



**Children Young People and Families
Policy and Performance Board**

**Monday, 9 June 2014 at 6.30 p.m.
Civic Suite, Town Hall, Runcorn**

Chief Executive

BOARD MEMBERSHIP

Councillor Mark Dennett (Chairman)	Labour
Councillor Geoffrey Logan (Vice-Chairman)	Labour
Councillor Lauren Cassidy	Labour
Councillor Pauline Hignett	Labour
Councillor Margaret Horabin	Labour
Councillor Kath Loftus	Labour
Councillor Angela McInerney	Labour
Councillor Carol Plumpton Walsh	Labour
Councillor June Roberts	Labour
Councillor John Stockton	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 Monday, 1 September 2014

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

Part I

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1. MINUTES	
2. DECLARATION OF INTEREST (INCLUDING PARTY WHIP DECLARATIONS)	
Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.	
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In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation

procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

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

DATE: 9 June 2014

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: 9 June 2014

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.

Minutes - Halton Children's Trust Executive Group Meeting 4 February 2014

Present:

Gerald Meehan	Strategic Director Children & Enterprise, HBC (Chair)
Ann McIntyre	Operational Director, Children's Organisation and Provision, HBC
Mark Grady	Principal Policy Officer, Children & Enterprise, HBC
Julia Rosser	Consultant, Public Health
Tracy Ryan	Assistant Policy Officer, Children & Enterprise, HBC (Minutes)
Catherine Johnson	Principal Performance Officer, Children & Enterprise, HBC
Michelle Bradshaw	Family Services Manager (universal services), Bridgewater CHT
Steve Nyakatawa	Operational Director, Learning and Achievement, HBC
Tracey Coffey	Operational Director, Children and Families Services, HBC
Caroline Williams	General Manager for Children's Services, Bridgewater CHT
Sheila McHale	Head of Children and Families Commissioning, Halton CCG
Simon Clough	Divisional Manager, 14 – 19 Services, HBC
Gill Frame	Halton CCG
Lorraine Crane	Divisional Manager, IYSS, Commissioning & Inspiring Families, HBC
Dave Sweeney	Operational Director Integrated Health Commissioning, Halton CCG

Guests

Sharon McAteer	Public Health Development Manager, HBC
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Apologies

Jan Snoddon	Chief Nurse, Halton CCG
Michelle Forder	Parent & Voluntary Lead Engagement Officer, HBC
Paula St Aubyn	Divisional Manager, Safeguarding, Quality and Review, HBC
Lindsay Smith	Divisional Manager, Mental Health, Communities, HBC
Gareth Jones	Head of Service, Cheshire West, Halton and Warrington Youth Offending Service, HBC

Item	Action	Deadline
1. Minutes and Matters Arising from 26.11.13		
1.1 The following amendment is noted for item 3: Executive Challenge – Pupil Premium Update: Key Stage 4 Closing the gap – due to a significant increase in the percentage of FSM pupils in Halton attaining 5 A* - C including English and maths in 2103. This has resulted in a further closing of the attainment gap and this is to be celebrated.		
1.2 <u>2.4 Multi-agency Assessments</u> This item will be picked up as part of the Early Help Model review.		
1.3 <u>Children's Centre Performance and Improvement Plan</u> JCP and Widnes Children's Centre Managers met recently to progress closer partnership arrangements		
Action:		
<ul style="list-style-type: none"> • Update will be provided at the next meeting 18.3.14. 	TC	18.3.14

1.4	<p><u>Children's Centre Ofsted Inspection</u> The Ofsted inspection of Halton Brook and Halton Lodge Children's Centre was successful receiving a 'good' judgement the report will be published soon.</p> <p>Action:</p> <ul style="list-style-type: none"> • Include in next Inspection Newsletter/briefing note. 	MG	Feb '14
1.5	<p><u>Early Help Model Report</u> First meeting of the small working group met, potential venues identified and work in development to check feasibility of these.</p>		
1.6	<p><u>Inspection Update</u> The latest round of Ofsted inspections included one local authority from the North West – Bolton. The inspection of Bridgewater Foundation Trust is currently being undertaken.</p>		
2.	<p>2.1 SEN Reforms Update Report PB provided an update on Action Plans from the 'task and finish' groups noting that consultation/participation and the Voice of the Child is an integral aspect of the work being undertaken through the INVOLVE group. PB is attending Halton CCG to outline the work being undertaken and provide an update on progress.</p> <p>Action:</p> <ul style="list-style-type: none"> • Develop a separate work stream to cover young people aged 19 onwards to ensure closer links with Adults Social Care to ensure a smooth transition. <p>2.2 Sexual Health Strategy Report JR explained that the Integrated Sexual Health Service is being commissioned within this the service specification will include an integrated model of service delivery. The deadline for comments on the survey is 14 February '14, accessed via the link within the report. Discussion included the service access within Halton Lea and ensuring links with Teens and Tots. Evaluation of impact will be undertaken via KPI's and a performance framework.</p> <p>2.3 National Child Measurement Programme JR outlined the key information from this report which included the 'official' figures for Halton, which is positive as it demonstrates a reduction in excess weight (overweight and obese) for children in reception and year 6 children. It was noted that there are less underweight children in Halton than the England average.</p> <p>2.4 PRESENTATION: Family Nurse Partnership JR provided an overview of the Family Nurse Partnership which is aimed at young mothers aged 19 or under to support first time mums and their family via regular home visits. Mums are supported from early pregnancy until the child is two. The funding for this programme is from central Government as part of their</p>	AMc/PB	Update on 18.3.14

	<p>commitment to increase the number of FNP's nationally. The programme is anticipated to commence in Halton in October 2014 led by Bridgewater following staff recruitment. The evidence base and outcomes from research suggests this programme has a strong impact on the reduction of child abuse and neglect. The discussion included the need to ensure fathers were included within the support the programme provides and clarification that the programme evaluation would be undertaken.</p>		
<p>3.</p> <p>3.1</p>	<p>EXECUTIVE CHALLENGE ITEMS</p> <p>Health JSNA – Update Report SMcA provided an update on the JSNA which is being fine-tuned. A number of key themes have emerged as being consistent across the different age ranges, these include:</p> <ul style="list-style-type: none"> • Emotional health & wellbeing and mental ill health • Accidents • Maintaining good results for many indicators and continuing to drive them in the right direction • Some issues remain significant and resistant to change even though services are in place to support e.g. breastfeeding. • Significant time of change: new services, payment tariffs, organisational change and financial pressures against a back-drop of welfare reforms and continuing economic hardship. <p>Action:</p> <ul style="list-style-type: none"> • Information about the impact of welfare reforms to be included e.g. bedroom tax 	SMcA	April '14
<p>4.</p> <p>4.1</p> <p>4.2</p> <p>4.3</p>	<p>PRIORITY UPDATES</p> <p>Commissioning Partnership Key areas of progress included:</p> <ul style="list-style-type: none"> • Merged two priorities, 0-5 with pre-conception, pregnancy and birth • Other updates, including SEN covered elsewhere on agenda. <p>Early Help and Support Key areas of progress included:</p> <ul style="list-style-type: none"> • Halton's Neglect Strategy being developed - work in progress • Early Help Model group work developing • Work is in progress to review the number of CAF's and multi-agency audits <p>Action:</p> <ul style="list-style-type: none"> • Early Help Model update as an agenda item for 13 May <p>Vulnerable Groups Key areas of progress included:</p> <ul style="list-style-type: none"> • Draft Learning and Achievement Strategy out for consultation with Head teachers and school governors. • 4 schools from Cheshire West and Chester joining the pilot. 		

<p>5.</p> <p>5.1</p> <p>5.2</p>	<p>ITEMS FOR AGREEMENT</p> <p>Children's Trust Membership The revised proposals were discussed and it was agreed that the Trust Board should include:</p> <ul style="list-style-type: none"> • Young people from the INVOLVE group (this will require a change to the time of the meetings) • Kate Fallon, Head of Bridgewater as a 'provider' representative. <p>The revised membership of the Trust Executive Group to include an additional Health 'provider' representative as MB attends as EHAS 'chair'.</p> <p>Action:</p> <ul style="list-style-type: none"> • Timing of future meetings of Halton Children's Trust to be changed to 4pm. The first items on the agenda to be strategic and later items to be of interest to young people. • Executive Group – additional health provider rep to be arranged/confirmed and notified to TR to add to mailing list. <p>CYPP 2014 Draft MG provided an overview of the more user-friendly draft CYPP which be available as an interactive web-based version. Members noted need to ensure that the new Child and Family Poverty Strategy needs to integrated with the Plan.</p> <p>Action:</p> <ul style="list-style-type: none"> • Suggested comments to be included in revised draft. 	<p>MG</p> <p>GF/TR</p> <p>MG</p>	<p>13.3.14</p> <p>18.3.14</p> <p>18.3.14</p>
<p>6.</p> <p>6.1</p>	<p>AOB</p> <p>CT-HSCB Joint Event MG advised that the next event was due to be arranged with the Trust leading the development plans for this. Themes could be linked to commissioning Priorities (level 2), HSCB around (level 3), case examples including Step Up and Step Down and workshop on Neglect around the impact on children.</p> <p>Action:</p> <ul style="list-style-type: none"> • Develop ideas and date - include Marie Fairbrother in working group. • Agenda item for HSCB Executive on 11 April <p><u>Date/time of next meeting:</u></p> <ul style="list-style-type: none"> • Tuesday 18 March 1-3pm in Committee Room 1, Runcorn Town Hall 	<p>MG/TR/ LC/TH & MF MG/TH</p>	<p>Feb '14</p> <p>11.4.14</p>



Minutes - Halton Children's Trust Executive Group Meeting 18 March 2014

Present:

Gerald Meehan	Strategic Director Children & Enterprise, HBC (Chair)
Mark Grady	Principal Policy Officer, Children & Enterprise, HBC
Tracy Ryan	Assistant Policy Officer, Children & Enterprise, HBC (Minutes)
Catherine Johnson	Principal Performance Officer, Children & Enterprise, HBC
Steve Nyakatawa	Operational Director, Learning and Achievement, HBC
Tracey Overs	Divisional Manager, Child Protection and Children in Care
Veronica Wright	Divisional Manager, Team Around the Family
Dave Sweeney	Operational Director Integrated Health Commissioning, Halton CCG
Michelle Forder	Parent & Voluntary Lead Engagement Officer, HBC

Apologies

Jan Snoddon	Chief Nurse, Halton CCG
Gill Frame	Halton CCG
Tracey Coffey	Operational Director, Children and Families Services, HBC
Ann McIntyre	Operational Director, Children's Organisation and Provision, HBC
Simon Clough	Divisional Manager, 14 – 19 Services, HBC
Julia Rosser	Consultant, Public Health
Paula St Aubyn	Divisional Manager, Safeguarding, Quality and Review, HBC
Sheila McHale	Head of Children and Families Commissioning, Halton CCG

Item		Action	Deadline
1.	Minutes and Matters Arising from 4.2.14		
1.1	These were accepted as an accurate record. Veronica Wright was welcomed to the group.		
1.2	<u>1.3 Children's Centre Performance and Improvement Plan</u> VW advised that there had been an initial meeting with JCP and a small task and finish group has been set up to progress closer partnership working arrangements around job readiness.		
1.3	<u>1.4 Children's Centre Ofsted Inspection</u> Actioned - the latest Inspection Newsletter promoted the positive outcome of the recent inspection.		
1.4	<u>2.1 SEN Reforms Update Report</u> Action: <ul style="list-style-type: none"> • SEN update agenda item for next meeting 13.5.14. 	PB/TR	13.5.14
1.5	<u>3.1 Health JSNA</u> Actioned - Impact of welfare reforms included.		
1.6	<u>5.1 Children's Trust Membership</u> Timing of the recent Trust meeting held on 13 March was changed to start at 4pm to enable young people to attend, this included Thomas Norris – Bright Sparks, James Lloyd – Youth Cabinet representative and Ruby McAdam – Canal Boat Adventure Project. Feedback from the young people will be sought at the		

1.7	<p>next INVOLVE Group which is being held later today (18.3.14).</p> <p>Action:</p> <ul style="list-style-type: none"> • Contact details of additional Health provider to be sent to TR. <p><u>6.1 CT-HSCB Joint Event</u> MG outlined the initial plans for the event which will be themed around Step Up/Step Down, to be held on Friday 1 May at Halton Select Stadium. The programme is yet to be finalised, initial session proposals include:</p> <ul style="list-style-type: none"> • Early Help & CART <ul style="list-style-type: none"> ○ Initial presentation ○ Table top exercise of step-up/step down real case examples ○ Key facts around these – discussion, voting buttons, based around case studies • Working Together – Partnership approach (involvement) • Neglect Strategy which is currently being developed • Ofsted inspection 	GF	April '14
2.	<p>2. INFORMATION ITEMS</p> <p>2.1 Feedback from Recent Inspections and Best Practice MG explained the report highlights some the outcomes/best practice from the first phase of the Ofsted inspections since the new framework was launched November '13.</p>		
3.	<p>3. ITEMS FOR AGREEMENT</p> <p>3.1 Pan Cheshire Missing From Home Joint Protocol TR noted that the new guidance means that social workers must record incidents. TO advised that CareFirst had been updated to enable this and that Clare Myring and Cathy Boardman would be delivering an awareness session to social workers on 15 April.</p> <p>3.2 CYPP 2014 Draft MG provided a detailed overview of the latest draft CYPP which will also be available as an interactive web-based version. GM noted that in a recent meeting with Dr Gary O'Hare at Murdishaw Health Centre the issue of increased circulation of the Halton Levels of Need Framework was raised. Members agreed that this had been widely publicised although regularly drip-feed of information assists raising awareness.</p> <p>Action:</p> <ul style="list-style-type: none"> • Levels of Need to be re-circulated to GP Practices – DS to assist via Halton CCG communications etc and MG to attend Practice Managers meeting • Suggested comments to be included in revised draft, including 'Celebrating Success' example for 'Early Help and Support' chapter. • The Group endorsed the draft Plan which will be ready from 1 April and final version published by 29 April 29 	<p>DS/MG</p> <p>VW/TO</p> <p>MG</p>	<p>13.5.14</p> <p>28.3.14</p> <p>29.4.14</p>

<p>4.</p> <p>4.1</p> <p>4.2</p> <p>4.3</p>	<p>PRIORITY UPDATES MG noted that these will be re-worked in line with the new priorities from 1 April '14.</p> <p>Commissioning Partnership Key areas of progress included:</p> <ul style="list-style-type: none"> • CAMHS and Children in Care • Early Help Model review work is in progress <p>Early Help and Support Key areas of progress included:</p> <ul style="list-style-type: none"> • Halton's Neglect Strategy almost finalised, one more meeting to mop up outstanding issues and review plans for the launch events plans which will be held on 16 and 18 July at 9am-1pm, Halton Select Stadium. • Early Help Model group work developing <p>Action:</p> <ul style="list-style-type: none"> • Neglect Strategy as agenda item for 13 May '14. <p>Vulnerable Groups Key areas of progress included:</p> <ul style="list-style-type: none"> • Learning & Achievement Strategy to be published in April '14 • Initial discussions in progress to review the Early Years Development Plan 	<p>TC/TR</p>	<p>13.5.14</p>
<p>5.</p>	<p>AOB None</p> <p><u>Date/time of next meeting:</u></p> <ul style="list-style-type: none"> • Tuesday 13 May 1-3pm in Committee Room 1, Runcorn Town Hall 		

**Minutes - Halton Children's Trust Executive Group Meeting
13 May 2014**

Present:

Gerald Meehan	Strategic Director Children & Enterprise, HBC (Chair)
Mark Grady	Principal Policy Officer, Children & Enterprise, HBC
Tracy Ryan	Assistant Policy Officer, Children & Enterprise, HBC (Minutes)
Catherine Johnson	Principal Performance Officer, Children & Enterprise, HBC
Gareth Jones	Youth Offending Service
Tracey Coffey	Operational Director, Children and Families Services, HBC
Steve Nyakatawa	Operational Director, Learning and Achievement, HBC
Gill Frame	Halton CCG
Simon Clough	Divisional Manager, 14 – 19 Services, HBC
Julia Rosser	Consultant, Public Health
Michelle Forder	Parent & Voluntary Lead Engagement Officer, HBC
Michelle Bradshaw	Family Services Manager (Universal Services), Bridgewater
Ann McIntyre	Operational Director, Children's Organisation and Provision, HBC

Apologies

Jan Snoddon	Chief Nurse, Halton CCG
Eileen O'Meara	Director, Public Health

Item	Action	Deadline
<p>1. Minutes and Matters Arising from 18.3.14</p> <p>1.1 These were accepted as an accurate record.</p> <p>1.2 <u>2.1 SEN Reforms Update</u> The Spring/Summer '14 SEN Newsletter 'All Change!' issued recently outlines some of the changes being introduced by the Children & Families Action 2014 for the SEN Reforms, provides an update on the work of the task & finish groups and promotes the SEN Reforms event for education staff being held on 19 June at Halton Select Security Stadium. SN also noted that all providers have been issued a template for completion about their services, the information from these will be used to help map the 'Local Offer'.</p> <p>GM queried if there were any issues/barriers that were proving difficult to address particularly at a Strategic level? If so, GM proposed that the Trust/Executive Group could provide support around this.</p> <p>Action:</p> <ul style="list-style-type: none"> • Issues/barriers report as an agenda item – next meeting 24 June <p>1.3 <u>1.6 Children's Trust Membership</u> Health provider rep action still outstanding, MG mentioned that the new Assistant Director, 5BP Chris Masikane has already been</p>	<p>PB</p>	<p>24.6.14</p>

1.4	<p>invited to join the group as a new member, it was agreed that the Acute Trusts would also be approached to consider membership.</p> <p>Action:</p> <ul style="list-style-type: none"> • Acute Trusts to be approached to join the Executive Group. <p><u>3.2 CYPP 2014 Draft</u></p> <p>The Children and Young People's Plan 2014 has now been finalised and published which is also available on the Trust website. The Levels of Need leaflet was discussed in terms of continual promotion and awareness.</p> <p>Action:</p> <ul style="list-style-type: none"> • Levels of Need leaflet to be circulated to HSCB members. 	MB	24.6.14
2.	<p>2.1 INFORMATION ITEMS</p> <p>Home Start Presentation</p> <p>AMc provided some background information to members about how the Home Start Programme was initially presented to the Investing in Children & Young People Board (ICYPB) which is responsible for the Ofsted Inspection preparations. The Board recommended that the Children's Trust consider the development of a Halton programme to increase the support provided to children, young people and families.</p> <p>AMc outlined the Home Start programme and the proposal for Halton to join the existing Cheshire West and Chester Home Start. Following discussion, members felt further information was required around:</p> <ul style="list-style-type: none"> • the overlap with Community Parents to identify how Home Start differs • can different providers offer the service? If not, provide the reasons for not using Chest, including advice from Procurement. <p>It was acknowledged that members supported the programme in principal with the agreement that further information be provided which would assist the submission of business cases to the appropriate boards for funding and final approval.</p> <p>Action:</p> <ul style="list-style-type: none"> • Clarify the overlap with Community Parents and how Home Start differs. • Explain if different providers can offer the service and if not the reasons for not going through the Chest, include advice sought from Procurement. • Business Case as agenda item next meeting – 24 June. <p>2.2 Inspection Update</p> <p>Ofsted currently in Knowsley, feedback from several Local</p>	JK	24.6.14
		AMc/JK	24.6.14
		AMc/JK	24.6.14

2.3	<p>Authorities suggests the inspection process is very challenging.</p> <p>Action:</p> <ul style="list-style-type: none"> • Add Monroe Report to Forward Plan Agenda as an agenda item for review/consideration possibly next meeting 24 June. <p>Early Help Model Update MB explained that the small working group developing the new structure is on target. A report outlining the proposals is currently being finalised.</p> <p>Action:</p> <ul style="list-style-type: none"> • Report as an agenda item for next meeting – 24 June. 	TC/MG/ TR	June '14
3.1	<p>3. ITEMS FOR AGREEMENT</p> <p>3.1 Halton Neglect Strategy TC outlined Halton's Neglect Strategy produced by TR in collaboration with the task & finish group. The Strategy includes indicators for recognising neglect and abuse, comprehensive data broken down by age range and Ward level which identifies where services should be targeted to tackle neglect in Halton, the different elements which can impact neglect for example, the importance of listening to children and recognising cultural difference. The Strategy provides a wide range of tools professionals can utilise to assist them in their role in supporting parents/carers. The Halton Level of Need Framework has been mapped against Halton's Graded Care Profile to assist assessment and understanding of Neglect. In mapping the Parenting Support Programmes delivered against the Levels of Need of particular interest, a specific gap in parenting support provided to families at Level 3 has been identified.</p> <p>TC noted that the Ofsted Thematic Report for Neglect recommended that local Safeguarding Children Boards take the 'lead' in the scrutiny and monitoring of local neglect strategies. In light of this, Halton Safeguarding Children's Board had agreed to take on the scrutiny/monitoring role. The Trust to decide the 'lead' responsibility for the wider roll-out of the strategy. Launch events are planned for 16 and 18 July at Halton Select Security Stadium.</p> <p>Action:</p> <ul style="list-style-type: none"> • Comments to be submitted to TC/TR by 30.5.14 and update as required. • Agenda item at next Health & Well Being Board on 9 July for approval. • HSCB to agree taking on the lead governance role. 	ALL TC/TR TC	30.5.14 June' 14 9.7.14 8.7.14
3.2	<p>3.2 Sustainable Community Strategy 2011-26 Refresh AMc proposed that the SCS section for Children & Young People on the website should link directly to the Children and Young People Plan on the Trust website as this covers all aspects required under the SCS and the performance is already reported</p>		

<p>3.3</p>	<p>and monitored by the Children's Trust. Members agreed this.</p> <p>Children's Trust Business Plan 2014-15 The Plan has been updated to take into account the revised Trust's Priorities and new structure. Further information to explain the role/remit of Integrated Commissioning is being prepared for inclusion.</p> <p>Action:</p> <ul style="list-style-type: none"> • Clarify the role/remit of Integrated Commissioning and update the Plan. 	<p>Amc/MG</p>	<p>24.6.14</p>
<p>3.4</p>	<p>Halton Children's Trust/Halton Safeguarding Children's Board Annual Joint Event 2014 The report acknowledged that just over 100 people attended the event, outlined the sessions delivered and the feedback gathered within the Key Lines of Enquiry session.</p> <p>Action:</p> <ul style="list-style-type: none"> • The strengths and areas for development to be taken to the next ICYPB on 20 May '14. 	<p>MG</p>	<p>20.5.14</p>
<p>4.</p>	<p>PRIORITY UPDATES MG noted that these will be re-worked in line with the new priorities from 1 April '14.</p> <p>4.1 Commissioning Partnership Key areas of progress included:</p> <ul style="list-style-type: none"> • Children and Young People - Improving Access to Psychological Therapies bid has been submitted • Voluntary Sector Forum Consortium approach to enable smaller agencies/partners to work more closely together to secure funding and improve relations <p>4.2 Early Help-Closing the Gap Key areas of progress included:</p> <ul style="list-style-type: none"> • CAF Activity task & finish group being established. • Early Help Conference <ul style="list-style-type: none"> ○ Action: TC to send TR details for circulation. 	<p>TC/TR</p>	<p>13.5.14</p>
<p>5.</p>	<p>AOB</p> <ul style="list-style-type: none"> • Family Nurse Partnership (FNP) – Supervisor now recruited: Therese Woods • FNP Board to report to Commissioning Partnership and Health and Well Being Board • Progress of FNP will be monitored through HSCB Scrutiny & Performance sub-group • INVOLVE Group have almost completed the Participation Strategy <p><u>Date/time of next meeting:</u></p> <ul style="list-style-type: none"> • Tuesday 24 June 1-3pm in Committee Room 1, Runcorn Town Hall 		

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

DATE: 9 June 2014

REPORTING OFFICER: Strategic Director, Children and Enterprise

SUBJECT: Annual Report 2013/14

PORTFOLIO: Children, Young People and Families

WARDS: Boroughwide

1.0 PURPOSE AND CONTENT OF REPORT

1.1 To receive the Children, Young People and Families Policy and Performance Boards' Annual Report for 2012/13.

2.0 RECOMMENDED: That the 2013/14 Annual Report be recommended to Full Council.

3.0 SUPPORTING INFORMATION

3.1 Article 6 of the Constitution requires each Policy and Performance Board to submit an Annual Report to Council outlining their work, making recommendations for future work programmes and amended working methods as appropriate.

3.2 The Annual Report (see attached) has been submitted to the Children and Young People Policy and Performance Board for consideration.

4.0 POLICY IMPLICATIONS

4.1 None

5.0 OTHER IMPLICATIONS

5.1 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 RISK ANALYSIS

7.1 None

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None

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

9.1 None under the meaning of the Act

**ANNUAL REPORT
CHILDREN AND YOUNG PEOPLE POLICY AND PERFORMANCE BOARD
APRIL 2013 – MARCH 2014**



Cllr. Mark
Dennett
Chairman
Children &
Young People
PPB

“I always like to start by looking back over the previous twelve months. During the year we reviewed our current Children and Young People Plan, which was coming to an end and set out our vision for the next three years. This vision highlighted the need to provide services to families and young people in a holistic way to meet the needs of all our young people and make sure that we have the right support services for our most vulnerable. The Board also continued to scrutinise our support for our children in care and families who come into contact with the social care system, ensuring that the systems and support are in place to protect our young people. In fact it was noted that Halton was once again one of only two authorities in the North West to meet both of the governments targets for adoption.

Children missing from home or care and also children in danger of sexual exploitation was also a focus of the Board this year. We want to make sure that there is a multi-agency and multi-authority approach to respond to what is becoming a more complex issue.

This year, as with the last few years, our children and young people have continued to improve in their educational attainment. I would like to take this opportunity to congratulate our students who did so well, and also thank the parents, carers and teachers who supported them in achieving these fantastic results. The results show Halton’s continued commitment to drive up standards and improve the opportunities available to all of our young people as they move into adulthood.

Looking back I think it has been a good and varied eight year for the board and I would like to thank all of the members of the board, as well as all of the officers involved for their continued support and contribution.

Finally, I would like to conclude this report by thanking all of the officers and members (of all parties) involved in all of the ‘additional duties’ that take place to make sure that the children and young people receive that best care and support. Duties such as being a school governor with all of the responsibilities that that entails, statutory inspections of our care homes (Regulation 33) or of our social worker teams (Climbié visits), membership of the Local Safeguarding Board, the Adoptions Panel, the Children and Young

People's Trust, to name but a few of the 'extra duties' that both members and officers perform to support and improve the lives of the children and young people of our Borough."

Councillor Mark Dennett

Chairman, Children, Young People and Families Policy and Performance Board

MEMBERSHIP AND RESPONSIBILITIES

During 2013/14 the Board comprised eleven Councillors – Councillors M. Dennett (Chairman) Cllr Horabin (Vice Chairman), E. Cargill, Cassidy, Fraser, P Hignett, K Loftus, Logan, C Plumpton Walsh, Woolfall and Co-optee Miss E. Lawler.

The Board is responsible for scrutinising performance and formulating policy in relation to the work of the Council (and its partner agencies within Children's Trust Arrangements) in seeking: to ensure that children and young people in Halton have the best possible start in life and opportunities to fulfil their potential and succeed; and to scrutinise progress against the Corporate Plan and the Children and Young People's Plan.

REVIEW OF THE YEAR

The full Board met five times during the year, and set out below are some of the main initiatives that the Board has worked on during the year.

Annual Review of the Children and Young People Plan 2011-2014 and Children and Young People Plan 2014-2017

The annual review of the Halton Children and Young People's Plan 2011-2014 was considered. The Board also reviewed the Children and Young People Plan that had been developed for 2014-2017. It endorsed the Trust vision that:

"Halton's ambition is to build stronger, safer communities which are able to support the development and learning of children and young people so they grow up feeling safe, secure, happy and healthy, and ready to be Halton's present and Halton's future"

and supported the three key Children's Trust Priorities for the next three years:

- *Working together to deliver services in a joined up way to make sure children and their families get the right help at the right time (Early Help and Support)*
- *Working together to plan and fund outcome focused services for children and families, that deliver high quality services that are value for money (Integrated Commissioning)*

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

Halton Family Voice

The Board explored the role of Halton Family Voice looking at its membership, how parents and carers can get involved the key work it undertakes, examples of good practice and its plans for the future.

Children in Need, Child Protection, Children in Care

Over the last twelve months there has been particular focus on Children in Need, Child Protection, Children in Care both in Halton and Children in Care of other Local Authorities as well as Care Leavers. The Board has discussed the increasing number of contact and referrals as well as the new single system for contact and referrals. The increasing number, age and profile of children in care, along with the reasons children come into care and the arrangements in place for notification and support for children in care in Halton from other Local Authorities. The Board has also considered social work capacity and case loads. The outcome of the Peer Practice Review undertaken in July 2013 was discussed and shared with the Board.

Children Missing from Home, Missing from Care and Child Sexual Exploitation (CSE)

The Board were updated on the structures and reporting mechanisms put in place for children missing from home and care. This outlined the pan Cheshire approach and the links between the Merseyside and Cheshire Police. Members were advised that each Local Authority LSCB had approved the arrangements for addressing CSE through the Pan Cheshire Strategic Group.

Children in Care Pledge

The Board received a report on the revised Children in Care Pledge which they fully endorsed.

Adoption Scorecard

Despite the challenging thresholds Halton continued to meet both thresholds in the adoption scorecard and was one of only five North West Authorities to do so.

Learning and Achievement Strategy

The Board considered the Strategy for Learning and Achievement, Halton's approach to building sustainable school improvement within the context of school to school support.

Review of Alternative Provision

The Board supported the review of Alternative Provision through a multi agency approach. Through the review it is aimed to provide a consistent route to alternative provision with clear entry and exit routes, create a menu of full time and part time provision, ensure there is a robust good quality assurance framework and robust data.

WORK PROGRAMME FOR 2013/14

The Board decided that during the municipal year (2013/14) it would carry out a Topic reviews examining the following area:

- Children’s emotional health and wellbeing; and
- how we can further develop the effectiveness of Independent Living Skills

Service Plans

This year the Board continued to take significant steps forward in the way it engaged with the service planning process. The PPB Members were consulted and identified issues and activities they hoped could be prioritised in the service plans.

Members regularly considered matters relating to Safeguarding in particular in the work of the Halton Children’s Trust and Safeguarding Children’s Board. Members also received reports on complaints and the compliments services had received and the learning from these. Reports were also received on Inspiring Families providing the progress to date and a number of case studies as well as a report on the number of schools converting to academy status and the financial and policy implications.

Members of the Public are welcome at the meetings of the Board. If you would like to know where and when meetings are to be held or if you would like any more information about the Board or its work, please contact Ann McIntyre on 0151 511 7332 ann.mcintyre@halton.gov.uk

REPORT TO: Children & Young People PPB

DATE: 9 June 2014

REPORTING OFFICER: Strategic Director, Children & Enterprise

PORTFOLIO: Children, Young People & Families

SUBJECT: Special Educational Needs and Disability Reform Programme: Implementation of the Children and Families Act 2014 Section 3

WARD(S): Borough-wide

1.0 PURPOSE OF PRESENTATION / REPORT

1.1 To receive a presentation from Pam Beaumont, SEND Project Officer with an update on current national and local opposition with regard to the reforms.

2.0 RECOMMENDATION: That the Board notes the presentation and action points.

3.0 SUPPORTING INFORMATION

3.1 Presentation will be delivered, followed by Q & A session.

4.0 POLICY, FINANCIAL AND OTHER IMPLICATIONS

4.1 The budget has been agreed to meet the needs of implementation.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Key priority in order to deliver cultural change across all services.

6.0 RISK ANALYSIS

6.1 This report is for information only. There are no risks arising from it.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 The presentation reflects every aspect of the Equality Act 2010 and associated policies.

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

8.1 None.

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

DATE: 9 June 2014

REPORTING OFFICER: Strategic Director, Children and Enterprise

PORTFOLIO: Children, Young People and Families

SUBJECT: Missing From Home/ Care and Child Sexual Exploitation Update

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 To provide an update on the development of the Missing from Home and Care service and Child Sexual Exploitation activity.

2.0 RECOMMENDATION: That

1. The positive developments in the Missing from Home and Care service are noted and the proactive response to Child sexual exploitation (CSE)

3.0 SUPPORTING INFORMATION

- 3.1 During 2010 and 2011 the Local Safeguarding Children Boards (LSCB'S) of Cheshire East, Cheshire West and Chester, Halton and Warrington with Cheshire Constabulary, collaborated to produce a Pan Cheshire Joint Protocol for Children and Young People who run away or go missing from Home or Care. The joint protocol seeks to identify and manage the risks and ensure a consistency in approach across borders and agencies. This protocol was subsequently adopted by the Merseyside LSCB's
- 3.2 The protocol has been revised in April 2014 to take into account new definitions concerning children who go missing which now has 3 classifications , absent, missing and ' away from placement without authorisation.' The new protocol also defines agencies roles and responsibilities including the collation and analysis of data to assist with trends around missing but to also make links to Child Sexual Exploitation and trafficking.
- 3.3 The four Cheshire local authorities agreed to go ahead with a joint missing from home / care commissioned service with Halton being the lead authority. Catch 22 were the successful provider and started in 2012.
- 3.4 The Service works with clear links to Cheshire Constabulary's missing from home co-ordinators to support young people who have been notified as missing and absent from home or care. There is a co-ordinated and organised response which includes a 'return interview' and where required the Catch 22 worker will work directly with children, young people and their families/carers.

3.5 The coalition government has identified child sexual exploitation as a key focus of its policy, publishing the Tackling Child Sexual Exploitation Action Plan. This followed a campaign by Barnardo's to increase the profile of this underreported area of child abuse. Barnardo's contacted elected members directly to encourage individual and local authority sign up to the "Cut them free" campaign. Halton has signed up to this campaign.

3.6 A Pan-Cheshire MFH and CSE Strategic Group has been established by the Police. This group has produced a Pan-Cheshire CSE Strategy and Protocol which each LSCB has approved. The strategy has recently been amended to include the Merseyside LSCBs. The Strategic Group has also produced an Action Plan that reflects the areas to be addressed under the government's Tackling Child Sexual Exploitation Action Plan.

- Map the needs of their own area.
- Monitor on-going prevalence and responses.
- Develop an effective local strategy ensuring a coordinated multi-agency response.
- Increase understanding amongst practitioners and the wider public.
- Safeguard children who are potentially more vulnerable – this includes establishing effective communication channels and ensuring multi-agency training.
- Consider setting up a working group or sub group on CSE and appoint a lead officer to provide a coordinated response.
- Develop links with neighbouring authorities and ensure cross border working.

3.7 A MFH /CSE / Trafficking Sub Group has been established by HSCB which reports directly to the HSCB Executive. The Sub Group oversees the Halton's Implementation of the MFH protocol, CSE Action Plan and the collection and analysis of data including missing from education and links to CSE and trafficking.

Current Picture of Missing from Home and Care

3.8 Cheshire Constabulary has seen a 12% reduction in the annual number of recorded incidents from 623(2012/11) to 550 for 2012/13.

3.9 For the period January to March 2014 there have been 141 episodes reported to the police

120 for missing (62 of these concerning children living at home and 58 episodes concerning children in care), 21 episodes recorded as absent. The commissioned service (Catch 22) for the same time period have received 100 Notifications from the Police, 6 Notifications from Social Care and completed 75 return interviews with young people and they are currently supporting 22 young people in direct work.

3.10 With regard to young people that repeatedly go missing for both home and care, these are mostly females, age 13 – 16 years and all are known to Social Care. The young people are predominantly from Widnes. and many of them

are associating with other young people who are going missing There is still a fairly equal split of children missing from home and care which does include the young people in care placed in Halton from other local authorities, but Halton Children in care is the higher number. Most of the young people that have repeat missing incidents, are or have low attendance or poor engagement with education

- 3.11 From 1 April 2014 The local authority is required to record all episodes of 'away from placement without authorisation' regarding children in care, absent and missing for children from care and from home.
- 3.12 Cheshire Constabulary works in partnership with the Local Authorities to collect data on children reported missing and absent from care and home and other relevant data. This data is regularly analysed in order to map problems and patterns. This includes identifying patterns of local "hotspots" sexual and other exploitation, as well as concerns about who children run with and who they runaway to be with.
- 3.13 Each month the Police Strategic Public Protection Unit sends the local authority a 'tracker' that shows all missing and absent young people. The tracker will show the type of placement and the number of episodes over the last 6 months, the responsible local authority, CSE or other significant risks.
- 3.14 The commissioned service Catch 22 provides regular reports to the LSCB sub group about the return interviews undertaken as well as further data on reasons for young people are running, the associates that they run with as well as highlighting positive outcomes for young people that they support with direct work.
- 3.15 Compliance visits are undertaken with residential providers and part of this will include a review of data/ records of 'away from placement without authorisation,' absence and missing young people.
- 3.16 The three data sources from the police, the Local Authority and Catch 22 will be received and reviewed on a monthly basic analysis to ensure consistency and flag any Data Quality /Performance issues. The review of the data also acts as an added safeguard to ensure those children and young people identified as most vulnerable /at risk are having their needs addressed via the most appropriate plan. This data will also form a part of the Performance Report process to ensure that monthly figures are consistent and reviewed in terms of Performance and any areas of focus can be identified.
- 3.17 Catch 22 have co facilitated with LSCB training events to highlight the Missing from Home Service and the link of Missing to potential Child Sexual Exploitation. A telephone helpline is available and delivered in partnership with a national organisation 'Missing People'. It is operational 24 hours per day, 7 days per week, 365 days per year.

- 3.18 There has been a task and finish group to look at issues around young people that are 'missing' from education. These are young people that are on the school roll but not attending school. There are some common links between the group of young people identified; they had been open to services including social care, issues with family functioning, missing episodes, mental health, and behaviour issues.
- 3.19 Detailed audits concerning this cohort of young people are being undertaken to understand possible missed opportunities for intervention, possible ways forward for these young people to access education provision. This group has also made links to current work with the 14- 19 team around the commissioning of alternative provision.

3.20 Financial Implications

The local authority commissions services for missing children and child sexual exploitation, this is from one organisation Catch 22 . For some young people who are assessed at high risk of sexual exploitation it is necessary for them to come into care.

Current Picture of Child Sexual Exploitation

- 3.21 Halton's CSE operational multi-agency group meets on a monthly basis to share local information from cases of young people identified as being at risk of harm due to sexual exploitation. This partnership arrangement will help to identify links between children and young people as potential victims, links with potential perpetrators and potential hotspots. This meeting does not care plan for the individual young people but identifies and collates the links and soft intelligence.
- 3.22 Over the months the referrals being made into the operational group have fluctuated and the quality of the referrals has improved. Those referrals received are predominately from police and children's social care with school being the third most frequent referrer. During January to March 2014 there have been 14 referrals, 13 of which there have been no confirmed cases of a child being sexually exploited but concerns for each of the referrals of the risk of CSE.
- 3.23 Social media plays a role in respect of the risk of and actual sexual exploitation within the Halton area. Media such as Snap Shot, face book, MSN, BBM are all identified as means of communication by young people. In most of the cases identified within Halton to date there are issues regarding parental guidance, attachment, neglect issues and a few cases were sex offenders have either previously associated with the family or are involved currently with the family.
- 3.24 The information and intelligence that is being gathered will provide a matrix plan that will enable us to identify and target specific families / perpetrators, locations, business etc. where CSE has been identified as an issue. There has been no information shared at the operational group that would suggest organised CSE activity. Whilst there has been some crossing of boundaries

into St Helen's and Knowsley this appears to be linked to placements of the young people.

- 3.25 The Police have recently led on a multi-agency operation to disperse and identify potential offenders. This has now ended and any learning from this operation will be reported to Halton Safeguarding Children Board. Police have also been issuing warnings to those adults found to be harbouring young people who are missing and those vulnerable to CSE.
- 3.26 Cheshire Constabulary have introduced a sergeant that will work across Cheshire to support and co-ordinate activity of the police MFH co-ordinators and recently an additional officer has been appointed to support CSE in Halton. The new post will provide the vital link to exchange of intelligence across police forces.
- 3.27 January 2014 saw the launch of a Cheshire campaign titled 'The more you know, the more you see'. The campaign aims to create debate amongst young people, professionals, parents and others people responsible for caring for young people, about how to spot the signs of child sexual exploitation. The media campaign was supported by activities delivered by partners across Halton including drop-in sessions at youth groups, Internet safety awareness sessions and awareness sessions for parents in high school. During this week a theatre production "Someone's sister, someone's daughter" was delivered at key schools.
- 3.28 Catch 22 as the missing from home and care service does have links to CSE, they have seen a trend for young people at risk of CSE by internet / mobile phone use when completing Return Assessments following missing episodes. This may not be the primary reason for them running but due to lack of positive adult influence or parenting and attachment issues and low self-esteem these young people are very vulnerable.
- 3.29 Catch 22 from April 2014 provide a full time commissioned resource in Halton to support CSE. Based on national learning and some local needs analysis the following four areas of work have been agreed:
1. To review and deliver the basic awareness CSE Multi-agency Training on behalf of the LSCB. It is expected every Social worker in Halton will have undertaken this training by July 2014.
 2. A focus on raising awareness regarding CSE with parents. It is anticipated that this will be delivered in the community and will have a focus on e-safety.
 3. Any specific work in schools, either via group work with young people or with school-based staff, it is expected that this work will be identified via the respective CSE/Missing from Home operational groups i.e. this will be a responsive element of the work.

4. Consultations and direct work with individual young people identified as at risk of CSE. These young people will have allocated social workers and will be on the continuum of need at level 2 or 3 (and will include children in care/care leavers). Such consultations may lead to an agreement between the social worker and their line manager for the Catch 22 CSE worker undertaking some operational time limited one to one work with a young person with clear outcomes to be identified.

A pan Cheshire CSE risk assessment tool has been developed and circulated to staff to assist with identifying concerns around CSE.

Next steps

- 3.30 Further work needs to be undertaken to Improve links with GP's and Health providers particularly around sharing information around young people that get regularly tested for Sexually Transmitted Infections s and young girls / women that have repeat pregnancy tests.
- 3.31 There is the development of an 'advanced practitioner' course which will be agreed shortly with implementation in the autumn. It is expected the Catch 22 service will also contribute to the development of the advanced practitioner course. The development of this will be a pan-Cheshire model led by Cheshire Police.
- 3.32 There will be a second CSE campaign week in the autumn to build on those key messages; this will be co-ordinated by the Pan Cheshire Communication group.
- 3.33 The Children's Commissioner Inquiry into Sexual exploitation in gangs and groups and the work around the 'See me, hear me' framework that has been developed. This framework has been established to help focus areas of work around interventions and service delivery for agencies. Halton will need to reflect on any relevant elements from the framework as work around CSE develops. The framework includes components of
 - Prevention
 - Pre-emptive policing to forestall exploitation
 - Targeted early intervention
 - Support for victims and families
 - Identification/apprehension of perpetrators
 - Rehabilitation of offenders
- 3.34 Based on feedback from young people who say hearing and seeing a drama production is an effective way to deliver key messages , a request is to be made to the LSCB to fund the delivery of a specific theatre production 'risking it all'

which Halton young people contributed to. It is expected this production will be made available for all year 9 pupils in Halton.

3.35 It is expected the licensing board will take a lead role in ensuring all licensed traders are made aware of their safeguarding responsibilities and can offer some evidence and reassurance as to how they do this. Also that awareness is raised about Child sexual Exploitation. The Pan Cheshire Strategic CSE group is undertaking some work to agree the publicity materials and a strategy for raising awareness with the licencing and hospitality industry.

4.0 POLICY ISSUES

4.1 The authority continues to have a statutory duty to provide services to looked after children within the authority around Missing.

5.0 OTHER IMPLICATIONS

5.1 The work around MFH and CSE service delivery will assist with the new OFSTED inspection framework (2012) for local authorities. The Framework indicates a focus on the journey, experiences and voice of the child, stating: At every stage of the child's journey, the inspection will evaluate the effectiveness of:

- The focus on the interests of the child
- How well all partners take account of children's wishes and feelings and the extent to which this informs their care.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

This service directly relates to improving the safety and wellbeing of children and young people by reducing the incidents of missing and risky behaviour. The services support key elements within Halton's Safeguarding and Children and Young People's Plans.

6.2 Employment, Learning and Skills In Halton

The service will ensure that children and young people that go missing from home or care; subject to or at risk of CSE are supported in their learning and future employment and skills development.

6.3 A Healthy Halton

The service support people to minimise reduce the risks of harm, and access relevant services to improve their physical and mental health and wellbeing.

6.4 A Safer Halton

The service provides support to vulnerable children, young people and

families to assist them to access appropriate service provision within their local communities. This links to satisfaction with services and overall perception of the area in which people live.

6.5 Halton's Urban Renewal

None.

7.0 RISK ANALYSIS

The local authority commissions services for missing children and child sexual exploitation, this is from one organisation Catch 22 . For some young people who are assessed at high risk of sexual exploitation it is necessary for them to come into care.

8.0 EQUALITY AND DIVERSITY ISSUES

The services specified within this report relate to the needs of individuals and families with protected characteristics as defined within the Equality Act 2010.

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

Document	Place of Inspection	Contact Officer
Equality Impact	Commissioning Team	Clare Myring
Assessment	2 nd Floor, Rutland House Halton Lea, Runcorn	Commissioning Manager

REPORT TO:	Children, Young People & Families Policy & Performance Board
DATE:	9 th June 2014
REPORTING OFFICER:	Strategic Director, Children & Enterprise
PORTFOLIO:	Children, Young People & Families
SUBJECT:	Halton Children & Young People's Plan 2014 -17
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

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

2.0 RECOMMENDATION

That the Board:

- i) Notes the contents of the report;
- ii) Endorses the CYPP 2014-17; and
- iii) Supports the roll out of the new CYPP and work in order to meet its priorities over the next three years.

3.0 SUPPORTING INFORMATION

- 3.1 The CYPP is the agreed joint strategy of the partners within Halton Children's Trust, detailing how they will co-operate to improve children's wellbeing. It represents Halton's local vision and aspirations for children and young people in the borough, and provides strategic direction and determines how the Children's Trust Board will work together to commission services to address locally identified needs and better integrate provision.
- 3.2 Halton's first CYPP was published in 2006, covering a three year period to 2009. The second CYPP for Halton was published in 2009 and ran until March 31st 2011. The current CYPP has been in place since 2011 and is due to come to the end of its lifecycle on March 31st 2014.
- 3.3 Although no longer statutory as of June 2010, the need for a CYPP to remain in place was universally agreed locally in Halton to provide the strategic direction for the continuing Children's Trust arrangements. Following extensive consultation, the priorities for Halton Children's Trust for the period 2011-14 were agreed to be based around:
- Early help and support.
 - Integrated commissioning

- Vulnerable children and young people.
- 3.4 The Halton Children & Young People's Plan 2011-14 was framed around these priorities.
- 3.5 It was agreed in autumn 2013 to develop a new CYPP to frame the work of the Trust from 2014. On this basis a working group was established from November 2013 to develop the plan based around the agreed new priorities for Halton Children's Trust, which are:
1. ***Working together to*** deliver services in a joined up way to make sure children and their families get the right help at the right time (***Early Help & Support***)
 2. ***Working together to*** plan and fund outcome focused services for children and families, that deliver high quality services that are value for money (***Integrated Commissioning***)
 3. ***Working together to*** focus services towards the needs of our most vulnerable children, young people and families to '***close the gap***' by improving health, education, social and cultural outcomes.

4.0 POLICY IMPLICATIONS

- 4.1 The task and finish working group met bi-weekly and following the development of a short project brief, a number of agreements were made around the approach to take for the new CYPP. These include:
- Primarily web-based but with a limited number of copies produced for stakeholders and inspection purposes
 - Shorter chapters and simplified language – the objective being to produce chapters that are fully understood by all stakeholders no matter what their level of involvement is.
 - The chapters should be different in their approach to that found in other documents
 - Exploitation the advantages of having a web-based document – for example being able to link to other documents if you want more detail.
 - Involvement of young people – this has been initiated in a number of ways, including:
 - INVOLVE Group – the CYPP is a standing item on the agenda at each meeting and ideas have been generated for involving young people. These include a young people's video to explain the CYPP and looking to have advocates/peer champions. This Group involves representatives from a broad range of young people's agencies and groups, including Halton Youth Cabinet,

Community of Youth, Halton Speakout and Canal Boat Adventure Project

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

5.0 OTHER/FINANCIAL IMPLICATIONS

None

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

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

6.2 Employment, Learning & Skills in Halton

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

6.3 A Healthy Halton

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

6.4 A Safer Halton

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

6.5 Halton's Urban Renewal

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

7.0 RISK ANALYSIS

- 7.1 It is vital that both the Council and Children’s Trust continue to be clear about priorities for service delivery and that this strategy is noted by Elected Members.
- 7.2 The absence of a CYPP would:
- Reduce the ability to take account of the local community’s aspirations, needs and priorities;
 - Have serious implications for Partnership co-ordination between all the public, voluntary and community organisations and other stakeholders that operate locally for the benefit of children, young people and their families;
 - Potentially reduce the effectiveness of the Partnership through fragmentation of strategies.
- 7.3 These risks can be mitigated by the adoption of the CYPP and its implementation, monitoring and ultimate delivery.

8.0 EQUALITY AND DIVERSITY ISSUES

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

9.0 REASON(S) FOR DECISION

- 9.1 This CYPP has been developed to replace the previous Plan that expired on March 31st 2014 and takes into account the agreed new priorities for the Children’s Trust for the next three years. The CYPP is also aligned with the Sustainable Community Strategy 2011-26.

10.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

- 10.1 N/A

11.0 IMPLEMENTATION DATE

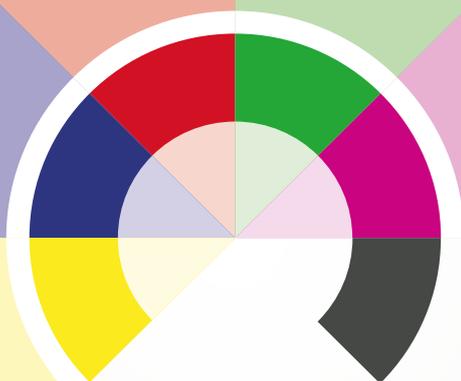
- 11.1 The Children & Young People’s Plan is the overarching strategy that Halton’s Children’s Trust is working towards meeting from April 2014.

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

Document	Place of Inspection	Contact Officer
Children Act 2004	2 nd Floor, Rutland House, Runcorn	Mark Grady
Halton Children & Young	2 nd Floor, Rutland	Mark Grady

People's Plan 2011-14	House, Runcorn	
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Halton Children & Young People's Plan 2014-17



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Forewords

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

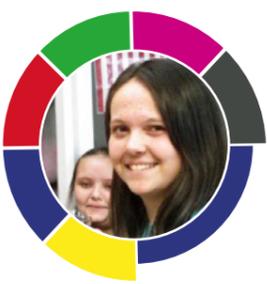
Parents, grandparents, carers and young people can positively contribute to this through involvement with Halton Children's Trust via Halton Family Voice, INVOLVE and various youth activities across Halton. In this way, our voices can be heard and we can help shape future services to be meaningful and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

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

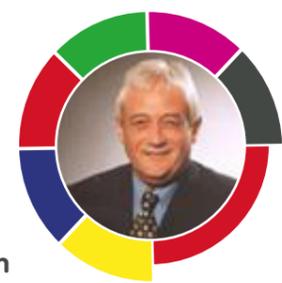
As a young person and a member of the Involve committee which actively promotes participation, I am encouraged by how many opportunities there are for members of the community be involved in shaping the services in their area. By working in partnership, we can all make a difference and this plan is just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



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



Leanne Gould
Halton Involve Board Representative



Councillor Ged Philbin
Lead Member for Children's Services
Chair, Halton Children's Trust Board



Gerald Meehan
Strategic Director Children and Enterprise, Halton

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

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

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

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

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



Background

What is a children and young people plan?

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

What is the purpose of this plan?

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

What is Halton Children's Trust?

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

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



"Halton's ambition is to build stronger,

safer communities which are able to

support the development and learning

of children and young people so they

grow up feeling safe, secure, happy and

healthy, and ready to be Halton's present

and Halton's future"



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



Our priorities for 2014-2017 at a glance

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



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



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



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



How we developed this plan - National and Local Context

National Context

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

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

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

Local Context

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





Joint Strategic Needs Assessment (JSNA)

What is the JSNA?

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

Why is this type of information important to know?

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

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

What does the JSNA look like?

The new Children's JSNA (<http://www.haltonchildrenstrust.co.uk/index.php/jsna/>) has used an important national review of health inequalities called the Marmot Review. Health inequalities describe the type and level of gaps that exist between those in good health and those with poorer health. The

PIQ9 - We will support all children and young people to be able to participate in and enjoy the physical and mental benefits of play within their local communities.



review emphasised the importance of ensuring children get a good start in life to give them the best chances of a happy and healthy life during childhood and into adulthood. There are key stages in life that we have used to look at health & wellbeing:

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

What are the key findings of the JSNA?

Our JSNA tells us that:

- The majority of children & young people are happy and healthy with good relationships with family and friends.
- Of those that do develop problems the most common ones are around mental health and accidental injuries.
- The level of emergency hospital admissions is quite high in Halton, higher than for the North West and England as a whole. As well as injuries, long-term conditions such as asthma, epilepsy and diabetes are also important issues.
- Children can be at risk of developing problems in later life if they start smoking, drink alcohol or take drugs.

These are still important issues for us to work with children, their families and through schools on. However, the good news is that less children than in the past are now affected by these issues.

- Being a healthy weight is also important as being overweight can lead to diabetes and other conditions in later life. Children at Reception year and Year 6 are weighed and measured so we can assess how many children are underweight, how many are a healthy weight and how many are overweight. The proportion of children who are overweight had been rising but has now levelled off and is even showing signs of reducing.
- Most women access antenatal care by 12 weeks which ensures we can fully support them, offering support to quit smoking, healthy eating and picking up on any early signs of women needing additional support.
- There are some things that can affect a child's health and development even before they are born or shortly afterwards. More women in Halton continue to smoking during pregnancy than seen elsewhere in the country and less breastfeed.
- Most children receive their immunisations which protect them against the major infectious diseases. However, some children are still missing out and it is important that as many as possible do receive them, even if they are late.
- A significant number of children have

delays in their early development. This means they are behind where they should be with reading, writing as well as their speech, language and communication skills when they start school. This puts them at a disadvantage from the start.

- Fortunately, through the efforts of the local authority, support services and schools, Halton school children now get very good GCSE results. In fact, overall Halton now performs better than the North West and England averages.
- However, children who have special educational needs, who are in care and are in receipt of free school meals, on average, tend to do much worse than the Halton average at all key stages. This gap is a challenge across the country and Halton is working hard to close this gap.

Celebrating Success - Emily Miller's Story – Dry January

My volunteer work

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

Why get involved in the Dry January Campaign?

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

What I did

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

Trip to London

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

The Future

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



Our new priorities in detail

1. Early Help & Support

What do we mean by early help and support?

The overall aim is to identify problems

early and provide the right support to help

prevent needs from escalating.

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

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

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

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

For more details please visit:

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

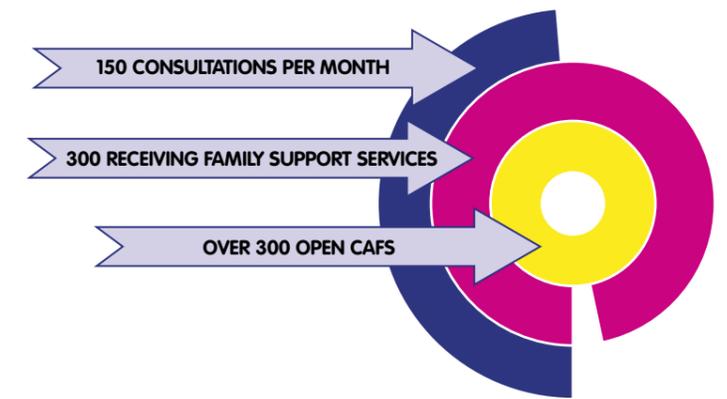
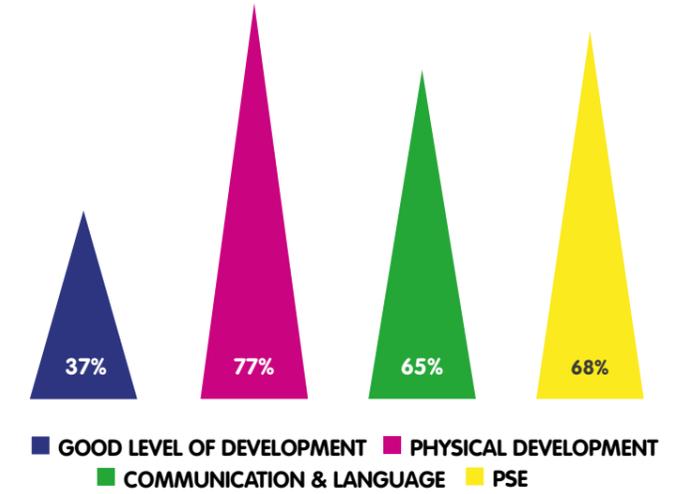


Early Help and Support - We will meet the needs of children, young people and their families as early as possible and ensure smooth access where necessary to additional and specialist services through the same initial point of access.

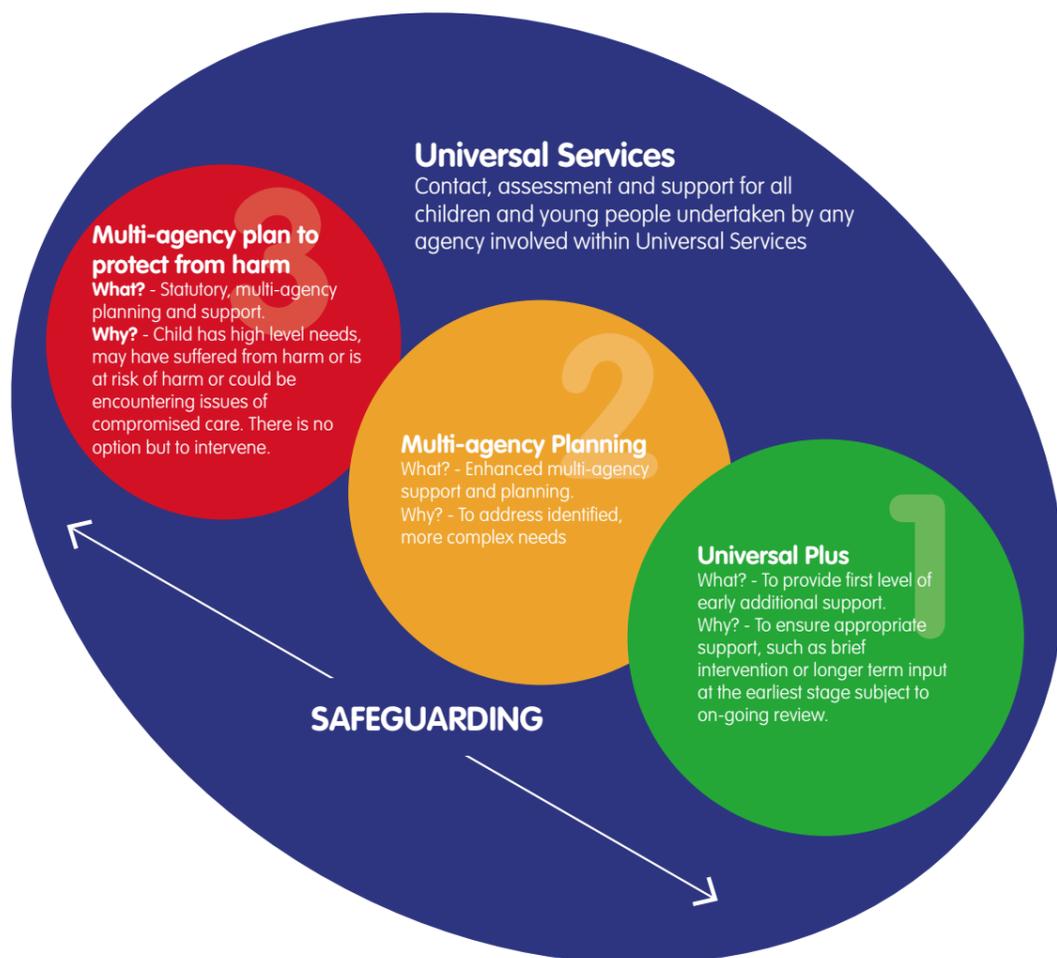


Headlines

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



Metric	Halton	Northwest	England
Breastfeeding at 6-8 weeks (% of mothers)	22	34.1	47.2
Breastfeeding initiation (% of mothers)	51.1	62	74
Smoking in pregnancy (% of mothers)	21.1	17.1	13.2
Low birthweight (% of mothers)	8.5	7.4	7.4



Celebrating Success - Early Help in action

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

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

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

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

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

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

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

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



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



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

Contact And Referral Team (CART)

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

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

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

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

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



Celebrating Success - Castlefields Health Centre

Background

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

What we did

- Conducted a full assessment and we worked hard to build her trust.
- Obtained background information from Liverpool, following which we referred into the Public Protection Unit.

- Provided a place of safety for mum to talk to the Independent Domestic Violence Adviser.
- Provided counselling but mum was not ready to access this so an open ended appointment was created.

Impact

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

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.



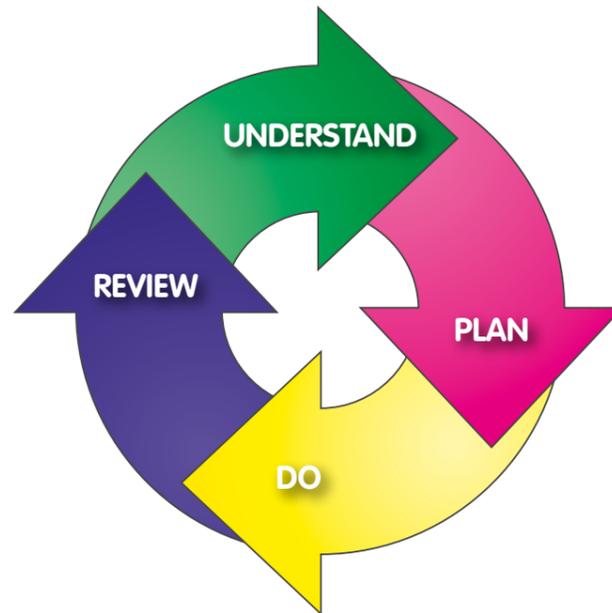
2. Integrated Commissioning

What do we mean by commissioning?

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

The cycle of commissioning can be described

by this four-point process:



Headlines

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

346 Disabled Children receiving short breaks

550 Missing from home

46 Domestic Violence incidents

91 ASB incidents per 1,000 people

37% achieving a good level of development aged 5

20% Pupils have a SEN Statement



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



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

Working together to...





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

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

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

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

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

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

2. **Inspiring Families**

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

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

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

3. **Early Help**

Halton’s Early Help model covers the full range of services and support provided within and/or linked to children’s centres, including commissioned services, with a strong focus upon the integration of service delivery, processes and performance management. This is reflected in the holistic Think Family approach to working with families.

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



Celebrating Success - Advocacy

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

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

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

A home visit was arranged where it was

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

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

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

4. **Risk Taking Behaviour**

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

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

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

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

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

6. **Special Educational Needs (SEN)**

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

We will work together with colleagues from the Clinical Commissioning Group (CCG) and the Special Educational

Needs (SEN) department to ensure that assessments, contracts and the quality assurance of providers are developed together to ensure the best possible results are achieved at value for money.

7. **Children in Care**

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

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



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

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

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

Celebrating Success - Young Carers

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

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



3. Closing the Gap

What do we mean by 'Closing the Gap?'

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



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

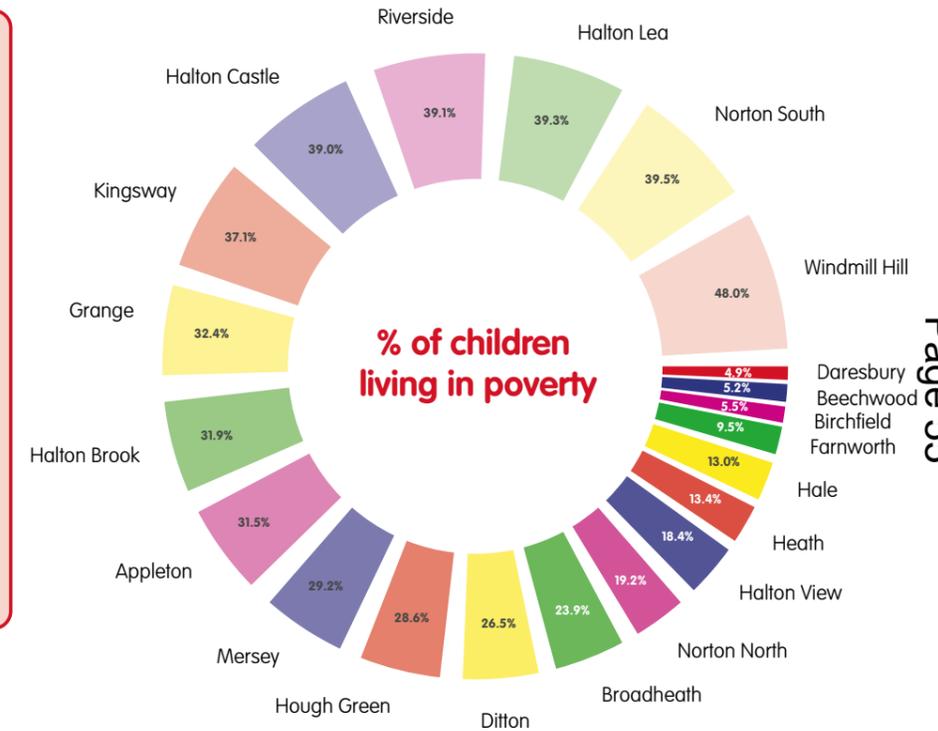
A significant proportion of Halton's children and young people could need more support at any given time. This may be due to particular characteristics or their circumstances. The number of children and young people that receive extra support from across Halton Children's Trust is never static; any child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

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

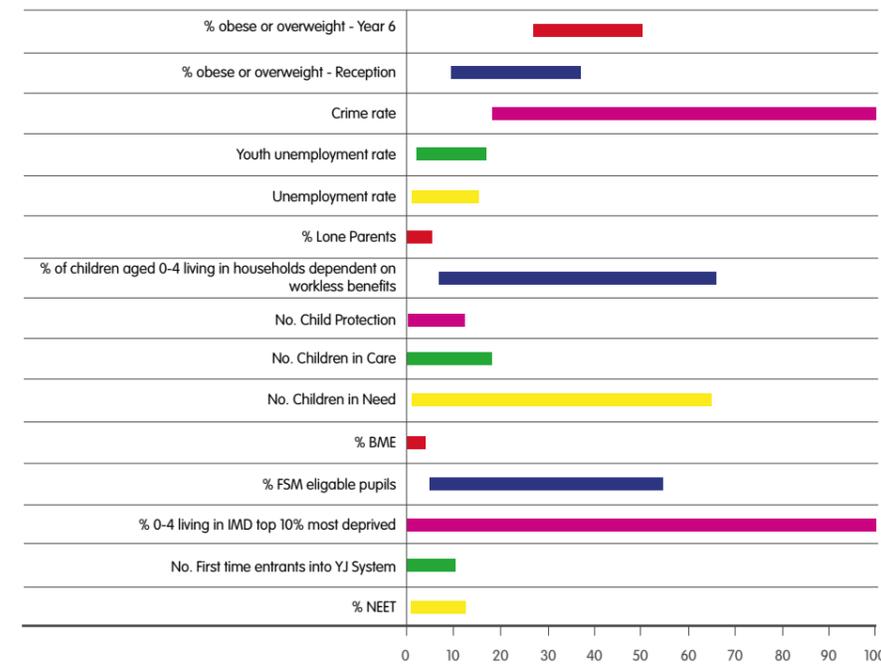
This support will engage families where appropriate to ensure that they benefit from utilising all of our services in Halton, such as Health and Education, as well as becoming more connected with their community.

Headlines

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



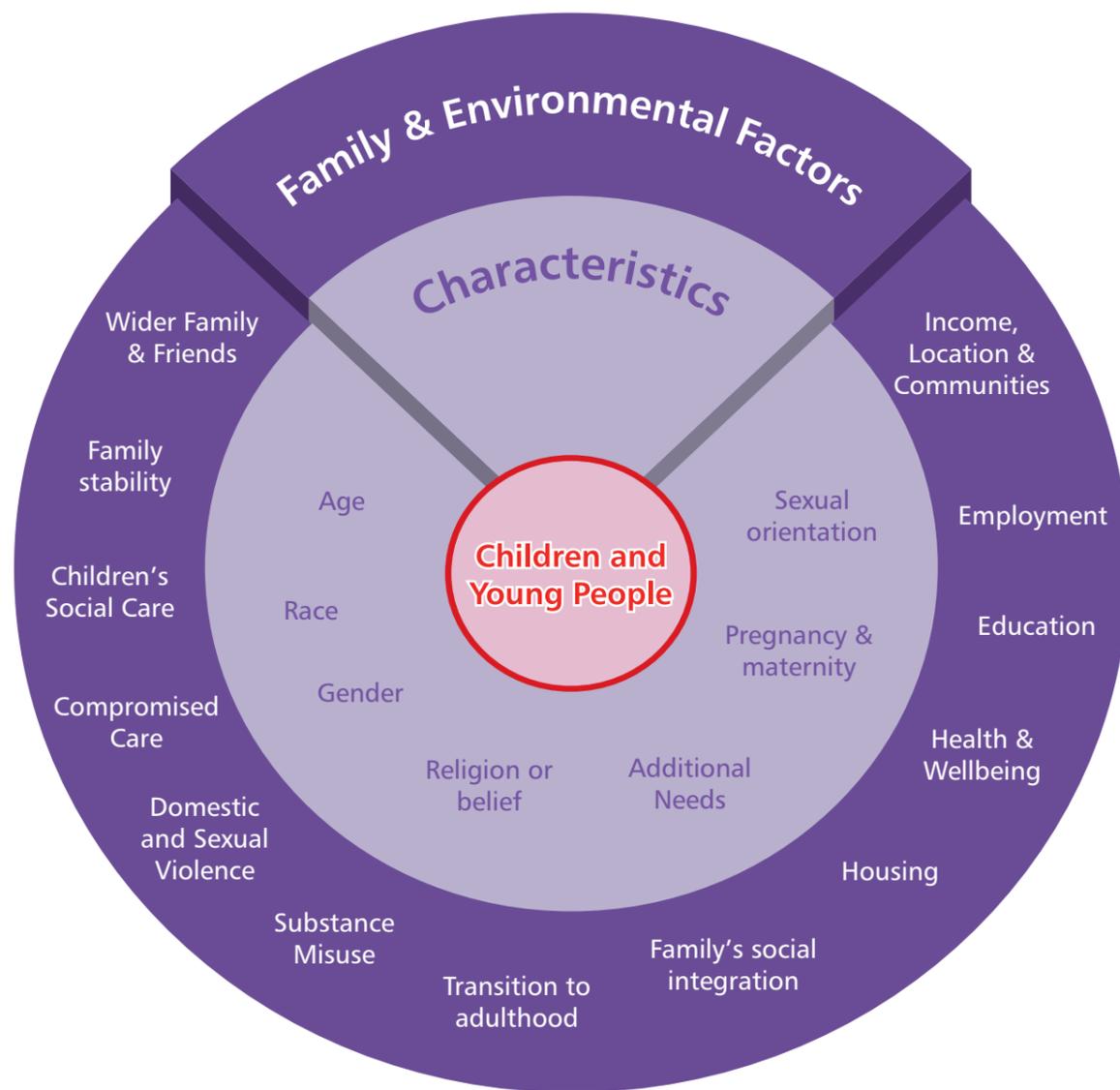
Closing the gap - highest and lowest wards in Halton



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

52% of under 19's achieving L3

The chart to the left shows the gap between the best and worst performing wards in Halton across the range of indicators.



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

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

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

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

- **Education**

Many children do well in our schools but a significant minority of children do not. There is a clear gap between the attainment and achievement of the majority of children and those from particular groups that are more prone to underachievement. It is therefore essential to narrow the gaps in educational achievement if we are to break cycles of disadvantage and ensure that all children make appropriate levels of progress. Extra support is given to children who are not

doing as well as they could do. This will help improve their results at school, so they are similar to those of other pupils.

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

- **Health & Wellbeing**

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

Halton Children's Trust supports children, young people and families to increase their understanding of how to be healthy and where to get help and support if they need it through the services that are commissioned. The groups that the Trust focuses on include children with disabilities, children with mental health needs, obese and overweight children, children of adults with mental health needs and parents not engaging with health services on behalf of their children.



- **Children’s Social Care**

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

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

- **Income, Location and Communities**

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

The needs of localities are affected by a large number of factors such as deprivation, demography, community cohesion, crime and services available. Generally, children and young people from the most affluent areas of Halton are more likely to reach their potential without additional support. Children

and young people who live in less affluent areas can have reduced opportunities simply as a result of their locality and it is these families that Halton Children’s Trust will look to offer additional support to. This can include becoming more involved in the design and delivery of their local services, by drawing upon their local knowledge and expertise.

- **Family Stability**

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

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

The sharing of any of these characteristics or circumstances will not automatically affect a young person, but they are statistically more likely to. For Halton Children’s Trust, supporting

children and young people who may require additional support because of these characteristics or circumstance is a key priority. Halton’s Children’s Trust partners are working together to try to ensure that we close the gap for all children and young people in Halton to ensure they enjoy the same outcomes.



Celebrating Success - Halton Mayor’s Award Scheme

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

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





Celebrating Success - Duke of Edinburgh Award

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

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

- 'As a relatively small school we rely on your services in order to offer the award. Our small numbers would make it impossible for us to run the award independently. Thank you on behalf of myself and all of the students who you have enabled to achieve their awards. We truly could not do it without you, long may it continue.' (Cavendish School).
- 'The ongoing encouragement, assistance and advice the young people (and we) have been given has been invaluable.' (Joan and John Mullen).

- 'We are delighted our pupils have achieved their Bronze award and very much look forward to working with you in future on Silver and Gold awards.' (Ashley School)
- 'My daughter has just gained excellent GCSEs and progressed to college and managed to get a part time job. The employer stated that her involvement with Duke of Edinburgh helped secure her the job.' (Sally Myatt)
- 'My son has high functioning autism, dyslexia and dyspraxia. He has no real friendships and has always found social interactions difficult. Before starting Duke of Edinburgh approximately three years ago he had no interests outside of school. I can remember in his first week being told they were going on a walk at Wigg Island and I was mortified. He has no sense of direction as he finds it difficult to look at his surroundings and I was terrified he'd wander off or get lost. Now he's completed his Bronze, Silver and Gold and he's been on many walks and camped out and he's enjoyed it all and it would be possible without the help and support from the group leaders.'



Celebrating Success - Canal Boat Adventure Project

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

- 'I just want to thank the Canal Boat Project for all they do for my daughter. She has grown so much in confidence and her ability to talk to and communicate with people has increased ten fold. Before, she was struggling so much with her dad's alcoholism, she kept everything inside through fear of upsetting me, she wasn't having the childhood I desperately wanted for her, and had become withdrawn and unable to express how she felt.'

The Project has given her childhood back, she is now the bubbly young girl she used to be, full of life and the class joker, her dad went through rehab which affected her, but the support she has been given by all the staff at the project has helped so much. She is now a very outgoing and happy girl again which in my opinion is thanks to every one at the Project, without their support I dread to think how she would have coped with all she has been through so far. As a parent I will never be able to thank the project enough for helping my daughter enjoy her life again.'



Safeguarding

What do we mean by safeguarding?

Safeguarding is:

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

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

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

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

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



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

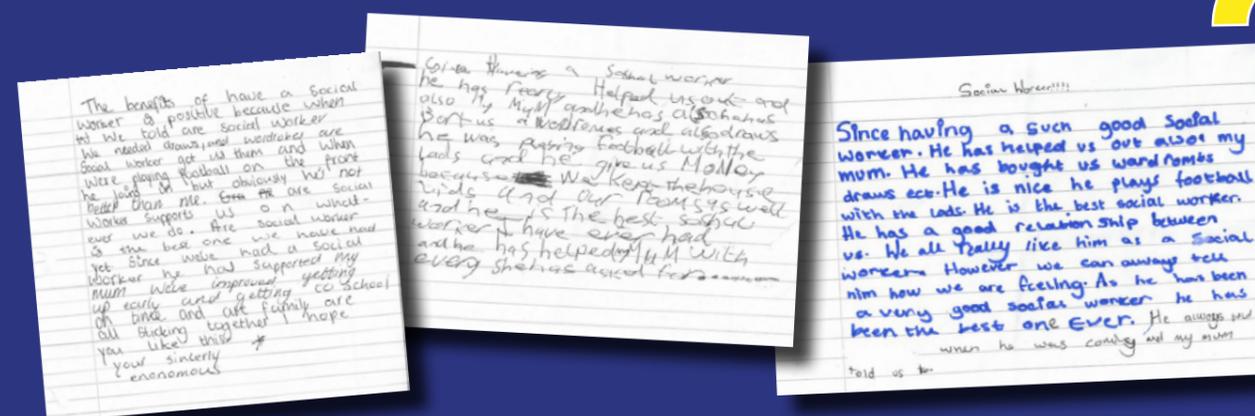
1. *Identify and prevent children suffering harm.*
2. *Protect children who are suffering or at risk of suffering harm.*
3. *Ensure that children are receiving effective early help and support.*
4. *Support the development of a safe and informed workforce, including volunteers.*
5. *Engage with children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

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

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

Celebrating Success

Comments from young people supported by Halton Children's Trust



Participation

What do we mean by participation?

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



INVOLVING:

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

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

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

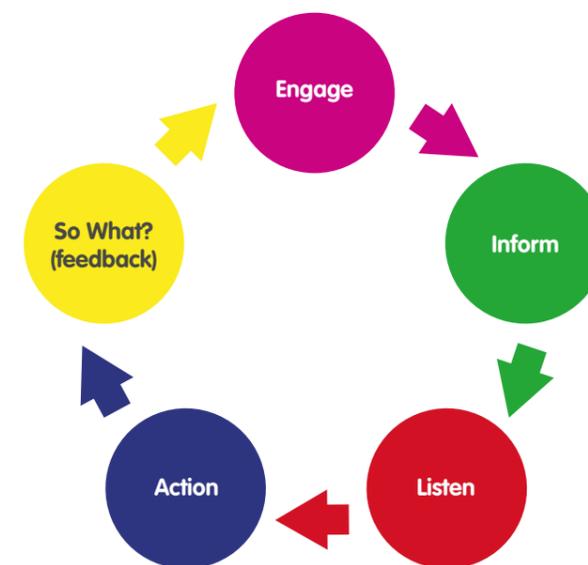
Participation - We will actively seek to engage and involve children, young people and families in all issues that affect them. We will achieve this through offering various ways to be involved that suit their needs and ensure their views are heard. We will ensure that participants receive communication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



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

CYCLE OF INVOLVEMENT

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



INVOLVE through:

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



- 1. Surveys** – can be completed through paper or online questionnaires, cool walls, comments boxes, social media and community events. Questions should be designed by young people and families or edited by so that the language is accessible.
- 2. Focus Groups** – a form of collective discussion involving a particular group of children, young people or parents either targeted or representative.
- 3. Representatives** – involving key people who speak on behalf of a collective group.
- 4. Peer Researchers** - Research by young people is a relatively recent concept, which has the potential to offer young people a voice. This can be utilised to get an understanding of key themes or areas.
- 5. Peer analysts** – looking at data and understanding what it means.
- 6. Young/parent interviewers** – young people and parents can be an equal part of an interview panel.
- 7. Young/parent inspectors/ kite markers/mystery shoppers** - Young people or parents trained to inspect facilities, services and venues to assess how fun, inclusive and user-friendly they are. From this, reports can be produced by the inspectors to influence future service design or changes.
- 8. Peer educators** - young people and parents to run training aimed at professionals or to peers on key subjects and/or priorities.
- 9. Creative methods** – DVD's, videos, art work, stories, poems, photographs.
- 10. Youth/parent conference/event** – a conference/event where participants are informed on an issue and can give their views. This could be attending events or organising events on behalf of others.
- 11. Youth budget** – an amount of money given to a young people's panel who decide how to spend it.
- 12. Hand the project over** – let parents/ carers or young people undertake their own project with a brief of what the aim is.
- 13. Listening through play** – creative ways of listening to children through art and games.
- 14. Young Commissioners** – young people trained to work with commissioners on contracts and service specifications.
- 15. Speed/circuit meeting** – question and answer session on a circuit with key decision makers to put forward their views and suggestions.



Celebrating Success - Our healthy Halton

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

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



Celebrating Success - Bambino's Parent Group

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

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



Celebrating Success - HRMZ Runcorn Youth Club and Weston Point Group

Feedback from a parent

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

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

During the summer months, my younger son went on numerous trips with the youth scheme and he thoroughly enjoyed them. Camping in Tattenhall, swimming in Abersoch Falls, high ropes in Wales, to name but a few, really did

bring out my son's confidence. As a single mother, I do find it difficult to fund trips out with my children, so to see the smile after each trip meant a great deal to me.

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

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

Special Educational Needs and Disabilities

What do we mean by 'Special Educational Needs and Disabilities'?

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

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

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

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

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

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

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

What are some of these changes?

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

What is Halton doing about this?

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



Celebrating Success

– Shane’s experience of Halton’s transitional services

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

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

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

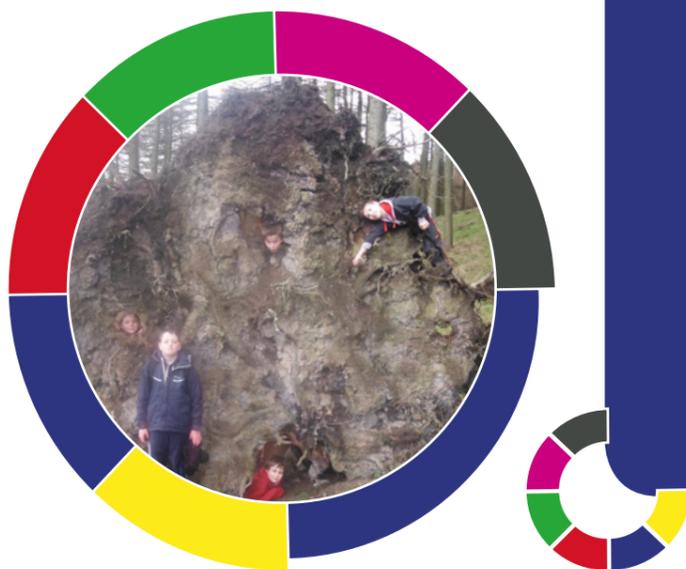
My next placement was with Mako as part of the Photo Voices project, there were fewer people but I was still nervous about being there. Fortunately the staff were very supportive

and made me feel welcome, I felt extremely comfortable and for the most part relaxed. Over the weeks that I was involved in the project my confidence working with others grew, which led me to taking on more tasks and responsibility in the sessions. I enjoyed these sessions so much that I asked if I could be involved in other projects. Through this I volunteered to help with their weekend provision, during these sessions I helped teach animation and film making to children, this gave me a sense of responsibility and helped me to build more confidence in my own work and communication with others.

While working with Mako, I decided to join the Prince’s Trust to further help myself. When I first joined I felt extremely nervous and panicked because I was in a new place with 14 strangers but it helped me to become more confident so I decided to give my work my best shot. Two weeks into the Prince’s Trust we went on a one week residential. During this I became more comfortable around the other members of the programme. Throughout the twelve week

course I built up more of my self-confidence and was able to relax when around people I didn’t know. At the end of the programme I earned my certificate of completion. I felt proud and despite my condition and with the help of two of my new found friends, I was able to talk about my time at the Prince’s Trust. I found my time with Mako and the Prince’s Trust to be overall enjoyable and memorable.

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



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



Performance

What do we mean by Performance?

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



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

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

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

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

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

Celebrating Success - Halton Speak Out

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





Review of Promises 2011-14

Promise	What we achieved?
<p>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.</p>	<p>Halton Children’s Trust has continued to improve levels and ways of engaging with children, young people and families. Examples include:</p> <ul style="list-style-type: none"> Increased involvement of young people in the design and delivery of youth provision, marketing and information. Moving away from just consulting with to now involving children, young people and their families using a number of different participation tools consultations being one of them. Halton Family Voice and Involve have been highly involved in developing a range of projects, including the Halton Levels of Need Framework, Our Healthy Halton and this plan. Parent and young people representatives input themselves and carried out further consultation with other parents/carers and professionals.
<p>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.</p>	<ul style="list-style-type: none"> Quarterly reports on safeguarding activity include additional detail on disability. The Halton Safeguarding Children Board commissioned research analysing referrals to Children’s Social Care that considered aspects of equality and diversity with, for example, vulnerable groups such as children with disabilities and children from the Traveller community. An audit of children with disabilities subject to any plan was undertaken to ensure their needs are being addressed at the correct level on the safeguarding continuum. In response to Ofsted’s thematic report on children with disabilities, the Halton LADO Report includes information on children with disabilities.
<p>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.</p>	<ul style="list-style-type: none"> 790 children and young people responded to the Board’s E-Safety survey. The responses are being used to inform E-Safety work in the borough. Young people designed the HSCB E-Safety leaflet. The Board coordinated the response of over 50 young people to a government consultation on future inspection arrangements. The Board receives information from children & young people on their experiences of safeguarding services in order to inform future service delivery. The Board consulted with young people via an event at CRMZ on how to engage children & young people in the work of the Board.

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



<p>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</p>	<ul style="list-style-type: none"> More young people accessing youth provision from CRMZ in Widnes and Grangeway Youth Hub. The redesign of youth provision from 2012 onwards has increased the amount of activities available for young people in Halton. Provision now includes more weekend activities and more activities on the streets or on estates, after feedback from young people, as well as more activities in school holidays and during the day. The minimum age for these activities has also been lowered, from 13 to 10. Again, this was as a direct result of feedback from young people. The appointment of a Lead Engagement Officer has led to: <ul style="list-style-type: none"> Halton Family Voice <ul style="list-style-type: none"> Rebranding and increased participation and involvement in projects and training using a range of creative methods. Development of a Halton Family Voice page on the Halton Children’s Trust website Establishment of more ways to get involved, including a Facebook discussion group. Involve <ul style="list-style-type: none"> Establishment of a new advisory group of young people, parents, carers and engagement officers that advises Halton Children’s Trust on participation in decision-making processes Children & Young People’s Voluntary Sector Forum <ul style="list-style-type: none"> Currently working towards more effective partnership working and joint delivery of services and provision for children, young people and their families, ensuring a quality offer from the voluntary and community organisations.
<p>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</p>	<p>As one of the key strategic priorities for Halton Children’s Trust, all commissioning decisions are taken with the needs of our communities in mind. The Children’s Trust’s joint commissioning priorities have been reviewed annually to ensure the right services are jointly commissioned to meet local needs and priorities. These priorities inform the Trust’s Joint Commissioning Framework. For the agreed key priorities, resources within the Trust are combined to tackle these issues.</p>



<p>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.</p>	<p>Driving this promise forward has been, and continues to be, the three year Halton Children's Trust Integrated Workforce Strategy.</p> <p>The Strategy revolves around 7 key strategic objectives and has achieved notable successes, including:</p> <ul style="list-style-type: none"> • The continued rollout of the Halton Children's Trust Multi-Agency Induction Programme • A detailed and thorough Training Needs Analysis that will inform a Halton Children's Trust Training Plan, one of the first within the region. • Establishing a Halton Children's Trust Leadership & Management Toolbox. • Putting into place a Recruitment & Retention Charter. • Work on a sub-regional basis in relation to a frontline Social Work Leadership & Management Development Programme.
<p>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.</p>	<p>An analysis was undertaken to identify and target specific vulnerable groups to ensure that we intervene at the right time to prevent problems from escalating. Using current and historical analysis of vulnerable groups, a method of mapping and weighting indicators of vulnerability in terms of importance on a case-by-case basis is being developed. The peer challenge process underway with schools will further support this work.</p>
<p>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.</p>	<p>Halton's Children's Rights, Advocacy and Independent Visitors Service aims to provide independent advocacy support, advice and information to children and young people so their views and wishes are heard, their rights are respected, and that they are assisted if they wish to give feedback or make a complaint. The service is for children and young people aged up to 25 years who are Children in Care, Care Leavers, Children in Need, Children with Complex Needs or on a Child Protection Plan, as well as young people placed out of borough. Continued improvements have been made to the service over the last three years based on evidence, feedback and value for money.</p>

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



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



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



Web: www.haltonchildrenstrust.co.uk



Email: childrenstrust@halton.gov.uk



Twitter: **@HaltonCT**



Tel: 0151 511 7396

REPORT TO: Children, Young People and Families PPB

DATE: 9 June 2014

REPORTING OFFICER: Strategic Director, Children and Enterprise

PORTFOLIO: Children, Young People and Families

SUBJECT: Work Topic Group Suggestions

WARD(S): Borough-wide

1.0 PURPOSE OF PRESENTATION / REPORT

1.1 Members are requested to suggest topics for review for 2014/15 work groups.

2.0 RECOMMENDATION: That the Board suggest Work Topic Groups for 2015/15.

3.0 SUPPORTING INFORMATION

3.1 Presentation will be delivered, followed by Q & A session.

4.0 POLICY, FINANCIAL AND OTHER IMPLICATIONS

4.1 There are no direct implications.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 There are no direct implications.

6.0 RISK ANALYSIS

6.1 This report is for information only. There are no risks arising from it.

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 & Families Policy and Performance Board
DATE:	9 June 2014
REPORTING OFFICER:	Strategic Director, Children & Enterprise
PORTFOLIO:	Children , Young People and Families
SUBJECT:	Update of review of children's emotional health and well-being services
WARDS:	Boroughwide

1.0 PURPOSE OF REPORT

- 1.1 To provide members with an update regarding the Children's Emotional and Mental Health and Wellbeing Review.

2.0 RECOMMENDED that

- 1) The Policy and Performance Board notes the report
- 2) To request a further report be presented at the Board in 6 months outlining developments

3.0 Supporting Information

- 3.1 Mental health is central to our quality of life, central to our economic success and interdependent with our success in improving education, training and employment outcomes and tackling some of the persistent problems that scar our society, from homelessness, violence and abuse, to drug use and crime. Mental health encompasses mental wellbeing, good mental functioning and the absence of problems in relation to thinking, feelings or behaviour. Mental illness is common and is associated with significant individual, social and economic costs. In England, one in six adults and one in ten children will experience a mental illness at any one time.
- 3.2 9.6% of all children and young people aged 16 and under will have some form of mental disorder (ONS 2005). This equates to 2,500 Halton children aged 0-15 with a diagnosable emotional and mental health condition. There is wide spread evidence suggesting that vulnerable groups are more at risk of developing mental health problems:

- 3.3 Research by Green et al¹ showed that 7.7% of 5-10 year olds and 11.4% of 11-16 year olds were likely to have experienced a mental health disorder. Applying prevalence rates for the different mental health disorders to the 2013 population estimates for Halton residents aged 5 to 19, the numbers likely to have mental health disorders and been estimated. (Numbers for all types and each type do not add up as some children will have more than one disorder.)

4.0 What have we done locally

- 4.1 The Commissioning Partnership have agreed to prioritise children's emotional health and mental wellbeing. The CCG, Public Health and the Local Authority are working together to help develop a comprehensive emotional health and mental wellbeing provision across the Borough.
- 4.2 The Halton Mental Health and Wellbeing strategy takes a life course approach and prioritises action to increase prevention, 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.
- 4.3 It applies to the full range of services, from public mental health promotion through to suicide prevention, forensic mental health services, services for people with personality disorders, severe and enduring mental illness, people with learning disabilities and people detained under the Mental Health Act or subject to the Mental Capacity Act. The strategy and associated action plan compliments other work programmes, including the new Suicide Prevention Strategy and work to develop the Child & Adolescent Mental Health (CAMHS) Tier 2 service which are currently in development, and should be read in conjunction with these pieces of work. In demonstrating the importance of mental health outcomes, it is the intention of the strategy to explicitly recognise the importance of putting mental health on a par with physical health.
- 4.4 Through the work of Halton Mental Health and Wellbeing Strategy, Halton aims to ensure the **objectives** outlined in the national strategy and those identified in the Halton Health and Wellbeing Strategy 2013-2016, and the Halton Clinical Commissioning Group Strategic Plan are realised for local people. From a children and young people's perspective this will mean:
- (i) **More children and young people will have good mental health**
More children and young people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well. We will improve the mental health and wellbeing of Halton's children and young people through prevention and early intervention. We will increase the early detection of mental health

¹ Green, H., McGinnity, A., Meltzer, H., Ford, T. and Goodman, R. (2004) *Mental health of children and young people in Great Britain*, Office for National Statistics

problems which will lead to improved mental wellbeing for people with mental health problems and their families.

(ii) More children and young people with mental health problems will recover

We will improve outcomes for children and young people with mental health problems through high quality accessible services. More children and young people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

(iii) More children and young people with mental health problems will have good physical health

Fewer children and young people with mental health problems will die prematurely and equally more people with physical ill health will have better mental health.

(iv) More people will have a positive experience of care and support

Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

(v) Fewer children and young people will suffer avoidable harm

Children and young people receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

(vi) Fewer children and young people will experience stigma and discrimination

Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

The strategy has identified five **priority** areas for work to meet the needs of local children and young people.

- **Priority 1 - Improve the mental health and wellbeing of Halton's children and young people through prevention and early intervention**
- **Priority 2 – Increase the early detection of mental health problems which will lead to improved mental wellbeing for children and young people with mental health problems and their families**
- **Priority 3 - Improve outcomes for children and young people with identified mental health problems through high quality, accessible services**

- **Priority 4 - Broaden the approach taken to tackle the wider social determinants and consequences of mental health problems**
- **Priority 5 - Optimise value for money by developing quality services which achieve positive outcomes for people within existing resources**

This strategy aspires to meet the needs of the whole population and by using the best evidence of what works to increase the effectiveness and value for money of mental health services.

- 4.5 A children's emotional health and mental well-being event was held on the 10th July 2013 in Widnes. A wide number of stakeholders attended the event which included parents, professionals and Members.
- 4.6 From this event a number of quick wins were identified. These included the development of a service directory guide. This have now been completed and widely circulated. (Appendix A)
- 4.7 A comprehensive CAMHS Partnership Board has been established which is chaired by Gill Frame (Clinical Lead for Children Services Halton CCG). This is to ensure wide representation to ensure wide system engagement in to the board.
- 4.8 The Board is responsible for the development of a comprehensive CAMHS provision across the borough. The Board is accountable to the commissioning partnership and the Health and Well Being Board. The Board will be responsible for the following aspects of service development:
- Networking and developing best practice and shared pathways
 - Service redesign and retendering opportunities (Budget Management)
 - Workforce development
- 4.9 The board has created a number of actions plans to identify and address issues across the Tiers of CAMHS provision. This includes the development of an integrated Tier 2 CAMHS service specification.
- 4.10 The Tier 2 service specification has been developed jointly between the LA, CCG and Public Health. The specification was developed to address the gaps and issues highlighted at the current Tier 2 fragmented provision. The specification has thus far been widely consulted upon and children, families, professionals and commissioners have been involved in developing the specification.
- 4.11 A Young Person's Focus Group has been established and an initial consultation event has been completed where young people were able to feedback their issues and concerns with the service specification.

5.0 Next Steps

- 5.1 The CAMHS Board have agreed the to the draft specification for Tier 2 which will be funded by the CCG. In addition, in recognition of the increased number of children in care and their complexity we are exploring the option of a second tender to specifically address the needs of these young people funded by the LA.

6.0 POLICY IMPLICATIONS

- 6.1 This work stream is being developed in conjunction with the revised Mental Health Policy and Health and Well Being work.

7.0 OTHER IMPLICATIONS

- 7.1 None at this time

8.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

8.1 Children and Young People in Halton

Children's emotional and mental health is a Children's Trust Priority.

8.2 Employment, Learning and Skills in Halton

Employment, learning and skills opportunities are influenced by the emotional health and wellbeing services and it is envisaged this work will have a positive impact.

8.3 A Healthy Halton

The services support people to improve their mental health and wellbeing. Issues outlined in this report focus directly on this priority.

8.4 A Safer Halton

The services provide support to vulnerable children, young people and families to assist them to access appropriate service provision within their local communities. This links to satisfaction with services and overall perception of the area in which people live. Issues outlined in this report focus directly on this priority.

9.0 RISK ANALYSIS

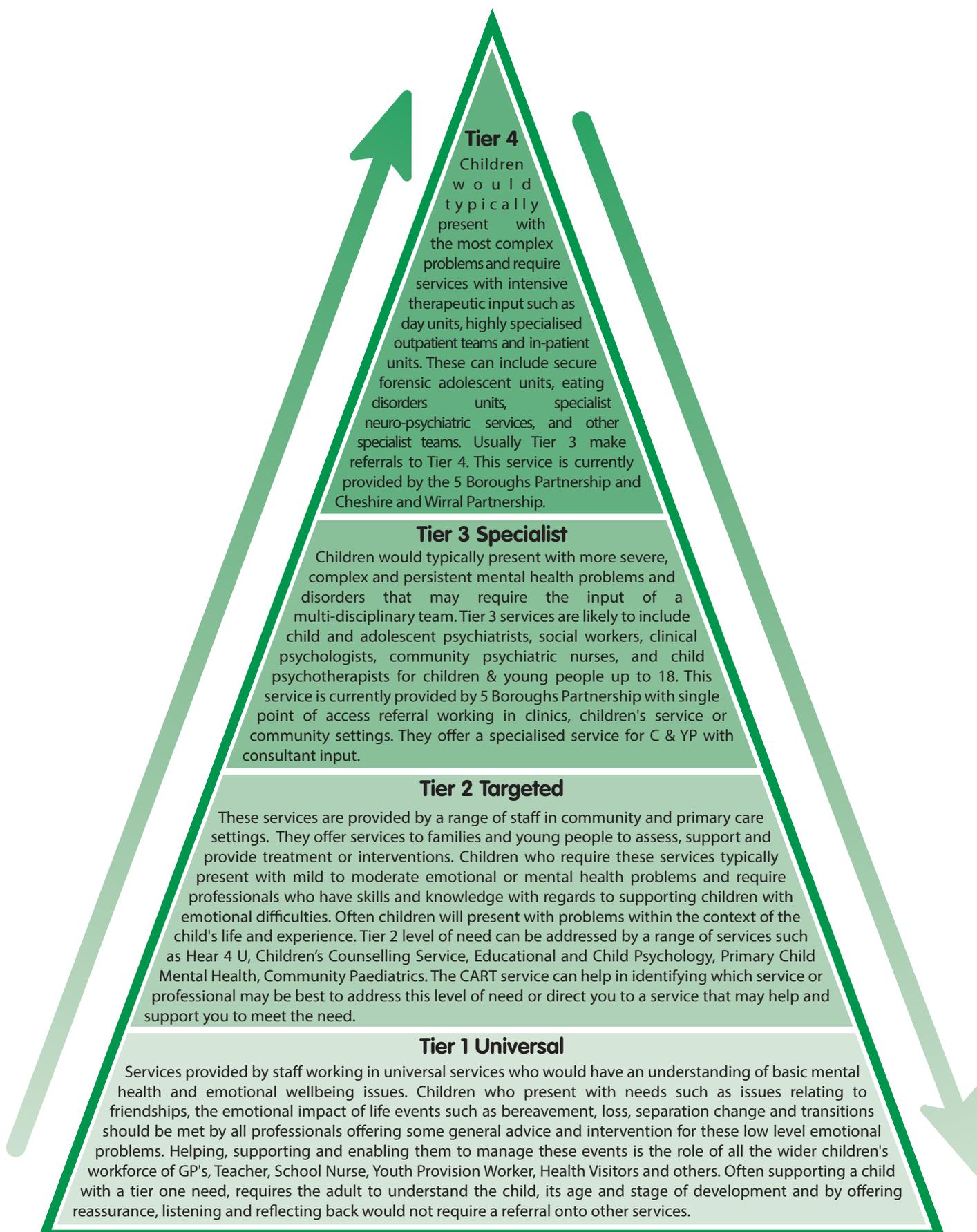
10.0 EQUALITY AND DIVERSITY ISSUES

- 10.1 The services specified within this report relate to the needs of individuals and families with protected characteristics as defined within the Equality Act 2010.

11.0 BACKGROUND DOCUMENTS

None under the meaning of the Act.

Practitioner Guide to CAMHS 'Tiers'



Tier 1 Universal

Service name	What does it do?	How to refer/contact the service
GP, teacher, school nurses, Health Visitors, Youth workers such as Catch 22 Universal Provision	Provide general advice and intervention for low level emotional problems. Meeting C&YP's needs requires the adult to understand the child, its age and stage of development and by offering reassurance, listening and reflecting back would not require a referral onto other services.	Direct contact by the parent/carer, child/young person

Tier 2 Targeted

Service name	What does it do?	How to refer/contact the service
Halton Children's Social Care – Contact and Referral Team (CART) includes IWST	Processes all telephone/e-mails/ letter referrals and information requests for children who are resident in Halton. A qualified Social Worker will make a decision on the most appropriate service for a child in line with Halton Level of Need Framework (Levels 2&3). Contact and Referral Team Social Workers will also offer safeguarding guidance and advice, regarding the making of referrals.	0151 907 8305 (Out of hours after 5pm and all weekend 0345 050 0148)
Primary CAMHS (PCAMHS)	Training & Consultation / Liaison to any professional who works with children and young people. Direct Work for children and young people who present with mild to moderate mental health difficulties such as anxiety or low mood. Where the difficulties have been present for less than 6 months and the mental health difficulty is not due to wider systemic problems. Healthy Weight: In conjunction with the Growth and Nutrition Service across Halton and St Helens. They offer a service to children and young people who have a mental health difficulty associated with being overweight or obese.	Referral by any professional to PCAMH The Bridges Learning Centre, Crow Wood Health Park, Crow Wood Lane. Widnes WA8 3LZ Tel 0151 495 5095 Fax 0151 257 9231
Attendance and Behaviour Service	This included the statutory education welfare service that becomes involved when children fail to attend school. This service also has community support workers who can help schools to implement and understand the behavioural presentations of children. Both elements of this service can be accessed. Advice can be provided about exclusion from school.	Referral via the child's school or open referral to the team on 0151 511 7146
Educational and Child Psychology Service	Help schools to assess, understand and address a Childs learning /behavioural and emotional needs.	Referral is made by the Childs school directly to the educational psychologist allocated to the school. Referral via http://www.thelifecloud.net/las/Halton/spaces/HaltonPages-Inc-lusiveLearningDivision-ProfessionalPage/
SEN (Special Educational Needs) Service	For children with additional needs that may require support to access education. This can include identifying an alternative education provision to meet that Child's individual needs. The additional needs included physical, emotional and psychological needs.	Referral via the child's school or parent referral via http://www.thelifecloud.net/las/Halton/spaces/HaltonPages-Inc-lusiveLearningDivision-ProfessionalPage/
Young Addaction	Offer one to one or group work support to children aged 10yrs to19yrs. They offer a wide range of support for children who themselves may be using substances or when they have a parent, carer or sibling who are or have used substances. Or when there is a concern that the child may be vulnerable to substance misuse. They also provide support around reducing other risk taking behaviour e.g. sexual health/relationships.	Referral via GP, School , CART, or self- referral C-RMZ Kingsway Widnes WA8 7QE Tel: 0151 257 2520
Barnardos Hear 4 U	Is an emotional health service for children and young people in Halton. Hear4U gives children and young people a chance to talk to an independent, trained counsellor about anything that is on their mind or is causing difficulties.	Open Referral to C-RMZ Kingsway Widnes WA8 7QE Tel: 0151 257 2520
Barnardos Go 4ward	Offers an emotional health service for children & young people in the care of Halton Borough Council. Go4ward also works alongside carers and other professionals as part of a supportive team response, tailored to the individual needs and circumstances of each child and young person and their carers.	Social Care Referrals only. Go4ward C-RMZ Kingsway Widnes WA8 7QE Tel: 0151 257 2520

Tier 3 Specialist

These services are provided by 5 Boroughs Partnership: Single point of access and advice line for referrers 01925 579405 or visit www.5boroughspartnership.nhs.uk and search the site for **CAMHS Assessment and Response Team Referral form**

Tier 4

These services are provided by 5 Boroughs Partnership and referrals are only made from Tier 3

REPORT TO: Children, Young People and Families

DATE: 9 June 2014

REPORTING OFFICER: Strategic Director, Children and Enterprise

PORTFOLIO: Children, Young People and Families

SUBJECT: Independent Living Skills for children and Young People with Autistic Spectrum Conditions (ASC)

WARD(S): Borough-wide

1.0 PURPOSE OF PRESENTATION / REPORT

1.1 To provide receive a verbal update on the Scrutiny Topic – Independent Living and Learning Skills for young people with ASC with respect to developments in Ashley School.

2.0 RECOMMENDATION: That the Board notes the update.

3.0 SUPPORTING INFORMATION

3.1 A verbal update will be delivered.

4.0 POLICY, FINANCIAL AND OTHER IMPLICATIONS

4.1 There are no direct implications.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 There are no direct implications.

6.0 RISK ANALYSIS

6.1 This report is for information only. There are no risks arising from it.

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 Policy and Performance Board

DATE: 9 June 2014

REPORTING OFFICER: Strategic Director – Communities

PORTFOLIO: Health & Children, Young People and Families

SUBJECT: Scrutiny Review of Mental Health Promotion Report 2013-14

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present to PPB the mental health promotion scrutiny review report and recommendations

2.0 **RECOMMENDATION: That:**

i) **Members of the PPB to note the contents of the report attached as Appendix 1**

3.0 **SUPPORTING INFORMATION**

3.1 The report outlines the key findings and makes a number of recommendations for consideration by Health PPB.

3.2 The scrutiny topic was commissioned by the Health PPB topic group, with representatives from the Children, Young People and Families PPB, with a view to developing a joint intergenerational prevention and promotion campaign to tackle mental health stigma locally.

3.3 The recent years of a troubled economic climate and welfare reform had the potential to add to existing strains on people's mental health. Halton identifies good mental health as a priority and as such sought to examine the breadth and quality of mental health promotion and prevention services and resources available locally.

3.4 The group looked at how mental health was promoted and a range of services and interventions that are in place to prevent further escalation of a mental health problems. In addition, there were already significant pieces of work being undertaken in relation to mental health treatment services, which fell outside of the scope of this scrutiny review topic. These included: a full review of Child and Adolescent Mental Health Services (CAMHS) provision, development of an Acute Care Pathway for adults and development of Later Life and Memory Services (LLAMS) as part of the Dementia

Strategy. Updates were provided to the group on the above.

3.5 The Topic Group sought input from a number of Council and external providers through presentations, including the CCG, Public Health and Whiston Hospital, and site visits to Ashley House and Thorn Road CAMHS.

3.6 The Topic Group were instrumental in the development of a local anti-stigma campaign, Like Minds (<http://www.haltonlikeminds.co.uk/>) which takes the stories of local people's journey through mental health, providing links to a range of local support services. The campaign was launched in October 2013 and the campaign resources are now available for use throughout the borough by any organisation.

3.7 In addition to Health PPB and Executive Board, this report will also be presented to Children, Young People and Families PPB due to the joint working on this topic group. The report will also be sent to Halton CCG and 5 Boroughs Partnership for information, after it has been through PPB.

4.0 **POLICY IMPLICATIONS**

4.1 The implications of pursuing any course of action arising out of the recommendations of the review will be highlighted as appropriate through the usual reporting channels.

5.0 **FINANCIAL IMPLICATIONS**

5.1 As a result of the review and resulting recommendations, there may be potential financial implications, if so these will be addressed via the use of existing resources by ensuring the use of evidence based prioritisation and associated financial re-profiling.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

Emotional and mental health and wellbeing is a critical factor in supporting children and young people's social development, behaviour and resilience, educational attainment and achievement and life chances. This area of work also supports Halton's focus on Early Health and Support and the priorities within Halton's Children and Young People's Plan.

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

Good emotional and mental health and wellbeing is a vital factor in children and young people and adults accessing learning and future employment opportunities.

6.3 **A Healthy Halton**

Emotional and mental health services impact directly upon the health and wellbeing of adults, children and young people with an identified need or who are at risk of developing a need.

6.4 **A Safer Halton**

Those who do not experience good emotional and mental health and wellbeing are more likely to be subject to a range of risk factors that can impact negatively on community safety issues.

6.5 **Halton's Urban Renewal**

None Identified

7.0 **RISK ANALYSIS**

7.1 National and local evidence demonstrates that failure to ensure that appropriate services to support emotional and mental health and wellbeing is likely to impact negatively on outcomes and life chances. Failure to provide effective mental health prevention and promotion services across the life course could also result in an increase in the need for specialist services thus leading to potentially increased costs to the Council.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified at this stage.

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

9.1 None identified under the meaning of the Act



Health Policy & Performance Board

Scrutiny Review of Mental Health Prevention & Promotion

**Report
March 2014**

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1. Topic brief
2. Summary of guest speakers
3. Report to Children & Young people's PPB – Independent Living Skills (report author: Jennifer John)

1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of the report, as outlined in the initial topic brief (at *Appendix 1*) is to :
- Review existing mental health provision in Halton in relation to prevention and promotion.
 - Examine the effectiveness of current pathways/materials for mental health prevention and promotion.
 - Consider national best practice and evidence based practice in relation to pathways for prevention and the promotion of mental health issues.
 - Consider ways to continue to make improvements to promotional materials thus enabling Halton to reduce the social and economic cost of mental health issues, with a particular emphasis on reducing reliance on acute services.

2.0 STRUCTURE OF THE REPORT

- 2.1 This report is structured with an introduction, a brief summary of the methodology followed by evidence, analysis with findings/conclusions and recommendations.

3.0 INTRODUCTION

Reason this scrutiny review was commissioned

- 3.1 Significant numbers of people suffer mental health problems such as depression. Mental Health problems account for the single largest cause of ill health and disability in the Borough and can have a significant impact on a person's ability to lead a full and rewarding life. Some associated statistics are outlined below:-

- 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 diagnosed with depression is **11,924** (11.94% GP pop aged 18+). Regional prevalence is 13.3% and nationally 11.7%.
- 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.
- Stigma of mental ill health (more prominently in men) is a major factor in people not seeking help and support.
- Aligned with the above suicide is now recognised as the biggest killer of young men, higher than road traffic accidents. Stigma is reported to be the major influence of men refusing support.
- The current economic climate and welfare reforms are likely to increase the levels of people suffering from mental distress. However, through a range of evidence based interventions to promote mental and emotional wellbeing the above are all amenable to change.

(Halton Health and Wellbeing Strategy : 2012-15)

Policy and Performance Boards (PPB)

- 3.2 This report was commissioned as a scrutiny working group for the Health Policy and Performance Board. The topic brief was also endorsed by the Children, Young People and Families Policy and Performance Board as there was a requirement for joint working on elements of this review and the Children, Young People's Family review of wider mental health services. Members of the Children, Young People and Families Policy and Performance Board were regular members of this scrutiny topic group. This report will be presented, for information, to the Children, Young people and Families Policy and Performance Board.

Membership of the Scrutiny Working Group

- 3.3 Membership of the Scrutiny Working Group:

Councillor Ellen Cargill (Chair)	Dave Sweeny Operational Director, Integrated Care
Councillor Sandra Baker	Emma Bragger Policy Officer, Communities
Councillor Joan Lowe	
Councillor Geoff Zygadlo	
Councillor Mark Dennett	
Councillor Miriam Hodge	
Councillor Margaret Horabin	
Councillor Pamela Wallace	
Councillor Kath Loftus	
Councillor Geoff Logan	

Methodology Summary

- 3.4 This scrutiny review was conducted through a number of means:
- Information pack provided to Topic Group Members outlining statistics, national and local policy context, evidence based prevention/promotion interventions and emerging issues.
 - Monthly meetings of the scrutiny review topic group;
 - Presentations by various key members of staff (Summary of the presentations given to the Topic Group can be found in *Appendix 2*);
 - Site visits, at which there was opportunity for service-user consultation.
 - The final draft of this report was circulated to participating staff to check for accuracy.

4.0 EVIDENCE CONSIDERED BY THE SCRUTINY TOPIC GROUP

Mental Health Strategy

- 4.1 As part of the consultation process, the draft strategy was circulated to the scrutiny topic group for comments.
- 4.2 Halton's Health and Wellbeing Board has set the "Prevention and early detection of mental health conditions" as one of five priority areas to address to achieve its vision for the Borough. To progress this, Halton Clinical Commissioning Group and Halton Borough Council have developed a joint health, public health and social care Mental Health Commissioning Strategy during 2013, which sets key objectives and priorities to improve mental health in the Borough.
- 4.3 The Mental Health Strategic Commissioning Group has been established with a remit to develop and oversee the implementation of this overarching mental health strategy and action plan.
- 4.4 Halton Council and Halton Clinical Commissioning Group (CCG) have worked in partnership and established joint commissioning agreements for specific service areas. The strategy also adopts a life course approach that recognises that the foundations for lifelong wellbeing are already being laid down before birth, and that there is much that can be done to protect and promote wellbeing and resilience through early years, into adulthood and then on into a healthy old age.
- 4.5 The strategy and associated action plan complements other work programmes, including the local Dementia Strategy and the Suicide Prevention, Loneliness and Child & Adolescent Mental Health (CAMHS) Strategies which are currently in development

Conclusion

- 4.6 The promotion of positive mental health and wellbeing prevention activity, and the early diagnosis and provision of appropriate information and support, can mean that a good quality of life is possible. While the costs associated with responding to the challenges of mental health and wellbeing are expected to rise in coming years because of growing numbers of people affected, there is significant scope for spending money more efficiently and effectively and for changing how we respond to local need. Investment in prevention and early intervention, particularly in the crucial childhood and teenage years, can help to prevent mental illness from developing and mitigate its effects when it does.

Dementia Strategy and the implementation of the Later Life and Memory Service

- 4.7 Halton has refreshed the local dementia strategy in light of local service developments and national drivers, such as the Prime Minister's Challenge on Dementia. The strategy was developed by the Halton Dementia Partnership Board during 2013, and places emphasis on improving diagnosis rates, early intervention

and quality treatment and support. Eight Dementia Pledges have been devised to ensure that person centred outcomes are the focus of all treatment and support developments, including those for the carer. As part of the consultation process a draft of the strategy was circulated to the scrutiny topic group.

- 4.8 The Later Life and Memory Service has been operational since June 2013 in Halton, which includes the development of a Dementia Care Pathway for use by GPs.. The pathway is in place to promote early detection of dementia and improve diagnostic rates within the borough. Early diagnosis is a priority of the Halton Dementia Partnership Board, enabling those with a diagnosis of dementia, and their carers to access treatment and support at the earliest opportunity. Initial analysis by 5 Boroughs Partnership is positive, seeing an increase in referrals and a reduction in waiting times for diagnosis. Accessing appropriate support at an early stage can aid positive physical and emotional outcomes for both the person with the dementia diagnosis and their family and carers. The Dementia Care Advisor Service provides a range of practical and emotional support to both the person with the dementia diagnosis and their family and carers, aiming to maintain emotional and psychological wellbeing of those affected by a diagnosis of dementia – a business case is being developed to extend this service. Maintaining the Carer’s physical, psychological and emotional wellbeing is a priority of the revised Halton Dementia Strategy, with Carer’s health checks and Carer’s assessments forming a vital part of the support mechanism. It is envisaged that with the implementation of the Dementia Care Pathway the quality of the GP intervention will be consistent and improved.

Conclusion

- 4.9 With prevention, an early diagnosis and appropriate information and support good quality of life could be possible. While the costs of dementia are expected to rise in coming years because of growing numbers of people affected, there is significant scope for spending money more efficiently and effectively. The revised Halton dementia strategy outlines how this could be achieved.
- 4.10 Whilst it is early days for the pathway and memory service, evidence from the Wigan Pilot suggests positive outcomes in terms of reduced waiting times and increased diagnosis rates, which is reflected in initial findings from 5 Boroughs Partnership. The pathway aims to reduce waiting times for specialist assessment to a maximum of 10 days, with a 6 week waiting time from diagnosis from referral for assessment. This is significantly shorter than previous waiting times, where a diagnosis may take months, or even years to be agreed. An evaluation of the Later Life and Memory Service and pathway will be undertaken at the 6 month point.

Public Health

- 4.11 From April 2013, local authorities have had a statutory responsibility for delivering and commissioning public health services for children and adults. This includes prevention and early intervention services that address the key public health and wellbeing issues.

- 4.12 Mental health is a priority of the Health and Wellbeing Board and a mental health action plan has been developed to support the delivery of the Health and Wellbeing Strategy. This was circulated to the scrutiny topic group.
- 4.13 Information was provided on a variety of services and activities commissioned or overseen by the Public Health function of the Local Authority. In particular, information was provided on the School Nursing Service, as a key focus of the scrutiny topic group was on early mental health promotion, prevention and early intervention. School health services play a vital role in supporting children and young people in building resilience and the School Nursing Service delivers a variety of public health functions, as outlined in the national Healthy Child Programme. For children aged 5-19 years, this includes mental health prevention, promotion, early intervention and support for the management of mental health disorders.
- 4.14 The school nursing service is a universal service and is delivered to all young people, across all schools, regardless of whether they are under local authority, diocese or free school control. Information was provided on a current review of the School Nursing Service and members were invited to provide input on the development of the future specification. It is expected that the service will go through a procurement exercise in 2014 with a view to having a new service in place by September 2014.
- 4.15 The public Health Commissioner for Mental Health reported that there is anecdotal evidence from providers of the negative impact of welfare reform on mental health locally, but with a warning that actual statistical data would be hard to get as mental health is often attributable to more than one factor. However there is work underway by Public Health to look at trends against the timetable of the welfare reforms to see if there is a correlation between reforms and an increased demand on services. Currently, the Citizen's Advice Bureau(CAB) assess mental health pre and post their intervention and report that generally people feel less stressed/anxious after a CAB intervention. This information may provide insight to plan for the future.

Conclusion

- 4.16 Information provided on the school nursing programme in Halton schools highlighted that there was a lack of consistent understanding across schools and the wider community with regards to the service. The service provides universal, targeted and specialist activity for children, young people and their families (dependent on need) but this is delivered in different ways depending upon the relationship it has with the local school. This may be as a result of the different approaches to pastoral care within each school, and as a result there is a need to support the development of effective working relationships with the service. There is also a need to work alongside the wider health and social care, voluntary and community sectors to understand the impact of benefit reform on individuals and families.

Intergenerational Anti Stigma Campaign

- 4.17 Evidence was presented to the Topic Group by the Health Improvement Team about the national 'Time to Change' mental health prevention and anti-stigma campaign.

The evaluation of the national campaign highlighted the positive outcomes in terms of changing perceptions of mental health within communities and amongst professionals, and how the campaign could be adapted locally. The Health Policy and Performance Board endorsed the development of a local campaign in May 2013. The Mental Health Scrutiny Topic Group were consulted on the development of the local campaign where real life, local stories were used in a series of photographic case studies, materials, website and piece of art work. The campaign and website were launched on World Mental Health Day (10th October) 2013.

Conclusion

- 4.18 The Scrutiny Topic Group, and Health and Children, Young people and Families PPBs, welcomed the development of a local campaign aimed at reducing the stigma associated with mental health issues, and the promotion of talking about mental health. The resources developed to support the campaign, such as the posters, stands and comprehensive website are useful tools for members, professionals, the 3rd sector and the public to get the message out about breaking down the mental health taboo. The campaign should be promoted widely to maximise the outcome of the initial investment.

Improving Access to Psychological Therapies (IAPT)

- 4.19 Improving Access to Psychological Therapies (IAPT) is a national NHS programme being rolled out across England during 2008- 2015. The aim of the programme is to develop local talking therapy services that offer treatments for depression and anxiety disorders. Information was provided by the CCG Commissioning manager about what IAPT services provides in terms of brief to medium term interventions and uses a range of psychological therapies and/or signposting on to other services, were appropriate. The service includes prevention (such as brief interventions) accredited counselling and physical health wellbeing (physical health checks). The procurement for the IAPT service is being bought in from Halton Borough Council (HBC).

Conclusion

- 4.20 Procurement of the IAPT service via HBC was noted as being very successful due to close working relationships that have been developed between HBC and Halton Clinical Commissioning Group staff (Halton CCG).

Child and Adolescent Mental Health Services (CAMHS)

- 4.21 Evidence was presented by HBC and CCG Commissioning Managers as to the current CAMHS provision, and updates were provided on the Children and Young People's scrutiny review of CAMHS services that ran concurrently with this Health scrutiny topic.
- 4.22 Actions identified from an Emotional Wellbeing Pathway Planning Event held on 10th July 2013 , of which members of this scrutiny topic group attended, included

production of a Tier Guide so that member's and other professionals and public are clear on what CAMHS provision there is at each level.

- 4.23 Budget mapping is to be undertaken by CCG on what is spent on Tier 2 & 3 to identify total spend and where possible disinvestment might be warranted in order to fund investment in other parts of the CAMHS service. As at January 2014, the CAMHS review was nearing completion – recommendations will be included in CCG/LA commissioning intentions.

Conclusion

- 4.24 The scrutiny topic group raised concerns over the involvement of schools with CAMHS services, and the lack of control over Free Schools to ensure that they engage with CAMHS services.

CAMHS Tier 3 Services – Thorn Road Clinic, Runcorn

- 4.25 Councillors Cargill, Wallace, Loftus and Zygadlo and the supporting Policy Officer attended a half day visit to the Thorn Road Clinic in October 2013 to gain an insight into what CAMHS provision is delivered from the sight, positive developments and any emerging issues.

- 4.26 The visit included a presentation and question and answer session with a large number of clinical professionals and service managers from across the range of services delivered at tier 3 for Halton residents. This included psychologists, psychiatrists and a family therapist. There was also a current young service user present, and one of the employees who gave a presentation was also an ex service user. A tour of the facilities was conducted, and it was evident that the environment was light and welcoming, with examples of making the environment as comfortable as possible for the children and families that use the services. The entrance area had recently been refurbished to meet the needs identified by service users. There was a new touch screen feedback and comments console, a computer game station and television. Art work in the entrance area was created by service users and members of the 5 Star Forum (the service user group). Consultation and therapy rooms were private and well decorated, with toys and soft furnishings.

- 4.27 The site also housed some staff from the St Helens part of The 5 Borough's Partnership as part of the cost savings programme. It was also explained that some of the staff that deliver assessments are not based at Thorn Road, but when a Halton referral is made they undertake the assessments in Halton.

Information provided by clinical and non-clinical professionals included:

- 4.28 Referrals in to the service are categorised as Critical (assessed within 24hrs), Emergency (assessed within 72 hours) and Routine (assessed within 10 days). The response and assessment services have recently been extended to 9am-9pm, with on call service outside of these hours, with the view to improve early intervention.

Waiting times from referral, assessment and treatment are significantly below the national target of 18 weeks, with the maximum time between referral and assessment/initial intervention being 10 days (Routine referral).

- 4.29 Inpatient care (Tier 4) is provided at Fairhaven in Warrington. Service users requiring interventions at tier 4 have acute mental disorders which are the most costly to treat and manage. The average length of stay is less than 60 days, which is below the national average. Whilst there is no inpatient facility with the borough, there are some financial support mechanisms in place to provide transport to Halton families who have children at Fairhaven. In addition, there is a minibus that staff can use to take patients for home visits to maintain important family contact.
- 4.30 There is a MHAPS secondary school pilot (Mental Health Awareness Programme in Schools) taking place in Warrington, with a view to rolling out in Halton and across the 5 Boroughs Partnership (5BP) footprint as a whole. This involved a school liaison worker delivering awareness raising sessions as part of the Personal, Health and Social Education (PHSE) curriculum. This pilot is currently being delivered by an ex CAMHS service user, Hannah. There is a service called TAMS (targeted mental health in primary schools) being delivered in other parts of the 5BP footprint, but no longer in Halton.
- 4.31 CAMHS have a user group called 5 Star Forum, who have been actively involved in the development of a website and a short film about mental health awareness that was shown in local cinemas and is nominated for an award. The 5 Star forum have also contributed to the recent refurbishment of the entrance area.
- 4.32 CAMHS delivers skin camouflage for young people who self harm. 5BP is the only mental health trust in the UK who offers this. Staff explained that the service is offered to young people who have self harm scars, if, as part of their person centred treatment plan they have identified confidence and esteem issues related to appearance of their scars. Staff reassured that the service premise is not to show young people who self harm how to self harm in a more inconspicuous manner.

Conclusion

- 4.33 The Councillors were grateful for the number of professionals and staff who had made themselves available to take part on the visit, and were pleased that there were a broad range of services available from the site.
- 4.34 The visit highlighted positive developments in the waiting times and improvements in accessibility of the services through the new referral and assessment teams. It was noted that the MHAPS service should form an important part of the PHSE curriculum in schools to truly tackle stigma associated with mental health and raise awareness to improve early intervention and outcomes. There is currently no TAMS provision in Halton, therefore a missed opportunity to engage with primary school, in an age appropriate way, about mental health.

- 4.35 Currently, there is flexibility within the CAMHS tier 3 provisions to channel staffing resources as appropriate to avoid bottle necks in the system. The review of tier 2 will include the allocation of resources to be used in the most appropriate way to minimise service users in tier 3 services, who would be more appropriately served at tier 2, which could then have the potential to have a knock on effect on the throughput of patients at tier 3.

Ashley House Visit

- 4.36 Councillors Cargill, Lowe, Zygadlo and Wallace visited Ashley House in October 2013 to gain an insight into the links between mental health and substance misuse. Ashley House is a 24hr one stop shop for substance misuse services, located in Widnes, but offering support in both Widnes and Runcorn. Services include: advice, treatment, and information. Councillors reported that there was evidence that the staff were supportive in working with service users to get their lives back on track. A government programme crime reduction initiative is run from the centre
- 4.37 Members were given a part tour of the building, where staff explained about the variety of staff and services available and what happens in specific rooms. The building inside was warm and welcoming and not at all as Councillors expected. Pictures and activities such as a wish tree were in the foyer, a very positive theme and feeling welcome is given on entering.
- 4.36 There was good evidence of service user involvement and on the day service users were holding their group meeting and members were invited to attend. The group is made up of service users and staff, if invited. It is a formal meeting, with a set agenda, minutes and action plans. The meeting was chaired by a Recovery Champion (a service user who has become clean of his addiction, and now helps other service users on the journey to recovery).
- 4.38 There was evidence of a number of activities, alongside clinical treatment, that service users were involved in to aid their recovery by improving their general wellbeing and mental health by providing meaningful activity that the service user group have developed and providing alternative interests to prevent relapse.
- 4.39 There is a breakfast club, run by volunteers 9-11.30am each day, funded by a pot of money given to the group to use on such initiatives suggested by the members.
- 4.40 There is a market garden project, introducing users to a productive skill, the land was donated by Halton Borough Council and led by local Halton service users group CRI (Crime Reduction Initiatives). The group had also secured an allotment plot from Halton Borough Council to grow produce and learn a skill, led by another recovery champion.
- 4.41 The group discussed the edition of their newsletter, in which one member has designed logos and art work for publication. There was a discussion on a planned visit to the Lancashire Regional forum at Kirkum.

- 4.42 The group have started a new project called Happy Mondays, a session from 2.30-4.30pm themed on music, creative writing and other activities, ideas were asked for. The group are so successful, they visit other towns including Fleetwood and Moor. The group speak about the projects they are involved with, and about their journey to recovery.
- 4.43 The Chair of the group, explained they were going to do a presentation addressed at Magistrates based around the sentences given to users, and how referrals not custodial sentences can help, and how these projects influenced users to get their lives back and what good work was happening at Ashley House.
- 4.44 The service user group raised the issue that users can fall back into their habits when they go out socialising and often there is alcohol or drugs available. When asked what they would suggest, it was mentioned a vacant building near by would be an ideal venue that can be opened most days, where users could go to play pool, get training, a place to relax without the temptation of alcohol and drugs, serving soft drinks and snacks.

Conclusion

- 4.45 The ward Councillor, Councillor Wallace recommended that the service user group should speak to Ashley House management and if they were supportive they could do some work to get information, like who owned the building, how much for sale, etc. The Councillor also said she would support the fact finding work, but initially they need to speak to Ashley House management.

Awareness/anti stigma training for professionals (Mental Health Staff and non-clinical professionals)

- 4.46 The topic group received a presentation from the Head of Safeguarding and Public Protection and the Managers of both the Older People's Mental Health Liaison Service and Acute Liaison service at Whiston Hospital, on developments in relation to providing mental health assessments for patients and mental health awareness raising amongst staff. The group discussed the importance of ensuring that support in the community is in place, high quality and actually delivered once discharged from the hospital setting – the guests described how this is currently provided, acknowledging that more can be done via integrated care packages. The presentation also included information on training and two services– Older People's Mental Health Liaison Service and Acute Liaison service.

Conclusion

- 4.47 It was recommended that a focus should be maintained on discharge of care into the community and provision of appropriate, consistent and quality care delivered within the community.

Educational Psychologist Insight

- 4.48 The Principal Educational and Child Psychologist (the Principal Psychologist) attended a meeting to provide information on the role of the education and child psychology team. It was raised that the team are reliant on the use of locums, currently, to ensure a full complement of staff due to sickness absence. Schools are now required to purchase the services of the psychologists but this has NOT resulted in a drop off in demand. Wendy highlighted that in her opinion Open Mind is a really useful resource when working with parents.
- 4.49 The Principal Psychologist talked through the referral and prioritisation process and advised that a Parent Partner will be in place from January to support parents with statutory assessments and general schools advice (not Common Assessment Frameworks). Information was provided about the Critical Incident response Team, as result of a query from Councillor Wallace in relation to the suicide of a Halton pupil.
- 4.50 The Principal Psychologist informed the group that in her opinion Halton Council was very supportive of professional development and post entry training. Something which is not common place in other Authorities. This investment in professionals is important in providing a quality service. It was explained how this training is then implemented and shared through conferences and training within Halton.
- 4.51 In the near future the Educational and Child Psychology Service would like to offer its support to a multi agency ADHD pathway, in line with NICE guidelines.

Conclusion

- 4.52 Building emotional and psychological resilience in school age children should be considered a priority within schools and out of school provision of activities and family support, given the evidence base for positive psychological outcomes.

Clinical Psychologist Insight

- 4.53 A Clinical Psychologist working for the 5 Boroughs Partnership Recovery Team, attended to give an overview of his role and emerging strains on the service. Although there are 3 psychologists posts within the multi disciplinary team, they have never been fully staffed due to maternity leave.
- 4.54 It was highlighted that there was an issue with the waiting list that was inherited when the service redesigned. Assessment is fast, but then there is up to an 18 month waiting time for 1 to 1 psychological therapy and up to 6 months for Cognitive Behavioural Therapy.
- 4.55 The increase in referrals to psychological therapy was highlighted. Anecdotally this could be due to welfare reform, but also because people are more psychologically aware and willing to seek treatment.

- 4.56 It was raised that there is an emerging capacity issue at tier 4, as they are often seeing people who are really in need of tier 3 (this mirrors the feedback from the CAMHS visit. Lack of capacity in lower tiers is having a knock on effect in the acute tiers). Some clients at tier 4 could actually be seen more appropriately in primary care. This happens in some other boroughs such as Warrington.
- 4.57 The group were informed that patients can be discharged from the service if they display a lack of willingness to engage, however this is not done without careful consideration for the impact this may have on the individual.
- 4.58 There was discussion about how welfare reform has impacted on some people being reluctant to seek therapy or improve their condition for fear of how this may affect their benefits.

Conclusion

- 4.59 It was raised that currently family therapy is not provided by 5 BP – this is an area that he felt presented a gap in provision.
- 4.60 In the opinion of the presenting Psychologist, an investment in 1 or 2 band 7 (entry level) psychologist for 12 months would be able to clear the current waiting list backlog.

Local Authority Mental Health Challenge

- 4.61 Involvement in The Local Authority Mental Health Challenge was proposed to the scrutiny topic group. It is a national programme co-ordinated by leading mental health organisations to support and encourage local authorities to take a proactive approach to implementing the national mental health strategy and improving the mental health of their communities. All upper tier local authorities have been asked to take up The Mental Health Challenge which sets out ten actions that will enable councils to promote mental health across all of their business. As a first step, councils are asked to appoint a member 'champion' for mental health.
- 4.62 The role of champion will be defined locally but key activities might include:
- Raising awareness of mental health issues in the development of council policies and strategies, and in public forums;
 - Ensuring the overview and scrutiny committee has a view to mental health in their workplans;
 - Leading discussions on mental health issues with NHS organisations in the local area;
 - Speaking with schools, businesses and community groups about mental health;
 - Linking with mental health service users and voluntary groups locally to understand their needs and concerns;
 - Tackling myths and misperceptions about mental health in the local community.

Conclusion

- 4.63 As part of the work of the Mental Health Topic Group it may be useful to consider whether Elected Member/s would like to be a part of this challenge.
- 4.64 The Mental Health Challenge for Local Authorities was discussed at Communities SMT and accepted as a challenge we endorse and will drive. Should Halton sign up to the challenge the strategic push should be done through the Mental Health Board in order to maintain a multi disciplinary approach.

Joint Scrutiny with Children, Young People and Families

- 4.65 As part of the cross over with the Children, Young People and Families scrutiny review of CAMHS services, a number of meetings and visits to schools took place with the Lead Officer for Children, the chair of the Health PPB Mental Health scrutiny topic group and member of the Children, Young People and Families PPB scrutiny topic group.
- 4.66 The meetings and visits had particular focus on self harm and also children with Autism, in particular Independent Living for those children. The report of the findings of this scrutiny group visits can be found in Appendix 3

5.0 RECOMMENDATIONS TO HEALTH PPB, AS A RESULT OF THIS SCRUTINY REVIEW

- 1) **A review of waiting times for from time of assessment to accessing 1-2-1 Therapies, including Cognitive Behaviour Therapy.** Review staffing levels against demand and current waiting times and make proposals of how, where waiting times are unacceptably long, this can be overcome by reconfiguration of current staff or service planning.
- 2) **Mental Health Promotion, Anti Stigma and Awareness across the life course.** Consideration should be given to consistent key messages of optimism and connecting with others to help build resilience in any future public campaigns, as reflected in the Like Minds Campaign. This is in line with the 5 Ways to Mental Wellbeing. There should be greater emphasis on mental health awareness and promotion within schools. Monitor the MHAPS Pilot in Warrington and consider implementing in Halton schools, using the Like Minds resources and resources developed by CAMHS 5 Star Forum. Awareness raising activities to be coordinated through the Mental Health Promotion Sub Group of the CAMHS Board and the Mental Health Board.
- 3) **Consider Elected Member involvement in the Local Authority Mental Health Challenge.** Further information from Public Health to be provided to the Health PPB for consideration regarding potential 'sign up' to The Local Authority Mental Health Challenge. The challenge sets out ten actions that will enable councils to promote mental health across all of their business, led by elected Member champion/s.

- 4) Assess the impact of welfare reform on mental health locally.** Public Health to report on work undertaken to establish any correlation of reform on impact on increased demand on mental health services locally. This will provide an evidence base and insight into the changing mental health needs of the population and will assist future commissioning and service development.
- 5) Educational and Child Psychology Service to offer its support to a multi agency ADHD pathway, in line with NICE guidelines.**
- 6) Mental Health Liaison Teams within Whiston and Warrington Hospitals.** This service should be continued beyond the pilot period to improve the experience of people with mental health conditions in a hospital environment, and increasing access to services.
- 7) Circulation of this report.** This report, with its recommendations, should be presented to Executive Board, Halton Clinical Commissioning Group, Bridgewater Community NHS Trust and 5 Boroughs Partnership.

6.0 OUTCOMES FROM THE MENTAL HEALTH SCRUTINY TOPIC GROUP

During the course of the scrutiny review, the topic group have actively supported and influenced the following outcomes:

- Endorsed, and been involved, in the development of the intergenerational Like Minds mental health awareness campaign
- Supported the 'life course' approach to mental health through joint scrutiny with Children, Young People and Families PPB
- The Mental Health Promotion Sub Group was developed as a direct result of the Like Minds campaign, and further supports/coordinates the life course approach to mental health awareness raising locally.

Appendix 1 - TOPIC BRIEF

TOPIC BRIEF

Topic Title: Mental Health

Officer Lead: Dave Sweeney, Operational Director, Integrated Commissioning

Planned Start Date: April 2013

Target PPB Meeting: March 2014

Topic Description and Scope:

This topic will focus on the Mental Health priority, specifically in relation to the prevention and promotion of services/issues. It will examine the interventions and materials that are already in place to address this key area and will look at their effectiveness in meeting the needs of the local population.

Why this topic was chosen:

Significant numbers of people suffer mental health problems such as depression. Mental Health problems account for the single largest cause of ill health and disability in the Borough and can have a significant impact on a person's ability to lead a full and rewarding life. Some associated statistics¹ are outlined below:-

- 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 diagnosed with depression is **11,924** (11.94% GP pop aged 18+). Regional prevalence is 13.3% and nationally 11.7%.
- 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.
- Stigma of mental ill health (more prominently in men) is a major factor in people not seeking help and support.
- Aligned with the above suicide is now recognised as the biggest killer of young men, higher than road traffic accidents. Stigma is reported to be the major influence of men refusing support.

The current economic climate and welfare reforms are likely to increase the levels of people suffering from mental distress. However, through a range of evidence based interventions to promote mental and emotional wellbeing the above are all amenable to change.

¹ Halton Health and Wellbeing Strategy : 2012-15

Halton's Health and Wellbeing Board have chosen the '*prevention and early detection of mental health conditions*' as one of their five priorities for action during 2012-15.

Key outputs and outcomes sought:

- An understanding of existing mental health provision in Halton in relation to prevention and promotion.
- Examine the effectiveness of current pathways/materials for mental health prevention and promotion.
- Consider national best practice and evidence based practice in relation to pathways for prevention and the promotion of mental health issues.
- Consider ways to continue to make improvements to promotional materials thus enabling Halton to reduce the social and economic cost of mental health issues, with a particular emphasis on reducing reliance on acute services.

Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will help to achieve:

A Healthy Halton

- To understand fully the causes of ill health in Halton and act together to improve the overall health and well-being of local people.
- To lay firm foundations for a healthy start in life and support those most in need in the community by increasing community engagement in health issues and promoting autonomy.
- To respond to the needs of an ageing population, improving their quality of life and thus enabling them to lead longer, more active and more fulfilled lives.
- To remove barriers that disable people and contribute to poor health by working across partnerships to address the wider determinants of health such as unemployment, education and skills, housing, crime and environment

Nature of expected/ desired PPB input:

Member led scrutiny review of Mental Health.

Preferred mode of operation:

- Meetings with/presentations from relevant officers from within the Council/ Health Services and partner agencies to examine current practices regarding mental health prevention services and promotional materials.
- Review of existing pathways into Mental Health prevention services.
- Review of existing promotional materials etc. in relation to supporting those with mental health issues.

Appendix 2 – Summary of guest speakers and presentations given to the Topic Group

Guest	Organisation	Area	Date
Jen Brown	Health Improvement Specialist (Mental Health and Wellbeing), Health Improvement Team. Halton and St Helens Division Bridgewater Community Healthcare NHS Trust	Introduction to health prevention/promotion	2 nd July 2013
Jenny Owen	Commissioning Manager, Halton NHS CCG	Improved Access to Psychological Therapies	2nd July 2013
Gareth Jones, Sheila McHale,	Children’s Mental Health Commissioner HBC Commissioning Manager Halton NHS CCG	CAMHS Review update	6 th August 2013
Simon Bell	Public Health Commissioning Manager (Mental Health)	Overview of Public Health responsibilities, statutory duties and local mental health priorities	17 th September 2013
Phil Dearden Cheryl Connor Moira Byrom	Head of Safeguarding and Public Protection Whiston Hospital Manager Older Peoples Mental Health Liaison Service Manager, Acute Liaison Service	Overview of Whiston Hospital mental health awareness raising amongst staff, training and two services in relation to mental health – Older People’s Mental Health Liaison Service and Acute Liaison service.	15 th October 2013
Wendy Rydzkowski Andrew Holding	Educational Psychologist Clinical Psychologist insight		

Appendix 3

REPORT TO: Children and Families Policy and Performance Board

DATE: 28 October 2013

REPORTING OFFICER: Strategic Director, Children & Enterprise

PORTFOLIO: Children Young People and Families

SUBJECT: Scrutiny Topic – Independent Living Skills

WARD(S) Borough Wide

1.0 PURPOSE OF THIS REPORT

1.1 To provide an update to the Board on the work undertaken on the scrutiny board to date.

2.0 Recommended that:

2.1 Board notes the update

2.2 Approves the recommendations proposed to date

3.0 BACKGROUND

3.1 A scrutiny group was established to undertake a review of how to further develop the effectiveness of the independent living skills taught to children and young people with ASD in Halton schools. The aim of the scrutiny group is to:

- Collect information on the experience of staff, children and young people;
- Identify good practice in the delivery of independent Living Skills in a variety of settings;
- Identify further opportunities to develop effective independent living skills for children and young people with ASD in schools utilising the existing skills and resources available.

3.2

The group have agreed that they need to adopt an approach that

focuses attention on what is valued most in the existing system and generate curiosity as to what the future may look like if these values are further developed. It is also aimed to highlight the schools and settings best attributes for staff and pupils so that positive practice can be shared and encouraged. Finally the group intends to explore how the acquisition of independent life skills could be improved for children and young people with social communication and autism.

4.0 **Progress to date**

4.1 The Group consists of number of elected members with a particular interest in supporting outcomes for children and young people with complex needs and Autism. The first meeting established the scope of the task and agreed an outline of plans of visit to a variety of settings, both in and outside of the Borough. The purpose of the visits was to understand the current practice and provision and listen to the views and feelings of both staff and children and young people.

4.2 Visits have already been undertaken to a number of settings. A summary of each visit is provided below.

Ashley School

4.3 Ashley school is now a fully accredited school designated to meet the needs of vulnerable higher functioning pupils with a diagnosis of ASC and those with identified Social communication difficulties. Aged 11-19.

4.4 The visit highlighted the impressive environment and knowledge and understanding of staff regarding their role in developing independence, confidence and social interaction in these pupils alongside progress in other curriculum areas.

4.5 The staff demonstrated huge enthusiasm for their work and pupils were extremely eager to talk about their role as well as their enjoyment in attending the provision. There was extensive use of environmental learning and development of independence skills. There was also significant emphasis upon the voice of the child and pupil views as well as strategic use of the School Council which is led by pupils. Pupils were confident in their communication with Councillors and happy to share their views and recommendations.

Brookfields School

4.6 Brookfields school is a Primary Special school catering for the needs of children with Complex need and Autism from nursery age to the end of key stage 2

4.7 There have been two visits to Brookfields School to date. The visits

were undertaken by two groups of Councillors. The school is fully accredited as a National Autistic Specific provision and has held and maintained this accreditation for a number of years.

4.8 The development of independence begins early in this setting and parent classes are held to share good practice with staff. Staff is responsive to parents and work to support parents in developing appropriate structures at home.

4.9 The pupils engage in environmental learning programmes and develop independence skills to equip them for enjoying social activities both at home and school.

4.10 The provision is acknowledged as outstanding and significant use of Pupil Council is also evident here. Pupils make known their requests for social and interactive activities and support local charities.

Wargrave House

4.11 Wargrave House is an Independent out of Borough Provision designated and accredited School for Children and young people with Autism. The Head teacher conducted the visit and there was no interaction with pupils .It is intended that a further visit is undertaken at Wargrave .

Cavendish School

4.12 Cavendish School is currently a Local Authority Day Special School. It is however looking to convert to academy status on 1st January 2014. It is designated to meet the needs of pupils with complex needs autism. The school has National Autistic Society Accreditation and meets a range of needs both physical and sensory from 11yrs.to 19yrs.

4.13 The visit was undertaken by Elected members and officers. The staff demonstrated enthusiasm for their work and pupils were eager to communicate about their interests as well as their enjoyment in attending the provision. There was extensive use of environmental learning and development of independence skills.

4.14 There was also significant emphasis upon the voice of the child and pupil views as well as strategic use of the School Council which is led by pupils. Pupils were confident in their communication with Councillors and happy to share their views and recommendations.

4.15 Independent travel instruction was in process and discussions with the tutor and pupils indicated the value, worth and enjoyment in this activity. Pupils were developing the skills to equip them to be able to engage in walks and travel on transport independently. The pleasure and pride experienced by these young people was

infectious.

Inglefield

- 4.16 The purpose of the visit to Inglefield was to view a unit in this provision that could extend provision and opportunities for further life skills teaching as well as overnight stays for pupils from Halton Settings. Councillors and officers and a Headteacher visited the provision and were extremely impressed with the possibility of providing support using this purpose built resource base. It is proposed that the possibility of this resource being commissioned by the school to provide extended experiences for young people as well as some element of respite for parents could be explored.

Simms Cross Primary School (ASC Resourced)

- 4.17 The visit to Simms Cross was undertaken by a range of Councillors as well as LA staff and Special School representatives. The group was encouraged to observe pupils with ASC and supported by the base, Integrate into mainstream class lessons with their chronological peers. They were well supported by additional staffing ratios, but encouraged to be as independent as their peers, The Inclusion and encouragement towards independence, in a safe environment was impressive and the pupils clearly enjoyed the process. Any concern or anxiety was dealt with swiftly and pupils were clearly happy and safe.
- 4.18 The visiting group was also enable to meet with the pupils in a smaller group and encouraged to engage with the children in order to understand pupil's voice. The guidance sheets prepared by the school enable the visitors to approach the pupils with some understanding of their likes and dislikes. This was helpful as it ensured that the visitors were aware of pupil sensitivities. This is essential to know when dealing with pupils having this category of need. Pupils were happy to engage and wanted to illustrate to the visitors things that they felt they enjoyed and how they felt more confident and able to do more for themselves.
- 4.19 The group of visitors then had the opportunity to meet with a parent of a current pupil and hear how attendance at the school had not only had a significant impact on his child's progress but had improved home life and confidence of both himself and his wife. It was a memorable and impressive visit.
- 4.20 The visiting group took suggestions and recommendations of ways in which the resource could be further developed to provide

additional support for Independent Learning.

Next Steps

5.0 The opportunities for:

- Residential experienced for pupils that could offer life skills training in a more domestic environment was a suggestion that occurred through many of the settings visited.
- Advantages gained from continuing with the Local Authorities Strategy of provide resources, as far as possible to both Widnes and Runcorn based pupils.
- Extended use of Independent travel training.
- Extended use of technology, particularly in form of iPads.
- Extended use of mobility training.

The above were recurring themes raised during the visits. Recommendations to date:

- To provide opportunities for children and young people with ASC and social communication difficulties to access extended independence opportunities close to their homes in both Runcorn and Widnes.
- To investigate the possibility of commissioning the Independent Living Unit at Inglefield, in order to provide opportunities for residential training and experience for pupils Key Stages 2,3,4 & post 16
- To investigate the opportunity to commission existing available residential resource that may be immediately available within our current special school provision, in the Widnes area.

Undertake further visits to mainstream resourced provision in Halton and compare with provision that may include residential provision in:

- Halton Provision in both Widnes and Runcorn
(See attached Provision Map for location of provision in Halton)
- Other neighbouring Authorities

5.2 The available data needs analysis in order to better understand the factors involved. Current service provision needs to be further developed to meet the needs of children and young people. There needs to be an agreed definition and understanding of Independent Living Skills and create a vision based on reflecting on what has already been successful and resulted in positive experiences for the children and young people. Need to identify how we can take into consideration the wishes of young people to acquire independent life skills particularly those young people with social communication and autism. Finally consideration needs to be made as to how the regional offer could be improved.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children and Young People**

Ensuring provision meets need within the Borough as well as the locality.

Supporting Local Offer Requirements set out in Section 3 Children & Families Bill 2013

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

To ensure that young people with Autism and Social Communication difficulties have every opportunity to develop independence skills.

To enable them to access employment wherever possible

6.3 **A Healthy Halton**

To ensure that all young people in Halton have improved outcomes in particular Mental Health and well being

To ensure that these particular young people develop skills to understand how to look after their own needs wherever possible

6.4 **A Safer Halton**

To ensure that vulnerable young people have the skills to travel safely.

To encourage increased independence wherever possible

6.5 **Halton's Urban Renewal**

None

7.0 **RISK ANALYSIS**

7.1 Need to maintain, extend and further develop current provision to address increasing transport costs as well costs related to Out of Borough Provision.

7.2 Duty to respond to pupil and parent voice to ensure that young

people are given the opportunity to remain in their local community.
Need to improve outcomes for Children and young people with
Autistic Spectrum condition and Autism

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Ensure that Children and young people with Special Educational
Needs have their needs met locally

8.2 Providing Equal Opportunities having regard to the Equality Act
2010

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

Document	Place of Inspection	Contact Officer
Equality Act 2010	Rutland House	Jennifer John
The Green Paper 2011		
Children & Families Bill 2013		
Draft Code Of Practice for Special Educational Needs October 2013		

REPORT TO:	Children, Young People and Families Policy and Performance Board
DATE:	9 June 2014
REPORTING OFFICER:	Strategic Director Policy & Resources
PORTFOLIO:	Resources
SUBJECT:	Performance Management Reports for Quarter 4 of 2013/14
WARDS:	Boroughwide

1.0 PURPOSE OF REPORT

- 1.1 To consider, and raise any questions or points of clarification, in respect of performance management for the fourth quarter period to 31st March 2014
- 1.2 Key priorities for development or improvement in 2013-16 were agreed by Members and included in Directorate Plans, for the various functional areas reporting to the Board as detailed below:
 - Children and Families Services
 - Learning and Achievement
 - Children's Organisation and Provision

The report details progress against service objectives and milestones and performance targets and provides information relating to key developments and emerging issues that have arisen during the period.

2.0 RECOMMENDED: That the Policy and Performance Board

- 1) Receive the fourth quarter performance management reports;**
- 2) Consider the progress and performance information and raise any questions or points for clarification; and**
- 3) Highlight any areas of interest and/or concern where further information is to be reported at a future meeting of the Board.**

3.0 SUPPORTING INFORMATION

- 3.1 Departmental objectives provide a clear statement on what services are planning to achieve and to show how they contribute to the Council's strategic priorities. Such information is central to the Council's performance management arrangements and the Policy and Performance Board has a key role in monitoring performance and strengthening accountability.

4.0 POLICY IMPLICATIONS

4.1 There are no policy implications associated with this report.

5.0 OTHER IMPLICATIONS

5.1 There are no other implications associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Departmental service objectives and performance measures, both local and national are linked to the delivery of the Council's priorities. The introduction of a Thematic Priority Based Report and the identification of business critical objectives/ milestones and performance indicators will further support organisational improvement.

6.2 Although some objectives link specifically to one priority area, the nature of the cross - cutting activities being reported, means that to a greater or lesser extent a contribution is made to one or more of the Council priorities.

7.0 RISK ANALYSIS

7.1 Not applicable.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Not applicable.

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

Not applicable

Priority Based Performance Overview Report

Priority: Children and Young People

Reporting Period: Quarter 4, Period 1 January 2014 – 31 March 2014

1.0 Introduction

This report provides an overview of issues and progress within the Directorate that have occurred within Quarter 4. The way in which traffic light symbols have been used to reflect progress to date is explained within the Appendix (section 8).

Please note initials have been provided to indicate which Operational Director is responsible for the commentary to aid Members, as requested by the Children and Young People Policy and Performance Board. A key is provided at the end of the report in Appendix (section 8).

2.0 Key Developments

2.1 Participation and Involvement (AMc)

Halton Family Voice: Currently working together with the kite markers from Halton Speak out and the young inspectors from The Canal Boat Project to establish a parenting element and coordinate the inspection of leisure, services and provision.

A joint parents newsletter has been released combining Parent partnership, Impart and Halton Family voice updates, coming together shows how the group fit and work together and will hopefully mean the newsletter will get to a wider audience. The newsletter can be found at:

<http://www.haltonchildrenstrust.co.uk/wp-content/uploads/2013/12/10416-WORKING-TOGETHER-NEWSLETTERweb.pdf>

Less parents engaging in Widnes than in Runcorn, recruitment campaign to engage more parents will happen from now and over the summer, for example; there will be a Halton Family Voice market stall in Widnes market on 16th May.

CYP VSF (Children and Young People's Voluntary sector forum): Since august 2013 the numbers of voluntary sector organisations engaged in the forum have doubled, around 20 organisations are actively engaged in the forum and Halton Children's Trust meetings and sub groups.

More training and events have been made available and some organised specifically for the CYP VSF including; Safer online training, safer network standards training, representative training, bid writing and social care networking event.

The first steering group for Halton's voluntary sector consortium will commence in April and will meet each month. The aim for the local voluntary sector organisations to formally work together creating good quality offer of services for Halton's Children and Young people. There may be issues around initial funding to get the consortium up and running.

INVOLVE Participation group: Currently the group are writing the Children and Young People's participation Strategy, which is hoped, will be completed by end of May 2014 and will come to boards for approval. Involve have also been supporting the development of the Children and Young People's Plan. The involve group have identified that more time needs to be given when involving children, young people and families in decision making in order to do it properly. The group will be advising on this over the coming months

2.2 School Admissions (AMc)

Initial allocations for the September 2014 school intake have been undertaken. For admission to Primary Schools the Local Authority allocated 92% of first preferences with 99% receiving an offer for one of their three preferences, whilst for admission to Secondary Schools the Local Authority allocated 92% of first preferences with 98% receiving an offer for one of their three preferences.

2.3 Safeguarding Unit - Cheshire West & Chester Merged Management (TC)

Halton's Safeguarding Unit (SGU) has merged management oversight with Cheshire West and Chester this has resulted in the SGU now having additional management and a fulltime Child Protection Conference chair which is of benefit to Halton SGU. SGU has agreement to recruit an additional Conference chair in order to manage the increasing numbers of Children Subject to a Child Protection Plan.

2.4 Increase in Children subject of a Child Protection Plan and Children in Care

There is a continued increase in the number of children subject to Child Protection (CP) plans and Children in Care. The numbers of those with a CP plan brings Halton in line with its statistical neighbours, whilst the number of Children in Care is still below our statistical neighbours. The families involved are also increasing in size.

2.5 Virtual School Head teacher for Vulnerable Pupils (SN)

By the summer the majority of councils will have virtual schools heads in post - helping improve educational outcomes for children in care. Halton already has a virtual head teacher (Sharon Williams) and from April 2014 she will be undertaking the role across both Halton and Cheshire West and Chester.

2.6 Efficiency Review of Learning and Achievement (SN)

The Learning and Achievement department is part way through an efficiency programme review. Until the review is completed and recommendations shared we are unable to recruit to a number of vacant key posts. Whilst statutory duties are being fulfilled within the required timescales, vacancy management continues to be an issue.

2.7 Former Fairfield High School (WR & AMc)

The Section 77 application was submitted 25th March 2014 and further information has been requested by the Department for Education (DfE). This is a complex process and there is no guarantee that the DfE will approve the proposed scheme. Nevertheless, the project team is working hard to bring forward the site within the required timeframe. Arcus are completing the road design, site investigations and aqueduct survey. Site investigations are anticipated to start w/c 7th April 2014.

3.0 Emerging Issues

3.1 Teenage Conceptions (AMc)

The Council's Public Health Department is currently in the process of commissioning a fully integrated sexual health service which will offer a comprehensive service wherever possible. There is a clear need to ensure young people's clinics remain a standalone provision as requested by young people, if we are to maintain the recent progress made in reducing teenage conceptions.

3.2 Sustainable School Travel Policy (AMc)

The Council has a duty to provide home to school assisted travel arrangements for children of statutory school age, and the Policy, Provision and Performance Division is currently preparing Halton's Sustainable School Travel Policy. The Policy will progress through to the Council's Executive Board for approval and will come into force from September 2014.

3.3 Revised social work service structure (TC)

A consultation will begin with staff on a revised social work service structure, with proposed implementation in June 2014.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of the 2013/14 Business Plan, the service was required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Register.

As a result, monitoring of all relevant 'high' risks was undertaken during Q4 reporting with no issues to report.

5.0 Progress against high priority equality actions

The Council must have evidence that it reviews its services and policies to show that they comply with the Public Sector Equality Duty (PSED) which came into force in April 2011. The PSED also requires us to publish this information as it is available.

As a result of undertaking a Departmental Equality Impact Assessments no high priority actions were identified for the Directorate for Quarter 4 2013/14.

6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by each Directorate.

Integrated Commissioning

Key Milestones

Ref	Milestones	Q4 Progress
COPS1	Complete the Childcare Sufficiency Assessment (CSA) and implement the action plan to ensure sufficient provision in all areas and age groups	
COPS1	Ensure that priorities in capital spend are in line with the Government guidance and agreed by all representative bodies	N/A
COPS2	Evaluate and monitor the sustainability of current school provision following the transfer of maintained schools to academies and the introduction of Free Schools, working in partnership with all schools to ensure diversity for parents by March 2014	

Supporting Commentary

COPS1: The 2014 CSA review will be carried out between April –June 2014 to identify the position in relation to the Early Years and Childcare market at the end of quarter 4 2013 -14. The review will include an updated Action Plan. Key actions are to continue to identify 2 year old free entitlement places for 2013/14 and 2014/15 and to work with 3 and 4 year old free entitlement providers in the Upton Children's Centre reach area to increase provision. Officers continue to work with key stakeholders and partners on those actions to ensure sufficient provision in all areas and across all age groups (AMc)

COPS2: There is an increasing post-16 provider base within Halton. Two Schools, The Heath School in Runcorn and Ashley Special School in Widnes, will deliver post-16 provision from September 2014. In addition, Sandymoor Free School will soon have post-16 provision and Hope Corner Academy has had an application to temporarily increase the schools registered age range approved. From September 2014, the Local Authority will receive both the volume of learners on roll at these institutions and also details of the curriculum offer. The High Needs funding process for 2014/15 has begun. Halton has submitted evidence to the DfE requesting to support an increase in learner numbers. (AMc)

COPS1: Government guidance in relation to capital spend was not published. Capital spend is in line with local requirements. (AMc)

Key Performance Indicators

Ref	Measure	12/13 Actual	13/14 Target	Q4	Current Progress	Direction of Travel
SCS CYP15 (NI112 adjusted)	Under 18 conception rate, percentage change from 2009 baseline (58.9 rolling quarterly rate)	41.5 Rolling quarterly average rate	56.3 Rolling quarterly average rate	40.2 Rolling quarterly average rate		
SCS CYP07	Rate of CYP admitted to hospital for substance misuse from 2010/11 (22.7 rate per 10,000 baseline)	6.7	N/A	N/A	N/A	N/A
SCS SH04	Reduce the number of Young People who repeatedly run away in Halton	623	N/A	Total 163 missing incidents for 141 children, of which, 58 are children in care	N/A	N/A
SCS CYP09	Percentage of maintained educational settings with overall effectiveness of Good or Outstanding	74%	84.5%	76%		

SCS CYP15: The latest ONS Data we have is for a full year 2012. 2011 - 2012 reduction in Number of Conceptions = 5.15% (5 less) reduction in Rate = 3.13%. This is an overall figure 92 conceptions, compared to 97 in 2011. (AMc)

SCS CYP07: Admissions for alcohol and illegal substances continue to reduce. The substance responsible for the majority of admissions is the prescription pain killer codeine. These figures are so small it would make the children identifiable so cannot be reported here. (AMc)

SCS SH04: Cheshire Constabulary has seen a small increase this quarter in the number of recorded episodes; however the annual number of episodes recorded has reduced from 623 to 550. (AMc)

SCS CYP09: Ambitious targets, higher than national outcomes, were set for this indicator reflecting the Council's ambition. 76% (50/66) of all Halton schools graded as good or better (compared to 79% in Q4 2013). This is the equivalent of 2 schools adrift of the national percentage of good or better schools. It should be noted that the change in the landscape of schools in Halton in terms of Academies etc. has impacted on this measure as targets were set against a larger cohort of educational settings. Targets for the next year will take into consideration this changing landscape whilst remaining ambitious for the schools in the Borough. (SN)

Child's Journey through the Continuum of Need

Key Milestones

Ref	Milestones	Q4 Progress
CFS2a	Further develop opportunities to integrate and co-locate teams by partner agencies by March 2014	
CFS2b	Embed integrated services further within Department, Directorate and Halton Children's Trust by March 2014	
CFS2c	Statement on new Level of Needs framework and family assessment programme to be implemented after the launch April 2012	
CFS3a	Implement the new social work assessment and planning model in line with deadline required	
CFS3b	Effectively implement the new Framework for the Assessment of Children in Need and the changes to Working Together to Safeguard Children	
CFS1	Evaluate the impact of the management trainee programme for aspiring managers, with the aim of increasing candidates by September 2012	N/A

Supporting Commentary

CFS2a: This work is now underway via a task and finish group. Four potential sites have been identified. The timescale is now Sept 2014 because of the size and complexity of the project (TC)

CFS2b: As part of the above, work is underway on the management and governance arrangements of the new service. As part of this approach, the Inspiring Families programme will be embedded in the new service (TC)

CFS2c: Guidance on Halton's new levels of need has been published and sent to partners across the Trust. Individual presentations have been made to key stakeholders, for example, GPs. (TC)

CFS3a: The Single Assessment This has been implemented on time on 2 September 2012. (TC)

CFS3b: As above the single assessment is now embedded in practice, the performance in relation to single assessments is monitored by principle managers on a weekly basis. (TC)

CFS1: This will form part of the new service model. (TC)

Key Performance Indicators

Ref	Measure	12/13 Actual	13/14 Target	Q4	Current Progress	Direction of Travel
CFS LI02	Percentage of Single Assessments authorised within 45 working days	N/A	N/A	82% (prov)	N/A	N/A
CFS LI03	Number of multi-agency interventions (e.g. CAF) which are in place and operating	318	250	249 (prov)		N/A
SCS CYP8	Percentage of referral to social care where there is evidence of multi-agency planning in the previous 12 months	11%	N/A	14% (prov)		

Please note that given the end of year statutory return period, all performance here is provisional and awaiting quality assurance.

CFS LI02: 674 Assessments were authorised within timescale of 818 assessments since September 2013 when SAP was implemented. (TC)

CFS LI03: This is an area of focused activity by the Children's Trust as while on target the analysis of outcomes through the year demonstrates that there needs to be a higher level of CAFS completed to reduce referrals to children's social care particularly for older children. (TC)

SCS CYP08: This indicator shows only slight growth and links to the activity above around The Children's Trust. (TC)

Improving opportunities for our most vulnerable young people

Key Milestones

Ref	Milestones	Q4 Progress
CFS4	Continue to implement the appropriate action plan from the multi-agency Children in Care strategy (2011-14) by March 2014	
LAS1	Review the performance of all schools and Early Years settings with a specific focus on those currently graded as satisfactory/requiring improvement by October 2013	
LAS1	Evaluate the outcomes of school inspection through the School Development Panel, and summarised within the Ofsted summary reports, to ensure that learning resulting from the inspection process is effectively shared with schools on an on-going basis.	
LAS2	Conduct analysis of school performance data and ensure appropriate deployment of School Improvement support for identified schools and settings, including school to school support as appropriate	
LAS3	Through data analysis RAG rate schools with end of Key Stage attainment gaps between Free School Meals pupils and their peers and identify areas of need and support required by December 2013	
LAS3	Analyse, evaluate and report on attainment and achievement outcomes for pupils identified as part of the Virtual School for Vulnerable Groups, including Children in Care, by December 2013	
LAS3	Analyse the levels of absence, including persistent absence, across all phases on a termly basis	
COPS1	Review and improve the quality of childcare provision, in particular child minders through targeted training and support by August 2014	

Supporting Commentary

CFS4: Actions continue to be implemented and reviewed at the Children in Care Partnership Board. (TC)

LAS1a: The performance of all schools is monitored as new data becomes available. Following the publication of 2013 test and assessment outcomes a detailed analysis of school performance has been undertaken. Ofsted outcomes are included as part of the data set, as well as feedback from the Early Years Consultant Teachers and school improvement officers. In providing levels of support the categorisation of private and voluntary settings is undertaken by the Early Years Consultant Teachers (EYCTs). This is an on-going process with categories subject to change depending upon the context of the setting at the time that the Red, Amber, Green (RAG) rating is undertaken. This categorisation of settings informs the level of support provided. Currently 71.88% of Early Years settings that have been inspected are good or better.

Over the last twelve months, the EYCT's have focussed upon child development and have linked the stages of child development to observations. Further training around observation, planning and assessment cycle has up skilled practitioners in planning next steps to meet individual children's needs. Extensive work has introduced the concept of tracking the attainment and progress of cohorts and individual groups. Managers and senior leaders are using this information to plan early interventions as needed. Ofsted have recently been focusing on this tracking and cohort analysis and settings who haven't been as proactive to introduce this tracking have unfortunately found themselves receiving an inadequate judgement from Ofsted. This knowledge is being shared and further support work is being carried out with settings to emphasise the importance of early help at the earliest opportunity to improve outcomes for very young children (SN)

LAS1b: The Operational Director for Learning and Achievement attends the regular meetings of the School Development Panel, providing an opportunity to carefully monitor schools' experience of the inspection process, areas for celebration and areas for development. The invitation is issued to Head teachers and Chairs of recently inspected schools, including academies and free schools. (SN)

LAS2a: Following the publication of the validated 2013 test and assessment outcomes a detailed analysis of school performance has been undertaken. This includes analyses of validated RAISE online data. This has enabled officers to benchmark performance of schools' end of key stage attainment and progress against national outcomes. (SN)

LAS3a: School improvement colleagues, through discussion with their link schools, include a focus upon vulnerable groups. All schools are advised to pay close attention to any gaps in performance of different groups, including FSM / non FSM. A number of schools are currently engaged in an action research project group focused upon closing the attainment gap. (SN)

LAS3b: Analysis for the cohort of young people that fall within the remit of the Virtual School for Vulnerable Groups has been undertaken. (SN)

LAS3c: Absence analysis is completed for all school on a monthly basis. National comparison is completed on a termly basis when data is available. Absence is also benchmarked against Halton statistical neighbours. (SN)

COPS1: Level 2 Safeguarding Training has been delivered to all Childminders. Satisfactory Childminders have been targeted with support visits and additional training. A programme of Safeguarding and Welfare Audits has been targeted at after school clubs who had a satisfactory grade and is now being rolled out to all settings. (AMc)

Key Performance Indicators

Ref	Measure	12/13 Actual	13/14 Target	Q4	Current Progress	Direction of Travel
SCS CYP16	Percentage of Children in Care achieving expected outcomes at KS2 and KS4	100% KS2 60% KS4	N/A		See below	
SCS CYP03	Proportion achieving 5+GCSE A*-C including English and Maths	59%	56%	62% (12/13)		
SCS CYP10	Achievement gap at Key Stage 2 English and Maths FSM and peers	13%	12%	13% (12/13)		
SCS CYP11	Achievement gap at Key Stage 4 FSM and peers	31.9%	24%	26.8% (12/13)		
SCS CYP01	Early Years Foundation Stage	54.1%	N/A			
SCS CYP14	The percentage of children with Statements of Special Educational Needs or receiving enhanced provision achieving levels or sub-levels of progress	86.2% English 79.6% Maths	N/A		See below	
SCS CYP02	Proportion achieving level 4 Key Stage 2 Reading, Writing and Maths	N/A	N/A	N/A	N/A	N/A

SCS CYP 16: Due to changes in the way the subject indicators have been calculated it is not possible to compare to previous years. Looking at the performance between Halton children and the overall population the gap has closed for those children achieving level 4 in Reading, Writing and Maths at Key Stage 2. There was however a widening of the gap for those at KS4, however there were only 3 young people in the cohort. (SN)

SCS CYP 03: The percentage of students gaining five or more A* to C grades including English and maths has reached a record high, increasing to 62% compared to 60% nationally. The target has been exceeded. (SN)

SCS CYP10: Following a significant improvement on last year, the ambitious target was very nearly achieved. Halton's attainment gap is narrower than the national (17%). 70% of Halton's FSM pupils attained a level 4+ across reading, writing and maths compared to 64% nationally. (SN)

SCS CYP11: The gap has narrowed and there has been good progress towards the target. Attainment of Halton's FSM pupils was 6% higher than national FSM attainment. (SN)

SCS CYP01: A revised Early Years Foundation Stage Curriculum (EYFS) and assessment process became statutory September 2012. This is now based on three prime areas of learning which are Communication and Language (C&L), Physical Development (PD), Personal, Social and Emotional (PSE) Development and four specific areas of Learning which are Literacy, Mathematics (L&M), Understanding of the World and Expressive, Arts and Design. Attainment of EYFS at the end of reception is now based on whether children reach expected levels of attainment in each of the 17 Early Learning Goals; whether they are emerging in these areas or whether they are exceeding expectations. Two new national indicators have been introduced;

- Good level of development which requires children to reach the expected level in PSE, C&L, PD and L&M. Halton has performed at 37%. The national data suggests the average is 52%
- Average total points for cohort based on Emerging 1 point, Expected 2 points and Exceeding 3 points for each of the 17 Early Learning Goals. Halton's average point score is 30. The national average is suggested to be 32 points. (SN)

SCS CYP14: Validated figures will be available July/August 2014 (SN)

SCS CYP02: Indicator has changed in 2013 to the proportion of pupils achieving level 4+ in reading, writing and maths. Halton's attainment against this measure was 78% compared to national 75%. (SN)

7.0 Financial Summaries

These are expected end of June 2014.

8.0 Appendix – Explanation for use of symbols

Symbols are used in the following manner:

<u>Progress</u>	<u>Objective</u>	<u>Performance Indicator</u>
Green 	Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.	<i>Indicates that the annual target <u>is on course to be achieved</u>.</i>
Amber 	Indicates that it is <u>uncertain or too early to say at this stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	<i>Indicates that it is <u>uncertain or too early to say at this stage</u> whether the annual target is on course to be achieved.</i>
Red 	Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	<i>Indicates that the target <u>will not be achieved</u> unless there is an <u>intervention or remedial action</u> taken.</i>

Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green 	<i>Indicates that</i> performance is better <i>as compared to the same period last year.</i>
Amber 	<i>Indicates that</i> performance is the same <i>as compared to the same period last year.</i>
Red 	<i>Indicates that</i> performance is worse <i>as compared to the same period last year.</i>
N/A	<i>Indicates that the measure cannot be compared to the same period last year.</i>

Key for Operational Director lead:

WR – Wesley Rourke, Operational Director, Economy Enterprise and Property Service (EEP)

AMc – Ann McIntyre, Operational Director, Children’s Organisation and Provision Service (COPS)

SN – Steve Nyakatawa, Operational Director, Learning and Achievement Service (LAS)

TC – Tracey Coffey Operational Director, Children and Families Service (CFS)

REPORT TO: Children & Young People's Policy and Performance Board

DATE: 9 June 2014

SUBJECT: Sustainable Community Strategy Quarter 4 year-end Progress Report 2013-14

PORTFOLIO: Resources

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

1.1 To provide information to the Children & Young People's Policy & Performance Board on the progress in achieving targets contained within the 2011 – 2016 Sustainable Community Strategy for Halton.

2.0 RECOMMENDED THAT:

- I. The report is noted
- II. The Board considers whether it requires any further information concerning actions taken to achieve the performance targets contained within Halton's 2011-16 Sustainable Community Strategy (SCS).

3.0 SUPPORTING INFORMATION

- 3.1 The Sustainable Community Strategy, a central document for the Council and its partners, provides an evidenced-based framework through which actions and shared performance targets can be developed and communicated.
- 3.2 The previous Sustainable Community Strategy included targets which were also part of the Local Area Agreement (LAA). In October 2010 the coalition government announced the ending of government performance management of local authorities through LAAs. Nevertheless, the Council and its Partners need to maintain some form of effective performance management framework to:-
- Measure progress towards our own objectives for the improvement of the quality of life in Halton.
 - Meet the government's expectation that we will publish performance information.
- 3.3 Thus, following extensive research and analysis and consultation with all stakeholder groups including Elected Members, partners and the local community and representative groups, a new SCS (2011 – 2016) was approved by the Council on 20th April 2011.

- 3.4 The new Sustainable Community Strategy and its associated “living” 5 year delivery plan (2011-16), identifies five community priorities that will form the basis of collective partnership intervention and action over the coming five years. The strategy is informed by and brings together national and local priorities and is aligned to other local delivery plans such as that of the Halton Children’s Trust. By being a “living” document it will provide sufficient flexibility to evolve as continuing changes within the public sector continue to emerge, for example the restructuring of the NHS and Public Health delivery, and the delivery of the ‘localism’ agenda.
- 3.5 As such, articulating the partnership’s ambition in terms of community outcomes and meaningful measures and targets to set the anticipated rate of change and track performance over time, will further support effective decision making and resource allocation.
- 3.6 Placeholder measures have also been included where new services are to be developed or new performance information is to be captured, in response to legislative changes; for which baselines for will be established in 2011/12 or 2012/13, against which future services will be monitored.
- 3.7 Attached as Appendix 1 is a report on progress for the period to year-end 31st March 2014, which includes a summary of all indicators for the Children & Young People’s priority within the SCS.
- 3.8 An annual ‘light touch review’ of targets contained within the SCS, has also been conducted to ensure that targets remain realistic over the 5 year plan to ‘close the gaps’ in performance against regional and statistical neighbours. This review has been conducted with all Lead Officers being requested to review targets for 2014/15, 2015/16 and 2016/17. Targets were thus updated where appropriate in the light of actual/ anticipated performance. All SCS measures are included in the draft medium term Directorate Business Plans 2014-15
- 3.10 The Children and Young People’s Policy and Performance Board is also asked to consider the inclusion of any additional measures to the above set to “narrow gaps” in performance where appropriate or respond to legislative/ policy changes; thereby ensuring that all measures remain “fit for purpose”.

4.0 CONCLUSION

- 4.1 The Sustainable Community Strategy for Halton, and the performance measures and targets contained within it will remain central to the delivery of community outcomes. It is therefore important that we monitor progress and that Members are satisfied that adequate plans are in place to ensure that the Council and its partners achieve the improvement targets that have been agreed.

5.0 POLICY IMPLICATIONS

5.1 The Sustainable Community Strategy for Halton is central to our policy framework. It provides the primary vehicle through which the Council and its partners develop and communicate collaborative actions that will positively impact upon the communities of Halton.

6.0 ATTACHED DOCUMENTS

6.1 The publication by Local Authorities of performance information is central to the coalition government's transparency agenda.

7.0 IMPLICATIONS FOR THE COUNCILS' PRIORITIES

7.1 This report provides information in relation to the Council's shared strategic priorities.

8.0 RISK ANALYSIS

8.1 The key risk is a failure to improve the quality of life for Halton's residents in accordance with the objectives of the Sustainable Community Strategy. This risk can be mitigated through the regular review and reporting of progress and the development of appropriate interventions where under-performance may occur.

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 One of the guiding principles of the Sustainable Community Strategy is to reduce inequalities in Halton.

10.0 LIST OF BACKGROUND PAPERS UNDERSECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document Sustainable Community Strategy 2011 – 26

Place of Inspection 2nd Floor, Municipal Building, Kingsway, Widnes

Contact Officer Mike Foy (Performance & Improvement Officer)



The Sustainable Community Strategy

for Halton

2011 – 2016

Mid-Year Progress Report

01st April – 30th Sept 2013

<p>Document Contact (Halton Borough Council)</p>	<p>Tim Gibbs (Divisional Manager Development Services) Municipal Buildings, Kingsway Widnes, Cheshire WA8 7QF tim.gibbs@halton.gov.uk</p>
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This report provides a summary of progress in relation to the achievement of targets within Halton’s Sustainable Community Strategy 2011 - 2016.

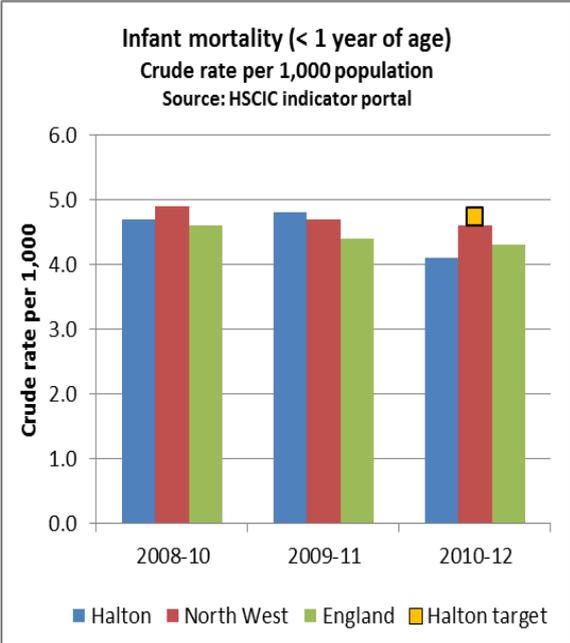
It provides both a snapshot of performance for the period 1st April 2013 to 31st March 2014 and a projection of expected levels of performance to the year-end.

The following symbols have been used to illustrate current performance as against the 2013 / 2014 target and as against performance for the same period last year.

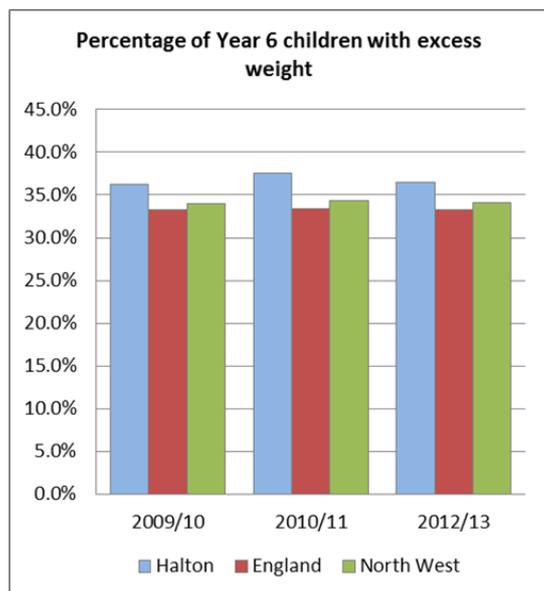
	<p>Target is likely to be achieved or exceeded.</p>		<p>Current performance is better than this time last year</p>
	<p>The achievement of the target is uncertain at this stage</p>		<p>Current performance is the same as this time last year</p>
	<p>Target is highly unlikely to be / will not be achieved.</p>		<p>Current performance is worse than this time last year</p>

Page	Ref	Descriptor	2013 / 14 Target	Direction of travel
	CYP 1	Falling Levels of infant mortality		
	CYP 2	Reduce the percentage of children who are obese in Year 6		
	CYP 3	Increase the number of children breastfeeding at 6-8 weeks		
	CYP 4	Reduce the rate of CYP admitted to hospital for substance misuse		
	CYP 5	Reduce under 18 conception rate (Rolling average)		
	CYP 6	Monitor number of children on a child protection plan for second or subsequent time.		N/A
	CYP 7	Reduce the Number of Young People who repeatedly run away in Halton		N/A
	CYP 8	Increase the percentage achieving 'good level of development average' total points for cohort.	N/A	N/A
	CYP 9	Reduce the attainment gap between FSM and Halton average at Key Stage 4	N/A	N/A
	CYP 10	Increase the percentage achieving 5+ A*-C including English & Maths		
	CYP 11	Increase the percentage achieving Level 3 at 19		
	CYP 12	Reduce the percentage of young people not in education, employment or training		
	CYP 13	Increase the percentage of children in care achieving their expected outcomes at KS2 & KS4	N/A	N/A

Children and Young People in Halton

SCS / CYP1	Falling levels of Infant mortality																									
 <p>Infant mortality (< 1 year of age) Crude rate per 1,000 population Source: HSCIC indicator portal</p> <table border="1"> <caption>Infant mortality data from chart</caption> <thead> <tr> <th>Year</th> <th>Halton</th> <th>North West</th> <th>England</th> <th>Halton target</th> </tr> </thead> <tbody> <tr> <td>2008-10</td> <td>~4.8</td> <td>~4.9</td> <td>~4.6</td> <td>~4.8</td> </tr> <tr> <td>2009-11</td> <td>4.8</td> <td>~4.7</td> <td>~4.4</td> <td>~4.8</td> </tr> <tr> <td>2010-12</td> <td>4.1</td> <td>~4.6</td> <td>~4.3</td> <td>~4.8</td> </tr> </tbody> </table>	Year	Halton	North West	England	Halton target	2008-10	~4.8	~4.9	~4.6	~4.8	2009-11	4.8	~4.7	~4.4	~4.8	2010-12	4.1	~4.6	~4.3	~4.8	2012/13 Actual	2013/14 Target	2013/14 Q2	2013/14 Q4	Current Progress	Direction of Travel
Year	Halton	North West	England	Halton target																						
2008-10	~4.8	~4.9	~4.6	~4.8																						
2009-11	4.8	~4.7	~4.4	~4.8																						
2010-12	4.1	~4.6	~4.3	~4.8																						
	4.8 (2009-11)	4.75	N/A	4.1 (2010-12)																						
Data Commentary:																										
<p>The infant mortality rate is calculated using three years' worth of data and includes deaths from infants under 1 year of age.</p> <p>The most recent published data available is for 2010-12.</p> <p>The rate for 2012-13 will be calculated using local (unverified) data around June 2014.</p>																										
Performance Commentary:																										
<p>Infant mortality rates have shown a slight improvement, and during 2010-12, were lower than the England and North West rates. During previous years the Halton rate has been higher than the England average.</p>																										
Summary of Key activities taken or planned to improve performance:																										
<p>Infant mortality rates have shown a slight improvement, and are lower (better) than the target. This is due to a wide range of work on smoking cessation and sudden infant death syndrome.</p>																										

Children and Young People in Halton

SCS / CYP 2
(HH 3b)Reduce the percentage of Obesity in Primary school age children in Year 6 (NI 56)
Excess Weight rates in Primary school age children in Year 6, Age 10-11

2012/13 Actual	2013/14 Target	2013/14 Q2	2013/14 Q4	Current Progress	Direction of Travel
37.5% (2010/11)	Reduce by 1% per annum based on 10/11 actual	36.5%	36.5% (2012/13)		

Data Commentary:

Excess weight rates in primary school age children in Year 6, as shown by the National Child Measurement Programme (NCMP).

During 2011/12 there was an issue with the Leicester Height Measurement equipment that was used for Widnes school children, and it was not known how many children were affected. Therefore 2010/11 has been used instead of the 2011/12 data.

For the purposes of this indicator, children are defined as having excess weight if their body-mass index (BMI) is above the 85th centile of the reference curve for their age and sex according to the UK BMI centile classification (Cole TJ, Freeman JV, Preece MA. Body mass index reference curves for the UK, 1990. 1995; 73: 25–29). A child's height (in metres), weight (in kilograms), date of birth and sex are needed to calculate their BMI.

Performance Commentary:

The percentage of Year 6 children with excess weight has decreased by 1% between 2010/11 and 2012/13.

Summary of Key activities taken or planned to improve performance:

In 2012/13 the rate of year 6 children who are of excess weight in Halton is lower than the rate in 2010/11. Halton has halted the year on year rise in excess weight for year 6 children. This is a small reduction but compared to the National trend it shows Halton is narrowing the gap with England and the North west.

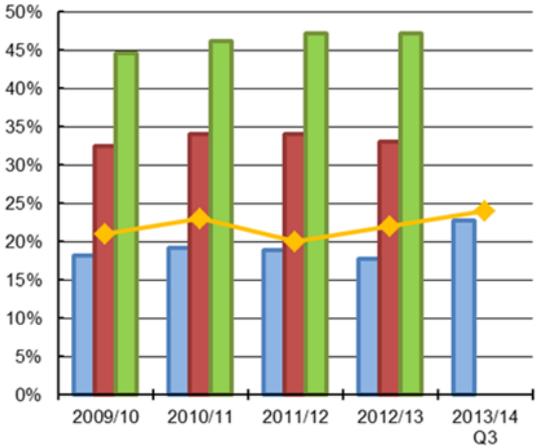
There is an extensive range of programmes available in the schools to encourage a healthy lifestyle and healthy weight. The Fit4Life programme targets schools with the highest obesity rates and has been shown to reduce obesity rates in the schools that engage in the programme.

Children and Young People in Halton

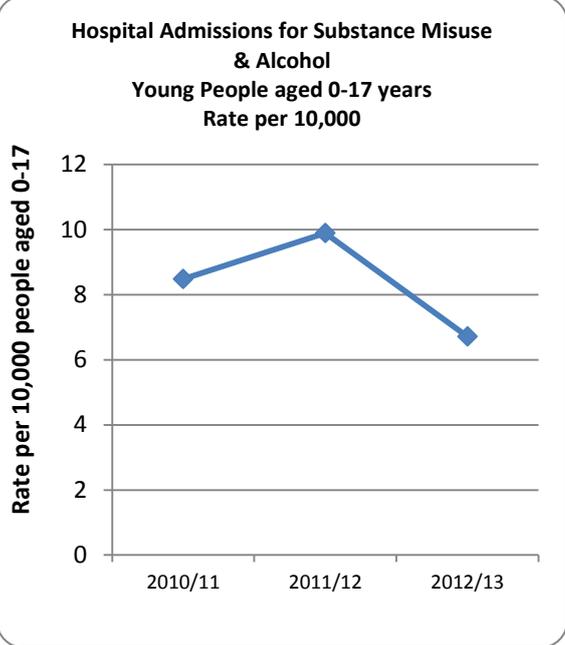
The range of programmes available to schools includes:

- An extended schools programme on weight management which includes, healthy eating, fun physical activity and healthy cooking sessions across Halton
- A healthy snacks programme in all primary schools across Halton
- Family cook and taste sessions across Halton
- MEND – which is a community based, multi- component, treatment and prevention programme for obese and overweight children and their families
- Fit for Life Academy which incorporates the growth and nutrition clinic and is a community based, multi-component, treatment and prevention programme for very obese children and their families
- Passport to Health – a training programme for all working with children and young people and their families that is designed to motivate individuals to make positive behaviour changes regarding their health focusing on areas of weight management

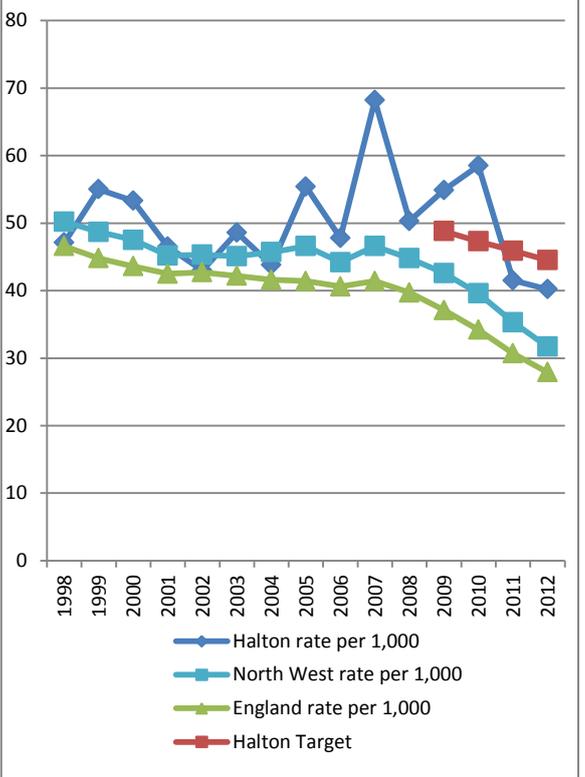
Children and Young People in Halton

SCS / CYP3	Increase the numbers of children breastfeeding at 6-8 weeks																																			
<p data-bbox="145 331 603 383">NI 53: % Prevalence of breastfeeding at 6 - 8 weeks</p>  <table border="1" data-bbox="119 869 655 943"> <caption>Data for NI 53: % Prevalence of breastfeeding at 6-8 weeks</caption> <thead> <tr> <th>Year</th> <th>Halton</th> <th>North West</th> <th>England</th> <th>Halton target</th> </tr> </thead> <tbody> <tr> <td>2009/10</td> <td>18.1%</td> <td>33%</td> <td>45%</td> <td>21%</td> </tr> <tr> <td>2010/11</td> <td>19%</td> <td>34%</td> <td>46%</td> <td>23%</td> </tr> <tr> <td>2011/12</td> <td>19%</td> <td>34%</td> <td>47%</td> <td>20%</td> </tr> <tr> <td>2012/13</td> <td>18%</td> <td>33%</td> <td>47%</td> <td>22%</td> </tr> <tr> <td>2013/14 Q3</td> <td>22.8%</td> <td>-</td> <td>-</td> <td>24%</td> </tr> </tbody> </table>	Year	Halton	North West	England	Halton target	2009/10	18.1%	33%	45%	21%	2010/11	19%	34%	46%	23%	2011/12	19%	34%	47%	20%	2012/13	18%	33%	47%	22%	2013/14 Q3	22.8%	-	-	24%	2012/13 Actual	2013/14 Target	2013/14 Q2	2013/14 Q4	Current Progress	Direction of Travel
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17.81%	24%	23.7%	22.8% (Qtr. 3)																																	
Data Commentary:																																				
<p data-bbox="695 680 1513 752">Good performance is an increase in the percentage coverage and prevalence year on year.</p> <p data-bbox="695 797 1513 869">Data is available up to Q3 2013/14 (The full years data will be available towards the end of April 2014).</p> <p data-bbox="695 913 1513 985">The Q3 data is cumulative for 2013/14 and shows an increase in prevalence from 2012/13.</p>																																				
Performance Commentary:																																				
<p data-bbox="695 1140 1513 1328">The choice to breastfeed is influenced by local cultural beliefs, and as such change takes time. The results for this quarter show improvements. There is always seasonal variation with breastfeeding rates. Data coverage continues to exceed the target of 95%.</p>																																				
Summary of Key activities taken or planned to improve performance:																																				
<p data-bbox="81 1485 1513 1785">Breastfeeding continues to be a priority area within the Health and Wellbeing action plan. The successful achievement of UNICEF's Baby Friendly Initiative stage 2 in November 2013 represents a lot of work by midwives, health visitors and the breastfeeding peer support team to develop a culture and services that support breastfeeding. A breastfeeding celebration event is planned for May 2014, to mark this achievement and develop work further. The Breastfeeding steering group are also developing a local breastfeeding strategy. In March breastfeeding champions 'CHAMPs' ran a launch event for Breast milk 'It's Amazing' website in Halton Lea shopping centre, Runcorn, which was well received and reported in the local press.</p>																																				

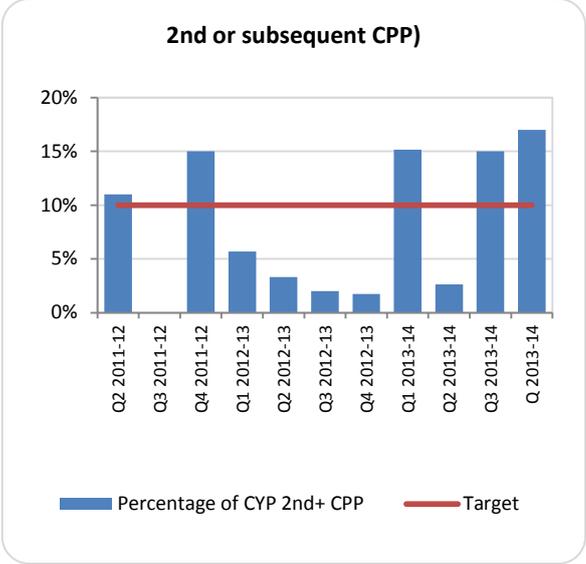
Children and Young People in Halton

SCS / CYP4	Reduce the rate of CYP admitted to hospital for substance misuse (will include alcohol)					
 <p>Hospital Admissions for Substance Misuse & Alcohol Young People aged 0-17 years Rate per 10,000</p>	2012/13 Actual	2013/14 Target	2013/14 Q2	2013/14 Q4	Current Progress	Direction of Travel
	6.7 (12/13 complete year)	-5.0%	See data commentary			
	Data Commentary:					
	The total number of admissions during Q1 & Q2 2013/14 was less than 10 and when broken down to u18s are all less than 5. Figures cannot be provided due to potentially identifying patients with the numbers being so small					
Performance Commentary:						
Admissions for alcohol and illegal substances continue to reduce and the substance responsible for the majority of admissions is the prescription pain killer codeine.						
Summary of Key activities taken or planned to improve performance:						
<ul style="list-style-type: none"> • Ensured 100% of workers, volunteers, and young leaders directly working in drug and alcohol services are working towards Drug and Alcohol National Occupational Standards (DANOS) through service provide contract monitoring processes and the IYSS workforce development plan. • Facilitated the DfE Skills for Change and to targeted schools, in partnership with the Amy Winehouse Foundation. • Ensured access to tier 3 treatment services within 5 days of referral for 100% of all referrals. • Promoted Provision within Community Centres, Locality Teams, Children Centres, GP surgeries and further establish referrals/screening systems into universal, targeted and specialist provision. • Used the VRMZ outreach bus and street based teams in hotspot areas 6 nights a week, to provide young people with information and advice reducing substance misuse. • Facilitated the multi-agency Healthitude programme in Primary and Secondary Schools across Halton. • Ensured young people aged 10 to 19yrs and affected by parental substance misuse are supported and safeguarded. • Developed partnership with Riverside College, to ensure young people at risk of dis-engaging with education, training or employment are supported to remain in College. 						

Children and Young People in Halton

SCS / CYP5	Reduce under 18 conception rate (rolling quarterly average rate)					
 <p>Legend:</p> <ul style="list-style-type: none"> Halton rate per 1,000 North West rate per 1,000 England rate per 1,000 Halton Target 	2012/13 Actual 41.5 rolling quarterly average	2013/14 Target Reduction of 3% on 2009 baseline (58.9)	2013/14 Q2 43.9 rolling quarterly average	2013/14 Q4 40.2 rolling quarterly average	Current Progress 	Direction of Travel 
Data Commentary:						
Performance is reported on a 12 month rolling average rate. Target is a 3% reduction on 2009 baseline (58.9).						
Performance Commentary:						
<p>The latest ONS Data we have is for a full year 2012.</p> <p>2011 - 2012 reduction in Number of Conceptions = 5.15% (5 less) reduction in Rate = 3.13%</p> <p>This is an overall figure 92 conceptions, compared to 97 in 2011.</p> <p>Halton is now seeing a downward trend for the first time since the strategy began in 1998</p>						
Summary of Key activities taken or planned to improve performance:						
<ul style="list-style-type: none"> Facilitated 12 x 18 week Teens and Tot programmes to targeted young people in targeted schools. Co-ordinated and increased the number of venues signed up to the condom distribution scheme. Offered sexual health awareness training to workers in community and health and social care settings. Increased the number of sexual health clinics and made them young people focused. Used the VRMZ outreach bus in hotspot areas on Friday and Saturday nights and during school holidays, to provide young people with information and advice on positive sexual health. Further developed teen drop-ins in some schools to include information and advice on relationships and contraception. <p>WHAT DO WE PLAN TO DO NEXT</p> <ul style="list-style-type: none"> Embed and implement young people's services in the community and increase the number of teen drop-ins in schools. We will continue to ensure the VRMZ outreach bus provision is accessible to young people across Halton providing universal and targeted sexual health interventions. Continue to support and encourage schools to develop their SRE curriculum, through the Healthitude programme. Increase the number of High Schools involved in Teens and Tots programmes Through the Council's Public Health Department commission a fully integrated sexual health service, which will offer a comprehensive service wherever possible. 						

Children and Young People in Halton

SCS / CYP6	Monitor number of children on a child protection plan for a second or subsequent time.																																									
 <p>2nd or subsequent CPP</p> <table border="1"> <caption>Data for 2nd or subsequent CPP Chart</caption> <thead> <tr> <th>Quarter</th> <th>Percentage of CYP 2nd+ CPP</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Q2 2011-12</td><td>11%</td><td>10%</td></tr> <tr><td>Q3 2011-12</td><td>0%</td><td>10%</td></tr> <tr><td>Q4 2011-12</td><td>15%</td><td>10%</td></tr> <tr><td>Q1 2012-13</td><td>6%</td><td>10%</td></tr> <tr><td>Q2 2012-13</td><td>3%</td><td>10%</td></tr> <tr><td>Q3 2012-13</td><td>2%</td><td>10%</td></tr> <tr><td>Q4 2012-13</td><td>2%</td><td>10%</td></tr> <tr><td>Q1 2013-14</td><td>15%</td><td>10%</td></tr> <tr><td>Q2 2013-14</td><td>3%</td><td>10%</td></tr> <tr><td>Q3 2013-14</td><td>15%</td><td>10%</td></tr> <tr><td>Q4 2013-14</td><td>17%</td><td>10%</td></tr> </tbody> </table>	Quarter	Percentage of CYP 2nd+ CPP	Target	Q2 2011-12	11%	10%	Q3 2011-12	0%	10%	Q4 2011-12	15%	10%	Q1 2012-13	6%	10%	Q2 2012-13	3%	10%	Q3 2012-13	2%	10%	Q4 2012-13	2%	10%	Q1 2013-14	15%	10%	Q2 2013-14	3%	10%	Q3 2013-14	15%	10%	Q4 2013-14	17%	10%	2011/12 Actual	2013/14 Target	2013/14 Q2	2013/14 Q4	Current Progress	Direction of Travel
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10%	10%	14.8%	17% (prov)	<input checked="" type="checkbox"/>	N/A																																					
Data Commentary:																																										
<p>The percentage of children who became subject to a Child Protection Plan at any time during the year, who had previously been subject of a Child Protection Plan, or on the Child Protection Register of that council, regardless of how long ago that was. This data is provisional at this stage due to year end quality assurance checks.</p>																																										
Performance Commentary:																																										
<p>It has been agreed this reporting year that any young person who is subject to pre-proceedings Protocol will be returned to CP conference to consider the risks and were appropriate develop a plan. This has resulted in an increase of children becoming subject to planning for a second period. All of the cases re-presented are appropriate and a child protection plan has been agreed.</p>																																										
Summary of Key activities taken or planned to improve performance:																																										
<p>Any requests for a second period of CP planning will prompt the Safeguarding Unit to review the previous conference notes and decisions to ensure that the decisions were appropriate at the time and to reflect on any actions that could have been taken to reduce the risk to the child in the future.</p> <p>Any lessons to be learnt from these cases to be included in the Safeguarding Units quarterly reporting so that they are disseminated to all partner agencies.</p>																																										

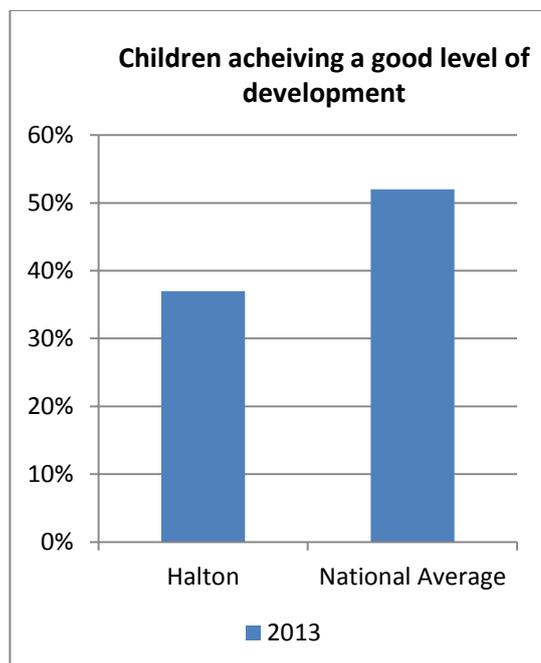
Children and Young People in Halton

SCS / CYP7	Reduce the Number of Young People who repeatedly run away in Halton																													
<table border="1"> <caption>Line Graph Data</caption> <thead> <tr> <th>Month</th> <th>Total Missing and absent incidents</th> <th>Total incidents relating to Children</th> <th>Total missing incidents relating to Children - Care</th> <th>Total missing incidents relating to Children - Home</th> <th>Total Absent (Children)</th> </tr> </thead> <tbody> <tr> <td>January</td> <td>66</td> <td>59</td> <td>21</td> <td>19</td> <td>7</td> </tr> <tr> <td>February</td> <td>42</td> <td>33</td> <td>18</td> <td>15</td> <td>9</td> </tr> <tr> <td>March</td> <td>55</td> <td>49</td> <td>23</td> <td>24</td> <td>6</td> </tr> </tbody> </table>	Month	Total Missing and absent incidents	Total incidents relating to Children	Total missing incidents relating to Children - Care	Total missing incidents relating to Children - Home	Total Absent (Children)	January	66	59	21	19	7	February	42	33	18	15	9	March	55	49	23	24	6	2012/13 Actual 3	2013/14 Target To reduce the number of repeats	2013/14 Q2 Total 178 incidents 96 for children and 45 incidents for children in care	2013/14 Q4 Total 163 missing incidents for 141 children of which 58 are children in care	Current Progress 	Direction of Travel N/A
Month	Total Missing and absent incidents	Total incidents relating to Children	Total missing incidents relating to Children - Care	Total missing incidents relating to Children - Home	Total Absent (Children)																									
January	66	59	21	19	7																									
February	42	33	18	15	9																									
March	55	49	23	24	6																									
Data Commentary:																														
<p>Cheshire Constabulary from this quarter started to collect absence incidents. However, some data quality issues have been identified. Upon resolution, data will be amended accordingly. The Police Strategic Public Protection Unit now sends the local authority a tracker that shows all missing and absent young people. The tracker will show the type of placement and the number of episodes over the last 6 months, the responsible local authority, CSE or other significant risks.</p>																														
Performance Commentary:																														
<p>Cheshire Constabulary has seen a 12% reduction in the annual number of recorded incidents from 623 to 550. The commissioned service (Catch 22) for quarter 4 2013/14 have received 100 Notifications from Police, 6 Notifications from Social Care and completed 75 return interviews and the below shows a summary.</p>																														
Summary of Key activities taken or planned to improve performance:																														
<p>The Missing from Home and Care protocol has been revised in April 2014 to take into account new definitions concerning children who go missing which now has 3 classifications, absent, missing and 'away from placement without authorisation.' The new protocol also defines agencies roles and responsibilities including the collecting and analysing of data to assist with trends around missing but to also make links to Child Sexual Exploitation and trafficking. From 1 April 2014 the local authority will record all episodes of 'away from placement without authorisation' regarding children in care, absent and missing for children from care and from home. We will be able to be more effective going forward to compare police and LA data to give a more accurate picture of number of children 'running' away in order to put strategies into place to reduce the number of repeat incidents. Compliance visits will be undertaken with residential providers and part of this will be to review data/ records of 'away from placement without authorisation,' absence and missing young people.</p> <p>The commissioned service (Catch 22) will report on the activity of commission around return interviews as well as further data on reasons for young people running, associates that they run with as well as highlighting positive outcomes for young people that they support with direct work. These outcomes will be reported using the outcome star model.</p>																														

Children and Young People in Halton

SCS / CYP8

Increase the percentage achieving 'good level of development and average' total points for cohort.



2012/13 Actual	2013/14 Target	2013/14 Q2	2013/14 Q4	Current Progress	Direction of Travel
37% GLD ATP 30 points	42% GLD ATP 32 points	N/A	Available July 2014	N/A	N/A

Data Commentary:

The revised EYFS curriculum became statutory on 1.9.12 1st September 2012, with a revised curriculum and a new way of assessing children's skills in relation to whether they reached the expected level of the 17 Early Learning Goals (ELG's). The Good level of development (GLD) indicator is calculated by the percentage of children who reached the expected level in all three Prime areas of learning (Communication & Language; Physical Development and Personal, Social and Emotional Development) along with achieving the expected level in 2 Specific areas of Literacy and Maths. These curriculum areas also changed with the maths level of expected requiring children to count and use numbers up to 20; whereas the previous EYFS expected children to be able to count and use numbers up to 10. Due to the changes within the curriculum and the new method of assessing, these results cannot be compared to previous years EYFS results.

Average total points is based around the judgements of whether a child is reaching the ELG, known as expected level; hasn't yet reached it, known as emerging or has surpassed the expected standard, known as exceeding. Points are awarded with emerging =1 point; expected=2 points and exceeding = 3 points.

Performance Commentary:

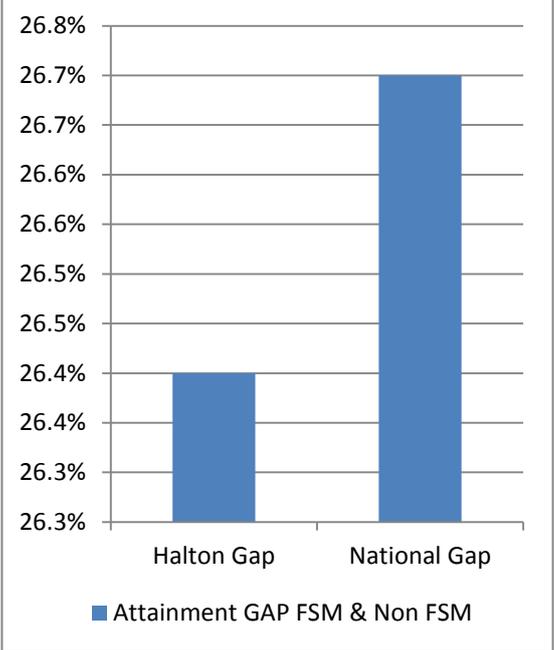
- 2013 37% of Halton children achieved a Good level of Development. The national average was 52%, with Halton ranking 150th out of 152 Local Authorities.
- 24% of FSM children in Halton achieved a GLD, ranking Halton 145 out of 152 Local Authorities. The national average for FSM GLD was 36%
- 2013, Halton children's average total points was 30, with the national average being 32.8 points.
- Halton's FSM average total points was 27.5, with the national average being 29.9 points.

Whilst these figures are low, the GLD indicator was most negatively affected by the specific areas of literacy and maths. The prime areas had a much lower gap between Halton's level of achievement and national figures.

Summary of Key activities taken or planned to improve performance:

- Reception classes: moderation training sessions have been held with reception teachers and have focussed upon what it expected to reach the ELG particularly in Literacy and Maths. The moderators also shared the areas of weakness found in the previous year's moderation and profile results, so that teachers could focus upon these areas to target if relevant in their school.
- Funding has supported bespoke maths training. This training was practical and showed teachers how investigative maths and the application of maths can be achieved simply, in cost effective, imaginative ways, across many areas of learning.
- Bespoke writing training, entitled "Play, talk, think, write boxes" was delivered to reception teachers. Each reception class received a box of resources and were shown simple strategies to encourage young children's composition and writing skills.
- The Private, voluntary and independent (PVI) sector of nurseries and pre-schools have also had moderation cluster training session planned and delivered this year. The aim has been to unpick what the Early Years outcomes statements mean in terms of knowledge, skills and understanding, prior to Early Learning Goals. Practitioners are also able to share best practice and carry out cross moderation between settings. One session focussed directly upon the stages of early writing throughout the mark making process.
- Early Years Consultant Teachers (EYCT's) have also delivered a range of training to the PVI sector including The Mark Making Process; Understanding the World training; "ICAN" Communication training; various Child Development training sessions linked to Babies; Two year olds; 3-5 yr child development; observations, assessment and tracking training and SENCO cluster groups. Training has been linked to the EY development plan, partly influenced by Early Years Foundation Stage Profile results.
- An Early Years Conference was held in the autumn term with Nancy Stewart as the keynote speaker detailing the Characteristics of Effective Teaching and learning." This was attended by PVI practitioners; nursery and reception class teachers; some headteachers and Children Centre staff. The conference supported a more developed understanding of developing children's positive attitudes to learning; increasing an understanding around learning styles and how to create environments conducive to exploration, investigation; teaching and active learning. This included supporting meaningful learning in maths and literacy.
- Funding has been directed to schools and PVI sector to spend on training and/ or resource acquisition in the reception class to impact positively on the teaching and learning of Literacy and Maths. This has been received at a higher level for those schools who scores fell within the lowest quintile within Halton.
- Phonics and Letters and Sounds style training has been delivered to PVI sector to support phonics and pre reading skills. "Playclub bags" resource packs have been purchased for the PVI sector to enable these packs to support phonics activities within the setting, but also supporting family learning at home supporting phonics development.
- "Every Child a Talker" cluster meetings continue to be held half termly in a range of PVI and school settings, so that best practice communication and language acquisition strategies; activities and resources are shared amongst colleagues.
- The Statutory Assessment lead; Early Years lead and an EY moderator have worked actively with a neighbouring local authority to engage in cross LA moderation, ensuring reliability and accuracy of moderator judgements and agreement trialling. Each LA has supported and challenged the other LA re their practice, training and summary of findings and projected plans
- A refined EYFS tracker tool is being developed to accurately track children's and groups progress, so that at the earliest opportunity, interventions can be planned and implemented when a child is identified as making limited progress. This has also been the case with the PVI sector who have received positive feedback during Ofsted inspections around their ability to track and use the information effectively to plan interventions and narrow the gap for vulnerable pupils
- EY sector continue to work closely with multi agency colleagues such as Speech and Language Therapists; Health visitors; Health Improvement colleagues and Children Centre staff in order to have a coordinated plan to support transitions, interventions and working with vulnerable children and their families, so that the gap is closed and success is evidenced within EYFSP data.

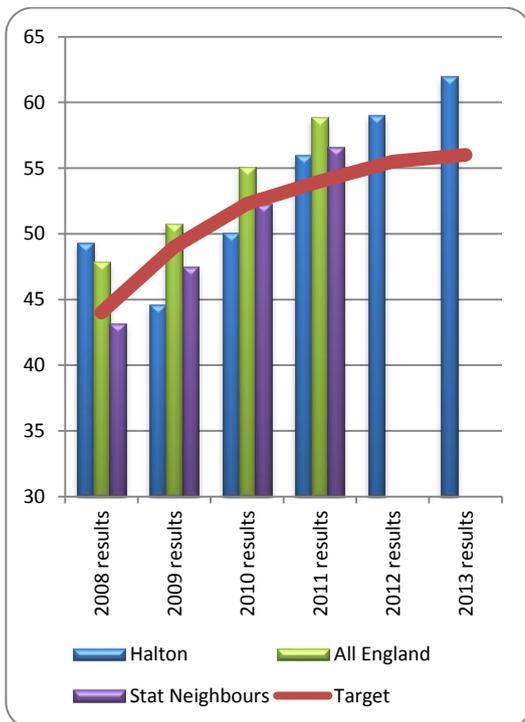
Children and Young People in Halton

SCS / CYP9	Reduce the attainment gap between FSM and Halton average KS4					
 <p>A bar chart comparing the attainment gap between FSM and non-FSM pupils in Halton and nationally. The y-axis represents the percentage gap, ranging from 26.3% to 26.8%. The x-axis shows two categories: 'Halton Gap' and 'National Gap'. The Halton Gap is represented by a blue bar at 26.4%, and the National Gap is represented by a taller blue bar at 26.7%. A legend below the chart indicates that the blue bars represent 'Attainment GAP FSM & Non FSM'.</p>	2012/13 Actual	2013/14 Target	2013/14 Q2	2013/14 Q4	Current Progress	Direction of Travel
	26.4% (11/12)	N/A	26.4%	26.4% (12/13)	N/A	
	Data Commentary:					
<p>2012 FSM (ever 6) = 36.1%, Non/FSM = 68.0%, Gap = 31.9% 2013 FSM (ever 6)= 44.1%, Non/FSM = 70.5%, Gap = 26.4%</p> <p>Following an 8% increase in 2013, 44.1% of FSM pupils attained 5 A* - C GCSEs including English and maths compared to 70.5% non-FSM. Attainment of FSM was 6% higher than national. Halton's gap between FSM and non-FSM in this measure is 26.4% compared to a national gap of 26.7%. Attainment of both FSM and non-FSM pupils identified as significantly higher than national in this indicator.</p>						
Performance Commentary:						
<p>The gap has narrowed and there has been good progress towards the target. Attainment of Halton's FSM pupils was 6% higher than national FSM attainment.</p>						
Summary of Key activities taken or planned to improve performance:						
<ul style="list-style-type: none"> • The attainment of vulnerable pupils, including those eligible for free school meals, has been further raised as a Halton wide school improvement priority. • Schools were asked to completed a narrowing the gaps self-evaluation and their 'RAG' rating has been used to support subsequent work in closing gaps in attainment for vulnerable groups. • A programme of LA support has been launched with 12 schools, primary and secondary, that have agreed to participate in the programme. The schools that have been invited to work together range from those with a significant gap in attainment for vulnerable groups, to those schools with a smaller gap. We considered this range of school characteristics essential to ensuring that all schools in the group, regardless of starting points, can work together and learn from each other. • These schools are engaging in action research and focusing on strategies to Narrow the Gap that have been proven to work in other Local Authorities. The group will feedback to the wider network group which is being developed and is now extending into Cheshire West and Chester. • Each project school has been required to identify and commit to the participation of a member of the senior leadership team responsible for vulnerable groups. <p>Discussions about progress of pupils in receipt of pupil premium funding routinely form part of discussions with link schools. All schools have been sent a template to support them in capturing the use and impact of the funding and schools are required to publish information relating to pupil premium spend and impact on their websites.</p>						

Children and Young People in Halton

SCS / CYP10

Increase the percentage achieving 5+ GCSE's grades A*-C including English and Maths



2012/13 Actual	2013/14 Target	2013/14 Q2	2013/14 Q4	Current Progress	Direction of Travel
59% (11/12)	56%	N/A	62%		

Data Commentary:

Data relates to un-validated academic results received in 2013.

Performance Commentary:

62% of Halton pupils attained 5 or more GCSEs A* - C including English and maths compared to 60% nationally. This is a 3% increase for Halton compared to 2012. This is a record high for Halton. The Halton target has been exceeded.

Benchmarking – 5A* - C GCSEs including English and maths

- With a 3% increase this is one of the largest year-on-year increases across the region.
- From 22 North West LAs who have submitted their GCSE data, Halton is ranked 7th.
- Halton has performed 2.6% above the provisional North West average in 2013
- Against Halton's Statistical Neighbours (11 in total), Halton is ranked 2nd
- Halton attained 3.8% above the provisional Statistical Neighbour average of 58.2%

The DfE attainment floor standard for 5A* - C including English and maths is 40%. The expectation is that all schools should have at least 50% of pupils getting five good GCSEs including English and Math's by 2015.

Despite previous increases in the attainment floor standard, all schools in Halton have again exceeded this threshold.

The introduction of the English Baccalaureate standard in 2010 may have impacted upon the percentage of pupils studying 5+ GCSEs and contributed to the rise in the percentage 5+ GCSEs including English and maths. 23% of pupils in Halton met the standard for the English Baccalaureate (E.Bacc) compared to 22% of pupils nationally following a 10% increase on 2012 outcomes.

Summary of Key activities taken or planned to improve performance:

Since September 2011, following the national reduction in grant funding, schools have been required to purchase school improvement support. This support is targeted at improving the quality of learning and this in turn will secure rapid progress for pupils, including vulnerable pupil groups. It is for schools to identify, through their self-evaluation process, specific aspects of teacher pedagogy that require development.

Where schools have been identified as requiring significant improvement, including those schools that have not reached the attainment or progress thresholds, they receive support and challenge from a small team of local authority school improvement officers. Working closely with the Teaching Schools, school to school support is also being provided through the deployment of National and Local Leaders of Education, specialist leaders in education and through capacity provided by good and outstanding schools. All schools are able to access a range of training opportunities provided through the Teaching Schools as well as other external providers.

Halton Local Authority retains its statutory role in improving underperforming schools and the local authority powers of intervention are outlined in the Education Act. Examples of this are the issuing of Warning Notices, school reviews and implementation of Interim Executive Boards to replace underperforming Governing Bodies.

Halton has retained a small team of School Improvement Officers to fulfil this statutory role. This team monitors and co-ordinates support to underperforming schools, particularly schools that are below the Department for Education (DfE) floor standards and those that have been judged satisfactory / requires improvement by Ofsted. The link officer works with the Headteacher to determine what resources and school improvement services need to be put in place to raise standards.

The key function of the team is to monitor, support, challenge and intervene in underperforming schools. School Improvement Officers also fulfil the Council's statutory requirements around provision for Newly Qualified Teachers (as the Appropriate Body), to ensure schools are appropriately providing statutory induction for NQTs. There is also a requirement to ensure that statutory assessment and moderation requirements are met.

In order to ensure that standards continue to rise, there is a continued focus upon the performance of all schools in order to inform where support and intervention is to be deployed. In summary this includes:

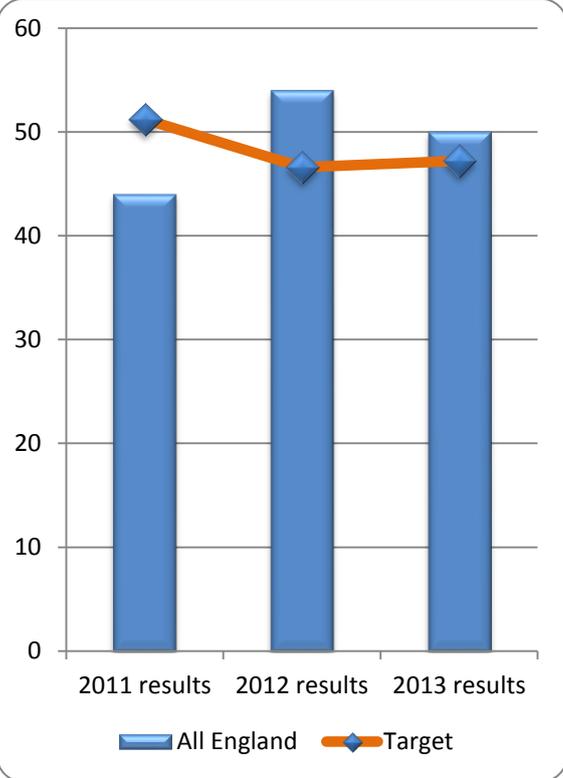
- Monitoring of all schools and settings to inform categorisation
- Support and intervention for satisfactory / inadequate schools & settings
- Statutory assessment and moderation – EYFS, KS1 and K2
- NQT registration, quality assurance of statutory regulations and induction programme

There is also a continued focus upon ensuring high quality leadership in schools. This is supported through a service that provides:

- Support to Governing Bodies for Headteacher recruitment
- Headteacher induction, leadership and succession planning

The attainment and progress of Children in Care continues to be carefully monitored by the Virtual Headteacher for Children in Care, and this role has been extended to include a range of vulnerable groups.

Children and Young People in Halton

SCS / CYP11	Increase the percentage achieving Level 3 at 19					
	2012/13 Actual	2013/14 Target	2013/14 Q2	2013/14 Q4	Current Progress	Direction of Travel
	47.2%	50%	47.2%	51.8%		
Data Commentary:						
<p>The data for 2013/14 (academic year 2012/13) was published by The Department for Education (DfE) as part of the matched administrative dataset at the end of March 2014.</p> <p>The numerator is based on those young people studying at a school in the Local Authority in year 11 who reach Level 3 by age 19 (regardless of where they eventually gain the L3). The denominator is based on the Annual School Census figure for number attending all schools in the given LA at academic age 14.</p>						
Performance Commentary:						
Summary of Key activities taken or planned to improve performance:						
<p>The 14-19 Team have continued to support and fund Halton maintained School Sixth-Forms in the use of the 'Alps' Value Added tool. Sixth Forms are using Alps to analyse subject strengths and weaknesses against the 2013 A-Level results. Early analysis shows strengths in a range of BTEC subjects and an improving trend of A-Level results.</p> <p>The borough College is also continuing to work with the LA in identifying any gaps in provision through the Strategic Commissioning Statement.</p>						

Children and Young People in Halton

SCS / CYP 16	<ul style="list-style-type: none"> Increase the percentage of children in care achieving expected outcomes at Key Stage 2 and Key Stage 4 				
2012/13 Actual	2013/14 Target	2013/14 Q2	2013/14 Q4	Current Progress	Direction of Travel
KS2 100%	Increasing percentage of children in care achieving their expected outcomes	N/A	100% (from Q2)	N/A	N/A
KS4 60%		N/A	33% (from Q2)	N/A	N/A

Data Commentary:

This is a placeholder indicator to be monitored for future years. Due to small cohorts and statistical variation targets are not stated. An analysis of the small cohort is conducted on an annual basis for these children to underpin the resulting performance.

Performance Commentary:

In Key Stage 2 we had a cohort of 7 children in care as of 31st March 2013. This cohort included 1 child who was disapplied from taking the SATs exams due to a high level of special educational needs.

No	Percentage achieving Level 4+			Percentage achieving Level 4b+	
	Reading	Writing	Maths	Reading	Maths
7	86%	71%	71%	71%	57%

The comparison between the performance of children in care and all Halton children is as follows:

	Percentage achieving Level 4+			Percentage achieving Level 4b+		
	Reading	Writing	Maths	All	Reading	Maths
Halton	86%	86%	86%	78%	77%	75%
CIC	86%	71%	71%	71%	71%	57%
Gap	0	-15	-15	-7	-6	-18

Whilst there is still a gap between the children and care and their peers, there is evidence that this is closing across all the areas. However, there is a very positive picture when looking at how children in care perform against age expected levels of progress:

Percentage achieving 2 Levels Progress			
No	Reading	Writing	Maths
7	100%	100%	100%

Children and Young People in Halton

In Key Stage 4 we had a cohort of 3 young people who were in care as of 31st March 2013. This is a very small cohort and makes any comparison with the overall population extremely difficult, as it is not statistically valid. The cohort also included 1 Unaccompanied asylum seeker and 1 young person who had a placement change and poor attendance.

No	Percentage achieving				
	5A*-C EM	5A* - C	English Bacc	3L Progress English	3L Progress Maths
3	0	0	0	33%	33%

These results are disappointing but it is worth noting that all the young people are actively engaged in post 16 education or training and they are being supported to achieve further qualifications.

Summary of Key activities taken or planned to improve performance:

Key Stage 2 – 3 Transition pupils:

- All children in care were invited to attend a skills based transition activity day during the summer holidays run by the Virtual School, and were informed of the on-going support provided by the Virtual School.
- Through the Personal Education Plan (PEP) secondary colleagues have been informed of those young people who did not achieve Level 4 in any of the key subject areas to ensure that catch up support is put in place through appropriate use of the pupil premium.
- Those young people who did not achieve Level 4 in any of the key subject areas have been identified to receive additional packs of resources from the Virtual School that the child and foster carer complete at home. The Virtual School through the PEP will monitor the impact of these resources.
- 2 young people have been identified as requiring more targeted one-one support – this is being delivered by an Education Support Worker from the Virtual School in collaboration with the secondary school.

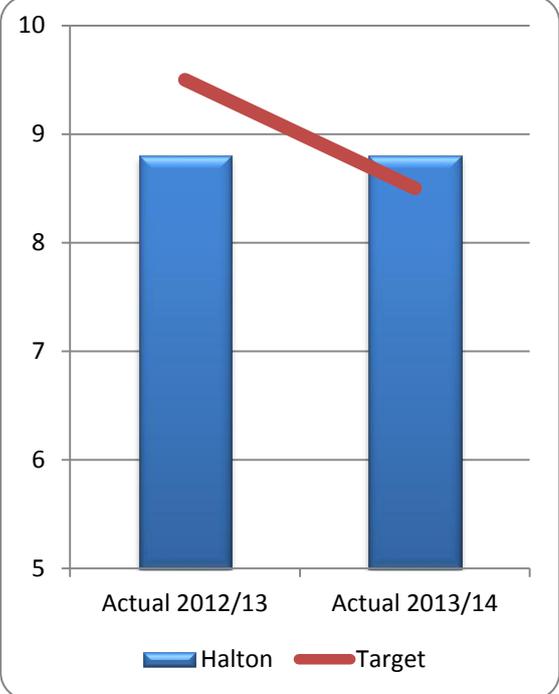
Key Stage 4 – Post 16 transition young people:

- All young people in this cohort are working with the EET CSW. They have a clear identified plan for accessing further education or training and are all currently participating.
- The Virtual School has invited the young people to attend a Uni 4 You event at Chester University – those who are interested will be supported to attend.

General activities to improve performance provided by the Virtual School:

1. Through analysis of the PEP targets where there is underperformance identified the following are provided by the Virtual School:
 - Personalised Numeracy activity packs
 - Personalised Literacy packs for underperformance in reading or English.
 - Personalised Writing packs
 - For children in Key Stage 2 1:1 direct support sessions delivered by an Education Support Worker
 - For young people in Key Stage 4 1:1 tuition sessions with GCSE subject specialists.
2. Skill based activity programme – each holiday excluding Christmas, the Virtual School provide a targeted activity day. The days provide fun activities that are based on the skills required to engage in learning and also build on the key subject areas of literacy and numeracy.

Children and Young People in Halton

SCS / CYP12	Reduce the percentage of young people not in education, employment or training (NEET)					
 <p>Actual 2012/13: 8.8%</p> <p>Actual 2013/14: 8.4%</p> <p>Target: 8.5%</p>	2012/13 Actual	2013/14 Target	2013/14 Q2	2013/14 Q4	Current Progress	Direction of Travel
	8.8%	8.5%	8.8% (June 13)	8.4%	<input checked="" type="checkbox"/>	
Data Commentary:						
This data is based upon the three-month average of the number of Halton residents academic age 16-18 in NEET from November 2013 – January 2014.						
Performance Commentary:						
The annual reported figure for Halton academic age % 16-18 NEET is 8.4%, a 0.4% reduction compared to the previous year.						
<p>The breakdown by age is as follows;</p> <ul style="list-style-type: none"> • 16 year old NEET – 51 / 3.4% of 16 year olds • 17 year old NEET – 98 / 7.1% of 16 year olds • 18 year old NEET – 210 / 15.1% of 16 year olds 						
Summary of Key activities taken or planned to improve performance:						
<p>The NEET Vulnerable Pupils Case Conferencing Group continues to meet regularly during the Summer Term and has been supporting the 2014 year 11 school leavers most at risk of not making a successful year 12 transition to engage.</p> <p>Following a pilot in one Secondary school, more schools are working with the Local Authority to develop the Risk of NEET Indicator (RONI) with cohorts of young people identified to be at risk of not participating upon leaving school.</p>						