



**Employment, Learning, Skills and
Community Policy and Performance
Board**

**Monday, 12 November 2012 at 6.30 p.m.
The Board Room - Municipal Building,**

A handwritten signature in black ink that reads 'David W R'.

Chief Executive

BOARD MEMBERSHIP

Councillor Susan Edge (Chairman)	Labour
Councillor Carol Plumpton Walsh (Vice-Chairman)	Labour
Councillor Lauren Cassidy	Labour
Councillor Harry Howard	Labour
Councillor Peter Lloyd Jones	Labour
Councillor Geoffrey Logan	Labour
Councillor Andrew MacManus	Labour
Councillor Stan Parker	Labour
Councillor Joe Roberts	Labour
Councillor Christopher Rowe	Liberal Democrat
Councillor Geoff Zygadlo	Labour

*Please contact Michelle Simpson on 0151 511 8708 or e-mail
michelle.simpson@halton.gov.uk for further information.
The next meeting of the Board is on Wednesday, 9 January 2013*

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

Part I

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1. MINUTES		
2. DECLARATION OF INTEREST (INCLUDING PARTY WHIP DECLARATIONS)		
	Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.	
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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.

REPORT TO: Employment, Learning, Skills and Community
Policy & Performance Board

DATE: 12 November 2012

REPORTING OFFICER: Strategic Director, Policy and Resources

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: Employment, Learning, Skills and Community
Policy and Performance Board

DATE: 12 November 2012

REPORTING OFFICER: Chief Executive

SUBJECT: Executive Board Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

- 1.1 The Minutes relating to the Community Portfolio which have been considered by the Executive Board are attached at Appendix 1 for information.
- 1.2 The Minutes are submitted to inform the Policy and Performance Board of decisions taken in their area.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

- 3.1 None.

4.0 OTHER IMPLICATIONS

- 4.1 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 RISK ANALYSIS

6.1 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.

APPENDIX 1

Extract of Executive Board Minutes Relevant to the Employment, Learning and Skills Policy and Performance Board

EXECUTIVE BOARD MEETING HELD ON 4 OCTOBER 2012

EXB73 NORTON PRIORY MUSEUM

The Board considered a report of the Strategic Director, Communities, on the successful stage one Heritage Lottery Fund bid for Norton Priory Museum.

The Board was advised that in April 2012, Norton Priory Museum Trust submitted a stage one application to the Heritage Lottery Fund for a project designed to preserve, restore, enhance, interpret and provide access to the 47 acre site on Norton Priory. As the application was successful, the Trust was invited to move to a stage two application, having been given funding at stage one, of £309,000 to help with the development of the stage two bid.

The Board noted that the main focus of the project was the physical development of the site which included:-

- Preservation and restoration of the 12th Century undercroft;
- A new expanded museum building, creating 60% more exhibition space and linked to the undercroft; and
- Enhancement of the heritage features in the grounds.

The timetable for the development and delivery of the project was set out in the report with indicative start and finish times for the various phases of the work. The cost of the proposed development was £4,892,392 and budget expenditure details were also outlined in the report. It was further noted that the maximum grant available from the Heritage Lottery Fund was 75% of the total project cost, leaving £987,392 to be identified by Norton Priory before the submission of the stage two bid in July 2013.

Members were advised that Norton Priory had engaged with the Council throughout the bidding process and details of agreed assistance in helping to deliver a successful stage two bid were outlined in the report. Re-development of the site would produce a visitor attraction able to compete for visitors with a 60% increase forecast once the works were complete, and was designed to keep pace with the improvements and innovations at other visitor attractions across the country.

RESOLVED: That Council be recommended to support the project and

stage two application by:-

- 1) acting as the delivery agent in the construction phase;
- 2) undertaking to cash flow the project and to draw down funding from the Heritage Lottery Fund accordingly;
- 3) assisting Norton Priory in realising targets set in their fund raising strategy;
- 4) noting that a further report be brought to the Executive Board prior to the stage two submission, detailing the financial position and identifying any potential shortfall; and
- 5) acting as a co-applicant for the two stage submission.

REPORT TO: Employment Learning, Skills and Community
Policy and Performance Board

DATE: 12 November 2012

REPORTING OFFICER: Chief Executive

SUBJECT: Specialist Strategic Partnership minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Economic Development Portfolio which have been considered by the Specialist Strategic Partnership are attached at Appendix 1 for information.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 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 RISK ANALYSIS

6.1 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.

Employment, Learning & Skills SSP

Minutes of Executive Group Meeting 22nd October 2012

2.00 pm, Kingsway Learning Centre, Widnes.

Present:

Wesley Rourke (In the Chair)
 Simon Clough
 Chris Biggs
 Claire Bradbury
 Nick Mannion
 Cleo Pollard
 Janet Liversidge
 Mal Hampson
 Peter Walker
 Helen Woollacott
 Paula Cain
 Catherine Johnson
 Hitesh Patel
 Tim Leather
 Peter Moss

Organisation:

Economy, Enterprise & Property (HBC)
 Children & Young People (HBC)
 Greater Merseyside Connexions
 Power in Partnership
 Strategic Policy & Partnership (HBC)
 Halton Parents & Carers Forum
 Jobcentre Plus
 Halton Speak Out!
 Performance & Improvement (HBC)
 Skills Funding Agency
 Halton Chamber
 Performance & Improvement (HBC)
 Halton CAB
 Business Development (HBC)
 Employment, Learning & Skills (HBC)

Apologies were received from:

Siobhan Saunders	Employment, Learning & Skills (HBC)
David Gray	Welfare Rights (HBC)
Kevin Smith	Riverside College, Halton
Sue Baxendale	Halton Housing Trust
Claire Jones	Halton & St Helens CVA
Diane Sproson	Greater Merseyside Connexions
Peter Finney	National Apprenticeship Service

1. Welcome/Introductions

- 1.1 The Chair, Wesley Rourke, welcomed everyone to the meeting, and outlined the changes to the format previously used.
- 1.2 Introductions were made.
- 1.3 There were no personal or pecuniary declarations of interest.

2. Minutes of last meeting and matters arising

The minutes of the meeting on Monday 30th October 2012 were reviewed and confirmed as accurate and the following matters were not covered elsewhere on the agenda;

- 2.1 Halton Speak Out! (3.3) - a meeting of key partners has been arranged for 10.00 on 5th Nov. 2012 to discuss how more support for young people with learning difficulties can be offered to help the progression into paid employment.
- 2.2 Mersey Gateway Employment & Skills Strategies (8.1) - these are still commercially sensitive documents so are not yet available.

Action; SS to circulate the successful consortium's Strategy as and when possible.

3. Partner Updates

- 3.1 Job Centre Plus (JL). Recruitment for an initial 20 new jobs at the ice rink at The Hive in Widnes concluded by end of November, with a target opening date in time for the Christmas and New Year holidays.
- 3.2 Skills Funding Agency (HW). Invitations to tender for the EU-supported contracts will start during November.

Action; HL to circulate final version of service specification once it has been published.

- 3.3 Halton Speak Out (VH). Briefed the group in more detail about the 'Jigsaw for Jobs' project that is working with around 15 young people to support their progression into paid employment, and the purpose of the meeting scheduled for 5th November 2012. See 2.1 above.

HP advised that still considerable amount of stereotyping around people with learning difficulties

- 3.4 Connexions (CB). Connexions have successfully gained Matrix accreditation and we are currently negotiating an extension to contract for April 2013 to March 2014.
- 3.5 Power in Partnership (CB) - . The organisation has now passed its first birthday and continues to thrive, with considerable thanks to a range of local partners.

Been informed that made it through to the next round of the 'Talent Match' process, thanks to very helpful support and advice from HBC's External Funding Team with the application process.

Queried the lack of a Runcorn town centre based job club suitable for the 18-24 age group of job seekers. JL advised that an event is coming-up in early November that targets this age group.

Action; JL to circulate details of the event to Exec Group members so can cascade.

- 3.6 ELS Service, HBC. (PM) –

- Outlined progress on use of residual WNF funding to support apprenticeships.
- Meetings being held with Mersey Gateway bidding consortia with regard to respective Employment & Skills Strategies to offer feedback
- Future prospect of the possibility of NAS grant delivery.
- Urged members to participate and promote Global Entrepreneurship Week (12th to 18th November).and share with Lynsey.carr@halton.gov.uk

WR added that HBC has been assigned lead role in developing a Skills Strategy for the Sci-Tech Daresbury Enterprise Zone. Aim will be to generate opportunities for work experience, placements and apprenticeships etc. as well as mainstream employment for local residents.

- 3.7 LCR Apprentice of the Year Awards. NM brief the group on this event, scheduled for 12th March

2013 at St. George's Hall, Liverpool. Categories still being finalised, but there will be specific Halton Apprentice of the Year award.

Action; NM to cascade details of the event and how to submit nominations.

4. Draft Apprenticeship Delivery Plan.

- 4.1 JG outlined the background to the draft plan, whose origins are in HBC's recently adopted People Plan, and specifically the 'Talent Strategy' element of it.

A workforce survey in 2011 revealed that 3.4% of the Council's total workforce of around 3,000 (the largest in the Borough) were aged 24 or under, the average age of employee was in the mid-40's and that accredited skill levels across the organisation were low and need to be raised as jobs become more complex and technology-reliant.

The plan would contribute towards redressing some of these issues, as well as providing opportunities for local residents.

- 4.2 NM stressed that the plan is still at an early draft stage of development, but there has already been a positive input from the National Apprenticeship Service. .

- 4.3 WR pointed out that the focus would not be solely on 16-18 year olds or in areas of work previously associated with apprenticeships, but was part of the drive to offer a framework to develop exciting career development opportunities for local residents with the council.

- 4.4 SC reminded the group that these will not just be new or additional positions but a mixture with with casual vacancies and 'conversions' as well.

- 4.5 Partner feedback was very positive, especially with respect to the explicit commitment to encourage applications from groups that are under-represented such as care leavers and people with a disability, for example.

Action; The draft HBC Apprenticeship Delivery Plan was endorsed, and updates on its further development to be reported to future meetings.

5. City Deal Implementation Plan.

- 5.1 WR delivered an update on the implementation of the Liverpool City Region Deal and specifically the six elements that are of greatest interest to our partnership's priorities. The deal was formally signed-off on 18th September 2012 and along with its implementation plan, is being used to provide a coherent framework for delivering key priorities. By bringing together public funding streams along with the ability to make local decisions on them, resources will be invested in ways that will have maximum positive impact across the LCR.

- 5.2 Plan overseen by the LCR Employment Board. Halton is represented by Cllr Eddie Jones.

- 5.3 CB queried element (3) of the plan that relates to customer choice in the Single Work Programme. WR explained that currently no customer choice with regard to which of the two (Ingeus Deloitte or A4E) a customer is referred to. Proposed that from March 2013 the expressed needs of the customer will be taken into consideration when selection made.

Action; WR to provide updates on the plan's progress to future meetings.

6. Halton Employment Event

- 6.1 WR provided a verbal update on discussions since the event held at The Heath in Runcorn in July aimed at picking out what went well, what we can learn from it and how to take things forward.
- 6.2 An option being considered is to develop a HEP 'Colander of Events' on key relevant issues to inform and advise specific targeted sectors/groups of partners.

7. Sustainable Community Strategy; Review of targets & measures for 2013 to 2016.

- 7.1 PW introduced a report that asks the partnership to review the suggested annual targets for 2013 To 2016 against the ELS measures included in the Halton Sustainable Community Strategy
- 7.2 Are the proposed targets realistic, or are they too low or too high?

Actions;

- a) **Any comments on proposed targets to be made to the Responsible Officer for that particular priority ASAP.**
- b) **Final draft targets for 2013 to 2016 to come to the December meeting for adoption.**

8. Thematic Timetable for ELS SSP Executive Group Meetings

- 8.1 NM outlined a proposed timetable for meetings that would provide an annual cycle to review the five key themes in the partnership's Action Plan.
- 8.2 Proposals agreed with inclusion of a slot to discuss the value of volunteering as a way to improve skills at the next (December 2012) meeting. Agreed plan set-out below;

Meeting	Theme
December 2012	The value of volunteering as a way to improve skills – HP to lead
February 2013	To foster a culture of enterprise and entrepreneurship and make Halton an ideal place to start and grow a business.
May 2013	To develop a culture where learning is valued and skill levels throughout the adult population and across the local workforce can be raised.
July 2013	To promote and increase the employability of local people and remove barriers to employment to get more people into work.
October 2013	To maximise an individual's potential to increase and manage their income, including access to appropriate, supportive advice services.

Action; Relevant partner(s) to be identified to lead the discussion on each of the themes at the four Executive Group meetings during 2013.

9. Sub-group Updates.

- 9.1 The minutes of the Halton Employment Partnership (17th September 2012) and the Skills Group (12th August 2012) were received and noted.

10. The Development of a strong, diverse, competitive and sustainable local economy.

10.1 TL and PC initiated the discussion by way of a short presentation in which they outlined the global and then the national economic context;

- Manufacturing output down 7% by end 2008; the deepest recession since the war
- Unemployment rose to 8.1% (2.57m people) in August 2011; the highest level since 1994
- After 15 quarters, GDP is still 4% down from peak at start of recession
- The first double dip recession since 1974

- Government policy is to migrate business support from the public to private sector.
- As a result a number of business support agencies now either ceased or curtailed activities; for example Business Link, North West Development Agency and cluster agencies and Sector Skills Councils
- Government has invited private sector organisations to deliver certain elements of business support at a national level rather than regional
- A consequence is the provision of business support to companies in Halton has diminished.

10.2 Locally business enquires received by HBC's BIG (Business Improvement & Growth) team have recovered to the level seen just before the 2008 banking crisis struck.

10.3 TL outlined the current 'offer' from BIG and PC that of the Halton Chamber of Commerce and Enterprise to support new and existing businesses in the borough.

10.4 TL outlined the pending ERDF 4.1 (Start-up Support) and LCR ERDF 4.2 (Business Support) and Growth Accelerator programmes that should go some way to interface with existing local provision and plug some significant gaps left since the wind-down of previous programmes.

10.5 The presentation then addressed the question of what more can be done by suggesting a focus on the following challenges;

- Better co-ordination of business support
- Better engagement with businesses
- Better dissemination of business critical information
- Cultivate strong working relationship with new providers of business services
- Exploration of new models of service delivery

Considerable work is already being done on these, and potential funding from the Regional Growth Fund, via the LCR Local Economic Partnership, will need to be fitted-in around the ERDF provision to avoid duplication and gaps in provision by developing delivery models that are fit for the future.

10.6 WR thanks TL and PC for their informative and thought provoking presentation and invited questions.

Issues raised included the following;

- What business support are clients prepared to 'buy'?
- Publicise services on offer and wait for business to come to us, or go out to them?
- How can we use contact data most effectively and efficiently?
- A significant 'gap' is ignorance amongst new SME's of basic HR duties and good practice – opportunity for shared HR amongst a 'cluster' of businesses?
- Need for better collaboration between partners even more acute.
- Maintenance of clarity of respective strategic roles of HBC and Chamber

10.7 WR summarised the discussion by reminding the meeting that whatever we do must be able to demonstrate that it is contributing to growing Halton's local economy. However, the level of confidence and optimism is noticeably healthier than it was 18 months ago.

11. Any Other Urgent Business

None

12. Future meetings

Monday 10th December 2012
Monday 11th February 2013
Monday 13 th May 2013
Monday 29 th July 2013
Monday 21 st October 2013
Monday 16 th December 2013
Monday 10 th February 2014

All meetings are at Kingsway Learning Centre, Widnes and start at **14:00**

DRAFT

REPORT TO: Employment, Learning, Skills and Community
Policy and Performance Board

DATE: 12 November 2012

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Adults & Children, Young People
and Families

SUBJECT: Health & Wellbeing Strategy

WARD(S): Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 The purpose of this report is to present the Board with Halton's Health and Wellbeing Strategy.

2.0 **RECOMMENDATION**

RECOMMENDED: That the Board

(1) Note the contents of the report and appended Strategy

3.0 **SUPPORTING INFORMATION**

3.1 In recent months the Health and Wellbeing Board has been working on the development of a Health and Wellbeing Strategy for Halton. This has involved gathering and analysing information and intelligence from a variety of sources including the Joint Strategic Needs Assessment (JSNA), area health profiles and consultation exercises with partners, local councillors, the public, school children, including special schools and representatives from the council and PCT workforce as well as looking at the emerging priorities from the Halton Clinical Commissioning Group's Commissioning Plan.

3.2 The analysis produced a comprehensive list of health and wellbeing needs for Halton. This list was then prioritised in a transparent way by Halton's Health and Wellbeing Board through the use of a Prioritisation Framework. This enabled the Board to agree 5 priorities for the next 12 months at which stage they will be reviewed and either continued or changed depending on progress.

3.3 This Prioritisation exercise produced five key priorities as follows:

- Prevention and early detection of cancer;
- Improved child development;

- Reduction in the number of falls in adults;
- Reduction in the harm from alcohol; and
- Prevention and early detection of mental health conditions

3.4 Following agreement of the priorities a draft Health and Wellbeing Strategy was developed. This was approved by the Health and Wellbeing Board at its meeting on 12th September and is attached as Appendix 1 to this report.

Vision for Health and Wellbeing in Halton

3.5 As outlined in paragraph 3.1, in developing the Strategy, we have carried out wide consultation with local people. Similar consultation has also taken place in the development of local health and wellbeing areas. These events have provided us with a wealth of information and local knowledge that have not only enabled us to develop our Strategy and a brand for health and wellbeing, but have also helped us to shape our Vision for the Strategy.

Summary of Outline and Content

3.6 The Strategy builds up a picture of need using the wealth of information and intelligence available through the JSNA and local consultation. It sets out the five priorities that the Health and Wellbeing Board have chosen and explains how the Board intends to turn the priorities into action, who will be responsible and how we will monitor our success. There are a number of priority summaries at the back of the report '*The Story Behind the Priorities*' that explain in further detail why they were chosen as priorities and how they link to national outcomes frameworks.

4.0 POLICY IMPLICATIONS

4.1 The Health and Wellbeing Strategy should provide the overarching framework within which commissioning plans for the NHS, Social Care, Public Health and other services which the Health and Wellbeing Board agrees are relevant, are developed.

4.2 The implementation of the strategy at a local level will have direct policy implications for the future delivery of services however until the detail of the strategy is worked through and developed it will be impossible to say exactly what these are at this time.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified at this time.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton and will continue to be addressed through the Health and Wellbeing Strategy whilst taking into account existing strategies and action plans so as to ensure a joined-up approach and avoid duplication.

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

Employment, Learning and Skills is a key determinant of health and wellbeing and is therefore a key consideration when developing strategies to address health inequalities

6.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority.

6.4 **A Safer Halton**

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime has an impact on health outcomes particularly on mental health.

There are also close links between partnerships on areas such as alcohol and domestic violence.

6.5 **Halton's Urban Renewal**

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing and will therefore need to be considered as part of the Health and Wellbeing Strategy.

7.0 **RISK ANALYSIS**

7.1 Developing a Health and Wellbeing Strategy in itself does not present any obvious risk however, there may be risks associated with the resultant action plans. These will be assessed as appropriate.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 This is in line with all equality and diversity issues in Halton.

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

None under the meaning of the Act.

Halton Health and Wellbeing Strategy 2012- 2015

Foreword- Cllr Rob Polhill

Welcome to Halton's new Health and Wellbeing Strategy.

Here in Halton we already have a good track record of partnership working on health and wellbeing issues. Since 2001, the Halton Health Partnership has successfully driven improvements for local people. This new strategy shows how we intend to build on this success and make further improvements.

As a result of the Health and Social Care Act 2012, each local area is obliged to set up a new Health and Wellbeing Board from April 2013. The Board is accountable to local people. Halton's Health and Wellbeing Board has been operating in Shadow form since December 2011 and includes a wide range of members. It has been meeting on a monthly basis to discuss shared priorities and action to improve health and wellbeing in the borough. The Board engages with local people outside of Board meetings.

One of the key responsibilities of the Health and Wellbeing Board is to develop a Health and Wellbeing Strategy to meet the needs of the local population. Our Strategy sets out the vision for Health and Wellbeing in Halton. It is the overarching document for the Health and Wellbeing Board and outlines the current key priorities the Board would like to focus on.

We believe that success in delivering against the strategy can only be achieved by working in partnership with local people. Therefore, in developing the strategy we have consulted with a wide range of Halton residents to ensure that the principles and priorities are reflective of the experience and needs of our local communities. We are also committed to ensuring that this consultation is on-going and we will continue to listen to the views of local people in developing and shaping our action plans.

We also aim to deliver the strategy in partnership with the local community by developing seven Health and Wellbeing Areas, based on the existing Area Forum boundaries. This is in recognition of the different needs that exist across our communities and wherever possible we will be looking to tailor services to meet that need.

As this Strategy demonstrates, improving health and wellbeing will require a collaborative approach and will need to harness the efforts, talents and resources of local people, partners and organisations across the borough.

This Health and Wellbeing Strategy marks a new era for Health and Wellbeing in Halton and sets out the steps we will need to take to bring about real improvements that will change lives for the better.

I look forward to working alongside you all in making it a reality.

Cllr Rob Polhill, Chair, Halton Shadow Health and Wellbeing Board

Executive Summary

The Joint Health and Wellbeing Strategy has been developed by Halton's Shadow Health and Wellbeing Board. It is an overarching Strategy that all other strategies and plans relating to health and wellbeing sit under. It explains what health and wellbeing priorities Halton's Shadow Health and Wellbeing Board has set to tackle the needs identified in the Joint Strategic Needs Assessment.

Informed by our [Joint Strategic Needs Assessment \(JSNA\)](#) and in consultation with local residents, strategic partners and other stakeholders, we have identified five key priorities to help us to achieve our vision. The five priorities for action are as follows:

- **Prevention and early detection of cancer**
- **Improved child development**
- **Reduction in the number of falls in adults**
- **Reduction in the harm from alcohol**
- **Prevention and early detection of mental health conditions**

The Joint Health and Wellbeing Strategy sets the framework for the commissioning of health and wellbeing services in Halton with a particular emphasis on prevention and early intervention. It does not replace existing strategies, commissioning plans and programmes, but influences them. For example, NHS Halton Clinical Commissioning Group (CCG) will adopt the Strategy as a key document that will shape their commissioning plans. In order to make progress against identified priorities.

Integration is key to our strategic approach with all partners working together to deliver: joint commissioning, culture change through community development, training for all staff in how to deliver health messages so every contact counts, development of multi-disciplinary teams and joint advocacy and policy work.

A set of Action Plans will be developed to meet the key priorities. Ultimate responsibility for the monitoring of the implementation of the Strategy and Action Plans against set outcomes and key performance indicators lies with the Health and Wellbeing Board who are accountable to the public.

The Health and Wellbeing Board will also utilise the Health and Wellbeing Areas, based on the existing Area Forum boundaries, to deliver its vision at a community level. The aim of Health and Wellbeing Areas is to work alongside local communities to identify issues specific to that particular area and wherever possible, tailor services to meet the needs of that community. This approach is complemented by the development of the Well Being Practice model by NHS Halton Clinical Commissioning Group and their commissioning intentions to focus provision around local communities.

Vision for Health and Wellbeing in Halton

To improve the health and wellbeing of Halton people so they live longer, healthier and happier lives.

Introduction

Why do we need this strategy?

This new Health and Wellbeing Strategy prioritises the key health and wellbeing needs across Halton, builds on existing best practice and provides a co-ordinated approach to addressing shared priorities.

Why is it important?

- Local Authorities and Clinical Commissioning Groups have an equal and joint duty to prepare a Joint Health and Wellbeing Strategy, through the Health and Wellbeing Board.
- This Joint Health and Wellbeing Strategy is based on evidence of need in Halton as shown by the Joint Strategic Needs Assessment (JSNA)
- It has included extensive consultation with local people including children and young people.
- It is a public commitment to health and wellbeing
- It builds on and consolidates all work already in progress.

2. Principles

The Strategy brings together an analysis of health and wellbeing needs in Halton and identifies key priorities that the Health and Wellbeing Board and other partners will need to focus upon collectively in order to have the greatest impact. The priorities identified are particularly focussed around prevention and early intervention

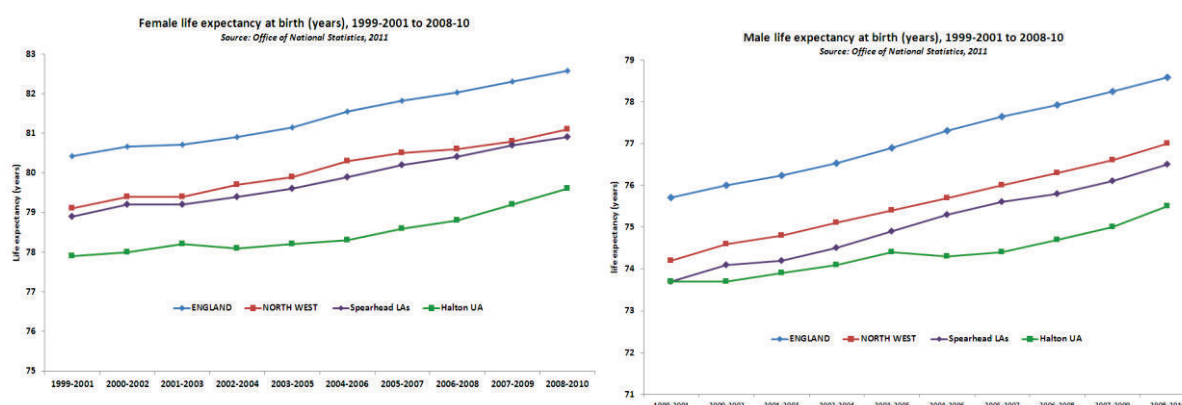
It sets out the framework for the commissioning of health and wellbeing services in Halton. It does not replace existing commissioning plans, but instead will ensure that these are influenced by the principles and priorities set out in the strategy.

Integration is key to our strategic approach with all partners working together to deliver: joint commissioning, culture change through community development, training for all staff in how to deliver health messages so every contact counts, development of multi-disciplinary teams and joint advocacy and policy work

3. A picture of health and wellbeing in Halton

Halton's population has increased over the last 10 years. The 2001 Census estimated the population to be 118,200. The 2011 Census estimated it at 125,800, an increase of 7,600 residents. This increase has not occurred evenly across all age groups. The most significant increases have been in the 0-4, 45-64 and 75+ age groups whilst the 5-14 age group has decreased.

Health has been improving in Halton over the last decade. Overall death rates have fallen, mostly because of falling death rates from heart disease and cancers. This means that people in Halton are living an average of around two years longer than they were a decade ago. However, they are still not living as long as the national average.



A number of factors have contributed to this. In particular the fall in the number of adults who smoke, as well as how quickly people are diagnosed with health problems, together with improvements in the treatments available. Some of the main improvements and challenges are summarised below.

Improvements:

- Life expectancy has consistently risen for both males and females over time.
- Deaths from heart disease and cancers have fallen.
- The number of adults who smoke has fallen.
- There has been an improvement in the diagnosis and management of common health conditions such as heart disease and diabetes.
- Detection and treatment of cancers has improved.
- The percentage of children and older people having their vaccinations and immunisations has improved.
- The number of adults and children killed and seriously injured in road traffic accidents has reduced.

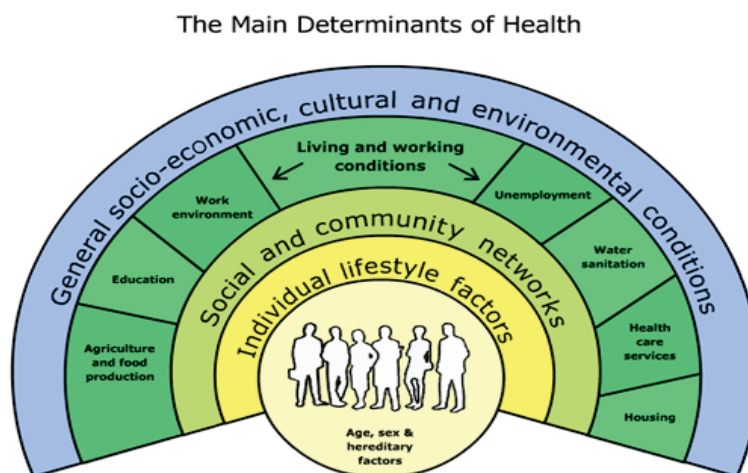
- The percentage of children participating in at least three hours of sport/ physical activity is above the national average.

Despite these improvements, the borough still faces a range of tough challenges.

Challenges:

- There are significant differences (inequalities) in how long people live (life expectancy) across the borough.
- People in Halton are living a greater proportion of their lives with an illness or health problem that limits their daily activities than in the country as a whole.
- The proportion of women who die from cancer is higher in Halton than anywhere else in the country. A lot of this is due to lung cancer caused by smoking.
- Significant numbers of people suffer mental health problems such as depression. 1 in 4 people will develop depression during their life. Mental health problems account for the single largest cause of ill health and disability in the borough.
- As Halton's population ages it is predicted that there will be more people with diabetes. This is also linked to being obese.
- The ageing population will mean more people living with dementia.
- The rates of hospital admissions due to falls are higher in Halton than for England and the North West. Rates are especially high for those over the age of 65. For falls in this age group that result in a recorded injury Halton's rates were the highest in England for 2010-11.
- Due to previous high levels of smoking, it is also predicted that more people will develop bronchitis & emphysema.
- Alcohol and substance misuse continue to create challenges for both the health service and wider society, in particular crime / community safety. Admissions to hospital due to alcohol related conditions continue to rise each year.
- Hospital admissions due to alcohol for those under the age of 18 are amongst the highest in the country (2007-2010 figures). Admissions due to substance misuse (age 15-24 years) were the highest in England (2008-2011 figures).
- Teenage pregnancy rates remain high and have been resistant to change, despite the effort local partnerships have put in. Having a child before the age of 18 can negatively affect the life chances and health of both the parent and the child.
- A range of child health indicators remain poor. Child obesity levels at both reception and year 5 remain above the national average. A greater percentage of women continue to smoke during pregnancy and fewer women start breast feeding than the national rates.

- Halton has high levels of people admitted to hospital as an emergency case compared to the country as a whole and many other boroughs. The poorer parts of the borough have higher emergency admission rates than those that are not as poor.



Good access to high quality health services and leading healthy lifestyles (like not smoking, eating sensibly and not drinking too much alcohol) are important. In addition to these, there are a wide range of other issues that affect our health. Known as wider or social determinants of health, they include the conditions of daily life such as housing and the environment, levels of unemployment, educational attainment and the strengths of our social networks.

In Halton

- Nearly three-quarters of respondents in the recent Residents' Survey were satisfied with their local area and most were also happy with how Halton Borough Council runs things.
- Ratings for both Children's and Adult Social Care Services are high. The 2011 Ofsted and Care Quality Commission Inspection of Safeguarding and Looked After Children Services in Halton graded Halton as 'Outstanding' or 'Good' against all 22 criteria, one of the best Inspection reports received anywhere nationally. In 2010, the Care Quality Commission rated Halton's Adult Services as 'Excellent' – one of only three areas nationally to receive this rating.
- There has been improved access to good quality green spaces. All Halton's parks have green flags, a national mark of excellence. All park play areas are smoke-free. This has had high level support from the council, the NHS and local people.

- The percentage of children achieving a good level of development at age 5 was the lowest in England for 2010.
- Unemployment levels are high, especially youth unemployment.
- The proportion of young people obtaining 5 or more grade A*-C GCSEs was 86.6% in 2011. This continues the upward trend that has seen rates rise by 34% since 2005/06 and is well above national and regional averages. Including English and Maths, the figure was 56.3%, a rise of 23% since 2005/06.
- Households experiencing fuel poverty, i.e. having to spend over 10% of their income on heating their homes, have nearly doubled since 2006.

Some members of society are particularly vulnerable to experiencing poor health. Some examples include:

- In Halton, as the number of older people rises, the numbers developing dementia is forecast to rise.
- Those with physical, sensory, or learning disabilities often have poor overall health experience and life opportunities.
- The number of children and adults with learning disabilities is projected to increase over time. This is partly due to better healthcare leading to patients living longer with more complex health needs. The type of care needed is also likely to change over time with more flexible care being required.
- Children who have been in Care tend to have worse states of mental wellbeing and lower educational attainment than children who have not been in Care
- For children and older people alike, accidental injuries are a major cause of emergency admissions to hospital.

4. Priorities and Targets for delivery

What are our priorities for action?

The priorities identified for action by the Health and Wellbeing Board are as follows:

- Prevention and early detection of cancer
- Improved Child Development
- Reduction in the number of fall in adults.
- Reduction in the harm from alcohol
- Prevention and early detection of mental health conditions.

How did we decide on these priorities?

The key themes and priorities to improving health and wellbeing in Halton have been identified using evidence from the Joint Strategic Needs Assessment (JSNA - a detailed assessment of all health and wellbeing needs in Halton). This assessment provided us with a long list of potential priorities to choose from.

Whilst the JSNA provides us with evidence to help us to determine priorities we also know that the skills and experience of local communities are a crucial part of painting a fuller picture of local need. Therefore, in developing our strategy and deciding on our priorities we have consulted with key partners, local people, including children and young people and community groups, to gain their views on the key health and wellbeing priorities for Halton.

We have also taken into account the recent Outcomes Frameworks for Public Health, the NHS, Adult Social Care and the emerging Children and Families. This ensures that it is in line with national as well as local priorities.

All of this information has played an important role in determining our local priorities. Following collation of this information the Board used a Prioritisation Tool to enable them to score the emerging priorities and make evidence based decisions about the priorities they would need to focus upon. A copy of the Prioritisation Tool is available in the Appendices section of the Strategy. It scores the priority against a range of factors including strategic fit, health inequalities, strength of evidence, value for money, clinical benefit and number of people benefitting.

Progress against priorities will be reviewed on an annual basis and further on-going analysis via the JSNA will be used to determine whether these initial priorities are still relevant and continue to reflect need.

5. Turning our priorities into action

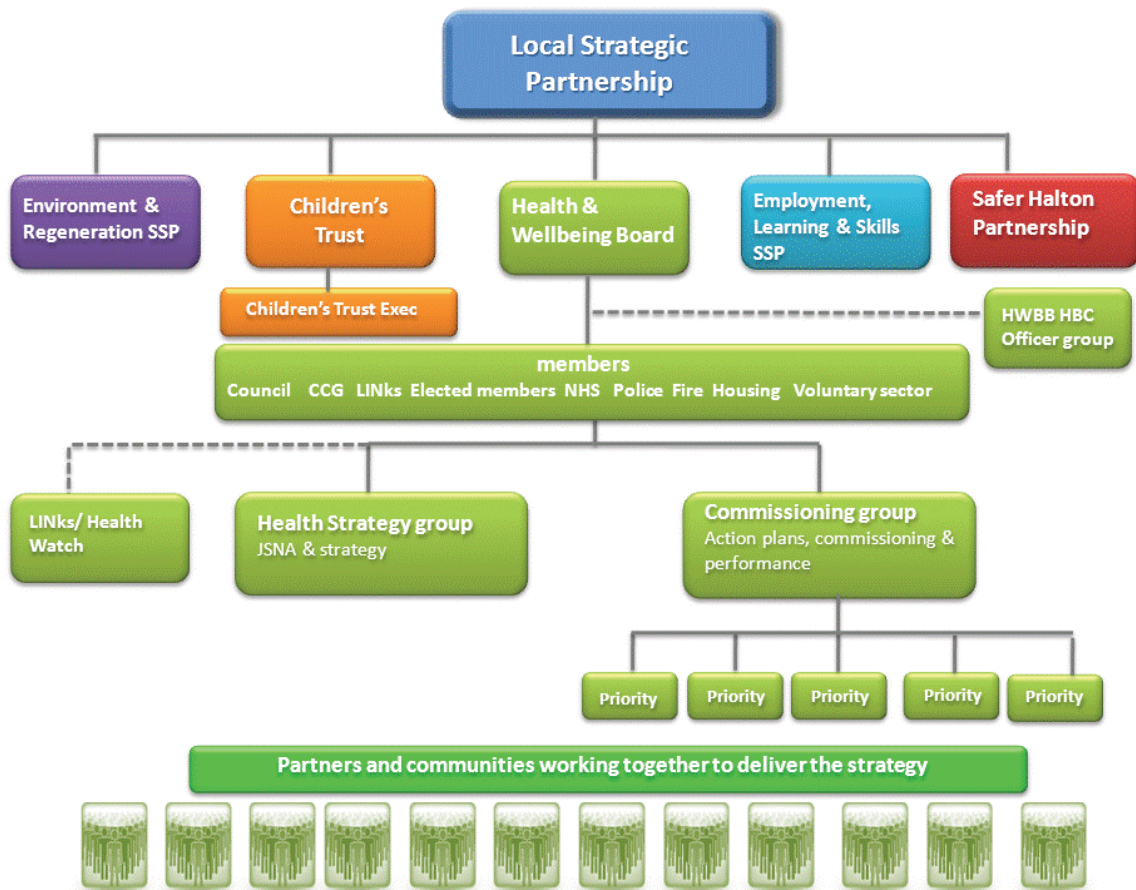
In order to tackle our priorities a series of interventions will be needed. These may be services for individuals or communities to use, they may be structural such as improving access to green spaces and local facilities, they may be educational and informative, or they may be about lobbying for change. An example of this was when local people got involved in letting the Government know how they felt about the plans for a ban on smoking in public places.

A set of co-ordinated interventions will be needed for each priority. These will be outlined in a multi-agency Action Plan. All plans will be underpinned by a set of core principles:

1. Have an **emphasis on prevention and early detection/intervention**
2. Maintain quality, cost and resource effectiveness
3. Ensure equity of access, providing appropriate levels of support to meet needs.
4. Be evidence based, e.g. NICE guidance, Marmot Review, and meet quality standards
5. Promote community engagement, using and building local assets and listening to local people
6. Take account of national policy as well as joining up co-dependent local strategies and commissioning plans to avoid duplication. Many behaviours and wider determinants are co-dependent, complement and overlap other strategies.
7. Use the JSNA and other local intelligence (data, surveys, impact assessments and performance) and customer feedback
8. Balance between borough level action and targeting within key settings and the Health & Wellbeing Areas
9. Consider action at all stages of life as appropriate
10. Be innovative where evidence of effective interventions is limited, making sure evaluation is built in from the beginning and outcomes are monitored.

Who will be responsible for making sure it happens?

Ultimate responsibility for the implementation of the Strategy will lie with the Health and Wellbeing Board. However, it will need to employ the expertise of the Health and Wellbeing Board Sub Groups and the wider partnership to ensure this happens.



The Board will establish Task and Finish Groups that will be responsible for developing action plans for each one of the priority areas. These groups will feed into the Commissioning Sub Group who will, in turn, co-ordinate commissioning activity to address identified needs.

The Action Plans will detail what will be delivered, by whom, by when and what outcomes can be expected. Where there are already strategies and commissioning plans in place, these will be reviewed and updated as necessary. Once they are agreed by the Health and Wellbeing Board, the Commissioning Sub Group will be responsible for ensuring the plan is delivered and provide progress reports to the Board.

The successful implementation of the Strategy may mean staff working in new ways. All partners will need to ensure the local workforce is trained and enabled to do this. Action plans will need to reflect staff training and development requirements. The Health and

Wellbeing Board will need to form links to the staff development and training functions in both commissioning and provider member agencies to support this.

The Board also recognises that the success of the Strategy will depend upon partnership working in its broadest sense, if we are to achieve the best possible outcomes for everyone who lives or works in Halton. Local residents, statutory, voluntary, community and commercial organisations all have an important role to play in the delivery of the health and wellbeing agenda. This is even more imperative given the challenges brought about by the current economic climate.

Health and Wellbeing Areas

The Health and Wellbeing Board in partnership with Halton Borough Council has developed the concept of Health and Wellbeing Areas based on the existing seven Area Forum boundaries. This is in recognition of the fact that, whilst there are common issues across the borough, there are different needs across communities and one approach does not necessarily meet the needs of all.

The aim of the Health and Wellbeing areas therefore is to work alongside local communities to address specific issues and wherever possible, tailor services to meet the needs of that particular community. This approach will move away from the traditional approach of delivering health and wellbeing services and instead will focus upon a grass roots Community Development approach.

Wellbeing Practices

This approach is complemented by the development of the Well Being Practice model by NHS Halton CCG and their commissioning intentions to focus provision around local communities. GP Practices working as part of the Health and Wellbeing Practice approach will seek to deliver a culture change by enabling their patients to improve their health by accessing local services and facilities, using self-help tools, accessing training and participating in the local community.

6. How will we know if we have been successful?

The Overarching Outcome for the Strategy is ***to improve the health and wellbeing of Halton people so they live longer, healthier and happier lives.***

It is important to make sure that real health and wellbeing improvements are delivered through the implementation of this strategy. The best way to achieve this is to use recognised measures to monitor the benefits arising from agreed priority actions.

An 'Outcomes Framework' provides a template of how measures can be used to monitor different priority areas. There are currently a number of recognised outcomes frameworks covering the NHS, Adult Social Care and Public Health. We will use these to inform our overall outcome measures and our performance indicators. As we achieve our desired outcomes we will review our priorities and change them if appropriate.

It is also important that the quality of what we are delivering is monitored to make sure people have a positive experience. Ongoing customer feedback as well as activities such as local surveys and focus groups will be used to monitor current services and see where any improvements need to be made. The discussions that have taken place during the development of this framework should continue throughout the lifetime of the Strategy and to help in the development of the next JSNA and Strategy.

7. Documents used in the production of the strategy

Halton Joint Strategic Needs Assessment (JSNA):

<http://www.haltonandsthelenspct.nhs.uk/pages/YourHealth.aspx?iPagelId=12569>

Health and Wellbeing Consultation report

NHS Outcomes Framework:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131700

Public Health Outcomes Framework: Healthy lives, healthy people: Improving outcomes and supporting transparency:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

Adult Social Care Outcomes Framework:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133334

JSNAs and joint health and wellbeing strategies – draft guidance

<http://healthandcare.dh.gov.uk/files/2012/01/JSNAs-and-joint-health-and-wellbeing-strategies-draft-strats.pdf>

8. Supporting Plans and Strategies

Tobacco Control Strategy and Action Plan 2012/13

Alcohol 12 Point Plan

Healthy Weight Strategy 2012

[Sports Strategy 2012-2015](#)

[Cancer Action Plan](#)

Halton and St. Helens Dental Commissioning Strategy 2011

Delivery of Diabetes Services within Halton and St. Helens PCT 2008-2013

[Child & Family Poverty Strategy and Development Plan](#)

[CCG Plan on a Page](#)

[Halton's Sustainable Community Strategy 2011-2026](#)

[Children & Young People's Plan](#)

[Local Development Framework](#)

[Halton Borough Council's Major Emergency Plan](#)

[Halton and St Helens PCT Major Incident Plan](#)

Cheshire & Merseyside Joint Outbreak Control Plan 2011-12

Appendix 1

HALTON HEALTH AND WELLBEING PRIORITISATION TOOL

FACTOR	RANKING OF FACTORS	VERY LOW 1	LOW 2	MID SCALE 3	HIGH 4	TOP 5	SCORE SCALE X RANKING
Strategic Fit: National requirement or NHS Target as defined in the current Outcomes Framework, CQC Indicators or meeting local needs as defined by the JSNA	High	Not a national requirement or NHS target and not in JSNA	Addresses one target or national requirement but low or no priority in JSNA	Addresses two targets or national requirements or priority in JSNA	Addresses three targets or national requirements or high JSNA priority	Addresses four or more targets or national requirements or very high priority in JSNA	
Health Inequalities: Addressing health inequality or health inequity – i.e. where patients have not had service in the past or have had unequal access or quality of service	High	Does not address an inequality or inequity	Partially addresses an inequality for a very small number of people	Partially addresses an inequality on inequity	Has the potential to make a significant impact on inequalities	Completely addresses an inequality or inequity for a specific group	Page 34
Strength of Evidence: How strong is the evidence available for this service in terms of demonstrating a better outcome?	High	No evidence of benefit	There is a limited amount of emerging evidence/small scale or observational study	There is some evidence that the intervention works from at least one controlled study	There is evidence of effectiveness from at least one randomised control trial	There is strong evidence of effectiveness from meta-analysis or randomised control trials	
Value for money	High	No VFM calculations available	More expensive than current service but innovative or new way of working	About the same as current service but will be investing to save	Better than current and clear evidence for making medium and longer term but supported by programme budgeting intelligence	Clear cost benefit ratio and/or good programme budgeting intelligence to support investment	
Magnitude of clinical Benefit: What is the scale of the benefit	High	Negligible improvement in	A small improvement in	Moderate improvements in	Significant improvements in	Large and proven improvements in	

in terms of Quality of Life improvements, cure, etc		health or life expectancy	health or life expectancy	health or life expectancy	health or life expectancy	health or life expectancy	
Number of people benefiting: How many people are likely to benefit/how many people are affected?	High	One person in the borough would benefit	2-99 people would benefit	100-999 people would benefit	1000-4999 people could benefit	Over 5000 people could benefit	
Public acceptability	Medium	There is demonstrable evidence that public are likely to find it highly unacceptable	There is evidence that public would find it somewhat unacceptable	There is evidence that public would have no preference on acceptability	There is demonstrable evidence public find it acceptable	There is demonstrable evidence that public would find it highly acceptable and desirable	
Risk of not investing	Medium	No risk	Some risk	Risk is fairly high	Risk is high and will affect viability or reputation	Risk is very high as organisation has binding commitment	

Appendix 2

The Story Behind the Priorities

This section details the reasons why our priorities were chosen and how they link to the national outcomes frameworks:

KEY:

PHOF: Public Health Outcomes Framework

ASCOF: Adult Social Care Outcomes Framework

NHSOF: NHS Outcomes Framework

Local: local indicator identified in the JSNA

Some indicators in the national outcomes frameworks are not currently collected. Technical specifications for the indicator and ways of collecting the information locally are currently under review. These are known as Placeholder indicators and are included in this section in *italics*.

The national indicators may be built on, taking account of locally agreed commissioning plans and levels of need.

Health & Wellbeing Priority – Mental Health

What is the issue?

- One in four people attending GP surgeries seek advice on mental health.
- Deaths from suicides & undetermined injuries were **31** (2008-10) **Rate 8.2** (England 7.2, NW 9.07 per 100,000 population)
- The number of people suffering from depression is **11,924** (11.94% GP pop aged 18+). Prevalence compared to regional and national
- Dementia: there is an estimated **1082 people aged 65+ compared to 634 people on GP register** (2010-11) with a diagnosis of dementia
- The rate of hospital admissions due to self-harm for under 18s is high
- The mental wellbeing of Children who have been in Care tends to be worse than children who have not been in Care

Why did we choose it as a priority?

- Highest single cause of ill health in the borough
- Impact it has on a person's ability to lead a full and rewarding life
- High priority identified during public consultation
- Amenable to change through a range of evidence-based interventions to promote mental and emotional wellbeing

- Current economic climate and welfare reforms likely to increase levels of people suffering from mental distress
- Strategic fit with all three national outcomes frameworks

What are we currently doing?

The Primary Care Mental Health Strategy 2009-2012 will require reviewing and refreshing during 2012 but actions from this strategy have already achieved the implementation of a Single Point of Access to adult mental health services and the development of Improving Access to Psychological Therapies (IAPT) services.

A draft strategy for Managing Common Mental Health Problems was presented to the Partnership Boards in July 2011, with actions to ensure people with common mental health problems are diagnosed as early as possible and provided with treatments within primary care whenever appropriate. This means increasing the knowledge and skills within primary care to diagnose depression and having local services that offer people a choice in their treatment.

The national mental health strategy 2011 “No Health without Mental Health” takes a life course approach and prioritises action to increase early detection and treatment of mental health problems at all ages, as well as robust and comprehensive services for people with severe and enduring mental health problems. The strategy promotes independence and choice for people and recognises that good mental wellbeing brings much wider social and economic benefit for the population. All service delivery should be of high quality with a focus on supporting people to self-manage their condition, optimise recovery for the service user and support for carers.

The redesign of services within 5 Boroughs of the Acute Care Pathway and the Later Life & Memory services aims to facilitate faster access to assessment/treatment and to provide care to people as close to home as possible via home treatment and robust community services.

Outcomes: what would success look like?

- 1. Improved social and emotional health of the population**
- 2. Increased early detection of depression, leading to improvement in mental wellbeing for people with depression and their families.**

There would be a high level of self-reported wellbeing, with people having happy and fulfilling lives, being able to contribute economically and socially to their own networks and the community as a whole. Those who do experience mental ill health would not feel any stigma attached to the condition and be able to easily and quickly access appropriate levels of professional support to help them recover. Those who do and have experienced mental illness would be able to contribute fully to the community, have good levels of employment in fulfilling jobs. Hospital admissions and deaths due to mental ill health and emotional

distress would be much rarer than they are now. People would live in healthy homes and communities that do not result in them experiencing mental ill health. People with dementia would have good levels of support.

Indicators of success

- Support for women experiencing post natal depression (local)
- Reduced hospital admissions due to self-harm under 18 (PHOF)
- Early detection of depression (local)
- Support people with Dementia, improving quality of local service provision (local)
- Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness (PHOF & NHSOF)
- Improve access to services, training and employment opportunities for those with disabilities and mental illness (PHOF)
- People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation (ASCOF)
 - Proportion of adults with learning disabilities in paid employment
 - Proportion of adults in contact with secondary mental health services in paid employment
 - Proportion of adults with learning disabilities who live in their own home or with their family
 - Proportion of adults in contact with secondary mental health services living independently with or without support
- *Excess under 75 mortality rate in people with serious mental illness (NHSOF & PHOF placeholder indicator)*
- Fuel poverty (PHOF)
- *Emotional wellbeing of looked-after children (PHOF Placeholder indicator)*
- Self-reported wellbeing (based on current measure of seven-item Warwick-Edinburgh Mental Wellbeing Scale) (PHOF)
- Suicide (PHOF)
- *Dementia and its impacts (PHOF Placeholder indicator)*
- Utilisation of green space for exercise/health reasons (PHOF)
- *Social contentedness (PHOF Placeholder)*

Health & Wellbeing Priority – Cancers

What is the issue?

- Death rates for females from all cancers were higher in Halton than anywhere else in England for 2008-10
- Death rates under the age of 75 (often referred to as premature mortality) has been falling. However, rates have fallen at a quicker pace elsewhere so the gap between Halton and England has increased.
- Death rates for males are higher than for females. Also they have begun to rise since 2006-08 after many years of a downward trend
- Smoking rates continue to fall, although they remain higher for routine and manual workers than for the population as a whole.
- Survival rates have been rising
- The incidence (new cases per year) has been rising for both men and women.

Why did we choose it as a priority?

- Highest single cause of death in the borough
- Female death rate highest in England
- High priority identified during public consultation
- Amenable to change through a range of evidence-based interventions to prevent cancers through lifestyle interventions and early detection e.g. through screening
- Strategic fit with the public health and NHS outcomes frameworks

What are we currently doing?

The Cancer action plan is a working document produced by the cancer action group at Halton and St Helens. It lists key strategies to decrease morbidity and mortality from cancer locally. The action plan needs refining but due to the NHS reconfiguration this has remained on hold. A comprehensive action plan is planned with input from HBC/primary care/key stakeholders and members of the public.

Link to existing action plan:

<http://www.haltonandsthelenspct.nhs.uk/library/documents/HTSHcanceractionplanapril2011.pdf>

Outcomes: what would success look like?

1. Reduced incidence (new cases) of cancer in the population
2. Improved early detection of the signs and symptoms of cancer

Smoking would be rare and people would eat a healthy diet, take the recommended levels of physical activity, be a healthy weight and protect themselves from the harmful effects of ultraviolet radiation. There would be fewer new cases of cancer developing and when they do they would be picked up in the early stages of development through proactive screening and people coming forward to have symptoms checked out due to a high level of awareness of how important this is. People would no longer feel being diagnosed with cancer is a death sentence.

Indicators of success

- Support healthy lifestyle choices: healthy weight & smoking (PHOF)
- Smoking prevalence – 15 year olds (PHOF)
- Smoking prevalence – adults (over 18s) (PHOF)
- Excess weight in 4-5 and 10-11 year olds (PHOF)
- *Diet (PHOF Placeholder)*
- Excess weight in adults (PHOF)
- Proportion of physically active and inactive adults (PHOF)
- Reduce deaths under 75 due to cancers (PHOF & NHSOF)
- Cancer survival (NHSOF)
 - One and five year survival from colorectal cancer
 - One and five year survival from breast cancer
 - One and five year survival from lung cancer
- *Cancer diagnosed at stage 1 and 2 (PHOF Placeholder)*
- Cancer screening coverage (PHOF)
- Population vaccination coverage (HPV relates to cervical cancer) (PHOF)

Health & Wellbeing Priority – Child Development

What is the issue?

- Data from the national Millennium Cohort study shows that by 3 yrs children in families with incomes below the poverty line are 8 months behind in language and 9 months behind in school readiness compared to those with incomes above.
- The Millennium Cohort data also provides evidence that there are potential modifiable factors, daily reading, regular bedtimes and library visits, which parents can implement and health and social care professionals can recommend to parents in order to improve cognitive development.
- For 2010-11 Halton had the lowest percentage of children achieving a good level of development at age 5 in England.

Why did we choose it as a priority?

- Has a significant impact on child health and wellbeing which remains in to adult life. A poor start in life is associated with poor health outcomes into adulthood.
- Halton has the highest percentage of children who do not reach a good level of development by age 5.
- Amenable to change through a range of evidence-based interventions
- Staff and services in place to bring about change, although may require a different way of working.
- Strategic fit with the public health outcomes framework and Marmot health inequalities indicators for local authorities

What are we currently doing?

There is now compelling evidence to show that what a child experiences during the early years (starting in the womb) lays down a foundation for the whole of their life. This is being reflected more and more in national policy (such as the Allen Report into Early Intervention) and locally in Halton. Halton Children's Trust has a strong focus on ensuring Early Help & Support for all children, young people and families in Halton. The Trust has close links to the Halton Health & Wellbeing Board and its work within Early Help & Support will tie in closely with the Board's focus on Child Development.

The core programme for Child Development in Halton is the Healthy Child Programme. The Programme spans the antenatal period to 19 years of age. All children, young people and their families have a universal set of provision that is provided by multiple agencies in partnership from across Halton. Delivering all Child Development services in partnership ensure the best possible, high quality services for our children, young people and their families at every stage by the most suitable provider to ensure the best start in life.

For the early life stages the focus is on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews supplemented by advice around health, wellbeing and parenting. The older age range, from 5 to 19, is supported through the Healthy Child Programme. This sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing.

Outcomes: what would success look like?

- 1. All children would have access to and take up the full Healthy Child Programme**
- 2. Improved percentage of children with a good level of development at age 5.**

All parents would feel confident in supporting their child's emotional, physical and social development. This would result in more children ready for school with good levels of development. They would have fewer difficulties talking with and playing with friends or learning in a group or social setting. Fewer children would require support with language, have behavioural problems and are unable to interact with others. More children would behave well and be happy, confident and safe.

Indicators of success

- *School readiness (PHOF Placeholder)*
- *Child development at 2-2.5 years (PHOF Placeholder)*
- Children in poverty (PHOF)
- Support for post natal depression (local)
- Domestic abuse (PHOF)
- Fuel poverty (PHOF)
- *Children achieving a good level of development at age 5 (Marmot indicator)*

Health & Wellbeing Priority – Falls

What is the issue?

- Hospital admissions due to falls in those aged 65+ were one of the highest in the country for 2010-11
- For falls admissions where an injury is recorded they were the highest in England for 2010-11
- The population aged 65+ has risen in Halton in the last decade. The 2001 Census estimated the population aged 65+ to be 47,308. By the 2011 census it was estimated at 53,100.
- Falls can result in a hip fracture. For 2010-11 rates in Halton were slightly higher than the England and North West regional averages but the difference was not statistically significant.
- A&E admissions due to unintentional and deliberate injuries (all ages) were statistically significantly higher in Halton than England and the North West.

Why did we choose it as a priority?

- Hospital admissions due to falls amongst people aged 65+ one of highest in country. Highest in country for admissions due to falls where an injury is recorded (2010-11)
- Impact it has on an older person's ability to remain independent
- Amenable to change through a range of evidence-based interventions to promote mental and emotional wellbeing
- Local service review underway which should facilitate quick improvement in level of falls. This will include assessment of primary prevention activity.

What are we currently doing?

There is an evidence-based Falls Pathway in operation. The Falls Working Group is reviewing current service provision against the pathway. The Royal Society for the Prevention of Accidents (ROSPA) has recently been engaged to assist with the development of a Falls Strategy. These two exercises will determine where any gaps in provision exist, including where service capacity does not meet the levels of need. An initial scoping exercise identified training for professionals was still needed.

The current falls service covers:

1. Prevention – raising awareness for the public and professionals as well as on-going training and support.
 - Training for professionals to raise awareness of the issue of falls and what support is available
 - Support to the APEX postural stability courses (currently a 15 week course delivered by the Health Improvement Team, with a 25 week follow up period).
2. Assessment and service delivery – this covers community, hospital, residential care and domiciliary care.
 - Falls assessments
 - Integrated working to ensure the patient receives the most appropriate care package to meet their needs.

The Falls Working Group has identified that there needs to be greater emphasis of prevention activities to reduce the number of older people having a fall. It has also recognised that there are assessment and service waiting lists in some areas. The pathway review will look at duplication, capacity and multiple referral crossovers as ways of addressing this. The Strategy will support this, enabling the group to look at examples from other areas to elicit learning.

Outcomes: what would success look like?

- 1. Reduction in the risk of falls at home amongst older people**
- 2. Reduction in hospital admissions due to falls**

Older people would not be at risk of falling. They would live in healthy homes, have regular medication reviews and have any aids and adaptations needed to keep their homes healthy should their health deteriorate e.g. visual impairments. Should people fall, they will receive speedy support by integrated teams that meet their needs fully. This will result in people who have fallen being able to remain independent and not suffer a subsequent fall. Older people would not find themselves having to enter care due to disability caused by falling.

Indicators of success

- Falls and injuries in the over 65s (PHOF)
- Hip fractures in over 65s (PHOF)
- Intermediate care and rehabilitation (NHSOF & ASCOF)
- Improve provision of supported housing (NHSOF)
- Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services (ASCOF)

- Fuel Poverty (PHOF)
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF & NHSOF)
 - *Effectiveness of early diagnosis, intervention and reablement: avoiding hospital admissions (placeholder indicator)*
- *Improving recovery from fragility fractures: The proportion of patients recovering to their previous levels of mobility/ walking ability at i) 30 days and ii) 120 days (ASCOF & NHSOF placeholder indicator)*

Health & Wellbeing Priority – Alcohol

What is the issue?

- Death rates from chronic liver disease, including cirrhosis, were higher in Halton than for England (2008-10) but lower than other comparators.
- Hospital admissions due to alcohol-related conditions continue to rise each year. Local rates are higher than the North West and England average rates.
- Alcohol-specific hospital admissions amongst those under age 18 are much higher than the national and regional averages.
- Alcohol related crimes and alcohol related violent crimes are also worse than for both the North West and England as a whole.
- A significant proportion of cases of domestic violence are alcohol related.

Why did we choose it as a priority?

- Impact it has on a person's ability to lead a full and rewarding life
- Amendable to change through a range of evidence-based interventions to promote mental and emotional wellbeing
- Strategic fit with the national outcomes frameworks

What are we currently doing?

In March 2012, the new National Alcohol Strategy was published. The central themes of the strategy are 'challenge and responsibility', with responsibility shared across Government, industry, the community, parents and individuals. Required outcomes from the National Strategy are:

- A change in behaviour so that people think that it is not acceptable to drink in ways that could cause harm to themselves or others;
- A reduction in the amount of alcohol-fuelled violent crime;
- A reduction in the number of adults drinking above the NHS guidelines
- A reduction in the number of people "binge drinking"
- A reduction in the number of alcohol-related deaths
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

The National Alcohol Strategy also includes a range of actions across minimum pricing (consultation required), licensing and off trade including dealing with under 18 sales, public awareness campaigns, a focus on young people and a range of treatment interventions

Despite good progress in this area locally, Halton experiences an unacceptable level of alcohol related harm with significant impact on individuals, families and communities. In 2010/11, the cost to the Local Authority of alcohol related harm per head of population was estimated to be £450 per Head of Population.

A great deal of work has been undertaken to ensure that Halton has a robust, recovery focused adult treatment service (alcohol and drugs) in place to meet the needs of people who are drinking too much or using drugs. This means that locally we are well placed to meet many of the treatment and recovery aspirations of the national strategy. However admissions to hospital are still rising and there is a need to focus on prevention, behaviour change and tackling root causes, working with key partners to reduce repetition and maximise use of resources.

A revised Halton Alcohol Harm Reduction Plan is under development and consultation with key stakeholders is underway to agree priority work streams for 2012-13. This plan also contains the key projects required to realise the objectives. A full set of targets, timeframes and key performance indicators will be developed post consultation/final approval.

A focused local approach is proposed, utilizing a framework of four key thematic areas:

- Facilitate behaviour and culture change.
- Enlist the support of the local communities (including the business community) to tackle our key priorities
- Combine the efforts of the Key partners and Stakeholders to targeted help for those with greatest need
- Support key frontline professionals to identify alcohol problems early, offer an intervention and be supported by a robust care pathway

Outcomes: what would success look like?

1. Reduction in the number of people drinking to harmful levels

2. Reduction in the rate of alcohol-related hospital admissions

3. Reduction in the level of social disruption and harm due to alcohol consumption

Individuals and the local community would not experience the health and wider social impacts of alcohol misuse. People who choose to consume alcohol due to only to recommended levels and not in unsafe environments or circumstances. Children other family members would not become vulnerable/unsafe due to inappropriate alcohol use. Crimes and anti-social behaviour due to alcohol would be eliminated. Alcohol related

hospital admissions and deaths would be rare. People who do experience alcohol related problems through their own or others actions will be able to receive quick and appropriate levels of support to enable a resolution to these problems.

Indicators of success

- Alcohol-related admissions to hospital (PHOF)
- Reduce levels of alcohol misuse (local)
- Admissions due to accidental injuries under 18 (PHOF)
- Under 18 conceptions (PHOF)
- Domestic abuse (PHOF)
- Take-up of Health Checks + (PHOF)
- Anti-social behaviour (local)
- *Violent crime (including sexual violence) (PHOF Placeholder)*
- Mortality from liver disease (PHOF)

REPORT TO: Employment, Learning, Skills and Community Policy and Performance Board

DATE: 12 November 2012

REPORTING OFFICER: Strategic Director Policy & Resources

PORTFOLIO: Resources

SUBJECT: Business Planning 2013-16

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

- 1.1 To offer a timely opportunity for Members to contribute to the development of Directorate Business Plans for the coming financial year.

2.0 RECOMMENDATION

That the Board indicates priority areas for service development and improvement over the next 3 years.

3.0 SUPPORTING INFORMATION

- 3.1 Each Directorate of the Council is required to develop a medium-term business plan, in parallel with the budget, that is subject to annual review and refresh. The process of developing such plans for the period 2013-2016 is just beginning.
- 3.2 At this stage members are invited to identify a small number of priorities for development or improvement (possibly 3-5) that they would like to see reflected within those plans. Strategic Directors will then develop draft plans which will be available for consideration by Policy and Performance Boards early in the New Year.
- 3.3 Whilst providing a Directorate context each of the Directorate Business Plans will contain appendices identifying specific Departmental activities and performance measures and targets that would provide a focus for the on-going monitoring of performance throughout the year. Directorate Business Plans will be subject to annual review and refresh in order that they remain fit for purpose taking account of any future change in circumstances, including any future funding announcements that may emerge.
- 3.4 It is important that Members have the opportunity to provide input at this developmental stage of the planning process, particularly given the

anticipated funding announcements, to ensure that limited resources may be aligned to local priorities.

- 3.5 It should be noted that plans can only be finalised once budget decisions have been confirmed in March and that some target information may need to be reviewed as a result of final outturn data becoming available post March 2013.
- 3.6 To assist the Board the Operational Director Community and Environment will give a short presentation on the issues and challenges facing the areas that fall within the Boards remit over the period of the next plan and will circulate the outline of that presentation in advance of the meeting.
- 3.7 The timeframe for plan preparation, development and endorsement is as follows:

	Information / Purpose	Timeframe / Agenda on Deposit
PPB	Discussion with relevant Operational / Strategic Directors concerning emerging issues, proposed priorities etc.	October/ November 2012 PPB round
Portfolio Holders	Strategic Directors to discuss with Portfolio Holders emerging issues, proposed priorities etc.	October/ November 2012
Directorate SMT's	To receive and endorse advanced drafts of Directorate Plans	SMT dates to be agreed with all Strategic Directors w/c 3rd Dec. 2012
Corporate Management Team	To receive and comment upon / endorse advanced drafts of Directorate Plans	11thDecember 2012
Portfolio Holders	Strategic Directors to discuss with Portfolio Holders advanced draft plans, including relevant departmental service objectives/ milestones and performance indicators.	Late December 2012/ January 2013
PPB's	Advanced draft plans including details of relevant departmental service objectives/milestones and performance indicators	January 2013 PPB Cycle
Executive Board	To receive advanced drafts of Directorate Plans	7th February 2013
Full Council	To receive advanced drafts of Directorate Plans	6th March 2012

4.0 POLICY IMPLICATIONS

- 4.1 Business Plans form a key part of the Council's policy framework. Plans also need to reflect known and anticipated legislative changes.
- 4.2 Elected member engagement would be consistent with the new "Best value guidance", announced in September 2011, to consult with the representatives of a wide range of local persons.

5.0 OTHER IMPLICATIONS

- 5.1 Directorate Plans will identify resource implications.
- 5.2 Arrangements for the provision of Quarterly Monitoring Reports to Members would continue with each Department being required to produce a report. Key Objectives/ milestones and performance indicators would then be aligned by priority, (in accordance with the new corporate performance framework introduced from 2012/13); and reported in line with the remit of each respective Policy and Performance Board. Departmental Reports would continue to be available to members via the intranet, containing all details stated within the Appendices of the Directorate Business plans.

6.0 IMPLICATIONS FOR THE COUNCILS PRIORITIES

- 6.1 The business planning process is the means by which we ensure that the six corporate priorities are built into our business plans and priorities, and thence cascaded down into team plans and individual action plans.

7.0 RISK ANALYSIS

- 7.1 The development of a Directorate Plan will allow the authority to both align its activities to the delivery of organisational and partnership priorities and to provide information to stakeholders as to the work of the Directorate over the coming year.
- 7.2 Risk Assessment will continue to form an integral element of Directorate Plan development. This report also mitigates the risk of Members not being involved in setting service delivery objectives.

8.0 EQUALITY AND DIVERSITY ISSUES

- 8.1 Those 'high' priority actions in regards to equality and diversity are included as an Appendix within relevant Directorate Action Plans will be routinely monitored through Departmental Performance Monitoring Reports.

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

There are no relevant background documents to this report.

REPORT TO: Employment Learning and Skills and Community Policy and Performance Board

DATE: 12 November 2012

REPORTING OFFICER: Strategic Director Children and Enterprise

PORTFOLIO: Economic Development

SUBJECT: City Deal Implementation

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update Members on the implementation of the Liverpool City Region Deal and to outline how this relates to Halton's Employment Learning and Skills priority.

2.0 RECOMMENDATION: That

Members give consideration to how Halton can best respond to the implementation plan so that the Borough can maximise any opportunities arising from the City Region Deal.

3.0 SUPPORTING INFORMATION

3.1 The Liverpool City Region Deal was launched with Government on 5 July and signed off on 18 September. The City Region Deal, which sits alongside and complements the Liverpool Mayoral deal, has the following elements:

- An international Business Festival which showcases and celebrates business opportunities to Europe and the rest of the World, delivering £100m return on investment;
- A low carbon red tape pilot that will aim to reduce regulatory burdens and streamline local planning processes to accelerate over £100m worth of investment in offshore wind infrastructure in the City Region and create 3,000 jobs;
- To examine how the River Mersey can become the cleanest river in an urban setting by 2045, with the commensurate economic benefits;
- To increase employment by combining up to £80m public and private employment and skills investments and empowering businesses to create more jobs, tackle skills gaps and raise productivity; supporting 17,400 people into work and creating 6,000 apprenticeships;
- To put transport at the heart of economic development through a revised approach to governance and creation of a joint investment fund of £800m supporting the creation of 15,000 jobs;

- To harness the City Region's science and knowledge assets, attracting 'big science investment', increasing GVA and generating 2,000 high value jobs; and
- To support the development of a City Region investment framework and greater local control over resources.

The Deal and the associated Implementation Plan are the culmination of a significant amount of effort from colleagues across the City Region and Government, and signal the desire of the City Region to work together cohesively to drive the economic growth of the City Region.

The City Region will need to report quarterly to Government on the delivery of its element of the implementation plan: This will need to be done at the end of December.

There are a number of elements relating to the Employment Learning and Skills agenda, which will be of interest to this Policy, Performance Board. These are set out below: -

- (1) The creation of a Skills for Growth Bank – this seeks to unify the various and often duplicating skills investments into one job creation investments fund. The bank would offer loans to businesses as well as grants. It will allow an on lien comparison of learning providers and also information on who is charging what.
- (2) Piloting payment by results for adult skills. This ask challenges the traditional approach to placing people on courses or training which does not incentivise and reward providers that are good at getting people into work.
- (3) Customer Choice in the work programme – At the moment the allocation of customers to the work programme is via the two work programme providers. This approach will look to investigate whether greater customer choice at the point of referral might improve customer performance.
- (4) Halving long-term unemployment – This ask recognises that more interventions are required at the demand side i.e. employers businesses being supported in creating jobs, rather than the supply side.
- (5) Improving access to the New Enterprise Allowance – Work is underway with JCP and DWP to see whether individuals can be supported to access the New Enterprise Allowance without having to have reached a certain point on the JSA timeframe.

- (6) DWP Commissioning Geography developing dialogue with Government to review how resources are commissioned and whether this is relevant to a particular area.

4.0 POLICY IMPLICATIONS

4.1 The Liverpool City Region Deal and implementation plan are being used by the City Region as a coherent framework for delivering its priorities for the future. It is argued that by bringing together public funding streams and the ability to make local decisions on these priorities, the Liverpool City Region can ensure that resources are invested in ways that will have maximum impact on the economy. This will be underpinned by the production of a City Region Investment Framework, and, therefore, it is important that Halton's interests are adequately represented.

4.1 Members are advised that the Portfolio Holder for Economic Development is a Member of the Liverpool City Region Employment Board and can, therefore contribute to the skills and employment of elements of the City Region Deal. Halton is also represented at an officer level through the City Region Deal Implementation group.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There are no other implications arising from this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton.

N/A

6.2 Employment Learning and Skills in Halton.

The initiatives highlighted above will make a positive contribution to the Employment Learning and Skills priority.

6.3 A Healthy Halton

N/A

6.4 A Safer Halton

6.5 Halton's Urban Renewal

Halton regeneration projects such as 3MG, Mersey Gateway as well as transport infrastructure projects are identified as initiatives which need to be supported to grow the economy of the Liverpool City Region.

7.0 RISK ANALYSIS

7.1 There is some albeit limited risk that if the Council does not participate fully in the implementation of the City Deal, that this will have a negative impact on the Borough's ability to lobby effectively for economic regeneration resources in the future.

8.0 EQUALITY AND DIVERSITY ISSUES

9.0 LIST OF BACKGROUND PAPERS

Document	Place of Inspection	Contact Officer
City Deal	Municipal Building	Wesley Rourke

APPENDIX 1

Liverpool City Implementation Action Plan

Proposal:	A deal for jobs and skills	
Summary:	To increase employment by combining up to £80m public and private employment and skills investments and empowering businesses to create more jobs, tackle skills gaps and raise productivity	
Outcome:	Supporting 17,400 people into work and creating 6,000 apprenticeships	
Milestone	Submit payments by results model for approval – Winter 2012 Skills for Growth Bank to be operational - March 2013	
Action	Owner	Timeline
Create the UK's first Skills for Growth Bank, a business-owned mutual to unify public and private sector organisations		
Local/national working group on incentive pricing policy	LCR	Autumn 2012
Agree process map with Skills Funding Agency/National Apprenticeship Service for devolution and deployment of Apprenticeship Grant for Employers	LCR	September 2012
Continue and conclude agreements with DWP over co-investments and alignment	DWP/ LCR	Autumn 2012
Await decision from Employer Ownership proposal before adding further milestones - especially around mutualisation	LCR	Autumn 2012
Add further milestones added to the plan to capture the mutual structure of the company holding the funds when appropriate	LCR /SFA	Autumn 2012
Work with the SFA to develop a robust 'payment by results' pilot methodology		
Secure resources for and complete Desk research of the Social Market Foundation recommendations, European Social Fund Models & other Whitehall models	LCR	September 2012
Engagement of and obtain buy-in from local provider base through Greater Merseyside Learning Providers Federation and Merseyside Colleges Association, drafting a communication strategy to wider provider base.	LCR	Autumn 2012
Appoint steering group and develop stakeholder understanding of payment by results and	LCR	Autumn 2012

current payment formula		
Discuss, scope and agree Payment by Results Pilot Parameters with Skills Funding Agency	SFA	Autumn 2012
Finalise scope and definitions with SFA nationally (refresh milestones accordingly) developing options analysis (including status quo)	SFA	September 2012
Implement finalised communication strategy to gain local provider buy in to consultation and pilot.	LCR	Autumn 2012
Finalise proposed pilot model (including feasibility assessment which includes action so no burden is added) and present to Minister and City Region Cabinet for agreement	LCR	Winter 2012
Commission a Youth Unemployment Task Force		
Consult with young people and businesses on youth employment issues	LCR YUTF/DWP	Autumn 2012
Produce recommendations for actions	LCR YUTF/DWP	November 2012
Develop plan for implementation	LCR	December 2012
DWP to work with Liverpool City Region to explore the alignment of its commissioning geography with the functional economic and LEP area		
DWP formally recognise the Employment and Skills Board as the single voice and strategic lead for employment and skills	DWP	Autumn 2012
DWP Commissioning reach agreement with LCR over future commissioning geography and timescales	DWP	Winter 2012
Piloting customer choice in the Work Programme		
Develop initial pilot scoping and staging model	LCR	September 2012
Establish working group and agree terms of reference	LCR	September 2012
Conduct options analysis and develop final pilot proposition	LCR	Autumn 2012
Submit LCR proposal to Minister of State	LCR	Winter 2012
Explore the scope for improving accessibility to the New Enterprise Allowance		
Discuss and agree scope with DWP	LCR	Autumn 2012
Develop (refresh milestones in accordance with agreed scope)	LCR	Winter 2012

REPORT TO: Employment, Learning, Skills and Community
Policy & Performance Board

DATE: 12 November 2012

REPORTING OFFICER: Strategic Director - Policy & Resources

PORTFOLIO: Economic Development

SUBJECT: Employment, Learning & Skills Quarterly Policy
Update

1.0 PURPOSE OF THE REPORT

- 1.1 To inform the Board of recent national policy announcements relevant to employment, learning and skills.

2.0 RECOMMENDATION:

- 2.1 That the report is noted.**

3.0 BACKGROUND

- 3.1 A steady flow of policy announcements, consultation exercises, reports and ministerial statements are issued by government departments and agencies with varying degrees of relevance to issues on the employment, learning and skills agenda and related topics.
- 3.2 Therefore, brief summaries of key announcements in a 'digest' format to the board are provided on a quarterly basis, along with observations of local relevance, where appropriate, so the Board can consider whether to initiate more detailed scrutiny and/or a more detailed report to a future meeting.

4.0 RECENT KEY POLICY ANNOUNCEMENTS

4.1 Changes to AGE (Apprenticeship Grant to Employers) criteria for 16 to 24 apprenticeships

Following consultation and feedback received on proposals to amend the AGE criteria for 16 to 24 year-olds which provides up to 40,000 grants of £1500 to encourage and support employers taking on a young apprentice aged 16 to 24, the following changes were approved by Government for implementation from the start of the 2012/3 academic year (September 2012).

- Training providers will now pay employers the full amount of £1,500 at 13 week stage after the apprentice starts, rather than previously in two £750 payments.
- Employers will be able to claim grants for up to 10 apprentices (previously 3), and the scheme will be opened to employers who have not hired an apprentice in the last 12 months (previously 3 years).
- The Grant will be available to businesses with up to 1,000 employees.

The National Apprenticeship Service re-launched AGE to employers and businesses to co-incide with the publication of the Holt Review on 30th August 2012. See Item 4.2.

COMMENT: The changes were largely in line with the majority of responses to the consultation exercise and have therefore been broadly welcomed.

4.2 Holt Review; Support for small businesses to take on apprentices

IN late August businessman and social entrepreneur Jason Holt, who had been commissioned in February 2012 by the Government to review ways to make apprenticeships simpler and more accessible for small and medium businesses ('SME's'), published his findings.

His research highlighted widespread lack of awareness about the benefits of taking apprentices on, and how to recruit and train them amongst SME's.

The three key recommendations were to;

- Improve communications with business to raise awareness of the benefits of apprenticeships.
- Empower SME's to participate and develop their own training provision so they can get the right type of training for their apprentices.
- Simplify the ownership and responsibility for apprenticeships by removing unnecessary administrative and bureaucratic barriers.

On the same day the Government announced a list of measures that committed it to;

- Working with the people that SMEs look to for advice, including lawyers and accountants, to promote apprenticeships to their SME customers
- Enabling SMEs to get their apprentices the training they need by providing better information on availability and investigating how to give them a greater say in developing the skills they need

- Improving the performance of providers of training to SMEs by agreeing standards and the consequences of not meeting them – this had already been promised in the launch of the Youth Contract earlier in the year.
- Improving the Apprenticeship Grant for Employers by making it simpler and more accessible to more employers. (See Item 4.1 above for more details)

COMMENT: The proposals were broadly welcomed, and the Government's prompt action underlined its focus on the apprenticeship model as its primary policy objective for providing employing and (re) training for employees, and to improving skill levels across key sectors of the economy.

4.3 Research report into proposed changes to the welfare system by the Department of Work & Pensions (DWP).

Between October 2013 and the end of 2017, all existing claims to income-based Jobseekers Allowance (JSA), Income Support (IS), income-based Employment Support Allowance (ESA), Housing Benefit (HB), Working Tax Credit (WTC) and Child Tax Credit (CTC) will move to Universal Credit.

Under Universal Credit, claims will be made individually by single people or jointly by both members of a couple. Universal Credit will be paid as a single, monthly household payment and the service will be 'digital by default', with the majority of claims expected to be made online.

The Government's DWP commissioned research to provide information on views and attitudes to work, internet use and budgeting skills among a large representative sample of current claimants that would be impacted by the transition to Universal Credit. The report itself can be found [HERE](#).

COMMENT; The finding re-enforced much of what was already accepted, albeit anecdotally, such as low levels of long-term budgeting and planning and the anxiety that returning to the labour market presented for many claimants that had been workless for a significant period.

However, perhaps the most surprising finding was that 78% of those surveyed (over 4,000) already access and used the internet, a figure considerably higher than previously thought for this cohort.

4.4 National Minimum Wage

From Monday 1 October 2012 the National Minimum Wage (NMW) rose in accordance with the recommendations set out by the Low Pay Commission in its 2012 report. The increases are;

The adult rate will increase by 11 pence to £6.19 an hour

The rate for 18-20 year olds will remain at £4.98 an hour

The rate for 16-17 year olds will remain at £3.68 an hour

The rate for apprentices will increase by 5 pence to £2.65 an hour and

The accommodation offset will increase by 9 pence to £4.82 per day.

COMMENT: Whilst not unexpected the rises for the adult rate and apprentice rate equate to 1.9%. It should be noted that many employers pay apprentices the relevant NMW rate for that age rather than the lower apprentice rate

4.5 Government consultation on implementing employee owner status.

The Government is proposing to create a new employment status: that of “employee owner”, with the aim of giving businesses greater choice about the contracts they can offer to employees, whilst maintaining some level of protection.

Under this new status, employee owners would receive shares valued between £2,000 and £50,000, exempt from capital gains tax. In return they would give-up their protection against unfair dismissal (except where this is automatically unfair or relates to anti-discrimination law), certain rights to request flexible working and training, and statutory redundancy pay. Individuals will also need to give longer notice to return from maternity leave or adoption leave.

The new status would be optional for existing staff, but a business would have the option of offering only that type of contract for new employees.

The consultation asks for views on how the government should implement the employee owner status in practical terms, and what the implications for employers, individuals, and the labour market in general would be, in particular any unintended consequences.

The consultation document can be found [HERE](#).

COMMENT: The origins of this proposal can be found in the Beecroft Report that was noted in a report to the Board earlier this year, included recommendations to significantly reduce employment protection. Reaction to these proposals has split along political lines,

4.6 BIS Retail Strategy.

This Strategy is the result of collaboration between BIS and the UK retail sector on identifying the priority issues where there is a legitimate role for government (and in particular BIS) to be pro-active; and where there is a strong likelihood of success. A schedule of key actions are included in an appendix to the strategy. A copy of the Strategy can be found [HERE](#).

COMMENT: Whilst the Strategy aims to sustain the impetus of the Portas Review, the set of actions included in an appendix are largely undated and unfunded, and in some instances already known.

4.7 Regional Growth Fund ('RGF') Update.

On 17th October the Government released the results of the third round of the RGF. Nationally there were 130 successful bidders sharing approximately £1bn. The Government claims that for every £1 of taxpayer money spent, the fund would leverage £6 of private sector investment.

A total of 21 projects in the North West were successful, being granted a total of £88m. Locally, Sci-Tech Daresbury has been successful in securing £9.77million towards funding its expansion plans. Specifically to;

- Provide new high quality office and laboratory space.
- Improve transport links
- Upgrade the power supply to the site.
- Undertake high quality environmental and landscaping works.

The five local enterprise partnerships in the region will also share £65m to deliver business support programmes and prepare sites for development. Liverpool City Region LEP has been awarded £10million to distribute to companies acquiring new plant and equipment. The City Region Business Expansion Programme will provide direct assistance to businesses on the basis of £1 of support for every £5 of investment by the business.

Also, separate to the above announcement a £60m small business scheme, using RGF monies as match-funding, was launched in early October at the Community Development Finance Association's (CDFA) annual conference.

The CDFA will receive £30 million from the RGF matched with a further £30 million from the Co-operative Bank and Unity Trust Bank to provide lending to small, micro and social enterprises.

The funding is expected to create or safeguard over 8,000 jobs over six years across the country and meet some of the growing demand from small businesses for access to finance and drive investment in often fragmented communities

COMMENT: This grant will help the Sci-Tech Daresbury Enterprise Zone, already home to over 100 high-tech companies employing around 500 people, to proceed with its expansion plans.

The small business scheme should go some way to 'back-fill' some of the more traditional sources of capital for small businesses' expansion plans that are no longer as accessible to them.

4.8 Growth and Infrastructure Bill

On 18 October 2012, the Government published its Growth and Infrastructure Bill which set-out range of changes aimed at removing *'confusing and overlapping red tape that delays and discourages business investment, new infrastructure and job creation'*. The Bill contains a number of measures relevant to the economic regeneration and employment functions of local authorities;

- The reconsideration of economically unviable section 106 agreements to encourage building on housing sites to release up to 75,000 affordable and private homes currently that are currently stalled.
- Reducing the paperwork applicants have to submit with a planning application, which are 'in excess of what is reasonably needed to properly inform decisions about the proposed development'.
- Stopping misuse of town and village green applications to undermine planned development, while protecting its use to safeguard cherished community spaces and ensure the protection of genuine town and village greens. Currently, if an application for registration is successful, the land cannot be developed and becomes permanently protected, even if there is planning permission in place. Applications can take a long time to be determined and substantially delay development, even if there is little chance of the application being successful.
- Implementation of the Penfold Review recommendation to remove overlapping development consent regimes, where multiple permissions from different agencies are required as well as planning permission.
- Speeding up the planning system for large scale business and commercial projects. Where developers choose the fast-track route, decisions will be taken in 12 months from the start of examination. Existing requirements to consult local communities will be retained.

- Provisions to allow large planning applications to be made directly to the Secretary of State rather than to the local council if it has been "designated" because of a very poor record in deciding applications.

COMMENT: The Bill pulls together a number of the measures announced by the Government during September to stimulate the economy.

Therefore, whilst the renegotiating of Section 106 contributions has attracted most of the media's attention as it may mean less money available to spend on local infrastructure of shared amenities with schools, open spaces and transport services suffering, there are other measures listed above that potentially also could have a significant impact. Details of the changes that make it into the Act when it receives the Royal Assent will be reported to a future meeting.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

The varied range of issues covered in this report potentially present a number of challenges and opportunities across a number of the Council's current priorities. Each would therefore require a thorough analysis at some point in the future.

6.0 RISK ANALYSIS

There are no immediate risks or opportunities directly relating to the information in the report at this point in time. Again, a full assessment could be necessary at some point in the future.

7.0 EQUALITY AND DIVERSITY ISSUES

Not applicable.

FURTHER INFORMATION

If members require a more detailed analysis of any of the issues in this report, or copies of any of the documents referred to, they should contact;

Nick Mannion at Nicholas.mannion@halton.gov.uk 0151 906 4885

REPORT TO: Employment Learning and Skills and Community PPB

DATE: 12 November 2012

REPORTING OFFICER: Strategic Director Children and Enterprise

PORTFOLIO: Economic Development

SUBJECT: Global Entrepreneurship Week in Halton

WARDS: All

1.0 PURPOSE OF THE REPORT

The purpose of the report is to advise Members of the activities and events taking place in Halton during Global Entrepreneurship Week (12th - 18th November 2012).

2.0 RECOMMENDATION: That

- (1) The activities and events are noted and publicised

3.0 SUPPORTING INFORMATION

- 3.1 Global Entrepreneurship Week is taking place across 115 countries between 12th and 18th November. It is the world's largest campaign to promote entrepreneurship. In the UK, the campaign is hosted by Youth Business International, a global network of initiatives that help young entrepreneurs to start their own businesses. The theme for 2012 is '*Pass it on*'.
- 3.2 Global Entrepreneurship Week UK is being used to pass on the practical help and support needed by early start-ups and individuals who are considering taking the plunge of self-employment. The aim for Halton is to create a collaborative, local and practical week of activities and events, which enables people to learn more about the wealth of support that is available to entrepreneurs.
- 3.3 To achieve the desired results organisations will be working in partnership to 'pass on' skills, contacts, knowledge, confidence and resources to Halton residents. We want to encourage local residents that are thinking about starting a business, or are in the early stages of running a business, to attend an event which can help with their entrepreneurial journey.

4.0 POLICY IMPLICATIONS

- 4.1 None

5.0 OTHER IMPLICATIONS

- 5.1 Halton Borough Council offers a direct Enterprise support service to local residents through 'Enterprising Halton'. In addition, Halton is a partner in the Blue Orchid ERDF 'Start Up Cheshire' project, which offers both pre and post business start-up support. Halton has offered £25k match funding for the first year of the Blue Orchid contract, which commenced April 2012. Global Entrepreneurship Week will be used to raise the profile of this investment for Halton residents.

- 5.2 Enterprise/entrepreneurship is a key element of the DWP Work Programme delivery model. The Employment, Learning & Skills Division manages 75% of the Work Programme delivery in Halton. Global Entrepreneurship Week is therefore a great opportunity for Work Programme Advisors to promote business start up to their clients, directing them to the range of activities and events that partners across the borough have planned for this week.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

Enterprising Halton has a programme of activities operating throughout the year. Embedded into this is to work with local schools in promoting the concept of self-employment/enterprise to young people. HBC and its partners will use Global Entrepreneurship Week to increase young people's knowledge of what is involved in setting up their own businesses.

6.2 Employment, Learning and Skills in Halton

The report recognises the roles that HBC's Enterprising Halton service and partner organisations have in raising awareness of the services available to help local residents start up their own business or become self-employed. Gaining employment within an existing business is often seen as the only option to jobseekers. However, the value of self-employment should not be underestimated and Global Entrepreneurship Week should be used to raise awareness and increase knowledge of enterprise/self-employment as a realistic option for Halton residents. Raising skills levels and reducing unemployment are key priorities for Halton Borough Council.

6.3 A Healthy Halton

It is recognised that being in meaningful employment brings a range of benefits to an individual. These include improved health and mental well-being.

6.4 A Safer Halton

6.5 Halton's Urban Renewal

Enterprising Halton has a very good track record of supporting local people into self-employment. In 2011/12, 96 new business starts were created through the project and during the most recent quarter in 2012/13 (Q2), Enterprising Halton has supported 18 new business start-ups and 38 customers completed the Kick Start pre start training course. Many business starts flourish in the borough and it is key to their success that suitable infrastructure is available. This includes ensuring that the growing businesses have access to appropriate business premises and business support. Global Entrepreneurship Week is there to support both individuals considering self-employment and new businesses who may be ready to move to the next level.

6.6 Corporate Effectiveness and Business Efficiency

Pre 2011/12, there was limited support for enterprise within the borough. However, a recent mapping exercise undertaken by Halton Borough Council demonstrates the growth in support for business start-ups. What is evident, however, is that the support available is delivered through a multi-agency approach – that is, duplication is avoided and identified gaps in provision are filled. Funding remains time bound and making the funding go further is achieved through good partnership arrangements, particularly through the Halton Employment Partnership.

7.0 RISK ANALYSIS

Reductions in funding could impact on the number of business being created in Halton post March 2013. Therefore, it is a major boost to continue to work in partnership to access and

secure other rounds of funding to continue to encourage and support new businesses to start up in the area.

8.0 EQUALITY AND DIVERSITY ISSUES

HBC Enterprise Officers ensure equality of access for all residents wanting to receive flexible one to one business advice in Halton. Enterprise Officers are targeting and supporting customers to increase the number of business start-ups from minority groups i.e. BME, females and individuals with a health condition or disability.

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

None

REPORT TO:	Employment, Learning, Skills and Community PPB
DATE:	12 November 2012
REPORTING OFFICER:	Strategic Director, Economy, Enterprise & Property
PORTFOLIO:	Economic Development
SUBJECT:	Hidden Unemployment
WARDS:	Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To advise the Policy Performance Board of a report produced by Sheffield Hallam University entitled the “Real level of Unemployment”.

2.0 RECOMMENDATION:

- 2.1 **The Policy Performance Board notes the content of the report.**

3.0 SUPPORTING INFORMATION

3.1 Details of the report

- 3.2 In September 2012, Sheffield Hallam University’s Centre for Regional Economic and Social Research produced a report titled ‘The real level of unemployment’; this is the fourth report in the series and attempts to identify ‘hidden’ groups of unemployed in addition to those groups that are officially counted. Overall, the real level of unemployment is estimated to be higher in 2012 than at any point since 1997.

- 3.3 The report looks at three groups of unemployed, and it is the sum of these three groups which acts as the ‘real level of unemployment’, the groups are:

- Claimant Count – this is the count of people claiming Jobseekers Allowance benefit. This measure is released monthly and is kept up-to-date.
- Additional Unemployed from the Labour Force Survey (now called the Annual Population Survey) – this is a large sample survey of households across England and includes many of the unemployed who are ineligible to receive Jobseekers allowance but are still looking for work (it is these additional unemployed who are included in the ‘real level of unemployment’ measure). This dataset is available about three months in arrears. However, as this is based on a sample survey, the local authority level data is poor.

- Some claimants of Incapacity Benefits (those deemed to be able to return to work eventually) – this is for people deemed too ill or disabled to look for work. However, rules state that people may only claim either Incapacity benefit or Jobseekers Allowance, therefore if an unemployed person also suffers from health problems and is eligible to claim Incapacity benefits then the differential in benefit payment shows that it is beneficial to claim this than the lower payment (and means tested) Jobseekers allowance. (from April 2012, those claiming Incapacity benefits, but deemed fit to eventually return to work, will be means tested. This will eventually have a big impact on numbers claiming Incapacity benefits).

4.0 POLICY IMPLICATIONS

4.1 Estimated real level of unemployment for Halton, April 2012

- 4.2 The report shows that in April 2012, Halton's real level of unemployment was estimated at 11,200 people (14.4% of the working age population); this is the 15th highest in the country. The breakdown of these claimants is shown below for the Liverpool City Region local authorities:

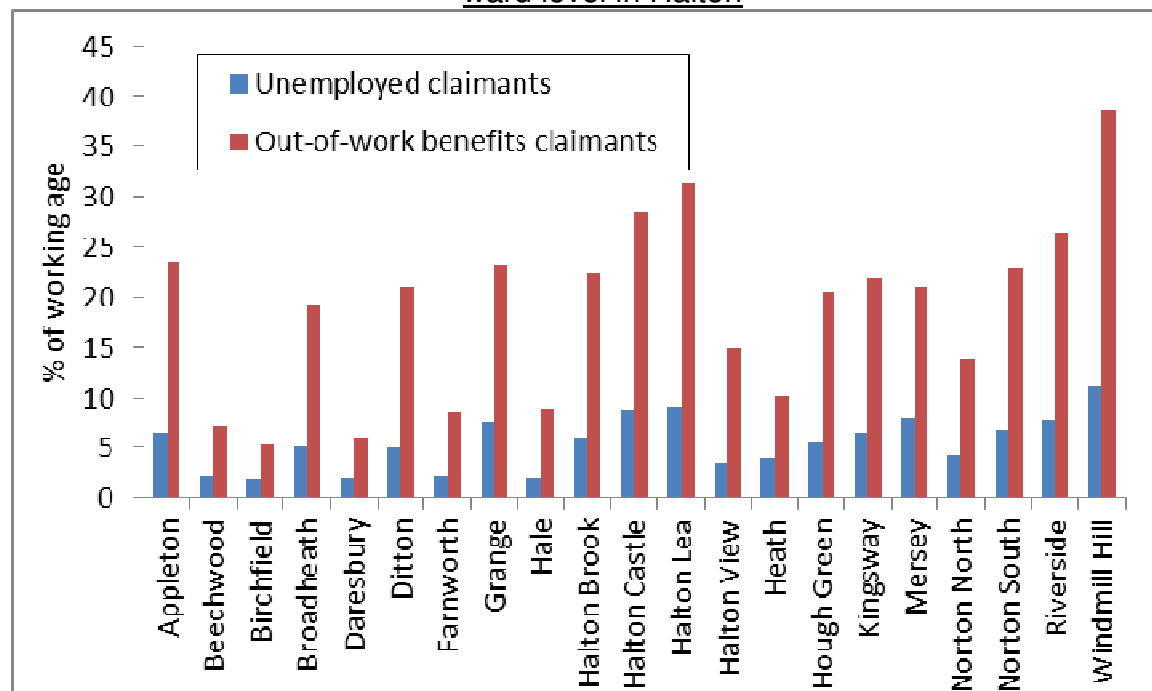
	Claimant Count		Hidden unemployment		Real unemployment	
	No.	As % of working age	Additional unemployed from Annual Population Survey	Diverted to incapacity benefits	No.	As % of working age
Halton	4,420	5.7	2,100	4,700	11,200	14.4
Knowsley	6,480	6.7	2,600	7,100	16,200	16.8
Liverpool	21,720	7.1	8,400	19,400	49,500	16.1
Sefton	5,760	5.1	3,100	5,500	14,400	12.7
St. Helens	8,850	5.2	4,600	7,400	20,800	12.3
Wirral	9,030	4.7	5,200	10,500	24,800	13.0

- 4.3 When compared to the unemployment figure which is most commonly quoted for Halton (just Jobseekers allowance claimants) the real unemployment figure is more than double. This trend mirrors that found within all North West local authorities, as well as at regional and national levels.
- 4.4 There is a clear relationship shown within the analysis of the report, that the higher the claimant unemployment rate of an area, the greater the scale of hidden unemployment. Therefore, the hidden unemployment is greatest in the weakest local economies where claimant unemployment is already highest. For Halton this means that 8.7% of the working age population are classed as 'hidden unemployed' – this is the tenth highest in the country.

5.0 OTHER IMPLICATIONS

- 5.1 Looking ahead we can expect to see a sharp fall in the number of unemployed hidden on incapacity benefits. This is due to the combination of more rigorous medical testing introduced in 2008, applied to both existing and new claimants, and the introduction of means testing on incapacity benefits (now called Employment and Support Allowance) for the first time. For many, this will remove the incentive for claiming incapacity benefits ahead of jobseekers allowance. This fall in numbers will be felt most in areas with high numbers of incapacity claimants and therefore high hidden unemployment. The resulting increase in claimant unemployment is also foreseen to be much smaller than the reduction in incapacity claimants.
- 5.2 One main limitation in using this method for calculating unemployment levels for the future is that it is not be possible to examine local levels of unemployment (such as ward level), as the Annual Population Survey is not available smaller than local authority areas.
- 5.3 An alternative method used to gain a better understanding on the overall levels of worklessness within Halton can be provided by using the ‘out-of-work benefits’ dataset released by the Department for Work and Pensions on a quarterly basis. This dataset combines jobseekers allowance claimants with those claiming incapacity benefit, lone parents and others on income related benefits. Although this combination will include some people who are not fit for work, it has been deemed suitable to provide a feel for the state of the local economy, and can be provided down to ward level by the Council’s Research and Intelligence team. The chart below shows the comparison between unemployment claimants and out-of-work benefits claimants at ward level in Halton.

Unemployed claimants (Aug-12) and out-of-work benefit claimants (Feb-12) at ward level in Halton



6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Worklessness impacts across all Council and partner priorities

7.0 RISK ANALYSIS

7.1 The real level of unemployment needs to be considered when assessing budgets and targeting service delivery for tackling unemployment and worklessness in the borough.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Understanding is important when examining claimant levels of reasons why people are claiming and any impacts changes in legislation, such as introduction of Universal Credit, will have on vulnerable groups – such as those with health related issues, who may subsequently cease claims and 'fall off' government datasets.

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

9.1 A copy of the Sheffield Hallam Report is available to view on the 5th Floor of the Municipal Building: Contact Wesley Rourke.