



The Sustainable Community

Strategy for Halton

2011 - 2016

Mid-year Progress Report







01st April – 30th Sept 2011

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This report provides a summary of progress in relation to the achievement of targets within Halton’s Sustainable Community Strategy 2011 - 2016.

It provides both a snapshot of performance for the period 01st April 2011 to 30th September 2011 and a projection of expected levels of performance to the year-end.

The following symbols have been used to illustrate current performance as against the 2011 target and as against performance for the same period last year.

	Target is likely to be achieved or exceeded.		Current performance is better than this time last year
	The achievement of the target is uncertain at this stage		Current performance is the same as this time last year
	Target is highly unlikely to be / will not be achieved.		Current performance is worse than this time last year

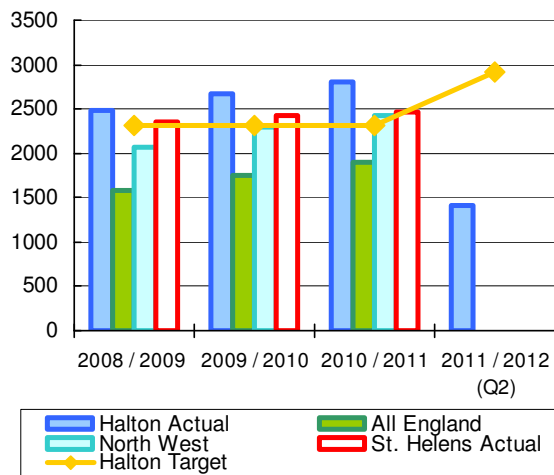
Healthy Halton

Page	Ref	Descriptor	2011 / 12 Target	Direction of travel
4	HH 1*	a) Alcohol related hospital admissions (NI 39) (Rate 100,000 pop.)		
4	HH 1*	b) Alcohol related hospital admissions – AAF =1 (Rate)	N/A	New Measure
6	HH 2	Prevalence of breastfeeding at 6-8 weeks (NI 53)		
7	HH 3	a) Obesity in Primary school age children in Reception (NI 55)		
8	HH 3	b) Obesity in Primary school age children in Year 6 (NI 56)		
10	HH 4	Reduction in under 18 Conception (new local measure definition for NI 112)		
11	HH 5	a) All age, all cause mortality rate per 100,000 Males (NI 120a)		
12	HH 5	b) All age, all cause mortality rate per 100,000 Females (NI 120b)		
13	HH 6	Mortality rate from all circulatory diseases at ages under 75 (NI 121)		
15	HH 7	Mortality from all cancers at ages under 75 (NI 122)		
17	HH 8	16+ Smoking quit rate per 100,000 (NI 123)		
19	HH 9	Mental Health - No. of people in counselling/ day services or on waiting lists. (NEW 2011)	Placeholder 2012 / 13	New Measure
20	HH 10	Proportion of older people supported to live at home through provision of a social care package (NEW 2011):		
21	HH 11	a) Increase the % of successful completions (drugs) as a proportion of all in treatment (over 18)		
22	HH 11	b) Increase the % of successful completions (Alcohol) as a proportion of all in treatment (over 18)	Placeholder 2012 / 13	New Measure

NB - Measures HHI and HH11 are also reported within the Safer Halton priority area as SH 10 and SH7 respectively. Measure HH4 is also reported under CYP 15

	2010/11 Actual	2011/12 Target	2011/12 Qtr 2	2011/12 Qtr 4	Current Progress	Direction of Travel
a) Alcohol related hospital admissions AAF > 0 (Previously NI 39)	2839	2916	1419.1		?	↔
b) Admissions which are wholly attributable to alcohol AAF = 1 (Rate)	984	1002.6	Not yet available		N/A	New Measure

NI 39: Alcohol related hospital admissions (Rate)



Data Commentary:

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

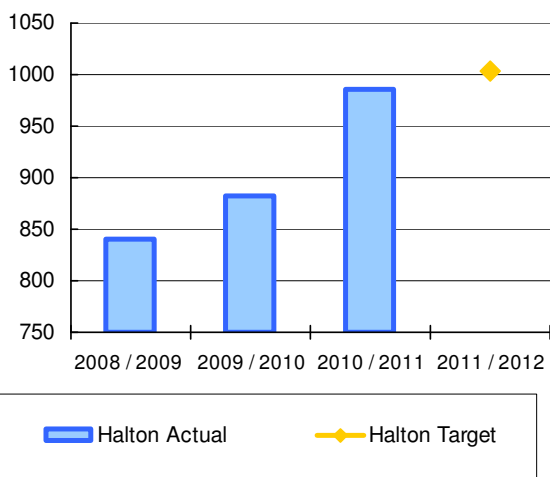
Each admission is assigned an attributable fraction (AF) based on the diagnosis codes and age and sex of the patient. Where an admission has more than one relevant diagnosis code, the highest attributable fraction is used. This is shown as the first measure, where the alcohol attributable fraction AAF > 0, previously NI 39.

The second measure provides further detail and relates to admissions which are wholly attributable to alcohol in other words AAF = 1.

Performance Commentary:

As key services start up in 2012/13, it is envisaged that there will be an impact on admissions that are both wholly and partially related to alcohol. It is anticipated that these developments will slow the rate of increase in alcohol related admissions.

Admissions which are wholly attributable to alcohol (Rate)

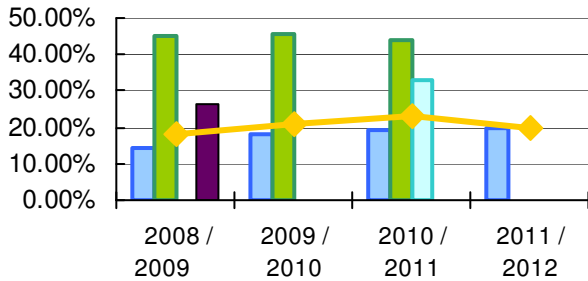


¹ SCS / HH1 is also replicated under Safer Halton as SCS / SH10

Summary of Key activities taken or planned to improve performance:

- A programme of Identification and Brief Advice (IBA) Training for key frontline professionals is being rolled out across the borough. The aim is to ensure that advice is on offer for people who would benefit from reducing their drinking, alcohol problems are identified earlier and that there is a referral to treatment services for those requiring more intense support.
- An innovative, new, integrated, recovery orientated substance misuse treatment service commenced service delivery on 01 February 2012. Considerable investment has been made to increase capacity and modernize treatment services, allowing us to change the way in which we tackle alcohol and drug related problems. The service will not only address drinking or drug taking behaviours but will aim to identify and tackle underlying causes and ensure that factors which help increase a person's chances of getting and staying well are enhanced. For example, does the service user have a job, a safe place to live, robust family relationships and feel included within the community? Support and advice will be on offer for service users and their families and the wider partnership will be engaged to explore and tackle cross cutting themes, including safeguarding and social inclusion.
- Alcohol Liaison Nursing (ALN) Services are being developed in Whiston and Warrington Hospitals. The Alcohol Liaison Nursing Service will be established to provide high quality, evidence based alcohol treatment at the Emergency Departments and on hospital wards. The service will bridge the gap between inpatient admission and community treatment by providing the opportunity for acute hospital patients to be given an alcohol intervention and education on their alcohol use and, for those who need it, the opportunity to be fast-tracked to appropriate community services. The services will avoid unnecessary admissions and enhance the care given to people who regularly attend hospital for alcohol related harm.
- A Review of the Tier 4 Alcohol Treatment Service is underway at the Windsor Clinic Mersey care on behalf of Halton & St Helens and NHS Mersey. There is a requirement to ensure that service provision for very complex and vulnerable cases are aligned with the new, recently commissioned, community based Tier 2/3 Recovery Services.

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



■ Halton Actual
■ All England
■ North West
■ Statistical Neighbour
◆ Halton Target

2010/11 Actual	2011/12 Target	2011/12 Qtr 2	2011/12 Qtr 4	Current Progress	Direction of Travel
19.18	20.00	19.85%			

Data Commentary:

Quarter 1 and Quarter 2 have both been updated. Good performance is an increase in the percentage coverage and prevalence year on year.

Performance Commentary:

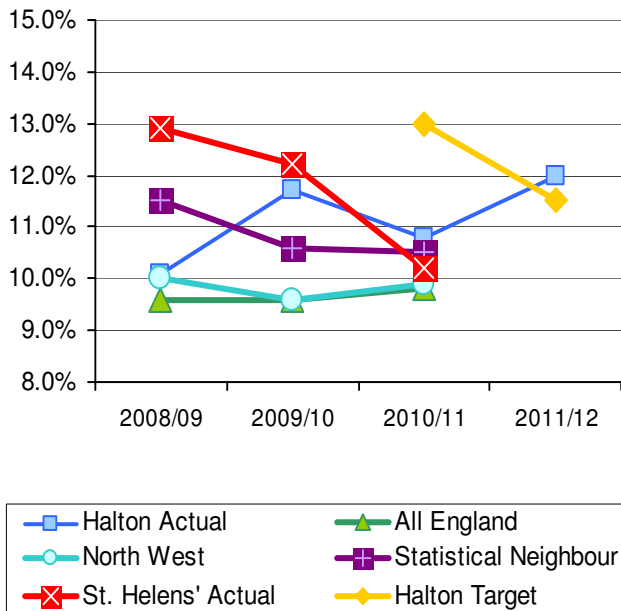
The prevalence of breastfeeding at 6-8 weeks is very close to being on target.

Summary of Key activities taken or planned to improve performance:

Progress has been made towards improving breastfeeding rates in Halton

- Bridgewater Halton and St Helens division achieved UNICEF Baby Friendly stage 1. Work is underway towards Stage 2, UNICEF deadline for assessment November 2013
- The Infant Feeding Coordinator post, and Breastfeeding support worker job descriptions have been through Agenda for Change and recruitment is imminent. .
- Breastfeeding is a Joint Commissioning Unit priority
- The Whiston CQUIN in place. Indications of increased attendance at infant feeding sessions.
- The Peer support incentive scheme being evaluated and plans to continue for another 6 months.
- Feedback from incentive scheme suggests it encourages engagement with peer support services.
- Progress made with Bridgewater Community Healthcare NHS Trust to ensure adequate coverage of 6-8 week breastfeeding data, available at postcode level. Continue to maintain baby friendly premises.

NI 55: Obesity in Primary school age children in Reception



2010/11 Actual	2011/12 Target	2011/12 Qtr 2	2011/12 Qtr 4	Current Progress	Direction of Travel
10.8	11.5	12.0%			

Data Commentary:

The percentage of children in who are obese, as shown by the National Child Measurement Programme (NCMP). Data is reported one year in arrears.

Q3 data is newly released official data.

Performance Commentary:

New data is recently released official data for 2010/11. Halton has once again exceeded the 85% target for Reception and Year 6 children with height and weight recorded.

Childhood obesity in Halton is fluctuating.

Summary of Key activities taken or planned to improve performance:

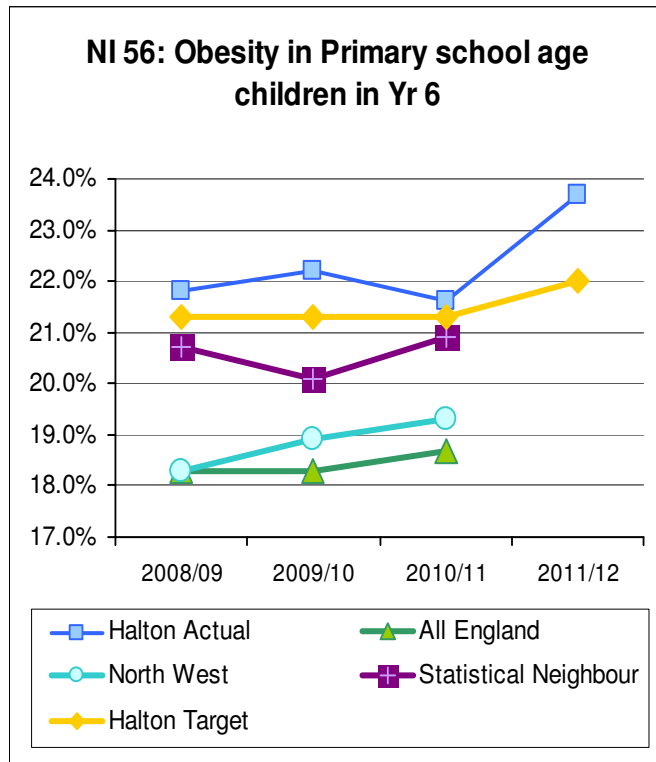
Halton's performance for 2010 has shown fluctuation with a continued variable trend over the last few years.

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.

Recent funding for a Breast feeding coordinator and weaning services should have an impact in future years.

A number of healthy weight programmes are now in place for early years and should start to have an impact in the coming year. These include recent funding for a Breast Feeding Coordinator and weaning services, cookery lessons for parents, active tots groups, sow and grow, and education and training for parents and service providers.

New Service Specifications for Children's Centres have been agreed and these include work on meeting the Healthy Early Years Standards which include food standards and healthy eating.



2010/11 Actual	2011/12 Target	2011/12 Qtr 2	2011/12 Qtr 4	Current Progress	Direction of Travel
21.6	22.0	23.7%			

Data Commentary:

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

Q3 data is newly released official data.

Performance Commentary:

New data is recently released official data for 2010/11. Halton has once again exceeded the 85% target for Reception and Year 6 children with height and weight recorded with 95.3% of children being measured in year 6.

Childhood obesity in Halton is fluctuating

Summary of Key activities taken or planned to improve performance:

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.

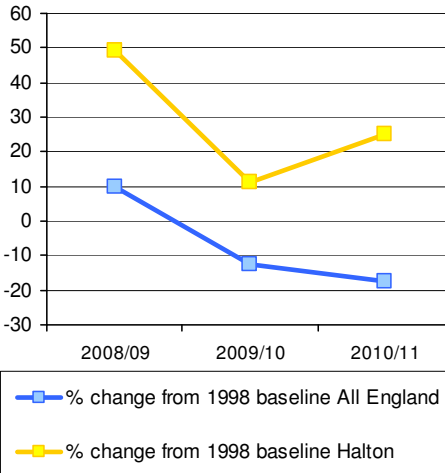


The school Fit4Life Programme which tackles overweight and obesity for children aged 6 to 13 years was rolled out in June 2011 and the results are not therefore reflected in this latest National Child Measurement Programme result. The Fit4Life programme targets schools with the highest obesity rates. It offers education for teachers and children and their parents in cooking, healthy eating and the importance of exercise. It runs fun exercise classes for all children in the school. Data from the pilot programme shows a reduction in obesity amongst those schools that participated as the figures below demonstrate. We anticipate that with further roll out school age obesity figures will fall.

Fit4Life Pilot School Results

	School 1	School 2	School 3	School 4	School 5	School 6
Halton 2009	51 %	49 %	46 %	45 %	45 %	42 %
Halton 2010	26 %	38 %	34 %	40 %	23 %	31 %

Teenage weight management is being tackled via the Alive and Kicking Programme for all 14 to 19 year olds.

This programme offers a personal trainer style programme for all teenagers across Halton. It is now embedded in the colleges and some of the secondary schools. It also runs classes teenagers can access at Halton Stadium and is proving popular. The 2010/11 results show 75% of teenagers participating have lost weight and 70% are now fitter. Unfortunately these figures do not contribute to the target as it is based on the weight of 11 year olds.

NI 112: Under 18 conception rate % change (As previously defined)	2010/11 Actual	2011/12 Target	2011/12 Qtr 2	2011/12 Qtr 4	Current Progress	Direction of Travel
 <p>58.9 Rolling quarterly average rate</p>	58.9 Rolling quarterly average rate	-1.43% reduction 58.1 Rolling quarterly average rate	+0.1% increase 59.0 rolling quarterly average rate			
Data Commentary:						
<p>Performance is based on ONS data releases and Qtr 2 performance is based on the ONS release covering the rolling 12 months Q3 2009 to Q2 2010.</p> <p>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.</p>						
Performance Commentary:						
<p>During the rolling 12 months (Q3 2009 – Q2 2010) there have been 136 conceptions, representing a 4 less conceptions on the previous rolling 12 months.</p> <p>Whilst these numbers indicate that progress is positive this measure also takes into account the reduction in the population base of 15-17 year old females in the Borough (from 2392 to 2295) and therefore reflects a slight increase in the rolling quarterly rate. This is however an improvement upon the same period last year, and represents good progress.</p>						

Summary of Key activities taken or planned to improve performance:

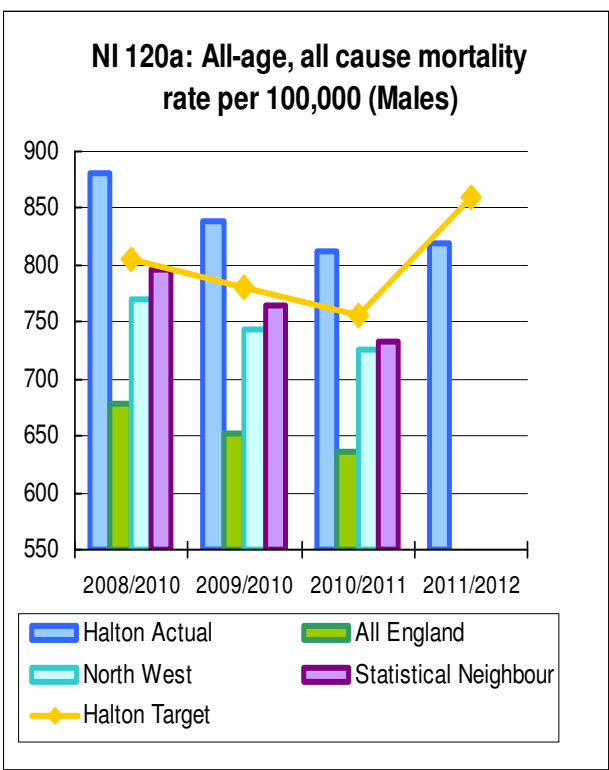

We are continuing to work with school governors to extend sexual health services and projects such as Teens and Tots delivered in schools. Workforce training on prevention and support has been increased to frontline staff and parents.



We are increasing the support to young people at risk of teenage pregnancy by offering the DfE funded Teens and Toddlers programme to more high schools in Halton.

We continue to improve access to contraceptive services and provision for young people, including Long Acting Reversible Contraception (LARC) and condoms.

Robust care pathways are in place for prevention and support in all high schools and we continue to support pregnant young women of school age to remain in education, employment and training.

A comprehensive co-ordinated packages of support is available for teenage parents through Children's Centres which include; antenatal and postnatal care, access to education and training, advice on childcare, benefits, housing.

 <p>NI 120a: All-age, all cause mortality rate per 100,000 (Males)</p>	2010/11 Actual	2011/12 Target	2011/12 Qtr 2	2011/12 Qtr 4	Current Progress	Direction of Travel
	811.35	858.8	818.4		<input checked="" type="checkbox"/>	
Data Commentary:						
<p>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.</p> <p>Q2 data was updated to the end of September by Public Health Intelligence Team (PHIT).</p>						
Performance Commentary:						
<p>Male deaths have reduced since December 2010 where 2010 official data shows the rates were 811.35 whereas in year 2011 the rates have varied from 818.4 to 780.3 showing a consistent downward trend.</p>						
Summary of Key activities taken or planned to improve performance:						
<p>In Halton cancer and circulatory diseases make up the biggest causes of deaths so initiatives for these areas are those that will have the largest impact on all age all cause mortality deaths. In relation to prevention tobacco control, alcohol, and weight management programmes will have the biggest impact on future prevalence of chronic diseases which impact on all age all cause mortality.</p> <p>Programmes such as Health Checks Plus are in place to identify people 'at-risk' of major issues such as obesity, smoking, alcohol consumption, hypertension, CVD risk, cancer and cancer screening all of which are identifying 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.</p>						

2010/11 Actual	2011/12 Target	2011/12 Qtr 2	2011/12 Qtr 4	Current Progress	Direction of Travel
573.63	627.1	600			

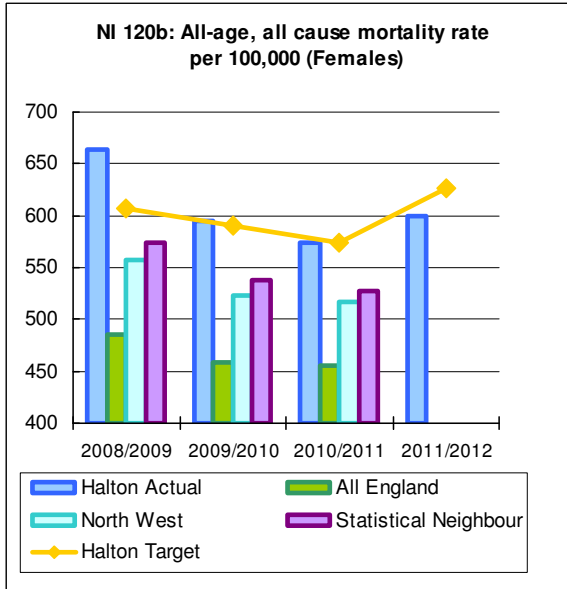
Data Commentary:

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.

Q2 data was updated to the end of September by Public Health Intelligence Team (PHIT).

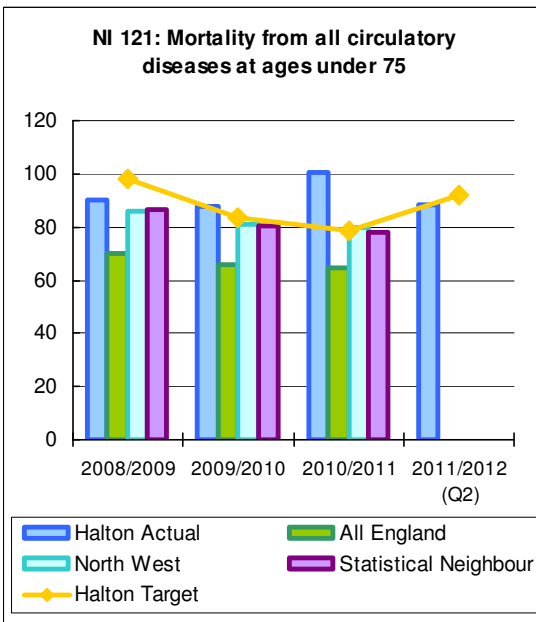
Performance Commentary:

The latest verified information for all cause mortality for females is 2010 which shows that Halton was higher than England, the North West and its ONS statistical neighbour industrial hinterlands. However female mortality has made significant improvements in recent years.

**Summary of Key activities taken or planned to improve performance:**

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

Programmes such as Health Checks Plus are in place to identify people 'at-risk' of major issues such as obesity, smoking, alcohol consumption, hypertension, CVD risk, cancer and cancer screening all of which are identifying 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



2010/11 Actual	2011/12 Target	2011/12 Qtr 2	2011/12 Qtr 4	Current Progress	Direction of Travel
100.23	91.8	88.5		✓	↑

Data Commentary:

Q1 data was updated on 09.09.2011, by Public Health Intelligence Team (PHIT).

Performance Commentary:

Performance continues to improve in respect to this target, with a marginal decrease in mortality due to circulatory diseases since Q1. We continue to examine the data to understand the causes of deaths, the age and where these deaths have occurred to enable better targeting of current programmes in place.

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.

Summary of Key activities taken or planned to improve performance:

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

Identifying people without established Cardiovascular Disease (CVD)

We continue to progress with our early detection agenda as evidence suggests that our Health Checks PLUS scheme significantly contributes to detecting CVD and other major illnesses earlier. Almost 14 000 Health Checks PLUS assessments have been undertaken within the last 12 months – 45% of these on Halton residents. We have secured new and alternative providers of HC+ assessments. We have also commissioned a community pharmacy pilot in Halton where by individuals can have a HC+ assessment at the pharmacy.

Optimisation of evidenced based therapy – clinical pathways and treatment options.

We continue to work with local GP in developing robust clinical pathways that improves the diagnosis and management of Cardiovascular Disease. These include Palpitations, Atrial Fibrillation and Stroke Prevention

We are also in the process of repatriating key treatment interventions to our local hospitals. Angioplasty for the treatment of Coronary Artery Disease – this new service will be based within Warrington and Halton Hospitals Foundation Trust improving the patient's journey and anticipated 'Length of Stay' for acute patients.

Smoking

Smoking has a major impact on levels of heart disease. Smoking cessation rates are on target and progressing well. It is expected that we will make the target. Smoking cessation is seasonal with most smokers quitting in the last quarter of January to March. Halton has one of the highest quit rates in the northwest. Halton is now concentrating on improving smoking in pregnancy figures and will be commencing a new evidence based initiative to encourage quitters to remain quit for the duration of the pregnancy.

Patients with COPD are now identified and referred on via the Stop Smoking Service. These patients often have heart as well as respiratory disease. All patients receive information and education. Working with smokers and offering brief advice is now a key part of the critical learning pathway for all clinical staff.

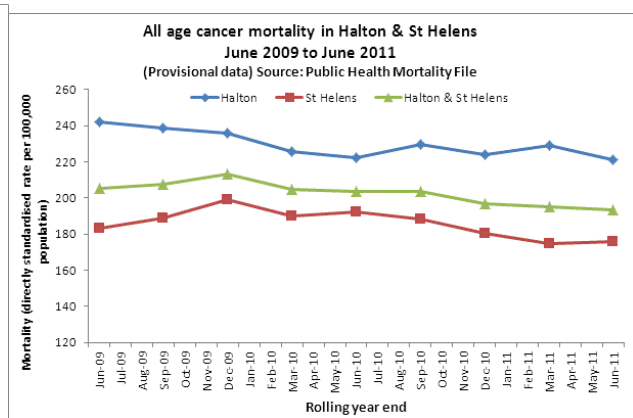
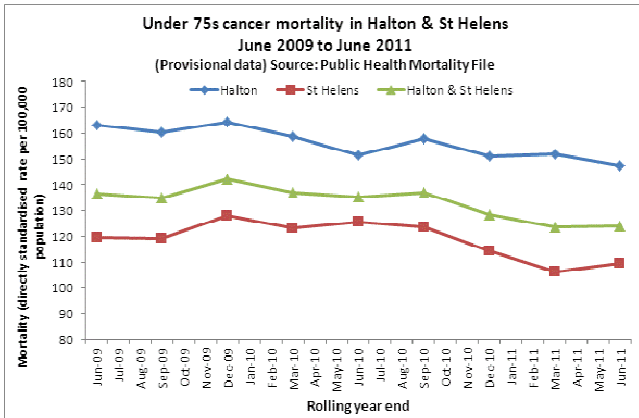
Obesity

Obesity is another major contributor to high levels of heart disease.

The weight management services commissioned support the high numbers of patients identified as obese through the Health Checks Plus Programme. A recent audit of outcomes and outputs indicates that overall services are meeting their targets and levels of customer satisfaction are high.

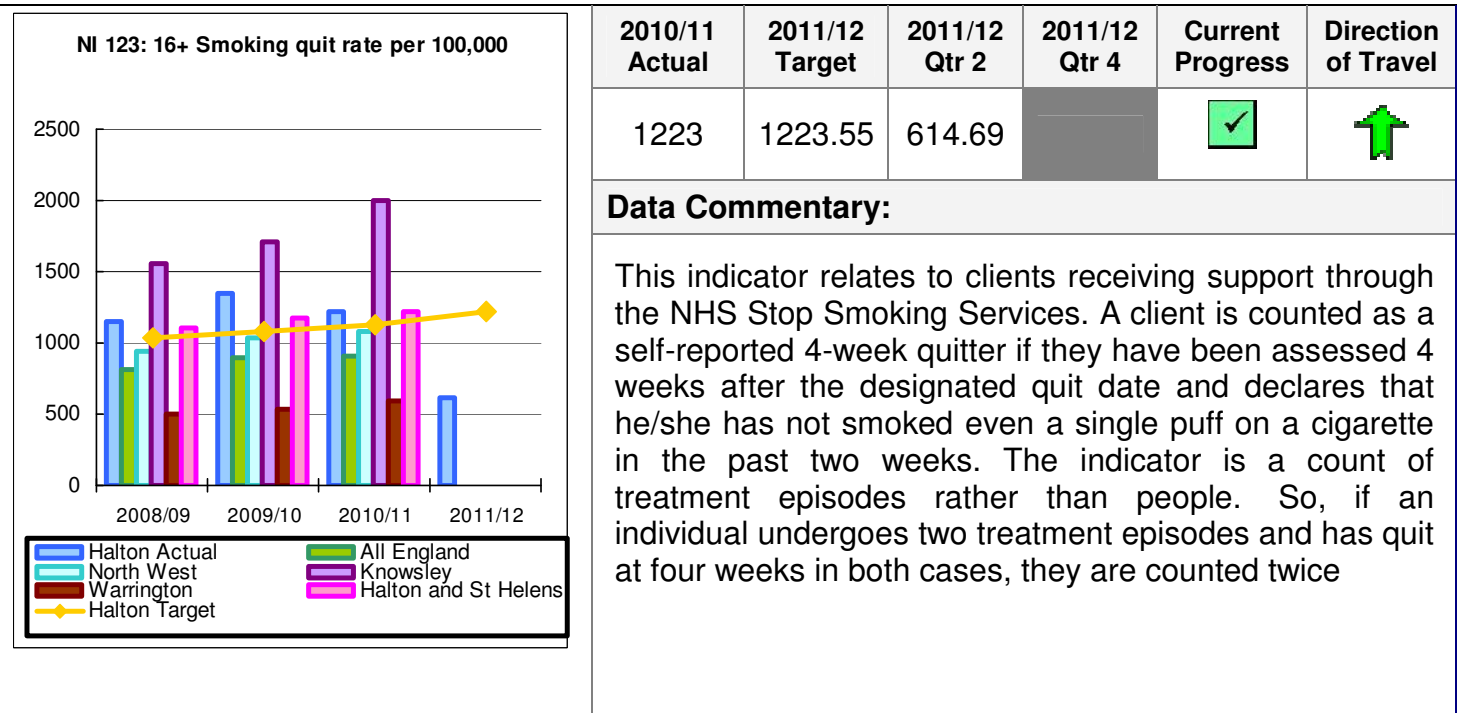
Adult weight management services are now embedded. There has been a considerable reduction in the waiting time for level 3 & 4 specialist services. Numbers for exercise on prescription have increased and will continue to expand. Men's Health will be further expanded.

NI 122: Mortality from all cancers at ages under 75	2010/11 Actual	2011/12 Target	2011/12 Qtr 2	2011/12 Qtr 4	Current Progress	Direction of Travel
<p>2008/2009 2009/2010 2010/2011 2011/2012 (Q2)</p> <p>Legend: ■ Halton Actual ■ All England ■ North West ■ Statistical Neighbour ◆ Halton Target</p>	147.96	145.0	135.3			
Data Commentary:						
<p>Q2 data has been updated based on actual data. Cancer, along with circulatory disease, is the leading causes of early death. Provisional data to November 2011 shows a continuing fall in cancer deaths.</p>						
Performance Commentary:						
<p>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</p> <p>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.</p>						
Summary of Key activities taken or planned to improve performance:						
<p>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.</p> <p>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.</p> <p>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.</p>						



There are local, regional and national activities to reduce the burden of cancer deaths in Halton. They are all about raising awareness of cancer, and encouraging earlier presentation with symptoms. Local activities include the well known “Get Checked” campaign run by volunteers; screening for cancer of breast, bowel or cervix; and GP based educational programmes. Regional activities across Merseyside are the iVan cancer awareness vehicle; a project to save 424 lives across Merseyside and Cheshire by getting patients to their GP earlier; and campaigns such as the cough campaign (a cough for more than three weeks should be taken to the doctor). National cancer awareness campaigns have started with the bowel cancer campaign in January 2012, and will continue with a lung campaign later in the year.

Some of the other health improvement programmes also reduce the burden of cancer over a longer term. For example, reduced smoking rates, especially in men, are now paying off through falling lung cancer rates.

**Performance Commentary:**

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.

The Stop Smoking Service is meeting set targets and we expect it to continue to do so. In 2010/11 Halton had one of the highest quit rates in the NW. 2010/11 data has been updated with the verified annual data, by Public Health Intelligence Team (PHIT) on 05.09.2011. It is expected we will meet the Quarter 4 target. For Quarter 2 a rate of 614.69 per 100,000 equates to 635 smokers quitting smoking.



Summary of Key activities taken or planned to improve performance:

Key tobacco control initiatives to run throughout the year are:

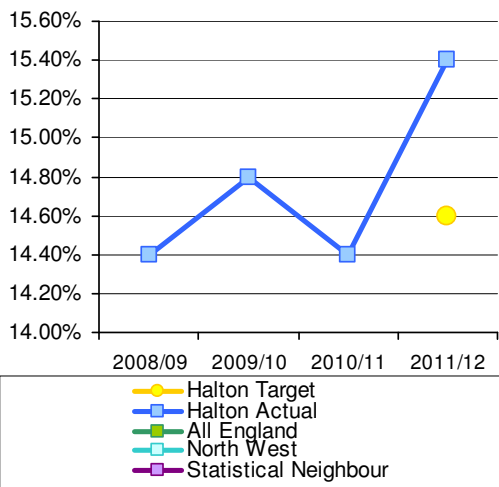
- Delivery of smoking prevention programmes for schools and young people via joint working between the Canal Boat project and the PCT.
- Training for teachers on illicit tobacco and its dangers.
- Tobacco Control training provided for 60 PSHE primary teachers across Halton & St Helens per annum, including support and evaluation of cascade of training to pupils.
- Social marketing driven, comprehensive, and highly visible coverage of targeted interventions delivered across Halton and St Helens.
- Deliver 12 Brief Intervention training sessions-1 each month.
- Implement new intervention to encourage pregnant smokers to stay quit for the term of the pregnancy.
- Raise profile of SUPPORT stop smoking services by targeted brief Intervention training to Halton General and HCRC staff Pre-Op, Cardio respiratory, minor Injury 100% outpatient services in Halton General and 5 Borough Mental Health settings in Halton, trained in referral pathway to stop smoking services.

- Increase the number of Pharmacies offering support to smokers from 15 to 25.
- Increase in cessation data collected from GP practices
- 10% Increase in annual numbers of under 18 attending support to stop smoking
- Increase awareness of the Support service to areas of High deprivation and deliver targeted campaigns to pregnant and manual smokers.
- Incentive scheme developed for pregnant smokers.
- Social marketing programme delivered for pregnant smokers.



	2010/11 Actual	2011/12 Target	2011/12 Qtr 2	2011/12 Qtr 4	Current Progress	Direction of Travel
New Measure	New Indicator	Baseline to be established	N/A		Placeholder 2012/13	New measure
	Data Commentary:					
	This measure has been agreed as a placeholder indicator and targets are to be set once 2011/12 data is confirmed.					
	Performance Commentary:					
Summary of Key activities taken or planned to improve performance:						
<p>The 5 Boroughs Foundation Trust are currently proposing a new and robust model of care, that will enable the modernisation of services, focussing upon improving access to assessment, diagnosis and evidenced based treatment whilst streamlining the patient journey through services, offering more effective early intervention and home/community based support and treatment. Working closely with local authority partners mental health services are envisaged to continue to be provided on a partnership basis. The care pathway will clarify and standardise the care delivered to adults with complex functional and psychological conditions whose needs are best met by specialist health services.</p>						

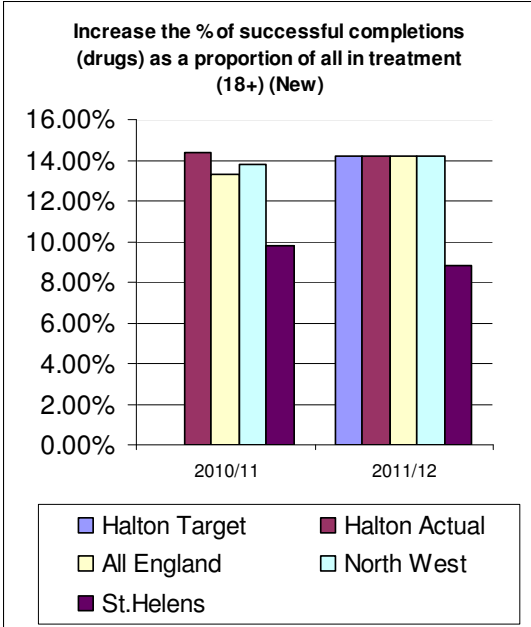
	2010/11 Actual	2011/12 Target	2011/12 Qtr 2	2011/12 Qtr 4	Current Progress	Direction of Travel
	14.4%	14.6%	15.4%			
Data Commentary:						
<p>This indicator measures the proportion of older people (65+) who are supported by Adult Social Care Services to live independently in their own home.</p> <p>The 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.</p>						
Performance Commentary:						
<p>The figure reported for Q2 has been taken as at end December 2011. The figure as at September 2011 (Q2) is not available due to data quality issues which affect reporting for the Q2 period.</p> <p>Despite the reporting issues, at the end of December the target for 2011/12 has been significantly exceeded. The number of older people being supported through the provision of a social care package has increased from 2,468 in March 2011 to 2,691 at the end of December 2011, an increase of 223 older people.</p> <p>Likely explanations for the increase are increases in demand associated with an increasingly ageing population. The Council continues to advocate supporting residents in their own home for as long as possible and this is reflected in the performance of this indicator.</p>						
Summary of Key activities taken or planned to improve performance:						
<p>The Care Management service will continue to offer a personalised approach through a self directed support process developing individualised support plans and care packages tailored to individual need.</p>						

Social Care: Proportion of older people supported to live at home via social care package (New)



SCS/ HH11a² Increase the % of successful completions (drugs) as a proportion of all in treatment (18+)

2010/11 Actual	2011/12 Target	2011/12 Qtr 2	2011/12 Qtr 4	Current Progress	Direction of Travel
14.4%	Above NW average 14.23%	14.18%			



Data Commentary:

Data is provided by the National Treatment Agency (NTA) monthly successful completions reports for partnership and regional/ national levels for quarter 2 (Apr – Sep 2011)

Performance Commentary:

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.

The figure of 14.18% for Halton represents 82 successful completions out of a total in treatment of 578 in the previous 12 month rolling period

Summary of Key activities taken or planned to improve performance:

The new Substance Misuse Service, provided by CRI, commenced on the 1st February. It is anticipated that following implementation of their 'foundations for recovery' model of delivery, performance will continue to exceed that of the national average.

^{2 2 2} SCS / HH 11a is also replicated under Safer Halton as SCS /SH 7a

SCS/ HH11^{3b} Increase the % of successful completions (Alcohol) as a proportion of all in treatment (18+)

	2010/11 Actual	2011/12 Target	2011/12 Qtr 2	2011/12 Qtr 4	Current Progress	Direction of Travel
Placeholder 2012/13	New indicator	N/A	Baseline to be established		Placeholder 2012/13	New Measure
	Data Commentary:					
	Performance Commentary:					
	<p>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.</p> <p>The aim of this service is to increase the % of successful completions as a proportion of all people in treatment for an alcohol addiction. It is a measure of how successful the Tier 3 Community Service is, in treating alcohol dependency and ensuring that the in-treatment population does not remain static.</p>					
Summary of Key activities taken or planned to improve performance:						
<p>Following a robust and comprehensive competitive tender process, the new Substance Misuse Provider in Halton 'CRI' commenced service delivery on 1st February 2012. Work is underway to embed the service and to support CRI to deliver quality, recovery orientated interventions which put the service user at the centre of their recovery journey rather than being a passive recipient of care.</p> <p>Key Stakeholders will be invited to a 'meet and greet' event in February 2012 to enable the wider partnership to learn more about the new Substance Misuse Service.</p>						

^{3 3} SCS / HH 11b is also replicated under Safer Halton as SCS / SH 7b.