact on people's lives. The consequences of having a stroke include potential complex care needs and long-term disability. It is a common cause of death in England and Wales – each year over 110,000 people have their first stroke and 30,000 of these go on to have a further stroke. The impact on people who have a stroke, and their families, is immense. From the latest data we have (2004-06), approximately 96 people per year die from stroke in Halton, and 158 per year in St Helens. Of these, over a quarter (25.8%) were strokes in people under the age of 75.

**By 2013 people with risk factors for heart disease and stroke will be identified and treated to reduce their risk of either event. For people with coronary heart disease or stroke we will have excellent long-term care in place to support them.**

We will measure our achievements against this ambition by:  
<75 years CVD mortality rate

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Implementation of the stroke strategy  
Treatment of patients admitted with a heart attack

We are implementing the national Stroke Strategy, building on practice based registers for heart disease and developing quality care pathways for people with heart disease.

***Ambition: To reduce the burden of ill health and premature death caused by Diabetes by improving information, access and provision of preventative and treatment service.***

Diabetes, due to its chronic nature and many complications, places a great demand on time and resources. It has been projected to become one of the world's main killers/disablers in the next 25 years. Over the last thirty years type 2 diabetes has changed from being seen as a relatively mild ailment associated with ageing and the elderly ('just a touch of sugar') to one of the major contemporary causes of premature mortality and morbidity in most countries. In virtually every developed society, diabetes is ranked among the leading causes of blindness, renal failure and lower limb amputation. Through its effects on cardiovascular disease (70-80% of people with diabetes die of cardiovascular disease), it is also now one of the leading causes of death.

In the year 2000 Diabetes UK stated that the NHS spent 9% of the healthcare budget alone on the treatment of diabetes. Diabetes treatments have a great impact on resources and estimates suggest that £5 million a day is spent by the NHS on treating patients with diabetes.

Current diabetes prevalence in Halton is 4.3% and 4.2% in St Helens compared to 3.8% for the North West and 3.7% for England. There is considerable variation in reported prevalence of diabetes between General Practices ranging from 1.8% to 5.3% in Halton and 2.6% to 5.9% in St Helens. As the symptoms of diabetes are not always specific to having diabetes, there is believed to be, locally and nationally, a significant under estimation of the prevalence of the disease (silent cases). The Health Survey for England 2003 suggests that 3% of men and 0.7% of women aged 35 and over have undiagnosed diabetes.

Given current age and obesity trends across Halton and St Helens PCT it is forecast that by 2013 diabetes prevalence will have increased to 6% in St Helens and 5.5% in Halton.

**By 2013 people with risk factors for diabetes will be identified to reduce their risk of developing the disease. People with diabetes will have improved, easily accessible preventative treatments in place to support them in managing the disease and stop it or delay it progressing into other debilitating conditions.**

We will measure this ambition by:

- Improved screening of patients for diabetes so we increase the number identified.
- Increased measuring of patients BMI in Primary care monitored via the Quality Outcomes Framework.

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- Improved monitoring of patients with diabetes in terms of tight control of blood glucose and blood pressure for all diabetics and ACE inhibitors for diabetics with one other risk factor not otherwise quantified.
- Reduced waiting lists for retinopathy and podiatry.
- Increased numbers of patients with impaired glucose tolerance accessing weight management services.

***Ambition: To reduce the burden of mental illness by providing effective prevention and treatment services and to work with partners to address the wider causes of mental illness by providing a better social, physical and economic environment.***

Mental health problems are common and are associated with high levels of distress and morbidity. The National Psychiatric Morbidity Survey shows one adult in six suffers from a common but moderately severe mental disorder. Mental health problems range from anxiety and depression to rarer but severe conditions such as schizophrenia (which affects 0.5% of the population).

Depression is one of the most common mental illnesses, affecting at least 6% of the population at any one time (around 4 million people in the UK). It is estimated that up to one quarter of routine GP consultations are with people with a mental health problem. Depressive illness can also increase with age, making older people more vulnerable.

Mental health issues are particularly high in areas of high deprivation where unemployment, crime, family breakdown and isolation are just some of the causes.

**By 2013 there will be greater awareness of the impact of mental health and wellbeing, and good services in place to support people in crisis and to prevent mental health problems escalating.**

We will measure our achievements against this ambition by  
Reduction in rates of suicide and injury of undetermined intent

We are putting in place our mental health promotion and suicide prevention strategies, which encompass a range of programmes to raise awareness of the factors that contribute to mental health and protect against mental ill health. We are implementing our stepped care approach to the treatment of individuals with mental health problems.

***Ambition: to reduce the levels of poor sexual health***

Sexual health is a key health issue that affects all of the population at various times in their lives. Chlamydia is the most common STI with the highest rates of infection being among the 16- 19 year old females and 20-24 year old males. The infection, if left untreated can lead to pelvic inflammatory disease and infertility. HIV rates rose by 20% nationally in 2003. The number of people who are HIV positive in Halton and St Helens is relatively low compared to some other parts of the country although there continue to be new cases year on year.

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A recent Sexual Health Needs assessment conducted for Warrington, Halton and St Helens showed that between 2001 to 2005 there has been an increase of over 88% across all three areas.

Teenage pregnancy rates in the UK (England and Wales data) are the highest in Western Europe. Recent figures show a downward trend in teenage conception rates for St Helens with a reduction in rates of 19.1% between 1998-00 and 2004-06. Within Halton, there was a smaller percentage decrease of 5.4% between the years 1998-00 to 2004-06.

**By 2013 people will be aware of risks to sexual health, and this will be supported by effective prevention activities and services. For those in need of support and treatment, effective and accessible services will be in place locally.**

We will measure our achievements against this ambition by  
Prevalence of Chlamydia  
Access to GUM within 48 hours

We are developing a strategy to deliver improved sexual health. This will provide for good access to care and high quality standards of care, and preventing harm arising from sexual health risk factors.

***Ambition: To reduce the number of deaths from respiratory ill health and reduce the burden of illness caused by respiratory ill health by providing appropriate prevention and treatment services***

Respiratory ill health is a common issue for many local residents. In 2003, the Halton Health study reported asthma rates as 10.9% in Halton whilst the rate for St Helens South was 7.8%.

Lung cancer is a particular issue locally, it accounts for approximately 110 deaths in St Helens and 80 deaths in Halton each year. The disease is often associated with high smoking rates as the risk of the disease increases with the number of cigarettes smoked. Death rates for lung cancer in Halton are significantly higher than the national average for men and women.

Smoking is also a major contributory factor in causing Chronic Obstructive Pulmonary Disease (COPD). The Royal College of Physicians' report on Nicotine Addiction (2002) found that at least 80% of deaths from COPD are due to smoking. In Halton there are about 70 deaths from COPD each year.

**By 2013 the levels of ill health relating to poor respiratory health will start to improve, and we will have excellent services in place to support people with COPD and asthma.**

We will measure our achievements against this ambition by  
Mortality related to respiratory disease  
Admissions to hospital for respiratory diseases

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We are putting a new COPD service in place during 2008/09 which will provide gold standard care to local people.

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## *Making a difference .....*

### **... by providing services which meet the needs of vulnerable people**

As well as some specific disease groups being a priority for action, some particular population groups are particularly in need of services. This could be because they generally have greater health needs; because their health needs are not adequately addressed; or because they are at risk of social exclusion and ill health if additional services are not provided for them. This section of the plan focuses on services for five groups that are potentially vulnerable:

- Black Minority and ethnic groups
- Carers
- Learning Disability services
- Older People
- Physical and Sensory disability services.

*Ambition: to ensure that no-one experiences barriers to accessing good quality care and support because of their culture, ethnicity or sexuality.*

Equality is essentially about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is backed by legislation designed to address unfair discrimination [past, present or potential] that is based on membership of a particular group. In some circumstances, positive action is encouraged to address discrimination.

Diversity is about the recognition and valuing of difference in its broadest sense. It is about creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation and the individual.

We aim to prevent not only overt acts of discrimination, but also requirements and practices which, though possibly unintentional, are discriminatory in nature.

**By 2013 any barriers our local populations experience in respect of their culture, ethnicity or sexuality, in gaining excellent access to opportunities to improve their health and to health services will have been removed**

We will measure our achievements against this ambition by  
Measuring patient experience looking specifically at diversity and ethnicity

*Ambition: to support the needs of Carers, not only helping to support those they are caring for, but also their own needs for support*

There are believed to be 6 million carers in Britain. 1 in 8 people are carers. A carer is someone who cares, unpaid, for a relative or friend who is unable to manage on their own because of illness, disability or frailty. Carers can be any age and come from all walks of life and backgrounds. More women are carers than men and they

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are more likely than male carers to care for someone with very demanding care needs and to care for a wider range of relatives.

Caring relationships can be complex and family members may provide different types of care for each other in order to live independently in the community.

Census 2001 found there were 13,528 carers in Halton and 21,519 in StHelens.

**By 2013 the needs of carers will be an integral part of our approach to providing support and care to our local population.**

We will measure our achievements against this ambition by .....

- Feedback from Carers
- The number of carers who have been offered assessment and services

We are working closely with both our partner Councils to deliver local Carer's Strategies.

***Ambition: to enable all people with learning disabilities to be treated as full citizens***

There has been progress made in improving the lives of people with learning disabilities following closure of large institutions, increased provision in the community and the development of active self advocacy and citizen advocacy movements, but much still remains to be done.

It is important in today's society that people with learning disabilities and their families and carers have access to services based on recognition of their rights as citizens, social inclusion in local communities, choice in their daily lives and real opportunities to be independent.

**By 2013 more people with learning disability will be able to achieve their aspirations and have more choice and control over their lives, better health and improved quality of life.**

We will develop effective measures to assess our achievements against this ambition

***Ambition: to ensure that all older people have the opportunity to enjoy a good quality of life***

It is estimated that in 2007 there are more people in the UK over the age of 65 than there are under 18 and by 2020 the number of those over 85 is likely to double.

As we get older we all want to enjoy as good health as possible and to stay independent for as long as possible. Older people are the main users of health and social care services, and are also supported where needed by networks of carers. While the older population is



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growing, there is a decrease in younger populations, and so informal support will be less available in future years. There are some issues that impact considerably on older people enjoying good health, including the need for intermediate care, strokes, falls, mental health and a healthy and active lifestyle in older age.

**We will work with local partners to ensure that, by 2013 all older people are treated with dignity and respect, and that we have services in place which are tailored to their needs.**

We will measure our achievements against this ambition by looking at the number of people supported to live independently, and emergency admissions to hospital (especially for falls).

We are putting in place multi-agency strategies to promote older people's health.

***Ambition: People with physical and sensory disability will be supported to have a good quality of life and to be able to participate fully and constructively in the life of the local community.***

For people with physical and sensory disability it is critical that we work to enhance quality of life by supporting individuals and communities who experience marginalisation and exclusion. We also need to promote the independence of physically disabled people in order that they can achieve their full potential through our commitment to the social model of disability.

**By 2013 people with physical and sensory disabilities will experience a greater quality of life, barriers to health and health care that are experienced by people with physical and sensory disabilities will have been identified and actions taken to remove them.**

We are working with our local partners to develop measures by which we can measure our achievements against this ambition, and strategies which will deliver improvements to the services and support required.

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## *Making a difference .....*

### **... by making sure people have excellent access to services and facilities**



Improving access to services is a key part both of modernisation and of tackling health inequalities. There is evidence to show that in some services the people who most need the care are the ones least likely to get it. When care is provided, it is still often subject to long waiting times and less than ideal surroundings. Modernising services in a way that also tackles health inequalities locally is a key theme of this Vision for Health.

Our priorities include:

- Developing our estates and capacity to provide services
- Improving access to primary, elective and emergency care
- Public and Patient Involvement

***Ambition: to provide state of the art health and social care facilities, built to enhance user experience, which will assist in the improvement of the health and wellbeing of local communities.***

A modern health service needs modern estate, good information technology and a workforce that is sufficiently large and well trained to provide a high standard of care. At present much of the health service estate is inadequate to meet the demands being placed on it; the NHS has struggled to keep up with changes to information technology; and the workforce is under considerable pressure.

Improving primary care is a key priority for the public and patients, for clinicians and managers and for the government. Of all patient contact, the overwhelming majority occurs in primary care. The condition of the existing primary care estate across the PCT area is variable with a significant proportion in poor physical condition, with poor functional suitability. Current facilities often fail to meet patients' expectations with quality and accessibility below an acceptable standard.

Halton and St Helens PCT have a mission to improve the health of its local population. Plans have been developed and are being implemented to bring about change in services. They are systematically reviewed to make sure that they

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continue to meet the communities' needs for radical service improvements. Local people are regularly consulted as part of the review process. Improvements in premises and facilities are integral to these service development plans. Without a new and improved estate, integration, modernisation or expansion of services is limited in scope and in impact. To make a difference, a level of sustained investment is needed above and beyond that available through traditional health service routes.

An Estates Strategy is being developed that will set out the plans for the improvement and where needed, renewal of the existing PCT estate. Much of this improvement will be delivered via NHS Local Improvement Finance Trust (LIFT). LIFT represents an excellent opportunity to develop primary care facilities and services in conjunction with local authority and other partners through a co-ordinated and strategic approach. The Strategic Service Development Plan (SSDP) describes the vision of the local health economies for radically improved, modern, patient centred services and plans to develop premises and facilities to help deliver the vision.

The Government's NHS Plan and the challenges contained within it have set the agenda for modernisation of services and NHS buildings. A major programme of measures is being implemented, including:

- modernising primary care premises
- improving access
- reducing waiting times
- developing new primary care centres

Initiatives aimed at supporting and developing the primary care workforce will see an improving focus on delivering quality services tailored to the needs of local people and delivered closer to home. This will require new ways of working and health and social services are already working closely together to provide more integrated and accessible services for local people. Primary care is leading this agenda in many areas through innovative developments.

***Ambition: To create a no-wait health economy, in which there is fast, safe and high quality care at all levels of the service.***

A substantial part of the national NHS agenda is concerned with improving access to NHS services, notably cutting waiting times. Indeed, this aspect of the service is one of the highest national political priorities and a key yardstick by which local services are judged. Creating a health economy able to cope with these pressures is a challenging task but also plays an important role in supporting an holistic approach to health improvement and contributes directly to improving service users experiences of health care services.

**By 2013 we will strive to create a no-wait culture in which patients will have instant access to diagnostic services and specialist opinions.**

We will measure our achievements against this ambition by .....  
Achieving 18 week waiting list targets

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We are putting in place one-stop clinics, direct access to diagnostics and consistently delivered, high quality, patient focussed care pathways.

*Ambition: to support communities to be engaged in the design and delivery of public services and solutions to improve the health and wellbeing of all our residents.*

The Wanless Report, which investigated future needs for NHS resources, identified three possible scenarios for the future. The best of these- the “fully engaged” scenario- saw health improving substantially, but with a lower demand on resources than the other two scenarios, largely as a result of a “dramatic improvement in public engagement” with their own health and healthcare services.

The NHS is committed to ensuring that patients and the public are at the centre of the decision making process. The establishment of Patients Forums and Patient Advocacy and Liaison Services (PALS) in all NHS organisations is a key part of this. In Halton and StHelens an Involvement and Communications Strategy has recently been developed

**By 2013 commissioning in the NHS will be increasingly locally driven, which will mean PCTs will need to have robust commissioning processes that are informed and influenced by the views and opinions of local people.. World Class Commissioning sets out the common attributes that will characterise PCT's – they will engage with the public, and actively seek the views of patients, carers and the wider community.**

We will measure our achievements against this ambition by regularly reviewing and recording the expectation and experience of our population.

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## *Making a difference .....*

### **... by playing our part in strengthening disadvantaged communities**

Social and material factors have a considerable part to play in enabling individuals to achieve good health. Halton & St Helens PCT works with a range of stakeholders to improve health outcomes for people living in Halton and St Helens. We are a partner in both Local Strategic Partnerships contributing to improving health, building safer communities, improving outcomes for children and young people, and creating a good environment and employment opportunities.

#### **By 2013 we aim to have contributed to creating vibrant, healthy and economically stable local communities.**

We will measure our achievements against this ambition by delivery of our Local Area Agreements.

Examples of the work we are doing in partnership include:

- Engaging with communities to identify and address needs
- Meeting the needs of individuals through signposting and referral across agencies
- Contributing to worklessness through enabling people on incapacity benefit to return to work
- Making sure that the NHS as a local employer contributes to the health of staff through workplace policies
- Joint work on drugs and alcohol, contributing to the health and crime agenda.
- Measuring the carbon footprint of our organisation and endeavouring to reduce this year on year.

In 2007/08, the organisation launched the concept of an organisational development programme following on from its Fitness for Purpose review. It was agreed that any organisational development programme would be focussed on values, behaviours, raising of skills profiles and development of organisational behaviours. The launch began in October when the Board met to agree the vision, direction and strategic priorities for the PCT and endorsed the principle of aspiring to the achieving of a Best in Class organisation.

The PCT will continue to adopt a local recruitment policy giving opportunities for employment to the residents of Halton & St Helens. We will also work closely with general practitioners to develop proactive strategies for the rehabilitation of local people back into work after a period of long term sickness.

We are also linking into schools and colleges to enable pupils to leave the education system fit for work within the health and social care sector.

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