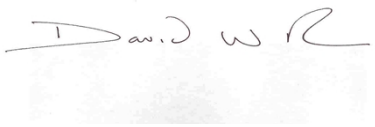
Public Document Pack

Health and Wellbeing Board

Wednesday, 4 November 2015 2.00 p.m.
The Halton Suite - Select Security Stadium, Widnes



Chief Executive

COMMITTEE MEMBERSHIP

Please contact Kathryn Mackenzie on 0151 511 8380 or e-mail kathryn.mackenzie@halton.gov.uk for further information.
The next meeting of the Committee is on Wednesday, 13 January 2016

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

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HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 16 September 2015 at The Halton Suite - Select Security Stadium, Widnes

Present: Councillor Philbin
Councillor Polhill (Chairman)
Councillor Woolfall
Councillor Wright
P. Cooke, Healthwatch
S. Johnson Griffiths, Public Health
T. Holyhead, HCSB
A. Jones, Democratic Services
E. O'Meara, Public Health
H. Patel, Citizens Advice Bureau & Healthwatch
I. Stewardson, St Helens & Knowsley Hospitals Trust
M. Anderson, Cheshire Fire & Rescue Service
N. Groudon, NHS England (C&M)
A, Lewis, Commissioning HBC
N. Rowe, 5 Boroughs Partnership
T. Barlow, Warrington & Halton FT
D. Keates, Bridgewater Community FT
D. Lyons, GP Representative – Halton CCG

Action

HWB12 APOLOGIES FOR ABSENCE

Apologies had been received from David Parr, Nick Atkin, Simon Banks, Richard Strachan, Simon Banks, Colin Scales, Ann McIntyre, Melanie Pickup and Alex Waller.

HWB13 MINUTES OF LAST MEETING

The Minutes of the meeting held on 8 July 2015 having been circulated were signed as a correct record.

HWB14 REPORT ON AIR QUALITY IN HALTON 2015

The Board received a report from the Director of Public Health, which presented an overview of air quality in Halton. It presented a summary of national and local air quality monitoring, progress against National and European Air Quality legislation and provided a response to a petition for Air Monitors received by Halton Borough Council in March 2015.

It was noted that the report provided a response to this petition and identified the facts around air quality and air quality monitoring in Halton within the national and

international frameworks, and identified recommendations going forward.

The Board was advised that Halton Borough Council monitored air quality within the Borough and complied with all Air Quality Objectives, with the exception of Nitrogen Dioxide (for which the Council had declared air quality management areas in two Widnes town centre locations, where Nitrogen Dioxide NO^2 objectives exceeded air quality directive standards as a result of road traffic).

It was reported that air quality in Halton had improved significantly in recent decades and the proportion of deaths attributable to air pollution was similar to the national average and consequently lower than other areas of the Country. The Board was advised that the Council were committed to improving air quality in Halton and would continue to do so through the development of a strategy and action plan.

The Board was then presented with the key recommendations made in the report and summary of the information presented.

It was noted that the Environment and Urban Renewal Policy and Performance Board had recommended that these recommendations be presented for approval by the Executive Board at its meeting on 3 September 2015.

RESOLVED: That the report be noted.

HWB15 RESPIRATORY STRATEGY FOR HALTON 2015 - 2020

The Director of Public Health presented the Board with a new strategy to address respiratory health for Halton.

The strategy identified key factors influencing respiratory health and provided recommendations for action to prevent respiratory illness, improve identification, treatments and outcomes and ensure provision of appropriate high quality primary, secondary and community health and social care services for all ages.

The Board was advised that respiratory disease was one of the key contributing factors to reduced life expectancy in Halton and was the third leading cause of death after circulatory disease and cancer. Further, there were also significant health inequalities in Halton concerning respiratory diseases where the mortality rate in the most deprived areas was double that of Halton as a whole. It was

noted that whilst most respiratory illnesses were associated with smoking or exposure to tobacco smoke in the environment, smoking was not the only risk factor to explain the relationship between deprivation and respiratory illness; as work related conditions, housing conditions, fuel poverty and exposure to outdoor air pollution were all associated with respiratory disease.

The report provided members with the *Respiratory Strategy for Halton 2015 - 2020*, which detailed the significant respiratory health issues in Halton. A summary of these were provided in the report.

It was noted by the Board that the recommendations included in the strategy related to the following areas:

- Preventing respiratory ill health;
- Earlier detection of respiratory diseases;
- Primary Care and Community based support;
- High quality hospital services; and
- Promoting self-care and independence.

Members were advised that the strategy would inform the continuous development of the Respiratory Action Plan, which was implemented and overseen by the Respiratory Strategic Group, outcomes against which were measured and fed back through to the CCG and the Health and Wellbeing Board.

Members of the Board discussed various elements of the report and felt that the strategy would go towards helping to further improve the respiratory health of residents in Halton.

RESOLVED: That the Health and Wellbeing Board supports the Respiratory Health Strategy for Halton 2015-2020.

HWB16 SEASONAL FLU VACCINATION

The Board considered a report which presented an overview of changes to and requirements of the annual seasonal influenza vaccination campaign for the 2015 – 2016 flu season and implications of this for the Local Authority (LA) and health and social care partner agencies.

Members were reminded that influenza represented a significant cause of morbidity and mortality, and was a particular concern in those with existing health problems. Flu was ultimately preventable and flu vaccination remained

an important tool in protecting the health of our population. The flu vaccination was a nationally developed programme for local implementation, the details of which were produced by Public Health England and published in the Winter Flu Plan, for local adoption and delivery. It was noted that this year saw some significant changes, predominately to the extension of the offer of flu vaccine to a wider age range of children.

The report discussed previous campaigns in Halton and presented the Flu Programme for 2015-16 and its delivery. Members discussed the potential challenges to the programme, namely the effectiveness of the vaccine and the vaccination of health care workers which was on the increase and the vaccination of the Council's front line social care staff, which had previously had a low uptake, for reasons unknown.

Members also discussed the importance of the collective efforts being made by all agencies with the vaccination programme and the need to focus on this in the future.

RESOLVED: That the Health and Wellbeing Board notes the changes to the national flu vaccination programme for 2015-16 and for each individual agency to note their requirements in relation to the programme.

HWB17 LOCAL OPPORTUNITIES FOLLOWING THE TRANSFER OF COMMISSIONING RESPONSIBILITIES FOR 0 - 5 PUBLIC HEALTH SERVICES

The Board considered a report from the Director of Public Health which sought to provide the Health and Wellbeing Board with an update on the changes to the commissioning arrangements for the Health Visiting and Family Nurse Partnership Services and articulated the opportunities arising from the transition into Halton Borough Council.

The importance of child development in the early years was noted by Members; as discussed in Appendix 1 of the report.

The report discussed the transfer of 0-5 Public Health services which would start on 1 October 2015 and the delivery of the Health Child Programme. It also provided commentary on the future opportunities as a result of commissioning the Health Child Programme.

RESOLVED: That the Health and Wellbeing Board

1) notes the report;

2) supports the investment in early years and notes its long term impact on health outcomes; and

3) supports the ongoing work to embed the delivery of the healthy child programme through the integration of health visiting and family nurse partnership teams with the wider children's workforce.

Meeting ended at 3.20 p.m.

REPORT TO: Health and Wellbeing Board

DATE: 4th November 2015

REPORTING OFFICER: Chief Executive of Bridgewater Community Healthcare NHS Foundation Trust

PORTFOLIO: Health and Wellbeing, Children, Young People and Families

SUBJECT: Bridgewater Community Healthcare NHS Foundation Trust Strategy for Health and Wellbeing 2015/16 to 2020/21

WARD(S): Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 A presentation will be given to the Board on Bridgewater Community Healthcare NHS Foundation Trust *Our Strategy for Health and Wellbeing 2015/16 to 2020/21*. This can be found on the following link: http://www.bridgewater.nhs.uk/wp-content/uploads/2015/10/Our-Strategy-for-Health-and-Wellbeing-2015-16-to-2020-21.pdf

The Strategy aims to improve the health and wellbeing of all the local authorities that commission Bridgewater Community Healthcare NHS Foundation Trust.

2.0 **RECOMMENDED: That the contents of the presentation be noted.**

REPORT TO: Health and Wellbeing Board

DATE: 4 November 2015

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health & Wellbeing

SUBJECT: Food Act!ve Presentation

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 A presentation will be given to the Board on Food Act!ve. This is a collaborative programme launched by the North West Directors of Public Health in November 2013 to tackle increasing levels of obesity. This will focus on population-level interventions which take steps to address the social, environmental, economic and legislative factors that affect people's ability to change their behaviour.

2.0 RECOMMENDED: That the contents of the presentation be noted.

REPORT TO: Health and Wellbeing Board

DATE: 4th November 2015

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: A study to examine access to healthy and affordable food in Halton.

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 This report is to inform the board of a study by the Public Health Department to examine the ability of residents in Halton to access a healthy, affordable diet.

1.2 This project is currently at the planning stage. The purpose of the report is to make members of the board and their organisations aware of the project and provide them with an opportunity to participate. Further updates will be provided to the board as the project progresses.

2.0 RECOMMENDED: That

1) **the report be noted; and**
2) **the Board take the opportunity to raise questions or comments regarding the project.**

3.0 SUPPORTING INFORMATION

3.1 Overview

The project will examine the ability of residents to access a healthy and affordable diet by mapping the availability of food across the borough and assess the barriers that may prevent residents from accessing a healthy diet. The findings of the project will provide an evidence base to inform future policy with regard to improving the diet and reducing levels of obesity in Halton.

3.2 Background and local context

3.2.1 Obesity and cardiovascular disease

Obesity and the associated health consequences such as heart disease and diabetes are of a national concern. Since 1993 there has been a rapid increase in the rate of obesity in adults from 14.9 in 1993 to 24.9 in 2013 (Source: Health Survey for England 2013).

Obesity is an important risk factor for a number of chronic diseases which are the principal causes of death in England including Coronary Heart Disease, stroke and some cancers (Foresight, 2007). Being overweight and obese is also associated with several other serious life shortening conditions such as type 2 diabetes, hypertension and dyslipdaemia, which are strongly linked to an increased risk of Coronary Heart Disease (Foresight, 2007, HWHL, 2008). Diseases such as type 2 diabetes are expected to increase by 70%, stroke by 30% and CHD by 20% by 2050 if current trends in obesity continue (Foresight, 2007).

There has been improvement in the rate of childhood obesity for school age children in Halton which is now close to the national average at 21.1% However Halton's rate of adult obesity and pre school obesity is worse than the national average.

This data provides a case for action to understand and address the causes of excess weight and obesity in the borough.

It is recognised that the obesity epidemic is national phenomena but with local and regional variances in rates of obesity. These variances suggest a differing interaction of factors at a local level – although one well established factor is the link between poor health outcomes and multiple deprivation. However deprivation alone does not fully explain additional local factors that may influence access to a healthy affordable diet. The purpose of the food mapping project is to explore some of these local factors.

The treatment of individual cases of obesity will continue to be important, however from a public health perspective the trend in rising rates of obesity can only be addressed and reversed by a population based approach. While measures at a national level would help, such as legislation on planning and development, and changes in the composition of processed food, population based measures at a local level will also be required.

3.2.2 Household income and welfare reforms

Recent Government welfare reforms which began with the Welfare Reform Act 2012 and have continued with proposals announced in the Summer Budget 2015 have resulted in a reduction in income for many households. The 2012 reforms were estimated to reduce the income of households claiming benefits by £1615 a year (£31 per week). The institute of Fiscal studies has estimated that the latest reforms will disproportionately affect lower income households and will result in significant reduction in income. The income of 13 million households is estimated to fall by £260 per year, whilst tax credit changes will result in 3 million households being £1000 worse off. Those households in the lowest 20% income group will be the most seriously affected by these changes. This will place further pressure on the ability of lower income households to access a healthy affordable diet. The links between

deprivation and health outcomes are well established and have been referred to in section 3.2.1 above – significant reductions in household income may lead to increased deprivation and poorer health outcomes. Of further concern is the implications that the latest proposals have for child poverty. Whilst the government is looking to amend the current definition of child poverty from a measure based on relative income – the new rules limiting the payment of universal credit and tax credit to the first two children in a family will have a detrimental impact on larger families with implications for infant and childhood nutrition.

A 2013 report by the Institute of Fiscal Studies reported the findings of a survey looking at food purchasing habits since the recession in 2008 and the nutritional quality of food purchased. Some notable headlines from this report are;

- British households have cut real expenditure on food brought into the home.

- Households with young children reduced real expenditure, calories and real expenditure per calorie more, on average, than other household types.

- These changes coincided with an increase in the calorie density of foods, as households switched to foods with more calories per kilogram.

- The nutritional quality of the foods that households purchased also changed: a number of measures show a reduction in quality, on average, over this period.

- All of these measures suggest that pensioner households, single-parent households and households with young children saw the largest declines in the nutritional quality of the foods purchased between 2005–07 and 2010–12.

- This decline in the average nutritional quality of foods purchased was primarily driven by a substitution towards processed sweet and savoury food and away from fruit and vegetables.

- On average, all household types moved away from calories from fruit and vegetables, with the largest switches away being by households with young children and single-parent households.

Households have proved resilient to reduced food shopping budgets by changing their shopping habits. The discount supermarket chains have experienced a significant growth in demand at the expense of the established retailers. However there is a perception that healthier foods are more expensive and some households may consider that more

energy dense processed and takeaway foods provide a cheaper more cost effective means of feeding the family.

The latest welfare reforms announced by the Government are unlikely to reverse the trends in food shopping set out above.

The economic factors outlined above provide further rational for the project.

3.3 Project methodology

3.3.1 Principles influencing methodology

Firstly it is useful to examine two concepts that have influenced the methodology – Food Poverty and Food Deserts. These concepts feature in much of the academic literature on this subject. Food Poverty is defined by the Department of Health as "*the inability to afford, or to have access to, food to make up a healthy diet".* Food deserts are defined as "*an area where there is limited local availability of healthy food*".

Therefore the concept of a "food desert" is a physical characteristic of an area whereas "Food Poverty" is a condition experienced by an individual or group of individuals.

The simple mapping of local retail and catering provision will determine whether or not an area is considered a "food desert" – but it will not identify whether the individuals in that area are experiencing food poverty.

Although the concept of food deserts features widely in academic literature it is not considered helpful to focus on this element alone as it is primarily focussed on a locality.

Five factors influence food choice; access, affordability, awareness, acceptability and cultural appropriateness. Thus locality is only one parameter and must be considered in the context of other factors such as cost, individual mobility, dietary knowledge and cooking skills. Therefore a simple mapping of food premises alone will not provide a meaningful basis to inform future policy.

3.3.2 Stage 1 Census of shops and GIS mapping

It is proposed to conduct a census of all retail food outlets such as supermarkets, grocers and convenience stores. Consideration will be given to including shops that are predominantly off licences or newsagents as they frequently sell some fresh food lines such as milk and bread.

We will draw on research that has been conducted elsewhere notably London and Newcastle to create a standard basket of 33 food items that can be used to produce a healthy weekly menu – the mapping exercise will examine where in the borough it is possible to buy that standard weekly basket. Price data will also be collected and this will allow the cost of the basket to be compared between different shops and locations. Once the census is completed the data will be mapped by the public health evidence and intelligence team using GIS mapping software to provide population data on distance from healthy food shops. Discussions have already taken place with Planning Policy regarding the sharing of data relating local centres and exiting retail studies.

3.3.3 Stage 2 Community Audit

A community audit will be undertaken to assess all existing and potential sources of food provision such as food banks, community and voluntary food groups and soup kitchens. This audit will also capture project work already being undertaken by voluntary groups and other council departments to improve access to healthy food.

This will provide information on assets that are currently available within the community to help improve food provision and support future food policy.

Although this stage is listed separately it can run concurrent with stage 1. It is important to ensure any existing work already being done is identified to ensure it contributes to the study.

3.3.4 Stage 3 Consulting the Community

This stage involves an in depth study to examine where people buy their food, the types of shops preferred, the foods they buy, typical meals consumed, how people get to the shops and household food budgets. The survey will also seek to explore the reasons for personal choices and any barriers to accessing a healthy diet. It will examine any improvements residents would like to see in food provision. This stage of the project will require more in depth research. We have reached an agreement in principle with Chester University for students on the Masters in Public Health Nutrition programme to undertake certain aspects of this research as part of their studies. This will have mutual benefits to both organisations.

3.3.5 Stage 4 Report and analysis

The data obtained during the first 3 stages will be analysed to produce a report and recommendations. It is anticipated the findings will form an evidence base to help inform future policy and facilitate the integration of public health policy with future corporate policies on planning, transportation, open spaces and community engagement. The project

will also identify areas and groups that may benefit from further specific public health projects. E.g. food co-ops / box schemes, cooking skills demonstrations, or healthy food awards.

4.0 POLICY IMPLICATIONS

There are no significant policy implications with regard to this report in itself – however there are likely to be policy implications arising from the findings of the study. These will be set out in future reports.

5.0 FINANCIAL IMPLICATIONS

The project will be undertaken using existing public health resources.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The study will assess the ability of families to access a healthy and affordable diet and will provide an evidence base to inform future policy aimed at improving access to health food and childhood nutrition.

6.2 Employment, Learning and Skills in Halton

There are no significant implications for this priority

6.3 A Healthy Halton

The study aims to inform future policy on food access and nutrition with a view to improving access to healthy food and reducing the incidents of adult and childhood obesity.

6.4 A Safer Halton

There are no significant implications for this priority

6.5 Halton's Urban Renewal

The study will involve a detailed assessment of community assets and food provision in town and local centres. The findings of the survey may have implications for this priority and these will be set out in future reports.

7.0 RISK ANALYSIS

There are not considered to be any significant risks associated with this project

8.0 EQUALITY AND DIVERSITY ISSUES

The survey methodology will address any equality and diversity issues. However the survey is likely to focus on lower income groups and is aimed at informing future policy ensuring equitable access to a healthy affordable diet.

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

None.

REPORT TO: Health and Wellbeing Board

DATE: 4th November 2015

REPORTING OFFICER: Gerald Meehan, Strategic Director

PORTFOLIO: Health and Wellbeing

SUBJECT: Better Care Fund Quarter 1 report 2015/16

WARD(S) Borough-wide

1. PURPOSE OF THE REPORT

To inform the Board of the progress, performance and financial aspects of the Better Care Fund as reflected in the attached mandatory submission to the Local Government Association and NHS England.

2. RECOMMENDED: That the content of the report be noted.

3. SUPPORTING INFORMATION

The Health and Well Being Board agreed the submission of the Better Care Fund plan in December 2014. This was authorised by the Department of Health in January 2015 without conditions

The Better Care Fund plan outlines key areas for development, performance metrics and the associated finance. Progress against these areas are subject to a quarterly return to the Local Government Association and NHS England.

The template for the return is published by the national Better Care Support Team. The time between publishing and submission preclude review at the Health and Well Being Board prior to submission. The submission is reviewed by the Better Care Board Executive Committee who monitor the plan on a monthly basis.

In summary the submission demonstrates that Halton has made substantial progress on the implementation of the plan, has achieved the national and local targets and is delivering within the budget as planned.

Quarter 1 Report April to June 2015/16
Below is a summary of the Quarter 1 template submitted on 28th August

Tab 2 – Budget Arrangements:
This page just confirms that the budget arrangements for the BCF are contained within a Section 75 Joint Working Agreement.

Tab 3 – National Conditions
This page confirms that we are on track with all the National Conditions.

Tab 4 – Non-Elective Admissions and Payment for Performance
The maximum number of non-elective admissions to achieve the quarterly target should not exceed 4,292. The actual figure for Q1 is 4,128, therefore the target has been achieved.

Tab 5 – Income and Expenditure
This were delivered to plan for Quarter 1
Tab 6 – Local Metrics

- **Hospital Readmissions where original admission was due to a fall**. The maximum number to meet the target for Q1 was 40. The actual was significantly below this with 23 reported.
- **Do Care and Support help you to have a Better Quality of Life?** As this is an annual survey, there is no information for this quarter.

Tab 8 – Narrative
Halton has benefitted from its existing joint working relationships between adult social care and NHS Halton CCG enabling a smooth transition for the BCF into jointly agreed outcomes, processes and procedures. The two urgent care centres, whilst experiencing technical delays, are now on track to deliver credible alternatives to A&E attendances by Autumn 2015. The addition of Prime Ministers Challenge Fund for primary care is further supporting the development of integrated services around GP hubs as well as extending access to primary medical care across the 7 day period. The solutions to integrating IT systems and processes are dependent upon regional work-streams which while progressing realistically will not deliver within the life of the BCF.

4. POLICY IMPLICATIONS

None identified.

5. FINANCIAL IMPLICATIONS

The success of the BCF is reliant on the success of the schemes within it. These schemes will be regularly monitored through the BCB ECB and Better Care Board.

6. IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Effective arrangements for children's transition services will need to be in place.

6.2 Employment, Learning & Skills in Halton

Any long-term integration arrangements will need to focus upon staffing issues.

6.3 A Healthy Halton

Developing integration further between Halton Borough Council and the NHS Halton Clinical Commissioning Group will have a direct impact on improving the health of people living in Halton. The plan that is developed will be linked to the priorities identified in the Integrated Commissioning Framework.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

If an area fails to meet any of the standard conditions of the BCF, including if the funds are not being spent in accordance with the plan with the result that delivery of the national conditions is jeopardised, the Better Care Support Team may make a recommendation to NHS England that they should initiate the escalation process. The process ultimately leads to the ability for NHS England to use its powers on intervention provided by the Care Act legislation, in consultation with DH and DCLG as the last resort. The quarterly reporting templates allow for any variation in spending from the plan to be explained.

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.

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 28th August 2015

This Excel data collection template for Q1 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on local metrics. It also presents an opportunity for Health and Wellbeing Boards to register interest in support. Details on future data collection requirements and mechanisms will be announced ahead of the Q2 2015/16 data collection.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an explanation of any material variances against planned performance trajectories as part of a wider overview of progress with the delivery of plans for better care.

Content

The data collection template consists of 9 sheets:

Validations - This contains a matrix of responses to questions within the data collection template.
1) Cover Sheet - this includes basic details and tracks question completion.
2) Budget arrangements- this tracks whether Section 75 agreements are in place for pooling funds.
3) National Conditions - checklist against the national conditions as set out in the Spending Review.
4) Non-Elective and Payment for Performance - this tracks performance against NEL ambitions and associated P4P payments.
5) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.
6) Local metrics - this tracks performance against the locally set metric and locally defined patient experience metric in BCF plans.
7) Understanding support needs - this asks what the key barrier to integration is locally and what support might be required.
8) Narrative - this allows space for the description of overall progress on plan delivery and performance against key indicators.

Validations

This sheet contains all the validations for each question in the relevant sections.
All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:
The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board.

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 8 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the 2014-15 Q4 submission and requires 2 questions to be answered. Please answer as at the time of completion. If you answered 'Yes' previously you can selection 'Not Applicable' this time.
If your previous submission stated that the funds had not been pooled via a Section 75 agreement, can you now confirm that they have?
If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please provide a target date when you expect the condition to be met. Please detail in the comments box what the issues are and the actions that are being taken to meet the condition.
'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.
Full details of the conditions are detailed at the bottom of the page.

4) Non-Elective and Payment for Performance

This section tracks performance against NEL ambitions and associated P4P payments. The latest figures for planned activity and costs are provided along with a calculation of the payment for performance payment that should have been made for Q4. Three figures are required and one question needs to be answered:

Input actual Q1 2015-16 Non-Elective performance (i.e. number of NELs for that period) - Cell L12
Input actual value of P4P payment agreed locally - Cell D23
If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box
Input actual value of unreleased funds agreed locally

This section also requires indication of the area of spend that unreleased funds have been spent on for Q4 and Q1 using a drop-down list. If no funds were left unreleased then 'Not Applicable' should be selected.

5) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:
Planned and forecast income into the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual income into the pooled fund in Q1
Planned and forecast expenditure from the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual expenditure into the pooled fund in Q1

Figures should reflect the position by the end of each quarter. It is expected that planned income and planned expenditure figures for Q4 2015-16 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan.

6) Local metrics

This tab tracks performance against the locally set metric and locally defined patient experience metric submitted in approved BCF plans. In both cases the metric is set out as defined in the approved plan for the HWB and **the following information is required for each metric:**
Confirmation that this is the same metric that you wish to continue tracking locally

Confirmation of planned performance for each quarter of 2015-16 (against the metric being tracked locally - whether the same as within your plan or not)
Confirmation of actual performance for Q1 2015-16 (against the metric being tracked locally - whether the same as within your plan or not)
Commentary on progress against the metric and details of any changes to the metric including reference to reasons for changing

7) Understanding Support Needs

This asks what the key barrier to integration is locally and what support might be required in delivering the six key aspects of integration set out previously. This section builds upon the information collected through the BCF Readiness Survey in March 2015. HWBs are asked to:
Confirm which aspect of integration they consider the biggest barrier or challenge to delivering their BCF plan
Confirm against each of the six themes whether they would welcome any support and if so what form they would prefer support to take

There is also an opportunity to provide comments and detail any other support needs you may have which the Better Care Support Team may be able to help with.

8) Narrative

In this section HWBs are asked to provide a brief narrative on overall progress in delivering their Better Care Fund plans at the current point in time with reference to the information provided within this return.

Better Care Fund Template Q1 2015/16

Data collection Question Completion Validations

Cover

Health and Well Being Board	completed by:	e-mail:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board:
Yes	Yes	Yes	Yes	Yes

Budget Arrangements

S.75 pooled budget in the Q4 data collection? and all dates needed
Yes

National Conditions

	1) Are the plans still jointly agreed?	2) Are Social Care Services (not spending) being protected?	3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	i) Is the NHS Number being used as the primary identifier for health and care services?	ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	6) Is an agreement on the consequential impact of changes in the acute sector in place?
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" estimated date if not already in place (DD/MM/YYYY)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Comment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Non-Elective and P4P

Actual Q1 15/16	Actual payment locally agreed	Comments	Any unreleased funds were used for: Q4 14/15	Any unreleased funds were used for: Q1 15/16
Yes	Yes	Yes	Yes	Yes

I&E (2 parts)

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Please comment if there is a difference between the total yearly plan and the pooled fund
Income to	Plan	Yes	Yes	Yes	Yes	Yes
	Plan					
	Forecast	Yes	Yes	Yes	Yes	
	Forecast					
	Actual	Yes				
	Actual					
Expenditure From	Plan	Yes	Yes	Yes	Yes	Yes
Expenditure From	Plan					
	Forecast	Yes	Yes	Yes	Yes	
	Forecast					
	Actual	Yes				
	Actual					
	Commentary	Yes				

Local Metrics

	Same local performance metric in plan?	If the answer is No details				
	Yes	Yes				
	Plan	Plan	Plan	Plan	Actual	Actual
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16
Local performance metric plan and actual	Yes	Yes	Yes	Yes	Yes	Yes
Commentary	Yes					

	Same local performance metric in plan?	If the answer is No details				
	Yes	Yes				
	Plan	Plan	Plan	Plan	Actual	Actual
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16
Local patient experience plan and actual	Yes	Yes	Yes	Yes	Yes	Yes
Commentary	Yes					

Understanding Support Needs

Area of integration greatest challenge
Yes

	Interested in support?	Preferred support medium
1. Leading and Managing successful better care implementation	Yes	Yes
2. Delivering excellent on the ground care centred around the individual	Yes	Yes
3. Developing underpinning integrated datasets and information systems	Yes	Yes
4. Aligning systems and sharing benefits and risks	Yes	Yes
5. Measuring success	Yes	Yes
6. Developing organisations to enable effective collaborative health and social care working relationships	Yes	Yes

Narrative

Brief Narrative
Yes

Cover and Basic Details
Q1 2015/16

Health and Well Being Board	Halton
completed by:	Emma Sutton-Thompson
E-Mail:	Emma.Sutton-Thompson@halton.gov.uk
Contact Number:	0151 511 7398
Who has signed off the report on behalf of the Health and Well Being Board:	Rob Polhill

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	24
4. Non-Elective and P4P	5
5. I&E	21
6. Local metrics	18
7. Understanding Support Needs	13
8. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:

Halton

Data Submission Period:

Q1 2015/16

Budget arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes
If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Footnotes:

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q4 data collection previously filled in by the HWB.

National Conditions

Please select
Yes
No
No - In Progress

Selected Health and Well Being Board:

Halton

Data Submission Period:

Q1 2015/16

National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a date **and** a comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Comment			
1) Are the plans still jointly agreed?	Yes			1	1	1
2) Are Social Care Services (not spending) being protected?	Yes			1	1	1
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes			1	1	1
4) In respect of data sharing - confirm that:						
i) Is the NHS Number being used as the primary identifier for health and care services?	No - In Progress	01/04/2016	Social care system being updated to make NHS Number mandatory field	1	1	1
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes			1	1	1
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes			1	1	1
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes			1	1	1
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes			1	1	1

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.
Local areas should:
• confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board: Halton

	Baseline				Plan				Actual			
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring.	4,477	4,439	4,440	4,618	4,548	4,292	4,293	4,466	4,548	4,128		

	% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available	Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]			
				Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring.	2.1%	375	£558,750	-71	76	223	375

	Maximum Quarterly Payment				Performance against baseline			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring.	£0	£113,240	£219,030	£226,480	-71	311		

	Suggested Quarterly Payment				Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16			
D. REVALIDATED: HWB version of plans to be used for future monitoring.	£0	£113,240			£558,750	£2,732,000	£64,070

Which data source are you using in section D? (MAR, SUS, Other)	Other	If other please specify	MAR plus adjustment as detailed below.
Cost per non-elective activity	£1,490		

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Quarterly payment taken from above	£0	£113,240		
Actual payment locally agreed	£64,070	£113,240		

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box (max 750 characters)	

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggest amount of unreleased funds	£0	£0		
Actual amount of locally agreed unreleased funds	-£64,070	£0		

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	community ca	not applicable		

Footnotes:

Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as at 10am on 6th August 2015. Please note that the data has not been cleaned and limited validation has been undertaken.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Halton

Income

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£3,018,054	£2,230,858	£2,230,858	£3,114,230	£10,594,000	£10,594,000
	Forecast	£3,018,054	£2,141,858	£2,141,858	£3,025,428		
	Actual*	£3,018,054					

Please comment if there is a difference between the total yearly plan and the pooled fund	

Expenditure

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
Please provide , plan , forecast, and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£1,551,624	£2,648,501	£2,424,154	£3,969,721	£10,594,000	£10,594,000
	Forecast	£1,268,955	£1,931,465	£2,507,442	£4,886,138		
	Actual*	£1,062,515					

Please comment if there is a difference between the total yearly plan and the pooled fund	

Commentary on progress against financial plan:	Actual expenditure to date is £206k below forecast due to a number of invoices not yet received from providers. This has been progressed and the invoices are expected to be paid during quarter 2. Although Halton's Urgent Care Centre in Runcorn has opened the Urgent Care Centre in Widnes has experienced a slight delay but it is anticipated that this will be fully operational from September. The BCF is expected to be fully committed by year end.

Footnote:

Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a Q4 collection previously filled in by the HWB.

Local performance metric and local defined patient experience metric

Selected Health and Well Being Board:	Halton
Local performance metric as described in your approved BCF plan	Hospital re-admissions (within 28 days), where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+)
Is this still the local performance metric that you wish to use to track the impact of your BCF plan?	Yes
If the answer is no to the above question please give details of the local performance metric being used (max 750 characters)	

	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Local performance metric plan and actual	42	40	40	40	49	23		

Please provide commentary on progress / changes:	Q1 figures are significantly reduced on previous quarters. This is due in part to redesigned systems within the falls assessment team and increased capacity within postural stability exercise proramme.

Local defined patient experience metric as described in your approved BCF plan	Do care and support services help you to have a better quality of life? (From Personal Social Services Survey of Adult Carers)
Is this still the local defined patient experience metric that you wish to use to track the impact of your BCF plan?	Yes
If the answer is no to the above question please give details of the local defined patient experience metric now being used (max 750 characters)	

	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Local defined patient experience metric plan and actual:	89	0	0	0	93	0		

Please provide commentary on progress / changes:	Can only provide year end data and not quarterly since this comes from the annual survey

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Support requests

Selected Health and Well Being Board: Halton

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?	4.Aligning systems and sharing benefits and risks

Please use the below form to indicate whether you would welcome support with any particular area of integration, and what format that support might take.

Theme	Interested in support?	Preferred support medium	Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to help with.
1. Leading and Managing successful better care implementation	No	[redacted]	
2. Delivering excellent on the ground care centred around the individual	No		
3. Developing underpinning integrated datasets and information systems	Yes	Case studies or examples of good practice	Share good practice and upscale approaches that work. Having a robust submission/data system would allow more time to share good practice, compare and contrast.
4. Aligning systems and sharing benefits and risks	Yes	Central guidance or tools	
5. Measuring success	No	[redacted]	
6. Developing organisations to enable effective collaborative health and social care working relationships	No		

Narrative

Selected Health and Well Being Board:

Halton

Data Submission Period:

Q1 2015/16

Narrative	Remaining Characters	32,008

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time with reference to the information provided within this return where appropriate.

Halton has benefitted from it's existing joint working relationships between adult social care and NHS Halton CCG enabling a smooth transition for the BCF into jointly agreed outcomes, processes and procedures. The two urgent care centres whilst experiencing technical delays are now on track to deliver credible alternatives to A&E attendances by Autumn 2015. The addition of Prime Ministers Challenge Fund for primary care is further supporting the development of integrated services around GP hubs as well as extending access to primary medical care across the 7 day period. The solutions to integrating IT systems and processes are dependent upon regional workstreams which while progressing realistically will not deliver within the life of the BCF.

REPORT TO:	Health and Wellbeing Board
DATE:	4th November 2015
REPORTING OFFICER:	HSCB Independent Chair
PORTFOLIO:	Children, Young People and Families
SUBJECT:	Halton Safeguarding Children Board Annual Report 2014-15
WARDS:	Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to present the Health and Wellbeing Board with Halton LSCB Annual Report 2014-15 for information.

2.0 RECOMMENDED: That the contents of the report and associated Annual Report (Appendix 1) be noted.

3.0 SUPPORTING INFORMATION

3.1 Keeping children and young people safe and promoting their welfare continues to be a high priority for the Council and partner agencies. The Lead Member for Children, Young People and Families attends the LSCB Main Board as a participant observer, and the LSCB Chair meets with the Lead Member, Chief Executive and Strategic Director on a quarterly basis to ensure there is an effective working relationship between the Children's Trust and LSCB, and that the LSCB is working effectively.

3.2 The LSCB Annual Report provides a rigorous and transparent assessment of the performance and effectiveness of local services to safeguard and promote the welfare of children and young people. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address as well as other proposals for action. The report includes lessons from learning and improvement activity within the reporting period including: Serious Case Reviews, Practice Learning Reviews, Child Death Reviews and audits. The report also lists the contributions made to the LSCB by partners and details the LSCB's expenditure.

3.3 From November 2013 LSCBs become subject to the review of their effectiveness and in November/December 2014 the LSCB was reviewed by Ofsted alongside the inspection of services for children in need of help and protection, children looked after and care leavers. The LSCB Annual Report is a grade descriptor within the inspection framework. It is published in the public domain.

3.4 In terms of the report's content:-

- The **Chair's Introduction** references the challenging economic environment and changes in public services which impact on safeguarding; Ofsted review of the LSCB which recognised that partners work together to address safeguarding, but that the LSCB needs to do more to engage with the faith sector and children and young people.
- The **LSCB Structure** which has evolved to address the increased focus upon Child Sexual Exploitation, Trafficking and Missing children; and the efficiencies provided by bringing together sub groups on a Pan Cheshire basis where appropriate; the governance arrangements between the Children's Trust, LSCB and Health & Wellbeing Board;
- The **Demographics of Halton**
- The **Key Priorities 2014-15** provides examples of the work of partners to achieve the LSCB's 5 key strategic priorities and the 5 areas of focus;
- **Safeguarding Activity** includes data across the safeguarding continuum from Early Help to Child Protection, Children in Care, including Children in the Care of Other Local Authorities living in Halton and Adoption; alongside data on key vulnerable groups: Private Fostering, Missing Children, Child Sexual Exploitation and Domestic Abuse;
- **Work of the Sub Groups** section outlines progress and forthcoming priorities of the Sub Groups – Scrutiny & Performance, Child Sexual Exploitation, Missing and Trafficked Children, Health, Learning & Development, Safer Workforce, Policy & Procedures and Child Death Overview Panel;
- **Training Activity** summarises multi-agency training and impact on outcomes for children and families;
- The **Local Authority Designated Officer** provides information on allegations management;
- **LSCB Challenge** section provides examples of where individual organisations or strategic partnerships were challenged by the LSCB on key safeguarding issues;
- **Learning and Improvement** includes reviews and;
- **Key Priorities 2015-16** outlines areas for improvement following Ofsted's review of the LSCB and the strategic priorities for the Business Plan 2015-17;
- The **Budget** reports on the financial viability of the Board.

4.0 POLICY IMPLICATIONS

Section 13 of the Children Act 20014 requires each local authority to establish an LSCB and specifies the organisations and individuals that should be represented on the LSCB. The LSCB should work with the Health & Wellbeing Board, informing and drawing on the Joint Strategic Needs Assessment. The Chair must publish an Annual Report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. (Section 14A of the Children Act 2004.) The report should be submitted to the Chair of the Health & Wellbeing Board.

5.0 FINANCIAL IMPLICATIONS

5.1 The LSCB is currently funded via contributions from the Council, Schools, Cheshire Constabulary, NHS Halton CCG and Cafcass. Contributions have reduced during recent years with the LSCB losing contributions from Connexions, the Child Death Grant and year on year reductions from the Schools Forum. The LSCB is undertaking work with partners to uplift financial contributions and increase in kind contributions, as well as approaching partners who do not currently contribute financially to the Board. The current financial contributions cover staffing, but leave little additional resources to support the Board in undertaking its objectives and functions.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**
The LSCB and Children's Trust have a formal protocol in place that sets out the accountability arrangements between the two. The Safeguarding Children Board is a formal consultee of the Children & Young People's Plan. Also, the Safeguarding Children Board's priorities are referenced in the Joint Strategic Needs Assessment, which the LSCB provided significant input towards developing the section on safeguarding children.

6.2 **Employment, Learning and Skills in Halton**
The LSCB has statutory functions regarding training, supervision and safer recruitment to support a skilled, competent and confident workforce across the partners working in the borough with children & young people, families and adults who may be parents/carers.

6.3 **A Healthy Halton**
The safeguarding of children is fundamental to their health and well-being. The LSCB is expected to influence the Joint Strategic Needs Assessment by ensuring it takes into account safeguarding children priorities. The LSCB has established a Health Sub Group to provide focus upon safeguarding children across the health sector. The LSCB has also directed the Emotional Health & Wellbeing of Young People Board to provide assurances regarding the Mental Health Strategy and service provision for children and young people.

6.4 **A Safer Halton**
The effectiveness of safeguarding children arrangements is fundamental to making Halton a safe place of residence for children and young people. The LSCB has identified the impact of domestic abuse on children and young people as a priority area of focus and has supported Halton Domestic Abuse Forum with training delivery for staff.

The LSCB has undertaken work with Licensing to raise awareness amongst taxi drivers of Child Sexual Exploitation. However developing reporting in relation to other areas of licensed activity has been less successful.

Going forward duties regarding Prevent and Channel will be a priority.

6.5 **Halton's Urban Renewal**

None.

7.0 RISK ANALYSIS

The LSCB Annual Report is expected to provide a rigorous and transparent assessment of the performance and effectiveness of local services to safeguard and promote the welfare of children and young people. This includes identifying areas of weakness which impact on outcomes for children in the borough, and is a focus for Ofsted inspection of the Local Authority. Following the Ofsted inspection in November/December 2014, the risk is that an inspection may take place again before there is evidence that the work being undertaken to address priority areas for improvement has evidenced impact. In addition, future inspections will be undertaken on a multi-agency basis. Therefore all partners need to be prepared to evidence the work the effectiveness of the work they have undertaken to safeguard children and young people.

The key risk for the LSCB in undertaking its functions is to secure the necessary financial contributions from partners to support the work of the Board going forward.

8.0 EQUALITY AND DIVERSITY ISSUES

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

Document	Place of Inspection	Contact Officer
Children Act 2004	Gov.UK Website	Tracey Holyhead
Working Together to Safeguard Children (2015)	Gov.UK Website	Tracey Holyhead

Halton Safeguarding Children Board

Annual Report 2014-15

and

Business Plan 2015-17

September 2015

CONTENTS

1. **Independent Chair's Introduction**
2. **Structure of the LSCB**
3. **Demographics of Halton**
4. **Key Priorities 2014-15**
5. **Safeguarding Activity 2014-15**
6. **The Work of the Sub Groups**
7. **LSCB Challenge**
8. **Learning and Improvement**
9. **Key Priorities 2015-16 and Business Plan 2015-17**
10. **Budget Information**

Appendices

i. **HSCB Membership and Attendance 2014-15**
ii. **Halton Levels of Need Framework**

1. Independent Chair's Introduction

I am pleased to present to you the Halton Local Safeguarding Children Board (HSCB) Annual Report for 2014 - 2015. I hope you will find it useful in understanding the way all services in Halton work together to safeguard children who are or may be at risk of harm. This report is intended to provide information for all involved in the work of, or who are interested in safeguarding children and young people.

The HSCB recognises that the work of partners to safeguard children and young people is continuing against a backdrop of a challenging economic environment and fundamental reshaping of public services. This has brought a greater need for organisations and services to work even closer together. The audit and scrutiny work led by the HSCB ensures that safeguarding remains a priority for all partners.

The HSCB does not work in isolation and has defined Governance and Accountability agreements in place for how we work with other Strategic Partnerships in Halton. The HSCB has continued to develop its structure and membership to ensure that it can deliver effective scrutiny and challenge to promote improving safeguarding practice.

The recent Ofsted review of HSCB recognised that partners in Halton are working well together to address key safeguarding areas whilst identifying some areas for improvement. The Board welcomed the scrutiny provided by Ofsted and has developed a comprehensive action plan to build upon our continuous improvement ambition. The Board needs to strengthen its communication with faith and community groups and will continue to focus on engaging with and listening effectively to children and young people to ensure their views are influencing safeguarding practice.

Work with other Safeguarding Children Boards in Cheshire has strengthened arrangements for dealing with Child Sexual Exploitation and has provided high quality communication and information to young people and their families so that they can recognise risk and abusive relationships.

The report provides information on how many children in Halton need protecting and require additional support and how agencies have worked together to provide this support. The report highlights the achievements of the HSCB and identifies priorities for future work. It shows how we continue to scrutinise and challenge the work of partner agencies and promote a culture of openness and learning. By doing this we seek to improve the safety and wellbeing of the children of Halton.

Richard Strachan
Independent Chair
Halton Safeguarding Children Board

2. The Structure of the LSCB

The Main Board is the overarching decision making body; the Executive and Sub Groups are accountable to the Board. The LSCB Executive drives the business on behalf of the Board, with the Sub Groups reporting directly to it.

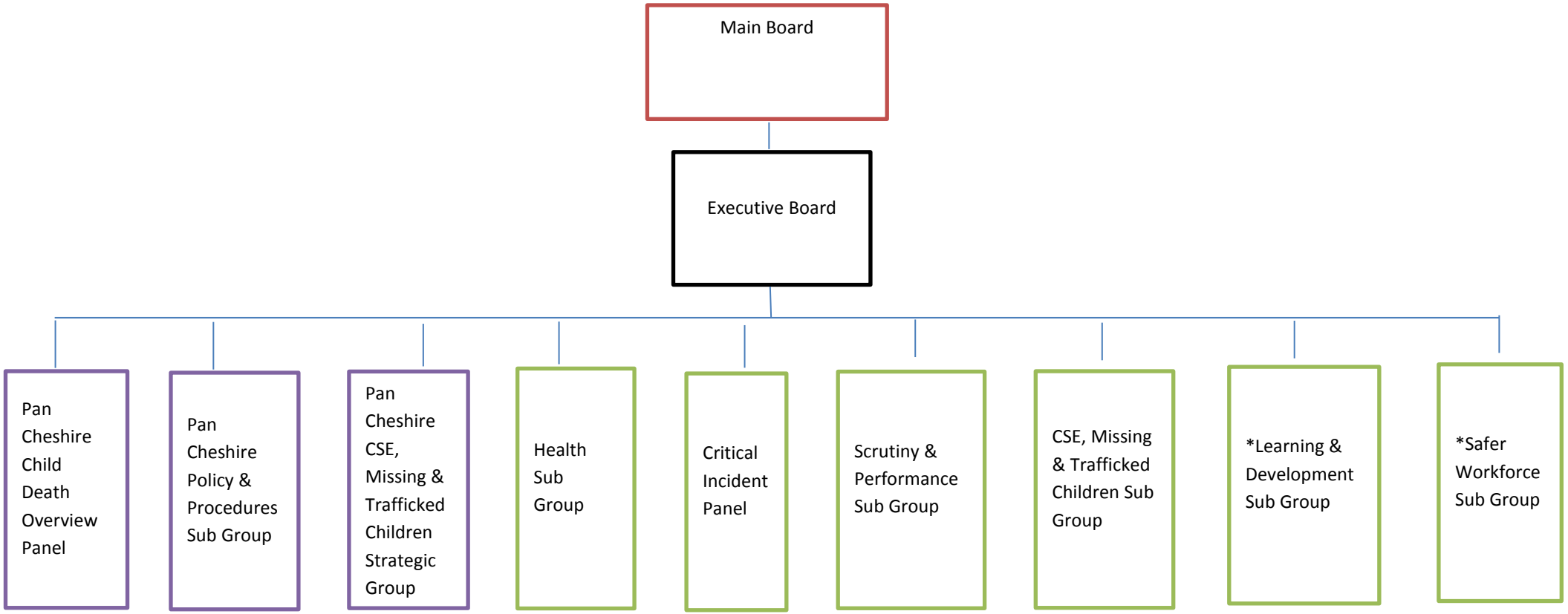
The Health Sub Group has proven to be an effective addition to the structure of the Board. All NHS Trusts providing services to Halton residents sit on the Sub Group alongside representation from Primary Care (i.e. GP Practices) and Public Health and NHS Halton Clinical Commissioning Group (CCG) as the commissioners. The Sub Group Chair sits on the Executive and Main Board to ensure that NHS provider services are represented alongside commissioners.

The remit of the CSE and Missing Children Sub Group has broadened to include Trafficking. This reflects the additional vulnerabilities that children who are trafficked face in terms of risk to CSE. This also reflects the broadened remit of the Pan Cheshire Strategic Group.

We now have three sub groups which operate on a Pan-Cheshire basis: Child Sexual Exploitation, Missing & Trafficked Children; Policies & Procedures; and Child Death Overview Panel (CDOP). These Pan-Cheshire arrangements support the four LSCBs to work more effectively. We are able to share and compare information to address issues which do not recognise local authority boundaries, such as Child Sexual Exploitation or Trafficking. We can also pool our diminishing resources to develop effective awareness raising campaigns such as Safe Sleep or Child Sexual Exploitation.

The LSCB has joint protocols in place with the Children's Trust and Health & Wellbeing Board, and Safeguarding Adults Board. This supports work on issues which overlap the strategic partnerships, as well as ensuring that the LSCB can hold to account, and be held to account by, these strategic partnerships.

HALTON SAFEGUARDING CHILDREN BOARD STRUCTURE

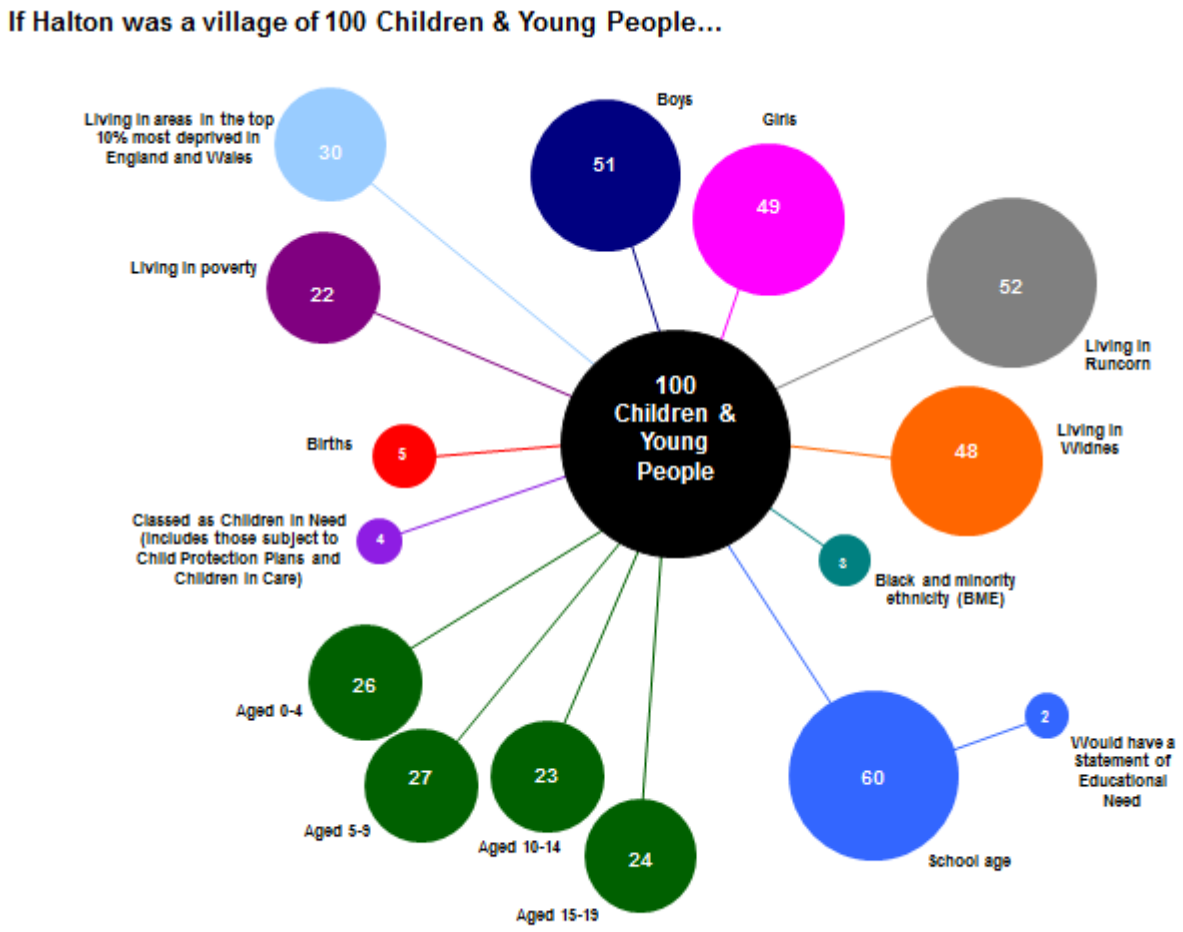


*Denotes joint Sub Group of the LSCB and Safeguarding Adults Board

3. Demographics of Halton

Halton has an estimated population of 126,400, of which approximately 29,700 children aged between 0-18 years are living in the borough. (Source: ONS, 2014 Population Estimates). The population is largely white, with only 3.2% of the population identified as being from a minority ethnic group. (Source: 2011 Census)

Halton is the 27th most deprived local authority area in England out of 326. 26% of the population live in areas that fall in the top 10% most deprived nationally. (Source: Index of Multiple Deprivation, 2010) In 2014, 22% of children and young people were living in poverty. (Source: DWP, Out of Work Benefit Claimant Households, 2014)



4. Key Priorities 2014-15:

The LSCB's 2013-15 Business Plan identified five strategic objectives:

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.

In addition to the strategic objectives, the LSCB identified five areas of focus to be considered across all of the strategic objectives:

a) Neglect
b) Early Help and Support
c) Children in Care
d) Child Sexual Exploitation and Missing Children
e) Domestic Abuse

The five areas of focus were identified from performance monitoring, audit of practice, the outcome of reviews, feedback from frontline staff and engagement work with children & families. Our partners undertook a range of activities in relation to the LSCB's key priorities:

Cheshire Police

- Implemented new Vulnerable Persons Assessment (VPA) process
- Delivered Operation Encompass pilot in Widnes, reporting daily to schools on Domestic Incidents
- Supported a range of activities across schools in Halton aimed at raising awareness of CSE and risk associated with online activity, including Crucial Crew and E-Safety Officers programme
- Committed dedicated resources to the CSE Team
- Aligned dedicated local officer and/or PCSO to all children's homes under Operation Arundel
- Developed consistent data tracker to share information with partners on missing children

Cheshire West, Halton and Warrington Youth Offending Service (YOS)

- Expanded Divert Team into a wider Divert and Court Team
- Undertake 6 monthly Domestic Abuse Audits
- Analysed re-offending rates of children in care looking at profile, type of offending and prevalent factors for offending
- Highlighted cases where trafficked children were being prosecuted for offences rather than treated as victims of modern slavery triggering a learning review to be reported to the LSCBs in Cheshire
- Participate in quarterly multi-agency reviews of children detained in police custody overnight
- Involved in developing a transfer protocol with Police and Children's Social Care for children with post charge accommodation requirements

Children and Families Court Advisory Support Service (CAFCASS)

- Commission accredited agencies to undertake Domestic Abuse courses for perpetrators which are then included in court assessments
- Developed a CSE strategy
- Following Cafcass' "good" Ofsted judgement in April 2014, implemented an action plan to address recommendations; an audit in November 2014 assessed that the safeguarding actions had been met.
- Use funded research into best practice to support evidenced based assessment to improve practice.

Children's Social Care

- Revised strategic approach to Early Intervention to move to multi-agency integrated teams and reconfigured Early Intervention Teams into 3 localities
- Introduced Early Help Officer into the Contact and Referral Team (CART) as a single point of contact to advise on Level 2 cases in the Halton Levels of Need Framework
- Piloted aligning Family Support with settings to improve school readiness
- Young Person's Domestic Abuse and Sexual Violence Advocate undertook survey of young people's experiences of Domestic Abuse in their relationships leading to revised training delivery
- Supported CSE Team with secondment of a Social Worker, management oversight and accommodation alongside CART
- Reviewed and re-commissioned a service which has increased the range of interventions for emotional health and wellbeing advice, support and assessment to children in care, care leavers, post adoption, including support for carers/social workers to support placement stability

NHS Halton Clinical Commissioning Group (CCG)

- Coordinated GP Practice Safeguarding Leads meetings
- Ensured GPs are actively engaged with local early help and support services
- Supported Domestic Abuse awareness raising
- Used Commissioning for Quality and Innovation (CQUIN) to improve coverage of health assessments and outcomes for children in care

Public Health

- Provided part funding for Child Death Overview Panel Chair
- Commissioned Wellbeing magazine promoting safeguarding messages to children in secondary and special schools and Children's Centres
- Appointed a School Nurse to work with the multi-agency CSE Team
- Ran campaigns on: Foetal Alcohol Spectrum Disorder and Drinking in Pregnancy, Smoking in Pregnancy, Co-sleeping with Babies, Domestic Abuse
- Produced briefings on Legal Highs and Cannabis use

Riverside College

- Work in partnership with agencies such as YoungAddaction, the Amy Winehouse Foundation and Terrence Higgins Trust to support young people.
- Developed a counselling service to provide intervention at an early stage for students who need it

- Use Health & Wellbeing magazine to promote positive messages and raise awareness amongst students
- Track and monitor attendance on a daily basis in order to trigger intervention in relation to absences immediately
- Recognised centre for distribution of foodbank vouchers
- Supported Domestic Abuse White Ribbon events and Advice Zones set up to support healthy relationships
- In conjunction with the Local Authority, put protocol in place for supporting transition of children in care

5. How safe are our Children and Young People in Halton?

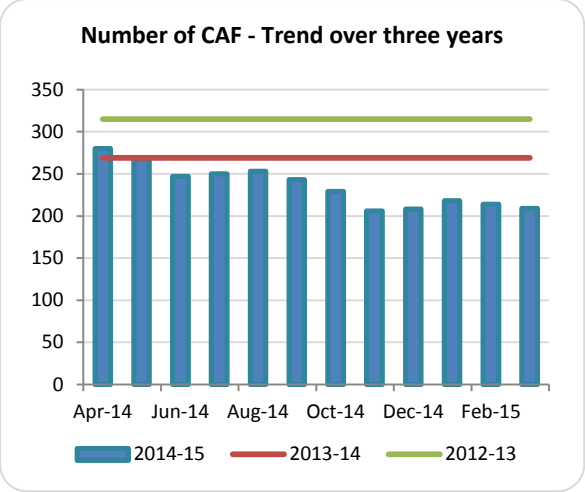
Safeguarding Activity 2014-15

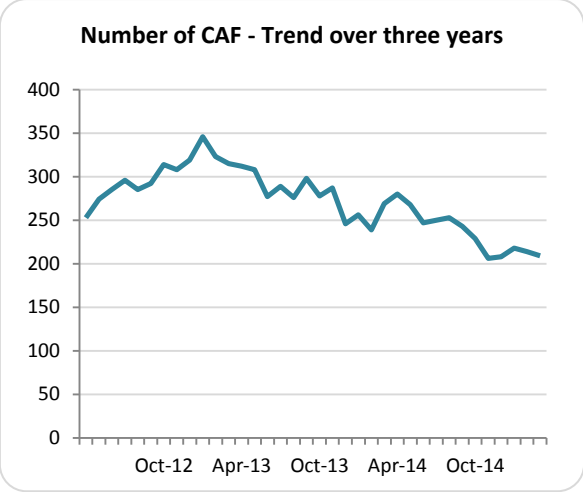
5.1 Early Intervention

Halton's Early Intervention Strategy ensures that identified and assessed needs of children and families are met at the lowest, safe level of service possible. In some instances children may have additional needs which if addressed at an early stage will prevent the need to refer to Children's Social Care at a later point. The child and family may need a range of supportive services to address these additional needs. The Common Assessment Framework (CAF) is a voluntary process, requiring informed consent of the family or young person, dependent upon age and understanding. The child's needs are assessed holistically, services delivered in a coordinated manner and reviewed regularly.

The CAF may also be used when the level of risk has been reduced so that families no longer need a service from Children's Social Care. This is to ensure that any ongoing needs of families continue to be met and/or that families and young people are supported to access universal services.

Since September 2014 all new referrals to early intervention and Children's Social Care are through an integrated front door staffed by social workers and early intervention workers. This Contact and Referral Team (CART) currently process on average approximately 100 early intervention referrals a month.





At the end of 2014-15 there were 209 open CAFs in Halton. This was a reduction from 269 in the previous year. A total of 466 children had been subject of a CAF during 2014-15. This compares with 536 for 2012-13 and 618 for 2013-14. The graph above shows the downward trend in the number of CAFs over the past three years. The reduction in the total number of children subject to a CAF can, in part, be attributed to the ongoing monitoring systems now in place, ensuring that all CAFs in place are active. This means that there is a plan in place which is regularly reviewed.

The number of CAFs does not represent all the work that is taking place to support children at the early intervention level. The Locality Early Intervention teams also use TAFs (Family Assessments) for children and families whose needs are multiple and complex. Since the introduction of the Locality Early Intervention teams, Halton has also introduced use of a pre-CAF to enable partners to identify needs quickly and easily. The pre-CAF is used to identify if a CAF would be appropriate or if needs could be met through signposting and referral to other services. Halton is in the process of introducing an electronic CAF (eCAF) and once this system is live it will be possible to report on the use and outcomes of pre-CAFs, CAFs and TAFs, which will better represent the broad range of support offered to families at the early intervention level.

In addition, the Health Sub Group has been undertaking work to identify whether the low proportion of CAFs led by health practitioners is due to staff using universal and targeted approaches with families when a multi-agency coordinated approach via CAF would be more beneficial to the child; or whether the work undertaken by health services at this early help level has been preventing the need for early intervention. The outcome of this work will be reported to the Board in 2015-16.

Also, as reporting of advice given at the front door by staff in CART on initiating CAFs has become more robust, the Board will be able to receive information on instances whereby initiating a CAF is advised but does not lead to a CAF being put into place. This will help the Board in challenging the multi-agency partners on the reasons for this.

5.2 Children in Need and Child Protection

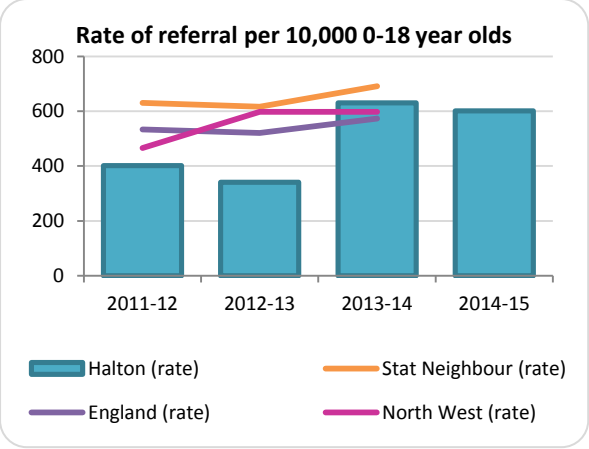
All services and the community in Halton need to be vigilant and have the confidence to report concerns where they think that a child may be at risk of harm. We also need to ensure that children have opportunities to speak out when they are at risk, or are being harmed. Specialist services such as Children's Social Care and the Police can only intervene to protect children if they are alerted to concerns. The LSCB promotes messages to both the public and staff of what to do if concerned about a child's welfare. In addition, specific campaigns are also promoted by the LSCB; such as recognising Child Sexual Exploitation, or how to keep safe using social media and the Internet.

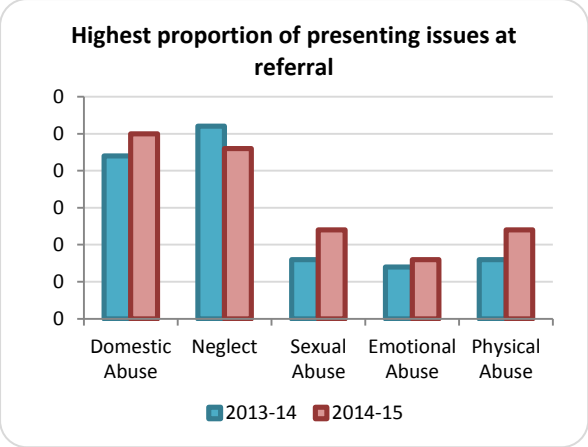
The following information is about children and young people in Halton who have been identified by the Local Authority and partner agencies as being in need of safeguarding.

The rate of Children in Need in Halton on 31st March 2014 is 462 per 10,000 population based on those children and young people who have been involved with Social Care across the Levels of Need Framework (see Appendix B Halton Levels of Need Framework). This includes those receiving an assessment, subject of Child Protection Plans, Children in Need and Care Leavers. The latest available data from 2013-14 shows that the average for Halton's statistical neighbours was 456.2 per 10,000 population.

5.3 Referrals

A referral is information received by Children's Social Care where there are concerns about a child. The response may be to provide advice, a single agency response, early intervention or to undertake a Social Worker led single assessment.





The number of referrals to Children's Social Care has reduced slightly in comparison to last year. However, since 2011-12 there has been an 85% increase in referrals. Halton's statistical neighbours have also seen high rates of referral. The latest available data for 2013-14 shows that statistical neighbours had a rate of referral of 691 per 10,000 population. In Halton we are still seeing high levels of referrals in relation to Domestic Abuse and Neglect as seen in previous years.

5.4 Re-Referrals:

We also look at re-referral rates. Over the last two years the re-referral rate has risen from 9% to 24% in 2014-15. Previously the rate has been below that of our statistical neighbours. This was of concern as a proportion of re-referrals should be expected as circumstances can change, putting children at risk despite previous work undertaken. The latest available data for 2013-14 reported that statistical neighbours had a re-referral rate of 21.1%. Although we are now more in line with statistical neighbours, the LSCB is concerned that almost a quarter of all cases were re-referrals during 2014-15. The LSCB is to scrutinise this further in order to understand what the reasons behind this may be.

5.5 Assessments:

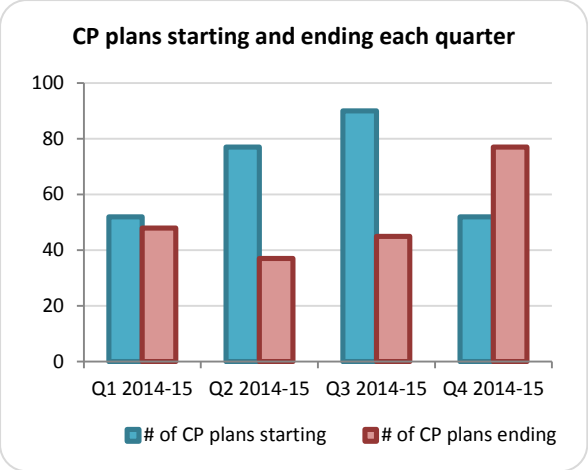
When Children's Social Care accepts a referral an assessment is undertaken by a Social Worker. The Single Assessment process replaced Initial and Core Assessments during 2013-14. In 2014-15 all assessments were undertaken as Single Assessments. Social workers have up to 45 working days to complete their assessment and determine what services, if any, are appropriate for that child/children and family. At the end of 2014-15 73% of assessments had been completed within the timescale. There is no nationally set target but the indicative national benchmark in 2013-14 was 82.2%. The locally set target is 90% which may be overly ambitious. Local intelligence suggests that completion in timescale across the North West has worsened, with provisional data indicating that only 9 out of 22 local authorities achieved in excess of 82.2% completion within 45 working days in 2014-15.

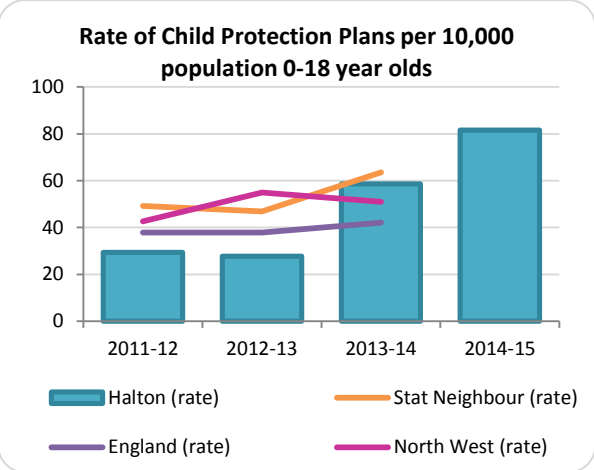
Performance was on track to be significantly improved with 86% of assessments completed within timescale at the end of December 2014. However the Ofsted Inspection in November/December 2014 had an adverse impact on the capacity of the service as staff and managers met the needs of the inspection. This resulted in staff accruing significant amounts of leave and time owing that had to be taken; there

was also an increase in sickness absence in the months immediately following the inspection.

5.6 Children Subject to Child Protection Plans:

Children become subject of a Child Protection Plan when it has been identified that they are in need of protection from either neglect, physical, sexual or emotional abuse. Only the most vulnerable children have child protection plans.





A range of work was undertaken last year to better understand the reasons behind our low child protection numbers. This was reported on in last year's Annual Report. The rate of Child Protection Plans continued to increase during 2014-15.

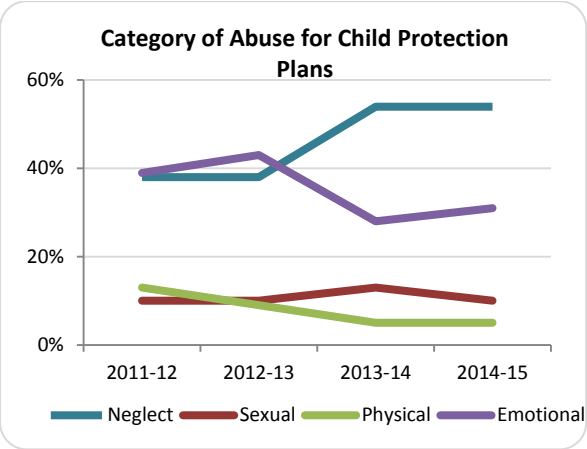
271 Child Protection Plans were commenced in 2014-15. This was an increase of 57 on the previous year. Although the number of plans has risen again, the increase has levelled off towards the end of the year. In quarter 4 (January – March) this related to 112 families; compared with 75 families at the same point last year. Halton continues to see the impact of families with large sibling groups entering the child protection process. The rate of children who were subject of a Child Protection Plan at 31st March 2015 per 10,000 population is 81.6 for Halton. The latest available data from 2013-14 shows that the average for Halton's statistical neighbours was 63.5 per 10,000 population.

The Local Authority responded to the increased demand for conferences by recruiting to an additional Conference Chair in the Safeguarding Unit during 2014-15. However, a continued increase in the number of children subject to Child Protection Plans during the year meant that conference chairs continued to have high caseloads. The impact of this on the chairs' ability to monitor the progress of plans between conferences was identified as an area for improvement in the Ofsted inspection report. Increasing the chairs' capacity is included in the Local Authority's inspection action plan and will be monitored by the LSCB via quarterly reporting from the Safeguarding Unit.

The increase in Child Protection activity has impacted across agencies. Staff across the partnership are being asked to attend and provide reports for more meetings.

The LSCB had previously been alerted to issues with attendance and reporting to conferences. If staff do not attend or submit written reports this impacts on information sharing, decision making and can lead to much longer meetings which can be difficult for the family. The LSCB undertook an audit of attendance and reporting to conferences. This has informed administration processes within the Safeguarding Unit and work on multi-agency good practice in the Child Protection process.

Category of Abuse for Child Protection Plans:



	2011-12	2012-13	2013-14	2014-15
Neglect	38%	38%	54%	54 %
Sexual	10%	10%	13%	10%
Physical	13%	9%	5%	5%
Emotional	39%	43%	28%	31%

NB Children may change category of abuse during the course of the Plan and therefore may appear in more than one category.

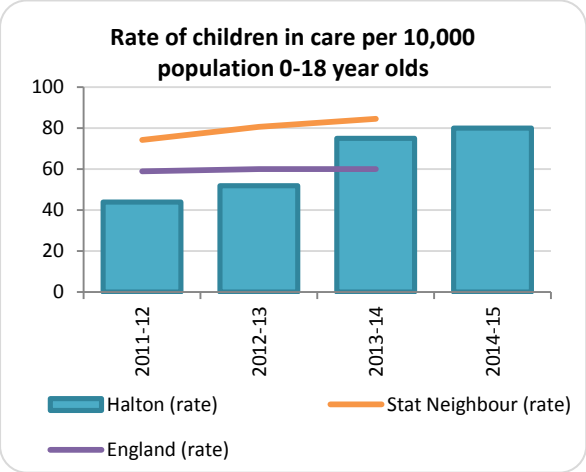
Neglect remains the most common reason for children to become subject of Child Protection Plans. There has been an increase in the proportion of plans under the category of emotional harm which reflects the national trend. This year has seen a slight decrease in Child Protection Plans where sexual harm is identified. This is a concern given the work undertaken in previous years to raise awareness of sexual abuse. The LSCB will be exploring this further in 2015-16.

At the end of the year 20% of children had become subject of Child Protection Plans for a second or subsequent time. Although this is only a 1% increase on last year, it is a high level given the increase in Child Protection Plans overall. Some of this will be due to changes to the Public Law Outline which has resulted in all children subject to pre-proceedings being subject of a Child Protection Plan given the level of risk and multi-agency coordination required. The LSCB will undertake further analysis of this group focusing upon children who have become subject of Child Protection Plans for a second or subsequent time within the previous one to two years, in order to understand how all agencies are working to reduce risk in the longer term.

Quality of Child Protection Plans:

The quality of Child Protection Plans was an issue identified in the Ofsted inspection report. Work is already underway to address this across all levels of the safeguarding continuum from early intervention to child protection. The LSCB's multi-agency training will support these changes with its audit activity scrutinising all partners to evidence improvement.

5.7 Children in Care



At 31st March 2015 there were 229 Children in Care. This was similar to the previous year. This is a rate of 83.0 per 10,000 population. The latest data in relation to statistical neighbours shows the rate as 84.6 per 10,000 population in 2013-14. In addition the majority of these children were aged 11 years or under. This is significant as it shows that the work requested by the Board of the Children's Trust last year in relation to early intervention and neglect has had an impact on reducing the number of older children coming into care.

The LSCB receives reports form the Commissioning Team on the quality of residential placements for Halton children. There is a clear process in place for reviewing any provision that falls below the Ofsted "good" judgement whilst a Halton child is placed there. In addition arrangements are in place whereby the Commissioning Team receive information from local authorities in the North West, North East and Pan London on the quality of independent placement providers which inform decisions on where to place children.

5.8 Children in Care of Other Local Authorities (CiCOLA)

Some children living in Halton are Children in Care of other local authorities; this means that they live in foster care placements, independent children's homes or within a Leaving Care/Semi Independent placement where the placement has been arranged by another local authority.

Each local authority is required to maintain a current list of the children placed into its area.

On 31st March 2015 there were 169 children on the CICOLA list. Five neighbouring local authorities - Cheshire West & Chester, Knowsley, Liverpool, St Helens and Warrington account for 65% of those placements. 87% of placements overall come from North West local authorities. This shows a further continuation in the positive trend of children being placed nearer to home.

The commissioner responsible for the oversight of notifications attends the Children Missing from Education meetings to support information sharing and confirm the school/educational placement of these children. The Commissioning Team also support the Placement Provider Forum which has developed links between the independent providers in the borough and multi-agency partners such as the Local Authority, Police, Health Services, Missing & CSE Service and young people's Drug & Alcohol Service. The forum provides an opportunity for local providers to share good practice on themes such as Missing from Care, CSE, Health Improvement offer, LADO procedures and Legal Highs.

5.9 Private Fostering

Private fostering is an arrangement, usually made by a parent, for a child under 16 years (or under 18 years if they have a disability) to be cared for by someone other than a close relative (i.e. grandparent, brother, sister, aunt or uncle) for 28 days or more. It does not apply to children who are looked after by the Local Authority.

LSCBs are expected to ensure that effective processes are in place to promote the notification of private fostering arrangements in their local area. This includes raising awareness amongst staff and the public of what constitutes a private fostering arrangement, and the requirement to notify Children's Social Care. The local authority is required to provide an annual Private Fostering Report to the LSCB, which the LSCB reviews and responds to any findings as necessary.

During 2014-15 five private fostering notifications were received by the Local Authority, which led to four arrangements. This was an increase of two on 2013-14, and in line with previous years. Three of the arrangements are ongoing, with one ending in the year.

The Ofsted inspection identified that more needed to be done to raise awareness, identification and notification of private fostering in Halton. The Private Fostering Group has been reviewed and is working to raise awareness. Significantly two young people are supporting the group in its work and will be reporting to the Board during 2015-16.

5.10 Children who are Adopted

The number of adoptions from care during the reporting period was 18. The average time (over three years performance) between a child entering care and moving in with their adoptive family was 521 days which has once again reduced from the previous year, and remains better than the England average of 628 days and the threshold of 547 set by government.

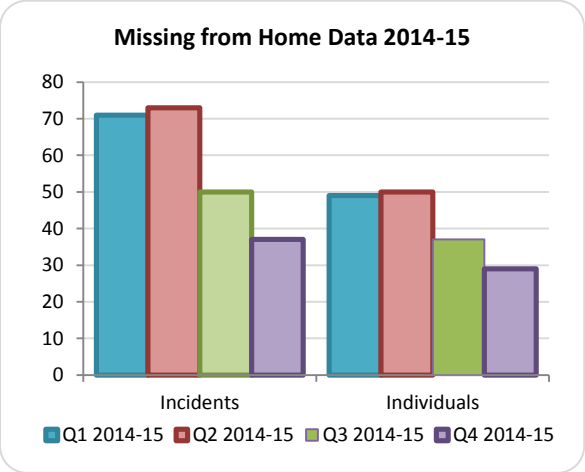
5.11 Missing Children

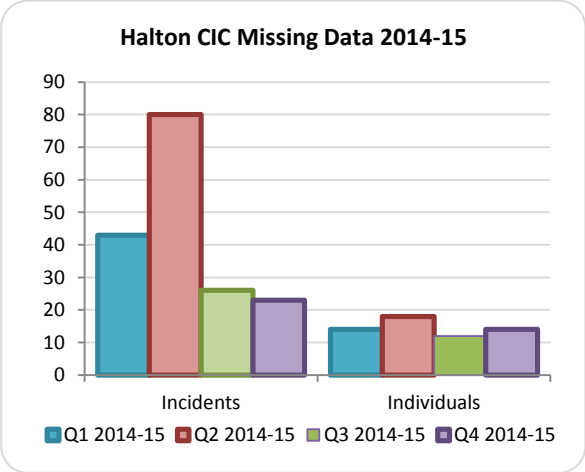
Catch22 is the commissioned service which has been providing the Missing from Home Service across Cheshire since 2012. Staff from Catch22 work closely with the police Missing from Home Coordinator and other partners. They undertake return interviews and assessment, followed by direct intervention work as required. They also undertake independent return interviews with children in care, placed outside Cheshire, but living within a 30 mile radius.

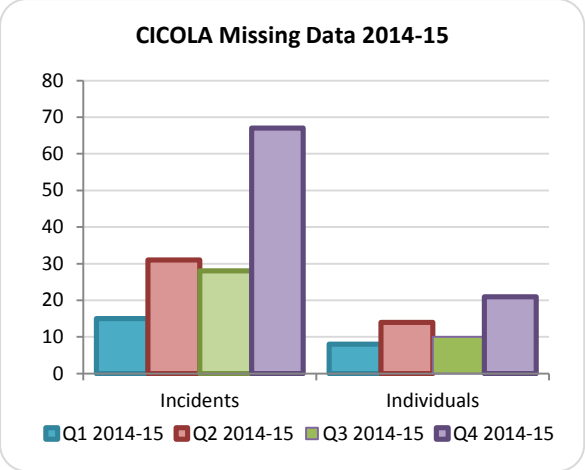
In April 2014 the revised Pan Cheshire Missing from Home Protocol was launched to reflect the updated National Guidance on Missing Incidents. The Catch22 Case Worker receives a notification for all missing incidents for children and young people under the age of 18 years. Cheshire Police forward notifications regarding all young people reported missing Pan Cheshire to the Catch22 service. For Halton children in care placed outside Cheshire, but living within a 30 Mile radius, it is the responsibility of the child's Social Worker to inform the Catch22 service of the missing incident in order that the young person can be offered an independent 'Return Home Interview.'

The Ofsted inspection found that not all children who go missing from home received a return interview and in some cases where they did receive a return interview, the record of this did not influence planning and decision making in a timely way. The Local Authority were given a priority action to ensure that all children and young people who go missing from home and care have a return home interview, and that information is made available to relevant professionals in a timely manner to inform risk assessment, management and planning. The processes were reviewed with significant improvements to recording and reporting made and staff briefed on their roles and responsibilities. The LSCB will monitor the impact of this during 2015-16.

Missing Children Data April 2014 – March 2015







Of the children reported missing 45% were male and 55% female. The average age Pan Cheshire was 15.4 years; the average age in Halton was 14.5 years. Halton missing children being on average younger than those in the other areas of Cheshire has been a consistent trend seen over previous years.

188 individuals accounted for 835 missing episodes. 65% were missing from home which was an increase from 50% the previous year. This can be attributed to the change in the Pan Cheshire Missing from Home Protocol. Those children missing from care were most likely to go missing multiple times.

The reasons reported for the missing incidents are often different depending on the young person's situation. For young people living at home, the main reasons for missing incidents were family conflict and peer pressure from friends/associates. For young people that were in the care of Halton the main reason was visiting family and friends and also associating with other young people, from home and in the care of other local authorities that go missing. There has been an increase in young people talking about the use of legal highs within the last quarter of the year with the commissioned drug and alcohol service for young people, YoungAddaction, undertaking work to address.

5.12 Child Sexual Exploitation (CSE)

Sexual exploitation can happen to boys and girls from any background. Any child under the age of 18 may find themselves in a situation that makes them vulnerable to CSE. Perpetrators can be male or female, adults or other young people.

Halton is part of the Pan Cheshire approach to tackling CSE. A Strategic Group consisting of the chairs of each LSCB Sub Group, the Lead Commissioner for the CSE and Missing Service, Police and NHS England (Cheshire & Merseyside) has developed a Pan-Cheshire multi-agency CSE Strategy which all 4 LSCBs and partners have ratified and agreed to work under. All 4 Cheshire local authorities use the CSE screening tool and procedures developed by the Strategic Group to ensure a common approach to the assessment of the risk of CSE. This consistent approach supports partner agencies who operate across local authority boundaries.

All four LSCBs in Cheshire work together to address the risks in relation to CSE. Each LSCB informs the work of, and is informed by, the Pan Cheshire CSE, Missing

and Trafficked Children Strategic Group. During 2014-15 the Pan Cheshire Strategic Group was chaired by Cheshire Police. However, at the request of the Chief Constable and Police & Crime Commissioner chairing arrangements for 2015-16 have been handed over to Halton Borough Council's Chief Executive on behalf of his Cheshire colleagues. An annual summit on CSE takes place between Cheshire Police & Crime Commissioner and the 4 LSCB Independent Chairs.

During 2014-15 the Strategic Group has:

- Reviewed the Pan Cheshire CSE policy
- Reviewed the CSE screening tool
- Promoted the 'Know and See' campaign
- Developed a Pan Cheshire multi-agency Communication Strategy
- Led on a communication plan targeting key groups including children and families
- Promoted training
- Looked at the 4 LSCB Operational Groups to promote consistency and improvements
- Considered data collection systems for implementation from 2015 onwards

Publication of Professor Alex Jay's report on CSE in Rotherham led to local MPs, elected members and the Police and Crime Commissioner seeking assurances from each local authority in Cheshire that CSE was being addressed in their area and that children were not being failed by the agencies which should be protecting them. As many LSCB partner agencies work across more than one borough, the LSCBs proposed to undertake an internal audit of CSE cases and a review of organisational practice using the same template. In Halton the outcome of the case audits and organisational review were reported to the LSCB in November 2014. The outcome was subsequently reported to elected members and the Police and Crime Commissioner in December 2014, with further development work taking place at a CSE Thematic meeting of the LSCB in January 2015.

The case audit and organisational review provided significant learning in relation to how agencies flagged those children and young people identified at risk of CSE. This informed changes implemented across Halton whereby the multi-agency CSE Team are now the central point which determines whether a child should be flagged as being at risk of CSE and when the flag should be removed. Partners are informed of this by the CSE Team. This has led to more robust and consistent reporting and recording.

Learning was also identified in relation to use of the CSE screening tool across partners which led to a thematic audit of CSE screening tools in January 2015. This has informed revision of the screening tool on a Pan-Cheshire basis and informed the CSE Basic Awareness training. There is an expectation that any referrals to Children's Social Care Contact and Referral Team (CART) in relation to CSE are accompanied by a completed CSE screening tool which should be shared with other agencies involved. The CSE Team has reported improvements in the quality of the screening tools submitted by a range of partners. Anonymised good practice examples are being used to further develop the quality of screening tools completed across partner agencies.

Findings and recommendations from the case audits and organisational review have been incorporated into the Pan Cheshire CSE Multi-Agency Strategy 2015-17 which can be viewed on the HSCB website: http://haltonsafeguarding.co.uk/wp-content/uploads/2014/01/Pan-Cheshire-CSE-Strategy-2015-17.pdf

CSE Awareness Raising:
During 2014-15 HSCB coordinated local awareness raising under the Pan Cheshire CSE communications plan. Key recipients were targeted as follows:
October/November 2014 – Schools and education: this included performances of "Risking It All" to Yr. 9 & 10 pupils supported by staff from Catch22, YoungAddaction and the Young Person's Domestic Abuse and Sexual Violence Advocate. The Behaviour and Attendance Service wrote to 59 parents and pupils accessing home tuition or receiving elective home education, providing information about CSE and a link to other sources of information. Home Tutors were also briefed on CSE.

November 2014 - Residential Children's Homes and Foster Carers: this included a performance of "Risking It All" hosted by Riverside College for children in care, including those placed in Halton from other local authorities, and staff from independent children's homes and foster care agencies in Halton supported by staff from Catch22, YoungAddaction and the Young Person's Domestic Abuse and Sexual Violence Advocate. Awareness raising was also disseminated via the Children's Provider Forum where CSE is a standing agenda item.

January 2015 - Young people, parents and general public: the website http://www.knowandsee.co.uk/ was up-dated and publicised via graphics on buses and taxis in the borough. Partners used social media to promote the website; a banner was displayed outside HBC Municipal Buildings in Widnes; and staff displayed stickers in their vehicles.

February 2015 - Hotels and taxi drivers: licensed premises received a range of information materials to display in both staff and public areas, along with briefings from Catch22. All taxi drivers licensed in the borough were written to and received awareness raising materials to display in their vehicles.

18th March 2015 – National CSE Awareness Day: HSCB, Catch22 and Cheshire Police used their twitter accounts to tweet "helping hands" and signposting to "know and see" on national CSE day. Catch22 undertook sessions with young people at risk of CSE to develop awareness raising resources.

Further detail of CSE work in Halton is set out in the section on the CSE, Missing and Trafficked Children Sub Group.

5.13 Domestic Abuse

A high percentage of referrals are received about domestic abuse. Following challenge from the LSCB regarding a need for services to support families, Core Assets were commissioned to deliver the Domestic Abuse Family Service in November 2013. The service provides information, advice and direct support to families in a variety of ways. It works directly with parents to reduce the impact of domestic abuse on parenting capacity, helping them to understand and address the impact on the child's behaviour, both individually and in groups. It gives children and

young people who have lived, or are living with domestic abuse, opportunities to share their feelings in a safe environment, through an Art Therapy service as well as within Child Safety Planning work. The service also supports Children's Social Care with the Cheshire and Merseyside Local Authority Pre-Proceedings Protocol.

During 2014-15 the service has been working at capacity and has had to stop receiving referrals at times. This led to a review of the service to work only with families open to Children's Social Care at a pre-proceedings level. This change offered more scope to staff from the service attending meetings and becoming more integrated in the multi-agency work with the family.

The service provides evidence of the impact of its work. After one to one support all children reported that they felt safer, and that their home was a better and safer place to live.

The LSCB also supported the Operation Encompass pilot in Widnes. Four neighbourhoods in each of the Cheshire local authorities were identified to take part in the pilot. The purpose of Operation Encompass was to safeguard and support children and young people who have been involved in a domestic abuse incident. Following any such incident, the Police contacted a trained member of staff at school who would then offer appropriate support to the child. The pilot has been evaluated and will be rolled out across Cheshire during 2015-16.

Although schools were receiving notification of domestic abuse incidents in a timely manner, in some cases this was in advance of Children's Social Care which led to a delay in assessing and managing risk to safeguard children. This is a priority action following the Ofsted Inspection and as a result the LSCB will be monitoring timescales for the police referring these incidents to Children's Social Care.

6. The Work of the Sub Groups

6.1 Scrutiny and Performance Sub Group

The role of this Sub Group is central to the monitoring and evaluation function of the LSCB. The Sub Group oversees actions from a programme of audit activity across the Levels of Need Framework including the Common Assessment Framework, Child in Need and Child Protection Plans, Children in Care and Care Leavers.

During 2014-15 the LSCB coordinated three Multi-Agency audits and from this good practice and areas for improvement were identified.

Areas of good practice identified and reported back to frontline staff included:

- Evidence of the voice of the child being heard and impacting on practice.
- Good multi-agency communication and working.
- Individual agencies working hard to address issues within their areas of specialism.

Areas for improvement included:

- Lack of evidence of use of escalation processes and demonstrating effective challenge.
- Evidence of drift in cases.

- Evidence of supervision within case records not consistently shown across agencies.

In addition, recommendations were made regarding improvements in the audit process:

- The need to proactively engage children and families in the audit process to ensure that their views influence practice.
- Training for the multi-agency audit group to ensure consistent grading of cases.

An action plan is in place to address learning identified from the audit process which is overseen by the Scrutiny & Performance Sub Group. In addition, the audit programme for 2015 will revisit previous themes and recommendations to evidence impact.

Appointment to the vacant Quality Assurance Officer post in a joint arrangement with Cheshire West & Chester LSCB has enabled the Sub Group to develop the LSCB Performance Framework, including additional reporting on indicators from Board partners. In addition, the Quality Assurance Officer has developed a reporting schedule for partner agencies to present the findings and progress against recommendations identified from undertaking safeguarding related audits.

Key Achievements:

- Undertaking Section 11 audits of LSCB partner agencies to demonstrate the effectiveness of their safeguarding arrangements
- 100% return on S175/157 audits of schools to demonstrate the effectiveness of their safeguarding arrangements.

Priorities for 2015-16 include:

- Reporting from partner agencies on safeguarding audit activity and its impact.
- Revision of the audit process in line with areas of improvement identified in the Ofsted inspection report.
- Revise audit process themed on specific areas to revisit previous learning to measure progress.
- Scrutiny of effectiveness of the Early Intervention Model as it becomes embedded.
- Scrutiny of impact of the Neglect Strategy.

6.2 Child Sexual Exploitation, Missing and Trafficked Children Sub Group

During 2014-15 the Child Sexual Exploitation and Missing Sub Group broadened its scope to include oversight of child Trafficking. This recognises the potential links between these vulnerable groups. Further work is to be undertaken in 2015-16 to develop the understanding of child Trafficking in the local area, alongside the work of the Pan-Cheshire Strategic Group.

Key achievements:

- Developing an Advanced CSE course for practitioners working with young people identified as being at risk of, or suffering from, CSE for roll out in 2015-16.
- Engagement in the targeted Pan-Cheshire CSE awareness raising campaigns and activity on national CSE awareness day.
- Targeted activity to raise awareness of CSE amongst parents and carers.
- Roll out “Risking It All” interactive theatre presentation to all Year 9 & 10 pupils across Halton.
- Revision of the Pan-Cheshire Missing from Home and Care Protocol leading to more detailed reporting to the Sub Group.

Priorities for 2015-16 include:

- Developing the Sub Group Work Plan to include Trafficking.
- Ensuring that missing children receive a return interview under the Pan Cheshire protocol and evidencing how this informs their plan.
- Evaluating impact of the multi-agency CSE Team.
- Longer term support for young people who have been sexually exploited and their transition to Adult Services.
- Raising awareness across a younger age range of healthy relationships.

6.3 Health Sub Group

The newly established Health Sub Group further developed during 2014-15. Health partners feel that the Sub Group is beneficial and have engaged in development and oversight of the Sub Group Work Plan. Membership broadened during the year to include Public Health in recognition of their key role as commissioners alongside NHS Halton CCG.

Key Achievements:

- Review of functions and appointment of a Named GP.
- Improvement in completion of health assessments for children in care to timescale.
- Developing links between School Health and GP Practices.

Priorities for 2015-16:

- Reporting and Safeguarding Assurance to the Board.
- Ensuring senior engagement across all health providers.
- Audit for assurance across providers.
- Reporting on provider key performance indicators.
- Neglect and early intervention, ensuring all early assessment and interventions are recognised and are effective.
- Submission of conference reports and information (GP attendance).

6.4 Learning & Development Sub Group

The Learning & Development Sub Group jointly sits under both the Safeguarding Adults Board and the LSCB. The Sub Group coordinates a joint Safeguarding Training Needs Analysis, and considers opportunities to jointly deliver training.

The Sub Group oversees the LSCB Training Programme and the evaluation of the impact of training on improved outcomes for service users. Examples of this can be seen in the Training Activity section of this report.

Key achievements:

- Developing a Learning and Improvement Framework specific to Halton
- Working across Cheshire to develop training opportunities which include delivery of Female Genital Mutilation workshops and developing a Pan-Cheshire Advanced CSE course, delivery of which will commence in May 2015.
- Broadening impact evaluation of training to include all courses
  Delivery of Crucial Crew – safeguarding workshops delivered by a range of partners including Police, Fire & Rescue Service, School Health and Road Safety - to 1500 Year 5 pupils from all Halton's primary schools.

Priorities for 2015-16 include:

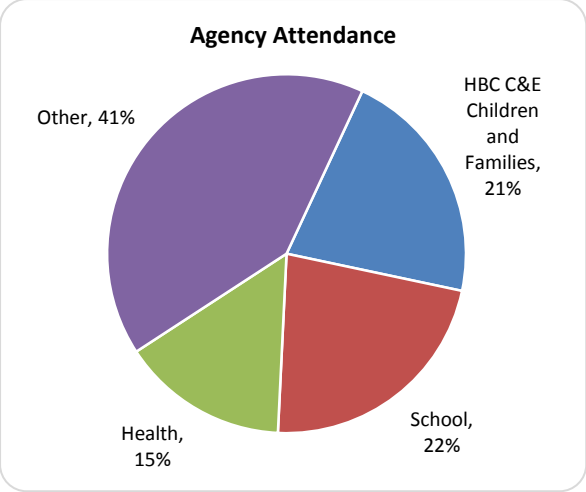
- Improving attendance from staff from the two Probation service agencies and Cheshire Fire & Rescue Service on HSCB training.
- Develop the HSCB Training Pool.
- Revising core programme courses and introducing targeted workshops on key aspects of the safeguarding process to improve practice.
- Roll out of the Neglect and Graded Care Profile training.

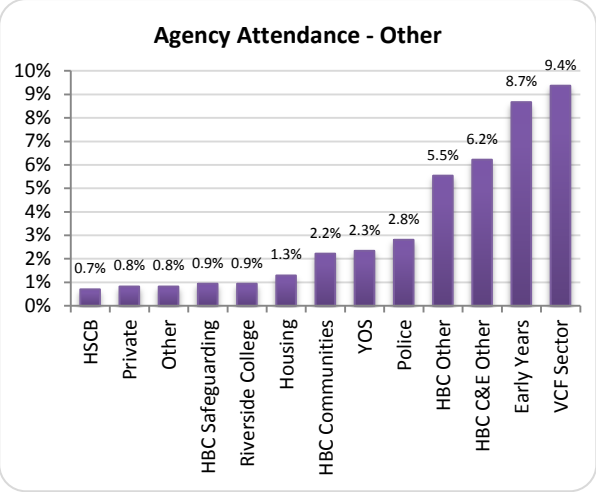
6.5 Training Activity 2014-15

The LSCB has a responsibility to ensure that appropriate safeguarding training is available to the workforce across the borough. It does this by undertaking an annual Training Needs Analysis; quality assuring single agency safeguarding training packages; and delivering multi-agency training. This work is led by the Learning & Development Sub Group.

The 2013-14 training programme saw 23 courses delivered with 854 places accessed. The LSCB also promoted a range of local and national e-learning.

Overall Agency Attendance on HSCB Courses 2014-15:
Between 1st April 2014 and 31st of March 2015 10 different courses were offered in the HSCB Training Programme. Delivery ranged from e-learning to two day face to face courses. The graph below indicates the overall distribution of training places by agency and across sectors.





All courses are subject to immediate post course evaluation which is collated and used to develop delivery of future courses. In addition members of the Learning & Development Sub Group undertake post course impact evaluation telephone interviews with a sample of participants. The telephone interviews provide an opportunity for reflective interviews with course participants in order to identify how learning has made a difference to their day to day practice with children and families. In 2014-15 all courses were evaluated in this way for the first time.

Examples of how training had made a difference to practice include:

- A Support Worker who identified that a young person had a significantly older boyfriend, and subsequently completed a CSE screening tool which they would have not considered if they had not attended training.
- A Social Worker who identified a counselling service for a child following the resources provided on the Domestic Abuse training.
- A Teacher who felt prepared and informed by the training when they attended their first Child Protection Conference which lead to better information sharing to safeguard the child.
- An Early Help Worker who was working with a family where a young person went missing from home. They were able to provide the family with the correct process to follow which lead to a multi-agency approach and the missing child being found safe and well.
- An Educational & Child Psychologist who advised a school to open a CAF for a vulnerable child which led to additional needs being identified and reassessment with a view to move up to Child in Need.
- An Early Years Worker who was able to give a parent information about, and support them through, the Child Protection process, as well as providing time to the child to ensure their emotional needs were being met.

The Board recruited to the vacant Learning & Development Officer post in a joint arrangement with Cheshire West & Chester LSCB. In addition, we have also appointed a Training Administrator under the joint arrangements. These are interim arrangements until March 2016 which allows both Boards to benefit from joint training initiatives and streamlining of learning and development processes.

6.6 Safer Workforce Sub Group

The Safer Workforce Sub Group also reports to both Safeguarding Boards in Halton.

The Sub Group achieved the following in 2014-15:

- Trained staff to deliver the Safer Recruitment Consortium course and rolled out the revised training to schools.
- Developed guidance for schools on the Disqualification by Association legislation.
- Revised the Local Authority Designated Officer (LADO) Procedures.

However, despite the work undertaken during the previous year to refresh the Sub Group, it became apparent that it was not operating effectively. Therefore it was agreed with the Safeguarding Adults Board that the Safer Workforce Sub Group would merge with the Learning & Development Sub Group. A Chair has been identified and the Sub Group will develop terms of reference and membership prior to setting work plan priorities that will be overseen by both Safeguarding Boards.

6.7 Local Authority Designated Officer (LADO)

Each local authority has a Designated Officer (LADO). The LADO must be informed of all allegations relating to adults who work with children whether they are a paid member of staff, foster carer or volunteer, where there is concern or an allegation that the person has:

- Behaved in a way that has harmed, or may have harmed, a child.
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

The LADO's role includes providing advice and guidance to employers and voluntary agencies; management and oversight of individual cases; monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process. This is part of the process of ensuring that safer workforce practices are in place to safeguard children from individuals and practices which may be harmful. This process also safeguards staff by ensuring that malicious or unsubstantiated allegations are thoroughly investigated and resolved in a timely manner.

Inclusion of schools in the Disqualification by Association legislation led to an increase in calls for advice due to lack of guidance from the Department for Education (DfE) and lack of advice from Ofsted on managing cases. In Halton the LADO, Safeguarding Children in Education Officer and HBC Human Resources worked together to issue guidance to schools. This was circulated to all schools in Halton, as was the revised DfE guidance.

A consultation form was introduced this year which agencies complete where they are seeking advice from the LADO. This ensures that the employer and LADO have the same information recorded. 67 contact forms were sent to the LADO in 2014-15. Of these 30 were dealt with as allegations that resulted in strategy meetings, this compares with 39 in the previous year.

Those that did not progress to strategy meeting were mainly complaints regarding restraints rather than allegations of assault. The LADO encourages such contacts in order to ensure that a potential assault does not get overlooked. There has also been an increase in retracted allegations. This mainly relates to children in care. In such cases the LADO expects the placing authority Social Worker to visit the child to ensure that the retraction has not been coerced by the setting.

90 multi-agency staff attended the annual LADO briefing in April 2015. The briefing was supported by a local High School who presented a case study on their experiences of the process. Next year's briefing will consider previous public enquiries and Serious Case Reviews which focus upon developing safe environments for children.

The Ofsted inspection identified the LADO as a strength in Halton advising that partner agencies were confident with the role of the LADO. The inspection identified that the LADO should report on how quickly strategy meetings are convened from point of referral. A new dataset has been developed to ensure that this is included in future reporting.

In March 2015 revisions to the LADO role were published in *Working Together to Safeguard Children*. The LADO is now referred to as the Designated Officer; and the referral pathway can be determined by the Local Authority. As there is good awareness of the term LADO across the region, it has been agreed in the North West that the role will still be referred to as LADO. The process for referral also remains the same in Halton.

6.8 Policy & Procedures Sub Group

The Pan Cheshire Policy & Procedures Sub Group revised the multi-agency safeguarding children procedures which were produced as a web enabled manual. This ensured that they were easier to navigate, and provided access to procedures, guidance and research all in one place.

Sub Group attendance was inconsistent during the year which impacted upon identification of work plan priorities whereby Pan-Cheshire guidance could be developed as a more efficient use of resources. The 4 Cheshire LSCB Business Managers will be working with the Sub Group Chair to address this.

6.9 Child Death Overview Panel (CDOP)

All Boards have a statutory requirement to review the circumstances of the deaths of every child under the age of 18 years, who normally reside in the borough. This is in order to identify any potentially preventable child deaths.

Preventable child deaths are defined as those in which "modifiable factors" may have contributed to the death. These are factors which, if changed, could help to reduce the risk of injury or death in other children, although we cannot say that they would have prevented this particular child from dying.

The Board recognises that the death of a child is a tragedy. Enquiries should keep an appropriate balance between forensic and medical requirements and supporting the family at a difficult time. The objective of the review is not to allocate blame, but

to learn lessons. The purpose of the review is to help prevent further such child deaths. Professionals supporting parents and family members during this time assure them of this, explaining the process and providing leaflets to support their understanding.

The number of all child deaths up to the age of 18 is low in each LSCB area across Cheshire. This means that it is difficult for individual LSCBs to identify trends and factors affecting the child death rate from such a low number in their area. A Pan Cheshire CDOP was therefore formed in April 2013 in order to bring together an understanding of recommendations and learning from child deaths across Cheshire. Unfortunately the CDOP Chair stepped down suddenly in October 2014 which affected the reporting arrangements from the panel to the LSCBs. Interim cover was provided by Halton Public Health. As the Directors of Public Health were unable to sustain the consistent commitment required to chair the panel, they have provided financial support to the LSCBs to part fund an Independent Chair. An Independent Chair has been appointed to the CDOP for 2015-16. This will ensure the leadership, appropriate scrutiny and reporting required to ensure that the CDOP meets its functions on behalf of the Cheshire LSCBs.

The CDOP Protocol was reviewed during the year to reflect changes in *Working Together to Safeguard Children* 2015 and to strengthen reporting to the LSCBs on local information including trends and themes. The Independent Chair of the CDOP has been given a clear remit to ensure robust reporting to the LSCBs during 2015-16.

The Pan Cheshire CDOP Annual Report is published on the LSCB's website.

7. LSCB Challenge

The LSCB has provided challenge in respect of a number of issues over the year. This has included:

- The LSCB asked the Emotional Health & Wellbeing of Young People Board and Director of Public Health to provide assurance that Halton's Mental Health Strategy was robust in addressing locally identified need and service demands in relation to children; and requested assurance of commissioning arrangements for Tier 2 and Tier 3 Child & Adolescent Mental Health Service (CAMHS) provision. The Chair of the Emotional Health & Wellbeing of Young People Board and Public Health commissioners attended the LSCB Executive to present their response.
- The Executive challenged delay in presentation of the Health of Children in Care Annual Report which was impacting upon the LSCB undertaking its business. The Executive also challenged delay in presentation of a Serious Untoward Incident (SUI) Report from 5 Boroughs Partnership. Both of these challenges resulted in the development of an Information Sharing Protocol between Health partners and the LSCB.
- GPs raised concern regarding the lack of dialogue between themselves and School Health with the LSCB Chair. This was addressed via the Health Sub Group. Contact details for School Health staff were provided to all GP Practices, as well as the role of School Health being discussed via safeguarding training for GPs.

8. Learning and Improvement

During this period the Critical Incident Panel made a recommendation to the Independent Chair for the Board to commence one Serious Case Review and to commence one lower level multi-agency Practice Learning Review. Both recommendations were endorsed by the Independent Chair. Independent Reviewers have been appointed to undertake both reviews. Both reviews will conclude and report their findings to the Board in 2015-16. The LSCB disseminated learning from national Serious Case Reviews by embedding learning across a range of courses and via the LSCB's newsletters. A link to the NSPCC case review portal is also provided via the Serious Case Review page of the LSCB's website.

An audit schedule including the CAF, Children & Families Services and the Multi-Agency practice audits continued. One of the Children & Families Services' audits was cancelled as it was due to take place at the same time as Ofsted announced an inspection of Halton. The learning from the audit schedule and the cases tracked during the Ofsted inspection has been used to inform practice.

9.0 Key Priorities 2015-16:

The LSCB's five strategic priorities are set out in our Business Plan 2015-17. In addition the Board has an improvement plan in place to meet the nine actions identified from Ofsted's review of the LSCB. The nine areas for improvement identified from Ofsted's review of the effectiveness of the LSCB are:

i. Ensure that the Board's annual safeguarding report is published immediately.
ii. Ensure that all partner agencies attend Board meetings regularly and are active participants in the work of the HSCB.
iii. Work with pan-Cheshire partner LSCBs to ensure that a chairperson for the Pan-Cheshire Child Death Overview Panel is appointed as soon as possible to ensure that the panel's work does not lose momentum.
iv. Establish effective information sharing arrangements with health partners to ensure that their own internal processes do not create delays in the work of the Board.
v. Ensure that actions identified at Board meetings are followed through systematically to hold all partners to account for the work they do on behalf of the Board.
vi. Establish an effective working partnership with local faith-based organisations, utilising the role of the appropriate Board members to engage with the wider community.
vii. Ensure that relevant staff from all partner agencies attend regular multi-agency training events to maximise opportunities for learning to support professional development.
viii. Ensure that all partner agencies have a good understanding of private fostering arrangements and that effective processes are in place to promote the notification and understanding of private fostering arrangements across the partnership.
ix. Put in place opportunities for children and young people to inform the work of the Board.

Oversight of the LSCB's improvement plan is undertaken by the HSCB Executive.

HSCB Business Plan 2015-17

1.0	**Identify and prevent children suffering harm**				
	Outcome	Performance Measurement	Lead	Key Milestones in year 1	Timescale
1.1	Ensure that all partner agencies have an appropriate understanding of private fostering arrangements and that effective processes are in place to promote the notification and understanding of private fostering arrangements across the partnership.	Reports from the Private Fostering task Group evidence the impact of the Communication Plan and notifications provided by staff across multi-agency partners with arrangements identified at the earliest opportunity and notifications reported to Children's Social Care. Private Fostering Annual Report evidences that partners have effective processes in place to identify, record and provide notification of private fostering arrangements.	HSCB Executive		July 2016
1.2	Work with pan-Cheshire partner LSCBs to ensure effective operation of Pan-Cheshire Child Death Overview Panel.	Quarterly and annual reports from the Pan Cheshire Child Death Overview Panel (CDOP) inform the Board of learning, trends and themes from child death reviews, and measure the impact of any publicity campaigns undertaken by CDOP.	HSCB Chair and Business Manager		March 2016

2.0	**Protect children who are suffering or at risk of suffering harm**				
	Outcome	Performance Measurement	Lead	Key Milestones in year 1	Timescale
2.1	Reduce the emotional and physical impact of harm including the risk of sexual exploitation, missing and trafficking on our most vulnerable children's health and development.	Audits provide evidence that staff across the multi-agency partnership have provided well timed, good quality involvement and practice with the outcome that children were effectively safeguarded. Quarterly performance reporting against the CSE and Missing Children datasets provide evidence of activity across the multi-agency partnership which has effectively safeguarded children.	CSE, Missing and Trafficked Children Sub Group Scrutiny & Performance Sub Group		March 2016
2.2	Children and young people who go missing from home or care have a return interview, and that information is made available to relevant professionals in a timely manner to inform risk assessment,	Quarterly performance reporting provides evidence that return interviews are taking place; audits evidence that the return interviews are informing risk assessment, management and planning.	CSE, Missing and Trafficked Children Sub Group		September 2015

	management and planning.				
2.3	Children and young people subject of Child Protection Plans have improved outcomes supported by the consistency of core groups in analysing the impact of actions on intended outcomes.	Audits evidence that core groups analyse the impact of actions on outcomes demonstrating the impact of revised guidance and multi-agency training on professional practice.	Safer Workforce and Development Sub Group Scrutiny & Performance Sub Group		March 2016
2.4	Children and young people at risk of harm are protected by strategy discussions with SMART actions and contingencies recorded.	Audits evidence that strategy discussions have SMART actions and contingencies recorded demonstrating the impact of revised guidance and multi-agency training on professional practice.	Safer Workforce and Development Sub Group Scrutiny & Performance Sub Group		March 2016
3.0	**Ensure that children are receiving effective early help and support.**				
	Outcome	Performance Measurement	Lead	Key Milestones in year 1	Timescale
3.1	Early Intervention meets the needs of children and families.	Audits and quarterly performance reporting provide evidence that staff across the multi-agency partnership have provided well timed, good quality involvement and practice with the outcome that children received effective early intervention.	Scrutiny & Performance Sub Group		June 2016
3.2	There is a prompt	Audits and quarterly	Scrutiny &		March 2016

	and assured response when referrals are made or new information is received about child care concerns.	performance activity show how integrated front door arrangements improve information sharing and ensure that referrals are dealt with within timescales.	Performance Sub Group		
4.0	**Support the development of a safe and informed workforce, including volunteers**				
	Outcome	Performance Measurement	Lead	Key Milestones in year 1	Timescale
4.1	Ensure that relevant staff from all partner agencies attend regular multi-agency training to maximise opportunities for learning to support professional development.	HSCB Learning & Development Activity Reports evidence that staff across multi-agency partners attend multi-agency safeguarding training and provide evidence of the impact of training on outcomes for children and families.	Safer Workforce and Development Sub Group		May 2016
4.2	The workforce is informing learning and improvement.	Audits evidence a link between quality assurance and feedback from the workforce.	Scrutiny & Performance Sub Group Critical Incident Panel		July 2016
5.0	**Participation and Engagement with Children and Young People, their Families and Communities in developing and raising awareness of Safeguarding.**				
	Outcome	Performance Measurement	Lead	Key Milestones in year 1	Timescale
5.1	There are opportunities for children and young people to inform the	Business Plan evidences a link between priorities and engagement work with children and young people.	Lay Members HSCB Business Manager		September 2016

	LSCB's work.				
5.2	The views of children, young people and families are contributing to learning and best practice.	Audits evidence a link between quality assurance and feedback from children, young people and families.	Scrutiny & Performance Sub Group Critical Incident Panel		March 2017
5.3	Parents, carers and the public have an improved understanding of the work of the LSCB and safeguarding in Halton.	LSCB Communications Plan implemented.	Lay Members Learning & Development Sub Group		September 2016
5.4	The workforce has an improved understanding of the LSCB.	LSCB Communications Plan implemented.	Learning & Development Sub Group		March 2016
5.6	An effective working partnership is established with local faith-based organisations to improve their understanding of the LSCB and provide opportunities for faith-based organisations to inform the LSCB's work.	LSCB Communications Plan implemented. Faith Sector Safeguarding Forum in place and Work Plan implemented.	Faith Sector Safeguarding Forum		October 2016

10.0 Budget Information

Income 2014-15	
HBC – Children & Enterprise Directorate	45, 817
HBC - Schools	29, 000
NHS Halton Clinical Commissioning Group	45, 817
Cheshire Constabulary	20, 000
Cafcass NW	550
Carry Forward 2013-14	137, 206
Total Income:	**298, 888**

Expenditure 2014-15	
Staffing	126,366
Multi-Agency Training	10,761
Supplies & Services	120,591
Support Services	13,980
Premises	3,820
Total:	275,518
Carry Forward 2015-16:	49,650

Appendix A
Halton Safeguarding Children Board Membership & Attendance 2014-2015

Attendance Log			% Attendance	Meetings 2014-2015				
				08.07.2014	04.09.2014	16.09.2014	09.12.2014	31.03.2015
Independent and Overseeing Members	Richard Strachan, Independent Chair		100%	✓	✓	✓	✓	✓
	Cllr Ged Philbin, Lead Member Children & Young People (Participant Observer)		40%	✓	D	D	D	✓
Lay Members	Marjorie Constantine, Lay Member		100%	✓	✓	✓	✓	✓
Local Authority	Gerald Meehan, Strategic Director, Children & Enterprise		100%	✓	✓	✓	✓	✓
	Steve Nyakatawa, Operational Director, Learning & Achievement		80%	✓	✓	D	✓	R
	Tracey Coffey, Operational Director, Children & Families		100%	✓	✓	✓	✓	✓
	Paula St Aubyn, Divisional Manager, Safeguarding Quality & Assurance, HBC		100%	✓	R	R	✓	✓
	Lindsay Smith, Divisional Manager, Mental Health, Communities Directorate		80%	A	✓	✓	✓	✓
	Eileen O'Meara, Director of Public Health		80%	✓	D	✓	✓	R
Health	Suprio Bhattacharyya, Designated Doctor for Child Protection, Bridgewater Community		75%	A		✓	✓	

Attendance Log			% Attendance	Meetings 2014-2015				
				08.07.2014	04.09.2014	16.09.2014	09.12.2014	31.03.2015
	Healthcare Trust				R			-
	Kate Fallon, CEO, Bridgewater Community Healthcare Trust		80%	✓	A	✓	R	R
	Lisa Cooper, Deputy Director, Quality & Safeguarding, NHS England North (Cheshire & Merseyside)		20%	✓ *	A*	A*	A*	A
	Gary O'Hare, Clinical Lead Children's Safeguarding, Halton CCG		60%	✓	D	✓	A	✓
	Ann Dunne, Designated Nurse, Safeguarding Children, Halton CCG		100%	✓	✓	R	R	R
	Jan Snoddon, Chief Nurse, Halton CCG		80%	✓	A	D	✓	✓
Police	Martin Cleworth, Superintendent Northern BCU, Cheshire Police		60%	✓	A	R	✓	A
	Nigel Wenham, Detective Superintendent, Cheshire Police		80%	A	✓	✓	✓	✓
Criminal Justice Services	Donna Yates, Assistant Chief Executive, Cheshire & Greater Manchester Community Rehabilitation Company		60%	✓	A	✓	A	R
	Chris Gwenlan, Risk and Practice Development		50%	-		✓*	✓*	

Attendance Log			% Attendance	Meetings 2014-2015				
				08.07.2014	04.09.2014	16.09.2014	09.12.2014	31.03.2015
	Manager,, Probation NPS				D*			A
	Gareth Jones, Head of Service, CWHW YOS		80%	A	✓	✓	✓	✓
CAFCASS	Tom Cheadle, Service Manager		80%	✓	D	✓	✓	✓
Schools and Colleges	Dee Denton, Head Teacher, Lunts Heath Primary, Primary Headteacher Rep		80%	✓	A	✓	✓	✓
	Andrew Keeley, Headteacher, St Chad's, Secondary Headteacher Representative		75%	✓	A	R	✓	-
	Joanne Tringham, Halton Association Governors Rep		66%	✓	A	✓	-	-
	Paula Mitchell, Programme Manager, Riverside College		80%	✓	A	✓	✓	✓
VCF Sector	Donna Wells, Service Manager Young Addaction, Voluntary Sector Rep		60%	✓ *	A*	A*	✓*	✓
HSCB	Tracey Holyhead, Business Manager		100%	✓	✓	✓	✓	✓

Key:
A – denotes apologies received, but no-one attended in their place.
R – denotes a representative attended in their place.
D – denotes no apologies received and no-one attended in their place.

Appendix B
Halton Levels of Need Framework

The Halton Levels of Need Framework aims to support agencies to meet the needs of children, young people and their families to ensure the best possible outcomes. It aims to assist practitioners and managers in assessing and identifying a child's level of additional needs and how best to respond in order to meet those needs as early as possible to prevent needs escalating further.

Halton Levels of Need Framework was revised and launched in April 2013. The framework sets out three levels of additional needs above Universal Services that captures the full range of additional needs as they present. Universal Services remain at the heart of all work with children, young people and their families and are in place for all whether additional needs present themselves or not.

The fundamental relationship between Universal Services and the three levels of additional needs is captured in the diagram below:

The key principles of the Framework include:

- Safeguarding runs throughout all levels.
- Provide early help and support at the first possible stage and meet needs at the lowest possible level.
- The focus is on Halton's more vulnerable groups and directing service responses at preventing vulnerability.
- Builds on existing good multi-agency working and formalises shared responsibility for meeting all needs.
- Supports work of all agencies and is equally applicable to all agencies.
- Flexible and fluid, allows free movement between levels as additional needs increase or reduce.
- Clear and understandable
- Focus on the needs of the child and family to ensure the best outcomes for all.

Working Together 2015 seeks to ensure that all local areas have effective safeguarding systems in place and sets out two key principles that should underpin all safeguarding arrangements:
SAFEGUARDING IS EVERYONE'S RESPONSIBILITY: for services to be effective each professional and organisation should play their full part; and

A CHILD CENTRED APPROACH: for services to be effective they should be based on a clear understanding of the needs and views of children

The Halton Levels of Need Framework has been developed in line with this guidance and meets the requirement for the publication of a 'thresholds document' for Halton. It is based on a robust application of the Framework for the Assessment of Children (underpinned by the Children Act 1989), Team around the Family procedures and is consistent with LSCB procedures. The Halton Levels of Need Framework can be used as a central focal point to bring the right agencies together at the right level.

In terms of the **Children Act 1989**, our responsibilities include:

Where a child is accommodated under section 20 (when parents retain the parental responsibility for the child), the local authority has a statutory responsibility to assess the child's needs and draw up a care plan which sets out the services to be provided to meet the child's identified needs.

Under section 31A, where a child is the subject of an Interim Care Order or a Full Care Order, the local authority (who in these circumstances shares responsibilities, as a corporate parent, for the child and becomes the main contact around the child's every day needs) must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.

REPORT TO: Health and Wellbeing Board

DATE: 4th November 2015

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Community Safety

SUBJECT: Scam Victims Project – prevention and impact report

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 In September 2014 the Trading Standards Team began work on a Scam Victims Project following the receipt of a list of 190 likely victims of mail mass marketing fraud in Halton. The purpose of the report is to advise the Senior Management Team of the impacts of this work to date.

1.2 Potential funding sources are being explored to extend this project.

2.0 RECOMMENDED: That

1) the report be noted; and
2) options be considered for the future of the project.

3.0 SUPPORTING INFORMATION

3.1 Who is the project helping?

The victims we are working with are largely regarded as vulnerable adults: 60% of the people on our list are either currently involved with Adult Social Care in Halton or have been in the past. Since the project started we have picked up a further 16 people who are scam victims, some through complaints and some through referrals from Adult Social Care.

3.1.1 The victims and those being targeted in Halton are often elderly and living alone and a number of them believe that they started to be targeted shortly after being bereaved (we have provided the Registrars with awareness-raising materials which are now included in information packs given to those registering a death). Our officers have noticed that some victims are able to spot certain types of scams whilst being vulnerable to others.

3.1.2 Victims are often reluctant to acknowledge or accept that they have been scammed and even when they do they often indicate an

intention to continue to respond to certain types of scams such as particular lotteries or clairvoyants. The team have undergone training to develop techniques to both communicate effectively with vulnerable people and to coach them towards behaviour change. Working with victims is a lengthy process as first the officers have to gain the trust of the victims and then slowly work with them to explore why they respond and to look at substituting some other activity to fulfil whatever need responding to scams satisfies for them.

3.2 Why is it important?

Once a scam victim has responded their name will usually be added to a 'suckers list' which will be sold to both marketing companies and scammers and so very quickly they become inundated with phone calls and letters. Victims are often left with damaged self-esteem and self-worth, and they may become estranged from their family and friends, making them isolated from society. Others suffer from stress, anxiety and depression. Some victims lose their entire life savings and their homes – and may have to declare bankruptcy. We have three victims in Halton who between them have lost £182k.

3.2.1 Halton has framed the scams work in a Public Health context which appears to be a unique approach. The University of Chester are undertaking research into the impact of our interventions with victims. The research is not near completion but interim findings are that in addition to the financial consequences, scams impact on the following aspects of health; falls, accidents, distress, and anxiety. Some unexpected findings have emerged including the levels of distress caused by nuisance calls, the fear of falling when getting to the phone and the fear that in the future the individual will lose capacity and become more susceptible to scams. A common theme amongst victims has been loneliness and isolation.

3.2.2 We provide information about local interest groups and activities to the people that we visit. We have just started 'breakfast' groups for some of the people that we are working with in the hope that this will get them out and about, reduce their social isolation and provide an opportunity for peer support.

3.3 What success have we had?

From the information that victims have given us we have calculated that the loss to Halton residents and to Halton's economy **per year** is **£377,866**. The project is on track to deliver **£51,752** savings to the victims and the public purse. This estimate is conservative as it relates only to those victims that we are already working with who have indicated that they have responded to scams. The savings are likely to be far greater than those stated because some people we are working with currently say that they throw this kind of mail in the bin but we have evidence that this is not always the case – in some

instances we have returned cheques to them that have been seized from the scammers. Also, the figure does not include a monetary value for improved mental health, resilience or continued independent living.

3.3.1 Attached as Appendix 1, is a report of the impacts of the project in the first ten months along with a range of case studies which give a real picture of the size and nature of the problem in Halton.

3.3.2 The University of Chester has spoken recently about our work and their research at a conference in Prague. They have been approached by a publisher to write a book on the subject. In August they wrote an article for The Guardian which included praise for Halton's project (http://www.theguardian.com/society/2015/sep/08/scams-on-older-people-affect-mental-health). The University is also organising a national scams conference for January 2016 which PHE CEO Duncan Selbie and PHE Regional director for the North Professor Paul Johnstone have asked to speak at.

3.3.3 As part of the preventative part of the project the Trading Standards team have developed various materials to educate the public on their risk of being scammed: an interactive scams quiz, a flyer, newspaper reports, ican alerts and a telephone and mail prompt card. These have been adopted by other Trading Standards Services and have been recommended as good practice by the National Trading Standards Scams Team.

3.3.4 Currently the service costs £45,000 in total. Due to cuts in the Public Health budget this funding will not be available in April 2016. The following options are possible:

- Cease running the project.
- Identify joint funding with partners.
- Reduce the number of older people we work with so we only target the most vulnerable and cease providing the wider prevention element.
- Focus on wider prevention element and cease the help and education element for people at risk.

4.0 POLICY IMPLICATIONS

4.1 Employment Learning and /skills

From the very conservative figures we have produced we believe that almost £100k is being lost to Halton's economy each year. Please see the detail in Appendix 1.

4.2 **A Healthy Halton**

Victims are often left with damaged self-esteem and self-worth, and they may become estranged from their family and friends, making them isolated from society. Others suffer from stress, anxiety and depression. A lot of victims are struggling with loneliness and isolation which brings its own health problems. Also awareness-raising with the general public to prevent non-victims from becoming victims is a key part of the project.

5.0 FINANCIAL IMPLICATIONS

If funding is not secured beyond 31st December 2015 the project will end which is likely to represent annual costs in the region of £100k to Halton's economy and £52k to Halton's residents and the public purse.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

From the very conservative figures we have produced we believe that almost £100k is being lost to Halton's economy each year. Please see the detail in Appendix 1.

6.2 **A Healthy Halton**

Victims are often left with damaged self-esteem and self-worth, and they may become estranged from their family and friends, making them isolated from society. Others suffer from stress, anxiety and depression. A lot of victims are struggling with loneliness and isolation which brings its own health problems. Also awareness-raising with the general public to prevent non-victims from becoming victims is a key part of the project.

6.3 **A Safer Halton**

Interventions with scam victims can help them to retain their financial, emotional and physical independence ensuring that they continue to enjoy living in their own homes for as long as possible.

7.0 RISK ANALYSIS

If funding cannot be secured beyond 2015 we will endeavour to continue to work with the most vulnerable victims by using our core Trading Standards staff but the contact will be less frequent and inevitably of poorer quality than that which can be delivered by the specialist officers. The core team will not have the capacity to continue to work with victims who do not meet the most vulnerable criteria. The loss of the dedicated officers will represent a risk of

serious financial abuse being suffered by the majority of the people we are currently working with.

7.1 Awareness-raising amongst the general population will continue via iCAN messages and press releases but the core team will not have the capacity to undertake talks to community groups and those living in sheltered accommodation etc.

8.0 EQUALITY AND DIVERSITY ISSUES

This project is in line with all equality and diversity issues in Halton. The loss of the project will impact mainly on the most vulnerable people who are largely elderly people living alone in the case of mass marketing mail fraud.

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

None under the meaning of the Act.

APPENDIX A 2 Scam Case studies

Quality of Life	£ loss to the victim to date	Annual Savings for the victim	Annual Savings for the Public purse	Money lost to Halton's economy per year
Miss F read a press release that we issued re a bogus caller phoning to ask about bus passes. She had received such a call. This elderly lady is partially sighted and requires 4 visits from carers per day. She had been sending money to approximately 6 international lotteries for several years (all scams). After our visit Mrs F stopped playing the scam lotteries. She started to receive phone calls from the Irish Lottery and has also received two cheques from them for £7 each (this is not uncommon with scam lotteries because they want to entice you back). The European Lottery also wrote to her to say that any winnings under 250 Euros would be credited to her lottery account.	Est £2880	**£720**	Cost avoidance as Miss F is living independently	**£360**
Mr J is 66 and has been the victim of two concurrent romance scams that appear to have started shortly after he lost his wife. He was referred to us by Social Services at the beginning of August 2015 in an already dire situation. He has given the ladies involved £30,000 in less than 12 months, taking loans out for £24,000 in order to raise the money and they have also used him to launder their money. He is convinced that the ladies are genuine and that one of them is moving to England to marry him. The Police are investigating money-laundering offences that he has committed. The police are trying to avoid a prosecution against Mr J. They have seized £14300 from his account which the scammers have sent him and there will be a forfeiture hearing in November. Mr J lives in a shared ownership house - 25%	£30,000			**£15000**

mortgage and 75% rent. Whilst he had negotiated a reduction in his mortgage payments with the building society, he had failed to pay his rent for 3 months and he has not made any payments on any of the loans which he took out in November 2014. Mr J has had his phone cut off because he didn't pay the bill but he is still paying for broadband so that he can contact the two ladies. The bank has advised him that they will be closing his account at the end of September (on which he is overdrawn) because despite the involvement of the police he has continued to accept payments from the scammers and transfer it back to them. Mr J has been referred to the CAB for advice on an IVA and we've made arrangements with Silverline for him to have a Silverline friend because he feels lonely – there's normally a 3 month waiting list for this service. Social Services have referred Mr J for psychological therapy. We have spoken to Mr J's son who has stated that this has all happened since his wife died. We continue to attempt to work with Mr J but at the time of writing (mid-August 2015) he is still absolutely convinced that both ladies actually exist and everything they have told him is true.				

The Guardian 8th September 2015

Scams can have a devastating impact on older people's health

Paul Kingston
Chester University is evaluating a scheme that helps people identify scams and avoid being taken in

Research shows that some older people cannot identify a blatant scam and may succumb to coercive sales techniques. Photograph: Alamy

One hundred bars of soap, 153 tubes of shower gel, 50 false teeth holders and toothbrushes, and a large quantity of nutcrackers are some of the items that filled the house of an 84-year-old man with dementia, after he was targeted by scammers using prize draws.

Recent reports highlight increased incidents of older, vulnerable people some of whom are living with dementia, falling victim to scams, running up considerable debts and losing their savings with victims' families discovering homes crammed with unwanted and useless items. Research in 2006 by the Office of Fair Trading (OFT) found that while older people were no more likely to be "scammed" than other age groups, their financial losses were often greater. The Alzheimer's Society calculates that 15% of individuals with dementia (an estimated 112,500 people) have been victims of cold-calling, scam mail or mis-selling. In 2014, Citizens Advice estimated that almost 4 million people are scammed in Great Britain each year.However, figures from July 2013 to June 2014 identify a mere 209,667 instances were reported to Action Fraud (Office for National Statistics 2014), the national fraud crime

reporting centre. But until now the health impacts of scams have been relatively under-investigated.

In Halton, Cheshire, the council's public health department has recognised the devastating impact scams have on people's lives, identifying financial problems, potential homelessness, mental illness and the physical manifestations of long-term stress. The local authority commissioned its trading standards department to work with people identified as having been, or at risk of being, scammed. It delivers a tailored educational programme aimed at ameliorating or eliminating this risk. The centre for ageing studies at the University of Chester is exploring whether people are better equipped to identify scams and avoid being taken in by them after receiving this support. "[Being scammed] does affect your mind. While this has been going on, I have lost the enthusiasm [for hobbies] … it does really affect you," said one older person interviewed for the research. Another said: "I was in the back [when the phone rang] … I dashed in here thinking it was a relative. That was the ninth call."

An early issue we have identified is that the line between what is criminal and what is unethical behaviour is blurred with the team identifying blatant scams, trickery and coercive mis-selling; the latter contributing to the death of Olive Cooke in May 2015. Initial research shows that some older people cannot identify a blatant scam, or feel bullied by coercive sales techniques. With the closure of the OFT there are few avenues for individuals to seek advice and support. The case of Samuel Rae, who lost £35,000 to scammers, is being investigated by the Information Commissioner's Office to see if there has been a breach of the Personal Data Act – his personal details were sold or passed on by charities up to 200 times.

There is a lack of coordinated nationwide assistance. Halton residents are fortunate that their local public health department has provided a named officer who will offer education, support and a point of contact. However ongoing funding for the initiative is uncertain.

The research was conducted by Louise Taylor and Jan Bailey. The centre for ageing will hold a conference on scamming later this year.

REPORT TO: Health and Wellbeing Board

DATE: 4 November 2015

REPORTING OFFICER: Operational Director Education, Inclusion and Provision

SUBJECT: Complex Dependency/Early Intervention and Troubled Families

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The report summarises the outcomes achieved in Phase 1 of Troubled Families in Halton and outlines the key criteria for Phase 2 of the programme and provides a copy of the Outcome Plan.

1.2 An overview of the Cheshire Complex Dependency Project is included within the report, and how it supports the Early Intervention and the Troubled Families agenda within the Borough.

2.0 RECOMMENDED: That

1) the positive developments in Halton's Troubled Families Phase 1 programme be noted;

2) the key criteria and the Outcome Plan for Phase 2 of the Troubled Families Programme be noted and supported; and

3) the Board support the Complex Dependency Project and recognise the contribution it will make to establishing multi-agency, integrated working to tackle children, families and individuals with complex needs.

3.0 SUPPORTING INFORMATION

3.1 The National Troubled Families programme for 2012 – 2015 required that Halton work with 375 families that were identified using the criteria of:

- Adults out of work;
- Families that commit crime and / or Anti-Social Behaviour (ASB);
- Children not attending school; and
- Families that are high cost.

3.2 The Troubled Families Programme is a payment By Results (PBR) programme which enables local authorities to receive an attachment fee for each family then a PBR payment for each family where an adult obtains employment and/ or there is a reduction in ASB and crime and children's attendance improves.

3.3 In May 2015 Halton claimed 100% PBR for the full 375 cohort of families (Appendix 1). The following progress was made with the families worked with in the first cohort:

- 338 families achieved the ASB, Youth offending and or Education Governmental targets.

- 313 families were claiming benefits at the start of intervention (80%). A total of 122 families (40%) have, during intervention, come off benefits and moved into continuous employment.

  - 85 families achieved both the ASB / Education targets and obtained full time sustained work for more than 13 weeks (26 weeks if claiming Job Seekers Allowance).

  - 37 families achieved the back to work element only.

- Of the 122 families who were claiming benefits:

  - 61% were claiming job Seekers Allowance;
  - 20% were claiming Income Support;
  - 13% were claiming Employment Support Allowance; and
  - 6% were claiming Carers Allowance.

4.0 EXPANDED TROUBLED FAMILIES PROGRAMME

4.1 The Troubled Families Programme has now been extended until 2020. The autumn spending review will agree the details for 2016 /20. Detailed below are some of the key features of Phase 2 of the programme:

- The criteria to identify families has been expanded.

- There is now a requirement for a Troubled Families Outcomes Plan, determining the outcomes that it is agreed represent significant and sustained progress for our families and also reflects the agreed strategic aims of the council and its partners.In Halton we have agreed to achieve significant and sustained progress or continuous employment results with 1,290 families over the planned 5 year life of the expanded programme.

- We are now required to collect and submit information in respect of Family Progress Data and the National Impact Study (part of the national evaluation), and complete the programme's Costs Savings Calculator.

- We now need to agree to consider the information and analysis relating to costs avoided and fiscal benefits gained by services in the programme and, in collaboration with local partners, plan the ongoing transformation of services accordingly.

4.2 The Troubled Family Outcomes Plan has been developed to deliver the expanded national programme. It provides a partnership-wide framework that states the significant and sustainable outcome measures applicable to families identified for support. For those

families which meet two or more of the six themes (e.g. children who need help and domestic abuse / violence), relevant outcomes will be drawn from the Outcomes Plan and must form the goals against which significant and sustained progress will be judged for this family.

4.3 The Outcome Plan has been created to help identify and address the needs of those families who have many of the multiple and complex needs set out in the six themes below. In Halton, the plan has been developed with partner agencies to identify the priority areas mapped against local strategic priorities, within each of the six Troubled Families broad criteria listed below:

- Parents and Young People involved in crime or antisocial behaviour;
- Children who have not been attending school regularly;
- Children who need help;
- Adults out of work or at risk of financial exclusion, and young people at high risk of worklessness;
- Families affected by domestic violence and abuse; and
- Parents and children with a range of health problems.

4.4 The plan covers the six core areas of family factors and when there are at least two factors present suggests that an integrated approach would be beneficial and will be monitored by the programme. Families will be prioritised on the basis that they are families with multiple problems who are most likely to benefit from an integrated, whole family approach; and they are families who are high cost to the public purse.

4.5 The Early Intervention Partnership Strategic Board are accountable for the delivery and outcomes of the programme both at a local and national level. The outcome plan and payment by results claims will be subject by internal audit. The action plan will be reviewed in January 2016 in case that any elements need to be adapted. The Outcome Plan plan is attached as Appendix 2.

4.6 It is anticipated that there will be a duty on the Secretary of State for Communities and Local Government to report annually on the progress of the programme. The report will be based upon the information Local Authorities have already agreed to provide the DCLG with, National Impact Study, Family Progress Data, Cost Saving Calculator and Payment by Result claims. This will give the Secretary of State the opportunity each year to set out the impact the programme is having. By creating this duty to report the programme's progress, the Government is sending a clear message about its importance and is cementing its own strong commitment to the programme's future.

4.7 In the new expanded programme there is more evidence of progress and impact across family outcomes; less emphasis on PBR claim numbers. The diagram below illustrates the key principles for ensuring a successful local programme by ensuring that:

- Every family receives a 'whole family' approach.
- It is a local public service programme (not just local government).

There will have been an assessment that takes into account the needs of the whole family

There is an action plan that takes account of all (relevant) family members

There is a lead worker for the family that is recognised by the family and other professionals involved with the family

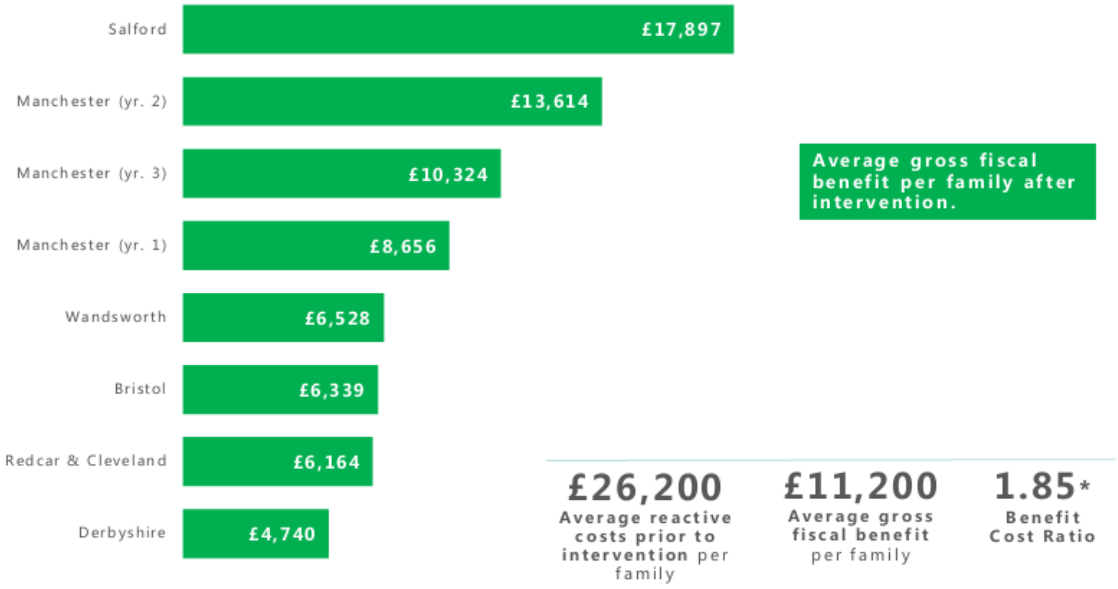
The objectives in the family action plan are aligned to those in the area's Troubled Families Outcomes plan.

4.8 There will be a new evaluation process that every LA will take part off at different levels.

There are four key areas to the evaluation:

1. To assess the level and form of service transformation driven by the programme locally;
2. To assess the impact of the programme on the lives of participating families locally;
3. To assess how the family intervention approach achieves positive change for families; and
4. To assess the fiscal, social, and economic benefits resulting from the programme in local areas.

4.9 There is growing evidence of local cost savings and we believe we will be able to show information for Halton in Autumn. A new local authority dashboard is being created to support the systems and data that are already in use. This will be able to evidence a breakdown of cohorts of families and individuals, the ability to compare information with statistical neighbours and show cost benefit analysis as detailed below:



5.0 COMPLEX DEPENDENCY/EARLY INTERVENTION

5.1 The Complex Dependency Programme is a pan Cheshire Programme which aims to support the four local authority areas and their partners within the programme to establish integrated, joined up models across agencies and services that can tackle the cause of crisis for children, families and individuals across a range of complex and related issues.

5.2 In Halton the programme is, therefore, in a position to support our approach to multi-agency early intervention and the implementation of Phase 2 of our Troubled Families Programme. The Programme looks at both preventative works to help children, families and vulnerable adults avoid reaching crisis and providing crisis management for those who have. Focus will be on the following:

- Working with each of the four local areas on the Phase 2 Troubled Families Programme;
- Adults and children involved in crime and anti-social behaviour;
- Children having problems at school;
- Children at the edge of care or custody;
- Adults out of work or families at risk of financial exclusion;
- Individuals and families affected by domestic violence and abuse;
- Abusers of drug and alcohol;
- Individuals with a range of non-age related health problems; and
- Young people affected by homelessness.

5.3 The work has been split into the following five priority areas:

- Provision of an integrated front door – which will allow for improved information sharing and enable effective assessment through a single defined point of access to services;
- Locality case management – multi-agency, co-located teams, co-ordinated by single line management arrangements;

- Joint commissioning – investing in interventions with a proven track record of reducing demand and cost;
- Benefits realisation and Performance Management – provide evidence of the benefits to those using the services by developing clear and measurable outcomes; and
- Workforce development, communication and engagement.

6.0 FINANCIAL IMPLICATIONS

6.1 Halton made an application for funding to the Complex Dependencies Board to support the work being undertaken within the locality. The Board approved a bid for £50,000 to fund a seconded Complex Dependencies Co-ordinator post. In addition, Halton has been allocated £497,599. This sums is made up of a contribution of £11,000 to Operation Encompass, £215,814 for staffing, £49,785 for business analysis, £180,000 for accommodation and £50,000 for workforce development.

7.0 POLICY IMPLICATIONS

7.1 The implementation of the approach to Early Intervention/Complex Dependencies/Troubled Families in the Borough provides an opportunity for all services and teams working with and providing services to children and families to consider how they can better work together to meet their needs earlier.

7.2 The extension of the Troubled Families programme will have implications for the future implementation and delivery of services and this will be addressed through the action plan developed and monitored by the Early Intervention Strategic Group.

8.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

8.1 Children and Young People in Halton

The vision for the new approach is that all children and families in Halton thrive and achieve, and are kept safe. Those children and families who need extra help and support thrive and achieve well are able to get that help quickly and easily and that all those working with children and families work well together to support families that next extra help.

8.2 Employment, Learning and Skills in Halton

A key focus of the next phase of the extended troubled families programme will continue to be addressing worklessness within families.

8.3 A Healthy Halton

A range of health partners are committed to contributing to the new approach.

8.4 A Safer Halton

Children and families are supported at the lowest safe level of needs and supported to build resilience and make full use of universal services.

9.0 RISK ANALYSIS

9.1 The revised approach to early intervention/complex dependency/Troubled Families aims at supporting agencies and partners to provide the right support and signposting to prevent needs from escalating and reaching crisis.

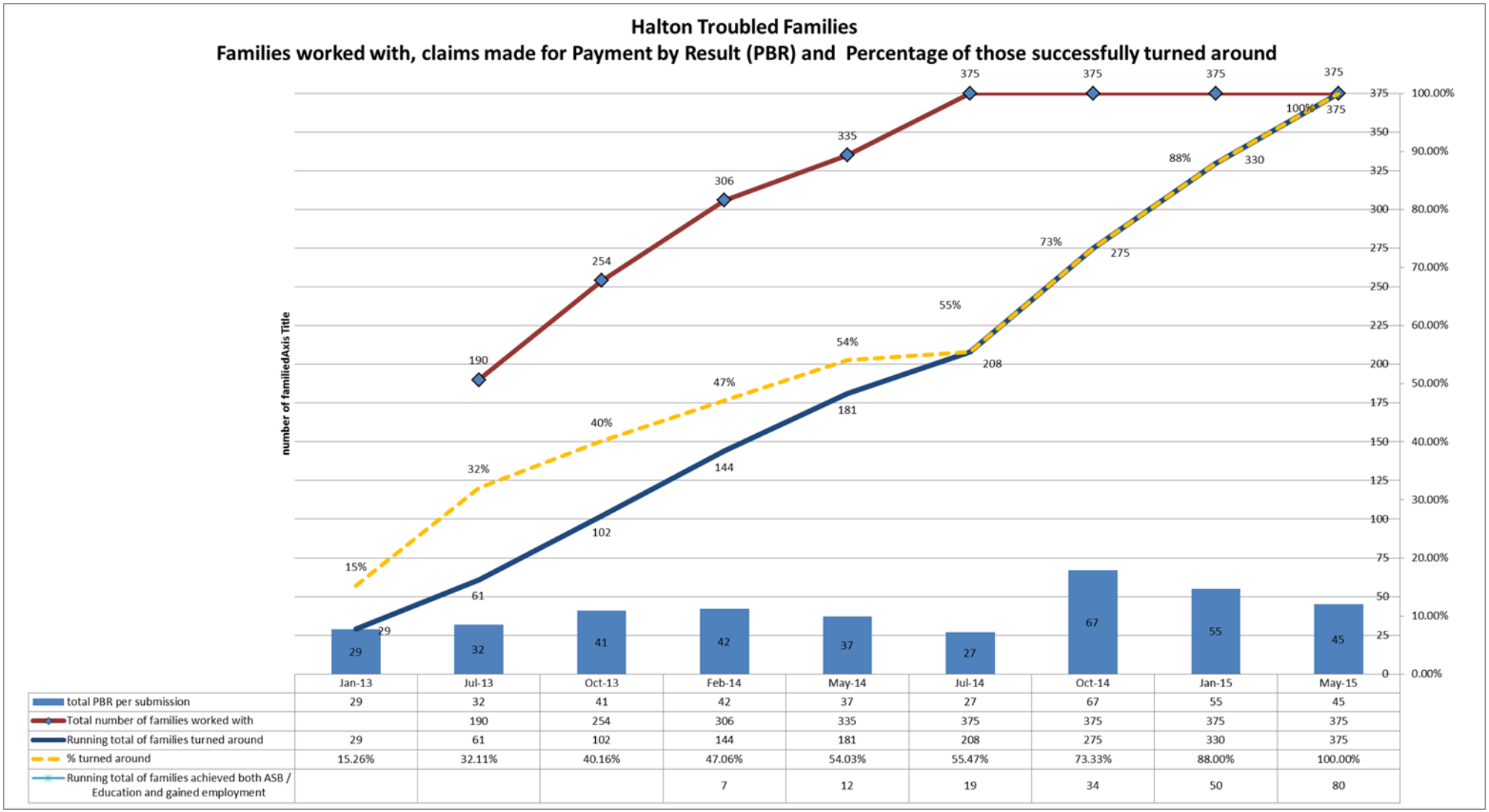
10.0 EQUALITY AND DIVERSITY ISSUES

10. 1 In order to ensure all children and families in Halton can thrive, achieve and are kept safe agencies and partners will proactively identify families who would benefit from early help.

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

Document	Place of Inspection	Contact Officer
Guidance on Phase 2 Troubled Families Programme	Rutland House, Halton Lea	Ann McIntyre Operational Director Education, Inclusion & Provision
Complex Dependency Bids	as above	

APPENDIX 1



	Jan-13	Jul-13	Oct-13	Feb-14	May-14	Jul-14	Oct-14	Jan-15	May-15
total PBR per submission	29	32	41	42	37	27	67	55	45
Total number of families worked with		190	254	306	335	375	375	375	375
Running total of families turned around	29	61	102	144	181	208	275	330	375
% turned around	15.26%	32.11%	40.16%	47.06%	54.03%	55.47%	73.33%	88.00%	100.00%
Running total of families achieved both ASB / Education and gained employment				7	12	19	34	50	80

Halton

Troubled Families

Outcome Plan 2015

May 2015 Version 1

Halton Troubled Families Outcome Plan

The Troubled Families Programme is a key component in the vision for children, young people and family services across Halton. The programme is a key component of the Early Intervention Strategy which together work towards meeting the needs of the most vulnerable and challenging families. This contributes to the ambitions set out in the Halton's Sustainable Community Strategy (SCS) in ensuring all partners work together to create a coherent system of support to the whole family at the earliest opportunity and enable every child, young person and family to have the same opportunity and chances in life to become strong resilient individuals and families.

Troubled Families Programme helps drive forward:

- An agenda of service transformation and early intervention across the Local Authority and partners, whereby there is a greater emphasis on addressing the needs at the earliest opportunity and embedding outcomes-focused intervention.
- Am improved flow of information and data exchange, breaking down constraints and limitations, supporting families ans services rather than constraining ambition.

The Troubled Family Outcomes Plan has been developed to deliver on phase 2 of the national programme. It provides a partnership-wide framework that states the significant and sustainable outcome measures applicable to families identified for support. For those families which meet two or more of the six themes (e.g. children who need help and domestic abuse / violence), relevant outcomes will be drawn from the Outcomes Plan and must form the goals against which significant and sustained progress will be judged for this family.

The Outcome Plan has been created to help identify and address the needs of those families who have many of the multiple and complex needs set out in the 6 themes below:

In Halton, the plan has been developed with partner agencies to identify the priority areas mapped against local strategic priorities, within each of the six Troubled Families broad criteria:

- Parents and Young People involved in crime or antisocial behaviour
- Children who have not been attending school regularly
- Children who need help
- Adults out of work or at risk of financial exclusion, and young people at high risk of worklessness
- Families affected by domestic violence and abuse
- Parents and children with a range of health problems

The Early Intervention Partnership Strategic board are accountable for the delivery and outcomes of the programme both at a local and national level. The outcome plan and payment by results claims will be subject by internal audit. The action plan will be reviewed in September 2015 in case that any elements need to be adapted.

Payment by Results

A key principle in the application of this framework is the use of qualitative and quantitative information sources to provide evidence of positive outcomes. Evidence will be drawn from a range of valid and reliable tools, as well as trusted data sources. The Lead Professional and the 'Team around the Family' will have a vital role in judging whether the family has reached significant and sustained progress. The framework sets out those measures of significant and sustained change which will be used consistently. These measures include: Achieved significant and sustained progress, compared with all the family's problems; Or An adult in the family has moved off benefits and into continuous employment.

Phase 2 for Halton is 1290 over 5 years. For 2015/6 this number is 285 with the following four years being 251 per year.

Outcomes

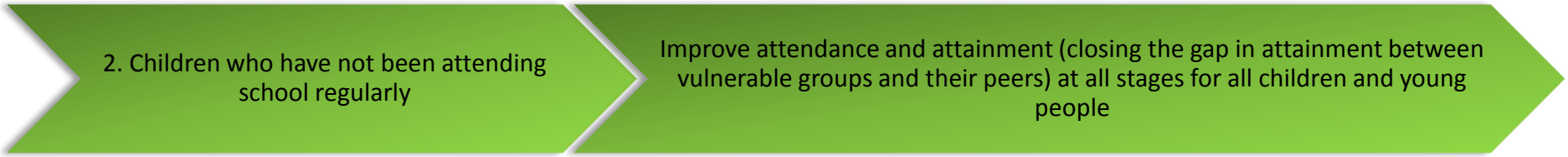
The plan covers 6 core areas of family factors and when there are at least 2 factors present suggest that an integrated approach would be beneficial and will be monitored by the programme. Families will be prioritised on the basis that they are families with multiple problems who are most likely to benefit from an integrated, whole family approach; and They are families who are high cost to the public purse

Troubled Family Identification

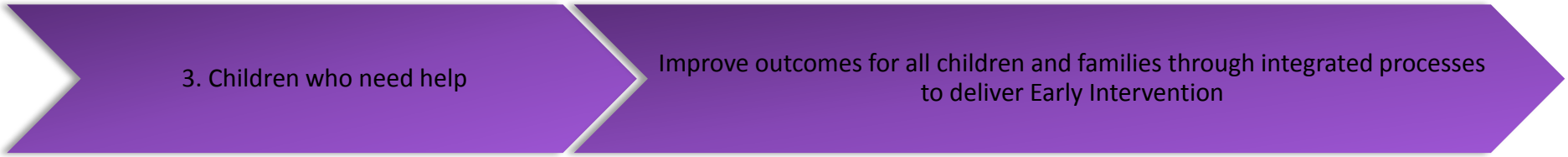
Utilising the National Framework as a baseline for identification we have reflected local requirements to ensure our focus is on high cost / high complexity families particularly around the problem of 'Adults out of work or at risk of financial exclusion / young people at risk of worklessness'. Where this is not a problem we require a minimum 3 other problems within the family. This policy will allow us to focus limited resources to where they are needed most and can help achieve the biggest impact over the 5 year programme.


1. Parents and young people involved in crime and anti-social behaviour
A child who has committed a proven offence in the previous 12 months
An adult or child who has received an anti-social behaviour intervention (or equivalent) in the last 12 months
An adult prisoner who is less than 12 months from his/her release date and will have parenting responsibilities on release
An adult who is currently subject to licence or supervision in the community, following release from prison, and has parenting responsibilities
An adult currently serving a community order or suspended sentence, who has parenting responsibilities
Adults and children nominated by professionals because their potential crime problem or offending behaviour is of equivalent concern to the indicators above
2. Children who have not been attending school regularly
A child who is in alternative educational provision for children with behavioural problems
A child who is persistently absent (10%) from school for an average across the last 3 consecutive terms
A child who is neither registered with a school nor being educated in an alternative setting
A child who has been permanently excluded from school within the last 3 school terms
A child nominated by educational professionals as having school attendance problems of equivalent concern to the indicators above because he/she is not receiving suitable full time education
A child who has received at least 3 fixed term exclusions in the last 3 consecutive terms; or a child at primary school who has had at least 5 school days of fixed term exclusion in the last 3 consecutive terms; or a child of any age who has had at least 10 days of fixed term exclusion in the last 3 consecutive terms
3. Children who need help
A child subject to a Child Protection Plan
A child who has been identified as needing early help. This may include children below the threshold for services under Section 17 - Children Act 1989
A child 'in need' under Section 17 - Children Act 1989
A child who has been subject to an enquiry under Section 47 - Children Act 1989
A child nominated by professionals as having problems of equivalent concern to the other indicators in this category
4. Adults out of work or at risk of financial exclusion, and young people at risk of worklessness
Parents and families nominated by professionals as being at significant risk of financial exclusion. This may include those with problematic/unmanageable levels and forms of debt and those with significant rent arrears
A young person who is not in education training or employment (NEET)
A child who is about to leave school, has no/few qualifications and no planned education, training or employment
An adult in receipt of out of work benefits (ESA, IB, CA, IS, JSA, SDA) or an adult who is claiming Universal Credit and subject to work related conditions
5. Families affected by domestic violence and abuse
The household or family member has been subject to a police callout for at least one domestic incident in the last 12 months
A young person or adult known to local services that has experienced, is currently experiencing, or is at risk of experiencing Domestic Violence or Abuse
A young person or adult who is known to local services as having perpetrated and incident of Domestic Violence or Abuse in the last 12 months
6. Parents and children with a range of health problems
An adult with mental health problems who has parenting responsibilities or a child with mental health problems
An adult with parenting responsibilities or a child, with a drug or alcohol problem
A new mother who has a mental health or substance misuse problem and other health factors associated with poor parenting. This could include mothers who are receiving a Universal Partnership Plus service or are participating in a Family Nurse Partnership
Adults with parenting responsibilities or children who are nominated by health professionals as having any mental and physical health problems of equivalent concern to the other indicators in this category. This may include unhealthy behaviours, resulting in problems like obesity, malnutrition or diabetes

Sustained and Significant Progress Measures	Outcome Measures	Source
i. Reduction in proven child offences* ii. Reduction in ASB incidents* iii. Reduction in re-offending* iv. Reduction in Police callouts v. Reduction in first time entrants to the youth justice system	Offending rate across the family has reduced by 33%* 60% reduction in ASB within 6 months*	Police YOS Probation Service Housing Providers Community Safety Team



Sustained and Significant Progress Measures	Outcome Measures	Source
i. Increase education attendance for all school aged children*	All children within the household are on the school roll or attending an alternative provision in suitable full time education over 3 full terms Child is attending education provision at least 90% of hours over 3 full terms*	Education Welfare CYPD
ii. Reduce the number of permanent and fixed term exclusions*	Less than 3 fixed term exclusions and zero permanent exclusions across 3 full terms*	



Sustained and Significant Progress Measures	Outcome Measures	Source
i. Increase of families that take up the Early Years 2 year old offer	Take up of place and ongoing attendance at Early Years setting/Children's Centre	Carefirst eCAF Lead Professional
ii. Reduction in the number of young people that repeat run away from home	Contribution to reduction in repeat missing from home episodes	
iii. There has been a 'step down' in terms of level of need, and has not escalated again*	Shows recognised progress against at least 2 criteria for 6 months. Lead professional recordings of improvements within the family via an outcome star model	
iv. No repeat presentation into level 3 social care within 6 months of closure	Contribute to reduction in CIC population in relation to Halton's statistical neighbours	

4. Adults out of work or at risk of financial exclusion, and young people at risk of worklessness

Improve opportunities for members on the pathway for readiness for employment, training or employment. Improve opportunities for NEET young people. Reduce levels of child poverty

Sustained and Significant Progress Measures	Outcome Measures	Source
i. Reduction in the number of adults claiming out of work benefits*	At least one adult in the family has moved off out of work benefits into continuous employment in the last 6 months and/or can demonstrate significant and sustained progress towards work	DWP Housing Providers 14-19 Team Lead Professional Revenues and Benefits
ii. Increase in adults in the family making progress to work by attending accredited provision, volunteering or work experience that has been agreed with the TF employment advisor*	An adult in the family has undertaken a 'work related' programme that has been agreed with the TF employment advisor	
iii. Family are stable in housing and there has been a reduction in rent arrears	Rent arrears have reduced by 50% over the last 6 months At least one family member has access to a bank or credit union account Reduction in evictions/repossessions	
iv. All 16-19 year olds in the family are in education, employment or training	Young person does not become NEET or claim unemployment benefit over 6 month period	

5. Families affected by domestic violence and abuse

Children, young people and families safe and secure

Sustained and Significant Progress Measures	Outcome Measures	Source
i. Reduce the impact of Domestic Abuse for children, young people and families	No repeat presentation to MARAC within a 6 month period DASH score or equivalent is reduced and maintained within 6 months* Lead professional/commissioned service recordings of improvements within the family via an outcome star model	MARAC Police Commissioned Service Lead Professional
ii. Where identified, parents access and complete the Gateway programme and report feeling safer and more confident	Evidence of self-reporting highlighting improvements on distance travelled by SDQ/WEMWEB or other appropriate tool	

Sustained and Significant Progress Measures	Outcome Measures	Source
i. Improved emotional health across the family*	Improve health and wellbeing scores using Warwick Edinburgh Mental Health Scale (WEMWEB) across the family	Young Addaction CRI Lead Professional Health Visitor School Nursing Public Health
ii. Service users within the family are engaged with drug/alcohol treatment services	Individuals in drug/alcohol programmes attend appointments and complete programme evidenced by face to face contacts	
iii. Families are managing the health need appropriately as recorded by the lead professional	All family members are registered with a GP and Dentist All family members have age appropriate vaccinations	

Progress measures with an * indicate measures agreed with Merseyside and Cheshire local authorities

REPORT TO: Health and Wellbeing Board

DATE: 4th November 2015

REPORTING OFFICER: Director of Public Health

SUBJECT: LGC Award Application – Effective Health and Wellbeing Boards

1.0 **PURPOSE OF REPORT**

1.1 The purpose of this report is to provide the Board with an update on an application to the Local Government Chronicle (LGC) Awards 2016 on behalf of the Halton Health and Wellbeing Board. The application is in the "Effective Health and Wellbeing Board" category and has focused on "Tackling the Harm Caused by Alcohol".

2.0 **RECOMMENDED: That the update be noted and the application be supported.**

3.0 **SUPPORTING INFORMATION**

3.1 Twenty years ago, the Local Government Chronicle launched its very first awards scheme to recognise and celebrate achievements across local government.

The LGC states that a purpose of the award scheme is to ensure the hard work of teams is recognised and rewarded and morale improved. As a platform for sharing the lessons and best practice of the finalists and winners, the Awards also benefit everyone working in the sector.

3.2 The LGC claim that the awards process enable Local Authorities to:

- Benchmark best practice in front of other local authority colleagues
- Highlight organisational commitment to the excellent services provided
- Demonstrate Local Authorities are at the cutting edge of service improvement and innovation and have confidence in what they do
- Say thank you to staff and boost morale
- Encourage improvement across the sector

3.3 For 2016, a number of new categories for the awards have been added.

- Digital Council of the Year
- Effective Health and Wellbeing Board
- Council of the Last 20 Years

3.4 A submission has been made on behalf of the Halton Health and Wellbeing Board to recognise local partnership activity in reducing the harm caused by alcohol.

3.5 The award will go to the board that can show it has become effective at influencing the health and social care agenda in its area.

The guidance asks that submissions focus on how the board:

- Facilitates genuine collaboration between the main players in health and wellbeing
- Engages with the public and other interested parties.

- Develops a common understanding among its members
- Provides leadership to local commissioners

Award entries will be judged upon:

- Evidence of how health and social care commissioning has moved beyond their institutional boundaries
- The extent to which the work of the board has had a demonstrable effect on outcomes
- How HWBs' vision has been translated into a set of effective priorities and actions

3.6 The Halton submission was as follows:

The Halton Health and Wellbeing Board identified tackling the harm caused by alcohol as a key priority. Following the award of Local Alcohol Action Area status, the Board supported a local transformation in how services operate and communicate by ensuring that all partners are committed to working together with common aims and aspirations.

The Health and Wellbeing Board has provided the opportunity to develop a shared understanding and commitment to reducing the impact of alcohol and has facilitated focused action and improved local outcomes through **Collaboration**, providing **Leadership** and a real collective **Passion** to improve the lives of local people.

3.7 Halton would be a worthy winner of this award as it can genuinely demonstrate how the local Health and Wellbeing Board has identified a priority area, facilitated and encouraged members to work together, set clear priorities for action, engaged with local people and had a demonstrable effect on local outcomes. The Board has clearly demonstrated Collaboration, provided Leadership and had collective and individual Passion to improve the lives of local people.

The formation of the Health and Wellbeing Board in Halton created a bridge between local organisations that brought all partners together as true equals. From the Police to social care, health to housing – all key agencies were represented and united in agreeing the priorities for action to improve the health and wellbeing of the people of Halton.

In 2012, the newly established Board identified alcohol as one of its key priorities. Reducing the harm caused by alcohol was prioritised because Halton was significantly worse than both the regional and North West averages for under-18 admissions, alcohol related and specific adult admissions to hospitals and experienced unacceptable levels of crime and anti-social behaviour.

Turning talk into action was a priority for the Board, and an action plan was developed. Halton adopted a life course approach, ensuring that prevention and promotion were given as much attention as treatment and recovery. There was also a commitment to tackling some of the wider determinants of health, such as employment, housing, crime and community safety.

To reflect this, the Board encouraged and supported an application to become a Home Office "Local Alcohol Action Area"(LAAA), highlighting its partnership approach to reducing the harm to health and the harm caused by crime and antisocial behaviour. It was the successful award of LAAA status that truly transformed the relationship locally, as it meant the partners were able to focus on making a real

difference. Activities that had previously existed in a vacuum – such as trading standards, youth work, schools based education, treatment services, Licensing and the Police, were focused on working together to share information, use resources more effectively and truly make a difference to local people.

The Health and Wellbeing Board oversaw the development of a strategy and action plan and played a major role in providing practical leadership of the issue. The Director of Public Health focused upon alcohol within her Annual Report, and a number of new initiatives were developed. These included:

RU Different? – A social norms campaign working with Year 9 pupils to attempt to reduce or delay risk taking behaviour was supplemented by additional work with parents, (sponsored by the Alcohol Education Trust), through which 77% of participants stated they would change how they would talk to their children about alcohol.

Young Addaction in partnership with the Amy Winehouse Foundation delivered a programme of targeted sessions in Halton Schools to children and young people affected by parental / sibling alcohol misuse. Sessions aimed to build resilience and self-esteem, to ensure young people were safeguarded and diverted from becoming problematic alcohol users in the future.

A Foetal Alcohol Spectrum Disorder Campaign was developed to educate and inform new and prospective parents about the risk of alcohol and pregnancy.

The Halton Alcohol Inquiry was established to empower and enable the community to articulate an informed view of the actions that individuals, communities, organisations and decision-makers should support and adopt to reduce alcohol related harm. The Inquiry aimed to answer the question: 'What needs to happen to make it easier for people to have a healthier relationship with alcohol?'

The above activities built upon existing programmes such as a health education programme in Schools (Healthitude), developed in partnership with schools, School Nursing, the Youth Service, Widnes Vikings Rugby Team and the Council's Health Improvement Team. Local treatment services, provided by Young Addaction, CRI and NHS Trusts continued to develop and expand their role in the community and more partners engaged in Brief Intervention training.

The area in which Halton has seen the most significant impact of its work is in Under 18 admissions to hospital attributable to alcohol. This is an area where partners' working together has resulted in real change. Trading standards and Licensing have increased their activity around "Challenge 25".
Education in schools and through the Youth Service and its partners has resulted in a raised awareness that it is not the "norm" for young people to drink, and parents have been challenged not to buy alcohol for young people, with the local licensed trade and Police supporting a real commitment to reducing under age sales.

Performance figures demonstrate that the under 18 admission rate has decreased by 36% since 2011/12, which is better than England (23% decrease) and the North West (29% decrease). This means that the Halton rate is now the same as the North West average and the gap has narrowed with England. The Trading Standards North West Survey of Young People 2015 demonstrated a significant change in local behaviour with 49% of young people questioned stating that they never drank alcohol (14% in 2011) and a drop in those that stated they drank alcohol once a week or less from 46% in 2011 to 13%.

The Halton rate for over-18 alcohol-related conditions has also decreased since 2011/12 by 4%. This is the biggest decrease in Merseyside, with the majority of local authorities and the England and North West rates all experiencing an increase.

During 2011/12, the percentage of adults successfully completing alcohol treatment in Halton was 15.7%, lower than the England average which was 35.1%. By 2014/15, the Halton percentage had increased to 54%, which is higher than the England average (35.8%).

The work of the Board and its members has contributed to a significant change in the local relationship with alcohol. The Board has supported local organisations in seeing the harm caused by alcohol as "everyone's business" and an issue that they can influence beyond their own service or institutional boundaries with partnership actions resulting in positive outcomes for local people.

3.8 Shortlisted applications will be invited to present to a panel of judges at the Awards Ceremony which will take place on 16th March 2016 in London who will then decide upon the overall winners.

4.0 POLICY IMPLICATIONS

4.1 Children and Young People in Halton

The award application focuses upon the hard work developed to reduce the impact of under-18 alcohol consumption and the reduction in risk taking behaviour.

4.2 Employment, Learning and Skills in Halton

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

4.3 A Healthy Halton

All issues outlined in this report focus directly on this priority and reflect the work of the Health and Wellbeing Board locally.

4.4 A Safer Halton

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime have an impact on health outcomes particularly on mental health. A key priority for local alcohol focused work has been the reduction in the harm caused by crime and anti-social behaviour.

4.5 Halton's Urban Renewal

The application supports the positive development of the profile of Halton.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None

6.0 RISK ANALYSIS

6.1 There are currently no perceived risks.

7.0 **EQUALITY & DIVERSITY ISSUES**

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