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Health and Wellbeing Board

Wednesday, 7 May 2014 2.00 p.m.
Karalius Suite, Halton Stadium, Widnes

Chief Executive

Please contact Gill Ferguson on 0151 511 8059 or e-mail gill.ferguson@halton.gov.uk for further information.
The next meeting of the Committee is on Wednesday, 9 July 2014

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

Part I

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 12 March 2014 at Karalius Suite, Halton Stadium, Widnes

Present: Councillors Polhill (Chairman) Morley, Philbin and Wright and S. Banks, J. Bucknall, M. Cleworth, G. Ferguson, J. Heritage, D. Johnson, D. Lyon, T. McDermott, K. Milsom, T. Knight, E. O'Meara, D. Parr, N. Rowe, C. Samosa, N. Sharpe, M. Shaw, R. Strachan, P. Williams, J. Wilson and S. Yeoman

Apologies for Absence: S. Boycott, G. Hayles, A Marr and A.McIntyre.

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB54 MINUTES OF LAST MEETING

The minutes of the meeting held on the 15th January 2014 were taken as read and signed as a correct record.

HWB55 PRESENTATION - HALTON HOUSING TRUST - NOEL SHARPE

The Board received a presentation from Noel Sharpe, on behalf of Halton Housing Trust. Members were advised that the Trust was a non-profit organisation which contained 15,000+ homes and was regulated by the Homes and Communities Agency. The presentation outlined:

- examples of groups who had been supported by the Trust;
- the debt and money advice service available to tenants;
- the Trusts' strong emphasis on recruitment which was highlighted by the 22 apprenticeships created in the last year;
- the challenges faced including welfare reform;
- the 'newshoots' scheme and the development of the lettings property pool plus system;
- back to work initiatives including bursaries for tenants;
- details of the sheltered housing review;

- falls prevention initiatives; and
- the memory and cognition preliminary screening pilot 'Living Well Project';

Arising from the discussion Terry McDermott, representing Cheshire Fire Brigade, highlighted the number of fire safety checks the service carried out in homes in the Borough for those over 65 years of age. It was suggested that the Fire Service could work with Halton Housing Trust staff to provide them with the skills to carry out similar safety checks.

RESOLVED: That the presentation be received.

HWB56 PRESENTATION - LIAISON PSYCHIATRY: PROGRESS SO FAR AND NEXT STEPS IN WARRINGTON & HALTON - JOHN HERITAGE (5BP) / DAVE SWEENEY

The Board received a presentation from John Heritage, on behalf of 5 Boroughs Partnership, which detailed what Liaison Psychiatry is and why it was needed. It was noted that a Liaison Psychiatry service, could by identifying a mental health issue:

- produce significant savings to a hospital;
- reduce pressure on an acute Trust; and
- produce improved clinical outcomes.

Members were advised on what services were currently available to Halton residents at Warrington and Whiston hospitals and the impact at Whiston Hospital of a Liaison Psychiatry service. In addition, Members also noted the progress being made to provide Warrington Hospital with a similar Liaison Psychiatry service as that provided at Whiston which included:

- a task and finish group had been set up;
- clinical pathways were being reviewed and refined; and
- agreement had been reached in principle from Halton and Warrington Clinical Commissioning Groups (CCGs) to move to commission enhanced services at Halton and Warrington Hospitals in 2014/15.

RESOLVED: That the presentation be received.

HWB57 APPROVAL OF THE DRAFT BETTER CARE FUND

Following approval by the Board, the draft Better Care Fund was submitted to the Local Government

Association and NHS England on 14th February 2014.

Members noted that initial feedback had been received from NHS England and the Better Care Fund submission had been updated accordingly. An updated submission had been previously circulated to the Board. It was noted that the final draft Better Care Fund would be submitted to the Local Government Association and NHS England by the 4th April 2014.

RESOLVED: That

(1) the content of the report be noted; and

(2) the final draft Better Care submission (Appendix 1) be approved.

HWB58 NHS HALTON CCG 2 YEAR OPERATIONAL PLAN

The Board considered a copy of the NHS Halton CCG 2 year Operational Plan which was to be reviewed as was required by NHS England. The plan identified in detail the finances and level of savings required over the next two to five years and the actions to be undertaken to provide sustainable quality services to improve the health and wellbeing of the people of Halton. In addition, the plan highlighted priorities within the following areas:-

- System Vision;
- Integration and Innovation;
- Quality Improvement
- Sustainability;
- Improvement Interventions;
- Contracting and Governance Overview;
- Key Values and Principles;
- Operational Plan Outcome Measures and Targets;
- Operational Plan NHS Constitution Measures;
- Operational Plan Activity; and
- Better Care Fund Plan.

RESOLVED: That the NHS Halton Clinical Commissioning Group 2 Year Operational Plan be reviewed.

Operational Director Integrated Care Halton CCG

HWB59 PUBLIC HEALTH ANNUAL REPORT

The Board considered a report of the Director of Public Health, which provided an update on the development of Halton Public Health Annual Report (PHAR). The Annual Report was an important vehicle by which a

Director of Public Health (DPH) could identify key issues, flag problems, report progress and serve their local populations. It would also be a key resource to inform local inter-agency action. Whilst the views and contributions of local partners would be taken into account, the assessment and recommendations made in the report were those held by the DPH and did not necessarily reflect the position of the employing and partner organisations.

It was noted that each year a theme was chosen for the PHAR. Therefore, the report did not encompass every issue of relevance but rather focused on a particular issue or set of linked issues. For the 2013-14 PHAR the topic of reducing alcohol related harm in Halton would be covered. This topic had been chosen as alcohol harm reduction was a key priority within the Health and Wellbeing strategy.

The final draft of the report would be presented to the Board in July. Following any further amendments the final version would be available in hard copy and on line.

RESOLVED: That the Board note the theme and development of the Public Health Annual Report.

HWB60 HALTON HOMELESSNESS STRATEGY 2013 - 2018

The Board considered a report of the Strategic Director, Communities, which presented Halton's Homelessness Strategy 2013-2018. The Board was advised that in accordance with the Homelessness Act 2002 the local authority had conducted a full Strategic Review of Homelessness within the area and formulated a Homelessness Strategy for the next five year period.

The Homelessness Strategy 2013 – 2018 was based upon the findings and recommendations of two other documents, one being a comprehensive review of the current homelessness services which was conducted over a nine month period during 2012-2013. The other being the previous Homelessness Strategy 2009-2013, which involved active engagement with service users, providers and Members. It was reported that the Strategic Review of Homelessness had involved active engagement with service users, service providers, all partner agencies and Elected Members. The draft findings had also been discussed and agreed with all key stakeholders prior to the report being finalised.

The Board noted that Halton was experiencing a gradual increase in homelessness presentations and

statutory homelessness acceptances. The Board also noted that there were a number of client groups that did not meet the statutory homelessness criteria but had a pressing housing need. However, it was reported that concerted efforts were being made by the Housing Solutions Team to assist these client groups, offering temporary accommodation for a limited period and facilitating a more efficient and accessible move on process.

Furthermore, it was reported that the Localism Act 2011 had introduced many changes to homelessness and allocations legislation. In November 2012, the Localism Act 2011 had brought into force provisions that allowed local authorities to end the main housing duty to a homeless applicant by means of a private rented sector offer, i.e. a fixed term assured shorthold tenancy for a minimum of 12 months. The Authority should consider the new allocated powers, which would impact upon future homelessness and service delivery.

In conclusion, it was reported that it had been determined that the Council would be able to reduce the length of stay in households in temporary accommodation and the associated costs. Additionally, it would help the Council to avoid future use of B & B accommodation.

RESOLVED: That the report be noted.

HWB61 URGENT CARE - PROGRESS

The Board considered a report of the Strategic Director, Communities, which provided an update in relation to the current projects/areas of work associated with improvements in Urgent Care. In addition, the report outlined examples of the increased demand on NHS hospital resources in both a national and local context.

In Halton, the Council and NHS Halton Clinical Commissioning Group (HCCG) were continuing to actively work together, in conjunction with partners, on Halton's Urgent Care Working Group (UCWG) (new name for Urgent Care Partnership Board), to lead on the development and management of the Urgent Care system used by the Borough's population.

Members were advised that using data produced by AQuA, comparisons had been undertaken between March and December 2013 to benchmark Halton's current performance and to monitor urgent care systems in Halton against other North West local authorities. The outcome of

the exercise was determined in the report and highlighted areas of excellent performance, areas that were improving but still presented significant challenges, areas that remained as significant challenges and areas that remained static.

In addition, the report also outlined a number of current local developments which were having an impact on the Urgent Care system within Halton which included:

- discussions held at UCWG to identify a list of initiatives for 2013/4 to manage the anticipated increase in activity and support in A&E over the winter period;
- a review of current urgent care facilities across the Borough;
- a review of Halton's Urgent Care Response Plan;
- establishment of a Community Multi-Disciplinary Team;
- progress on a care home project – ongoing since July 2013;
- Emergency Care Intensive Support Team whole system review of urgent care across Halton and Warrington.

RESOLVED: That the report and associated appendices be noted.

HWB62 END TO END ASSESSMENT

The Board considered a report of the Strategic Director, Communities, which provided information on the End to End Assessment that was being taken forward on behalf of NHS Halton, Knowsley, St. Helens and Warrington CCGs and NHS England. An independent provider had been commissioned to provide an assessment that would deliver:

- a high level retrospective review of health care activity, spend and patient flows by commissioner and by location per quarter in the past three years;

- an analysis of current health care activity, spend and patient flows by commissioner and by location; and

- project activity, spend and patient flows by commissioner and by setting for the next 3, 5 and 10 years assuming current costs and payment arrangements.

It was anticipated that the assessment would leave all commissioners with a workable model to support decision making and develop strategic approaches to the challenges for the NHS over the next five years and beyond. The work on the assessment was due to commence on the 24th February 2014 and would last for 7 weeks. It was overseen by a Steering Group from constituent CCGs and NHS England. The Project Sponsors were Simon Banks, Chief Officer, NHS Halton CCG and Stephen Sutcliffe, Chief Finance Officer, NHS Warrington CCG.

It was noted that the cost of the End to End Assessment was £94,824, split equally across the five organisations that were part of the work stream.

RESOLVED: That the work in progress be noted.

HWB63 WELLBEING AREA AWARDS AND GRANTS

The Board considered a report of the Director of Public Health, which outlined the development of Health and Wellbeing awards and grants for the local community. It was proposed that the Board endorse the development of the following:-

- a range of Wellbeing Awards in recognition of outstanding work to improve health; and

- a small grant of up to £500 for up to 10 local community projects that supported the Health and Wellbeing Boards' priorities of improving mental health, reducing falls in older people, reducing harmful drinking, improving child development, preventing cancer and early detection of the signs and symptoms.

It was suggested that three nominations be agreed from the Health and Wellbeing Board so that the mechanism for judging the applications could be put in place as soon as possible. Suggested categories for award nominations were as follows:-

- Individual Recognition Award;
- Community Group Award;
- Healthy Workplace Award; and
- Healthy School Award.

A budget of £7,000 had been identified to fund the awards and grants and cover publicity and other materials. Support for the administration of the awards would be

provided by the Community Development and Public Health Teams within the Local Authority. It was anticipated that the scheme would be formally launched at the Health and Wellbeing Community Feedback Event in the Spring.

RESOLVED: That

(1) the report be noted;

(2) the proposal of Wellbeing Awards and grants be endorsed; and

(3) the following three Members of the Board be nominated to become Members of the judging panel: Councillor Wright, Jim Wilson and Sally Yeoman.

Director of Public Health

HWB64 DENTAL HEALTH IN HALTON

The Board considered a report of the Director of Public Health, which set out:-

- the Dental Health of the child population over a 6 year period from 2006 – 2012 and set out the impact that local dental preventative measures had had on the dental health of the child population; and

- the current position with regard to NHS dental access both for regular and irregular attending patients in Halton.

It was noted in 2006, child dental health in Halton was poor. In England at that time 38% of children aged 5 years had experienced tooth decay, the figure in Halton was 51%, with each Halton 5 year old having, on average, 2.01 decayed, missing or filled teeth. Consequently in 2008, Halton and St. Helens PCT introduced a Dental Commissioning Strategy that aimed to reduce childhood population prevalence of dental disease and reduce inequalities in dental caries prevalence. A key element of the Dental Strategy was a programme that distributed fluoride toothpaste and a tooth brush, twice yearly to every child aged 3 – 11 years living within the PCT boundary.

Members were advised that using dental epidemiological data in the period 2006 and 2012 there had been substantial improvements and by 2012, decay levels had fallen by 46% to 1.09, with 33.6% of children affected.

With regard to access to dental care, changes to the

primary dental contract in 2006 put pressure on the NHS Primary Dental Care Service, with many of those wishing to secure an NHS dentist being unable to do so. Central Government recognised the problem and provided additional funding for PCTs to expand their dental services. Halton and St. Helens PCT, as part of its Dental Commissioning Strategy, expanded the number of NHS dentists working locally by an equivalent of 11 whole time equivalents between 2006 and 2012. At the same time the PCT expanded its access to routine dental care, it also redesigned the provision of the emergency "in hours" dental service which further improved dental access.

RESOLVED: That

(1) the oral health improvements since 2006 be noted; and — Director of Public Health

(2) the Board agree that the dental prevention programme continues.

HWB65 QUALITY PREMIUM

The Board considered a report of the Operational Director, Integrated Commissioning Halton CCG, which provided a copy of a report on medication error reporting. As part of the 2014/15 planning round, the CCG had 6 Quality Premium measures, one of these was the improved reporting of medication related safety incidents. This had been chosen by NHS England as contributing to the NHS outcomes framework 5 "treating and caring for people in a safe environment and protecting them from avoidable harm" and had been selected as a quality premium measure. This measure would account for 15% of the quality premium (approximately £95,250) and would be awarded if:-

- a specified increased level of reporting of medication errors was seen between Q4 2013/14 and Q4 2014/15;
- the increase must be agreed with a local provider, the Health and Wellbeing Board and the NHS England Area Team;
- the increase could be agreed with more than one CCG with the same provider, but the provider must account for 10% of the CCG's activity;
- primary care could be included as a provider in this measure; and
- reporting was via the national Reporting and Learning System.

The four largest providers of CCG activity had been investigated to determine where potential improvement could be found, the four providers were:-

- Bridgewater Community NHS Trust;
- 5 Borough's Partnership Mental Health Trust;
- Warrington and Halton NHS Foundation Trust; and
- St. Helens and Knowsley NHS Trust.

The report highlighted the percentage of incidents reported that were recorded as "Medication" alongside cluster averages and the rates of recording of all incidents.

It was proposed that Bridgewater Community NHS Trust be chosen as the Quality Premium target provider and for the target to increase its rate of medication error reporting over the year 2014/15.

RESOLVED: That both the provider and the specified increase on the level of medication error reporting be approved.

Meeting ended at 4.00 p.m.

REPORT TO: Health and Wellbeing Board

DATE: 7 May 2014

REPORTING OFFICER: Director of Public Health

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

SUBJECT: R U Different? Presentation

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 A presentation will be given to the Board on the R U Different? initiative. R U Different? uncovers the real attitudes and perceptions of young people – and tackles these views in a positive, efficient and measurable way with a view to improving health and wellbeing.

2.0 RECOMMENDATION: That the Board note the contents of the presentation.

REPORT TO: Health and Wellbeing Board

DATE: 7 May 2014

REPORTING OFFICER: Director of Public Health

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

SUBJECT: Health and Wellbeing Strategy Priorities Update

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 A presentation will be given to the Board on progress with Health and Wellbeing Strategy priorities and an update on the recent public consultation.

2.0 RECOMMENDATION: That the Board note the contents of the presentation.

REPORT TO: Health and Wellbeing Board

DATE: 7th May 2014

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Breast Screening Programme Performance Issues at Warrington, Halton, St Helens and Knowsley

1.0 **PURPOSE OF REPORT**

1.1 To inform the Board of the details of performance issues identified at the Warrington, Halton, St Helens and Knowsley Breast Screening Programme.

2.0 **RECOMMENDATION:**

1. **to note content of report; and**

2. **to note a recovery plan is underway and there is judged to be minimal clinical impact.**

3.0 **SUPPORTING INFORMATION**

3.1 Screening for breast cancer is offered to all women aged 50-70 years on a three yearly cycle which invites women from GP practices in turn. The basic test is an x-ray of the breast called a mammogram.

3.2 Cheshire, Warrington and Wirral Local Area Team of NHS England (CWW Area Team) are the lead commissioners for the service. The Area Team is required to assure the Director of Public Health
that NHS England maintain high coverage and uptake of national immunisation and screening programmes

3.3 The quality assurance team (QA) collect and collate data about the performance and outcomes of the breast screening programme as well as organise quality assurance visits. The aim of quality assurance is to maintain minimum standards and to improve the performance of all aspects of breast screening

3.4 The advent of digital mammography has led to an extension of the age range so in some areas women are now invited from age 47 to 73 years. This started in 2010 and is expected to be complete by 2016. This is referred to as age extension

3.5 Age extension has started at Warrington, Halton, St Helens and Knowsley Breast Screening Programme with a completion date of July 2014

expected.

3.6.1 The long term effectiveness of the Breast Screening Service is dependent on women in the target age group continuing to be screened at regular intervals

3.6.2 The national guidelines state that 90% of women invited should be offered an appointment within 36 months of their previous screen, 90% of women should receive their appointment within two weeks and a minimum of 90% of women must (if required) be assessed within three weeks.

3.6.3 The programme is currently under performing in all three of these areas (see Table 1) and it was recognised that unless this situation was quickly addressed performance would continue to show a deteriorating picture

Table 1. Performance Report for February 2014

Criteria	Month	Minimum Standard	Achieved	Comments	Outlook for improvement
Time from being screened to results being read	February 2014	90% within 2 weeks	46%	Breached	Good
Time from being screened to date of first assessment	February 2014	100% offered within 3 weeks	49%	Breached	Good
Time from being screened to assessment	February 2014	90% assessed within 3 weeks	56%	Breached	Good
Round Length	February 2014	90% invited within 36 months	88.9%	Breached	Good

3.7 The CWW Screening Lead has given assurance that thus far the programme performance issues have been identified early and a recovery plan is in place. The recovery plan is underway and will be achieved in full by October 2014. The majority of women (all areas) are being invited within 37-38 months so the clinical impact of the breech is minimal. It should be noted that the service ensures that all women that have results most suggestive of malignancy are expedited into assessment to minimise the risk of clinical impact from delay.

3.8 The Warrington/St Helens Breast Screening Service has historically experienced robust performance results and has consistently achieved above the 90% minimum target.

3.9 The recent slippage in performance is the result of a combination of radiographic staffing issues that has impacted upon radiographic capacity.

The service has identified these issues promptly and provided a comprehensive recovery plan to the regional quality assurance team and the commissioner (NHS England).

3.10 The key elements of the recovery plan are:

- Recruitment of a Band 7 Radiographic Clinical Lead in Breast Screening including four managerial administration sessions. This post has been advertised and interim measures are in place until this post is filled.
- Recruitment of additional 3 WTE radiographers in line with QA guidance. One individual has been recruited and will be in post in 4-6 weeks with funding approved for two further full time training posts commencing April 1st.
- Additional admin session allocated to the role of the unit QA radiographer.
- The service will be providing comprehensive monthly update reports to benchmark progress

Breast screening performance recovery has been prioritised within the Trust and resources are being made fully available. The Trust has undertaken additional work on succession planning and have put additional processes in place to ensure that there is an sustainable workforce plan to minimise the risk of similar repeat. #

3.11 Overall the service has a realistic and robust recovery plan in place and the staff are working very hard to achieve improvements in performance as soon as possible and this should be commended. The commissioners have been given sufficient assurance about current service provision, performance breeches are being actively managed and as a result the breeches are judged to have minimal clinical impact. The CWW Area Team will continue to monitor programme performance monthly and unless further issues arise will fully benchmark progress at the forthcoming Breast Screening Programme Board on 14th May

4.0 POLICY IMPLICATIONS

4.1 N/A

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There is no financial risk to the organisation

6.0 RISK ANALYSIS

6.1 Screening saves lives; in the UK, having a breast screening programme means that about 1,300 breast cancer deaths are prevented each year. As such an ineffective programme puts women lives at risk. The recovery plan is realistic and achievable and should mitigate this risk.

7.0 EQUALITY & DIVERSITY ISSUES

7.1 Only women are called for breast screening.

Glossary

Round Length

Round length measures that women are recalled for screening at appropriate intervals women whose first offered appointment is within 36 months of their previous screen

Screen to Assessment
Screen to assessment measures the interval between a woman's screening mammogram and the date of her first attended assessment

This is broken down into

Date of First Offered Appointment" (DOFOA)
Date of First Attended Appointment" (DOFAA),

REPORT TO: Health and Wellbeing Board

DATE: 7 May 2014

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Health Protection and Public Health Governance Functions

WARDS: All

1.0 **PURPOSE OF REPORT**

1.1 To inform the HWB of the role of the Director of Public health in providing oversight of local Health protection arrangements, and the development of the health protection forum to support this.

1.2 To inform the HWB of the systematic approach to public health governance.

2.0 **RECOMMENDATION: That**

1) **the contents of the report be noted;**

2) **the development of a health protection forum be supported; and**

3) **the systematic approach to the overview of public health governance in Halton to be supported.**

3.0 **SUPPORTING INFORMATION**

3.1 Upper tier and unitary local authorities have a set of emergency-related and health protection functions. These include a new function to advise on local health protection arrangements.

3.2 The scope of health protection includes the prevention and control of infectious diseases, including health-care associated infections, sexually transmitted diseases, antibiotic resistance, vaccination programmes, antenatal and newborn, young person and adult screening, minimising the health impact from environmental hazards, planning, surveillance and response to incidents, outbreaks and emergencies, including the health impacts of severe weather (cold, heatwaves and flooding).

3.3 Examples of health protection incidents are diverse and regional examples have included:

- TB incident/outbreaks with need for testing and chest X rays;

- Linked cases of infectious disease eg meningococcal disease, legionnaire's disease; cryptosporidium
- Influenza in care homes, sampling and/or prescribing antivirals;
- Mass prophylaxis or vaccination;
- Rapid issuing of chemoprophylaxis
- Chemical Fires;
- Dealing with outbreaks in specific communities such as traveller communities, people in care homes

3.3 **Legislative Framework**

3.3.1 Under section 2A of the NHS 2006 Act (as inserted by section 11 of the Health and Social Care Act 2012) the Secretary of State for Health has a duty to "take such steps as the Secretary of State considers appropriate for the purpose of protecting the public in England from disease or other dangers to health". In practice Public Health England carries out much of this health protection duty on behalf of the Secretary of State.

3.3.2 Under the Local Authorities Regulations 2013 unitary and upper tier local authorities have a new statutory duty to carry out certain aspects of the Secretary of State's duty to take steps to protect the health of the people of England from all hazards, ranging from relatively minor outbreaks and contaminations, to full-scale emergencies, and to as far as possible prevent those threats emerging in the first place. In particular, regulation 8 requires that they promote the preparation of health protection arrangements by "relevant bodies" and "responsible persons", as defined in the regulations. In addition, regulation 7 requires local authorities to provide a public health advice to clinical commissioning groups (CCGs), which include advice on health protection. Local authorities will continue to use existing legislation to respond to health protection incidents and outbreaks.

3.3.3 Directors of Public Health (DsPH) are responsible for the exercise of local authorities' new public health functions. Directors also have a responsibility for "the exercise by the authority of any of its functions that relate to planning for, and responding to, emergencies involving a risk to public health".

3.3.4 Local authorities are Category 1 responders under the Civil Contingencies Act (CCA) in relation to responding to public health emergencies

3.4 **Local Health Protection**

3.4.1 A Director of Public Health and the NHS England Area Team Director of Operations and Delivery co-chair the Local Health Resilience Partnerships (LHRP), which is responsible for ensuring

that the arrangements for local health protection responses are robust and resilient. LHRPs are working with their Local Resilience Forum (LRF) and multiagency partners, to develop collective assurance of local arrangements.

3.4.2 Local authorities are responsible for ensuring that the NHS and other providers with whom they have contracts (including providers of sexual health services, drug and alcohol services and school health services etc) will provide an appropriate response to any incident that threatens the public's health.

3.4.3 For the majority of health protection incidents and outbreaks, where an incident or outbreak team needs to be established, the incident is led by Cheshire & Merseyside Public Health England Centre (CMPHEC). They will provide the specialist health protection and public health microbiology services and will ensure that there is co-ordinated management of incidents and outbreaks. CMPHEC will agree with partners the establishment and leadership of Outbreak Control and Incident Management Teams and when requested by Strategic Co-ordinating Groups (SCG), will establish Scientific and Technical Advice Cells (STAC) The appropriate plans which provide the framework for response are the Multi Agency Outbreak of Infectious Diseases Plan or PHE / NHS Major Incident Plans.

3.4.4 Local authorities will provide some services and facilities to support the management of the incident or outbreak, including the environmental and public health team, where relevant

3.4.5 Where a major incident is not declared, the current arrangement is that CMPHEC duty consultant (working hours) / on-call consultant (out-of-hours) would work with LA DPH / Deputy (working hours) / STAC On-Call DPH (out-of-hours) to agree on the public health response including on what is needed to be communicated to the public and professionals on behalf of CMPHEC and the Local Authority. This arrangement is currently in place for both communicable and non-communicable disease incidents.

3.4.6 Halton Health Protection Forum was created to improve integration and partnership working on health protection between the Local Authority, NHS, Public Health England and other local services and to provide assurance to the Health and Wellbeing Board, on behalf of the population of Halton, that there are safe, effective and locally sensitive arrangements and plans in place to protect the health of the population. The group has a strategic oversight function. Its membership includes Executive Board Portfolio Holder for Health and Healthwatch has been invited. One of its functions includes an assurance role around local screening and Immunisation. A copy of this is detailed in Appendix A

3.4.7 Halton Health Protection Forum can produce quartile reports to

HWB will also report to Health PPB by exception

3.5 **Public Health Governance**

3.5.1 It is essential that Public Health departments within Local Authorities work within a clear quality governance framework as they are responsible for (and required by law within the NHS Constitution) to commission quality services to improve the local population's health. Failures in performance may therefore have wide reaching consequences.

3.5.2 At the heart of governance in this context is the aim to ensure that all public health services whether directly provided or commissioned are safe, reflect user experience and are effective. And to ensure that the quality of the services improves to meet people's needs while learning from quality and safety issues that are dealt with effectively.

3.5.3 Examples of governance functions include

- To monitor the delivery of clinical contracts to ensure that quality standards and clinical governance obligations are met
- To manage the adoption of Patient Group Directives (PGDs), in relation to prescribing activity and oversee their development, authorisation, implementation and review.
- To consider complaints and commendations in relation to public health services and make recommendations for changes in practice through the commissioning process.
- To consider any issues relating to patient experience raised by Healthwatch.
- To monitor the implementation of recommendations and actions arising from national inquiries and national and local reviews undertaken by external agencies (e.g. the CQC) of public health

This list is by no means exhaustive.

4.0 **POLICY IMPLICATIONS**

4.1 Commissioners need to be assured that providers have the appropriate capacity and capability to deliver an effective response health protection response but also to deliver a safe effective service that meets the needs of the users.

4.2 Communication is key in any incident and Cheshire and Merseyside region have agreed that LA will develop arrangements to communicate with all schools including independent schools and academies, and also seek to develop more robust communications with the full range of nurseries. Similarly for social care providers, the LA will need to have robust communications with all providers for this purpose whether they are commissioned or not by the LA.

4.3 All frontline staff vaccination status / immunity for relevant infectious

disease should be known and documented. Commissioners need to ensure that they have assurance that staff who do not know their immunity status or do not have satisfactory evidence of immunity (as above) should not be involved / deployed to work in high risk areas.

4.4 Commissioners to have assurance that commissioned services have adequate infection control plans in place; as appropriate,: including isolation / cohorting facilities, arrangements for urgent lab testing; deployment of appropriately trained staff to support management of incidents / outbreaks; organise prophylaxis; plan to review infection control policy regularly. The foregoing listed actions are examples.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The funding comes from the core local authority budget for the environmental health and public health. This allocation funds the local authority's public health team and contracts with providers to deliver their element of the incident response and infection control.

5.2 The Department of Health will continue to keep guidance around the funding of health protection responses under review, in order to enable effective delivery and best value for public money.

6.0 RISK ANALYSIS

6.1 Decisions to commit resources to deliver a health protection intervention and/or response will be assessed against the need to protect the public health whilst ensuring best value for public money.

6.2 The Cheshire and Merseyside Local Health Resilience Partnership (LHRP), is responsible for ensuring that the arrangements for local health protection responses are robust and resilient. Halton is represented at this group by a public health consultant and emergency planning officer from the LA as well as the CCG.

7.0 EQUALITY & DIVERSITY ISSUES

7.1 None identified

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

None under the meaning of the Act.

Appendix A

1. Update on progress with Screening and Immunisation

- Screening and Immunisation is now delivered by NHS England which is commissioned by PHE to do so.

Immunisation

- During Q3 2013/14, 95% coverage achieved for vaccine uptake at ages 12 months and 24 months and MMR first dose by age 5 years.
- Further improvement required for MMR second dose(this booster ensures immunity against measles, mumps and rubella) and DTaP/IPV at age 5 years (the latter protects against diphtheria, tetanus, polio and whooping cough
- Influenza vaccine uptake:
  - Age 65 years and over – 73.5%
  - Pregnant women – 38%
  - Age under 65 years and in an at risk group – 51.9%

Influenza vaccine uptake by area source: NHS Merseyside area team

	Over 65	**Under 65**	**Pregnant Women**
Halton (Practice range)	**73.5%** 63.1% - **80.4%**	**51.9%** 35.3% - 69.1%	**38.3%** 20.8% - 51.5%
Liverpool (Practice range)	**76.6%%** 59.3% - **85.8%**	**56.6%** 38.7% - **76%**	43.4% 4% - 74.1%
Sefton (Practice range)	**74.3%** 63.8% - **88.1%**	**51.6%** 38.2% - 71.3%	41.8% 22.9% - 69.2%
Southport and Formby (Practice range)	**77.2%** 70.0% - **82.6%**	**55.6%** 48.1% - 71.8%	**44.8%** 21.8% - 71.4%
Knowsley (Practice range)	**77.6%** 68.5%- **98.5%**	**55.8%** 25.0% - 74.2%	**47.2%** 14.3% - **82.2%**
St Helens (Practice (range)	**78.1%** 65.9% - **87.9%**	**56.6%** 42.5% -**77.0%**	**42.1%** 0% - **81%**
Merseyside/ England ranking and vaccine uptake	**1st (joint with Lancashire) 76.5%**	**5th 55.3%**	**7th 42.9%**

- Frontline Health Care Workers – 56% (overall)

- Meningitis C vaccination programme – a number of incorrect schedules administered – working to resolve

- Work in progress to obtain Halton specific data rather than old PCT based. (HSTH)

- Childhood universal influenza vaccine roll out to 2, 3 and 4 year olds via GP teams, then school age children in 2015/16

- **MenC adolescent booster and fresher's catch up**
  The Men C vaccine is now routinely available as a teenage booster to children aged 13-15 years to protect against the C strain of meningitis. From late summer 2014, students under the age of 25 who are starting university will also be offered a catch-up booster of Men C vaccine. (further details on NHS Choices website)

- **Men B vaccine to be launched**
  The Joint Committee on Vaccination and immunisation (JCVI) has recommended that the meningitis B vaccine is introduced into schedule for children starting at two months of age with further doses at four and 12 months of age. As yet, no date for when this might be introduced has been announced, nor are there any current plans for a "catch-up" campaign.

- **HPV vaccination changes**
  It looks likely that DH will soon recommend that the number of HPV vaccines is reduced from the current schedule of three doses to two (one year apart). It is believed this will take effect from next school year (September 2014) following evidence that this schedule is as effective at producing an immune response.

- **Shingles**
  The age groups have changed from 70 and 79 last year, but will be rolled out to 70, 78 and 79 year olds based on date of birth cohorts (further information is available in vaccine update).

- **Newborn targeted vaccinations**
  BCG: Liverpool Women's have improved their bedside neonatal BCG vaccination uptake from 40% to 80% and have been funded by Liverpool CCG (lead commissioner) to improve this to 95% by March 2015. This has resulted in a decrease in the number of vaccinations having to be completed in the community.

- **Hep B:**
  The programme is ongoing and numbers remain small in this area. The lead Screening and Immunisation Coordinator is meeting with the lead midwife from maternity units to discuss the programme. In future all referrals for the Merseyside

area will come via the Screening and immunisation team for follow-up with the GP

Screening

- **Newborn screening**:
  - The area team are working with midwifery teams to address a higher than acceptable unnecessary repeat rate for the heel prick test (The heel prick, or new born blood spot, screens for five serious congenital risk conditions: phenylketonuria; the collagen storage disease MCADD; congenital hypothyroidism; cystic fibrosis; and haemogolinopathies such as sickle cell)

- **Cancer screening**:

  - Cervical screening uptake is now improving in Halton, but not in all age groups. Halton practices have moderate (good) exception reporting, compared with other CCGs. HPV vaccination uptake is good. See technical table below.

Cervical Screening Uptake by age group:

How many women in Halton have had a cervical smear in the past five years? Figures from December 2013, all Halton practices
Source KC53 data, collated in Merseyside Screening and Immunisation Team

Age group	Number of eligible women	Screened in past 5 years	Uptake rate as %
25-29	4421	3024	68.4
30-34	4247	3451	81.3
35-39	3842	3088	80.4
40-44	4472	3592	80.3
45-49	4302	3394	78.9
50-54	4207	3201	76.1
55-59	3523	2528	71.8
60-64	3167	2213	69.9
25-64	32181	24491	76.1
25-49	21284	16549	77.8

- Cancer screening uptake: The Area team is committed to developing 2 year action plan with partners, to raise uptake rates

- **Bowel Scope Screening**

Bowel Scope Screening will be introduced during 2014. This is a single offer to men and women aged 55. Bowel scope examinations identify polyps and pre cancers, with treatment before a cancer becomes established. Bowels Scope screening will be delivered from Aintree Hospital, and in in accredited, units in Warrington and in St Helens. There are already Bowel Screening outposts in Widnes, and other sites, where people with an initial positive result on home kit screening are seen prior to colonoscopy at Aintree. Invitations are going to some Sefton GPs with roll out in the order Sefton, Knowsley, St Helens and Halton. Roll out in Sefton started in March 2014. The screening is in addition to current FOB based screening offered to those 60-74 years old every two years. o

- **Promoting Bowel screening**

The till receipt campaign has been running for almost 4 weeks now and is soon coming to an end. The team will evaluate this and report back to the Programme Board and Health Protection Forum in due course.

- **Other screening matters**

On the 17th July there will be an external QA visit to the Central Mersey Diabetic Eye Screening Programme. The Programme is preparing well. Representation from Public Health and from the CCG would be most valuable.

Performance reporting

The area team have engaged analysts from the CSU and have committed to work with an analyst from Sefton, as well as colleagues from NHS England and PHE Knowledge and Intelligence Team. The outcome of this will be a suite of elegant performance reports that can be used by Programme Boards and Health Protection Forums to performance manage screening and immunisation activity.

Programme Boards Update

Individual Programme Boards have been established, supported administratively by NHS England's Merseyside Area Team. They all have initial terms of reference, membership and stakeholder lists. A common agenda template is in use which includes performance monitoring, agreeing a work programme, responding to any external QA visits, and completing the membership. 2014/15 dates confirmed are:

Programme Board	2014 dates	Notes
Bowel Cancer Screening	14 Jan; 15 April; date to be confirmed in July; 14 October	• Two programmes: Warrington and Wirral; as well as the Merseyside Area Team footprint • Currently hosted by Aintree Bowel Screening Programme; may move to

		Area Team following launch of Liverpool and Wirral Programme • Bowel Scope screening launches in March
Breast Cancer Screening	25 April;	• New programme manager in place; future dates to be arranged • This Programme Board covers only the Liverpool programme • Areas covered are: Liverpool, Sefton, and part of Knowsley • Warrington Breast Screening Programme is commissioned by Cheshire, Warrington & Wirral (CWW) Area Team
Cervical Cancer Screening	04 Feb; 03 June	• Two programmes: St Helens, Knowsley, Halton and Warrington; plus Liverpool, Knowsley and Sefton • HPV primary screening pilot under way in Sefton • External QA visit to Whiston on 14 March
Diabetic Eye Screening	05 March;	• Three programmes: Central Mersey (covering Warrington, Halton, St Helens and Knowsley); Liverpool; and Sefton and West Lancashire • External QA visit to Central Mersey on 17 July
Abdominal Aortic Aneurysm Screening	09 Jan; 03 July; 15 Jan 2015	• Single programme serves all Merseyside, Warrington and a large part of Cheshire
Antenatal and Newborn Screening	21 Jan; 15 July; 13 Jan 2015	• A performance dashboard agreed • The Programme Board covers areas on the footprint of maternity providers • The Warrington programme is managed by CWW Area Team
Newborn Blood Spot	To be confirmed	• This group will serve all of the Alder Hey lab footprint, covering both the Merseyside and CWW Area Team footprints • This will be a joint Programme Board between the Merseyside and CWW Area Teams
Immunisation	24 March;	• This Programme Board covers the Merseyside Area Team footprint • In partnership with Health Protection Team • Will include a remit for strategic oversight of the seasonal influenza campaign

REPORT TO: Health and Wellbeing Board

DATE: 7 May 2014

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Children, Young People and Families

SUBJECT: Health and Wellbeing Strategy- Child Development action plan update

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide the Health and Wellbeing Board with an update on progress with the Health and Wellbeing Child Development action plan.

2.0 RECOMMENDATION: That the Board note the contents of the report and the appended action plan.

3.0 SUPPORTING INFORMATION

3.1 A child's experience during the early years is critical to their physical, cognitive and social development. During this development phase the foundations are put in place for the rest of that child's life and is a once in a lifetime opportunity to give that child the 'best start in life'. Both the Allen report (2011) and the Marmot review (2010) recognised the importance of giving every child the optimum conditions, and how investing in this period of a child's life influences their school readiness, educational attainment, economic participation and long term health. It also makes good economic sense to invest in this period of development.

3.2 Improving levels of child development is one of the five key priority areas covered by Halton's Health and Wellbeing Strategy. The overall target set for the action plan was a 2% year on year increase in children achieving a good level of development at age 5 (Baseline 2011- 49.9%).

3.3 Unfortunately due to changes in the Early Years Foundation Stage (EYFS) curriculum and assessment the measure of child development in 2013 is not comparable to previous years, and therefore we cannot identify if there has been a year on year increase. DfE states that: ***'As the content of the Good Level of Development measure has changed, it is not possible to compare results for the new Profile with previous years.'***[1] When

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252223/SFR43_2013_Text.pdf

benchmarked against other areas level of child development in Halton ranked 150/152.

3.4 As the action plans have now been in place for over 12 months a recent review took place to gauge progress on each of the outcomes covered. In order to do this action plan leads were asked to rate each outcome using the Red, Amber, Green (RAG) system. The results of this exercise can be found attached to this report (Appendix 1). In order to provide a summary on progress a list of key developments is outlined below:

3.5 **Key developments**

- 100% of families have access to antenatal sessions
- 92% of women book in to see a midwife by 12 weeks and 6 days
- 100% of women are screened for mental health issues after birth, and vulnerable women are targeted through the offer of home visits
- Targeted work is underway for vulnerable women, through specialised midwives and developing health visitor pathways for specific groups, such as care leavers.
- The increase in Health visitors numbers is on target and in line with the Department of Health trajectory
- Breastfeeding rates have increased to 21.2% and Bridgewater Community Health Care trust has achieved UNICEF's Baby Friendly initiative stage 2.
- Improvements have been seen in Infant mortality, the rate is now similar to the England average (4.1 per 1000 births)
- Improvements have been achieved in the number of babies born with a Low birth weight, and the rate is similar to the England average (6.8% of babies less than 2500g. This is important because low birth weight babies have a higher risk of long and short term poorer health, disability and lower educational outcomes.
- Immunisations (96.4%- 1 dose at five years above England)

3.6 In addition to the above a new Family Nurse Partnership (FNP) service is being commissioned and will start in Halton in October 2014. The programme is a maternal and early years public health programme that provides intensive support to first time young mothers and their families. It is a targeted programme that builds a strong relationship between the nurse and the family and includes regular home visits and uses a psycho- educational approach.

3.7 The main aims of the FNP programme include:

- To improve pregnancy outcomes, so that their baby has the best start in life
- To improve their child's health and development by developing knowledge, skills and confidence in parenting.
- To improve parents' economic self-sufficiency, by helping them to achieve their aspirations (such as employment or returning to education)

There is strong evidence that the FNP is an effective programme that will improve a range of short and long term outcomes for both child and mother.

4.0 POLICY IMPLICATIONS

4.1 The implementation of Health and Wellbeing action plans will directly contribute towards the successful implementation of the Health and Wellbeing Strategy.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified at this time.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

All of the considerations outlined within this report directly contribute to improving outcomes for Children and Young People.

6.2 Employment, Learning and Skills in Halton

Improving health outcomes for children and young people will contribute towards improving educational attainment, skills and maximising employment opportunities.

6.3 A Healthy Halton

All of the areas outlined within this report focus on improving the health and wellbeing of Children and Young People.

6.4 A Safer Halton

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime has an impact on health outcomes particularly on mental health. There are also close links between partnerships on areas such as alcohol and domestic violence. It therefore remains a key consideration for the Health and Wellbeing Board.

6.5 Halton's Urban Renewal

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing. It should therefore be a key consideration when developing strategies to address health and wellbeing.

7.0 RISK ANALYSIS

7.1 There is no direct risk associated with this report, however, failure to implement Health and Wellbeing action plans will mean that the commitments set out within the Health and Wellbeing Strategy would be unlikely to be met.

8.0 EQUALITY AND DIVERSITY ISSUES

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

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

None under the meaning of the Act.

Health and Well Being Priority Area Action Plans

Halton Health and Well Being Board

Action plans for the Health and Well Being Priority Areas

RAG rated April 2014

Eileen O'Meara Director of Public Health

May 2013

Contents

Overall Target - Increase of 1% in self-reported wellbeing (Feeling Worthwhile) (Baseline 2012 – 17.6%)

Name of Priority: Improved Child Development

Overall Target – 2% year on year increase in children achieving a good level of development at age 5 (Baseline 2011 – 49.9%)

Antenatal

Outcomes	Targets		Actions	Comment on progress Apr 14	Timescale	Lead	RAG
Improved parenting skills	100% of expectant parents will have access to a session on parenting	CD1	Review current provision of existing programmes Delivery of antenatal session on expectations of parenting	Preparation for birth and beyond pilot underway Further work required to identify overlap in programmes Currently targeting high risk groups	Ongoing Overview June 2013 April 2014	Health Improvement Team Midwifery Service	A
Improved ante-natal health	90% women have seen a midwife by 12 weeks and 6 days of pregnancy	CD2	Design targeted/specific antenatal classes, to attract vulnerable families Timely GP referral to community midwifes to ensure early booking	Universal offer for antenatal class, and early bird session. Vulnerable women are targeted and get a home visit Early booking rates are on target 92% q1-3 2012/13 (more recent data awaited)	Monitor quarterly June 2013	Midwifery Service CCG	G
Improved early detection and treatment of maternal depression	100% of women screened for mental health issues at booking appointment	CD3	Determine if current pathway is in line with national evidence and guidelines for detecting depression, including ensuring women who book in late are screened	100% of women are screened at booking, 100% offered a home visit, and vulnerable groups are targeted Pathway has been reviewed by midwifery and is in line with	September 2013	Midwifery Service	G

Outcomes	Targets		Actions	Comment on progress Apr 14	Timescale	Lead	RAG
	100% of women offered screening at home antenatally, targeting uptake in high risk women	CD4	Monitor screening rates	evidence base Future work to look at outcomes of women screened	Ongoing		
To reduce risks associated with vulnerable socially excluded women.	Establish a targeted programme to support vulnerable women.	CD5	Midwives produce Individual care plans for vulnerable women to reduce risk and minimize harm.	There are specialised midwives for drugs and alcohol, teenage pregnancy and domestic violence who produce care plans	Ongoing development, all elements available by March 2014	Midwifery Service	G
			Explore the Commissioning of Family Nurse Partnership, a targeted programme to support young mothers	FNP being commissioned to commence in April 2014	On-going 2013-14	Public Health NHS England	
			Explore Evidence for families needing additional support but who are not eligible for family nurse partnership	Health visitors are developing 'universal partnership plus' package for those families who need additional support, Identified antenatally. Currently focusing on care leavers, offering more home visits and more antenatal appointments	June 2013	Health Visitors	
			Midwives link with Speech and language therapy to implement "talk to bump"	Talk to bump leaflet distributed – SLT training workforce, but needs more work. SLT needs assessment completed can inform work	March 2014	Midwifery Service	

Outcomes	Targets		Actions	Comment on progress Apr 14	Timescale	Lead	RAG
Increased opportunities for antenatal access to health visitors available to assess risk and improve outcomes	100% parents to be offered antenatal contact from health visiting from March 2015 (staged increase)	CD6	Universal antenatal contact from Health visitors All staff to be trained in motivational interviewing.	Staggered implementation, which is on target Scheduled for Dec 2013	Year on year increase to March 2015 March 2014	Health Visitors	G
Reduce smoking in pregnancy to improve maternal and child health, and reduce infant hospital admissions.	Reduce number of women Smoking at the time of delivery by 2% per annum 100% of women and their partner who smoke are offered smoking cessation	CD7 CD8	Continue Antenatal incentive scheme Follow the smoking and pregnancy pathway	This is still available, but more awareness of the service is needed All women are CO monitored and Bridgewater are currently developing the smoking pathway	Ongoing Sept 2013	Midwifery Service Health Improvement Team	A

Birth and postnatal care

Outcomes	Targets		Actions		Timescales	Lead Officer	RAG
Improved infant-mother bonding	100% health visitors trained 100% new parents receive new birth visit	CD9 CD10	Training for staff to promote responsive parenting with new parents. New Birth visit offered to all families	All health visitors and support staff trained in Solihull approach All Family Work Service staff in Children's Centres trained in Family Links Nurturing Programme Family Work Service based in Children's Centres is offering Family Links Nurturing	August 2013 June 2013 Completed October 2013 Jan 2014 Completed 2013	Health Visitors CYP services CYP Services	G

Outcomes	Targets		Actions		Timescales	Lead Officer	RAG
				Programme 100% of families receive the new birth visit from health visitors Review planned for Jan 2014		Health Visitors Health Visitors / Public Health	
Improved breastfeeding support, initiation and bonding	Achieve Baby Friendly Initiative stage 2 by March 2014 Increase breastfeeding initiation and at 6-8 weeks by 2% year on year	CD11 CD12	Put in place all actions to achieve UNICEF Baby friendly initiative stage 2, and subsequently stage 3 GPs complete online breastfeeding training	BFI Stage 2 assessment completed, and positive feedback received. Formally notification awaited GPs are offered online training, need to encourage them to complete	Nov 2013 (stage 2) Available from Sept 2013	Health Improvement Team CCG	G
Earlier detection and management of Post Natal Depression to improve attachment	90% of women screened at 6-8 weeks	CD13	Measure the number of women screened and supported, and patient outcomes Review pathway against NICE guidelines	This is a KPI for bridgewater November 13 86% screened Audit due Dec 2013 Pathway is compliant with Nice guidelines	On going March 2014	Health Visitors Health Visitors / Public Health	G

Early years and Preschool years

Outcomes	Targets		Actions	Comment on progress Nov 13	Timescales	Lead Officer	RAG
Early detection and support to improve physical and emotional health and wellbeing	All eligible staff have access to training in 'Every contact counts' and Healthy child programme	CD14	Training for staff in every contact counts for children's services	Training received by health visitors, health improvements and available in children's centres	Ongoing	Health Improvement Team / Health Visitors	G
			Promotion of healthy child programme across child and family workforce in Halton to improve signposting	Health child programme had a promotion event, performance review day, and GPs have requested training, health and Wellbeing board had a paper Leaflet under development	March 2014	Health Improvement Team / Health Visitors	
	95% of participating settings gain Healthy early years (HHEYS) accreditation	CD15	Terrific Two's and Positive Play available in all Children's Centre	Terrific 2's and positive play available from vulnerable groups	By Sept 2014	CYP Services /	
			Continue and improve consistency in Halton Healthy early years status (HHEYS)accreditation and target new settings	HHEYs self-assessment being launched	June 2013	Health Improvement Team	
			Provide training on weaning to parents	Universally families signposted to "weaning parties "held by health improvement team. health visiting team one to one support available for more vulnerable families – 209 contacts during November 2013	Ongoing	Health Visitors	
Improved child	100% children	CD16	Child development training for	Staff trained, 75% of children	March 2014	CYP Services /	G

development and preparation for school	receiving 2-2 ½ year review		child and family workforce across Halton (including early years settings)	reaching 2 years 6 months had received 2-21/2 review		Health Visitors	
	Health professionals collocated in children's centres	CD17	Co-location in 2 children's centres Development plan for further centres	Warrington road and Kingsway are co-located. Plan for integrated teams under development	Sept 2013 March 2014	CYP Services	
	Increase number of 2 year placements in line with national requirement	CD18	Increased number of vulnerable 2 year old early years places	The number of early year's places for vulnerable 2 year olds has increased from between approx. 183 in Sept 13 to 430 places Nov 13. 800 places are required by Sept 2014	December 2013	CYP Services	
	Rolling programme of Speech and Language training available to Early Years Workforce	CD19	Speech and Language training to early years workforce	SLT training programme to Early Years workforce is reviewed regularly in partnership with Early Years leads and is ongoing. A draft joint HBC/CCG service specification is currently being developed with a view to the potential for pooled budgets, in which the training offer has been strengthened. SLT are delivering 'you make the difference' to families universal and targeted	Ongoing	SLT Service SLT service	
	Pilot Integrated reviews in 4 settings	CD20	Health visitor and Early years provider conduct the child's 2 year review together. Roll out wider if indicated	Pilot underway, to be reviewed and roll out good practice in April 2014	June 2013	CYP Services / Health Visitors	
	100% early years staff competently track child's	CD21	Provide training, and support to settings to track child's	All voluntary, private and independent settings have access to an early years	Ongoing	CYP Services	

	development		development	consultant teacher			
Improved school readiness	Children achieving a good level of development at age 5 improve by 3% points from 2012 baseline of 55%	CD22	Commission universal SEAL (Social and emotional aspects of learning programme) Deliver Letters and Sounds; mark making and engaging boys training	No funding available to commission SEAL Letters and sounds is currently being delivered. Engaging boys is not currently delivered Child development measure has changed, due to a new curriculum and new assessment process so can't be compared with previous EYFS assessment. 37% of children in Halton reached a good level of development; nationally 52%)	Sept 13 Ongoing	Children's Trust CYP Services	A
Increase in MMR immunisation rates	95% of children received 1 dose of MMR by 24 months	CD23	Ensure Department of Health childhood immunisation targets are met.	Immunisation rates reaching target for all childhood immunisations, other than Menc at 24 months 92.9% (England 95.1%) 5 year Hib 93% (England 95.4%) Q2 2013/14 95.4% children have received 1 dose of MMR by 24 months	Sept 14	NHS Commissioning Board / Public Health	G

REPORT TO:	Health & Wellbeing Board
DATE:	7 May 2014
REPORTING OFFICER:	Strategic Director, Communities
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Advancing Quality Alliance (AQuA) – Quality and Efficiency Scorecard for Frail Elderly
WARD(S)	Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 To present the Health & Wellbeing Board with the latest AQuA North West (NW) benchmarking data and associated comparisons.

2.0 **RECOMMENDATION: That the Health & Wellbeing Board note the contents of the report and associated appendices.**

3.0 **SUPPORTING INFORMATION**

3.1 The appended NHS and Local Government Quality and Efficiency Scorecards (March 2014) have been produced by the Advancing Quality Alliance (AQuA) ***(Appendix 1).***

3.2 Comparisons have been undertaken between the dated AQuA produced in December 2013 and that produced in March 2014; these comparisons are attached at ***Appendix 2.*** Appendix 2 actually outlines related performance information over the last 12 months. It should be noted that the September 2013 and December 2013 information did not include Cumbria and as such should be taken into account when considering Halton's position against other NW areas during this time.

3.3 The latest data provided by AQuA does demonstrate excellent performance in the following areas:

- permanent admissions to residential/nursing care – Although it should be noted that there has been an increase in permanent admissions to long term care since September 2013; and
- proportion of Local Authority Adult Social Care spend on residential/nursing care - It should be noted that Halton has previously been ranked the best in the NW in relation to this area, however according to March 2014 information, Halton has now been ranked 2nd and are being out-performed by Bolton – this links to the increase in permanent admissions outlined above.

Due to the increase in these areas over the past few months, work is currently taking place to investigate as to the reasons why. For example Halton's Urgent Care

Working Group (UCWG) has established a short term task and finish group to review and develop further the frailty pathways out of acute care. Management Team should note that admissions to long term care from Whiston hospital are higher than those from Warrington hospital. The task and finish group will consist of appropriate representation from across the Urgent care system to explore where improvements can be made and will make necessary recommendations to the UCWG for consideration.

3.4 Areas that are improving but still present significant challenges include:

- non elective admissions and non-elective bed days – Even though Halton still remain on red in these two areas the direction of travel is positive; the figures reported in March 2014 are lower than those reported 12 months ago. These improvements are attributable to a number of initiatives/activities, including the work of the Integrated Discharge Team at Warrington and work with the Team at Whiston which has enabled the development of a more proactive approach to managing length of stay and therefore on associated bed days, whilst initiatives such as the GP acute visiting scheme and Community Multi-Disciplinary teams are having a positive impact on non-elective admissions.

3.5 Areas that remain as significant challenges include:-

- non-elective re-admission rates within 30 **and** 90 days – It should be noted however that performance in terms of 90 day readmission rates has improved over the last 12 months; and

- delayed transfers of Care (bed days) – This is an area which had been improving but performance has dipped during January 2014. Delayed transfers of care can be either attributable to the NHS, Social Care or both and are a difficult area to manage effectively. If we consider the bed days lost in January 2014, the breakdown is as follows:-
  - NHS = 264 days
  - Social Care = 0 days
  - Both = 16 days
  - TOTAL = 287 days

- Delayed transfers of care continue to be one of the persistent contributing factors impacting upon hospital patient flow and ultimately the A&E 4hour target. There can be numerous reasons for delays to occur, for example patient choice; sometimes there can be long and protracted negotiations between acute trusts and patients prior to discharge. Delays can also occur when complex assessments of patients are required, for example when waiting for a best interest or psychiatric assessment.

- Lack of capacity within Intermediate Care (IC) Services can also be a factor; however in Halton we always actively ensure that there is appropriate capacity within the system to help alleviate any issues for the acute trusts. For example, in January 2014 we opened up an additional 6 IC beds over the winter period to ensure that the supply and demand for beds could be appropriately managed.

- It should be noted that it is very rare for any delays in Halton to be attributable to Social Care due to the proactive nature of the work that we undertake with our local trusts to ensure that patient flow is managed as effectively as possible.

3.6 Areas that remain static include:

- proportion of people discharged direct to residential care; and
- proportion of deaths which occur at home – It is hoped that the recent review of the end of life pathways and services that has been undertaken will have a positive impact on performance in this area; the figures reported in this area are only done so every 12 months.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 FINANCIAL/RESOURCE IMPLICATIONS

5.1 Services delivered/commissioned to support/improve performance in the areas outlined above will continue to be done so from within existing resources, with a view to continuing to explore the opportunities for further efficiencies.

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

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

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 Key risks and mitigation measures have been identified within each project/area of work outlined above and addressed during their delivery.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment is not required for this report.

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

None.

NHS & Local Government

Quality and Efficiency Scorecard for Frail Elderly

Locality Benchmarking

March 2014

AQuA
Advancing Quality Alliance

NHS

North West Utilisation Management Unit

directors of adass
adult social services

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ADASS / AQuA whole system quality and efficiency locality benchmarking summary table

	Population aged 65 and over	(a) Non-elective admissions aged 65+ per 1000 pop 65+	(b) Non-elective bed days aged 65+ per head of 1000 pop 65+	(c) Non-elective re-admission rate within 30 days aged 65 and over	(d) Non-elective re-admission rate within 90 days aged 65 and over	(e) No of bed days - delayed transfers of care aged 18+ per 100,000 pop	(f) Proportion of people aged 65+ discharge direct to residential care	(g) Permanent admissions to residential/ nursing care aged 65+ per 100,000 pop 65+	(h) Proportion of local authority ASC spend on aged 65+ on res/nursing care		(i) Proportion of all deaths which occur at home / in care homes - aged 65 and over
Source System	NASCIS	SUS	SUS	SUS	SUS	UNIFY	HES & TIS	Local Authorities	NASCIS		ONS via NHS NW
Date range		Jan 13 - Dec 13	Jan 13 - Dec 13	Jan 13- Dec 13	Jan 13- Dec 13	Jan 14 Bed Days	Jan 13 - Dec 13	Jan 13 - Dec 13	Apr 12 - Mar 13		Jan 12 - Dec 12
Locality		Less is better	Less is better	Less is better	Less is better	Less is better	Less is better	Less is better	Less is better	TREND	more is better
Blackburn	18,065	276	2650	16.0%	24.1%	168	5.0%	1,054	55%	Improving	41.7%
Blackpool	27,135	266	2515	15.9%	23.6%	253	0.9%	1,035	62%	Deteriorating	40.9%
Bolton	42,215	238	2055	16.8%	25.0%	155	2.4%	906	49%	Deteriorating	41.8%
Bury	29,345	234	1651	16.1%	23.6%	131	1.2%		50%	Improving	48.4%
Cheshire E	70,260	218	2042	14.4%	21.7%	315	4.4%	613	52.4%	Deteriorating	46.3%
Cheshire W & C	60,490	240	2273	15.3%	22.4%	255	4.8%	713	58.0%	Deteriorating	42.2%
Cumbria	101,440	217	1863	14.5%	22.5%	224	2.0%	424	56.5%	Improving	47.0%
Halton	17,365	316	2765	18.7%	27.6%	287	2.7%	684	49.5%	Deteriorating	40.6%
Knowsley	23,275	338	2852	19.4%	27.9%	256	1.6%	912	58.0%	Improving	41.0%
Lancashire	210,130	241	2431	15.5%	22.9%	264	2.5%	826	55.6%	within 5%	44.9%
Liverpool	63,055	306	2731	18.0%	26.8%	247	2.2%	779	50.6%	Deteriorating	39.9%
Manchester	50,225	351	3505	18.6%	27.8%	176	2.5%	884	51.4%	Deteriorating	36.8%
Oldham	33,070	273	2096	19.0%	27.8%	132	1.6%	697	58.5%	Deteriorating	37.5%
Rochdale	30,510	267	1734	18.0%	25.9%	149	1.0%	832	58.4%	Deteriorating	41.6%
Salford	33,370	321	2655	19.7%	29.3%	295	4.0%	967	66.3%	Deteriorating	42.5%
Sefton	56,350	255	2402	15.4%	22.4%	203	1.6%	898	59.3%	Improving	43.9%
St Helens	30,755	280	2351	17.8%	26.9%	237	1.4%	820	49.9%	within 5%	44.7%
Stockport	50,895	293	2576	18.5%	27.6%	210	2.8%	795	51.7%	Deteriorating	41.7%
Tameside	34,170	287	2857	19.2%	28.2%	89	3.7%	620	53.9%	Improving	33.8%
Trafford	35,211	267	2870	16.2%	24.5%	405	2.2%	722	49.7%	within 5%	33.6%
Warrington	31,995	270	2383	17.1%	25.9%	263	5.3%	703	59.0%	Improving	45.7%
Wigan	50,945	259	1803	18.8%	27.1%	183	3.4%	799	52.1%	Improving	39.9%
Wirral	59,225	281	2425	17.1%	25.4%	78	3.7%	898	62.3%	within 5%	45.7%
NORTH WEST	**1,159,496**	**288**	**2600**	**16.9%**	**25.0%**	**239**	**2.7%**	**872**	**55.0%**	within 5%	**42.6%**

Advancing Quality Alliance

Benchmarking order (exc trend)	
Best 1-6	
7th-12th	
13th-18th	
19th - 23rd	

PLEASE SEE DATA CAVEATS ON PG 5

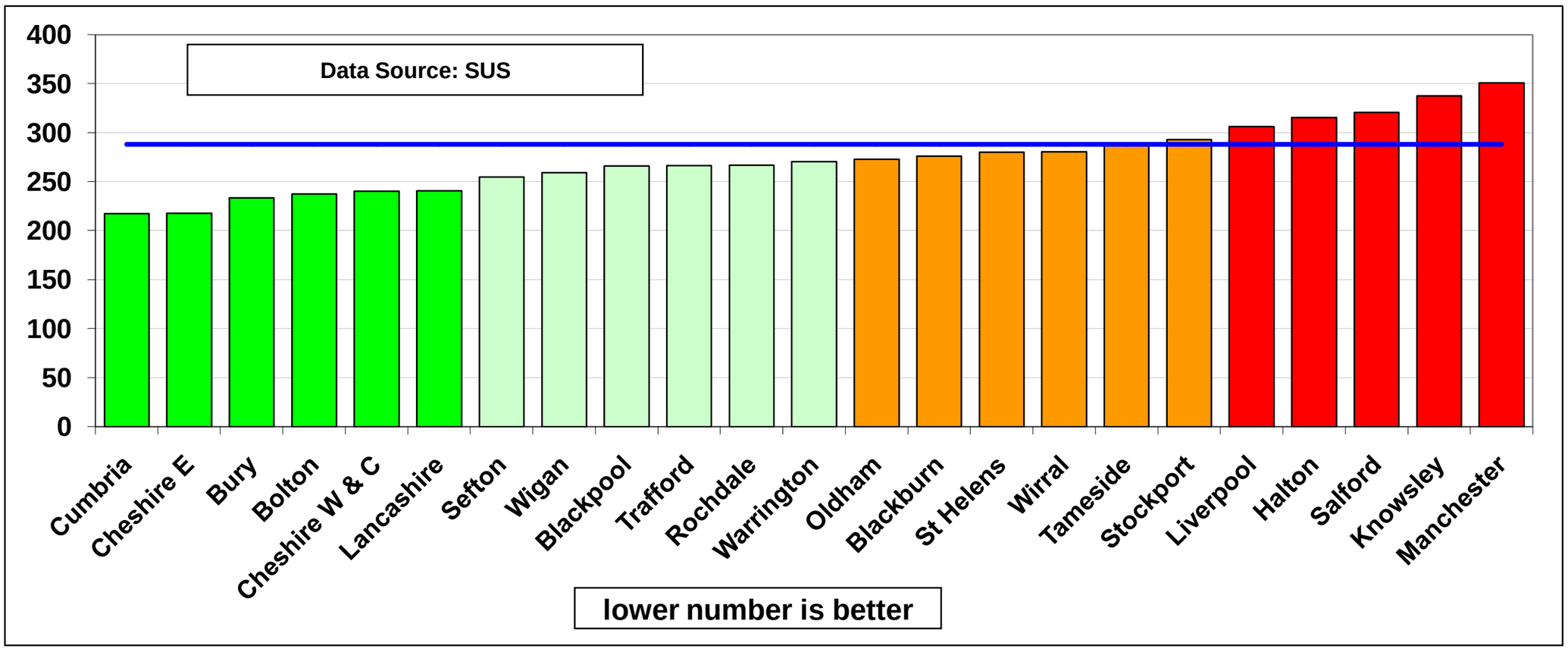
North West Utilisation Management Unit

directors of adass adult social services

ADASS/AQuA whole system quality and efficiency locality benchmarking graphs: a,b,c

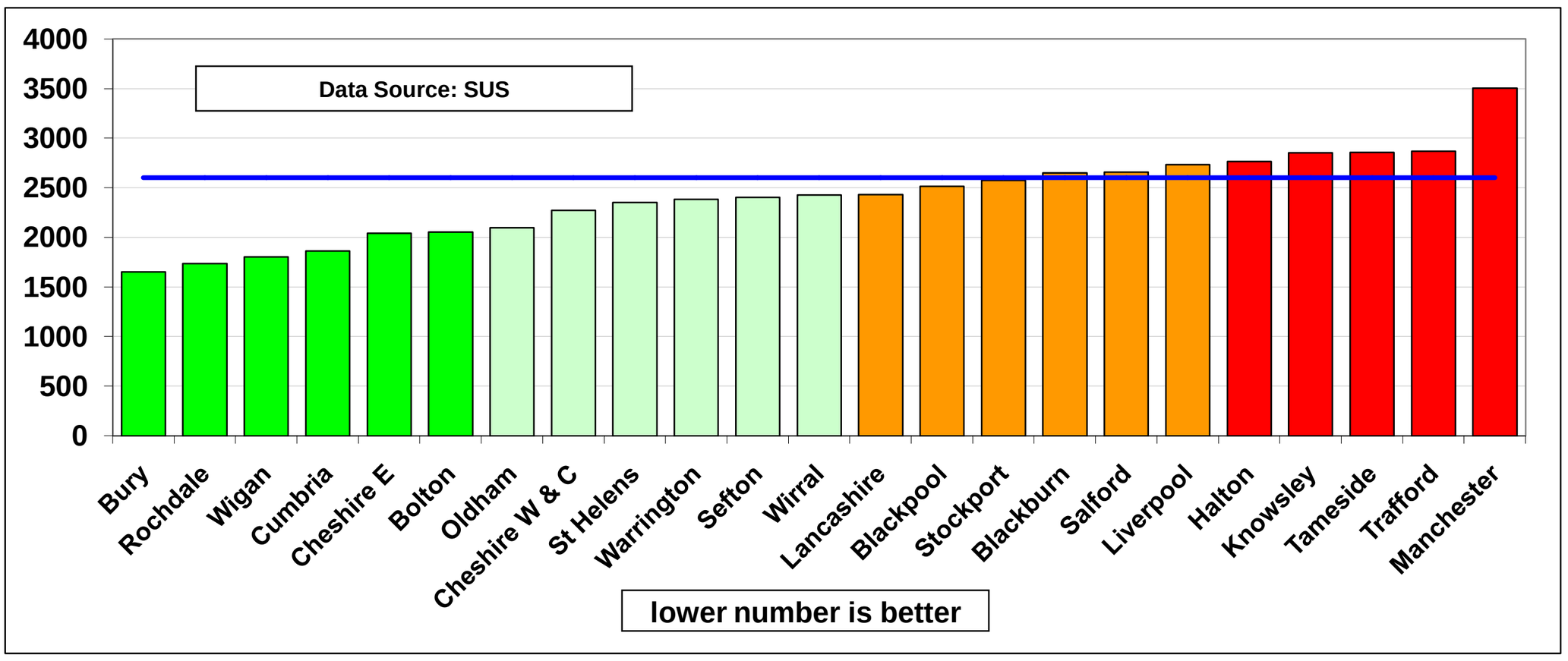
(a) Non-elective admissions aged 65+ per 1000 pop 65+

Jan 13 - Dec 13



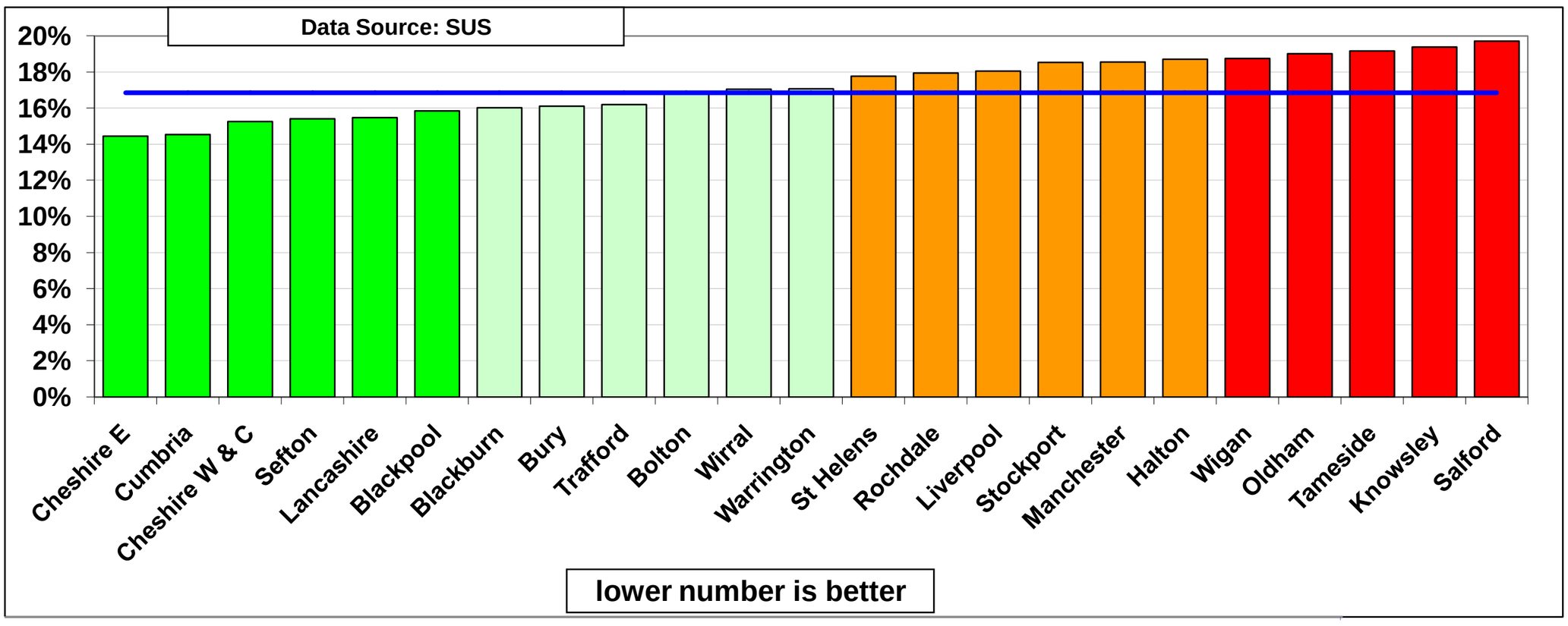
(b) Non-elective bed days aged 65+ per head of 1000 pop 65+

Jan 13 - Dec 13



(c) Non-elective re-admission rate within 30 days aged 65 and over

Jan 13- Dec 13



Graph Key

North West Average

Advancing Quality Alliance

North West Utilisation Management Unit

directors of adass adult social services

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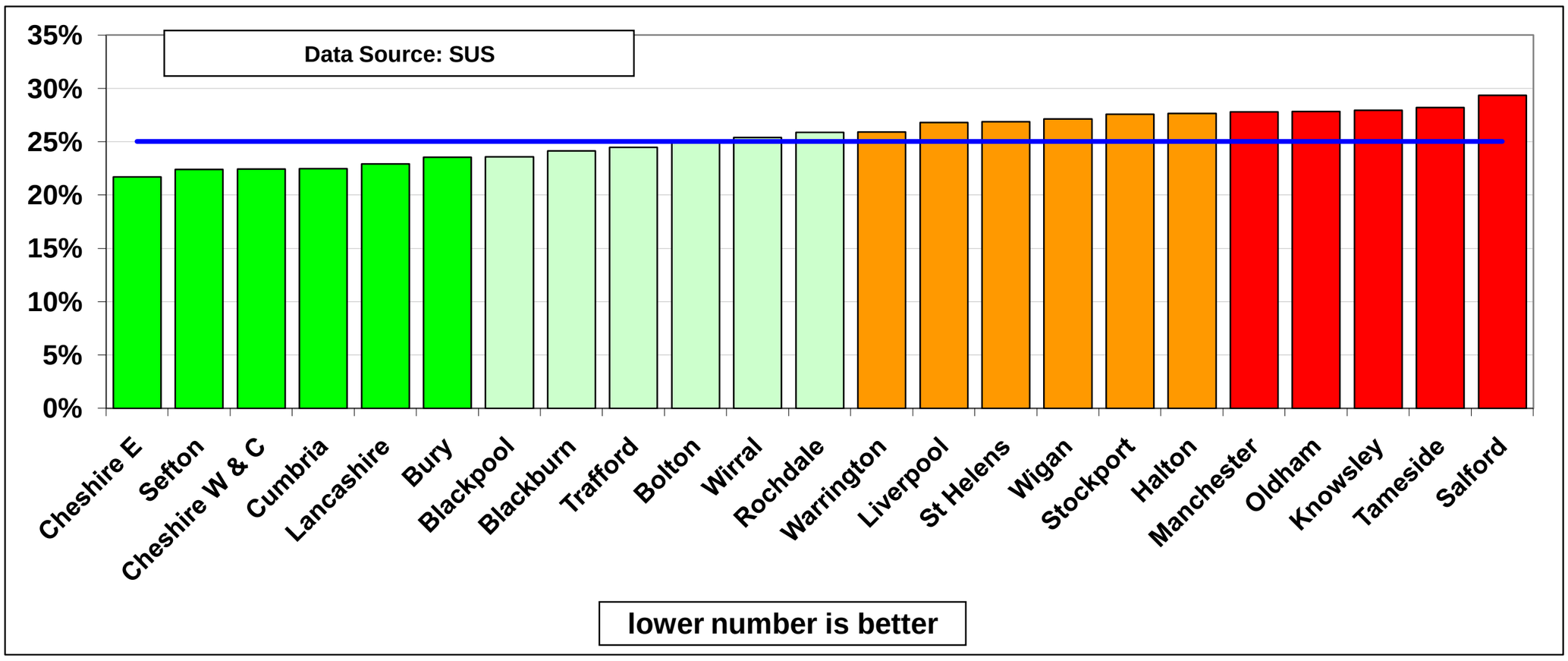
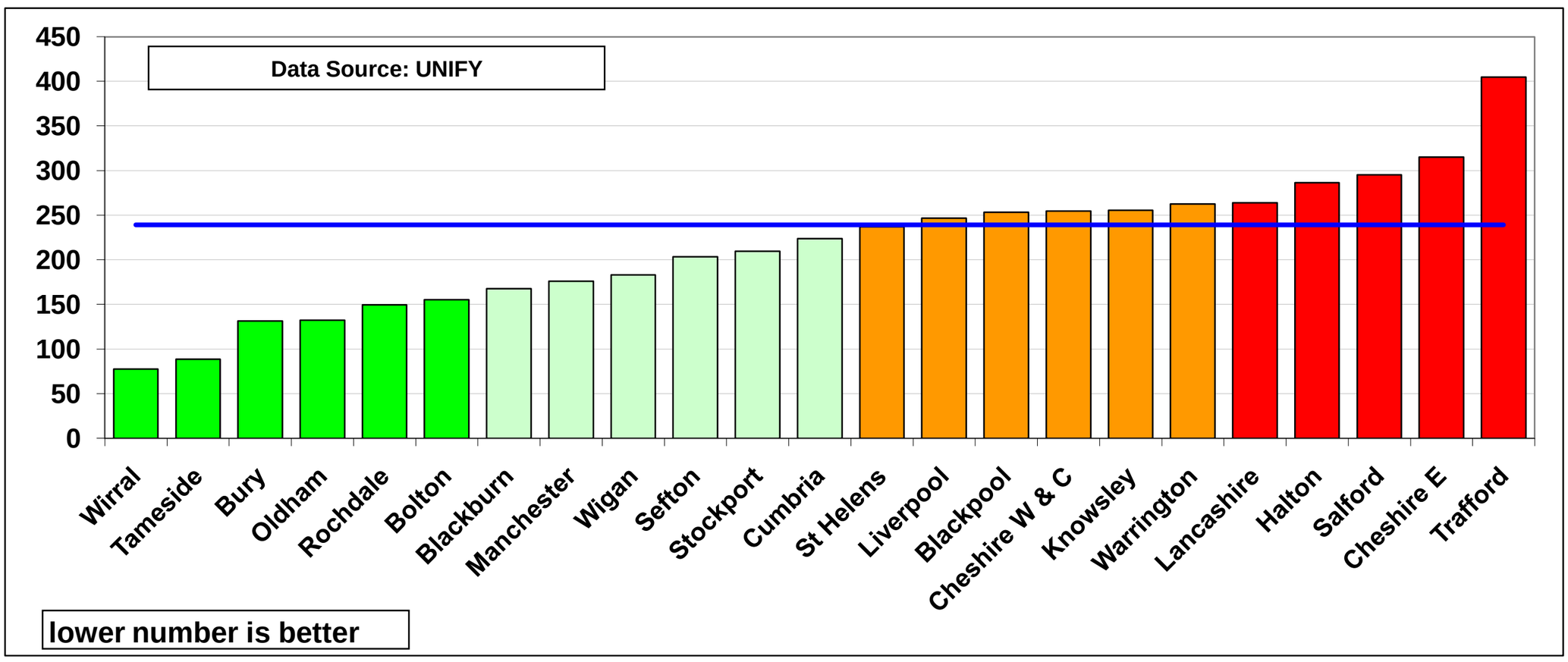
ADASS/AQuA whole system quality and efficiency locality benchmarking graphs: d,e, f

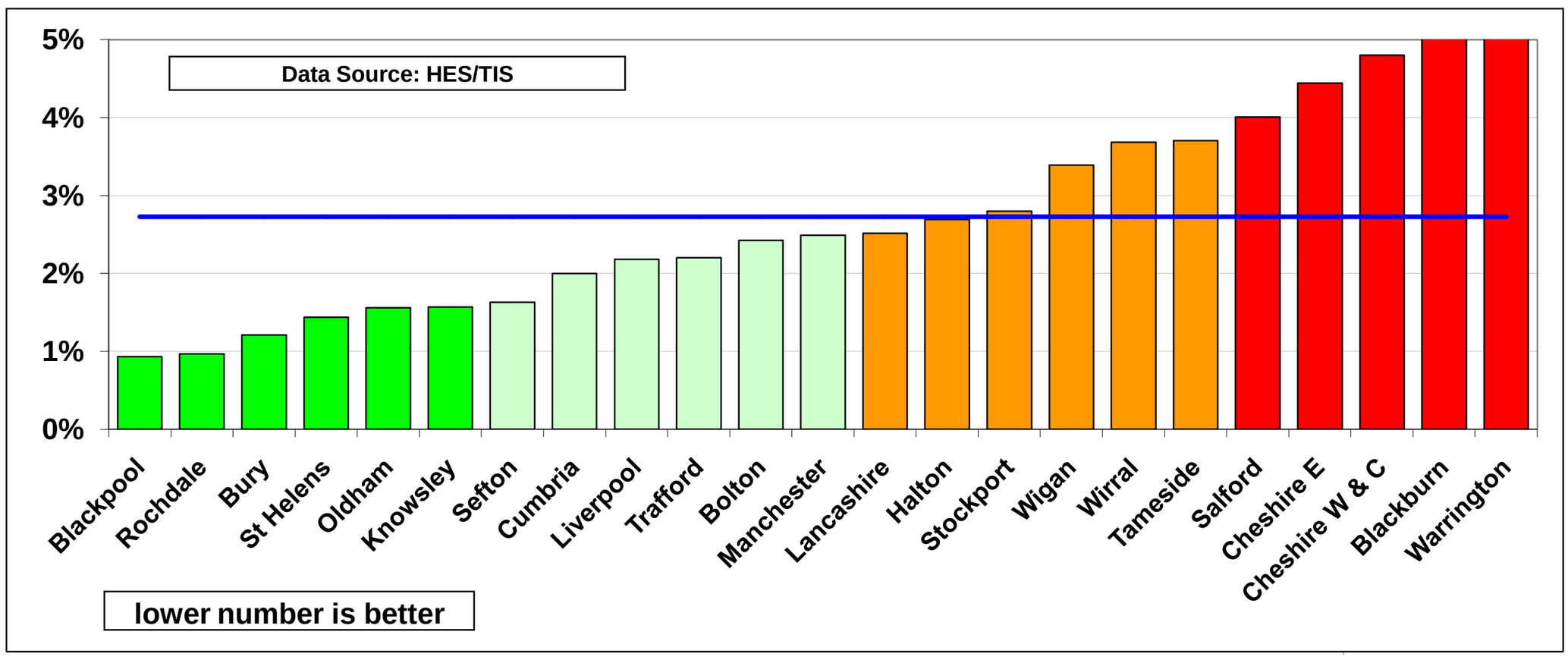
(d) Non-elective re-admission rate within 90 days aged 65 and over — **Jan 13- Dec 13**



(e) No of bed days - delayed transfers of care aged 18+ per 100,000 pop — **Jan 14 Bed Days**



(f) Proportion of people aged 65+ discharge direct to residential care — **Jan 13 - Dec 13**



Graph Key

North West Average

Advancing Quality Alliance

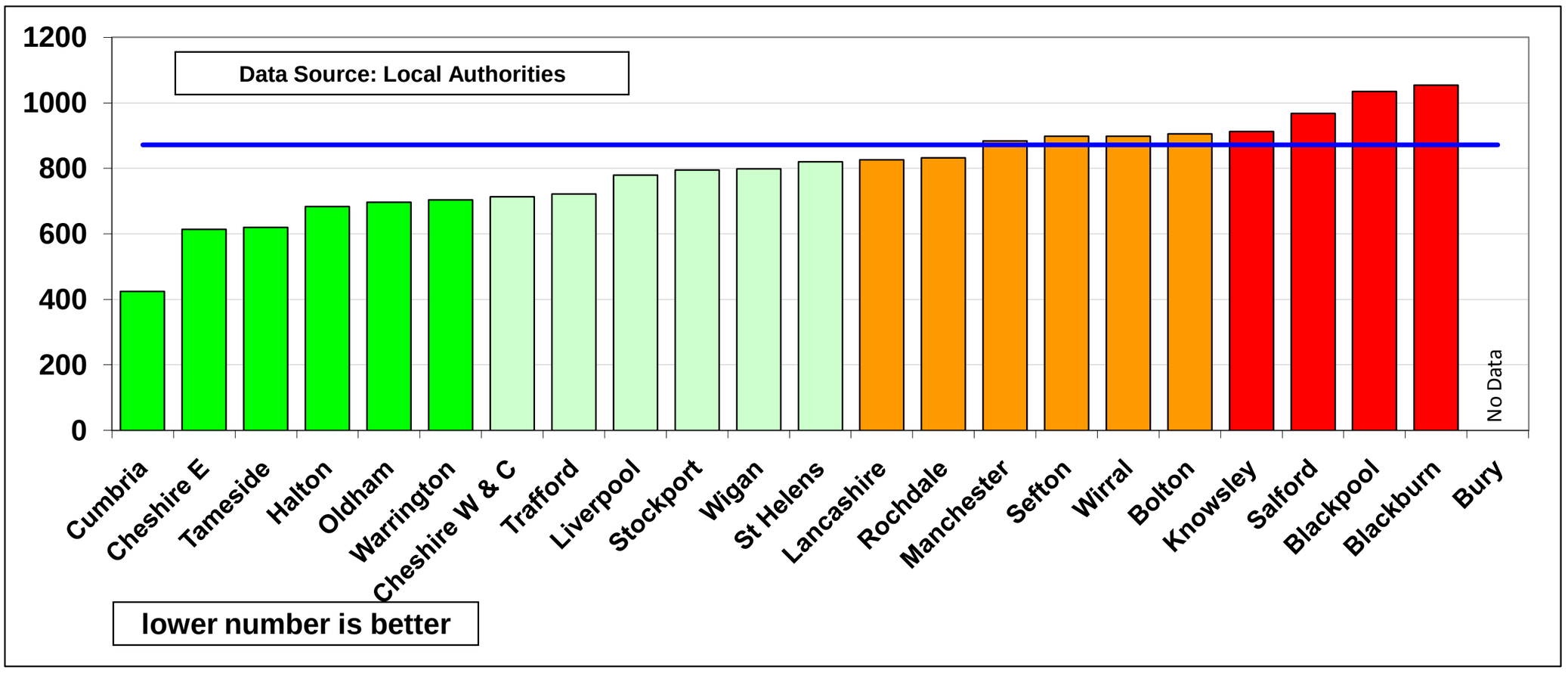
North West Utilisation Management Unit

directors of adass adult social services

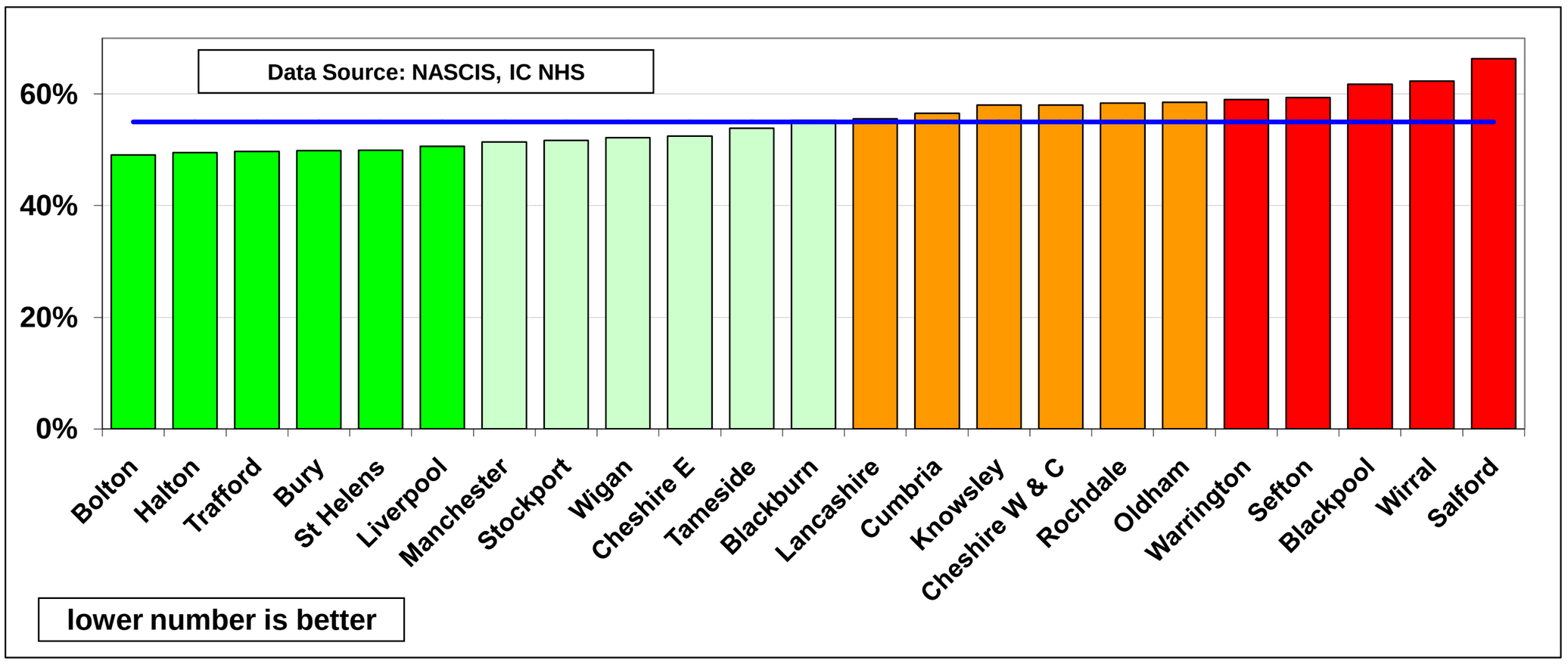
PLEASE SEE DATA CAVEATS ON PG 5

ADASS/AQuA whole system quality and efficiency locality benchmarking graphs: g,h,i

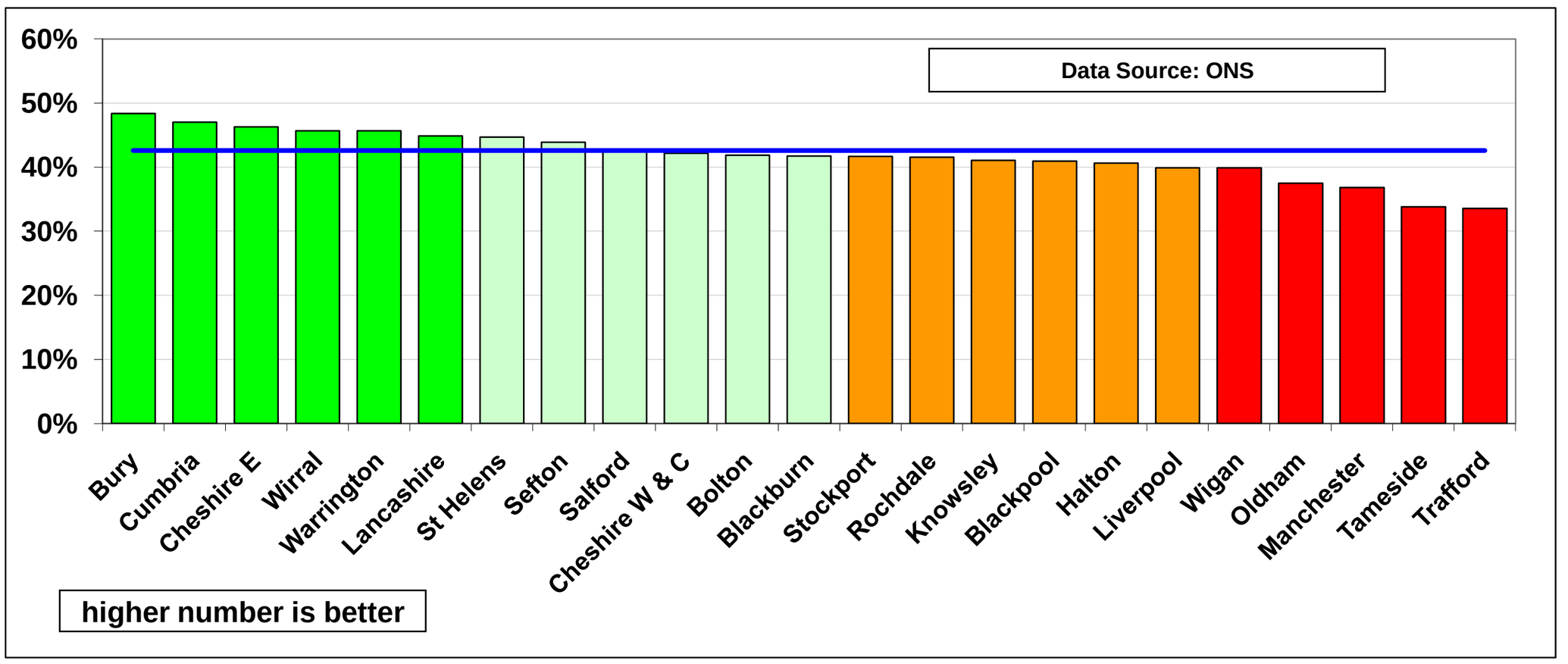
(g) Permanent admissions to residential/ nursing care aged 65+ per 100,000 pop 65+ — Jan 13 - Dec 13



(h) Proportion of local authority ASC spend on aged 65+ on res/nursing care — Apr 12 - Mar 13



(i) Proportion of all deaths which occur at home / in care homes - aged 65 and over — Jan 12 - Dec 12



Graph Key

North West Average

AQuA Advancing Quality Alliance

NHS North West Utilisation Management Unit

directors of adass adult social services

PLEASE SEE DATA CAVEATS ON PG 5

METADATA for the measures in the ADASS / AQuA whole system quality and efficiency scorecard

Measure name	Data Source	Geography/Location	Data parameters/specification for source data	Data equation/calculation	Date range	Data Caveats
(a) Non-elective admissions aged 65+ per 1000 population aged 65+	SUS	By local authority boundary based on the address of the patient	Number of non-elective admissions to any hospital of patients aged 65 and over living within the local authority area.	1. non-elective admissions aged 65 and over / population 65 and over *1000	Jan 13 - Dec 13	All of the data for measures (a)-(d) is extracted from the SUS data system and so the last two months data are potentially subject to significant change. The last month of this data will have two more refreshes from local systems onto SUS and the data from the second to last month will have a final refresh. This will effect the data in this scorecard for these measures meaning admissions, bed days and repeats may appear lower or higher than they will actually be. THE DATA IN THIS SCORECARD FOR MEASURES (c) AND (d) WILL BE DIFFERENT TO THE APRIL-11 DRAFT VERSION DUE TO A CHANGE OF METHODOLOGY FOR CALCULATING REPEATS From April 2013 Cumbria is accessed via PbR tables. These only contain data for Cumbria CCG patients and may exclude small numbers of Local Authority residents.
(b) Non-elective bed days aged 65+ per 1000 population aged 65+	SUS	By local authority boundary based on the address of the patient	Number of non-elective bed days in any hospital of patients aged 65 and over living within the local authority area.	2. emergency bed days aged 65 and over / population 65 and over *1000	Jan 13 - Dec 13	
(c) Non-elective re-admission rate within 30 days aged 65+	SUS	By local authority boundary based on the address of the patient	Number of non-elective re-admission episodes within 30 days in any hospital of patients aged 65 and over living within the local authority area.	3. non-elective readmissions in 30 days aged 65 and over / 1. non-elective admissions	Jan 13- Dec 13	
(d) Non-elective re-admission rate within 90 days aged 65+	SUS	By local authority boundary based on the address of the patient	Number of non-elective re-admission episodes within 90 days in any hospital of patients aged 65 and over living within the local authority area.	4. non-elective readmissions in 90 days aged 65 and over / 1. non-elective admissions	Jan 13- Dec 13	
(e) No of delayed transfers of care aged 18+ per 100,000 population aged 18+	Monthly DTOC collections from provider trusts from the Unify System	By local authority boundary based on the address of the patient	DTOC bed days for month including acute and non acute, and DTOC for any reason and any organisation being responsible. This data is for people aged 18 and over only.	5. all delayed transfer of care bed days aged 18 and over / population 18 and over *100,000	Jan 14 Bed Days	This data can be accessed at the DH at the following website: http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/AcuteandNon-AcuteDelayedTransfersofCare/index.htm
(f) Proportion of people aged 65+ discharged direct to residential care	SUS	By local authority boundary based on the address of the patient	Number of people aged 65 and over with a discharge code of 54. NHS run care home, 65. Local Authority residential accommodation i.e. where care is provided, 85. Non-NHS (other than Local Authority) run care home	6. total for codes 54, 65 and 85 / total of all discharges	Jan 13 - Dec 13	The data for the last twelve months can be subject to change throughout the year so it may appear differently to previous refreshes of the scorecard. This data could include self funders of residential care. Some patients/service users may have lived in a different authority to the one in which they enter residential care.
(g) Permanent admissions to residential/ nursing care aged 65+ per 100,000 population aged 65+	Collected from indivudal local authorities	By local authority boundary based on the address of the patient	Number of LA supported PERMANENT admissions aged 65 and over to residential care, nursing care and adult placements (excluding admissions to group homes),	7. Admissions to res care aged 65 and over / population 65 and over *100,000	Jan 13 - Dec 13	This data is collected directly from local authorities and has not all been verified by the Information Centre NHS so is subject to change
(h) Proportion of local authority ASC spend on aged 65+ on res/nursing care	NASCIS - IC NHS	By local authority boundary based on the address of the patient	Gross total expenditure by Local authorities on adults aged 65 and over including mentally ill. Including 8.spend on residential and nursing care and 9. total spend.	8. total gross expenditure on adults aged 65+ res and nurs care / 9. total gross expenditure on adults aged 65+	Apr 12 - Mar 13	
(i) Proportion of all deaths which occur at home / in care homes - aged 65+	Office of National Statistics (ONS) via NHS North West	By local authority boundary based on the address of the patient	Proportion of deaths occuring at home aged 65 and over. All deaths aged 65 and over	8. Proportion of deaths occuring at home or in care homes aged 65 and over / 9. all deaths aged 65 and over	Jul 09 - Jun 12	

* CBS = Commissioning Business Service

NHS & Local Government

Quality and Efficiency Scorecard for Frail Elderly

Halton Locality Scorecard

March 2014

AQuA Advancing Quality Alliance

NHS

North West Utilisation Management Unit

directors of adass adult social services

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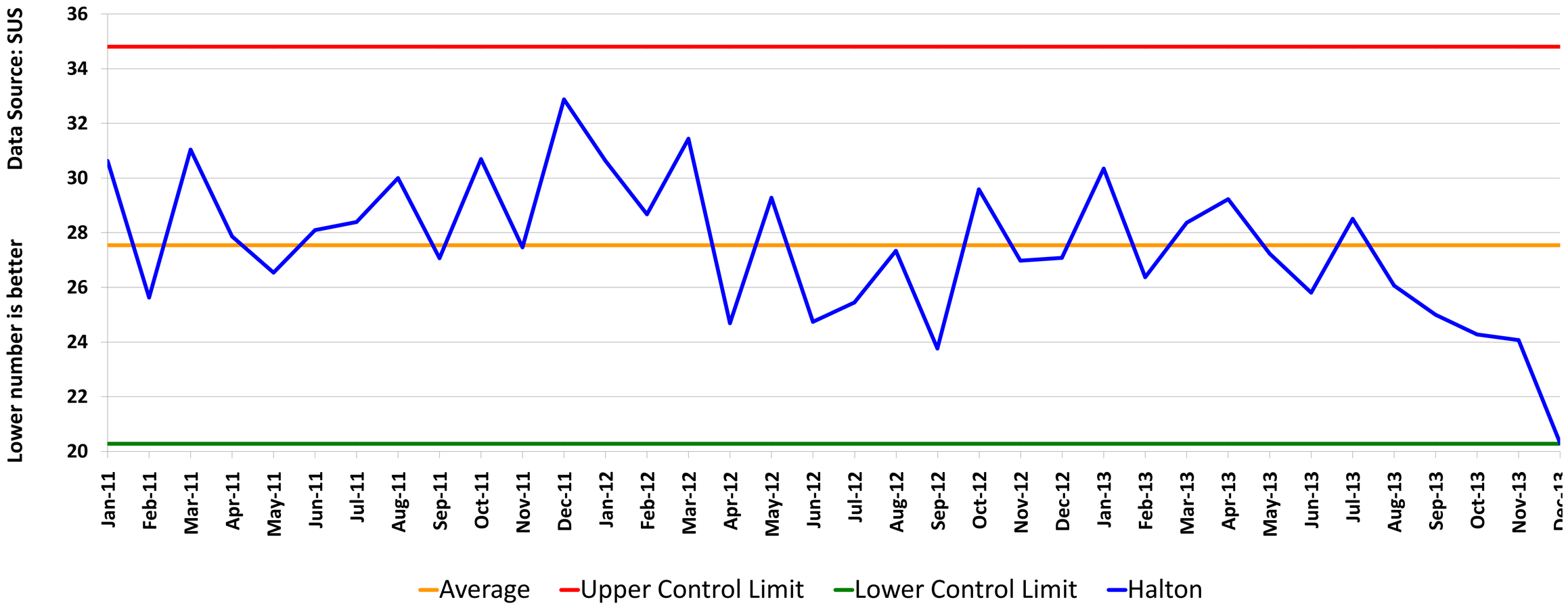
ADASS / AQuA Whole system quality and efficiency Locality Scorecard Trend Analysis graphs for Halton

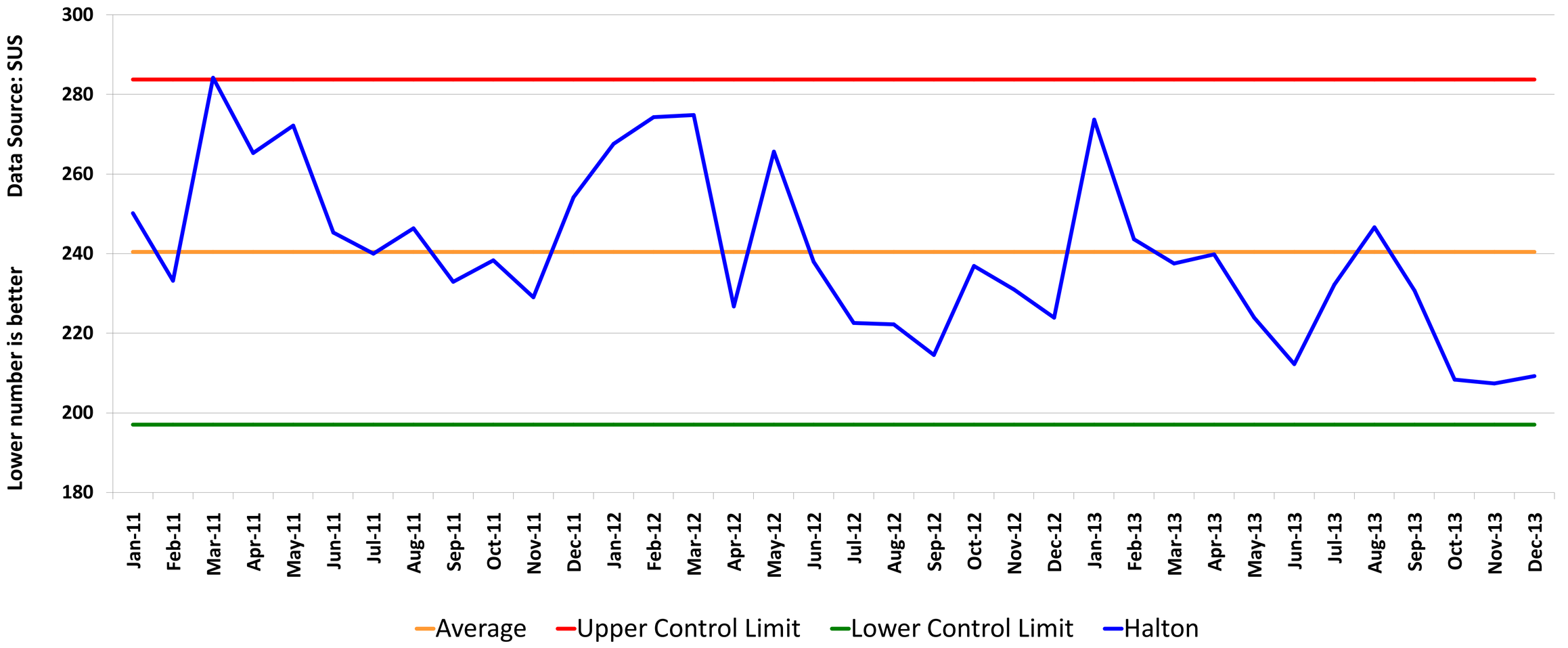
Graphs (a) and (b)

(a) Non-elective admissions aged 65+ per 1000 population 65+



Actual	20.3	Trend		NW Rank	20 of 23

(b) Non-elective bed days aged 65+ per 1000 population 65+



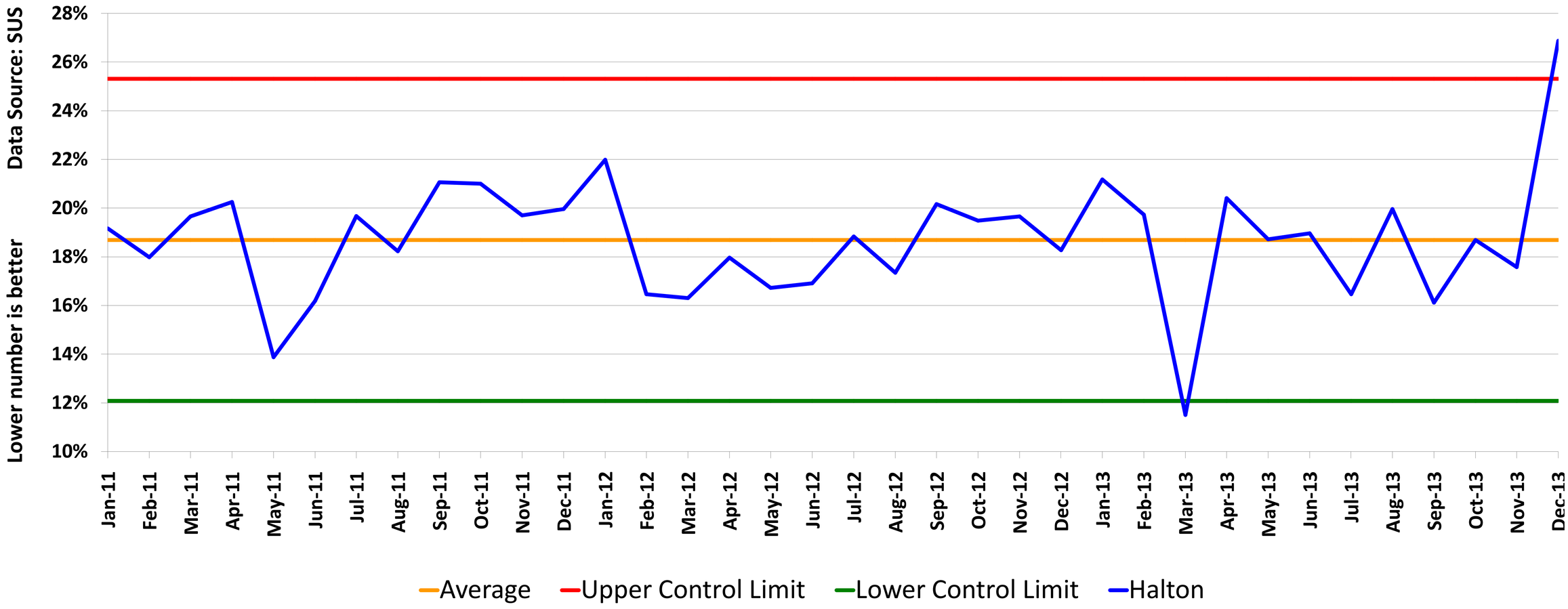
Actual	209.3	Trend		NW Rank	19 of 23

PLEASE SEE DATA CAVEATS ON PG 5

ADASS / AQuA Whole system quality and efficiency Locality Scorecard Trend Analysis graphs for Halton

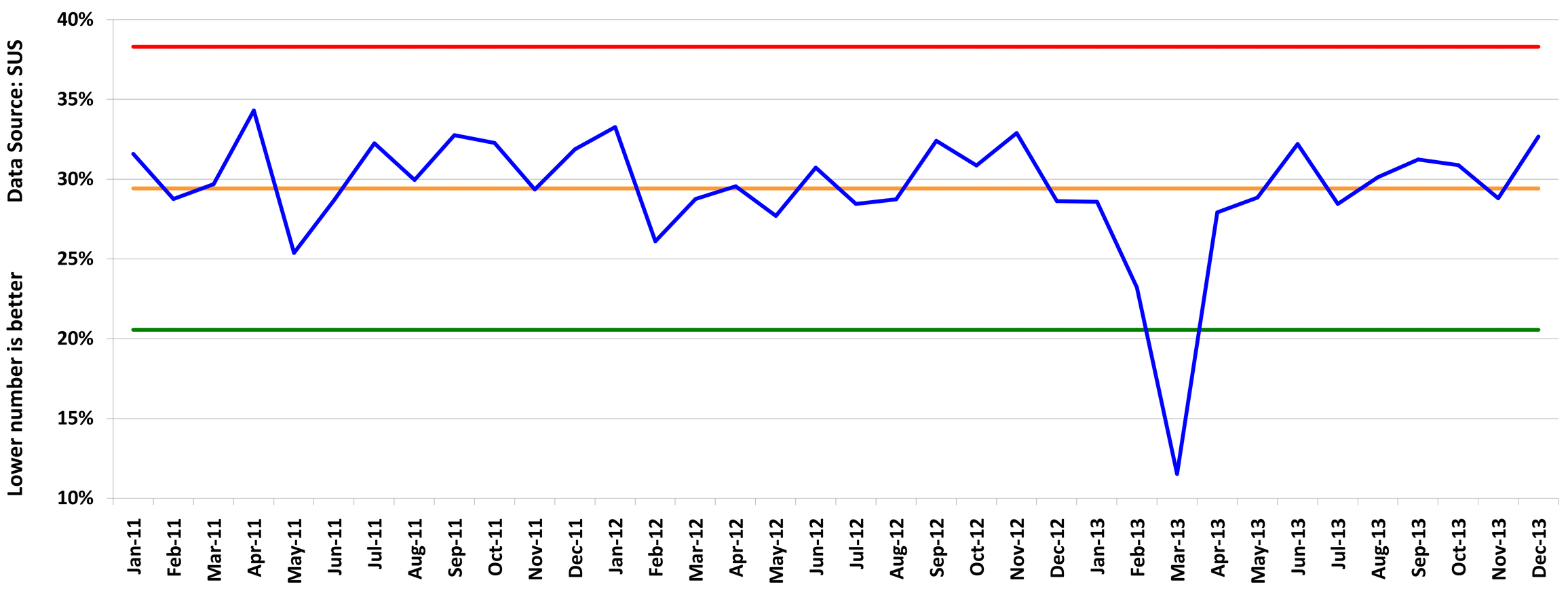
Graphs (c) and (d)

(c) Non-elective re-admission rate within 30 days aged 65+



Actual	26.88%	Trend		NW Rank	18 of 23

(d) Non-elective re-admission rate within 90 days aged 65+



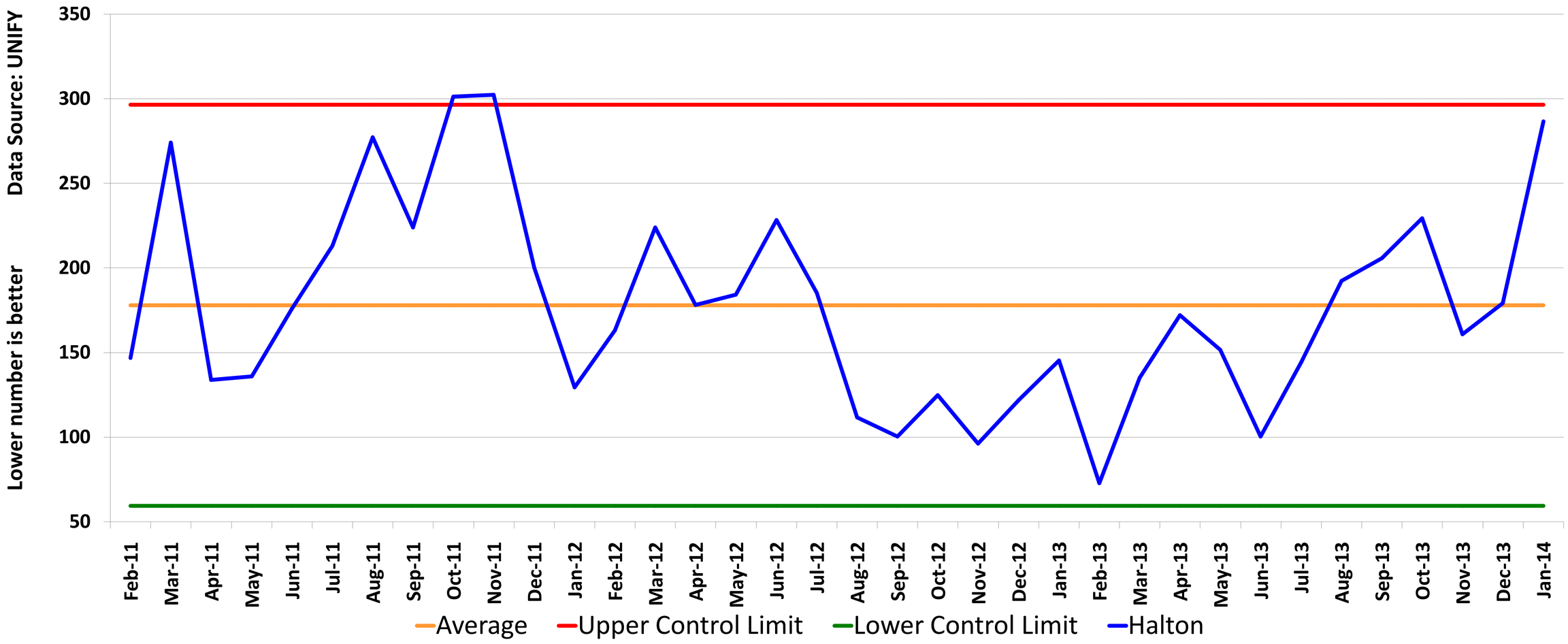
Actual	32.66%	Trend		NW Rank	18 of 23

PLEASE SEE DATA CAVEATS ON PG 5

ADASS / AQuA Whole system quality and efficiency Locality Scorecard Trend Analysis graphs for Halton

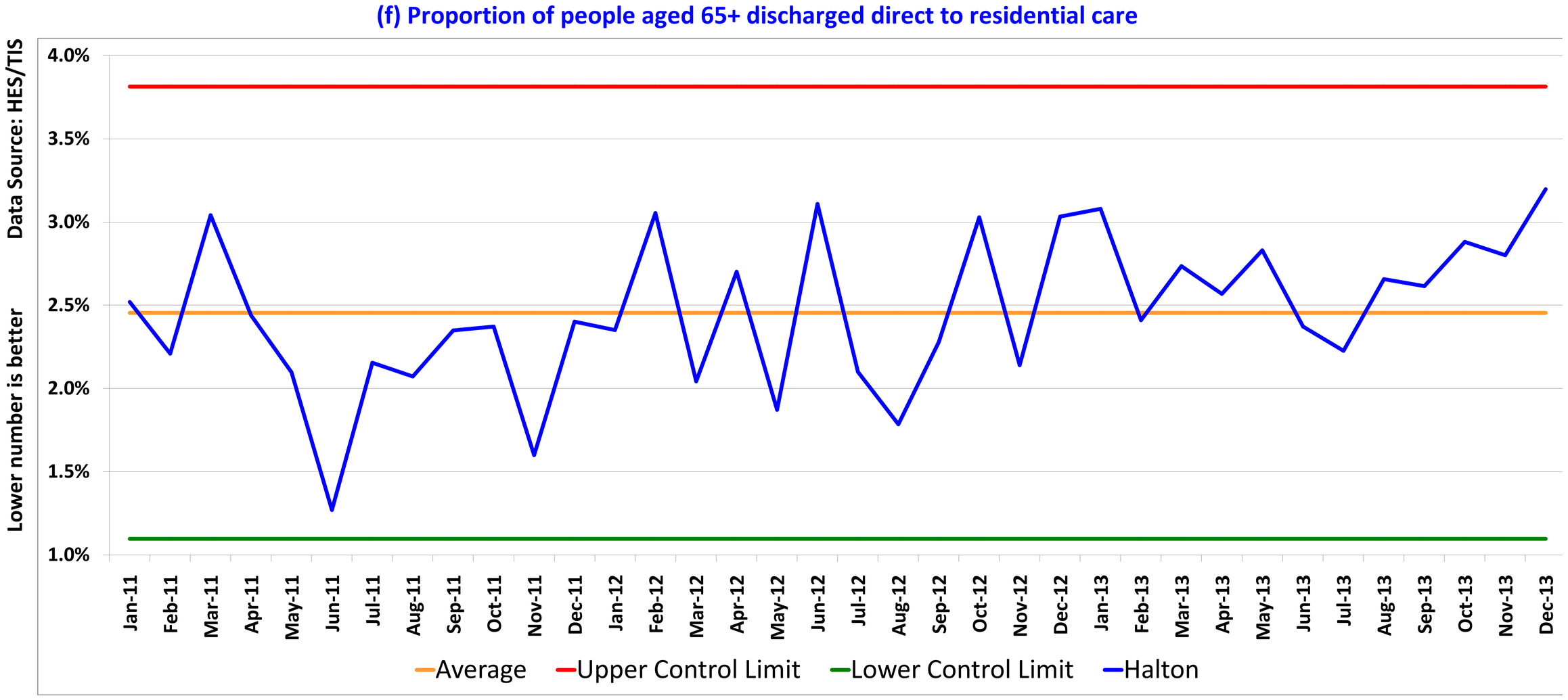
Graphs (e) and (f)

(e) Delayed Transfers of Care aged 18+ per 100,000 population aged 18+



Actual	286.7	Trend		NW Rank	20 of 23

(f) Proportion of people aged 65+ discharged direct to residential care



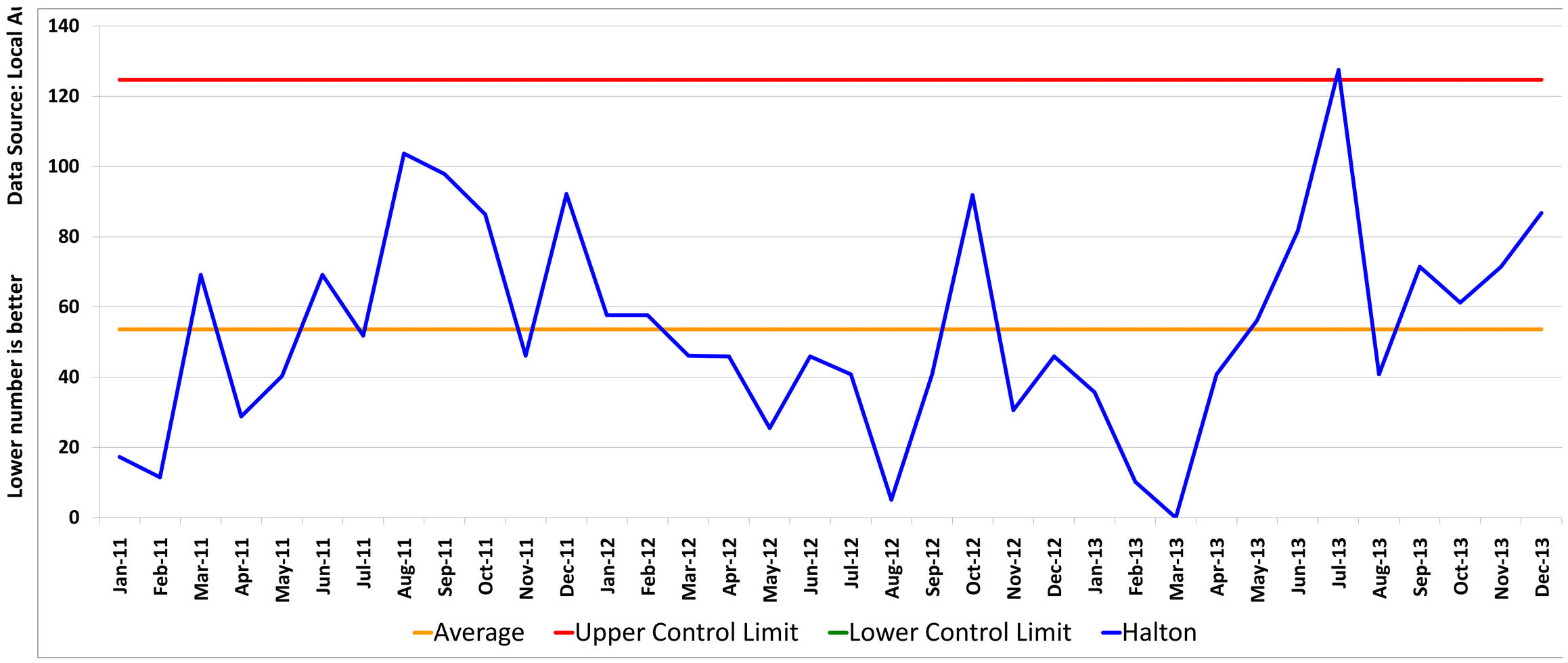
Actual	3.20%	Trend		NW Rank	14 of 23

PLEASE SEE DATA CAVEATS ON PG 5

ADASS / AQuA Whole system quality and efficiency Locality Scorecard Trend Analysis graphs for Halton

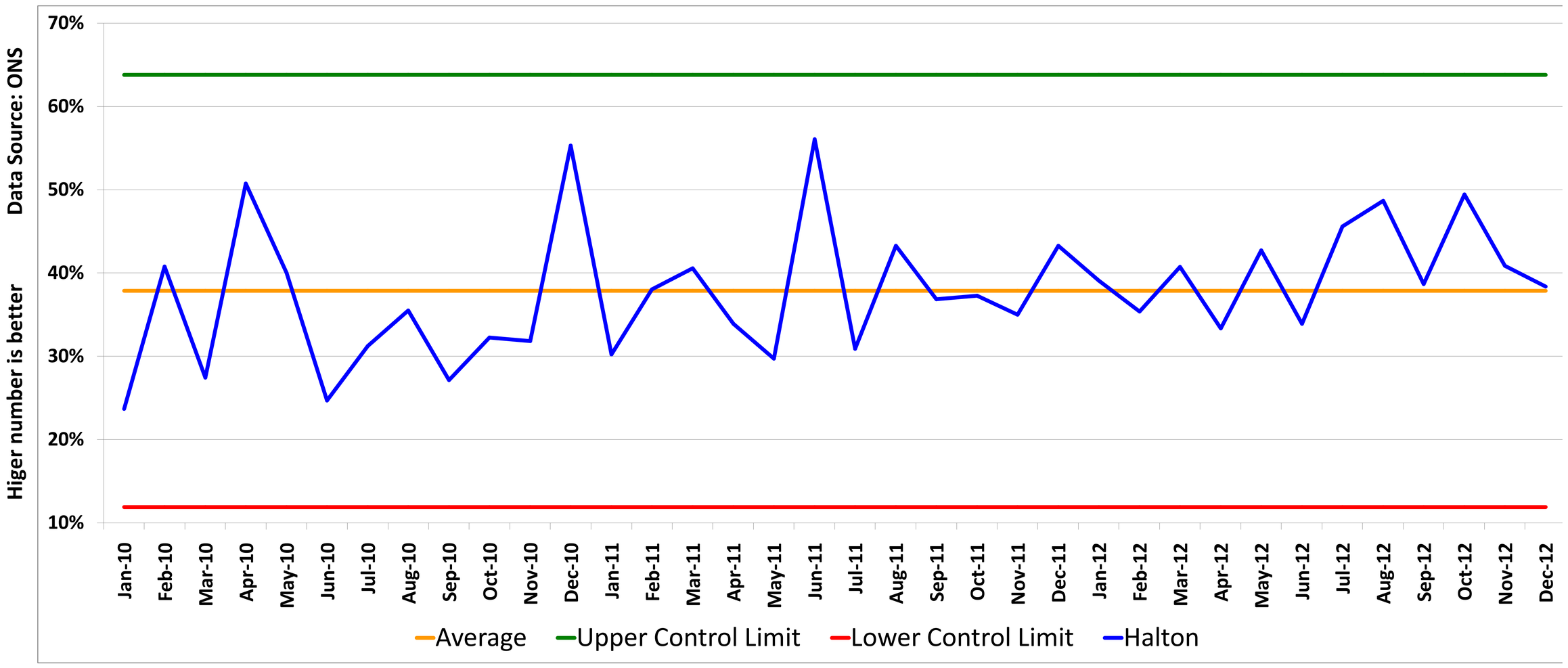
Graphs (g) and (i)

(g) Permanent admissions to residential/nursing care aged 65+ per 100,000 population aged 65+



Actual	86.7	Trend		NW Rank	4 of 23

(i) Proportion of all deaths which occur at home / in care homes aged 65+



Actual	38.4%	Trend		NW Rank	17 of 23

PLEASE SEE DATA CAVEATS ON PG 5

METADATA for the measures in the ADASS / AQuA whole system quality and efficiency locality scorecard

Measure name	Data Source	Geography/Location	Data parameters/specification for source data	Data equation/calculation	Date range	Data Caveats
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(d) Non-elective re-admission rate within 90 days aged 65+	SUS	By local authority boundary based on the address of the patient	Number of non-elective re-admission episodes within 90 days in any hospital of patients aged 65 and over living within the local authority area.	4. non-elective readmissions in 90 days aged 65 and over / 1. non-elective admissions	Jan 11 - Dec 13	
(e) No of delayed transfers of care aged 18+ per 100,000 population aged 18+	Monthly DTOC collections from provider trusts from the Unify System	By local authority boundary based on the address of the patient	DTOC bed days for month including acute and non acute, and DTOC for any reason and any organisation being responsible. This data is for people aged 18 and over only.	5. all delayed transfer of care bed days aged 18 and over / population 18 and over *100,000	Jan 14 Bed Days	This data can be accessed at the DH at the following website: http://transparency.dh.gov.uk/2012/06/21/dtoc-information/
(f) Proportion of people aged 65+ discharged direct to residential care	SUS	By local authority boundary based on the address of the patient	Number of people aged 65 and over with a discharge code of 54. NHS run care home, 65. Local Authority residential accommodation i.e. where care is provided, 85. Non-NHS (other than Local Authority) run care home	6. total for codes 54, 65 and 85 / total of all discharges	Jan 11 - Dec 13	The data for the last twelve months can be subject to change throughout the year so it may appear differently to previous refreshes of the scorecard. This data could include self funders of residential care. Some patients/service users may have lived in a different authority to the one in which they enter residential care.
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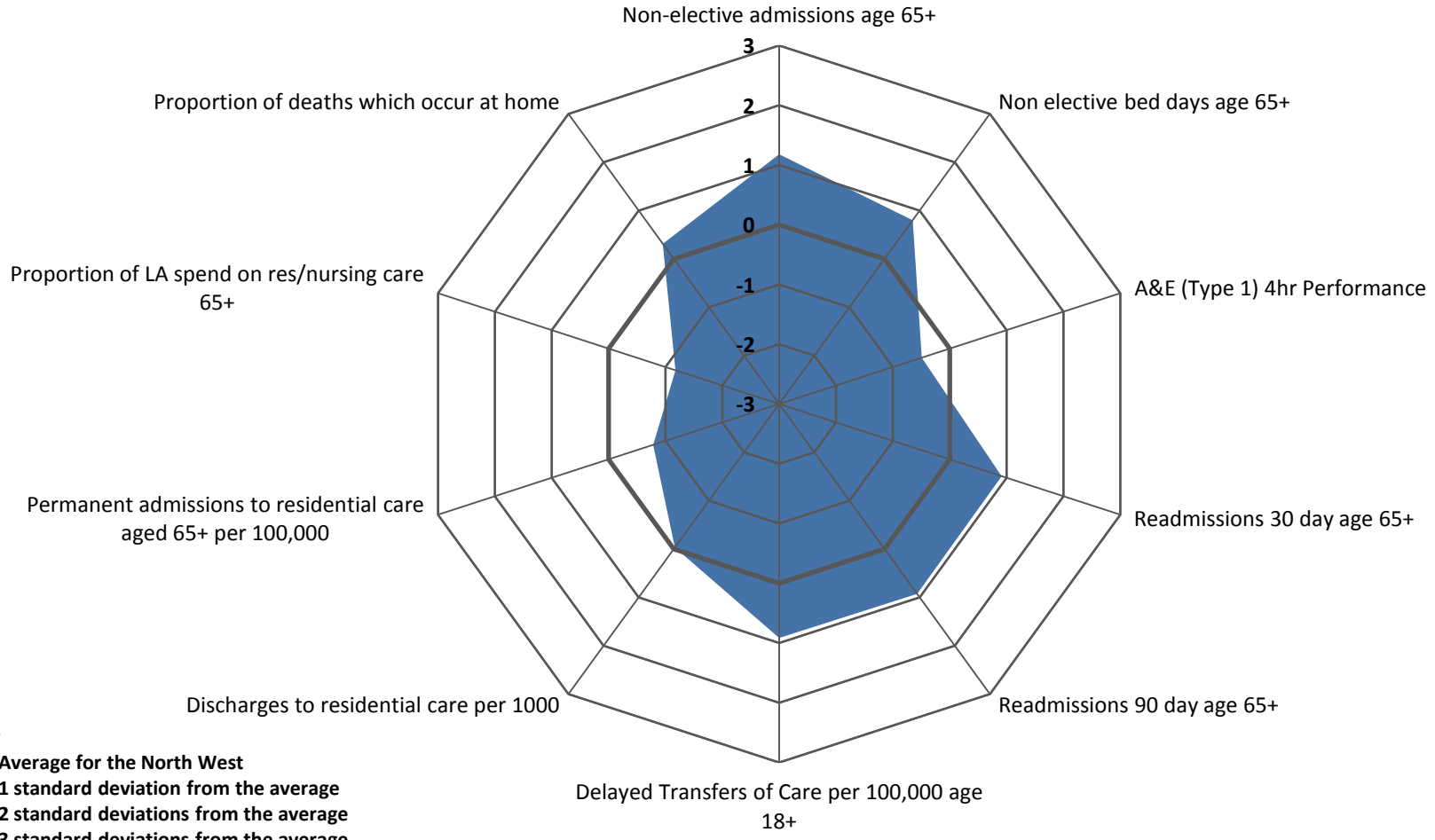
(i) Proportion of all deaths which occur at home / in care homes - aged 65+	Office of National Statistics (ONS) via NHS North West	By local authority boundary based on the address of the patient	Proportion of deaths occuring at home aged 65 and over. All deaths aged 65 and over	8. Proportion of deaths occuring at home or in care homes aged 65 and over / 9. all deaths aged 65 and over	Jan 10 - Dec 12	This data has not been accessible since December 2012

* CBS = Commissioning Business Service

Halton: Standardised Score compared to North West: Local Government - January 2013 to December 2013



Key
0 = Average for the North West
1 = 1 standard deviation from the average
2 = 2 standard deviations from the average
3 = 3 standard deviations from the average

Positive values are worse than average
Negative values are better than average

North West Utilisation Management Unit

AQuA Locality Benchmarking

Indicator	Reporting Date					Direction of Travel (Between Dec 2013 – March 2014)
	March 2013	June 2013	*September 2013	*December 2013	March 2014	
Non elective admissions (65+) - Less is Better	341 (23/23)	322 (21/23)	327 (20/22)	330 (20/22)	316 (20/23)	There has been an improvement between December 2013 and March 2014; figures currently reported are the lowest reported during the last 12 months.
Non elective bed days (65+) – Less is Better	3119 (21/23)	2972 (20/23)	2750 (17/22)	2802 (18/22)	2765 (19/23)	There has been an improvement in non-elective bed days between December 2013 and March 2014; even though Halton remain as red, direction of travel has been assessed as improving as the figure for bed days reported in March 2014 is significantly better than that reported in March 2013.
Non-elective re-admission rates within 30 days (65+) – Less is Better	18% (18/23)	18% (17/23)	18.3% (20/22)	18.5% (18/22)	18.7% (18/23)	Although there has been a slight drop in terms of overall performance, Halton's overall NW position remains static.
Non-elective re-admission rates within 90 days (65+) – Less is Better	29.6% (17/23)	29.6 % (18/23)	27.9% (19/22)	27.0% (17/22)	27.6% (18/23)	Although there has been a slight drop in terms of overall performance between December 2013 and March 2014, Halton's overall NW position remains static. However direction of travel has been assessed as improving as the figure for non-elective readmissions within 90 days reported in March 2014 has improved than that reported in March 2013.

Delayed transfers of care (18+) – Less is Better	329 (21/23) – Jan'13 Bed Days	172 (13/23) – April'13 Bed Days	144 (5/22) – July '13 Bed Days	229 (17/22) – Oct'13 Bed Days	287 (20/23) – Jan'14 Bed Days	There has been a drop in the number of bed days associated with delayed transfers of care.
Proportion of people 65+ discharged direct to residential care – Less is Better	2.4% (14/23)	2.5% (13/23)	2.5% (12/22)	2.6% (14/22)	2.7% (14/23)	Figures have remained fairly static; direction of travel has been assessed as static.
Permanent admissions to res/nursing care (65+) – Less is Better	582 (1/23)	440 (1/23)	515 (1/22)	633 (4/22)	684 (4/23)	There has been an increase in the permanent admissions to res/nursing care, although Halton's performance remains high compared with other NW areas.
Proportion of LA ASC spend on res/nursing care (65+) – Less is Better	44.7%	44.7%	46.9%	49.5%	49.5% (2/23)	Linked to an increase in admissions, the proportion of LA ASC spend has also increased; we are still 2nd in the NW only being outperformed by Bolton
Proportion of deaths with occur at home/care homes (65+) – More is Better	40.6% (17/23)	40.6% (17/23)	40.6% (16/22)	40.6% (16/22)	40.6% (17/23)	NB. Figures only reported Jan- Dec 2012

*September & December 2013 figures did not include Cumbria; the March 2014 figures do now include information from Cumbria.

NB. Figures in () indicate Halton's position against other NW Local Authority areas.

Benchmarking Key

Best 1st – 6th	
7th – 12th	
13th – 18th	
19th – 23rd	

REPORT TO: Health & Wellbeing Board

DATE: 7 May 2014

REPORTING OFFICER: Strategic Director Children and Enterprise

PORTFOLIO: Children, Young People & Families

SUBJECT: Halton Children & Young People's Plan 2014 -17

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 This report provides an overview on the new Halton Children & Young People's Plan (CYPP) 2014-17.

2.0 RECOMMENDATION: That the Board

1. notes the contents of the report; and

2. supports the roll out of the new CYPP and work in order to meet its priorities over the next three years.

3.0 SUPPORTING INFORMATION

3.1 The CYPP is the agreed joint strategy of the partners within Halton Children's Trust, detailing how they will co-operate to improve children's wellbeing. It represents Halton's local vision and aspirations for children and young people in the borough, and provides strategic direction and determines how the Children's Trust Board will work together to commission services to address locally identified needs and better integrate provision.

3.2 Halton's first CYPP was published in 2006, covering a three year period to 2009. The second CYPP for Halton was published in 2009 and ran until March 31st 2011. The current CYPP has been in place since 2011 and is due to come to the end of its lifecycle on March 31st 2014.

3.3 Although no longer statutory as of June 2010, the need for a CYPP to remain in place was universally agreed locally in Halton to provide the strategic direction for the continuing Children's Trust arrangements. Following extensive consultation, the priorities for Halton Children's Trust for the period 2011-14 were agreed as

- Improve outcomes for children and young people through embedding integrated processes to deliver early help and support.
- Improve outcomes for children and young people through effective integrated commissioning
- Improve outcomes for our most vulnerable children and young

people by targeting services effectively

3.4 The Halton Children & Young People's Plan 2011-14 is framed around these priorities.

3.5 It was agreed in autumn 2013 to develop a new CYPP to frame the work of the Trust from 2014. On this basis a working group was established from November 2013 to develop the plan based around the agreed priorities, which are:

1. ***Working together to*** deliver services in a joined up way to make sure children and their families get the right help at the right time *(Early Help & Support)*

2. ***Working together to*** plan and fund outcome focused services for children and families, that deliver high quality services that are value for money *(Integrated Commissioning)*

3. ***Working together to*** focus services towards the needs of our most vulnerable children, young people and families to *'close the gap'* by improving health, education, social and cultural outcomes.

4.0 POLICY IMPLICATIONS

4.1 The task and finish working group met bi-weekly and following the development of a short project brief, a number of agreements were made around the approach to take for the new CYPP. These include:

- Primarily web-based but with a limited number of copies produced for stakeholders and inspection purposes
- Shorter chapters and simplified language – the objective being to produce chapters that are fully understood by all stakeholders no matter what their level of involvement is.
- The chapters should be different in their approach to that found in other documents
- Exploitation the advantages of having a web-based document – for example being able to link to other documents if you want more detail.
- Involvement of young people – this has been initiated in a number of ways, including:

    - INVOLVE Group – the CYPP is a standing item on the agenda at each meeting and ideas have been generated for involving young people. These include a young people's video to explain the CYPP and looking to have advocates/peer champions. This Group involves representatives from a broad range of young people's agencies and groups, including Halton Youth Cabinet, Community of Youth, Halton Speakout and Canal Boat

Adventure Project
- Working with the Children in Care Council in February
- Social Media – utilising Twitter to look for further involvement to increase the meaning of the Plan to young people. This includes the possibility of drawings/cartoons by young people in different chapters to show it means to them and other young people.

5.0 OTHER/FINANCIAL IMPLICATIONS

None

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The CYPP is the key strategic document for Halton Children's Trust, within which all children and young people's services in Halton sits. The Plan outlines the main priorities for the Trust in order to improve outcomes for children, young people and their families in Halton.

6.2 Employment, Learning & Skills in Halton

The Plan has a strong focus on continuing to tackle the numbers of Not in Education, Employment and Training (NEET) young people in Halton, including through the promotion of apprenticeship opportunities.

6.3 A Healthy Halton

Health remains a clear priority for the Children's Trust within each of the three priorities, fully involved and leading on working within each. Health indicators also remain a key element of the Performance Management Framework that supports the CYPP. Halton Children's Trust is closely involved in the Health & Wellbeing Board and structures that sit underneath it, working in conjunction with Public Health and Halton Clinical Commissioning Group across a broad range of issues. To this end, a Joint Protocol has been developed involving Halton Children's Trust, Halton Safeguarding Children Board and Halton Health & Wellbeing Board.

6.4 A Safer Halton

The Plan looks at work being done around alcohol, anti-social behaviour and youth offending. In each of these areas the Trust works closely with the Safer Halton Partnership.

6.5 Halton's Urban Renewal

The CYPP highlights the development of further provision in Halton, including the CRMZ facility in Widnes and additional secure residential accommodation across Halton.

7.0 RISK ANALYSIS

7.1 It is vital that both the Council and Children's Trust continue to be clear about priorities for service delivery and that this strategy is noted by Elected Members.

7.2 The absence of a CYPP would:

- Reduce the ability to take account of the local community's aspirations, needs and priorities;
- Have serious implications for Partnership co-ordination between all the public, voluntary and community organisations and other stakeholders that operate locally for the benefit of children, young people and their families;
- Potentially reduce the effectiveness of the Partnership through fragmentation of strategies.

7.3 These risks can be mitigated by the adoption of the CYPP and its implementation, monitoring and ultimate delivery. This Annual Review document provides a supplement to ensure the CYPP remains fit for purpose.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 A Community Impact & Review Assessment prior to its formal launch showed no negative impacts on any individuals and groups within Halton as a result of the Plan. The Children & Young People's Plan facilitates positive action for children and young people overall in Halton and for particular groups of children and young people as appropriate.

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

Document	Place of Inspection	Contact Officer
Children Act 2004	2nd Floor, Rutland House, Runcorn	Mark Grady
Halton Children & Young People's Plan 2011-14	2nd Floor, Rutland House, Runcorn	Mark Grady

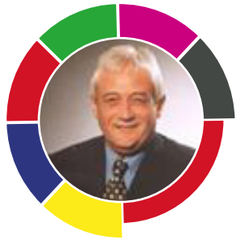
Halton Children & Young People's Plan 2014-17

Contents

Forewords

On behalf of Halton Children's Trust I am pleased to present the Halton Children and Young People's Plan. We have made great progress recently, but we still have much to do. This Plan is for all children and young people in Halton, and focuses our thoughts and actions in areas where all Halton Children's Trust partners collectively believe we need to accelerate progress. This does not mean that those areas and services not directly identified in this plan are not equally important; on the contrary, in these areas we expect it to be 'business as usual' in continuing to improve outcomes in Halton.

This plan captures changes that are taking place nationally as well as locally and will ensure that all partners within the Children's Trust can continue to work together to ensure that all children and young people in Halton can reach their full potential.



Councillor Ged Philbin

Lead Member for Children's Services

Chair, Halton Children's Trust Board

As Strategic Director for Children & Enterprise in Halton, I am personally accountable for the successful implementation of the Halton Children and Young People's Plan and its commissioning priorities. Its contents reflect both the significant progress we as a Children's Trust have made to date; along with the areas we must improve further. It is optimistic, but challenging.

The Plan comes at a time when we are moving into a greater maturity and integration in the planning and delivery of services. Halton Children's Trust must continue working as one 'organisation' to deliver the Children and Young People's Plan's intended outcomes. Virtual as that organisation may be, its impact must be real, substantial and enduring, within the context of a changing national and local policy framework.

Our focus is about improving outcomes for children, young people and their families locally. We have therefore developed and designed the Plan with them; and is yet another example of how we can work together to common purpose. The partnership we have with the people we serve and the many services that support them is an inclusive one. Together we can meet the challenges the Children and Young People's Plan sets out for us.

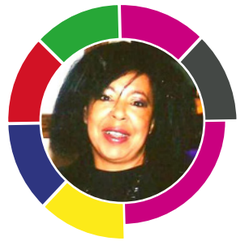
Gerald Meehan

Strategic Director Children and Enterprise, Halton

LOOK OUT FOR OUR
Children & Young People's Plan Promises 2014-17
They appear throughout this document alongside our promise icon

This Plan sets out the priorities for children and young people in Halton, and how Halton Children's Trust will make sure that our families get the help and support that they need in order to do well. The Plan is committed to ensuring our children, young people and their families are aspirational as they grow and develop. Halton Children's Trust supports this in lots of ways and underpins inclusion across Halton and in local communities.

Parents, grandparents, carers and young people can positively contribute to this through involvement with Halton Children's Trust via Halton Family Voice, INVOLVE and various youth activities across Halton. In this way, our voices can be heard and we can help shape future services to be meaningful and effective.

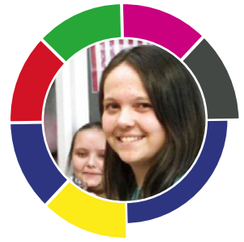


Cleo Pollard

Halton Family Voice Chair and Representative on Halton Children's Trust Board

The Halton Children and Young People's Plan shows some of the priorities in Halton and how the different agencies involved hope to work together in their commitment to improving the lives of children and young people across the borough. It turns statistics into understandable, meaningful actions and allows us to celebrate our achievements so far as well as make plans for the future.

As a young person and a member of the Involve committee which actively promotes participation, I am encouraged by how many opportunities there are for members of the community be involved in shaping the services in their area. By working in partnership, we can all make a difference and this plan is just one of many testaments to that.



Leanne Gould

Halton Involve Board Representative

Background

What is a children and young people plan?

Halton's Children & Young People's Plan 2014-17 is the main plan for all partners within Halton Children's Trust and the services they provide for children and young people in Halton. It sets out what we are going to do together to make things better for our children and young people.

What is the purpose of this plan?

This document describes what we will do together in Halton to ensure that regardless of their circumstances, every child and young person has access to the best services.

What is Halton Children's Trust?

Halton Children's Trust was established in 2008 and is a partnership of all the different people that work with children and young people and their families.

We are the Doctors and Nurses, Teachers, Police Officers, Youth and Social Workers, voluntary agencies and all other staff children and young people may come across working together to meet the needs of and to make things better for all children, young people and families in Halton.

"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"

Equality & Diversity - We will recognise and celebrate the diversity of our children and young people as well as aspects of commonality.

Our priorities for 2014-2017 at a glance

Halton Children's Trust has 3 main areas for improvement over the next 3 years. Our priorities are:

1. ***Working together to deliver services in a joined up way to make sure children and their families get the right help at the right time - Early Help & Support***

2. ***Working together to plan and fund*** **outcome focused services for children and families, that deliver high quality services that are value for money** ***- Integrated Commissioning***

3. ***Working together to focus services towards the needs of our most vulnerable children, young people and families to 'close the gap' by improving health, education, social and cultural outcomes.***

How we developed this plan - National and Local Context

National Context

Over the last 3 years we have experienced major changes affecting all Halton Children's Trust partners whilst responding to reduced budgets and increased demand in services. For example:

- NHS re-organisation, including the development of GP Clinical Commissioning Groups (CCG) responsible for commissioning local health provision, supported by Health and Wellbeing Boards and the move of public health to local authority control. The changes across Health are explained in this video from The King's Fund **http://vimeo.com/69224754**
- Changes outlined in legislation such as the Children and Families Act 2014, which is transforming support for children and young people with special educational needs (SEN). **https://www.gov.uk/government/news/landmark-children-and-families-act-2014-gains-royal-assent**
- Education developments, such as greater school independence with creation of academies and free schools and the introduction of Pupil Premium which offers schools additional resources to help close the attainment gap.
- Policy focus on Early Intervention through initiatives, such as Trouble Families (known as Inspiring Families in Halton) and free childcare for vulnerable 2 year olds. **https://www.gov.uk/government/policies/helping-troubled-families-turn-their-lives-around**
- Review of and changes to inspection frameworks and reporting responsibilities of all partners. **http://www.haltonchildrenstrust.co.uk/index.php/halton-inspection-planning/**

By working together we will strive to make the most of our available resources and provide services that meet local need.

Local Context

If Halton was a village of 100 Children & Young People...

Play - We will support all children and young people to be able to participate in and enjoy the physical and mental benefits of play within their local communities.

Joint Strategic Needs Assessment (JSNA)

What is the JSNA?

The JSNA is a way of using local and national data and other information to assess the health, well-being and care needs of the local population. It does not look at the needs of individuals. Instead, it looks for patterns where particular conditions or issues cluster. For instance, it looks at all the hospital admissions that have occurred in a year for the types of illnesses people had and details about how became ill – was it mostly males or females, particular age groups or people living in a certain parts of the borough.

Why is this type of information important to know?

Knowing the types and patterns of both good health and ill health helps those commissioning and delivering services to make sure they have the right services in the right places. These might be services to help people to stay healthy as well as making sure when they do become ill or have additional support needs we have the right mix of services available to help.

It is important that we listen to local views on health and understand what people think about the services they receive. There has been an on-going series of events and consultations and these will continue. Some of them have asked people about their views of health and what helps to keep people healthy. At others, commissioners, service providers and local people have come together to look at what the best way to deliver specific services should be, looked at particular service and at health generally. This kind of information complements the data in the JSNA to give us a full picture of local needs.

What does the JSNA look like?

The new Children's JSNA (http://www.haltonchildrenstrust.co.uk/index.php/jsna/) has used an important national review of health inequalities called the Marmot Review. Health inequalities describe the type and level of gaps that exist between those in good health and those with poorer health. The review emphasised the importance of ensuring children get a good start in life to give them the best chances of a happy and healthy life during childhood and into adulthood. There are key stages in life that we have used to look at health & wellbeing:

- Maternity care
- Early years (0-5)
- The school years
- The needs of children with additional support needs

What are the key findings of the JSNA?

Our JSNA tells us that:

- The majority of children & young people are happy and healthy with good relationships with family and friends.
- Of those that do develop problems the most common ones are around mental health and accidental injuries.
- The level of emergency hospital admissions is quite high in Halton, higher than for the North West and England as a whole. As well as injuries, long-term conditions such as asthma, epilepsy and diabetes are also important issues.
- Children can be at risk of developing problems in later life if they start smoking, drink alcohol or take drugs. These are still important issues for us to work with children, their families and through schools on. However, the good news is that less children than in the past are now affected by these issues.
- Being a healthy weight is also important as being overweight can lead to diabetes and other conditions in later life. Children at Reception year and Year 6 are weighed and measured so we can assess how many children are underweight, how many are a healthy weight and how many are overweight. The proportion of children who are overweight had been rising but has now levelled off and is even showing signs of reducing.
- Most women access antenatal care by 12 weeks which ensures we can fully support them, offering support to quit smoking, healthy eating and picking up on any early signs of women needing additional support.
- There are some things that can affect a child's health and development even before they are born or shortly afterwards. More women in Halton continue to smoking during pregnancy than seen elsewhere in the country and less breastfeed.

- Most children receive their immunisations which protect them against the major infectious diseases. However, some children are still missing out and it is important that as many as possible do receive them, even if they are late.
- A significant number of children have delays in their early development. This means they are behind where they should be with reading, writing as well as their speech, language and communication skills when they start school. This puts them at a disadvantage from the start.
- Fortunately, through the efforts of the local authority, support services and schools, Halton school children now get very good GCSE results. In fact, overall Halton now performs better than the North West and England averages.
- However, children who have special educational needs, who are in care and are in receipt of free school meals, on average, tend to do much worse than the Halton average at all key stages. This gap is a challenge across the country and Halton is working hard to close this gap.

Celebrating Success - Emily Miller's Story – Dry January

My volunteer work

I volunteer for Young Addaction Halton, working with and helping fellow staff in many ways. These include outreach and streetbased work in Halton promoting the Young Addaction service and the work that surrounds it and working with young people with any issues they may have. I also help with sessions in schools on relevant topics (for example 'Dry January and the effects of alcohol'). I am enrolled on the Teens and Toddlers project and have assisted with many events in community centres and at CRMZ. I really enjoy the work I do and am always happy to see the changes and support the service produces. I also volunteer every Tuesday with my local 7th Runcorn Brownies in which I help with games, arts and crafts, excursions and badgework.

Why get involved in the Dry January Campaign?

I got involved in Dry January as I enjoy a challenge and the fundraising element was fun. Being a 22 year old university graduate I thought it was a good idea to start reducing and regulating my drinking. I also chose to participate to promote a healthy lifestyle and be a good role model to young people in Halton. I know the effects alcoholism can have having losing a family member also.

What I did

I created a fundraising page and had family sponsor me to get the ball rolling. I then, with the help of social media began to promote my page and the work I was doing to friends and colleagues. After tweeting the Council and local newspapers about the tea party I was arranging to raise more money, I began to have an influx of emails asking to promote my work further. Due to my efforts and stories in the two local newspapers, Council magazine and on webpages I held a fantastic tea room with the help of my Addaction team and West Bank Community centre at the end of January I raised over £600 overall.

Trip to London

I received an invite to parliament from the charity Alcohol Concern (Dry January creators) after my fanatical tweeting and tagging of the Charity in all of my promotion posts. I had emails and a letter saying how well I had done. I found out after meeting a lot of the Charity members at the House of Commons that because they were such a small office, they had watched my events unfold quite closely and were impressed. The House of Commons was a fantastic and memorable event, I met Alistair Campbell and I would recommend everyone to try Dry January next year!

The Future

I hope to work more closely with the community of Halton and help the young people of Halton to lead happier lives. I shall take up a new fundraising challenge in the near future. For now, I have recently signed up to finish my Duke of Edinburgh and receive my Gold award.

Our new priorities in detail

1. Early Help & Support

What do we mean by early help and support?

The overall aim is to identify problems early and provide the right support to help prevent needs from escalating.

All Halton Children's Trust agencies are committed to helping children and families as soon as any additional needs are identified. This is achieved by working closely with partners from both Children and Adult Services to meet the best interests of the whole family. It builds on the capacity and strengths within a family with a focus on the family identifying their own problems and finding solutions.

We will ensure that children, young people and their families can access the additional and specialist services they require through the same initial point of access.

A key aspect of the model is advising and supporting professionals around the Common Assessment Framework **(CAF)** process which is used to assess a family's identified needs and co-ordinate the right package of support to improve outcomes.

The **Halton Levels of Need Framework** has been agreed by all agencies within Halton Children's Trust to guide and support agencies to meet families needs at the lowest possible level using a common language and approach.

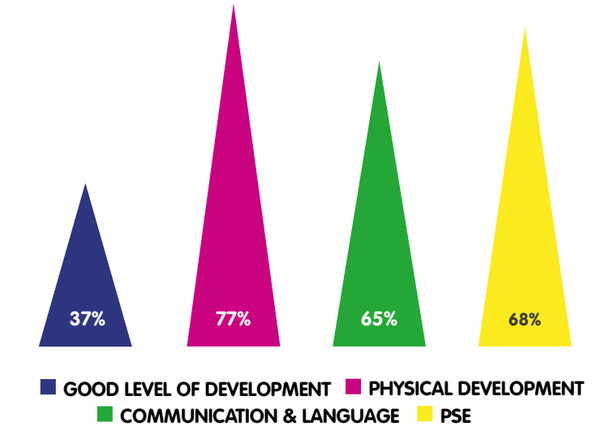
For more details please visit:

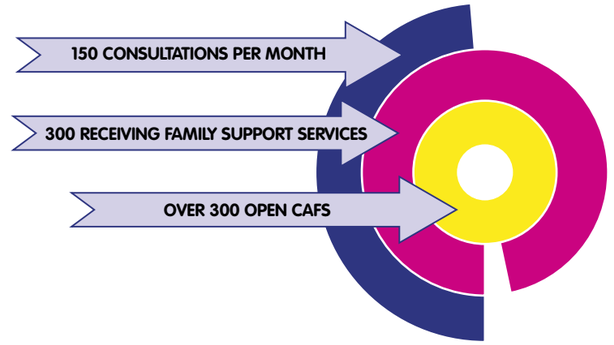
http://www.haltonchildrenstrust.co.uk/index.php/halton-levels-of-need/

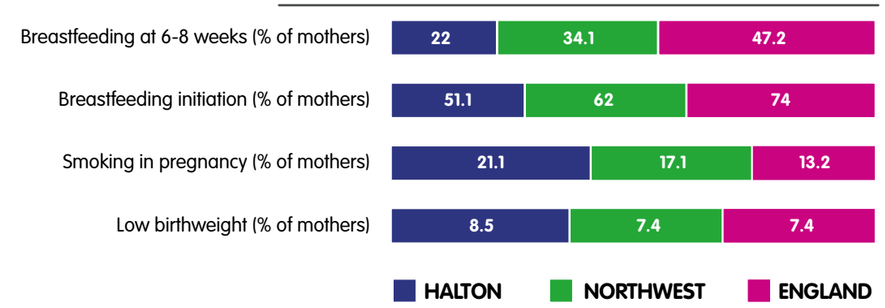
Early Help and Support - We will meet the needs of children, young people and their families as early as possible and ensure smooth access where necessary to additional and specialist services through the same initial point of access.

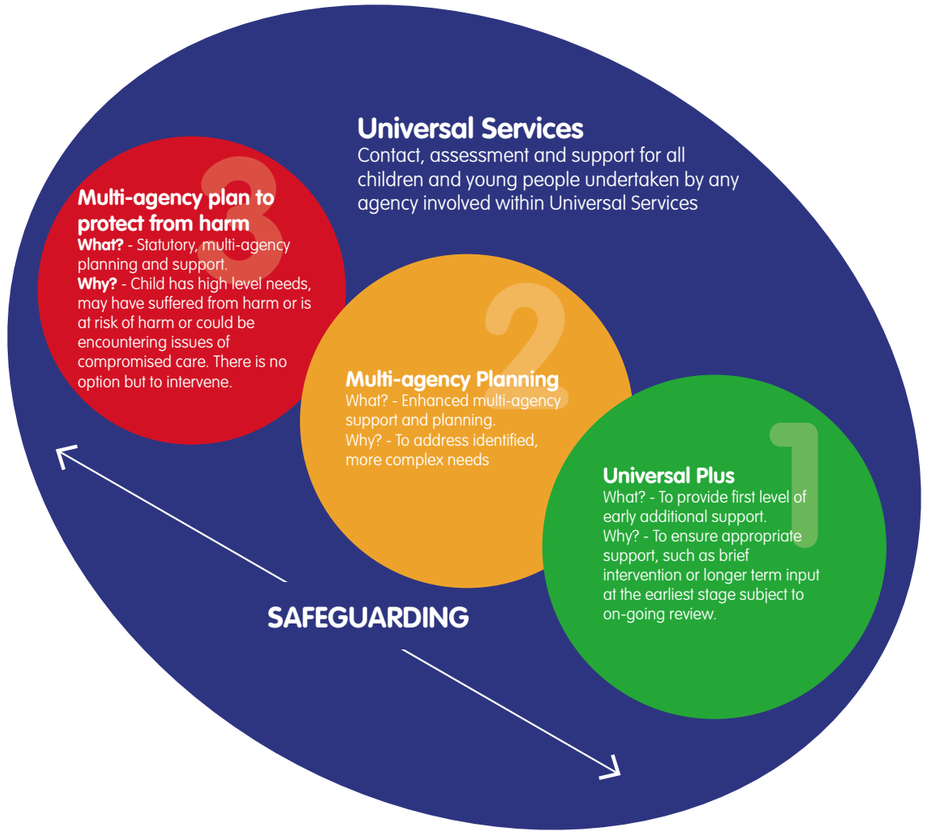
Headlines

- About a fifth of mothers (21%) are recorded as smoking in pregnancy, this is slightly higher than the North West and England rates.
- Around 22% of mothers breastfeed at 6-8 weeks, which is about half the rate for England.
- 37% of children achieved a good level of development in the Early Years Foundation Stage Profile (EYFS), which is lower than the North West and England figures.
- There has been a reduction of first-time Halton entrants into the Youth Justice System by over 70% since 2006-07.









The **Halton Levels of Need Framework** has been developed in line with Working Together 2013 guidance and is the agreed 'thresholds document' for Halton.

It supports agencies to meet the needs of children, young people and their families to ensure the best possible outcomes.

The framework identifies three levels of additional needs over and above the Universal Services such as Education and Health that are provided for all families.

Early Help focuses on Level 1 and in particular Level 2 within this Framework and supports a smooth transition across all levels.

Celebrating Success - Early Help in action

C is a 35 year old single parent to two children. Child A is 12 years old and Child B is 1 year old. C has a long history of substance misuse (street drugs) and has accessed programmes on several occasions.

Following the birth of Child B, C accessed support to help her refrain from any type of illegal drug activity. Her needs were identified as requiring a further support programme but this time with additional rehabilitation. Funding was secured for her to attend this for 6 months in out of borough provision. Parenting of her first child had been heavily supported by the maternal grandmother and she continued to be supported with her baby by family and health services.

After a successful rehabilitation programme, C returned to live in Halton. It was agreed that she would be supported by a Common Assessment Framework (CAF) Level 2 assessment to help her with her reintegration into the locality and support her positive parenting.

The CAF was co-ordinated by her Health Visitor, with support from a range of services including housing, schools, Family Work Service and Citizens Advice Bureau. The CAF progressed well, C has not had any relapses and aims to become a recovery champion.

When needs increase and statutory interventions become necessary **(Step Up)**, there has to be a smooth transition to specialist services.

Equally, where needs reduce, Early Help plays a key role in ensuring a seamless transition down **(Step Down)** the continuum of need to ensure a successful move from statutory to preventative services.

Contact And Referral Team (CART)

CART is the single front door for access to all Children's Social Care services and advice. CART ensures all requests for a child receives a timely decision from a qualified social worker. For safeguarding concerns or immediate safeguarding risks to a child, information is recorded and a same working day response provided by a social worker. For all other contacts, CART completes enquiries within 48 hours (2 working days). Each contact with CART to ask for support or advice is recorded.

Enquiries could be from or may include speaking to families and professional agencies such as Education, Health, Police, Probation, Housing and other Local Authorities.

All information is considered by CART alongside the Halton Levels of Need Framework and guidance is offered in line with the level of the Framework that the case meets.

- **At Level 3 –** For cases found to be open to a named social worker or team, CART will direct the case appropriately. If the child/family are not known, or are known but there is no current involvement, this will be recorded and an appropriate Social Worker identified to take forward.
- **At Level 2 -** CART will refer the case to the appropriate multi-agency support that can be co-ordinated through the Integrated Working Support Team and multi-agency assessments such as the Common Assessment Framework.
- **At Level 1 -** CART will refer to appropriate service(s) to meet the lower level additional needs.

The multi-agency Contact & Referral Form can be accessed here **http://www.haltonchildrenstrust.co.uk/index.php/halton-levels-of-need/**

Celebrating Success - Castlefields Health Centre

Background

- A young mum (age 19) transferred into the Health Centre from Liverpool. At her first clinic a private consultation was arranged and full history obtained.
- She was very vulnerable and socially isolated. She had no family in the area and her connections with her family were sporadic and volatile.
- The partner she was living with was a user of cannabis, they frequently argued and he had been violent towards her.
- Despite her difficult beginnings, mum was a good carer and there was a lovely bond between her and her child and the child was parented to a good standard.

What we did

- Conducted a full assessment and we worked hard to build her trust.
- Obtained background information from Liverpool, following which we referred into the Public Protection Unit.
- Provided a place of safety for mum to talk to the Independent Domestic Violence Adviser.
- Provided counselling but mum was not ready to access this so an open ended appointment was created.

Impact

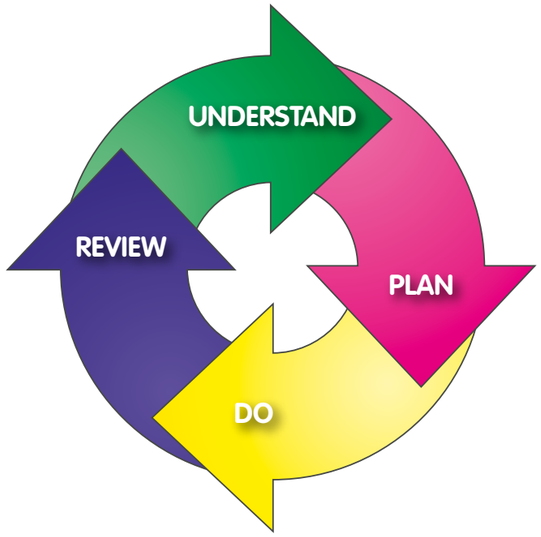
- Mum has split from the partner, they are living separately and she is happy about this and feels able to move on.
- Mum is engaging with the children's centre and has attended the soft play sessions.
- Mum is considering her options to attend college.
- Mum feels able to contact us to discuss her child and any concerns she has.
- Mum continues to parent well and has a happy smiling confident child.

2. Integrated Commissioning

What do we mean by commissioning?

Commissioning in Halton is about working together to understand needs, prioritise resources, develop and review services to make things better for Halton's children and young people and their families.

The cycle of commissioning can be described by this four-point process:



Integrated commissioning - We will ensure that our Children's Trust priorities and the wishes of our communities are at the heart of all integrated commissioning decisions.

Headlines

- Hospital admissions in Halton due to substance misuse (15-24 year olds) and due to alcohol-specific conditions (0-17 year olds) are more than twice the North West rate.
- The rate of A&E attendances in Halton for 0-4 year olds is higher than the regional rate, but slightly less than the national average.
- Teenage conception rate in Halton has fallen but is higher than the North West and England rates.
- There are over 20 young leaders and volunteers within our youth provision.

346 Disabled Children receiving short breaks

550 Missing from home

46 Domestic Violence incidents

91 ASB incidents per 1,000 people

37% achieving a good level of development aged 5

20% Pupils have a SEN

	HALTON	NORTHWEST	ENGLAND
Teenage conception rate (rate per 1,000 females 15-17 years)	41.5	30.7	35.3
Infant mortality (rate per 1,000 live births)	4.8	4.7	4.4
A&E attendances (rate per 1,000 0-4 years)	535	566.2	483.9
Hospital admissions - self-harm (rate per 100,000 0-17 years)	208.7	145.1	115.5
Hospital admissions - mental health conditions (rate per 100,000 0-17 years)	145.1	99.7	91.3
Hospital admissions - due to injury (rate per 100,000 0-17 years)	152.5	150.6	122.6
Hospital admissions - due to substance misuse (rate per 100,000 15-24 years)	149.4	101.9	69.4
Hospital admissions - due to alcohol specific conditions (rate per 100,000 15-24 years)	122.9	93.7	55.8

Here in Halton, integrated commissioning ensures we work together to improve things across health, education and social care. The common aims include:

Working together to...

identify and understand the contribution of **all providers;**

ensure children and young people are **at the heart of planning and commissioning** and decisions are based on their needs;

monitor, evaluate and review our services;

promote **sustainability** with our providers to enable longer term planning;

consider opportunities for **sub-regional commissioning** where appropriate, and look to bid for national funding individually and in partnership with other local authorities.

target resources to meet our priorities, particularly in areas of significant need;

ensure that children, young people, families and carers **actively participate** in all stages of commissioning;

consult all relevant organisations, in advance of commissioning new services or undertaking de-commissioning/ reshaping services;

keep informed about emerging trends and implement in relation to **local need;**

use **feedback** from children, young people, families and partners to encourage how services could be delivered differently;

ensure that tendering and procurement processes are **transparent and fair;**

de-commission existing services where they do not meet the needs of children and young people and work together to avoid duplication;

The commissioning priorities for Halton Children's Trust are as follows:

1. ***Pre-conception, Pregnancy, Birth and 0 – 5 Development***

Pregnancy, birth and the weeks and months beyond are a key time of change and development for parents, as well as for their baby. This is an extraordinary and life-defining time and also a demanding time, and while most parents do well, some may struggle to cope with the changes, to adjust to their new roles and to provide their child with the care he or she needs.

We will work together to improve maternal health services, enhance breastfeeding rates and ensure that perinatal (period immediately before and after birth) mental health is a focus of activity.

Child development at aged 5 is a key challenge for Halton, and a priority for the Health and Wellbeing Board and Halton Children's Trust. Action plans are delivered through a partnership approach through health, education and children's centres. This co-ordinated approach aims to ensure the delivery of the Department of Health's 'Healthy child programme'. Areas of work include supporting mums through pregnancy and detecting and treating mothers who suffer from depression early, increasing the number and duration of breastfeeding, support with weaning and nutrition and encouraging a healthy weight, immunisation and speech and language.

We will work with Children's Centres, private nurseries and key service providers to ensure a joined up approach and the best possible results.

2. ***Inspiring Families***

In Halton the Inspiring Families approach across the partnership is shaped by four needs:

- The need to improve on making things better for children, young people and families.
- The need to improve performance and make services fit-for-purpose.
- The need to plan ahead for demands on services.
- The need to maintain affordability for required services.

We will work together with an aim to develop new ways of working with families, which focus on lasting change.

3. ***Early Help***

Halton's Early Help model covers the full range of services and support provided within and/or linked to children's centres, including commissioned services, with a strong focus upon the integration of service delivery, processes and performance management. This

Celebrating Success - Advocacy

Robert had had a social worker for a few years and a decision was about to be made as to whether or not he needed one anymore. Robert wanted to be able to contribute to this decision. Robert's social worker contacted National Youth Advocacy Service (NYAS) to see if an advocate could go and visit Robert to ascertain his wishes and feelings about this before any decisions were made.

Robert is 15, a young carer and lives with his Mum, Dad and his two little sisters. Mum has disabilities so Robert helps out a lot around the house. Dad has a history of substance misuse for which he is accessing support. Robert has previously been supported through a Child Protection Plan and more recently the family were supported via a Child in Need Plan.

Robert was capable of sharing his opinion but needed encouragement to do so as he was shy and reluctant to speak as he was afraid of getting Mum and Dad into trouble. Robert also sometimes felt like he was to blame for the arguments. As a result of this, he hadn't been able to form a trusting relationship with any professional who could support him to be heard.

A home visit was arranged where it was explained that an advocate was someone that Robert could trust and that information would only be shared with Robert's consent or if the advocate had any safeguarding concerns. They talked about how it was important that Robert felt able to share his views on decisions being made about his life and Robert was happy to have the opportunity to do this. Robert spoke to his advocate about how having a social worker had helped him and about how he felt that his family had made improvements and how he felt happy. With his advocate's support, Robert wrote down his wishes and feelings which were then shared with his consent with his social worker who used the information to contribute to the plan. After considering and listening to Robert's wishes and feelings, it was decided that the case could be closed and managed via a Common Assessment Framework instead.

There have been several positive outcomes for Robert throughout this intervention. There has been an improvement in his emotional wellbeing as he feels settled at home and feels well cared for. He is enjoying a good level of wellbeing and his responsibilities around the house have significantly reduced. He also now has an awareness of appropriate tasks for a young person of his age and knows how to access support if ever he feels that he is doing too much.

Having advocacy support enabled Robert to develop his communication skills and built his confidence to speak up about his feelings.

is reflected in the holistic Think Family approach to working with families.

We will work together to make clear links across all areas of work within the Local Authority, Public Health and the Clinical Commissioning Group (CCG), particularly regarding gaps in provision and duplication of services.

4. ***Risk Taking Behaviour***

Halton Children's Trust is working to increase young people's awareness of the issues surrounding risky behaviours and to ensure that they know where to receive help, advice and support.

We will work together with an aim to reduce the teenage conception rate and the number of young people frequently using illegal drugs, alcohol or other dangerous substances.

5. ***Mental Health and Emotional Wellbeing / Children and Adolescent Mental Health Service (CAMHS)***

Halton Children's Trust recognises the importance of emotional and mental health and wellbeing and is working with elected members to ensure improvements are achieved.

We will work together to develop and improve the emotional health and well-being provision for the children and young people in Halton.

6. ***Special Educational Needs (SEN)*** Services will work together with the family to agree a straightforward, single plan that reflects the family's ambitions for their child from early years to adulthood, which is reviewed regularly to reflect their changing needs, and is clear about who is responsible for provision.

We will work together with colleagues from the Clinical Commissioning Group (CCG) and the Special Educational Needs (SEN) department to ensure that assessments, contracts and the quality assurance of providers are developed together to ensure the best possible results are achieved at value for money.

7. ***Children in Care***

It is widely recognised that children in care are one of the most vulnerable groups within society today. Children who have been placed in care are at much higher risk of developing emotional and mental health problems than the average child. Children in Care are also widely recognised to have poorer educational results and other health problems.

We will work together to foster active participation by as many people and agencies as possible and ensure that all commissioning activity seek to find ways to make itself more answerable to communities through events, panels, area forums and clear and open decision making processes.

Celebrating Success - Tier 2 Child and Adolescent Mental Health Services (CAMHS) Specification

Halton Clinical Commissioning Group and Halton Borough Council have worked together to develop a new integrated Tier 2 CAMHS service specification. As part of this, there has been close work with the INVOLVE Group. Parental and young people's involvement has included:

- Advising on the best ways to involve and engage young people.
- Focus group sessions that have influenced the service specification
- Wider feedback on the service specification.
- Parent and young person representatives now attending CAMHS steering group.
- Young people being invited onto the panel throughout the tendering process.

Celebrating Success - Young Carers

Young Carers have been involved directly in the commissioning of breaks for young carers in Halton for the last two years. They have been involved in setting questions for the requests for quotes documents as well as the interview questions and the presentation subject . Young Carers also interview service providers and have an equal say in the scoring and outcome of the processes. Feedback from providers regarding how the process works has been positive, as it has been from young people. Young people themselves jointly determine how much the providers receive and also spot opportunities for future developments. One example has been the creation of the Halton Young Carers Roadshow.

3. Closing the Gap

What do we mean by 'Closing the Gap?'

This priority is about our children and young people who need extra support in order to achieve their full potential. This may involve improving their learning at school or understanding on how to be healthy and where to get help if they need it.

Halton Children's Trust partners work together to support all of our children and young people in Halton. For some however, additional support may be required because without this extra help they may fall further behind due to the barriers and challenges that have an impact on their life.

A significant proportion of Halton's children and young people could need more support at any given time. This may be due to particular characteristics or their circumstances. The number of children and young people that receive extra support from across Halton Children's Trust is never static; any child could need extra support, or equally no longer need it as their circumstances change.

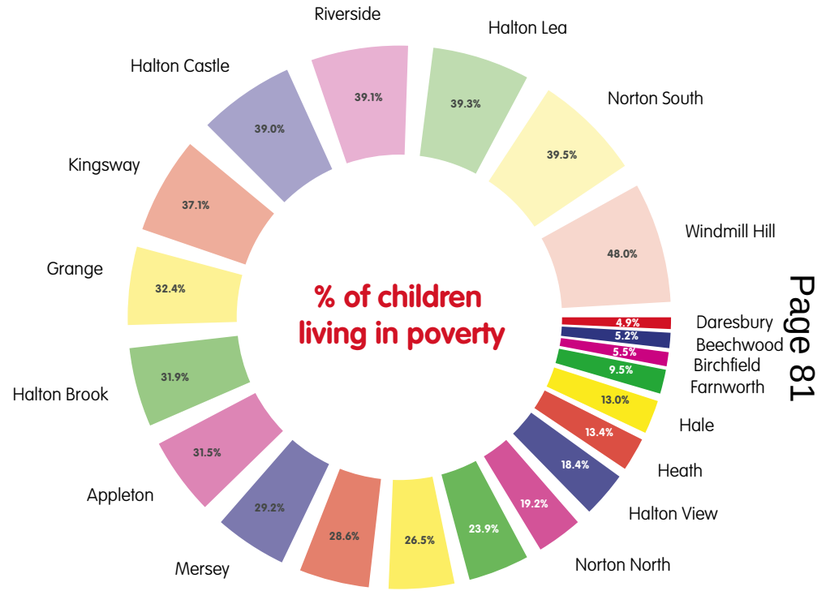
There are many different factors that could act as a barrier to a child or young person reaching their potential. The common feature is that each is a barrier in its own way. By supporting young people who face these barriers at the earliest stage, we will give all children and young people the best possible opportunity to succeed, regardless of background or the barriers they face.

This support will engage families where appropriate to ensure that they benefit from utilising all of our services in Halton, such as Health and Education, as well as becoming more connected with their community.

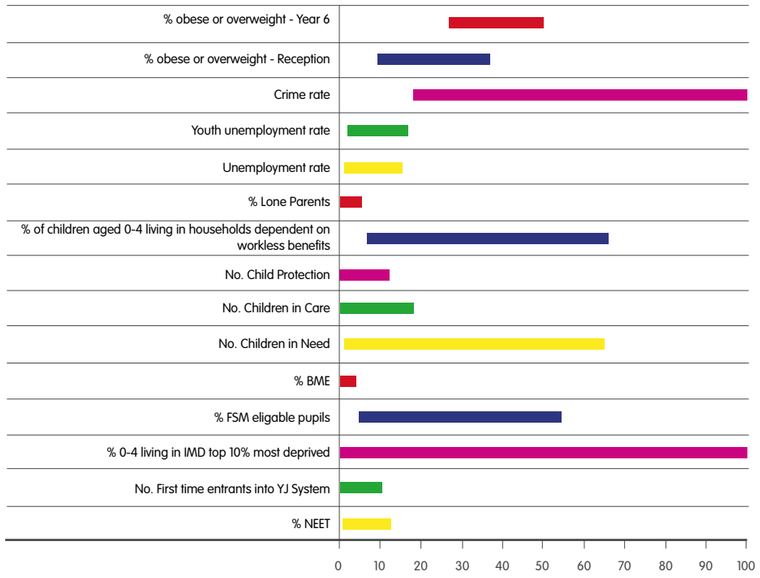
Closing the Gap - We will intervene at the right time to prevent problems for our vulnerable children and young people from developing and where problems are already present we will deliver timely interventions to prevent these getting worse.

Headlines

- Within Halton, the % of children living in poverty ranges from 5% in Daresbury to 48% in Windmill Hill.
- The indicator with the largest gap in Halton is 0-4 year olds living in the IMD top 10% most deprived areas. 9 wards in Halton have 0% living in these areas, while Windmill Hill has 100% living in these areas.
- The indicator with the smallest gap in Halton is the % BME pupils. In Halton, this ranges from 0.4% in Windmill Hill to 3.9% in Farnworth.
- 300 Halton young people engaged in the National Citizen Service each year.
- 86% of young people aged 11-19 regularly engage in participation initiatives.

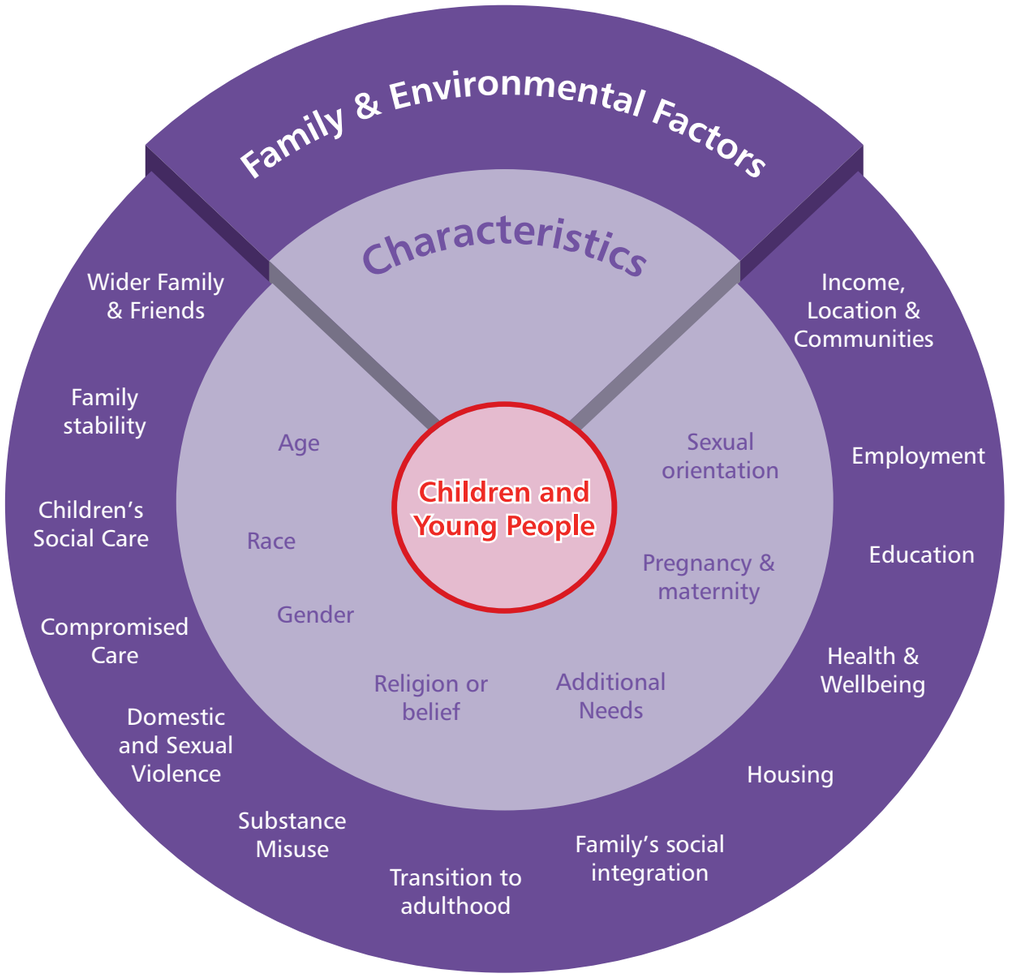


Closing the gap - highest and lowest wards in Halton



62% pass rate (5+ GCSE's A*-C inc. English and Maths) Ranging from 39% to 91% at ward level

52% of under 19's achieving L3



The characteristics that might make a young person require more support could include:

(a) Age
(b) Additional needs
(c) Gender
(d) Race
(e) Religion or belief
(f) Sexual orientation
(g) Pregnancy & Maternity

Halton Children's Trust works to ensure that all children and young people have equality of opportunity regardless of any characteristic.

Equally, for some children and young people in Halton, the opportunity to reach their full potential can be affected by circumstances. These circumstances are often beyond their control and could be short-term or more permanent. Often, they can be a broad range of interrelated factors that all need support from a range of children's services across Halton Children's Trust. These include:

- **Education**

  Many children do well in our schools but a significant minority of children do not. There is a clear gap between the attainment and achievement of the majority of children and those from particular groups that are more prone to underachievement. It is therefore essential to narrow the gaps in educational achievement if we are to break cycles of disadvantage and ensure that all children make appropriate levels of progress. Extra support is given to children who are not doing as well as they could do. This will help improve their results at school, so they are similar to those of other pupils.

  The groups that we will focus on include for example those eligible for free school meals (FSM), those who have special educational needs and disabilities (SEND), including those with language or learning difficulties, and any groups whose attainment and progress is below expectation.

- **Health & Wellbeing**

  Children, young people and families in Halton can suffer poorer health outcomes due to a broad range of factors. There have been long-standing inequalities in overall health between the most affluent and disadvantaged areas of the borough. These issues could involve health conditions or health-related behaviours. Although there has been a long-term gap, more recently there have been some improvements to child health in Halton but there is still more to do.

  Halton Children's Trust supports children, young people and families to increase their understanding of how to be healthy and where to get help and support if they need it through the services that are commissioned. The groups that the Trust focuses on include

children with disabilities, children with mental health needs, obese and overweight children, children of adults with mental health needs and parents not engaging with health services on behalf of their children.

- **Children's Social Care**

  Children and young people who have social care needs and children who are in care or within the child protection system are more likely to need more additional help and so we work as a Trust partnership to ensure the appropriate, integrated packages of support and care are in place.

  Where integrated packages of support and care are required to meet a young person's needs, Halton Children's Trust's multi-agency partnership arrangements will ensure the right providers with the relevant expertise to work together.

- **Income, Location and Communities**

  Children from low income families are more likely to need additional support in order to achieve their full potential. This includes families in receipt of the higher level child tax benefits, families in receipt of free school meals for their children and those living in deprived areas. Families living in areas of high deprivation are more likely to have poor health and educational outcomes and require additional support.

  The needs of localities are affected by a large number of factors such as deprivation, demography, community cohesion, crime and services available. Generally, children and young people from the most affluent areas of Halton are more likely to reach their potential without additional support. Children and young people who live in less affluent areas can have reduced opportunities simply as a result of their locality and it is these families that Halton Children's Trust will look to offer additional support to. This can include becoming more involved in the design and delivery of their local services, by drawing upon their local knowledge and expertise.

- **Family Stability**

  Issues within families could be personal to a particular child or young person, or could be caused by other family members that, for example, compromise parenting capability. Equally, changes to family structures or settings can make a child or young person in need of extra support. The issues within the family could be due to offending or antisocial behaviour, for example. This could be young people who themselves have offended, siblings of children and young people known to be offending or children whose parents are known to police or in prison.

Circumstances can make a significant difference to our children and young people and so Halton Children's Trust partners are working together to reduce the effects caused by these circumstances.

The sharing of any of these characteristics or circumstances will not automatically affect a young person, but they are statistically more likely to. For Halton Children's Trust, supporting children and young people who may require additional support because of these characteristics or circumstance is a key priority. Halton's Children's Trust partners are working together to try to ensure that we close the gap for all children and young people in Halton to ensure they enjoy the same outcomes.

Celebrating Success - Halton Mayor's Award Scheme

The Halton Mayor's Award is a personal development programme for 10-13 year olds that has been piloted at West Runcorn Youth Centre and with Year 7 Pupils at The Grange School in Runcorn. Those who take part in the Award get involved in a series of challenges and activities to fulfil the various sections of the Award which include skills, sport, volunteering and an overnight camp.

Natalie Slonecki, aged 10, member of West Runcorn Youth Centre and taking part in the Award said, 'I love coming to the Youth Centre every week and taking part in the team challenges and activities. We also have a food challenge each week and do exciting things in the holidays like walks in Wales, zip wires and visiting places like the Chill Factor.'

Celebrating Success - Duke of Edinburgh Award

The Duke of Edinburgh Award gives all young people aged 14-24 the chance to develop skills for life and work, fulfil their potential and have a brighter future. In Halton, the programme is coordinated and run through Catch 22.

Both young people and schools have found the opportunity of being able to participate in the Award programme invaluable and the feedback from partner agencies involved has been extremely positive.

- 'As a relatively small school we rely on your services in order to offer the award. Our small numbers would make it impossible for us to run the award independently. Thank you on behalf of myself and all of the students who you have enabled to achieve their awards. We truly could not do it without you, long may it continue.' (Cavendish School).
- 'The ongoing encouragement, assistance and advice the young people (and we) have been given has been invaluable.' (Joan and John Mullen).
- 'We are delighted our pupils have achieved their Bronze award and very much look forward to working with you in future on Silver and Gold awards.' (Ashley School)
- 'My daughter has just gained excellent GCSEs and progressed to college and managed to get a part time job. The employer stated that her involvement with Duke of Edinburgh helped secure her the job.' (Sally Myatt)
- 'My son has high functioning autism, dyslexia and dyspraxia. He has no real friendships and has always found social interactions difficult. Before starting Duke of Edinburgh approximately three years ago he had no interests outside of school. I can remember in his first week being told they were going on a walk at Wigg Island and I was mortified. He has no sense of direction as he finds it difficult to look at his surroundings and I was terrified he'd wander off or get lost. Now he's completed his Bronze, Silver and Gold and he's been on many walks and camped out and he's enjoyed it all and it would be possible without the help and support from the group leaders.'

Celebrating Success - Canal Boat Adventure Project

The Canal Boat Adventure Project is a Halton social inclusion project and charity that provides opportunities, in partnership with adults, for residential or day projects. The project works with young people aged 7-21 years old, giving opportunities for young people to develop skills, confidence and experience in Halton, the UK and abroad. The Project has helped many young people from all backgrounds to move on to careers, University and other successful avenues for their adult life.

- 'I just want to thank the Canal Boat Project for all they do for my daughter. She has grown so much in confidence and her ability to talk to and communicate with people has increased ten fold. Before, she was struggling so much with her dad's alcoholism, she kept everything inside through fear of upsetting me, she wasn't having the childhood I desperately wanted for her, and had become withdrawn and unable to express how she felt. The Project has given her childhood back, she is now the bubbly young girl she used to be, full of life and the class joker, her dad went through rehab which affected her, but the support she has been given by all the staff at the project has helped so much. She is now a very outgoing and happy girl again which in my opinion is thanks to every one at the Project, without their support I dread to think how she would have coped with all she has been through so far. As a parent I will never be able to thank the project enough for helping my daughter enjoy her life again.'

Safeguarding

What do we mean by safeguarding?

Safeguarding is:

- ***protecting children from maltreatment;***
- ***preventing impairment of children's health or development;***
- ***ensuring children are growing up in circumstances consistent with the provision of safe and effective care; and***
- ***taking action to enable all children to have the best life chances.***

Safeguarding is a continuum **(http://www.haltonchildrenstrust.co.uk/index.php/halton-levels-of-need/)**, from identifying early help, supporting needs by providing services, to preventing harm and protecting children at risk of emotional, physical or sexual abuse and neglect.

Effective multi-agency working is essential as part of wider work to safeguard and promote the welfare of children. The safeguarding of all children and young people in Halton is everyone's business across Halton Children's Trust and so safeguarding is key to all of the Children's Trust's priorities.

Safeguarding children and young people, and supporting and preparing them through to adulthood, is central to the planning and provision of services in Halton.

safeguarding - We will provide scrutiny and challenge to Halton Children's Trust to ensure all agencies work together to safeguard children in Halton.

Halton Safeguarding Children Board **(http://haltonsafeguarding.co.uk/)** is responsible for coordinating the work of partners to safeguard children and ensuring the effectiveness of local arrangements. Its Annual Report provides the rationale for the Board's priorities. The priorities are:

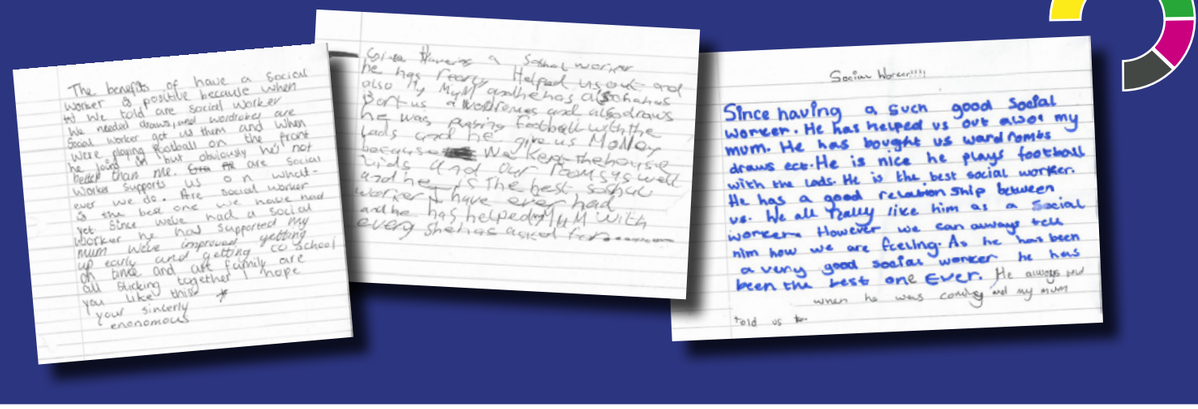
1. *Identify and prevent children suffering harm.*
2. *Protect children who are suffering or at risk of suffering harm.*
3. *Ensure that children are receiving effective early help and support.*
4. *Support the development of a safe and informed workforce, including volunteers.*
5. *Engage with children and young people, their families and communities in developing and raising awareness of safeguarding.*

Embedded across all of these priorities is a focus on particularly vulnerable groups of children and young people. This includes: children at risk of sexual exploitation; missing children; children with disabilities; young carers; children in care and care leavers.

Halton Safeguarding Children Board provides effective strategic leadership on safeguarding for all children and young people in Halton. Its relationship with Halton Children's Trust and Halton Health & Wellbeing Board and how they interact with each other has been formalised through a joint protocol **(http://www.haltonchildrenstrust.co.uk/index.php/documents/),** informed by the latest 'Working Together' guidance **(www.workingtogetheronline.co.uk)**. This has supported closer working and ensured that cross-challenge and commitment is entrenched within all work. Senior representatives from key agencies work across these partnerships and this strengthens their working relationship, ensuring safeguarding is a key consideration in both the commissioning and delivery of services.

Celebrating Success

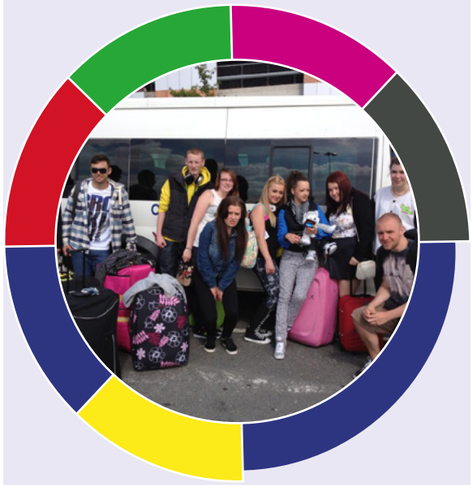
Comments from young people supported by Halton Children's Trust



Participation

What do we mean by participation?

This priority is about involving and ways to involve children, young people and parents in decision making.



INVOLVING:

Meaningful participation not only means listening to and consulting with young people, but also creating opportunities to participate in decision making. Effective participation should enable and actively encourage children and adults to collaborate as equal partners in the process from the planning stage through to evaluation. Participation is more than simply taking part in an activity; it's about involvement to help identify needs, explore solutions, make decisions and plan action.

Participation or involvement in decision making can happen at a number of levels. This could be from a school council deciding what their uniform should look like to a child being involved in the decisions made in their own Common Assessment Framework.

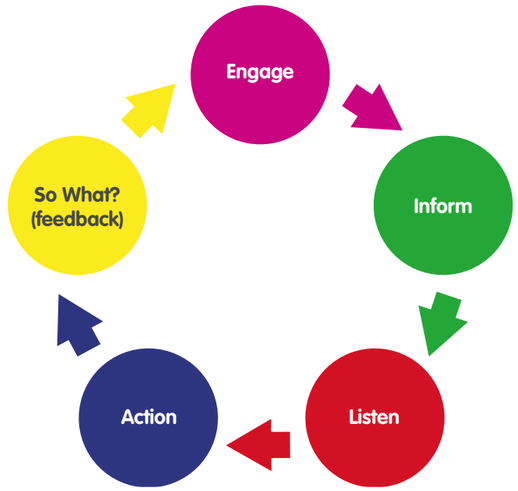
In Halton we believe in the importance of involvement of children, young people and their families in policy changes and commissioning decisions. This involvement ensures decisions made are more relevant, effective and sustainable. In Halton, meaningful involvement is achieved through a variety of coordinated pathways.

participation - We will actively seek to engage and involve children, young people and families in all issues that affect them. We will achieve this through offering various ways to be involved that suit their needs and ensure their views are heard. We will ensure that participants receive communication on how their involvement has been acted upon.

Halton Family Voice	INVOLVE	Children and Young People's Voluntary Sector Forum
This Forum represents Halton parent's 'VOICE' on a wide range of topics across Halton Children's Trust. The Group itself meets once a month and welcomes voluntary members from all parents or care givers within Halton. The membership consists of representatives from many of the local parent or carer groups creating a structured approach for two-way communication and gain a true representation of Halton parents.	This is a 'participation advisory group' that acts as a critical friend to Halton Children's Trust partners on participation. The group also advises on how best to involve parents, children and young people in decision making processes. INVOLVE is made up of lead engagement and participation professionals, parents/carers and young people from a wide range of agencies.	This Forum promotes the involvement of the Voluntary and Community Sector in the development of local and national policy affecting Halton's children and young people. It is an open and inclusive forum that represents and supports voluntary and community sector organisations that deliver services to children and young people.

CYCLE OF INVOLVEMENT

For this cycle to work there needs to be a genuine desire to involve children, young people and families in decision-making, rather than something that has to be done.



INVOLVE through:

There many ways that parents, carers, children and young people can be involved in designing and shaping our work at different stages of a project or piece of work, as well as being part of making decisions that affect them. The ideas listed are just some of the ways young people and their families can get involved. For more information on these visit **http://www.haltonchildrenstrust.co.uk/index.php/participation-group/** to access Halton Children's Trust's Participation Strategy.

1. **Surveys** – can be completed through paper or online questionnaires, cool walls, comments boxes, social media and community events. Questions should be designed by young people and families or edited by so that the language is accessible.

2. **Focus Groups –** a form of collective discussion involving a particular group of children, young people or parents either targeted or representative.

3. **Representatives –** involving key people who speak on behalf of a collective group.

4. **Peer Researchers -** Research by young people is a relatively recent concept, which has the potential to offer young people a voice. This can be utilised to get an understanding of key themes or areas.

5. **Peer analysts –** looking at data and understanding what it means.

6. **Young/parent interviewers –** young people and parents can be an equal part of an interview panel.

7. **Young/parent inspectors/ kite markers/mystery shoppers -** Young people or parents trained to inspect facilities, services and venues to assess how fun, inclusive and user-friendly they are. From this, reports can be produced by the inspectors to influence future service design or changes.

8. **Peer educators -** young people and parents to run training aimed at professionals or to peers on key subjects and/or priorities.

9. **Creative methods –** DVD's, videos, art work, stories, poems, photographs.

10. **Youth/parent conference/event –** a conference/event where participants are informed on an issue and can give their views. This could be attending events or organising events on behalf of others.

11. **Youth budget –** an amount of money given to a young people's panel who decide how to spend it.

12. **Hand the project over –** let parents/carers or young people undertake their own project with a brief of what the aim is.

13. **Listening through play –** creative ways of listening to children through art and games.

14. **Young Commissioners –** young people trained to work with commissioners on contracts and service specifications.

15. **Speed/circuit meeting –** question and answer session on a circuit with key decision makers to put forward their views and suggestions.

Celebrating Success - Our healthy Halton

Our Healthy Halton was a parent-led initiative aimed at engaging children, young people and parents/carers to find out their views of health in Halton. Parents felt that awareness needed to be raised around healthy lifestyles for families and wanted to organise an event that would involve parents and children. Through discussions with professionals and families it was agreed that to raise awareness of health in Halton it was important to establish what families perception of health in Halton was. Parents were also keen to raise awareness through a family fun activity.

Children and young people of all ages were invited to enter a competition, in which they could use art, poems, short stories or phrases to show what 'healthy Halton' was for them. To support children and parents/carers, two creative workshops were organised, open to all, as part of the competition. At these, attendees were asked to think about what they thought being healthy in Halton meant to them. They then produced a picture, poem, short story or phrase to show their ideas. These were brought together and published as a booklet collating the views of health in Halton across all ages.

Celebrating Success - Bambino's Parent Group

Through Halton Family Voice parents at 'Bambino's' in Halebank raised issues around baby weighing being inaccessible due to poor transport from the area. This information was used by multi-agency commissioners and Bridgewater NHS Trust and after discussions and visits to the group and venue it was decided to hold baby weighing once a month at Halebank Community Centre, coinciding with the parents coffee morning. Feedback on this approach has been really positive:

- 'We are really pleased with the new weigh in clinic at Halebank youth club .. nice to have one nearby and also suits my days off from work, thank you'.
- 'I think it is really good that the clinic has started in Halebank as it was really difficult for me to travel to other clinics.'
- 'The baby weighing clinic in Halebank is a great addition to the community. It is ideal for all the parents who haven't got access to transport to come to the local youth club and seek the advice and help that you need. Long may it continue.'

Celebrating Success - HRMZ Runcorn Youth Club and Weston Point Group

Feedback from a parent

'I would like to take this opportunity to say a massive thank you to all the staff at HMRZ Runcorn Youth Club and the Weston Point Group.

Both of my boys have benefited greatly over these last few months. They have had a very difficult few years, having been through a very difficult family break up. But having attended the Catch 22 youth scheme, both of them are now becoming more confident and rounded individuals, all thanks to the dedication and support of you all.

During the summer months, my younger son went on numerous trips with the youth scheme and he thoroughly enjoyed them. Camping in Tattenhall, swimming in Abersoch Falls, high ropes in Wales, to name but a few, really did bring out my son's confidence. As a single mother, I do find it difficult to fund trips out with my children, so to see the smile after each trip meant a great deal to me.

My older son is now part of the Duke of Edinburgh Award scheme. He has also been on numerous trips with yourselves and each time he comes home he just beams with happiness. This means so much to me, as my son has really struggled with our family break up and suffers with low self-esteem and anxiety.

You really are making a difference to my children. Words really cannot describe, how much you are helping us as a family.'

Special Educational Needs

What do we mean by 'Special Educational Needs'?

A child and/or young person has Special Educational Needs (SEN) if their needs or disabilities affect their ability to learn. For example:

- ***reading, writing and maths***
- ***Social, emotional or mental health needs***
- ***sensory needs***
- ***understanding things***
- ***concentrating***
- ***physical needs or impairments***
- ***understanding and communication***

Halton is making good progress in establishing an ethos of inclusive learning for children and young people with learning difficulties and disabilities (LDD). We want children and young people to lead the lives that they want and there are many different types of support and provision in Halton that can make this happen.

It is important that we continue to help "close the gap" in achievement and attainment, so that children and young people can make good progress and have positive choices as they grow up. To do this, we use the principles of early help, to ensure that everyone concerned is aware of what the needs are and how best to help.

In education, we use "the graduated approach" to make sure that the needs of a young person in education are recognised and supported. Schools and settings can use different approaches to help and guide a young person, so that they make good progress and feel happy to learn. There are wide-ranging resources and teaching expertise that can make the difference to how an individual child or young person accesses their learning; in some cases the Local Authority will provide additional support or agree that there should be an integrated assessment that could potentially lead to an Education, Health & Care Plan.

There are also different specialists that school and families can access for additional information, advice and guidance. These can include; for example, an Educational Psychologist, a Speech & Language Therapist, Community Nurses, Health Professionals and Social Workers.

There are lots of changes that Halton Children's Trust are implementing by September 2014. These changes will have a real impact on how SEN is managed in the future.

What are some of these changes?

- To replace the Statement of Special Educational Needs with a person-centred Education, Health and Social Care Plan.
- To provide SEN support from 0-25 and ensure that needs are met within a range of educational settings.
- To enhance ways for parents/carers, children & young people to get involved in decision-making and have their views listened to.
- To make sure that key services, such as Education, Health and Social Care work together.
- To make information about what is available to help families clear and accessible through a "Local Offer".
- To provide greater levels of support for transition, especially for Post 16.

What is Halton doing about this?

We are working together to make sure that the young person is at the heart of everything we do and that different services come together to make sure that decisions and actions are joined-up. As well as the knowledge of professionals we are making sure that the voice of families and young people are included in all work to help us achieve our targets.

Celebrating Success

– Shane's experience of Halton's transitional services

Hello everyone, my name is Shane. I'm 18. I live in Widnes. I have used several of the transitional services in Halton and I wanted to let you know about my experiences and how they have affected my life.

I had a harsh time in school thanks to bullying which increased my condition of social anxiety. After a short time in high school my condition became too much and I was forced to leave. I went to a couple of therapists who helped me to control my anxiety partially but I still encountered many problems stemming from my condition.

Around the age of 16 I managed to get a placement that was intended to help with my employability but while I was there I felt that the staff did not fully understand my condition and often left me to my own devices.

My next placement was with Mako as part of the Photo Voices project, there were fewer people but I was still nervous about being there. Fortunately the staff were very supportive and made me feel welcome, I felt extremely comfortable and for the most part relaxed. Over the weeks that I was involved in the project my confidence working with others grew, which led me to taking on more tasks and responsibility in the sessions. I enjoyed these sessions so much that I asked if I could be involved in other projects. Through this I volunteered to help with their weekend provision, during these sessions I helped teach animation and film making to children, this gave me a sense of responsibility and helped me to build more confidence in my own work and communication with others.

While working with Mako, I decided to join the Prince's Trust to further help myself. When I first joined I felt extremely nervous and panicked because I was in a new place with 14 strangers but it helped me to become more confident so I decided to give my work my best shot. Two weeks into the Prince's Trust we went on a one week residential. During this I became more comfortable around the other members of the programme. Throughout the twelve week course I built up more of my self-confidence and was able to relax when around people I didn't know. At the end of the programme I earned my certificate of completion. I felt proud and despite my condition and with the help of two of my new found friends, I was able to talk about my time at the Prince's Trust. I found my time with Mako and the Prince's Trust to be overall enjoyable and memorable.

In summary, the transition services in Halton have helped me build self-confidence and helped me to gain more control of my social anxiety. I would definitely recommend these services to other young people in a similar position to me.

Performance

What do we mean by Performance?

Measuring performance information across a series of measures is the way in which we monitor achievement against our priorities.

How do we know we are achieving what we set out to do?

Halton Children's Trust uses a variety of ways to ensure that the priorities for the Children and Young People's Plan are being addressed. The Trust uses performance indicators, scrutiny of action plans and feedback from children, young people and families to monitor progress and target areas for development.

A key document to underpin the performance management is the Halton Children's Trust report card **(http://www.haltonchildrenstrust.co.uk/index.php/documents/).** This is organised on a life course approach (by age). The sub-groups all have access to the performance data and are responsible for the scrutiny of their performance. This includes providing appropriate updates and additional information which enables the Trust to understand the progress being made, the impact on outcomes for children and young people, and where further action is required to improve performance.

Actions for each of the sub-groups are documented through action plans that are updated at each meeting to ensure that key areas of work are progressing and shows the interaction between the action and outcomes. These action plans, alongside the report card are monitored by Halton Children's Trust Executive Board to ensure full strategic oversight and scrutiny. In turn, the Halton Children's Trust Board monitors the overall performance of the Executive Board.

In addition, all commissioned services are subject to their own performance management framework and are reviewed to ensure they are meeting the needs of Halton Children's Trust and delivering against the priorities set out in their contracts. This makes certain that all services delivered are working towards the same goals and improving outcomes for the children and young people of Halton. Within this, feedback from the children, young people and families using the services is monitored and evaluated to ensure that it is meeting their needs and services are redesigned and developed in response.

performance - We will scrutinise and challenge all agencies working with children, young people and their families to improve outcomes using robust performance management.

Celebrating Success - Halton Speak Out

Members of Halton Speak Out have undertaken kitemark visits using a mystery shopper approach and this has led to a wide variety of service changes, including how staff across services engage with young people as well as how services are now structured.

workforce development - We will continue to invest in our workforce at every opportunity to help us to achieve a more dynamic, knowledgeable and skilled workforce for the future.

Review of Promises 2011-14

Promise	What we achieved?
Consultation – We will engage with our children, young people and families around all issues that affect them, in ways that meet their needs and ensure their views are heard and communicate back how their involvement has been acted upon.	Halton Children's Trust has continued to improve levels and ways of engaging with children, young people and families. Examples include: · Increased involvement of young people in the design and delivery of youth provision, marketing and information. · Moving away from just consulting with to now involving children, young people and their families using a number of different participation tools consultations being one of them. · Halton Family Voice and Involve have been highly involved in developing a range of projects, including the Halton Levels of Need Framework, Our Healthy Halton and this plan. Parent and young people representatives input themselves and carried out further consultation with other parents/carers and professionals.
Safeguarding – We will look to ensure all aspects of equality and diversity are captured in the reporting processes within the Children's Trust and Halton Safeguarding Children Board.	· Quarterly reports on safeguarding activity include additional detail on disability. · The Halton Safeguarding Children Board commissioned research analysing referrals to Children's Social Care that considered aspects of equality and diversity with, for example, vulnerable groups such as children with disabilities and children from the Traveller community. · An audit of children with disabilities subject to any plan was undertaken to ensure their needs are being addressed at the correct level on the safeguarding continuum. · In response to Ofsted's thematic report on children with disabilities, the Halton LADO Report includes information on children with disabilities.
Safeguarding – We will seek to further encourage and support children and young people's participation in informing and challenging the work of the Children's Trust and Halton Safeguarding Children Board.	· 790 children and young people responded to the Board's E-Safety survey. The responses are being used to inform E-Safety work in the borough. · Young people designed the HSCB E-Safety leaflet. · The Board coordinated the response of over 50 young people to a government consultation on future inspection arrangements. · The Board receives information from children & young people on their experiences of safeguarding services in order to inform future service delivery. · The Board consulted with young people via an event at CRMZ on how to engage children & young people in the work of the Board.
Participation – We will endeavour to support throughout Halton active children, young people and parent / carer action groups in schools and within the community, supported by partners who provide a network of children, young people and parent / carer voice. This will ensure there is effective two way communication to shape services through, for example social networking sites, action groups, inclusive interview and commissioning panels, community events and drama and arts activities	· More young people accessing youth provision from CRMZ in Widnes and Grangeway Youth Hub. · The redesign of youth provision from 2012 onwards has increased the amount of activities available for young people in Halton. Provision now includes more weekend activities and more activities on the streets or on estates, after feedback from young people, as well as more activities in school holidays and during the day. The minimum age for these activities has also been lowered, from 13 to 10. Again, this was as a direct result of feedback from young people. · The appointment of a Lead Engagement Officer has led to: ***Halton Family Voice*** o Rebranding and increased participation and involvement in projects and training using a range of creative methods. o Development of a Halton Family Voice page on the Halton Children's Trust website o Establishment of more ways to get involved, including a Facebook discussion group. ***Involve*** o Establishment of a new advisory group of young people, parents, carers and engagement officers that advises Halton Children's Trust on participation in decision-making processes ***Children & Young People's Voluntary Sector Forum*** o Currently working towards more effective partnership working and joint delivery of services and provision for children, young people and their families, ensuring a quality offer from the voluntary and community organisations.
Integrated Commissioning – We will ensure that our Children's Trust priorities and the wishes of our communities are at the heart of all integrated commissioning decisions	As one of the key strategic priorities for Halton Children's Trust, all commissioning decisions are taken with the needs of our communities in mind. The Children's Trust's joint commissioning priorities have been reviewed annually to ensure the right services are jointly commissioned to meet local needs and priorities. These priorities inform the Trust's Joint Commissioning Framework. For the agreed key priorities, resources within the Trust are combined to tackle these issues.

Workforce development - We will, in these challenging times, continue to invest in our workforce at every opportunity to help us to achieve a more dynamic, knowledgeable and skilled workforce for the future.	Driving this promise forward has been, and continues to be, the three year **Halton Children's Trust Integrated Workforce Strategy.** The Strategy revolves around 7 key strategic objectives and has achieved notable successes, including: · The continued rollout of the Halton Children`s Trust Multi-Agency Induction Programme · A detailed and thorough Training Needs Analysis that will inform a Halton Children`s Trust Training Plan, one of the first within the region. · Establishing a Halton Children`s Trust Leadership & Management Toolbox. · Putting into place a Recruitment & Retention Charter. · Work on a sub-regional basis in relation to a frontline Social Work Leadership & Management Development Programme.
Vulnerable groups – We will intervene at the right time to prevent problems for our vulnerable children and young people from developing and where problems are already present we will deliver timely interventions to prevent these getting worse.	An analysis was undertaken to identify and target specific vulnerable groups to ensure that we intervene at the right time to prevent problems from escalating. Using current and historical analysis of vulnerable groups, a method of mapping and weighting indicators of vulnerability in terms of importance on a case-by-case basis is being developed. The peer challenge process underway with schools will further support this work.
Independent advocacy – We will ensure that independent advocacy is in place for all vulnerable groups, and in particular children in care, children with disabilities and complex needs to ensure full involvement in decision making for all our children and young people.	Halton's Children's Rights, Advocacy and Independent Visitors Service aims to provide independent advocacy support, advice and information to children and young people so their views and wishes are heard, their rights are respected, and that they are assisted if they wish to give feedback or make a complaint. The service is for children and young people aged up to 25 years who are Children in Care, Care Leavers, Children in Need, Children with Complex Needs or on a Child Protection Plan, as well as young people placed out of borough. Continued improvements have been made to the service over the last three years based on evidence, feedback and value for money.

Child & Family Poverty – We will work to improve the life chances of children and families living in poverty by actively supporting the implementation of the Halton Child & Family Poverty Strategy and encourage our partners to contribute towards the delivery of the key objectives in the Child & Family Poverty Action Plan.	The Halton Child & Family Poverty Strategy 2011-13 was in in line with the Liverpool City Region and Family Poverty Needs Assessment and was supported by the accompanying Child & Family Poverty Action Plan that supported the work of all agencies within the partnership. A new Strategy and action plan is being launched from 2014 and sits alongside this Halton Children & Young People's Plan.
Equality & Diversity – We will recognise and celebrate the diversity of our children and young people as well as aspects of commonality.	Halton Children's Trust introduced an Equality and Diversity Scheme around the Equality Act 2010 and this was revised for 2013 to 2015. The Scheme clarifies the obligations under the Equality Act and Public Sector Equality Duty, and also includes guidance for schools about compliance. The Trust Equality Group has been involved in a number of task and finish projects, for example the MMU/CHAWREC Schools Stand up 2 Racism project and production of guidance for schools and Children's Services regarding Prejudice Based Bullying. Training for staff is also in place around cultural awareness.
Performance – We will scrutinise and challenge all agencies working with Children, Young People and their families to improve outcomes using robust performance management.	Performance reporting has evolved over the last three years to meet the needs of Halton Children's Trust. The move to a life course approach that follows the principles of the Marmot Review better enables agencies to align their priorities with those of the Trust. The Executive Board provide challenge and scrutiny at a strategic level to ensure that all agencies are supported to improve performance and share good practice led through the work of the sub-groups.
Levels of Need Framework – We will review Halton's Levels of Need Framework utilising the learning from Team around the Family.	The current Halton Levels of Need Framework was launched in April 2013 and focuses on the child and family through the adoption of a common language and ensuring the best outcomes for all. The Framework informs other key work of Halton Children's Trust, such as the Contact, Assessment and Referral Team (CART) and Neglect Graded Care Profile. Work continues to ensure this new framework is clearly understood and embedded in all working practices across all agencies within the Trust.

Early Help and Support – We will endeavour to meet the needs of children, young people and their families as early as possible using local services that are sensitive to all issues.	Halton Children's Trust's model of early help and support was established in 2010. All partner agencies are committed to providing support to families in need, as soon as additional needs are identified, and have signed up to a set of values and principles regarding early help. The overall aim is to identify needs early and deploy the right resources to help prevent needs from escalating. This is achieved via close partnership working and using holistic assessments where appropriate, that address the needs of the whole family. A proposed model to take Early Help & Support to the next stage of integration across Halton Children's Trust agencies was approved at the end of 2013 and once all the implications of the model have been put into place during 2014 this approach will be launched for Level 1 and particularly Level 2 services in Halton.
Early Help and Support – We will ensure that children, young people and their families can access the additional and specialist services they require through the same initial point of access.	The adoption of the CART approach to services through a single front door to services has further supported meeting this promise. In addition, to complement this, Halton was also one of the first areas nationally to introduce the Single Assessment Process in 2013.
Play – We will support all children and young people to be able to participate in and enjoy play in their local area.	In partnership with Halton Play Council, open access play opportunities are available all year round for children and young people aged 5-12 years. For children with additional needs, play opportunities have been sustained and extended, with a range of after school, weekend and school holiday opportunities available all year round for 4-18 year olds. One example of this was a whole group day trip to Chester Zoo including young people with very complex needs – the largest trip ever undertaken. This came as a result of young people's feedback. In total there were in excess of 100 young people and 50 staff members / adults Further progress has been made in developing facilities, with the development of new indoor and outdoor play facilities.

For more information please contact **Halton Children's Trust** in any of the following ways:

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