



The Sustainable Community

Strategy for Halton

2011 - 2016







Year-end Progress Report
01st April 2011 – 31st March 2012

Document Contact (Halton Borough Council)	Hazel Coen (Divisional Manager Performance & Improvement) Municipal Buildings, Kingsway Widnes, Cheshire WA8 7QF hazel.coen@halton.gov.uk
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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

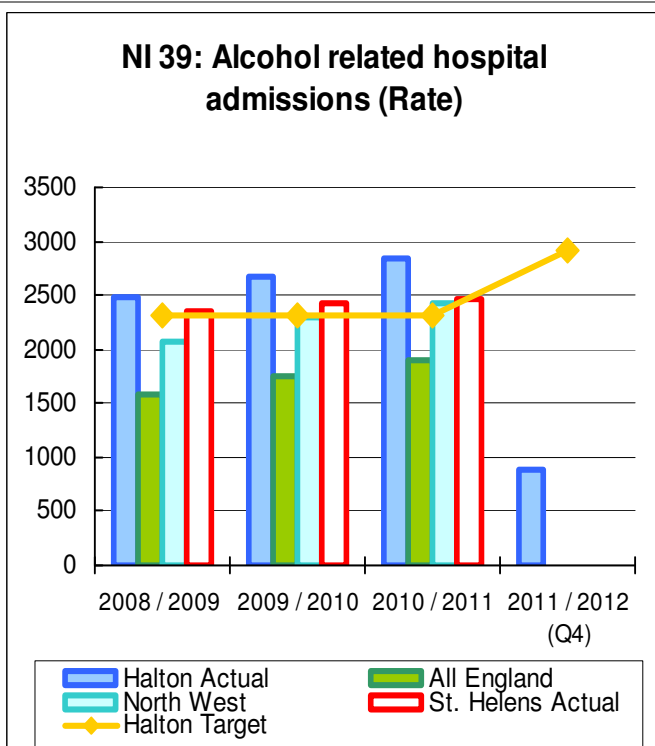
Healthy Halton

Page	Ref	Descriptor	2010 / 11 Target	Direction of travel
4	HH 1*	a) Alcohol related hospital admissions (NI 39) (Rate 100,000 pop.)		
		b) Alcohol related hospital admissions – AAF =1 (Rate)		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		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)		
12	HH 5	a) All age, all cause mortality rate per 100,000 Males (NI 120a)		
13		b) All age, all cause mortality rate per 100,000 Females (NI 120b)		
14	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)		
16	HH 8	16+ Smoking quit rate per 100,000 (NI 123)		
17	HH 9	Mental Health - No. of people in counselling/ day services or on waiting lists. (NEW 2011)	Placeholder 2012/13	New Measure
18	HH 10	Proportion of older people supported to live at home through provision of a social care package (NEW 2011):		
19	HH 11	a) Increase the % of successful completions (drugs) as a proportion of all in treatment (over 18)		
20		b) Increase the % of successful completions (Alcohol) as a proportion of all in treatment (over 18)	Placeholder 2012/13	New Measure

NB - Measures HH1 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

SCS / HH 1¹ Reduce alcohol related hospital admissions (NI 39) Rate per 100,000 population

	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	2651.7		
b)Admissions which are wholly attributable to alcohol AAF = 1 (Rate)	984	1002.6	-	897.7 Jan 2012		



Data Commentary:

This indicator measures the rate of alcohol related hospital admissions per 100,000 population using Hospital Episode Statistics. Verified LAPE performance data for 2011/12 is required. Local Data can be utilised as an interim measure but verified data for final two quarters of 11/12 are outstanding in this report. Q4 is a proxy based on data to Feb 2012.

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

Performance Commentary:

Alcohol Related admissions (formerly NI39) have continued to rise, in line with the North West and England as predicted, however, there has been a reduction in the rate of increase between 2009/10 and 2010/11, from 7.8% (2008/9 to 2009/10) to 5.9% (2009/10 to 2010/11).

In relation to hospital admissions that are wholly related to alcohol, the rate of admissions for males has remained relatively static from 2007/08 to 2009/10 and the gap with the regional average has narrowed, however, in relation to females there has been a noticeable increase in the rate of wholly alcohol related admissions in 2009/10. (Source Local Data – PH Department March 2012)

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

Summary of Key activities taken or planned to improve performance:

Key achievements

Prevention

- More people are being screened for drinking at levels of increasing and higher risk and receive an intervention or onward referral to specialist services where necessary.
- Local awareness raising campaigns undertaken to raise awareness of alcohol related harm and recommended drinking limits.
- In-depth local research to inform social marketing initiatives
- Police, Trading Standards and Health developed an innovative, award winning Responsible Retailing Scheme.

Treatment

- Newly commissioned redesigned alcohol treatment services with a holistic, recovery focus.
- Newly commissioned Alcohol Liaison Nursing Service within Warrington Hospital – Whiston Service to be launched imminently.

Enforcement

- Introduction of Alcohol Treatment Requirements and liaison with Problem Solving Courts
- Conditional Cautioning Scheme established in Halton

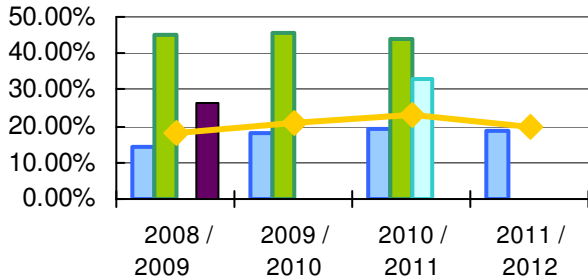
Children and Young People

- Innovative Outreach Bus, taking support to young people in identified hotspots
- Newly Commissioned Specialist Treatment Service for young people
- Development of safe, creative space and diversionary activities for young people via the C Roomz
- Stay Safe – police and partners proactively targeting vulnerable children suffering the effects of alcohol

A New Alcohol Strategy for 2012-15 is under development and has been aligned with the new National Alcohol Strategy for England. Extensive consultation will begin shortly on the new local strategy which includes

- A Project to ensure that messages to all children, young people and families are relevant, appropriate and consistent and delivered within the most appropriate settings (including schools, colleges etc.).
- A single Alcohol Communication Strategy and local publicity campaign
- A collaboration with local businesses to make drinking environments in Halton safer, responsible and more attractive. Consideration will be given to gaining Purple Flag Status/ ArcAngel.

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



■ 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%	20.9% Qtr 3		

Data Commentary:

Quarters 1-3 have been updated. Qtr 3 is the latest available data from Public Health. Good performance is an increase in the percentage coverage and prevalence year on year

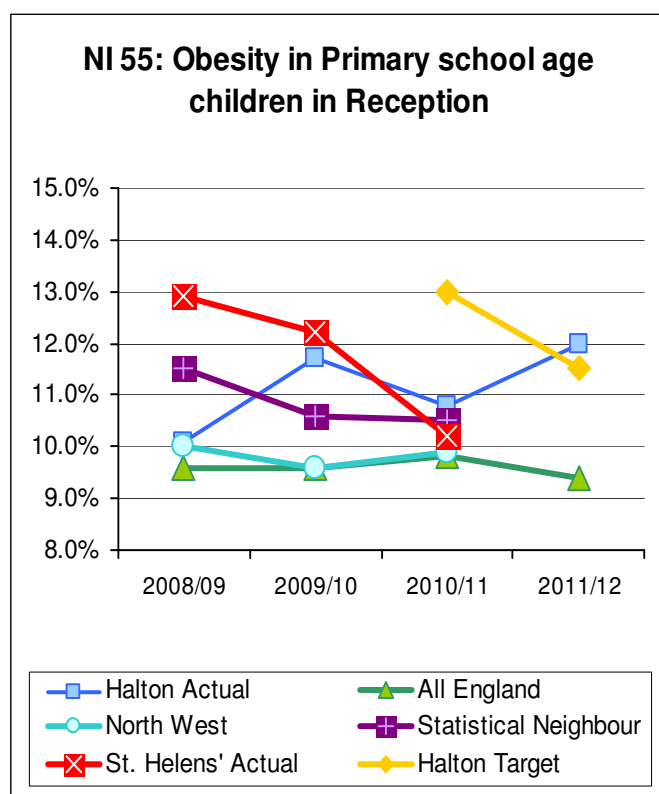
Performance Commentary:

There has been some progress made against this target during 11/12 to increase the prevalence of breastfeeding at 6-8 weeks..

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 is working towards UNICEF Baby Friendly stage 2, assessment November 2013.
- Audit planned of health and social care premises compliance to BFI standards
- The Infant Feeding Coordinator post, and Breastfeeding support worker jobs are being recruited.
- Breastfeeding is a Joint Commissioning Unit priority
- Kings Cross breastfeeding peer support service is currently out to tender, possibilities of service disruption.
- The Whiston CQUIN is on target. Plans to continue CQUIN, increasing target TBC.
- The Peer support incentive scheme will continue, end date estimated December 2012 (demand dependant)
- Continue to maintain baby friendly premises
- Finalising a guide to promoting breastfeeding through Healthy Schools, using a whole school approach



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%	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.

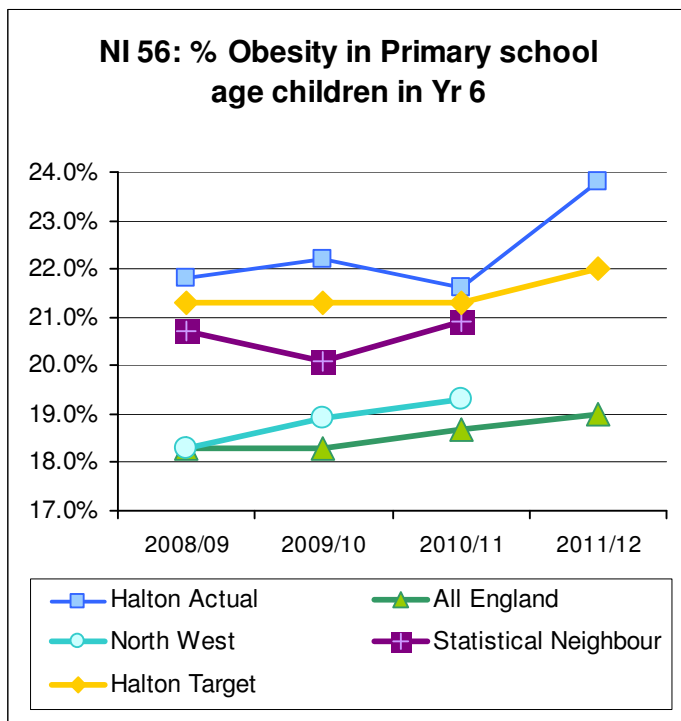
Recent funding for a Breast feeding coordinator and weaning services should have an impact in future years.

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, 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.

A shortage of Health Visitors on the Halton side has adversely affected Halton's Reception age obesity rate compared to St Helens. This situation has now been rectified and staff are in place.

SCS / HH3b % Obesity in Primary school age children in Year 6 (NI 56)



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%	23.8%		

Data Commentary:

The percentage of children in year 6 (aged 11) 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.

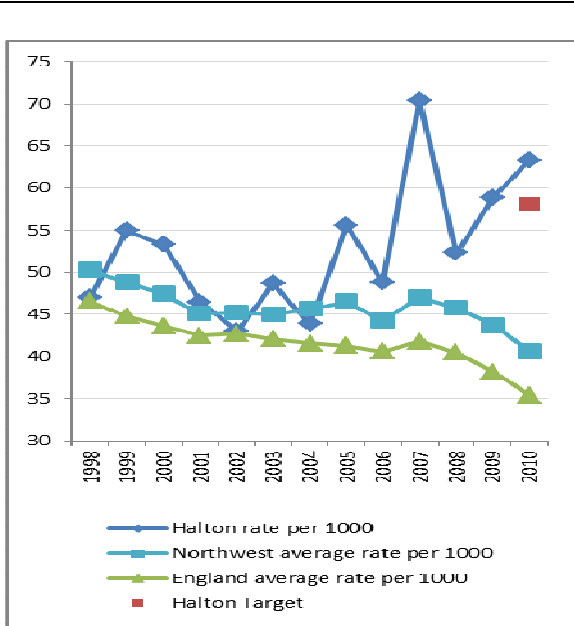
Fit4Life Pilot School Results

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

SCS / HH4

Reduction in under 18 Conception (new local measure definition for NI 112)



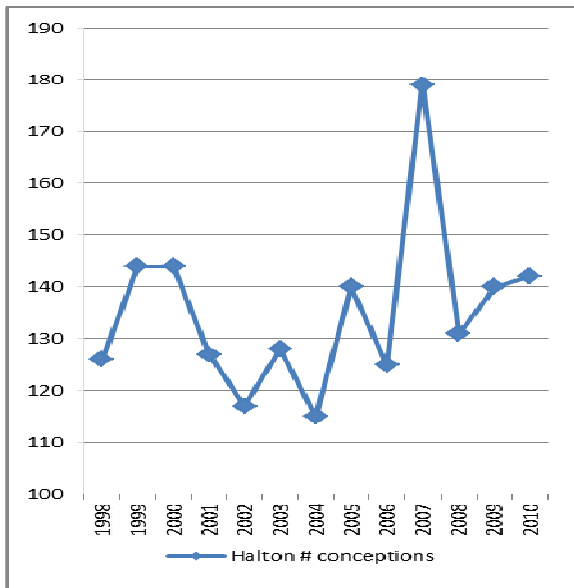
2010/11 Actual	2011/12 Target	2011/12 Qtr 3	2011/12 Qtr 4	Current Progress	Direction of Travel
58.9 Rolling quarterly average rate	-1.43% reduction	+0.1% increase	+3.6%		
	58.1 Rolling quarterly average rate	59.5 rolling quarterly average rate	63.3 rolling quarterly average rate		

Data Commentary:

In February 2012 ONS released data which covered the calendar year for 2010. This is the latest full year data available. The number of conceptions in 2010 was 142, which is an increase of two conceptions compared to 2009.

Performance Commentary:

Halton's conception rate for under 18's continues to be an issue. Since the baseline was originally established in 1998 there has been a fluctuating picture in the numbers of conceptions reported with no sustainable reduction over time. Halton's position in relation to its statistical neighbours had the third worst increase in rate in comparison to 2009. Although the numbers are very low, Halton is seeing a small increase in the rate of conceptions for girls aged 13-15.



Summary of Key activities taken or planned to improve performance:

At a time when all areas are required to undertake measures to contribute to a reduction in the national deficit, it is essential that the most cost effective measures currently in place to tackling teenage pregnancy are identified and sustained. To support this, Halton will:

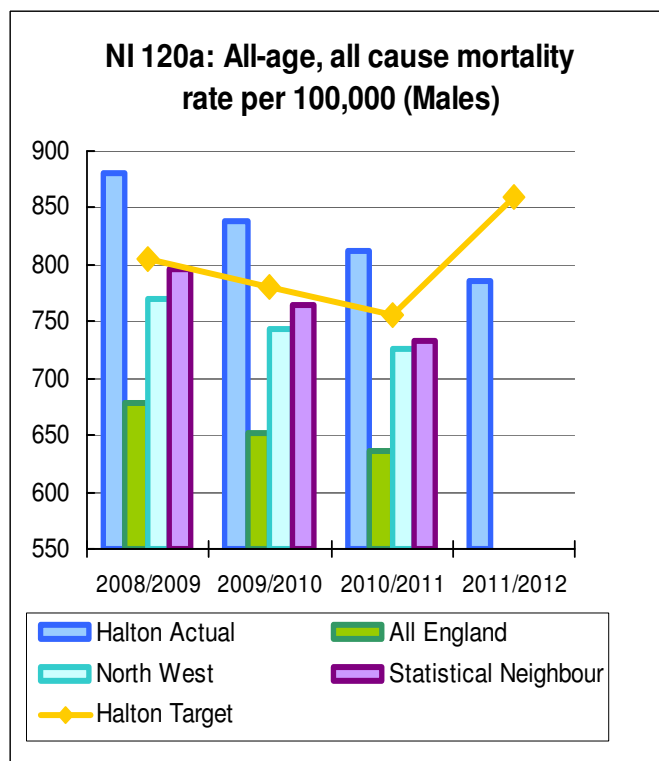
- Continue to work with schools to increase the number offering holistic health services delivered in schools, by youth workers.
- Prioritise initiatives that will have the widest and sustainable impact on reducing conceptions.
- Increase workforce training on Teens and Toddlers and reducing risk taking behaviour

Through the IYSS further develop universal, targeted and specialist support and advice on positive relationships.

- Increase the number the evidence based DfE funded Teens and Toddlers programmes in identified schools throughout 2012/13.
- Improve access to contraceptive services and provision for young people, including LARCs (Long Acting Reversible Contraception), although there is now medical debate about the impact of LARCs on bone density at a time when young women are still developing which may impact on the use of this type of contraception in young women
- Ensure robust care pathways are in place for prevention and support in all high schools.
- Continue to support pregnant young women of school age to remain in education.
- Identify appropriate courses for young parents with flexible start dates.
- Continue to deliver comprehensive co-ordinated packages of support for teenage parents within specialist and targeted youth provision
- Evaluate the contribution existing teenage pregnancy programmes and initiatives make to a reduction in child poverty.

Undertake cost benefit analysis of current initiatives. Incorporate teenage pregnancy population data into Child Poverty needs assessments (including district and ward level data.

SCS / HH5a All age, all cause mortality rate per 100,000 Males (NI 120a)



2010 Actual	2011/12 Target	2011 Qtr 2	2011/ Qtr 4	Current Progress	Direction of Travel
811.35	858.8	812.4	785.1		

Data Commentary:

Mortality targets are based on calendar year and not financial year. Data for 2011 is unverified and based on public health mortality files, final verification of 2011 data will be released December 2012. Data for Qtr 2 is to June 2011 and Qtr 4 to December 2011. Prior year comparators are to December 2010. Each of these rates is a single figure for all causes and all ages combined. Single year rates are used to enable timely reporting.

Performance Commentary:

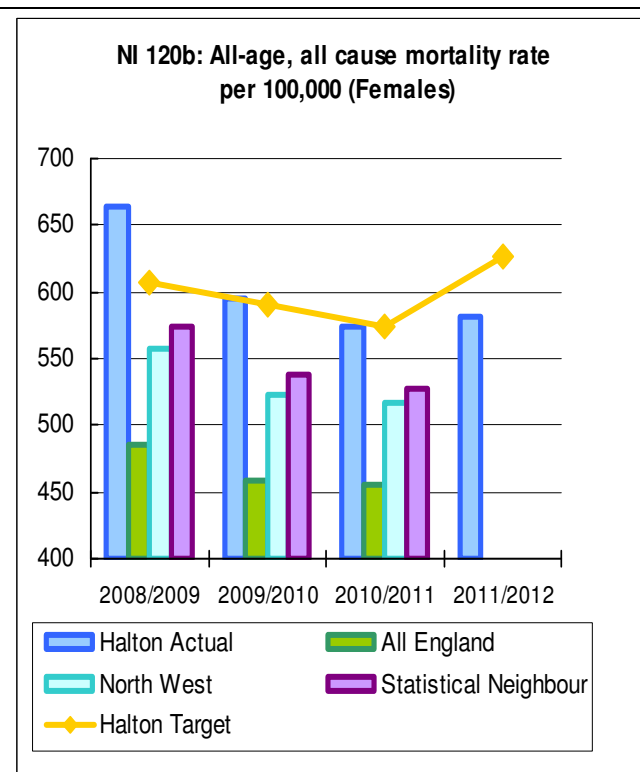
There has been a decrease in mortality throughout 2011 for males deaths from all causes. This equates to 20 less deaths from 2010

Summary of Key activities taken or planned to improve performance:

The key activities to improve deaths from all ages are linked with Circulatory diseases and the risk factors and cancer and risk factors. The main risk factors include smoking, alcohol, diet and exercise (weight management). In Halton work has been underway to identify people early with risk taking behaviour and therefore referral to appropriate intervention programmes. Between q1 and q3 2011/12 over 2400 Health Checks were undertaken by practices.

Within cancer further work is underway to invite practices to develop cancer plans. Cancers cause more deaths than any other specific area in Halton.

SCS / HH5b All age, all cause mortality rate per 100,000 Females (NI 120b)



2010 Actual	2011/12 Target	2011 Qtr 2	2011 Qtr 4	Current Progress	Direction of Travel
573.63	627.1	574	596		

Data Commentary:

Mortality targets are based on calendar year and not financial year. Data for 2011 is unverified and based on public health mortality files, final verification of 2011 data will be released December 2012.

Performance Commentary:

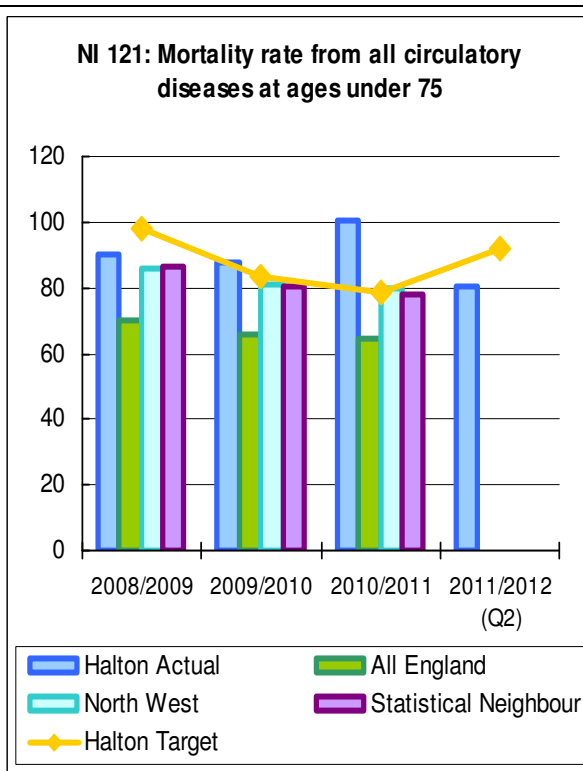
There has been a slight rise in all age all cause mortality for females throughout 2011, this is based on 12 more deaths than recorded in 2010.

Summary of Key activities taken or planned to improve performance:

The key activities to improve deaths from all ages are linked with Circulatory diseases and the risk factors and cancer and risk factors. The main risk factors include smoking, alcohol, diet and exercise (weight management). In Halton work has been underway to identify people early with risk taking behaviour and therefore referral to appropriate intervention programmes. Between q1 and q3 2011/12 over 2400 Health Checks were undertaken by practices.

Within cancer further work is underway to invite practices to develop cancer plans. Cancers cause more deaths than any other specific area in Halton.

SCS / HH6 Mortality rate from all circulatory diseases at ages under 75 (NI 121)



2010 Actual	2011/12 Target	2011 Qtr 2	2011 Qtr 4	Current Progress	Direction of Travel
96.8	91.8	84.9	80.6		

Data Commentary:

Mortality targets are based on calendar year and not financial year. Data for 2011 is unverified and based on public health mortality files, final verification of 2011 data will be released December 2012.

Performance Commentary:

Deaths from circulatory diseases under 75 have reduced throughout 2011. This accounts for 29 less deaths between 2010 and 2011.

Summary of Key activities taken or planned to improve performance:

Identifying people without established Cardiovascular Disease (CVD)

This initiative significantly contributes to detecting CVD and other major illnesses earlier so that we can empower patients to take control and also actively manage the disease onset. In 2011/12 (q1-q3) nearly 8000 Health Checks have been completed, 2400 for patients in Halton Practices.

Diabetic Care

Work in underway to identify people who are pre diabetic to ensure appropriate lifestyle advice is give Structured Education programmes to ensure people manage their diabetes are seeing an increase in uptake and have good evidence to help manage outcomes.

Education booklets have just been developed for people with diabetes
Improvements in care pathways between hospital and primary care are in development.

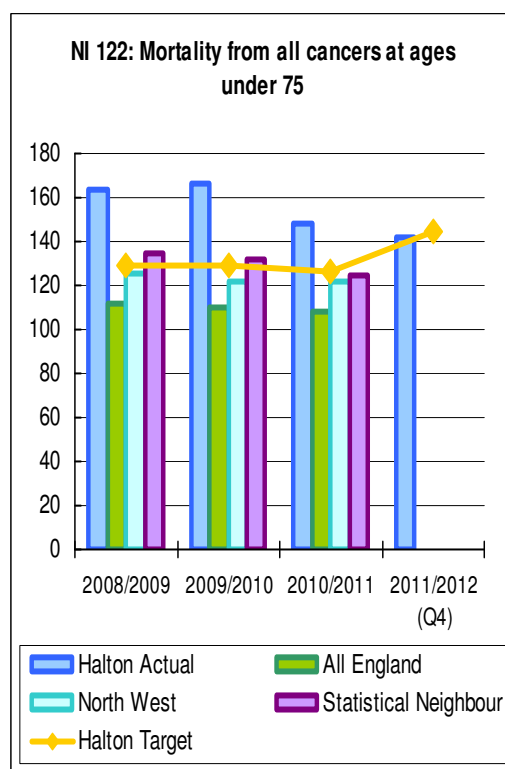
Smoking

Smoking has a major impact on levels of heart disease. Smoking cessation rates are on target and progressing well. 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. Newly commissioned weight management services are in place. There is a weight management services commissioned support the high numbers of patients identified as obese through the Health Checks Plus Programme.

SCS / HH7 Mortality from all cancers at ages under 75 (NI 122)



2010/11 Actual	2011/12 Target	2011/12 Qtr 2	2011/12 Qtr 4	Current Progress	Direction of Travel
147.96	145.0	135.3	141.9		

Data Commentary:

It is important to note that this quarterly data are provisional, unvalidated, mortality rates per 100,000. In addition, Q4 is actually a proxy annual cumulative figure based on February 2012 data and will be updated in the next report.

Performance Commentary:

The commonest cancers under age 75 are breast, lung, bowel. Although some skin cancers are also common, they only rarely cause death.

After several years with very high cancer death rates, we are now seeing a consistent quarter by quarter substantial fall in cancer death rates in Halton. This is very welcome, and reflects behavioural and lifestyle choices by individuals, as well as the effectiveness of cancer awareness, early detection and screening programmes. The biggest single factor has been the decline in smoking prevalence amongst men. Though rates remain high compared to statistical neighbours and the north west, the outlook is now positive.

Summary of Key activities taken or planned to improve performance:

Bowel cancer screening is now offered to all 60-74 year olds registered with local GPs, every 2 years. It saves a small number of lives every year. Local GPs continue to work hard to encourage those people who don't attend for cancer screening, to reconsider. Despite funding challenges, the local "get checked" team of volunteers raises awareness of the common cancers. The Cancer Network has secured outside resource for the iVan cancer awareness vehicle, which spotted nearly 20 new cancers over a 12 month period; and the 424 lives project, which works with GPs to develop action plans on cancer diagnosis.

SCS / HH8 16+ Smoking quit rate per 100,000 (NI 123)

	2010/11 Actual	2011/12 Target	2011/12 Qtr 2	2011/12 Qtr 4	Current Progress	Direction of Travel
		1223	1223.55	614.69	958.33 Qtr 3	
Data Commentary:						
<p>Q1, Q2 and Q3 rates and actual numbers of quitters updated at 04.04.12 and will be updated in the next report. The full smoking figures for Q4 will not be available until mid June. Quitting smoking is seasonal with the majority of quitters stopping in January. It is expected we will make the target.</p>						
Performance Commentary:						
<p>Halton has a very successful stop smoking service with one of the highest quit rates in the North West. Smoking in pregnancy rates for the PCT show a downward trend over the past 3 years with a reduction of 4% from 2008/9 to 2010/11 that is from 25% to 21% at time of delivery.</p>						

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
- 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.

SCS / HH9 **Mental Health - No. of people in counselling/ day services or on waiting lists. (New Measure)**

	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		Refer to comment	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:					

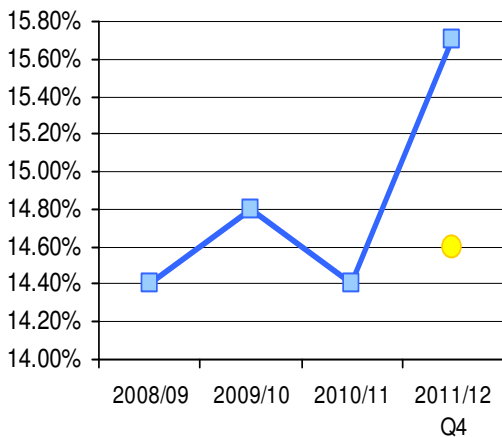
Summary of Key activities taken or planned to improve performance:

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.

SCS / HH10

Proportion of older people supported to live at home through provision of a social care package (NEW)

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



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%	15.7%		

Data Commentary:

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.

Performance Commentary:

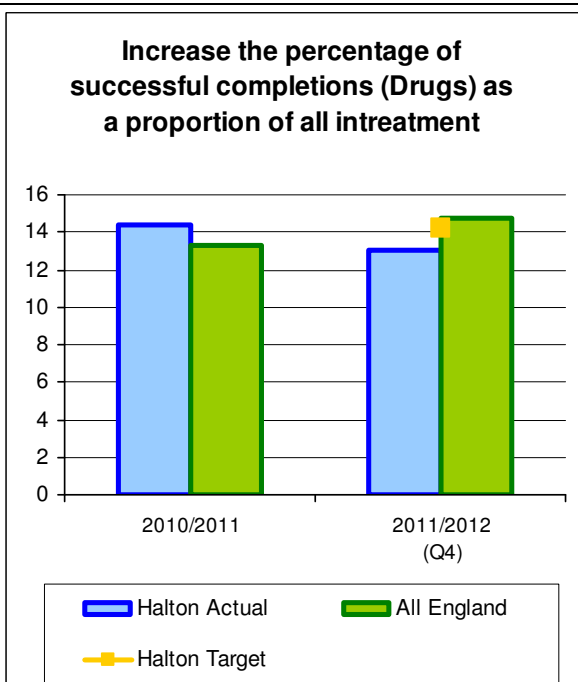
The figure reported at end March 2012 demonstrates that the target for 2011/12 has been exceeded. The number of older people being supported through the provision of a social care package has increased from 2,468 in March 2011 to 2,735 at the end of March 2012, an increase of 267 older people.

The likely explanation for the increase is increasing demand associated with an increasingly ageing population in the borough. 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.

Summary of Key activities taken or planned to improve performance:

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.

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



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%	13%		

Data Commentary:

Data is for March 2011 to February 2012. Current performance for the NW is 14.5% and nationally 14.7%

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.

Data is provided by the NTA monthly successful completions reports for partnership, regional and national levels up to February 2012.

The figure of 13% for Halton represents 71 successful completions out of a total of 548 in treatment in the previous 12 month period. A further 6 successful completions would have seen Halton achieve the target.

Halton has done well to maintain this level of performance throughout this period as the service has been through re-structuring following the award of the substance misuse service contract.

Summary of Key activities taken or planned to improve performance:

^{2.2.2} SCS / HH 11a is also replicated under Safer Halton as SCS /SH 7a

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.

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		Baseline to be established		Placeholder 2012/13	New Measure
	Data Commentary:					
	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.					
	Performance Commentary:					
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.						

Summary of Key activities taken or planned to improve performance:

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.

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.

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

