The Sustainable Community Strategy for Halton 2011 – 2016

Mid-year Progress Report

01st April – 30th Sept 2012

Halton Strategic PARTNERSHIP

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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 2012 to 30th September 2013 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 2012 - 13 target and as against performance for the same period last year.

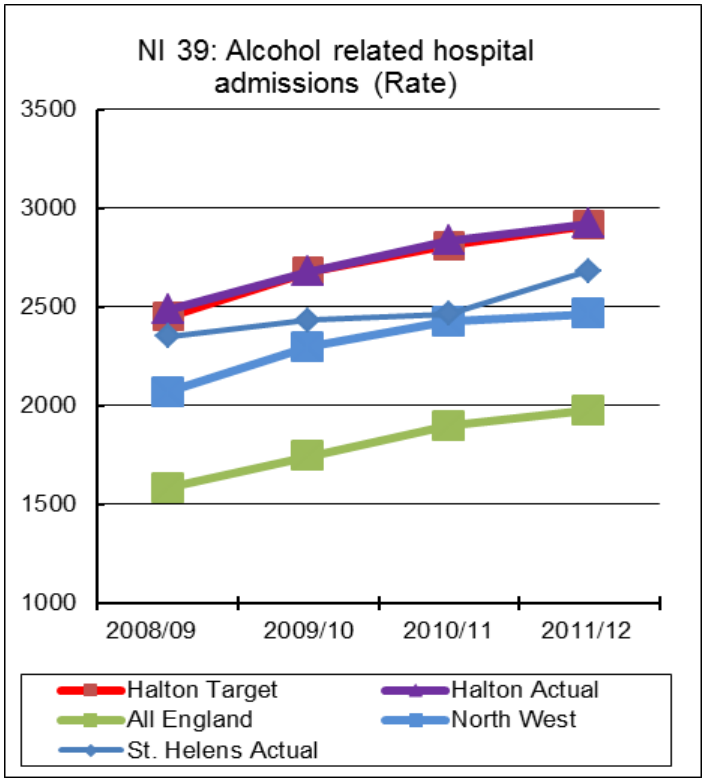
✓	Target is likely to be achieved or exceeded.	↑	Current performance is better than this time last year
?	The achievement of the target is uncertain at this stage	↔	Current performance is the same as this time last year
✗	Target is highly unlikely to be / will not be achieved.	↓	Current performance is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

Page	Ref	Descriptor	2012 / 13 Target	Direction of travel
4	HH1*	a) Alcohol related hospital admissions (NI 39) (Rate 100,000 pop.)	✓	↑
		b) Alcohol related hospital admissions – AAF =1 (Rate)	✓	↑
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)	✓	↑
9		b) Obesity in Primary school age children in Year 6 (NI 56)	✓	↑
11	HH 4	Reduction in under 18 Conception (new local measure definition for NI 112)	✓	↑
13	HH 5	a) All age, all cause mortality rate per 100,000 Males (NI 120a)	✓	↑
14		b) All age, all cause mortality rate per 100,000 Females (NI 120b)	✓	↑
16	HH 6	Mortality rate from all circulatory diseases at ages under 75 (NI 121)	✓	↑
18	HH 7	Mortality from all cancers at ages under 75 (NI 122)	✓	↑
20	HH 8	16+ Smoking quit rate per 100,000 (NI 123)	✓	↑
22	HH 9	Mental Health – Number of people receiving Community Psychological Therapies (IAPT) (New Measure)	✓	↑
25	HH 10	Proportion of older people supported to live at home through provision of a social care package **(**NEW 2011**)**:	✓	N/A
26	HH 11	a) Increase the % of successful completions (drugs) as a proportion of all in treatment (over 18)	?	↓
27		b) Increase the % of successful completions (Alcohol) as a proportion of all in treatment (over 18)	New Measure 2012/13	N/A

NB - Measures HHI and HH12 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

	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
a) Alcohol related hospital admissions AAF > 0 (Previously NI 39)	2922.4	3027	1297.8		✓	↑
b) Admissions which are wholly attributable to alcohol AAF = 1 (Rate)	1058.0	1020.7	417.5		✓	↑



Data Commentary:

This indicator measures the cumulative rate of alcohol related hospital admissions per 100,000 population using Hospital Episode Statistics.
The verified LAPE performance data for 2011/12 is now included in the table above.
Local Data can be utilised as an interim measure. Q2 is an actual to September 2012.

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

Performance Commentary:

Comments on alcohol related admissions (All fractions):

- At the end of Sep 2012, Alcohol Attributable Admissions were fewer than expected **(1297.8)** and significantly less than both the target (**1513.5**) and the number of admissions at the same time, the previous year 11-12 (**1440.9)**.
- Also, at the end of Sep 2012, Wholly Alcohol Attributable Admissions were fewer than expected **(417.5)** and significantly less than both the target **(510.35)** and the number of admissions at the same time, the previous year 11-12 (**529.1).**

Summary of Key activities taken or planned to improve performance:

1. Strategic

The new National Alcohol Strategy has been published (March 2012). A revised Halton Local Strategy is under development and further consultation is needed with key stakeholders to agree priority work streams.

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

Alcohol Harm Reduction has been agreed as a priority by the Halton Health & Wellbeing Board.

2. Contract transition

Work is underway to ensure that contracts with services which aim to reduce alcohol harm are fit for purpose, value for money and that care/business continuity will be maintained when responsibility for alcohol misuse prevention and treatment transfers to Public Health in the Local Authority in April 2013.

3. Alcohol Liaison Nursing Service at Whiston Hospital and Warrington Hospitals

On 17 September 2012, the **Alcohol Liaison Nursing Service went live at Whiston Hospital**.

Four Alcohol Nurses; 1 Band 7 and 3 Band 6 Nurses have been appointed. This service operates seven days a week, with late night cover. It will ensure that high quality, alcohol screening and treatment interventions are carried out for people attending A&E with alcohol related harm. It also ensures that people who require longer term support are linked into Community Services and that people who are frequently admitted to hospital for alcohol related harm receive joined up care from both the hospital and the community. The service does not accept referrals from outside the hospital and will explore alternatives to admission where appropriate.

The service will be subject to rigorous performance monitoring and the anticipated benefits are:

- Reduced hospital attendances, admissions and re-admissions for alcohol related harm
- Reduced length of stay for alcohol related admissions
- Reduction in the number of people drinking above the NHS guidelines[2] and consequently improved health/less dependency on services.
- Improvements in the number of people living drug/alcohol free lives in St Helens.
- Improve the health and well being of individuals sustaining recovery, their families and the wider community.
- Early identification and treatment of alcohol misuse disorders.

The cost of the Service is being met by both NHS Halton & St Helens and NHS Knowsley. The funding is for a two year period starting 17 September 2012.

The Alcohol Nursing Service continues to operate at Warrington Hospital and work is underway to ensure that there are streamlined pathways into the Community Treatment Service in Halton (CRI). The cost of the Service is being met by both NHS Warrington and NHS Halton & St Helens.

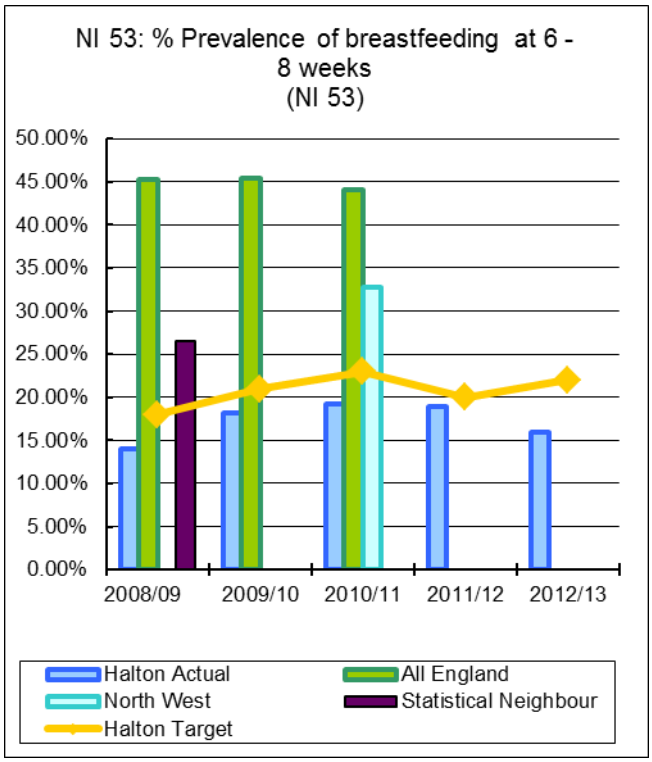
4. Alcoholic Liver Disease

Work is underway to explore actions which could assist with prevention in relation to alcoholic liver disease.

5. Robust Health Assessments are being carried out by the Community Alcohol Provider for Service Users (including Criminal Justice clients) who attend for treatment. This includes identifying dental issues and smoking cessation.

[2] No more regularly than 3 to 4 units per day for men and no more regularly than 2 to 3 units per day for women.

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



2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
18.9%	22%	16%		✗	↓

Data Commentary:

Quarters 1-2 have been updated. Quarter 2 is the latest available data from Public Health.

Good performance is an increase in the percentage coverage and prevalence year on year.

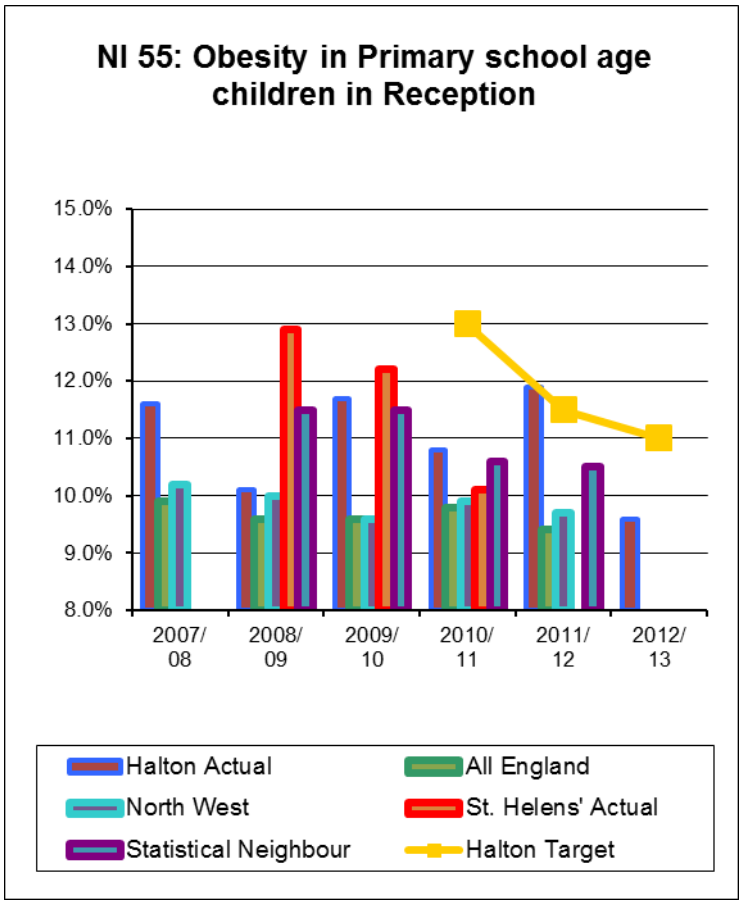
Performance Commentary:

The choice to breastfeed is influenced by local cultural beliefs, and as such change takes time. Slow progress has been made, and quarterly variation is expected. Factors that impact upon breastfeeding rates are multifactorial. The lower rates may be at least partly due to service disruptions to the Kings Cross Peer support service, staff changes and the delayed recruitment of the Infant Feeding Team.

Summary of Key activities taken or planned to improve performance:

- The Infant feeding coordinator and breastfeeding support team are all in post, and developing the peer support service across Halton.
- Kings Cross peer support service has transferred to Bridgewater, and will be supporting the delivery of a comprehensive peer support service. In the first 2 quarters of 2012/13 there has been disruption to this service.
- Bridgewater Halton and St Helens division continues to work towards UNICEF Baby Friendly stage 2.
- St Helens and Knowsley Hospital trust continue to work towards CQUIN targets to increase breastfeeding initiation and breastfeeding at discharge
- Continue to maintain baby friendly premises
- The launch of guide to promoting breastfeeding through Healthy Schools will work to normalise breastfeeding within the schools setting.
- Public Health are working with Liverpool city region child poverty commission to improve breastfeeding rates across the Mersey area. Collaboration on areas such as breastfeeding social marketing campaign.
- The Department of Health plan to collect breastfeeding data at additional points in the child's development. Preparation underway for changes to DH breastfeeding data collection next year.
- The Child Health System that collates breastfeeding data, will be transferred to the NHS commissioning board end of March 2013. Work is required to facilitate this.

SCS / HH3a — Obesity in Primary school age children in Reception (NI 55)



2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
12.0% (Sept 2010- Aug 2011)	11% (Sept 11- Aug 2012)	9.6% (Sept 11 - Aug 2012)		✓	↑

Data Commentary:

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

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

Performance Commentary:

Official data for the year Sept 2011- August 2012, now released by the Department of Health in December.

Summary of Key activities taken or planned to improve performance:

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

Halton's obesity rate 9.6% (Sept 11- August 2012) is now below the North West average of 9.7% (Sept 10- Aug 11 when last nationally reported) though remaining above the national average (9.4% Sept 10 - August 11 when last reported). Halton shows a reducing obesity in line with reducing obesity rates for the England and North West averages for school age children in reception.

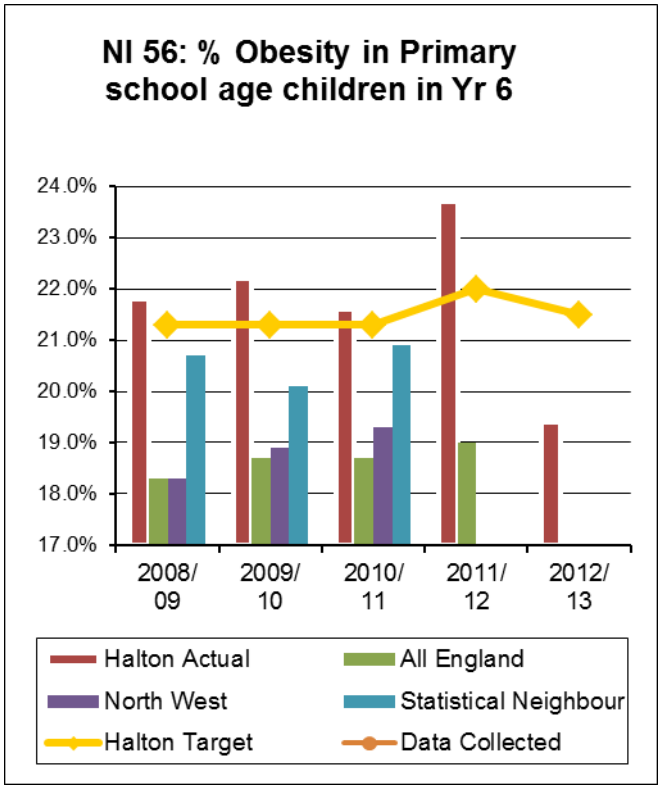
Recent funding for a Breast feeding coordinator and weaning services should have an impact in future years.

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.

Service Specifications for Children's Centres have been agreed in 2011/12 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 had 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)



2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
23.7% (Sept 2010- August 2011)	21.5% (Sept 2011- August 2012)	19.4% (Sept 2011- August 2012)		✓	↑

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.

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

Performance Commentary:

Official data for the year Sept 2011- August 2012, now released by the Department of Health in December.

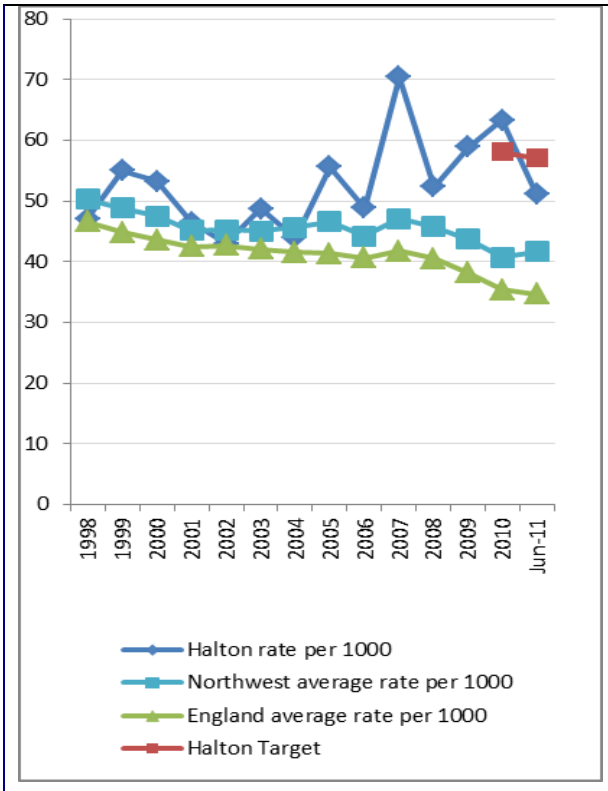
Summary of Key activities taken or planned to improve performance:

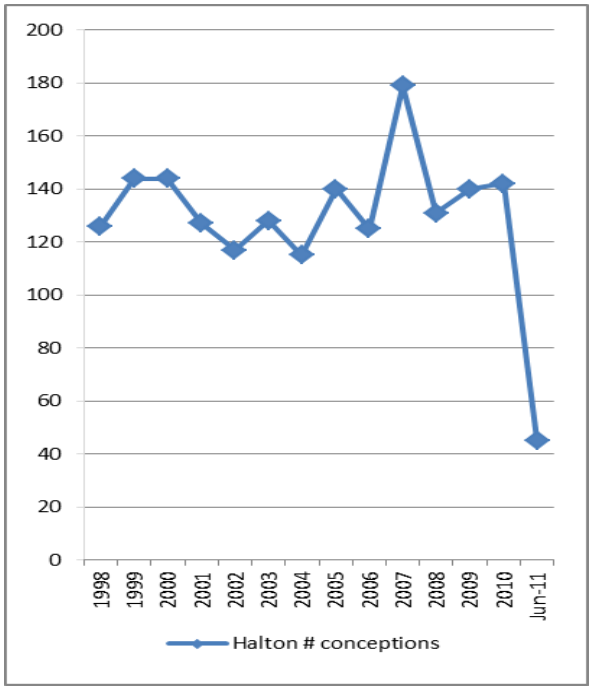
Halton's performance has shown fluctuation with a continued variable trend over the last few years. Halton's obesity rate 19.4% (Sept 11- August 2012) is now below the North West average of 19.7% (Sept 09- Aug 10 when last nationally reported) though remaining above the national average (19.0% Sept 09 - August 10 when last reported). Halton shows a reducing obesity whereas the national and North West averages for children in year 6 are one of increase.

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. From April 2012 to October 2012, 621 children and young people and their carers have been asked through the Fit4Life Programme with 16 programmes having been delivered in schools and community settings.

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





2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
63.3 (rolling quarterly average) 4.4% increase	56.3 (rolling quarterly average) 3% reduction	51.1 (rolling quarterly average) 7.8% reduction		✓	↑

Data Commentary:

In August ONS released data which detailed performance up to June 2011. This is noted as a half year of information. The number of conceptions by June 2011 is 45, which is a significant reduction on the number at this point the previous year (75). Performance represented on a 12 month rolling average rate. Target is a 3% reduction on 2009 baseline (58.9).

Performance Commentary:

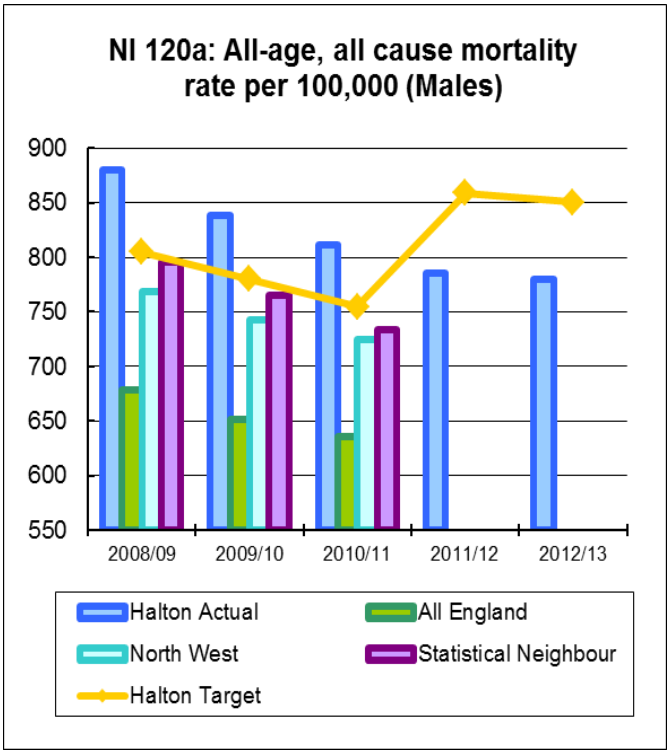
Halton's conception rate for under 18's continues to be an issue. Since the baseline was originally established in 1998 there has been a fluctuating picture in the numbers of conceptions reported with no sustainable reduction over time. Halton's position in relation to its statistical neighbours has improved significantly compared to Q2 2010, when Halton was 19.38% above the statistical neighbours average compared to the current 6.8%.

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
- Further increase the numbers of young people signed up to the C-Card condom distribution scheme.

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



2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
785.1 (Dec 2011)	850.2	779.9		✓	↑

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. (The associated national target is assessed using 3-year average figures).
Mortality targets are based on calendar year and not financial year.
Data for 2012 is unverified and based on public health mortality files, final verification of 2011 data will be released December 2012 and for 2012 released December 2013.

Performance Commentary:

Data for quarter 2 is not yet available, so data for the end of June 2012 has been used. The data is based on an annual death rate up until the end of June (directly age standardised). Male deaths are lower than the target and lower than December 2011, based on local analysis.

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.

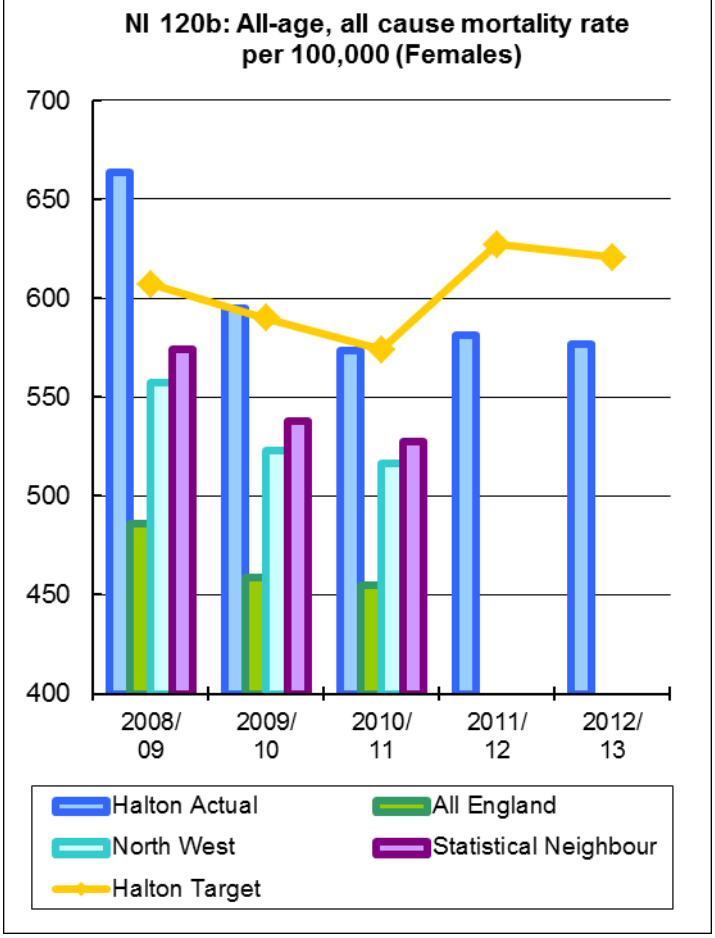
Lifestyle factors contribute to early deaths from the 2 biggest causes of deaths in Halton and therefore there is a continued focus on:

- 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 Plus Programme.

With the move of many of the commissioned services for health prevention to public health within the council there are whole sale reviews taking place of contracts and performance within the next few months to ensure that Halton has the best possible services to deliver on this target.

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



2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
581.0	620.8	577		✓	↑

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. (The associated national target is assessed using 3-year average figures).
Mortality targets are based on calendar year and not financial year.
Data for 2012 is unverified and based on public health mortality files. Final verification of December 2011 data has been updated from 596 to 581.0 will be released December 2012 and 2012 released December 2013.

Performance Commentary:

Data for quarter 2 is not yet available, so data for the end of June 2012 has been used. The data is based on an annual death rate up until the end of June (directly age standardised).

Female deaths are lower than the target and lower than December 2011, based on local analysis.

Summary of Key activities taken or planned to improve performance:

The major causes of death for females 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.

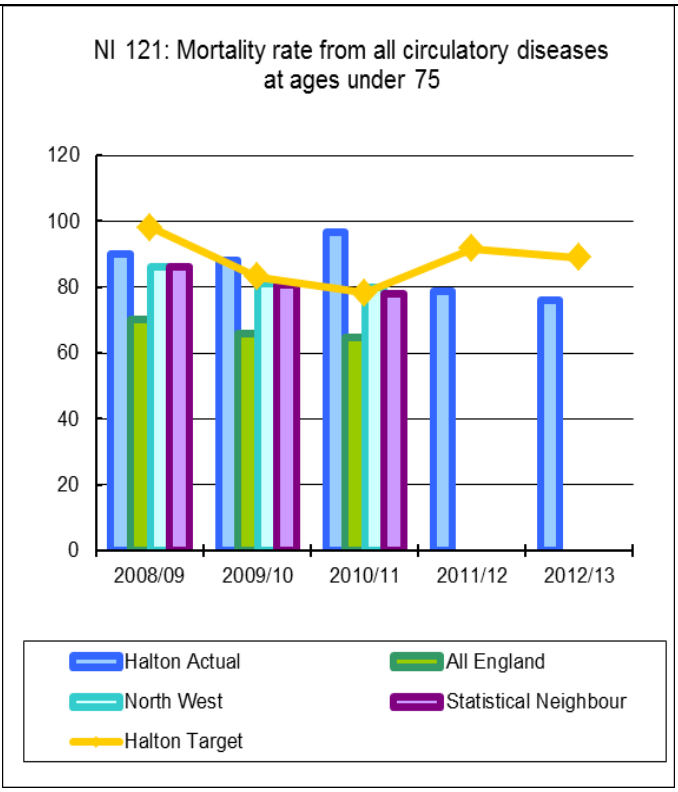
Lifestyle factors contribute to early deaths from the 2 biggest causes of deaths in Halton and therefore there is a continued focus on:

- 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 Plus Programme. With the move of many of the commissioned services for health prevention to public

health within the council there are whole sale reviews taking place of contracts and performance within the next few months to ensure that Halton has the best possible services to deliver on this target.

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



2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
78.7	89	**76.2**		✓	↑

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. Data for 2011 is unverified and based on public health mortality files which has been updated from 80.6 to 78.7. Final verification of 2011 data will be released December 2012 and for 2012 data will be release late 2013

Performance Commentary:

Data for quarter 2 is not yet available, so data for the end of June 2012 has been used. The data is based on an annual death rate up until the end of June (directly age standardised).

Death rates from circulatory diseases are lower than the target and lower than December 2011, based on local analysis. The reductions in rates means that our current rates are now only slightly higher than the rates in our peer industrial hinterlands based on the 2010 official data. These reductions need to be sustained in order that the difference in death rates for circulatory diocese under 75 between England and the Halton are finally reduced. This is an area of success that needs to be acknowledged.

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:

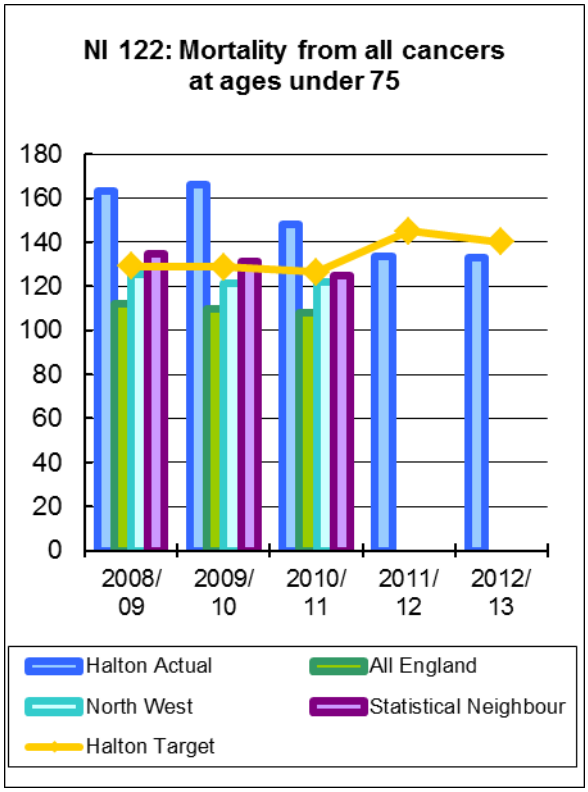
- Healthy weight and obesity
- Tobacco Control and smoking cessation
- Alcohol related harm

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 Plus Programme. The Quality Outcomes Framework (QOF) programme managed by primary care that will be the remit of the national commissioning board monitors performance relating to treatment within general practice. The national Cardio Vascular Disease (CVD) health profiles shows that in this profile practices across Halton and St Helens perform well.

www.sepho.org.uk/National**CVD**/National**CVDProfiles**.aspx

With the move of many of the commissioned services for health prevention to public health within the council there are whole sale reviews taking place of contracts and performance within the next few months to ensure that Halton has the best possible services to deliver on this target

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



2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
133.4	140	**132.90**		✓	↑

Data Commentary:

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

This is a Department of Health PSA Target.

It is important to note that these quarterly data are provisional, unvalidated, mortality rates per 100,000. Nationally validated data is available about one year after the end of the respective calendar year.
Data for 2011 is unverified and based on public health mortality files which has been updated from 141.9 to 133.4.

Performance Commentary:

Cancer deaths account for almost one in every three deaths in local people under age 75. Cancer mortality rates are falling in Halton, but with large year to year fluctuations.

Latest confirmed annual figures are for the calendar year 2010. Our quarterly provisional data updates since then have shown a steady improvement.

Our targets for this indicator for future years, chosen a year ago, remain sensible. The targets are a cancer under 75s mortality rate of 145 per 100,000 for 2011/12, falling by 5 points each year to 125 for 2015/16.

Summary of Key activities taken or planned to improve performance:

Existing activities are:

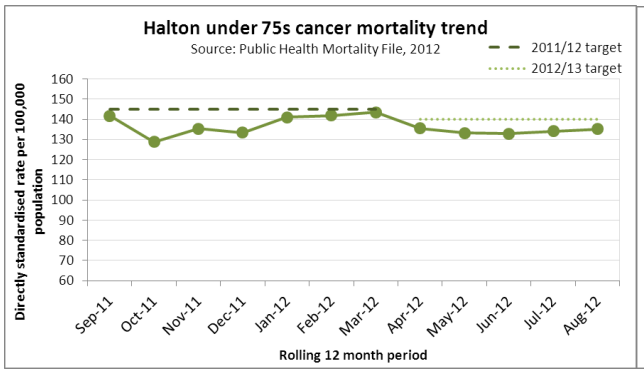
- The local “Get Checked” campaign to improve early detection of breast, bowel and lung cancers
- A Cancer Network project to support every general practice team in developing their own cancer action plan
- Specific local efforts to improve uptake in the three cancer screening programmes
- National campaigns to promote early recognition of bowel and lung cancer
- 2 week referral pathways for specialist appointments where cancer is a possibility
- Audits of cancer diagnosis in primary care

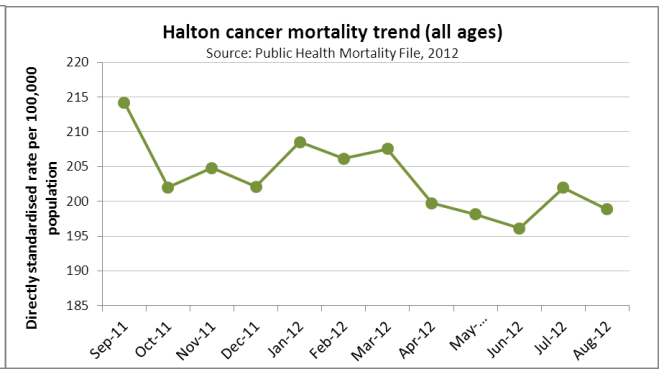
The new Halton CCG has selected cancer as a priority area, and have a named commissioning manager as lead for cancer. They are engaged in the design and launch of a local Halton Cancer Action Plan for 2013-14, whilst supporting current initiatives and activities.
Funding has been secured for a local MacMillan GP to lead on cancer, but an appointment has not yet been made. 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 a further cohort of people: those between 70 and 74 years. Uptake rose by about 5% following the national bowel cancer campaign.
Breast cancer screening is now offered to some women over 70, and some between 47 and 50 years old. Digitisation of the programme has improved quality. A Quality Assurance visit early in 2012 gave a very positive report, and recommendations for improvement are being actively followed.
Cervical screening: results are now sent to 98% of women within 14 days. Uptake has risen slightly for the first time in several years, halting a slow decline.

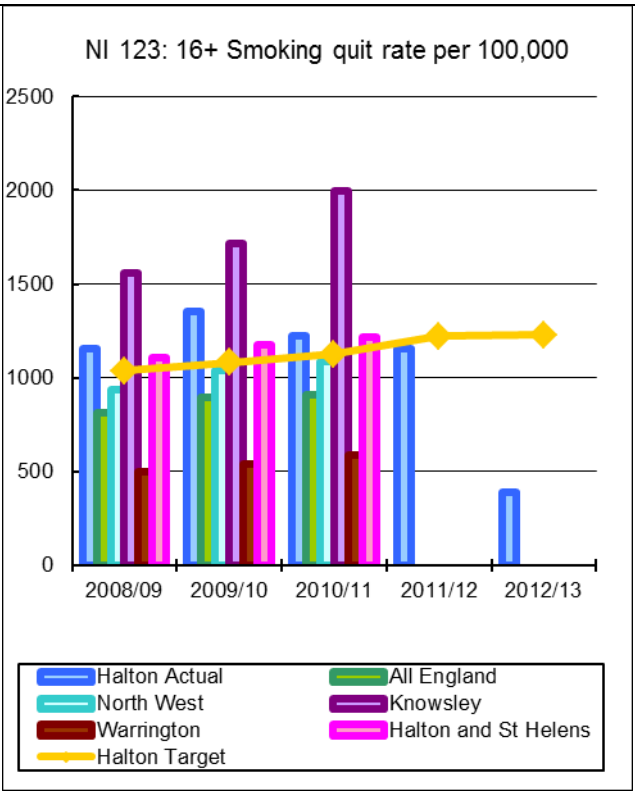
The charts show that for people of all ages, and for those under 75, cancer mortality is falling steadily in both boroughs. This is very encouraging, as until now Halton's mortality rates seemed to be stubbornly high, and not falling convincingly in recent years.

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





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



2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
1157.74	1228.5	390.49		✓	↑

Data Commentary:

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

Quitting smoking is seasonal with the majority of quitters stopping in January. The year-end position for 2011/12 has been updated.

Performance Commentary:

Whilst overall smoking rates in Halton have decreased considerable 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. Halton now has the 3rd highest quit rate in the North West.
The rate per 100,000 population equates to 378 quitters

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-1each 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 – Number of people receiving Community Psychological Therapies (IAPT) (New Measure)

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. The current service will be expected to provide provision to15% (6,840) of that target population of Halton and St Helens. Therefore the expectation in 12/13 is that 4,104 patients will enter into treatment The expectation is that at least 60% of the targeted population will enter treatment and of those receiving treatment at least 50% will move to recovery.

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

2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
New measure	4,104	Refer to comment		✓	↑

Data Commentary:

The period the data relates to is 12/13. New regional IAPT access targets will be set in 13/14 in Q4.The data is actual and reported regionally via the current providers. Data for q3 2012/13 will be received in January 2013.

Performance Commentary:

Currently on track to meet quarterly targets as on average per month 897 referrals are received into open mind single point of access scheme. With an average of 70 to 80 patients not moving through into the initial assessment stage as cognitive behavioural therapies are assessed as not being appropriate at this time.

Summary of Key activities taken or planned to improve performance:

Current background to Halton provision

The IAPT services in Halton, were part of the third wave of the IAPT National Programme and was set up in November 2009. Self –help services is the main IAPT Service, employing HITS (high intensity therapists) and PWPs (Psychological Wellbeing Practitioners) but staff within Primary Care Psychological Therapies team in Bridgewater Community NHS Trust are also IAPT compliant and contribute to the IAPT service delivery and data collection.

IAPT offers increased access to NICE approved treatments for people with depression and anxiety disorders by delivering:

- Trained, competent workforce
- Implementing quality standards (recovery, choice, equity)
- Routine monitoring of patient reported outcome measures
- Defined care pathways in a stepped care model

The current services facilitate clinical and where necessary, risk assessments for people who are suffering mild to moderate mental health problems. Following assessment the services provide brief to medium term interventions in accordance with Steps 2, 3, of NICE guidance and using a range of psychological therapies and/or signposting on to other services, were appropriate. The current

services include prevention (such as brief interventions) accredited counselling and Physical health wellbeing (physical health checks)

Common mental health problems the IAPT services treat are:

- Mild to Severe anxiety and stress reactions
- Mild to Severe depression
- Generalised anxiety disorder
- Panic disorder
- Mixed anxiety and depression
- Mild to moderate obsessive compulsive disorder
- Somatisation
- Post traumatic disorder- including the acute effects of a single psychological and physical trauma, not multiple traumas or long term high complexity.
- Phobic states (including social phobia)
- Health anxiety (hypochondriasis)
- Anger management
- Body dysmorphic disorder
- Difficulty coping with life events
- Low self esteem
- Eating problems (not full blown disorder)
- Weight management issues (for obesity via the Weight management service)
- Physical conditions (that have led to a psychological affect on the client)
- People claiming Incapacity benefit as a result of depression/anxiety
- Interpersonal relationship problems, recent in origin.
- Long term / complex Bereavement.
- Use of long term Benzodiazepines
- Substance misuse
- Palliative care
- Learning disabilities
- Therapy for those clients who have a severe and enduring diagnosis, who have been discharged from secondary care and whose symptoms are in remission and are solely maintained by Primary Care/Shared Care**.**
- The service will provide comprehensive provision for Military Veterans locally if veterans wish to access a local service

Step 2 Service Description

Step 2 interventions are generally low intensity provision, which can be provided through individual and group sessions and will include 1:1 contact and telephone support. Interventions include:

- Education
- Bibliotherapy
- Behavioural activation
- Signposting
- Guided cognitive-behavioural self help
- Problem-Solving
- Guided self-directed exposure therapy
- Referring to various services including social care, exercise and benefits etc

- Computerised CBT (8 sessions)

Additional support includes:

- Medication advice and support for patients receiving anti-depressant therapies, which will be communicated to primary care
- Telephone collaborative care support for patients on antidepressant therapies
- Individual CBT sessions with a therapist (6-8 sessions)average 7 sessions

Step 3 Service Description

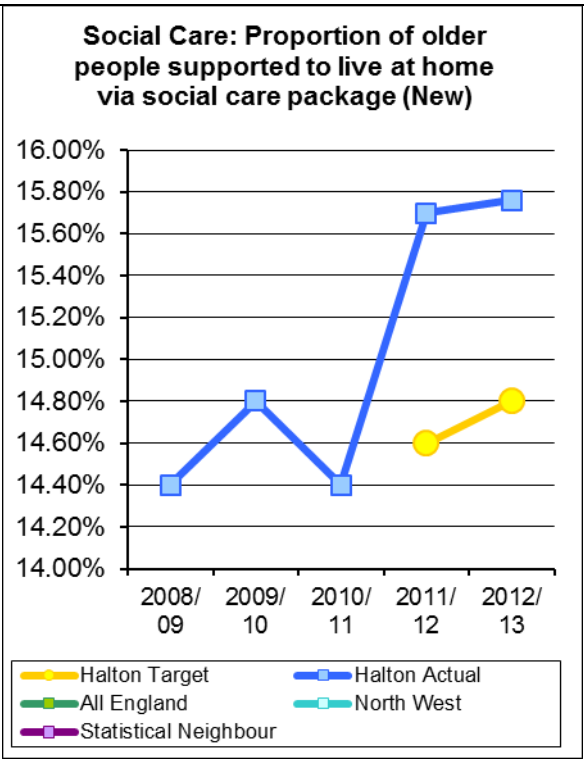
Step 3 interventions are generally high intensity provision, which includes:

- Individual CBT sessions (8-20 sessions) average of 12 sessions over 6 months
- Group CBT (6-10 patients, up to 12 x 2 hour sessions)
- Therapy session should be supplemented by guided self-help when appropriate materials are available
- Medication advice and support for patients receiving anti-depressant therapies, which will be communicated to primary care.
- Telephone collaborative care support for patients receiving anti-depressant therapies

High intensity therapies include:

- Cognitive Behavioural Therapy
- Interpersonal Therapy
- Counselling
- Brief Psychodynamic Therapy
- Solution Focused Therapy
- Family Therapy
- Psycho Sexual Therapy
- Personal Support
- Personal Development Opportunities

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



2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
15.7%	14.8%	15.76%		✓	N/A

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 target has already been exceeded during quarters 1 and 2. As this is a new indicator for 2012/13 there is no comparative data.

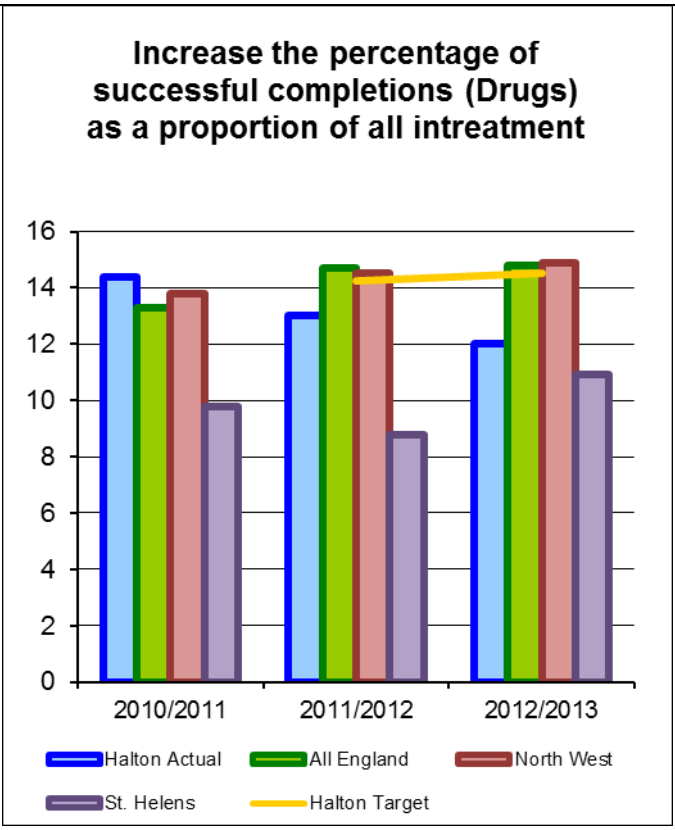
Summary of Key activities taken or planned to improve performance:

Performance in this area reflects the shift to early intervention and preventative models of care, which prevent hospital admissions/readmissions and admissions to long term care (residential and nursing placements), widespread use of technology to maximise independence and greater emphasis on personalised care.

The social care teams have recently reconfigured and plans are in place to integrate health and social care services within health neighbourhoods improving effectiveness and performance in this area, two pilot practices have been identified to initiate this work and this will be reviewed to enable effective full implementation.

Plans for complex care pooled budgets across health and social care will improve outcomes for Halton residents and will enable people to remain at home for longer with appropriate support. (Target date for implementation April 2013)

SCS/ HH11a[3]	Increase the % of successful completions (drugs) as a proportion of all in treatment (18+)



2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
13%	14.5% (Above NW average)	12%		?	↓

Data Commentary:

The new substance misuse service, provided by CRI commenced on 1st February.

August 2012 figures for comparison:
NW=14.9%
All England=14.8%
St Helens=10.9%

Performance Commentary:

Latest data is rolling 12 months to August 2012. Due to the low number of discharges in the last quarter of 2011/12 (handover to new Service Provider), the percentage is below target. The number of successful completions would need to increase from 68 to 85/568 (+17) in order to achieve the target percentage. This compares to Qtr 2 2011/12 where discharge rates were 14.18% from the NTA April- Sept 2011. Thus, it is uncertain at this stage if the target will be achieved due to the low numbers discharged to date.

Summary of Key activities taken or planned to improve performance:

Key activities are as follows:

- Increased activity and joint working with Police to maximise engagement and positive outcomes
- Introduction of a wide range of recovery focused interventions ranging from assessment and case management documents to therapeutic group working and increased recovery capital. This approach will maximise all opportunities for individual recovery and positive discharge.
- Staff development programme to increase the quality of interventions including observed practise, value based interviewing and caseload auditing.
- Review of discharge procedure
- Increased detoxification activity.

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

SCS/ HH11[4]b	Increase the % of successful completions (Alcohol) as a proportion of all in treatment (18+)

Placeholder 2012/13

2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
New measure	TBD	Baseline to be established in 2012/13		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:

Data is not yet available in this format, however work is underway to develop data sets in line with local and National Treatment Agency requirements.

[4] [4] SCS / HH 11b is also replicated under Safer Halton as SCS / SH 7b.