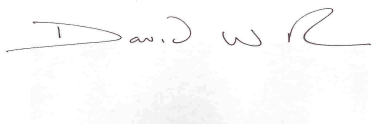
Public Document Pack

Children and Young People Policy and Performance Board

Monday, 5 January 2009 at 6.30 p.m.
Civic Suite, Town Hall, Runcorn



Chief Executive

BOARD MEMBERSHIP

Councillor Mark Dennett (Chairman)	**Labour**
Councillor Margaret Horabin (Vice-Chairman)	**Labour**
Councillor Peter Browne	**Conservative**
Councillor Philip Drakeley	**Conservative**
Councillor Frank Fraser	**Labour**
Councillor Robert Gilligan	**Labour**
Councillor Trevor Higginson	**Liberal Democrat**
Councillor Joan Lowe	**Labour**
Councillor Stan Parker	**Labour**
Councillor Margaret Ratcliffe	**Liberal Democrat**
Councillor John Stockton	**Labour**
Mr Colin Chorley	

Please contact Lynn Derbyshire on 0151 471 7389 or e-mail lynn.derbyshire@halton.gov.uk for further information.

The next meeting of the Board is on Thursday, 22 January 2009

ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC

Part I

Item No.	Page No.
1. MINUTES	
2. PUBLIC QUESTION TIME	**1 - 3**
3. DECLARATION OF INTEREST (INCLUDING PARTY WHIP DECLARATIONS) Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda, no later than when that item is reached and, with personal and prejudicial interests (subject to certain exceptions in the Code of Conduct for Members), to leave the meeting prior to discussion and voting on the item.	
4. EXECUTIVE BOARD MINUTES	**4 - 13**
5. QUESTION AND ANSWER SESSION - COUNCILLOR MCINERNEY	
DEVELOPMENT OF POLICY ISSUES	
6. DISCUSSION ON SEN DEVELOPMENTS	**14 - 15**
7. ORAL HEALTH SCRUTINY	**16 - 23**
8. CHILDREN & YOUNG PEOPLE'S POLICY AND PERFORMANCE BOARD WORK PROGRAMME 2009/10	**24 - 27**
9. JOINT STRATEGIC NEEDS ASSESSMENT - HEALTH	**28 - 44**
10. DATE OF NEXT MEETING A Special Meeting of the Board has been arranged on Thursday 22nd January 2009 at 5.15 pm in Runcorn Town Hall to consider the Service Plans and the Local Area Agreement Performance Report.	

In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation

procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

Agenda Item 2

REPORT TO: Children and Young People's Policy & Performance Board

DATE: 5 January 2009

REPORTING OFFICER: Strategic Director, Corporate and Policy

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2 Details of any questions received will be circulated at the meeting.

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

(i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.

(ii) Members of the public can ask questions on any matter relating to the agenda.

(iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.

(iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.

(v) The Chair or proper officer may reject a question if it:-

- Is not about a matter for which the local authority has a responsibility or which affects the Borough;
- Is defamatory, frivolous, offensive, abusive or racist;
- Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or

- Requires the disclosure of confidential or exempt information.

(vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.

(vii) The Chairperson will ask for people to indicate that they wish to ask a question.

(viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.

(ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton** - none.

6.2 **Employment, Learning and Skills in Halton** - none.

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

6.5 **Halton's Urban Renewal** – none.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

8.1 There are no background papers under the meaning of the Act.

REPORT TO:	Children and Young People Policy and Performance Board
DATE:	5th January 2009
REPORTING OFFICER:	Chief Executive
SUBJECT:	Executive Board and Executive Sub Minutes
WARD(s):	Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Children and Young People Portfolio which have been considered by the Executive Board and Executive Sub since the last meeting of this Board are attached at Appendix 1 (link) for information.

1.2 The Minutes are submitted to update the Policy and Performance Board of decisions taken in their area.

2.0 RECOMMENDED: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

None.

4.0 OTHER IMPLICATIONS

None.

5.0 RISK ANALYSIS

None.

6.0 EQUALITY AND DIVERSITY ISSUES

None.

7.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

There are no background papers under the meaning of the Act.

APPENDIX 1

Extract of Executive Board and Executive Board Sub Committee Minutes Relevant to the Children and Young People's Policy and Performance Board

EXECUTIVE BOARD MEETING HELD ON 16 OCTOBER 2008

EXB 59 STANDARD SCHOOL YEAR JOINT CONSULTATION WITH GREATER MERSEYSIDE LOCAL AUTHORITIES

The Board considered a report of the Strategic Director – Children and Young People providing information regarding a proposed joint consultation with the Learn Together Partnership to implement a standard school year from September 2010.

It was advised that the standard school year, which was championed by the Local Government Association (LGA), required splitting the school into six terms of roughly equal length, fixing them regardless of the Easter celebration. The benefits of this were outlined for Members' consideration.

In May 2008, Liverpool City Council had tabled a proposal at the Greater Merseyside Directors of Children's Services meeting to conduct a joint consultation across all Greater Merseyside Local Authorities (LAs) to implement this change. The Directors present agreed in principle to this proposal, which was outlined within the report, and Liverpool City Council was piloting this system for the 2009/10 academic year.

All Local Authorities in the Learn Together Partnership had been invited to be part of the joint proposal. At Halton's request, Cheshire had also been invited. The Partnership agreed that each LA would co-ordinate its own consultation based on agreed documentation and timescales, and a consultation letter had been drafted for all LAs involved to use. This would be headed with Halton's logo and have a proforma for stakeholders to return. The consultation process would begin week commencing 3rd November with a co-ordinated press launch, and close on 18th December 2008.

RESOLVED: That Halton participates in the joint consultation process.

EXECUTIVE BOARD MEETING HELD ON 6 NOVEMBER 2008

EXB68 POST 16 EDUCATION WITHIN A 14-19 CONTEXT - KEY DECISION

The Board considered a report of the Strategic Director – Children and Young People providing an outline of the proposed plan for the delivery of Post 16 education within a 14 to 19 context.

It was advised that Halton Borough Council (HBC) and the Learning and Skills Council (LSC) were required to ensure that plans were in place for the effective delivery of 14 – 19 education. Both organisations were responsible for securing sufficient provision in the Borough to meet the new educational entitlements and the ambition to raise the participation age in education. There were a number of key drivers of this new planning framework and these were outlined within the report for Members' information.

It was proposed that a Collegiate model be developed for the delivery of Post 16 education, which would be sited within the 14 – 19 framework. The Local Authority would commission provision through the Collegiate model. The partnership of Riverside College, secondary schools, work based learning providers, together with Halton Council, would then be in a position by 2013 to deliver the national entitlement. This would include vocational elements, AS/A Levels, International Baccalaureate and the new Diplomas.

The Collegiate would oversee the strategic development of the Borough-wide offer for Post 16 education within the 14 – 19 framework and two Collaboratives, one in Widnes and one in Runcorn, would be formed to oversee specific developments of Post 16 education within each learning community.

Delivery was based on the assumption that Riverside College, all secondary schools, special schools, and work-based learning providers would be centres for 14-19 learning, carrying equal status and working within a collaborative to deliver the "Halton offer" to young people.

Further information was provided in the report regarding the fundamental framework, the national context, the local context, the consultation process that had been undertaken, and the role of the Local Authority and relationships with stakeholders. It was advised that the Collegiate approach required alignment of LSC and Building Schools for the Future (BSF) capital investment, and the Collegiate would critically inform the Council in its future Commissioning role under the Machinery of Government transferred LSC responsibilities to the Council in 2010.

The Board noted the work that had gone into establishing this model, which would build on the excellent attainment levels achieved by schools in the Borough in recent years, and extended thanks to all those involved including head teachers, the College and Principal, and relevant officers within the Borough Council.

Reason for the Decision

There was a pressing requirement to agree provision for Post 16 education with a 14 – 19 context in Halton. As part of the developing BSF programme, and the Primary Capital Programme, a review of Post 16 education within a 14 to 19 context had to be undertaken.

Alternative Options Considered and Rejected

None. This was a requirement for the BSF and Machinery of Government programmes.

Implementation Date

The Collegiate and two Collaboratives would form as soon as approval was granted, building on the preparatory meetings to date. Implementation of the full model would commence September 2010.

RESOLVED: That

(1) the Collegiate model be approved as the delivery mechanism for Post 16 education within the 14 – 19 curriculum in Halton;

(2) the Widnes and Runcorn Collaborations within the Collegiate Model be approved; and

(3) the design of the model be delegated to the Collegiate Strategic Board.

EXB69 SPECIAL EDUCATION NEEDS REVIEW - KEY DECISION

The Board considered a report of the Strategic Director – Children and Young People which completed the review of Special Educational Needs (SEN) provision in Halton.

It was noted that the Local Authority had been undertaking a review of SEN provision within the Borough for a variety of reasons, which were outlined in detail within the report. A number of stages to this review had taken place which included:

- 2005 Review of SEN Unit Provision;
- strategic review of Autistic Spectrum Disorder Provision in Halton (28th August 2008); and
- a local analysis of need.

The present provision of units in Primary and Secondary mainstream schools was outlined in Appendix 1 to the report.

Halton's aim was to ensure that "Pathways" for learning for SEN pupils would be personalised to meet individual and family needs. This would involve the current SEN Unit Provision across all key stages being re-designed to provide flexible provision within a mainstream school, or early years setting, that enabled the learner to spend as much time as possible in the mainstream part of the school, depending on the needs of the individual pupil. When it had been shown through assessment that the pupil's needs could not be met in a mainstream school, alternative provision would be sought. Prior to this decision there would be an expectation that "reasonable adjustments" would be made using the totality of resources made available to the mainstream school.

Members were provided with information regarding the proposed consultation to take place with primary and secondary schools. Within both primary and secondary provision, joint working with all areas of Children's Services, including health, would provide a wrap-around provision for children and families.

The Board noted that provision for SEN within mainstream units did not currently match the needs of the Borough and young people: the present provision for units within schools did not provide value for money due to the number of surplus places. This proposal meant that money would be prioritised in the right direction to ensure everyone in SEN had their needs met; ie this was not about a reduction in resources, they would simply be re-distributed to better reflect/match current and emerging need.

Reason for Decision

At present, there were surplus places within mainstream units. Mainstream SEN units were not matching the present and future requirements of the Borough. As part of the developing Building

Schools for the Future (BSF) programme and the Primary Capital Programme a review of SEN unit provision needed to be undertaken.

Alternative Options Considered and Rejected

An alternative option was to leave the provision as it was. However, this would potentially leave the Council vulnerable to challenge.

Implementation Date

The Secondary SEN Unit Provision Review must be agreed by December 2008 and implemented during the development of the BSF programme. The Primary SEN unit provision review would be agreed February 2009 and implemented by September 2010.

RESOLVED: That

(1) consultation on the provision for SEN units within secondary mainstream schools commence; and

(2) consultation on the provision for SEN units within primary mainstream schools commence.

EXECUTIVE BOARD MEETING HELD ON 13 NOVEMBER 2008

EXB70 BUILDING SCHOOLS FOR THE FUTURE (BSF) STRATEGY FOR CHANGE (PART 2) AND BSF FUNDING - KEY DECISION

The Board considered a report of the Strategic Director – Children and Young People providing a summary of the Building Schools for the Future (BSF) Strategy for Change (Part 2) (SfC2), seeking approval for its submission to Partnership for Schools (PfS) by 19th November 2008. The report also outlined the role and benefits of a Local Education Partnership (LEP) and requested approval to utilise this procurement route. A summary of the potential sites for capital receipts was outlined and approval in principle was sought to maximise this income to deliver the BSF programme.

A copy of the strategy had been attached to the report at Appendix A and a slightly revised version was tabled at the meeting for Members' information, together with a list of the changes that had been made. It was noted that the document described how the Authority intended to achieve its vision with its key stakeholders, and had been developed by working in partnership with Head Teachers of Secondary and Special Schools, external consultants and other key stakeholders, and through the BSF workstreams

such as ICT and Technical. In addition, each Secondary and Secondary Special School within Halton had now developed its own School Strategy for Change for inclusion in the SfC2.

In respect of the Local Education Partnership (LEP), it was advised that this was a public private partnership between the Local Authority, BSF Investments LLP (BSFI) and a private sector partner selected in open competition under the European Procurement Rules. It was a joint venture company whose primary purpose was to ensure that the BSF investment was efficiently and effectively used to deliver a transformed secondary estate.

The benefits of this route for Halton were outlined for Members' information within the report. It was noted that the LEP enabled the Authority to deliver its programme through a mix of procurement routes: Private Finance Initiative (PFI) and conventionally funded projects. This was the BSF default procurement model and the SfC2 confirmed the Authority's intention to procure BSF in this way.

Further information was also provided in respect of capital receipts that could be generated from the four sites within the Borough, which would be partially or fully vacated once the programme was complete. These sites were Chestnut Lodge School, Ashley School, part of Fairfield High School and part of the sites housing the four Grange Schools. However, prior to release of any land for capital receipts, the Authority had to consider the impact on the Unitary Development Plan and the Sports England requirements, particularly where a Section 77 request would be needed to release school playing fields. These rules restricted the availability of land for redevelopment.

It was confirmed that other opportunities arising as a result of BSF were also being considered such as the intention to have a significant positive impact on children and young people's health, particularly levels of obesity in the Borough, through the facilities and services which would be provided through secondary schools. Various issues in different localities were being examined in order that provision could be better targeted to meet local needs.

Reason for the Decision

A Strategy for Changes Part 2 must be completed by all authorities in the BSF programme.

Alternative Options Considered and Rejected

Not applicable.

Implementation Date

The Strategy for Change must be submitted to PfS by 19th November 2008.

RESOLVED: That

1) the Strategy for Change Part 2, attached as Appendix A to the report and revised as outlined at the meeting, be approved and the Strategic Director for Children and Young People be authorised, in consultation with the Executive Board Member for Children and Young People, to make any necessary minor amendments following this meeting prior to its submission;

2) the LEP model be confirmed as the BSF procurement route and a further report be requested on its potential scope;

3) approval be confirmed to seek permission to utilise 100% of available capital receipts on vacant secondary premises to fund the BSF Capital Programme; and

4) the Cross Party BSF Working Group be reconvened to develop the Strategy for Change Part 2 to inform the Outline Business Case.

EXECUTIVE BOARD MEETING HELD ON 4 DECEMBER 2008

EXB79 PROPOSALS FOR A GREATER MERSEYSIDE SUB-REGIONAL GROUPING TO PLAN AND COMMISSION 16-18 LEARNING AND COMMISSIONING ARRANGEMENTS - KEY DECISION

The Board considered a report of the Strategic Director – Children and Young People outlining a recommendation relating to a Sub Regional Grouping within which Halton Council could discharge its future statutory responsibilities for planning and commissioning 16-18 learning. This was part of the transfer of responsibilities from the Learning and Skills Council (LSC) in April 2010.

It was noted that the Government had announced its intention to route funding for 16-18 year old learning through Councils following the winding up of the LSC. The LSC would be replaced in 2010 by two new agencies: the Young People's Learning Agency (YPLA) and the Skills Funding Agency (SFA). The changes were subject to

legislation and were outlined in the White Paper "Raising Expectations". Part of the transitional arrangements were to establish sub-regional groupings of councils that would co-ordinate commissioning for 16-18 learning across the appropriate area.

Locally, these new responsibilities would be co-ordinated under the auspices of Halton's 14-19 Strategic Partnership. This Partnership brought all stakeholders together to plan 14-19 learning in the Borough and would ensure that the full breadth of provision to meet the 2013 entitlement was in place for Halton's learners.

The Board was advised that significant preparatory work was required to ensure that the Council was ready to assume the lead commissioning role for 16-18 learning in 2010. Details were outlined for Members' consideration, together with the basis of the recommendation for a Greater Merseyside Sub Regional Grouping for 16-18. It was noted that the other Council areas forming this proposal were Knowsley, Liverpool, Sefton, St Helens and the Wirral.

There were three proposed models to undertake the strategic commissioning through the sub regional grouping, each of which were outlined in the report. Model three had strong support from the 14-19 strategic managers to the Directors of Children's Services, and was Halton's preferred model at this stage, as local authorities would remain in control of their local planning and commissioning but, through sub regional collaboration, would be accountable for meeting Multi Area Agreement priorities. This would ensure that both employers' and learner demands were met and that provision was procured locally to meet learner needs. However, the final decision would sit with the YPLA.

The Board was advised that the issue of capacity, in terms of capital to carry out the required development work, had been raised with Government Office North West. Representations had been made for additional support and it was hoped that this would be forthcoming either as staff or resource.

Reason(s) for Decision

To comply with Machinery of Government requirements as part of the transfer of LSC responsibilities to Councils.

Alternative Options Considered and Rejected

An alternative option was to form a sub group with Cheshire Councils. However, given the emphasis of working within the City Region for the reasons outlined in paragraph 3.4 of the report, this option was not put forward although key strategic linkages would be maintained with any Cheshire grouping, particularly with Warrington Council.

Implementation Date

April 2010.

RESOLVED: That

(1) Halton's membership of a Greater Merseyside Sub Regional Group for 16-18 learning be approved in order to comply with the Council's responsibilities arising from the transfer of Learning and Skills Council (LSC) duties for 16-18 learning to the Council in 2010;

(2) to maximise the benefits to all learners, the Greater Merseyside Group be requested to ensure that there is co-ordination of strategic planning for 16-18 learners with all neighbouring authorities; and

(3) "Model Three" be approved for Sub-Regional Commissioning, where local authorities come together to share 14-19 plans but procure providers from within their own Council areas.

REPORT TO: Children and Young People's Policy & Performance Board

DATE: 5 January 2009

REPORTING OFFICER: Strategic Director, Corporate and Policy

SUBJECT: Discussion on SEN Developments

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To consider and discuss SEN developments.

2.0 RECOMMENDED: That Members comment on and discuss the developments in SEN.

3.0 POLICY IMPLICATIONS

None.

4.0 OTHER IMPLICATIONS

None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton** - none.

5.2 **Employment, Learning and Skills in Halton** - none.

5.3 **A Healthy Halton** – none.

5.4 **A Safer Halton** – none.

5.5 **Halton's Urban Renewal** – none.

6.0 EQUALITY AND DIVERSITY ISSUES

6.1 None.

7.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

7.1 There are no background papers under the meaning of the Act.

REPORT TO:	Children & Young People's Policy and Performance Board
DATE:	5 January 2009
REPORTING OFFICER:	Strategic Director of Children and Young People's Directorate
SUBJECT:	Children's Oral Health in Halton
WARDS:	Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 To report the findings of the Scrutiny Topic on Oral Health in Children and Young People in Halton and make the following recommendations:

2.0 RECOMMENDATION: That

2.1 The PPB considers, comments on and endorses the draft Topic Report.

2.2 The Executive Board be requested to approve the recommendations contained in 2.3 – 2.5 below and report back to the March meeting of the PPB on their conclusion.

2.3 Halton and St Helen's PCT should, subject to parental consent and outcomes of the 'Lancashire Trial', support the administering of fluoride varnish to children, to take place in school settings;

2.4 Halton and St Helen's PCT should take steps to support the take up of dental services by vulnerable young people who may not have regular access to dental services or be registered with a dentist; and

2.5 The Children and Young People's Policy and Performance Board should keep under review the implementation of the Oral Health Strategy.

3.0 SUPPORTING INFORMATION

3.1 On the 27th November 2007 the Children and Young People's Policy and Performance Board agreed that children and young people's oral health should provide the focus for scrutiny during 2008. The Council's Annual Performance Assessment of services for children and young people Halton reported that "The local authority's performance on oral health is weaker than national and remains an area of development". It recommended that the local authority should "accelerate plans to improve oral health".

3.2 The Oral Health Scrutiny Group was a joint scrutiny topic comprising the following Members from both the Health and Children and Young

People's Policy Performance Boards: Cllr M Dennett, Cllr P Wallace, Cllr R Gilligan, Cllr E Cargill, Cllr M Lloyd-Jones and Cllr M Horabin.

3.3 It was agreed that the Scrutiny Group would:

Receive and consider evidence presented on the state of children's oral health in the Borough;
Consider the information in relation to statistical neighbours and national and regional benchmarks; and
Consider future strategies for securing improvement

3.4 The Scrutiny Group met on a few occasions and considered evidence presented by Dr K Milsom, Consultant in Dental Public Health, regarding the state of dental health experienced by children and young people in the Borough. Members interrogated the evidence presented. Detailed below is a summary of the Group's findings.

3.5 Dental health in Halton is poor. Using data from epidemiological studies of child dental health we know that in 16 of the 21 electoral wards that comprise Halton Local Authority, dental health of 5-year-olds is worse than the national average. In England, 34% of children aged 5 years have experienced tooth decay, the figure in Halton is 51%, with each Halton 5-year-old having, on average 2 decayed, missing or filled teeth. There are only 4 Halton electoral wards in which the proportion of 5-year-olds with tooth decay is lower than the national average (Beechwood, Birchfield, Daresbury, Farnworth). The position is similar amongst the 12-year-old population. (Appendix 1)

3.6 Detailed dental health data on the adult population is not readily available. However, the decennial adult dental health surveys repeatedly confirm that the Northwest has the worst dental health in England.

3.7 Against this background Halton and St Helens PCT have developed a dental commissioning strategy that aims to:

Reduce population prevalence of dental disease;
Reduce inequalities in dental caries prevalence;
Ensure that access to NHS services for urgent, out of hours and elective care is available for all; and
Ensure evidence based services according to need

3.8 The dental commissioning strategy was accepted by the PCT Board in March 2008 and funding was provided to ensure that key dental health objectives identified within the strategy were addressed. In 2008-9 The PCT elected to focus on the priority issues:

1. Improving child dental health and reducing dental health inequality
2. Improving access to primary dental care

3.9 Improving child dental health and reducing dental health inequality

3.9.1 The Department of Health document *Delivering better Oral health: An evidence-based toolkit for prevention* has identified a number of evidence based interventions that, if implemented, will prevent dental decay in the child population. Of significant importance is the use of fluoride varnish. There is robust evidence to indicate that if fluoride varnish is painted twice/three times per year onto the biting surfaces of teeth, a reduction of 30%-40% in prevalence of tooth decay can be achieved.

3.9.2 In 2008, Halton and St Helens PCT are purchasing fluoride varnish for dentists to use in their surgeries and dentists are being asked to apply the varnish three times a year to all children aged 3-17 years. Given that approximately 70% of children attend a dentist on a regular basis, there is an expectation that this primary care based intervention will have a major impact on child dental health.

3.9.3 However, thirty per cent of children in Halton do not attend a dentist regularly. Often these children come from communities that have the poorest dental health.

3.9.4 Clearly dental practice based initiatives are unable to reach these children and other strategies have to be considered. One possibility is to take the fluoride varnish into the school setting. By applying the fluoride varnish to the teeth of children in schools, the most disadvantaged children in our community will have the opportunity to benefit. The evidence base for this school based intervention is not strong, although a large randomised controlled trial currently ongoing in Lancashire is likely to provide definitive evidence of effectiveness (or otherwise). The results of this study will be known in spring 2009. Health authorities in Scotland have already begun to roll out school based fluoride varnish schemes. Should the research evidence prove school based fluoride varnish to be effective in the school setting, then implementing such programmes would be a priority for Halton and St Helens PCT.

3.9.5 In addition to stimulating the use of fluoride varnish, Halton and St Helens PCT is preparing to distribute fluoride toothpaste (1450 ppm) and a tooth brush to every child aged 3-11 years, living within the PCT boundary. It is anticipated that twice yearly distribution will take place for the next 3 years. Fluoride toothpaste is effective at reducing the prevalence of tooth decay and this initiative, in conjunction the fluoride varnish programme, is expected to have a significant impact on the dental health of local children.

3.10 Improving access to primary dental care

3.10.1 Access to NHS dental care is a major priority both nationally and locally. Whilst only 50%-60% of the population of England attend a dentist on a regular basis, changes to the dental contract in 2006 have put pressure on the NHS primary dental care service, with many of those wishing to secure access to an NHS dentist being unable to do so. Central government recognises the problem and has provided additional funding for PCTs to expand their dental services. Halton and St Helens PCT, as part of its dental commissioning strategy, has well developed plans to increase the number of dentists working locally. These developments have a necessary lead in time, (extra surgeries have to be built and equipped, dentists have to be recruited etc), but the PCT is confident that in 2009, the equivalent of 6 new dentists will be available locally to provide NHS dental care.

3.10.2 The PCT is also currently reviewing the role of the 2 Dental Access Centres (DACs) one in Halton and one in St Helens. The DACs offer an NHS dental service to those that do not wish to seek long term care with a 'High Street' dentist. The service includes relief of pain, dental extractions and simple fillings.

3.10.3 In 2008, the PCT commissioned a piece of work that confirmed that the DACs were seeing and treating disadvantaged groups. Building on this review, a more detailed review of activity has been commissioned, the results of which are expected to pave the way for service developments within the 2 DACs. Whilst it is premature to guess at what the review's outcome will be, there is an expectation that the review will lead to enhanced NHS dental services for the disadvantaged in our community. (On this point it is worth noting, that in another scrutiny topic, focussing upon access to services by homeless young people in the Borough access to dentists has emerged as a recurring theme).

3.11 Halton and St Helens PCT's dental commissioning strategy is the driving force for the improvements in dental health that are needed locally. In its first year, key objectives contained within the strategy have been addressed and monitoring systems are in place to ensure that the expected progress is delivered. The outcomes of interest-improved dental health, reduced dental health inequality and improved access to NHS care are difficult to achieve, yet the PCT is confident that by building its dental commissioning strategy on evidence based intervention, improvements are possible. The strategy is now almost one year old and will be reviewed over the next 3 months. The review will reflect upon what has been achieved, and what more is required in order to sustain the forward momentum.

4.0 POLICY IMPLICATIONS

4.1 None. The Oral Health Strategy has been approved by Halton and St Helen's PCT. The recommendations contained in this scrutiny report would support the implementation of that Strategy.

5.0 OTHER IMPLICATIONS

5.1 Parental consent would need to be secured to enable the administering of fluoride varnish to pupils in school settings.

5.2 The recommendations contained in this report should inform the future dental commissioning strategy of the PCT.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

Securing good dental health of **all** of the children and young people in Halton would be a positive step in reducing the health inequalities in the Borough.

6.2 Employment, Learning and Skills in Halton

None

6.3 A Healthy Halton

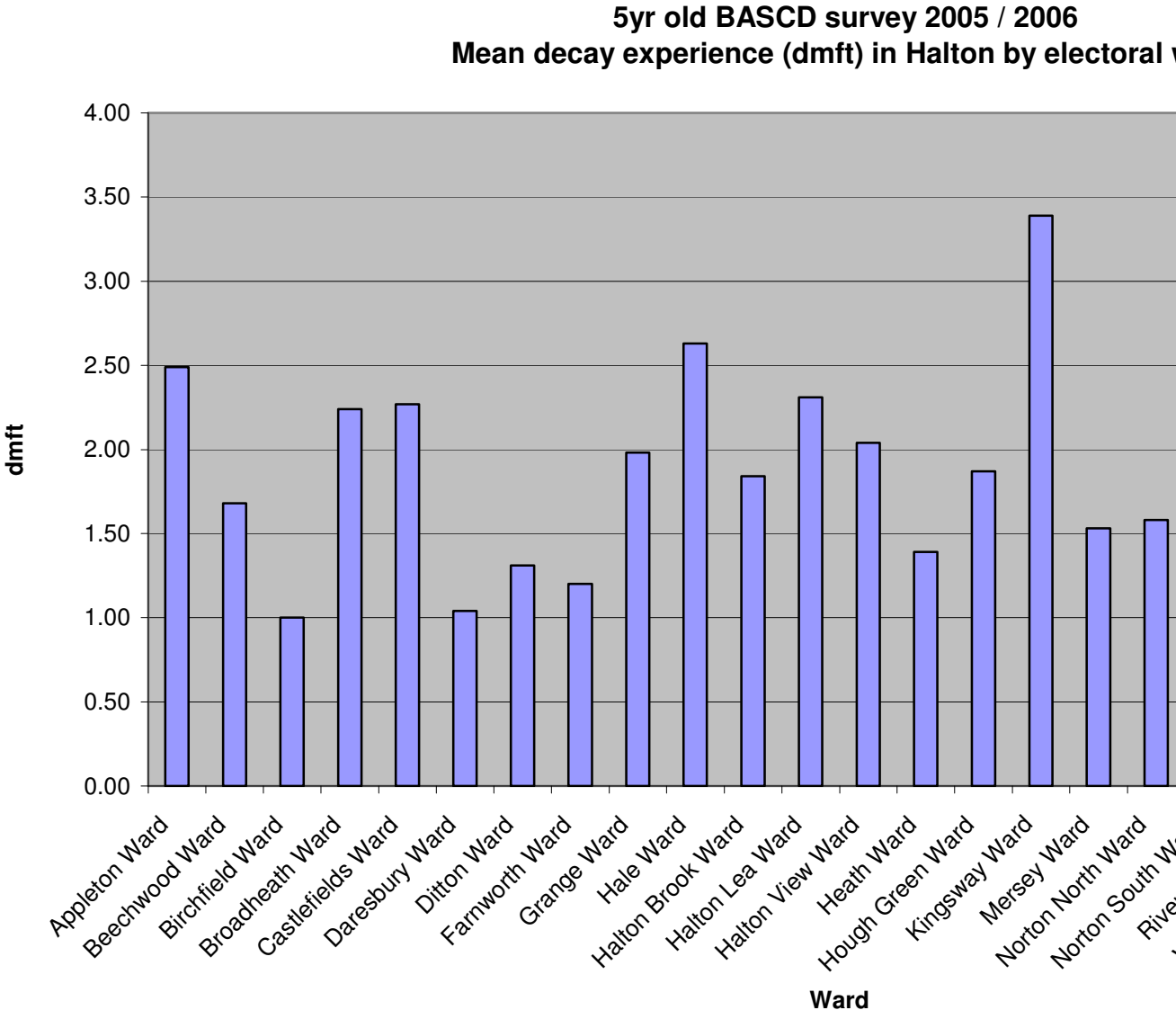
Reducing poor dental health of all members of the community is a priority contained within the Dental Health Commissioning Strategy for Halton and St Helen's PCT.

6.4 A Safer Halton

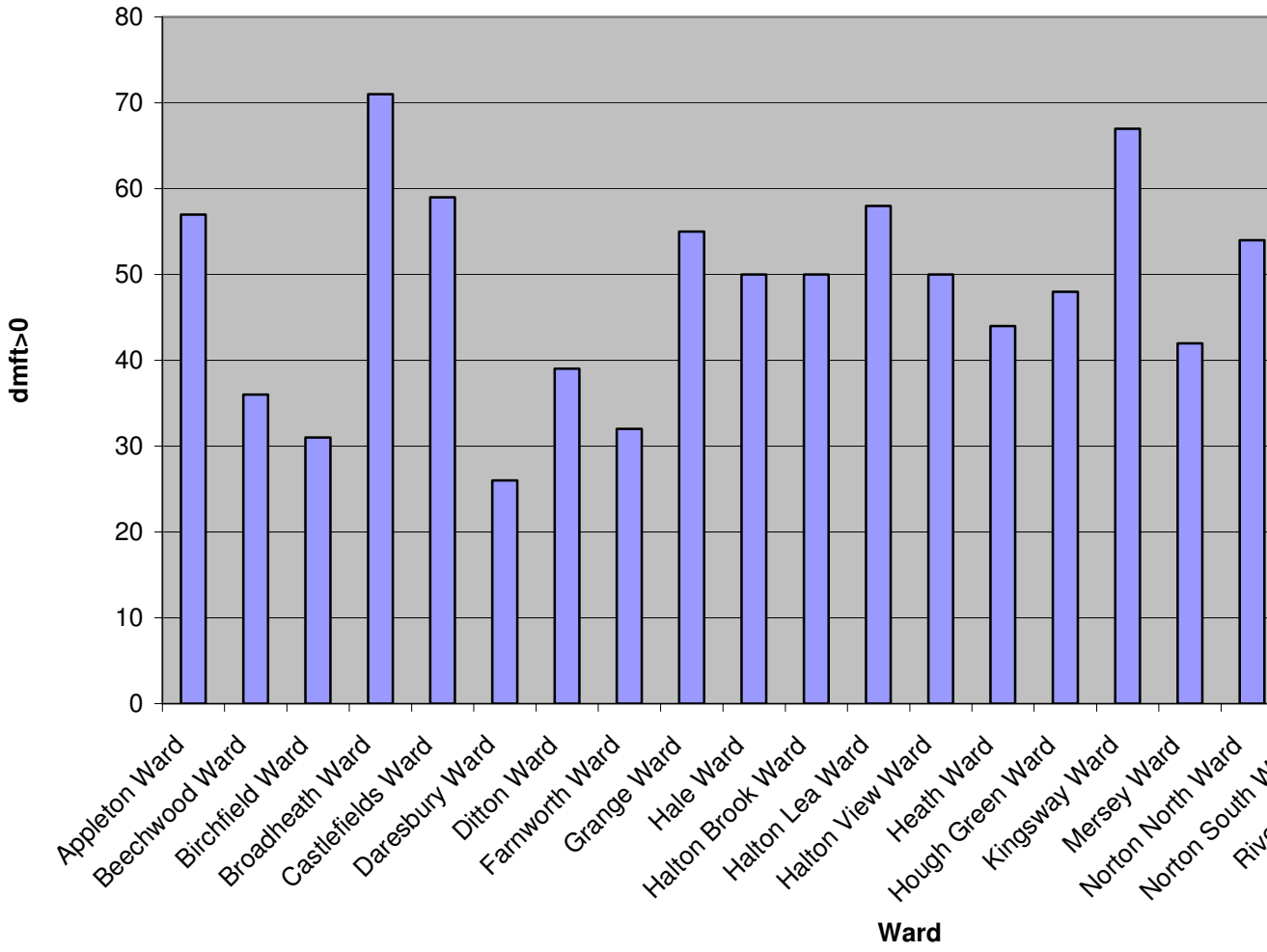
None

6.5 Halton's Urban Renewal

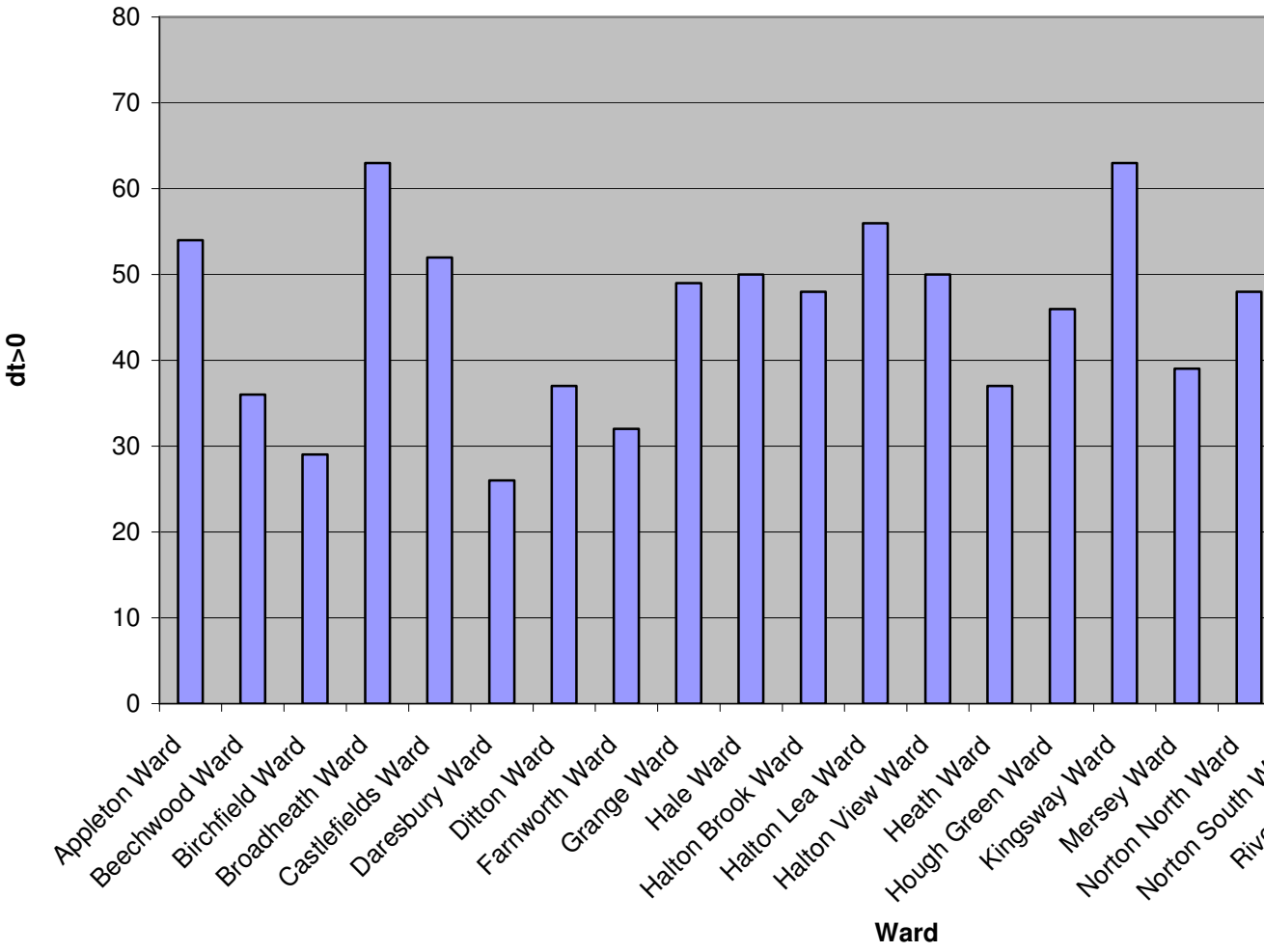
None


5yr old BASCD survey 2005 / 2006
Mean decay experience (dmft) in Halton by electoral
dmft
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00
Appleton Ward
Beechwood Ward
Birchfield Ward
Broadheath Ward
Castlefields Ward
Daresbury Ward
Ditton Ward
Farnworth Ward
Grange Ward
Hale Ward
Halton Brook Ward
Halton Lea Ward
Halton View Ward
Heath Ward
Hough Green Ward
Kingsway Ward
Mersey Ward
Norton North Ward
Norton South W
Rive
Ward

5 year old BASCD survey 2005 / 2006
Proportion of children with decay experience (% dmft>0) in Halton



5yr old BASCD survey 2005 / 2006
Proportion of children with active decay (% dt>0) in Halton by



REPORT: Children and Young People's Policy and Performance Board

DATE: 5th January 2009

REPORTING OFFICER: Strategic Director Children and Young People Directorate

SUBJECT: Children &Young People's Policy and Performance Board Work Programme 2009/10

WARDS: Boroughwide

1.0 PURPOSE AND CONTENT OF REPORT

1.1 This report is the first step in developing a work programme of Topics for the Board to examine in 2009/10. While the Board ultimately determines its own Topics, suggestions for Topics to be considered may also come from a variety of other sources in addition to Members of the Board themselves, including members of the Council's Executive, other non-Executive Members, officers, the public, partner and other organisations, performance data and inspections.

1.2 The key tasks for Board Members are:

- to suggest and gather Topic ideas on issues relevant to the Board's remit;
- to decide on a work programme of 2 or 3 Topics to be undertaken in the next municipal year.

2.0 RECOMMENDED: that the Policy and Performance Board

(1) Put forward and debate its initial suggestions for Topics to be included in the Board's 2009/10 work programme

(2) Develop and informally consult on a shortlist of its own and others' 2009/10 Topic suggestions ahead of the Board's meeting on 23rd February 2009, bearing in mind the Council's Topic selection criteria

(3) Decide at its February 23rd 2009 meeting on a work programme of 2 or 3 Topics to be examined in 2009/10.

3.0 SUPPORTING INFORMATION

Annex 1 – Topic selection checklist

4.0 POLICY IMPLICATIONS

4.1 The Council's priorities are further developed through the 2009 / 10 scrutiny topics

5.0 OTHER IMPLICATIONS

None

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

Selection of scrutiny topics for 2009 / 10 leads to further development of the Council's priorities

6.2 Employment, Learning and Skills in Halton

Selection of scrutiny topics for 2009 / 10 leads to further development of the Council's priorities

6.3 A Healthy Halton

Selection of scrutiny topics for 2009 / 10 leads to further development of the Council's priorities.

6.4 A Safer Halton

Selection of scrutiny topics for 2009 / 10 leads to further development of the Council's priorities

6.5 Halton's Urban Renewal

Selection of scrutiny topics for 2009 / 10 leads to further development of the Council's priorities

Annex 1

OVERVIEW AND SCRUTINY WORK PROGRAMME

Topic Selection Checklist

This checklist leads the user through a reasoning process to identify a) why a topic should be explored and b) whether it makes sense to examine it through the overview and scrutiny process. More "yeses" indicate a stronger case for selecting the Topic.

#	CRITERION	Yes/No
Why? Evidence for why a topic should be explored and included in the work programme		
1	Is the Topic **directly aligned with and have significant implications for at least 1 of Halton's 5 strategic priorities & related objectives/PIs, and/or a key central government priority?**	
2	Does the Topic **address an identified need** or issue?	
3	Is there a **high level of public interest or concern about the Topic** e.g. apparent from consultation, complaints or the local press	
4	Has the Topic been **identified through performance monitoring** e.g. PIs indicating an area of poor performance with scope for improvement?	
5	Has the Topic been **raised as an issue requiring further examination through a review, inspection or assessment, or by the auditor?**	
6	Is the Topic area likely to have a **major impact on resources or be significantly affected by financial or other resource problems** e.g. a pattern of major overspending or persisting staffing difficulties that could undermine performance?	
7	Has some **recent development or change** created a need to look at the Topic e.g. new government guidance/legislation, or new research findings?	
8	Would there be **significant risks** to the organisation and the community **as a result of not examining this topic**?	

<u>Whether</u>? Reasons affecting whether it makes sense to examine an identified topic		
9	**Scope for impact** - Is the Topic something the Council can actually influence, directly or via its partners? Can we make a difference?	
10	**Outcomes –** Are there clear improvement outcomes (not specific answers) in mind from examining the Topic and are they likely to be achievable?	
11	**Cost: benefit** - are the benefits of working on the Topic likely to outweigh the costs, making investment of time & effort worthwhile?	
12	**Are PPBs the best way to add value** in this Topic area? Can they make a distinctive contribution?	
13	Does the organisation have the **capacity** to progress this Topic? (e.g. is it related to other review or work peaks that would place an unacceptable load on a particular officer or team?)	
14	Can PPBs contribute meaningfully given the **time** available?	

REPORT TO: Children & Young People Policy and Performance Board

DATE: 5 January 2009

REPORTING OFFICER: Strategic Director – Health & Community

SUBJECT: Joint Strategic Needs Assessment (JSNA) - Health

1.0 PURPOSE OF THE REPORT

1.1 To present Children & Young People Policy and Performance Board with the summary of the findings of the first JSNA Health (Attached at Appendix 1).

2.0 RECOMMENDATION:

(i) That Children & Young People Policy and Performance Board comment on and note the content of the report.

3.0 SUPPORTING INFORMATION

3.1 The Directors of Adult Social Services, Public Health and Children and Young People's (CYP) Services in every Local Authority and Primary Care Trust (PCT) had a statutory duty from April 2008 to work together to develop a JSNA for their area.

3.2 For the production of the first JSNA we have focused on refining, improving and bringing together the information we have already available that highlights overall population needs. This information is from national and local sources and includes a wealth of information we have collected directly from services across Halton. This information has been used to take a longer-term view of population trends and the likely impact on demand over the next years and decades.

3.3 In order to deliver this first stage of our JSNA, a number of different information sources have been used. The quality of sources varies and some population, condition and trends information are more robust and well research than others. Needs assessment and in particular trend forecasting is not an exact science – predications tend to be more accurate at a general, larger population level and because of this the aim has been to keep messages very strategic at this stage.

3.4 The JSNA is intended to identify 'the big picture' in terms of the health and wellbeing needs and inequalities within the local population. **It is not intended to describe how we will address the needs, demonstrate outcomes or showcase our services.** The aim is that the information contained in the JSNA will encourage partner agencies to use the findings to inform a number of local authority and PCT strategies, Client Group Commissioning Plans, Local Area Agreements etc. It has already been used within Halton, to feed into Ambition for Health and the Joint Commissioning Plan.

3.5 The development of the JSNA is not a single, one off exercise but is an ongoing piece of work, which will add to our commissioning 'intelligence'. As we continue to develop our JSNA we will: -

- Build upon service user and care views
- Include information about service usage

- Ensure we have information at a locality level as well as overall trends.

Approval process within the PCT

3.6 The approval process for the JSNA within the PCT is currently being reviewed. It is anticipated that it will be go to the PCTs Management Team and then the Trust Board, once the St Helens JSNA is ready. NB. The St Helens summary of findings document is finished, however the full data documents is still to be completed. St Helens Council are not intending to submit the needs assessment to their Board.

Consultation Process

3.7 A key element of the consultation process is the production of an accessible public document on the local priorities detailing how the JSNA will feed into commissioning plans for the future and the evidence based investment decisions taken. This has been achieved through the development of the summary of findings document (Appendix 1)

It is proposed that the consultation process be in 4 stages, as follows:

1) Professionals
2) Members via **all** Policy & Performance Boards (January 2009)
3) Key stakeholders
4) General public

At each stage, the document will be revised and updated accordingly.

4.0 POLICY IMPLICATIONS

4.1 The JSNA pulls together information about the current and future health and well being needs of the local population. It provides an opportunity to look into the future so that we can plan now for likely changes in needs, so it is therefore one of the major influences in directing commissioning priorities and planning service development.

4.2 One of the key functions of the JSNA is to inform future "commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities." As such it will therefore inform the future development of the Community Strategy and hence the Local Area Agreement. The above reference to inequalities highlights the relationship between the content of the JSNA and resultant neighbourhood management activities. Finally, given the holistic approach adopted, the findings will benefit the implementation of the Equality and Diversity Plan.

5.0 FINANCIAL/RESOURCE IMPLICATIONS

5.1 The production of the draft JSNA has been borne within existing resources, however there will be some financial costs to cover public consultation and these are currently being determined.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

6.1.1 The JSNA will inform all future commissioning decisions targeted at improving the health and well-being of Children and Young People and in particular the interventions commissioned for children with the poorest health outcomes.

6.2 **Employment, Learning and Skills in Halton**

6.2.1 Improving the education, skills and employment prospects of Halton's residents and workforce is a key driver for reducing health inequalities and hence the relevant data comprises a significant part of the JSNA.

6.3 **A Healthy Halton**

6.3.1 The JSNA will inform all future commissioning decisions targeted at improving health and well-being across Halton and in particular the interventions commissioned for areas with the poorest health outcomes.

6.4 **A Safer Halton**

6.4.1 There is evidence to support the relationship between people's perceptions of their local are and how safe they feel with their health and well-being. As a result improvements to health and well-being are dependent on the successful implementation of this corporate priority.

6.5 **Halton's Urban Renewal**

6.5.1 Regeneration initiatives have a significant beneficial impact on health inequalities. As a consequence, a key aspect of the ongoing development of the JSNA will be to ensure the process informs and is informed by interventions to reverse physical, economic and social decline in a given locality/neighbourhood.

7.0 RISK ANALYSIS

7.1 The duty placed on LA's, in conjunction with partners in Health, is ongoing. There is an expectation that the summary of findings document will be refreshed on an annual basis and that the full document will be reviewed in line with the 3yr LAA cycle. At this stage no additional resources have been identified to carry out this work and agreement needs to be reached between the Council and Health regarding respective responsibilities to resource work on the JSNA.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 An Equalities Impact assessment will be carried out on the JSNA.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
Draft JSNA (Full document)	Runcorn Town Hall	Angela McNamara

HALTON BOROUGH COUNCIL

NHS Halton and St Helens

Health and Wellbeing in Halton 2008

Halton's Joint Strategic Needs Assessment (JSNA)

Summary of Findings

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0151 907 8306

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Introduction and Background: Why and how we undertook the JSNA

Summary of Findings

This document summarises the outcomes from the first phase of our JSNA work here in Halton and highlights the key messages and some of the implications for future commissioning and planning.

Why we undertook a JSNA

The Directors of Adult Social Services, Public Health and Children and Young People's Services in every local authority and Primary Care Trust (PCT) have a statutory duty from April 2008 to work together to develop a Joint Strategic Needs Assessment (JSNA) for their district.

The JSNA must pull together a wide range of information about the current and future health and well-being needs of the local population. It provides an opportunity to look to the future - over the next 5, 10, 15 and 20 years - so that we can plan now for likely changes in needs. So it is one of the major influences in directing our commissioning priorities and planning service development.

How we undertook a JSNA

For this first stage of the JSNA we have focused on refining, improving and bringing together the information we have available that highlights overall population needs. This information is from national and local sources and includes a wealth of information we have collected directly from services across Halton. We have used this initial work to take a longer term view of population trends and the likely impact on demand for support over the next years and decades.

In order to deliver this first stage of our JSNA we have used a number of different information sources. The quality of sources varies and some population, condition and trends information are more robust and well researched than others. Needs assessment, and in particular trend forecasting, is not an exact science - predictions tend to be more accurate at a general, larger population level and because of this we have aimed to keep key messages very strategic at this stage.

This is a summary of the full report – see back page for details of how to obtain copies of the full report.

Personalisation, including a shift towards early intervention and prevention, will become the cornerstone of public services, including the commissioning and development of services within health and social care. This means that every person who receives support, whether provided by statutory or funded by themselves, will have choice and control over the shape of that support in all care settings.

Copies of the Commissioning Strategies/Intentions in place to address the identified needs within this document can be found on Halton Borough Council's website www.halton.gov.uk and the PCT's website www.haltonandsthelenspct.nhs.uk

Overall messages about the needs of our changing populations

Halton's resident population is 119,500 (ONS mid year estimate 2006) Overall, the population has decreased by 2% since 1996, but has been rising since 2001.

At present, Halton has a younger population than the national and regional averages. However, Halton mirrors the national picture of an ageing population, with projections indicating that the population of the borough will age at a faster rate than the national average. In 1996 12.9% of the total population were aged 65 and over, by 2006 this had increased to nearly 14% and by 2015 this is projected to have increased to 17%, which could have a significant impact on the need for health and social care.

The population is predominantly white (98.8%) with relatively little variation between wards. However, in recent years, it has seen a small influx of Eastern European (Polish & Slovakian) migrants.

In recent years Halton has seen increases in life expectancy for both men and women and declining all cause mortality, predominantly due to drops in deaths from coronary heart disease and cancer. Whilst this is good news, the England figures have decreased at a greater rate so the gap between Halton and England has widened for all cause mortality and for both genders. Halton now has the 3rd worst life expectancy in England for women and the 6th worst life expectancy for men. Within Halton there are also geographical variations in life expectancy. Men in the most deprived areas of Halton live 7.7 years less than men in the least deprived areas. For women in Halton the average life expectancy at birth is 5.8 years less in the most deprived areas than in the least deprived areas.

Deprivation is a major determinant of health. Lower income levels often lead to poor levels of nutrition, poor housing conditions, and inequitable access to healthcare and other services. Deprivation, measured using the English Index of Multiple Deprivation (IMD) 2007, ranks Halton as the 30th most deprived authority in England (compared to 21st in 2004). The 2007 IMD shows that deprivation in Halton is widespread with 57,958 people

(48% of the population) in Halton living in 'Super Output Areas' (SOA's) that are ranked within the most deprived 20% of areas in England.

In terms of Health and Disability, the IMD identifies 53 SOA's that fall within the top 20% most health deprived nationally and that approximately 40,000 people (33% of the population) live in the top 4% most health deprived areas in England. At ward level, Windmill Hill is the most deprived area in terms of health. However, health deprivation is highest in an SOA within Castlefields, ranked 32nd most deprived nationally.

Key Issues and Findings

Specific Populations

Older people

Projections indicate a significant and substantial increase in the numbers of older people between 2006 and 2015, at a rate that is higher than the national and regional trends. Currently 14% of the population is over 65. This is set to rise to 17% by 2015. One of the largest growths (up by 19%) will be seen in potentially the most frail and dependent group of over-85s, bringing key implications for planning future service provision for this group. In 2000/01 the NHS spent 41% of its budget (£12.4 billion) on people over 65. On average older people are more likely than younger people to report lifestyle-limiting illness, to live alone, live in poverty and to rely on public services and informal cares. Advancing age also carries some increased risk of dementia and depressive illness and in Halton levels of people with dementia are rising.

Just under half of Halton's 65+ population live with limiting long-term illness and the rate of fractured neck of femur (hip fracture) is the 5th worst in the country. In 2006/07 there were 123 hip fractures in the over 65s in Halton.

The wards with the highest proportions of the population that are older people are seen in Castlefields, Halton and Ditton.

People with disabilities or a limiting long term illness (LLTI)

Nationally, 18% of people (over 16 years) have at least one dimension of a limiting long-term illness i.e. about 20,300 people in Halton. In Halton the number of adults living with a long term limiting illness is higher than the national average at 22% (2001 census).

Whilst there is no evidence to suggest dramatic increases in the number of adults aged 16-64 with physical/sensory impairments, as the proportion of the population over 45 increases, later onset conditions such as Parkinson's Disease, sensory impairment, arthritis, etc, will rise. In addition, significant increases in the levels of obesity in Halton are predicted to lead to an increase in the prevalence of diabetes and incidence of heart disease.

People with learning disabilities

It is predicted that the population of people with learning disabilities will grow by 6% by 2011. Of further significance is that people with learning disabilities are living longer. Adults with learning disabilities have poorer general health than the wider population and can struggle to access mainstream health services.

The wards showing the highest prevalence of learning difficulty are Castlefields, Hough Green, Grange and Halton Lea respectively. The overall pattern shows a strong relationship between levels of learning difficulty with areas of deprivation, in that these 4 wards also have a high percentage of the population living in the top 10% most deprived areas nationally.

Numbers of people (known to social services) in Halton with a learning disability have remained fairly constant in recent years (between 430-450). However, since 2002 there has been a significant shift in the way in which services are delivered to people with a learning disability. Halton now performs well in respect to helping people with learning disabilities to live in the community with approximately 82% of people now receiving services in their own home. However, access to general needs social housing remains limited and levels of owner occupation remain extremely low.

Few adults with learning disabilities in Halton are in paid employment (less than 1% compared to 10% nationally), even though employment is key to sustaining well-being and enabling people to maximize independence.

Key Issues and Findings

Specific Populations continued

Children

Population estimates indicate that Halton has a younger population than the regional and national average. However, overall the 0-19 population is decreasing.

Windmill Hill is ranked the most deprived ward in the borough across all domains and is ranked the most deprived ward in terms of health.

Over 50% of Halton's children live in the 20% most deprived areas nationally and a further 15.5% live in the 40% most deprived areas nationally, with only 8% of children living in the 20% least deprived areas nationally.

A number of major health issues relevant to children and young people in Halton have been identified through the JSNA and the Children and Young Peoples Plan. Key issues include, higher rates of infant mortality and low birth weight, high rates of teenage pregnancy, high rates of obesity for both reception and year 6 children. In Halton, 24% of reception age children are overweight and 11.6% are obese, and 36.3% of Year 6 children are overweight and 22.3% are obese. All of these levels are above the England average.

Pregnant Women & Newborns

The health of the child starts with the health of their mothers before and during pregnancy. Locally, 1 in 4 were still smoking at the birth of their child, and just 4 in 10 are breastfeeding on delivery (half the national average and 4th worst in the country). Therefore programmes around stopping smoking (particularly before and during pregnancy), increasing levels of physical activity, developing healthier eating habits and dramatically increasing the number of women who breastfeed are a priority.

Incidence of teenage pregnancy remains an issue in Halton, despite falling for several years; rates are now above the 1998 baseline level. There is also a correlation between deprivation and incidence of teenage pregnancy with the most deprived areas in Halton experiencing the highest levels of teenage conception rates.

Carers

Carers provide a significant proportion of community care as services target provision on those with highest need. There are as many as 13,531 carers in Halton and 3,696 provide over 50 hours unpaid care a week. Research by the equal opportunities Commission suggests that caring can have a detrimental impact on health and employment. Approximately 14% of carers in Halton state that they are in poor health. As the ageing population in Halton increases there is also predicted to be a steady increase in the number of carers, including those carers aged over 85 and an increase in older carers with poor health. All factors indicate an increased demand for services to support carers in Halton.

Conditions

Mental health and emotional well-being

About 1 in 6 adults in Halton suffer from depression (or chronic anxiety, which effects 1 in 3 families). This rises to 1 in 4 older people having symptoms of depression that are severe enough to warrant intervention. Of other mental health problems, anxiety and phobias are the most common.

People with mental health problems are less likely to be in paid employment and carers are twice as likely to have mental health problems. 40% of people on incapacity benefit are claiming for mental health problems (nationally more than the total number of people claiming benefits for unemployment). In Halton's Housing Needs Survey 2005, 96% of people with a mental health problem (who reported their household income) had an income below the national average and 65% of people with a mental health problem indicated that the problem was serious enough for them to need care and support. In addition, the range and number of supported housing available for people with mental health problems in Halton remains low compared to national and regional averages.

Emotional well-being is a concern for all members of the community and we should be focusing on preserving it. Improving people's relationships, self-image, self-esteem and levels of worry, which all impact on emotional well-being will give people the ability to cope with life. Supporting adults to remain in or return to employment will pay dividends in terms of mental health and we need to improve our performance in this area.

We also need to support people with mental health problems to improve their well-being by increasing access to services such as housing support, creative arts and leisure, physical activities and talking therapies.

It is estimated that 2000 children and young people in Halton have moderately severe problems requiring attention from professionals trained in mental health, and approximately 500 children and young people with severe and complex health problems requiring a multi-disciplinary approach. The establishment of a continuum of emotional health and mental well being services that can intervene early where appropriate, is critical to meeting the needs of the these vulnerable children, who will soon face the challenge of adulthood. The transition to adult services is a critical point for this group of young people. Promoting the emotional well being and mental health of children and young people is everyone's business in Halton and will have a major impact on a number of other health and socio-economic factors.

Dementia

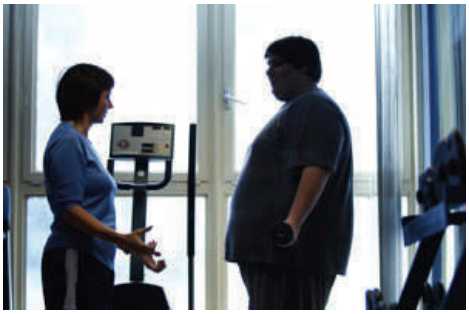
Dementia is most common in older people, with prevalence rising sharply amongst people over 65 years. It is also one of the main causes of disability in later life. Locally 5% of the population has dementia. This translates to 1,061 people over 65 with dementia living in the community with dementia and is predicted to rise to an estimated 1,613 by 2025.

Early diagnosis of, and intervention for, dementia are the keys to delaying admission to long-term care and to help people remain independent for longer. Promoting healthy ageing, for example by keeping people active and tackling social isolation, is important in delaying the onset of dementia. Accommodation choices including extra care housing, residential and nursing care for older people with dementia must also be balanced to meet future aspirations in respect to choice of service and be sufficient in numbers to meet future needs.

Conditions Continued

Obesity in Adults

Obesity is one of the most



significant threats to the long-term health of our population as it leads to an increased risk of a wide range of health problems including type 2 diabetes, heart disease and some cancers. Nationally the levels of overweight and obesity are increasing and this pattern is reflected in Halton. Between 20% to 25% of adults in Halton are obese and these figures have increased in recent years. Considered alongside the increased levels of obesity in children this is a key priority, which can only be addressed by a wide range of strategies to be delivered through partnership working across all sectors.

Cancer

Cancer is the second biggest cause of premature death in Halton but its rate makes Halton the worst area in the country for cancer deaths. Incidence (the number of new cancers per year) of 'all cancers' in men has decreased over the past decade but remains above the national rate. The incidence rate for women has risen over the same period both nationally and locally although in Halton the rates are now falling. Levels of mortality vary across Halton, with the highest rates being in Norton South, for both all ages and under 75s. Other areas with high rates are Farnworth, Castlefields and Grange.

There has been a steady increase in the number of women developing breast cancer in Halton and death rates for the disease have increased recently. Nationally the rate has improved but this remains the second largest cause of cancer death in Halton.

The Incidence of colorectal (bowel) cancer in Halton has slowed since 2002-2004. However, the rate remains significantly above the North West and the national average. Mortality rates, which had been falling since their peak in 1998-2000, have begun to rise in 2004-06, widening the gap between Halton and England.

A fall in the Incidence of lung cancer in Halton was mirroring the falling rates nationally. However, from 2000-02 the rate began rising. Similarly, the rate of mortality from lung cancer has improved both nationally and locally, but an increase between 2001 and 2003 in Halton, even though it has fallen since, widened the gap between the Halton and England rates. Lung cancer remains the leading cause of cancer death in Halton for both men and women.

Prostate cancer has the highest observed incidence rates of any cancer for men in Halton and is in the top 3 causes of cancer mortality.

An increase in preventative services which support lifestyle change will reduce incidence levels whilst increased emphasis on early detection and treatment will improve health outcomes and mortality rates.

Heart disease and stroke

Heart disease is the single biggest cause of premature death in Halton. Locally more people have heart disease than nationally and, for those under 75, men are more likely to have it than women. However, there has been a reduction in the number of deaths from heart disease over recent years.

Stroke is a significant cause of UK morbidity and mortality, the most important cause of adult disability, and the third leading cause of death. Halton has lower rates of death from stroke than the North West but slightly higher rates than England as a whole. When looking at admissions to hospital for stroke Kingsway and Halton View have significantly higher rates compared to Halton as a whole.

It is estimated that just under 1 in 4 (23.9%) people locally have high blood pressure (hypertension) which can lead to stroke and heart disease and numbers are set to increase. However, the number of patients identified as having hypertension at GP practices is much lower than the estimated levels, suggesting many people are going unidentified and therefore untreated.

Conditions Continued

Promoting and enabling people to adopt healthy personal behaviors, such as not smoking, being physically active and eating healthily can help to reduce high blood pressure, reduce the risk of stroke and prevent the development or worsening of heart disease.

Diabetes

Diabetes is a very disabling and potentially fatal condition if not well managed.

Diabetes increases the risk of other conditions such as heart disease and stroke, and magnifies the ill effects of other risk factors such as smoking, high cholesterol levels and obesity. The severity of impact of the disease is linked to how soon it is identified and how well managed it is. Type 2 Diabetes is the most common form, with obesity the primary modifiable risk factor for it. The risk of developing Type 2 Diabetes increases with age.

As the older population in Halton is increasing, as are levels of obesity, more and more people in Halton will be affected by diabetes. If the current rates of obesity continue, by 2010 4.4% of the adult population will have type 2 diabetes which will rise to an estimated 6.16%, or 6,700, GP registered patients by 2020.

Chronic Obstructive Pulmonary Disease (COPD)

This is an umbrella term for chronic bronchitis, emphysema or both. The PCT has the 10th highest level in England, whilst levels in Halton are lower than experienced in St Helens, the rate remains higher than the North West and the national rate.

As the main risk factor for these diseases is smoking, promoting healthy personal lifestyle choices will be key to reducing incidence levels.

Personal behaviours

Substance Misuse

Illegal drugs cause damage and ruin to individuals, families and communities. And the most vulnerable and deprived among us are often the hardest hit. For individuals, drug misuse means wasted potential, broken relationships and, for some, a life of crime to feed their drug habit. For the wider community, our efforts to lift children out of poverty, promote equality of opportunity and reduce crime are held back when families and communities are in the grip of drug use.

Over the past few years, increasing numbers of adults have entered and successfully left drug treatment. waiting times have consistently been within national targets and service users have expressed high satisfaction with the treatment they have received. however, attracting those in their 20s into drug treatment, and improving the uptake of services around blood borne viruses continues to present a challenge. these issues, together with seeking to support service users into employment, addressing the causes of some individuals offending, and improving the help available to those families affected by drug misuse, will continue to be the focus of future work.

Alcohol

Drinking alcohol to excess is a major cause of disease and injury, increasing the risks of heart disease, liver disease and cancer. Heavy drinking has a severe risk of cardiovascular disease as well as addiction. Binge drinking is linked to significantly increased blood pressure. Consuming alcohol in pregnancy increases the risk of foetal abnormality.

People have low levels of awareness of the amount of alcohol they drink and the harmful effects it can have. Halton has the 8th highest hospital admissions for alcohol-related conditions in England for 2006/07, showing that alcohol consumption is an issue of major concern locally. Alcohol admissions appear linked to deprivation, gender and age, with men in their 40s, and those from deprived wards, more likely to be admitted. Furthermore, estimates suggest that approximately 24% of adult residents binge drink.

Personal behaviours continued

Whilst twice as many men than women drink above safe limits the number of women doing so has increased significantly from 6.9% in 2001 to 12.4% in 2006. The rate has decreased slightly for men during the same period (24.8% in 2001 to 22.5% in 2006).

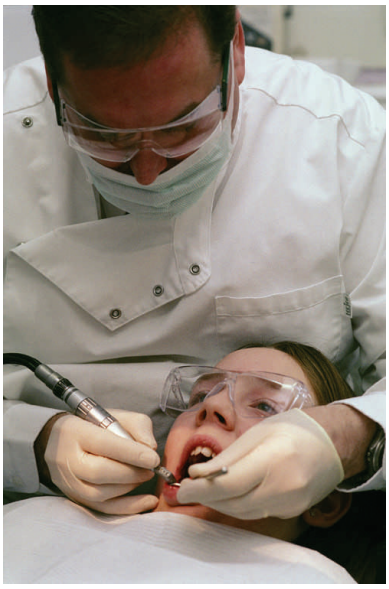
Smoking

Smoking causes more avoidable and early deaths than any other personal lifestyle factor, killing more than 106,000 people in the UK annually; 17% of all deaths. Most die from lung cancer, chronic obstructive lung disease (bronchitis and emphysema) and coronary heart disease. It is a cause of a wide range of diseases, not just those resulting in death.
Second-hand smoke is a major risk to the health of non-smokers.

Locally smoking rates remain high with over 1 in 4 adults still smoking. Overall, prevalence is highest in males aged 40-64 but in the younger age groups, a higher percentage of women smoke than men. The results of a Halton survey of 15-16 year olds highlighted that the smoking rates of 15-16 year olds match that of adults, although there is a significant difference in smoking take up rates -18% male and 29% female.

Food and nutrition

Nutrition with physical activity is second only to smoking tobacco in its influence on a wide range of health issues, not just obesity. Locally we estimate that only 20% of adults eat 5 portions of fruit and vegetables a day although this has improved since the 2001 lifestyle survey when only 12% did so. Males in the 18-34 age group have the poorest diet, with lower intake of fruit and vegetables, and more poor diet habits. Decaying teeth is another sign of poor nutrition and the rate in Halton for 5-year-olds is higher than the national average.



Within Halton the areas with the highest prevalence of decayed teeth are Kingsway, Riverside and Halton Lea.

Sexually Transmitted Infections

Over the period 1996-2006, there has been a general rise in the numbers of Sexually Transmitted Infections (STIs) recorded in Halton, rising from 150 in 1996 to 518 in 2006. Whilst some increase may be due to greater awareness and willingness to seek treatment this alone cannot account for this level of rise.

Chlamydia Screening in Halton identified that 10.6% of cases were positive, which is higher than the national rate.

In addition, the number of young people diagnosed with sexually transmitted infections is increasing.

Wider Factors

Employment

Worklessness remains a key challenge in Halton, particularly in certain deprived areas and in respect to residents with physical and learning disabilities and mental health problems.

Work provides status, purpose, social support, structure to life and income, so it is important not just for the working person but also their family. Being out of work has a huge negative impact on the health and well-being of the person and their family and is often a consequence of ill-health or disability. 25 of Halton's super output areas have over a third of their working age population (approximately 7,000 people) claiming out-of-work benefits. Nearly 68% of Halton's residents are in employment that makes it the 9th worst in the North West and 34th worst nationally.

Levels of unemployment impacts on the levels of household income and in Halton average household incomes vary from a high of £54,060 in Birchfield (the least deprived ward in respect of health) to a low of £23,260 in Windmill Hill (the most deprived ward in respect to health).
Halton's latest 'State of the Borough' report was produced at the beginning of 2008. In terms of employment, it found the low skills base to be a causal effect of unemployment that needs to be addressed in order to reduce levels of unemployment in Halton.

Housing condition and options

Decent housing is a pre-requisite for health and has a significant influence on people with many health conditions such as asthma and depression. Birchfield, where 99% of households are owner-occupiers and 0% of properties are socially rented scores well in terms of health deprivation, whilst in Windmill Hill where owner occupation is 22% and 62% of properties are socially rented has the highest level of health deprivation, at ward level, in the borough.

When housing tenure is compared to health deprivation, it becomes clear that there is a strong correlation. The eight most deprived wards in terms of health have the lowest proportion of owner occupation in Halton, whereas the eight wards with the lowest health deprivation have the highest levels of owner occupancy.

Educational attainment

Educational attainment is an important indicator of the future life chances for children and

young people. There is also a direct correlation between levels of educational attainment and deprivation and health inequalities. Halton has made significant progress in improving GCSE results of young people in the borough, and for the last two years the percentage of young people achieving 5 A*-C has increased from 52.6% to 71.3%, taking us well above the national average. Over the same period the percentage of young people achieving 5 A*-C including English & Maths, a key indicator of future employability, has risen by 15.9% to 49.2%.
The main priority for Children's Services now is to focus on

narrowing the gap and reducing educational inequalities for vulnerable groups based on locality and other factors. Over half of Halton's children live in the 20% most deprived areas nationally and this has an effect on their attainment. Performance at ward level ranges from 93.3% in Beechwood to 40% in Windmill Hill and this impacts on levels of NEET (not in Employment, Education or Training) and future worklessness. Young women with poor educational attainment are more likely to be teenage parents. Therefore narrowing the gap in education attainment will be a major factor in improving the health and well-being of our communities.

Wider Factors continued

Isolation and social networks

Isolation has a significant effect on general well-being and increases the risk of a range of health issues such as depression. Strong social networks are particularly important for vulnerable people. In Halton, almost 6,000 adults over 65 live alone. As the older population grows, the numbers living alone will increase and by 2025 it is projected that over 8,500 pensioners will be living alone. Social isolation needs to be tackled by all partners to ensure that there are adequate activities and support networks available within local communities. The voluntary and community sector can play n increasing role in developing community-based services that alleviate the effects of social isolation.

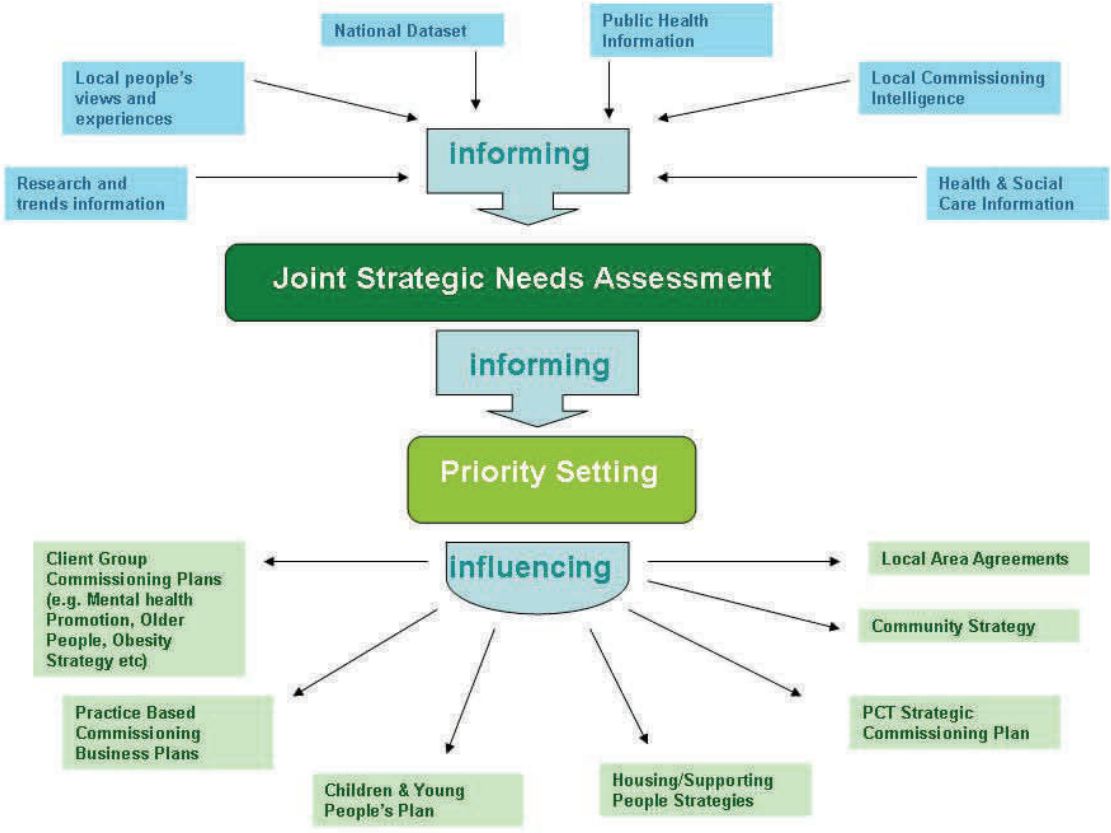
Using the Joint Strategic Needs Assessment

As we have illustrated below the Joint Strategic Needs Assessment is a major influence in establishing local commissioning priorities. We have already used this JSNA to direct our commissioning.

For example, the PCT strategic commissioning priorities outlined in its *Ambition for Health* have been underpinned by the needs identified in the JSNA.

Information has already been fed into the Health Partnership. This process will continue. It is important that it informs the next round of the Local Area Agreement (LAA) and is used to inform service planning.

The following diagram summarises the inputs and potential outputs from the JSNA work.



Inequalities

This first JSNA has been about describing the health and well-being needs of Halton. However, in collating and analysing the data which underpins this assessment, it is clear that for some issues certain groups or specific neighbourhoods are more likely to be affected. Some of these differences have been highlighted in this summary and described more fully in the main data document. This is available on the PCT and borough council websites.

It is crucial that planning based on this JSNA ensures the most important issues for specific populations are tackled and those most in need are targeted by any interventions.

The next steps in developing the Joint Strategic Needs Assessment

The JSNA is not a single, one-off exercise, but is an ongoing piece of work which will add to our commissioning "intelligence".

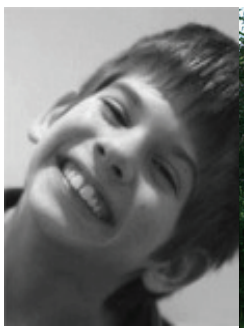
As we develop our JSNA, we will:

- build upon service user and carer views
- include service usage information
- ensure we have information at a locality level as well as overall trends

We will continue to:

- further develop coherent, consistent and appropriate data sets
- develop the capacity across all partners to generate, analyse and present this information
- ensure that relevant planning systems make use of the information that the JSNA is producing
- further develop the capacity and ability to evaluate initiatives so they can demonstrate their effectiveness

This information will be fed into subsequent JSNAs.

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