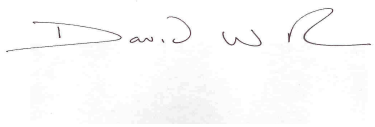
Public Document Pack

Children Young People and Families Policy and Performance Board

Monday, 29 October 2012 at 6.30 p.m.
Civic Suite, Town Hall, Runcorn



Chief Executive

BOARD MEMBERSHIP

Councillor Mark Dennett (Chairman)	**Labour**
Councillor Margaret Horabin (Vice-Chairman)	**Labour**
Councillor Ellen Cargill	**Labour**
Councillor Lauren Cassidy	**Labour**
Councillor Frank Fraser	**Labour**
Councillor Pauline Hignett	**Labour**
Councillor Miriam Hodge	**Liberal Democrat**
Councillor Kath Loftus	**Labour**
Councillor Geoffrey Logan	**Labour**
Councillor Carol Plumpton Walsh	**Labour**
Councillor Bill Woolfall	**Labour**
Miss Elizabeth Lawler	**Co-optee**

Please contact Michelle Simpson on 0151 511 8708 or e-mail michelle.simpson@halton.gov.uk for further information.

The next meeting of the Board is on Thursday, 3 January 2013

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

Part I

In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

Agenda Item 3

REPORT TO: Children, Young People and Families Policy & Performance Board

DATE: 29 October 2012

REPORTING OFFICER: Strategic Director, Policy and Resources

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

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

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

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

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

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

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

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

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

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

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

- Requires the disclosure of confidential or exempt information.

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

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

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

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

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

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

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

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

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

REPORT TO: Children, Young People and Families Policy and Performance Board

DATE: 29 October 2012

REPORTING OFFICER: Chief Executive

SUBJECT: Executive Board Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Children and Young People Portfolio which have been considered by the Executive Board and Executive Board Sub are attached at Appendix 1 for information.

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

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None

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

None

5.3 **A Healthy Halton**

None

5.4 **A Safer Halton**

None

5.5 **Halton's Urban Renewal**

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

APPENDIX 1

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

EXECUTIVE BOARD MEETING HELD ON 6 SEPTEMBER 2012

EXB50 – SCHOOL FUNDING REFORM

The Board received a report of the Strategic Director, Children and Enterprise and the Strategic Director, Policy and Resources on School Funding Reform.

The Board was advised that in March 2012, the Department for Education (DfE), set out in a document "School Funding Reform: Next Steps Toward a Fairer System", how they intended to reform the school funding system over the next few years. The stated aim was to provide fairer, simpler more consistent and transparent school funding and for the intended education funding to reach the schools and pupils that needed it most. Following consultation on options, guidance was issued to Local Authorities at the end of June 2012.

It was noted that the proposed changes would relate to the financial year 2013/14, as the DfE would move towards a national funding formula in the next spending review period. From 1 April 2013, funding would be divided into three separate blocks within the Dedicated Schools Grant budget. These blocks, details of which were provided in the report, were:-

- Schools Block
- High Needs Block and
- Early Years Block.

Consultation with schools would be undertaken and completed in September 2012, with details of final changes to be submitted to the meeting of the School Forum in October 2012.

It was further noted that changes would be required to School Forums, with Local Authorities ensuring that their composition was compliant with the requirements in terms of proportionality, to reflect the number of pupils in each category of schools, including Academies. The report also contained details of the planned School Forum Regulations from October 2012.

RESOLVED: That the changes to school funding and the resulting implications be noted.

EXECUTIVE BOARD MEETING HELD ON 4 OCTOBER 2012

EXB72 – CITY LEARNING CENTRE AT SAINTS PETER & PAUL HIGH SCHOOL - KEY DECISION

The Board considered a report of the Strategic Director, Children and Enterprise, on the City Learning Centre at Saints Peter and Paul Catholic College, Widnes.

The Board was reminded that the network of City Learning Centres (CLC's), established in September 2000, provided innovative and enriched curricular opportunities in Excellence in Cities schools (EiC). Two CLC's were established in Halton, at The Grange Comprehensive School and at Saints Peter and Paul Catholic College. The Grange CLC would be incorporated into the new building, and as a local authority school, would cause no problems.

It was noted that the Saints Peter and Paul College, as a Diocese building, would need to be formally handed to the Diocese to ensure that all costs associated with the maintenance of the building were the responsibility of the Diocese and not the local authority. The report advised Members on land ownership issues associated with the College site.

Reason for Decision

To provide clarity over the ownership and responsibility of the CLC building at Saints Peter and Paul College and to resolve the complications that had arisen over the land boundaries.

Alternative Options Considered and Rejected

Not applicable.

Implementation Date

September 2012.

RESOLVED: That the Board

1) note the land issues and agree to grant a lease of land within the Council's ownership that has been developed as part of the school site; and
2) agrees to hand over use and responsibility for the former City Learning Centre to Saints Peter and Paul Catholic College, to be used as part of the school, and to be maintained by the Diocese.

REPORT TO: Children, Young People and Families Policy and Performance Board

DATE: 29 October 2012

REPORTING OFFICER: Chief Executive

SUBJECT: Special Strategic Partnership Board minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Children and Young People's Portfolio which have been considered by the Special Strategic Partnership Board are attached at Appendix 1 for information.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None.

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

None.

5.3 **A Healthy Halton**

None.

5.4 **A Safer Halton**

None.

5.5 **Halton's Urban Renewal**

None.

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

Halton Children's Trust
Minutes of Executive Group Meeting held on Tuesday 4th September 2012
1.00pm, Civic Suite, Runcorn Town Hall

Ann McIntyre	Operational Director, Children's Organisation and Provision (Chair)
Nigel Moorhouse	Operational Director, Children & Families Services, HBC
Denise Roberts	Head of Child and Family Commissioning, NHS
Catherine Johnson	Principal Performance & Improvement Officer, HBC
Lorraine Crane	Divisional Manager, Integrated Youth Support Services, HBC
Emma Taylor	Divisional Manager, Team Around the Family, HBC
Mark Grady	Children's Trust Principal Officer, HBC
Paula St Aubyn	Divisional Manager, Safeguarding, Quality and Review, HBC
Emma Cheers	Administrative Officer, HBC (minutes)
Sharon McAteer	Public Health Development Manager, NHS Halton & St Helens
Lindsay Smith	Divisional Manager, Mental Health, HBC
Julie Karmy	Children's Commissioning Manager, HBC

Apologies

Michelle Vallance	Parent and Carer Engagement Coordinator
Hazel Coen	Divisional Manager, Performance and Improvement, HBC
Steve Nyakatawa	Operational Director, Learning and Achievement, HBC
Karen Hickey	Assistant Policy Officer for CYP, HBC
Simon Clough	Divisional Manager, 14 – 19 Services
Gerald Meehan	Strategic Director of Children's Services, HBC (Chair)
Christine Whittaker	Interim Divisional Manager, Bridgewater CHT

Item		Action
1.	**MATTERS ARISING from meeting 10.07.12**	
1.2	SCS reporting: It was established that both SCS and Children's Trust performance reports are needed, but care should be taken to avoid duplication. All present agreed with this proposal.	**Performance Staff**
1.3	CHIMAT: Work is ongoing with Public Health to look at performance information that can be used.	
1.4	After the Riots: This report is to go to LSP and then will be presented to Executive Group in October.	**MG**
1.5	Item 1.6 EHAS update: Lindsay Smith will be the Adult Services representative for EHAS meetings. Lindsay expressed the view that he should also be the representative for future Executive Group meetings, and that Paul McWade should be on the main Trust Board. This will be followed up and clarified at a later date.	**LS/MG**
1.6	Public Health Transition: A Group is meeting on a regular basis to look at the commissioning model.	
1.7	Troubled families: This name is no longer to be used and the new name	

	is “Inspiring Families”. This will reflect a more positive approach. The group agreed the set of minutes from the previous meeting, aside from a paragraph change in 2.2 regarding Adult performance reporting in terms of recording children and young people’s needs, LS has discussed with Hazel Coen ways to identify young carers.	
2.	**FEEDBACK ON PREVIOUS SCRUTINY TOPICS**	
2.1	**NEET** • SC will take straplines to NEET group. • ET has met with SC on the back of what he presented in the report. Some actions are going forward as a result of this. • There are no obvious external funding streams at present but will continue to look for opportunities. • There has been some success around the WNF apprenticeship proposal. Four submissions were put forward to the LSP and the approved submission was for a bid to support a number of apprenticeships and to create a hardship fund, both aspects will in part support our NEET population.	**SC**
2.2	**Early Help Integration Model** ET has spoken to Angela McNamara and contacted IWST teams, as has LS, for greater integration, in particular regarding Domestic Abuse. ET is chasing this up. It was felt that this will assist professionals in getting a better feel for what is needed to move forward. A review is underway of IWST. They are compiling a statement regarding who should be a core part of IWST and who should be a part in a virtual capacity. This will start in October.	
2.3	**CAVA Protocol** This referred to how CAVAs are dealt with across the agencies. Angela McNamara has been approached and discussions have taken place around combining CAVA meetings and IWST allocation meetings. These meetings will include CRI (Crime Reduction Initiatives) and health professionals.	
3.	**SCRUTINY TOPICS**	
3.1	**Health Joint Strategic Needs Assessment (JSNA)** The aim of the JSNA is to provide a top level, holistic and systematic view of needs within the borough. The joint health and wellbeing strategy sets the priorities for collective action. This will assist communities in their decision making and to help them assess who is in need and to define that need. The final draft of the health and wellbeing strategy will go to the board this year and to the CCG. There are a number of cross cutting priorities such as mental health, older people and alcohol abuse. There is a significant issue with childhood access in the borough, in particular “0-5” age group. Sharon McAteer put to the group how the JSNA can be improved as she felt that better engagement will ensure that the work goes forward. She asked whether the chapters contained fully reflect issues and whether the	

	format is appropriate and key issues are covered. She acknowledged that a higher level of creativity around needs is required. NM felt that the JSNA informs all and presents of a higher standard than most that he had seen previously. Sharon felt that the assessment provides a whole range of information. She suggested the inclusion of a child health profile that could be included to help us assess the level of need. PStA felt that JSNA should be one for the whole borough. AM felt that the document was much easier to read but was not sure that it covered all priorities. LM informed that the key national document is not mentioned or the Mental Health Strategy and that it would be beneficial for both to be included. AM enquired as to whether a pathway was mentioned and Sharon informed that they did try to pick out a life course approach. 0-5 development was suggested for inclusion. AM informed that the main aspect of CHIMAT was the 0-5 development and that it was supposed to be that progress was inadequate and a subgroup was created. The Executive Group felt that this would work and Sharon McAteer assured that she would facilitate this. Representatives for this group were discussed and it was decided that LC, CJ, DR, a representative from Research & Intelligence, Performance Management representation plus another individual to be nominated by AM would be sufficient. A suggestion around the group being separated into different sections for different areas and a lead representative for each section was welcomed. MG will assist Sharon in providing her with contact details such as email addresses etc and he will report back with progress around this at the next meeting.	**Sharon McAteer** **LC, CJ, DR** **AM** **MG**
3.2	**Early Help Recommended Programmes** One of the major recommendations in the Allen Report was around the identification of the 25 best Early Intervention Programmes in the UK which robust evidence demonstrates are “proven to work”. It is felt that these programmes would work in Halton, in particular during the ante-natal period. Therapeutic work with young children and assessments of impacting factors upon them and a range of other social groups would also be considered. Specific skills will be required for various types of needs and the programmes would have a strong clinical aspect. The intention of the programme is to provide support to children from the outset and to provide this at the earliest possible stage. It was acknowledged that a high level of parents in the area feel that they lack the support that they need. As soon as issues for families are identified, then programmes may be offered to them where appropriate. The programmes will cater for what families have found the most useful	

	and enjoyable. Commitment from Halton Children's Trust to the service redesign and reconfiguration is required. The redesign will include clinical delivery, educational psychology, adult learning and family learning. Attachment theory will be an underlying factor in the work. Partnership with schools will also take place and Head teachers of local schools have been spoken to who informed that they would like for the service to come to the schools. Work in schools will centre on a cognitive behavioural therapeutic approach. All 25 programmes will be looked at again and assessed to see if any modifications need to be made. JK informed that the test of these will be if the programmes are taken to the schools. LS expressed concerns around referral and assessment pathways and whether it will be fully assessed as to what is needed for the child. JK informed that assessment will take place prior to any programme that the child participates in. ET asked whether it was possible for Halton to go ahead with these programmes. JK informed that this is possible, in particular with the Adult Learning programme. She added that if CAMHS were able to provide an additional member of staff, this programme could be delivered weekly. JK expressed that it is important that links are maintained with IWST. AM asked as to whether it is needed to identify the correct key people for each area. JK informed that the Educational Psychology Service are awaiting instruction and are ready to be involved. Val Stoddard-Cross has been spoken to by JK regarding calculations and budgets. NEET and antisocial behaviour are areas of priority. DR informed that CAMHS are eager to help with this. LS made the suggestion that the Mental Health Strategy be brought into this. All present at the meeting supported the recommendations.	
4.	**ITEMS FOR AGREEMENT**	
4.1	**Proposals for Future Multi Agency Audit of Practice** The current multi-agency auditing of practice is undertaken three times per year for half a day and 4/5 cases are discussed in detail on each occasion. The proposal is that the auditing of practice is carried out three times a year for a full day each time. This will involve practitioners and facilitators and they would meet the children and their families face to face for the audit. The quality of the information as a result will be greater than that of independent agencies and will have a greater child and family perspective. All involved must commit to this process. A further recommendation is that during the CAF audit, steps are made to hear directly from the children and families and this will prepare Halton for future auditing. LS informed that the "voice of the child" is a good development and that	

	he is aware that the police are supportive and in favour of the proposals. AM stated that all present endorse and support the recommendations. DR will send the proposals out to providers to ensure that this is what all involved want. ET will look into administration for the CAF audit in order that Halton move forward with this.	**DR** **ET**
5.	**PRIORITY UPDATES**	
5.1	**Improve outcomes for children and young people through effective joint commissioning** There was no update for this item.	
5.2	**Improve outcomes for children and young people through embedding integrated processes to deliver early help and support**. An action plan is up to date. Multi-agency work is integrative. There has been no move to Kingsway as yet. Public involvement is strong in this area. A regional event is to take place in June. Work is looking positive and referrals have decreased. ET stated that it is clear from the first panel that we need these meetings to be well attended.	
5.3	**Improve outcomes for our most vulnerable children and young people by targeting services effectively** There is no update for this item as this is a work in progress but a report will be provided at the next executive group meeting.	
5.4	**Children's Trust Report Card Q1, 2012-13** This will not be signed by the Executive Group until it has gone through the subgroups. It was proposed that this be looked at again at the next Executive meeting. There are firmer numbers around attachment. The report card is on its first draft and some parts are yet to be updated. The next meeting is scheduled too soon to add the second quarter's information.	
5.5	**CHIMAT Performance Data Update** This report is scheduled to go to the meeting after next. The information is to go to the JSNA. Information is also required from the health colleagues within the council. It is hoped that when it goes to the Commissioning Partnership that a few recommendations will be included. They are there at a strategic level but also need to be available for the Commissioning Partnership. Some improvements have been noted.	
6	**INFORMATION ITEMS**	
6.1	**Troubled Families Initiative** This initiative is to be renamed as "Inspired Families. It is hoped that work around this will start in October. Work is to take place with ET around the delegated model. Families are to be identified so that they are known to workers. Police wish to have more information before they participate or are involved. Health have yet to sign to agree to their involvement. The next National Conference is to take place on the 18th September at Westminster. This event will be discussed at the next board meeting. AM	

	informed the Executive group that all Regional and National meetings are to be attended. There is to be a report going across Cheshire around families that will take place across all four authorities.	
6.2	**Levels of Need Framework update** The new framework will identify how cases fit in with the levels of need. A consultation will take place which will be open to everyone. The levels have been agreed but the wording has not. A meeting will take place regarding this next week. MG informed that there are some concepts and designs to work with. All involved will have to agree with how to work with these concepts and designs prior to the consultation. The project appears to be going to task and time. LS felt that the simplicity of the framework will be it easier for referral agencies to refer to. NM was pleased with the outline framework. 3A and 3B issues are around common language. 3A is going into 2. Professionals are happier with the three levels.	
6.3	**Child Protection Inspection Planning Update** The Child Protection Inspection is to be replaced by the new Multi-Agency inspection. An initial strategy group meeting was held in July. An updated communications pathway is hoped to be in place for any unannounced inspections next year. MG will be the Lead Co-ordinator with TH. A newsletter is to be produced and the online library is in good shape. Activity is to take place around greater emphasis on the "voice of the child". LC is preparing evidence for this, and PStA requested for partners to forward examples they have of collating the views of children and young people to MG. MG informed that there is to be a group meeting in October, involving multi-agencies and representatives from marketing, HR and Health. LS informed that there will be a Domestic Abuse meeting around the "voice of the child" and that there will be various groups to promote within this. He stated to the group that Halton Housing Trust have a young people's forum which is working well and is well attended. The group all agreed that as this group is working so well, it is not necessary to create further groups.	**ALL**
6.4	**Multi Agency Audit of Practice, July 2012** The audit of practice demonstrated learning, openness and honesty from partners. There were significant issues raised by the police, two examples to be exact, of incidents and concerns that were deemed to be high risk for children and their families were downgraded which was extremely concerning. CRI Action around staff being briefed on what is expected of them will be chased up by PStA.	
6.5	**Actions for Future Executive Meetings** The Peer Challenge Evaluation is to be taken off the actions.	**MG**

	An update is to be given on "Inspiring Families" at the next meeting. SN will attend to Peer Challenge Evaluation and SEN. "After the Riots" will be attended to by MG. Early Help and NEET Executive Challenge updates to be brought.	**LC** **SN** **MG** **ET/SC**
	Date and Time of Next Meeting Tuesday 16th October, 1.00pm – 3.30pm, Civic Suite, Runcorn Town Hall	

Outstanding Actions to date:

1.2	SCS reporting: It was established that both SCS and Children's Trust performance reports are needed, but care should be taken to avoid duplication	Performance Staff
1.4	After the Riots: This report is to go to LSP and then will be presented to Executive Group in October	MG
1.5	LS to be Adult Services representative at Executive Group and Paul McWade to be approached to be sit main Trust Board.	LS/MG
2.1	SC will take straplines to NEET group	SC
3.1	JSNA: Sharon McAteer to facilitate subgroup for development of pathway for 0-5 child development. Membership to consist of LC, CJ, DR, a representative from Research & Intelligence, Performance Management representation plus another individual to be nominated by AMc MG will assist Sharon in providing contact details and will report back with progress around this at the next meeting	Sharon McAteer LC, CJ, DR AMc MG
4.1	Future multi-agency audit of practice: DR will send the proposals out to providers to ensure that this is what all involved want. ET will look into administration for CAF audit in order to move forward with this	DR ET
6.3	Child protection inspection planning: partners to forward examples they have of collating the views of children and young people to MG	ALL
6.5	Actions for Future Executive Meetings: The Peer Challenge Evaluation is to be taken off the actions. An update is to be given on "Inspiring Families" at the next meeting. SN will attend to Peer Challenge Evaluation and SEN. "After the Riots" will be attended to by MG. Early Help and NEET Executive Challenge updates to be brought	 MG LC SN MG ET/SC

REPORT TO: Children, Young People and Families Policy and Performance Board

DATE: 29th October 2012

REPORTING OFFICER: Strategic Director, Policy & Resources

SUBJECT: Business Planning 2013-16

PORTFOLIO: Resources

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

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

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

3.0 SUPPORTING INFORMATION

3.1 Each Directorate of the Council is required to develop a medium-term business plan, in parallel with the budget, that is subject to annual review and refresh. The process of developing such plans for the period 2013-2016 is just beginning.

3.2 At this stage members are invited to identify a small number of priorities for development or improvement (possibly 3-5) that they would like to see reflected within those plans. Strategic Directors will then develop draft plans which will be available for consideration by Policy and Performance Boards early in the New Year.

3.3 Whilst providing a Directorate context each of the Directorate Business Plans will contain appendices identifying specific Departmental activities and performance measures and targets that would provide a focus for the on-going monitoring of performance throughout the year. Directorate Business Plans will be subject to annual review and refresh in order that they remain fit for purpose taking account of any future change in circumstances, including any future funding announcements that may emerge.

3.4 It is important that Members have the opportunity to provide input at this developmental stage of the planning process, particularly given the anticipated funding announcements, to ensure that limited resources may be aligned to local priorities.

3.5 It should be noted that plans can only be finalised once budget decisions have been confirmed in March and that some target information may need to be reviewed as a result of final outturn data becoming available post March 2013.

3.6 To assist Members in their considerations the Board may choose to invite each Operational Director to give a short presentation setting out the key issues and challenges for their service over the coming 3 years. This could be achieved via a presentation discussion at a scheduled PPB or a less formal briefing/ discussion before a scheduled PPB or at some other time.

3.7 The timeframe for plan preparation, development and endorsement is as follows:

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

4.0 POLICY IMPLICATIONS

4.1 Business Plans form a key part of the Council's policy framework. Plans also need to reflect known and anticipated legislative changes.

4.2 Elected member engagement would be consistent with the new "Best value guidance", announced in September 2011, to consult with the representatives of a wide range of local persons.

5.0 OTHER IMPLICATIONS

5.1 Directorate Plans will identify resource implications.

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

6.0 IMPLICATIONS FOR THE COUNCILS PRIORITIES

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

7.0 RISK ANALYSIS

7.1 The development of a Directorate Plan will allow the authority to both align its activities to the delivery of organisational and partnership priorities and to provide information to stakeholders as to the work of the Directorate over the coming year.

7.2 Risk Assessment will continue to form an integral element of Directorate Plan development. This report also mitigates the risk of Members not being involved in setting service delivery objectives.

8.0 EQUALITY AND DIVERSITY ISSUES

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

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

There are no relevant background documents to this report.

REPORT TO: Children, Young People and Families Policy & Performance Board

DATE: 29th October 2012

REPORTING OFFICER: Director of Public Health

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

SUBJECT: Health & Wellbeing Strategy

WARD(S): Borough-wide

1.0 **PURPOSE OF REPORT**

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

2.0 **RECOMMENDATION**

RECOMMENDED: That the Board

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

3.0 **SUPPORTING INFORMATION**

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

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

3.3 This Prioritisation exercise produced five key priorities as follows:

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

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

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

Vision for Health and Wellbeing in Halton

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

Summary of Outline and Content

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

4.0 POLICY IMPLICATIONS

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

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

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified at this time.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**

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

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

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

6.3 **A Healthy Halton**

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

6.4 **A Safer Halton**

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

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

6.5 **Halton's Urban Renewal**

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

7.0 RISK ANALYSIS

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

8.0 EQUALITY AND DIVERSITY ISSUES

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

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

None under the meaning of the Act.

Halton Health and Wellbeing Strategy 2012- 2015

Foreword- Cllr Rob Polhill

Welcome to Halton's new Health and Wellbeing Strategy.

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

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

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

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

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

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

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

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

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

Executive Summary

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

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

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

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

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

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

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

Vision for Health and Wellbeing in Halton

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

Introduction

Why do we need this strategy?

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

Why is it important?

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

2. Principles

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

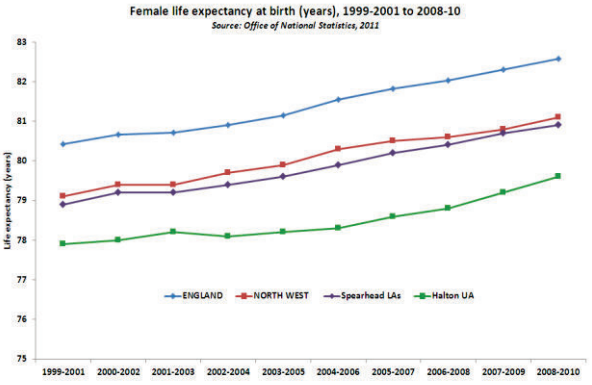
It sets out the framework for the commissioning of health and wellbeing services in Halton. It does not replace existing commissioning plans, but instead will ensure that these are influenced by the principles and priorities set out in the strategy.

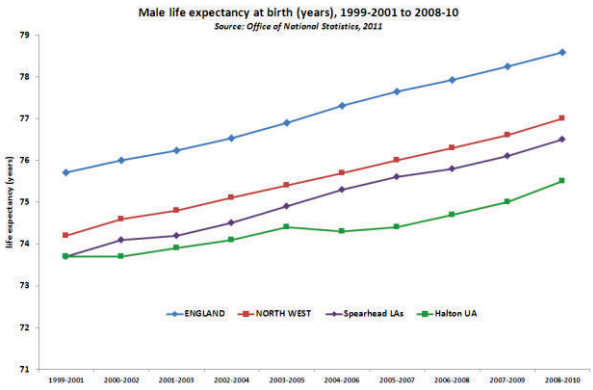
Integration is key to our strategic approach with all partners working together to deliver: joint commissioning, culture change through community development, training for all staff in how to deliver health messages so every contact counts, development of multi-disciplinary teams and joint advocacy and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

3. A picture of health and wellbeing in Halton

Halton's population has increased over the last 10 years. The 2001 Census estimated the population to be 118,200. The2011 Census estimated it at 125,800, an increase of 7,600 residents. This increase has not occurred evenly across all age groups. The most significant increases have been in the 0-4, 45-64 and 75+ age groups whilst the 5-14 age group has decreased.

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





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

Improvements:

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

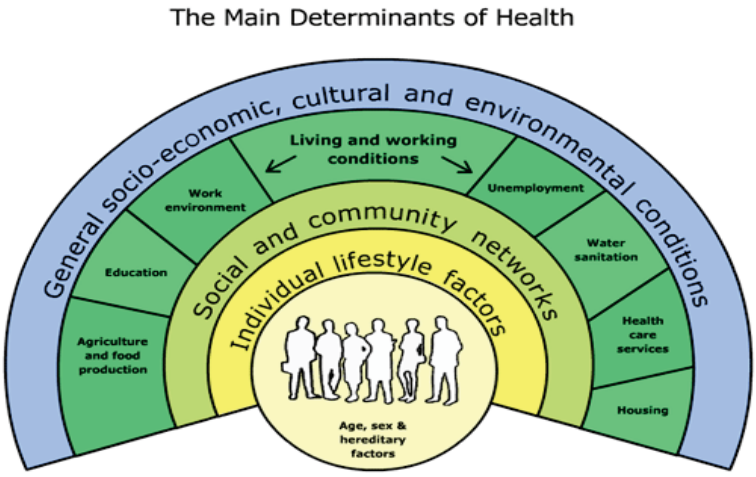
- The percentage of children participating in at least three hours of sport/ physical activity is above the national average.

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

Challenges:

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

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



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

In Halton

- Nearly three-quarters of respondents in the recent Residents' Survey were satisfied with their local area and most were also happy with how Halton Borough Council runs things.

- Ratings for both Children's and Adult Social Care Services are high. The 2011 Ofsted and Care Quality Commission Inspection of Safeguarding and Looked After Children Services in Halton graded Halton as 'Outstanding' or 'Good' against all 22 criteria, one of the best Inspection reports received anywhere nationally. In 2010, the Care Quality Commission rated Halton's Adult Services as 'Excellent' – one of only three areas nationally to receive this rating.

- There has been improved access to good quality green spaces. All Halton's parks have green flags, a national mark of excellence. All park play areas are smoke-free. This has had high level support from the council, the NHS and local people.

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

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

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

4. Priorities and Targets for delivery

What are our priorities for action?

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

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

How did we decide on these priorities?

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

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

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

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

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

5. Turning our priorities into action

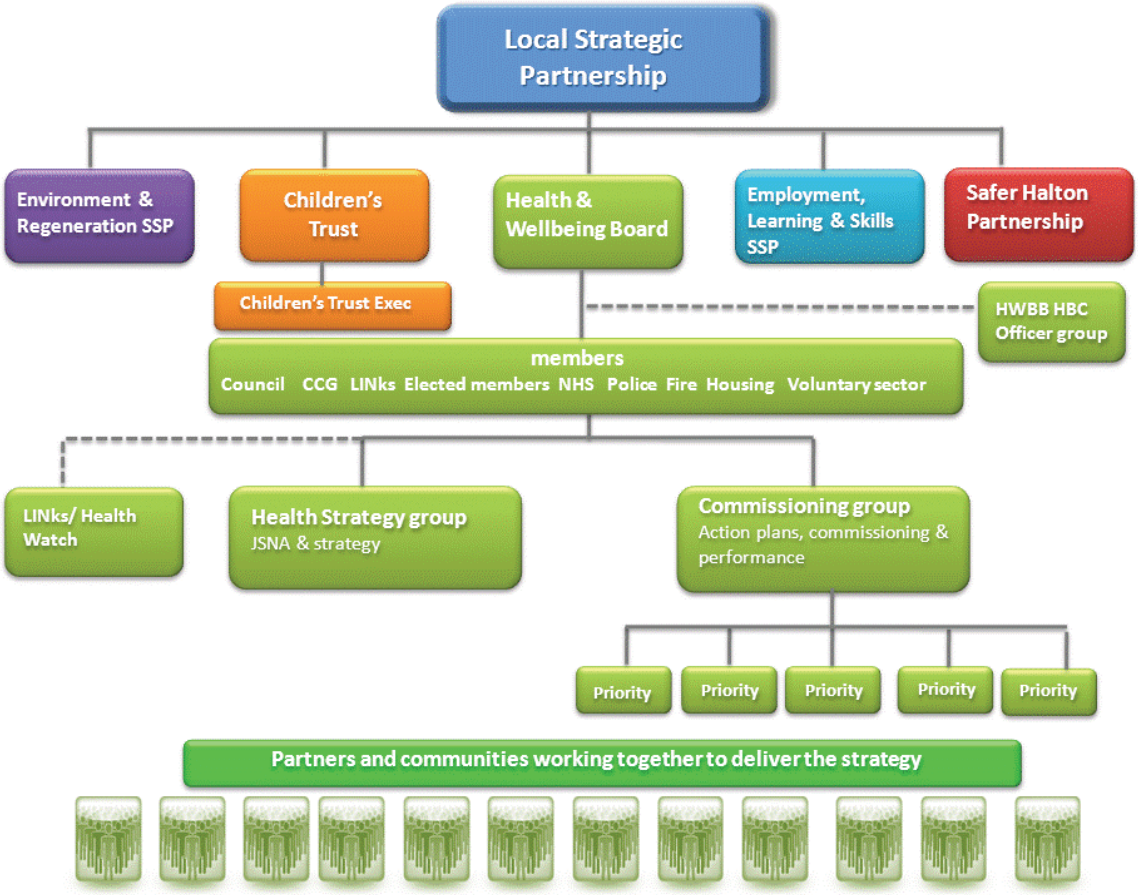
In order to tackle our priorities a series of interventions will be needed. These may be services for individuals or communities to use, they may be structural such as improving access to green spaces and local facilities, they may be educational and informative, or they may be about lobbying for change.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

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

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

Who will be responsible for making sure it happens?

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



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

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

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

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

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

Health and Wellbeing Areas

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

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

Wellbeing Practices

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

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

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

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

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

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

7. Documents used in the production of the strategy

Halton Joint Strategic Needs Assessment (JSNA):

http://www.haltonandsthelenspct.nhs.uk/pages/YourHealth.aspx?iPageId=12569

Health and Wellbeing Consultation report

NHS Outcomes Framework:

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

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

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

Adult Social Care Outcomes Framework:

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

JSNAs and joint health and wellbeing strategies – draft guidance

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

8. Supporting Plans and Strategies

Tobacco Control Strategy and Action Plan 2012/13

Alcohol 12 Point Plan

Healthy Weight Strategy 2012

Sports Strategy 2012-2015

Cancer Action Plan

Halton and St. Helens Dental Commissioning Strategy 2011

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

Child & Family Poverty Strategy and Development Plan

CCG Plan on a Page

Halton's Sustainable Community Strategy 2011-2026

Children & Young People's Plan

Local Development Framework

Halton Borough Council's Major Emergency Plan

Halton and St Helens PCT Major Incident Plan

Cheshire & Merseyside Joint Outbreak Control Plan 2011-12

Appendix 1

HALTON HEALTH AND WELLBEING PRIORITISATION TOOL

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

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

Appendix 2

The Story Behind the Priorities

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

KEY:
PHOF: Public Health Outcomes Framework
ASCOF: Adult Social Care Outcomes Framework
NHSOF: NHS Outcomes Framework
Local: local indicator identified in the JSNA
Some indicators in the national outcomes frameworks are not currently collected. Technical specifications for the indicator and ways of collecting the information locally are currently under review. These are known as Placeholder indicators and are included in this section in *italics*.

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

Health & Wellbeing Priority – Mental Health

What is the issue?

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

Why did we choose it as a priority?

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

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

What are we currently doing?

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

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

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

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

Outcomes: what would success look like?

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

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

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

Indicators of success

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

Health & Wellbeing Priority – Cancers
What is the issue?

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

Why did we choose it as a priority?

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

What are we currently doing?

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

Link to existing action plan:

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

Outcomes: what would success look like?

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

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

Indicators of success

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

Health & Wellbeing Priority – Child Development

What is the issue?

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

Why did we choose it as a priority?

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

What are we currently doing?

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

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

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

Outcomes: what would success look like?

1. **All children would have access to and take up the full Healthy Child Programme**

2. **Improved percentage of children with a good level of development at age 5.**

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

Indicators of success

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

Health & Wellbeing Priority – Falls

What is the issue?

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

Why did we choose it as a priority?

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

What are we currently doing?

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

The current falls service covers:

1. Prevention – raising awareness for the public and professionals as well as on-going training and support.

    - Training for professionals to raise awareness of the issue of falls and what support is available
    - Support to the APEX postural stability courses (currently a 15 week course delivered by the Health Improvement Team, with a 25 week follow up period).

2. Assessment and service delivery – this covers community, hospital, residential care and domiciliary care.

    - Falls assessments
    - Integrated working to ensure the patient receives the most appropriate care package to meet their needs.

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

Outcomes: what would success look like?

1. Reduction in the risk of falls at home amongst older people

2. Reduction in hospital admissions due to falls

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

Indicators of success

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

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

Health & Wellbeing Priority – Alcohol

What is the issue?

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

Why did we choose it as a priority?

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

What are we currently doing?

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

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

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

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

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

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

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

- Facilitate behaviour and culture change.

- Enlist the support of the local communities (including the business community) to tackle our key priorities

- Combine the efforts of the Key partners and Stakeholders to targeted help for those with greatest need

- Support key frontline professionals to identify alcohol problems early, offer an intervention and be supported by a robust care pathway

Outcomes: what would success look like?
1. Reduction in the number of people drinking to harmful levels
2. Reduction in the rate of alcohol-related hospital admissions
3. Reduction in the level of social disruption and harm due to alcohol consumption

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

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

Indicators of success

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

REPORT TO:	Children, Young People & Families Policy & Performance Board
DATE:	29 October 2012
REPORTING OFFICER:	Strategic Director, Children & Enterprise
PORTFOLIO:	Children, Young People and Families
SUBJECT:	Halton Children & Young People's Plan Annual Review 2012
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 This report seeks Board endorsement of the 2012 Annual Review of the Halton Children & Young People's Plan 2011-14. This Review was formally approved by Halton Children's Trust Board in May 2012.

2.0 RECOMMENDATION: That:

i) Notes the contents of the report; and

ii) Endorses the Annual Review document.

3.0 SUPPORTING INFORMATION

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

3.2 The CYPP is a core element within the overall vision for the borough, as contained within the Sustainable Community Strategy.

3.3 Halton's first CYPP was published in 2006, covering a three year period to 2009. The second CYPP for Halton was published in 2009 and ran until March 31st 2011.

3.4 Although the Coalition Government removed the statutory footing for Children's Trusts in July 2010, it did reconfirm its commitment to

working in partnership to improve outcomes for children and young people through locally agreed partnerships. The reforms allow each local authority area to agree its own way forward in terms of delivering children and young people's services. The duty for partners to co-operate will continue, but the list of statutory partners reduced to remove the bureaucracy surrounding Children's Trusts or similar local partnerships for partners, and in particular schools.

3.5 Following the announcement of the reforms, the future of Halton Children's Trust was discussed at both the Children's Trust Board and Executive Group. At both there was universal agreement from all partners for the Trust to continue in its current format, as the overarching multi agency body that contains all children & young people's services in Halton. This reflects the breadth and strength of partnership working across the children & young people's agenda in Halton, as well universal understanding of the need to continue to work in partnership in the challenging economic climate currently faced.

4.0 POLICY IMPLICATIONS

4.1 The Children's Trusts reforms in essence brought a reversal to the pre-April 2010 status of Children's Trusts.

4.2 The reforms removed the requirement to produce a CYPP. With agreement to continue the Children's Trust arrangements came the need for a CYPP to provide strategic direction and so a third CYPP for Halton was developed within the Children's Trust for a three year period from 2011-14. Following extensive consultation, the priorities for Halton Children's Trust for the period 2011-14 were agreed as

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

4.3 The current CYPP is framed around these priorities.

4.4 Until July 2010, the need to have a CYPP in place included a requirement to review the Plan on an annual basis. For both previous iterations of the CYPP an annual review was undertaken each year. Although, this is no longer a national requirement, a proposal to undertake an Annual Review of the CYPP was approved by Halton Children's Trust Board in February 2012. The Review is a good practice exercise to reflect on the work undertaken by Halton Children's Trust over the last 12 months and ensure the CYPP remains fit for purpose.

4.5 The Annual Review is a short summary document that provides a supplement to the CYPP. It is not intended to replace the CYPP. The Review is primarily web based, available on the Halton Children's Trust website (www.haltonpartnership.net/childrenstrust) but printed documents are available for partners on request and for distribution at events.

4.6 The Review contains:

- An introduction and explanation of what Halton Children's Trust is, as well as the purpose of the CYPP and the Annual Review.
- An overview of each overarching priority, what it means, the key achievements over the last 12 months and areas of focus in the year ahead.
- Progress so far against each Promise contained within the CYPP, which acts as the action plan for Halton Children's Trust.
- An update on national policy development, with particular focus on the new Ofsted Inspection Framework and what this means for Halton. The new Framework has a particular focus on ensuring evidence can be provided on the views of all stakeholders and also the 'journey of the child.' To support this, the Review provided an opportunity to map the potential journey of a child through services within Halton Children's Trust and Halton Safeguarding Children Board. The diagram on page 7 of the Review maps services in Halton across the full age range within the context of the Halton Levels of Need Framework.
- Headline success stories from across Halton Children's Trust.

4.7 The Review document was approved by Halton Children's Trust Board in May 2012.

4.8 Work on the Review was led by the Principal Children's Trust Officer, in conjunction with relevant leads for each section of the Review as appropriate.

5.0 OTHER/FINANCIAL IMPLICATIONS

None

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

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

outcomes for children, young people and their families in Halton. This Annual Review provides a progress update after Year 1 of the three year Plan

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

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

6.3 **A Healthy Halton**

Although there is no longer a specific Health priority within the CYPP, Health remains a clear priority for the Children's Trust within the three priorities, fully involved and leading on working within each. Health indicators also remain a key element of the Performance Management Framework that supports the CYPP. Halton Children's Trust is closely involved within the development currently of the Shadow Health & Wellbeing Board and structures that sit underneath it.

6.4 **A Safer Halton**

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

6.5 **Halton's Urban Renewal**

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

7.0 **RISK ANALYSIS**

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

7.2 The absence of a CYPP would:

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

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

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 An Equality Impact Assessment undertaken on the document showed that there are no negative impacts on any individuals and groups within Halton as a result of the Plan. The Children & Young People's Plan facilitates positive action for children and young people overall in Halton and for particular groups of children and young people as appropriate.

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

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

Halton Children & Young People's Plan

2011- 2014

Annual Review 2012

Halton Children's Trust

"Working together to make the difference

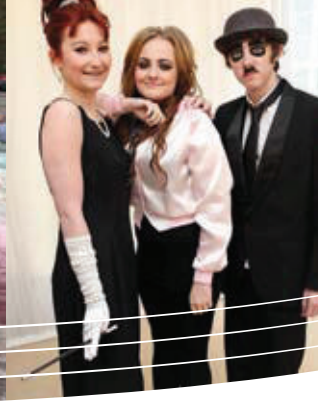
Introduction

Halton Children & Young People's Plan Annual Review 2012

The Halton Children & Young People's Plan 2011-14 is the joint, strategic, overarching plan for all partners within Halton Children's Trust, and the services they provide for children and young people in Halton. It describes how partners will work together to improve outcomes for our children and young people, setting out the long term vision for improving their health and wellbeing. This Plan establishes the strategic priorities for Halton Children's Trust until 2014 and supports the development of integrated and effective services to secure the best possible outcomes for our children and young people.

This Annual Review document is a supplement that provides an update on:

- Progress towards achieving the Children's Trust's strategic priorities.
- The 14 Children & Young People's Plan promises, that together form the Trust's action plan
- Policy development, in particular focusing on how these affect the journey of the child or young person through services within Halton Children's Trust
- Success stories of Halton Children's Trust over the last 12 months



What is Halton Children's Trust?

Halton Children's Trust was established in 2008 and is a partnership of all public and voluntary sector organisations, in conjunction with representatives of parents, carers, children and young people, working together to meet the needs of and improve outcomes for all children, young people and families in Halton.

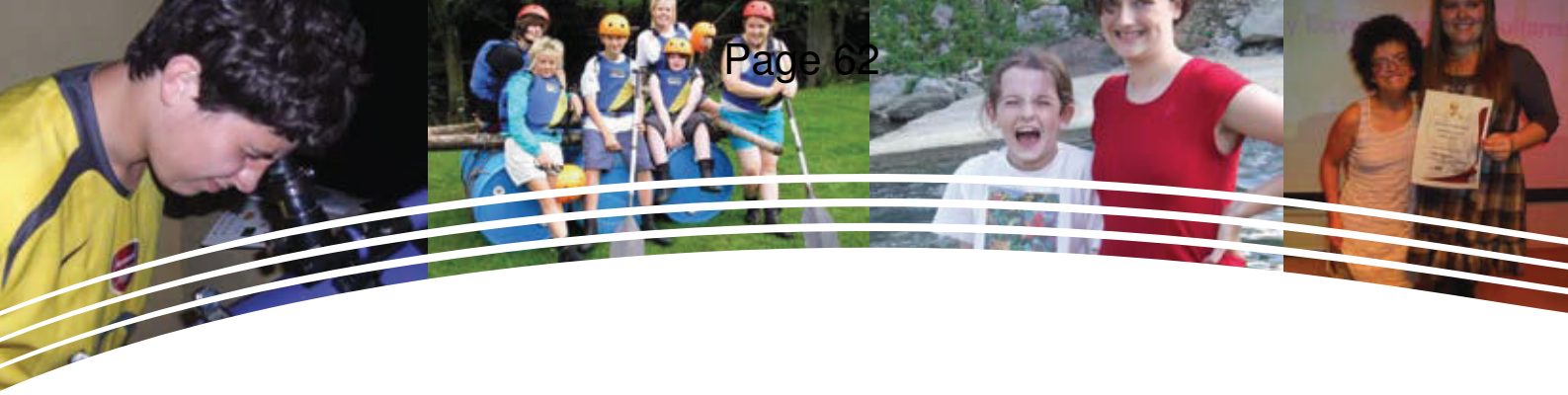
We believe that this can be done more effectively by all agencies and organisations working together. To achieve our aims, the Children's Trust partners need to be able to work in a co-ordinated way. Our Children & Young People's Plan makes this co-ordination possible and focuses this partnership work on our key priority areas.

Halton Children's Trust Priorities

Halton Children's Trust has three overarching strategic priorities around which the Children & Young People's Plan has been developed. They are:

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

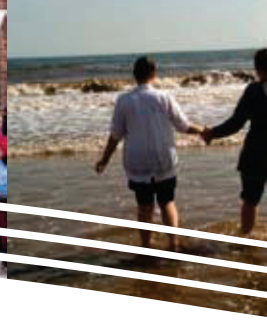
The table overleaf outlines the progress made within each priority during 2011/12, and key areas of work for 2012/13.



A. Improve outcomes for children and young people through embedding integrated processes to deliver early help and support	
What is it?	Delivery of services in an integrated way to ensure children and their families get coordinated help and support when needed at the right level within the Halton Levels of Need Framework.
2011-12 Key Achievements	· Principles of Early Help and Support have been developed and adopted by all Halton Children's Trust agencies · Early Help event held and attended by over 120 multi-agency frontline practitioners · Co-location of multi-agency staff at Warrington Road Children's Centre working within Early Help & Support model. · A new package of Early Help training provision for all Halton Children's Trust agencies has been launched following review of Early Help/CAF procedures. · Early Help Panel launched to add additional capacity and link to other multi-agency panels in Halton. · Research undertaken into existing Halton Levels of Need Framework and agreement given for framework to be revised.
Key Work for 2012-13	· Embed new Team Around the Family structures · Further develop and embed Early Help Panel arrangements · Review Halton Levels of Need Framework in light of research findings · Continue to strengthen links with Halton Safeguarding Children Board in scrutinising the development of Early Help and Support. · Ensure all Children's Trust workforce staff equipped with core skills to develop Early Help.

B. Improve outcomes for children and young people through effective integrated commissioning	
What is it?	Ensuring all partners within Halton Children's Trust jointly plan and decide which services should be commissioned to meet the needs of children, young people and families in Halton. By securing and monitoring services together we can avoid duplication and get the best value for money.
2011-12 Key Achievements	· Mapping of all Children in Care from Other Local Authories (CiCOLA's) in Halton undertaken and impact of commissioned services evaluated. · Evaluation of 25 nationally recommended early intervention programmes undertaken and mapped against provision in Halton. · Redesign of youth provision to ensure improved, targeted provision by splitting into three elements · Progress against five agreed Halton Children's Trust commissioning priorities monitored and evaluated.
Key Work for 2012-13	· Redesign local early intervention provision from pre-birth to 19 based on research findings · Ensure smooth transition to new commissioning arrangements as Health & Social Care Act 2012 implemented. · Embed and coordinate principles of Troubled Families Initiative across Halton Children's Trust
C. Improve outcomes for our most vulnerable children and young people by targeting services effectively	
What is it?	Targeting of services towards the needs of our most vulnerable children to ensure they are getting the right support. Vulnerability could be caused by characteristics or by circumstances.
2011-12 Key Achievements	· Analysis of Children in Care's educational needs undertaken and additional support implemented. · Development of Early Years Strategy · Agreed relevant indicators to monitor child and family poverty in Halton. · Analysis of vulnerability factors undertaken to agree method of weighting importance of and links between each. · Agreement with schools for universal minimum bursary payment for low income families. · Redesign of Information, Advice & Guidance provision from 2012.
Key Work for 2012-13	· Support development of new curriculum offer · Development of database that filters vulnerability factors in each case. · Research into the causes of the gap in achievement between those young people that are and are not on free school meals. · Establishment of integrated Early Years Team





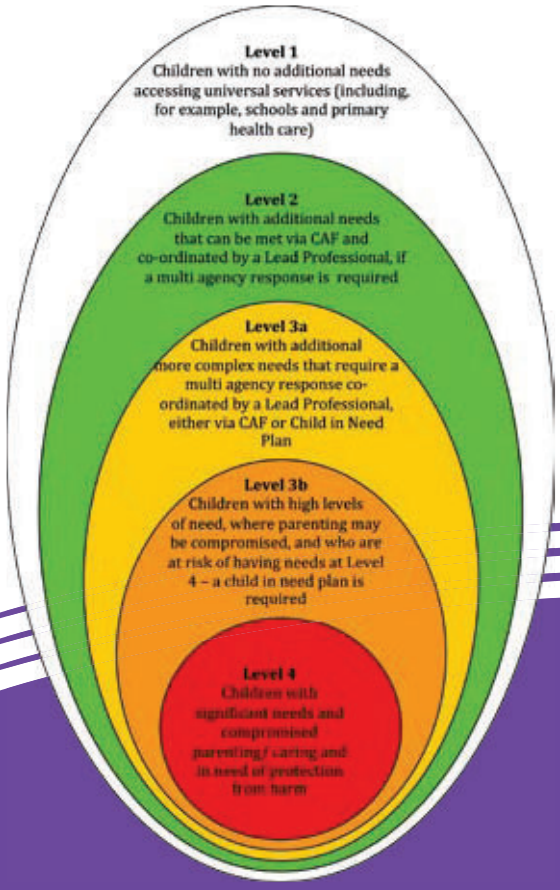
The Journey of the Child

From 2012, Halton, like all local authority areas, will need to be familiar with a new Ofsted inspection framework. A key element of this framework is a focus on the journey and experience of the child through services. As part of its everyday work within this framework, Halton Children's Trust will focus on ensuring that the views of children, young people and their families are captured at every opportunity to inform future commissioning, priority setting and inspection processes.

As a Children's Trust we ensure that each step on that journey involves a seamless experience of multi-agency working and an unrelenting focus on the outcomes we need to achieve.

To give context for this work, the diagram overleaf outlines the services that a child, young person and their family might encounter on their 'journey' through childhood. This is set against the Halton Levels of Need Framework. The diagram is not an exhaustive list but tries to highlight some of the main services and agencies that could be involved with a child, young person and their family, depending on the nature of their needs. The journey is split into sections for the purposes of the diagram but the joint working by partners through Halton Children's Trust and Halton Safeguarding Children Board ensures support for all children, young people and their families across the full age range at each stage of the Framework is as seamless as possible to give the best possible outcomes for all.

The Halton Levels of Need Framework is explained in full within the Halton Children & Young People's Plan but the diagram below provides a useful summary.



In essence, the work of the Children's Trust focuses on levels 1 – 3a of the framework. Levels 3b and 4 are the remit of Halton Safeguarding Children Board (HSCB). The two work closely together to ensure a smooth transition between each level and this relationship is outlined in the Children's Trust/HSCB Joint Working Protocol, which is available on the Children's Trust website. (www.haltonpartnership.net/childrenstrust).

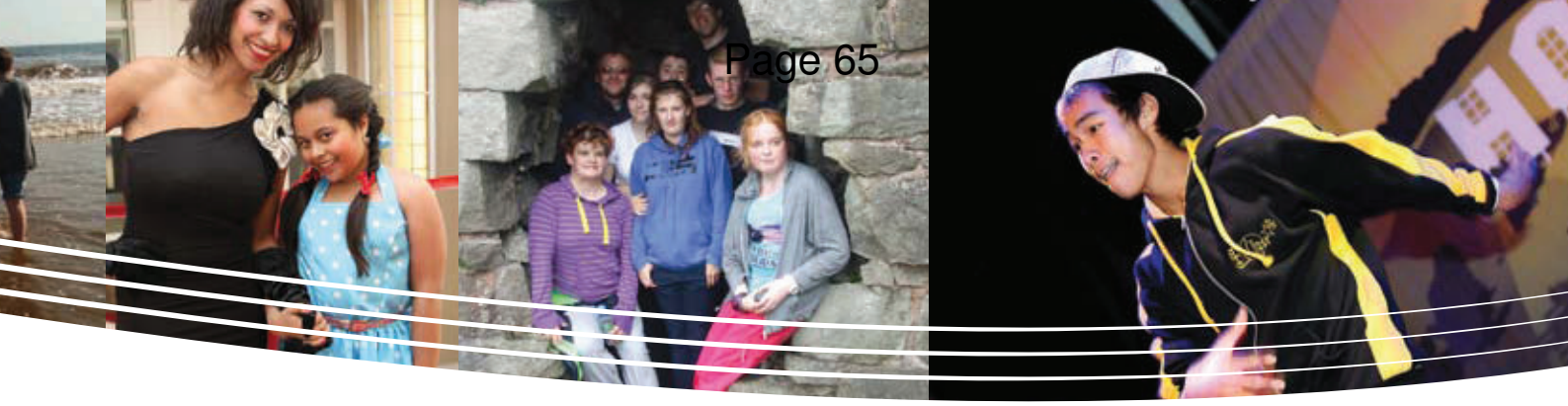
Level 1 – Children and young people whose needs are being met through universal services available to all

Level 2 – Additional needs that have been identified that can be met through a CAF or discussions within or across agencies.

Level 3a – More complex needs have been identified. A co-ordinated multi agency approach to addressing these can be facilitated by the Integrated Working Support Team

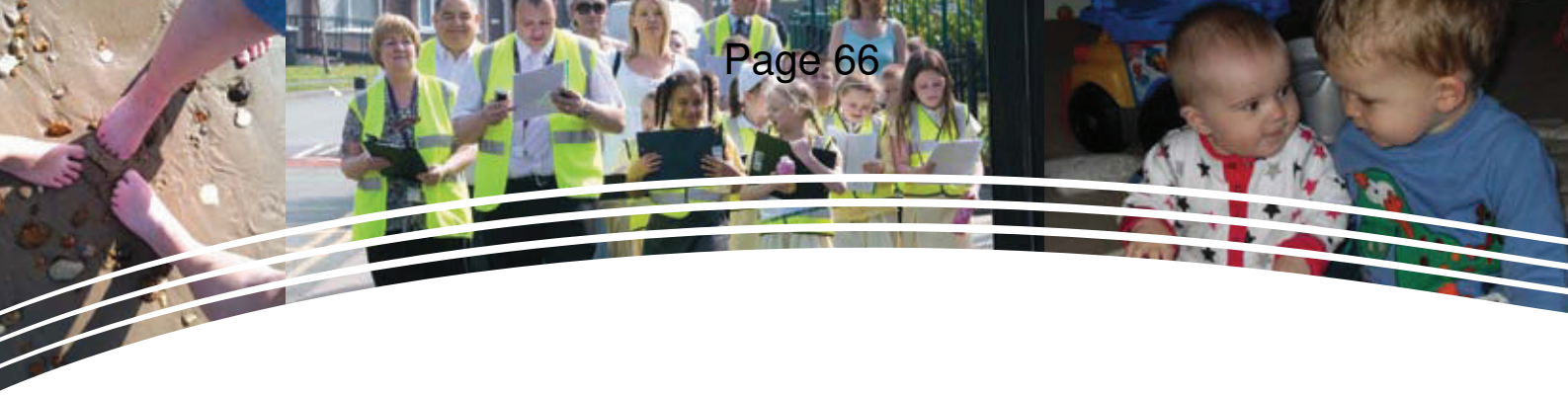
Level 3b – Higher levels of need which require contact to be made with Children's Social Care

Level 4 – Children and young people identified as being in need of immediate protection



Supporting a child's journey through the continuum of need

	Pre-birth – 4	Age 5 - 9	Age 10 - 14	Age 15 - 19
Key Statistics	· **Population - 8,200 (0-4 year olds, 2010) 26.8% of young people** · **6.9% of Halton population**	· **Population - 7,300 (2010) 23.9% of young people** · **6.1% of Halton population**	· **Population - 7,300 (2010) 23.9% of young people** · **6.1% of Halton population**	· **Population - 7,800 (2010) 25.5% of young people** · **6.5% of Halton population**
Level 1 – universal services *Halton Children's Trust lead*	· Midwifery · Health Visitors · GP services · Early Years · Children's Centres · Primary Child & Adolescent Mental Health Services (CAMHS) · Voluntary/Faith/ Community Sector	· Schools · School Nursing · GP services · Healthy Schools · Children's centres · Primary CAMHS · Voluntary/Faith/ Community Sector	· Schools · School Nursing · GP services · Healthy Schools · Youth Provision · Primary CAMHS · Voluntary/Faith/ Community Sector	· Schools/ college · School Nursing · GP services · Healthy Schools · Connexions · Youth Provision · Sexual Health/ TP Services · Primary CAMHS · Voluntary/Faith/ Community Sector
Level 2 – additional needs *Halton Children's Trust lead*	· Team Around the Family (TAF) · Inclusion · Health Visitors · Additional Health/ education needs · Primary/Tier 3 Specialist CAMHS · Youth provision · Voluntary/Faith/ Community Sector	· TAF · Inclusion · Additional Health/ education needs · Primary/Tier 3 Specialist CAMHS · Youth provision · Voluntary/Faith/ Community Sector	· TAF · Inclusion · Additional Health/ education needs · Primary/Tier 3 Specialist CAMHS · Youth provision · Voluntary/Faith/ Community Sector	· TAF · Inclusion · Connexions · Additional Health/ education needs · Primary/Tier 3 Specialist CAMHS · Youth provision · Voluntary/Faith/ Community Sector
Level 3a – more complex needs *Halton Children's Trust lead*	· TAF · Inclusion · Primary/Tier 3 Specialist CAMHS · Health Visitors · More complex health/ education needs · Voluntary/Faith/ Community Sector	· TAF · Inclusion · Primary/Tier 3 Specialist CAMHS · More complex health/ education needs · Voluntary/Faith/ Community Sector	· TAF · Youth Offending Team (YOT) · Police · Inclusion · Primary/Tier 3 Specialist CAMHS · More complex health/ education needs · Voluntary/Faith/ Community Sector	· TAF · YOT · Police · Probation · Substance Misuse Services · Inclusion · Primary/Tier 3 Specialist CAMHS · More complex health/ education needs · Voluntary/Faith/ Community Sector
Level 3b – higher levels of need *HSCB lead*	· Children's Social Care · Health Visitors · Primary/Tier 3 Specialist CAMHS · Persistent, complex health/education needs	· Children's Social Care · Primary/Tier 3 Specialist CAMHS · Persistent, complex health/education needs	· YOT · Probation · Police · Children's Social Care · Primary/Tier 3 Specialist CAMHS · Persistent, complex health/education needs	· YOT · Probation · Police · Children's Social Care · Primary/Tier 3 Specialist CAMHS · Persistent, complex health/education needs
Level 4 – child protection *HSCB lead*	· Children's Social Care · Health Visitors · Police · Primary/Tier 3 Specialist CAMHS	· Children's Social Care · Police · Primary/Tier 3 Specialist CAMHS	· Children's Social Care · Police · Primary/Tier 3 Specialist CAMHS	· Children's Social Care · Police · Primary/Tier 3 Specialist CAMHS

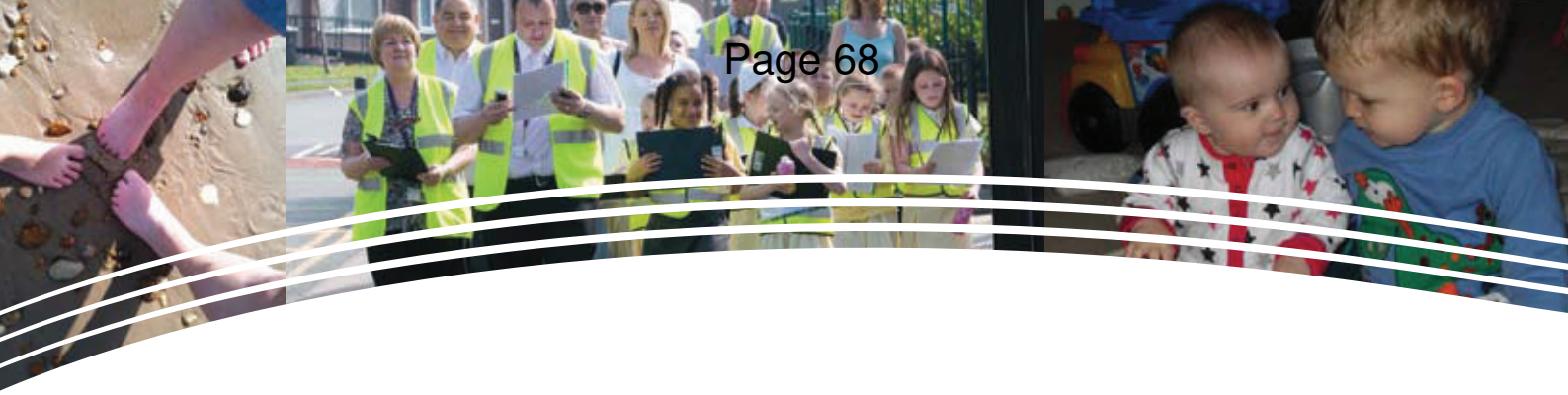


Children & Young People's Plan Promises

Halton's Children's Trust agreed the following collective promises that will be achieved during the lifespan of the current Children People's Plan. A summary of progress so far against each is outlined below. For more information please visit www.haltonpartnership.net/childrenstrust or email childrenstrust@halton.gov.uk.

Promise	2011-12 Progress
Consultation – We will engage with our children, young people and families around all issues that affect them, in ways that meet their needs and ensure their views are heard and communicate back how their involvement has been acted upon.	Halton Children's Trust has continued to improve levels and ways of engaging with children, young people and families. Examples of improved engagement include: · More opportunities to join groups within the Trust to represent themselves and their peers · Ensuring all relevant issues are taken to groups and the outcomes are fed back. · Opportunity to develop a film to show stakeholders how young people want to be consulted with.
Participation – We will endeavour to support throughout Halton active children, young people and parent / carer action groups in schools and within the community, supported by partners who provide a network of children, young people and parent / carer voice. This will ensure there is effective two way communication to shape services through, for example social networking sites, action groups, inclusive interview and commissioning panels, community events and drama and arts activities	· The development of the Joint Children's Trust and HSCB Participation & Engagement Group has given an additional opportunity for young people to participate. · More young people accessing youth provision from CRMZ in Widnes and Grangeway Youth Hub. · Redesign of youth provision from 2012 to increase the amount of activities available for young people in Halton. · The appointment of a new Parent Participation Coordinator has led to: o A rebranding exercise of the Halton Parent & Carer Forum, with universal support for new Halton Family Voice name for the Forum. o Strengthened links with community groups across Halton with identified links between each local group and Halton Family Voice Forum. o More regular Halton Family Voice Forum meetings at a wider range of times o Development of a Halton Family Voice page on the Halton Children's Trust website o Establishment of more ways to get involved, including a Facebook discussion group.

Safeguarding – We will look to ensure all aspects of equality and diversity are captured in the reporting processes within the Children's Trust and Halton Safeguarding Children Board.	· Quarterly reports on safeguarding activity now include additional detail on disability. · The Board has commissioned research analysing referrals to Children's Social Care that considers aspects of equality and diversity with, for example, vulnerable groups such as children with disabilities and children from the Traveller community.
Safeguarding – We will seek to further encourage and support children and young people's participation in informing and challenging the work of the Children's Trust and Halton Safeguarding Children Board.	· 790 children and young people responded to the Board's E-Safety survey. The responses are being used to inform E-Safety work in the borough. · Young people from the Youth Service IT Crowd designed the HSCB E-Safety leaflet. · Work is underway to set up a Young People's Governance Structure to continue to develop the Joint Children's Trust and HSCB Young People's Participation Group
Workforce development - We will, in these challenging times, continue to invest in our workforce at every opportunity to help us to achieve a more dynamic, knowledgeable and skilled workforce for the future.	Progress made within the following 4 of the 7 Key Strategic Objectives: · Acquisition of key workforce data · Introduction of an Equality & Diversity Scheme · Introduction of a number of Leadership & Management schemes · Formulation of a multi-agency Induction Programme. These will be built upon during the next 12 months, when key areas of work will include: · Launch and implementation of the multi-agency Induction Programme · Design and introduction of Children`s Trust o Skills Analysis o Competency Framework o Recruitment & Retention Charter.



Vulnerable groups – We will intervene at the right time to prevent problems for our vulnerable children and young people from developing and where problems are already present we will deliver timely interventions to prevent these getting worse.	An analysis is being undertaken to identify and target specific vulnerable groups to ensure that we intervene at the right time to prevent problems from escalating. Using current and historical analysis of vulnerable groups, a method of mapping and weighting indicators of vulnerability in terms of importance on a case-by-case basis is being developed. Using the learning from this work, the 2012/13 14-19 Strategic Commissioning Statement includes analysis and achievement of vulnerable groups.
Independent advocacy – We will ensure that independent advocacy is in place for all vulnerable groups, and in particular children in care, children with disabilities and complex needs to ensure full involvement in decision making for all our children and young people.	Halton's Children's Rights, Advocacy and Independent Visitors Service aims to provide independent advocacy support, advice and information to children and young people so their views and wishes are heard, their rights are respected, and that they are assisted if they wish to give feedback or make a complaint. The service is for children and young people aged up to 25 years who are Children in Care, Care Leavers, Children in Need, Children with Complex Needs or on a Child Protection Plan, as well as young people placed out of borough.
Child & Family Poverty – We will work to improve the life chances of children and families living in poverty by actively supporting the implementation of the Halton Child & Family Poverty Strategy and encourage our partners to contribute towards the delivery of the key objectives in the Child & Family Poverty Action Plan.	The Halton Child & Family Poverty Strategy has been launched and there is strong Halton Children's Trust involvement in both its implementation and meeting the agreed objectives contained within the Action Plan. Performance is monitored on a quarterly basis through agreed indicators.
Equality & Diversity – We will recognise and celebrate the diversity of our children and young people as well as aspects of commonality.	Halton Children's Trust Equality & Diversity Group now has representatives from all Trust partners. A comprehensive action plan has been agreed that recognises and highlights current issues. Progress in working towards equality and diversity for children and young people is reported quarterly to the Children's Trust Executive Group.
Performance – We will scrutinise and challenge all agencies working with Children, Young People and their families to improve outcomes using robust performance management.	A new performance report card has been developed in line with the priorities of the Trust. This enables each sub-group to monitor performance, challenge and support agencies to improve performance and share good practice. This is reported to the Children's Trust Executive Group and Trust Board, enabling challenge and scrutiny at a strategic level. The report card is aligned against outcomes, allowing all agencies to understand the link to improving outcomes for children and families from the services they commission and deliver.



Levels of Need Framework – We will review Halton's Levels of Need Framework utilising the learning from Team around the Family.	Independent research has been undertaken into the existing Halton Levels of Need Framework and this will be used to inform the development of a new Framework for Halton Children's Trust. The new Framework will be launched by April 2013.
Early Help and Support – We will endeavour to meet the needs of children, young people and their families as early as possible using local services that are sensitive to all issues.	Halton Children's Trust's model of early help and support is Team Around the Family. All partners are committed to providing support to families in need, as soon as additional needs are identified, and have signed up to a set of values and principles regarding early help. The overall aim is to identify needs early and deploy the right resources to help prevent needs from escalating. This is achieved via close partnership working and using holistic assessments where appropriate, that address the needs of the whole family.
Early Help and Support – We will ensure that children, young people and their families can access the additional and specialist services they require through the same initial point of access.	A key feature of Team Around the Family is the 'front door' to early help through universal services and Integrated Working Support Teams. Professionals can contact these Teams for advice and guidance when working with families with additional needs. Social Work capacity has been secured within these teams, meaning that when needs arise, families can access more specialist services smoothly. A key priority of the Social Work role is to ensure a smooth transition, with no requirement to go through another point of access.
Integrated Commissioning – We will ensure that our Children's Trust priorities and the wishes of our communities are at the heart of all integrated commissioning decisions	As one of the key strategic priorities for Halton Children's Trust, all commissioning decisions are taken with the needs of our communities in mind. Integrated commissioning has been undertaken with a particular focus on the agreed Halton Children's Trust commissioning priorities but has extended into more areas of focus and will continue to do so.
Play – We will support all children and young people to be able to participate in and enjoy play in their local area.	The redesign and development of challenging and stimulating play areas during the last few years has greatly improved play opportunities throughout Halton. By having access to a broader range of good quality play throughout the year for all children & young people we have been able to support and develop participation across the full age range.

Success Stories

Below are just some examples of success stories from across Halton Children's Trust over the last 12 months. More detail can be found on the Halton Children's Trust website – www.haltonpartnership.net/childrenstrust

The Hive Transport Debate

The Young People's Travel Forum organised an event in December 2011 to discuss access to The Hive Leisure Park in Widnes. The debate involved young people from across the borough, and was attended by representatives from Transport Policy, Highways and local bus companies. Among the key issues discussed were the lack of public transport access to the development, and safety issues with pedestrian road crossings. As a direct result of the campaign, a new bus service has been implemented linking The Hive with the main terminal in Widnes town centre and improvements have been made to signage for the pedestrian routes. The Young People's Travel Forum has made a real difference not only for their peers but for the wider population accessing the park.

Integrated working at Warrington Road Children's Centre

A successful pilot project for co-location of services has been implemented at Warrington Road Children's Centre. Health visiting services, together with speech and language therapy, midwifery, school nursing, health improvement and family support are being delivered from one location, improving access for children and families. The project has also improved partnership working between organisations and helped teams to engage with vulnerable families, providing early help and support

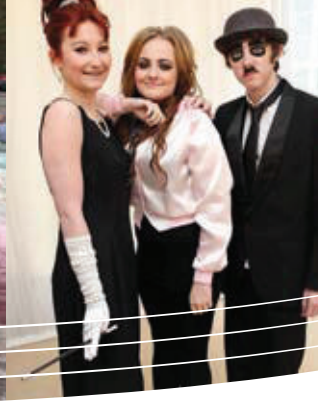
Prince's Trust Success in Halton

Cheshire Fire & Rescue Service supported 11 Halton young people to successfully complete The Prince's Trust Programme during 2011-12. All have since progressed to positive destinations, with two enrolled at college and nine having found full-time employment

Halton Bright Sparks

Halton's Bright Sparks Group is a group of young disabled people involved in working with agencies to develop services for disabled children in Halton. They are supported by Halton Speak Out and have been involved in number of consultation and development sessions in the last 12 months on issues such as the Disability Green Paper, the Halton Short Breaks Statement, the tender process for new short breaks services contracts and development of Halton's Children and Young People's Plan.

The group have developed a kite mark system to enable disabled young people to assess the suitability of services provided in the Borough to meet the needs of disabled children and young people including those who have more complex needs. The group have received training to deliver the scheme and have chosen leisure services as the first area to assess. Certificates will be awarded to those providers who they assess as delivering disability friendly quality services. Any providers who may not meet the required standard will be offered an opportunity to work with the group to improve their service and gain the award.



Young People's Success in National Citizen Service Awards

Young people involved in the National Citizen Service pilot project attracted two national awards under the Catch 22 banner – best NCS project and best NCS DVD: they were also announced regional winner for best NCS project and, through vInspired, Paul Wright, one of the Canal Boat Adventure Project's young founder members, was announced best youth worker – regional. CBAP was the lead organisation for NCS Halton, working in partnership with Halton Youth Offending Team and Young Addaction Halton.

Young people from Halton enjoyed both award ceremonies in London and they have stayed together as a group and are making a great impact on young people's lives across the borough.

Halton Children Play Smoke Free

Halton was the first area in Cheshire and Merseyside to sign up to a voluntary code that discourages people from smoking in play areas designed for children. 71 play areas are covered by the Play Smoke free Code, which was developed by local heart health charity Heart of Cheshire in partnership with the Health Improvement Team, NHS Halton and St Helens, Cheshire and Merseyside Tobacco Alliance and Halton Borough Council. The code already has strong support from local residents. Research shows that reducing child exposure to smoking decreases the uptake of smoking amongst young people in the long-term.

Substance Misuse Treatment Plan.

During summer 2011 Halton Children's Trust received commendation from the National Treatment Agency on the recent work on Substance Misuse. This highlighted the effective partnership work which had taken place across the Trust with regards to provision and delivery of substance misuse treatment services, and the effectiveness of planning and commissioning arrangements.

High Performing Halton Schools

A report by 'The Times' ranked three Halton schools in the top 100 nationally. The publication ranked schools taking SATs at Key Stage 2, level 3 between 2008 and 2010 based on their aggregate scores in Maths and English. Pewithall Primary School in Runcorn came in at number 22 - just three points below top, with Castle View at number 30 and St Bedes at number 72.

GCSE Results

In 2011, Halton's GCSE results continued the trend of improvement over the last six years, again achieving the best ever results for the Borough. Overall, 86.6% achieved 5 A*-C's, with 56.3% achieving 5 A*-C's including English and Maths. The latter figure is a rise of six percentage points on 2010 levels. The 5+ A*-C grades has increased by 34% since 2005/06 and continues to perform well above both Regional and National averages. The increase including English & Maths has been by 23% since 2005/06.

Supporting voluntary and community groups

Since 2011 Halton Children's Trust has provided funding to local voluntary and Community groups via Halton Integrated Youth Support Services, to enable young people aged 10-19 in Halton to have access to positive activities and events. Grants awarded have been for a variety of activities, including sports, after school clubs, educational trips, youth advice projects, restoration of buildings and purchase of equipment for short breaks. Funding is aimed at sustainable activities, which provide a springboard to longer-term provision, particularly where there are service.

Level 2 and Level 3 Attainment

Halton has continued to achieve significant improvements in attainment at Level 2 and Level 3 by age 19. At Level 2, Halton recorded the highest annual increase anywhere nationally in 2010, and this level of achievement was exceeded in 2011, with 82.8% of the cohort achieving a Level 2 qualification. At Level 3, Halton again had record levels of achievement by the cohort in 2011, with 51.2% achieving this Level, a 9% increase on 2010.

Halton Blitz Programme Helps Tackle Anti-Social Behaviour

The Halton Blitz programme was developed to provide a range of positive activities for children and young people during school holidays. The programme includes sport, art, drama and educational sessions provided from bases including youth centres, CRMZ in Widnes and HRMZ in Runcorn, plus the Canal Boat Project and the VRMZ outreach bus.

Activities take place from 9am until 10pm each day during school holidays and are free. Antisocial behaviour by young people has dropped significantly during the programme, according to analysis by Cheshire Police, which made a direct correlation between the provision of youth services and a drop in incidents.

Riverside College is one of the top ten colleges in the country!

The Department for Education have published the 2012 performance tables showing that Riverside College is rated 4th overall nationally, and the number 1 college in the area on their quality measure!

Young People's Involvement DVD

Following feedback from practitioners, young people from groups across Halton worked together to produce a DVD on engagement and involvement for the annual Children's Trust/HSCB Joint Event for frontline practitioners in March 2012, The DVD, produced in a Big Brother diary room-style format, looked at the methods of involving young people that work well, which methods should be avoided, what young people are looking for when engaging with professionals and what could be improved. All young people involved in the production of the DVD were extremely enthusiastic and the film was well received at the Joint Event. The ideas and advice given will be put into practice during 2012-13. The video can be viewed online via the Halton Children's Trust website or directly at http://www.youtube.com/watch?v=pLGBeWOs0DI.

This Review was completed by:
Mark Grady and Karen Hickey
People & Communities Policy Team
Halton Borough Council on behalf of Halton Children's Trust

For more information please contact Halton Children's Trust in any of the following ways:
Email: childrenstrust@halton.gov.uk
Tel: 0151 511 7396
www.haltonpartnership.net/childrenstrust

REPORT TO:	Children, Young People & Families, Policy & Performance Board (PPB)
DATE:	29 October 2012
REPORTING OFFICER:	Strategic Director, Children & Enterprise
PORTFOLIO:	Children, Young People and Families
SUBJECT:	Halton Borough Council progress towards Raising the Participation Age (RPA)
WARD(S):	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide Members with an overview of the latest Department for Education (DfE) policy regarding the raising of the Participation Age to age 17 by 2013 and to age 18 by 2015.

2.0 RECOMMENDATION: That

(1) Policy & Performance Board note the report.

3.0 SUPPORTING INFORMATION

3.1 The Government is increasing the age to which all young people in England must continue in education or training, requiring them to continue until the end of the academic year in which they turn 17 from 2013 and until 18 years old from 2015.

3.2 Raising the Participation Age (RPA) does **not** mean young people must stay in school. They will be able to choose from one of the following options post-16:

- Full-time education, such as school sixth form, college or work-based learning
  or
- An Apprenticeship
  or
- Part-time education or training if they are employed, self-employed or doing at least 20 hours or more a week volunteering

3.3 RPA will mean that all young people are given the opportunity, provision and support they need to learn and participate after age 16. Remaining in learning for longer aims to;

- Help develop the skills needed for adult life
- raise aspirations and expectations
- increase income earning potential
- encourage positive attitudes towards lifelong learning

3.4 The first cohort of young people to which RPA applies started Year 11 in

September 2012 – these young people will be required to continue in post-16 education or training until the end of the academic year in which they turn 17.

3.5 The government is currently developing concise statutory guidance for Local Authorities (to be published in Autumn 2012) and focused secondary legislation to be laid before Parliament by early 2013.

3.6 DfE published RPA figures for Halton showing that in June 2012, 88.4% of 16 year olds and 83.3% of 17 year olds were engaged in education and training. The group of young people not participating includes those in jobs without training and some of the most vulnerable young people.

3.7 The proportion of 16 and 17 year old Halton young people Not in Education, Employment or Training (NEET) is currently around 8%, equivalent to 240 young people. In addition, in July 2012 6.6% of Halton 16-18 year olds were in employment without training, an increase from 5.1% from the same period in 2011.

What RPA means for Local Authorities and Schools

3.8 The Education and Skills Act places duties on Local Authorities in relation to RPA. LAs will be required to:

- Promote the effective participation in education or training of all 16 and 17 year olds resident in their area; and
- Make arrangements to identify young people resident in their area who are not participating.

3.9 In Summer 2013 Local Authorities will become legally responsible for promoting participation and for making arrangements to identify those not participating.

3.10 This will complement the Local Authorities' existing duties to secure sufficient suitable education and training provision for all 16-19 year olds and to encourage, enable and assist young people to participate.

3.11 DfE plan to report on the success of schools and colleges in ensuring all their learners progress into further training, employment or university through the publication of 'Destination Measures' as part of the School league tables.

3.12 From September 2012 schools, colleges and providers are required to secure independent, impartial careers guidance for their learners to support them to make the right choice to progress.

3.13 Given that, at 16, young people should be starting to make – and take responsibility for – their decisions that affect their future, DfE have decided that the legal requirement to participate will be on the young person.

What RPA means for Employers

3.14 Employers of 16 and 17 year olds (for 20 hours or more a week and for 8 or more weeks in a row) become legally responsible for checking the employee is enrolled

in appropriate training before starting work, and agreeing reasonable hours to allow them to attend the training. (Summer 2013 onwards).

3.15 As part of the DfE consultation, it emerged that plans to potentially fine employers for employing 16-17 year olds without training might discourage them from hiring young people altogether. DfE decided that the planned powers to fine employers within the RPA legislation will not be commenced in 2013.

Halton Position

3.16 In June 2012, the proportion of Halton 16-18 year olds in NEET was 9.5%, a 2.1% reduction compared to last year. The NEET Strategy Group meets half termly to oversee and direct the strategy for NEET young people and monitor the delivery of the Halton NEET action plan. Task and Finish Groups meet to review barriers to participation through the review of latest datasets and data sharing agreements between services.

3.17 A Data Management Group meets to analyse and review the current NEET cohort and refer young people to NEET Case Conferencing meetings where they are matched with potentially suitable training providers.

3.18 A pilot is taking place with a secondary school to work with a small number of young people in year 9 who are believed to be vulnerable to becoming NEET with the aim of reducing the risk of them not engaging in provision post-16.

3.19 An emerging issue relating to RPA requirements is that an increasing number of young people are entering into jobs without training without regard for RPA legislation.

3.20 The 14-19 Division and the Employment, Learning & Skills Division will continue to work with schools to inform young people, parents and employers of the change in legislation that RPA has brought about.

4.0 POLICY IMPLICATIONS

4.1 Council Corporate plan, Children and Young People's plan and Employment, Learning and Skills Strategies have key priorities to raise aspirations of young people and increase local employment opportunities for local young people and adults.

5.0 OTHER IMPLICATIONS

5.1 The 11-19 Partnership members are involved in the planning and delivery of provision for 14-19 learners in Halton. They will enable Halton Borough Council to implement RPA requirements.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

Meeting the RPA requirement supports key priorities to ensure that Children and Young People do well wherever they live and provides opportunities for young people to be successful when they leave school by raising aspirations of young people.

6.2 Employment, Learning and Skills in Halton

RPA has a strong focus on Halton's key priorities to;

- Reduce the number of young people Not in Education, Employment and Training (NEET)
- Increase the number of Halton young people achieving Level 2 and Level 3 qualifications

6.3 A Healthy Halton

Will create opportunities to reduce NEET, young people in NEET are more at risk of ill health

6.4 A Safer Halton

Young People who are not engaged in education, employment or training are more likely to be involved in criminal activity

6.5 Halton's Urban Renewal
n/a

7.0 RISK ANALYSIS

7.1 Failure to implement RPA within the borough will lead to a mix and balance of provision driven by providers' priorities and may not meet the needs of young people or employers

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Halton Borough Council has a statutory duty to secure that enough suitable education and training is provided to meet the reasonable needs of:-

(a) Persons in their area who are over compulsory school age but under 19, and
(b) Persons in their area who are aged 19 or over but under 25 and are subject to a learning difficulty assessment

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

9.1 N/A

REPORT:	Children, Young People and Families Policy and Performance Board
DATE:	29 October 2012
REPORTING OFFICER:	Strategic Director, Children & Enterprise
SUBJECT:	Summary of Educational Attainment and Progress 2012
WARDS:	Borough-wide

The 2012 data remains un-validated until publication of performance tables later this term. There is therefore no national data available at this stage to enable comparisons with national performance. Headline data relates to the LA's performance with a more detailed report, including gender analysis, to be presented at a future meeting.

1.0 PURPOSE OF REPORT

To provide a headline report for Members on Halton's 2012 school performance data for Early Years Foundation Stage Profile and Key Stages 1 to 4.

2.0 RECOMMENDED THAT:

Members note the attainment of the children and young people in Halton schools for the 2011 / 12 academic year

3.0 SUPPORTING INFORMATION

3.1 Early Years Foundation Stage Profile

The Foundation Stage Profile is a continual assessment of a child's ability and is undertaken throughout reception. It is based on observation of a child's development in 6 key areas of learning which are Personal, Social and Emotional Development (PSED); Communication Language and Literacy (CLL); Problem Solving Reasoning and Numeracy (PSRN); Knowledge and Understanding of the World (K & U); Creative Development (CD) and Physical Development (PD). Children are assessed against a 9 point scale with a score of 6+ considered to be 'secure' knowledge. The key national indicator is a score of 6+ in both PSED and CLL.

3.2 Personal Social and Emotional Development

In 2012, 77% of the cohort achieved 6+ points in PSED. This is 4.4% increase on last year's performance.

3.3 Communication, Language and Literacy

In 2012, 58% of the cohort achieved 6+ points in CLL. This is 6.4% increase on last year's performance. This is very pleasing given the focus upon developing children's literacy skills through the implementation of a range of programmes.

3.4 PSED and CLL

In 2012, 54.3% achieved 6+ points in both CLL and PSED. This is 6% higher than last year.

Halton attainment	2010	2011	2012	Comments
% achieving at least 78 points across EYFSP	74.1	71.9	**76**	Following a decline in 2011, increase of 4.1%
% achieving at least 78 points and 6+ in PSE & CLL	50.4	48.1	**54.1**	Following a decline in 2011, increase of 6%
% achieving 6+ in PSE	75.3	72.6	**77**	Following a decline in 2011, increase of 4.4%
% achieving 6+ in CLL	54	51.6	**58**	Following a decline in 2011, increase of 6.4%
Average total EYFSP score	84.2	83.3	**85**	Following a decline in 2011, increase of 1.7%
Median EYFSP score	86.0	86.0	**87**	1 point increase
20th Percentile EYFSP score	73	73	**75**	2 point increase

3.5 Early Years Foundation Stage Profile Total Score

In 2012, 76 % of children achieved at least 78 points across EYFSP. This is 4.1% higher than last year.

54.1% of the cohort achieved at least 78+ points *and* 6+ in PSE and CLL. This is an increase of 6%.

3.6 Closing the gap

The gap has been narrowed across the following areas compared to last year.

Lowest performing 20% of pupils in LA:

The LA % gap between the median and the bottom 20% has reduced by 0.2%.

FSM and Non FSM in (From 2011 to 2012):

- Reading gap reduced by 4.5%
- Writing gap reduced by 1.2%
- Numbers as labels for counting gap reduced by 3.3%
- Shape, space & measures gap reduced by 0.4%
- Physical development gap reduced by 1.1%
- Median EYFSP score narrowed the gap by 1%

There has been a significant investment in funding for vulnerable two year olds. Those children who have been funded at two haven't yet reached reception classes. We are anticipating further increases in achievement as a result of this early intervention.

3.7 Year 1 Phonics Testing

This year saw the introduction of a phonics screening check which involves each pupil reading a list of 40 real and pseudo-words one-to-one with a teacher they know. The pass mark which indicated that the pupil had reached the required standard was 32. 55% of pupils in Halton were working at the required standard. We do not yet have the national figure.

4.0 Key Stage 1

At Key Stage 1 a child's attainment in Reading, Writing, and Maths is assessed during Year 2.

4.1 There has been an increase in level 2b+ in reading, writing and maths in 2012:

- Reading – increase of 2.5%
- Writing - increase of 2.4%
- Maths - increase of 1.4%

	2009 (%)	**2010 (%)**	**2011 (%)**	**2012 (%)**	**Difference 2011 to 2012**	**Nat 2011**
Writing L2b+	54.9	57.8	54.4	56.8	+2.4	*60*
Writing L3+	7	9.6	8.7	9.5	+0.8	*13*
Reading L2b+	69.4	73.2	68.5	71	+2.5	*72*
Reading L3+	23.8	24.3	22.1	23.5	+1.4	*26*
Maths L2b+	72.1	71	71.3	72.7	+1.4	*73*
Maths L3+	20.9	19.1	17.7	18.3	+0.6	20

Whilst we do not have the 2012 national data, this attainment puts us broadly in line with 2011 national attainment in reading and maths, and 3% rather than 6% adrift of national writing attainment.

4.2 At the higher level 3

There has also been an increase in level 3 in reading, writing and maths in 2012.

- Reading – increase of 1.4%
- Writing - increase of 0.8%
- Maths - increase of 0.6%

This is pleasing progress, but we are still not attaining at national averages at level 3.

4.3 Children in Care

There were no children in care in Year 2 (KS1) this academic year.

4.4 Closing the Gap

The gap between attainment of pupils on FSM compared to non-FSM is as follows. (2011 figures in brackets).

2012 Level 2B+

Reading	- 23.4%	(- 26.2)
Writing	- 27.8%	(- 26.0)
Maths	- 23.8%	(- 19.3)

2012 Level 2+

Reading	-16.9%	(- 17.6)
Writing	-19.9%	(- 19.9)
Maths	-12.6%	(- 12.8)

The gap at L2B+ In reading has decreased by 2.8% but unfortunately it has increased in both Writing (1.8%) and Maths (4.6%).

At L2+ the gap has decreased in Reading by 0.7% and in Maths by 0.2% and there has been no change in the gap in writing.

5.0 Key Stage 2

At Key Stage 2 a child's attainment is assessed in English, Reading, Writing, and Maths during Year 6. Reading and maths papers are marked externally. This year saw a change to writing assessment, where rather than externally marked writing tests, results in 2012 are based upon teacher assessment. The LA now has a statutory responsibility for moderating the assessment of writing. Pupils still had to take a writing test but the results were only to be used to support teachers in making judgements about levels of attainment alongside each child's work across Year 6. The majority of schools had the option to mark the tests in school or send them to an external marker. In order to monitor national standards, the DfE required a sample of schools in each LA to administer the externally marked writing test; in Halton there were 11 schools in this sample.

This year moderation of KS2 Writing took place on a non-statutory basis so that proposals could be trialled in preparation for the introduction of statutory moderation in 2013. The DfE selected 6 schools, which included the Primary Academy, that were to be included in the moderation sample and gave the LA the option to nominate a further 4 schools. The LA recruited upper KS2 teachers as moderators who visited the 10 schools in order to confirm whether the school's teacher assessment in writing was sufficiently reliable and valid to be used for school accountability. The moderators generally agreed with the teachers' assessment in these schools.

Next year, end of KS2 results in Writing will again be based upon teacher assessment but a new test covering punctuation, grammar and spelling is to be introduced and the outcome of this test will also contribute to the Writing results.

5.1 Attainment at the end of Key Stage 2 continues to rise with Halton's attainment in combined English and maths at level 4+ rising from 76.7% in 2011 to 82.9% in 2012 - a 6.2% increase.

- Level 4s in English and maths combined have risen by 6.2% to 82.9%
- Level 4s in English have risen by 5.6% to 88%
- Level 4s in maths have risen by 4.4% to 87%

This compares very well to the 2011national outcomes and given this further rise it's anticipated that Halton will again attain higher levels than national.

	Eng and maths level 4+ 2010	Eng and maths level 4+ 2011	**Eng and maths level 4+ 2012**	English level 4+ 2010	English level 4+ 2011	**English level 4+ 2012**	Maths level 4+ 2010	Maths level 4+ 2011	**Maths level 4+ 2012**
Halton	76.9	76.7	**82.9**	82.4	82.5	**88.1**	83.6	82.2	**86.6**
National	73	74	*Not yet available	80	81	*Not yet available	79	80	*Not yet available
Difference	**+ 3.9**	**+2.7**	Not yet available	**+2.4**	**+1.5**		**+4.6**	**+2.2**	Not yet available

5.2 The national attainment floor standard is 60% combined English and maths level 4+. There has been a significant reduction in the number of Halton schools attaining below this attainment floor. In 2011 there were 9 schools attaining below 60%, in 2012 this has fallen to 3 schools.

5.3 There has also been an increase in the higher level 5s.

- 3.2% increase in level 5s in English and maths combined
- 7.7% increase in level 5s in English
- 1.9% increase in maths

Level 5+	**2008**	**2009**	**2010**	**2011**	**2012**	**Nat 2011**
English and maths	18.9	20.2	22	22.6	25.8	**21**
English	30	27.6	31.6	29.7	37.4	**29**
Maths	32	35.8	33.9	36.2	38.1	**35**

5.4 2 levels of progress (Key Stage 1 to Key Stage 2)

2012 has seen a significant increase in the rates of progress made in both English and maths across Halton schools.

- 2 levels of progress in English was 92%, an increase of 6% compared to 86% in 2011 (national median 2011 – 87%)
- 2 levels of progress maths was 90%, an increase of 4% compared to 86% in 2011 (national median 2011 – 86%)

5.5 Children in Care

Data is included for 7 CiC overall, 5 of whom have been in care for 12 months or more (highlighted in bold italics). The 5 children who have been in care for 12 months or more all made the expected 2 levels of progress in both English and maths. Two of the children attained level 5 in reading.

Level 4+	Reading	Writing	English	Maths	English and Maths combined	2 Levels progress English	2 Levels progress Maths	2 Levels progress English and Maths	In line with Expected Progress
12 mth in care (5) L4+	***80%***	***80%***	***60%***	***60%***	***40%***	***100%***	***100%***	***100%***	***100%***
12 mth in care (5) L5+	***40%***	***0***	***0***	***0***	***0***				
All CIC (7) L4+	71%	71%	57%	57%	43%	86%	100%	86%	86%
All CIC (7) L5+	29%	14%	0	0	0				

Unfortunately against last year's performance there has been a dip and the gap has widened in all indicators for those children who have been in care for more than 12 months. There were 2 boys within this year's cohort who were not predicted to achieve L4 and this has impacted on the English, Maths and combined results. However, when you look at 2 levels of progress and in line with expectations data the performance is much better – this means that all children in care did well according to their own abilities and expected levels of progress.

KS2	**2011-12**			**2010-11**		
	12mth CIC (5)	Halton	Gap	12mth CIC (6)	Halton	Gap
English	60%	88.1%	-28.1	66.7%	82.5%	-15.5
Maths	60%	86.6%	-26.6	83%	82%	+1
E&M	40%	82.9%	-42.9	66.7%	77%	-10.7
2L Prog Eng	100%			83%		
2L Prog Maths	100%			100%		
2L Prog E&M	100%			83%		
Expected Progress	100%			66.7%		

This does represent a wider gap than 2011 across all 3 indicators. However, each year's cohort numbers are very small and therefore the trend is not stable. In addition, the 5 children who had been in care for more than 12 months all made 2 levels of progress, in line with expectations.

5.6 Closing the Gap

In 2012 the gap between the attainment of FSM and non-FSM at level 4+ English and maths combined was -12. 9%. This is a significant reduction compared to 2011 when the gap in this indicator was 21%.

6.0 KEY STAGE 4

In 2012 there has been a further rise in the DfE attainment floor standard from 35% 5A* - C including English and maths in 2011 to 40% in 2012.. The expectation is that all schools should have at least 50 per cent of pupils getting five good GCSEs including English and Maths by 2015.

Despite the 5% increase in the attainment floor standard, all schools In Halton have again exceeded this threshold.

6.1 In 2012 Halton's 5+ A* - C GCSEs including English and Maths was 58.7%, an increase of 2.4% compared to 2011 and 8.6% higher than 2010. This places Halton in line with the 2011 national average (59%) by this indicator and above the attainment of statistical neighbours (55.8%).

Attainment at 5+ A* - C of 87.5% is also the highest ever. A further increase on 2011 places Halton 7.9% above the 2011 national average by this indicator.

6.2 % Pupils making Expected Progress in English (KS2-4)

Provisional data indicates that 3 levels of progress in English is 70.2% an increase of 1.3% from 2011. This compares well with the 2011 national average of 71.8%. The indicative threshold for the floor standard in 2012 is 74%.

6.3 % Pupils making Expected Progress in Maths (KS2-4)

Provisional data indicates that 3 levels of progress in maths is 68.1%, an increase of 6.3% from 2011. This is 3% higher than the 2011 national average. The indicative threshold for the floor standard in 2012 is 66%.

6.4 The "English Baccalaureate" (EB)

It is important to note that the English Baccalaureate is not a qualification. The English Baccalaureate (EB) was introduced by the Secretary of State for Education in the Summer of 2010 as a new indicator of the performance of secondary schools. To qualify for the EB students need to attain at least a Grade C in English, Maths, Science (2 Cs required), a Humanities subject (History or Geography) and a Modern Foreign Language (MFL).

There has been a significant increase in Halton's "English Baccalaureate" (EB) attainment in 2012, rising from 4.7% in 2011 to 12.9% in 2012 – an increase of 8.2%. This compares well to the national figure of 15.3% in 2011.

All Halton secondary schools have now revised their KS4 Options systems and guidance to encourage more pupils to take the EB combination of subjects. The first Year Group for which this could be properly organised was Y8 in 2010 / 2011 (Y9 in 2010 / 2011 had already chosen their options when

the EB was announced). This cohort will take GCSEs in 2013 when we expect to see a further significant increase in the EB figures for Halton.

6.5 Closing the gap

The performance of pupils eligible for FSM at 5+ A* - C including English and maths has increased by 5.1% from 34.2% in 2011 to 39.3% in 2012. As a result the gap between free school meals pupils (39.3%) and non free school meals pupils (66.1%) has narrowed by 2.5% from a gap of 29.3% to 26.8%.

There is clearly much more work to be done. Our objective remains to eliminate the gap completely by raising the performance of the FSM cohort to that of their non FSM peers. However we are pleased with the progress we have made this year.

6.5 Children in Care

There were 5 young people in this year's GCSE cohort.

KS4	**2011-12**			**2010-11**		
	12mth CIC(5)	Halton	Gap	12mth CIC (16)	Halton	Gap
5A*-C EM	60%	57.5%	+2.5	25%	56%	-41
5A* - C	80%	87.2%	-7.2	44%	83%	-39
Eng Bacc	20%	12.8%	+7.2	0	4.7%	-4.7
3L Prog Eng	60%	68.4%	-8.4	31%	68.9%	-37.9
3L Prog Maths	80%	68.1%	+11.9	37.5%	61.8%	-24.3

The 2012 results this year are much better than last year and the gap between Halton CIC and their peers has closed in all indicators. It was particularly pleasing to see that in 5A*- C including English and Maths, the English Baccalaureate and 3 levels of progress in Maths, Halton CIC have out-performed the Halton population.

However, as always there is a health warning that this is a volatile cohort and the numbers are small so the trend does go up and down a lot. Nonetheless, there are positive signs that the direct educational support we are providing to our children in care is enabling them to achieve at the least in line with their own potential and in some cases better than that and their peers.

7.0 POLICY IMPLICATIONS

None.

8.0 OTHER IMPLICATIONS

No other implications have been identified.

9.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

Educational attainment is key to the future life chances of children and young people in Halton. It also provides a proxy to the work being done with vulnerable children in the borough and the critical priority area of closing the gap.

Educational attainment of children and young people will have a significant impact on future employment, learning and skills of Halton's population.

10.0 RISK ANALYSIS

N / A

11.0 IMPLEMENTATION DATE

N / A

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

None

EYFS summary Headlines 2010 – 2012

Halton

All Pupils in LA	2010			2011			2012			
	All	Non 30% SOAs	30% SOAs	All	Non 30% SOAs	30% SOAs	All	Non 30% SOAs	30% SOAs	
% achieving 6+ in Personal, Social & Emotional Development	75.8	83.7	72.1	72.6	76.4	70.6	77.0	83.9	73.3	(a)
% achieving 6+ in Communication, Language & Literacy	54.2	64.8	49.2	51.6	59.6	47.4	58.0	68.3	52.4	(b)
% achieving 6+ in Personal, Social & Emotional Development + Communication, Language & Literacy	50.5	61.4	45.2	48.3	55.5	44.5	54.3	64.4	48.8	(c)
	All Children			All Children			All Children			
Number of pupils in cohort	1,460			1,570			1,443			
% achieving at least 78 points across the Early Years Foundation Stage Profile	74.1			71.9			76.0			(d)
% achieving at least 78 points AND 6+ in all PSE and CLL	50.4			48.1			54.1			(e)
Average Total EYFSP score	84.2			83.3			84.7			
Average score in Personal, Social & Emotional Development	6.7			6.6			6.7			
Average score in Communication, Language & Literacy	6.2			6.1			6.2			
Median EYFSP score	86.0			86.0			87.0			(f)
20th Percentile EYFSP score	73			73			75			

Lowest Performing 20% of Pupils in LA

Number of pupils	292	314	288	
Average Total EYFSP Score	61.3	60.2	61.2	(g)
Average score in Personal, Social & Emotional Development	5.2	5.0	5.2	
Average score in Communication, Language & Literacy	4.1	4.1	4.1	
LA % gap between median & bottom 20%	28.7	29.9	29.7	(h)