

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

**DATE:** 12<sup>th</sup> January 2010

**REPORTING OFFICER:** Strategic Director Corporate and Policy

**SUBJECT:** Local Area Agreement Performance Report

**WARDS:** Borough-wide

## **1.0 PURPOSE OF REPORT**

1.1 To provide information on the progress towards meeting Halton's Local Area Agreement (LAA) targets to September 2009.

## **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 Halton's LAA targets.

## **3.0 SUPPORTING INFORMATION**

3.1 The revised LAA was signed off by the Secretary of State in June 2008. The LAA contains a set of measures and targets agreed between the Council, local partner agencies (who have a duty of co-operation in achieving targets) and government. There are 32 indicators within the LAA along with statutory and education and early years targets. The current agreement covers the period April 2008 to March 2011.

3.2 The Agreement was refreshed in March 2009 following a review with Government Office North West. It is not expected that there will be many significant changes to the agreement excepting those areas affected by the downturn in the national economy, such as measures relating the local economy and house-building. As a consequence of this government has identified a list of indicators for which targets will be reviewed before the end of March 2010.

3.3 Attached as Appendix 1 is a report on progress to the 2009 – 10 mid-year which includes those indicators and targets that fall within the remit of this Policy and Performance Board.

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

- a) All of the measures within the National Indicator Set 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 and there are also some Place Survey based indicators for which information will not become available until 2010 i.e. the next date the survey is due to be undertaken.

#### **4.0 CONCLUSION**

- 4.1 The Sustainable Community Strategy for Halton, and the Local Area Agreement contained within it, is the main mechanism through which government will performance manage local areas. 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 Local Area Agreement acts as the delivery plan for the Sustainable Community Strategy for Halton and is therefore central to our policy framework.

#### **6.0 OTHER IMPLICATIONS**

- 6.1 The achievement of Local Area Agreement targets has direct implications for the outcomes in relation to Comprehensive Area Assessment judgements.

#### **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 Local Area Agreement is to reduce inequalities in Halton.

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

Document                      Local Area Agreement 2008 – 11

Place of Inspection    2<sup>nd</sup> Floor, Municipal Building, Kingsway, Widnes

Contact Officer         Rob MacKenzie (0151 471 7416)

# A Local Area Agreement For Halton

June 2008 – April 2011



## Healthy Halton

### Mid-Year Progress Report

01<sup>st</sup> April – 30<sup>th</sup> September 2009

## Performance Overview

This report provides a summary of progress in relation to the achievement of targets for Halton Local Area Agreement.

It provides both a snapshot of performance for the period 01<sup>st</sup> April to 30<sup>th</sup> September 2009 and a projection of expected levels of performance to the period 2011.

The following symbols have been used to illustrate current performance against 2009 and 2011 target levels.



Target is likely to be achieved or exceeded.



The achievement of the target is uncertain at this stage



Target is highly unlikely to be / will not be achieved.

<b>Document Originator (Halton Borough Council)</b>	Mike Foy Senior Performance Management Officer Tel 0151 471 7390 / Internal extension 1177 <a href="mailto:mike.foy@halton.gov.uk">mike.foy@halton.gov.uk</a>
<b>Additional Contact</b>	Mark Grady Tel 0151 471 7390 / Internal extension 1023 <a href="mailto:mark.grady@halton.gov.uk">mark.grady@halton.gov.uk</a>

## Performance Overview

### HEALTHY HALTON

NI	Descriptor	09/10 Target	2011 Target
8	<a href="#">Adult participation in sport</a>	?	?
53	<a href="#">Prevalence of breastfeeding at 6 – 8 weeks from birth</a>	?	?
120	<a href="#">All-age all-cause mortality</a>	✘	?
123	<a href="#">16+ Smoking rate prevalence</a>	✔	✔
139	<a href="#">People &gt; 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently</a>		
142	<a href="#">Number of vulnerable people supported to maintain independent living</a>	✔	?

## HEALTHY HALTON

### NI 8    Adult participation in sport

Baseline (2006)	2009 - 10			2011	
	Target	Mid-year Actual	Progress	Target	Projected
20.13%	22.13%	<b>19.33</b>	?	24.13%	?

#### Data Commentary

Although this report covers 1<sup>st</sup> April – 30<sup>th</sup> September 2009, the survey covers 15<sup>th</sup> October 2008 – 14<sup>th</sup> October 2009.

We do not expect another outturn until full results are released Jan 2010. As the sample size increases we anticipate the participation rate to increase.

#### Data interpretation

Based on 94,310 adult 16+ population in Halton participation targets are as follows:

22.13% is the LAA target thus 20870 actual target for participation  
18.5% 2007/08 outturn result; (number of people surveyed 493);  
Baseline number of people participating 17,447

Latest interim results (18.06.09) based on 501 people surveyed puts us now at 19.33% so progress is being made as the sample size increases.  
18,230 figure thus further 2,640 required

#### General Performance Commentary

The Active People Survey from which the data is sourced is issued annually which means that quarterly reporting is not possible.

For this reason proxy indicators have been introduced to gauge progress:

\*Leisure Centre usage can be monitored on a monthly basis. Adult participation is being monitored and contractor has been set a 1% increase target for adult participation at the Council's 3 Leisure Facilities.

\*Free swim campaign for those aged 60 years and over can be monitored monthly

Sports Participation Project is targeted at increasing participation this is a multi agency project with targeted interventions to get more people active.

All of the above are reported Quarterly through Health SSP quarterly LAA reporting.

## HEALTHY HALTON

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

Sports Participation project, is a multi agency resourced project, which through targeted work seeks to actively engage approx 1000 new participants per year. See Sports participation WNF quarterly reporting to Health SSP. Annual Action Plan produced

Monthly meetings with Leisure Centre Manager reviews usage and centre programming, to ensure on track to achieve 1% participation target and progress of free swim initiative. Quarterly progress is reported into Health SSP.

### NI 53      Prevalence of breastfeeding at 6 – 8 weeks from birth

Baseline (Q.2 2008)	2009 - 10			2011	
	Target	Mid-year Actual	Progress	Target	Projected
12.1%	21% (indicative, will be refreshed 09/10)	<b>18.58%</b>	?	23% (indicative, will be refreshed 09/10)	?

#### Data Commentary

#### General Performance Commentary

The number of infants being breastfed at 6-8 weeks is 18.58% which is below target for this period but has seen a 4.5% increase since the last reporting period.



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

The Maternity Support Worker service has been developed and is now becoming established in the Borough providing breastfeeding support. Breastfeeding group support is being accessed with group support available in all areas of the Borough. Further developments include the joint partnership working between Maternity Support workers and the Le Leche Peer Support service. The Peer Support service is provided by the Kings Cross Parents Project and provides a complete service for breastfeeding mothers within Halton. The Get Closer 2 Social Marketing campaign was presented to the Breastfeeding steering group and will be going to staff, mothers and maternity community groups for consultation.

## HEALTHY HALTON

All health visiting teams have been asked to review the support they offer to breast feeding mothers and to consider a range of evidence based interventions they may be able to implement in terms of increasing the number of mothers who continue to breast feed at 6-8 weeks. All teams have an action plan in place which will be reviewed quarterly. Breast feeding status at 6-8 weeks is being collected by all health visiting teams. A recent event facilitated by the SHA recognised the quality of the data provided by Halton and St Helens health visiting teams.

### NI 120 | All-age all cause mortality

Baseline (2007/08)	2009 - 10			2011	
	Target	Mid-year Actual	Progress	Target	Projected
Male - 906	780	<b>769.5</b>		755	
Fem - 673	590	<b>607.9</b>		574	

#### Data Commentary

Data provided is provisional and relates to the period September 2008-August 2009. The next official data update will be available in December 2009 with 2008 data.

#### General Performance Commentary

Life expectancy has increased overall and deaths from CVD and cancer have fallen but at a slower rate than England as a whole so the gap has widened.

Halton and St Helens have worked with the Health Inequalities National Support Team (NST) to identify the key areas we need to make progress on if we are to reduce the gap for life expectancy by the government target of 2010.

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

Life expectancy has now become a Commissioning Strategic Plan (CSP) priority.

Analysis has been undertaken to understand the major causes of deaths for males and females between the years 2005-07 to understand if there are any causes of deaths that could merit further investigation. For both genders circulatory and cancer are still major factors with respiratory also being a major cause (either COPD, pneumonia or other respiratory conditions).



## HEALTHY HALTON

Chronic liver disease also figured within males deaths. Vascular and unspecified dementia and senility also figured within females deaths.

The Commissioning Strategic Plan interventions will address these conditions partly through early detection and prevention of chronic diseases as outlined in alcohol, tobacco and obesity plans.



Areas identified for focus from the NST Health Inequalities visit are CVD (secondary prevention), CVD (acute management), alcohol, seasonal excess deaths, COPD and cancer. An additional visit in April 2009 by the Health Inequalities team also identified infant mortality and diabetes as areas for focus.

A programme of accelerated action is being implemented from the recommendations of the National Support Team visit for Health Inequalities and whilst this is being led by the PCT, the Borough Council are fully engaged in this process especially linking to actions around vulnerable people. The PCT and LA has established a Health Inequalities Oversight Group and has identified a lead for each of these 8 areas who is accountable for implementing the recommendations made following the visit from the NST. An example to address the CVD element is that the PCT and LA has agreed to support an industrial scale "case finding" project that will identify all patients at risk of developing CVD over the next 10 years. This is a systematic approach that will be delivered through Primary Care. A more opportunistic scheme will be launched across the Halton and St Helens population within 2009/10. The PCT is developing a Quality Outcomes Framework (QOF) system via a local enhanced scheme across high priority disease areas such as CVD, diabetes and stroke.

In addition, the following initiatives should have an impact on all age, all cause mortality: Health Checks Plus, QOF Plus, Workwell health checks, GO Men's Health Programme health checks, early presentation of cancer programme and working with vulnerable adults and GPs to prevent excess winter deaths through enhanced services. There is an ongoing programme around tobacco control and we are making good progress with stop smoking results.

## HEALTHY HALTON

### NI 123 | 16+ current smoking rate prevalence

Baseline (2007/08)	2009 - 10			2011	
	Target	Mid-year Actual	Progress	Target	Projected
914	1082	<b>351</b>		1128	

#### Data Commentary

Data is incomplete for Q2, 2009/10 as it is still awaited from a number of GPs, pharmacies and the smoking cessation service (SUPPORT) need to carry out follow ups.

#### General Performance Commentary

In terms of stop smoking services, tobacco control is making good progress. A comprehensive approach to tobacco control including illegal and counterfeit tobacco prevention, normalising smoke free lifestyles and communications is making progress and this will be enhanced with the implementation of the actions associated with the Tobacco Control Strategy and Action Plan.

Halton and St Helens have received the 2009 Merseyside and Cheshire Charter award for smoke free workplaces.

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

The Commissioning Strategic Plan has put considerable funding in place to reduce smoking levels. Smoking initiatives will have considerable impact on cancer. The tobacco control initiatives will target six key areas including prevention, illegal and counterfeit tobacco, pregnant smokers, stopping smoking, social marketing and normalising smoke free lifestyles. We are currently conducting research into how our marketing programme can take these areas forward. A reduction in exposure to a smoking environment and in smoking rates will reduce levels of smoking related cancers.

A smoking in pregnancy pathway has been developed and implemented and training is ongoing with midwives and health visitors. All smoking cessation staff working with pregnant women are now using baby monitors to ascertain the level of carbon monoxide in babies at the first ante-natal appointment. The pregnant woman and her partner are offered smoking cessation support and advice on how to keep the home smoke free.

## HEALTHY HALTON

**NI 139**    **People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently**

Baseline (2008 survey)	2009 - 10			2011	
	Target	Mid-year Actual	Progress	Target	Projected
30.4%	N/A	N/A	N/A	32.8%	N/A

### Data Commentary

This is collected through the Place Survey carried out every 2 years. The next planned Place Survey is during the Autumn of 2010.



### General Performance Commentary

Not applicable

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

Plans are being developed to carry out a brief survey of older people using existing networks to assess direction of travel. This survey will be carried out initially through Halton Older People's Empowerment Network (OPEN) and the five local participation groups. The next stage will be to get the question incorporated into existing service feedback forms. The first phase of this will be through Halton Borough Council's existing Lifeline service.

**NI 142**    **Number of vulnerable people supported to maintain independent living**

Baseline (2007/08)	2009 - 10			2011	
	Target	Mid-year Actual	Progress	Target	Projected
98.17%	98.69%	98.7%		99.04%	

### Data Commentary

This report covers the periods 6<sup>th</sup> April to 5<sup>th</sup> July and 06<sup>th</sup> July to 4<sup>th</sup> of October 2009 and has been calculated as accumulated half year total. Data is actual with one service failing to submit for the 2<sup>nd</sup> quarter.

**HEALTHY HALTON**

**General Performance Commentary**

Whilst the individual target for older people's services has been reached there are a small number of clients who have moved into residential care services' as they have been unable to maintain their independence without more intensive support. The service for Teenage parents has not been consistent over the 6 month period measured. An action plan and meeting has been arranged to review performance of this service.

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

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