The Sustainable Community Strategy for Halton 2011 – 2016

Year-end Progress Report

1st April 2012 – 31st March 2013

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 – 20116 to year-end 31st March 2013.

The following symbols have been used to illustrate current performance as against the 2012 - 13 targets and as against performance for the same period last year.

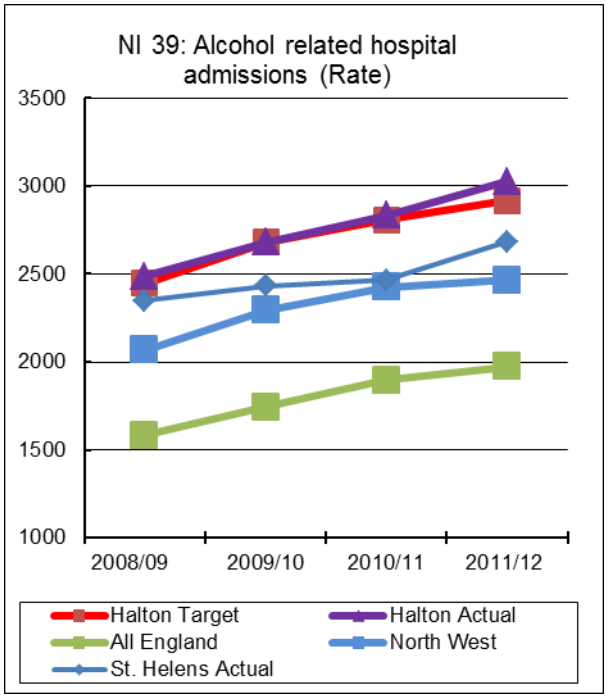
✓	Target is likely to be achieved or exceeded.	↑	Current performance is better than this time last year
?	The achievement of the target is uncertain at this stage	↔	Current performance is the same as this time last year
✗	Target is highly unlikely to be / will not be achieved.	↓	Current performance is 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)	N/A	↓
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)	✓	↑
9	HH 4	Reduction in under 18 Conception (new local measure definition for NI 112)	✓	↑
11	HH 5	a) All age, all-cause mortality rate per 100,000 Males (NI 120a)	✓	↑
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)	✓	↓
16	HH 7	Mortality from all cancers at ages under 75 (NI 122)	✗	↓
18	HH 8	16+ Smoking quit rate per 100,000 (NI 123)	N/A	↓
20	HH 9	Mental Health – Number of people receiving Community Psychological Therapies (IAPT) (New Measure)	✓	N/A
22	HH 10	Proportion of older people supported to live at home through provision of a social care package **(**NEW 2011**)**:	✗	↓
23	HH 11	a) Increase the % of successful completions (drugs) as a proportion of all in treatment (over 18)	✓	↑
24		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 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

	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)	2837*	3027	1311.4	At Jan 13 2200.0	✓	↑
b) Admissions which are wholly attributable to alcohol AAF = 1 (Rate)	994.5*	1020.7	422.7	At Jan 13 729.1	✓	↑



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. *Please note that the 2011/12 alcohol related admission rate has been recalculated using the mid-2011 Census based population estimates. This means that the 2011/12 actual rate is now lower than previously thought, as the 2011 Census showed the Halton population to be higher than had been previously estimated.

The second measure provides further detail and relates to admissions which are wholly attributable to alcohol in other words AAF=1. *Please note that the 2011/12 rate has been recalculated using the mid-2011 Census based population estimates.

Local Data can be utilised as an interim measure. Q2 is an actual to September 2012 and Q4 is an actual to January 2013, as final 2012/13 data is not yet available.

Performance Commentary:

Comments on alcohol admissions (All fractions):

- At the end of Jan 2013, the Alcohol Attributable Admission rate (2200) was lower than at the same time the previous year(2277), 2011/12
- Also, at the end of Jan 2013, the Wholly Attributable Admission rate (729.1) was lower than at the same time the previous year (832.6), 2011/12

Summary of Key activities taken or planned to improve performance:

1. Strategic

A revised Halton Local Alcohol Strategy is under development following the release of the National Alcohol Strategy in 2012 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

An Alcohol action plan has been developed to achieve key outcomes in the next 2 years.
Alcohol Harm Reduction has been agreed as a priority by the Halton Health & Wellbeing Board.

2. Contract transition

All contracts which aim to reduce alcohol harm have transferred to Public Health in Halton Borough Council as part of the Public Health Transition from 1st April 2013. All contracts will be reviewed as part of an on-going review process following transition.

3. Alcohol Liaison Nursing Service at Whiston and Warrington Hospitals

The Alcohol Liaison Nursing Service developed at Whiston Hospital during 2012 continues to operate (funded until September 2014).

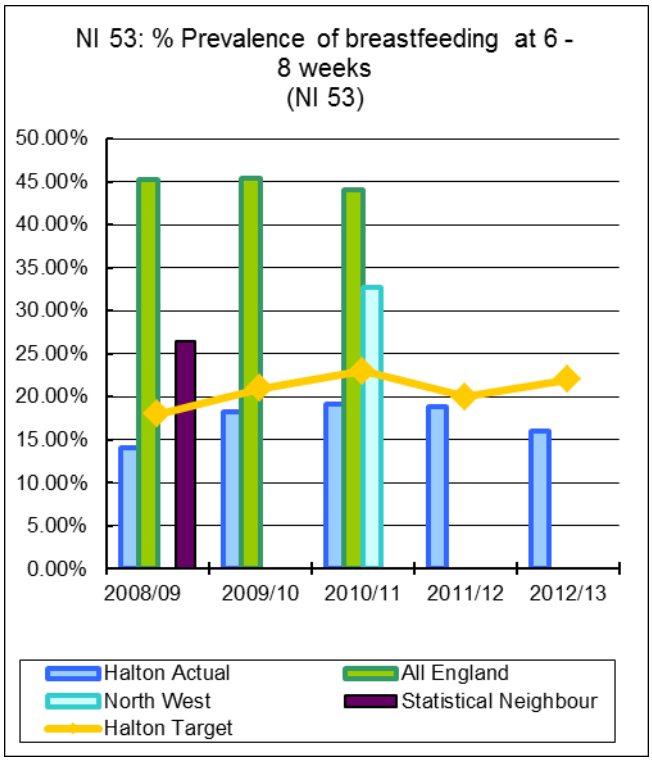
The Alcohol Nursing Service continues to operate at Warrington Hospital and work is underway to ensure that there are streamlined pathways into the Community Treatment Service in Halton (CRI). The cost of the Service is being met by both NHS Warrington and NHS Halton & St Helens.

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.

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%	17.4% (at Dec 12)	N/A	↓

Data Commentary:

Quarter 3 is the latest available data from Public Health.

Good performance is an 2% increase in prevalence year on year and maintenance of a minimum of 95% coverage.

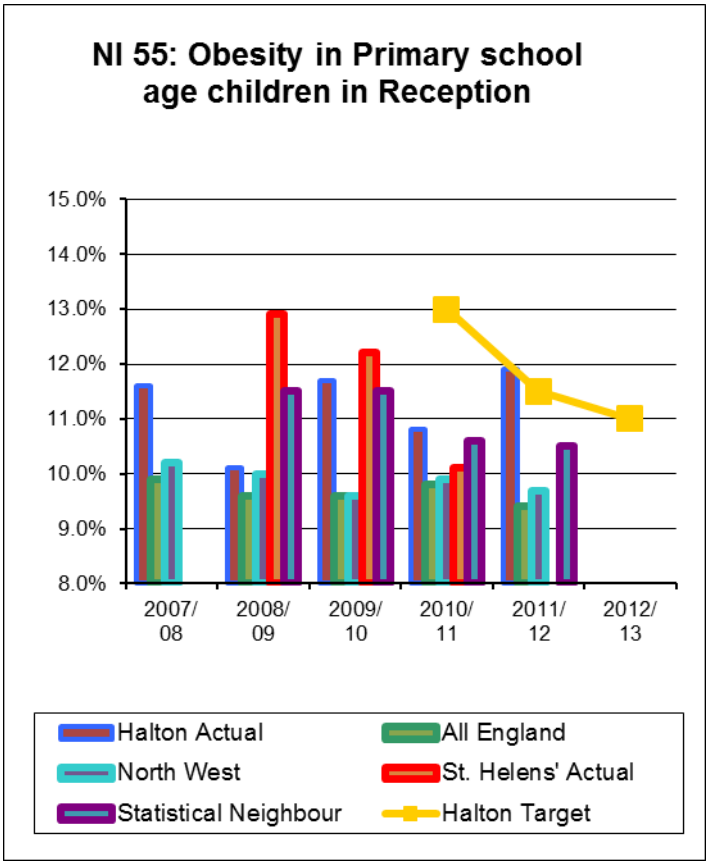
Performance Commentary:

The choice to breastfeed is influenced by local cultural beliefs, and as such change takes time. The results for this quarter are disappointing, while some quarterly variation is to be expected it is not clear why figures have continued to drop. Factors that impact upon breastfeeding rates are multifactorial.
Data coverage continues to exceed the target of 95%.

Summary of Key activities taken or planned to improve performance:

- Breastfeeding workshop for all partners to identify actions to improve rates
- Bridgewater Halton and St Helens division continues to work towards UNICEF Baby Friendly stage 2 and are on target for the November assessment.
- Breastfeeding peer support services are available and work is underway to develop this service further.
- 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 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.
- From April 2013 the department of health will report breastfeeding data on a local authority footprint.

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



2010/11 Actual	2011/12 Target	2011/12 Qtr 2	2011/12 Actual	Current Progress	Direction of Travel
11.9% (Sept 2010- Aug 2011)	11%	N/A (annual figure)	9.6% (Sept 2011 – Aug 2012)	✓	↑

Data Commentary:

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

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

Performance Commentary:

The 2011/12 official figure shows that the percentage of obese children in Reception has decreased from 2010/11.

Summary of Key activities taken or planned to improve performance:

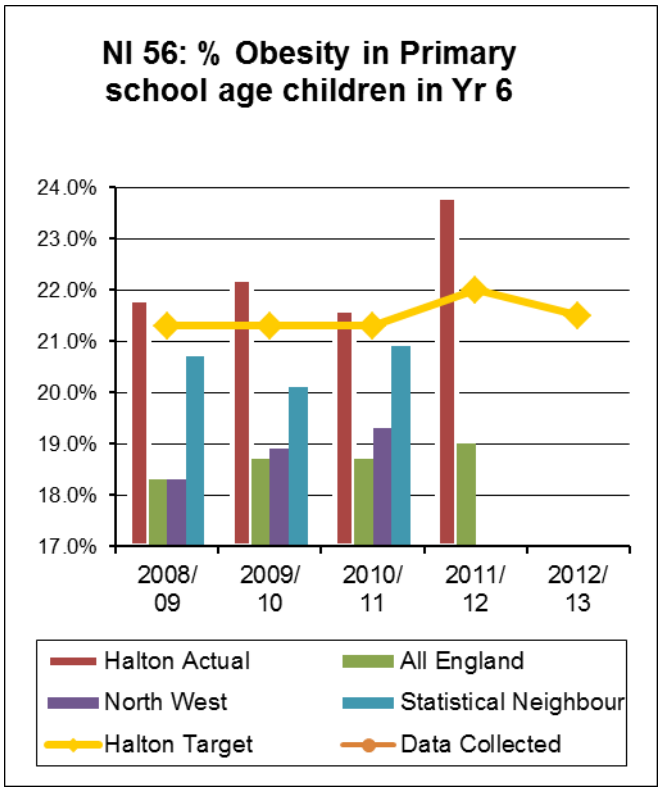
Halton's performance has shown fluctuation with a continued variable trend over the last few years.

In 2011/12 Halton has improved and is now similar to the national and north west average. Halton has shown a reduction in obesity rates against a background of increasing obesity rates for the England and North West averages.

A number of healthy weight programmes are now in place for early years and are having an impact. These include Healthy Early Years Programme (fit for life) for the up to 5's and their families, cookery lessons for parents, active tots groups and education and training for parents and service providers. The development of an infant feeding team and weaning services should have an impact in the future years.

Children's Centres and Early Years Providers continue to work to meet the Healthy Early Years Standards which include food standards and healthy eating. The national programme of increasing numbers of Health Visitors will also work to improve rates in the future.

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 Actual	Current Progress	Direction of Travel
23.8% (Sept 2010-August 2011)	21.5%	N/A (annual figure)	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).

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:

The 2011/12 official figure shows that the percentage of obese children in Year 6 has decreased from 2010/11.

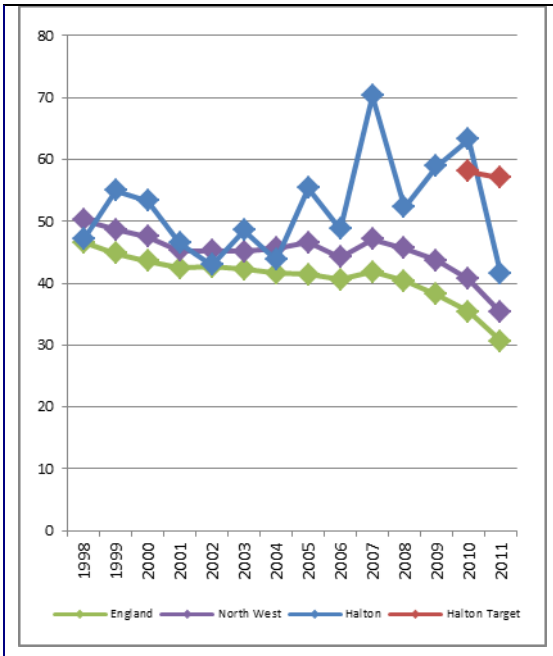
Summary of Key activities taken or planned to improve performance:

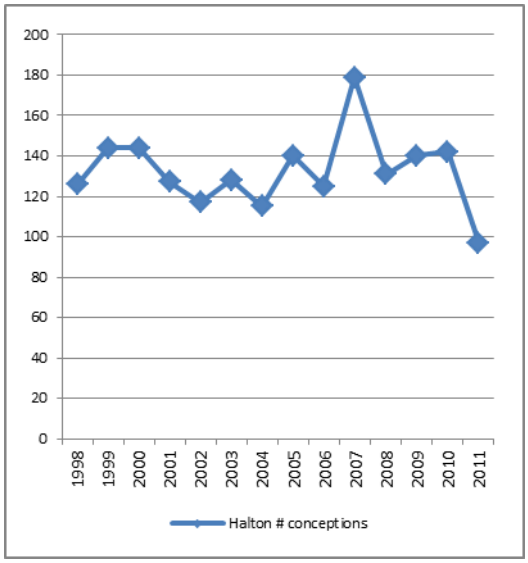
Halton's performance has shown fluctuation with a continued variable trend over the last few years. In 2011/12 Halton has improved and is now similar to the national and north west average. Halton has shown a reduction in obesity rates against a background of increasing obesity rates for the England and North West averages.

The school Fit4Life Programme which tackles overweight and has had an impact on year 6 obesity rates. 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 programme shows a reduction in obesity amongst those schools that participate.

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 maintained the Healthy schools programme which will also work on this agenda.

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	41.5 (rolling quarterly average) (This represents a reduction of 34.44% on 2010)	✓	↑

Data Commentary:

In February 2013 ONS released data which detailed performance for the whole of 2011.The number of conceptions in 2011 was 97, which is a significant reduction on the number in 2010 (142). Performance represented a reduction of 34.44%.

Performance Commentary:

Halton saw the biggest reduction in the number of conceptions (45) and the rate per 1000 43.44% in the North West and saw the 4th biggest reduction in conceptions nationally.

This represented a 34.44% reduction on the 2010 rate of 63.3 conceptions, per 1000.

Halton total number of conceptions totalled 97 and this is the first time since the beginning of the National Strategy in 1998 conceptions were below 100 in Halton.

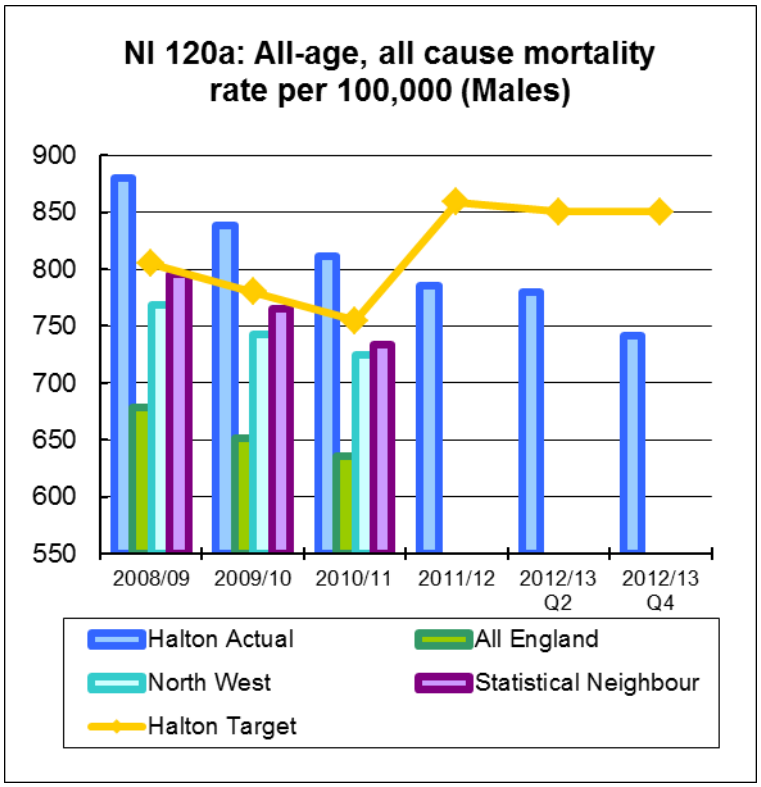
Summary of Key activities taken or planned to improve performance:

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), Ensure robust care pathways are in place for prevention and support in all high schools.
- Continue to support pregnant young women to remain in education, employment and training.
- 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	741.4 (Dec 2012)	✓	↑

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 has been delayed and will be released June 2013; final verified 2012 data is expected in early 2014.

Performance Commentary:

Provisional data for 2012 (calendar year) shows an improvement in males deaths since 2011 and is also exceeding target. The local data is based on an annual age standardised death rate up until the end of December 2012.

There are two very important caveats that go with this information,

- Firstly Health Service data and much of the Public Health data has a very slow turn around period, much slower than your reporting structures call for. Thus data on mortality, circulatory disease and much of the morbidity data is actually only useful when collated annually as many of the trends are chance or artefactual in nature. It needs to go through an accuracy checking phase before we can confidently ascribe any changes to it.
- Secondly much of the activity linked to performance is likely to have more regular data available but the activity itself is likely to take some time to show any influence, again the reason for this can partly be attributed to my first caveat but other reasons also.

Summary of Key activities taken or planned to improve performance:

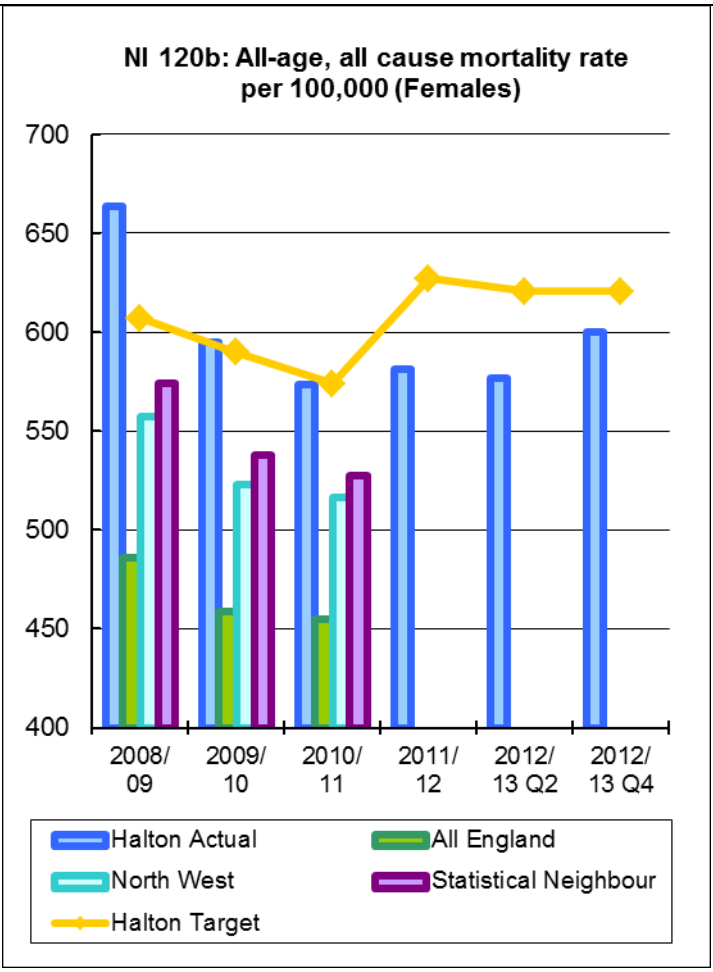
The major causes of death for males are circulatory diseases and cancers. Cancers now kill more people in Halton than circulatory diseases and because of this they have been identified as a Health and Wellbeing Strategy priority area. The activities will be described more fully in the cancer mortality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

Healthy Halton

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 and 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 set to include additional checks to identify dementia and use of alcohol.

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 (Dec 2011)	620.8	577	599.9 (Dec 2012)	✓	↓

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 has been delayed and will be released June 2013; final verified 2012 data is expected in early 2014.

Performance Commentary:

Provisional data for 2012 (calendar year) shows female deaths are exceeding target, although the rate is slightly higher than at the same point in 2011. The local data is based on an annual age standardised death rate up until the end of December 2012. The caveats referred to above apply to this information.

Summary of Key activities taken or planned to improve performance:

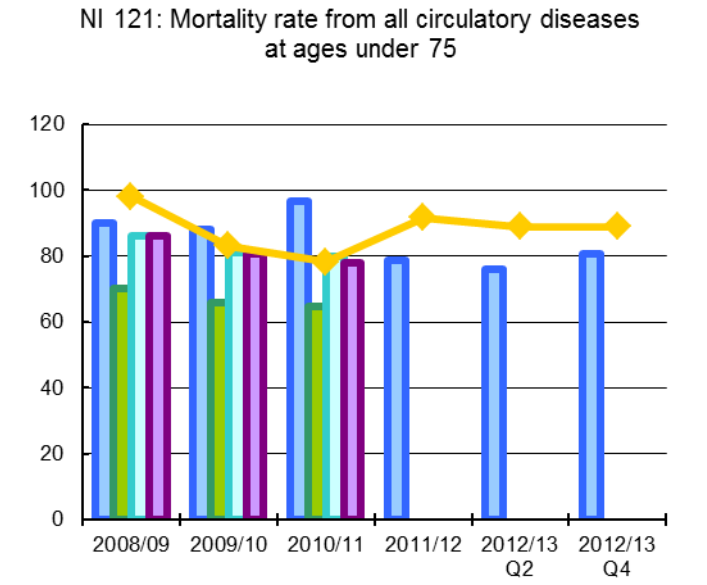
The two biggest causes of death for females is still circulatory diseases and cancers.

Lifestyle factors contribute to the majority of and in particular to 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. The Health checks programme is now a Local Authority responsibility to be led by Public Health. The current service specification and historic performance data is being reviewed 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 (Dec 2011)	89	76.2	80.6 (Dec 2012)	✓	↓

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 is unverified and based on public health mortality files. Final verification of 2011 data has been delayed and will be released June 2013; final verified 2012 data is expected in early 2014.

Performance Commentary:

Provisional data for 2012 (calendar year) shows circulatory deaths are exceeding target, although the rate is slightly higher than at the same point in 2011. The local data is based on an annual age standardised death rate up until the end of December 2012.

The reductions in rates means that our current verified rates are now only slightly higher than those of 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 disease under 75 between England and the Halton are finally reduced. This is an area of success that needs to be acknowledged.

The caveats referred to above apply to this information.

Summary of Key activities taken or planned to improve performance:

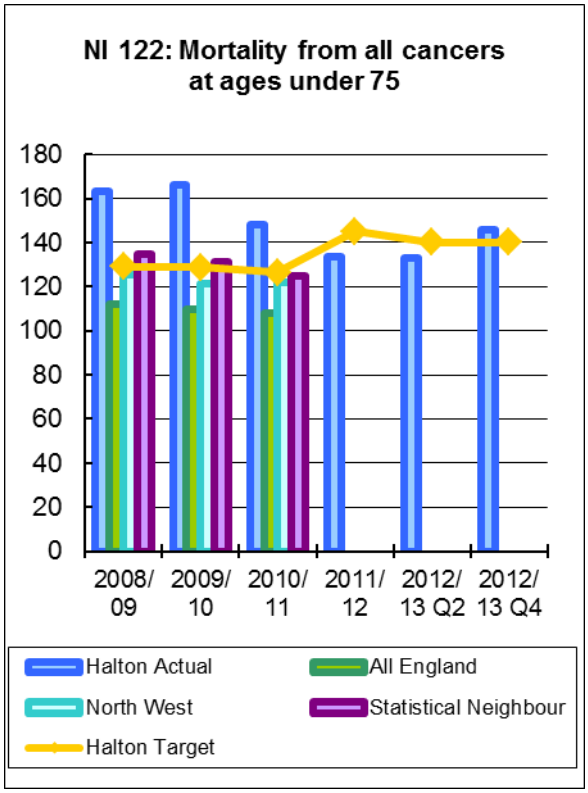
Lifestyle factors contribute to early deaths due to circulatory diseases in Halton and therefore there is a continued focus on:

- 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.

Alcohol and dementia have recently being added to the programme widening the remit but providing greater opportunities to identify and reduce risk in these areas. Health Checks itself is undergoing a whole system review. 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.

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 (at Dec 2011)	140	132.9	145.6 (at Dec 2012)	✗	↓

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.

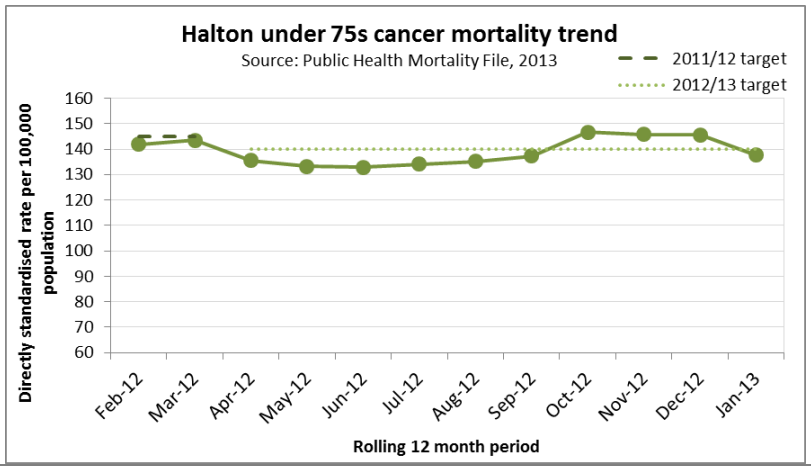
This is a Department of Health PSA Target.

It is important to note that these quarterly data are provisional, unvalidated, mortality rates per 100,000 (based on one year's worth of data). Nationally validated data is available about one year after the end of the respective calendar year. Data for 2011 and 2012 is unverified and based on public health mortality files. Final verification of 2011 data has been delayed and will be released June 2013; final verified 2012 data is expected in early 2014.

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 available confirmed annual figures are for the calendar year 2010. Subsequent quarterly provisional data have shown an overall improvement, although a slight increase was seen during the last few months of 2012, have resulted in a mortality rate above target. The chart below displays this trend in more detail.



Although the targets for cancer under 75s mortality rate of 140 per 100,000 for 2012/13 was not achieved, the target of a decrease of 5 points each year to 125 for 2015/16 remains realistic. Target for 2013/14 is set at a mortality rate of 135 per 100,000.

Summary of Key activities taken or planned to improve performance:

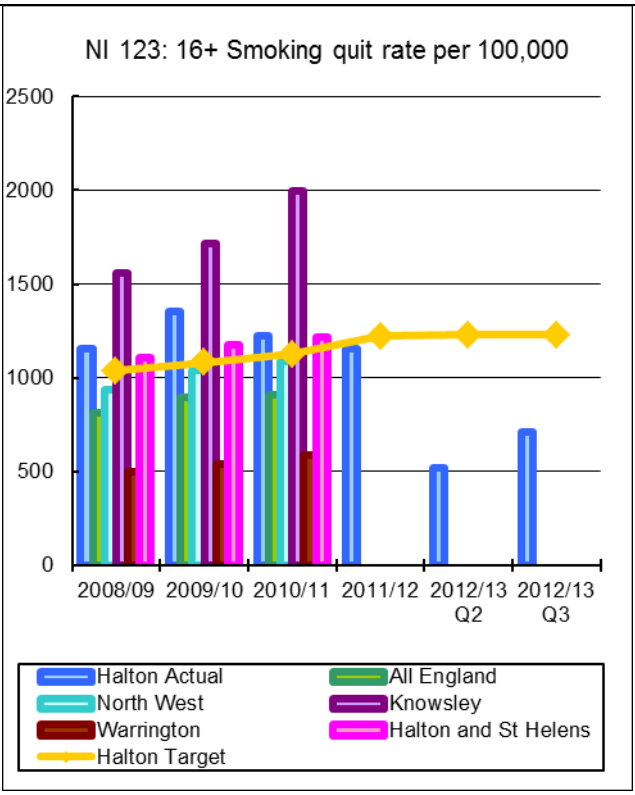
Existing activities are:

- 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 in uptake.

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	516.52	710.74 (at Dec 2012) **Q3**	N/A	

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.

The data for Q2 has been refreshed. Data is only available up to Q3; Q4 will be available in June 2013. This is because those setting a quit date during Q4 need to be followed up. Quitting smoking is seasonal with the majority of quitters stopping in January. Therefore, until the full year's data is received, it is not possible to assess performance against target.

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 cumulative rate per 100,000 population up to Q3 equates to 688 quitters.

It should be noted that quit rates are down approximately 10% nationally and around 13% in the North West, much of this **may** be attributable to the increase availability and popularity of the e-cigarette which is not endorsed as a smoking cessation tool.

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 to 15% (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, and 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 Indicator	4,104	1.6%	4507.51 at 9.86% (9.86% Achieved across Halton and St Helens)	✓	N/A

Data Commentary:

The period the data relates to is 12/13. New regional Increased access to Psychological Therapies (IAPT) access targets will be set in 13/14 in Q4.
Actual verified access targets achieved for 12/13
Q1- 2%
Q2- 1.6%
Q3- 1.4%
Q4- 4.86%

Trajectories agreed and met were 9.85% this differs from prevalence/access targets this is due to the increase in demand in step 3 activity.

Across Halton and St Helens PCT the 15% access was not achieved (see performance commentary below)
5.14% under performance. However 9.2% of the prevalence was being met from Q1-3 with number of referrals.

Performance Commentary:

An IAPT deep dive was completed by the National/Regional IAPT team-for 12/13 the IAPT programme achieved 9.86% access rate. Under performance had been identified and linked to:

- The service specification and contract following a National directive and not reflecting local need- locally Halton has a greater need for high intensity provision at step 3 and this blockage has increased waiting times and reduced the capacity of the high intensity therapists .Step 2 provision is currently commissioned locally to meet the need of the population.

- Cleansed data has been an issue throughout the life of the programme

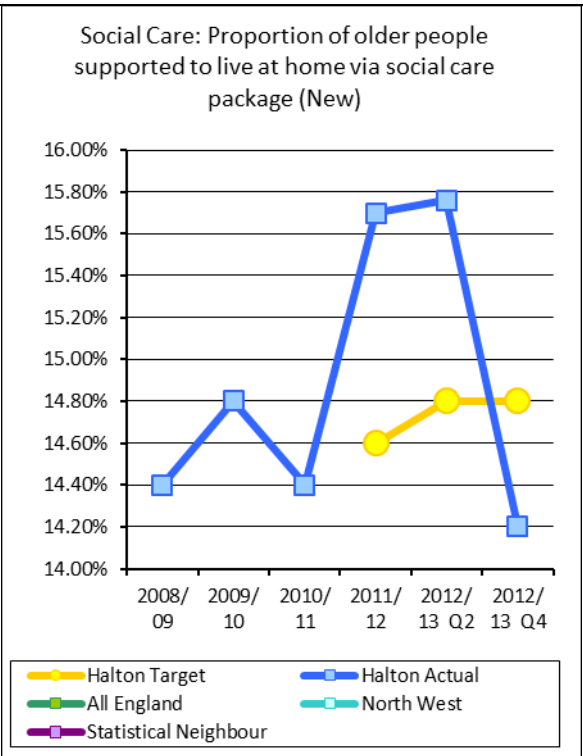
Summary of Key activities taken or planned to improve performance:

13/14 onwards
Halton Clinical Commissioning Group (CCG) has redefined the IAPT targets locally and the NHS CM Local Area Team has confirmed prevalence data for Halton (16,401) targets for 13/14 (10.5%) and 14/15 (target to

be agreed with Local Area team) the above has been submitted to the NHS CM Local Area Team for approval on 28/3/13. The above target also reflects the lack of cleansed data around this access target.

The service specification and contract will be reviewed to reflect delivery for the 10.5% target in 13/14. Under spend and DOH training provision has ensured that both service providers can recruit to HITs vacant post and increase provision to reflect the population's needs.

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%	14.2%	✗	↓

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:

We have fallen just short of our set target. A combination of factors has caused this:

- A population increase (of approximately 7%) as evidenced by the last Census
- A slight decrease (about 2%) in the numbers of older people receiving community based services
- The continuing development of services designed to support people at an earlier stage in their condition, which reduces the numbers of people who need support at home.

Summary of Key activities taken or planned to improve performance:

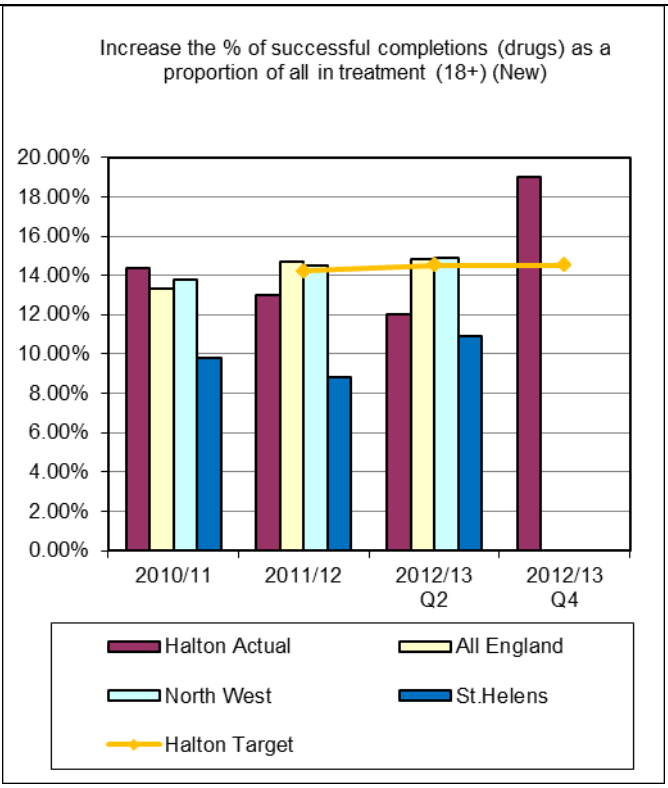
The recommendation is that this target should be retained. The target was achieved in 2011/2012 and indications at quarter 3 of this financial year are that last year's performance will continue at slightly increased level.

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.

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[2]	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%	19%	✓	↑

Data Commentary:

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

January 2013 figures for comparison:
NW=15.9%
All England=14.7%
St Helens=15.0%

Performance Commentary:

Latest data is rolling 12 months to January 2013. In spite of the low number of discharges in the last quarter of 2011/12 (handover to new Service Provider), the percentage is on target. The number of successful completions is 120/637 (19%). This compares to January 2012 where the rate was 14%

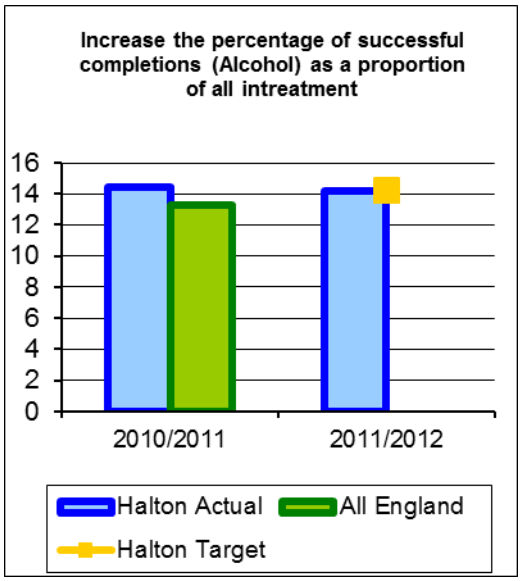
Summary of Key activities taken or planned to improve performance:

The factors that have contributed to the improving stats are:

- The introduction of the Foundations of Recovery
- The new style strength based assessment and recovery planning process
- Routes out of treatment being as much of a priority as routes in
- The introduction of counsellors
- Visible recovery on site via: peer mentors, recovery champions, recovery events
- Breaking Free online (CBT self-managed modular programme)
- Improved internal communication systems
- Improved case management

[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+)



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

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