The Sustainable Community Strategy

for Halton

2011 – 2016

Year-End Progress Report

01st April – 31st March 14

Halton Strategic PARTNERSHIP

Healthy Halton

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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 1st April 2013 to 31st March 2014 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 2013 / 2014 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

Page	Ref	Descriptor	2013 / 14 Target	Direction of travel
	HH1*	a) Alcohol related hospital admissions (NI 39) (Rate 100,000 pop.)	✓	↓
		b) Alcohol related hospital admissions – AAF =1 (Rate)	✓	↓
	HH 2	Prevalence of breastfeeding at 6-8 weeks (NI 53)	?	↑
	HH 3	a) Obesity in Primary school age children in Reception (NI 55)	✓	↑
		b) Obesity in Primary school age children in Year 6 (NI 56)	✓	↑
	HH 4	Reduction in under 18 Conception (new local measure definition for NI 112)	?	↑
	HH 5	a) All age, all cause mortality rate per 100,000 Males (NI 120a)	?	↓
		b) All age, all cause mortality rate per 100,000 Females (NI 120b)	?	↑
	HH 6	Mortality rate from all circulatory diseases at ages under 75 (NI 121)	✓	↑
	HH 7	Mortality from all cancers at ages under 75 (NI 122)	✗	↑
	HH 8	16+ Smoking quit rate per 100,000 (NI 123)	✗	↓
	HH 9	Mental Health – Number of people receiving Community Psychological Therapies (IAPT) (New Measure)	Not Yet Available	Not Yet Available
	HH 10	Proportion of older people supported to live at home through provision of a social care package (NEW 2011):	✗	↓
	HH 11	a) Increase the % of successful completions (drugs) as a proportion of all in treatment (over 18)	✓	↑
		b) Increase the % of successful completions (Alcohol) as a proportion of all in treatment (over 18)	✓	↑

NB - Measures HHI and HH11 are also reported within the Safer Halton priority area as SH 10 and SH7 respectively.

SCS / HH 1[1]	Reduce alcohol related hospital admissions (NI 39) Rate per 100,000 population

	2012/13 Actual	2013/14 Threshold	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
a) Alcohol related hospital admissions AAF > 0 (Previously NI 39)	2815.9	3,142	2933.5	2925.1 (Qtr 3)	✓	↓
b) Admissions which are wholly attributable to alcohol AAF = 1 (Rate)	878.0	1039	959.0	949.0 (Qtr 3)	✓	↓

No Chart Available for this indicator as data is not robust.

Data Commentary:

The first indicator measures the cumulative rate of alcohol related hospital admissions per 100,000 population using Hospital Episode Statistics. The 2012/13 rate was calculated using local unverified data. Local data can be utilised as an interim measure.

The second measure provides further detail and relates to admissions which are wholly attributable to alcohol in other words AAF=1. This rate is not released nationally so always uses local data.

The most up to date information available is Qtr 3 (December 2013). It is a rolling yearly rate and includes data from 1st January 2013 to 31st December 2013 and uses local unverified data in the absence of published information.

Performance Commentary:

a) The Q3 2013/14 rate has increased above 2012/13 data, although is still currently below annual threshold.
b) The Q3 2013/14 rate has increased above 2012/13 data, although is still currently below annual threshold.

The national trend has also shown an increase in alcohol related admissions over the last 3 years.

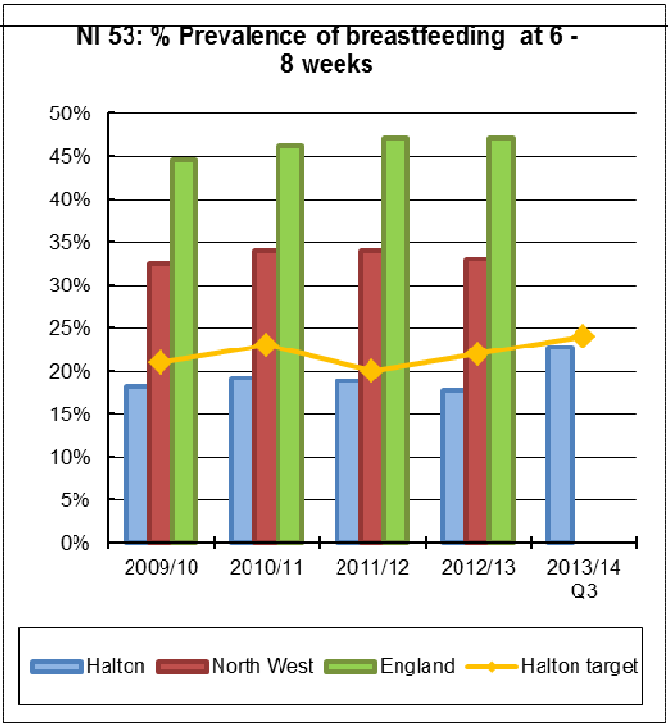
Summary of Key activities taken or planned to improve performance:

Alcohol harm reduction continues to be a priority area within the Health and Wellbeing action plan. Work is currently underway to develop an alcohol harm reduction strategy and action plan for Halton. This involves engagement of all key stakeholders. A key focus of the strategy will be reviewing pathways related to prevention, early identification, treatment and recovery within Halton

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

in order to reduce alcohol related hospital admissions.

SCS / HH2	% Prevalence of breastfeeding at 6-8 weeks (NI 53)



2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
17.81%	24%	23.7%	22.8% (Qtr 3)	?	↑

Data Commentary:

Good performance is an increase in the percentage coverage and prevalence year on year. Data is available up to Q3 2013/14 (The full years data will be available towards the end of April 2014).
The Q3 data is cumulative for 2013/14 and shows an increase in prevalence from 2012/13.

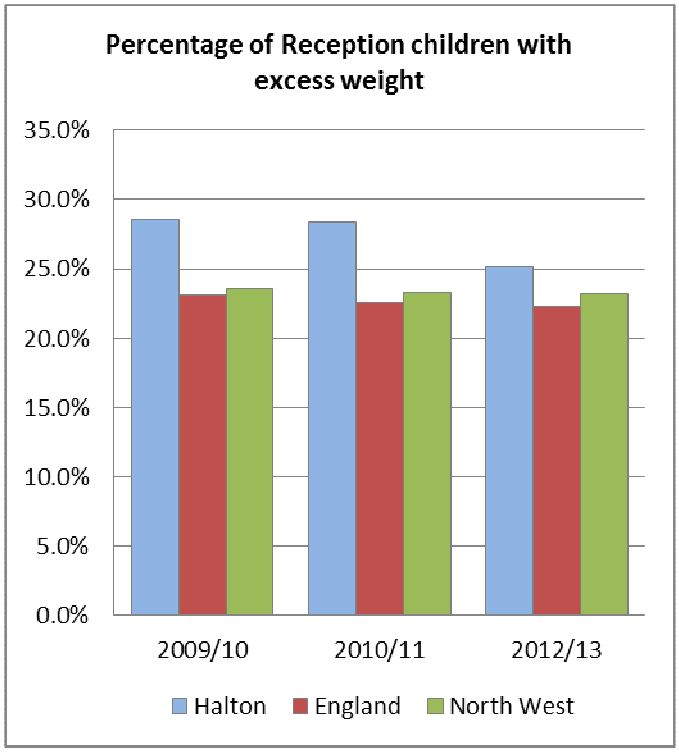
Performance Commentary:

The choice to breastfeed is influenced by local cultural beliefs, and as such change takes time. The results for this quarter show improvements. There is always seasonal variation with breastfeeding rates. Data coverage continues to exceed the target of 95%.

Summary of Key activities taken or planned to improve performance:

Breastfeeding continues to be a priority area within the Health and Wellbeing action plan. The successful achievement of UNICEF's Baby Friendly Initiative stage 2 in November, represents a lot of work by midwives, health visitors and the breastfeeding peer support team to develop a culture and services that support breastfeeding. A breastfeeding celebration event is planned for May, to mark this achievement and develop work further. The Breastfeeding steering group are also developing a local breastfeeding strategy. In March CHAMPs ran a launch event in Halton Lea shopping centre, of the Breastmilk it's amazing website, which was well received and reported in the local press.

SCS / HH3a Excess weight in Primary school age children in Reception (NI 55)



2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
28.4% (2010/11)	Reduce by 1% per annum based on 10/11 actual		25.1% (2012/13)	✓	↑

Data Commentary:

The excess weight rates in Primary School Age Children in Reception (aged 4-5, as shown by the National Child Measurement Programme (NCMP).

During 2011/12 there was an issue with the Leicester Height Measurement equipment that was used for Widnes school children and it was not known how many children were affected. Therefore 2010/11 has been used instead of the 2011/12 data.

For the purposes of this indicator, children are defined as having excess weight if their body-mass index (BMI) is above the 85th 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.

Performance Commentary:

The percentage of Reception children with excess weight has decreased by more than 3% between 2010/11 and 2012/13.

Summary of Key activities taken or planned to improve performance:

In 2012/13 the rate of children who are of excess weight in Halton is lower than the rate in 2010/11. Halton has halted the year on year rise in excess weight for Reception children. This is a reduction compared to the National trend and shows Halton is narrowing the gap with England and the North west.

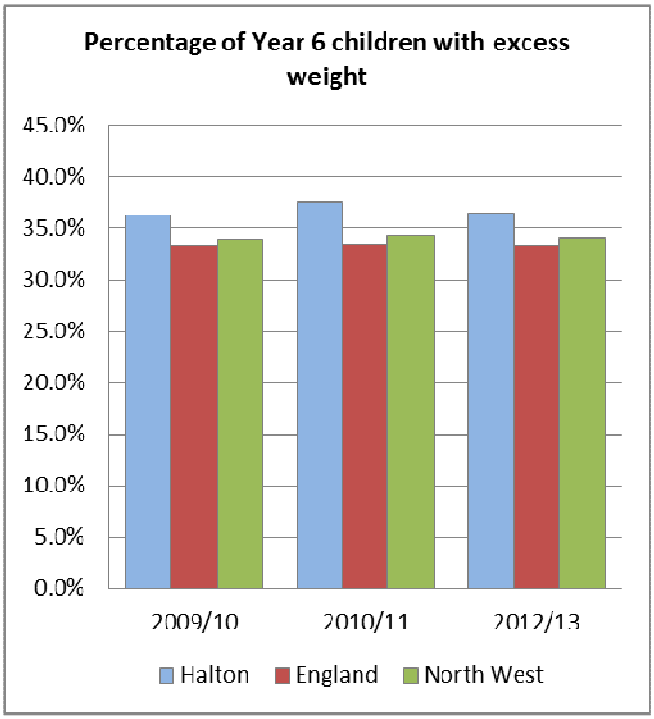
There are a range of programmes in place that encourage a healthy weight in children under 5. The community midwives and the infant feeding team are working to increase the uptake and continuation of breastfeeding, which is directly linked to obesity in later life. Health visitors and the health improvement service also work with families to support healthy weaning which supports good

early nutrition, and will impact on children's lifelong eating habits, reducing weight gain and improving health. This is being supported by the national programme of increasing the numbers of Health Visitors in Halton.

The Healthy Early Years Programme (fit for life) is delivered in Children's centres for young families and includes cookery lessons for parents, active tots groups and education and training for parents and service providers.

Children's Centres and Early Years Providers continue to work to meet the Healthy Early Years Standards which include food standards and healthy eating. This award has been further improved and re- launched in September 2013.

SCS / HH3b Excess weight in Primary school age children in Year 6 (NI 56)



2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
37.5% (2010/11)	Reduce by 1% per annum based on 10/11 actual		36.5% (2012/13)	✓	↑

Data Commentary:

Excess weight rates in primary school age children in Year 6 as shown by the National Child Measurement Programme (NCMP).

During 2011/12 there was an issue with the Leicester Height Measurement equipment that was used for Widnes school children and it was not known how many children were affected. Therefore, 2010/11 has been used instead of the 2011/12 data.

For the purposes of this indicator, children are defined as obese if their body-mass index (BMI) is above the 85th 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.

Performance Commentary:

The percentage of Year 6 children with excess weight has decreased by 1% between 2010/11 and 2012/13.

Summary of Key activities taken or planned to improve performance:

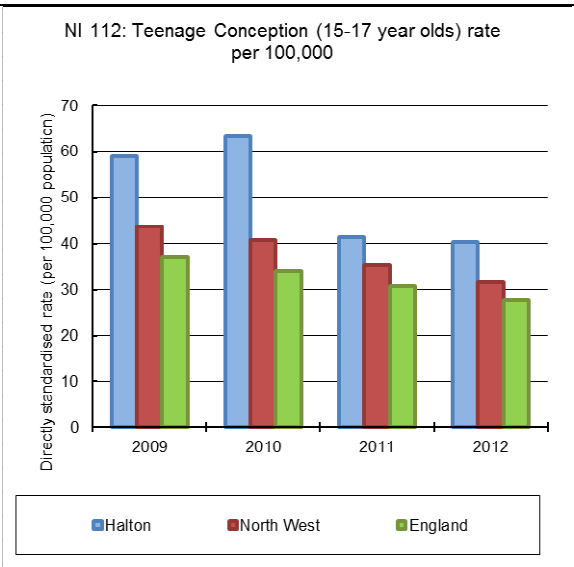
In 2012/13 the rate of year 6 children who are of excess weight in Halton is lower than the rate in 2010/11. Halton has halted the year on year rise in excess weight for year 6 children. This is a small reduction but compared to the National trend it shows Halton is narrowing the gap with England and the North west.

There is an extensive range of programmes available in the schools to encourage a healthy lifestyle and healthy weight. The Fit4Life programme targets schools with the highest obesity rates and has been shown to reduce obesity rates in the schools that engage in the programme.
The range of programmes available to schools includes:

- An extended schools programme on weight management which includes, healthy eating, fun physical activity and healthy cooking sessions across Halton
- A healthy snacks programme in all primary schools across Halton
- Family cook and taste sessions across Halton
- MEND – which is a community based, multi- component, treatment and prevention programme for obese and overweight children and their families
- Fit for Life Academy which incorporates the growth and nutrition clinic and is a community based, multi-component, treatment and prevention programme for very obese children and their families
- Passport to Health – a training programme for all working with children and young people and their families that is designed to motivate individuals to make positive behaviour changes regarding their health focusing on areas of weight management

An additional programme is also being delivered called Healthitude which links to Personal Social and Health education curriculum and has healthy eating component to it. This is being offer to all schools. We have also maintained the Healthy schools programme which 54 schools are engaged in and will also work on reducing rates of obesity through links with the national curriculum.

SCS / HH4	Reduction in under 18 Conception (new local measure definition for NI 112)



Please note: figures are now based on a year's worth of data, i.e. figures stated for Q4 2012 are based on the entirety of the 2012 calendar year.

2012/13 Actual	2013/14 Target	2013/14 Qtr 3	2013/14 Qtr 4	Current Progress	Direction of Travel
41.5 (total for year Jan-Dec 2011) (This represents a reduction of -34.44% on 2010)	Reduction of 3%	**40.4** (Jan-Dec 2012) (2.65% reduction)		?	↑

Data Commentary:

2012 figures:
Number of conceptions: **92**
Rate per 1,000 girls: **40.4**

Compared to 2011:
Number of conceptions is **lower than 2012 (97)** and **2010 (142)**

Performance Commentary:

In Halton, the rate of teenage conceptions has reduced greatly from 2010 to 2012, and during 2012 was at the lowest point during the four years since 2009. The reduction from 2011 to 2012 is 2.65%, this is below the target of 3.00%. We are now on the North West average for this indicator.

Summary of Key activities taken or planned to improve performance:

- Facilitated 12 x 18 week Teens and Tot programmes to targeted young people in targeted schools.
- Co-ordinated and increased the number of venues signed up to the condom distribution scheme.
- Offered sexual health awareness training to workers in community and health and social care settings.
- Increased the number of sexual health clinics and made them young people focused.
- Used the VRMZ outreach bus in hotspot areas on Friday and Saturday nights and during school holidays, to provide young people with information and advice on positive sexual health.
- Further developed teen drop-ins in some schools to include information and advice on relationships and contraception.

WHAT DO WE PLAN TO DO NEXT

- Embed and implement young people's services in the community and increase the number of teen drop-ins in schools.

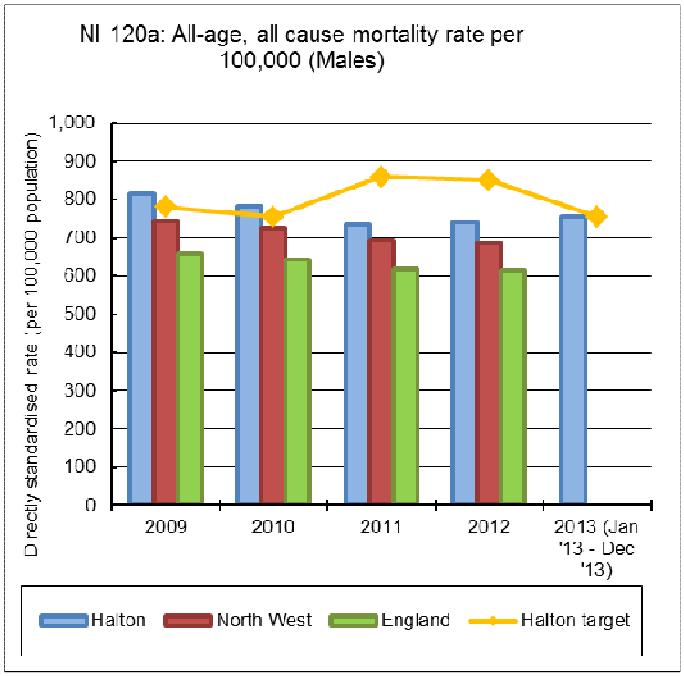
- We will continue to ensure the VRMZ outreach bus provision is accessible to young people across Halton providing universal and targeted sexual health interventions.

- Continue to support and encourage schools to develop their SRE curriculum, through the Healthitude programme.

- Increase the number of High Schools involved in Teens and Tots programmes

Through the Council's Public Health Department commission a fully integrated sexual health service, which will offer a comprehensive service wherever possible.

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



2012/13 Actual	2013/14 Target	2013/14 Qtr 3	2013/14 Qtr 4	Current Progress	Direction of Travel
739.6 (Jan 12 - Dec 12)	755.2	754.8 (Jan 13 – Dec 13)		?	↓

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. Rolling single year rates are used to enable timely reporting. (The associated national target is assessed using 3-year average figures).

Mortality targets are based on calendar year and not financial year. All data after 2012 is based on local unverified information, in the absence of up to date published information.

This means that the two sets of data are not comparable as the data from 2012 onwards is still subject to change and could go up and well as down dependent upon the verified information.

Performance Commentary:

In Halton, the rate of all age, all-cause mortality amongst males during 2013 was higher than the rate during 2012. However, currently the rate for 2013 is below the specified target for 2013/14, by 0.4 mortalities per 100,000 population.

Summary of Key activities taken or planned to improve performance:

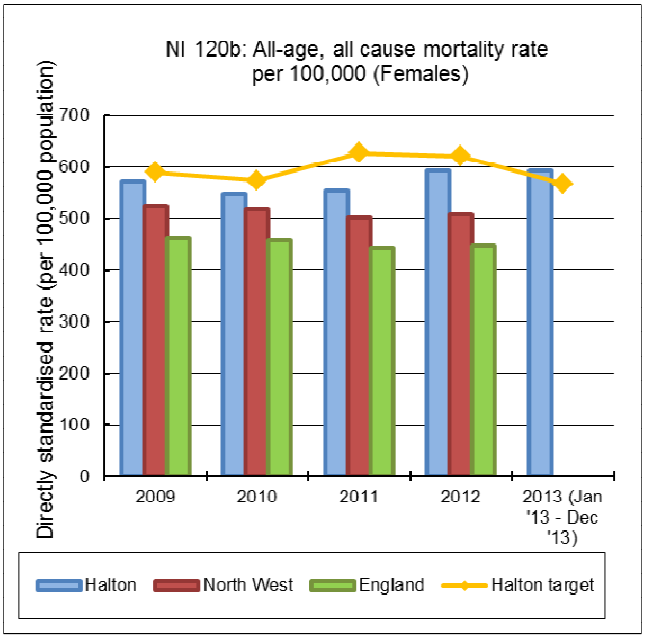
The major causes of death for males are circulatory diseases and cancers. Cancers now kill more people in Halton than circulatory diseases and because of this they have been identified as a Health and Wellbeing Strategy priority area. The activities will be described more fully in the cancer mortality performance section.

Lifestyle factors contribute to early deaths from the 2 biggest causes of deaths in Halton and therefore there is a continued focus on:

Healthy weight and obesity
Tobacco Control and smoking cessation
Alcohol related harm

Early detection of risk factors and those that can be treated for issues such as high blood pressure, high cholesterol and diabetes are continuing to happen as part of the Health Checks Programme which is now includes additional checks to identify dementia and use of alcohol.

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



2012/13 Actual	2013/14 Target	2013/14 Qtr 3	2013/14 Qtr 4	Current Progress	Direction of Travel
594.5 (Jan '12 – Dec '12)	567.9	593.1 (Jan '13 – Dec '13)		?	↑

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. Rolling single year rates are used to enable timely reporting. (The associated national target is assessed using 3-year average figures).

Mortality targets are based on calendar year and not financial year. All data after 2012 is based on local unverified information, in the absence of up to date published information.

This means that the data after 2012 is not comparable to the earlier data. The data 2012 onwards is still subject to change and could go up and well as down dependent upon the verified information.

Performance Commentary:

In Halton, the rate of all age, all cause mortality, during 2013 was slightly below the rate witnessed during 2012. However, the rate during 2013 was still higher than the target set for 2013/14.

Summary of Key activities taken or planned to improve performance:

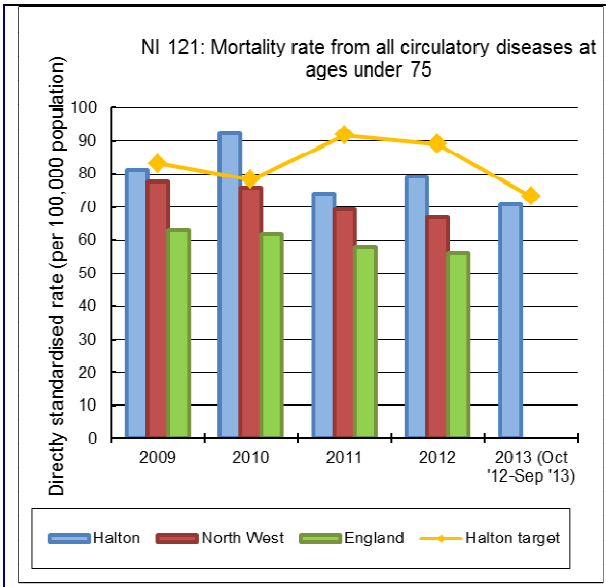
The three biggest causes of death for females is circulatory diseases, respiratory diseases and cancers.

Lifestyle factors contribute to the majority of and in particular to the 3 biggest causes of deaths in Halton and therefore there is a continued focus on:

- Healthy weight and obesity
- Tobacco Control and smoking cessation
- Alcohol related harm

Early detection of risk factors and those that can be treated for issues such as high blood pressure, high cholesterol and diabetes are continuing to happen as part of the Health Checks Programme. Actions around alcohol is covered in more detail on the Alcohol section

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



2012/13 Actual	2013/14 Target	2013/14 Qtr 3	2013/14 Qtr 4	Current Progress	Direction of Travel
79.2 (2012 - HSCIC)	73.3	70.9 (Oct 12 - Sep 13)		✓	↑

Data Commentary:

This is a Department of Health PSA Target.

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.

Mortality targets are based on calendar year and not financial year. Rolling single year rates are used to enable timely reporting. (The associated national target is assessed using 3 year average figures). All data after 2012 is based on local unverified information, in the absence of up to date published information.

Performance Commentary:

The mortality rate from circulatory diseases amongst the under 75's in Halton was lower during the Oct-12 to Sep-13 period than during any of the years between 2009 and 2012. Besides 2010, Halton has been consistently below the target rate of the borough, during 2009, 2011, 2012, and the most recent 12 month rolling period.
There is a trend towards a fall in the rate of deaths from this condition

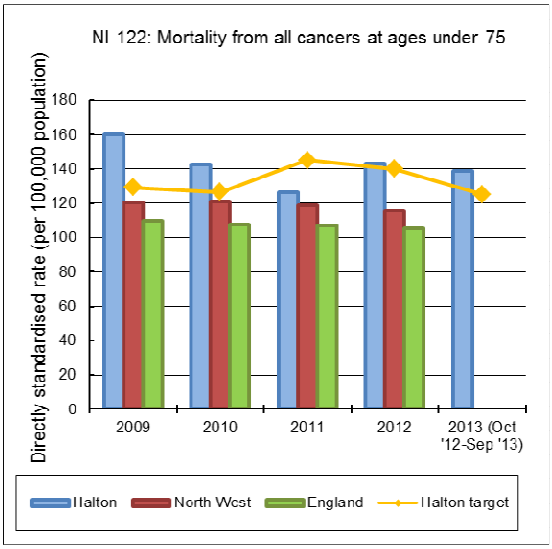
Summary of Key activities taken or planned to improve performance:

Lifestyle factors contribute to early deaths due to circulatory diseases in Halton and therefore there is a continued focus on:

- Healthy weight and obesity
- Tobacco Control and smoking cessation
- Alcohol related harm

Early detection of risk factors and those that can be treated for issues such as high blood pressure, high cholesterol and diabetes are continuing to happen as part of the Health Checks Programme.
The Quality Outcomes Framework (QOF) programme managed by primary care monitors performance relating to treatment within general practice.

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



2012/13 Actual	2013/14 Target	2013/14 Qtr 3	2013/14 Qtr 4	Current Progress	Direction of Travel
142.9 (2012 HSCIC)	125.1	138.6 (Oct 12 – Sep 13) Provisional			

Data Commentary:

This is a Department of Health PSA Target.

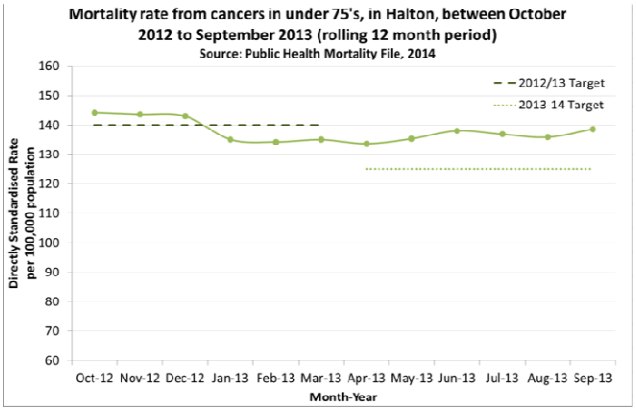
Mortality targets are based on calendar year and not financial year. Rolling single year rates are used to enable timely reporting. (The associated national target is assessed using 3 year average figures). All data after 2012 is based on local unverified information, in the absence of up to date published information. 2009-2012 figures are based on published information from Health and Social Care Information Centre.

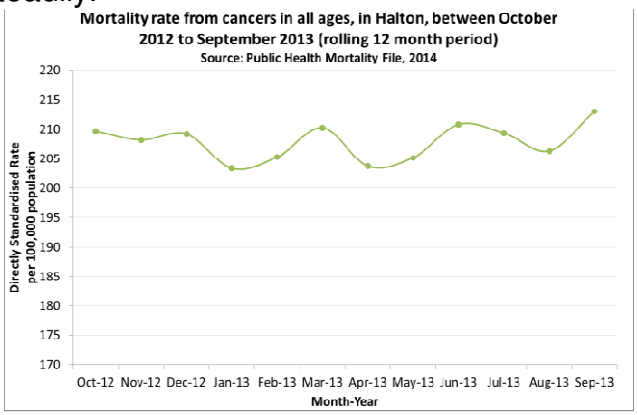
Performance Commentary:

Halton during the last 12 month rolling period has witnessed a lower rate of mortality from under 75 cancers, than during 2012. Rates are much lower recently than they were during 2009.
Cancer remains one of the largest causes of deaths in Halton.

Summary of Key activities taken or planned to improve performance:

The charts show that for people of all ages, and for those under 75, cancer mortality continues to fall steadily.





Lifestyle facts play a big role in the development of many cancers. Early detection through screening plays an important role in ensuring that people can have early treatment or therapy to prevent to onset of cancer.
Existing activities are:

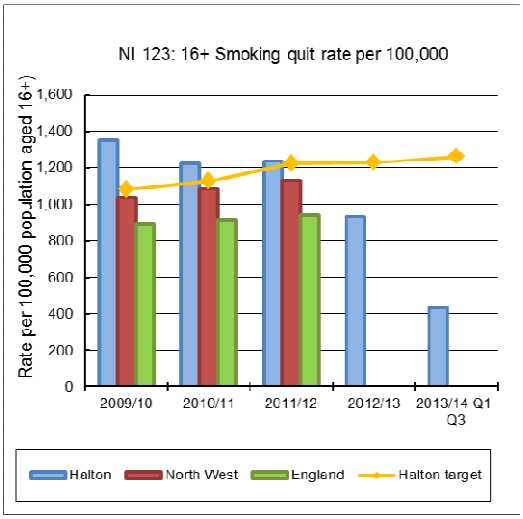
- The national “Get Checked” campaign to improve early detection of breast, bowel and lung cancers
- The Cancer Network continues to support every general practice team in delivering their own cancer action plan
- Three cancer screening programmes are now coordinated by NHS England
- National campaigns to promote early recognition of different cancers
- 2 week referral pathways for specialist appointments where cancer is a possibility
- Audits of cancer diagnosis in primary care

Halton CCG has selected cancer as a priority area, and have a named commissioning manager as lead for cancer. They are launched the local Halton Cancer Action Plan for 2013-14, whilst supporting current initiatives and activities.

The H&WBB has chosen cancer early detection and prevention as a priority and asked for the Halton specific action plan to be developed for 2013-15

Output measures:
Bowel cancer screening is now offered to all those between 60 and 74 years.
Breast cancer screening is now offered to some women aged between 50 to over 70, and is being extended to include those between 47 and 4950 years old. Digitisation of the programme has improved quality.
Cervical screening is offered to all women 25 to 64

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



2012/13 Actual	2013/14 Target	2013/14 Qtr 3	2013/14 Qtr 4	Current Progress	Direction of Travel
930.4	1263.6	437.4 (Qtr 1-Qtr 3 cumulative)			

Data Commentary:

This indicator relates to clients receiving support through the NHS Stop Smoking Services. Data is only available for Q1-Q3 2013/14; the rate is cumulative and so it will not be possible to assess the performance against target until the end of Q4. Quitting smoking is seasonal with the majority of quitter stopping in January.

Performance Commentary:

In common with the rest of England the Stop Smoking Service figures have dramatically fallen since the introduction of the E Cigarette. Looking at the rate of current quitters during the first three quarters of 2013/14, it is below half of the rate that would be required to meet the level of 2012/13. Q4 generally witnesses higher numbers of quitters than any other period, however, it is unlikely that Halton will meet the target.

Summary of Key activities taken or planned to improve performance:

Smoking policy amended to include no vaping in public places. Prevention services in schools outline the need to alert children to the dangers of smoking E Cigarettes. A training pack being developed for schools on E cigarettes.

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

2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
9.86% (Achieved across Halton & St Helens)	10.5%	N/A	**Awaiting Information**	**Awaiting Information**	**Awaiting Information**

Data Commentary:

Increased access to Psychological Therapies (IAPT) implementation is highlighted in the Operating Plan for 2012-13 with a prevalence target population of 45,559 for Halton and St Helens as at 2012/13.

Please note that this prevalence is in relation to anxiety and depression only.

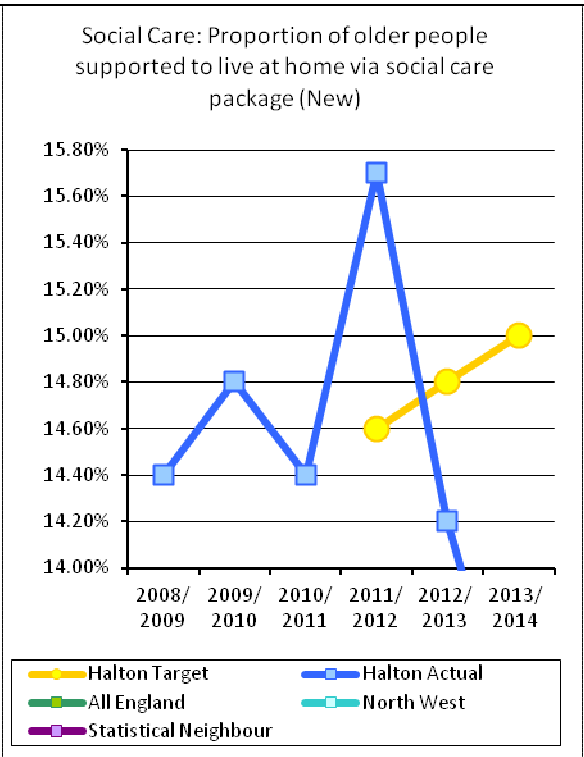
Performance Commentary:

Awaiting Information

Summary of Key activities taken or planned to improve performance:

Awaiting Information

SCS / HH10	Proportion of older people supported to live at home through provision of a social care package



2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
14.2%	15%	13.32%	13.15%	✗	↓

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:

It is expected that the % of older people helped to live at home through the provision of a social care package will decrease due to the increase in the numbers of older people (65+) living within Halton and the introduction of a number of early intervention and prevention initiatives/pathways which impact on the need for social care packages to be introduced. This increase in the numbers of older people etc. was not reflected when the 2013/14 target was set.

Summary of Key activities taken or planned to improve performance:

A number of early intervention and prevention initiatives/pathways have been introduced which have had an impact on this area, as follows :-

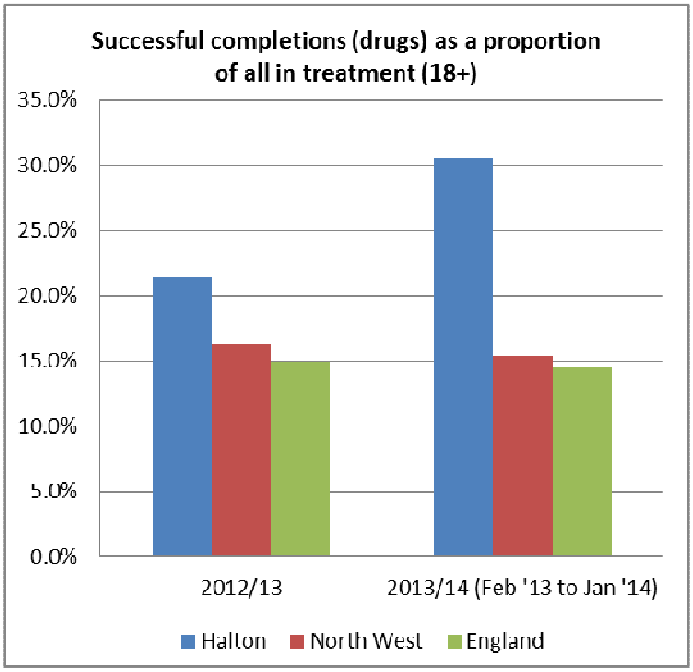
- Reconfiguration of Assessment and Care Management provision, including the establishment of the Initial Assessment Team, which has meant individuals are now referred/signposted to community and voluntary sector organisations for support/advice rather than a social care package being put in place.
- Development and implementation of the Falls Strategy, including the revision of the Falls Prevention pathway.
- Introduction of the new Health and Wellbeing Service Model, including the Sure Start to Later Life Service.
- Implementation of the Community Wellbeing Practice initiative across 14 GP practices across Halton.
- Greater investment in Intermediate Care Services.

Further planned work expected to improve performance in this area includes

- Integration of Continuing health care nurses within complex care teams (to be implemented next 6 months).
- Implementation of "Making it Real", ensuring that personalisation is more effectively implemented across adult services.

It should also be highlighted that the introduction of the complex care pooled budget (1.4.13) across health and social care will improve outcomes for Halton residents and enable people to remain at home for longer with appropriate support.

SCS/ HH11a[2]	Increase the % of successful completions (drugs) as a proportion of all in treatment (18+)



2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
21.4%	(Above NW average)	26.4%	30.5% (Feb 13 – Jan 14)	✓	↑

Data Commentary:

The new substance misuse service, provided by CRI commenced on 1st February 2012.
Data used for Q2 and Q4 above is a rolling yearly percentage. The latest data (Q4) is for 1st February 2013 to 31st January 2014.

Performance Commentary:

The data is demonstrating an increase in the number of clients accessing the treatment service and an increase in the number of successful completions for all drugs.
Performance for Feb '13 to Jan '14 is better than the 2012/13 end of year figure of 21.4%.
The Halton percentage is statistically significantly higher (better) compared to the North West and England averages.

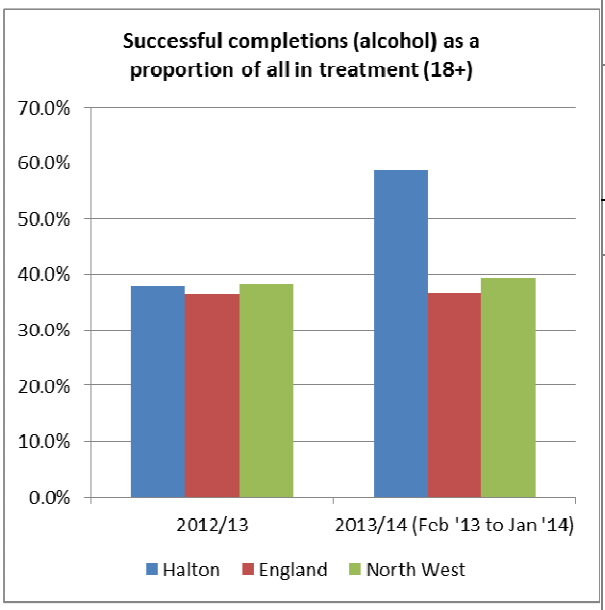
Summary of Key activities taken or planned to improve performance:

The factors that have contributed to the improving stats are:

- The Foundations of Recovery programme
- Prioritising support and routes out of treatment
- Continued development of peer mentoring programme.
- Recovery event 2013
- Robust case management
- Staff training and robust report processes to improve key performance targets.
- Increase in volunteer programme to support individuals through person journeys of drug treatment.

[2] [2] [2] SCS / HH 11a is also replicated under Safer Halton as SCS /SH 7a

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



2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
37.7%	Increasing the % of successful completions	44.0% (July 12 – June 13)	58.6% (Feb 13 – Jan 14)	✓	↑

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.

Data used for Q2 and Q4 above is a rolling yearly percentage. The latest data (Q4) is for 1st February 2013 to 31st January 2014.

Performance Commentary:

The data is demonstrating an increase in the number of clients accessing the treatment service and an increase in the number of successful completions for alcohol.
Performance for Feb '13 to Jan '14 is better than the 2012/13 end of year figure of 37.7%.
The Halton percentage is statistically significantly higher (better) compared to the North West and England averages.

Summary of Key activities taken or planned to improve performance:

Alcohol treatment forms part of the Health and Wellbeing Action Plan. A new alcohol strategy for Halton is in development with multi-agency support.

Work continues with CRI to develop optimal Alcohol pathways which will encourage safe discharge and robust aftercare, in order to maintain treatment gains and avoid repeat admissions.

Work has begun in relation to linking the Community Service CRI into the Whiston Alcohol Nursing Scheme in order to identify people with high need who may re-present to Hospital Accident & Emergency departments and at differing access points within the treatment system.
Work is also underway to better understand the reasons why approximately two thirds of clients

[3] [3] SCS / HH 11b is also replicated under Safer Halton as SCS / SH 7b.

assessed by the Whiston Alcohol Liaison Nursing Scheme who accept a referral to community services do not attend an initial assessment with the community service.