APPENDIX 2(A) HEALTHY HALTON

Background Information to the Sustainable Community Strategy Partnership Indicators 2011/12 to 2015/16

Index:

Background information

Statistical Neighbours for Halton performance information

- Hartlepool
- St Helens
- Tameside
- Redcar and Cleveland
- Sunderland
- Stockton-on Tees
- Darlington
- North East Lincolnshire
- Salford
- South Tyneside

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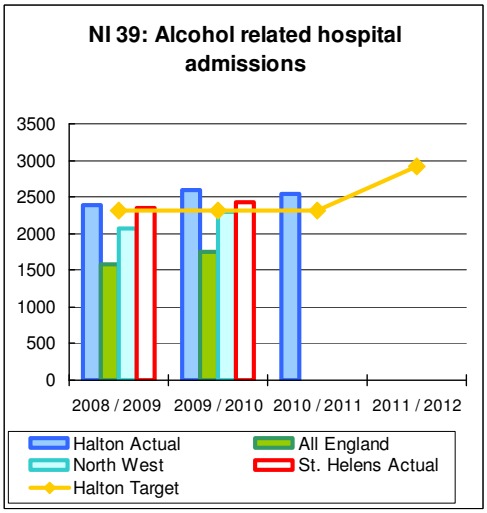
Merseyside Cluster local authorities:

Knowsley Metropolitan Borough Council
Liverpool City Council
Sefton Council
St Helens Metropolitan Borough Council
Halton Borough Council

APPENDIX 2(A) HEALTHY HALTON

Alcohol related hospital admissions (NI 39)



Lead Partner Agency:	PCT
Responsible Officer:	Collette Walsh
Good is:	A lower rate of admission than the projected trend.

Brief Description / Indicator Purpose:

This indicator measures the rate of alcohol related admissions per 100,000 population using Hospital Episode Statistics.

The rate is calculated using data on those finished admissions that are classified as ordinary or day cases or maternities and that have an alcohol-related primary or subsidiary diagnosis code within the admission episode. Each admission is assigned an attributable fraction based on the diagnosis codes and age and sex of the patient. Where an admission has more than one relevant diagnosis code, the highest attributable fraction is used. Negative attributable fractions are not used. In the case of children aged under 16, only alcohol-specific diagnoses are used (those with an attributable fraction of 1.)

These values are then aggregated to obtain totals by sex and five-year age band. The resultant totals are then divided by the corresponding population estimate to get an age/sex-specific rate. Each rate is then multiplied by the corresponding figure in the standard European age profile and aggregated. The rate is obtained by dividing the aggregated figure by the total European standard population.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Target 1 : Halton alcohol related hospital admission Target (NI39) (Rate)	2313	2323	2309	2916	3027	3142	3261	3385
Halton alcohol related hospital admission Actual (Rate) Previously NI 39	Synthetic estimate 2486	Synthetic estimate 2680	Predicted Value 2809					
Relevant Statistical Neighbour Target (St. Helens)[2]				2442.8	2521.2	2571.6		
Target 2: Halton AAF 1 Target (Rate)				1002.6	1020.7	1039.0	1057.8	1076.8
Halton AAF 1 actual (Rate)	841	882.3	984.9					
Number of target AAF 1 admissions				1225	1247	1269	1292	1315
Actual number of AAF admissions	1027	1067	1203					

Benchmarking:

All England	1582	1743	See note					
Northwest	2068	2295	See note					
St Helens [1]	2348	2433	See note					

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

Alcohol is a key priority for health and the wider partnership and should continue to be monitored by the Health SSP.

This is not a target for the IPM (Improved Performance Measures). Thus, the PCT will continue to monitor for no significant increase / deterioration in health performance.

Halton LA Alcohol Target

1) **Target 1 : AAF>0 (Previously NI 39).** The target is **2916 annual rate for 2011/12.** This is based on a projection of 4.8% increase in the rate from 2010/11 (synthetic estimate of 2809 10/11 rate). This is in line with the trend since 2002/3 – A decrease of 1% has then been calculated.
   This target is set utilizing verified data only.

2) **Target 2 : AAF= 1 Admissions which are wholly attributable to alcohol**
   In 20010/11 there were 1203 AAF 1 admissions that were wholly attributable to alcohol **(Rate 984.9)**. Given that we expect a 4.8% increase, we will then aim for a 3% reduction in the actual number of admissions for alcohol related AAF= 1 harm in 2011/12. This rationale has been projected through to 2015/16

Therefore: A 1.8% increase in the AAF1 admissions in 2011/12 would make the number of admissions 1225 and the rate **1002.6**

This target is set utilizing unverified local data only. There is a discrepancy between the verified and the local data due largely to the robust data cleansing that happens at a local level.

Target 2: 2011/12
To achieve an annual rate of 1002.6. This would equate to 1225 admissions, and a 3% reduction in the anticipated growth.

Target 2: 2012/13
To achieve an annual rate of 1020.7 This would equate to 1247 admissions, and a 3% reduction in the anticipated growth.

In both cases, the aim of the targets is to slow the trend and reduce the rate of increase.

[1] This could be from regional or family benchmarking data.

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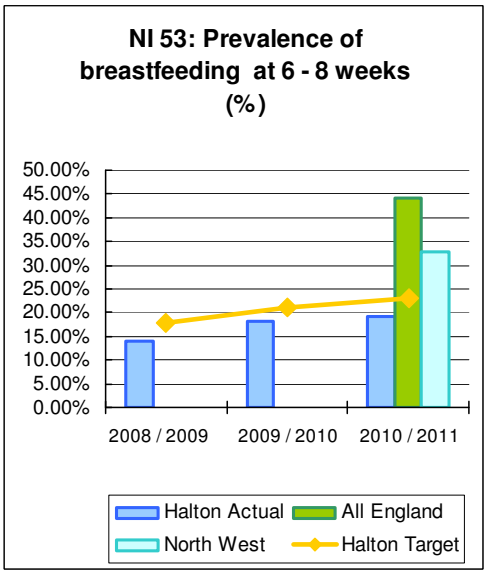
Prevalence of breastfeeding at 6 - 8 weeks (%) (NI 53)



Lead Partner Agency:	PCT
Responsible Officer:	Julia Rosser/Caroline Lees
Good is:	An increase in the percentage coverage and prevalence year on year.

Brief Description / Indicator Purpose:

To provide an impetus to enhance health and children's support services to mothers to sustain breastfeeding and thus give children a good start early in life.

Coverage: 100 % known feeding stats of all babies agreed.

Worked Example:
If 500 children were due for 6 – 8 week checks in the quarter. 350 are recorded as being totally breastfed. 50 are recorded as being partially breastfed and 75 not breastfed at all, then:

Breastfeeding prevalence equals ((350 + 50)/500)) *100 = 80.0%.

Breastfeeding coverage equals ((350 + 50 + 75) /500)) * 100 = 95.0%.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target	18.00%	21.00%	23.00%	20%[1]	22%	24%	26%	28%
Halton Actual	14.06%	18.19%	19.18%					
Target (St. Helens)				25% per 90% known feeding stats	26% Per 95% known feeding stats	27% For 97.5% known feeding stats		
Benchmarking:								
All England			44.0%					
Northwest			32.7%					
Relevant Statistical Neighbour [2]				Consider to monitor versus St Helens or the Merseyside Cluster				

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

Breastfeeding prevalence rates are still challenging therefore it is recommended that this target is retained.

Target part of the IPM based on 3680 babies totally or partially breastfed at 6-8 weeks.

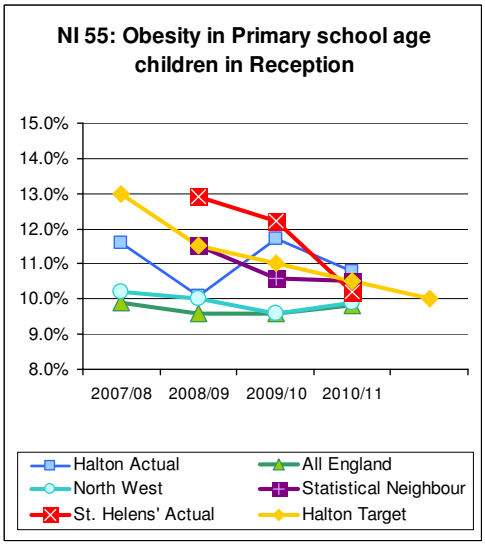
This target has been set and revised three times during the target setting process. The final 11/12 target of 20% is confirmed by the Public Health Breastfeeding Lead, Julia Rosser with the following rationale, the following years will need to reviewed every 12 months.

It is recommended that the 11/12 the target should be set at 20% (as an average over the year). This represents a 3.1% increase, and is a challenging target that is set above the Strategic Health Authority recommended target of 2%.
This target will be monitored in conjunction with breastfeeding initiation rates 74.6% England Average (Source - Child Health Profile Feb 2011). Breastfeeding initiation rates are not reported at a LA level, instead they are reported at PCT level and full year 10/11 result was 48.56% and Q3 YTD was 48.6%.

[2] This could be from regional or family benchmarking data.

APPENDIX 2(A) HEALTHY HALTON

Obesity in Primary school age children in Reception (NI 55)



Lead Partner Agency:	PCT
Responsible Officer:	Eileen O'Meara
Good is:	Good performance is: • A reduction in the proportion of obese children over time, • A minimum of 85% of eligible pupils being measured.

Brief Description / Indicator Purpose:

The percentage of children in reception who are obese, as shown by the National Child Measurement Programme (NCMP).

Data is reported one year in arrears.

For the purposes of this indicator, children are defined as obese if their body-mass index (BMI) is above the 95th centile of the reference curve for their age and sex according to the UK BMI centile classification (Cole TJ, Freeman JV, Preece MA. Body mass index reference curves for the UK, 1990. 1995; 73: 25–29). A child's height (in metres), weight (in kilograms), date of birth and sex are needed to calculate their BMI.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target			13.00%	11.5%	11%	10.5%	10%	9.5%
Halton Actual[1]	10.1%	11.7%	10.8% [1]	12%				
St Helens (Target and Actuals)	14.3% (Actual 12.9%	14.1% (Actual 12.2%)	13.9% (Actual 10.2%)	11%	10%	9.5%		
Benchmarking:								
All England[1]	9.60%	9.60%	9.80%					
Northwest[1]	10.0%	9.60%	9.90%					
Relevant Statistical Neighbour [3]	11.50%	10.60%	10.50%	TBC				

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

Halton's performance for 2010 has shown fluctuation with a continued variable trend over the last few years. Halton remains above the national and north west average. Halton shows an increasing obesity rate in line with increasing obesity rates for the England and North West averages.

Targets for 2014/15 and 2015/16 set at the SSP Performance Group on 1.9.2011 by Eileen O' Meara and subsequently updated on receipt of the latest published 2010/11 Obesity rate for September 2010/11 12% .

Note 1 – Based on September 2009/10 NCMP NHS IC

[3] This could be from regional or family benchmarking data.

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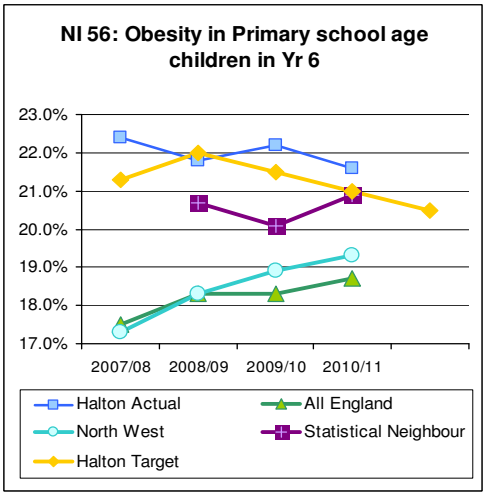
Obesity in Primary school age children in Yr 6 (NI 56)



Lead Partner Agency:	PCT
Responsible Officer:	Eileen O'Meara
Good is:	Good performance is: • A reduction in the proportion of obese children over time, • A minimum of 85% of eligible pupils being measured.

Brief Description / Indicator Purpose:

The percentage of children in year 6 who are obese, as shown by the National Child Measurement Programme (NCMP).

For the purposes of this indicator, children are defined as obese if their body-mass index (BMI) is above the 95th centile of the reference curve for their age and sex according to the UK BMI centile classification (Cole TJ, Freeman JV, Preece MA. Body mass index reference curves for the UK, 1990. 1995; 73: 25–29). A child's height (in metres), weight (in kilograms), date of birth and sex are needed to calculate their BMI.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target			21.30%	22%	21.5%	21%	20.5%	20%
Halton Actual	21.8%	22.2%	21.60% [1]	23.7%				
Benchmarking:								
All England[1]	18.3%	18.30%	18.70%	TBC				
Northwest[1]	18.3%	18.90%	19.30%	TBC				
Relevant Statistical Neighbour [4]	20.7%	20.10%	20.90%	TBC				

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

Halton's performance for 2010 has show fluctuation with a continued variable trend over the last few years.

Halton remains above the national and north west average. Halton shows an increasing obesity rate in line with increasing obesity rates for the England and North West averages.

Agreed target should be retained as obesity rates in Halton are still high, now including obesity at reception

Targets discussed and reviewed at the Health SSP Performance Group on 1.9.2011 by Eileen O' Meara on 1.9.2011 to 2011/12 to 2015/16 and subsequently updated on receipt of the latest published 2010/11 Obesity rate for September 2010/11 23.7% .

Note 1 – Based on September 2009/10 NCMP NHS IC

[4] This could be from regional or family benchmarking data.

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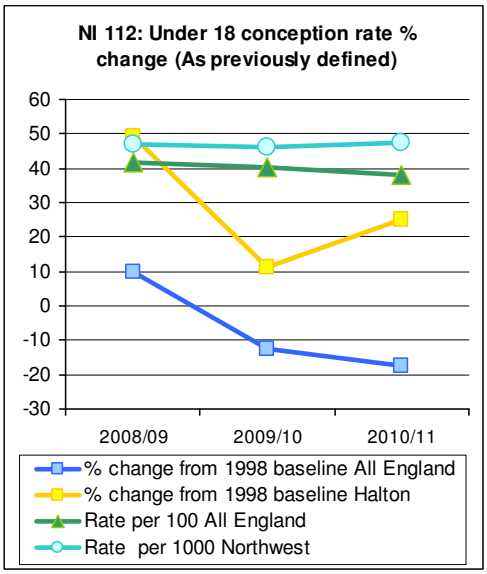
Reduction in the Under 18 conception rate (NI 112)	
Lead Partner Agency:	HBC
Responsible Officer:	Lorraine Crane/John Bucknall
Good is:	A reducing rate from the baseline year.



Brief Description / Indicator Purpose:

Previous guidance defines the national target to reduce the under 18 conception % rate by 50% by 2010 (compared to the 1998 baseline rate) as part of a broader strategy to improve sexual health. (Target shared between the Department of Health and the Department for Children, Schools and Families.) The old definition is graphed opposite.

To make this measure more meaningful this target will be monitored as a reduction in the rate per thousand rolling quarterly average annual rate from the 2009 baseline, and actual numbers of conceptions

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target	Previously used a % reduction against the 1998 baseline in line with NI definition			58.1 Rolling Quarterly Av Rate Reduction of 1.43% (2 conceptions)	Reduction of 3%	Reduction of 3%	Reduction of 3%	Reduction of 3%
Halton Actual	70.5 Rolling Quarterly Av. Rate (Dec 07)	52.6 Rolling Quarterly Av. Rate (Dec 08)	58.9 Rolling Quarterly Av. Rate (Dec09)= 140 conceptions					
Benchmarking:								
Rate per 100 All England	41.8	40.5	38.2					
Rate per 1000 Northwest	47.2	45.9	47.3					

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

This is still a significant area of concern in Halton and it is therefore recommended that this target be retained.

The above table has been obtained from the Ofsted Performance Profile, showing the % change from the 1998 baseline of 47.3 conceptions per 1000 in 1998.

Halton's performance for 2010 has shown a significant drop in performance, with increases noted in the number of conceptions. Good performance is typified by a higher percentage reduction from the baseline year.

Halton remains considerably above the national average. At December 2009 (last published data) the England average was 38.2 per 1000 and the Regional average was 47.3 per 1000. Thus, a target of 21.3 conceptions per 1000 in 2010/11 (-55% from the 1998 baseline of 47.3 per 1000) was highly stretched.

The target was discussed and agreed by Children's & Enterprise SMT on 20.7.2011

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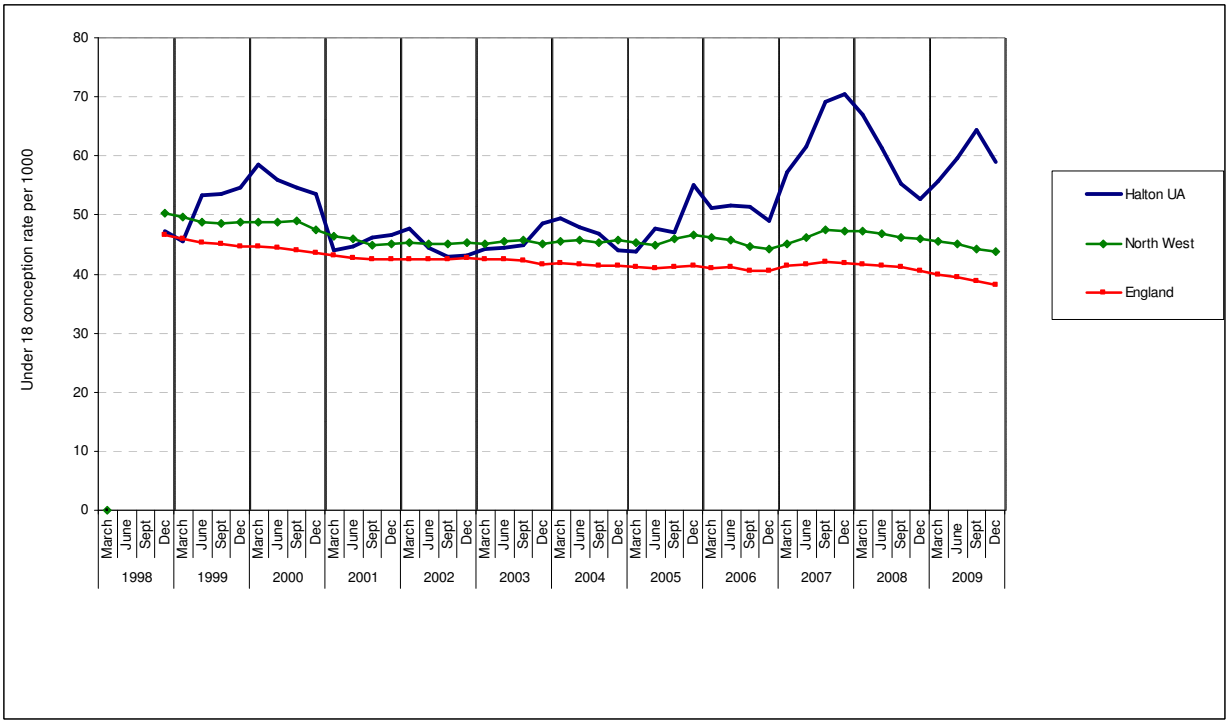
Halton has made a decision to use 2009 figures as a baseline in setting future targets for this area. Given that data is available in arrears, quarter 1 of 2011/12 relating to the latest information for the quarter ended March 2010, the target is to see a reduction of a reduction of 2 conceptions by Dec 2010. This equates to 1.43% reduction in the total conceptions for 2010 (140 conceptions) of the 2374 girls aged 15-17 in Halton) and then 3% year on year with a caveat to review.

The decision has also been made to monitor under 16's and 2nd conceptions but the under 18 conceptions will remain the overarching priority.



	2005	2006	2007	2008	2009	2010
Halton UA Total Population	2,537	2,553	2,539	2,492	2,374	2,281 Mar 2010
Average no. of conceptions per quarter (Rounded)	35	31	45	33	35	Not available

The latest ONS for Halton in Quarter 1 of 2010 is 60.7 rolling quarterly average per 1000 girls aged between 15 and 17. This equates to 40 actual births. The impact of seasonal variations will continue to be closely monitored and action targeted.

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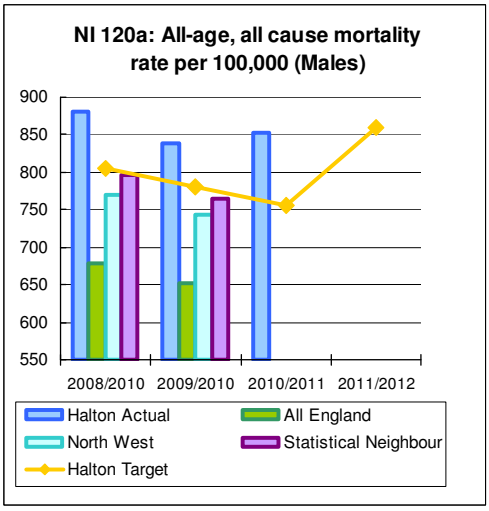
All-age, all cause mortality rate per 100,000 (Males) (NI 120a)



Lead Partner Agency:	PCT
Responsible Officer:	Sue Forster
Good is:	'Good' performance is typified by a reduction in rates. For Spearhead areas 'good' performance is typified by a reduction in rates that results in a reduction in the inequality gap with England.

Brief Description / Indicator Purpose:

All Age All Cause Mortality (AAACM) supports the following national PSA targets:

- By 2010, increase the average life expectancy at birth in England to 78.6 years for men and to 82.5 years for women.
- Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth, i.e.
  - Starting with local authorities, by 2010 to reduce by at least 10% the gap in life expectancy between the fifth of areas with the 'worst health and deprivation indicators' ('the Spearhead Group') and the population as a whole
  - Starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between the 'routine and manual' socioeconomic group and the population as a whole

The indicator is reported and monitored as two separate mortality rates - one for males and one for females. Each of these rates is a single figure for all causes and all ages combined. Single year rates are used to enable timely reporting. (The associated national target is assessed using 3-year average figures).

The target is based on a calendar year and not financial year.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target	805	780	755	858.8	850.2	841.7	833.3	824.9
Halton Actual	880	838	853.1					
Benchmarking:								
All England	679	652	Data released Dec 2011	Data released Dec 2011				
Northwest	769	743						
Relevant Statistical Neighbour [5]	796	765						

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

Whilst the latest data shows some significant improvement in life expectancy this is still a key

[5] This could be from regional or family benchmarking data.

priority in Halton and it is therefore recommended that the target be retained
Cancer and circulatory diseases are the biggest contributor to all age all cause mortality.

Benchmarking data from Health Profile supplied by Sue Forster.

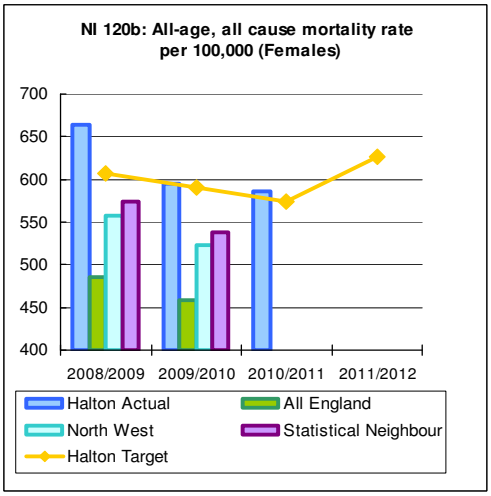
New targets for the calendar years 2011 through to 2015 have been produced using trend data from 3 year rolling rates to estimate the forward trend. A small change to the number of deaths or the population can greatly affect the annual rate both up and down and this is why 3 year rates have been used for target setting to account for annual variations. It is suggested that data is reviewed annually once annual verified data is released and amendments to targets are made based on this

The latest verified information for all cause mortality for males is 2009 which shows that Halton was above target and higher than England the North West and it's ONS statistical neighbour industrial hinterlands. Whilst male mortality in Halton has improved over time it is still very challenging and current unverified data for 2010 shows that the male Halton rate rose slightly from 2009.

Programmes such as Health Checks Plus are in place to indentify people 'at-risk' of major issues such as obesity, smoking, alcohol consumption, hypertension, CVD risk, cancer and cancer screening all of which are indentifying people and ensuring appropriate health interventions are put into place. Quality, Improvement, Innovation and Prevention Programmes across Mid Mersey which cover Halton and St Helens, Warrington and Knowsley plans are in place for CVD, stroke and urgent care pathways to ensure that essential health programmes are delivered in the most cost effective way to improve patient outcomes.

APPENDIX 2(A) HEALTHY HALTON

All-age, all cause mortality rate per 100,000 (Females) (NI 120b)



Lead Partner Agency:	PCT
Responsible Officer:	Sue Forster
Good is:	'Good' performance is typified by a reduction in rates. For Spearhead areas 'good' performance is typified by a reduction in rates that results in a reduction in the inequality gap with England.

Brief Description / Indicator Purpose:

All Age All Cause Mortality (AAACM) supports the following national PSA targets:

- By 2010, increase the average life expectancy at birth in England to 78.6 years for men and to 82.5 years for women.
- Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth, i.e.
  - Starting with local authorities, by 2010 to reduce by at least 10% the gap in life expectancy between the fifth of areas with the 'worst health and deprivation indicators' ('the Spearhead Group') and the population as a whole
  - Starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between the 'routine and manual' socioeconomic group and the population as a whole

The indicator is reported and monitored as two separate mortality rates - one for males and one for females. Each of these rates is a single figure for all causes and all ages combined. Single year rates are used to enable timely reporting. (The associated national target is assessed using 3-year average figures).

The target is based on a calendar year and not financial year.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target	607	590	574	627.1	620.8	614.6	608.5	602.4
Halton Actual	663.82	595.12	586.5					
Benchmarking:								
All England	486	459	Data released Dec 2011	Data released Dec 2011				
Northwest	557	523						
Relevant Statistical Neighbour [6]	574	538						

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

Whilst the latest data shows some significant improvement in life expectancy this is still a key priority in Halton and it is therefore recommended that the target be retained
Cancer and circulatory diseases are the biggest contributor to all age all cause mortality.

Benchmarking data from Health Profile, supplied by Sue Forster.

[6] This could be from regional or family benchmarking data.

APPENDIX 2(A) HEALTHY HALTON

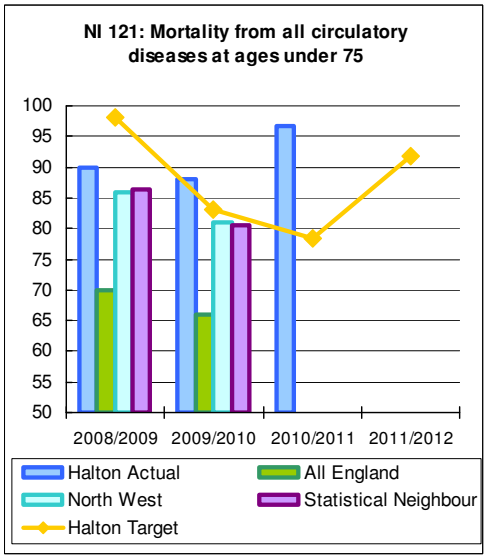
New targets for the calendar years 2011 through to 2015 have been produced using trend data from 3 year rolling rates to estimate the forward trend. A small change to the number of deaths or the population can greatly affect the annual rate both up and down and this is why 3 year rates have been used for target setting to account for annual variations. It is suggested that data is reviewed annually once annual verified data is released and amendments to targets are made based on this

The latest verified information for all cause mortality for females is 2009 which shows that Halton was above target and higher than England the North West and it's ONS statistical neighbour industrial hinterlands, however female mortality has made significant improvements in recent years. Unverified data for 2010 shows that female mortality has decreased further but still just above target.

Programmes such as Health Checks Plus are in place to indentify people 'at-risk' of major issues such as obesity, smoking, alcohol consumption, hypertension, CVD risk, cancer and cancer screening all of which are indentifying people and ensuring appropriate health interventions are put into place. Quality, Improvement, Innovation and Prevention Programmes across Mid Mersey which cover Halton and St Helens, Warrington and Knowsley plans are in place for CVD, stroke and urgent care pathways to ensure that essential health programmes are delivered in the most cost effective way to improve patient outcomes

APPENDIX 2(A) HEALTHY HALTON

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



Lead Partner Agency:	PCT
Responsible Officer:	Sue Forster/Eileen O'Meara/ Sarah Johnson
Good is:	"Good" performance is typified by a reduction in rate. For Spearhead areas "good" performance is typified by a reduction in rate that results in a reduction in the inequality gap with England.

Brief Description / Indicator Purpose:

Circulatory disease is one of the main causes of premature death (under 75 years of age) in England, accounting for just over a quarter of all such deaths in this age group. Reducing mortality rates will therefore make a significant contribution to increasing life expectancy.

This is a Department of Health PSA Target.
Substantially reduce mortality rates by 2010 from heart disease and stroke and related diseases by at least 40% in people under 75, with at least a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target	98.2	83.21	78.31	91.8	89	87.2	85.5	83.8
Halton Actual	89.9	88.0	96.8					
Benchmarking:								
All England	70	66	Data released Dec 2011	Data released Dec 2011				
Northwest	86	81						
Relevant Statistical Neighbour [7]	86.3	80.6						

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

Whilst the latest data shows some significant improvement in life expectancy this is still a key priority in Halton and it is therefore recommended that the target be retained

It has been decided to make the target more realistic based on actual achievement over the last three year trends. With this in mind the target proposed is 91.8. (based on a 5% reduction on 2010 achievement)

Benchmarking data from Health Profile , supplied by Sue Forster.

[7] This could be from regional or family benchmarking data.

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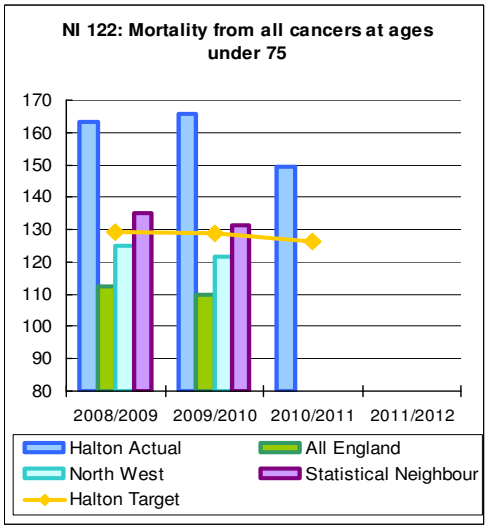
Mortality from all cancers at ages under 75 (NI 122)



Lead Partner Agency:	PCT
Responsible Officer:	Sue Forster/Eileen O'Meara/ Daniel Seddon
Good is:	"Good" performance is typified by a reduction in rate. For Spearhead areas "good" performance is typified by a reduction in rate that results in a reduction in the inequality gap with England.

Brief Description / Indicator Purpose:

Cancer is one of the main causes of premature death (under 75 years of age) in England, accounting for nearly 4 in 10 of all such deaths in this age group. Reducing mortality rates will therefore make a significant contribution to increasing life expectancy.

This is a Department of Health PSA Target.

Substantially reduce mortality rates by 2010 from cancer by at least 20% in people under 75, with a reduction in the inequalities gap of at least 6% between the fifth of areas with the worst health and deprivation indicators and the population as a whole.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target	129.15	128.9	126.41	145	140	135	130	125
Halton Actual	154.24	166.0	149.5					
Benchmarking:								
All England	112.2	109.9	Data released Dec 2011	Data released Dec 2011				
Northwest	125.2	121.5						
Relevant Statistical Neighbour [8]	135.0	131.5						

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

* Actual data for 2008 calendar year shown against 2008/09 and local provisional data for other years, which will be updated as actual data becomes available.

The two charts below described the rolling annual cancer mortality for the two boroughs of Halton and St Helens, over the past two years. The data is provisional, being sourced from the public health mortality files ahead of national validation. In contrast to national data, which is just under two years old, this data is available within just a few months of events. However, it must be viewed with a certain level of caution.

The charts show that for people of all ages, and for those under 75, cancer mortality is falling steadily in both boroughs. This is very encouraging, as until now Halton's mortality rates seemed to be stubbornly high, and not falling convincingly in recent years.

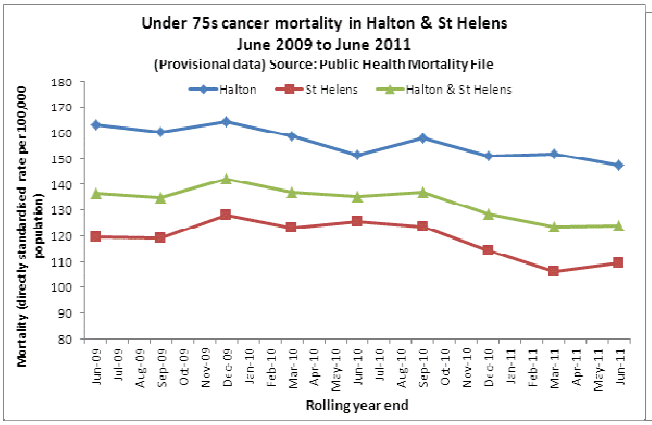
Rates remain higher in Halton than in St Helens. But they are dropping by about 5/100,000 each year. This represents more than 5 lives saved each year just in Halton.

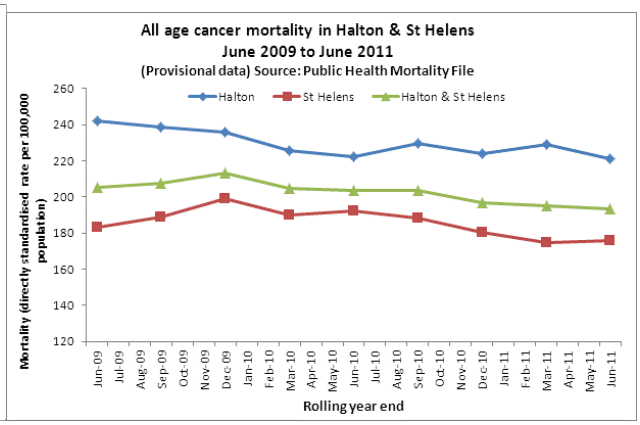
[8] This could be from regional or family benchmarking data.

APPENDIX 2(A) HEALTHY HALTON

The introduction of Bowel Cancer Screening and the local early detection efforts that are under way, with improvements in treatment and falls in smoking amongst men, are amongst the most significant reasons for the improvement.

Dan Seddon, Public Health Consultant
September 2011





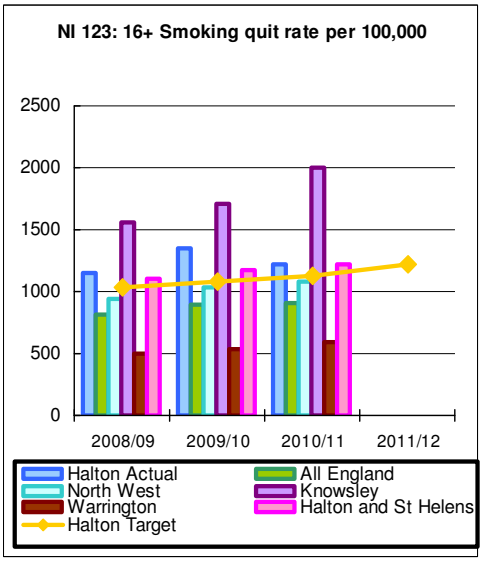
Target rationale:

> Take the 2007/9 (as the latest confirmed actual) figures as a baseline, and adopt a target for the next three years of 145 per 100,000 for 2011/12, 140 for 2012/13, and 135 for 2013/14, 130 for 2014/15 and 125 for 2015/16. This target for a steeper fall is reasonable, given the success of smoke free legislation over the past five years, the effectiveness of our stop smoking services, and the advent of the bowel screening programme, which we estimate saves a handful of lives each year.

Benchmarking data from Health Profile supplied by Sue Forster.

APPENDIX 2(A) HEALTHY HALTON

16+ Smoking quit rate per 100,000 (NI 123)



Lead Partner Agency:	PCT
Responsible Officer:	Eileen O'Meara
Good is:	Good performance is typified by maintenance of the number of four-week smoking quitters who have attended NHS Stop Smoking Services per 100,000 population at least the average level achieved in the period 2004/05 - 2006/07.

Brief Description / Indicator Purpose:

This indicator relates to clients receiving support through the NHS Stop Smoking Services. A client is counted as a self-reported 4-week quitter if they have been assessed 4 weeks after the designated quit date and declares that he/she has not smoked even a single puff on a cigarette in the past two weeks. The indicator is a count of treatment episodes rather than people. So, if an individual undergoes two treatment episodes and has quit at four weeks in both cases, they are counted twice.

Stop Smoking Services are a key NHS intervention to reduce smoking and are part of a programme of action needed to meet the national target to tackle the underlying determinants of ill health and health inequalities by reducing smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less. They are currently monitored through assessment of 4-week smoking quitters.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target	1038	1082	1128	1223.55	1228.5	1263.62	1268.2	1273.3
Halton Actual	1155	1351	1223					
Benchmarking:								
All England	813	895	911					
Northwest	939	1038	1086					
Relevant Statistical Neighbour [9]	K: 1556 W: 497 HSTH: 1105	K: 1715 W: 538 HSTH: 1177	K: 1998 W: 589 HSTH: 1219					

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

Whilst overall smoking rates in Halton have decreased considerably in recent years, tobacco is a major risk factor for cancer and heart disease and a major contributor to the health inequalities gap between Halton and England. It is therefore recommended that this target be retained.

Halton exceeded the 2010/11 quit target and now have the 3rd highest quit rate in the North West.

Rate per 100,000 quoted equivalent to 1159 quitters for 2010/11.
Rates per 100,000 selected to avoid showing figures as population fluctuates.

[9] This could be from regional or family benchmarking data.

APPENDIX 2(A) HEALTHY HALTON

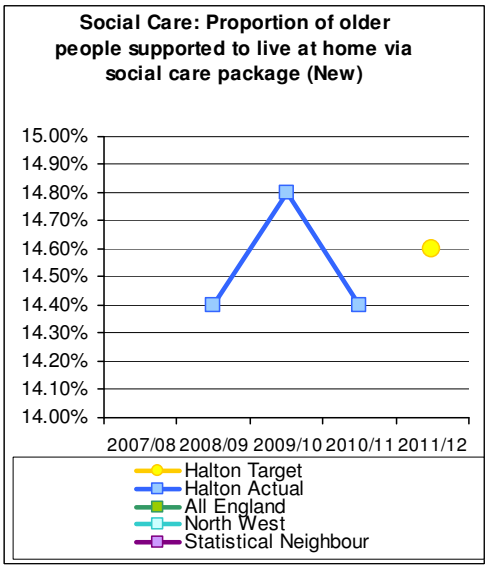
Mental Health - No. of people in counselling/ day services or on waiting lists. NEW		
New measure	Lead Partner Agency:	PCT
	Responsible Officer:	Dave Sweeney/Lyn Marsden
	Good is:	Reduced number on waiting list
	Brief Description / Indicator Purpose:	
	It is suggested that we take the numbers of people accepted and still awaiting therapy appointment for SHS IAPT and Bridgewater Primary Care Psychological therapy services and apply that total as a percentage to the total numbers referred by GPs. Example: In one quarter there are 110 GP referrals. 40 are referred to SHS IAPT, of which 23 are still awaiting appt 60 are referred to Bridgewater Primary Care Psychological therapy services of which 31 are still awaiting appt. The calculation would be 54/110*100 = 49% of referrals still waiting for appointment.	

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target	New indicator			Baseline to be established	Targets to be confirmed once baseline established			
Halton Actual	New indicator							
Benchmarking:								
All England	Local measure , benchmarking information not available from the PCT							
Northwest								
Relevant Statistical Neighbour [10]								
Supporting Commentary & Target Rationale (2011 / 2012 Onwards):								
This is in line with the SCS objective to improve access to health services, and improve mental health.								

[10] This could be from regional or family benchmarking data.

APPENDIX 2(A) HEALTHY HALTON

Social Care **(New)**: Proportion of older people supported to live at home through provision of a social care package **NEW**



Lead Partner Agency:	HBC
Responsible Officer:	Sue Wallace-Bonner
Good is:	**Higher - Increasing proportion of older people supported at home**

Brief Description / Indicator Purpose:

This indicator measures the proportion of older people (65+) who are supported by Adult Social Care Services to live independently in their own home.

The indicator measures The number of people 65+ who are supported with an Adult Social Care Service Package as a percentage of the Older people population for Halton.

The higher the percentage, the greater the number of older people are supported to live independently. The focus is on managing long term conditions and early prevention and intervention, thus which in turn aims to reduce the number of people admitted/re-admitted to hospital and those admitted to long term care.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target	N/A	N/A	N/A	14.6%	14.8%	15%	15.2%	15.4%
Halton Actual	14.4%	14.8%	14.4%					
Benchmarking:								
All England								
Northwest								
Relevant Statistical Neighbour [11]								

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

The target rationale is for an incremental increase on the baseline (2010/11). The increase will take into account the pressures from an ageing population and associated increased demand.

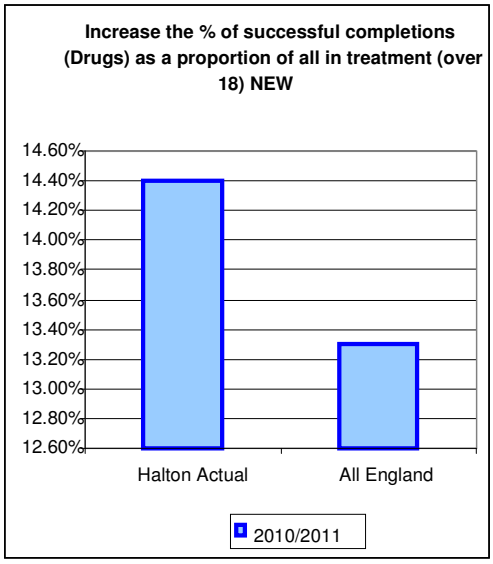
The increase reflects the shift to early intervention and preventative models of care, which prevent hospital admissions/readmissions and admissions to long term care (residential and nursing placements).

NI comparative date to be obtained from RAP or NW Performance leads as a new measure.

[11] This could be from regional or family benchmarking data.

APPENDIX 2(A) HEALTHY HALTON

Increase the % of successful completions (Drugs) as a proportion of all in treatment (over 18) **NEW**	
Lead Partner Agency:	HBC / PCT
Responsible Officer:	Steve Eastwood
Good is:	Increasing % of successful completions



Brief Description / Indicator Purpose:

The proportion of clients who successfully completed Drug treatment out of all the clients who were treated in the same period.

There are more people drug free as a % of total people.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target	New indicator			Above NW Average	Above NW Average	Above NW Average	Above NW Average	Above NW Average
Halton Actual	New indicator		14.4%					
Benchmarking:								
All England	Data not previously available . This is a new indicator		13.3%					
Northwest								
Relevant Statistical Neighbour [12]								

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

The target has been set to achieve performance above the North West Average. It is intended to review this after 12 months, once the new provider is firmly in place and performance is established.

[12] This could be from regional or family benchmarking data.

APPENDIX 2(A) HEALTHY HALTON

Increase the % of successful completions (Alcohol) as a proportion of all in treatment (over 18) **NEW**		
Placeholder 2012/13	Lead Partner Agency:	HBC / PCT
	Responsible Officer:	Collette Walsh
	Good is:	Increasing % of successful completions
	Brief Description / Indicator Purpose:	
	The proportion of clients who successfully completed Alcohol treatment out of all the clients who were treated in the same period.	

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target	New indicator				Baseline to be established	Increasing % of successful completions		
Halton Actual								
Benchmarking:								
All England	Data not currently collected on a national basis. This is a local measure							
Northwest								
Relevant Statistical Neighbour [13]								

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

This new service will be established in 2012/13. Targets will then be set following the collection of data in year 2012/13 and a baseline established.

The aim of this service is to increase the % of successful completions as a proportion of all people in treatment for an alcohol addiction.

[13] This could be from regional or family benchmarking data.