

REPORT TO: HEALTH SCRUTINY COMMITTEE

DATE: 3RD JUNE 2008

REPORT OF: ASSISTANT CHIEF EXECUTIVE (STRATEGY, PERFORMANCE AND GOVERNANCE)

REPORT TITLE: 4TH QUARTER 2007/08 CORPORATE PERFORMANCE REPORT

1. INTRODUCTION

This report highlights progress against key health outcomes from Stockport's Local Area Agreement. The report covers outcomes within the 'Children and Young People' and 'Healthier Communities and Older People' blocks at the end of the second year of the LAA.

Members may be aware that a new LAA is currently being negotiated with Government Office, and this will supercede the existing Agreement from 2008/09, with the exception of the Reward Targets which will run until April 2009. Reward Targets relevant to this committee are as follows;

- Target 1 – Increasing breastfeeding initiation rates
- Target 8 – Reducing adult prevalence of smoking
- Target 10 – Improving support to help older people remain in their own homes.

These three 'stretch' targets are currently projected to be met at the end of the Agreement, and will attract around £1.8m in Performance Reward Grant. Both blocks are currently rated overall as 'green', meaning that there are no more than minor risks to the delivery of the outcomes and to a small proportion of the targets set out under them. Where risks exist there are clear plans and actions in place that will address them.

2. EXTRACTS FROM LAA ANNUAL REPORT

The full 12-month report for 2007/08 was presented to the Stockport Partnership Board on 27th May. Extracts from the following LAA blocks of relevance to this Committee are included below;

- **Children and Young People**
 - Well cared for, healthy and able to make healthy choices
- **Healthier Communities and Older People**
 - Reduction in health inequalities via integrated and targeted interventions to make healthy choices easier
 - Promotion of mental well being for vulnerable people through the development of a social inclusion model for mental health
 - Improved quality of life and independence of older people

2.1 CHILDREN AND YOUNG PEOPLE

Outcome One: WELL CARED FOR, HEALTHY AND ABLE TO MAKE HEALTHY CHOICES
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There are no more than minor risks to the delivery of this outcome	
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and to a small proportion of the targets set out under it. Where risks exist there are clear plans and actions in place that will address them.

Green

Good progress is reported in relation to breastfeeding, the National Healthy Schools programme and reduction in obesity. However issues have been noted in relation to the due care required in respect of recording rates relating to obesity. Rising rates of teenage pregnancies in 2006 are noted in this summary alongside the reported success in our targeted strategy in this area.

HIGHLIGHTS:

Performance in relation to breastfeeding continues strongly. There have been further improvements in breastfeeding initiation and maintenance rates. Two of the three reward targets were exceeded and one was very narrowly missed but seen to be within a reasonable level of tolerance. Stockport's breastfeeding strategy has been further strengthened through the recruitment of a Breastfeeding coordinator. Breastfeeding is also a key indicator for Children Centres and will be a key priority following the designation of a further 12 centres.

There has been excellent progress this year in the National Healthy Schools programme. Although the challenging LAA target has not been met Stockport has exceeded the national milestone and is on target for Dec. 2008 milestone. 68 Stockport schools were accredited by April 2008. Stockport Healthy Schools programme is assessing 30% of schools (compared to 10% nationally). This was agreed by Head Teachers and reflects that assessment visits are an acknowledgement of Good Practice. The programme has also engaged independent schools and the Together Trust.

Obesity figures suggest a reduction in the prevalence of obesity at year 6. However it should be noted that recording rates for obesity were very low (79.6%). The school nursing service decided in academic year 2006/07 to use a positive (*opt in*) parental consent rather than a negative (*opt out*) consent. National guidance has since been released and advising the use of negative consent. In 2007/08 the service will be reverting to opt out and recording rates should improve. Evidence seems to suggest that obese children were more likely to opt out of being weighed and measured this year. Results should be treated with due caution in this context. Recording rates dropped by 7.9% from the previous years results. The expectation is that next year, as recording levels increase, the obesity rate will also increase but hopefully to a point still within the original trajectory target (11.9%).

There has been strong performance in the percentage of Stockport schools delivering two hours or more of physical education (PE) a week. Through the network of secondary PE specialists and primary PE subject leaders, pupils in all of Stockport's schools have benefited from a wide range of opportunities to become involved in high quality PE, school sport and physical activity. In addition to this, there has been a focus on developing sustainable pathways for pupils to continue with their participation within the local community.

Good progress being made with Schools with Approved Travel Plans. There are now 70% in place – ahead of the target of 67%

EXCEPTIONS:

The 2006 calendar year saw a rise in teenage conceptions from 2005, although there was an overall reduction of 6.6% from 1998 baseline year to 2006. In 2005 Stockport

had the lowest rate across the North West. Further reductions from this 2005 very low conception rate in Stockport are very difficult to sustain and with rates fluctuating year on year. The rise in rates in Stockport in 2006 was surprising set against a general North West context for 2006 in which Stockport and Bury were the only Local Authority areas in Greater Manchester not to reduce their rate. Both areas have lower rates and strong local strategies in place. Early indicative data suggests that the reductions have continued in the targeted high rate ward areas whilst the rises in conceptions have been in wards which do not normally have high conception rates.

The Teenage Pregnancy Strategy Advisory Board and Joint Commissioning Group have discussed the early indicative data. It has been agreed that the targeted work needs to continue into areas which have high conception rates, and that there needs to be a further focus on universal Sex and Relationship Education (SRE) provision particularly in secondary schools.

Work is being undertaken with schools to engage all secondary schools in delivery of a full programme of SRE which is essential to the strategy. This agenda is being taken to chairs of Governors and the Head Teachers Conference in April 2008.

2.2 HEALTHIER COMMUNITIES AND OLDER PEOPLE

Outcome One: REDUCTION IN HEALTH INEQUALITIES VIA INTEGRATED AND TARGETED INTERVENTIONS TO MAKE HEALTHY CHOICES EASIER	
There are no more than minor risks to the delivery of this outcome and to a small proportion of the targets set out under it. Where risks exist there are clear plans and actions in place that will address them.	Green

Strong performance in relation to smoking cessation and primary and secondary preventative work around circulatory disease have both help in the overall aim of reducing health inequalities. However it is noted that the cancer target remain very challenging. Meanwhile the increase in obesity in Stockport is highlighted as a major concern.

HIGHLIGHTS:

Health Inequalities remains a high priority for the Stockport Partnership and in particular, the Primary Care Trust (PCT) and the Council. Performance remains strong in relation to the reward target on smoking cessation and other key priorities.

As anticipated attempts to quit smoking increased in the first six months of 2007/08 in response to the introduction of smoking ban on 1st July. Performance for the year has exceeded target by more than 10%, in part due to the high numbers of people wanting to stop smoking in the run up to smoke-free legislation but also due to additional service provision in the Brinnington area. In depth equity analysis of 2006/07 has shown that the targeted work in the most deprived areas, introduced as a result of the LAA target, is beginning to have an effect and is improving access to services. A similar analysis will be conducted for 2007/08 data and is expected to show sustained improvement.

Also of particular note is the primary and secondary preventative work around circulatory disease which has led to reducing the inequalities related to cardiovascular disease (CVD) mortality. The high quality of Stockport's primary care based services and the innovative and well established Coronary Heart / Cardiovascular Disease Risk Factor Screening Programme (CVDRFS) are key initiatives. The health equality audit

(HEA) methodology has been used to identify inequalities in access and has led to a number of recommendations for improvement; these are to be taken forward for action in 2008/09.

EXCEPTIONS

The cancer target remains very challenging, but planned workstreams on Chronic Obstructive Pulmonary Disease (COPD), smoking cessation and screening are expected to accelerate performance. Through 2007/08 an in-depth health equity analysis for cancer has been conducted and as for CVD has led to a number of recommendations for improvement, again these are to be taken forward for action in 2008/09.

The rapid increase in the number of obese people in Stockport is also a major concern and this target remains a challenge. The JSNA has estimated that in the next few years numbers will continue to rise, and that if national projections are followed by 2015 74,100 people aged 18+ could be obese; work is therefore progressing to increase recording levels of BMI within general practice. With the release of the 'Foresight' report, the Public Health Partnership Board (PHPB) have also requested a review and strengthening of Stockport Obesity Strategy to ensure a comprehensive portfolio of interventions with inbuilt sustainability. This will include the range of work undertaken by the Council which contributes towards addressing obesity and relevant areas of collaboration with the PCT. There is a clear programme of work to reduce childhood obesity based on multi agency work. Lastly, the Council has had approval for the appointment of an Obesity Strategy Coordinator to work with partners and colleagues in the PCT to address the issue on a borough-wide basis.

Outcome Two: PROMOTION OF MENTAL WELL BEING FOR VULNERABLE PEOPLE THROUGH THE DEVELOPMENT OF A SOCIAL INCLUSION MODEL FOR MENTAL HEALTH	
There are no more than minor risks to the delivery of this outcome and to a small proportion of the targets set out under it. Where risks exist there are clear plans and actions in place that will address them.	Green

Social inclusion targets for people on care programmes approach, measure on take up and maintenance of employment, training or volunteering and the social prescribing element of this outcome all report strong or good progress. However the Quality of Life indicator at the Well Being Centre is not reporting as strong performance due to resource and user issues.

HIGHLIGHTS:

Good performance is reported in relation to this outcome. The social inclusion targets in relation to the numbers of people on care programme approach (CPA) being offered the opportunity to work, attend educational courses and to volunteer continues to perform well. All areas are on target and education is exceeding the target. This is considered to be a result of strong partnership working between mental health workers and local college providers.

Within the measures on take up and maintenance of employment, training or volunteering performance remains strong. In terms of employment targets performance has dropped slightly from 10.3% in April 2007 but in the last two quarters of the year has been rising; people into employment is now an agreed national indicator (NI 150) for Stockport and will have close scrutiny as a result. Numbers into

education and volunteering have increased from 5.2% and 4.3% respectively to 6.7% and 5.6%.

Performance on the social prescribing element of this outcome has achieved two of its main targets in relation to 'Arts on Prescription' & 'Self Health at your Library' services.

EXCEPTIONS:

In terms of the Quality of Life indicator at the Well Being Centre (WBC), numbers completing the well-being tool are fewer than anticipated because of staff resource issues and reticence of users; however with the increased resources now in place and incentives offered it is expected that returns will increase significantly in this year. Amendments to the tool have also been made to reflect that the impact of the WBC may be positive but that overall someone's perception of their current functioning has dropped- due to life events, realisation of other areas of dissatisfaction etc. Out of 19 first assessments, 18 reported the WBC to have made some or a big difference to well being (95%) and of 9 second assessments, 8 reported the positive difference (88.8%).

Outcome Three: IMPROVED QUALITY OF LIFE AND INDEPENDENCE OF OLDER PEOPLE	
There are no more than minor risks to the delivery of this outcome and to a small proportion of the targets set out under it. Where risks exist there are clear plans and actions in place that will address them.	Green

This outcome is seen to be progressing well particularly due to the strong performance of both Reward Targets here Nine (Increasing the financial independence of older people) and Ten (Improving support to help people remain in their homes).

HIGHLIGHTS:

Progress in relation to this outcome, and in particular the reward targets to improve support for older people to remain in their own home and increasing the uptake of benefits for people over 60 are on track for achievement in 2008/09, this has been challenging work and will require continued focus to meet the expectations for the next year.

Current performance against the reward target on benefit uptake is projecting that the year-end figures will achieve the 2007/08 targets for take up of Disability Living Allowance / Attendance Allowance, Pension Credit, Council Tax Benefit and Housing Benefit. The continued systematic take up work with Stockport Homes sheltered accommodation properties remains fruitful. We have also received increased referrals from Age Concern. The new rent allowance, Local Housing Allowance, will increase the numbers of claimants for this category as we search for older people who can take advantage of this new benefit. We have started a dialogue with Stockport Homes to continue take up amongst the older tenants who live in the Lancashire Hill and Heaton Norris areas.

The practical work that has taken to deliver the reward target to support older people in their own home, for this year has been effective in delivering an out-turn that is well ahead of target. This will also have a very positive impact on next year target, as we will have an additional number of admissions to offset the significant drop in admissions identified in the final year of the stretch target. Success for this can in part be attributed to continued scrutiny of Panel submissions requesting permanent care, the introduction of the new operational policy for Continuing Health Care funding, and

the number of double cover Home Support packages which means we are supporting those with high level needs in their own homes.

With regard to the provision of equipment & adaptations year end performance was strong, which returns Stockport to its formal excellent standard. The delivery of equipment continues to be a high priority for the Council and colleagues at the Equipment Store are aware of the positive impact that timely delivery can have on the lives of service users and carers.

EXCEPTIONS

Performance in relation to discount insulations to provide affordable warmth did not achieve its target. Changes in funding criteria and the failure of a bid for additional funding made this target unrealistic. However, since the inception of a new scheme (under the different funding criteria), figures show a promising increase from last year, rising from 166 to 305 during 2007/08.

With regard to falls prevention work started with CareCall to reduce their referrals onto NWAS (following a fall) but due to a change in CareCall management in November this has been delayed. This work was aimed at supporting CareCall staff to make appropriate decisions when calling an ambulance following a fall and to enable them to use health based services as an alternative, where appropriate, to support the service user; training to support this has been offered to CareCall. CareCall are reluctant to formalise their 'falls service' (currently CareCall will lift patients from the floor following a fall) as they do not receive any funding for this, this has impacted on the work undertaken so far and therefore the achievement of this target.

3. RECOMMENDATIONS

Scrutiny Committee is asked to note the performance of the LAA on delivering key health outcomes as reported above.

For background information relating to health outcomes within the LAA, please contact Stuart Cowley, Head of Modernisation, Adults and Communities Directorate on x4793 e-mail stuart.cowley@stockport.gov.uk