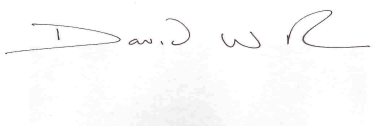
Public Document Pack

Health and Wellbeing Board

Wednesday, 22 May 2013 2.00 p.m.
Karalius Suite, Stobart Stadium, Widnes



Chief Executive

Please contact Gill Ferguson on 0151 5118059 or e-mail gill.ferguson@halton.gov.uk for further information.
The next meeting of the Committee is on Wednesday, 17 July 2013

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

Part I

Item No.		Page No.
1.	APOLOGIES FOR ABSENCE	
2.	MINUTES OF LAST MEETING	1 - 9
3.	TEENAGE PREGNANCY - PRESENTATION	
4.	FALLS STRATEGY 2013 - 2018	10 - 39
5.	FRANCIS INQUIRY	40 - 46
6.	EARLY HELP STRATEGY	47 - 96
7.	NATIONAL CHILD MEASUREMENT PROGRAMME (NCMP) OUTCOMES	97 - 115
8.	CHIMAT – CHILD HEALTH PROFILE	116 - 124
9.	NATIONAL CONSULTATION – SUSTAINABLE DEVELOPMENT STRATEGY FOR THE HEALTH, PUBLIC HEALTH AND SOCIAL CARE SYSTEM	125 - 142

Agenda Item 2

SHADOW HEALTH AND WELLBEING BOARD

At a meeting of the Shadow Health and Wellbeing Board on Wednesday, 16 January 2013 at Karalius Suite, Stobart Stadium, Widnes

Present: Councillors Polhill (Chairman), Philbin, Wright, S. Banks, S. Boycott, P. Cooke, G. Ferguson, Dr M. Forrest, G. Hales, D. Johnson, D. Lyon, A. McIntyre, E. O'Meara, D. Parr, C. Richards, N. Rowe, N. Sharpe, D. Sweeney, G. Timson, A. Williamson and J. Wilson

Apologies for Absence: K. Fallon, M. Pickup, I. Stewardson, J. Stephens and S. Yeoman.

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB50 MINUTES OF LAST MEETING

The Minutes of the meeting held on 12th December 2012 were taken as read and signed as a correct record. Arising from the minutes the Board was advised that Peter McCann was the Council's contact for enquiries regarding the proposed Government Benefit Reforms.

HWB51 PRESENTATION BY BRIDGEWATER ON THEIR STRATEGIC PLAN

The Board received a presentation from Linda Agnew on behalf of Bridgewater Health Trust which provided a summary of their Integrated Business Plan and highlighted:

- the background to Bridgewater, who they were and what services they provided;
- its mission, which included improving local health and wellbeing in the communities in which they served;
- proposals to develop local services whilst being responsive to the views and needs of the local community;
- challenges faced by the service in Halton;
- how the organisation worked in partnerships with other agencies such as GP's, LinKs, local authorities

and Health and Wellbeing Board's etc;

- the benefits of dealing with a person throughout their lifecycle; and
- how the service would be planning for the future and its financial pressures.

The Board discussed the role of the service when dealing with dementia and were advised that all those service users over the age of 75 were screened. The Service was also involved in on-going discussions with the 5 Boroughs who led on the dementia strategy.

RESOLVED: That the presentation be received.

HWB52 LAUNCH OF HEALTH AND WELLBEING STRATEGY AND DEVELOPMENT OF ACTION PLANS

The Board received a presentation from the Director of Public Health, Eileen O'Meara, to formally launch the Joint Health and Wellbeing strategy. Members were also provided with a progress report on the development of action plans to support the strategy.

RESOLVED: That

1. the presentation be noted;

2. a glossary of acronyms be included in the index; — Director of Public Health

3. a link to the strategy document be placed on the front page of all Member organisation websites; and

4. regular monitoring reports be brought back to the Board.

HWB53 CONSULTATION ON THE NATIONAL ALCOHOL STRATEGY

The Board was advised that the Government had sought views on a number of measures set out in their Alcohol Strategy which was published on the 23rd March 2012. The consultation would run for 10 weeks from the 28th November 2012 until 6th February 2013.

In this consultation views would be sought on five key areas:-

- minimum unit pricing;
- a ban on multi–buy promotions in shops and off-licences;

- a review of the mandatory licensing conditions;
- health as a new alcohol licensing objective for cumulative impacts; and
- cutting red tape for responsible businesses.

Members were advised that as part of the public alcohol strategy consultation, regional road shows would be held and smaller technical groups would meet to discuss a number of the policy areas. It was noted that the Cheshire and Merseyside Directors of Public Health welcomed the Government's consultation on the National Alcohol Strategy and would be responding collectively. Their response would include a call for a minimum unit price set at 50p. A minimum unit price of 50p was well supported by public sector partners across Cheshire and Merseyside.

RESOLVED: That the report be noted and the consultation response by the Cheshire and Merseyside Directors of Public Health be endorsed.

HWB54 CHALLENGE ON DEMENTIA

The Board considered a report of the Strategic Director, Communities which advised that the Prime Minister had launched a Challenge on Dementia in March 2012 to deliver major improvements in dementia care and research by 2015. Subsequently, three sub-groups had been formed to lead on dementia-friendly communities, better research and driving improvements in health and care.

The Co-Chairs of the Health and Care Sub-Group had written to all Chairs of Health and Wellbeing Boards asking for their commitment to the Dementia Challenge and their assistance in taking it forward. In addition, Members were advised that a number of key commitments were made by the Prime Minister as part of the March 2012 launch. Health and Wellbeing Boards were being asked to consider the following in relation to these commitments:-

- reviewing local Dementia Strategy with particular emphasis on enablement and intermediate care access for people with dementia, accommodation solutions, end of life support and health and social care workforce development;

- ensuring the needs of people with dementia and their carers were part of the Joint Strategic Needs Assessment process;

- whether the Health and Wellbeing Board should

make dementia a priority in the Joint Health and Wellbeing Strategy; and

- signing up to the National Dementia Declaration and joining your Local Dementia Action Alliance to work with local partners to drive forward improvements for people with dementia in your area.

In respect of the key commitments outlined above, the local position for Halton within each was outlined in the report. In addition to the commitments set out above the Board were also being requested to sign up to the Dementia Care and Support Compact and to publicise this report on local websites stating how the Board intended to fulfil this commitment and to ask local Health Trusts to do the same. The Board were also being asked to encourage Acute Hospital Trusts to sign up to the call to action – the Right Care: creating dementia friendly hospitals.

It was noted that the Prime Minister had asked the National Dementia Strategy Board to provide a formal update on progress by March 2013. Boards were being encouraged to share progress through the Dementia Challenge "Get Involved" website. It was also noted that dementia was a significant challenge in Halton especially given the increasing population of older people. This challenge had direct implications for all Health and Wellbeing Board partners and would continue to do so in the future. In order to support this increase in prevalence and diagnosis a range of services were currently in place that offered support from early diagnosis right through to end of life care.

RESOLVED: That

1. the contents of the report including local progress to date on the key commitments outlined be noted; and — Strategic Director Communities
2. the Board support the local position as outlined in the report;
3. the scope of the strategy be broadened to include other agencies such as Police and Voluntary Sector; and
4. a further report be brought back to the next meeting.

HWB55 HCA/DOH CARE AND SUPPORT SPECIALIST HOUSING FUND

The Board was advised that the Department of Health

had recently announced a £160m fund to support the development of specialist supported housing for older people and those with disabilities. The fund was to be administered by the Homes and Communities Agency (HCA) which had issued a bidding prospectus. The bid deadline was 18th January 2013 for the first phase of funding which was focussed on new rented provision with a later second phase to focus on open market provision.

It was noted that three schemes were proposed for submission, led by Halton Housing Trust (HHT). The first two were extra care housing schemes for older people on the sites of the former Pingot Day Care Centre off Dundalk Road, Widnes and Seddon's site in Halton Brook in Runcorn. The third was a development of around 10 bungalows designed to accommodate those with physical and/or learning disabilities.

Members were advised that the Council had commissioned Tribal Consulting in 2008 to forecast the demand for extra care housing the resulting strategy identified a current shortfall of 137 units, with a further 59 units needed by 2017, (196 in total).

Since that time HHT had opened a 47 unit scheme in Ditton, however a planned 90 unit development at West Bank and 10 purpose built bungalows for clients with physical and/or learning disabilities had been cancelled due to the financial difficulties of Cosmopolitan Housing Association. Since £400,000 funding was already included in the Council's capital programme to support the development of the 10 purpose-built bungalows, following discussion with HHT, they had agreed to take over the proposed development and a range of site options were currently being evaluated.

As the original scheme was to be developed on sites owned by Cosmopolitan it was likely that the cost of acquiring new sites would now have to be factored in to the financial viability assessment. It was therefore proposed that a bid be made for Department of Health Funding to avoid having to charge excessive rents or reduce the quality of the accommodation.

RESOLVED: That the Board supports the proposed bid submission set out in the report, and that this be conveyed to the Homes and Communities Agency.

Strategic Director Communities

HWB56 THE MANDATE AND EVERYONE COUNTS: PLANNING FOR PATIENTS 2013/14

The Board was advised that the first Mandate between the Government and NHS Commissioning Board, setting out the ambitions for the Health Service for the next two years, was published on the 13th November 2012. The Mandate reaffirms the Government's commitment to an NHS that remained comprehensive and universal – available to all, based on clinical need and not ability to pay – and that was able to meet patients' needs now and in the future. The NHS Mandate was structured around five key areas where the Government expected the NHS Commissioning Board (NHS CB) to make improvements:-

- preventing people from dying prematurely;
- enhancing quality of life for people with long-term conditions;
- helping people to recover from episodes of ill-health or following injury;
- ensuring that people have a positive experience of care; and
- treating and caring for people in safe environment and protecting them from avoidable harm.

In addition the Government had also published Everyone Counts: Planning for Patients 2013/14 which set out how the NHS Commissioning Board intended to ensure that it, and the Clinical Commissioning Groups (CCGs), delivered the requirements of the Mandate and the NHS Constitution. It was reported that the headline measures in the documents were:

- Listening to patients;
- Focusing on Outcomes;
- Rewarding Excellence; and
- Improving Knowledge and Data.

It was also noted that Halton CCG would:

- have to track progress in improving healthcare for their population;

- have to identify an additional three local priorities against which it would make progress during the year, these would be taken into account when determining if the CCG should be rewarded through the Quality Premium;

- be expected to deliver and uphold the rights and pledges from the NHS Constitution and the thresholds set by the NHS CB. and produce a plan to

demonstrate delivery in these areas; and

- maintain the engagement of local people in the development of the Integrated Commissioning Strategy 2013-15 and Integrated Delivery Plan 2013-14.

RESOLVED: That

1. the publication of The Mandate and Everyone Counts: Planning for Patients 2013/14 and the concomitant requirements for the CCG, particularly in regard to the production of clear and credible commissioning plans be noted; and — Simon Banks

2. a draft copy of the CCGs Integrated Commissioning Strategy 2013-15 and an Integrated Delivery Plan for 2013/14 be submitted to the next meeting on 13th March 2013.

HWB57 DEPLOYMENT OF AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS) IN PUBLIC PLACES

The Board considered a report of the Director of Public Health and Strategic Director, Communities, which sought views and advice from Members regarding the deployment of automated external defibrillators in public places. The report had been prepared in response to high profile incidents where defibrillators were not available to save a person's life including Oliver King, a 12 year old who suffered a cardiac arrest at King David High School in Liverpool last year. In addition, a letter had been sent by Halton MP Derek Twigg to the Council requesting the present and future position with regard to the provision of defibrillators at Council Buildings and Schools. It was also reported that Cheshire East had recently trained 300 members of staff and provided defibrillators at all Leisure Centres and other public buildings and places where there was high foot fall. Whilst at Liverpool all primary schools were to have defibrillators.

With regard to the current position within Halton:

- Leisure Centres and pools did not have the equipment;
- Stobart Stadium only had the equipment on site on match days; and
- No schools had the equipment.

The report provided current evidence from the Oliver

King Foundation, Department of Health, British Heart Foundation and The Resuscitation Council (UK) and FIFA. In addition, Members were advised of the potential issues which included costs, training, accessibility, routine upkeep and inspections, use of defibrillators and legal implications.

It was noted that a report by the Directors of Public Health stated as hospital admissions showed over 50s were most at risk, particularly men, it recommended that defibrillators were best used in a highly targeted way in areas where there was a high risk of cardiac arrest i.e.:

- workplaces that employ people over 50 years; and
- leisure, community or sports centres where they accept people for weight management, cardiac rehabilitation or GP exercise on referral.

In addition it was also reported that the following financial implications applied to the provision of defibrillators:-

- a new defibrillator would cost approximately £900 with an additional training cost of £22 per person;
- modern defibrillators usually last 5 years and had a residual value when they came to the end of their life;
- they calibrate and, provided they were manually tested every week, they required little or no maintenance;
- the two main parts that sometimes needed replacing were pads at £23 each and batteries at £190 per machine. Other parts needed to be replaced when used at negligible cost; and
- based on the requirement to provide one defibrillator and train 3 First Aiders at each corporate building an initial outlay for the Authority would be £11,592.

Members discussed possible locations for defibrillators in Halton including schools, supermarkets and Council owned public buildings, the opportunity to invite the North West Ambulance Service to demonstrate defibrillators, training of users, the responsibility for those to manually test the defibrillator each week and signposting at public locations highlighting where the defibrillator was available and who was trained to use it.

RESOLVED: That

1. a report be brought back to the next meeting outlining possible locations for defibrillators and an example of signs which could be used for signposting

Director of Public Health/Strategic Director

defibrillators; and	Communities
2. an invitation be sent to the North West Ambulance Service to attend the next meeting to demonstrate the use of defibrillators.	

Meeting ended at 4.25 p.m.

REPORT TO: Health and Wellbeing Board

DATE: 22nd May 2013

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health and Adults

SUBJECT: Falls Strategy 2013 - 2018

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present and seek approval of the Falls Strategy 2013-2018.

2.0 **RECOMMENDATION: That the Board**

1. **support and approve the Falls Strategy 2013 - 2018**

2. **agrees to receive quarterly reports on performance against the strategy action plan.**

3.0 **SUPPORTING INFORMATION**

3.1 Falls have been identified as a particular risk in Halton due to higher levels of falls in older people as well as higher levels of hospital admissions due to falls. The Halton average of hip fractures in people over 65 is 499 per 100,000 and this compares with a national average of 452 per 100,000.

3.2 If you consider that the average cost of a hip replacement is in excess of £20,000 and we can bring Halton level to the national average this would offer an annual saving of £180,000 just on the operation. In addition you have to consider the significant cost savings due in reduced need for rehabilitation and reduced hospital attendances.

3.3 The falls strategy sets out to explain the importance of understanding the complexities of both the cause and effect of falls. In particular it touches upon the high risk of social isolation that falls can cause.

3.4 The Strategy also aims to identify the areas that need to improve in Halton and to do this it recommends a number of outcomes that form the basis for the action plan and the implementation of the strategy, those being:

1. Develop current workforce training
2. Develop a plan for awareness raising with both the public and professionals
3. Improve partnership working
4. Set and deliver specific targets to reduce falls
5. Develop an integrated falls pathway
6. Develop a prevention of falls pathway
7. Identify gaps in funding of the pathway
8. Improve Governance arrangements to support falls

3.5 This strategy links directly with the scrutiny review of falls prevention that is due for sign off at the Health PPB in June 2013.

It is anticipated that the strategy will be launched in June during falls awareness week; a joint public and professional week taking place in 17th – 21st June. (Detail attached in appendix 1).

The strategy implementation will be through the multi-disciplinary falls steering group and this group will report to the Urgent Care board and it is proposed that performance will be reported to the Health and Wellbeing Board on a quarterly basis.

4.0 POLICY IMPLICATIONS

4.1 There is limited national guidance in relation to falls although there is a wealth of academic research into the importance of fall prevention and the impact of falls on an individual.

4.2 In terms of National papers, the National Service Framework for Older People 2001 was the last document that specifically mentions falls; however there has been a number of Government documents since then that recognize the importance of falls. For example Healthy lives, healthy people, the Darzi review and the recent Dilnot report.

4.3 In addition there is a specific NICE guidelines on falls that are due to be updated following consultation that ended on 26th April 2013.

5.0 FINANCIAL IMPLICATIONS

5.1 A separate financial plan is being developed to assess the gaps in funding to deliver the full pathway. It is important to note that this strategy calls upon a partnership approach as the current resource for falls specialist services in the borough is only £70,000 per annum

to deliver training, awareness raising, falls assessments and specialist support.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None

6.2 Employment, Learning & Skills in Halton

None

6.3 A Healthy Halton

The strategy aims to improve the health and well-being of those at risk of falls by minimising their risk of falls, providing timely quality treatment should they sustain injury and to ensure people are rehabilitated following injury back to good health..

6.4 A Safer Halton

The strategy action plan will be targeting a number of key service areas, for example residential care; and there will be an expectation that partners tasked with implementing the strategy will work closely with the safeguarding unit to support vulnerable people at risk of falls.

6.5 Halton's Urban Renewal

None

7.0 RISK ANALYSIS

7.1 The key risk it that the strategy fails to meet the targets identified in the strategy action plan and the Health and Well-being action plan. This risk is mitigated by robust performance monitoring through the multi-agency Falls Strategy Group and accountability to this Board.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The strategy aims to provide improved advice and care to all members of our community who are at risk of falling.

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

None.

Halton Clinical Commissioning Group

Falls Strategy

2013 – 2018

Draft : 18/01/2012

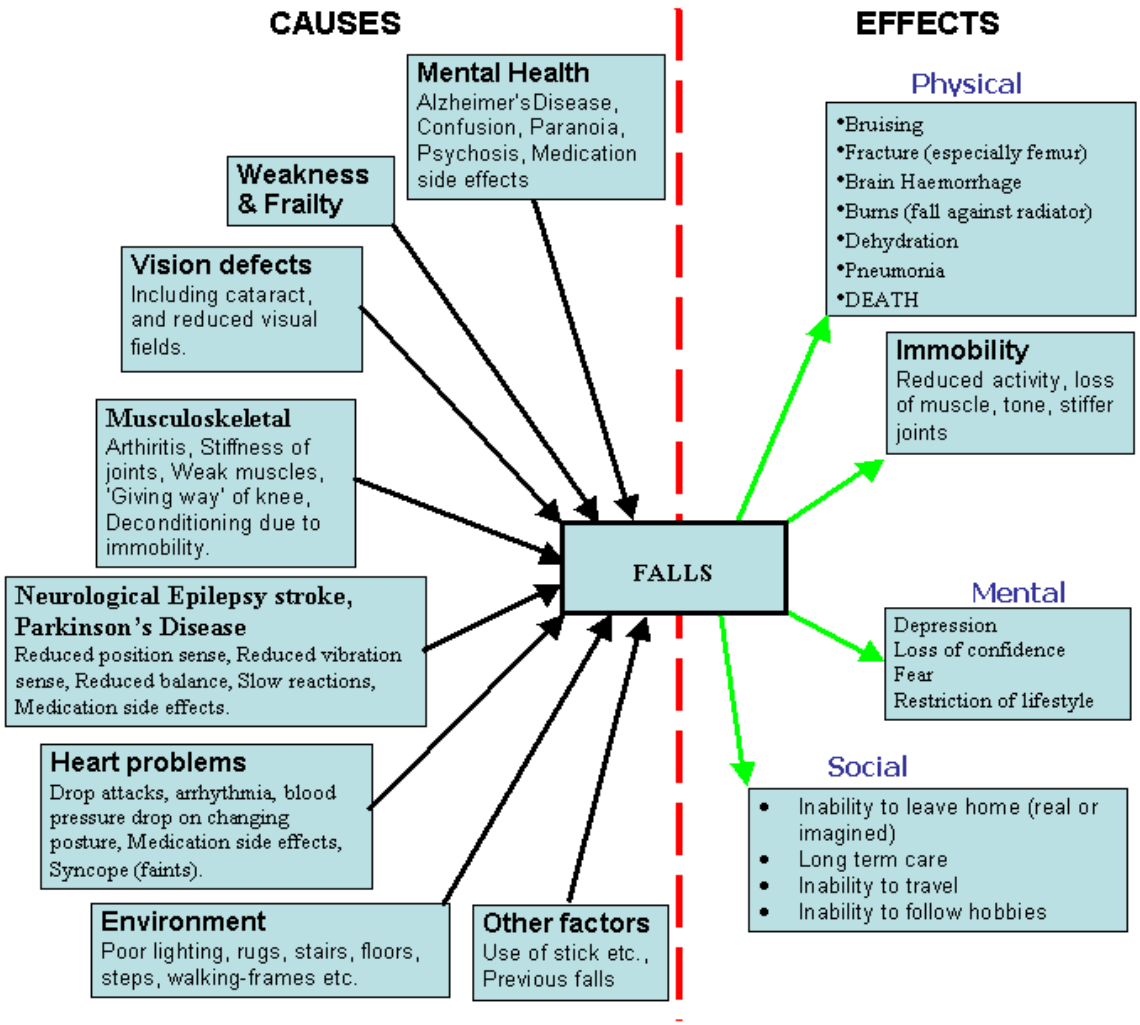
CONTENTS

Section	Title	Page
	Executive Summary	3
1.	Introduction	6
2.	Context 2.1 National Context 2.2 Local Context 2.3 Why is change required? 2.4 Patient/Public Involvement	 7 9 10 12
3.	Vision, Outcomes and Aims of Falls Services in Halton 3.1 Vision 3.2 Outcomes	 12 12
4.	Current Services 4.1 Specialist	 12
5.	Taking forward the vision for Falls services in Halton 5.1 Introduction 5.2 Implementation of the Strategy	 14 15
6.	Governance Arrangements and Performance Management Framework 6.1 Governance Arrangements 6.2 Performance Management Framework 6.3 Health and Well-Being Board Action Plan	 17 17 22
Appendix 1	Falls Pathway	25
Appendix 2	Prevention Pathway	26

Executive Summary

There is clear evidence on the importance of ensuring that falls prevention and falls care are a high priority within any Local Authority. Halton has a falls rate that is higher than the national average. The hip fracture rate in people over 65 in Halton is 499 per 100,000, this is significantly higher than the national average of 452 per 100,000 people and when you consider that 1 in 3 people over 65 will have at least one fall per year you can see the scale of the problem. The difficulty that professionals have in responding to the issue is to understand the complexities that are involved. There is not one standard risk factor that can cause a fall and it can relate to anything from dementia to poor lighting in the home. However, it is important to consider that whatever the cause of the fall the effects can be significant.

Losing confidence and subsequently losing independence are a major result of someone having a fall and there is still too often a case in which older people receive treatment and very quickly are admitted into residential or nursing care or become isolated at home. The diagram below shows this in more detail.



As we develop the local falls programme we must always keep in mind exactly what a fall can mean to an individual as the story of Mrs A below highlights.

Mrs A was an active member of her local community who lived alone, but was often out socialising with friends or being involved in local groups. On a routine trip into town she tripped as she was disembarking from a local bus and fell into the pavement. The fall caused significant bruising and although there was no other physical symptoms Mrs A did suffer with a panic attack due to the shock of the fall. Her physical recovery was swift; however, the emotional strain of that day had a lasting effect. Mrs A began to offer a number of different reasons to friends as to why she couldn't go out and over time she stopped going to all of her groups that she previously attended. Within twelve months Mrs A had become completely withdrawn and isolated from her local community and her friends.

The story above helps us to focus this strategy, which although considers the current national and local position and offers the first steps towards improving Halton's performance in relation to falls, also should not forget the individual who is at the receiving end. This can be further illustrated by a quote from a local Halton resident who spent a number of weeks in hospital and subsequent rehabilitation after a fall:

I had never thought about having a fall before it happened to me, I was only 68 and very active, I just thought this was the type of thing that happened to other people.

In view of the current local position the falls strategy offers a number of ways in which we will tackle the issues and improve outcomes. Some of the areas of work are further developed than others and some of process driven whilst others are firmly rooted in service delivery.

The key deliverables of the falls strategy are:

1. **Develop current workforce training**
2. **Develop a plan for awareness raising with both the public and professionals**
3. **Improve partnership working**
4. **Set and deliver specific targets to reduce falls**
5. **Develop an integrated falls pathway**
6. **Develop a prevention of falls pathway**
7. **Identify gaps in funding of the pathway**
8. **Improve Governance arrangements to support falls**

The actions and work areas that have been identified within this document are at different stages of development for example the Postural Stability Exercise Programme is in place, but needs to increase capacity or the falls training programme is limited and has no sustainable plans in place. Therefore the multi-disciplinary steering group needs to work effectively and creatively to offer solutions to the problems faced in Halton.

It is also clear when using both the performance framework and action plan attached to this document that a number of the development areas that have been identified are process related. This is important as we have to ensure that the systems are in place and functioning before we can move to improve the services that exist and propose new services to commission.

1.0 Introduction

Falls are one of the Health and Wellbeing Boards key priorities in Halton. Falls are a leading cause of mortality due to injury amongst people over 65. Falls can have a serious impact on the quality of life of older people and can undermine the independence of an individual. Falls may be caused by a person's poor health or frailty, or by environmental factors, such as trip hazards inside and outside their home.

One of the major difficulties in relation to falls services is the fact that there are a number of potential consequences of a fall, these include:

- Physical (discomfort, hypothermia, pressure related injury, infection, pain, serious injury, inability to look after oneself, long term disability)
- Social (loss of independence, loss of social contacts, loss of home, move to residential care, financial costs of help / care / hospital, decreased quality of life, changes to daily routine)
- Psychological (loss of confidence, fear of falling, distress, guilt, blame, anxiety)

As services are developed we must always consider the importance of cause and effect in relation to falls. As mentioned there are many reasons why a person may fall, but the impact can be far more than just physical as outlined in the case study in the executive summary above.

As well as understanding the impact on an individual; professionals also need to understand the scale of falls nationally and locally. Between a third and a half of people aged over 65 falls each year and this percentage increases with age. Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged over 75 in the UK. Over 190,000 older people in England are admitted to hospital as a result of a fall every year.

Therefore, when we are considering falls and particularly on how we improve performance, we need to be mindful of the four areas that are impacted:

1. **People –** we have already considered the cause and effect of falls for an individual and that can certainly be extended to carers.
2. **Hospital –** falls can impact hospitals due to the need for an emergency admission and the initial recovery time required before discharge, but they can also be an area in which people can be more vulnerable to the risk of falling. Often this is due to people being in an unfamiliar environment.
3. **Care –** If people deteriorate from a fall rapidly they can find themselves requiring a level of care they had not previously needed. This transition can be very sudden and can have a significant impact on an individual's emotional wellbeing.
4. **Cost –** Hip fractures alone cost the UK an estimated £5 million per day (that is £2 billion pounds per year) the cost to treat one hip fracture is £13,000 in the first year and £7,000 for the subsequent year. Furthermore, fragility fractures account for costly aftercare, with an average hospital stay of 26 days. The current population and incidence projections developed by the National Hip Fracture Database, suggest that by 2020 the cost of managing a hip fracture will increase by 50% to £3 billion per year.

Falls are also a major reason for care home admissions with up to 40% of people moving as a result of a fall. Once in a care or hospital setting older people are three times more likely to fall compared to those residing in the community. In addition one in three women and one in twelve men over 50 are affected by osteoporosis fracture by the time they reach the age of 70.

The Department of Health has identified key intrinsic and extrinsic risks associated with falls. Intrinsic (i.e. associated with the individual's condition) include

- Balance, gait, mobility problems including those due to degenerative joint disease and motor disorders.
- Conditions requiring complex medication (e.g. four or more medications) and sedating or blood pressure lowering medications.
- Visual impairment
- Impaired cognition or depression
- Postural hypotension

Extrinsic, or environmental risk factors for example, include:

- Poor lighting
- Steep stairs
- Loose carpets or rugs
- Slippery floors
- Badly fitting footwear or clothing
- Lack of safety equipment such as grab rails
- Inaccessible lights or windows
- Assistive devices such as use of a stick, frame or wheelchair.

2.0 Context

2.1 National Context –

There are two key documents that set the standards for best practice in the management of falls among older people. One of the issues for these two documents is when they were produced, The **National Service Framework for Older People** was published in 2001 and the **National Institute for Clinical Excellence** (NICE) published their guidelines in 2004. The NICE guidelines were reviewed in 2011 and updated to include an extension of the scope to cover inpatient settings and service delivery.

The **National Service Framework for Older People** identified the need for the NHS to work in partnership with councils to take action to prevent falls and reduce the resultant fractures or other injuries in their populations of older people and to ensure effective treatment and rehabilitation for those who have fallen through a specialised falls service. Health and social care organisations were required to put in place falls risk management procedures and put in place an integrated falls service by 2005.

Within the National Service Framework there were a list of 10 interventions that were proposed to support the effective implementation of a falls service in the borough, these being:

- Prevention, including the prevention and treatment of osteoporosis
- Provision of information, advice and support
- Specialist falls service within specialist multi-disciplinary and multi agency services for older people to work with those at high risk of falling
- Encouragement of appropriate weight-bearing and strength enhancing physical activity
- Promotion of healthy eating (including adequate intake of calcium
- Smoking reduction
- Good pavement repair and street lighting
- Making properties safer
- Improving the diagnosis, care and treatment of those who had fallen
- Rehabilitation and long-term support

The National Institute for Clinical Excellence (NICE) give recommendations for good practice based on the best available evidence of clinical and cost effectiveness. The NICE guideline identifies five key priorities for implementation of a service for the assessment and prevention of falls in older people, as described in the table below.

Key priorities for implementation
1) Case / risk identification • Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall. • Older people reporting a fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve strength and balance. **2) Multifactorial falls risk assessment** • Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and / or balance should be offered a multi-factorial falls risk assessment. This assessment should be performed by healthcare professionals with appropriate skills and experience, normally in the setting of a specialist falls service. This assessment should be part of an individualised, multi-factorial intervention. • Multi-factorial assessment may include the following: ✓ Identification of falls history ✓ Assessment of gait, balance and mobility, and muscle weakness ✓ Assessment of osteoporosis risk ✓ Assessment of the older person's perceived functional ability and fear relating to falling ✓ Assessment of visual impairment ✓ Assessment of cognitive impairment and neurological examination ✓ Assessment of urinary incontinence ✓ Assessment of home hazards ✓ Cardiovascular examination and medication review **3) Multi-factorial interventions** • All older people with recurrent falls or assessed as being at increased risk of falling should be considered for an individualised multi-factorial intervention. • In successful multi-factorial intervention programmes the following specific

components are common (against a background of the general diagnosis and management of causes and recognised risk factors):
    - Strength and balance training
    - Home hazard assessment and intervention
    - Vision assessment and referral
    - Medication review with modification / withdrawal
- Following treatment for an injurious fall, older people should be offered a multi-disciplinary assessment to identify and address any future risk, and individualised intervention aimed at promoting, independence and improving physical and psychological function.

4) Encouraging the participation of older people in falls prevention programmes including education and information giving

- Individuals at risk of falling, and their carers, should be offered information orally and in writing about what measures they can take to prevent further falls.

5) Professional education

- All healthcare professionals dealing with patients known to be at risk of falling should develop and maintain basic professional competence in falls assessment and prevention

2.2 Local Context –

As identified in the introduction falls are an important issue for Health and Social Care organisations and are certainly an area in Halton that has been identified in a number of ways. The importance of this is clearly defined when we consider the different local strategies that link to falls.

- The Health and Wellbeing board has identified falls as one of its priorities, falls are included in the Health and Wellbeing strategy and an associated action plan, which is included in this document, has been completed.
- The Prevention and Early Intervention strategy outlines the importance of ensuring people are supported to have a healthy lifestyle no matter what their own personal circumstances. A significant part of this is raising awareness of falls prevention and falls safety.
- The Urgent Care Strategy considers all of the relevant pathways and protocols to support people through primary and secondary care in an appropriate and timely way. This is particularly pertinent when considering the responses that someone who has fallen requires.
- The Older People's Commissioning Strategy offers an overarching view of the needs of older people in Halton. This covers prevention through to end of life care.
- The Overview and Scrutiny Board has also agreed that falls prevention will be one of their annual scrutiny topics with a report available from June 2013. This review once complete will include a series of actions that will be added to the Health and wellbeing action plan that appears at the end of this document.

2.3 Why is Change required?

The introduction of this document sets out the impact of falls and why they are a priority for Health and Social Care Nationally. It is also worth considering the following statistics when assessing the needs in a local area:

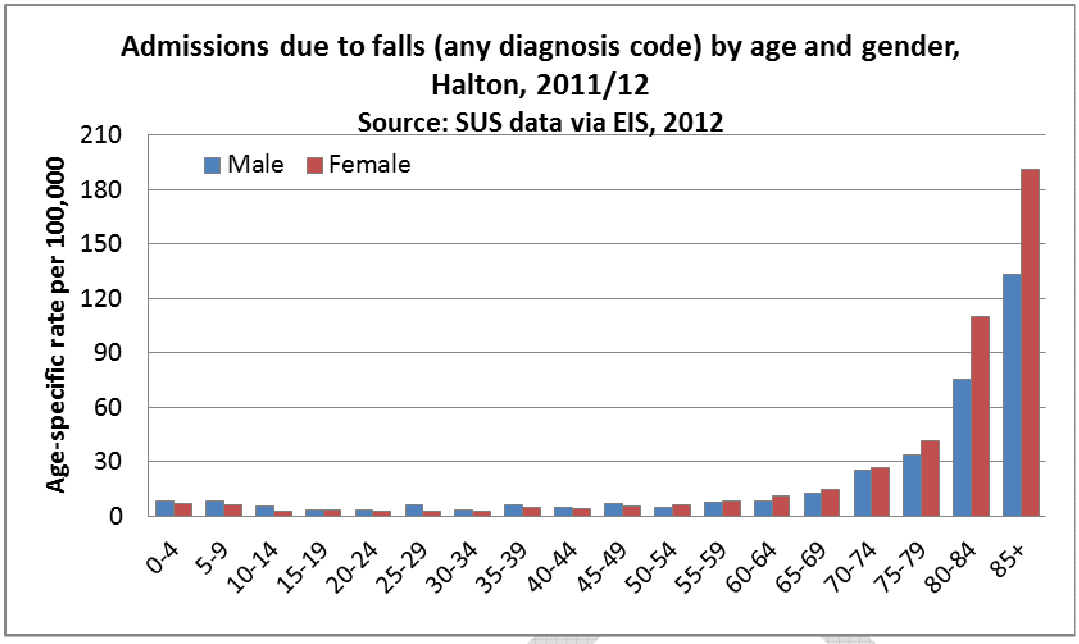
- 1:3 people aged 65+ experiences a fall at least once a year.
- 14,000 people die annually as a result of hip fractures
- Falls are a major cause of disability and mortality resulting from injury in over 75s
- Incidence rates for falls in nursing homes / hospitals are 2-3 times greater than community settings
- Approximately 5% of Older People who fall, experience a fracture or require hospitalisation
- 648,000 attendances at Accident and Emergency Department each year
- Cost to the NHS over £900 million per year

Although Halton has an integrated falls service it is small in resource and as a result capacity is affected. The service has operated for five years and the despite a considerable year on year increase in referral rates (as illustrated in the table below), there has been no increase in the size of the team.

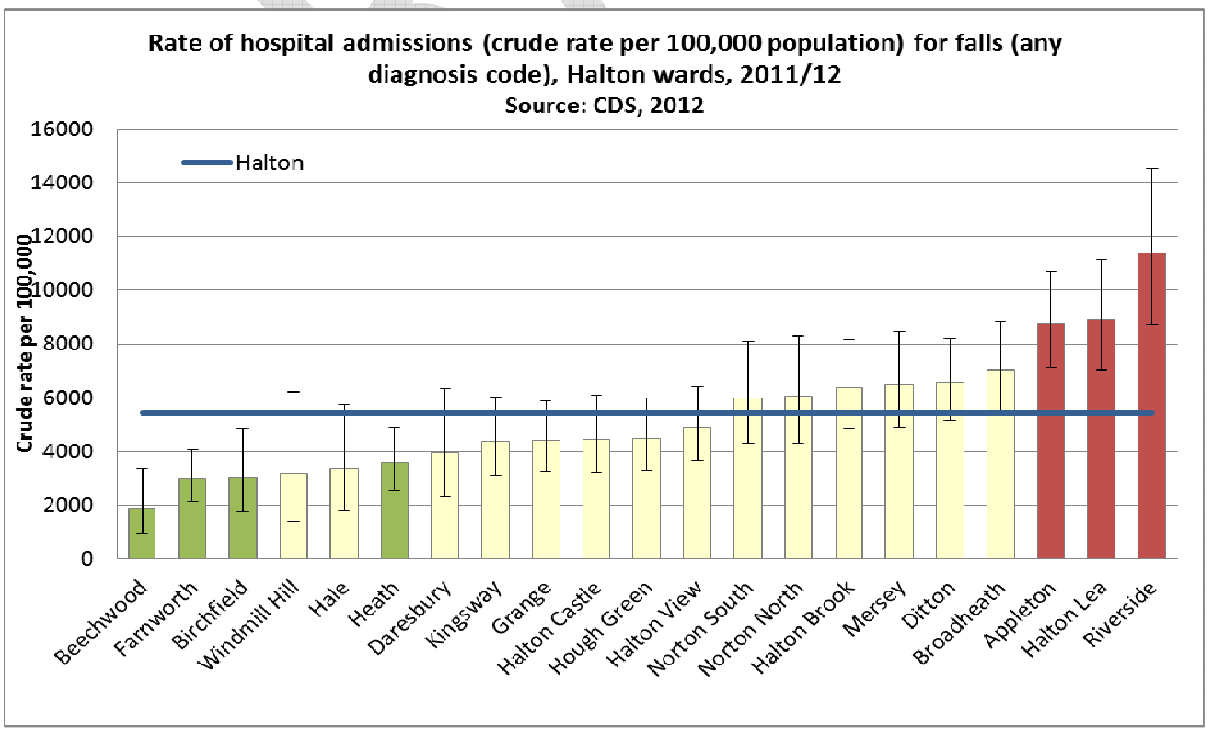
Halton Falls Prevention service started as a pilot in 2005. The service was extended to accept referrals from GPs, other health and social care practitioners and self referrers in 2006. The current service consists of a full-time falls prevention practitioner, a 0.5 wte Project Officer, 0.3 wte of physiotherapist; 7 hours (0.46 wte) occupational therapy and10 hours (0.3 wte) Therapy Assistant.

Year	Male referrals	Female referrals	Total referrals
2008	39	66	105
2009	83	172	255
2010	121	226	347
2011	113	207	320
2012	155	338	493

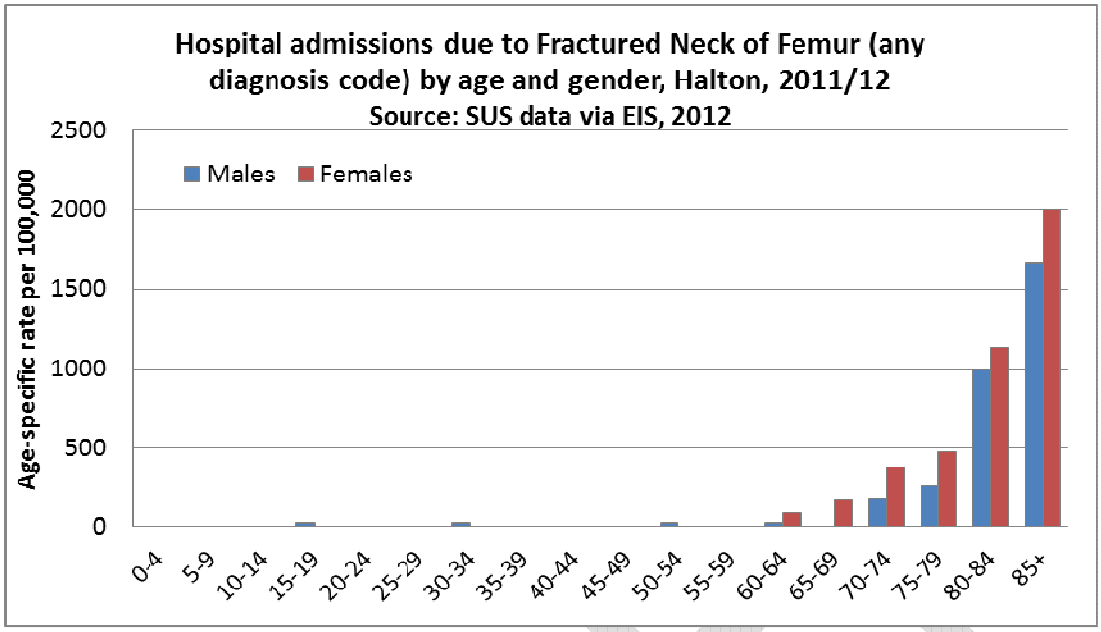
The following three graphs illustrate the local picture in relation to falls. The first graph shows the hospital admissions due to falls for people living in Halton in 2011/12. It is clear that the trend locally follows the National average with a dramatic increase in the number of fallers admitted aged 70+ and a very steep increase in the over 80s.



The table below shows the rate of hospital admissions per 100,000 populations for falls across each of the wards in Halton. The crude rate in Riverside is 11,371/100,000 population. This figure is almost double the local average and although the actual numbers can be quite small the impact is significant. It is also important to consider that in Riverside there 63 older people admitted to hospital due to a fall out of a ward population of 554; however Beechwood with a comparable ward population of 583 only had 11 fallers.



The final graph below shows the level of admissions to Hospitals for a fractured neck of femur that are a particularly common result of a fall in older people.



2.4 Public / patient involvement

On the completion of this strategy a consultation event will take place to launch the strategy, but also to invite attendees to be further involved in the design and delivery of services over the next three to five years. This consultation will be extended to local older people's group, voluntary sector organisations, health improvement services and Registered Social Landlords. The main aim will be to raise awareness of falls, help people understand where to get information from and then understand how they will be supported if they do have a fall.

3.0 Vision, outcome and aims of falls service in Halton

3.1 Vision

The vision of the Halton falls strategy is to reduce the number of falls and subsequently the number of hospital admissions due to a fall.

3.2 Outcome

Halton Borough Council and the Clinical Commissioning Group seeks to achieve the following outcomes in relation to falls:

- Know of this risk and what they can do to minimise it
- Are supported by health and social care staff to minimise the risk
- Receive timely good quality assessment, treatment and care should they sustain a fracture or injury through falling
- Are rehabilitated to their pre-fall health and wellbeing or even better

Outcome 1	A reduction in falls and associated injuries and fractures	• 3% in 2013/14 • 4% by 2014/15 • 12% by 2015/16
Outcome 2	A reduction in the number of falls related admissions into acute care	• 3% in 2013/14 • 4% by 2014/15 • 12% by 2015/16
Outcome 3	An effective integrated care pathway which is universally adopted	Agreed by May 2013
Outcome 4	The widespread use of an effective falls risk assessment tool	Agreed protocol for all providers
Outcome 5	Improved partnership working	Evidenced through the multi-disciplinary Team falls steering group
Outcome 6	Better standards for effective prevention and rehabilitation services	Checked through existing monitoring methods
Outcome 7	Increased patient satisfaction / wellbeing	• 5% increase on baseline data
Outcome 8	A reduction in acute, community, rehabilitation and social care costs related to falls	• 5% reduction on costs relating to falls

4.0 Current Services

4.1 Specialist

Profile of Current Services

The aim of the Falls Prevention Service is "To reduce the number of falls which result in serious injury and to ensure effective treatment and rehabilitation for those who have fallen. Older people who have fallen receive effective treatment and rehabilitation and, with their carers, receive advice on prevention through a specialised falls service.

The service is targeted to provide in some form each of the following list of activities, however, in Halton there are difficulties due to capacity and resource implications.

- **Falls prevention awareness raising –** We have recently been fortunate to receive some support from ROSPA to deliver some free falls awareness training to 15 frontline staff. A follow-up offer for a second session has been made and will be taking place sometime in 2013. However, there is still a risk in how as a borough we are able to deliver a sustainable training and awareness raising programme. This is currently part of the falls specialist nurse role, however, due to an ever increasing work load of assessments the prevention element is becoming more challenging.

- **Postural Stability Exercise Programmes (APEX) -** this is an exercise programme specifically designed to prevent falls and Osteoporosis. Currently this is delivered in Halton by the Health Improvement Team and there are 2 x 15 week courses. These courses have had some excellent outcomes, however, the current number of sessions does not meet the need of the local

population and we would need to find a way of increasing the number of courses. One of the biggest risk factors in relation to this is the fact that the course and the transport are funded through the existing falls budget. For this to be fully sustainable and increased there needs to be a shift to charge for the courses.

- **Intermediate care team with a strong rehabilitative focus** – Intermediate Care services in Halton offer assessment, treatment and care that aims to rehabilitate adults and older people who have been unwell and this includes people who have become unwell as a result of a fall. The team works directly with people who are being discharged from hospital and also with people who have been receiving a service in the community. The service aims to work with the individual and the family to design a programme of activities that aims to help people to live as independently as possible.

- **Telecare** – This is a set of electronic sensors installed in a person's home. These include: temperature sensors, fall detectors, smoke alarms, motion detectors, a personal alarm pendant and a 24 hour 7 days a week emergency response service. When coupled with an appropriate support plan Telecare helps individuals to live more independently and safely at home. Once installed, it can reduce risk by providing reassurance that help will be summoned quickly if a problem occurs. Telecare in Halton comprises three components: an emergency response, environmental monitoring and lifestyle monitoring

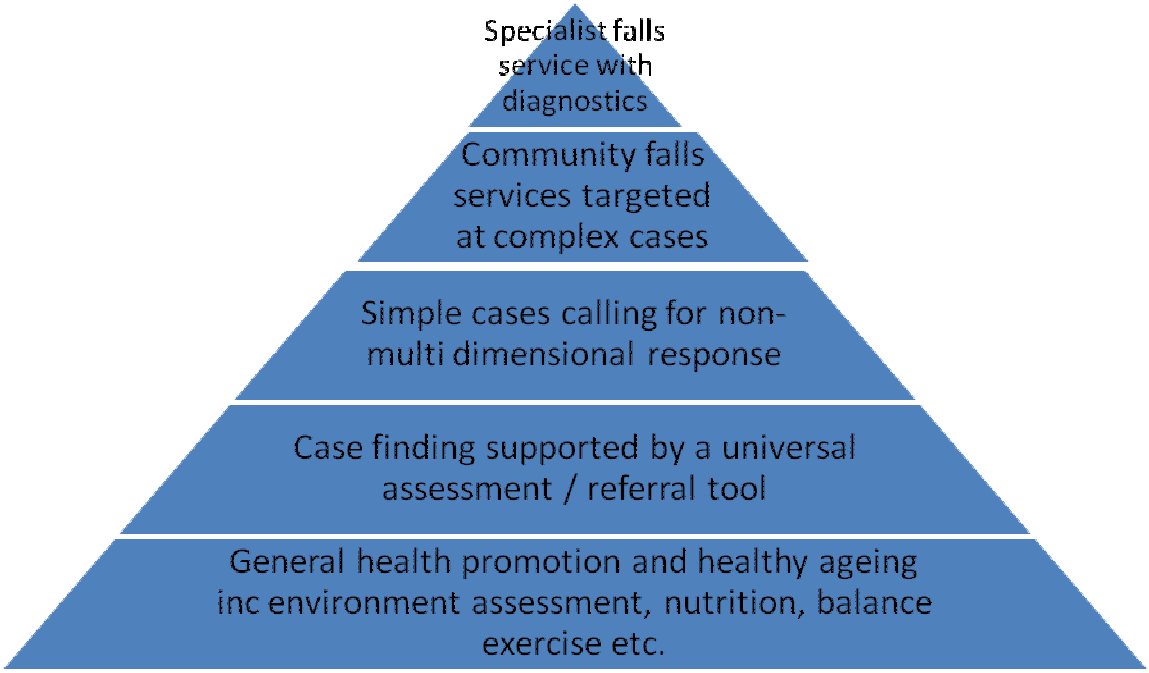
- **Improved prescribing for osteoporosis** – a Clinical Commissioning Group led initiative that has seen work with GPs to raise awareness with respect to falls.

- **The use of a validated Falls Risk Assessment Tool on both sides of the trust** – There have been successes in agreeing to use a standard assessment tool for falls in different areas and now the Falls Risk Assessment Tool (FRAT) is used in both Health and Social Care. There is still work to be done in other parts of the falls pathway that do not use the FRAT, for example the voluntary sector.

- **Falls steering group** – 2012 saw the establishment of a multi-disciplinary falls group in Halton. Members were invited from Halton Borough Council operational and commissioning services, Health Improvement, Clinical Commissioning Group, Occupation Therapy, Physio, Podiatry, Voluntary Sector. This group will be expected to implement the Falls Strategy and report against performance for falls in Halton.

5.1 Taking forward the vision for falls services in Halton

This strategy proposes the development of an integrated falls care pathway with sufficient capacity to deliver an agreed model of care to older people in Halton who are at risk of falling. The model would build on an agreed model of care that is highlighted in the local **prevention and early intervention strategy.**



This model is rehabilitative, looking to move individuals back down the care levels wherever possible. The starting point is the broad health promotion and falls prevention work and will be mainly delivered through the Health Improvement Team, however, will also be the responsibility of a wide number of organisations. This will also include training and awareness raising and the partnership with Age UK and Cheshire Fire and Rescue to deliver environmental assessments.

The next stage should include wider use of the Falls Risk Assessment TOOL (FRAT) to identify individuals at a higher risk of falls or fracture. This should be carried out by an appropriately qualified member of staff and would act as the decision making element of the pathway. It should also be supported by appropriate baseline data from across health and social care. The third stage includes a response to cases where there is an identified cause e.g. podiatry, optometry, dietetics etc.

Stage four and five are linked to specialist assessment and mainly focus on complex cases that need specific input. Each of these stages must be integrated into a local health and social care initiative in Halton “Making Every Contact Count”. This work is a means of describing how to provide the workforce at all levels with the knowledge and skills to offer health chats and signpost to appropriate services. The vision being that everyone has a role to play in public health service delivery. It recognises that the workforce is our greatest asset and that harnessing the skills of the workforce across organisational boundaries and settings provides a large-scale opportunity to improve health and reduce inequalities.

5.2 Implementation of the strategy

It is proposed that an integrated falls pathway is developed and agreed in Halton to support the principles of the above model of care. Further work will be undertaken to develop protocols, workforce and any service redesign. Where gaps or lack of capacity in the pathway are identified these will be reported to the falls steering group for consideration and action.

In developing an integrated falls pathway the following needs to be considered.

- The role of the falls specialist nurse and how this role effectively supports the current pathway and how the role will change with any alterations to the existing pathway.
- The possibility of creating a central or shared referral point to facilitate access and manage demand
- Full use across all identified services of an agreed falls assessment tool
- Systems in place to support case findings
- Work with commissioners to ensure that the new domiciliary and residential care tenders have effective policies and procedures in place to manage falls
- Work across Urgent Care services to ensure that fallers are supported to the best location to support their needs.
- Increase awareness of the falls register and ensure that the information is maintained and communicated to relevant partners
- Clarity on the educational needs of the workforce.
- Systems in place to clearly identify the need for a review of medication
- Increase the variety of stakeholders to include transport, leisure, pavement services etc.
- Agree monitoring and evaluation framework

6 Governance Arrangements and Performance Framework

6.1 Governance arrangements

This strategy will be managed through the falls steering group that is a multi-disciplinary meeting chaired by the Local Authority. Any service development will be reported through the Urgent Care Board and the Health and Wellbeing Board will receive quarterly performance updates.

6.2 Performance frameworks

This Evaluation Framework has been developed to support the review of falls services in Halton being carried out by the Falls Steering group. The framework aims to bring together a range of performance measures that can be applied across a number of services across Health, Social Care, voluntary and independent sector.

Aims

- To reduce the number of falls in people living in Halton that result in an emergency admission to Hospital.
- To reduce the severity of fall related injuries in people living in Halton.

Objectives

1. To build the capacity of the Falls Prevention service in Halton.
2. To engage with the local community in the development of local falls prevention services and related action plans.
3. To achieve planned and shared responsibility for falls prevention addressing the following components:

    i. Education / awareness
    ii. Exercise / balance programs
    iii. Referral and reporting
    iv. Risk assessment
    v. Environmental factors

4. To implement local action plans to reduce the number of falls and fall related injuries of people living in Halton.

Objective 1 – To build the capacity of the Falls Prevention service in Halton.

STRATEGIES	KEY PERFORMANCE INDICATORS	Targets	DATA COLLECTION, METHOD & TIMELINES
Establish and maintain Falls Prevention Steering Group	• Regular attendance and participation at meetings • Partnership development in program delivery	• Monthly operational meeting • All stakeholders involved	• Meeting minutes – ongoing • Qualitative feedback from members - ongoing
Establish and maintain a Halton performance group	• Regular attendance and participation at meetings • Partnership development in program delivery • Agreed process for data collection	• Report to Urgent Care Board quarterly • All Stakeholders involved • Shared data collection by Sept 13	• Meeting minutes – ongoing • Qualitative feedback from members – ongoing • Quarterly update on performance
Steering Group to collate best practice options for local plans	• Completion of best practice options • Options adopted and delivered at a local level	• Collected by Aug 13 • Commissioned plans by Dec 13	• Meeting records – ongoing • Implementation of best practice results
Increase Service provider's awareness and understanding of falls prevention issues through targeted awareness raising program	• Awareness program developed • Awareness program implemented • Evaluation of service providers knowledge	• Complete by July 13 • Initial 5 sessions booked • Minimum 50 staff attending	• Survey service providers post program about changes in knowledge and behaviour • Follow-up survey on changes in practice

Objective 2 – To engage with the local community in the development of local falls prevention services and related action plans.

STRATEGIES	KEY PERFORMANCE INDICATORS	Targets	DATA COLLECTION, METHOD & TIMELINES
Service user representation on falls steering group	• Ensure inclusion of service users • Develop and implement a wider consultation plan	• Minimum of 2 service user reps on the steering group • Work with existing groups to develop consultation plan Dec 13	• Minutes of meetings – ongoing • Qualitative feedback from service user representatives

Create supportive environment for service user representatives	• Each service user representative to receive a background briefing and induction • Each service user representative to have service provider mentor • All service providers to receive a background briefing • All service user representatives feel confident / comfortable to contribute freely at meetings	• Complete as part of joining • Allocated on joining • Completed through induction • Complete quarterly review with service users	• Minutes of meetings – ongoing • Survey of service user representatives – including an intermittent review • Survey of service providers – intermittent review

Objective 3 – To achieve planned and shared responsibility for falls prevention addressing the following components:

i. **Education / awareness**
ii. **Exercise / balance programs**
iii. **Referral and reporting**
iv. **Risk assessment**
v. **Environmental factors**

STRATEGIES	KEY PERFORMANCE INDICATORS	Targets	DATA COLLECTION, METHOD & TIMELINES
Facilitate interagency partnerships	• All key stakeholders involved in steering groups • Key stakeholders including community representatives contributing time / resource to implementing the falls review and strategy	• All stakeholders initially agreed and invited • All to agree at establishment of the implementation group	• Minutes of meetings – ongoing • Progress reports on implementation of the falls strategy • Evaluate and document any changes in practice and the impact they have
Implementation of local action plans	• Agreement by all parties to local action plan	• Agreed through Health and Well Being-Board	• Minutes of meetings – ongoing • Feedback from members – ongoing

	• Local action plans to be implemented	• Implementation by March 13	• Evidence of implementation of action plan
Local action plan containing strategies to address: i. Education / awareness ii. Exercise iii. Referral and reporting iv. Risk assessment v. Environmental factors	• Local action plans include strategies to address each of the five key components • Local action plan and strategy to include evaluation framework to assess: i. Enhanced education / awareness ii. Increased number of exercise programs or increased access and participation rates to existing programs iii. Enhanced referral and reporting by service providers iv. Increased use of risk assessment v. Reduced impact of environmental factors	• Action plan agreed through Health and Well-Being Board with relevant timescales	• Content of action plans – review and provide feedback as required

Objective 4 – To implement local action plans to reduce the number of falls and fall related injuries of people living in Halton:

STRATEGIES	KEY PERFORMANCE INDICATORS	Targets	DATA COLLECTION, METHOD & TIMELINES
Local Steering Group to implement education / awareness programs for service providers and communities	• Education / Awareness strategies implemented by adopting 'best practice' models. • Participation rate in education / awareness events	• Complete By Sept 13 • Minimum of 75 attendees on training by March 2014	• Survey service providers awareness and practices comparing pre and post intervention • Survey of service users experience

	• Increased number of referrals to falls service	• 10% increase in the number of referrals to the falls service	• NHS referral data
Local steering group to facilitate development of new exercise / balance programs or increased awareness of target population to existing programs	• Increased number of exercise / balance programs available • Increased participation rate to existing programs • Sustainability of exercise programs • Increased number of referrals to exercise programs • Improved strength / balance of participants	• Increase to six 15 week sessions per year • 12 people attending each session • Provide evidence of outcomes • 5% increase in referrals to exercise • 10% increase in the numbers of people with improved strength / balance	• Bridgewater exercise data • NHS referral data • Survey participants • Review existing and new exercise and balance programs on a regular basis to identify outcomes
Facilitation of enhanced referral & reporting mechanisms using the Falls Risk Assessment Tool (FRAT).	• Number of service providers using FRAT for falls • Number of interagency referrals via FRAT.	• 20% increase in the number of providers using FRAT for falls	• Pre and post service evaluation to establish impact of the intervention.

6.3 Health and Well-Being Action Plan

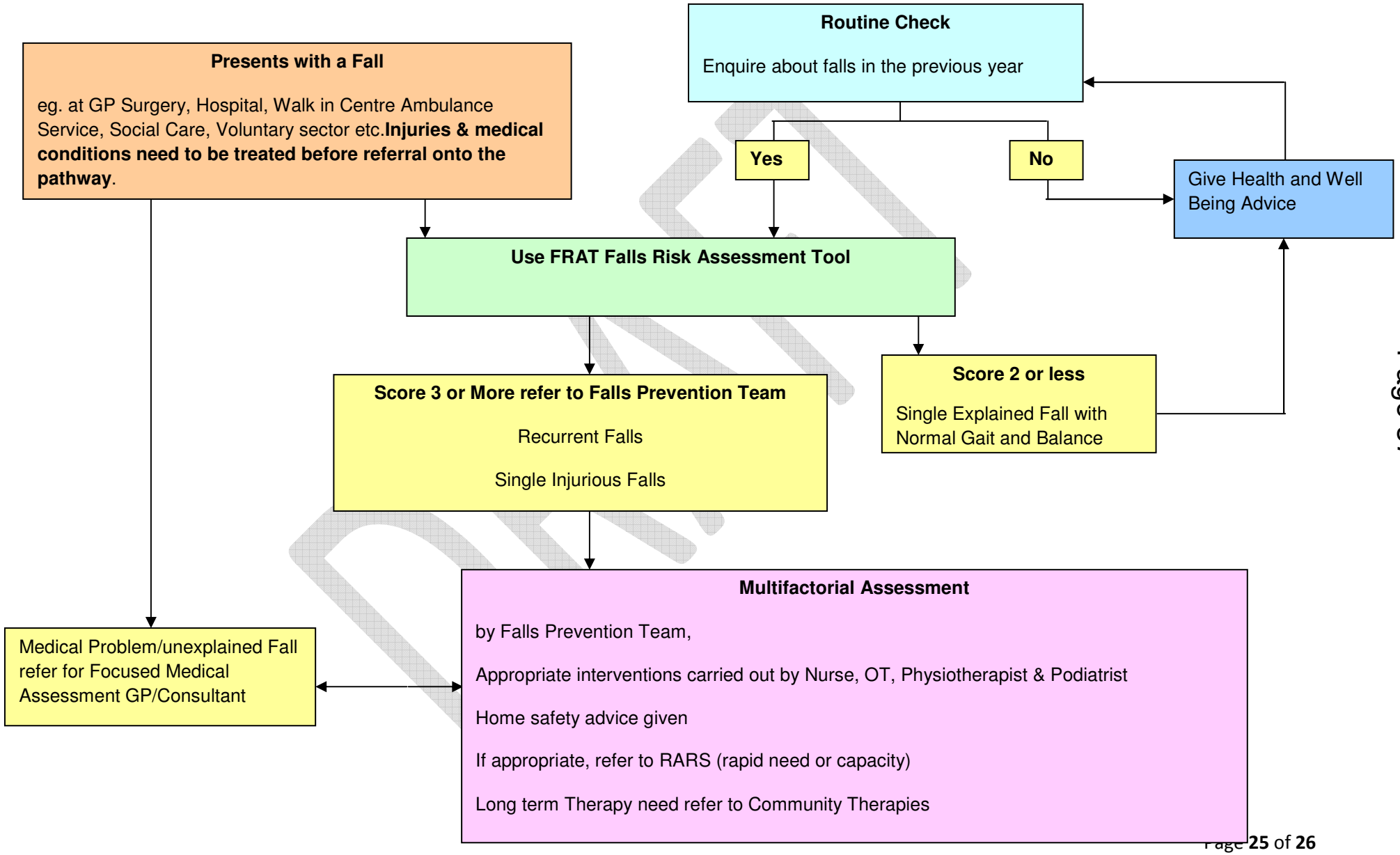
Name of Priority: Reduction in the number of falls in Adults

Adulthood (25-64) Older People (65+)				
Outcomes	**Targets**	**Actions**	**Timescales**	**Lead Officer**
Reduction in hospital admissions due to falls	5% annual reduction in hospital admissions as a result of falls (Baseline 2011/12) 10% increase in the number of people accessing falls services (2011/12 baseline) Decrease the number of repeat fallers by 5% on discharge from the falls service	Increase the number of people who access the Falls service from 223 to 250 Increase the number of people discharged from the falls service who access low level prevention services by 10%.	By 1st April 2014	Sue Wallace-Bonner (Falls steering group)
Reduction in the number of readmissions to hospital due to falls	5% annual reduction in hospital readmissions due to falls. (Baseline 2011/12)	Increase the number of people who have been admitted to hospital as a result of a fall who are subsequently referred to the falls service by 10%	By 1st April 2014	
Reduction in the risk of falls at home amongst older people	5% annual increase in the numbers of people, at risk of falls, accessing prevention services (Baseline 2011/12) 10% annual increase in falls screening completed (Baseline 2011/12)	Increase the number of people who access the Falls prevention service from 93 per year to 200 per year Provide falls awareness sessions twice yearly for --- number of Older People CCG and HBC to consider organising an annual health and wellbeing event at the stadium.	By 1st April 2014	Sue Wallace-Bonner (Falls steering group)

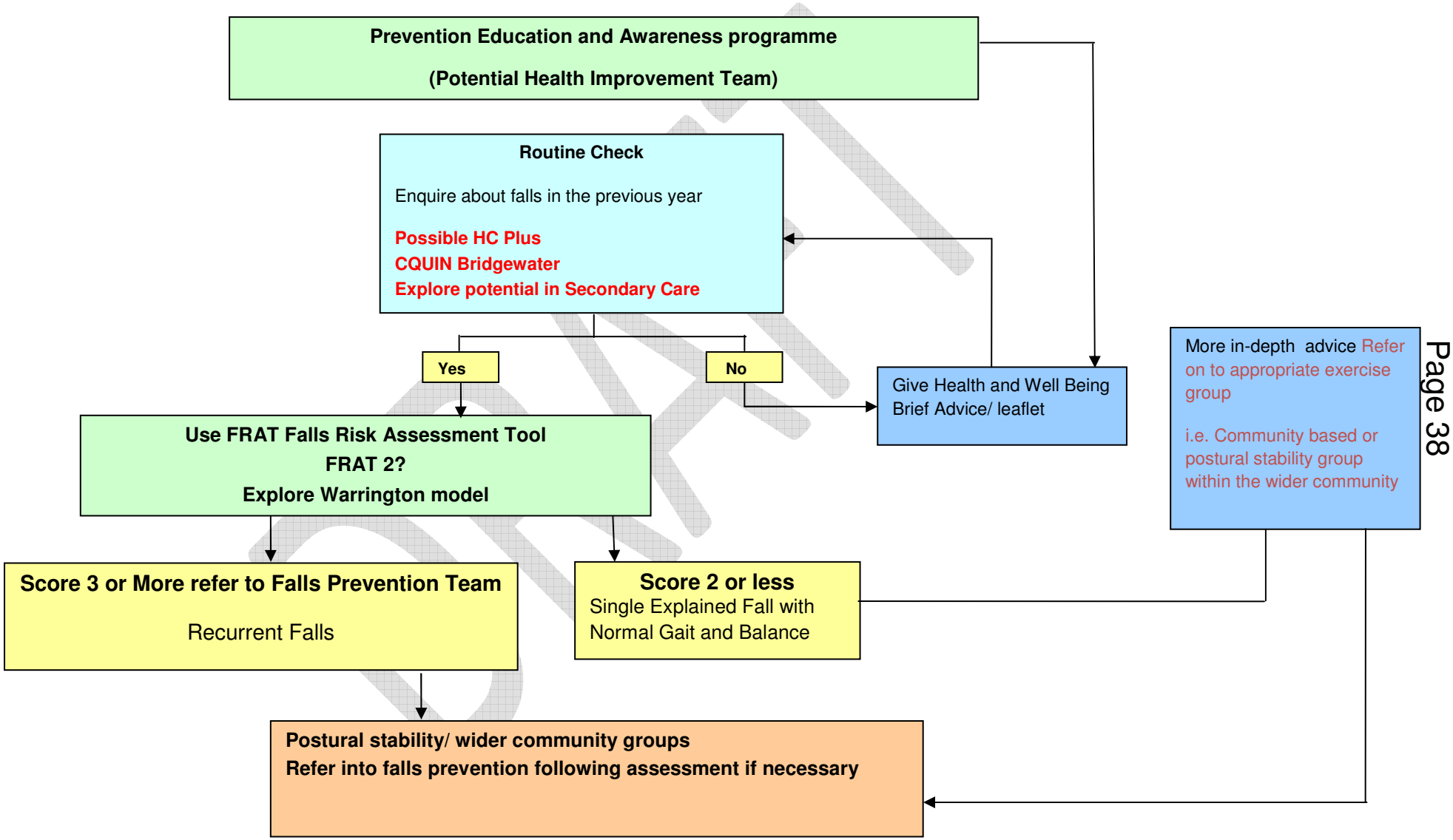
		Introduce whole system screening for people at risk of falls Targeted approach to those GP practices with higher incidences of falls. Links between the Falls Prevention team and GPs to be strengthened.	1st April 2013 September 2013	
Improved access to falls services	Redesign and implement the new service by 2013/14 Develop a business case for additional resources for falls prevention services.	Develop a falls strategy for Halton. Review the falls pathway for people who have fallen Review the falls pathway for people at risk of falls. Implement performance management system, across all falls services. Review access and range of falls prevention services Review age criteria for access to the falls service Consideration be given to a pooled budget with the CCG for the purchase of grit over the winter months.	April 2013 April 2013 April 2013 September 2013 June 2013 April 2013 June 2013	Sue Wallace-Bonner (Falls Steering Group)

Increase in the number of frontline staff who receive specialist falls training	Provide initial training to 20 frontline staff	ROSPA accredited training for 20 frontline staff	January 2013	Completed
Reduce the number of people in care homes who fall	Introduce a performance Framework to measure the number of falls in care homes Reduce the annual number of falls within care homes by 5% (Baseline TBC)	The Quality Assurance Team to include in their monitoring checklist for residential and nursing homes regarding the use of exercise.	April 2013	Donna Ryan
To regularly monitor impact of the changes	To ensure appropriate performance reports in relation to falls	Regular statistical reports from the regarding falls related to A&E admissions and Emergency Admissions to be presented at the Health PPB under Quarterly Monitoring. Quarterly report on progress to the Health and Well Being Board	Quarterly Quarterly	SWB/DS SWB/DS

Appendix 1 – Halton Falls & Bone Health Pathway



Appendix 2 – Prevention Pathway



Halton Housing Trust

HALTON BOROUGH COUNCIL

Wednesday 19th June 2013

- Gentle Dance Sessions @ Naughton Fields

Tuesday 18th June 2013

- Podiatry Sessions @ Quarry Court Coffee Club –Advice on Footwear &Footcare. Swapping of slippers as part of 'the great slipper swap.'

Thursday 20th June 2013

- Podiatry Sessions @ Brunswick House Breakfast Club
- Podiatry Sessions @ Queens Close Coffee Club
- Information Stands

Friday 21st June 2013

- Event TBC

LAUNCH :Monday 17th June 2013

- 'NEW' Falls Prevention Strategy Presented
- Dance, Tai-Chi, and Tango Sessions/Demo's
- 'Market Place' - Stalls for Services
- Hot Pot Lunch
- 'Sloppy Slippers'

Potential Further Ideas TBC

- Pharmacists- use of BP machines
- Falls prevention promotion @ Vikings game(7th June)
- Home visits to HHT Customers (10th June onwards)
- Involve Alzheimers Society

Falls Prevention Week - June 17th - 21st 2013

A detailed events and communications plan is to follow.

Bridgewater Community Healthcare NHS Trust

Stobart

REPORT TO: Health and Wellbeing Board

DATE: 22nd May 2013

REPORTING OFFICER: Chief Nurse Halton CCG

PORTFOLIO: Health and Adults

SUBJECT: Francis Inquiry

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide to the Board an overview of the key findings and recommendations of the second Francis Inquiry and the actions to be delivered locally to ensure the quality and safety of health care provision for the population of Halton.

2.0 RECOMMENDATION: That the Board

1. **note the contents of this report and the findings of the Inquiry; and**

2. **note the actions planned locally.**

3.0 SUPPORTING INFORMATION

3.1 The Francis 2 High Level Enquiry (following on from the first published 2009) tells the story about the appalling suffering of many patients at the Mid Staffordshire Hospital. This was caused by a serious failure on the part of the Provider Trust Board who did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to the Trust's attention. Above all, it failed to tackle an insidious negative culture involving a tolerance of poor standards and a disengagement from managerial and leadership responsibilities.

3.2 This failure was in part the consequence of allowing a focus on reaching national access targets, achieving financial balance and seeking and maintaining foundation trust status to be at the cost of delivering acceptable standards of care. The story continued as the checks and balances which should have prevented serious systemic failure of this sort including agencies, scrutiny groups, commissioners, regulators and professional bodies also failed

3.3 The report is three volumes and runs to just under 2000 pages. The findings of the inquiry when read alongside the findings of Francis One and the stories included within the report as described by the families and friends of patients involved make harrowing reading.

The findings of the inquiry whilst not a surprise as much was known in advance, outlines the following key areas:

- The culture focused on doing the system's business – not that of the patients;

- The institutional culture which ascribed more weight to positive information about the service than to information capable of implying cause for concern;

- Standards and methods of measuring compliance which did not focus on the effect of a service on patients;

- Too great a degree of tolerance of poor standards and of risk to patients;

- A failure of communication between the many agencies to share their knowledge of concerns;

- Assumptions that monitoring, performance management or intervention was the responsibility of someone else;

- A failure to tackle challenges to the building up of a positive culture, in nursing in particular but also within the medical profession;

- A failure to appreciate until recently the risk of disruptive loss of corporate memory and focus resulting from repeated, multi-level reorganisation.

- Provide professionally endorsed and evidence-based means of compliance with these fundamental standards which can be understood and adopted by the staff who have to provide the service;

- Ensure openness, transparency and candour throughout the system about matters of concern;

- Ensure that the relentless focus of the healthcare regulator is on policing compliance with these standards;

- Make all those who provide care for patients – individuals and organisations – properly accountable for what they do and to ensure that the public is protected from those not fit to provide such a service;

- Provide for a proper degree of accountability for senior managers and leaders to place all with responsibility for protecting the interests

of patients on a level playing field;

- Enhance the recruitment, education, training and support of all the key contributors to the provision of healthcare, but in particular those in nursing and leadership positions, to integrate the essential shared values of the common culture into everything they do;

- Develop and share ever improving means of measuring and understanding the performance of individual professionals, teams, units and provider organisations for the patients, the public, and all other stakeholders in the system.

3.4 All NHS Provider Trusts are now required review this High level Enquiry and assess and have an action plan in place for monitoring by the Governance Committee on behalf of the Board of Directors. This is a requirement within the Quality Contract for 13/14 for submission to the Commissioners during early 2013.

3.5 The report outlines nine areas of action for commissioners:

Commissioning Impact

- The report requires that commissioning organisations in healthcare should consider the findings and recommendations and that they should announce the extent to which they accept the recommendations and how they will implement them (reporting on a regular basis). The report suggests that the health select committee should receive regular updates on actions to deliver all recommendations.

Culture

The reports outlines the need to ensure a common culture made real throughout the system – an integrated hierarchy of standards of service

- Fundamental standards of minimum quality and safety- where non-compliance should not be tolerated. Failures leading to death or serious harm should remain offences for which prosecutions can be brought against organisations
- Enhanced quality standards- such standards are higher than fundamental standards. The NHS commissioning board together with CCGS should devise enhanced quality standards designed to drive improvement. Failure to comply should require performance management by commissioners rather than the regulator.
- Developmental standards which set out longer term goals for providers – these would focus on improvements in effectiveness, these are implemented by commissioners and progressive providers

Responsibility for, and effectiveness of healthcare standards

- A co-ordinated collection of accurate information about the performance of organisations must be available to providers, commissioners, regulators and the public, in real time

Effective Complaints handling

- Commissioners should require access to all complaints information as and when complaints are made, and should receive complaints and the outcomes on as near a real time basis as possible

Commissioning for Standards

- GPs must have continuing partnership with their patients. They have a responsibility to all their patients to keep themselves informed of the standards of service available at various providers in order to make patient choice a reality.
- Consider whether commissioners should be given responsibility for commissioning patient advocates and support services for complaints against providers.
- Commissioners should wherever possible apply a safety and quality standard in respect of each item of service it is commissioning and agree a method of measuring compliance and redress for non-compliance, including powers of intervention where substandard or unsafe service are being provided
- Commissioners should be enabled to promote improvement by requiring compliance with enhanced standards or development towards higher standards.
- THE NHS Commissioning Board and local commissioners should develop and oversee a code of practice for managing organisational transitions, to ensure information conveyed is both candid and comprehensive.
- Commissioners must have access to the wide range of experience and resources necessary to undertake a highly complex and technical task, including specialist clinical advice and procurement expertise.
- Commissioners need to have close engagement with patients (via membership forums, patient representatives etc.) to ensure fundamental safety and quality standards are maintained.
- Commissioners- not providers- should decide what they want to be provided, in consultation with clinicians both from potential providers and elsewhere.
- Commissioners wherever possible need to identify and make available alternative sources of provisions.
- Commissioners must have the capacity to monitor performance of every commissioning contract on a continuing basis during the contract
- Commissioners should be entitled to intervene in the management of an individual compliant on behalf of the patient where it appears to them it is not being dealt with satisfactorily.
- NHSCB and local commissioners must ensure proper scrutiny of commissioned provider services, based on sound commissioning contracts, while ensuring providers remain responsible and accountable for the services they provide.

Performance management and strategic oversight

- The NHS Commissioning Board (through regional offices) should support the development of metrics on quality and outcomes of care for use by commissioners in managing performance of providers.

Openness, transparency and candour

- There should be a statutory duty on all directors of healthcare organisations to be truthful in any information given to a healthcare regulator or commissioner. The care quality commission's duties should be supported by monitoring undertaken by local commissioners.

Nursing

- All commissioning organisations should be required to have at least one executive director who is a registered nurse, and should be encouraged to consider recruiting nurses as non- executive directors.

Information

- Department of Health/the NHS Commissioning Board/regulators should ensure that provider organisations publish in their annual quality accounts information in a common form to enable comparisons to be made between organisations. These accounts should be lodge with and contain observations of commissioners.

3.6 The Government produced its response to Francis Two in March 2013 –Patients First and Foremost, in which it states that the NHS is there to serve patients and must therefore put the needs, the voice and the choice of patients ahead of all other considerations. The response outlines actions in five key areas:

- Preventing problems – consistent culture of compassionate care including Chief Inspector of Hospitals role, transparency and excellence in leadership, consequences for failure and clear accountability. Time to care and safety in the DNA of the NHS delivering the safety review by Professor Don Berwick.
- Detecting problems quickly –data systems, early warnings, outcomes for all services, ratings, expert inspection, duty of candour, ban on clauses to prevent public interest disclosures and a complaints review
- Taking action promptly –fundamental standards, regime for failure (quality as well as finance)
- Ensuring robust accountability professional regulation, health and safety executive to use sanctions, barring failed managers in the NHS and clear responsibilities for tackling failure
- Ensuring staff are trained and motivated – revalidation for nurses, code of conduct and minimum training for health care assistants barring system for health care assistants, attracting professional and external leaders to senior management roles.

3.7 **Actions for Commissioners**

To ensure the full implementation of all areas of the inquiry recommendations, NHS Halton Clinical Commissioning Group has/will:

- Included within the contract requirements the submissions of review and action plan for the Francis inquiry report including a commitment to the Duty of Candour.
- Included within the contract quality metric (CQUIN) in relation to time to care, nursing/Care assistant training, clinical leadership and organisational culture.
- Will receive and review outcomes including delivery of actions required of internal reviews and respond appropriately.
- Develop and maintain a process to ensure cost improvement programmes within providers are reviewed and impact assessed for any potential impact on quality and safety.
- Develop and maintain process for GPs and others including members of the public to raise concerns regarding the quality of care and ensure these are investigated and acted upon.
- Develop and maintain a robust early warning system for care quality across all providers and ensure any issues are acted upon effectively.
- Be an active member of the Quality Surveillance Group locally to ensure early warnings of issues in local providers are identified and managed.
- Work with providers in a supportive way to support continuous improvements and developments in quality whilst ensuring any issues are monitored and managed effectively.
- Ensure open, regular and robust reporting of performance of providers locally and ensure local people are engaged in these processes for reporting.

4.0 POLICY IMPLICATIONS

4.1 None identified

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The quality of Health care provision impacts directly on the life expectation and potential for independence of people post periods of ill health. It is important to note that health care is not just delivered in hospitals but is also delivered in people's homes, in care homes, in nursing homes and in community services. All of these services need to be delivered to a high level of quality. It is essential that as we commissioner care in an integrated way we develop further our processes to ensure quality across all care provision and work together to ensure the safe and effective provision of care for all locally.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
None identified

6.2 **Employment, Learning & Skills in Halton**
None identified

6.3 **A Healthy Halton**
Safe and effective health care provision is essential to the on-going delivery of healthy Halton. It is essential that the services commissioned deliver high quality safe and effective care. The people of Halton have many health and other challenges the quality of the health care they receive when they are their most vulnerable must not add to these challenges and therefore it is incumbent on us as commissioners to ensure that all providers are delivering the highest quality of care to the people of Halton.

6.4 **A Safer Halton**
None identified

6.5 **Halton's Urban Renewal**
None identified.

7.0 RISK ANALYSIS

7.1 Health care by its nature is risky, care is provided across a large number of organisations and venues and can provide both complex and difficult to manage. The greatest areas of risk at this time in health care relate to managing the complexity of service provision, including the changing landscape of providers, the complexity of care need and the need to manage the cost of care provision. It is essential therefore that impact assessments in any developmental or cost reduction areas are carried out effectively.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 All service must be delivered in line with the requirements of Equality and Diversity legislation and these requirements are monitoring and measured through the contracting process for all NHS providers

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972
None under the meaning of the Act.

REPORT TO: Health and Wellbeing Board

DATE: 22nd May 2013

REPORTING OFFICER: Strategic Director, Children and Enterprise

PORTFOLIO: Children, Young People and Families

SUBJECT: Early Help Strategy

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present Halton's Children's Trust first Early Help Strategy and Local Offer

2.0 RECOMMENDATION: That

1) **the Early Help Strategy, Local Offer and action plan is endorsed; and**

2) **the Strategy is implemented in conjunction with the 0-5 year old Development Action Plan, a priority of the Health and Wellbeing Board.**

3.0 SUPPORTING INFORMATION

3.1 Early Help has been a priority of the Children's Trust for over two years. There is a well-established structure in place where the Early Help and Support Strategic (EHaS) Sub-Group of the Children's Trust reports regularly to the Executive Board, highlighting progress of Halton's model- 'Team Around the Family' (TAF).

3.2 Over the last year early help has also been a priority of the Safeguarding Board. In December 2012 clear reporting mechanisms were agreed whereby specific early help issues would be reported to the Board. Ultimately the Board will hold the Trust to account regarding the safety and effectiveness of TAF across the Borough.

3.3 Alongside reporting mechanisms, there is a business plan and action plan in place that are progressed through the EHaS Sub-Group. Much progress has been made over the last two years and early help continues to have a high profile both nationally and locally. A regional early help strategy is being developed and regional workshops have been set up, the first of which Halton hosted and presented at as an example of good practice in the region.

3.4 In 2012, it was agreed that the next step was the development of an early help strategy and local offer. From the outset it was agreed that the emphasis had to be on intervening as early as possible in order to truly have a positive impact on families. Although Halton would remain committed to supporting families, irrespective of a child's age, the strategy would need to focus primarily on pre-birth to five year old children and their families.

3.5 Following a number of meetings and workshops, a draft strategy has been developed, in conjunction with Children's Trust colleagues. It comprises of the main strategy; four cross cutting themes that span across the Trust; a joint action plan; and an appendix that highlights Halton's local offer. The final draft version is attached.

4.0 POLICY IMPLICATIONS

4.1 Early help and support is not currently a statutory obligation. However the strategy supports the Council, Trust and Safeguarding Board regarding early help as one of their priorities.

4.2 Despite it not being written in statute there continues to be an expectation from Government that early help is developed via the Early Intervention Grant.

4.3 Given the structure of Halton's model, there are parts of the Directorate that are actually bound by law, in particular Children's Centre and Short Break Services for disabled children and their families. Children's Centres are also subject to Ofsted inspection processes.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Reports endorsed by Government (for example Graham Allen, Professor Eileen Munro, Dame Clare Tickell) all emphasised the financial benefits of early intervention. The earlier the identification of need, the greater chance of deploying services and families requiring more costly interventions.

5.2 Halton's early help model continues to develop with increased commitment from partner agencies. There are now indications that the model is beginning to work, for example referral rates into Children's Social Care appear to be decreasing. This is being monitored closely and further analysis will determine whether Halton's early help model is a main factor. If proven to be the case, this will be mean that the model is financially beneficial to the Council as well as better for families (ie less intrusive interventions).

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
Intervening early will help families in Halton. It means less intrusive interventions, building on family strengths, and a greater chance that they will not require more specialist services.

6.2 **Employment, Learning & Skills in Halton**
Early help works on a whole family approach. There is close partnership working with adult-led services, including adult learning and employment services via Children's Centres.

6.3 **A Healthy Halton**
Family health is a key priority within early help. This is addressed via Children's Centre, in conjunction with health colleagues.

6.4 **A Safer Halton**
Early help involves supporting parents and enabling them to increase their parenting skills. Case tracking shows how early help can help keep children safe and prevent escalation to social care.

6.5 **Halton's Urban Renewal**
Not applicable

7.0 RISK ANALYSIS

7.1 Although not a statutory service, the greatest risk to the Council of not having an early help model/ strategy is the impact on specialist social care services. Workloads within Social Work teams are likely to increase further and increase the risk of reactive services across the Council. This would be financially costly for the Council, as well as putting at risk the partnership working that has been developed over the last few years.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 A clear strategy and local offer would enhance equality and diversity across the Borough and Trust. The approach throughout Trust is a holistic one where the whole family is supported whilst ensuring the child is safe.

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

None under the meaning of the Act.

Halton Children's Trust

...Working together to make the difference

Early Help Strategy & Local Offer

April 2013 to March 2015

HALTON'S EARLY HELP OFFER

Foreword from Councillor Ged Philbin, Chair of Halton Children's Trust

I am delighted to introduce Halton's Early Help Strategy and local offer.

Since Professor Eileen Munro's final report regarding the child protection system, there has been increased emphasis placed on the importance of early help. Early help was identified as one of the eight key principles of an effective child protection system as it minimises the period of adverse experiences and improves outcomes for children.

Reviews undertaken by Dame Clare Tickell, Graham Allen MP and Rt Hon Frank Field MP also highlighted the belief in the importance of providing effective early help services to families. There are clear messages on this:

(i) Preventative services will do more to reduce abuse and neglect that reactive services

(ii) Coordination of services is important to maximise efficiency

(iii) Within preventative services, there needs to be good mechanisms for helping people identify those children and young people who are suffering or likely to suffer harm from abuse or neglect and who need referral to children's social care (Munro)

This is why one of Halton Children's Trust's priorities is "to improve outcomes for children and young people through embedding integrated processes to deliver early help and support." The Trust's model of early help is 'Team Around the Family' and it has progressed well over the last two years, developing a strong early help offer across the Borough.

The Early Help and Support Strategic Group drives forward the Trusts' work on early help within a framework of agreed aims, values and principles, all of which partners have agreed and signed up. This is a key achievement in itself as it highlights the commitment to effective early help across the Trust.

Given the progress made over the last two years, I am pleased to present and endorse Halton's 'Early Help Offer'. This document sets out our strategy regarding early help; what we will offer to families in need of support and how we will work together as a Trust to deliver our offer. I am confident that this strategy will ensure a robust offer of early help to families in Halton.

CONTENTS:

1. INTRODUCTION - TEAM AROUND THE FAMILY 4
2. STRATEGIC VISION, PRINCIPLES AND OBJECTIVES 4
3. DEFINITION, LEGISLATIVE CONTEXT AND EVOLVING LANDSCAPE 6
4. HALTON'S CONTEXT 7
5. ACHIEVING SUCCESS- IMPLEMENTING HALTON'S EARLY HELP STRATEGY..... 8
6. SAFEGUARDING ACROSS THE TRUST 11
7. MONITORING THE STRATEGY 11
APPENDIX 1: HALTON'S EARLY HELP OFFER - CROSS-CUTTING ACTION PLAN..... 12
APPENDIX 2: QUALITY EARLY YEARS ENVIRONMENTS & CHILD CARE PROVISION. 16
Early Years Provision..... 17
Halton Family Voice 19
Ensuring Sufficiency & Sustainability 21
Halton Children's Centres 23
Inclusion and support for those with additional needs..... 25
Halton Short Break Services 27
Integrated Working Support Team (IWST)..... 29
Early Help Family Work Service..... 31
Intensive Family Work Service (IFWS) 33
Midwifery Services 35
Halton Health Visiting Service..... 37
Halton Health Improvement Team 39
Halton School Nursing Service 41
Paediatric Speech & Language Therapy Service..... 43
Integrated Behaviour Support Team (IBST)..... 45
APPENDIX 3: ABOUT HALTON CHILDREN'S TRUST 47

1. INTRODUCTION - TEAM AROUND THE FAMILY

1.1 National reviews undertaken by Professor Eileen Munro (2010), Graham Allen (January and June 2011), Dame Clare Tickell (2010) and the Rt Honourable Frank Field (2010) all highlight the importance of early help and support. A number of key issues emerged from these:

(i) That strong early help services can help prevent needs escalating within families

(ii) That success within early help depends significantly on needs being identified and help deployed within the first five years of a child's life

(iii) That early help services need to be integrated and coordinated at both strategic and operational level

(iv) That families benefit more from preventative, rather than reactive services, which is cost effective both for families and partners.

1.2 In 2010 Halton formally established its own early help model, known as Team Around the Family (TAF). Taking learning from a previous pilot, the model developed further across the Borough, building also on the messages from these reviews.

1.3 Halton Safeguarding Children Board and Children's Trust fully embraced the principles, and early help and support is a priority for both Boards. There is a clear recognition from all partners that early identification of need and effective, well-coordinated services will help those families with additional needs in the Borough.

1.4 This strategy presents Halton's 'early help offer' to families. It sets out our shared values and principles; our aims and objectives; and how partners work together to help families with additional needs.

1.5 It recognises the valued input from partners across the continuum of need, from universal, right through to more specialist services. It makes clear what we will offer to families and the action plan highlights priority areas over the next two years regarding early help.

1.6 Lastly, the strategy recognises how early help is inextricably linked to Halton's health and wellbeing agenda, universal services and early years provision. One of the Health and Well-Being Board's key priorities is 0-5 year old development. Therefore, this strategy should be read in conjunction with **Halton's Health and Well-Being Strategy 2012 – 2015** and, in particular, the **0-5 Year Old Development Action Plan.** The strategy should also be read in conjunction with The Healthy Child Programme (DOH 2009); the Health Visitor Implementation Plan 2011-2015; and the Principles of the Early Years Framework (2012).

2. STRATEGIC VISION, PRINCIPLES AND OBJECTIVES

2.1 Halton Children and Young People's Plan (2011-14) highlights the Trust's overall vision:
Halton's ambition is to build stronger, safer communities which are able to support the development and learning of children and young people so they grow up feeling safe, secure, happy and healthy, and ready to be Halton's present and Halton's future.

2.2 One of the Trust's key priorities is *to improve outcomes for children and young people through embedding integrated processes to deliver early help and support*.

2.3 This vision is underpinned by a number of early help principles and objectives agreed by partners. These are monitored via the early help sub group of the Children's Trust:

i. All agencies working with children and families in Halton are committed to early help and support

ii. The overall objective of early help is to address families' unmet needs to the point where these can best be met by universal services.

iii. All agencies are committed to identifying families' needs in a holistic manner, on the basis that the needs of the children, parents and carers in a family are inextricably linked, therefore a 'Think Family' approach to the assessment of needs will have a positive impact upon all individuals within the whole family.

iv. Families are central to defining and addressing the problems that they face and they are key partners in the process. The voice of the child should be sought at all stages with due reference to the child's age, developmental stage and levels of understanding

v. At first point of contact all agencies are committed to responding to the needs of families whether that need falls within their immediate area of professional expertise or not.

vi. This is manifested by a commitment from agencies to support their frontline staff taking a lead in meeting families' needs and where appropriate acting as a lead professional. Each agency is willing to contribute to multiagency processes once families requiring early intervention/early help are identified either by their own or another agency.

vii. The Integrated Working Support Team will co-ordinate support allocated work from partner agencies

viii. Where the support needed involves two or more agencies the Common Assessment Framework (CAF) will usually provide the planning and review mechanism for this work. Where additional support for the CAF process is required it will be provided by the Integrated Working Support Team.

2.4 In order to achieve these objectives all partners take responsibility for fostering a shared inter-agency culture that values:

- The identification and offer of early help and support opportunities for families
- The contributions of all professional staff, volunteers and family members
- Positive challenge and holding each other to account for outcomes for families
- Working to overcome systemic barriers to achieving better outcomes.
- Facilitating time for shared learning/ reflection opportunities and ensuring that what we do is based on good evidence.

2.5 There is recognition that in order to be able to intervene early, services need to be available to identify needs and support families across the levels of need.

2.6 Halton's offer is inclusive – it is for all children, all parents and carers. It is framework for all partners to ensure that their services and strategies are integrated within a combined early help offer for Halton.

3. DEFINITION, LEGISLATIVE CONTEXT AND EVOLVING LANDSCAPE

3.1 Halton Children's Trust defines early help as:
"Providing the right help for families as soon as needs arise, to help prevent needs increasing. Early help is the recognition of the value of universal provision, through to enhanced, multi-agency support, dependent on the level of need. 'Early' is defined as predominantly early in the child's life, with a particular focus on pre-birth to three years. However, early help is a process that can occur at any point in a child or young person's life, i.e. help whenever a need arises."

3.2 Early help is not a statutory requirement, although the benefits of preventative services are more widely acknowledged and are highlighted in key publications.

3.3 However, there is a range of legislation and policy developments regarding safeguarding, child health and early years that strengthens the need to prioritise early help. Seeing these in their entirety reinforces partners' responsibilities.

3.3.1 The *Childcare Act 2006* and the *Apprenticeships, Skills, Children and Learning Act 2009*: Duties on local authorities now include working with partners to ensure integrated early years provision, to ensure sufficient provision of children's centres, and to secure sufficient childcare.

3.3.2 *Education and Inspection Act 2006*: This underpin early years services

3.3.3 *The Breaks for Carers of Disabled Children Regulations 2011*: These places a duty on local Authorities to provide short breaks of disabled children to enable them to continue to care for their disabled child. Short breaks are a form of early help

3.3.4 The *Children Act 1989* and *Children Act 2004:* These make clear organisations' responsibilities regarding child protection and safeguarding, including the role of the Safeguarding Children Board in its oversight of safeguarding practice and policy and process.

3.3.5 Principles from the Early Years Framework (2012): These underpin all early years practice and also inform Halton's early help agenda. There are a number of key objectives:

i. To provide the best start in life for all children, promoting social mobility so that children are able to fulfil their potential, regardless of their family income or background

ii. To encourage and enable parental employment in order to reduce the negative outcomes that are so strongly associated with growing up in poverty.

iii. To reduce inequalities by focusing on children most at risk of poor outcomes because of deprivation and disadvantage.

iv. To deliver integrated early childhood services in ways that provide a seamless experience for parents and children, that meet their individual needs and make a real difference to the life chances of all children.

v. To ensure every child at the age of 5 is developing well in their personal, social and emotional skills; and is also a confident, capable learner, with most children achieving well in early reading, writing and problem solving.

3.3.6 *Healthy Child Programme*: This is the early intervention and prevention public health programme for pre-school children and their families. This is offered universally to all families and enables families in need of additional support to be supported who at risk of not achieving their potential. Delivery of the programme is key to improving the health and well-being of children.

3.3.7 *The Health Visitor implementation plan 2011- 2015: A Call to Action:* This more recent development strengthens the role of Health Visitors within the Healthy Child Programme. With a focus on early help and support, a universal service is available to all families, with additional tailored support for those who need it, when they need it. The plan includes a new universal 'Family Offer' with a range of contacts between Health Visitor and the family being available, the first one being an ante-natal contact.

3.3.8 ***Halton Health and Well-Being Strategy*:** One of the Health and Well-Being Board's priorities is 0-5 year old development. There are five critical factors that influence child development during the early years:

i. **A child's health**- a child's physical development and behaviour are strongly influenced by their parent's health and behaviour

ii. **Good maternal health**- this is significantly associated with children's outcomes, especially social, behavioural and emotional development

iii. **Quality parenting and parent-child relationship**- children clearly do better if they enjoy a close and positive relationship with their parents

iv. **Learning activities**- home learning, especially reading and playing, are key predictors of future development and readiness for school

v. **High quality early education**- early years' achievement is crucial; children in the lowest 20% of attainment at 5yrs are six times more likely to be in the lowest 20% by 10yrs (Families in Foundation Years, DfE 2011).

3.4 The 0-5 year old Development Action Plan expands on these areas and details how, across all partners, we will address the developmental needs of under-fives in the Borough. Led by the Children's Consultant in Public Health, the action plan highlights what we need to focus on and what we need to do to address this priority. Its forms a fundamental component to the success of this strategy and has the full commitment of Trust members as well as the Health and Well-Being Board itself.

3.5 Halton's strategy is a strong foundation for the Children's Trust to respond to this wide and evolving policy and legislative landscape, as well as adhering to its principles and meeting its objectives.

4. HALTON'S CONTEXT

4.1 Halton is a largely urban area of 125,700 people (2011 Census estimate). Its two biggest settlements are Widnes and Runcorn that face each other across the River Mersey, 10 miles upstream from Liverpool. The population of Halton has recently started to increase. This in part is due to a concerted effort to build new houses, as well as increased inward migration. The population is projected to grow to 129,300 in 2021, in line with national projected population growth.

4.2 Breaking down Halton's population by age shows that the borough has a higher proportion of children and young people aged 0-24 than commonly found across England and Wales. Over the next decade the numbers of 0-15 year olds is projected

to grow at a faster rate than the population of Halton overall, leading to a further increase in the proportion of the local population aged 0-24 by 2023. Currently, 20% of the Halton population is aged 0-15 (24,900 people). Over the next ten years, the 0-15 population is projected to increase by 10%. As part of the 2013/14 grant settlement the Government reduced Halton's Early Intervention Grant in order to fund additional provision for two year olds via the Dedicated Schools Grant, however, sufficient funding will still be available to deliver the Early Help Strategy.

4.3 Halton's 0-4 population is currently 8,400 and is expected to stay fairly static over the next decade.

4.4 The May 2012 census reported 1,355 4 year olds and 1,467 5 year olds in our maintained schools. The January 2012 census reported 1,555 3 year olds accessing their Free Entitlement.

Child and Family Poverty

4.5 In Halton, data from 2008 reveals that just below 26.4% of children aged 0-16 live in poverty. This equates to 6,550 children and young people. Of these, 5,520 children live in out of work families and 1,030 live in households classified as in work. This underlines that whilst being in work reduces the incidence of poverty, it does not guarantee that children will be lifted out of poverty, particularly when there is only one working adult in the household.

5. ACHIEVING SUCCESS- IMPLEMENTING HALTON'S EARLY HELP STRATEGY

The principles and objectives highlighted lead to four cross-cutting themes and areas of work required to implement the strategy. These are:

5.1 Theme 1: Recognising the value and impact of Universal provision

The Trust recognises and values that the provision of high quality, local universal services is essential to make the strategy a success. Additional needs arise within families where some type of help and support is needed for them to continue functioning and feel able to cope. Very often these brief interventions come via universal services, for example, schools, nurseries, health centres and GP surgeries. Voluntary and community groups are also invaluable here, providing important community-based support to families. The significance and potential impact of universal provision should not be underestimated and the principle is that families should be supported via universal services wherever possible. All partners need a sound knowledge and understanding of what's available locally, how it is used and the benefits they can bring. To maximise success, quality services need to be available from locations that families are happy to attend; and any gaps in services need to be fed into the commissioning processes.

5.2 Theme 2: Adopting a proactive multi-agency approach to families with additional needs- with a focus on pre-birth to five years

Sometimes universal services cannot meet a family's needs and further support is required. Clear transition processes are needed to make sure families can access extra help when required. However, for different reasons, some families find it difficult to access support when they need it, which increases the risk of needs escalating. For these families a proactive multi-agency approach could be beneficial. Quality information sharing systems and data analysis can help inform partners of those

families in greatest need; this knowledge can help us deal with issues, both at community and individual family level, as well as inform effective service planning.

A particular focus here has to be on those children aged 0-5 years old. As research highlights, the sooner help is provided the better chance of preventing a child having longer term additional needs. Therefore, as a Trust, a key to success is proactively identifying those families in greatest need, with a particular emphasis on pre-birth and pre-school children. This means that key to Halton's success are those agencies whose services focus primarily on pre-birth to 5 year olds:

- Midwifery
- Health Visiting
- Early Years Services
- Children's Centres
- Other universal services, for example, speech and language, health improvement
- Family Support/ Intensive Family Support

Halton also remains committed to helping all children in a preventative way, irrespective of age. A child could experience difficulties at an older age, due to a number of different factors, for example bereavement, family breakdown; or their parent(s) may have drug/ alcohol and/or mental health issues that manifest themselves at a later stage. Some children could be young carers as a result of these family circumstances and therefore early identification of issues can help support the child and the whole family. The strategy is equally important here and it means working closely with all Trust partners, including those from adult-led services:

- Adult mental health
- Drug and alcohol services
- GPs
- Primary and secondary schools
- Attendance and inclusion services
- Other universal services available for the whole family, for example, adult learning, weight management programmes etc.
- Voluntary and community groups, including parent/ carer groups

All these services are critical to Halton's Early Help Offer. Success is dependent on a range of formal bodies working collaboratively to help progress the strategy, in particular:

- The Children's Trust (including the Early Help and Support sub-group and Commissioning Partnership Board)
- The Clinical Commissioning Group
- The Health and Well-Being Board
- The Carers Strategic Group
- Children and Young People Voluntary Sector Partnership
- Halton Family Voice (parent and carer forum)

- Primary and Secondary Schools Head Teachers' Forums
- National Commissioning Board
- Youth Offending Board

5.3 Theme 3: Ensuring an integrated approach within the Trust when helping families

The Trust agrees that improving outcomes for those families with additional needs cannot be achieved without a meaningful, integrated approach between partners. This means ensuring there is no 'wrong front door' for families to access help; that IT/ communication systems enhance practice; that pathways to services are clear with no unnecessary delay due to organisational issues; and that commissioning priorities reflect local need and ensure no duplication across the Trust. Ownership throughout the Trust, from statutory services to commissioned and voluntary/ community groups, can help create a culture of 'assistance' between partners as opposed to passing on and referring elsewhere.

5.4 Theme 4: Raising practice standards and ensuring consistency throughout the Trust

An understanding of the Trust's vision and values regarding early help can help create the culture of 'early help' not early referral'. It is about the right help at the right time for families, with no duplication or delay, and prevention of escalation. Wherever possible, families should be supported via one assessment process, with specialist assessments being undertaken when necessary and in the family's interests. Quality early help services and strong partnerships will help families and enable children to succeed. Clear performance frameworks and governance arrangements via the Safeguarding Board and Children's Trust will ensure all partners are held to account from senior managers at strategic level to frontline practitioners. At practice level one common induction programme across the Trust will help up-skill colleagues and embed these practice principles.

5.5 These four themes reflect all partners' roles and responsibilities within the strategy and are essential for Halton's Early Help Offer is be a success. There is a cross-cutting action plan based on these themes in appendix 1 of this document.

5.6 In addition to these there is also a range of strategic priorities that Trust partners have committed to delivering as part of the Halton's Offer. These are highlighted in appendix 2 of this document where there is a definition of each provision and clear statement of what each service will deliver.

5.7 Appendix 2 does not include every provision across the Borough. The emphasis here is on those services whose involvement centres on a child's early years development. It reflects the Trust's priority on pre-birth to five years, with an even narrower focus on pre-birth to three years.

5.8 The contribution of all other agencies is fully recognised, especially as a 'think family' approach is required when helping any family. The Trust is also committed to helping any family, irrespective of the child's age. However, if early help really is going to have an impact on families' lives it is essential that the focus is on this age group.

5.9 In line with previously mentioned legislation, the strategy recognises the importance of the stakeholder's voice in decision making processes. Halton's early help offer will aim to remain relevant, effective and sustainable through the participation and feedback of parents, carers, children and young people.

5.10 Graham Allen's report- **Early Intervention, the Next Steps** (January 2011) highlighted the huge social benefits of intervening early, for example "improvements in behaviour, reduction in violent crime, higher educational attainment, better employment opportunities and more responsible parenting." It also noted that by not intervening early, bigger problems can be created later on, especially regarding the financial cost of more specialist services. A reactive approach is more expensive to all partners with less likelihood that the problems can be resolved.

5.11 Halton's strategy recognises the additional financial value of early help. The aim is to deal with a problem as soon as it is identified, rather than waiting for them to become more acute and families then requiring more costly, and intrusive, interventions. Allen stated that the "economic benefits of early intervention are clear, and consistently demonstrate good returns on investment." The strategy emphasises the need to offer support at an early stage as intervening at a later stage is more costly.

6. SAFEGUARDING ACROSS THE TRUST

6.1 Under section 11 of the Children Act 2004 organisations have a duty to "ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children." This applies to the Local Authority; NHS bodies (commissioners and providers); and early years/ child care providers. Partners must also comply with additional legislation relevant to their respective organisations.

6.2 Halton Safeguarding Children Board (HCSB) has the collective responsibility for co-ordinating safeguarding and promoting the welfare of children and to ensure the effectiveness of that work in Halton. Early help is one of the Board's priorities; whilst the Board will monitor overall progress of the Halton's Early Help Offer, its overarching priority is making sure that practices, systems and processes are safe.

7. MONITORING THE STRATEGY

7.1 Halton Children's Trust has overall responsibility for the outcomes of all children, including those with additional needs. As a result, progress made regarding Halton's early help offer will be monitored via regular reporting to the Trust via the strategy's action plan. This will be led by the strategic leads for each respective service areas who will each report to their own organisations and collectively to the Early Help and Support Strategic Group.

7.2 The success of the strategy and progress on the action plan will also be subject to scrutiny via Halton's parent and carer groups. The parent engagement officer will play a role here, making sure that parent carers are up to date with developments.

The implementation plan and delivery statements regarding Halton's Early Help Offer are in appendices 1 and 2 respectively.

APPENDIX 1: HALTON'S EARLY HELP OFFER - CROSS-CUTTING ACTION PLAN

1. Recognising the value and impact of universal provision

Objective	Action	By Whom	Outcome measure	Timescale	Progress
To ensure that all Trust practitioners have a sound knowledge and understanding of what provision is available at universal level and how it can be accessed.	Clear communication pathways across Trust regarding services available Up to date information at Individual organisational level Trust events for all frontline staff to enhance information sharing	All Trust partners	Number of Trust events held that contribute to information sharing Evidence of marketing/ promotion of services Uptake of services from families	April to July 2014	Children's Trust event held March 2012 for frontline staff regarding early help model. Workshops held Nov/ Dec 2012 regarding proposed new levels of need
To deliver a range of universal services , using a community-led approach, ie from venues that families feel comfortable with and choose to attend That these services reach those families in greatest need	Establish any gaps in services across the Trust Examine local data/ patterns of service delivery to enable creative thinking flexible solutions to accessing barriers Redesign services around families' needs, involving families/children in the process	Early help/ Early years strategic group	Number of families accessing support services across the Trust % increase in families attending from the lowest super output areas and from the identified most vulnerable groups Evidence of parental and child involvement in service redesign	Review September 2013	Community Development Workers based in GP/ Health Centres to work jointly identifying families in need

2. Adopting a proactive multi-agency approach to families in greatest need- particular focus on pre-birth to five years

Objective	Action	By Whom	Outcome measure	Timescale	Progress
To ensure families with additional needs are identified as soon as needs arise; that they are assessed holistically via a coordinated approach to help prevent needs escalating, without duplication across the Trust	Multi-agency training delivery Develop a more holistic way to assess whole families' needs Promote holistic assessments across Trust On-going commitment from partners to participate fully in case discussions and agree actions in the best interests of families Agree information sharing protocols	All Trust Partners	Number of holistic assessments across the Borough and % increase % holistic assessments involving families from the lower super output areas and those identified vulnerable groups Range of lead professionals across the Trust % increase of families open to social care who have had a holistic in place prior to escalation	March 2014 (performance reviews every quarter)	Whole family assessment being considered within levels of need working group. Any new proposals to be brought to EHaS group for further discussion
To ensure practitioners are aware of, and engage families with children aged 0-5yrs (including pregnant mothers) as early as possible, to provide timely support as appropriate	Proactive support by professionals Review and improve communication channels and systems between agencies	All Trust partners	% holistic assessments involving children pre-birth to 5 yrs % increase of families with 0-5yr olds who have had a holistic assessment in place prior to escalation to social care (27% as of Nov 2012)	March 2014 (performance reviews every quarter)	Number of CAFs being captured via PMF and reported to the Trust. Numbers continue to rise

3. Ensuring an integrated approach within the Children's Trust when helping families

Objective	Action	By Whom	Outcome measures	Timescale	Progress
To ensure early help services have integrated processes, from commissioning through to service delivery. To ensure families benefit from clear and consistent pathways- that there is no 'wrong front door'; no duplication and a smooth transition to more specialist services when necessary	Devise and implement one single assessment framework that focuses on whole families' needs Identify performance measures once commissioning targets have been agreed. Review early help structures, especially around IWST so partners are fully involved in decision-making from the outset	Levels of need working group Trust partners Performance colleagues	Revised assessment framework for early help where multi-agency planning is needed Clearly defined performance measures for commissioned services that reflect early help priorities Early help model with seamless processes and pathways	March 2014	Review of IWST has helped develop multi-agency case discussion meetings and led to joint decision-making on cases. This needs to be further reviewed and formalised with agreement of the Trust
To ensure all professionals are clear on their roles/ responsibilities regarding early help	Involve Trust partners in CAF audits and training Attendance at multi-agency meetings via IWST that consider early help cases	Senior Manager Safeguarding Unit All Trust partners	Attendance at multi-agency meetings Formalisation of multi-agency meetings	June 2013	CAF audits planned for 2013 with attendance from Trust partners agreed. Audit reports presented to Children's Trust and Safeguarding Board

4. Raising practice standards and ensuring consistency throughout the Children's Trust

Objective	Action	By Whom	Outcome measures	Timescale	Progress
To ensure early help services are of the highest quality; that clear performance frameworks operate across the Trust; and that safe practice is maintained across the Trust	Set up system where CAF Audits ensure meaningful input from families re early help Internal organisational audits Clear remit for HSCB regarding early help- with particular emphasis on interface between early help and CSC	Senior Managers and frontline staff- all Trust partners IWST Managers Senior Manager, Safeguarding Unit	Number of families that take part in CAF closure process or other processes Clear targets regarding early help with lines of accountability across the Trust Reporting to the Safeguarding Board regarding early help effectiveness, in particular the number and quality of cases that escalate and de-escalate to/from social care	Immediately and on-going	CAF closure system established Multi-agency audits established and continuing to develop Remit of HSCB agreed regarding the
To ensure consistent practice and common culture across the Trust regarding early help- accountability from all, a culture of 'assistance' between partners rather than 'passing on' elsewhere	Involvement across the Trust in the induction programme Workshops to help understanding Halton's new Levels of Need Monitor progress of EHaS business plan/ action plan	All Trust Partners	Number of Trust colleagues taking part in Trust induction programme Number of information sharing events held across the Trust and number of Trust colleagues attending early help training and relevant multi-agency events Range of partners across the Trust acting as Lead Professional LP	March 2014 (Review June 2013 and Dec 2013)	One Trust event held so far for frontline staff, coordinated and facilitated by the Trust. Consultation workshops held re proposed new levels of need framework On-going review of EHaS business and action plan

APPENDIX 2: QUALITY EARLY YEARS ENVIRONMENTS & CHILD CARE PROVISION

Contents:

Early Years Provision 17
Halton Family Voice 19
Ensuring Sufficiency & Sustainability 21
Halton Children's Centres 23
Inclusion and support for those with additional needs 25
Halton Short Break Services 27
Integrated Working Support Team (IWST) 29
Early Help Family Work Service 31
Intensive Family Work Service (IFWS) 33
Midwifery Services 35
Halton Health Visiting Service 37
Halton Health Improvement Team 39
Halton School Nursing Service 41
Paediatric Speech & Language Therapy Service 43
Integrated Behaviour Support Team (IBST) 45

Early Years Provision

Background:

Providing a quality learning environment is crucial to supporting children's learning and development. As research shows providing a safe, secure, high quality Early Years environment leads to "better intellectual and social/behavioural development for children" (EPPE Project, 2004) and has "also been proven to reduce the number of children at risk of SEN" (SEN Green Paper, 2011).
The Revised Statutory Framework for the Early Years Foundation Stage (DFE, 2012, p.2) sets out the statutory standards that all early years providers must meet "to ensure that children learn and develop well and are kept healthy and safe."

This is achieved by providing:

- quality and consistent provision in Early Years settings
- planned learning and development opportunities around children's interests and needs
- close partnership working
- equality of opportunity for all.

Halton is committed to improving outcomes for all children and supporting vulnerable children and families through providing quality Early Years provision, supported by targeted multi agency services. In order to deliver upon this, it is essential that we support and continue to up skill the Early Years workforce. Skilled practitioners in Halton provide quality environments and learning opportunities, so that all children become equipped with skills and knowledge to support lifelong learning and maximise their potential.

Our aims:

- All Early Years children in Halton are able to access inclusive, high quality Early Years Provision and Child Care.
- All Early Years Child Care Provision is supported and valued so that the environment and opportunities lead to improved outcomes for children
- Early Years workforce is committed to reflection; self-evaluation and continuing Professional Development.
- Early Years children and their families are supported by universal and targeted services
- Children in Halton EY provision are happy, safe, secure and make good progress.

We will:

- Carry out quality assurance audits and support schools and settings to develop quality environments

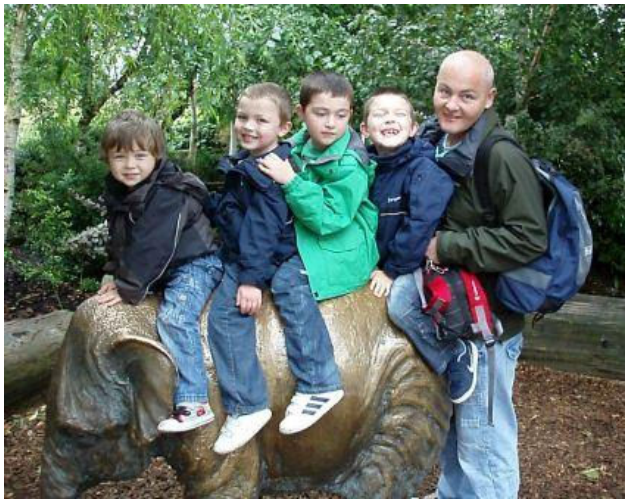
- Provide consultant support to model practice and provide training and advice , around statutory responsibilities; Early Years curriculum; child development; SEN; the graduated approach; inclusive practice
- Develop clear pathways with multi agency services, so that practitioners can sign post to relevant health and social care services in order to fully support a child's needs.
- Provide access to universal, targeted and specialist services
- Ensure the work force is highly qualified and engage in continuing professional development and self-reflection
- Audit and monitor children's learning and achievement, so that training and support is targeted.
- Aim to improve quality by building cluster networks; working groups; coaching and sharing good practice.
- Identify and support vulnerable children and their families, improving opportunities and a commitment to lifelong learning
- Adhere to the early help principles and objectives agreed by the Trust, as highlighted in section 2 of the strategy.

Impact:

- All children will access high quality Early Years provision in line with their free entitlement and or family need
- Children will make significant progress across all areas of learning, in line with their potential
- The Early Years workforce will be skilled and reflective ,building capacity and sustainable improvement
- Children and families' needs will be supported by seamless multi agency working
- Early intervention and help will be timely , meeting children's needs effectively
- Increase in the number of Early Years provision gaining good or outstanding Ofsted ratings
- High scores obtained in a range of quality assurance audits such as ITERS (Infant and Toddler Environmental Rating Scales) / ECERS (Early Childhood Environmental Rating Scales) / SACERS (School Age Children Environmental Rating Scales) etc
- Improvements in FSP profile data , including evidence of raised attainment and narrowing the gap of vulnerable groups
- Established cluster networks and working parties will build on continuing improvements
- Audits will inform training needs and support, leading to improvements in environments; practice; achievement and progress.

Halton Family Voice

Background:



In 2005 a proposal was made to establish a Halton-wide Parent and Carer Forum as a response to the requirement for the local authority to ensure that the parent's voice is embedded into all plans for services to children, young people and families.

In November 2011 a new Parents and Carers Lead Engagement Coordinator was appointed. Since this time there has been a drive to increase the membership of the forum and implement a structure which allows all parents and carers to be heard through a wide variety of methods. As part of this the Parent & Carer Forum is now known as Halton Family Voice.

Our aims:

- To increase parent/carer participants in Halton Family Voice, ensuring a wide representative of parents/carers in Halton.
- To collect and report the view and feedback from parents/carers in Halton.
- To create opportunities for parents/carers to participate in decision making processes.
- To communicate and distribute information about opportunities and services for families in Halton.
- To act as a critical friend to The Children's Trust and sub groups around decision making and current services.

We will:

- Offer parent/carers opportunities for training around confidence building allowing parents to engage in formal decision making processes.
- Work in partnership with other agencies to support distribution of information and feedback.
- Signpost families to wider support provision.
- Continually visit community parent/carer groups to increase the wider engagement of parent/carers.
- Adhere to the early help principles and objectives agreed by the Trust, as highlighted in section 2 of the strategy.

Outcomes / Impact

- Effective participation will enable and actively encourage parents/carers to collaborate as equal stakeholders in the process from the planning stage through to evaluation.
- Parents/carers to feel valued and listened to
- More parents/ carers to use and engage with services as they have been influenced by parents/carers

- Working with stakeholders helps anticipate future problems. In the long run, involving stakeholders should save time, money and problems.
- Parent/carer stakeholders working collaboratively with professionals, will mean policies, services and provision will be more relevant, more effective and more sustainable (Lansdown, 2011).

Links to relevant documents

- Children Act (2004)
- Department for Children, Schools and Families (2010) *Children's Trusts*.
- Halton Borough Council, Stakeholder involvement toolkit.
- Lansdown, G. (2011) Global: A Framework for Monitoring and Evaluating Children's Participation. A preparatory draft for piloting by Save the Children, together with UNICEF, Plan and World Vision.

Ensuring Sufficiency & Sustainability

Background:

The Childcare Act 2006 places a duty on all local authorities in England to secure sufficient Early Years and Childcare provision to meet the needs of working parents in their area. This provision is to enable parents to take-up or remain in work and includes education and training to help them obtain work. This is supported by research that: *"Children growing up in households connected to the labour market are likely to have a better understanding of the link between educational attainment and its consequences in later life." HM Treasury et al. 2004*

Additionally the Effective Provision of Pre-school Education (EPPE) research demonstrates that participation in high quality Early Years provision improves a child's longer-term educational attainment.

To ensure sufficiency of Early Years and Childcare provision requires an in-depth understanding of the local childcare market and the factors that determine supply and demand. There is a clear economic imperative for supporting existing Early Years and Childcare providers to remain open even if this involves a short-term subsidy, because the cost of creating new provision is prohibitive.

To ensure the sustainability of Early Years and Childcare provision requires the local authority to have a clear understanding of all of the factors that impact negatively on the finances of the provider, and have measures in place that minimise the effect of these factors.

Our aims:

- To regularly monitor the local Early Years and Childcare market to ensure that sufficient quality provision exists for all children and parents and any gaps in provision are addressed.
- To raise the profile of the crucial role that the private and voluntary Early Years and Childcare sector play in delivering sufficient quality provision
- To provide support to Early Years and Childcare providers to ensure that they remain sustainable, to ensure local sufficiency
- To ensure that the impact of decisions relating to school accommodation issues take into consideration the impact on co-located Early Years and Childcare providers to safeguard the local authority's sufficient provision.
- To ensure that the Early Years Single Funding Formula (EYSFF) contributes to sustainability
- To ensure that Early Years and Childcare provision is affordable

We will:

- Carry-out an annual assessment of the supply of and demand for all types of Early Years and Childcare provision
- Encourage existing and new providers to develop provision to meet any unmet demand
- Offer all necessary support and assistance to new and existing providers to enable them to deliver high quality, sustainable provision
- Raise awareness and support access to all free early years entitlements
- Offer advice and support to all Early Years and Childcare providers to ensure
- Offer advice and support to all Early Years and Childcare providers to ensure that all relevant requirements regarding regulations and standards are met
- Establish a panel that will consider the impact on Early Years and Childcare provision of local authority proposals
- Adhere to the early help principles and objectives agreed by the Trust, as highlighted in section 2 of the strategy.

Outcomes / Impacts:

- Sufficiency of all types of high quality Early Years and Childcare provision to meet the needs of all children and parents
- A safe Early Years and Childcare sector
- A sustainable Early Years and Childcare sector
- An affordable Early Years and Childcare sector

Links to reference documents:

Early Years Outcomes Duty Childcare Act 2006

Education and Inspections Act 2006

Post legislative assessments of the Education and Inspections Act 2006, Childcare Act 2006 and Children and Adoption Act 2006 (December 2011)

Statutory Framework for the Early Years Foundation Stage 2012

Childcare Act 2006

Halton Children's Centres

Background:

A Sure Start Children's Centre is defined in the Childcare Act 2006 as a place or a group of places:

- which is managed by or on behalf of the local authority to secure that early childhood services are made available in an integrated way;
- through which early childhood services are made available – either by providing the services on site, or by providing advice and assistance on gaining access to services elsewhere; and
- at which activities for young children are provided.

Early childhood services are defined as:

- early years provision (early education and childcare)
- social services functions of the local authority relating to young children, parents and prospective parents
- health services relating to young children, parents and prospective parents
- training and employment services to assist parents or prospective parents
- information and advice services for parents and prospective parents.

Our Aims:

Our overall aim is to fulfil the 'Core purpose' of Children's Centres, which is to improve outcomes for young children and their families, with a particular focus on families in greatest need of support, in order to reduce inequalities in:

- child development and school readiness;
- parenting aspirations, self-esteem and parenting skills; and
- child and family health and life chances

We will:

- Make available a range universal early years services in the local area and help ensure access to quality affordable early years education and childcare.
- Ensure those families in greatest need are identified and can access early help services and activities
- Provide the services from Children's Centres and other venues that families feel comfortable attending, for example, community venues, home based outreach provision
- Through partner and commissioning arrangements provide help and support to families at the earliest opportunity.
- Share expertise with early years settings

- Meet all the standards set within statutory frameworks, comply with all Ofsted requirements and strive to ensure all our Centres are judged at least 'good' during inspection.
- Adhere to the early help principles and objectives agreed by the Trust, as highlighted in section 2 of the strategy.

Outcomes:

We will ensure that early help is embedded into the ethos of all work with children and families. Through our partnership and commissioning arrangements we will aim to:

- support the % gap between the lowest achieving 20% in the EYFSP
- Support the % reduction of children who are obese in reception
- Support the % increase of infants breastfed at 6 to 8 weeks
- Support the % reduction in hospital admissions caused by unintentional and deliberate injuries to children
- Support the decrease of children aged 0 to 4 years living in households dependent on workless benefits

Inclusion and support for those with additional needs

Background:

Inclusion is about all learners and is about taking action to remove barriers to participation and learning. Inclusion also involves eliminating discrimination and promoting equality.

We follow the five fundamental principles within the Special Educational Needs (SEN) Code of Practice to support inclusive education. These principles are:

- A child with special educational needs should have his or her needs met
- The special educational needs of children will normally be met in mainstream schools or settings
- The views of the child should be sought and taken into account
- Parents/Carers have a vital role to play in supporting their child's education
- Children with special educational needs should be offered full access to a broad, balanced and relevant education, including an appropriate curriculum for the Early Years Foundation Stage and the National Curriculum.

Our aim is that:

All schools and settings are committed to providing equal opportunities for all children regardless of race, culture, religion, language, gender or ability.

Practitioners develop the understanding of the importance of each child being seen as an individual.

We will:

- Work with practitioners to support them in the early identification of the needs of individual children
- Support schools and settings in the design and delivery of intervention packages as appropriate to meet the individual needs of each child
- Ensure that schools and settings feel confident, supported and resourced to provide an inclusive culture to meet the needs of all children, and that they know how to access enhanced provision for children if required
- Support schools and settings in their work with parents and carers, working with partners to ensure support is appropriate and offered in a timely way
- Use of the CAF process or other holistic assessments to support children with multiple family needs and support practitioners in its application
- Offer 'Early Support' to families with children with complex needs
- Support schools and settings in their audit of their learning environment and make changes to resources and teaching to ensure that children with SEN and disabilities are able to access all learning opportunities

- provide professional development activities that enhance the knowledge and skills of the early years workforce around additional educational needs, equality and diversity
- Adhere to the early help principles and objectives agreed by the Trust, as highlighted in section 2 of the strategy.

Outcomes:

- All providers have embedded inclusion within their practice
- Children have access to resources, books and displays that will value the differing needs of all children and reflect a positive image of the world in which they live
- Early years settings support children to become confident and active learners.
- All children have a sense of belonging, feel respected and valued
- Children with SEN and disabilities in early years settings are given access to all learning opportunities
- All children make progress appropriate to their stage of development

Halton Short Break Services

Background:

In 2011 additional government funding enabled Halton to build on existing services and further develop leisure activities for disabled children. They provided families with a break so they could do things they might not usually be able to whilst caring for their disabled child. The Short Breaks Regulations 2011 later placed these services on a statutory footing.

Halton's vision for Short Breaks is:

"Halton's vision is to extend the quantity and quality of Short Breaks to ensure disabled children and their families have a choice of services, increased access to inclusive services and opportunities towards independence. We will continue to develop engagement with families and young people towards the provision of flexible and responsive services that are child and family focused and led."

Our aims:

- To provide quality and effective short breaks for disabled children and their families
- To work to the principle that families of disabled children want to provide the best care and chances for their children to feel safe, be healthy and happy
- To provide services that will help families lead as ordinary lives as possible

We will:

- Produce an annual Short Breaks Statement that provides information for families about what support/ services are on offer and how to access them
- Provide services that enable families of disabled children to have access to, and an improved quality of live, within their communities.
- Provide choices for disabled children and their families to help them make decisions that can best improve their daily lives.
- Listen to the views of disabled children and families so we can continue to improve the quality of their lives.
- Work in partnership with disabled children and families to ensure they are fully involved in the development of support services.
- Support disabled young people to become more independent through a smooth transition into adulthood.
- Adhere to the early help principles and objectives agreed by the Trust, as highlighted in section 2 of the strategy.

Impact/ Outcomes

- A range of quality services support the whole family and improve quality of life

- Families accessing appropriate support based on assessed need and that helps prevent escalation of need wherever possible.

Integrated Working Support Team (IWST)

Background:

IWST aims to support professionals in the borough to identify and meet the needs of local families, utilising and modelling early intervention and integrated working to enhance outcomes.

This service is part of Halton's model of early help - Team Around the Family. It follows the principles outlined within the IWST statement of purpose: These include:

- Children and young people who have unmet needs requiring non statutory intervention will be addressed through Children's Trust partners
- All Children's Trust professionals will have the opportunity to become proficient in recognising the impact of Early Help
- Children, family and young people's needs will be co-ordinated by the use of the Common Assessment Framework
- Professionals will access Early Help support and advice through a single point of entry
- Children, young people and families whose needs travel through Halton's Level of Need framework will access support in a timely manner
- Families will experience a smooth transition between statutory and non-statutory services.

Our aim is:

To support all Professionals within Halton's Children's Trust who work with children, young people and families by enabling them to respond to unmet needs that cannot be met by their service alone.

We will:

- Offer all children's Trust professionals the opportunity to consult on identified unmet needs that their service cannot support alone
- Deliver training on Early Help principles and the CAF process
- Support professionals to implement and follow CAF processes effectively
- Resolve issues within the CAF process through development of the Early Help panel
- Facilitate multi agency discussion and Early Help response to identified needs through the Police Children and Vulnerable Adult reports
- Support Lead Professionals by offering Social work advice and assessment if needs are escalating
- Work closely with Children's Social Care in signposting to non- statutory support following CSC intervention

- Adhere to the early help principles and objectives agreed by the Trust, as highlighted in section 2 of the strategy.

Outcomes:

- Professionals will become confident in identifying need at an early stage and be competent in the CAF process
- Families will receive support in a timely manner preventing escalation to statutory services
- Integrated working practices will become developed and enhanced
- Families will experience a smooth transition between statutory and non- statutory services
- Issues regarding CAF processes will be resolved swiftly
- Through implementing support at an early stage children will be supported in achieving positive outcomes

Early Help Family Work Service

Background:

Built from the foundations of the family support function within Halton's first Sure Start Children Centres, the Family Work Service has evolved in response to the growing need for a 'Team Around the Family' approach to support children with additional needs. Our service has a particular focus on early years and supporting those families in greatest need, living in Halton's communities.

Our Aims:

- To work in partnership with families where additional / enhanced needs have been identified
- To build on family strengths, removing barriers to progress and enabling families to fully access on-going support from universal services
- To deliver services utilising a holistic, integrated approach
- To work with families as soon as additional needs have become apparent to prevent escalation of unmet need warranting statutory / specialist intervention
- To work with partner agencies to ensure the most appropriate support plan is available to local families with enhanced needs

We Will:

- Alongside partners, undertake assessments and develop plans (Pre CAF & CAF) that can be used in conjunction with existing assessments where necessary (for example Attendance Planning Meetings, Children's Social Care)
- Undertake specific work with families identified as in greatest need, with a focus on prevention
- Deliver outreach support via home visits and the use of local, community based venues and resources.
- Utilise Children Centre, PVI and 2 year funded nursery settings to promote the inclusion of vulnerable 2 and 3 year olds within safe, stimulating, age-appropriate provision
- Support families as their needs reduce from requiring Social Care intervention
- Enable swift and easy access to personalised parenting support which may incorporate individualised 1:1 work, evidence-based group delivery and / or nurture-based support sessions to explore and reflect upon parents experience of being parented from their own childhood
- Be alert to the prospect of hidden harm for those in households where a parent's level of consistent care for their child may be compromised
- Adhere to the early help principles and objectives agreed by the Trust, as highlighted in section 2 of the strategy.

Impact / Outcomes:

- Families experience consistency when involved in assessment processes
- 'Referrals' from and to partner agencies is reduced so families benefit from seamless transition within the continuum of support
- Prompt access to advice / intervention from Children's Social Care where safeguarding concerns are identified
- Access to safety equipment and advice required within the home
- Enable families to help resolve their own difficulties and access services independently
- Children, parents and prospective parents are supported to reduce inequalities in child development, school readiness, parenting skills, health and life chances –consistent with our Children Centres' core purpose

Intensive Family Work Service (IFWS)

Background:

The Intensive Family Work Service was established following a redesign of Halton Borough Council's Team Around the Family model of early help in April 2012. This supported the delivery of early help and support - one of Halton's strategic priorities - to children and families.

The team is now a larger group of experienced staff, skilled in working with some of the most difficult to engage families. Their work is very much preventative, albeit at the highest point on Halton's levels of need.

Following the launch of the Government's 'Troubled Families' programme, the IFWS has extended its role to deliver Halton's 'Inspiring Families' project. This aims to improve the lives of those families in greatest need, ie who provide the greatest challenges in the community and are perhaps the hardest to engage. The team will include colleagues from other services including Education, YOT and Police with partners such as Housing and Youth Service joining as members of the extended team for the family according to their individual needs.

Our Aims

- To provide intensive proactive support to those families in greatest need
- To improve the life chances of children living in families with multiple problems
- To support families to deal the difficult issues affecting their lives and others, and encourage them to make positive changes
- To make a positive impact on communities by reducing the level of crime and anti-social behaviour of families who live in their neighbourhood

We will

- Alongside partner agencies, undertake holistic family assessments to establish the needs of each individual and the whole family unit.
- Implement coordinated support plans that aim to meet the needs of all family members
- Access additional, more specialist support services that enhance existing assessments where necessary
- Provide intensive support/ intervention with each family member
- Make extensive efforts to encourage family members to engage with services
- Challenge families whose behaviour affects others and advise them on strategies to enable them to make positive changes in their lives
- Support families to access services that will assist them to function better and lead more fulfilling lives
- Work in partnership with all agencies to provide robust consistent support to enable families to deal with the issues that affect their family functioning

- Adhere to the early help principles and objectives agreed by the Trust, as highlighted in section 2 of the strategy.

Impact/ Outcomes

- Improvement in family functioning leading to a reduction in criminality, anti-social behaviour and homelessness
- Improvement in educational attainment of young people and the employment prospects for those of working age.
- Improvement in the relationships within families, with their peers and the wider community
- Reduction in risk of family breakdown and number of young people coming into care.
- Improvement in the physical, mental and emotional health of family members.
- Reduction in the use of drugs and alcohol.
- Families will establish community networks which they can use instead of professional networks to assist them to manage difficult situations in future.
- Family members will have opportunities to participate in community activities.

Midwifery Services

Background:

Our service is the only midwifery service within a Community Trust in the North West and this unique position facilitates the service to work within the primary care team and the multidisciplinary partners within the borough.

As well as providing clinical care during antenatal, home birth and the postnatal period the midwifery service also provides a pre-conceptual service. Support and information is provided through groups such as our award winning 'Earlybird', which provides an information giving session for every woman once pregnancy has been confirmed. This ensures early access to promote a healthy lifestyle and informed choice.

Parent education sessions for women, fathers and grandparents groups ensure the health and wellbeing message is being shared with all the family. Our aqua-natal sessions promote exercise for a healthy pregnancy. The role of the midwife working in the community setting is integral to the public health of the woman and her baby and has an effect on the on-going health of the whole family.

Our Aims:

- To provide pre-conceptual care and advice to women hoping to become pregnant.
- To provide holistic, accessible and equitable care to pregnant women in Halton in a non-judgemental caring environment by competent confident practitioners.
- To enable access to the midwifery service by all pregnant women whether self-referred or referred by the GP.
- To ensure women are supplied with up to date verbal and written research based information at their first contact with the service in order that they may make informed decisions about their care.
- To continue to care for women throughout their pregnancy and postnatal care.
- To provide a home birth service within the borough.
- To liaise with and refer to the multidisciplinary team when additional care or services are required by the mother/baby/family.

We will:

- Work in partnership with the multidisciplinary team across the primary and secondary care settings to ensure a seamless service for mothers, babies and families.
- Identify women through risk assessment who may be in need of additional services/support and signpost them to the relevant facilities.
- Continue to provide support and education services antenatally to women, their partners and the wider family (grandparents).
- Maintain the provision of specialist midwives within the service.
- Maintain our links with the children's trust and wider partners.

- Adhere to the early help principles and objectives agreed by the Trust, as highlighted in section 2 of the strategy.

Outcomes/Impact:

- Healthy mothers, babies and families.
- Early detection in the antenatal period of any physical and/or emotional problems that may affect the mother, baby and family.
- Established care pathways with partners to ensure early intervention and prevention of escalation.
- Increased breastfeeding rates within the borough.
- Decreased smoking rates.
- Reduction in obesity rates.

Links to relevant documents:

- Midwives Rules. NMC 2012.
- Midwifery 2020: Delivering Expectations. Department of Health 2012
- Toward Safer Childbirth. Royal College of Obstetricians 2007.
- Healthy Child Programme. Pregnancy and the first five years of life. Department of Health 2009.

Halton Health Visiting Service

Background:

Effective high quality preventive health care in childhood is the foundation to a healthy society, as the early years lay the foundation of health and wellbeing in late years.

Halton's Healthy Child Programme (HCP) is the early intervention and prevention public health programme offered to local children and their families. The HCP offers every family a programme of screening tests, immunisations, developmental reviews and information and guidance to support parenting and Healthy Choices – all services that children and families need to receive if they are to achieve their optimum health and wellbeing.

The HCP's universal reach provides an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes.

Our aims:

- To work with partners to deliver a Universal Healthy Child Programme from Pregnancy to 5 years of age.
- To work with local communities to enable them to provide for themselves, and to ensure families know about the services available.
- To provide evidence based care packages to those families with additional needs – intervening early to prevent difficulties developing or worsening.
- To contribute to high intensity multi agency care packages led by specialist services, for families where there are safeguarding / child protection concerns.

We will:

- Work in partnership with other agencies to strengthen support for families
- Identify families in need of additional support through the Universal New Family offer.
- Identify children who are at risk or poor outcomes.
- Sign post families to wider support provision.
- Make appropriate referrals to specialist services.
- Ensure that contact with the family routinely involves and supports fathers.
- Adhere to the early help principles and objectives agreed by the Trust, as highlighted in section 2 of the strategy.

Outcomes / Impact

- Strong parent-child attachment and positive parenting resulting in better social and emotional wellbeing among children

- Care that helps to keep children healthy and safe.
- Early detection and action to address developmental delay, abnormality and ill health
- Early recognition and treatment of growth disorders.
- Healthy eating and increased activity, leading to a reduction in obesity.
- Prevention of some serious communicable diseases
- Increased rates of initiation and continuation of breast feeding.
- Improved readiness for school.

Links to relevant documents

Health Visitor Implementation Plan 2011 – 15 A Call to Action (Department of Health 2011).

Healthy Child Programme: Pregnancy and the first five years of life. (Department of Health 2009)

National Service Framework for Children, Young People and Maternity Services. (Department of Health 2004)

Halton Health Improvement Team

Background:

Working within Bridgewater Community Healthcare NHS Trust, the Health Improvement Team offers a range of local and tailored services to help improve the health and wellbeing of those living in Halton. The team takes a multi-disciplinary approach working with local clinicians and health and social care colleagues. We have a record of delivering innovative, evidence based and measurable interventions.

Health Improvement for Early Years

The Health Improvement Team is involved in a range of work that helps our young children and families have the best possible start in life. Early Years incorporates a variety of services to promote the health and wellbeing of families, Early Year's settings and professionals. Services include weaning sessions, healthy lifestyle sessions, the Healthy Early Years award, Healthy Early Years Food award and Baby Welcome award. All of the services have an overarching aim of helping parents and communities build better lives for themselves and their children.

Our Aims:

- Early years children and their families are supported by health improvement team universal and targeted preventative programmes.
- To ensure that all Health Improvement Team programmes are easily accessible and delivered according to community needs.

We will:

- Ensure that a successful Halton Healthy Early Years Status (HHEYS) has been developed and implemented in order for Early Year's settings to demonstrate a commitment to the health and wellbeing of children, families, staff and the wider community. All settings working towards the award will have achieved the Healthy Early Years Food Award and have been accredited with the Baby Welcome Award.
- Support the established HHEYS Steering group which will provide the opportunity for partners, settings and volunteers to build stronger more established working relationships to promote a collaborative approach to health and wellbeing in Early Year's settings
- Work with over 200 families in Halton through weaning sessions which include key health messages, cooking demonstrations and support in order to equip them to make informed decisions regarding weaning choices.
- Make available a range of accessible early years healthy lifestyle programmes in the local area with programmes tailored to families' needs, such as Early Years Fit4Life.
- Adhere to the early help principles and objectives agreed by the Trust, as highlighted in section 2 of the strategy.

Outcomes/Impacts

- Children and families have access to range of health improvement preventative programmes
- Programmes are accessible to families re venues, times etc
- Children and their families will be supported by a seamless partnership approach
- Parents/carers are supported with weaning/healthy lifestyle advise

Health Improvement for children and young people

The Health Improvement Team offers a wide range of programmes for children and young people such as:

- Targeted and universal weight management/healthy lifestyle programmes for children, young people and families. The Fit 4 Life programme consists of 4 or 6 week programmes covering fun physical activity sessions and healthy eating education.
- The Healthy Schools programme has 100% involvement from schools in Halton and offers a wide range of support to schools on healthy lifestyles.

Our Aims:

- Children, young people and their families are supported by health improvement team universal and targeted preventative programmes.
- To ensure that all Health Improvement Team programmes are easily accessible and delivered according to community needs.
- To work with local schools on a range of healthy lifestyle programmes

We will:

- Ensure that all programmes are developed and reviewed by children, young people, parents/carers and professionals in order to create an effective programme for all.
- Provide resources for children, young people and parents/carers that have been developed in partnership and are used during sessions to support learning.
- As parents play a significant role in supporting their children's health, parental engagement has been established and forms a significant part of the programmes.
- Ensure increased knowledge and/or fitness is achieved by the majority of participants.
- Ensure that the introduction of a structured staff competency process, staff training and regular quality checks have been made to ensure a quality standard of delivery throughout the programmes.
- Work closely with schools to deliver a range of activities to suit every schools need and tailor programmes accordingly.

Outcomes/Impacts

- Children, young people and their families have access to range of health improvement preventative programmes
- Programmes are accessible to families re venues, times etc.

- Children and their families will be supported by a seamless partnership approach service.
- Parents/carers are supported with weaning/healthy lifestyle advise

Halton School Nursing Service

Background:

Lifestyles and habits established during childhood, adolescence and young adulthood influence a person's health throughout their life. Failure to meet the health needs of children and young people stores up problems for the future.

The School Nurse universal offer builds on the Health visiting programme for 0-5s, thus providing the opportunity for synergy between the public health input initiated within early years and provision for school-aged children.

The Healthy Child Programme sets out the good practice evidenced based framework for prevention and early intervention services for children and young people aged 5–19 offered universally to local children and their families.

The Healthy Child Programme offers every family a universal programme of screening tests, immunisations, health reviews and information and guidance to support parenting and Healthy Choices – all services that children and families need to receive if they are to achieve their optimum health and wellbeing.

Our aims:

- To work with partners to deliver the Universal Healthy Child Programme from 5-19 years old
- To work with local communities to enable them to provide for themselves and to ensure families know about the services available.
- To provide evidence based care packages to those families with additional needs – intervening early to prevent difficulties developing or worsening.
- To contribute to high intensity multi agency care packages led by specialist services, for families where there are safeguarding / child protection concerns.
- To involve children and young people in the development of the school nurse service.

We will:

- Work in partnership with other agencies to strengthen support for families
- Identify families in need of additional support through the Universal School Nursing model
- Identify children who are at risk of poor outcomes.
- Sign post families to wider support provision.
- Make appropriate referrals to specialist services

- Adhere to the early help principles and objectives agreed by the Trust, as highlighted in Section 2 of the strategy.

Outcomes / Impact

Improved:

- readiness for school;
- population vaccination cover;
- Emotional wellbeing of looked after children

Contribute to reduced:

- School absences;
- Tooth decay in children aged 5;
- Excess weight in 4-5 and 10-11;
- Hospital admissions due to unintentional or deliberate injuries
- Under 18 conception rates;
- Chlamydia in 15-24 year olds;
- Smoking prevalence in 15 year olds;
- Alcohol and drug misuse.

Links to relevant documents

- Maximising the Contribution of the School Nursing team. Vision and Call to Action. (Department of Health 2012)
- Healthy Child Programme: From 5-19years old (Department of Health 2009
- A public health outcomes framework for England 2012
- National Service Framework for Children, Young People and Maternity Services. (Department of Health 2004)

Paediatric Speech & Language Therapy Service

Background:

Since Sept 2007, the SLT Service has undertaken service modernisation, in line with the Every Child Matters agenda, in order that families in Halton can access a continuum of SLT services; universal, targeted, specialist. Lead clinicians are identified for key clinical groups to ensure that SLT service pathways reflect the current evidence base.

Further service development is on-going in response to national guidance, The Bercow Report, the Healthy Child Programme, Transforming Community services, alongside other health colleagues in Halton, and within available resources.

Service activity reflects priorities in Halton's Children and Young People's Plan and support the delivery of the Children's Centre core offer locally.

Working parties ensure on-going collaboration with Health / Education colleagues to implement current children's services guidance e.g. Lamb report.

Our aims:

For every child and young person in Halton to have the communication skills that enable them to achieve their educational, emotional and social potential.

The Paediatric SLT Service will provide a continuum of services that offers choice to children, young people and their families. The service will aim to be equitable and timely with a strong emphasis on early identification and intervention. The service will be committed to partnerships with parents and other multi-agency colleagues. Central to working will be supporting and developing the knowledge and skills of the wider children's workforce around speech, language and communication.

We will:

- Provide equitable, timely, accessible and appropriate assessment and treatment of those children presenting with Speech, Language, Communication (SLC) or feeding and swallowing difficulties (specialist level service).
- Provide training and advice to parents and local Health/Education colleagues to support development of children's speech, language, communication and feeding skills and identify children at risk early (specialist and targeted level service)
- Provide targeted services that increase capacity within the children's workforce so that:
- the risk of preventable communication/feeding difficulties (due to deprivation) can be reduced

- Children with less specific communication/feeding difficulties (that do not require specialist intervention) can be supported effectively within their familiar environments (i.e. home/school).

- Provide health promotion activities and training to local Health/Education colleagues and parents to enhance good models of communication/feeding behaviour with young children (Universal level service).
- Provide efficient/cost effective support for a large proportion of the population.
- Provide coordinated support for vulnerable children/young people with SLCN and their families through integrated working.
- Adhere to the early help principles and objectives agreed by the Trust, as highlighted in Section 2 of the strategy.

Outcomes / Impact
The Service will contribute to:

a) Be Healthy – improve social and emotional development, reduce risk of mental health problems

b) Enjoy and Achieve – contribute to improvements in educational attainment

c) Make a Positive Contribution – improve employability, reduce risk of offending/anti-social behaviour

Links to relevant documents

- Early Support Guidance DfE 2012
- Allen report 2011
- Think Family Guidance DCSF
- Grasping the nettle C4EO 2010
- ICAN Cost to the Nation 2006

Integrated Behaviour Support Team (IBST)

Background:

IBST was set up in September 2009, to support children with additional needs and their families when their behaviour was difficult. Early assessment and intervention can reduce the development of intense complex behaviours and limit the likelihood of these behaviours becoming entrenched.

IBST offers a service to children aged 0-19 with additional needs: learning disability. There is an acknowledgement that children under the age of 5 may not have a diagnosis, and support can be given to children under going assessment via Woodview Child Development Centre. Children who meet the referral criteria are offered a screening appointment during which, a care plan is developed to identify the needs of the child and ensure effective support is provided by the relevant service.

Aims of the service:

- To work with all agencies to provide support for children with additional needs aged 0-19.
- To work within the local community to provide an accessible service for all children and their families who access the service.
- To provide evidence based care and support to children and their families within the service.
- To provide behavioural assessments and consultations to children, their families and professionals.
- To develop positive support strategies, support to families to implement strategies and review effectiveness of same.

We will;

- Offer specific specialist support to children and their families who have difficulty sleeping.
- Provide Stepping Stones Parenting Groups throughout the year.
- Participate and contribute to multi-agency assessments.
- Offer a consultation service for professionals working with children whose behaviour is difficult to manage.
- Offer training to professionals on an ad hoc basis in relation to Sleep and Managing Difficult Behaviour.
- Participate in the assessment of children on the ASD Pathway: Pre School and School Age.
- Adhere to the early help principles and objectives agreed by the Trust, as highlighted in Section 2 of the strategy.

Outcomes/Impact

- Positive parent-child relationships, which will increase the emotional wellbeing of parents and their children.
- Development of positive social relationships with children and their peers to improve their resilience.
- Early detection and intervention to prevent the development of complex behaviours.
- Increase the knowledge of universal services supporting children and their families, thus increasing their ability to support families where children have difficult behaviours.
- Reduce the number of children receiving medication: i.e. Melatonin.
- Improve family's resilience.

Relevant documents:

- Triple P reduces problem behaviour in children and improves parents' wellbeing and parenting skills. Nowak, C. & Heinrichs, N. (2008). A comprehensive meta-analysis of Triple P - Positive Parenting Program using hierarchical linear modelling: Effectiveness and moderating variables. *Clinical Child and Family Psychology Review*, 11, 114-144.
- Sleep Matters: The Impact of Sleep on Health and Well Being. Mental Health Foundation 2011.
- National Service Framework for Children, Young People and Maternity Services. Department of Health 2004.
- Valuing People Now: a new strategy for Learning Disability for the 21st Century: A White Paper. Department of Health 2009

APPENDIX 3: ABOUT HALTON CHILDREN'S TRUST

Halton Children's Trust is a partnership of public and voluntary sector organisations working together to meet the needs of children and families. The Children's Trust exists to improve outcomes for all children and young people in Halton because we believe that this can be done more effectively by all agencies and organisations working together.

The Early Help Strategy has been endorsed by all Children's Trust partner agencies, as listed below:

- NHS Halton & St Helens
- Bridgewater Community Health Care Trust
- Halton Clinical Commissioning Group
- Public Health
- 5 Boroughs Partnership NHS Foundation Trust
- St Helens and Knowsley NHS Trust
- Halton Borough Council Children and Enterprise Directorate
- Halton Safeguarding Children Board
- Cheshire, Warrington and Halton Youth Offending Service
- Cheshire Constabulary
- Jobcentre Plus
- Children & Young People's Voluntary Sector Forum
- Halton Family Voice
- National Careers Service
- Halton Housing Trust
- Halton Association of Secondary Head teachers
- Halton Association of Primary Head teachers
- Riverside College
- Cheshire Fire & Rescue

REPORT TO: Health and Wellbeing Board

DATE: 22nd May 2013

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Adults

SUBJECT: National Child Measurement Programme (NCMP) Outcomes

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide an update on levels of childhood obesity in Halton, as recorded through the National Child Measurement Programme.

2.0 **RECOMMENDATION: That the Board**

1. **note progress in reducing levels of excess weight (overweight and obese) in children in Halton from 28.4% in 2010/11 to 23.1% in 2011/12 for children in reception, and from 37.5% in 2010/11 to 34.6% in 2011/12 in year 6 children;**

2. **note that children in Halton are now at the same weight as the England average;**

3. **note the impact of the Halton Healthy Early Years Standards and the schools 'Fit4life' Programme; and**

4. **note that in the future performance reporting against this outcome will change to a measure of 'excess weight' (which includes both children who are overweight and children who are obese).**

3.0 **SUPPORTING INFORMATION**

3.1 The National Child Measurement Programme (NCMP) is a surveillance programme, introduced by the Department of Health in 2006 to measure obesity levels in the population. This was in response to research identifying that obesity increases an individual's risk of serious and potentially life threatening conditions such as Diabetes, Coronary Heart Disease and some cancers.

3.2 The NCMP involves school nurses measuring the height and weight of all children in reception (aged 4-5) and year 6 (aged 10-11)

annually. Using these figures the child's BMI (Body Mass Index) is calculated, and this provides a measure of the proportion of children who are overweight or obese in these year groups. Permission is obtained from the family and individuals may opt out of the programme should they choose to do so.

3.3 The Department of health stipulate that a minimum of 85% of all eligible children are measured. This is to ensure that the data covers a large enough proportion of the population to provide meaningful results. In Halton the School nurses have consistently achieved and exceeded this standard.

3.4 From 2013 onwards the National Child Measurement Programme will report the percentage of children who are of excess weight. This measure incorporates both the number of children who are overweight and the number who are obese. This measure has been used for this paper, and it is recommended it be used for performance reporting within Halton Borough Council, to simplify the interpretation of results.

3.5 In Halton there has been an extensive programme working with both schools and early year settings to reduce the levels of childhood obesity. This includes the school Fit4Life Programme which tackles overweight and has had an impact on year 6 obesity rates. The Fit4Life programme targets schools with the highest obesity rates. It offers education for teachers and children and their parents in cooking, healthy eating and the importance of exercise. It runs fun exercise classes for all children in the school. Data from the programme indicates that for participating schools the Fit4life programme reduces the level of excess weight by approximately a third.

3.6 An additional programme is also being delivered called Healthitude which links to the Personal Social and Health education curriculum and has a healthy eating component to it. This is being offer to all schools. Halton has also maintained the Healthy schools programme which works on this agenda.

3.7 A number of healthy weight programmes are now in place for early years and are having an impact. These include Healthy Early Years Programme (fit4life) for children aged up to 5 and their families, cookery lessons for parents, active tots groups and education and training for parents and service providers.

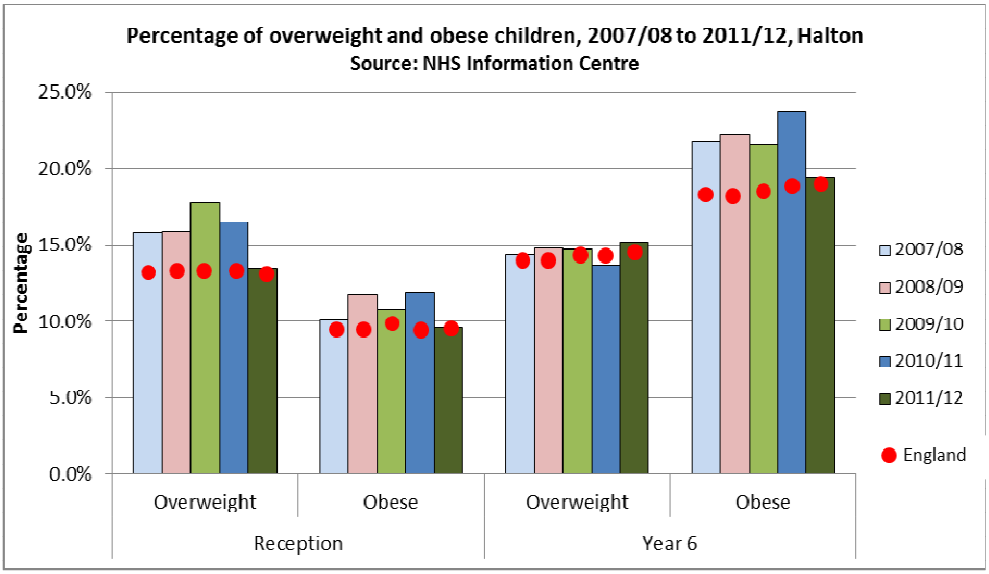
3.8 Children's Centres and Early Years Providers continue to work to meet the Healthy Early Years Standards which include food standards and healthy eating.

3.9 The development of an infant feeding team and weaning services should also have an impact in the future years as will the national

programme of increasing the numbers of Health Visitors.

3.10 In Halton there have been reductions in the levels of excess weight in both reception and year 6 children in 2011/12 data when compared to the 2010/11 figures. For reception aged children the figures reduced by 5.3%, from 28.4% in 2010/11 to 23.1% in 2011/12. Figures of excess weight in year 6 children reduced by 3.1% from 37.5% in 2010/11 to 34.6% in 2011/12.

3.11 **Graph 1: Change in percentage of overweight and obese children in Halton, compared to England, 2007/08 to 2011/12**



3.12 Graph 1 illustrates that the rates of children who are obese and overweight in reception and year 6 has reduced in 2011/12 in all measures, with the exception of the number of year 6 children who are overweight.

3.13 For reception aged children there was a reduction from 16.5% to 13.5% in the number of children who were overweight and a reduction from 11.9% (2010/11) to 9.6% (2011/12) in the number of children who were obese.

3.14 For year 6 children there was an increase from 13.7% (2010/11) to 15.2% (2011/12) in the number of children who were overweight and a reduction from 23.8% (2010/11) to 19.4% (2011/12) in the number of children who are obese. Anecdotal evidence from staff running the 'Fit4life' programme in schools suggests that one of the reasons for the increase in the number of children in year 6 who are overweight, is as a result of obese children successfully losing weight, and moving to the overweight category.

3.15 For the first time since NCMP started Halton has rates of obesity that are similar to the England average for all measures and ages.

3.16 For a more detailed analysis of the data please see the full NCMP report in Appendix 1. This includes a breakdown by gender, ward and by schools.

4.0 POLICY IMPLICATIONS

4.1 Progress has been made in this area, but healthy weight remains a priority area for action. Work on this agenda is being directed through the healthy weight strategy and the Health and Wellbeing board's child development action plan.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There are no additional cost implications from this paper, other than to continue to fund healthy weight programmes for children, young people and their families. It should be noted that evidence suggests that reducing the number of people who are overweight and obese results in long term cost savings, as a result of improving health and subsequent reductions in the demand on services.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
All issues outlined in this report focus directly on this priority.

6.2 **Employment, Learning & Skills in Halton**
None directly identified, other than using educational settings as venues for the healthy weight programmes

6.3 **A Healthy Halton**
All issues outlined in this report focus directly on this priority

6.4 **A Safer Halton**
No direct implications have been identified

6.5 **Halton's Urban Renewal**
No direct implications have been identified

7.0 RISK ANALYSIS

7.1 Halton Borough Council may be at risk of not meeting national targets if healthy weight does not continue to be a priority, and the continuation of the National Child Measurement Programme is a key component to delivering this agenda. There are no immediate financial risks identified. The recommendations do not require a full risk assessment.

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

Document	Place of Inspection	Contact Officer
National Child Measurement Programme Report 2013.	Public Health	Jen Oultram

Compiled by: Julia Rosser, Public Health Consultant and Jen Oultram: Intelligence officer

Appendix 1

National Child Measurement Programme Summary of Results for Halton 2011/12 Official Data*

Please note that the data below states whether the data was derived from the postcode of the school or derived from the postcode of the child's residence.
School = derived from the school postcode.
Resident = derived from child's residential postcode

Participation

% Participation	Reception	Target	Year 6	Target
Halton	96.7%	85%	92.7%	85%

Excess Weight (overweight & obese)

% Overweight & Obese	Reception	Change from 2010/11	Year 6	Change from 2010/11
Halton (school)	23.1%	↓ 28.4%	34.6%	↓ 37.5%
Halton (resident)	22.8%	↓ 28.6%	34.7%	↓ 37.6%

Overweight

% Overweight	Reception	Change from 2010/11	Year 6	Change from 2010/11
Halton (school)	13.5%	↓ 16.5%	15.2%	↑ 13.7%
Halton (resident)	13.2%	↓ 16.8%	15.2%	↑ 13.8%

Obese

% Obese	Reception	Change from 2010/11	Year 6	Change from 2010/11
Halton (school)	9.6%	↓ 11.9%	19.4%	↓ 23.8%
Halton (resident)	9.6%	↓ 11.8%	19.5%	↓ 23.8%

Underweight

% Obese	Reception	Change from 2010/11	Year 6	Change from 2010/11
Halton (school)	1.2%	↑ 0.4%	1.6%	↑ 1.3%
Halton (resident)	1.0%	↑ 0.4%	1.6%	↑ 1.3%

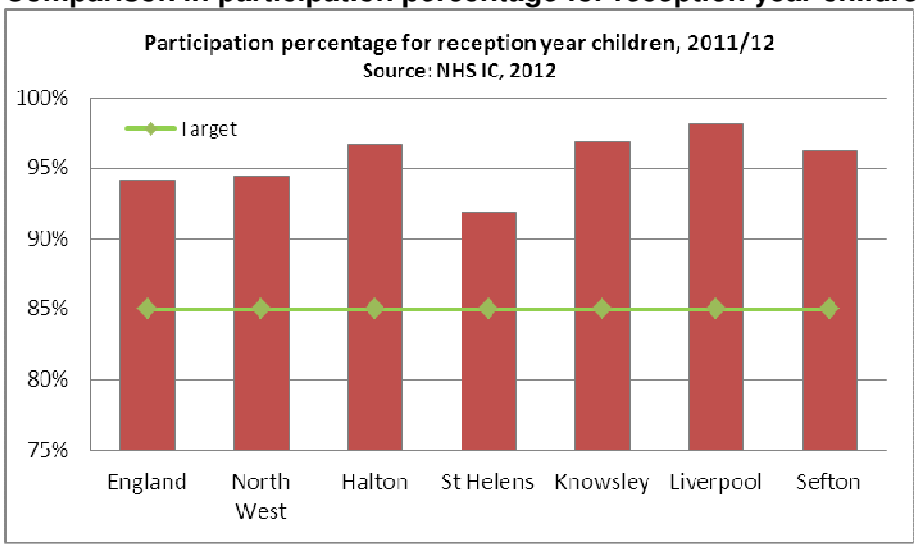
*Please note that there was an issue with the Leicester Height Measurement equipment that was used for Widnes school children, but it was not known how many children were affected. There could be up to a 2.9cm difference from the true height of some children, so caution needs to be taken when interpreting the following data.

All the charts below are based on data from the postcode of the school.

Comparison of Participation

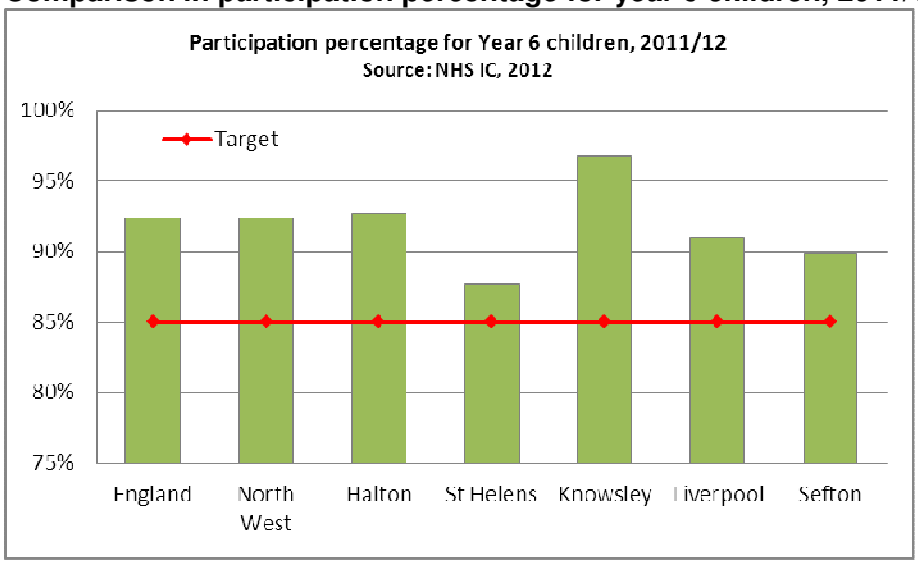
The following charts compare the participation percentage of children in reception and year 6 with the England and North West average, as well as the other local authorities within the Merseyside cluster.

Comparison in participation percentage for reception year children, 2011/12



The participation percentage for reception year children in Halton was higher than the England and North West; however it was lower when compared to Knowsley and Liverpool.

Comparison in participation percentage for year 6 children, 2011/12

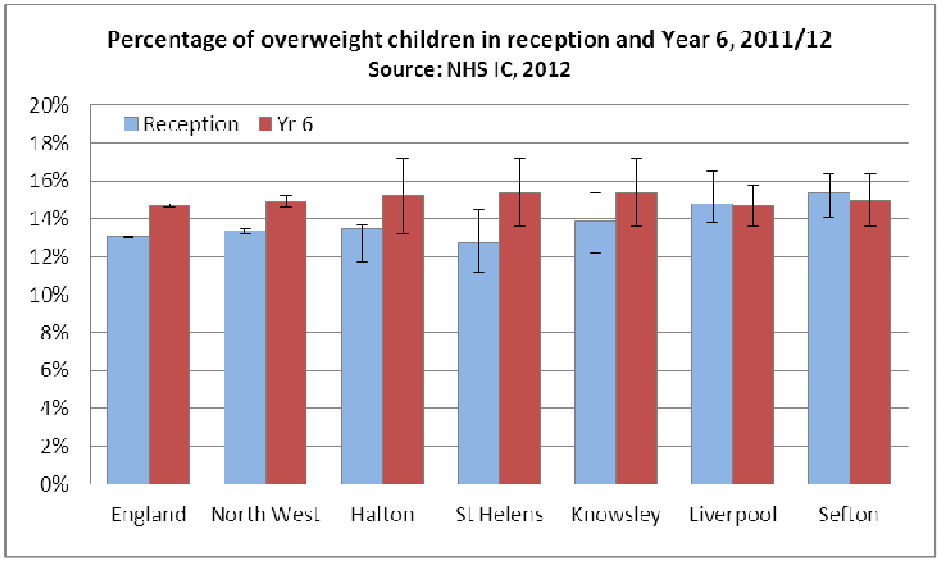


Halton had a higher participation percentage for year 6 children compared to England and North West. The only local authority in the Merseyside cluster which had a higher participation percentage than Halton was Knowsley.

Comparison of Overweight, Obese and Excess Weight

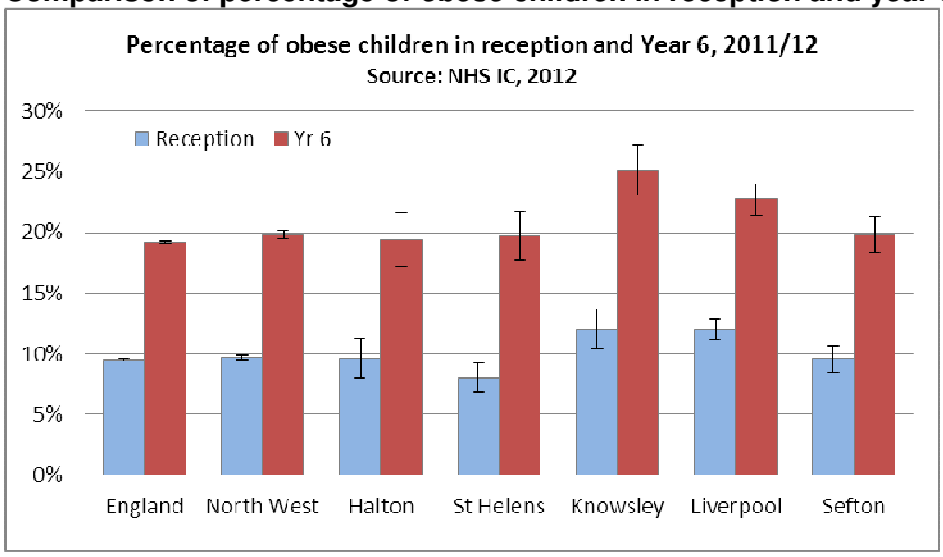
The following charts show the differences in the percentage of overweight, obese and excess weight in reception and year 6 children, compared with the England and North West average, as well as the other local authorities within the Merseyside cluster.

Comparison of percentage of overweight children in reception and year 6, 2011/12



Halton had a higher percentage of overweight children in reception and year 6 when compared to the England and North West, but they weren't significantly higher.
The only local authority within the Merseyside cluster which had a lower percentage of overweight reception year children was St Helens.

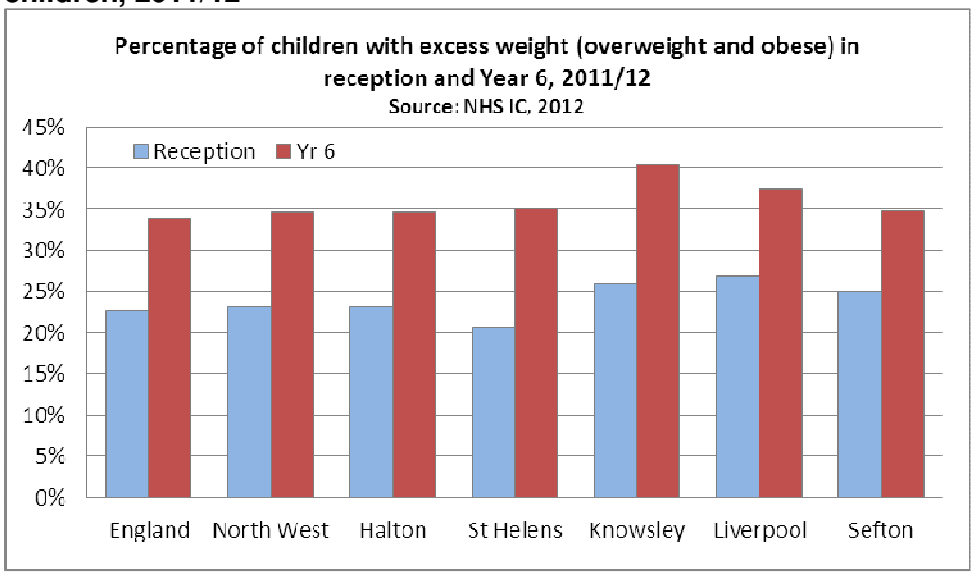
Comparison of percentage of obese children in reception and year 6, 2011/12



The percentage of obese reception year children in Halton was very similar to the England and North West values. The year 6 percentage for Halton was slightly higher than England but lower than the North West.

Halton had the lowest percentage of obese children in year 6 when compared to the rest of the Merseyside cluster.

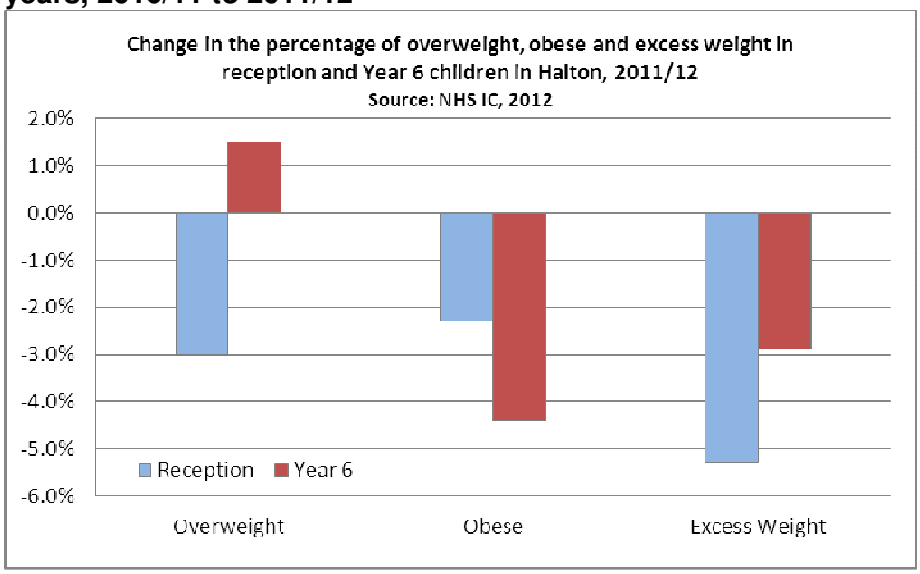
Comparison of excess weight (overweight and obese) in reception and year 6 children, 2011/12



Halton had a higher percentage of children with excess weight for reception and year 6 compared to England, but had the same percentage for both years as the North West. Halton as had a lower percentage of children with excess weight, for both years, when compared to Knowsley, Liverpool and Sefton.

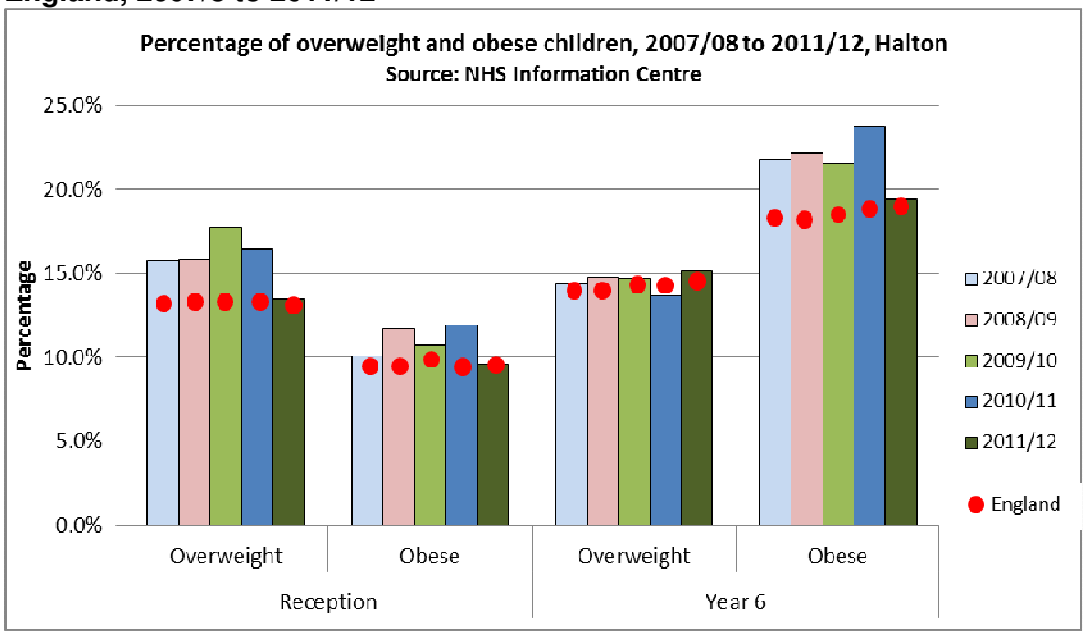
Change in Percentage

Percentage change in overweight, obese and excess weight, for both school years, 2010/11 to 2011/12



The percentage of obese children reduced from 2010/11 to 2011/12 for both school years. The percentage of overweight children in reception also decreased, however for year 6 children the percentage did increase by 1.5%.

Change in percentage of overweight and obese children in Halton, compared to England, 2007/8 to 2011/12



The overweight and obese percentages for reception and the obese percentage for year 6 all reduced in 2011/12, this means that the values are now only slightly higher than the England average.
The year 6 overweight percentage was lower than the England average in 2010/11, however in 2011/12 this percentage increased and is now higher than the England value.

Obesity is a condition where weight gain has got to the point that it poses a serious threat to health. It is measured in terms of a person's body mass index (BMI, see box 1) which is determined both by weight and height. BMI cut-off points have been agreed for obese and overweight adults, but for children the situation is more complex. As a child's BMI varies with age, different cut-off points have to be used to define overweight and obese children depending on age.[1]

Box 1: Information on BMI ranges

ADULTS

For adults, the cut off points used are: BMI <20, a person is underweight; BMI 20-25 is the desirable or healthy range; BMI 25-30 is classified as overweight; and BMI 30+ is classified as obese.

CHILDREN

Researchers have used different ways of defining obesity in children. An International Obesity Task Force proposed cut-offs for children at various ages in 2000.
Other researchers have used a different approach by selecting a BMI reference point from the past, and comparing the proportion of the population exceeding the threshold now with that in the past. A commonly used reference point for obesity is the BMI threshold above which the top 5% of the BMI range lay in 1990.

During 2011/12, the heights and weights of Halton school children in Reception year and Year 6 were measured and collated. These have since been uploaded anonymously unto the National Child Measurement Programme database, where they were analysed and released in December 2012. The data in this report from this point on is based on the same information but analysed by the Public Health Intelligence Team at a lower geographical level.

Notes on the Data:

- Data at lower geographical levels should be treated with caution as small numbers can lead to rates that are not statistically robust.
- Not all children participated due to absence and/or lack of consent.
- Numbers in analyses may vary as some calculations are based on the school data and others on the child's residence.

[1] Parliamentary Office of Science and Technology, "Post note: Childhood Obesity", SEPTEMBER 2003 (205)

Obesity Levels

BMI scores, and the corresponding p-values, were calculated for each child. The 85th and 95th centile cut-offs were used to establish the child's weight category. In other words, out of that given population, any child with a p-score above the 85th centile (and below than 95th) will have been categorised as overweight and over the 95th centile, obese. Overweight & Obese is therefore any child with a p-score above the 85th percentile. Children with p-values under the 85th centile were considered to have a healthy weight, and children under the 2nd centile were considered to be underweight.
Table 1 shows the percentage of pupils who participated in the heights and weights recording and indicates the level of uptake.

Table 1: Percentage Participation, 2011/12

	Number eligible	Number measured	% measured
Reception	1418	1371	96.7%
Year 6	1347	1249	92.7%
Overall	2765	2620	94.8%

Table 2 shows the provisional percentages of overweight and obese children within Halton. Overweight is classed as being between the 85th-94th centile and obese is =>95th.

Table 2: Percentage of children overweight or obese (p-scores) (school data)

Percentage of pupils with a BMI p-score:	Reception	Year 6
>=0.85 (defined as overweight)	13.5%	15.2%
>=0.95 (defined as obese)	9.6%	19.4%

Table 3 shows the overall percentage of overweight and obese children within Halton, split by male and female. There appears to be a greater proportion of overweight and obese children in Year 6 compared to reception year.

Table 3: Levels of overweight and obese children, split by gender, 2011/12 (school data)

Reception	%
Halton Overweight Males	13.7%
Halton Obese Males	10.0%
Halton Overweight Females	13.3%
Halton Obese Females	9.3%
Year 6	**%**
Halton Overweight Males	15.9%
Halton Obese Males	20.3%
Halton Overweight Females	14.6%
Halton Obese Females	18.5%

A total of 749 pupils were classed as being overweight or obese, accounting for 28.6% of those measured.

Deprivation

The 2010 Indices of Deprivation provide Lower Super Output Areas (LSOAs) in the country with a score which allows us to measure deprivation in that area. These can then be ranked nationally or locally in order to present a picture of where certain areas sit in comparison to others. Figure 3 shows IMD 2010 overall scores, ranked by national quintiles. Quintile 1 (dark red) is the most deprived and Quintile 5 (dark green) is the least deprived.

Figure 3: Map showing deprivation levels of LSOAs in Halton according to National Quintiles of IMD 2010

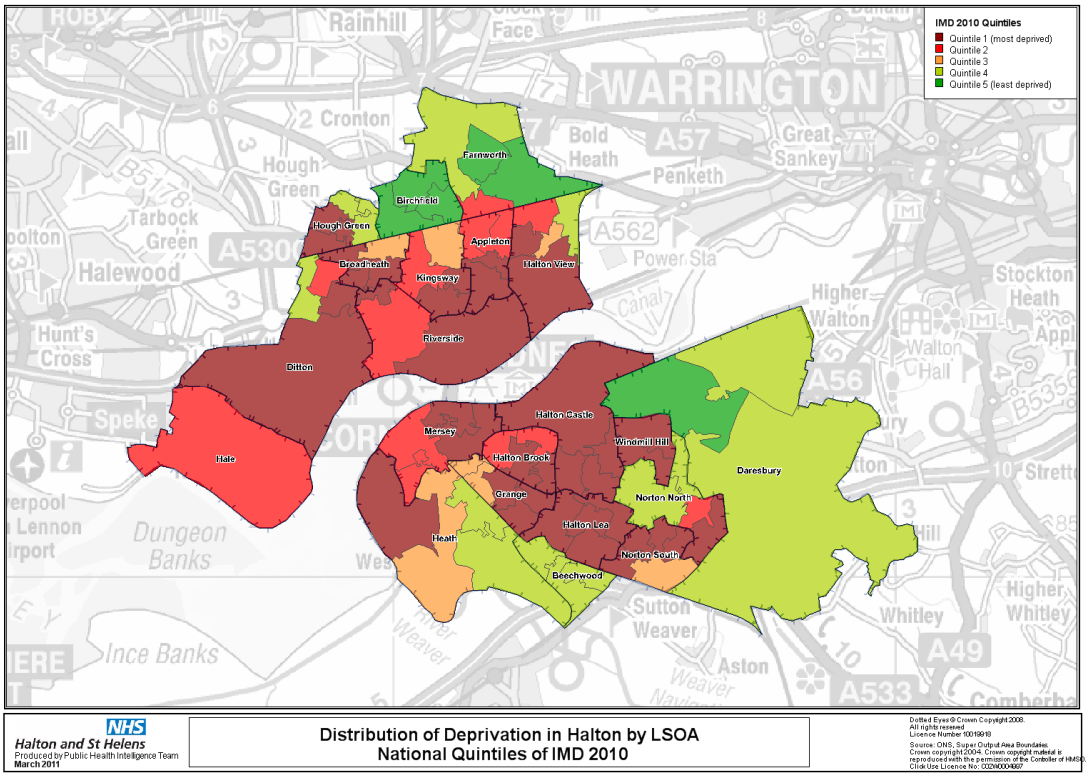
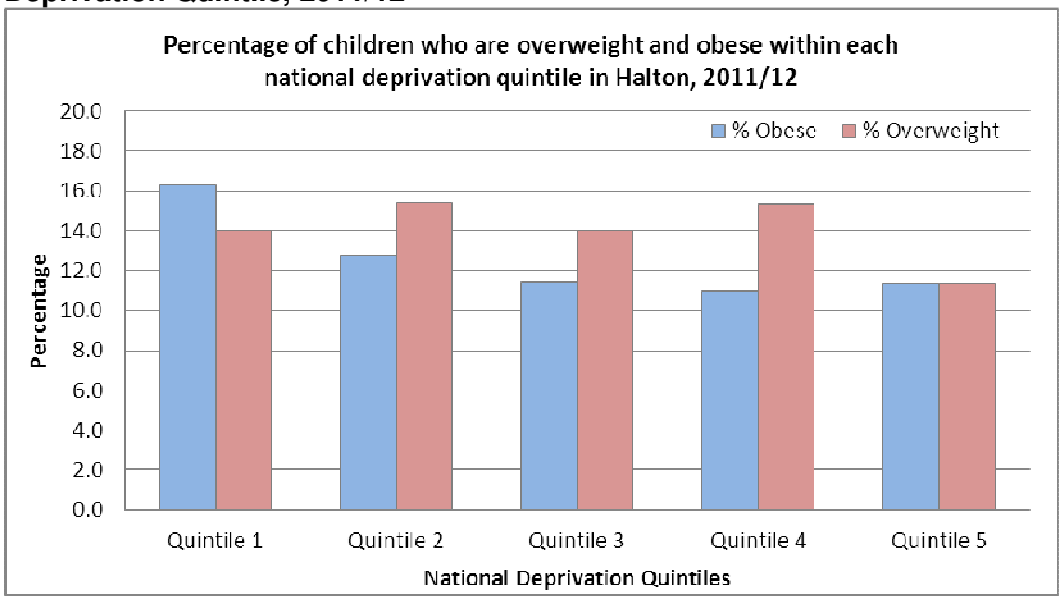


Figure 4: Percentage of overweight and obese children, all years, by National Deprivation Quintile, 2011/12



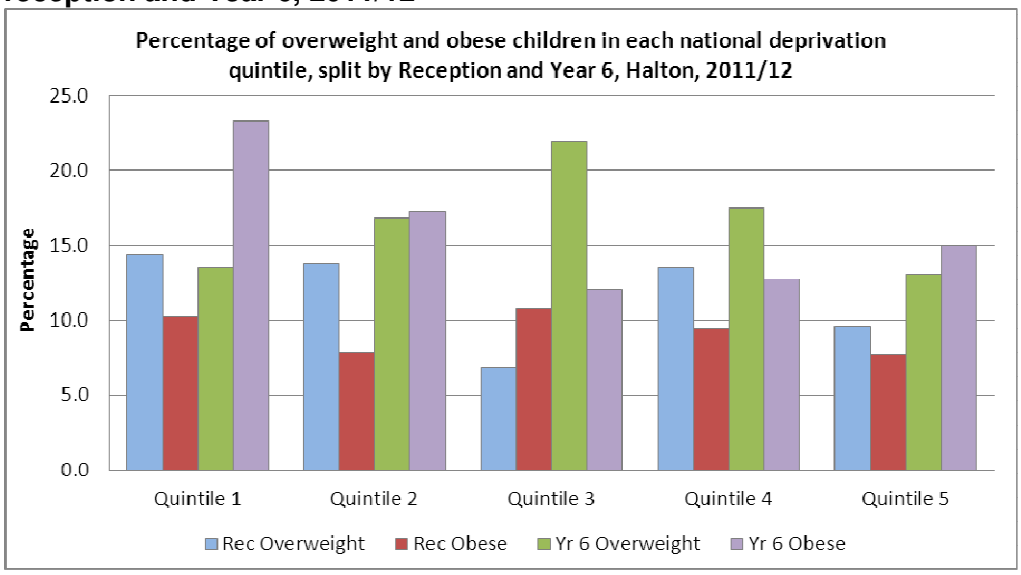
The chart shows all years all sex overweight and obese percentages for Halton. National Deprivation Quintiles (NDQs) run from 1 to 5, with 1 indicating the most deprived areas (top 20% nationally) and 5 representing the least deprived. NDQs are calculated at LSOA level.
For obese children the highest percentage is observed in quintile 1, followed by quintile 2. However, for overweight children the highest percentage is seen in Quintile 2 followed by Quintile 4.
This suggests that for obese children there is a link between obesity levels and deprivation.

NB: LSOAs were assigned to each child based on their residential postcode. This means that numbers may exclude children who live outside the boundaries of Halton but attend a school in either borough. This may include St Helens, Liverpool, Wigan, Knowsley and Warrington.

Figure 5 shows the percentage of overweight and obese reception and year 6 children by National Deprivation Quintile.
The obese Year 6 percentage is highest in Quintile 1 followed by Quintile 2, as is the reception overweight percentage. However, the reception obese and Year 6 overweight percentages are highest in Quintile 3.

NB: Numbers should be interpreted with caution as only 7 LSOAs in Halton are in the 3rd quintile and only 6 are in the 5th quintile, making the numbers very small and subsequent percentages may be lacking in statistical soundness

Figure 5: Percentage of overweight and obese children by NDQ, split by reception and Year 6, 2011/12



Reach Centre Areas

The children's residential postcodes, which reside in Halton, were then assigned to a Reach Centre Area. There are 8 reach centres in Halton, table 5 below shows the percentage of overweight and obese children within each reach centre area.

Table 5: Percentage of overweight and obese children by Reach Centre Area, 2011/12

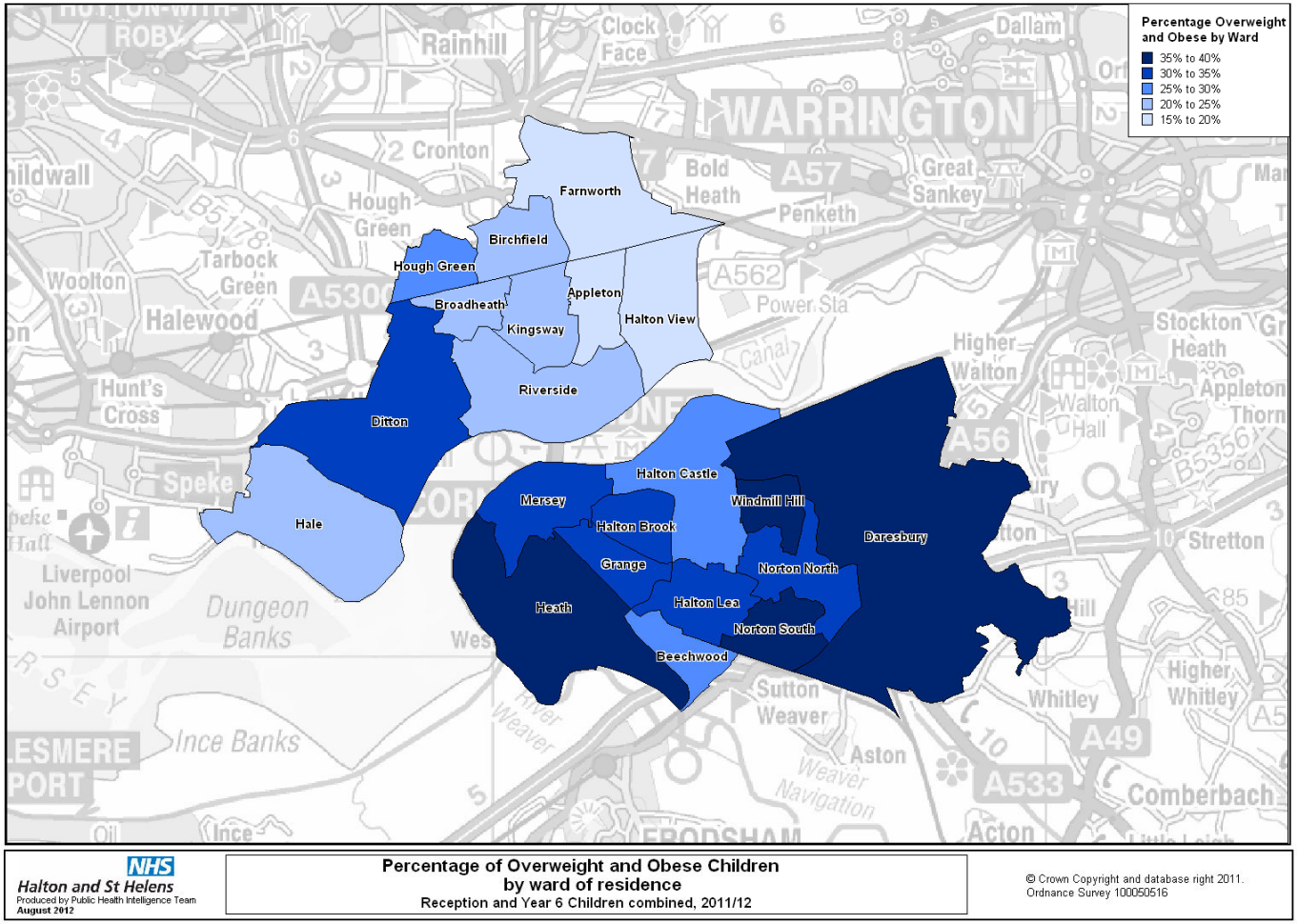
Reach Centre	% Overweight	% Obese
All Saints Upton Area Catchment	11.0%	14.9%
Brookvale	15.1%	18.8%
Ditton & Our Lady of Perpetual Succor Area Catchment	16.3%	11.2%
Halton Brook, Castlefields & Astmoor Area Catchment	14.7%	17.4%
Halton Lodge & Runcorn All Saints Area Catchment	17.3%	16.4%
Kingsway Area Catchment	10.3%	12.8%
Warrington Road	10.2%	6.9%
Windmill Hill	17.4%	16.6%

NB: There were 13 postcodes (out of 2588) which weren't assigned to a reach centre area.

The table shows that the highest percentage of overweight children was present in the Windmill Hill area followed by the Halton Lodge & Runcorn All Saints area. With regards to obesity the highest percentage occurred in the Brookvale area followed by the Halton Brook, Castlefields, & Astmoor area.
The Warrington Road reach area had the lowest levels of obese and overweight children.

Figures 6, 7 and 8 show the percentage of overweight and obese children by ward.
The dark blue areas indicate higher levels of overweight and obese children among those measured.

Figure 6: Map showing percentage of overweight & obese by ward of residence, Reception and Year 6, Halton, 2011/12



The map shows that the wards with the highest levels of overweight and obese children were Norton South, Windmill Hill, Heath and Daresbury.
The wards which contained the lowest percentage of overweight and obese children were Farnworth, Halton View and Appleton.

Figure 7: Map showing percentage of overweight & obese Males by ward of residence, Reception and Year 6, Halton 2011/12

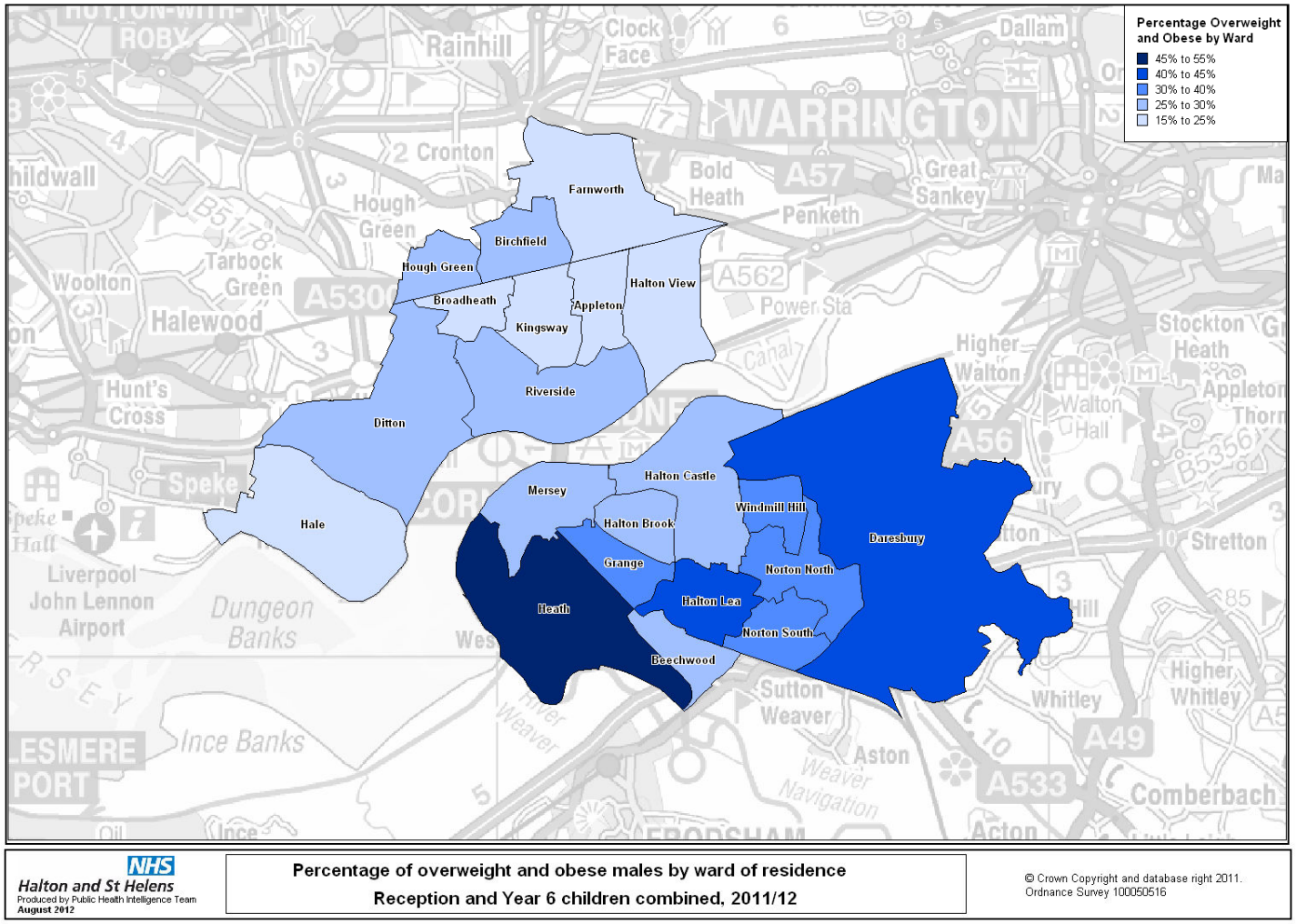


Figure 7 shows that the ward with the highest percentage of overweight and obese males in Halton is Heath (52.3%). Daresbury (40.5%) and Halton Lea (40.9%) also have a high percentage of overweight and obese males.

The wards with the lowest percentage of overweight and obese males are Halton View (17.2%), Appleton (17.8%) and Kingsway (19.1%).

Figure 8: Map showing percentage of overweight & obese Females by ward of residence, Reception and Year 6, Halton 2011/12

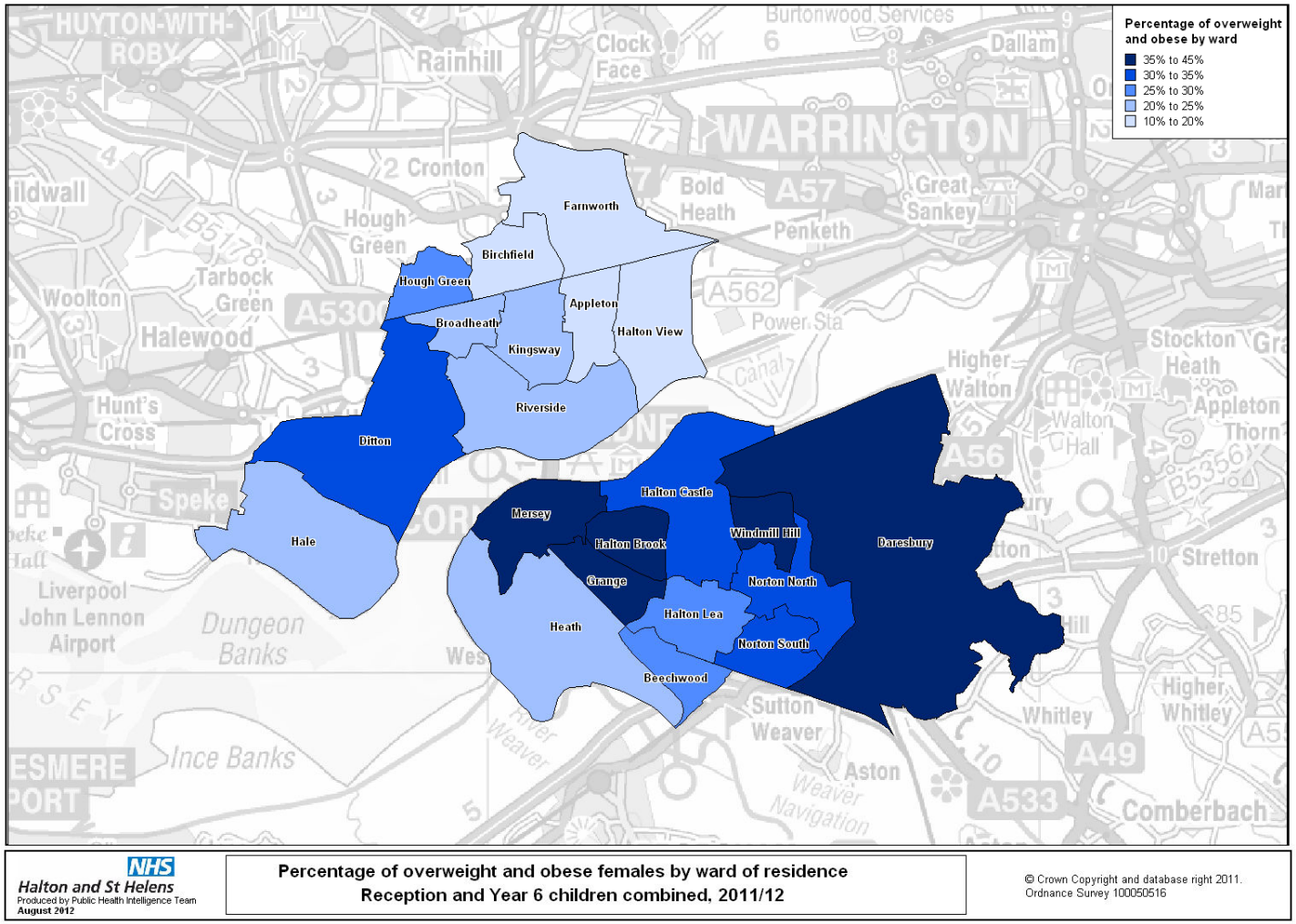
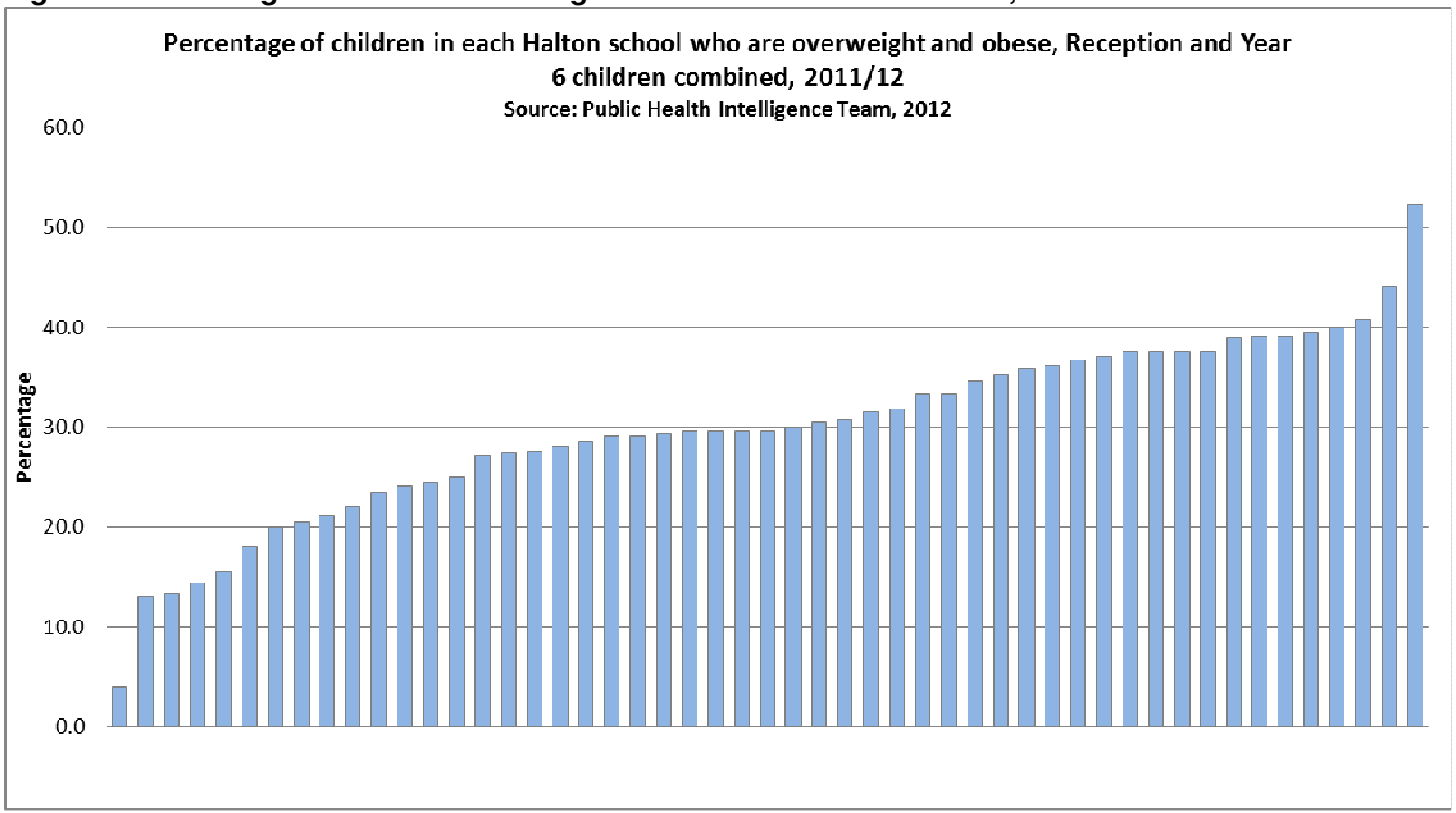


Figure 8 shows that the wards with the highest percentage of overweight and obese females are Windmill Hill (44%), Halton Brook (41.8%), Daresbury (36.1%), Mersey (35.6%) and Grange (35.4%).

The wards with the lowest percentage of overweight and obese females are Farnworth (10.4%), Halton View (17.3%), Appleton (18.3%) and Birchfield (18.4%).

Schools

Figure 9: Percentage of children overweight & obese within each school, Halton [2]



[2] (URN codes relating to each school can be found on Table 6. NB: Care must be taken when interpreting these data as if only a small number of pupils are measured this could lead to misleading results.)

REPORT TO: Health and Wellbeing Board

DATE: 22 May 2013

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Adults

SUBJECT: CHIMAT – Child Health Profile

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 The Child Health Profile (CHIMAT) is released every year by the Public Health Observatory and provides a summary of the health and wellbeing of children and young people in Halton.

2.0 **RECOMMENDATION: That**

1. **the Board note the contents of the 2013 Child health profile and the progress that has been made against a challenging baseline. Out of the 26 areas 19 have improved (Green Arrow), 5 have stayed the same (=) and 3 are worse (Red Arrow). The new data for Teenage conceptions shows dramatic improvements; and**

2. **feedback any comments to the Director of Public Health.**

3.0 **SUPPORTING INFORMATION**

3.1 Each year the Child and Maternal Health Observatory produce a report on the health indicators of children and young people in Halton. The data that is included is available at a national level and enables Halton to benchmark their health outcomes against the England average values.

3.2 Health outcomes are very closely related to levels of deprivation, the more deprived an area the poorer health outcomes that would be expected. Overall the health and wellbeing of children in Halton is generally worse than the England average, as are the levels of child poverty. Halton is the 27th most deprived borough in England (out of 326 boroughs) and as such would be expected to have lower than average health outcomes. The infant and child mortality rates are similar to the England average.

Indicator Number	Indicator	2012	2012 Signif to Eng	2013	2013 Signif to Eng	↑/↓/=	Recently released data
1	Infant mortality rate	4.7		4.8		↑	
2	Child mortality rate (age 1-17 years)	20.8		20.8		=	
3*	MMR immunisation (by age 2 years)	87.1		91.7		↑	96
4*	Diphtheria, tetanus, polio, pertussis, Hib immunisations (by age 2 years)	95.5		95.5		=	
5	Children in care immunisations	88.9		100		↑	
6	Acute sexually transmitted infections (including Chlamydia)	N/A		38.9			
7	Children achieving a good level of development at age 5	48.0		55.2		↑	
8	GCSE achieved (5A*-C inc. Eng and maths)	55.7		59.0		↑	
9	GCSE achieved (5A*-C inc. Eng and maths) for children in care	-	-	-	-		
10	Not in education, employment or training (age 16-18 years)	9.3		10.3		↑	9.9
11	First time entrants to the Youth Justice System	1440.0		1259.5		↓	
12	Children living in poverty (aged under 16 years)	28.0		27.3		↓	
13	Family homelessness	-	-	0.9			
14	Children in care	47.0		44.0		↓	
15	Children killed or seriously injured in road traffic accidents	28.5		24.6		↓	
16	Low birthweight	8.5		8.5		=	
17	Obese children (age 4-5 years)	11.8		9.6		↓	
18	Obese children (age 10-11 years)	23.8		19.5		↓	
19*	Participation in at least 3 hours of sport/PE	66.4		66.4		=	
20*	Children's tooth decay (at age 12)	1.0		1.0		=	
21	Teenage conception rate (age under 18 years)	60.6		63.3		↑	41.5
22	Teenage mothers (age under 18 years)	2.8		1.5		↓	
23	Hospital admissions due to alcohol specific conditions	153.9		122.9		↓	
24	Hospital admissions due to substance misuse (age 15-24 years)	163.6		149.4		↓	
25*	Smoking in pregnancy	21.8		21.1		↓	
26*	Breastfeeding initiation	48.7		51.1		↑	
27*	Breastfeeding at 6-8 weeks	N/A		22.0			
28	A&E attendances (age 0-4 years)	N/A		535.0			
29	Hospital admissions due to injury (age under 18 years)	2080.3		1525.0		↓	
30	Hospital admissions for asthma (age under 19 years)	N/A		367.9			
31	Hospital admissions for mental health conditions	179.5		145.1		↓	
32	Hospital admissions as a result of self-harm	329.6		208.7		↓	

* PCT value		not significantly different to England average
* Same years data used in both profiles		significantly better than England average
		significantly worse than England average
	N/A	Not included in previous profile
For the definitions of the indicators please see the ChiMat profile	-	Data suppressed or not available

Table 1:Health Outcomes for children and young people in Halton, comparing 2013 CHIMAT data to the 2012 report

3.3 There are 26 out of the 32 health and wellbeing indicators included in the CHIMAT report are applicable to Halton (see table 1). In the 2013 report there was an improvement in 19 areas, equal performance in 5 and reductions in performance in 2 outcomes. Six indicators were new in 2013, and therefore cannot be compared to the 2012 report. The details in relation to performance are listed below.

3.4 Halton has been successful in improving rates in the following areas:

- Improving MMR rates (for the first dose by age 2 years), this rate has improved to reach the England average rate and in quarter 3, 2012/13 data suggests that MMR rates are 96% which exceed the 95% target.
- The rate of immunisation for children in care improved to 100%, which is higher than the England average.
- The number of both reception age children and year 6 children who are obese has decreased and is now similar to the England average rate.
- Teenage conception rates showed a small increase in the CHIMAT report which was reporting data from 2010, however 2011 shows a dramatic improvement in this figure, to 41.5, which would appear to be much closer to the England average. The number of teenage mothers has reduced and is now similar to the England average.
- The percentage of GCSE's achieved (5A*-C) has improved to be similar to the England average rate.
- The rate of family homelessness is better than the England

average rate. The number of children living in poverty has reduced as has the number of children in care.

- The number of children killed or seriously injured in road traffic accidents has reduced and is the England average rate
- Reductions in the rate of hospital admissions occurred for alcohol specific conditions, mental health conditions substance misuse, injury and self-harm.
- Improvements have been seen in child development at age 5
- Reductions in numbers of women who are smokers at the time of the birth of their baby have been seen, and there has been an increase in the number of women who initiate breastfeeding.
- Child tooth decay in 12 year olds remains below the England average, however this data is for 2008/9, and won't be measured again until 2014. Early indications from 5 year old data indicate that local programmes have reduced tooth decay by approximately 22%.
- Primary immunisation rates have significantly improved and are now above the England average.

3.5 Halton has maintained:

- The number of children participating in 3 hours of PE and remains higher than the England average
- Infant and child mortality rates at the England average rate. In 2013 there was a very small drop which was not significant and the Halton rate remains similar to the England average. Improvements have been made in this area over

the previous few years.

- The number of low birth weight babies has remained at the England average rate.

3.6 Areas where performance in Halton remains lower than the England average:

- Small improvements have been made in improving levels of child development at age 5, but this measure remains low. Child development is one of the priority areas for the Health and wellbeing board, and as such has a targeted action plan.
- The rate of children living in poverty remains below the England average. There is a child poverty strategy in place, which is due to be refreshed.
- Not in Education, employment or training (NEET) is below the England average rate, and 2013 figures were worse than 2012. Recent quarter 2 data suggests that the trend is improving.
- First time entrants to youth justice remain below the England average.
- Breastfeeding initiation and at 6-8 weeks remain below the England average. An action plan is being implemented to improve breastfeeding rates, and will be driven through the Health and Wellbeing board (HWB) child development action plan.
- Smoking at the time of delivery has improved year on year but remains below average. Again this is being picked up through HWB child development action plan.

- While reductions have been seen in the rate of hospital admissions for all areas (alcohol specific conditions, mental health conditions substance misuse, injury and self-harm). Reductions were not seen for emergency admissions for Asthma, because it was not included in the CHIMAT 2012 report. Halton has higher than the England average admission rates for all of these areas. Through the Health and Wellbeing board strategies are being developed to address admission rates for alcohol and mental health conditions.

The full CHIMAT report can be found at http://www.chimat.org.uk/profiles/static

3.7 **Recommendations**

Child health remains a challenge for Halton, and there is a need to continue to drive to improve outcomes for children and young people. While improvements have been seen this year, we need to work to maintain these improvements and continue to reduce the gap between Halton's outcomes and the England average.

3.8 The Board is asked to support work in the areas listed above where performance remains below the England average. It is also recommended that where progress has been made, programmes in these areas are supported to continue. The main areas identified in CHIMAT where further improvements are needed include:
-Children and young people who are Not in Education, Employment or training and Youth justice
-Hospital admissions (all causes)

-Breastfeeding rates and Smoking at the time of delivery
-Child poverty
-Child development

4.0 **POLICY IMPLICATIONS**

4.1 CHIMAT data is used to identify progress against key performance indicators, many of which are part of the Public Health Outcomes Framework. The data is included within the Joint Strategic Needs Assessment (JSNA) and should be used to inform commissioning decisions in relation to Halton's health priorities for Children and Young People.

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

6.2 **Employment, Learning & Skills in Halton**
Employment, learning and skills opportunities are measured in this report, and will influence health outcomes for the population of Halton. All issues outlined in this report focus directly on this priority

6.3 **A Healthy Halton**
All issues outlined in this report focus directly on this priority

6.4 **A Safer Halton**
This report identifies progress against areas of risk taking behaviour in children and young people, and should inform priorities for the Safer Halton agenda.

6.5 **Halton's Urban Renewal**
Child poverty will be linked to local employment opportunities and renewal programmes.

7.0 **RISK ANALYSIS**

7.1 Halton Borough Council may be at risk of not meeting national targets if the priority areas are not noted and prioritised. There are no financial risks. The recommendations do not require a full risk assessment.

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**

Document	Place of Inspection	Contact Officer
Maternal and Child Health Profile	www.chimat.org.uk/profiles/static	Julia Rosser
Compiled by: Julia Rosser, Public Health Consultant and Jen Oultram, Intelligence Office.		

REPORT TO: Health and Wellbeing Board

DATE: 22 May 2013

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Adults

SUBJECT National Consultation – Sustainable Development Strategy for the Health, Public Health and Social Care System

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 Consultation launched in January 2013 to consult on a new strategy for sustainable development in the health, public health, and social care system. The Sustainable Development Unit is working in partnership across NHS England and Public Health England with the desire to engage with all agencies responsible for delivering and commissioning health within the new Health and Social Care structures.

A strategy on sustainability aims to engage closely with Local Authorities and health and Wellbeing Boards to build upon and complement existing work in this area and move towards a more integrated and strategic approach to the wellbeing of local people. To do so, and to respond fully to the consultation, it is suggested within the consultation documentation that all elected members, staff, Health and Wellbeing Board and local community be consulted in order to formulate a considered response.

The purpose of this report is to provide a template response for response to this consultation process.

2.0 RECOMMENDATION: That

1. **the Health and Wellbeing Board consider the proposed response to the consultation and agree the mechanism of response on behalf of Halton Borough Council; and**

2. **Members of the Board share the document with appropriate staff and members to generate any additional comments and suggestions and report back to Public Health team no later than 27th May to enable completion of the consultation process.**

3.0 SUPPORTING INFORMATION

3.1 Background

The whole Health and Social care system has a clear responsibility for tackling climate change and to act as key influencers in developing change amongst the public, our patients and service users. This consultation aims to further develop the commitment that agencies signed up to as part of the Climate Change Act (2008) and ultimately lead to improved integration of sustainability policies across the whole Health, Public Health and Social Care system. The consultation poses a number of questions to help inform the development of a new sustainability strategy for the new Health, Public Health and Social Care system due to be published in January 2014. The previous 5 year strategy focussed primarily on NHS organisations, the new strategy proposes to expand the scope of the strategy to include all organisations with a responsibility for health and care in line with current health and care system reforms.

NHS organisations have made good progress on reducing carbon emissions from the previous NHS Carbon Reduction Strategy (2009), including 1.9% reduction in building energy use while maintaining an 11.4% increase in activity. There is still a lot of action required to meet the NHS Carbon Reduction Strategy and the Climate Change Act targets.

While reducing carbon emissions is a key element of the current strategy, sustainable health and social care systems must do more than focus predominantly on carbon: it must consider how to minimise other negative aspects such as waste, and other harmful environmental or social impacts, and maximise positive impacts across the whole Health and Social Care economy. In light of this, the strategy consultation document would like consideration to be given to two key aspects of the next strategy:

- Should the scope of the strategy be widened beyond the NHS to the wider social care and public health system?
- Should the approach of the strategy be widened beyond carbon reduction to include other areas of sustainable development?

3.2 Consultation Response

The full consultation document is available here:

Consultation - sustainable developm

The consultation can be completed by individuals or on behalf of organisations either on line, or by e-mail. Full details of responding can be found at: http://www.sdu.nhs.uk/sustainable-health/engagement-resources.aspx

The timeframe for response is now short (consultation deadline 31st May 2013) and prohibits public consultation. To enable rapid, but considered consultation, a suggested response has been developed to enable initial discussions. Additional comments to be included in the response are welcomed. Additional comments and suggestions can be made to the Public Health team by 22nd May to enable collation and completion of the final consultation response by the 31st May deadline.

4.0 POLICY IMPLICATIONS

4.1 A Strategy for Sustainable Development for the Health, Public Health and Social Care System is in development. The strategy will place an emphasis on a system wide approach to sustainability and may place targets upon local authorities to deliver against key sustainability metrics. This consultation process ensures that the views of Halton Borough Council regarding this can be represented.

4.2 Sustainability is at the heart the Council's Corporate plan, and forms a an important part of many policies. A new strategy may require additional considerations to be made in terms of these.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Response to the consultation has no cost implication. It is not possible to say at this stage if any resulting national strategy may have additional implications.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Sustainability and sustainable development forms an intrinsic aspect of all Halton Borough Council functions, priorities and policies.

6.2 Employment, Learning & Skills in Halton

Sustainability and sustainable development forms an intrinsic aspect of all Halton Borough Council functions, priorities and policies.

6.3 A Healthy Halton

Sustainability and sustainable development forms an intrinsic aspect of all Halton Borough Council functions, priorities and policies.

6.4 **A Safer Halton**

Sustainability and sustainable development forms an intrinsic aspect of all Halton Borough Council functions, priorities and policies.

6.5 **Halton's Urban Renewal**

Sustainability and sustainable development forms an intrinsic aspect of all Halton Borough Council functions, priorities and policies.

7.0 RISK ANALYSIS

7.1 The views of Halton Borough Council towards the development of the Sustainable Development Strategy for Health, Public Health and Social Care System cannot be reflected if no consultation response is made.

A full risk assessment is not required for this report.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 There are no Equity and Diversity implications as a consequence of this report. A full Equality Impact Assessment is not required.

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

Document	Place of Inspection	Contact Officer
Sustainable Development Strategy for the Health, Public Health and Social Care System	Public Health	Sarah Johnson Griffiths

Sustainable Development Strategy for the Health, Public Health and Social Care System

Proposed Consultation Response

Introduction

Consultation launched in January 2013 to consult on a new strategy for sustainable development in the health, public health, and social care system. The Sustainable Development unit is working in partnership across NHS England and Public Health England with the desire to engage with all agencies responsible for delivering and commissioning health within the new Health and Social Care structures.

A strategy on sustainability aims to engage closely with Local Authorities and health and Wellbeing Boards to build upon and complement existing work in this area and move towards a more integrated and strategic approach to the wellbeing of local people. To do so, and to respond fully to the consultation, it is suggested within the consultation documentation that all elected members, staff, Health and Wellbeing Board and local community be consulted in order to formulate a considered response.

The closing date for consultation is **31st May 2013** – so timeframe for local consultation and collation of responses for submission is limited.

Full consultation document is available here:

Consultation - sustainable developm

Background

The whole Health and Social care system has a clear responsibility for tackling climate change and to act as key influencers in developing change amongst the public, our patients and service users. This consultation aims further development the commitment that agencies signed up to as part of the Climate Change Act (2008) and ultimately lead to improved integration of sustainability policies across the whole Health, Public Health and Social Care system.

The consultation poses a number of questions to help inform the development of a new sustainability strategy for the new Health, Public Health and Social Care system due to be published in January 2014. The previous 5 year strategy focussed primarily on NHS organisations, the new strategy proposes

to expand the scope of the next strategy to include all organisations with a responsibility for health and care in line with current health and care system reforms.

NHS organisations have made good progress on reducing carbon emissions from the previous NHS Carbon Reduction Strategy (2009), including 1.9% reduction in building energy use while maintaining an 11.4% increase in activity. There is still a lot of action required to meet the NHS Carbon Reduction Strategy and the Climate Change Act targets.

While reducing carbon emissions is a key element of the current strategy, sustainable health and social care systems must do more than focus predominantly on carbon: it must consider how to minimise other negative aspects such as waste, and other harmful environmental or social impacts, and maximise positive impacts across the whole Health and Social Care economy. In light of this, the strategy consultation document would like consideration to be given to two key aspects of the next strategy:

- Should the scope of the strategy be widened beyond the NHS to the wider social care and public health system?
- Should the approach of the strategy be widened beyond carbon reduction to include other areas of sustainable development?

Consultation Questions

More details around each question is available in the full document but the overview questions consist:

Question ONE:

Is a new strategy for sustainable development needed to co-ordinate and guide the next phase of action to 2020?

Question TWO:

Which elements of the health and care system should be included in the scope of the next strategy?

Question THREE:

Should the health and care system set itself challenging ambitions with regard to sustainability?

Question FOUR:

Should sustainable development be measured more broadly than through carbon reduction only?

Question FIVE:

What areas of sustainable development need to be prioritised in the next strategy?

Question SIX:

What areas of research need to be prioritised to enable a more sustainable health and care system?

Question SEVEN:

Are there any questions, issues and opportunities missing from this consultation document?

The consultation can be completed by individuals or on behalf of organisations either on line, or by e-mail. Full details of responding can be found at:

http://www.sdu.nhs.uk/sustainable-health/engagement-resources.aspx

Local Consultation

The timeframe for response is now short (consultation deadline 31st May 2013) and prohibits public consultation.

A proposed consultation response has been completed and circulated for comment to Public Health SMT and Chief Officers Management Team The Proposed consultation response, minus any additional comments received as a result of the Committee comments is attached in **Appendix 1**.

Appendix 1

Proposed full consultation response.

Background information for each question is provided. The blue boxes below contain the suggested response rating and comments. Additional questions for consultees to consider are noted in bold blue italics.

Question ONE: Is a new strategy for sustainable development needed to co-ordinate and guide the next phase of action to 2020?

Consultation question area overview

- The NHS Carbon Reduction Strategy is a plan to reduce carbon emissions by the NHS. An interim target of a 10% reduction in NHS CO2e emissions by 2015 was set to ensure the NHS can meet the more challenging 34% reduction by 2020.

- Progress is being made in reducing carbon related to energy in buildings, travel, waste and procurement. However, current projections forecast a 5.5% decrease by 2015, 4.6% off the target of 10%.

- The Climate Change Act target of a 34% reduction in CO2e emissions by 2020 will not be met by reducing carbon emissions at the current rate.

- The government remains committed to meeting the Climate Change Act targets and the NHS, therefore, has a legal obligation to meet these targets.

- Greater efficiency is necessary to accelerate progress but will not be sufficient – transformational changes will also be required.

Proposal for the next strategy

- The proposed sustainable development strategy will cover the period 2014 - 2020

- It will help the health and care system meet the Climate Change Act target for 2020 through building on, and expanding, the actions begun under the Carbon Reduction Strategy.

- To meet the targets, the pace of change will need to accelerate and both build on existing activity as well as consider new ways of doing things.

Consultation Question 1

A new strategy for sustainable development is needed to ensure that a joined up, co-ordinate approach is available to drive next phase of action to 2020.

Strongly Agree = 5 / Agree = 4 / Neutral = 3 / Disagree = 2 / Strongly Disagree = 1

Question TWO: Which elements of the health and care system should be included in the scope of the next strategy?

Consultation question area overview

- The 2009 NHS Carbon Reduction Strategy focussed on the NHS.
- The current health and care reforms provide an opportunity to consider whether the scope of the next strategy should be widened beyond the NHS to include all organisations involved in the health and care system.
- There is an opportunity to ensure sustainability leadership, governance and action are aligned, integrated and embedded in all, or most of, the bodies in the health and care system.

Proposal for the next strategy

- The new strategy would expand its remit beyond the NHS to embrace the wider health and care system.
- The new strategy would seek to align, integrate and embed approaches to sustainability across the various organisations involved in the health and care system.

Consultation Question 2A

The scope of the next strategy should be widened beyond the NHS to include other elements of the health, public health and social care system.

Strongly Agree = 5 / Agree = 4 / Neutral = 3 / Disagree = 2 / Strongly Disagree = 1]

Consultation Question 2B

The elements of the health and care system in the table below should be included in the scope of the next strategy.

Strongly Agree = 5 / Agree = 4 / Neutral = 3 / Disagree = 2 / Strongly Disagree = 1

Clinical Commissioning Groups	Guidance Bodies (e.g. National Institute for Health and Clinical Excellence, Social Care Institute for Excellence, etc.)	Health Education England (including regional presence)
Commissioning Support Units	Local Government Association)	Health Watch (including regional presence)
Department of Health	Health & Wellbeing Boards	Local Authorities
Foundation Trusts	Private Sector Providers	Social Care Providers
NHS England (including regional presence)	Professional Bodies (e.g. Royal Colleges)	Third Sector/Voluntary Providers
NHS Trust Development Authority	Property Services Ltd.	
Other Non Foundation NHS Trusts	Public Health England (including regional presence)	
Patients, service users and the public	Regulatory bodies (e.g. Care Quality Commission, Monitor)	

Are there any additional bodies that should be included in the response?

Question THREE: Should the health and care system set itself challenging ambitions with regard to sustainability?

Consultation question area overview

- The NHS Carbon Reduction Strategy consultation asked whether the NHS should be a leading public sector sustainable and low carbon organisation. The support for this ambition was very high with 94% of respondents feeling it was important.

• As a minimum, the health and care system is expected to meet the legal carbon emission reductions and adaptation requirements detailed in the Climate Change Act.

Proposal for the next strategy

• The health and care system should be a leading public sector example for sustainability and should therefore set itself challenging ambitions.

• Proposed ambitions are:

- The health and care system meets legally, regulatory and policy mandated milestones.

- Health and care is a leading public sector sustainable and low carbon system.

- Staff and leaders at all levels are empowered to behave sustainably at work.

- The health and care system develops the structures, leadership and delivery mechanisms to meet sustainability objectives.

- All providers of health and care services consistently, publicly and quantifiably report performance on sustainability to allow benchmarking.

Consultation Question 3A

The health and care system needs to set itself challenging ambitions to ensure rapid and coordinated achievements in sustainability.

Strongly Agree = 5 / **Agree = 4** / Neutral = 3 / Disagree = 2 / Strongly Disagree = 1

Consultation Question 3B

The proposed ambitions would represent a challenge to the system but most likely to ensure positive direction of change.

Strongly Agree = 5 / Agree = 4 / Neutral = 3 / Disagree = 2 / Strongly Disagree = 1

Five proposed ambitions for health and social care system:

1. The health and care system meets legally, regulatory and policy mandated milestones
2. Health and care is a leading public sector sustainable and low carbon system
3. Staff and leaders at all levels are empowered to behave sustainably at work
4. The health and care system develops the structures, leadership and delivery mechanisms to meet sustainability objectives
5. All providers of health and care services consistently, publicly and quantifiably report performance on sustainability to allow benchmarking

Any additional commentary regarding the proposed ambitions?

Question FOUR: Should sustainable development be measured more broadly than through carbon reduction only?

Consultation question area overview

• Currently the NHS Sustainable Development Unit reports on the sustainability of the health and care system using the following measures:

- Overall carbon footprint for NHS England.

- Regional energy, waste and water maps12.

- Percentage of organisations with Board approved Sustainable Development Management Plans (SDMPs).

Proposal for the next strategy

• The proposal to 2020 is to supplement these measures through the development of a balanced scorecard that measures the sustainability performance of the health and care system more widely.

• The proposed principles to guide the development of a scorecard are:

- The balanced scorecard uses existing, readily available data sets.

- The data sets and method of collection are robust and likely to remain in place until 2020.

- The measures move beyond measuring the carbon performance of the NHS.

- The scorecard will be flexible enough to incorporate improved measures through the lifetime of the strategy whilst retaining a necessary level of consistency to monitor progress.

- The measures are relevant to areas that impact on sustainable development.

Consultation Question 4A

Carbon reduction represents only one small fraction of measurements for sustainable development and additional metrics are needed to ensure a rounded approach.

Strongly Agree = 5 / **Agree = 4** / Neutral = 3 / Disagree = 2 / Strongly Disagree = 1

The NHS SDU and Royal College of General Practitioners convened a Metrics Steering Group to explore how the sustainability of the health and care system can and should be more clearly and consistently measured. This group has identified a range of measures, 12 of which could form the basis of a balanced scorecard across four key areas (Picture 1)

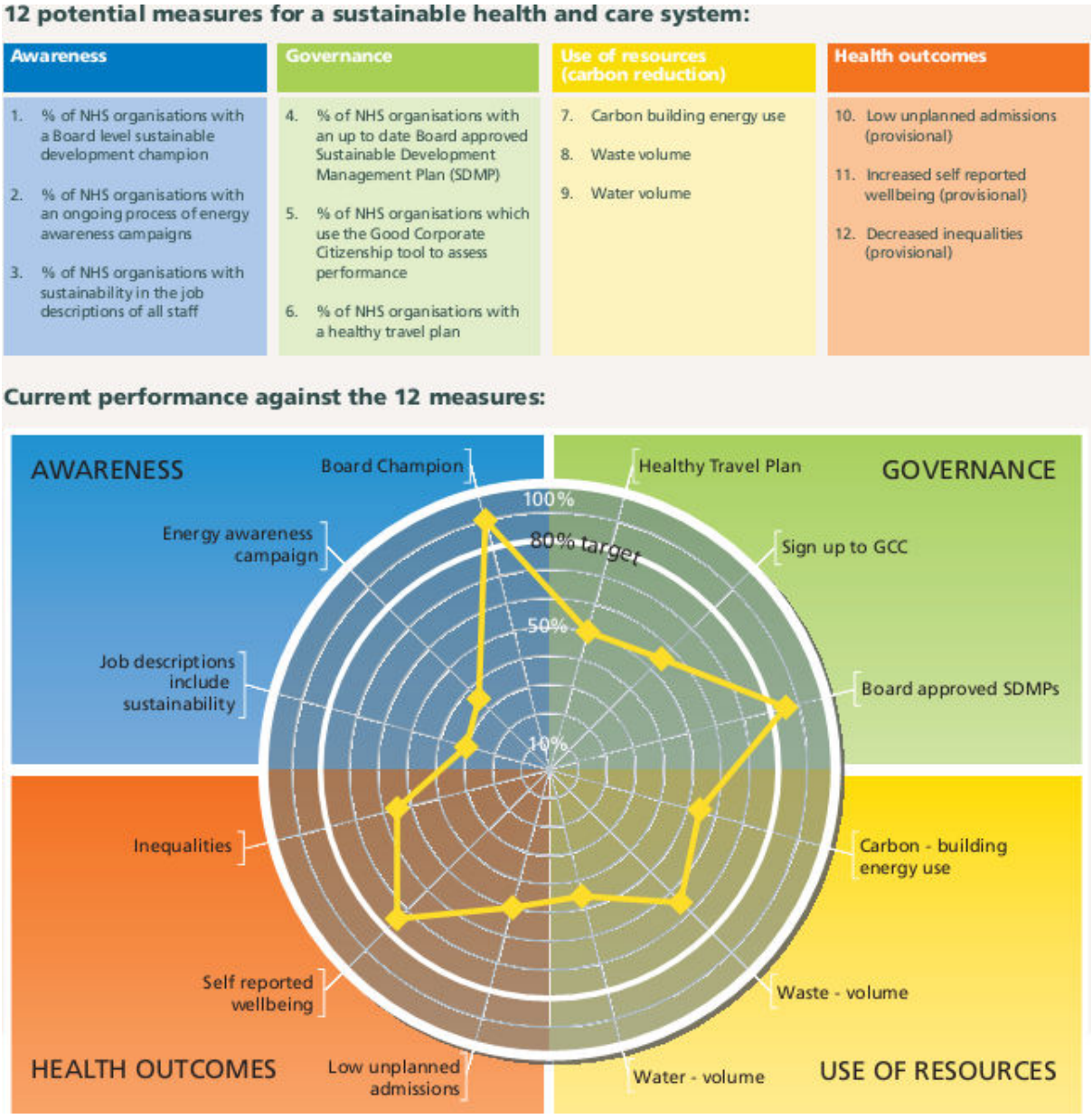
Consultation Question 4B

The score card metrics do not reflect or translate into measurable outcomes within a wider Public Health and Social Care context. The Awareness and Governance metrics should be extended to include all health and social care system establishments and not focussed solely on NHS systems and organisations.

Further definition of ‘decreased inequalities’ as a health outcome is required as there are many and complex health inequalities, some of which may or may not be addressed within a sustainable development strategy.

Do you agree with the scorecard measures proposed? What existing mechanisms could be used to collect data for the proposed measures in the wider health and care system? What other indicators could be used to measure the sustainability of the health and care system?

Picture 1



Question FIVE: What areas of sustainable development need to be prioritised in the next strategy?

Consultation question area overview

- The Carbon Reduction Strategy focussed primarily on carbon reduction as an important starting point for sustainable development. The level of change required to become a low carbon organisation highlights that increasing efficiency in the way we deliver services is not sufficient. Transformational change in how we deliver services and care is needed.

• Carbon reduction is an important initial indicator, however, it does not take into account other social and environmental considerations that are important as part of a sustainable development approach.

Proposals for the next strategy:

1) To build on the Carbon Reduction Strategy by focussing on carbon reduction areas that are likely to have the highest impact.

2) To understand what transformational changes are needed in order to move towards sustainable models of care.

3) To broaden the focus from carbon reduction to other areas of sustainable development that are key to a sustainable and low carbon system, for instance adaptation to climate change and incorporating social value into plans.

The following areas of focus for the next strategy are suggested:

Adaptation to climate change and adverse weather events	**Commissioning for sustainable services**	**Energy and use of resources (e.g. waste and water)**
Medical instruments and equipment	**Models of care**	**Pharmaceuticals**
Research and development	**Social value**	**Technology**

Consultation Question 5A

The sustainable development areas listed are the most important areas for the next strategy.

Strongly Agree = 5 / Agree = 4 / **Neutral = 3** / Disagree = 2 / Strongly Disagree = 1

Consultation Question 5B

Social value needs further clarification/definition.

Medical instruments could be expanded to include equipment and devices used within social and community care settings also.

Should any other areas be considered?

Question SIX: What areas of research need to be prioritised to enable a more sustainable health and care system?

Consultation question area overview

- There are increasing demands to do “more with less” i.e. to improve health and care services within environmental and financial constraints. This is often associated with delivering better healthcare rather than more healthcare.

- Efficiency improvements and transforming how we deliver care in the future should be based on the best possible evidence.

- There are currently many research gaps which span the whole health and care spectrum, but equally, there is sufficient existing evidence for us to develop many future proof services now.

Research can support the shift to a more sustainable health and care system in four ways:

1. Improving the sustainability of conducting research – e.g. how can research be carried out in a more sustainable way?

2. Answering specific technical research questions e.g. is it better (for health, for the environment and financially) to use single use items or to sterilise? Is it better to re-use medicines and how can this be achieved safely?

3. Modelling and Evaluating Impacts e.g. is a home-based chemotherapy model cheaper, better for patients (outcomes, experience and safety) and better for the environment than a hospital-based model?

4. System Level research e.g. how do you create the conditions for sustainable healthcare (funding models, culture, incentives)? What does a sustainable whole systems approach look like?

Consultation Question 6

Further consideration needs to be given to the ability to provide supporting evidence of best practice for delivery of wider health and social care systems, e.g. domiciliary care, transport plans, community equipment services, commissioning models for embedding sustainability into provider contracts

What areas of research need to be prioritised to enable a more sustainable health and social care system?

Question SEVEN: Are there any questions, issues and opportunities missing from this consultation document?

Consultation Question 7

More consideration should be given to the role of Local Authorities as a sustainability partner within the health and social care system. The strategy consultation documentation pays lip service only to the strengths of local authorities, public health services and social care services commissioned and provided by local governments sectors, and the impact that these could have within the sustainability agenda. There are already existing mechanisms which could be drawn upon to strengthen a whole system strategy.

For Example, EU Covenant of Mayors and Climate Local

The EU Covenant of Mayors

This recognises that local authorities play a vital role in achieving the EU's carbon reduction commitments. It contains the following key commitments:

- To go beyond the objectives set by the EU for 2020, reducing CO2 emissions by at least 20%;
- To submit a Sustainable Energy Action Plan (SEAP) within one year of signing, outlining how the objectives will be reached;
- To submit with the SEAP a Baseline Inventory Report;
- To submit an implementation report at least once every two years;
- To organise Community "Energy Days" to encourage energy efficiency; and
- To attend and contribute to the annual EU Conference of Mayors for a Sustainable Energy Europe

Climate Local

The Halton Council Executive Board has endorsed that the Council sign up to the Local Government Association's Climate Local initiative which replaced the previous Nottingham Declaration on Climate Change. This is wider in scope than the EU Covenant of Mayors in that it also addresses climate resilience and managing the future impacts of climate change such as extreme weather. In signing the Council commits to:

- Set locally owned and determined commitments and actions to reduce carbon emissions and to manage climate impacts. These will be specific, measurable and challenging;
- Publish our commitments, actions and progress, enabling local communities to hold us to account;
- Share the learning from our experiences and achievements with other councils; and
- Regularly refresh our commitments and actions to ensure they are current and continue to reflect local priorities

Any further considerations for the NHS Sustainable Development Unit to consider when developing the next strategy for the health and care system?